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: Thursday, April 20, 2017, 9:00 a.m.
Location: Governmental Center Room GC-430
Chair: Will Spencer **Vice Chair:** Rick Siclari

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

Goal/Work Plan Objective #:	*Accomplishments*
FY2017 PSRA Work Plan	ACTION ITEM: Review, discuss and approve FY17 Work Plan
PSRA Process	ACTION ITEM: Discuss and approve FY18-19 PSRA timeline
Ryan White Part A Pharmaceutical Formulary	ACTION ITEM: Review and approve proposed changes to Part A Formulary
Ryan White Funder/Stakeholder Presentations	ACTION ITEM: Receive presentations from Ryan White Funders/Stakeholders

6. **SUBCOMMITTEE REPORTS**
   None.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 25, 2017 **Time:** 9:00-1:00 p.m., **EXTENDED MEETING** **Venue:** Governmental Center, Room GC-430

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Funder/Stakeholder Presentations	ACTION ITEM: Receive presentations from Ryan White Funders/Stakeholders
2015 Broward Epi Presentation	ACTION ITEM: Receive presentation on 2015 Broward EMA Epidemiology
Ryan White Part A Service Category Presentation	ACTION ITEM: Receive presentation on Part A trends, expenditures, utilization, etc.

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, February 15, 2017 12:30 p.m. **Location:** Governmental Center Room GC-430

Chair: Will Spencer **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bell, J.	**X**			Barrientos, Y.
2	DeSantis, M.		**X**		Glincher, S.
3	Gammell, B.	**X**			Rodriguez, J.
4	Grant, C.	**X**			**HIVPC Staff**
5	Hayes, M.		**X**		Johnson, B.
6	Katz, H. B.	**X**			Ewart, L.
7	King, J.		**X**		Oratien, V.
8	Lopes, R.	**X**			**Grantee Staff**
9	Schickowski, K.	**X**			Anderson, T.
10	Shamer, D.	**X**			Card, W.
11	Siclari, R., *Vice Chair*	**X**			Drummond, K.
12	Spencer, W., *Chair*	**X**			Emerson, S.
	Quorum = 7	**9**			Jones, L.
*On phone					

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 meeting minutes of 11/29/16.
Proposed by: Siclari, R. **Seconded by:** Bell, J.
Action: Passed Unanimously

Motion #2: To approve today's meeting agenda.
Proposed by: Lopes, R. **Seconded by:** Siclari, R.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization by Category of Service: The Grantee's Fiscal Officer presented utilization information as of December 2016. At this point, 83% of funds should be expended. Part A has used 76.22% of its funds, and MAI 77.98%, totaling the current expenditure amount at 76.38%. The Fiscal Officer also noted that Pharmacy, Food Service, and HICP are categories in which excess moneys are staged. Their expenditure percentages are lower as a result, but that money will be fully utilized through bulk purchases. HICP is working with ADAP to transition client premiums over to ADAP; the money left over in HICP will go to paying premiums through April 2017, to ensure a smooth transition for current clients.

4. UNFINISHED BUSINESS:

a. Part A FY2017 Service Category Components: The PC Manager reviewed the service components outlined in How Best to Meet the Need (HBTMTN) language. The Fiscal Officer noted that HRSA service categories have not changed, but additional service components were added to delineate enhance the services provided. The presentation focused on Integrated Primary Care and Behavioral Health Services in Outpatient Ambulatory Medical Care (OAMC), Trauma-Informed Mental Health Services, and the expansion and separation of Dental Services funding into two components in Oral Health Care (OHC). OAMC services offered to eligible Part A clients include 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. Trauma-Informed Mental Health Services refers 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. OHC will provide routine maintenance care and specialty care. This is because clients expressed a desire for specific oral health care, but after meeting a maximum they were not able to receive specialty care. By building specialty care into OHC, clients are able to receive this oral health care when needed.
One member asked about the Case Management component to the FY17 allocations. There was a question regarding the initial allocation amount, though it was understood that the sweeps process provides the opportunity to move money around. Other members expressed concern about the funding due to the specialized nature of the case managers and the amount of training required. Another concern was whether Non-Medical Case Managers would be able to help clients with their insurance needs or have to refer clients elsewhere. The Grantee's Fiscal Manager explained that the process has not yet been drilled down to the operational level, but one provider would deliver insurance benefits support services with employees out-posted to satellite sites.

b. MAI Strategies: The PSRA Chair presented the recommended target population, Black heterosexual females aged 18-38, previously discussed among the chairs of PSRA and QMC at a coordination in preparation for this meeting. QMC's main recommendation regarding how best to go about targeting MAI was to drill down to one of the three identified populations based on health disparities and other quantitative data. The Chair provided a brief overview of the Committee's process in order to reach this conclusion, and referenced the summary in Handout C. This target population was further supported in the most recent HIVPC meeting by members who indicated an increase in Black female clientele with unsatisfactory health outcomes at their respective provider agencies. The goal of implementing this intervention specifically to one group is to identify success and then build on it with the purpose of providing a similar intervention to other target populations.
One member stated that PROACT staff at the FL DOH-Broward provides similar services, and coordinating these efforts with them would ensure that services are not duplicated. If in fact the MAI Strategy is a duplication of services, the resources devoted to providing these targeted services will be used in a complementary form. Another member asked how service provision was envisioned. While currently undefined, the System of Care Committee would focus on the setup once specific needs, gaps, and barriers were identified. Their conclusions will come back to PSRA to be vetted for financial sustainability. It was stated DIS would also have to play a more essential role in this process, which would be a great success toward the goal of integration.
ACTION ITEM: Contact Yvette Gonzalez and invite her to PSRA Coordination meeting.

