PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: March 1, 2016 [X] Consent [ ] Regular
  [ ] Workshop [ ] Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Part A

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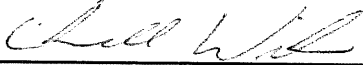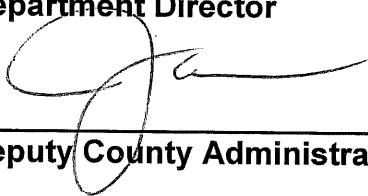
I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to ratify: signature of the Mayor on the Ryan White Addressing HIV Care and Housing Coordination Through Data Integration to Improve Health Outcomes Along the HIV Care Continuum grant application with the RAND Corporation, for the period May 1, 2016, through August 31, 2018, in a total amount not to exceed $418,483.

Summary: The grant application was submitted to the RAND Corporation, and is made available by the U.S. Department of Health and Human Services, Health Resources and Services Administration. The grant highlights the need for the integration of data systems and service planning between the Ryan White program and the City of West Palm Beach's Housing Opportunities for Persons with AIDS (HOPWA) program. The grant will allow Community Services to improve health outcomes by providing needed medical and support services to homeless Palm Beach County residents living with HIV/AIDS. The emergency signature process was utilized because there was insufficient time to submit this application through the regular agenda process. No County match is required. (Ryan White) Countywide (HH)

Background and Justification: The Department of Community Services' Ryan White program will improve the coordination of services for the HIV-positive homeless population by coordinating data systems and service planning with the HOPWA program.

Attachments: Grant Application with Walkthrough Memo

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Recommended By: _____ 2/8/16
  Department Director Date

Approved By: _____ 2/14/16
  Deputy County Administrator Date

II. FISCAL IMPACT ANALYSIS

A.   **Five Year Summary of Fiscal Impact:**

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	118,929	146,207	153,347		
External Revenue	(118,929)	(146,207)	(153,347)		
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget?   Yes ___X___ No _____
Budget Account No.:
Fund _1010_ Dept _142_ Unit _Var._ Object _Var._ Program Code _Var._ Program Period

B.   **Recommended Sources of Funds/Summary of Fiscal Impact:**
Funding source is Department of Health and Human Services. No County funds are required. Budget will be amended once application has been approved and awarded.

C.   **Departmental Fiscal Review:** _____
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A.   **OFMB Fiscal and/or Contract Development and Control Comments:**

_____ 2/11/16   _____ 2/12/16
FPS c OFMB   Contract Development and Control
2/9   2/10 2/4/16

B.   **Legal Sufficiency:**

_____
Assistant County Attorney

C.   **Other Department Review:**

_____
Department Director

This summary is not to be used as a basis for payment.

MEMORANDUM

Department of Community Services

810 Datura Street

West Palm Beach, FL 33401

(561) 355-4700

FAX: (561) 355-3863

www.pbcgov.com

TO:		Mary Lou Berger, Mayor Board of County Commissioners
THRU:		Verdenia C. Baker, County Administrator Board of County Commissioners
THRU:		Jon Van Arnam, Deputy County Administrator Board of County Commissioners
FROM:		Channell Wilkins, Director Community Services Department
DATE:		December 3, 2015
RE:		**Ryan White Part A, Data Integration Grant**

Pursuant to Section 309 of the Administrative Code, your signature is needed on the attached grant application, *Addressing HIV Care and Housing Coordination Through Data Integration to Improve Health Outcomes Along the HIV Care Continuum*. The grant will begin May 1, 2016, through August 31, 2018. The amount being requested is $418,483.80. There are no County match funds required.

The proposed project is a collaboration between the Department of Community Services and the City of West Palm Beach, Department of Housing and Community Development. The grant funding will provide support to integrate data management systems between the Ryan White Part A and Housing Opportunities for Persons with AIDS (HOPWA) programs. The purpose of the requested funds is to improve health outcomes for persons living with HIV/AIDS by coordinating service delivery and quality management through improved data infrastructure. This grant application is being submitted to the RAND Corporation, which is being funded by the United States Department of Health and Human Services, Health Resources and Services Administration.

The grant guidance was released November 5, 2015, with a due date of December 15, 2015. The grant will allow us to improve the delivery of medical and housing services to Palm Beach County residents living with HIV/AIDS.

The emergency signature process is being utilized because there is not sufficient time to submit the grant application through the regular Board of County Commissioner's agenda process and meet the return deadline. Staff will submit this item at the next BCC Commission meeting.
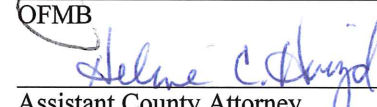
If additional information is needed, please contact Geoff Downie, (561) 355-4730.

Approved by:

_____
Director, Financial & Support Svcs.

_____
Jon Van Arnam
Deputy County Administrator

_____
OFMB

_____
Assistant County Attorney

Attachments: Ryan White Part A, Data Integration grant application

Palm Beach County Board of County Commissioners

Mary Lou Berger, Mayor

Hal R. Valeche, Vice Mayor

Paulette Burdick

Shelley Vana

Steven L. Abrams

Melissa McKinlay

Priscilla A. Taylor

County Administrator

Verdenia C. Baker

"An Equal Opportunity Affirmative Action Employer"

Project Title: Data System Integration in HIV Care and Housing Programs: Improving Health Outcomes Across the HIV Care Continuum in Palm Beach County, Florida

Applicant Organization: County of Palm Beach
Address: 301 N, Olive, FRNT, West Palm Beach, Florida 33401
Project Director: Channell Wilkins, Director
Contact Phone: 561-355-4702; 561-355-4730
Email: gdownie@pbcgov.org; cwilkins@pbcgov.org
Website: http://www.pbcgov.com/communityservices/programs/care/; www.carecouncil.org

Requested Funding: $418,483

The Palm Beach County, Florida, Eligible Metropolitan Area (EMA), under the Ryan White (RW) Part A program, has been providing medical and support services for people living with HIV/AIDS (PLWHA) since 1994. With the adoption of the National HIV/AIDS Strategy (NHAS) in 2010, the EMA has developed a coordinated approach to reducing new HIV infections, increasing access to care for PLWHA, and reducing HIV-related health disparities. Using the local HIV Care Continuum as an evaluation framework, the EMA will assure that adequate treatment and support services are targeted to PLWHA that are homeless or living in unstable housing situations. The City of West Palm Beach serves as the Grantee for the Housing Opportunities for Persons with AIDS (HOPWA) program, and shares many clients with the Ryan White Part A program.

