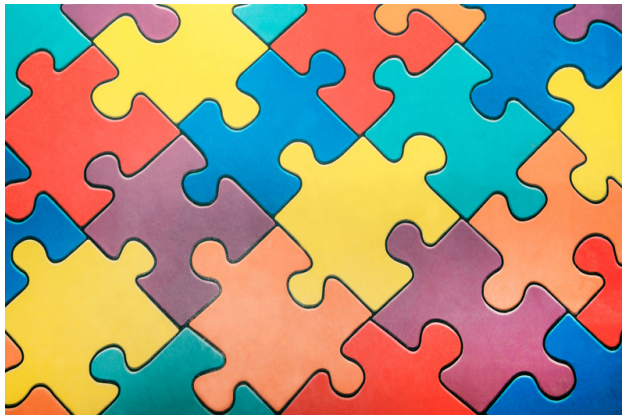
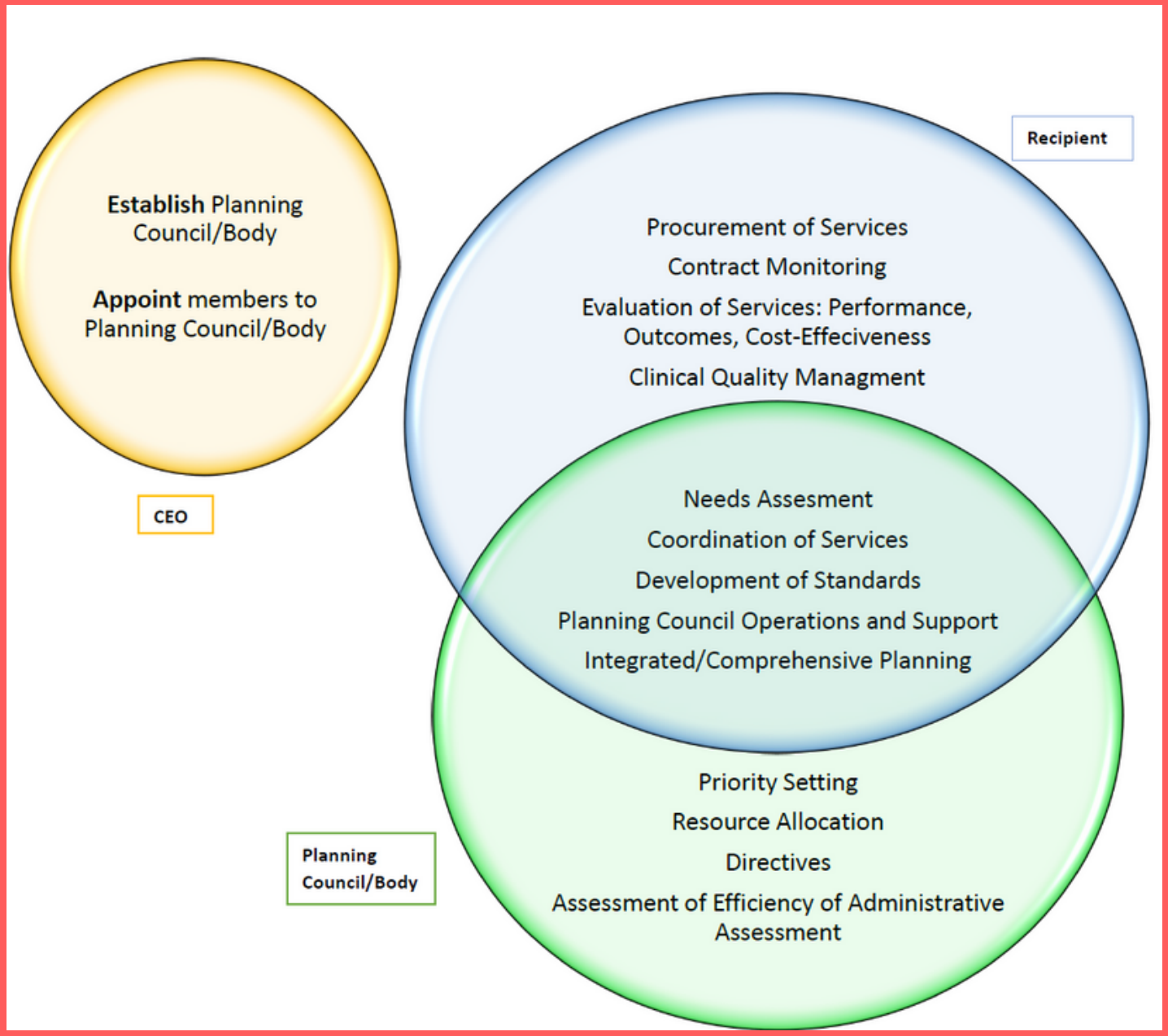
PLANNING COUNCIL RESPONSIBILITIES AND NEEDS ASSESSMENT