Motion #3: To approve the MAI strategy with Black females aged 18-38 as target population.
Proposed by: Lopes, R. **Seconded by:** Bell, J.
Action: Passed Unanimously

5. MEETING ACTIVITIES

a. PSRA Timeline Discussion: In order to ensure an efficient and effective PSRA process, HIVPC staff provided an overview of what this process will look like for FY 18-19. Data presentations will begin in April, and information will be required from all Ryan White Parts. Those at the table are asked to share any information they feel might be useful for PSRA members to know during this process. This data will provide PSRA members with a clearer understanding of which services are currently being provided. Members will also be expected to come to meetings having done the necessary pre-work so that meetings can remain focused on what was gleaned from the provided material and how it corresponds to qualitative information from the community. This year, members are being asked to think outside the box about rankings, because core services are usually ranked the same way each time. While the CEC could host forums to engage clients and solicit feedback on Part A Services and how they receive care, PSRA should come up with the questions to ensure all data can be used in the Committee's decision-making process. One member expressed that client surveys and forums would be very helpful as that information has not been made available for years, and it is vital to hear from clients.

ACTION ITEM: Discuss hosting community forums differently to engage more participants.

A member requested assistance in reviewing rankings as things may have changed with the implementation and current uncertainty of the ACA. The Grantee explained that there would be no technical assistance for this fiscal year because it takes 6-9 months to procure. There will be unknowns this fiscal year, and members will have to use the information known to them to make their decisions and revise as more becomes available. The Chair responded that the Committee would still benefit from a retrospective review of the information.

The Grantee stated that survey data was not supposed to be a part of the PSRA process in the previous year and that full needs assessment information should be available by the end of this month. The Grantee cautioned that the information will be focused on client satisfaction and may not be as useful for the PSRA process. It will provide some unmet need data, but not the necessary information. The survey is in the process of being developed for its next use and may be completed in June. This survey will shift focus to hone in on service gaps and is meant to find new ways to get information not previously received. The goal of attaining this information is to make services responsive to the needs of the community and find areas where services fall short. The preliminary information given to PSRA last year will be refined and ready for this year's PSRA process. The Grantee is engaged in dialogue with the state because surveys went out around the same time.

In order to assure that the Committee is able to receive technical assistance next year in the PSRA process, the request needs to be built into the PSRA work plan so that the Grantee can take necessary action. The Chair suggested November or December 2017.

ACTION ITEM: Include a request for technical assistance relating to surveys and rankings as a sub-item on the FY17-18 PSRA Work Plan.

6. SUBCOMMITTEE REPORTS

None.

7. GRANTEE REPORTS

a. Test-and-Treat Protocol: The Protocol includes community system resources to accomplish this which then requests state resources to facilitate and support the concept. The Grantee participated in a preliminary meeting regarding implementation. Discussions with provider agencies must take place before rollout, but it is expected that the HIVPC will get a full rollout of protocols in April. DIS workers have also been mentioned in this process. While there was no RFP process for them because only one provider was able to provide the service, there will be discussion in the upcoming months

about how funding will take place.

b. Notice of Grant Award: The Grantee is working on FY17-18 contracts for services, including Integrated and Trauma-Informed Mental Health Services. All contracts are effective March 1, but not all the contracts may be completed by then. A partial notice of grant award was received consisting of $7.3 million, which is 46% of the award. The Grantee is operating from a contractual standpoint with this information.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: March 15, 2017 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Ryan White Part A Pharmaceutical Formulary	ACTION ITEM: Review and discuss proposed changes to Part A Formulary.
FY2017 PSRA Work Plan	ACTION ITEM: Review, discuss and approve FY17 WP which will now include a request for technical assistance relating to surveys and rankings in reference to the current PSRA Process.
MAI Strategy	ACTION ITEM: Contact Yvette Gonzalez and invite her to PSRA Coordination meeting to discuss new PROACT intervention program for Non-Hispanic Black Women.
PSRA Process	ACTION ITEM: Discuss innovative ideas to engage the community in forums and other feedback mechanisms that will inform the PSRA Process.

10. ANNOUNCEMENTS

None.

11. ADJOURNMENT

The meeting was adjourned at 1:38 p.m.

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

PSRA Attendance CY 2017

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	CX	15											
		0	**1**	Bell, J.	NQX	X											
		1	**2**	DeSantis, M.	NQA	A											W-2/16
1		0	**3**	Gammell, B.	NQA	X											
		0	**4**	Grant, C.	NQX	X											
		1	**5**	Hayes, M.	NQX	A											
1		0	**6**	Katz, H.B.	NQE	X											
		1	**7**	King, J.	NQX	A											
		0	**8**	Lopes, R.	NQA	X											
		0	**11**	Schickowski, K.	NQX	X											
1		0	**12**	Shamer, D.	NQA	X											
		0	**13**	Siclari, R., *V. Chair*	NQA	X											
		0	**14**	Spencer, W. *Chair*	NQX	X											
				Quorum = 8	6	9											

Legend:

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

Timeline for Priority Setting and Resource Allocation

DATE	TASK	ACTION ITEM
Wednesday, March 15th, 2017 12:30 P.M. to 2:30 P.M. Ryan White Part A Program Office – Room A-337 CANCELLED- No Quorum	~~**Establish PSRA Process**: Review purpose of PSRA, PSRA timeline, overview of data, and PSRA Committee Member Manual~~	~~Review the PSRA guidelines and timeline and the Service Category definitions.~~ ~~**Vote to Approve:** Established PSRA Process and Sign PSRA Committee Member Manual~~
Thursday, April 20th, 2017 9:00 A.M. to 11:00 A.M. Ryan White Part A Program Office – GC- 430	**Establish PSRA Process**: Review purpose of PSRA, PSRA timeline, overview of data, and PSRA Committee Member Manual **Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Wrap-up, Take Away, and Recommendations**	Review the PSRA guidelines and timeline and the Service Category definitions. Informational **Vote to Approve:** Established PSRA Process and Sign PSRA Committee Member Manual
Thursday, May 25th, 2017 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – GC- 430	**Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Review 2015 Epidemiological Data** focused on: • Trends in new infections • EIIHA and unmet need • Current and emerging priority populations • Changes in demographics of the EMA's HIV/AIDS cases • Potential impacts on the Part A system	Informational

