

Bergen-Passaic Transitional Grant Area

2024/25 Priority Setting & Resource Allocations Report



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

JULY 13, 2023



COLLABORATIVE
RESEARCH

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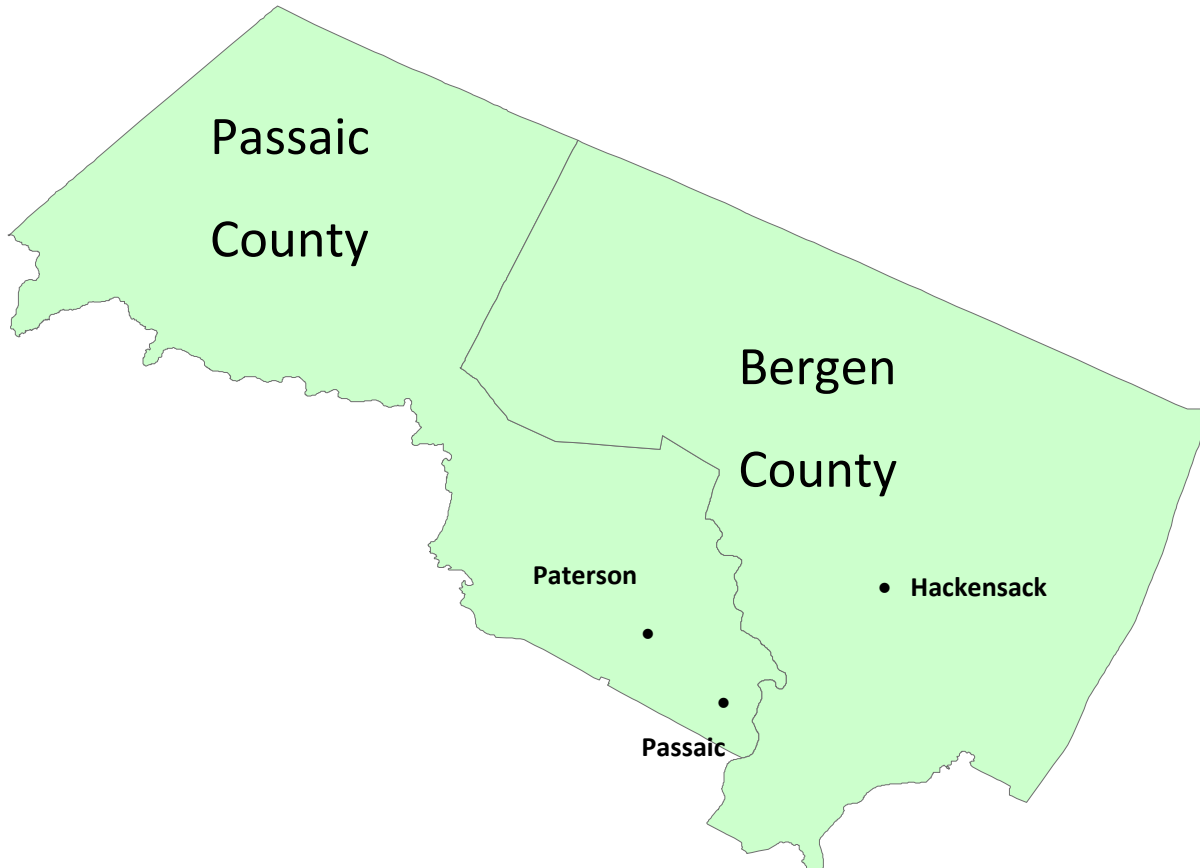
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Bergen-Passaic Transitional Grant Area

The Bergen-Passaic Transitional Grant Area (TGA), general population is approximately 1.4M people. The TGA is comprised of two counties located in the northeastern corner of New Jersey. The TGA is densely populated with 16% of the State's population residing in the TGA. Approximately one-third of its residents live at or below 300% of the federal poverty level. Passaic County is among the poorest counties in New Jersey. Social and economic indicators rank Paterson among the worst in the state. In both counties combined, 30% are foreign born with more than fifty languages spoken in the home.

The TGA, located in northeastern New Jersey, is geographically the second smallest of the nine New Jersey planning regions. In 2017, the State of New Jersey estimated 4,348 persons living with HIV/AIDS (PLWH) in the TGA. The City of Paterson, 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 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 Councils 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 sets service priorities and allocated 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.

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), and 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 by identifying, testing, and linking individuals 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 2024/25 PRSA process.