PRESENTED MAY 4, 2023



In Miami-Dade County, the CEO is the Mayor and the Recipient is the Office of Management and Budget-Grants Coordination.

PLANNING COUNCIL

LEGISLATIVE RESPONSIBILITY

For the population of individuals living with HIV in the Miami-Dade County eligible metropolitan area (EMA):

Determine their **size** and **demographics** and **needs** particularly for those who know their HIV status and are **not receiving HIV-related serv**ices; and address **disparities in access and services** among affected subpopulations and historically underserved communities.

HRSA EXPECTIONS

The planning council's (**Miami-Dade HIV/AIDS Partnership**) decisions about service priorities, service models, population emphases, and directives for the Recipient will be **data-based**.

Data used for decision making will include:

- Needs assessment and community input
- Service cost and utilization data
- System-wide (not subrecipient-specific) Quality Management data

The planning council will be trained and comfortable in reviewing, assessing, and using data.

COMPONENTS OF A RYAN WHITE NEEDS ASSESSMENT

1. **Epidemiological profile** of HIV and AIDS cases and trends in Miami-Dade County.

2. A **resource inventory** of existing services.

3. A **profile of provider capacity** and capability -availability, accessibility and appropriateness overall and for specific populations.

4. **Estimate and assessment of unmet need,** people with HIV who know their status but are not in care and people with HIV who do not know their status.

5. **Estimate and assessment of people with HIV** who are unaware of their status.

6. **Assessment of service need gaps,** information about service needs of people with HIV and barriers to getting services.

DATA COLLECTION FOR THIS YEAR

Surveillance (from Florida Department of Health in Miami-Dade)

Ryan White Program demographic and utilization data (from the Provide Enterprise Miami system), as available

Input from persons with HIV

and

Other funding information.

NEEDS ASSESMENT DATES 2023*

10:00 a.m. to 1:00 p.m.

June 1, 2023

July 13, 2023

August 3, 2023

*September 7, 2023 (if needed)

STEPS FOR 2023 NEEDS ASSESSMENT

- Training on responsibilities and data elements
- Additional training materials posted online
- Agreement on process
- Data elements provided
- Directives developed
- Priorities set
- Allocations determined

DEVELOPING DIRECTIVES

Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.

Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific populations.
[9]

May have cost implications.

Usually only a small number are developed.

Must be followed by Recipient in procurement, contracting, or other service planning.

PRIORITY SETTING

Determining what service categories are most important for people living with HIV in Miami-Dade County and place them in priority order.

Priorities are **not** tied to funding or to service providers.

Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest.

Take into account data such as utilization, epidemiological, and unmet needs.

Priorities tend to change only a little from year to year.

Core Medical Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

RESOURCE ALLOCATION

Process of deciding how much money to allocate to each service category.

Resource allocation is **not** tied to p**riorities**; some lower-ranked service categories may receive disproportionate funding because they are expensive to provide.

Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making.

RESOURCE ALLOCATIONS (CONTINUTED)

Core Services

HRSA requires **no less** than **75% of funds** be allocated to core services .

