NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

Roberta Stewart & Chris Cole, Co-Chairs

GY 2022 Priority Setting and Resource Allocation Meeting Agenda

Thursday, August 5, 2021
9:00 am – 2:00pm
Zoom Videoconference

To Join via Computer/Tablet/Smart Phone:
https://us02web.zoom.us/j/86322794498?pwd=NW9QaVI4cHdpdGs1Z0Z1aTVwUHMxQT09

To join via Cell Phone/Telephone:
Dial (929) 205-6099 Meeting ID: 863 2279 4498 Password: 070746

- Moment of Silence
- Introductions and Conflict of Interest Statements
- Meeting Overview, Co-Chair Announcements
- By Laws Review Update and Vote
- Priority Setting and Resource Allocation Training
- FY 2022 Priority Setting and Resource Allocation Discussion/Decisions
- Announcements
- Adjournment

Meetings are open to the public—including representatives from the media and the press. Public Participants may express their opinions during three segments of the monthly meetings: during Public Comment Sections and Announcements. All meetings are digitally recorded for the accuracy of the information presented. The actions of these recordings will fall within the policy approved by the Planning Council on June 12, 2015.

http://nhffryanwhitehivaidscare.org

COLLABORATIVE RESEARCH

Current By Laws:

Section 5.9 Attendance

Council members are expected to attend 100% of the regular Planning Council meetings per calendar year with no more than four (4) absences regardless of reason. Council members are also expected to attend a committee meeting (other than the Executive Committee) once per month with no more than four (4) absences regardless of reason per year. Additionally, committee Co-Chairs are expected to attend 100% of the Executive Committee meetings per calendar year with no more than four (4) absences regardless of reason. Any Council member who does not meet the attendance requirement is subject to removal without further cause. Any member who is unable to attend a meeting of the council should notify the Co-Chairs of the Council prior to the meeting. A member will receive a warning letter if the member misses four Planning Council meetings or misses four months of committee meetings or (for Executive Committee members only) four Executive Committee meetings. A member will be automatically removed from the Planning Council and will receive a letter to that effect if the member misses five Planning Council meetings or five committee meetings as assigned.

Updated By Laws to be voted on:

Section 5.9 Attendance

Council members are expected to attend 100% of the regular Planning Council meetings per calendar year with no more than four (4) absences regardless of reason. Council members are also expected to attend a committee meeting (other than the Executive Committee) once per month with no more than four (4) absences regardless of reason per year. Additionally, committee Co-Chairs are expected to attend 100% of the Executive Committee meetings per calendar year with no more than four (4) absences regardless of reason. Any Council member who does not meet the attendance requirement is subject to removal without further cause. Any member who is unable to attend a meeting of the council should notify the Co-Chairs of the Council prior to the meeting. A member will receive a warning letter if the member misses four Planning Council meetings or misses four months of committee meetings or (for Executive Committee members only) four Executive Committee meetings. A member will be automatically removed from the Planning Council and will receive a letter to that effect if the member misses five Planning Council meetings or five committee meetings as assigned. **In the event of a declared state of emergency by federal, state, or local officials, attendance requirements are suspended for the duration of the stated emergency.**

NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

GY 2022 Priority Setting and Resource Allocation

COLLABORATIVE RESEARCH

New Haven & Fairfield Counties EMA At-A-Glance

The New Haven & Fairfield Counties Eligible Metropolitan Area (EMA) is comprised of 5 regions and has an estimated population of 1,798089. The population of the EMA is comprised of 51 cities and towns. The EMA's estimated general population racial/ethnic representation is about 78% White/Caucasian, 14% Black/African American, 2% Multiracial, 5% Asian, and less than 1% combined for American Indians, Alaskan Natives, Native Hawaiians and/or Pacific Islanders. Approximately 20% of above races identify as being Latinx.

REGION 1 NEW HAVEN	REGION 2 WATERBURY	REGION 3 BRIDGEPORT	REGION 4 STAMFORD/NORWALK	REGION 5 DANBURY
Branford	Ansonia	Bridgeport	Darien	Bethel
East Haven	Beacon Falls	Easton	Greenwich	Bridgewater
Guilford	Bethany	Fairfield	New Canaan	Brookfield
Hamden	Cheshire	Monroe	Norwalk	Danbury
Madison	Derby	Shelton	Stamford	New Fairfield
Milford	Meriden	Stratford	Weston	Newtown
New Haven	Middlebury	Trumbull	Westport	Redding
North Branford	Naugatuck		Wilton	Ridgefield
North Haven	Oxford			Sherman
Orange	Prospect			
West Haven	Seymour			
Woodbridge	Southbury			
	Wallingford			
	Waterbury			
	Wolcott			

NHFF COUNTIES EMA ROLES AND RESPONSIBILITIES

Based on needs assessment, utilization, and epidemiologic data—the Planning Council decides what services are most needed by people living with HIV in the EMA (priority setting) and decides how much RWHAP Part A money should be used for each of these service categories (resource allocations).

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (directives)

Ryan White HIV/AIDS Program Part A. Planning Council Primer. June 2018. JSI Research & Training Institute, Inc. in collaboration with EGM Consulting, LLC.

NHFF COUNTIES EMA LEGISLATIVE REQUIREMENTS

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA **(priority setting)** and then agree on which service categories to fund and how much funding to provide **(resource allocations)**. In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA, without regard to who funds those services.