Tuesday, July 11, 2023: 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:

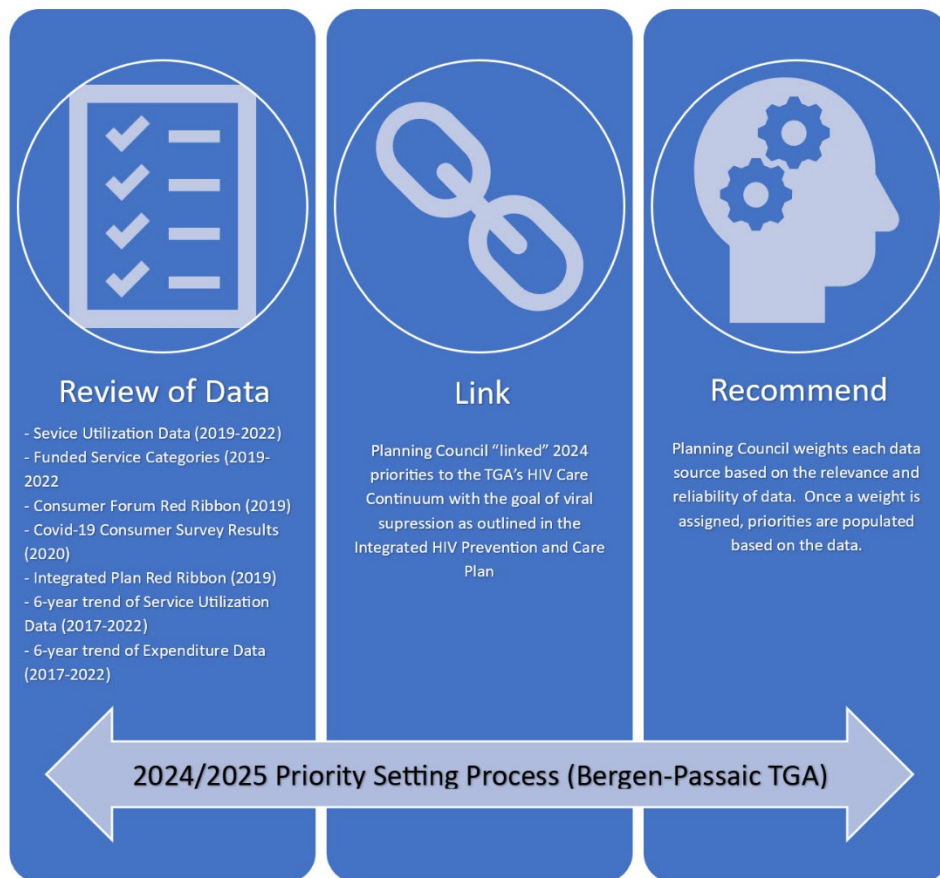
1. Glossary of Terms
2. Policy Clarification Notice 16-02
3. 2020/21 Notice of Grant Award
4. 2020/21 Grant Score
5. 2019/20 Attachment 5: Coordination of Services and Funding Streams
6. 2019/20 Service Utilization Data
7. 2019/20 Funded Service Categories
8. 2019/20 Consumer Forum Red Ribbon Survey Results
9. 3-year trend of Service Utilization Data
10. 3-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.