Support Services

HRSA requires support services to be **no more** than **25%** of funds.

Funded support services need to be linked to positive medical outcomes/affecting the HIV-related clinical status of an individual with HIV/AIDS.

CONFLICT OF INTEREST

Process should be fair, data-based, and free of conflicts of interest.

If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.

BUDGET DEVELOPMENT OPTIONS

A) Flat

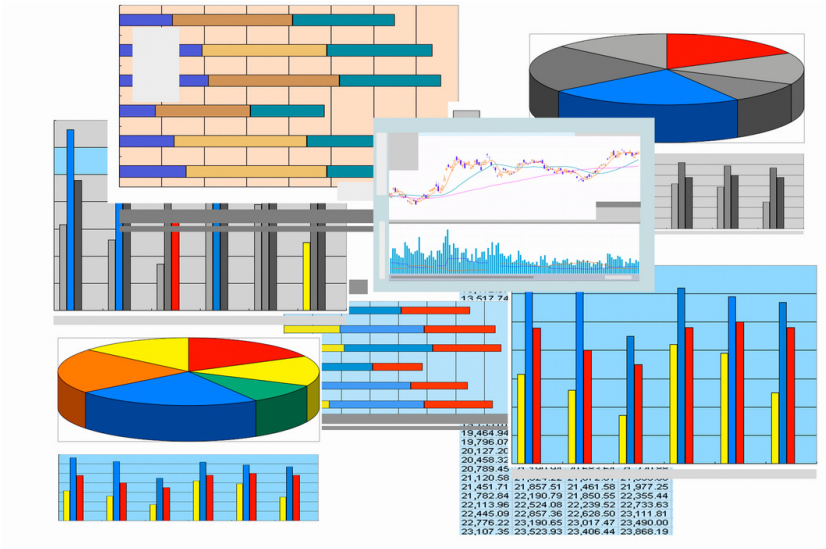
and

B) Increase (up to allowable threshold)

can include or not:

C) Decrease (determine %)

Types of Charts (bars, lines, pies, tables) for Data



EPI DATA

Number of people living with a disease.

EPIDEMIOLOGIC PROFILE

Describes the HIV Epidemic in the Miami-Dade service area

Focuses on the social and demographic groups and behaviors most affected by or that can transmit HIV.

Data are provided by the Florida Department of Health

Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those unaware of their status.

TERM-INCIDENCE

INCIDENCE

The number of **new** cases of a disease in a population during a defined period of time – such as the number of new HIV cases in Miami-Dade County as of December 31 of the reference year .

INCIDENCE RATE

The frequency of **new** cases of a disease that occur per unit of population during a defined period of time – such as the rate of new HIV cases per 100,000 in Miami-Dade County as of December 31 of the reference year .