New Haven & Farfield Counties EMA Funded Services

CORE SERVICES:

- Medical Case Management
- Outpatient Substance Abuse Services
- Mental Health Services
- Dental/Oral Health
- Outpatient Ambulatory Health Services
- Health Insurance Premium & Cost Sharing Assistance

SUPPORT SERVICES:

- Housing Assistance
- Inpatient Substance Abuse Services
- Emergency Financial Assistance
- Medical Transportation
- Food Bank/Home Delivered Meals

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs.

NHFF COUNTIES EMA LEGISLATIVE REQUIREMENTS

75%
CORE

25%
SUPPORT

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings;
- Information about the most successful and economical ways of providing services;
- Actual service cost and utilization data (provided by the recipient);
- Priorities of people living with HIV who will use services ;
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape; and
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.

PRIORITY SETTING & RESOURCE ALLOCATION GUIDANCE

1

STAGE 1

Priority Setting

Review of Data

- 2021 Non-Virally Suppressed Needs Assessment
- 2021 MCM Health Insurance Survey
- 2021 EtHE – In it to End it Data
- 2020 In Care Needs Assessment
- 2020 Newly Diagnosed Needs Assessment
- GY2020 Service Utilization Data
- 2019 Aged Needs Assessment
- 2019 Special Populations Needs Assessment

Link

Planning Council "link" 2022 priorities to the EMA's HIV Care Continuum with the goal of viral suppression as outlined in the State of Connecticut's Integrated HIV Prevention and Care Plan

Recommend

Planning Council weights each data source based on the relevance and reliability of data. Once a weight is assigned, priorities are calculated based on each data source.

GUIDANCE CONTINUED

2

STAGE 2

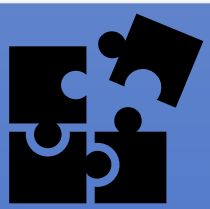
Resource Allocation

Review of Data

The Planning Council reviews a 3-year trend of cost & service utilization data for all service categories.

1. Unduplicated client count
2. Unit cost per client
3. Average cost per client
4. Other funding sources

   (RWHAP, CDC, HOPWA, etc.)



Resource Allocation Components

The Planning Council utilizes data sources to determine all resource allocations for FY2022 with focus on the following

Component 1:

PLWH currently in the RWPA care system

Component 2:

PLWH Newly Diagnosed entering the RWPA care system

Component 3:

PLWH Out of Care/Lost to Care

Component 4:

Unaware Population


QUESTIONS?

NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

Service Category Priorities: 2022 vs. 2021

CORE SERVICES SUPPORT SERVICES

Service Category	2022 Ranking	2021 Ranking
Outpatient/Ambulatory Medical Care		1
Food Bank/Home Delivered Meals		2
Medical Transportation		3
Medical Case Management		4
Oral Health Care		5
Housing Services		6
Mental Health Services		7
Emergency Financial Assistance		8
Substance Abuse Services-Outpatient		9
Health Insurance		10
Substance Abuse Services-Inpatient		11
AIDS Pharmaceutical Assistance (local)		12

Epidemiological Data:

Calendar Year 2014: 5,833 PLWHA (4,029 In Care, 1,804 Out of Care, 500 Unaware)

Calendar Year 2015: 6,168 PLWHA (4,326 In Care, 1,872 Out of Care, 420 Unaware)

Calendar Year 2016: 6,329 PLWHA (4,431 in Care, 1,898 Out of Care, 440 Unaware)

Calendar Year 2017: 6198 PLWHA (4,326 in Care, 1,872 Out of Care, 420 Unaware)

Calendar Year 2018: 6,062 PLWHA (4884 in Care, 1,178 Out of Care, 410 Unaware)

Calendar Year 2019: 6081 PLWHA (4900 in Care, 1,181 Out of Care, 426 Unaware)

Grant Awards:

Grant Year 2021: $4,849,046 (Formula/Supplemental Funding) $427,116 (MAI)= $5,276,162 (Total)
*(Decrease of **$144,373** from 2020 to 2021)*

Grant Year 2020: $4,968,201 (Formula/Supplemental Funding) $452,333 (MAI)= $5,420,535 (Total)
*(Decrease of **$142,387** from 2019 to 2020)*

NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

Client Utilization (Grant Years 2018 - 2020)

Service Category	2018	2019	2020
Outpatient/Ambulatory Health Services	592	633	**540**
Oral Health Care	190	169	**84**
Health Insurance Premium Cost Sharing Assistance	111	135	**138**
Mental Health Services	295	279	**229**
Medical Case Management	1100	1171	**1134**
Substance Abuse: Outpatient	310	289	**244**
Emergency Financial Assistance	287	258	**250**
Food Bank/Home Delivered Meals	889	775	**773**
Housing Services	238	244	**202**
Medical Transportation Services	700	600	**375**
Substance Abuse: Residential	86	91	**60**

CORE SERVICES SUPPORT SERVICES

Returned to Care and Newly Diagnosed

	Returned to Care-ALL SERVICES	Returned to Care-EIS Only	Newly Diagnosed DPH Total	Newly Diagnosed EIS Only
2015	99	16	147	18
2016	140	18	169	48
2017	118	13	151	17
2018	214	50	136	22
2019	80	18	112	15
2020	74	8	102*	15

*This is preliminary data for cases reported through July 23, 2021. This number also needs to be interpreted with caution because of the COVID pandemic and the stay at home orders which significantly affected laboratory testing and screening for HIV.

Notes