Norfolk

Transitional Grant Area

2022/23 Priority Setting & Resource Allocations Report

GREATER HAMPTON ROADS HIV HEALTH SERVICES PLANNING COUNCIL

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COLLABORATIVE RESEARCH

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Norfolk Transitional Grant Area

The Norfolk Transitional Grant Area (TGA) is comprised of 14 Cities/Counties in Virginia and one county in North Carolina. The TGA has an estimated population of 1,717,160. The TGA's general population racial/ethic representation is 56% White/Caucasian, 30% Black/African American, 4% Multiracial, 4% Asian, and less than 1% combined for American Indians, Alaskan Natives, Native Hawaiians and/or Pacific Islanders. Approximately 7% of above races identify as being Hispanic or Latin in origin. According to the *US Census Bureau Quick Facts*, the TGA's poverty rate is 33% compared to 13.9% nationally. As of December 31, 2019, there were 7,831 PLWH, with 415 new HIV diagnoses in 2019. African American/Black non-Hispanic communities continue to be disproportionately impacted by HIV. Since 2015, HIV-incidence among White non-Hispanic decreased by 13.1% while African American/Black non-Hispanic increased by 4.5%.

Planning Responsibilities

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

PCs/PBs analyze information to develop an in-depth understanding of the current HIV epidemic and its impact on the service area. PCs/PBs review needs assessment data, HIV epidemiologic data, and co-occurring conditions data. The review includes service utilization data related to complexity of providing care, including service availability and unit cost per service, as well as service needs of emerging populations. The purpose of these data reviews is to guide decisions about HIV-related services and resources in the EMA/TGA. Furthermore, planning and implementation of the RWHAP Part A is driven by overall comprehensive planning and the recently developed Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, Calendar Year (CY) 2017-2021 as a roadmap for relevant goals, objectives, and strategies for delivering RWHAP Part A services along the HIV care continuum. Locally developed Ending the HIV Epidemic plans, where available, might also serve as a valuable roadmap.

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), Housing Opportunities for Person's living with HIV/AIDS (HOPWA), 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 Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Isle of Wight, Hampton, Poquoson, Newport News,

Williamsburg, James City County, Gloucester County, Mathews County, York County, and Currituck County., NC which makes up the Norfolk TGA.

The Planning Council of Norfolk 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/EIIHA Plan and will work in conjunction with various community partners and funded programs that address HIV and co-morbidities in the TGA.

Thursday, August 19, 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. Policy Clarification Notice 16-02
3. 2021/22 Notice of Grant Award
4. 2021/22 Grant Score
5. 2020/21 Attachment 5: Coordination of Services and Funding Streams
6. 2020/21 Service Utilization Data
7. 2020/21 Funded Service Categories
8. 2018/19 Consumer Forum Red Ribbon Survey Results
9. 2020 VDH COVID-19 Consumer Needs Assessment
10. 2019 VDH RWB Consumer Needs Assessment
11. 4-year trend of Service Utilization Data
12. 4-year trend of Expenditures