TERM-PREVALENCE

PREVALENCE

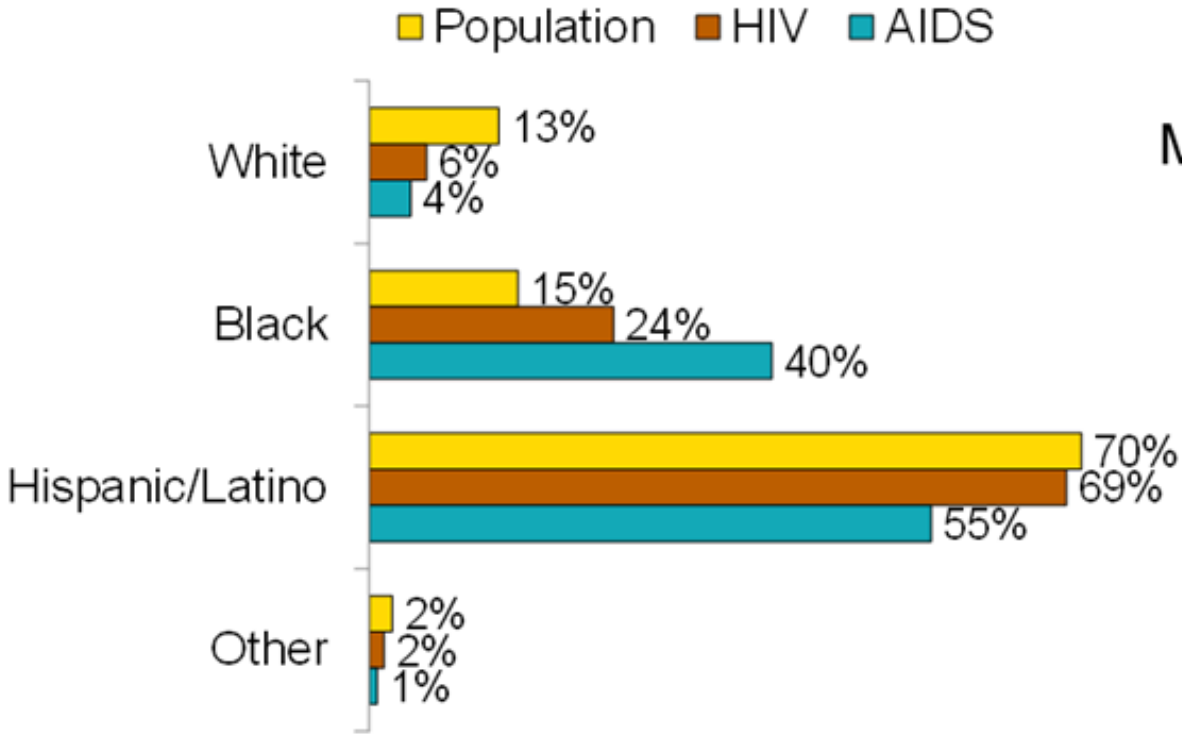
The **total** number of people in a defined population with a specific disease or condition at a given time – such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31 of the reference year.

PREVALENCE RATE

The **total or cumulative** number of cases of a disease per unit of population as of a defined date – such as the rate of HIV cases per 100,000 population diagnosed in Miami-Dade County as of December 31 of the reference year.

EPI DATA SAMPLE USING A BAR GRAPH

Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2021, Miami-Dade County



Miami-Dade County Adult Population Estimate
N=2,444,510

HIV
N=1204

AIDS
N=388

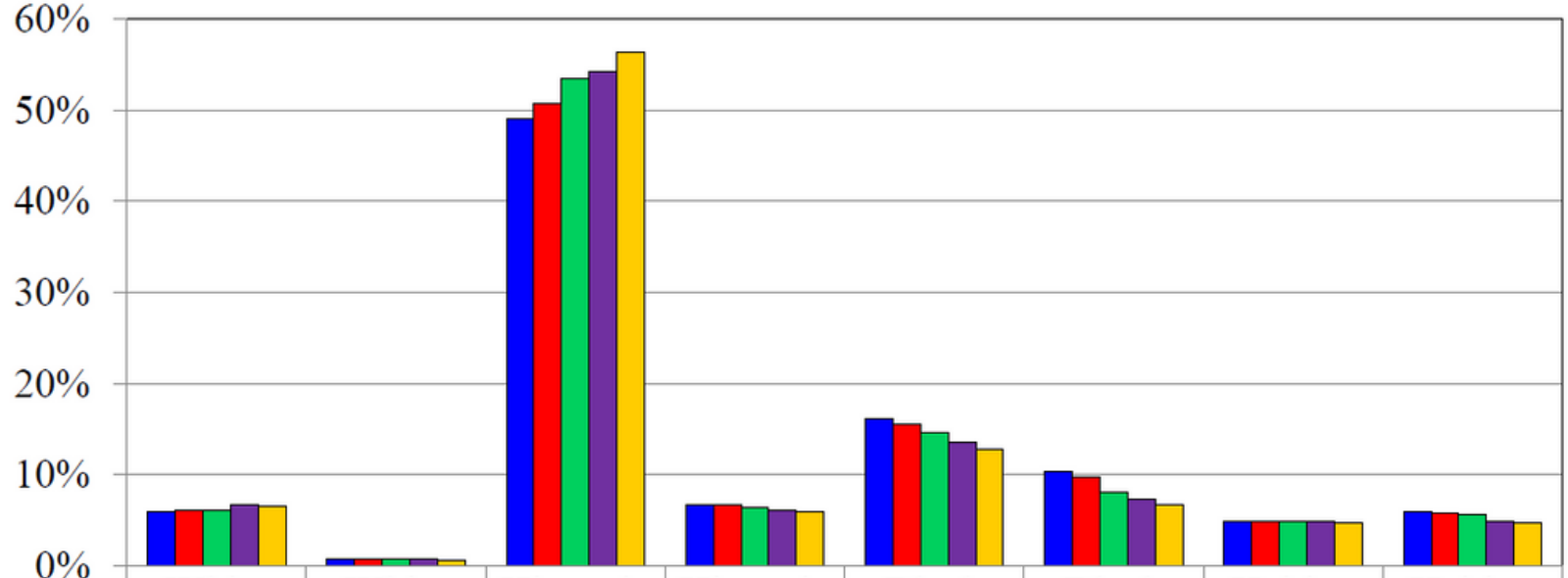
Rounding may cause percentages to total more or less than 100.