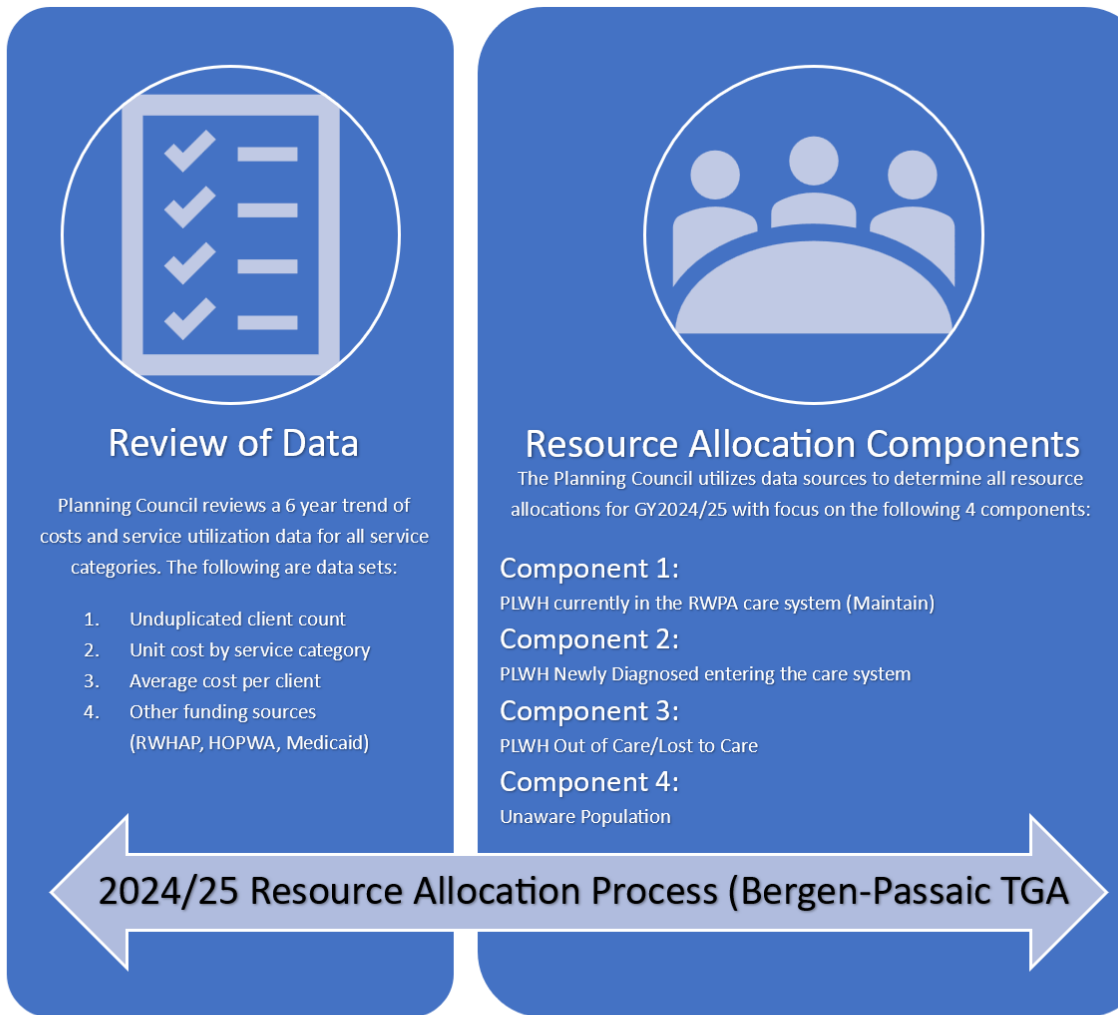
Thursday, July 13, 2023: PSRA Workshop.

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 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 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.

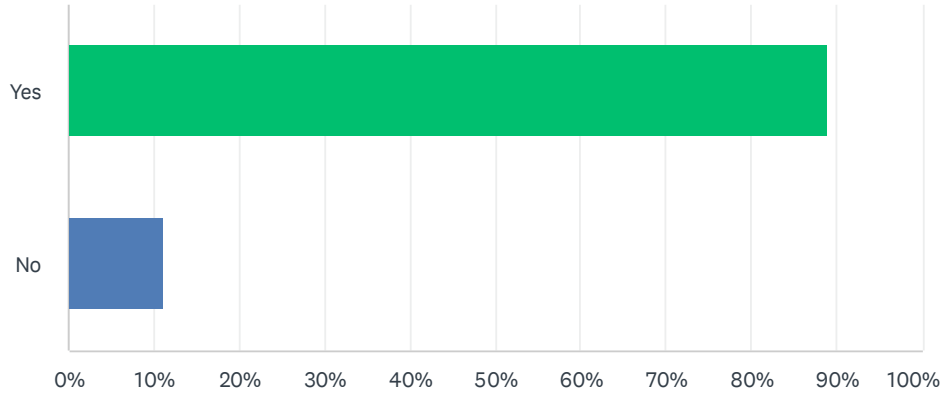
All funding decisions are data driven and include qualitative information on community needs with consideration of consumer input. The Planning Council weighs each data source based on relevance to determine and approve service category priorities. Unless service categories show significant change in 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.

Q1 Did you participate in the PSRA Workshop on Thursday, July 13, 2023?

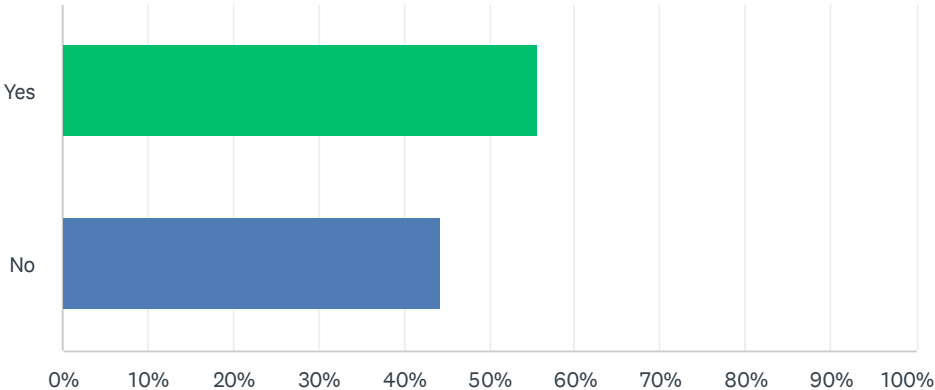
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	88.89%	8
No	11.11%	1
TOTAL		9

Q2 Are you a Planning Council member?

