

Bergen-Passaic Transitional Grant Area

2022/23 Priority Setting & Resource Allocations Report



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

AUGUST 12, 2021



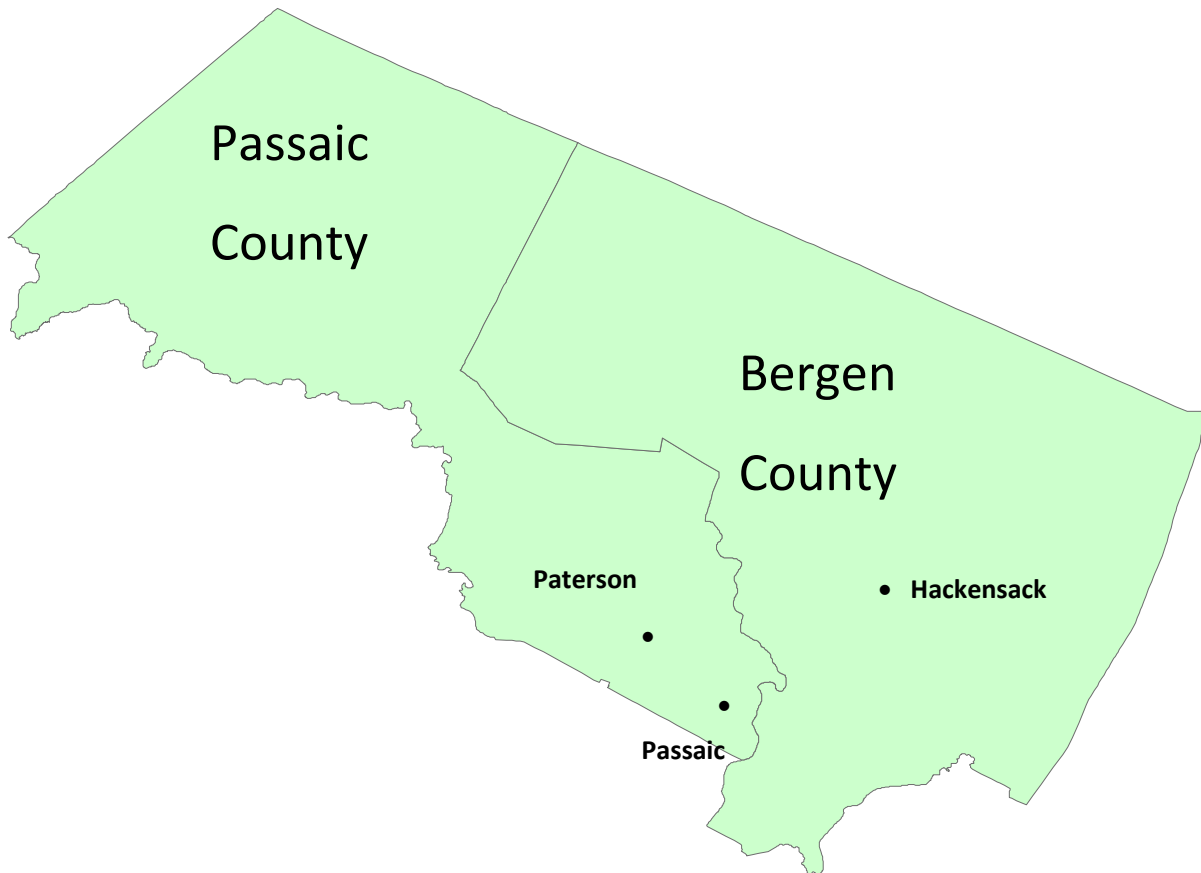
Thomas Rodriguez-Schucker
Deryk M. Jackson

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Bergen-Passaic Transitional Grant Area

The TGA, located in northeastern New Jersey, is geographically the fourth (Bergen) and seventh (Passaic) smallest of the 21-counties in New Jersey planning region and contains 16.14% of the State's population. There are 4,418 persons living with HIV/AIDS (PLWH). The City of Paterson (Passaic County), the largest epicenter for HIV incidence in the TGA, remains one of the ten IMPACT cities in New Jersey with highest concentrations of HIV infection. The Bergen-Passaic Transitional Grant Area (TGA), general population is 1,461,014. The TGA is comprised of two counties located in the northeastern corner of New Jersey accounting for. The TGA is densely populated with 16% of the State's population residing in the TGA.