DEMOGRAPHICS

Statistical data relating to the population and particular groups within it.

DEMOGRAPHICS DATA SAMPLE USING A BAR GRAPH

Race/Ethnicity of Clients in Care, by Gender Ryan White Program, FY 2017 - FY 2021



	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
FY 2017	6%	1%	49%	7%	16%	10%	5%	6%
FY 2018	6%	1%	51%	7%	16%	10%	5%	6%
FY 2019	6%	1%	54%	6%	15%	8%	5%	6%
FY 2020	7%	1%	54%	6%	14%	7%	5%	5%
FY 2021	7%	1%	56%	6%	13%	7%	5%	5%

SERVICE UTILIZATION

A measure of expenditures and units of service across service categories.

UTILIZATION DATA SAMPLE USING A TABLE

Total Clients by Service Category

SERVICE CATEGORIES	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,656	8,496	8,116	7,378	7,842
Outpatient/Ambulatory Health Services	5,021	5,447	5,317	4,281	4,422
Oral Health Care	3,500	3,381	3,170	1,711	2,237
Health Insurance Premium & Cost Sharing Assist	1,415	1,307	1,335	1,125	1,255
Food Bank	709	701	715	735	712
Medical Transportation Services	733	638	720	94	645
AIDS Pharmaceutical Assistance (Local)	1,162	697	605	185	183
Mental Health Services	349	327	274	95	121
Outreach Services	965	624	472	130	116
Substance Abuse Services (Residential)	214	169	95	70	66
Other Professional Services - Legal Services	100	76	66	48	44
Substance Abuse Services Outpatient	120	115	55	0	17
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

UTILIZATION DATA SAMPLE USING TEXT

Outpatient/Ambulatory Health Services

- Forty one percent of direct service expenditures were spent on O/AHS– over $7.7 million – similar to last fiscal year though less than FY 2018 and FY 2019.
- Nearly 53% of all clients (4,422 clients) used O/AHS which is similar to last fiscal year.
- Top six most used services are:

1. Office Outpatient Visit 25 Minutes, 24%
2. Office Outpatient Visit 15 Minutes, 15%
3. Office Outpatient Visit 10 Minutes, 3%
4. Blood Collection, 3%
5. IADNA HIV-1 Quant & Reverse Transcription, 3%
6. IADNA Chlamydia Trachomatis Amplified Probe TQ, 3%

DASHBOARD CARDS

Tool to visualize utilization and other funding data.