The project will address the need to address homelessness in the local Ryan White A patient population, and to effectively streamline program planning and evaluation across the HOPWA and Ryan White programs. The project goals include:
   (1) Facilitate effective care coordination and service referrals between HOPWA and Ryan White Part A providers
   (2) Increase viral suppression by identifying gaps and delays in services for PLWHA
   (3) Develop a comprehensive evaluation and monitoring framework that utilizes client-level health outcomes to assess service delivery models and inform funding allocations
   (4) Facilitate partnerships with US Department of Housing and Urban Development (HUD) -funded housing programs to create effective and efficient use of housing resources in Palm Beach County

The coordination of client services across programs will be improved by the integration of HOPWA program data into the Ryan White Part A client data management system. Coordination of services, which will be incorporated into existing Part A community planning processes, will be supported by integrating data systems. In 2015, the Part A program implemented a new data management system, Provide Enterprise (PE, Groupware Technologies). The PE system has been in place in Broward County, Florida for over ten years, and fully supports integration of HOPWA and Ryan White client-level data. The proposed project in Palm Beach County will replicate and adapt the Broward model, and will provide client-level detail that integrates utilization, fiscal and health outcome data. The results will include streamlined eligibility processes across both programs, health outcome data based on the HIV

Care Continuum at multiple levels of analysis, and a coordinated system of service delivery and resource allocation.

PROJECT NARRATIVE

Introduction

The mission for the Palm Beach County Ryan White Eligible Metropolitan Area (EMA) and the City of West Palm Beach HOPWA program is to make it possible for people living with HIV/AIDS (PLWHA) to lead healthy and productive lives. In coordination with a variety of local, state and federal partners, the goals for these programs align with the National HIV/AIDS Strategy:

(1) Reducing new HIV/AIDS infections
(2) Increasing access to care and improving the health outcomes for PLWHA, and
(3) Reducing HIV-related health disparities

The Ryan White program is housed within the Palm Beach County Department of Community Services (DCS). The mission of DCS is, "To enhance and improve the health, welfare and quality of life in Palm Beach County by investing in the potential of families and individuals in need." DCS provides a wide range of social services for Palm Beach County residents. Palm Beach County augments its own services mix by providing financial assistance to community-based organizations. Financially Assisted Agencies (FAA) is a program within the Administrative section of the Department of Community Services. It was established in the early 1980s. A volunteer, Board of County Commissioner's appointed Citizens Advisory Committee (CAC) has input on the FAA process as well. The mission of the CAC is to "assist" the Board of County Commissioners in the assessment of need, planning and implementation and evaluation of the System of Care, as defined in the Health and Human Services Element of the Palm Beach County Comprehensive Plan. Currently, the County funds approximately $13,000,000 to local agencies. The CAC incorporates the Health and Human Services Element of the Comprehensive Plan into its decision-making process. The purpose of the Health and Human Services Element is "to assist in the development of an infrastructure to ensure availability of health and human services sufficient to protect the health, safety and welfare of Palm Beach County residents. The Human Services Division within DCS provides a number of different services for the homeless population, including outreach, case management and emergency housing. Human Services also supports a county-wide Homeless and Housing Alliance.

DCS has been the designated Grantee for the Ryan White Part A program since 1994. The Part A program contracts approximately $6.5 million in core medical and support service for PLWHA in Palm Beach County. The Part A program provides services to 3347 clients, out of an estimated total HIV-infected population of 8020. DCS contracts for Ryan White services with six local agencies, and has responsibility for contract monitoring and clinical quality management. These responsibilities are conducted in partnership with the local Ryan White planning council (CARE Council). As a legally-appointed body, the CARE Council has the responsibility for local needs assessment, comprehensive planning, and funding allocations across twenty core medical and support service categories.

The City of West Palm Beach's Department of Housing and Community Development's (HCD) mission is to assure quality of life for its residents through the development of housing, social and economic opportunities. HCD is the lead agency responsible for the oversight and administration of the HOME program, the Community Development Block Grant (CDBG) program, and the HOPWA program. The HOPWA grant serves eligible persons and families living with HIV/AIDS throughout Palm Beach County.

HCD partners with two organizations to provide a range of housing and support services. These are the Palm Beach County Housing Authority (Tenant Based Rental Assistance, TBRA) and Jerome Golden Center for Behavioral Health (Facility/Project-Based Housing and Supportive Services). HOPWA provides TBRA to approximately 259 individuals and families, as well as supportive housing solutions for 96 individuals through the Facility/Project Based Assistance Program.

The HOPWA and Ryan White Part A programs have a shared mission of serving PLWHA, and improving health outcomes for affected populations. Implementing the goals of the NHAS, which serves as the operational framework for achieving this mission, requires a shared commitment to collaboration in service planning, as well as a data infrastructure that supports inter-organizational quality management and service planning. The HOPWA and Ryan White Part A programs have been conducting discussions since January 2015 regarding a shared interest in more closely coordinating these programs. Both programs realize the central role that data plays as key public health infrastructure. In 2015, the Ryan White Program procured Provide Enterprise (PE, Groupware Technologies, Inc.) as a new Ryan White data management system. PE has been in use in Broward County, Florida since 1999, and the City of Fort Lauderdale HOPWA program is fully integrated into PE. The West Palm Beach EMA is in a position to incorporate the HOPWA program into PE, building on the best practices identified in Broward. The goal of this project is to use an integrated data management system in service planning and quality improvement. This will be accomplished by utilizing client-level data that captures utilization, cost, and health outcomes in a data-driven community planning process.

Rationale and Aims
The aim of this project is to increase HIV viral suppression in Palm Beach County by increasing the retention of Ryan White and HOPWA clients in medical care. This will be accomplished by utilizing an integrated database system in a comprehensive evaluation and monitoring framework. The project will implement processes to monitor program effectiveness by measuring client level health outcomes, service utilization, and service expenditures. The specific aims of the project are:
  (1) Facilitate effective care coordination and service referrals between HOPWA and Ryan White Part A providers
  (2) Increase viral suppression by identifying gaps and delays in services for PLWHA
  (3) Develop a comprehensive evaluation and monitoring framework that utilizes client-level health outcomes to assess service delivery models and inform funding allocations
  (4) Facilitate partnerships with HUD-funded housing programs to create effective and efficient use of housing resources in Palm Beach County

Key Activities
The key project activities involve both data integration and service coordination. This is in recognition of the distinction between the physical data infrastructure, and the service coordination activities that utilize client-level data for service planning and outcome evaluation. Data integration activities involve those tasks that will lead to successful implementation of the PE system in the HOPWA program. Since PE was implemented in the Ryan White program in June 2015, the incorporation of the HOPWA program will be a relatively straight-forward process. Specific steps in the data integration process include:
  • Amending the Groupware Technologies contract with Palm Beach County to add additional deliverables and reimbursements to support the added scope of work

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- Analyzing the data variables in existing HOPWA data systems to facilitate data conversion, where applicable
- Reviewing the PE data integration model in place in Broward County for replication/adaptation
- Develop program data interfaces between agency Electronic Health Record systems and PE
- Interview HOPWA end-users to identify any additional functionality needed in PE
- Conducting end-user training
- Convert existing HOPWA data and import into PE