The Bergen-Passaic TGA is densely populated with 3,865 persons per square mile in Bergen and 2,705 in Passaic, outpacing the state by more than 1,520 persons per square mile. Approximately one-third of residents live at or below 300% of the federal poverty level. Passaic County (48%) is among the poorest counties in the state based on the percentage of population living below 300% of the FPL.

Planning Responsibilities

Section 2602(b)(4)(C) of the PHS Act requires Planning Council's to determine the priority for RWHAP allowable services and service allocations of RWHAP Part A funds every year. To fulfill this responsibility, the Bergen-Passaic TGA Planning Council set service priorities and allocate RWHAP Part A funds based on the size, demographics, and needs of people with or affected by HIV, with focus on individuals who know their HIV status but are not in care. The Planning Council is also responsible for evaluating the efficiency of the recipient in distributing funds to service providers.

Priority Setting & Resource Allocation Process

On an annual basis, the Planning Council convenes its membership, a culturally diverse group of members representing multiple organizations to include those funded by Ryan White HIV/AIDS Program (RWHAP), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), State funded HIV/STI Prevention and Care organizations, as well as consumers of the RWHAP and local community members. This group of diverse individuals convenes annually to provide guidance in developing priorities and allocating funds to service categories for the Ryan White Part A program in the Bergen and Passaic Counties of New Jersey and represents the Bergen-Passaic TGA.

The Planning Council of Bergen-Passaic TGA has developed a data driven model for conducting the annual Priority Setting and Resource Allocations (PSRA) process. The process is divided into 4 components: (1) PLWH currently in the RW Part A/MAI care system; (2) PLWH that are newly diagnosed that will enter the RW Part A/MAI program utilizing the TGA's Epidemiological data; (3) out of care individuals to bring into care based

on the TGA's underserved populations; and (4) unaware individuals who do not know their HIV status, identifying, testing, and linkage to appropriate medical care. The latter component will occur through the EIS/EIHA Plan and will work in conjunction with various community partners and funded programs that address HIV and co-morbidities in the TGA. The Planning Council developed the following procedures for conducting the 2022/23 PRSA process.

Tuesday, August 10, 2021: Mandatory Data Session and PSRA Training.

The data session and PSRA training will take place via Zoom Conferencing due to the COVID-19 pandemic and the Planning Council's inability to meet in person. The mandatory data session and PSRA training will include the review of the following data sets:

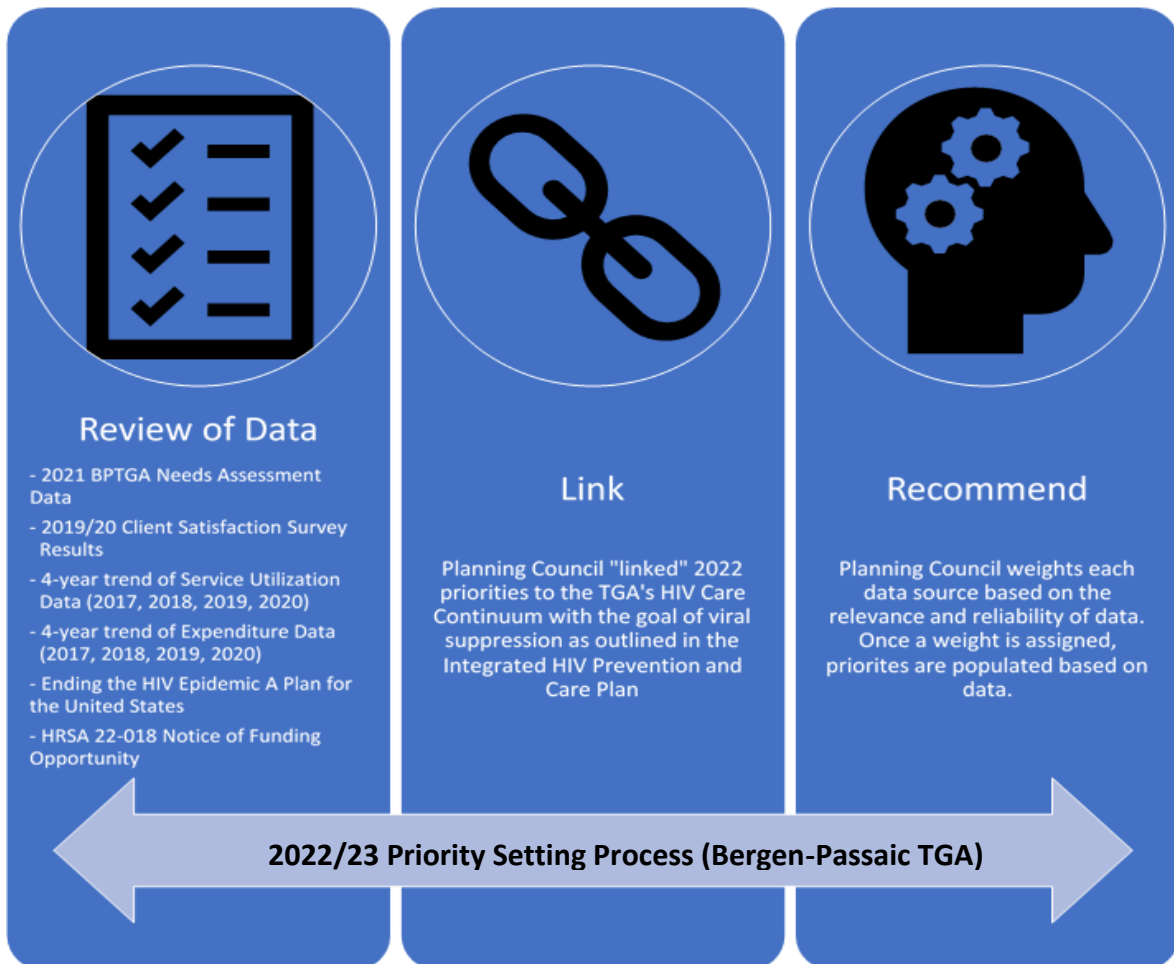
1. Glossary of Terms
2. Ending the HIV Epidemic, a Plan for the United States Snapshot
3. HRSA 22-108 Notice of Funding Opportunity (NOFO) PowerPoint
4. Policy Clarification Notice 16-02
5. 2021/22 Notice of Grant Award
6. 2021/22 Grant Score
7. 2020/21 Attachment 5: Coordination of Services and Funding Streams
8. 2020/21 Service Utilization Data
9. 2020/21 Funded Service Categories
10. 2021 Bergen-Passaic TGA Needs Assessment
11. 4-year trend of Service Utilization Data
12. 4-year trend of Expenditures

The Planning Council facilitates the collection of PSRA data through the community input process by 1.) Community Development Committee of the Planning Council; 2.) client satisfaction surveys and needs assessments; 3.) PLWH forums and townhall meetings; 4.) Consumer Advisory Board members; 5.) RW Part B; 6.) RW Part F; 7.) CDC Prevention subrecipients; 8.) HOPWA Recipient/Subrecipients and 9.) State Medicaid representatives. All aspects of planning is linked to the TGA's HIV Continuum of Care, NHAS, Integrated HIV prevention and care plan, Ending the HIV Epidemic (EHE) and with the goal of community viral suppression as outlined in the TGA's Integrated HIV Prevention and Care plan.