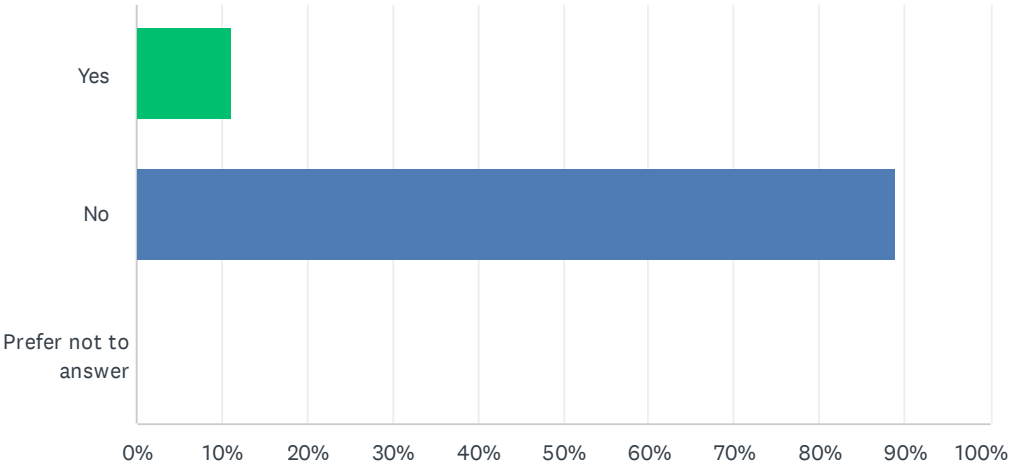
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	55.56%	5
No	44.44%	4
TOTAL		9

Q3 Are you a person with HIV?

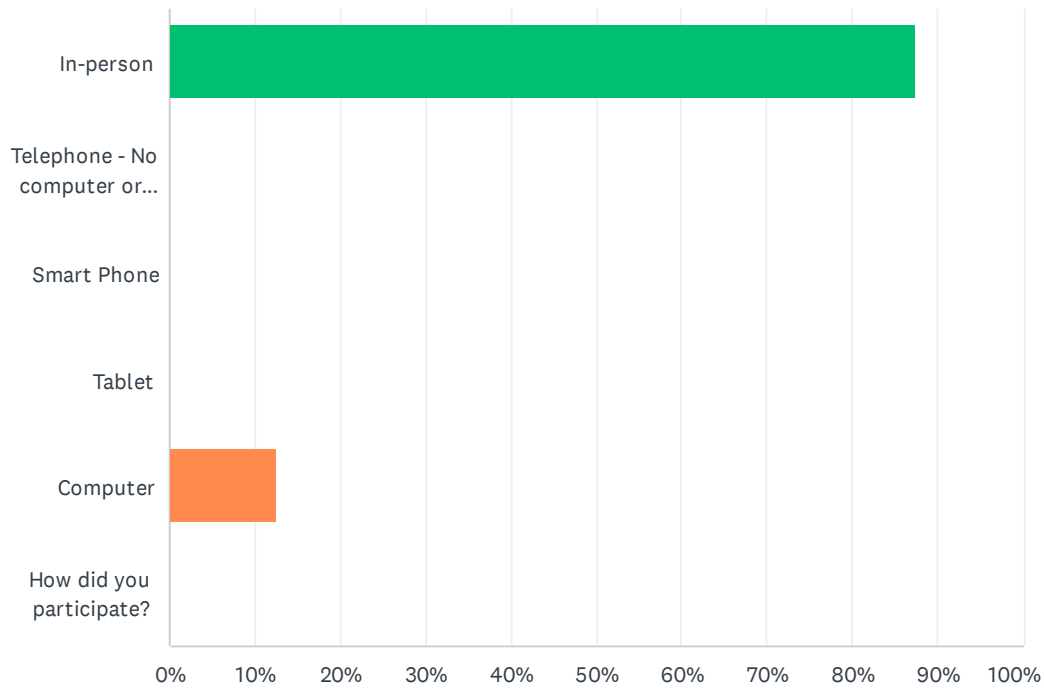
Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	11.11% 1
No	88.89% 8
Prefer not to answer	0.00% 0
TOTAL	9

Q4 How did you participate in the PSRA Workshop on Thursday, July 13, 2023? (please choose all methods you used to participate)