	Part A Service Category Presentations: Analysis of Part A Program by service category including: • Service components (new) • Allocations and expenditures • Client utilization • HIV Care Continuum **Wrap-up, Take Away, and Recommendations**	
Thursday, June 15th, 2017 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room GC-301	**Needs Assessment/Community Forum**: Discussion of community needs and feedback from focus group, community forum, and needs assessment activities. **Data Presentation Wrap-Up and Final Discussion:** Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc. **Priority Setting:** Rank Part A services based on community need, funder recommendations, and data presentations.	Informational **Vote to Approve:** Ranking of Service Categories
Thursday, July 20th, 2017 9:00 A.M. to 11:00 A.M. Ryan White Part A Program Office – Room A-337	**Resource Allocations:** Determine funding based on FY2016 expenditures, FY 2018 projections, factors to consider, and funder presentations.	**Vote to Approve:** Allocations for Service Categories

HANDOUT B

HIV Stakeholders Presentation for PSRA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

HOPWA Statutory Purpose

"To provide states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with acquired immunodeficiency syndrome and families of such persons…." (42 U.S.C. 12901)

HANDOUT B

Program Budget

FY 2017 allocate $6.7 million

	HOPWA Performance Planned Goal and Actual	[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
	HOPWA Housing Subsidy Assistance	[1] Output: Households				[2] Output: Funding	
1	Tenant Based Rental Assistance	271	259	-	-	$ 2,463,081.19	$ 2,430,092.24
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	110	108	-	-	$ 1,004,558.50	$ 1,002,562.82
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	68	141	-	-	$ 633,550.17	$ 632,840.08
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	-	-	$ -	$ -
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	-	-	$ -	$ -
4	Short-Term Rent, Mortgage and Utility Assistance	200	140	-	-	$ 689,758.81	$ 550,157.94
5	Permanent Housing Placement Services	120	109	-	-	$ 410,550.53	$ 349,502.87
6	Adjustments for duplication (subtract)	83	48	-	-		
7	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns a. and f. equal the sum of Rows 1-5)	686	709			$ 5,201,509.32	$ 5,045,155.95
	Housing Development (Construction and Stewardship of facility based housing)	[1] Output: Housing Units				[2] Output: Funding	
8	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	$ -	$ -
9	Stewardship Units subject to 3 or 10 year use agreements	0	0				
10	Total Housing Developed (Sum of Rows 78 & 9)	0	0	0	0	$ -	$ -
	Supportive Services	[1] Output: Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/sub-recipient that also delivered HOPWA housing subsidy assistance	709	709			$ 757,091.73	$ 753,910.53
11b.	Supportive Services provided by project sponsors/sub-recipient that only provided supportive services.	1182	1149			$ 311,715.60	$ 299,805.90
12	Adjustment for duplication (subtract)	100	0				
13	Total Supportive Services (Columns a. – d. equal the sum of Rows 11 a.& b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	1791	1858			$ 1,068,807.33	$ 1,053,716.43
	Housing Information Services	[1] Output Households				[2] Output: Funding	
14	Housing Information Services	1500	1858			$ 70,000	$ 61,370.00
15	Total Housing Information Services	1500	1858			$ 70,000	$ 61,370.00
	Grant Administration and Other Activities	[1] Output Households				[2] Output: Funding	
16	Resource Identification to establish, coordinate and develop housing assistance resources					$ -	$ -
17	Technical Assistance (if approved in grant agreement)					$ -	$ -
18	Grantee Administration (maximum 3% of total HOPWA grant)					$ 200,385.33	$ 200,038.54
19	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					$ 429,809.02	$ 299,812.46
20	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					$ 630,194.35	$ 499,851.00
	Total Expended					[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					$ 6,979,511.00	$ 6,659,893.38

Eligibility

Be HIV positive	• Lab results- Western Blot/Viral Load
Income must fall within Federal Annual Income Guidelines	• Income of ***ALL*** applicable household members is included in the application
Complete a truthful application	• Provide ***ALL*** supporting documentation
Lawfully Reside in the US	• Head of Household must complete Declaration 214 Document and provide supporting documentation
Be a current Broward County Resident	• Must have lived in Broward county for at least 6 continuous months before receiving housing assistance

HANDOUT B

HOPWA Services Provided

HOUSING SUBSIDY PROGRAMS

- FACILITY BASED HOUSING(FAC)
- PROJECT BASED RENTAL (PBR) ASSISTANCE
- TENANT BASED RENTAL VOUCHERS (TBRV)
- SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)
- PERMANENT HOUSING PLACEMENT (PHP)

HOPWA Services Provided

NON-HOUSING SUBSIDY PROGRAMS

- HOUSING CASE MANAGEMENT AND SUPPORTIVE SERVICES
- LEGAL SERVICES

HANDOUT B

FACILITY BASED SERVICE

- Provides resources to develop and operate community residences and other supportive housing. With facility based housing, the expectation is that participants will be in need of some level of supportive services in order to maintain stability and receive appropriate levels of care.
- Residency requirement is case by case Homeless Certification.
- 44 beds dedicated to HOPWA clients
- If client has been terminated for HOPWA violation(s), client is not eligible for financial subsidy
- Must meet eligibility guidelines
- Assisted living wrap around services provided on site
- Based on availability. High volume late November earl January.
- At time, demand exceeds available capacity

FACILITY BASED HOUSING UNDUPLICATED

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	141	42	1 Emergency Shelter/ Streets	0	*Unstable Arrangements*
			2 Temporary Housing	44	*Temporarily Stable with Reduced Risk of Homelessness*
			3 Private Housing	46	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	1	
			7 Jail/Prison	0	*Unstable Arrangements*
			8 Disconnected/unknown	8	
			9 Death	0	*Life Event*
B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months			1		

