Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, June 18, 2020, 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 06/18/20 Agenda and 05/21/20 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   Monthly Expenditures/Utilization Report- by service category
4. **MEETING ACTIVITIES**
   - **I. Ryan White Funder & Stakeholder Presentations (Handouts A1-A2)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Review data from Ryan White Funders and Stakeholders.
   - **II. HIV Surveillance Epidemiological Data (Handout B)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Receive presentation on HIV surveillance data regarding the PSRA Process.
   - **III. Needs Assessment/Community Input Presentation (Handout C)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Receive presentation on community input regarding the PSRA Process.
   - **IV. Part A Client Health Outcomes Presentation (Handout D)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Review Part A Service Category Outcomes.
   - **V. Priority Setting (Handouts E1-E2)**
     Work Plan Activity 1.3: Priority rank Part A and MAI service categories
     ACTION ITEM: Use data elements to inform priority ranking process.
5. **UNFINISHED BUSINESS**
   None
6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**: July 16, 2020 **Time:** 9:00 a.m. **Venue:** Virtual Meeting
   - **I. Resource Allocation**
     Work Plan Activity 1.4: Allocate Part A and MAI funds by service category
     ACTION ITEM: Allocate funding for Core and Support Services in FY2021-2022.
9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

FY 2020-21 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year.

For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA			X									
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.												
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning													

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/ Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.			X									
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.			X									

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, May 21, 2020 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice-Chair:** Vacant

ATTENDANCE

#	Member	Present	Absent	Recipient Staff
1	Barnes, B.	X		Giglioli, K.
2	Fortune-Evans, B.	X		Walker, N.
3	Grant, C.	X		Drummond, K.
4	Katz, H. B.	X		Scott, S.
5	Lopes, R.	X		Garcia, E.
6	Mester, B.	X		
7	Moreno, V.		A	**HIVPC Staff**
8	Robertson, L., Chair	X		Oratien, V.
9	Schickowski, K.	X		Martinez, G.
10	Schweizer, M.	X		Ukpai, F.
11	Siclari, R.	X		Seitchick, J.
				GUEST
	Quorum = 7	**10**		Shamer, D.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:06 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present for reference. In addition, attendees were advised that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, Recipient staff, and HIVPC staff introductions were made by roll call. Guests made self-introductions.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Katz, H.B. **Seconded by:** Mester, B.
Discussion: The Monthly Expenditures/Utilization Report is a Standard Committee Item. This was not expected to be available for today's meeting and was removed from the agenda. At the time of

the meeting, the report was available for the Committee. PSRA chose not to include the report this month. The Committee will resume its review of this information at its next meeting.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 02/20/2020
Proposed by: Lopes, R. **Seconded by:** Katz, H. B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None.

4. MEETING ACTIVITIES/NEW BUSINESS

Assessment of the Administrative Mechanism: The PCS Team reviewed the assessment of the administrative mechanism. This process is completed each year by the HIVPC to assess the Recipient's fulfillment of allocations. On an annual basis, the HIVPC and Recipient have completed surveys regarding administrative functions. If additional information is needed throughout the year, the Recipient completes updates. This year, the methodology being used to assess the Administrative Mechanism (Handout A2 on file) includes a survey of service providers. The Committee reviewed the proposed surveys (Handouts A3-A5 on file) and voted to approve them.

Motion #3: To approve the surveys to be utilized in the Assessment of the Administrative Mechanism.
Proposed by: Siclari, R. **Seconded by:** Lopes, R.
Action: Passed Unanimously

FY2021 PSRA Timeline: The HIVPC Manager reviewed proposed changes to the previously approved PSRA Process timeline (Handout B on file). Due to the fluidity of the response to COVID-19, the Committee was not able to meet in March and April. This has shortened the PSRA Process timeframe and the Committee's Timeline was reassessed based on that. The Committee reviewed and approved the amended PSRA Process Timeline.

Motion #4: To approve the amended FY2021 PSRA Process Timeline.
Proposed by: Katz, H.B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

PSRA Process Overview: The PSRA Chair reviewed the PSRA Process with the Committee including the purpose, steps, and Committee and PCS Team involvement (Handout C on file).

Part A Service Category Eligibility: The HIVPC Manager reviewed the scope of service for each service category (Handout D on file). Clarification about Emergency Financial Assistance service category was requested. It was noted that the service is exclusively utilized to provide medication.