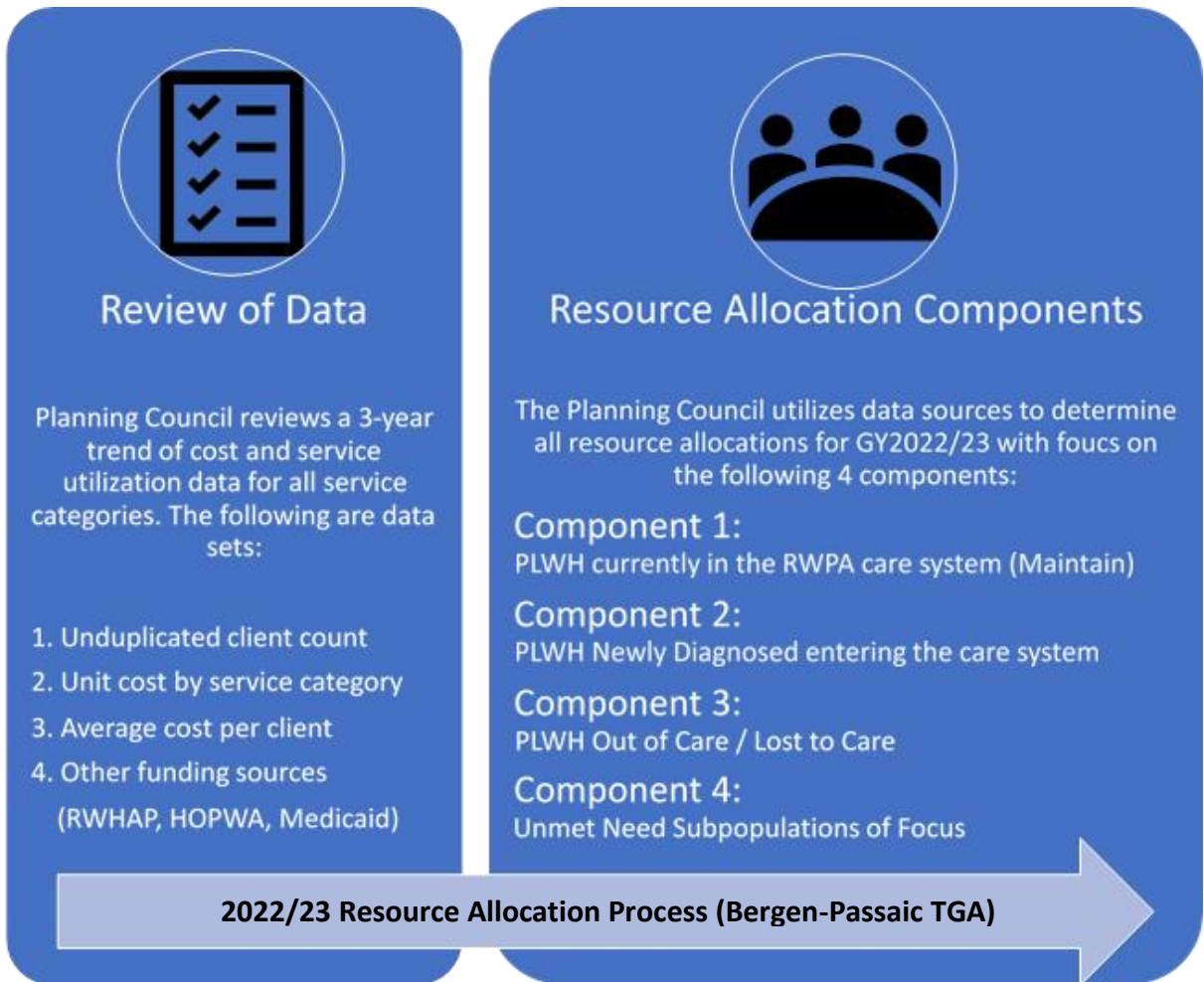
Thursday, August 12, 2021: PSRA Workshop.

The PSRA Workshop will take place via Zoom Conferencing due to the COVID-19 pandemic and the Planning Council’s inability to meet in person. The PSRA Workshop will focus on the key components of **Priority Setting** and **Resource Allocations** (PSRA).

The PSRA process includes the following steps: **Determination of data needs** –The Planning Council identifies data which is needed for the PSRA process, and Planning Council Support staff request this data in advance of the PSRA data session. **PSRA process review for PC member** – Planning Council Support staff presents information on the process for PSRA. This includes a review of the requested data sets mentioned previously and Planning Council member expectations. **Presentation of data** –RWPA service utilization data over a 4-year period is presented to the Planning Council prior to PSRA. **Determination of priorities** – Based on data presented, the Planning Council determines the priority for each service category to be funded by ranking data sets. The graphic below demonstrates the **Priority Setting** process in the Bergen-Passaic TGA.



Resource allocation: Based on the data presented and the assigned priority, the Planning Council determines how much funding should be allocated to each service category. Final approval – The Planning Council votes to approve the final priorities and allocation of funds for each service category. The graphic below demonstrates the **Resource Allocation** process in the Bergen-Passaic TGA.