HANDOUT B

Project Based Rent (PBR)

- Rental assistance to nonprofit organizations for eligible persons or families to live in apartment units. The ***lease*** is in the organizations name not the clients name.
- Must meet eligibility guidelines
- If the client has been terminated for HOPWA violation not eligible for financial housing assistance
- PBR is Fair Market Rent (FMR) Housing Subsidy Program where client pays 30% of the household income and HOPWA pays rest of the FMR which includes utility allowance.
- Must Follow Occupancy (unit size) Guidelines in relationship to family size
- There are wait list at MODCO and Broward House

Tenant Based Rental Voucher

- Rental assistance to nonprofit organizations for eligible persons or families to live in apartment units. The ***lease*** is in the client's.
- Must meet eligibility guidelines
- If the client has been terminated for HOPWA violation not eligible for financial housing assistance
- Must Follow Occupancy (unit size) Guidelines in relationship to family size
- TBRV is Fair Market Rent (FMR) Housing Subsidy Program where client pays 30% of the household income and HOPWA pays rest of the FMR which includes utility allowance.

HANDOUT B

PBR and TBRV Unduplicated Clients

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	259	222	1 Emergency Shelter/Streets	0	*Unstable Arrangements*
			2 Temporary Housing	0	*Temporarily Stable, with Reduced Risk of Homelessness*
			3 Private Housing	11	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	7	
			6 Institution	0	
			7 Jail/Prison	0	*Unstable Arrangements*
			8 Disconnected/Unknown	11	*Unstable Arrangements*
			9 Death	8	*Life Event*
Permanent Supportive Housing Facilities/ Units	108	87	1 Emergency Shelter/Streets	0	*Unstable Arrangements*
			2 Temporary Housing	7	*Temporarily Stable, with Reduced Risk of Homelessness*
			3 Private Housing	1	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	6	
			6 Institution	0	
			7 Jail/Prison	1	*Unstable Arrangements*
			8 Disconnected/Unknown	4	
			9 Death	2	*Life Event*

SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)

- Provide **short-term interventions to help maintain stable living arrangements** for households experiencing a financial crisis and the potential loss of housing through mortgage, rent, utilities and late fee payments.
- All financial payments are made directly to the vendor (i.e., Mortgage Financial Institution, Landlords, Florida Power & Light (**FPL**).
- Homeless individuals are not eligible for STRMU assistance.
- Only be used in response to "**emergency need**":
  - Sudden loss of income not due to quitting job unless medically documented;
  - Reduction of income due to recent hospitalization or illness;
  - Extraordinary and unexpected health care cost; and
  - Due to the above issues, client faces eviction or utility shut off.
- Client must be able to document that he/she has a legal right to occupy the premises or has responsibility for the rent, mortgage or utility payment.
- **STRMU payments are not to be used to relieve the household responsibility of their rent, mortgage or utility payment in the absence of their ability to make self-sufficient payments in the future.**

HANDOUT B

SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
140	**Maintain Private Housing without subsidy** (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	43	*Stable/Permanent Housing (PH)*
	Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support)	0	
	Other HOPWA Housing Subsidy Assistance	0	
	Other Housing Subsidy (PH)	1	
	Institution (e.g. residential and long-term care)	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	89	*Temporarily Stable, with Reduced Risk of Homelessness*
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	0	
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0	
	Emergency Shelter/Street	0	*Unstable Arrangements*
	Jail/Prison	0	
	Disconnected	7	
	Death	0	*Life Event*
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year(e.g. households that received STRMU assistance in two consecutive operating years).			24
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			8

PERMANENT HOUSING PLACEMENT (PHP)

- Provide ***move in assistance*** *to obtain safe, decent and affordable housing unit that includes:*
  - *1s and last months rent*
  - *One time utility connection*
  - *Application fee and credit check*
- If client is homeless and has the financial ability to sustain unit, the client may qualify.
- Client must demonstrate verifiable need.
- Client must be able to financially sustain the unit should application be approved.
- Establish and Maintain housing plan.
- 120 Clients were served.

HANDOUT B

HOUSING CASE MANAGEMENT (HCM) AND SUPPORTIVE SERVICES

- Consists of housing service plans that establish or better maintain a stable living environment in housing that is decent, safe, and sanitary, reduce the risk of homelessness, and improve access to healthcare for ***clients who are not receiving FAC, PBR or TBRV services.***
- Assist clients in completing STRMU and PHP applications.
- Ensure client is receiving adequate and appropriate housing.
- Assist client in achieving/maintaining self-sufficiency through development of individualized housing stability plans:
  - Identify client housing instability
  - Create objectives and goals for independent living
- Serve clients who were terminated from FAC, PBR, TBRV, STRMU or PHP HOPWA Programs.
- Served 1149 clients

LEGAL SERVICES

Provide legal advice and/or direct legal representation to clients only for the following issues:

- Foreclosure;
- Eviction;
- Three Day Writ;
- Unit Habitability and Safety issues;
- Land Lord and Tenant issues on executed contracts; and
- Review unsigned lease for HOPWA clients prior to signing.