Ryan White Funder & Stakeholder Presentations: PSRA received presentations from the recipients of Ryan White funding for Parts B, C, and F/AETC.

In response to concerns about dental care during COVID-19, dental care has remained open to clients in need of emergency services. Additionally, dentists are limiting the number of aerosol procedures performed. Social distancing and obtaining personal protective equipment (PPE) have been significant challenges. Providers have decreased their utilization to maintain social distancing between clients. While Broward County Family Health Center has not solidified its plans to reopen for business, the Part F Recipient will speak with them and share any updates with the HIVPC.

The Part B Recipient clarified that all-day bus passes are available for six or less medical appointments per month or 31-day bus passes for seven or more medical appointments per month.

The Part C Recipient noted that telehealth is now being used to provide some clients with care and treatment and has increased the medication refills to prevent clients from missing important medications.

5. UNFINISHED BUSINESS

None.

6. RECIPIENT REPORT

- A representative of the Recipient's Office stated that $916,000 was received for additional funding for COVID-19. The Part A Office has also received $1.2 million for Ending the HIV Epidemic (EHE) funding. Additionally, $1.9 million of HOPWA funding has been secured for the next 2 years. Further information for EHE and HOPWA funding will be provided at the next PSRA meeting.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: June 18, 2020 Time: 9:00 a.m. Venue: Virtual Meeting Room

9. ANNOUNCEMENTS

A representative of the Part B program emphasized the funding recommendation from the Part B presentation. The recommendation to fund medical transportation through Part A has been supported by SFAN.

10. ADJOURNMENT

The meeting was adjourned without objection at 10:57 a.m.

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PSRA Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	16	20	C	C	21								
0	1	0	**1**	Barnes, B.	X	X			X								
0	0	0	**2**	Fortune-Evans, B.	X	X			X								
0	0	0	**3**	Grant, C.	X	X			X								
0	0	0		Hayes, M., *V. Chair*	X	X			Z - 5/21								
1	1	0	**4**	Katz, H.B.	X	X			X								
0	0	1	**5**	Lopes, R.	X	A			X								
0	0	0	**6**	Mester, B.	X	X			X								
0	0	1	**7**	Moreno, V.	X	X			A								
0	1	0	**8**	Robertson, L. *Chair*	X	X			X								
0	0	0	**9**	Schickowski, K.	X	X			X								
0	0	1	**10**	Schweizer, M.	X	A			X								
0	0	1	**11**	Siclari, R.	X	A			X								
				Quorum = 7	12	9	0	0	10	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

Ryan White Funders Presentation for PSRA

RYAN WHITE PART D

1

The Ryan White Part D Program Overview

Part D of the HIV/AIDS Program focuses on providing access to coordinated, family-centered primary medical care and support services for HIV-infected women, infants, children, and youth and their affected family members. It also funds support services, like case management and childcare that help clients get the care they need. Children's Diagnostic and Treatment Center- Comprehensive Family AIDS Program(CFAP) provides primary care, medical case management and psychosocial support for HIV-positive women, infants, children, and youth.

https://www.hrsa.gov/sites/default/files/about/budget/performancereport.pdf

2

Comprehensive Family AIDS Program (CFAP)

Serves infants, children, youth, women and families infected and affected with HIV in Broward County ***(Approximately 1800 individuals and 900 families in FY2019)***

This includes HIV exposed or positive infants, HIV positive child or youth, HIV positive woman and family member living in the household of an HIV positive individual.

Serves negative siblings in CDTC Pediatric clinic and other resources

Test and Treat program- servicing WICY population(youth males up to the age of 24)

Conduct HIV testing Rapid testing for Broward County

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Program Budget

Funded primarily by HRSA, Ryan White Part D program since 1991

- *FY2019- $2,016,919.00*
- *FY2020- $2,016,919.00*
- *Other Funding Sources including:*
- *SMART Ride $179,005.00*
- *CMS HIV – $185,185.00*
- *TOPWA – $170,000.00*

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CFAP Population

90% RACIAL/ETHNIC MINORITIES
63% INFANTS/CHILDREN/YOUTH (0-24 YEARS OLD)
71.4% WOMEN
28.6% MEN
51.4% UNEMPLOYED
85.9% BELOW 100% FEDERAL POVERTY LEVEL
10.7% NON-ENGLISH SPEAKING
19.8% UNINSURED
11.2% RYAN WHITE COVERAGE
25.4% SUBSTANCE USING
26% WITH MENTAL HEALTH ISSUES
0.7% MSM
6.5% PREGNANCIES