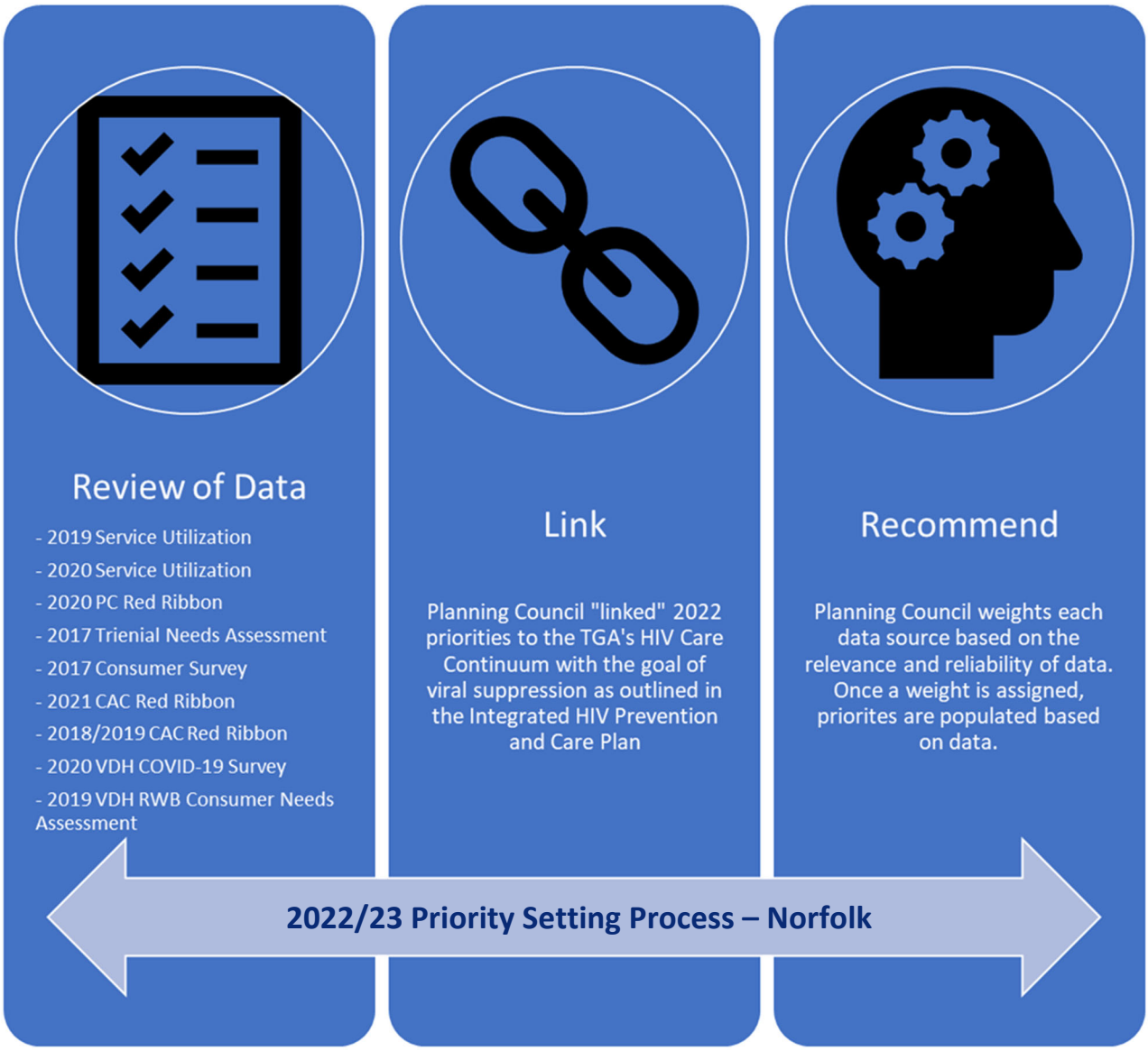
The Planning Council facilitates the collection of integral PSRA data through the community input process by: 1.) Community Development Committee of the

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 CoC, 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.

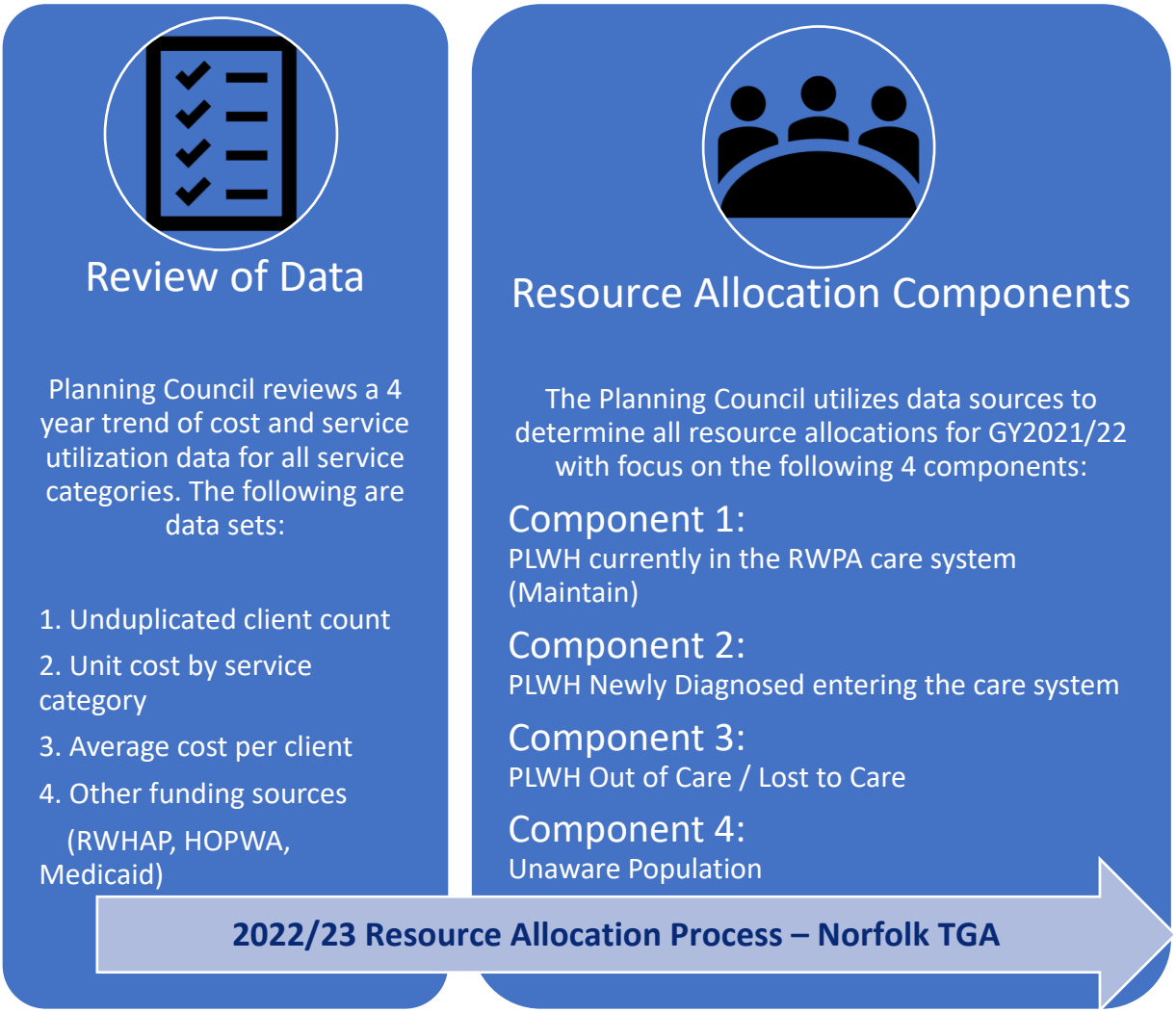
Thursday August 26, 2021: PSRA Workshop.