ISSUES	Program #1	Program #2	HOPWA
Evictions	2%	32%	20%
3 day notice	4%	12%	8 %
Conditions	15%	8%	18%
Lease review	44%	8%	7%
Section 8 other	9%	5%	2%
Notice of Termination	2%	3%	4%
Security deposit	1%	4%	12%
Prohibited practice	0.00%	2%	>1%
Writ	0.00%	3%	2%
Tenant in FC	0.00%	1%	>1%
Custody	4%	>1%	>1%
Paternity	3%	0.00%	>1%
Benefits	4%	0.00%	>1%
Immigration	2%	0.00%	>1%
Driver license	>1%	2%	5%
Taxes	>1%	>1%	>1%
Expungement	>1%	0.00%	>1%
Special Education	>1%	0.00%	0.00%

HANDOUT B

Over All Aggregate HOPWA Data

Total Number of Households served with Housing Subsidy	
1. **For Project Sponsors/Sub-recipients that provided HOPWA Housing Subsidy Assistance:** Identify the total number of	
a. Housing Subsidy Assistance -TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	757
b. Case Management	709
c. Adjustment for duplication (subtraction)	757
d. Total Households Served by Project Sponsors/Sub recipients with Housing Subsidy Assistance (Sum of Rows	**709**
2. **For Project Sponsors/Sub recipients did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of	
a. HOPWA Case Management	1149
b. Total Households Served by Project Sponsors/Sub-recipients without Housing Subsidy Assistance	**1149**

Over All Aggregate HOPWA Data

Categories of Services Accessed[1]	[1] For project sponsors/sub-recipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:		[2] For project sponsors/sub-recipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:		Outcome Indicator
	#	%	#	%	
1. Has a housing plan for maintaining or establishing stable on-going housing	709	100.00%	1149	100.00%	*Support for Stable Housing*
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan(may include leveraged services such as Ryan White Medical Case Management)	709	100.00%	1083	94.26%	*Access to Support*
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	709	100.00%	1109	96.52%	*Access to Health Care*
4. Accessed and maintained medical insurance/assistance	709	100.00%	1110	96.61%	*Access to Health Care*
5. Successfully accessed or maintained qualification for sources of income	669	94.36%	1045	90.95%	*Sources of Income*

HANDOUT B

HOPWA Housing Subsidy Data By Age And Gender

HOPWA Eligible Individuals					
	A. Male	B. Female	C. Transgender M to F	D. Transgender F to M	E. Total (Sum of Columns A-D)
1. Under 18	1	0	0	0	1
2. 18 to 30 years	33	30	4	0	67
3. 31 to 50 years	170	149	4	0	323
4. 51 years and Older	196	120	2	0	318
5. Subtotal (Sum of Rows 1-4)	**400**	**299**	**10**	**0**	**709**
All Other Beneficiaries					
	A. Male	B. Female	C. Transgender M to F	D. Transgender F to M	E. Total (Sum of Columns A-D)
6. Under 18	91	96	0	0	187
7. 18 to 30 years	33	42	0	0	75
8. 31 to 50 years	20	13	0	0	33
9. 51 years and Older	26	17	0	0	43
10. Subtotal	**170**	**168**	**0**	**0**	**338**
Total Beneficiaries					
11. Total (Sum of Rows 5 & 10)	**570**	**467**	**10**	**0**	**1,047**

HOPWA Housing Subsidy Data By Race and Ethnicity

Category	HOPWA Eligible Individuals		All Other Beneficiaries	
	[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1. American Indian / Alaskan Native	1	0	2	0
2. Asian	0	0	0	0
3. Black / African American	472	3	291	1
4. Native Hawaiian / Other Pacific Islander	1	0	0	0
5. White	235	72	41	28
6. American Indian / Alaskan Native & White	0	0	0	0
7. Asian & White	0	0	0	0
8. Black / African American & White	0	0	1	0
9. American Indian / Alaskan Native & Black / African American	0	0	0	0
10. Other Multi-Racial	0	0	3	0
11. Column Totals (Sum of Rows 1-10)	**709**	**75**	**338**	**29**

Data Check: *Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.*

HANDOUT B

Trends

- The Office of HIV/AIDS Housing has estimated that Broward County has 7,043 HOPWA eligible clients not participating in the HOPWA program.
- From FY 12-15, there was 16.1% reduction in the participants receiving financial subsidy (i.e., FAC, TBRV, PBR, STRMU and PHP). This reduction is directly related to the decrease in funding for these services over time.
- From FY 12-15, there was a 244% (470 to 1149) increase in participants who only received housing case management services without a financial subsidy with minor funding increase.
- Appears to be a indirect relationship between housing subsidy and non housing subsidy.
- While STRMU and PHP has no waitlist and is available, the need for more permanent housing subsidies exceeds capacity. Each year TBRV vacancies are not filled as cost control measure.
- Demand for Facility Based Housing exceeds the capacity.

Recommendations

- HOPWA in Broward county has a continuum of services that allows the program to reach clients who are at different places of the continuum. Thus providing gaps in services versus sink holes.
- Challenge is how best to use the other resources like Part A and B to fill a need that is not being met
- Based on Ryan White Part A rules, housing is being addressed so should founds be allocated here?

HANDOUT B

Questions?

Discussion

HANDOUT C

Ryan White Funders Presentation for PSRA

RYAN WHITE PART F

Oral Health and HIV

- 32-46 percent of PLWHA will have at least one major HIV-related oral health problem.
- 58-68 percent PLWHA do not receive regular health care.
- Barriers PLWHA face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.
- Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PLWHA susceptible to progression of their disease.[4]
- HIV medications have side effects such as dry mouth, which predisposes PLWHA to dental decay, periodontal disease, and fungal infections.

HTTP://HAB.HRSA.GOV/ABOUTHAB/FILES/ORAL_HEALTH_FACT_SHEET.PDF

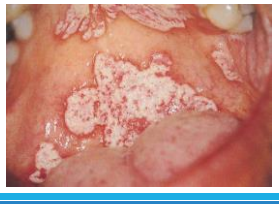
HANDOUT C

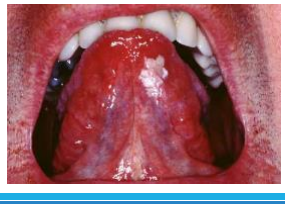
Oral Health and HIV

- Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWHA with severely compromised immune systems.
- A history of chronic periodontal disease can disrupt diabetic control and lead to a significant increase in the risk of delivering preterm low-birthweight babies.
- Poor oral health can adversely affect quality of life and limit career opportunities and social contact as result of facial appearance and odor.