Answered: 8 Skipped: 1

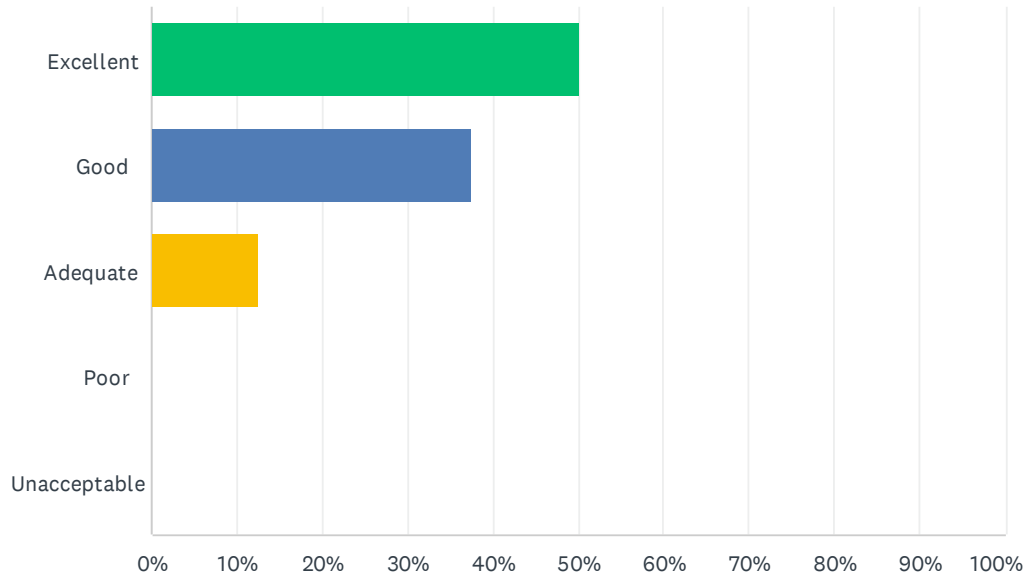


ANSWER CHOICES	RESPONSES	
In-person	87.50%	7
Telephone - No computer or video capabilities.	0.00%	0
Smart Phone	0.00%	0
Tablet	0.00%	0
Computer	12.50%	1
How did you participate?	0.00%	0
Total Respondents: 8		

#	HOW DID YOU PARTICIPATE?	DATE
There are no responses.		

Q5 Overall, how would you rate the quality of the hybrid PSRA workshop experience?

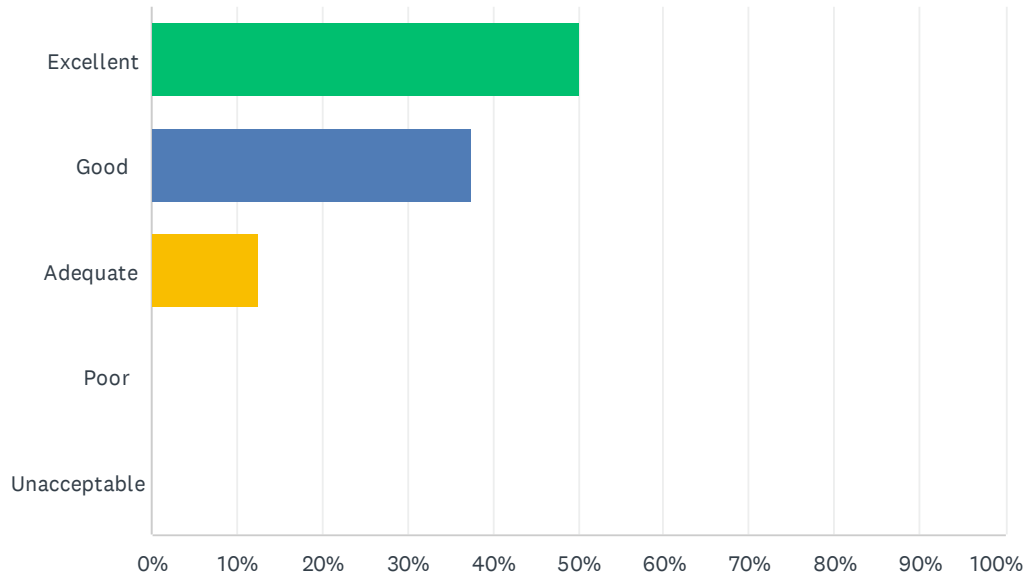
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	50.00%	4
Good	37.50%	3
Adequate	12.50%	1
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		8

Q6 Overall, how would you rate the data presented to set priorities and allocate resources to services categories for the 2024/2025 grant year?