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. ***Presentations of data*** – RWPA service utilization data over a 3-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 demonstrated the ***Priority Setting*** process in the Norfolk 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 Norfolk TGA.



Resource Allocation Percentages by HRSA defined Service Category

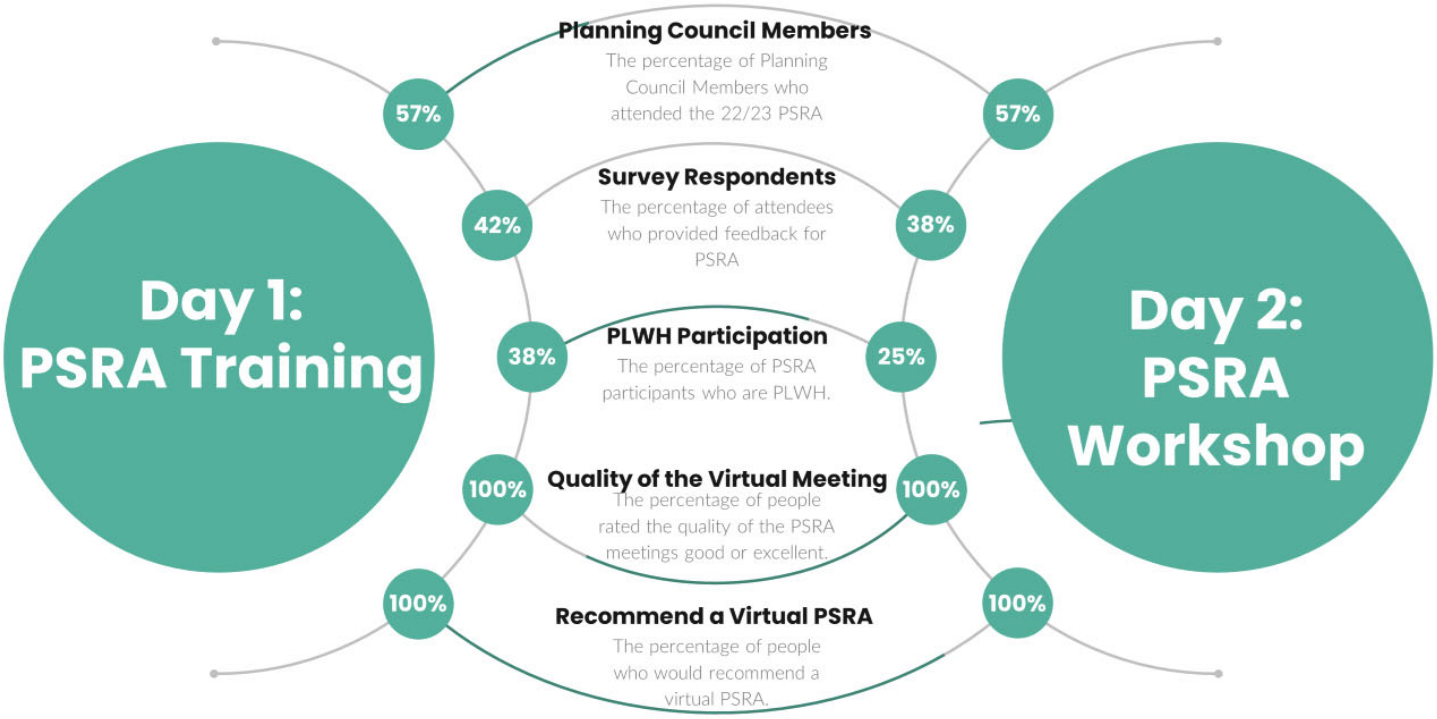
Resource allocation percentages are developed and approved by the Planning Council based on the total grant award. The approved percentages are reported to the Recipient with the directive to apply service dollars in accordance with the approved resource allocations. The TGA's service priorities and 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 a 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