SIGNIFICANCE OF ORAL MANIFESTATIONS

- FIRST SIGN OF CLINICAL DISEASE
- SIGNIFY DISEASE PROGRESSION
- SIGNIFY POSSIBLE ART FAILURE
- EFFECTS ON MEDICATION ADHERENCE AND NUTRITION





HANDOUT C

Oral Manifestations of HIV

DENTAL EXPERTISE IS NECESSARY FOR PROPER MANAGEMENT OF ORAL COMPLICATIONS IN HIV INFECTION AND AIDS.

THE MANIFESTATION OF ORAL LESIONS DURING THE COURSE OF HIV INFECTION HOLDS DISTINCT CONNOTATIONS AT DIFFERENT STAGES OF THE DISEASE.

FOR INDIVIDUALS WITH UNKNOWN HIV STATUS, ORAL MANIFESTATIONS MAY SUGGEST POSSIBLE HIV INFECTION, ALTHOUGH THESE ARE NOT DIAGNOSTIC OF INFECTION.

FOR PERSONS LIVING WITH HIV DISEASE WHO ARE NOT YET ON THERAPY, THE PRESENCE OF CERTAIN ORAL MANIFESTATIONS MAY SIGNAL THE PROGRESSION OF HIV DISEASE FOR PATIENTS ON ANTIRETROVIRAL THERAPY, THE PRESENCE OF CERTAIN ORAL MANIFESTATIONS MAY SIGNAL AN INCREASE IN THE PLASMA HIV 1 RNA LEVEL.

S **Sethi**, DN Kiran, G Popli, A Malhotra, A Bansal… - 2016 - recentscientific.com

In patients living with HIV/AIDS good oral health care is especially important because:

1.Oral manifestations are common in people with HIV infection. More than 90% of HIV infected patients are seen to have at least one HIV related oral manifestation.

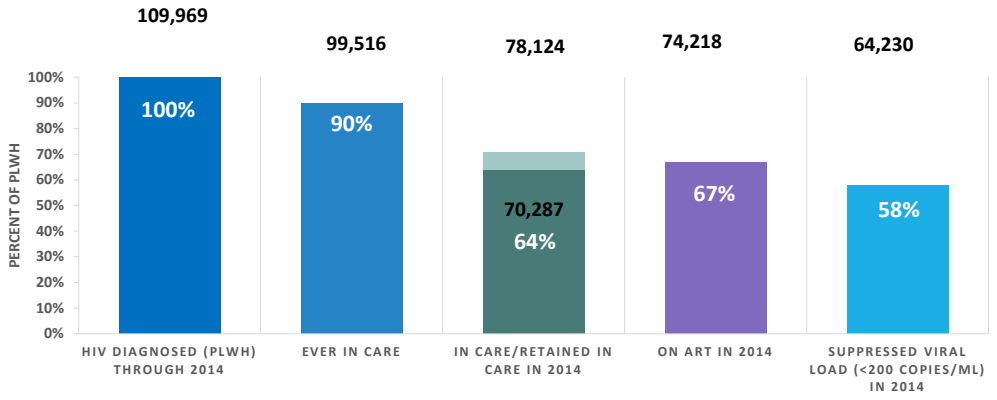
2. Oral lesions may be an early indicator of decline in immune function and may warrant further investigations

3. Control of focal infection within the oral cavity may retard adverse consequences such as progression to systemic diseases.

4. Poorly functioning dentition can adversely affect quality of life, and exacerbate weight loss in HIV infected patients, who may already be malnourished.

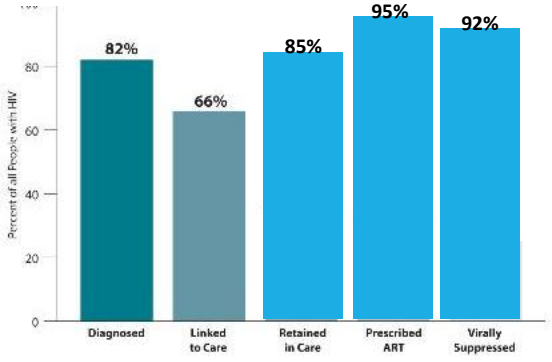
HANDOUT C

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Florida



http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Florida Oral Health Care



http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html

HANDOUT C

The Ryan White Part F Program Overview

Community-Based Dental Partnership Program (CBDPP)

First funded in 2002, the Community-Based Dental Partnership Program increases access to oral health care services for people living with HIV while providing education and clinical training for dental care providers, especially those practicing in community-based settings.

To achieve its goals, CBDPP works through multi-partner collaborations between dental education and dental hygiene education programs and community-based dentists and dental clinics. Community-based program partners and consumers help design programs and assess their impact.

In addition, providing education and clinical training for dental care providers especially those practicing in community based settings

Dental Reimbursement Program (DRP) Implementation

First funded in 1994, the Dental Reimbursement Program assists institutions with accredited dental or dental hygiene education programs by defraying their unreimbursed costs associated with providing oral health care to people living with HIV.

Total Award: $3,189,991 for 11 recipients

The Ryan White Part F Program Overview

Recipient	City	State	FY 2016 Award
LOMA LINDA UNIVERSITY	LOMA LINDA	CA	$298,848
THE REGENTS OF THE UNIVERSITY OF COLORADO	AURORA	CO	$289,705
NOVA SOUTHEASTERN UNIVERSITY, INC.	FORT LAUDERDALE	FL	$219,230
UNIVERSITY OF ILLINOIS	CHICAGO	IL	$267,151
UNIVERSITY OF LOUISVILLE	LOUISVILLE	KY	$335,801.00
TRUSTEES OF BOSTON UNIVERSITY	BOSTON	MA	$280,170
UNIVERISTY OF MISSISSIPPI MEDICAL CENTER	JACKSON	MS	$264,181
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY	NEW BRUNSWICK	NJ	$364,172
NYU LUTHERAN MEDICAL CENTER	BROOKLYN	NY	$228,436
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	NEW YORK	NY	$361,392
OREGON HEALTH & SCIENCE UNIVERSITY	PORTLAND	OR	$280,905