A second area of activities involves the use of client-level data for service coordination, program evaluation, and resource allocation. These activities will build on existing processes in place in the CARE Council's planning, resource allocation, and quality management committees. Service coordination involves specific activities related to direct client care, developing Standards of Care for the service delivery network, and participating in planning and resource allocation processes. Related to client care, these activities include:

- Establishing a common set of core client eligibility standards and incorporating these into PE
- Identifying specific HOPWA eligibility staff, with sole privileges for documenting client eligibility in PE
- Utilization of PE to document all HOPWA-related services, including client housing plans
- Documenting client progress in achieving goals stated in housing plans
- Monitoring client adherence to HOPWA program requirements
- Maintaining and managing an accurate HOPWA program waiting list
- Identification of clients with unstable housing status, with referral to Part A Peer Mentors or Early Intervention Services staff
- Referring eligible HOPWA clients for Part A and/or Part B services.
- Build capacity of the local planning body for data use in evaluation of service delivery systems
- Implement a comprehensive evaluation and monitoring framework for Part A and HOPWA
- Develop a reporting system to support evaluation and monitoring activities

Service coordination activities also include participation in developing and revising standards of care based on issues related to patient care across the local system of care. The Joint Medical and Support Service Committee of the CARE Councils meets regularly to review standards of care. A second client-based services coordination area is the Ryan White Eligibility work group, which meets monthly to discuss eligibility criteria for Part A clients, and to streamline the processes in place to establish client eligibility. HOPWA participation in these two processes will assure integration between the front-line work of HOPWA-contracted agencies with developing and maintaining a model of standardized services across the HOPWA and Ryan White Part A programs.

The third area of service coordination will involve HOPWA participation in Part A planning and fiscal allocation processes. HOPWA participation will be beneficial to the CARE Council Planning and Priorities and Allocation (P&A) committees. With HOPWA participation in Part A Planning and P&A committee meetings, the CARE Council will have a clearer picture of an expanded system of care, and more accurately assess the emerging needs of the homeless population. Likewise, regularly assessing funding fluctuations for both programs will allow the P&A committee to more accurately predict funding needs and to allocate funding accordingly.

As an integrated RW/HOPWA information system becomes established in Palm Beach County, it will become necessary that the HIV system of care interact with the broader community of homeless planners and service providers. This includes HUD programs administered by the Department of Community Services, the local Housing and Homeless Coalition, and other stakeholders addressing this problem in Palm Beach County (see Needs Assessment). This will involve data integration with DCS' homeless program client database, Client Track. The best practices related to service integration identified in this HOPWA/RW project will be disseminated across project sites and in the broader public health community.

Needs Assessment

HIV/AIDS in Palm Beach County
Florida currently has the largest number of new HIV infections than any other state. The Southeast Florida Metropolitan Statistical Area (including Palm Beach County) has the highest incidence of HIV/AIDS in the nation. The West Palm Beach EMA has a total 8,020 persons diagnosed with HIV. The Part A program has 3,347 clients. The EMA covers approximately 2,200 square miles and has a 2013 mid-year population estimate of 1,364,653. The county's racial composition consists of 59% White non-Hispanic, 17% Black non-Hispanic, 20% Hispanic and 4% other races/ethnicities. Approximately 28% of the population is 60 or more years of age and 22% is under 20 years of age.

The following table shows the incidence and prevalence of HIV and AIDS in Palm Beach County for the past 3 calendar years (2012, 2013, and 2014).

HIV and AIDS Incidence and Prevalence, Palm Beach County, 2012-2014						
	CY 2012		CY 2013		CY 2014	
	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
HIV	275	2,902	384	3,017	398	3,198
AIDS	198	4,635	221	4,730	209	4,822

The incidence of HIV *increased 45%* from 275 in 2012 to 398 in 2014.
- The incidence of AIDS increased 6% from 198 in 2012 to 209 in 2014.
- The prevalence of HIV increased 10% from 2,902 in 2012 3,198 in 2014.
- The prevalence of AIDS increased 4% from 4,635 in 2012 to 4,822 in 2014.
- The 2014 HIV prevalence rate is 234 per 100,000 (100,000 X 3,198/1,364,653).
- The 2014 AIDS prevalence rate is 353 per 100,000 (100,000 X 4,822/1,364,653).

The HIV/AIDS epidemic in the EMA disproportionately impacts the Black population. Of the 3,198 people living with HIV (not AIDS) in the EMA, 58% are non-Hispanic Black, 26% are non-Hispanic White, and 14% are Hispanic. Of the 4,887 people living with AIDS in the EMA, 64% are non-Hispanic Black, 21% are non-Hispanic White and 14% are Hispanic. *The incidence of HIV increased from 275 in 2012 to 398 in 2014, an increase of 45%.* The incidence of AIDS increased from 198 in 2012 to 209 in 2014, an increase of 6%.

The West Palm Beach EMA is currently using the data from the HIV Care Continuum for two specific purposes: (1) planning and resource allocation, and (2) care continuum stage improvement structuring. With care continuum stage improvement structuring, data from the care continuum has allowed the EMA to decipher which stage of the continuum impacts the least number of HIV-infected persons. The tracking of stages has encouraged the EMA to support programs that will increase the number of HIV-Infected persons in each stage of the continuum, ultimately increasing the number of individuals with suppressed viral loads. For example, with the EMA noting the number of individuals linked to care in the HIV Care Continuum, funding allocations went to support an additional three Early Intervention Services (EIS) programs in West Palm Beach in an effort to identify, educate, and link more people living with HIV into care for the area. In addition, the EMA has compared the HIV Care Continuum data from funded agencies to encourage better treatment adherence for the HIV-Infected persons of West Palm Beach. Constant monitoring and observations of both medical and support service utilization has also highlighted areas of improvement within the HIV Care Continuum. For example, the number of individuals utilizing the health insurance continuation service yields more individuals known to be receiving medical care necessary to maintain suppressed viral loads.

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care West Palm Beach EMA (excl. DOC), 2014
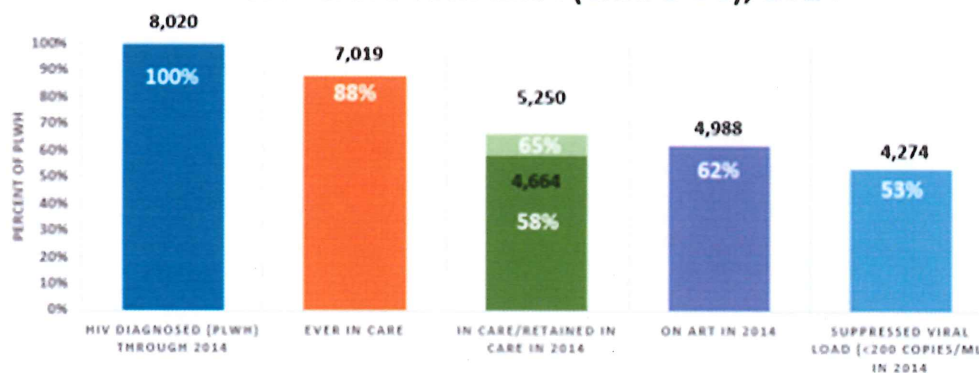
In planning and resource allocation, the EMA in collaboration with the Florida Department of Health has developed Geographic Information System (GIS) density maps to locate hot spots of disease throughout Palm Beach County. The use of GIS and spatial data analysis has allowed the EMA to document changes in both the geographical concentration and the distribution of HIV disease in Palm Beach County. The result of the GIS density maps revealed three areas of HIV concentration within the county. The identification of these areas has allowed the EMA to determine existing disparities within the HIV-infected population. Moreover, the detection of the hot spot areas has encouraged the EMA to target dollars for culturally appropriate care, HIV prevention strategies, and testing events.