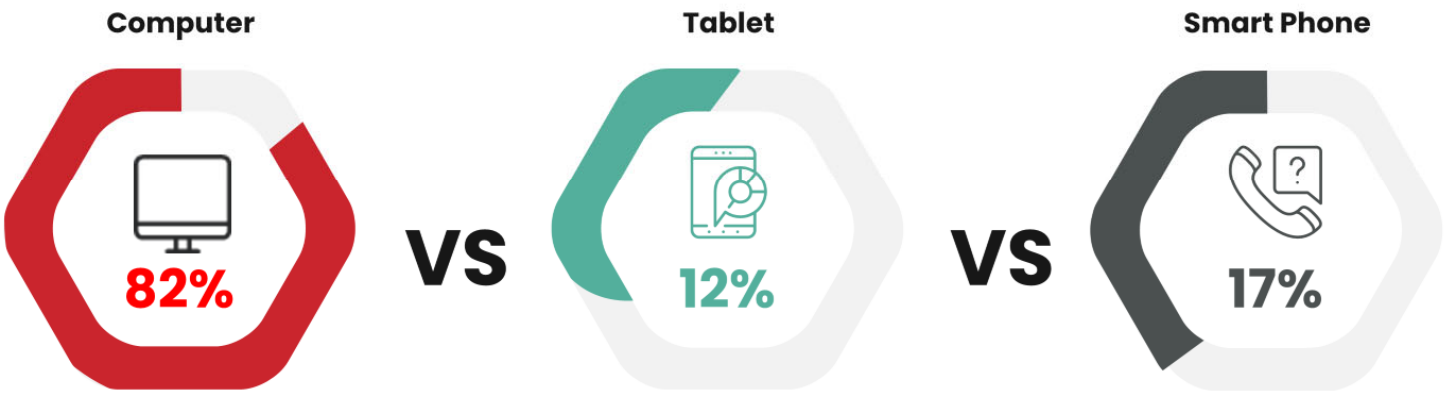
surveys, and current trends in service utilization, as well as the goals set by the Planning Council to bring those out of care into care and those unaware of their status linked to care. The Planning Council was able to focus on the core services to include Medical Case Management, Mental Health Services, and Outpatient Ambulatory Health Services. Information on the number and demographics of PLWH, levels of unmet need, utilization, and expenditures from the previous three grant years, outcome measures of services categories and other available resources were presented to and considered by the Planning Council to increase access to care and services 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.