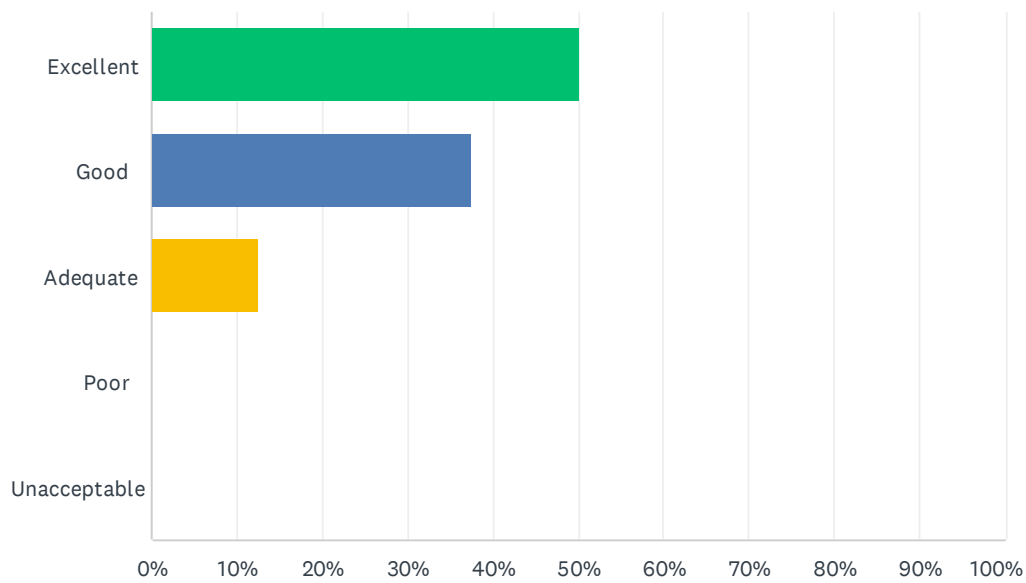
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	50.00%	4
Good	37.50%	3
Adequate	12.50%	1
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		8

Q7 Overall, how would you rate the data packets for the PSRA workshop?

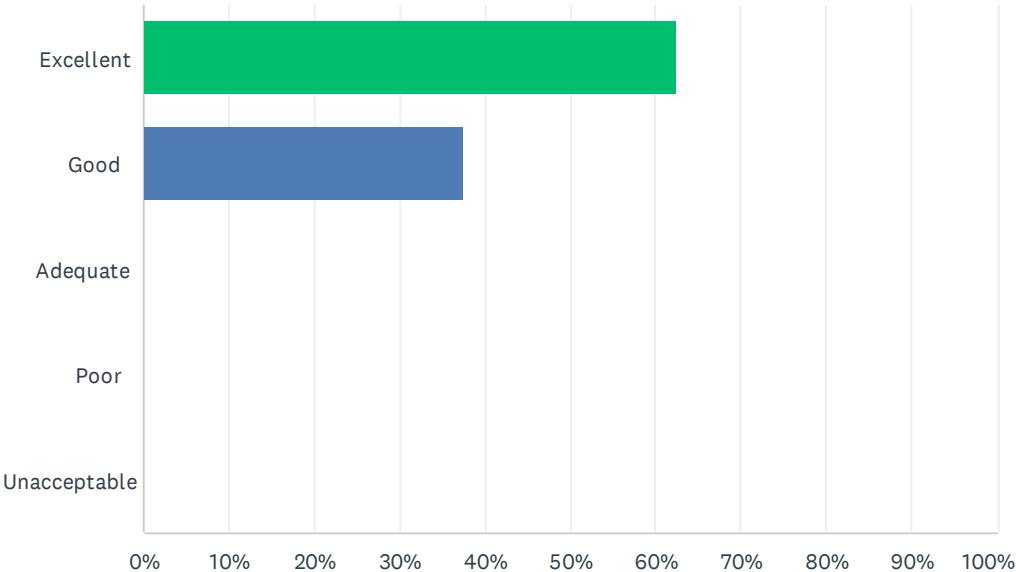
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	50.00%	4
Good	37.50%	3
Adequate	12.50%	1
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		8

Q8 Overall, how would you rate the presenters guiding the PSRA process?