Newly Diagnosed HIV Disease Cases Compared to Community Viral Load, Palm Beach County 2013

As PLWHA become housing unstable or homeless, there is a greater likelihood that they will fall out of care. In order to increase retention in care, the EMA's expanded Early Intervention Services program not only ensures greater efforts to identifying newly diagnosed individuals who are positive, it also provides additional staff on the ground in high risk areas. Another funding priority addressing retention in care is peer support programs. Funding allocations for Peer Mentors has encouraged positive individuals to adhere to treatment, seek those support services that eliminate barriers to care, and trust in a growing relationship that someone "just like them" that has gone through the process and are living a life that is completely willing to embrace medical care.

The Part A program currently funds Emergency Housing, a Part A support service. The Standard of Care for this service was recently amended to provide additional assistance to Part A clients who were at risk of becoming homeless. The service was expanded from 60 to 120 days of rental assistance to eligible clients, and the overall service category allocation was increased $40,000 to $133,727. This was done in response to an emerging need for Part A clients for additional time to secure permanent housing, as the HOPWA program is experiencing a waiting list. Integration of HOPWA and Part A will provide more streamlined referral and tracking of at-risk clients, as well as integration of the service continuum for PLWHA at risk for homelessness.

Homelessness in Palm Beach County

According to the 2015 national [point-in-time count](#) study, Florida is one of three states that comprise over 6% of the total national homeless population. The total estimated homeless population in Florida is 41,542. The point-in-time count results for Palm Beach County for 2015 estimate a total homeless population of 1,421. Race statistics indicate that, of these, 57% are White, and 40% are Black. Ethnicity statistics indicate that 12% are Hispanic and 88% are non-Hispanic. Of the total homeless population, there was an estimated total of 28 homeless persons with HIV/AIDS (1.9%). In 2015 the rate of homelessness among PLWHA in Palm Beach County was 0.3% compared to 0.1% among the general population. Thus the PLWHA rate is 3 times that of the general population rate. In Palm Beach County, homelessness and HIV are not limited to urban populations. The prevalence of HIV appears to be more likely in the coastal metropolitan areas; however, there is evidence that both problems are widespread throughout rural areas, yet do not get reported in the same manner. In fact, homelessness is not even defined the same way in rural areas (with migrant farmworker populations) as it is in urban areas. One of the complexities of tracking this vulnerable population is that they are transient.

In the Ryan White Needs Assessment conducted in 2013, the most frequently cited problems in getting housing were not having enough money for a deposit (18%); inability to find affordable housing (15%); bad credit (14%); being put on a waiting list (14%); and having a criminal record (13%). Additionally, the Needs Assessment revealed that there is a relationship between incarceration and homelessness; among those who were incarcerated during the prior 12 months, 47% were homeless at the time of the survey. Many homeless PLWHA are not being treated and are not being identified for services since they are difficult to target. A higher cost for case managers and disease intervention specialists is incurred because these are problem cases that require a great deal of time and resources. Living with HIV spectrum disease and being homeless is a complicated situation. Maintenance of physical and emotional health is frequently ignored when food, clothing and shelter are of primary concern. Medical appointments are difficult to meet and maintaining complicated HIV drug therapies is a major challenge. Shelters, food kitchens, and health clinics are model centers for HIV prevention; however, insufficient resources in Palm Beach County limit health education to the homeless and other interventions that others receive. Individuals who are homeless have limited access to health care. Such individuals are vulnerable to increased morbidity and mortality since they lack the care they need. Some barriers to access HIV-related health care in Palm Beach County for the homeless are lack of health insurance, absence of financial resources, and lack of transportation.

Target Population

The definition of "homeless" that informs the selection of the target population is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]. The target population will include (1) approximately 120 HIV-positive individuals that are on the HOPWA waiting list; (2) 26 known Ryan White Part A clients that are homeless, and (3) Ryan White Part A clients whose housing status is "unstable" or "temporary." As the table below indicates, for clients with unstable housing, blacks have a viral suppression rate 14% lower than whites, and elevated viral load counts (above 10,000 copies) 18% higher than whites.

Ryan White Part A Homeless/At-Risk Population

Total Unstable/Temporary	148	
Black	100	68%
White	48	32%
Total Unstable Housing	96	
Black	72	75%
White	24	25%
Total Temporary Housing	52	
Black	28	54%
White	24	46%

Ryan White Part A, Viral Load and Homeless Status

	Temporary				Unstable			
	Black		White		Black		White	
VL								
< 200	18	64%	11	46%	29	40%	13	54%
201-10,000	3	11%	3	13%	5	7%	1	4%
10,001-100,000	2	7%	1	4%	11	15%	1	4%
>100,000	1	4%	1	4%	5	7%	0	
Missing	4	14%	8	33%	22	31%	9	37%

Gaps exist in the utilization of data systems in the provision of care and housing services. Tenant Based Rental Assistance (TBRA) services were transferred to a new agency under a local Request for Proposals (RFP) process for HOPWA. The former agency transferred HOPWA data in paper files, including a waiting list. This list contained approximately 375 clients, many of whom had left the area or whose whereabouts were unknown. The HOPWA Grantee initiated a process of re-enrollment on the waiting list, which reduced the total number of known clients in need of services to approximately 120. Client-level data is currently not available to either HOPWA or Part A for these clients. HOPWA does not have access to the Part A database, and Part A does not have access to the waiting list. A second gap is that the HOPWA-funded agencies (Housing Authority and Jerome Golden Center) do not share client-level data with the HOPWA Grantee. Summary data is provided to the Grantee on a quarterly basis, but the Grantee does not have universal access to client-level data across funded agencies. In addition, housing plans for HOPWA clients are not directly connected to client service or health records. Without the ability to monitor client's progress in individual housing plans, there is a barrier to moving clients into permanent housing, and opening TBRA slots to clients on the waiting list.

An additional gap in utilization of the data system for planning and evaluation is related to missing viral load data for Part A clients. With the acquisition of PE, the Part A Grantee has readier access to client-level viral load data, and has instituted a requirement for eligibility that clients must have at least two

viral load tests per year. There is a need to prioritize those clients with no record of a viral load test result in order to be able to use the data management system to its full potential.