DASHBOARD CARD DATA SAMPLE USING TABLES

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 2022: March 1, 2022-February 28, 2023				
	FY 2022 Ranking	FY 2022 Direct Services Totals	FY 2022 Total as %	RFP Allocation
Total				
Part A	4	$84,492	0.39%	$88,255

Ranking, Allocation, and Expenditure History		
Fiscal Year	Expenditure	Expense as %
FY 2017	$23,425,356	1.9%
FY 2018	$21,934,627	0.4%
FY 2019	$23,019,718	0.3%
FY 2020	$17,660,128	0.3%
FY 2021	$19,018,258	0.2%

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 2017	4	$449,500.00	$425,218.67	94.60%
FY 2018	4	$137,000.00	$81,547.78	59.52%
FY 2019	4	$87,000.00	$52,697.84	60.57%
FY 2020	3	$66,007.00	$5,993.21	9.08%
FY 2021	9	$83,595.00	$4,379.02	5.24%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2017	3	$17,000.00	$15,983.13	94.02%
FY 2018	3	$100,000.00	$4,661.97	4.66%
FY 2019	7	$100,000.00	$5,145.45	5.15%
FY 2020	NA	NA	NA	NA
FY 2021	NA	NA	NA	NA

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 2017	9,883	1,162	11.8%	$441,202	$379.69
FY 2018	9,578	697	7.3%	$86,210	$123.69
FY 2019	9,031	605	6.7%	$57,843	$95.61
FY 2020	8,127	185	2.3%	$5,993	$32.40
FY 2021	8,420	183	2.2%	$4,379	$23.93

OTHER FUNDING DATA (DASHBOARD CARD) SAMPLE USING CHART

Other Funding Streams: AIDS Pharmaceutical Assistance (Prescription Drugs)

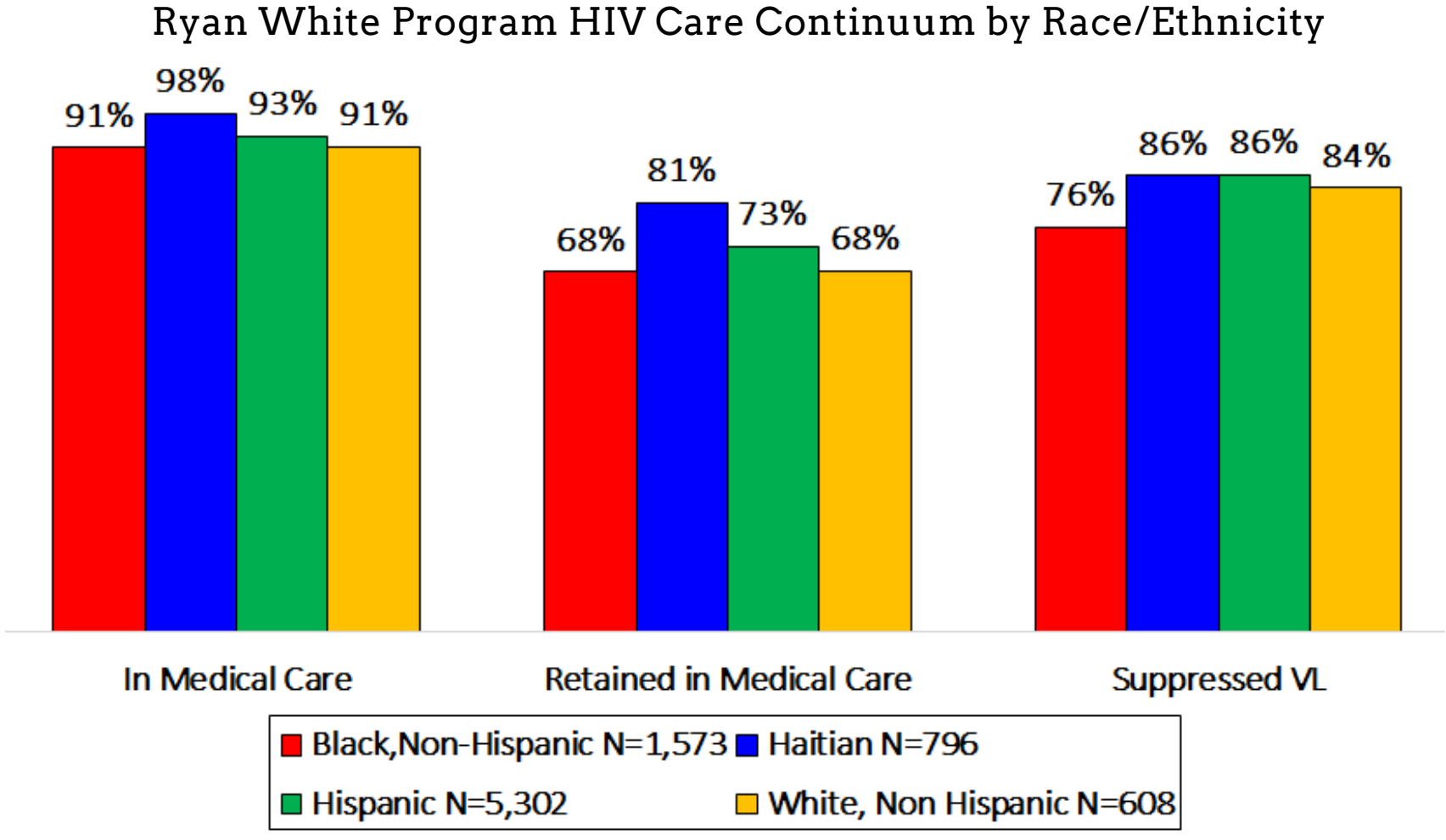
Other Funding Streams 2021				
	Funder	**Expended**	**Number of Clients**	**Cost per Client**
1	ADAP	$32,843,354.00	4,596	$7,146.07
2	General Revenue	$442,771.88	408	$1,085.23
3	Medicaid	$104,595,615.00	5,213	$20,064.38
4	Part C	$32,874.33	N/A	N/A