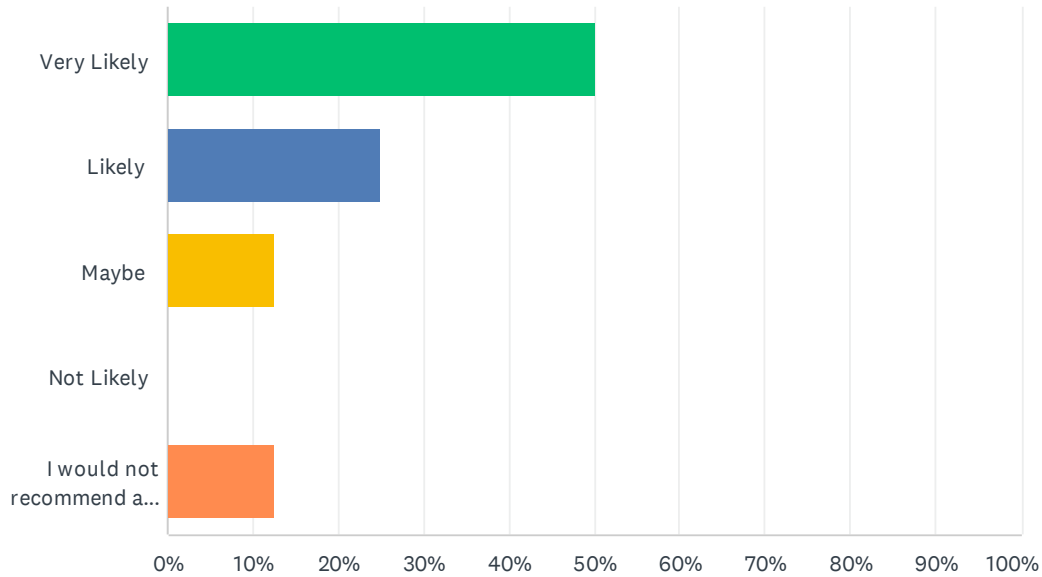
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	62.50%	5
Good	37.50%	3
Adequate	0.00%	0
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		8

Q9 How likely are you to recommend a future hybrid options for the PSRA workshop?

Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Likely	50.00%	4
Likely	25.00%	2
Maybe	12.50%	1
Not Likely	0.00%	0
I would not recommend a future teleconference PSRA workshop.	12.50%	1
TOTAL		8

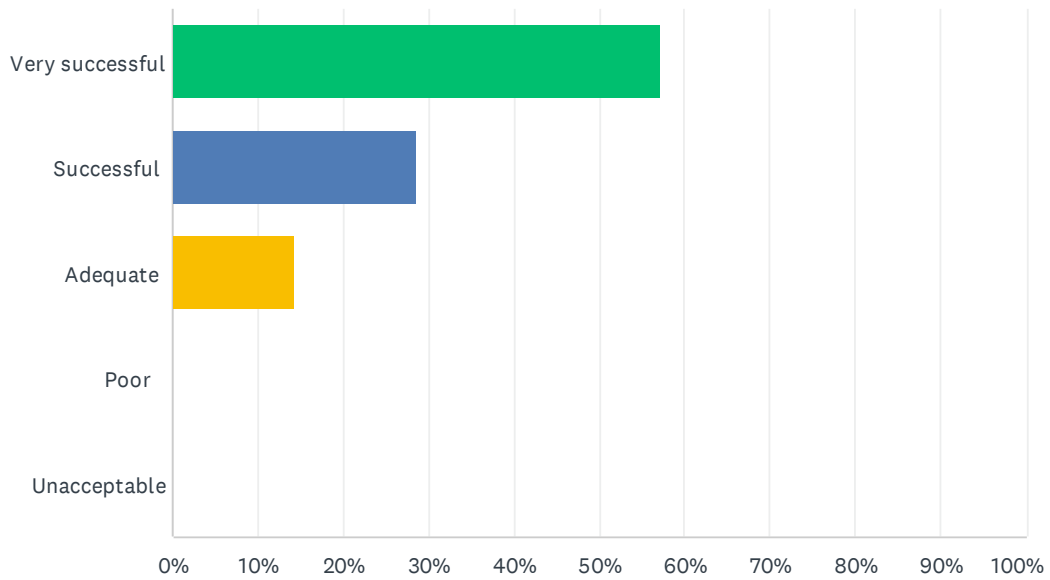
Q10 What did you appreciate most about the PSRA experience?

Answered: 7 Skipped: 2

#	RESPONSES	DATE
1	Presentations	7/18/2023 3:02 PM
2	team work	7/18/2023 2:34 PM
3	TIME EFFECIENCY	7/18/2023 1:13 PM
4	I liked to discussing the information with everyone and it was good to see everybody in person	7/18/2023 1:12 PM
5	The fact that the majority of Commissioners were there in person!!!	7/17/2023 1:56 PM
6	The members input.	7/14/2023 11:24 AM
7	The discussions, dialogue and everyone giving us an idea of how things work. Peoples opinions have value and sharing those opinions really helps us make the best decisions we can.	7/14/2023 11:05 AM

Q11 Overall, how would you rate the PSRA process?

Answered: 7 Skipped: 2



ANSWER CHOICES	RESPONSES	
Very successful	57.14%	4
Successful	28.57%	2
Adequate	14.29%	1
Poor	0.00%	0
Unacceptable	0.00%	0
TOTAL		7

Q12 What would you change about the PSRA experience?