RW and HOPWA Data Systems

The Ryan White Part A program recently completed a data management system conversion from CAREWare to Provide Enterprise (PE, Groupware Technologies, Inc., GTI), which commenced on February 4, 2015, and went "live" on June 15, 2015. PE has been in use in statewide Part B and State of Florida AIDS Drug Assistance Program (ADAP) programs to system-wide deployments in EMAs. PE has been deployed in Broward County, Florida since 1999. The Broward EMA received national recognition for its quality management program in 2012 from the National Quality Center, and the PE system (and the data use practices associated with PE) were a principal factor. In addition, the City of Fort Lauderdale's HOPWA program is a full partner with the Part A EMA's PE system. Recently the Orlando EMA and state ADAP program procured the PE system. As a result, three EMAs in Florida and the state ADAP program will be on PE. This will provide significant opportunity to coordinate efforts across programs in Florida. Having the HOPWA program currently integrated with the Part A program in Broward County provides a valuable existing example of data integration that the Palm Beach EMA can build upon.

The PE system maintains client-level data for Part A clients that includes eligibility, clinical and support services, service expenditures and health outcomes. Part A providers can make electronic referrals across the system of care, and share clients across agencies where referral relationships have been established. PE provides the Part A Grantee with the ability to monitor activity across the network, and to conduct many monitoring and evaluation activities from the desktop. The PE system also allows agencies to submit reimbursement requests for eligible services electronically to the Grantee. Currently this functionality is not established in Palm Beach County due to the need to program a data interface between PE, the DCS Fiscal department's data management system (SAMIS), and Palm Beach County's Fiscal Department. Funding is being requested under this proposal to support the development of this interface.

The PE system is administered by an outside vendor, Groupware Technologies, Inc. The database is hosted on enterprise class servers in SSAE SOC1 certified commercial data centers. Backup database servers are also maintained on a secondary data server over 100 miles from primary data center. Production databases are also backed up to a cloud-based data vault service. The vendor has a history of supporting data migration and integration activities. In Palm Beach County, GTI managed the migration of client data from the state CAREWare system into PE. The vendor also worked with local Part A providers to program data interfaces between agency Electronic Health Records (EHR) and the PE database. GTI has also developed an integrated system between the HOPWA program for the City of Fort Lauderdale and the Fort Lauderdale/Broward County EMA. This experience will be key in assisting the Palm Beach HOPWA and Part A programs in integrating data management systems.

Current end-users of PE in Palm Beach County include intake/eligibility specialists, case managers, program supervisors, and Grantee staff. Eligibility specialists screen clients every six months, and also update client eligibility when incomes fluctuate. PE automatically establishes flags for individual services as client eligibility changes, and case managers are notified if they attempt to refer for ineligible

services. When reimbursement requests are prepared, only those services that are eligible can be billed. Case managers use PE to monitor client adherence to treatment plans and to refer for core medical and support services. They are able to monitor their client case load for eligibility, as well as retention and health outcome measures. The Part A Grantee staff uses PE to monitor agency Care Continuum outcomes, analyze client sub-populations for retention and health outcome measures, and for agency contract monitoring. Since the deployment of PE is relatively recent, the Grantee is in the process of securing technical assistance services from the National Quality Center. The purpose of this technical assistance (TA) request is to assist the Grantee in reviewing the current Quality Management program, and to offer recommendations for improvements in data use and reporting, and in the quality improvement processes currently in use through various CARE Council committees. The National Quality Center (NQC) evaluation will support the data integration project proposed here by assisting the Grantee in improving the service coordination processes that will be the primary users of data generated from an integrated data management system.

The City of West Palm Beach HOPWA program currently funds two sub-grantees: The Jerome Golden Center for Behavioral Health, Inc. (Jerome Golden) and the Palm Beach County Housing Authority. Jerome Golden provides residential mental health and substance abuse treatment services for 96 HOPWA clients. Clinicians use an electronic health record system ([Tier Workflow](#)) to document client services, but this data is not currently shared with the HOPWA Grantee. The Housing Authority administers the Tenant Based Rental Assistance (TBRA) program for approximately 250 HOPWA clients. In addition, they also maintain a waiting list for TBRA services, currently estimated at 120 eligible clients. Client-level TBRA data or waiting list data is not currently shared directly with the HOPWA Grantee. HOPWA sub-grantees provide quarterly reports to the HOPWA Grantee for purposes of CAPER reporting, but only aggregate data is provided to the HOPWA Grantee. Bringing the HOPWA Grantee and sub-grantees into the PE system will significantly improve the ability of the HOPWA Grantee to monitor and evaluate the HOPWA program. Integrating the HOPWA program with the Ryan White program will facilitate information sharing, verify client eligibility for both programs, and provide the ability of HOPWA case managers to electronically refer clients for Part A services. In addition, HOPWA agencies will be able to tie services directly to client housing plans, and more efficiently move clients into permanent housing. This will enable the HOPWA Grantee to reduce the current waiting list for TBRA services. The Part A Grantee will also be able to identify waiting list clients that are receiving Part A services, and target this vulnerable population to assure retention in care.

Enhanced Coordinated Service Delivery
This project will build on initial collaborative activities between the HOPWA and Ryan White Part A programs in Palm Beach County to build a comprehensive coordinated service delivery system. Underlying the service delivery system will be an integrated data management system. The practices and processes of the service delivery system- which include community planning, needs assessment, funding allocations, contract monitoring, and network-level quality management-will be supported by an integrated data management system with a robust reporting function. To date, HOPWA and Part A have engaged in some coordination of services. For example, in recognition of the increased need for emergency housing services, the CARE Council increased the allocation to this service category, and the Service Delivery Model was modified to allow for an expanded period of time (from 60 to 120 days). In

addition, HOPWA staff have increased their participation in CARE Council activities. A Jerome Golden representative also is an appointed member of the CARE Council.