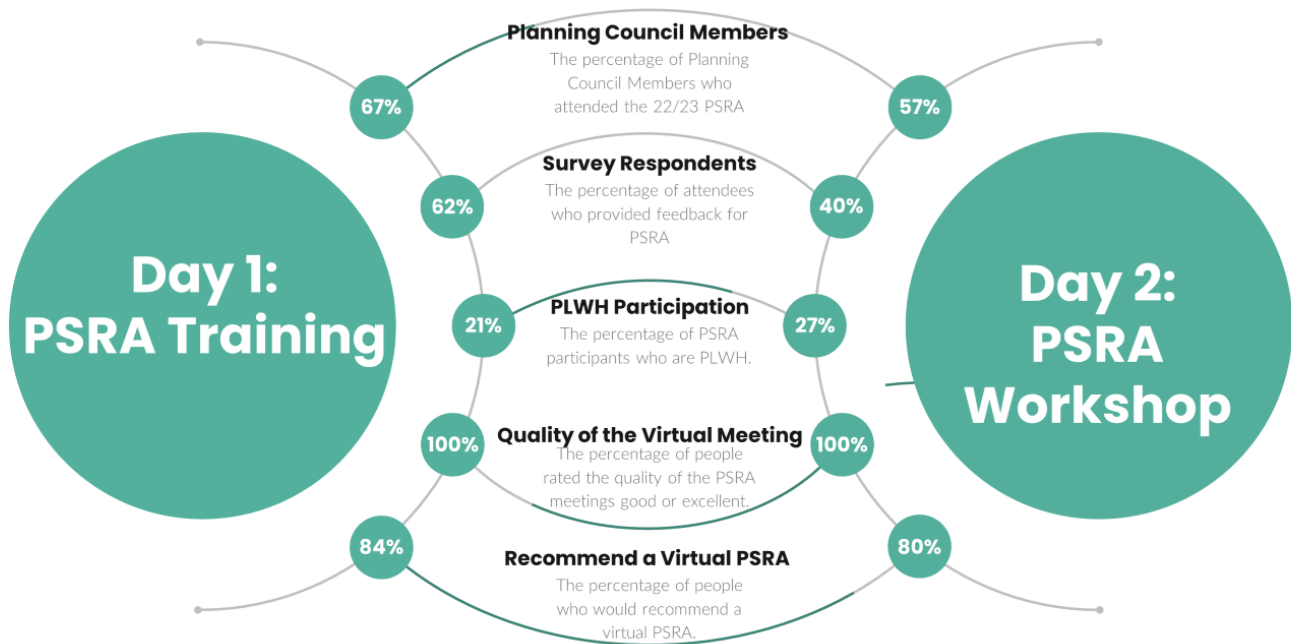
Resource Allocation Percentages by HRSA defined Service Category

Resource allocation percentages are developed and approved by the Planning Council based on the total grant award. The approved percentages are reported to the Recipient with the directive to apply service dollars in accordance with the approved resource allocations. The TGA’s service priorities and allocations align with the updated National HIV/AIDS Strategy, the Integrated HIV Prevention and Care Plan and the TGA’s Continuum of Care goal of viral suppression.

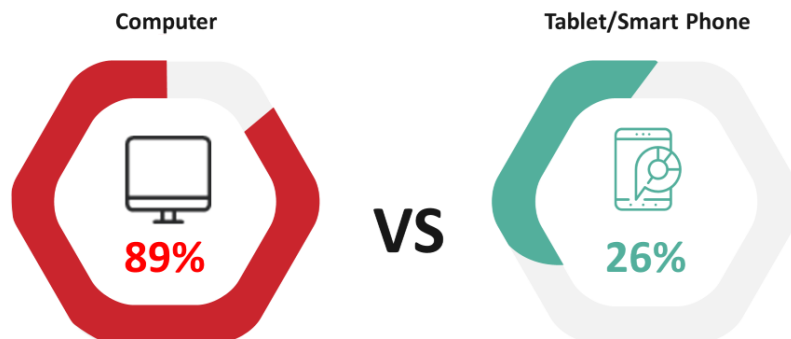
All funding decisions are data driven and include qualitative information on community needs with consideration of consumer input. The Planning Council weighs each data source based on relevance to determine and approve service category priorities. Unless service categories show significant change in utilization, the Planning Council does not deviate greatly from the service categories allocation at the close of the previous grant year, this is to ensure that services are provided at consistent levels. With the data collected from needs assessments, community surveys, and current trends in service utilization, as well as the goals set by the Planning Council to bring those out of care into care and those unaware of their status linked to care. The Planning Council was able to focus on the core services to include Outpatient Ambulatory Health Services, Medical Case Management, Oral Health, Mental Health, and Local Pharmaceutical Assistance Program. Information on the number and demographics of PLWH, levels of unmet need, utilization and expenditures from the previous three grant years, outcome measures of service categories and other available resources were presented to and considered by the Planning Council to increase access to care and services and to reduce disparities.