How Survey Respondents Participated on Zoom



SURVEY FEEDBACK QUESTIONS/RESULTS

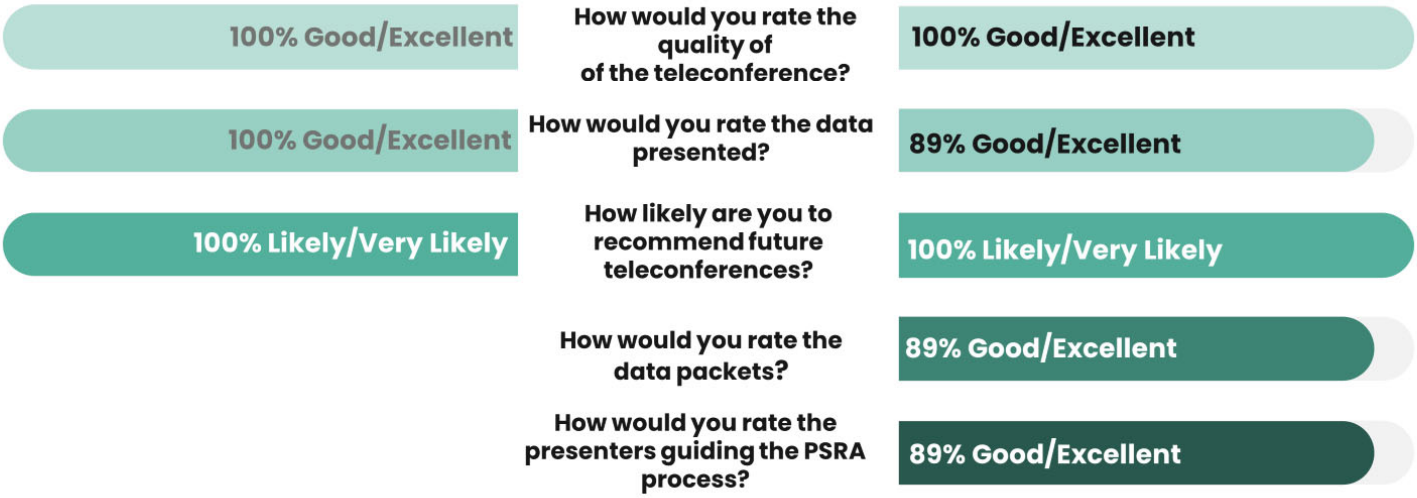
Day 1: PSRA Training

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?

Day 1: PSRA Training

- "That the information was broken down and explained thoroughly"
- "I appreciate that it was a open forum for everyone to be able to ask questions and have them answered"
- "Nice refresher of process and data sets"
- "The flow of information"

Day 2: PSRA Workshop

- "The process was organized and the exchanged between participants was respectful"
- "I loved the visuals and breakdowns for the PSRA"
- "The questions and discussion"
- "The professional attitudes of the Council Members"
- "The excellent presentation of the Admin support staff"

What would you change about the virtual PSRA experience?

Day 1: PSRA Training

- "Nothing, the presentation was well run and explained well"
- "Make sure you have quorum!"

Day 2: PSRA Workshop

- "All documents should have page numbers to make it easier to follow when presented on computers"
- "Nothing I would really change I just wish people would start to think out of the box and get more educated on what we are suppose to be doing as being apart of the Planning Council. I also wish that we can get more people to actually engage in conversations. Maybe more training needs to take place. I do understand that this is a voluntary but if you are going to be apart please actually be apart of the duties and task that the planning council should be doing"
- "I think the experience could have been a lil better if we had more consumers at the table. I was sadden to see that out transgender population wasn't represented as well. These dollars benefit all but we always here they aren't in that they aren't thought or considered and here was their chance and no one showed up"

2022/23 Priority Setting by Service Category

Norfolk TGA - Greater Hampton Roads HIV Health Services Planning Council

GY2022 Priority Setting (Service Category Ranking)

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

Denotes Core Service

Denotes Support Service

Approved by Planning Council on 8/26/2021

2022/23 Service Category Allocations

Norfolk TGA Ryan White Part A

2022 Resource Allocation by Service Category

Approved by the Norfolk TGA Planning Council on 8/26/2021

Service Category		2022 Request	2022 % Request
AIDS Pharmaceutical Assistance Local	$	35,500	0.7600%
Medical Case Management	$	1,588,161	34.0000%
Health Insurance Premium/CSA	$	211,132	4.5200%
Mental Health Services	$	31,296	0.6700%
Oral Health Services	$	450,758	9.6500%
Outpatient/Ambulatory Medical Care	$	1,261,187	27.0000%
Substance Abuse Services (Outpatient)	$	-	0.0000%
Early Intervention Services	$	134,060	2.8700%
Case Management Non-medical	$	270,922	5.8000%
Housing (Emergency)	$	103,230	2.2100%
Referral for Healthcare and Support Services	$	39,704	0.8500%
Emergency Financial Assistance	$	165,822	3.5500%
Medical Transportation	$	256,908	5.5000%
Food Bank /Home Delivered Meals	$	122,382	2.6200%
Total Request for Services Formula/Supplemental	$	4,671,063	100.0000%
15% Grantee Administration	$	824,305	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	$	5,495,368	

MAI Service Category		2022 Request	2022 % Request
Early Intervention Services	$	466,091	100.0000%
Total Request for Services Minority AIDS Initiative	$	466,091	100.0000%
15% Grantee Administration	$	82,251	
TOTAL REQUEST FOR MAI	$	548,342	

Total Grant Request for Services including MAI	$	5,137,154
15% Grantee Administration	$	906,557
TOTAL GRANT REQUEST	$	6,043,710

81%	Core Services	$ 4,178,185
19%	Support Services	$ 958,969