A formal plan for integrating HOPWA and Part A program activities will commence at the annual CARE Council retreat in February 2016. As homelessness and housing instability have become an increasingly urgent problem for Part A clients, there is a need to better coordinate between Part A and HOPWA, and between these programs and the larger system of homeless and housing services in Palm Beach County. This will involve integrating data systems, establishing clear goals and objectives for service delivery and health outcome targets, and a comprehensive monitoring and evaluation process that will provide real-time information feedback for the service coordination efforts. This will involve:

- Evaluating current practices and developing initial recommendations for process improvements with the assistance of NQC consulting staff
- Hiring a full-time staff position in the Department of Community Services for program evaluation and data analysis support
- Developing a comprehensive monitoring and evaluation framework that serves an integrated service delivery system
- A customized and comprehensive reporting system that supports resource allocation and outcome evaluation activities
- Securing an external trainer/consultant to assist the Grantee office and CARE Council committees in building capacity for data use in program planning and evaluation
- Define process improvements for HOPWA related to transitioning clients into permanent housing
- Streamline the referral process between HOPWA and Part A service providers
- Standardize the use of the HIV Care Continuum model across the integrated system of care

The key to successful use of data to support the coordinated service delivery system is the ability to combine, at the client-level, service utilization, expenditure, and health outcome data. This will provide the means to evaluate services for cost-effectiveness, as well as effectiveness in achieving housing self-sufficiency and viral suppression in the target population. In order to effectively coordinate service delivery, housing services funded by Part A need to be integrated into the broader system of care for homeless services in Palm Beach County. The City of West Palm Beach (and HOPWA) works closely with the Homeless and Housing Alliance (HHA) of Palm Beach County (Homeless Care Continuum lead agency), whose main function is to deliver a comprehensive and coordinated system of services for homeless individuals and families, families with children, veterans and unaccompanied youth. This system's fundamental components include homeless prevention, outreach and assessment, emergency shelter, transitional housing, supportive services, permanent housing, and permanent supportive housing. Palm Beach County Division of Human Services (within the Department of Community Services) continues its role as the lead entity for the HHA, which began in January 2006. The Ryan White Part A planning council will more effectively plan and allocate Part A funds by participating in this broader effort at addressing homelessness in Palm Beach County. This effort will be enhanced by integrating the Part A/HOPWA integrated data base with the County's homeless services database, Client Track, in the second year of this project.

Monitoring and Evaluation Plan

Monitoring of program deliverables (see Work Plan, attachment 2) will be the primary responsibility of the Ryan White Part A Grantee. Prior to the project start date, a project implementation plan will be provided to all project participants outlining all project deliverables and due dates for completion. Deliverables will be documented on a schedule that outlines both data system integration and service coordination targets, responsible persons, and target deadlines. Monthly meetings will be conducted to review project progress and to identify any barriers to completion of deliverables.

Evaluation of the program's impact on Ryan White and HOPWA clients will be based on the following:
(1) Utilization of data management system by end users
(2) Participation in joint planning, quality management and P&A meetings
(3) Duration of individual clients on the HOPWA waiting list
(4) Number of identified Ryan White Part A homeless clients
(5) Adherence of HOPWA clients to individual housing plans
(6) Number of HOPWA clients moved into permanent housing
(7) Retention in care of target populations
(8) Viral suppression rate of target populations

An Evaluation Specialist (new hire under DCS) will present preliminary findings at monthly meetings of project participants. Recommendations for adjustments to program activities will be documented in the project work plan, and responsibility for completion and new target timelines will be added. The Evaluation Specialist will be responsible for developing a comprehensive monitoring and evaluation framework, and regularly report client-level health outcomes, service utilization, and service expenditure data. Care Continuum statistics will also be provided for each target population and analyzed for changes/improvements in health status. Where applicable, best practices will be demonstrated and quantified on the basis of Care Continuum outcomes. These best practices will be disseminated through journal articles and presentations at national conferences. Partner agencies will provide information primarily through the PE database. This data will be supplemented by key informant interviews and client satisfaction surveys conducted by the Evaluation Specialist.

HOPWA/RW DATA INTEGRATION

Object Class Categories				Ryan White Allocation		Total	Narrative

TIME PERIOD 1 — 5/1/2016 TO 8/31/2016

	Annual Salary	Program FTE	Program Salary	Administration	Quality Management	Total	Narrative
a. Personnel (Name, Position)							
Temporary Staff (New Position)	$ 15,000.00	1	$ 15,000.00	$ 15,000.00	$ -	$ 15,000.00	This position will be a temporary staff hired for data entry purposes for the City of West Palm Beach HOPWA program.
Personnel Subtotal	$ 15,000.00	$ 1.00	$ 15,000.00	$ 15,000.00	$ -	$ 15,000.00	
b. Fringe Benefits							
Health Insurance: Medical, Dental, and Life Insurance			$ -	$ -	$ -	$ -	Temporary staff are not eligible for health benefits.
Retirement Benefits			$ -	$ -	$ -	$ -	Temporary staff are not eligible for retirement benefits.
Payroll Taxes			$ -	$ 1,125.00	$ -	$ 1,125.00	Payroll taxes are approximately 7.5% of FTE's salaries.
Fringe Subtotal			$ -	$ 1,125.00	$ -	$ 1,125.00	
c. Travel							
Travel and Training				$ -	$ -	$ -	
Travel Subtotal				$ -	$ -	$ -	
d. Equipment							
Computer				$ 800.00	$ -	$ 800.00	Workstation for data entry.
Data Management System Hardware				$ 5,000.00	$ -	$ 5,000.00	Computer hardware for Jerome Golden E.H.R Provider Data Interface (PDI) and workstation for data entry
Equipment Subtotal				$ 5,800.00	$ -	$ 5,800.00	
e. Supplies							
Office Supplies				$ 250.00	$ -	$ 250.00	Office supplies are necessary to properly carry out administrative and clerical functions required to administer the program.
				$ -	$ -	$ -	
Supplies Subtotal				$ 250.00	$ -	$ 250.00	
f. Contractual							
Groupware Technologies				$ 55,200.00	$ -	$ 55,200.00	Groupware Technologies, Provide, user licenses. These licenses are necessary to utilize the software to help manage the program.
SAMIS				$ 20,000.00	$ -	$ 20,000.00	SAMIS computer system integration with Groupware Technologies interface.
Consultants				$ 10,000.00	$ -	$ 10,000.00	IT consulting hours for Jerome Golden E.H.R. PDI and data transfer.
Contractual Subtotal				$ 85,200.00	$ -	$ 85,200.00	
g. Subtotal Period 1				$ 107,375.00	$ -	$ 107,375.00	Total Time period 05/01/2015 through 08/31/2016