Priority Setting & Resource Allocation Evaluation

Evaluation of PSRA activities – Once the PSRA is complete the Planning Council and Community Partners are given the opportunity to provide feedback on the entire **PSRA process**. SurveyMonkey was utilized for both Day 1: PSRA Training and Day 2: PSRA Workshop. The results are provided below. **Graphic updated to include both excellent and good for quality of the virtual meeting. Comments are now in quotes.**



How Survey Respondents Participated on Zoom



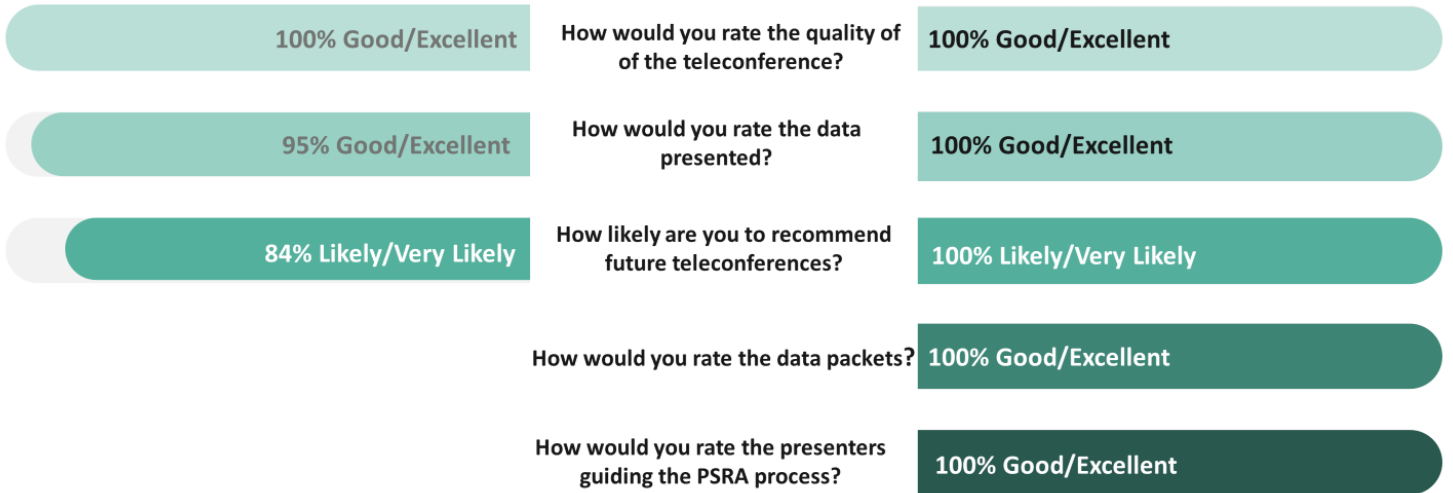
Day 1: PSRA Training

Visual representation of survey respondent feedback for Day 1: PSRA Training..

VS

Day 2: PSRA Workshop

Visual representation of survey respondent feedback for Day 2: PSRA Workshop.



What do you appreciate most about the virtual PSRA experience?



What would you change about the virtual PSRA experience?