5

Eligibility Criteria

- **Client Eligibility**

Proof of Broward County Residency/Picture ID
Proof of HIV
Income verification

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CFAP Clinical Services

Pediatric HIV Medical Care, Dental and Hygiene services
Phlebotomy services
Primary, HIV specialty, and gynecologic care
Adherence Counseling
Family Planning
Nutrition Screening and Therapy
Risk Reduction Counseling
Mental Health Screening, Treatment and Counseling
Substance Abuse Screening & Treatment
Prenatal HIV medication counseling(For CFAP Clients only)
Access to Clinical Trials for Research Studies

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CFAP Psychosocial Services

Intensive Medical Case Management
Psychosocial Support
Access to Food and Gently Used Clothing
Support Groups
Women's Retreat
Children's Camp
Emergency Financial Assistance (donations)
Translation (access to language line)
Child Care during visits
Transportation
50 and over exercise group with Personal Trainer

8

Part D & Part A Collaboration to Reduce Gaps in Care

What Services are they aware of that they can use to help supplement what we do?

Residential Substance Abuse Programs
Outreach efforts to identify at risk youth (PROACT)
Online Process for RW and ADAP
Increase RW Dental Providers
Prenatal Care Cost
Lack of Mental Health services for Creole/Spanish Speaking populations
Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations

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Notable Trends

- **Newly diagnosed populations**

Pregnant
High VL
Resistance to HIV medications from Partners
Young/Naive about HIV
Insurance issues
Migrating from other counties

- **Young Adults (18-28)**

Retention in care(Many Factors)
Insurance issues
Substance abuse
Employment/Housing issues
Unplanned pregnancy
Follow up with required documentations

- **The Elderly**

Comorbidities
Insurance issues(Transition from Medicaid to Medicare)
Housing issues
Medicaid transportation
Decline in Independence
Applying for SSI/SSD
Cognitive Decline
Society Isolated
Inactivity

- **Recently reengaged in care**
- Lack of knowledge of HIV
- Denial
- Adherence Issues
- Disclosure
- Advanced HIV

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Notable Trends

Clients with high viral loads vs. virally suppressed clients

Virally suppressed clients
Acceptance of DX
Family/Friends support
Higher Education Level
Adherent to Medical/Specialty Appt.

High viral loads
Lack of Family/Social Support
Noncompliant with medical care
Issues with medications
Young Adult population
Mental Health/Substance Abuse issues
Housing
Transportation issues
Disclosure

Mental health or substance use issues

Mental Health
Denial
Limit access to Psychiatry for RW
Limit therapist that are multi-lingual
Domestic Violence Issues
Stigma

Substance use
Denial
Limited access to Detox locations
Continuum of care for substance abusers
Access to cheap "designer" drug Flakka, Mollies etc.
Multigenerational substance abuse issues
Stigma

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Recommendations

What are some of the challenges faced by your program:
Retention of Care for our youth
Nutritionist
Level Funding
Immigration Issues
Lack of Mental Health services for Creole/Spanish Speaking populations
Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations
Dental Care
Legal Aid for immigration issues

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Questions?

Discussion

13

HOPWA Presentation for PSRA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

"THIS PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, GENDER (INCLUDING IDENTITY OR EXPRESSION), MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER PROTECTED CLASSIFICATION AS DEFINED BY APPLICABLE LAW".

1

The HOPWA Program Overview

Federally: The Housing Opportunities for Persons with AIDS (HOPWA) Program is administered by the Office of HIV/AIDS and the Office of Community Planning and Development (CPD) of the United States Department of Housing and Urban Development (HUD). The HOPWA program funds a wide range of housing assistance activities in order to provide a variety of housing options that meet the needs of Persons Living with HIV/AIDS (PLWAS).

Local: In Broward County, the program is administered by the City of Fort Lauderdale (COFL), the largest City in the Eligible Metropolitan Statistical Area (EMSA). The COFL has administered the HOPWA formula grant since the 1990's. The City is the sole recipient of HOPWA funds in Broward County and services must be provided countywide. The source of funds is comprised entirely of federal HOPWA funds that are allocated annually to the City by HUD.