TIME PERIOD 2 — 9/1/2016 TO 8/31/2017

	Annual Salary	Program FTE	Program Salary	Administration	Quality Management	Total	Narrative
a. Personnel (Name, Position)							
Data Analyst (DCS)	$ 64,000.00	1	$ 64,000.00	$ 64,000.00	$ -	$ 64,000.00	This position will be a new Data Analyst/Evaluation Specialist, DCS, to oversee all aspects of project evaluation and outcome reporting.
Personnel Subtotal	$ 64,000.00	$ 1.00	$ 64,000.00	$ 64,000.00	$ -	$ 64,000.00	
b. Fringe Benefits							
Health Insurance: Medical, Dental, and Life Insurance			$ -	$ 12,800.00	$ -	$ 12,800.00	Health and Life Insurance benefits are approximately 20% of FTE salaries, depending on different variables.
Retirement Benefits			$ -	$ 3,776.00	$ -	$ 3,776.00	Retirement benefits are approximately 5.9% of FTE salaries, depending on different variables.
Payroll Taxes			$ -	$ 4,800.00	$ -	$ 4,800.00	Payroll taxes are approximately 7.5% of FTE's salaries.
Fringe Subtotal			$ -	$ 21,376.00	$ -	$ 21,376.00	
c. Travel							
Washington DC, TA meeting (3)				$ 4,200.00		$ 4,200.00	Washington DC TA meeting, 3 staff at an approximate cost of $1400/person.
APHA Conference				$ 5,600.00	$ -	$ 5,600.00	APHA annual conference, 3 staff at an approximate cost of $1866/person.
Travel and Training				$ 800.00	$ -	$ 800.00	Miscellaneous travel.
Travel Subtotal				$ 10,600.00	$ -	$ 10,600.00	
d. Equipment							
Computer				$ 1,000.00	$ -	$ 1,000.00	Workstation for new Financial Analyst position.
Equipment Subtotal				$ 1,000.00	$ -	$ 1,000.00	
e. Supplies							
Office Supplies				$ 250.00	$ -	$ 250.00	Office supplies are necessary to properly carry out administrative and clerical functions required to administer the program.
				$ -	$ -	$ -	
Supplies Subtotal				$ 250.00	$ -	$ 250.00	
f. Contractual							
Groupware Technologies				$ 22,200.00	$ -	$ 22,200.00	Groupware Technologies, Provide, user licenses. These licenses are necessary to utilize the software to help manage the program.
Consultants				$ 25,000.00	$ -	$ 25,000.00	Consultant/Training for development of comprehensive evaluation and QM framework.
Contractual Subtotal				$ 47,200.00	$ -	$ 47,200.00	
g. Subtotal Period 2				$ 144,426.00	$ -	$ 144,426.00	Total Time period 09/01/2016 through 08/31/2017

TIME PERIOD 3 — 9/1/2017 TO 8/31/2018

	Annual Salary	Program FTE	Program Salary	Administration	Quality Management	Total	Narrative
a. Personnel (Name, Position)							
Data Analyst	$ 65,920.00	1	$ 65,920.00	$ 65,920.00	$ -	$ 65,920.00	Financial Analyst position, DCS, to oversee all aspects of program evaluation and outcome reporting.
Personnel Subtotal	$ 65,920.00	$ 1.00	$ 65,920.00	$ 65,920.00	$ -	$ 65,920.00	
b. Fringe Benefits							
Health Insurance: Medical, Dental, and Life Insurance			$ -	$ 13,579.52	$ -	$ 13,579.52	Health and Life Insurance benefits are approximately 20% of FTE salaries, depending on different variables.
Retirement Benefits			$ -	$ 3,889.28	$ -	$ 3,889.28	Retirement benefits are approximately 5.9% of FTE salaries, depending on different variables.
Payroll Taxes			$ -	$ 4,944.00	$ -	$ 4,944.00	Payroll taxes are approximately 7.5% of FTE's salaries.
Fringe Subtotal			$ -	$ 22,412.80	$ -	$ 22,412.80	
c. Travel							
Washington DC, TA meeting (3)				$ 4,500.00		$ 4,500.00	Washington DC TA meeting, 3 staff at an approximate cost of $1400/person.
APHA Conference				$ 5,600.00	$ -	$ 5,600.00	APHA annual conference, 3 staff at an approximate cost of $1866/person.
Travel and Training				$ 800.00	$ -	$ 800.00	Miscellaneous travel.
Travel Subtotal				$ 10,900.00	$ -	$ 10,900.00	
d. Equipment							
Client Track Bridge				$ 20,000.00	$ -	$ 20,000.00	IT Consulting and TA to integrate client project database with County homeless database
Equipment Subtotal				$ 20,000.00	$ -	$ 20,000.00	
e. Supplies							
Office Supplies				$ 250.00	$ -	$ 250.00	Office supplies are necessary to properly carry out administrative and clerical functions required to administer the program.
				$ -	$ -	$ -	
Supplies Subtotal				$ 250.00	$ -	$ 250.00	
f. Contractual							
Groupware Technologies				$ 22,200.00	$ -	$ 22,200.00	Groupware Technologies, Provide, user licenses. These licenses are necessary to utilize the software to help manage the program.
Consultants				$ 25,000.00	$ -	$ 25,000.00	Consultant/Training to provide systems training.
Contractual Subtotal				$ 47,200.00	$ -	$ 47,200.00	
g. Subtotal Period 3				$ 166,682.80	$ -	$ 166,682.80	Total Time period 09/01/2017 through 08/31/2018
Total				$ 418,483.80	$ -	$ 418,483.80	Combined Total all time periods

Attachment 1, Staffing Plan

<u>Project Supervisor – .2 F.T.E.</u> (donated) This position is responsible for the supervision of all project staff and for the administration contracts and sub-contracts. *Geoff Downie was appointed to the position of Ryan White Part A Program Manager in July 2013. He has worked as the Administrator of a local health department in Indiana; as a Community Consultant for the Indiana Criminal Justice Institute, focusing on substance abuse prevention and mental health treatment services; and prior to being appointed to his current position was a Senior Research Specialist for the Mid America Center for Public Health Practice, University of Illinois Chicago, School of Public Health. He has a Masters of Public Administration degree, and is completing his DrPH thesis.*

<u>Quality Management Coordinator – .2 F.T.E.</u> This position is responsible for establishing and implementing the Ryan White Part A Quality Management system and assuring compliance with all applicable Federal, State and Local standards. This position will supervise the Data Analyst/Evaluation Specialist to assure that project goals are met. *Shoshana Ringer was appointed to this position in July 2006. She previously worked as the Program Monitor with the Head Start program, serving low-income populations of multicultural backgrounds; including persons of Hispanic, Black and Haitian descent. She received a Master degree in Social Foundations: Educational Psychology.*

<u>Data Analyst/Evaluation Specialist (TBD) – 1 FTE.</u> This position will be responsible for coordinating quality management and evaluation activities related to the project. The Data Analyst will work with Ryan White staff and project partners to develop a comprehensive monitoring and evaluation plan for the integrated service delivery system. This position will coordinate data dissemination and process improvement recommendations to project partners, external stakeholders, and the project funder. *This position will require a Bachelors of Science (Masters Preferred) or similar experience in public health, evaluation, social sciences, with prior experience in HIV-related programs.*

<u>Financial Analyst I – .2 F.T.E.</u> This position is responsible for the preparation of contracts and auditing of funded agencies to ensure compliance with their contracts. Provides technical assistance to funded agencies when needed. The minimum qualifications are graduation from an accredited college or university with major course work in Accounting or Finance or a related field; experience in governmental or commercial accounting or financial analysis, an MPA/MBA is desirable; or any equivalent combination of related training and experience. *Frank Frank was appointed to the Ryan White Financial Analyst I position in October 2015. He has been a public servant in a State or County government position since 2007. Frank received the Presidential Volunteer Service Award in 2010. Frank has an extensive financial background; he holds degrees in Finance and Accounting from Florida Atlantic University.*