Answered: 5 Skipped: 4

#	RESPONSES	DATE
1	nothing	7/18/2023 2:34 PM
2	MANDATORY IN PERSON ATTENDANCE	7/18/2023 1:13 PM
3	Nothing	7/18/2023 1:12 PM
4	N/A	7/14/2023 11:24 AM
5	I would change the lack of participation, it would have been nice for everyone on the PC to engage in the conversations we had.	7/14/2023 11:05 AM

2024/25 Priority Setting by Service Category

Bergen-Passaic TGA - Ryan White Part A
2024/25 Prioritized Service Categories
 Approved by the Bergen-Passaic Planning Council on 7/13/2023

Service Category	2024 Ranking	2023 Ranking	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking	2018 Ranking	2017 Ranking
AIDS Drug Assistance Program	19	18	3	3	7	2	7	5
AIDS Pharmaceutical Assistance - Local	20	28	18	16	18	10	24	6
Child Care Services	18	19	21	21	23	22	8	7
Early Intervention Services	10	13	6	5	19	16	12	26
Emergency Financial Assistance	16	11	13	12	12	20	22	8
Food Bank / Home Delivered Meals	7	4	9	10	17	12	3	12
Health Education / Risk Reduction	4	9	4	2	2	6	10	15
Health Insurance Premium & Cost Sharing Assistance	13	14	10	22	11	15	18	20
Home and Community-Based Health Services	21	22	14	19	10	9	15	17
Home Health Care	22	20	23	24	24	26	25	21
Hospice Services	23	23	20	15	20	17	13	22
Housing Services	15	8	24	27	25	24	26	23
Linguistic Services	24	21	8	7	15	5	5	10
Medical Case Management	3	6	22	20	21	25	16	27
Medical Nutrition Therapy	17	10	19	9	6	8	14	4
Medical Transportation	8	7	11	13	16	23	11	18
Mental Health Services	9	5	7	8	5	7	6	11
Non-Medical Case Management Services	1	3	5	1	3	1	2	3
Oral Health Care	6	2	2	4	1	3	1	2
Other Professional Services: Legal Services & Permanency Planning	12	15	12	17	8	13	9	16
Outpatient/Ambulatory Health Services	2	1	1	6	4	4	4	1
Outreach Services	5	17	16	18	14	14	21	9
Psychosocial Support Services	14	16	17	11	13	18	23	14
Referral for Health Care and Supportive Services	25	24	25	23	26	19	29	19
Rehabilitation Services	26	25	26	25	27	27	20	25
Respite Care	27	26	27	28	28	28	30	28
Substance Abuse Services - Residential	28	27	28	26	22	21	19	24
Substance Abuse Services-Outpatient	11	12	15	14	9	11	17	13

2024/25 Service Category Allocations

Bergen-Passaic TGA Ryan White Part A

2024 Resource Allocation by Service Category

Approved by the Bergen-Passaic Planning Council on 7/13/2023

Service Category	2024/25	2024/25 % Request
Medical Case Management	\$ 352,571	10.7500%
Outpatient/Ambulatory Health Services	\$ 1,174,144	35.8000%
Oral Health Care	\$ 65,595	2.0000%
Early Intervention Services	\$ 147,588	4.5000%
Health Insurance Premium/CSA	\$ 491,960	15.0000%
Mental Health Services	\$ 172,186	5.2500%
Substance Abuse Services (Outpatient)	\$ 229,581	7.0000%
Case Management Non-Medical	\$ 368,970	11.2500%
Food Bank/Home Delivered Meals	\$ 85,273	2.6000%
Other Professional Service: Legal Services & Permanency Planning	\$ 37,717	1.1500%
Medical Transportation	\$ 90,193	2.7500%
Outreach Services	\$ -	0.0000%
Psychosocial Support Services	\$ 63,955	1.9500%
Total Request for Services Formula/Supplemental	\$ 3,279,731	100.0000%
15% Grantee Administration	\$ 578,776	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	\$ 3,858,507	

MAI Service Category	2024/25	2024/25 % Request
Substance Abuse Services (Outpatient)	\$ 106,493	36.00%
Non-Medical Case Management	\$ 125,721	42.50%
Early Intervention Services/Outreach Services	\$ 39,935	13.50%
Health Education/Risk Reduction	\$ 23,665	8.00%
Total Request for Services MAI	\$ 295,814	100.0000%
15% Grantee Administration	\$ 52,203	
TOTAL REQUEST FOR MAI	\$ 348,017	

Total Grant Request for Services including MAI	\$ 3,575,545
15% Grantee Administration	\$ 630,979
TOTAL GRANT REQUEST	\$ 4,206,524

76.63%	Core Services	\$ 2,740,117.15
23.37%	Support Services	\$ 835,428.25