HANDOUT C

The Ryan White Part F Program Overview

Community Partner Broward Community and Family Health Center (BCFHC)

162 North Powerline Road Pompano Beach, Florida

Monday, Wednesday, Friday 8:30-5

Tuesday, Thursday 1-8

Saturday-Third Saturday of every month

5 Treatment Rooms

Comprehensive Care

Sliding Fee Schedule

Ryan White Part A Provider

Services Provided
- Family Medicine
- Laboratory
- Immunizations
- HIV/AIDS Testing / Counseling
- Prescription Assistance
- Drug Screenings
- Well-Child Care / Kidcare
- Family Planning
- OB/GYN
- Internal Medicine
- Women's Health
- Diabetes Education / Management
- EKG Services
- Employment / Sports Physicals
- Specialty Referrals
- Hypertension Management
- Behavioral Health
- Transportation

HANDOUT C

Dental Program Budget

FY 2016-2017 $219,230.00

FY 2017-2018 $219,230

Five Year Grant ends 6/30/2018

Budget is used to support salaries, supplies, contractual services, educational program

Ryan White Part F is payer of last resort, supplemental funding from Medicaid and Private Dental Insurance

Additional Funding provided by AHCA

Dental Services Provided

Diagnostic

Preventive

Restorative

Endodontic

Oral Surgery

Periodontal

Specialty Services are referred to NSU College of Dental Medicine Specialty Program and Broward General Hospital

HANDOUT C

Oral Health Care

- Client Eligibility- Clients must be HIV Positive
- Number of Unduplicated clients in FY2016
- Are there waiting lists for this service? **No waiting list for services**
- Are there service gaps and unmet needs? **No**
- Are there any services that you provide that impact the HIVPC Minority AIDS Initiative (MAI) Priority Populations (18-38 year old: Black heterosexual males, Black heterosexual females, Black MSM)

Broward Community and Family Health Center serves both a large African-American and Haitian population

Oral Health Care

Note: Throughout this Report, all references to "your program" refer to aggregate data from your institution/program including all your partners or sites, if applicable. Avoid reporting in the "Unknown" category whenever possible.

7a. Total number of unduplicated patients with HIV treated by students, residents, faculty, and other dental staff of your program:

102

7b. Of the number of patients reported in #8a, how many were seen by your program for the first time during the period covered by this Report?

8. Please show the HIV/AIDS status of the patients reported in #7a (as of the first visit in the period

HIV/AIDS Status	Number of Patients
HIV-positve, not AIDS	87
CDC-defined AIDS (HIV-positive with AIDS-defining illness)	4
HIV-positive, AIDS status unknown	11
Total	102

HANDOUT C

Oral Health Care

9a. Of the number of patients reported in #7a, indicate the number by gender:

Gender	Number of Patients with HIV
Male	49
Female	52
Transgender	1
Unknown/unreported	0
Total	102

9b. Of the number of patients with HIV reported in #7a, indicate the number by sex assigned to the clients at brith:

Sex at Birth	Number of Patients with HIV
Males	50
Females	52
Total	102

11a. Of the number of patients reported in #7a, indicate the number by ethnicity:

Ethnicity	Number of Patients with HIV
Hispanic or Latino/a	27
Non-Hispanic or Latino/a	75
Total	102

Oral Health Care

12a. Of the number of patients reported in #7a, indicate

Race	Number of Patients with HIV
White	36
Black or African American	62
Asian	2
Native Hawaiian or Other Pacific Islander	1
American Indian or Alaska Native	1
More than one race	0
Total	102

13. Of the number of patients reported in #7a, indicate the number by age:

Age	Number of Patients with HIV
12 or younger	0
13-24	0
25-44	45
45-64	52
65 or older	5
Unknown/unreported	0
Total	102

HANDOUT C

20. **For the period covered by this Report, provide the following information about the number of dental students, residents, dental hygiene students, and other non-student dental providers who participated in or rotated through your program. Please feel free to attach an optional narrative description of your HIV training program as further clarification of the information that you provide below.**

	Predoctoral Dental Students	Dental Residents or Postdoctoral Students	Dental Hygiene Students	Other Non-Student Dental
a. The total number of students and residents who were enrolled in all years of your school or program	135	50	0	
b. The total number of students, residents, and other providers who received formal didactic instruction in medical assessment or oral health management for patients with HIV	135	50	0	0
c. The total number of students, residents, and other providers who gained experience providing direct clinical services for patients with HIV	105	0	0	0
d. The total number of hours of your training curriculum (didactic and clinical combined) that were dedicated to issues related to medical assessment or oral health management for patients with HIV				
i. As part of required curriculum	i. 16	i. 4	i. 0	
ii. As part of elective curriculum	ii. 0	ii. 0	ii. 0	ii. 0
e. The total number of hours that all students, residents, and other providers spent providing direct clinical services for patients with HIV	518	124	0	0

Oral Health Care

14. **Of the number of patients reported in #8a, indicate the number by household income:**

Income	Number of Patients with HIV
Equal to or below the Federal poverty line	85
101-200% of Federal poverty line	11
201-300% of Federal poverty line	0
> 300% of Federal poverty line	0
Unknown/unreported	6
Total	102

15. **Indicate the total number of visits made by patients reported in #8a for each type of oral health service:**

Type of Service	Number of Visits
Diagnostic	332
Preventive	147
Oral health education/health promotion	147
Nutrition counseling	102
Tobacco prevention/cessation	102
Oral medicine/oral pathology	4
Restorative	68
Periodontic	86
Prosthodontic	97
Oral and maxillofacial surgery	30
Endodontic	6
Anesthesia/sedation/nitrous oxide analgesia/palliative care	2
Emergency services	12
Other (specify:	