Day 1: PSRA Training

- "In person but I understand"
- "The training delivery (i.e. the definitions and material to know) you need a more engaging form of delivering the training."
- "Perhaps a little more discussion on the utilization data and its implications for decision-making"
- "Reading the glossary of definitions could be streamlined"



Day 2: PSRA Workshop

- "If it's going to be six hours on zoom, participants should be sent grub hub or Uber Eats gift cards for lunch."
- "The facilitator was very knowledgeable about his approach in presenting the data. Well-versed in Planning Council activities and helped to initiate conversations. I am a hug fan of the breakout room. This was a huge success and allowed for everyone's voice to be heard."
- "Find a cure for COVID19 so that we can meet in-person"

2022/23 Priority Setting by Service Category

Bergen-Passaic TGA - Ryan White Part A						
2022/23 Prioritized Service Categories						
Approved by the Bergen-Passaic Planning Council on 8/12/2021						
Service Category	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking	2018 Ranking	2017 Ranking
AIDS Drug Assistance Program	18	5	18	10	24	6
AIDS Pharmaceutical Assistance - Local	21	21	23	22	8	7
Child Care Services	19	16	19	16	12	26
Early Intervention Services	13	12	12	20	22	8
Emergency Financial Assistance	9	10	17	12	3	12
Food Bank / Home Delivered Meals	4	2	2	6	10	15
Health Education / Risk Reduction	10	22	11	15	18	20
Health Insurance Premium & Cost Sharing Assistance	14	19	10	9	15	17
Home and Community-Based Health Services	23	24	24	26	25	21
Home Health Care	20	15	20	17	13	22
Hospice Services	24	27	25	24	26	23
Housing Services	8	7	15	5	5	10
Linguistic Services	22	20	21	25	16	27
Medical Case Management	6	9	6	8	14	4
Medical Nutrition Therapy	11	13	16	23	11	18
Medical Transportation	7	8	5	7	6	11
Mental Health Services	5	1	3	1	2	3
Non-Medical Case Management Services	3	3	7	2	7	5
Oral Health Care	2	4	1	3	1	2
Other Professional Services: Legal Services & Permanency Planning	12	17	8	13	9	16
Outpatient/Ambulatory Health Services	1	6	4	4	4	1
Outreach Services	16	18	14	14	21	9
Psychosocial Support Services	17	11	13	18	23	14
Referral for Health Care and Supportive Services	25	23	26	19	29	19
Rehabilitation Services	26	25	27	27	20	25
Respite Care	27	28	28	28	30	28
Substance Abuse Services - Residential	28	26	22	21	19	24
Substance Abuse Services-Outpatient	15	14	9	11	17	13

2022/23 Service Category Allocations

Bergen-Passaic TGA Ryan White Part A

2021 Resource Allocation by Service Category

Approved by the Bergen-Passaic Planning Council on 8/12/2021

Service Category	2022/23	2022/23 % Request
Medical Case Management	\$ 406,367	13.0000%
Outpatient/Ambulatory Health Services	\$ 1,073,121	34.3300%
Oral Health Care	\$ 506,395	16.2000%
Early Intervention Services	\$ 62,518	2.0000%
Health Insurance Premium/CSA	\$ 35,948	1.1500%
Mental Health Services	\$ 159,421	5.1000%
Substance Abuse Services (Outpatient)	\$ 227,878	7.2900%
Case Management Non-Medical	\$ 352,601	11.2800%
Food Bank/Home Delivered Meals	\$ 80,648	2.5800%
Other Professional Service: Legal Services & Permanency Planning	\$ 33,135	1.0600%
Medical Transportation	\$ 86,900	2.7800%
Outreach Services I	\$ 84,399	2.7000%
Psychosocial Support Services	\$ 16,567	0.5300%
Total Request for Services Formula/Supplemental	\$ 3,125,898	100.0000%
15% Grantee Administration	\$ 551,629	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	\$ 3,677,527	

MAI Service Category	2021/22 Request	2021/22 % Request
Substance Abuse Services (Outpatient)	\$ 107,232	36.06%
Non-Medical Case Management	\$ 130,912	44.02%
Outreach Services	\$ 40,195	13.51%
Health Education/Risk Reduction	\$ 19,071	6.41%
Total Request for Services MAI	\$ 297,410	100.0000%
15% Grantee Administration	\$ 52,484	
TOTAL REQUEST FOR MAI	\$ 349,894	

Total Grant Request for Services including MAI	\$ 3,423,308
15% Grantee Administration	\$ 604,113
TOTAL GRANT REQUEST	\$ 4,027,421

75.33%	Core Services	\$ 2,578,879.76
24.67%	Support Services	\$ 844,428.09