Other Funding Streams 2022				
	Funder	**Expended**	**Number of Clients**	**Cost per Client**
1	ADAP	$28,342,383.90	4,587	$6,178.85
2	General Revenue	$262,520.31	547	$479.93
3	Medicaid	$109,082,427.54	5,435	$20,070.36
4	Part C	$25,492.00	N/A	N/A

CARE CONTINUUM

Model that outlines the steps/stages that people with HIV go through whose goal is viral suppression.

HIV CARE CONTINUUM
DATA SAMPLE
BAR GRAPH



How do we connect the data?

Priorites

Allocations

Directives

Address identified service needs or underserved groups

Per client cost=estimate allocation

SERVICE UTILIZATION AND CONTINUOUS QUALITY IMPROVEMENT DATA USAGE

In setting service priorities

What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

In allocating resources

How can we use cost per client data to determine funding allocations for anticipated new clients?

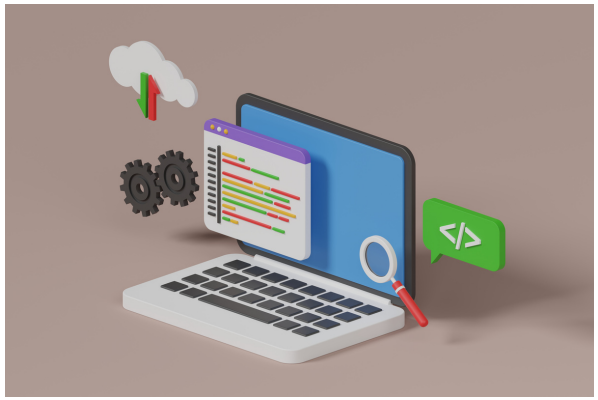
In preparing directives to the Recipient

What access to care issues have been identified and how can these be addressed?

Think 3 D!

Data, Driven, Decisions!

Use data to make informed decisions to improve the service delivery system for people living with HIV in Miami-Dade.



THANK YOU!

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

WWW.AIDSNET.ORG