HANDOUT C

Notable Trends

Increase in newly diagnosed including diagnosis with AIDS

Increase in oral lesions/HPV

Increase in patients with decreased CD4

Mental Health or Substance Abuse

Recommendations

- Limited Funding for Part F Community Based Dental Partnership Program
- Supplemented with Medicaid and Private Insurance
- Funding for Part A
- # Clients Eligible for Care 6,760
- # Clients Currently Receiving Oral Health Care Services **2799**
- **Average $893.00 per client**

HANDOUT C

AETC

The AIDS Education and Training Center (AETC) Program supports national HIV priorities by building clinician capacity and expertise along the HIV care continuum.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS)

South Florida Southeast AETC
Funded by Vanderbilt University/University of Miami/Nova Southeastern University

Nova Southeastern University Pharmacy for South Florida AETC
Nova Southeastern University Dental for Southeastern United States

Dr. Schweizer, Dental Director of the Southeast AETC

Southeast AIDS Education & Training Center

AETC Services Provided

Training-Education/Onsite/Webinars/Newsletters/Pocket Cards

Seminars

Site Visits/Program Reviews

Program Development and Implementation

Quality Management Plans

Southeast AIDS Education & Training Center

HANDOUT C

Notable Trends

- Lack of Provider Knowledge
- Knowledge out of date
- Complacency

Questions?

Discussion

HANDOUT D

FY 2017-18 Priority Setting/Resource Allocations Committee Work Plan

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

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

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

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA												
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.						X						
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.					X							
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.					X							
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the								X			X	
1.6 Request Technical Assistance (TA) as it relates to the PSRA process	As Needed/Recommended	PSRA/ Grantee	Complete PSRA process	Request TA as it relates to developing and implementing client surveys and the FY 2019 PSRA process. Develop process for upcoming FY PSRA Process based on recommendations									X			

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

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

Objective 3: Assess the Administrative Mechanism

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

HANDOUT E

FY 2016 Part A Prescriptions Proposed to be Added to Tier 1 of the Ryan White Formulary

Medication Name	Projected Annual AIDS Pharmaceutical Assistance Client Utilization (n=2,810)	Projected Annual Total Cost	Justification for Addition
Acetaminophen (Tylenol)	527	$53,248.08	commonly prescribed pain reliever
Aspirin	100	$1,251.00	low-dose commonly prescribed to prevent heart attacks, stroke, and chest pain
Avodart	179	$5,498.88	BPH treatment in men
Bactroban	35	$313.25	used to treat skin infections
Calcium	176	$3,681.92	promotes bone health
Cozaar	316	$5,381.48	alternative high blood pressure treatment
Dulera	70	$27,636.00	treats COPD and asthma symptoms; no comparable treatments already available
Flomax	246	$12,378.72	first treatment option for BPH in men
Fosamax	50	$5,050.50	osteoporosis treatment; no comparable treatments already available
Gardasil	176	$32,863.42	HPV prevention & a clinical care component in the Integrated Primary Care & Behavioral Health Services SDM
Januvia	211	$6,979.88	Cost effective diabetes treatment; Cost has significantly decreased
Motrin (Ibuprofen)	457	$6,672.20	frequently prescribed by ER providers for pain relief and anti-inflammatory
Lantus/Levemir Pen Needles	123	$10,218.84	necessary component for medication administration
Levemir	35	$16,140.60	a cost effective alternative to Levemir for patients who are able to see/read
Lupron (men)	12	$17,665.92	easily administered prostate cancer treatment for men
Menactra	351	$45,689.67	prevents bacterial meningitis & a clinical care component in the Integrated Primary Care & Behavioral Health Services SDM
Menveo	351	$47,830.77	prevents bacterial meningitis & a clinical care component in the Integrated Primary Care & Behavioral Health Services SDM
Mirapex	11	$364.32	Common treatment for Restless Leg Syndrome and Parkinson's disease
Omega 3	7	$299.60	Helps to reduce triglycerides and acts as an anti-inflammatory
Pataday	7	$1,226.68	frequently prescribed by eye doctors for eye allergies
Pepcid (famotidine)	148	$3,356.64	frequently prescribed by outside providers to treat stomach/intestinal ulcers and acid reflux
Ten-K (Potassium Chloride)	95	$8,268.80	no other available treatment option for hypokalemia
Vitamin B6	176	$6,138.88	cost effective prevention and treatment of anemia
Robaxin	35	$1,289.40	treats muscle pain and stiffness
Tessalon	176	$5,899.52	necessary for treatment of chronic cough in certain patients
Vitamin D3	228	$9,534.96	prevents a common vitamin deficiency among HIV+ clients
Voltaren (gel)	88	$1,582.24	treats joint pain for patients who cannot receive medication orally
Xarelto	39	$48,180.60	anticoagulant that treats and prevents deep vein thrombosis
Zofran	88	$8,923.20	controls the common symptom of vomiting/nausea caused by other commonly prescribed HIV/AIDS drug treatments
Zostavax	351	$84,576.96	Shingles prevention; cost has significantly decreased
TOTAL		**$393,253**	

FY 2016 Part A Prescriptions Newly Added to the ADAP Formulary in 2017 (Cost Savings; Added to Tier 2)

Medication Name	Projected Annual Total Cost Savings
Diabeta (Glyburide)	$874.50
Elavil (Amitriptyline Hydrochloride)	$2,013.96
Fenofibrate	$3,098.75
Fenofibrate Micronized	$185.25
Gabapentin	$17,049.73
Glipizide (Glucotrol)	$5,428.35
Glucophage (Metformin Hydrochloride)	$19,928.35
Keppra (Levetiracetam)	$2,128.61
Lamictal (lamotrigine)	$50.79
Levaquin (levofloxacin)	$1,746.20
Lipitor (atorvastatin)	$56,383.48
Megace (megestrol)	$393.48
Mirtazapine (remeron)	$5,896.54
Pravachol	$0.00
Remeron	$0.00
Risperidone (Risperdal)	$4,081.71
TriCor	$2,670.34
TOTAL	**$121,930.04**