<u>Computer Specialist II –.2 F.T.E.</u> This position provides desktop support for the client database system, Provide Enterprise (PE), users and is responsible for the day to day administration of PE, ensuring data integrity. The minimum qualifications are Associates degree with computer related

course work, and one (1) year of comparable experience including support of LAN/Server or minicomputer based systems; or any equivalent combination of related training and experience. *Sheron Hoo-Hing was appointed in October 1999. She managed the conversion of the Part A data management system from CAREWare to Provide Enterprise, and serves as the primary point of contact between end-users and the Part A Grantee.*

Housing and Community Development Administrator - .2 FTE (donated). This position is responsible for managing the activities of the HOPWA project sponsors related to this project. This includes monitoring data system utilization, assurance of timely data uploads from project sponsors, and quality monitoring for HOPWA outcome indicators. *Mark White has been the HOPWA Administrator since December 2014. He has served as a Community Planning and Development Specialist with US HUD and prior to being appointed to his current position was a Financial Analyst I with the Palm Beach County Ryan White program. He received a Master of Business Administration degree.*

Project Timeline

May 1, 2016 to August 31, 2016

Task	Target Date	Responsible Party	Deliverable
Part A Housing Priority Defined	2/15/2016	CARE Council	Comp Plan Goal
BCC Contract Agenda Items	5/18/2016	Part A Grantee	Executed Contract
RAND Contract	7/12/2016	Part A Grantee	Executed Contract
Agency Sub-Contracts	7/12/2016	Part A Grantee	Executed Contract
BCC Data Sharing Agenda Item	4/26/2016	Part A Grantee	AIS Submitted
Local Data Sharing Agreements	6/21/2016	Grantee, Sub-Awardees	Executed Agreement
Obtain HOPWA Waiting List	6/30/2016	HOPWA, Part A Grantee	Client List
Target Population Lists	7/30/2016	Part A Grantee	Client List
Hire Evaluation Specialist	4/1/2016	Part A Grantee	Employment Agreement
Data Variable Mapping	7/30/2016	GTI	PE Program Item
EHR Interfaces	8/15/2016	GTI	PE Program Item
End-User Interviews	7/30/2016	GTI	PE Program Item
End-User Training	8/15/2016	GTI	Training Event
PE Live for HOPWA	8/16/2016	GTI	PE Program Item
Hire HOPWA Temp	8/1/2016	HOPWA	Employment Agreement
HOPWA Data Entry	9/30/2016	HOPWA	PE Program Item
Identify Broward Best Practices	7/30/2016	GTI, Eval Specialist	Best Practices Document
Define HOPWA Eligibility	8/1/2016	HOPWA, CARE Council	PE Program Item
SAMIS Integration	8/30/2016	GTI, Part A Grantee	PE Program Item
Define PE Reports	8/30/2016	GTI, Eval Specialist	PE Program Item
Finalize Evaluation Plan	8/1/2016	Eval Specialist	Evaluation Plan
NQC Quality Review	8/30/2016	NQC, Part A Grantee	QM Recommendations
TA Contract BCC Agenda Item	6/22/2016	Part A Grantee	AIS Submitted
Capacity Building TA Contract	8/16/2016	Part A Grantee	Executed Contract

September 1, 2016 to August 31, 2017

Task	Target Date	Responsible Party	Deliverable
HOPWA Waiting List Review	9/30/2016	HOPWA, Part A Grantee	Shared Wait List
Target Population List Review	9/30/2016	HOPWA, Part A Grantee	Baseline Statistics
Update Client Housing Plans	10/15/2016	HOPWA	Plans Updated in PE
Waiting List Client Referrals	10/15/2016	HOPWA, Part A Grantee	Referral Process Defined
HOPWA @ CARE Council Mtgs	monthly	HOPWA	Attendee List
CARE Council @ HHA Mtgs	monthly	CARE Council	Attendee List
Project Meetings	monthly	All	Attendee List
Review of Jail Linkage Coord	11/15/2016	Part A Grantee	Report to CARE Council
Review/Implement NQC Recs	3/1/2017	Part A Grantee	Report to CARE Council
Eval Capacity Building TA	4/15/2017	Part A Grantee	Training Sessions Held
Evaluation Framework	5/1/2017	HOPWA, Part A Grantee	Report to Part A Grantee

Attachment 2, Work Plan

Reporting System	5/30/2017	HOPWA, Part A Grantee	Report to Part A Grantee
Key Informant Interviews	6/15/2017	Part A Grantee	Report to Part A Grantee
Client Satisfaction Surveys	6/15/2017	Part A Grantee	Report to Part A Grantee
Care Continuum Report	7/1/2017	Part A Grantee	Report to CARE Council
Fiscal/Utilization Report	7/1/2017	HOPWA, Part A Grantee	Report to CARE Council
Evaluation Report	8/1/2017	HOPWA, Part A Grantee	Report to CARE Council
PE Technical Assistance	TBD	GTI	TA Held
Sponsor TA Meeting	TBD	RAND	Attendee List
Documentation of Results	8/30/2017	Part A Grantee	Report to CARE Council
Conference Dissemination	TBD	HOPWA, Part A Grantee	Presentations Made

September 1, 2017 to August 31, 2018			
Task	Target Date	Responsible Party	Deliverable
HOPWA Waiting List Review	9/30/2017	HOPWA, Part A Grantee	Shared Wait List
Target Population List Review	9/30/2017	HOPWA, Part A Grantee	Updated Baseline Stats
Update Client Housing Plans	10/15/2017	HOPWA	Plans Updated in PE
Waiting List Client Referrals	10/15/2017	HOPWA, Part A Grantee	Wait List Updated
HOPWA @ CARE Council Mtgs	monthly	HOPWA	Attendee List
CARE Council @ HHA Mtgs	monthly	CARE Council	Attendee List
Project Meetings	monthly	All	Attendee List
Eval Capacity Building TA	4/15/2018	Part A Grantee	Training Sessions Held
Key Informant Interviews	6/15/2018	Part A Grantee	Report to Part A Grantee
Client Satisfaction Surveys	6/15/2018	Part A Grantee	Report to Part A Grantee
Care Continuum Report	7/1/2018	Part A Grantee	Report to CARE Council
Fiscal/Utilization Report	7/1/2018	HOPWA, Part A Grantee	Report to CARE Council
Evaluation Report	8/1/2018	HOPWA, Part A Grantee	Report to CARE Council
PE Technical Assistance	TBD	GTI	TA Held
Client Track Integration	7/1/2018	GTI, Part A Grantee	Data Sharing Agreement
Sponsor TA Meeting	TBD	RAND	Attendee List
Documentation of Results	8/1/2018	Part A Grantee	Report to CARE Council
Conference Dissemination	TBD	HOPWA, Part A Grantee	Presentations Made

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY.

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS:

By:_____
       Deputy Clerk

By:_____
      Mary Lou Berger, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By_____
      Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS

By_____
      Department Director