2

Program Budget

- **FY2019 Budget:**
  - Grant Award for 2018-2019 **$ 7,177,985.00**
- **Current Sub-recipients**
  - Broward House, Inc
  - Broward Regional Health Planning Council, Inc
  - Care Resource Community Health Centers, Inc
  - Mount Olive Development Corporation
  - Sunshine Social Services, Inc
  - Legal Aid Service of Broward County.
- **FY2020 Budget:**
  - Grant Award for 2019-2020 **$ 7,126.243.38**
  - Grant Award for CARES Act one-time allocation **$ 1,035,298.00**
- The program is solely fund by the department of Housing and Urban Development (HUD)

3

Definition of Services Provided

Housing Case Management (HCM) Program: income certifies clients, assist with the financial subsidy application process, completes referrals to other community resources and provides general wraparound case management services.

Short-Term Rent, Mortgage, and Utility (STRMU) assistance is an eligible activity under the HOPWA program. STRMU is ***time-limited*** housing assistance designed to prevent homelessness and increase housing stability due to unexpected illness or loss of income. HOPWA Agency may provide assistance for a period that does not exceed ***the established lifetime cap.***

Permanent Housing Placement (PHP) assistance is an eligible activity under the Housing Opportunities for Persons with AIDS (HOPWA) program. PHP's goal is to help establish permanent residence with out long term housing subsidy. HOPWA may provide assistance for a period that does not exceed ***the established cap.***

Legal Services provide individual and community education, outreach, legal advice and/or direct legal representation to clients who have viable legal issues or defenses to maintain housing stability.

Project Based Rental (PBR) provides ongoing rental subsidy assistance to eligible individuals for specified time period of up to 24 months. Clients in this program receive intensive case management aimed at improving client's ability to move to self-sufficiency. Responsible for paying 30% of household income toward the cost of housing.

Tenant Based Rental Voucher (TBRV) Client receives a rental voucher that can be used with an independent landlord in Broward County. Clients are responsible for paying 30% of household income towards the cost of housing.

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4

Client Eligibility

Be HIV positive	• Lab results- Western Blot/Viral Load
Income must fall within Federal Annual Income Guidelines	• Income of ***ALL*** applicable household members is included in the application
Complete a truthful application	• Provide ***ALL*** supporting documentation
Lawfully Reside in the US	• Head of Household must complete Declaration 214 Document and provide supporting documentation
Be a current Broward County Resident	• Must have lived in Broward county for at least 6 continuous months before receiving housing assistance

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Demographics

Number of unduplicated clients FY 2018:

1945 (667 received financial subsidy and **1278** received housing case management services only)

Ethnicity		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1	American Indian/Alaskan Native	0	0	1	0
2	Asian	1		0	0
3	Black/African American	476	9	242	4
4	Native Hawaiian/Other Pacific Islander	1		1	1
5	White	186	59	37	28
6	American Indian/Alaskan Native & White	0		0	0
7	Asian & White	0		0	0
8	Black/African American & White	3	1	2	0
9	American Indian/Alaskan Native & Black/African American	0		2	0
10	Other Multi-Racial	0		4	0
11	Column Totals (Sum of Rows 1-10)	667	69	289	33

Age Group		HOPWA Eligible Individuals A. Male	B. Female	C. Transgender M to F	D. Transgender F to M	E. TOTAL (Sum of Columns A-D)
1	Under 18	0	0	0	0	0
2	18 to 30 years	41	31	3		75
3	31 to 50 years	135	128	2		265
4	51 years and Older	188	134	5		327
5	**Subtotal (Sum of Rows 1-4)**	364	293	10	0	667

6

Needs, Gaps, Barriers to Housing

- Availability and affordability
  - Some of the primary barriers are the cost of rental units/ limited stock of affordable housing units
  - Relates to ongoing voucher supply and TBRV waitlist
  - COVID-19 has created greater needs that go beyond the CARES Act Funding

Notable Trends

- HOWPA Back-to-Work Initiative appear to be having a positive impact.
- There are fewer number of clients requesting the Maximum 21 weeks of STRMU assistance
- There has been an increased number of clients accessing 2-3 units of STRMU

7

Recommendations

What are some of the successes of your program:
- Self Sufficiency; eg: Home buyers – Two purchased Homes and 2 move to section 8 voucher in Palm Beach County.
- Improved housing stability

What activities do you feel are contributing to the success of the program?
- Intensive case management, more stable POA'S. The HOPWA Getting Back to Work initiative and other resources
- Legal aid reviewing leases prior to move-in and interventions at times of concern

Are there any services/resources outside of HOPWA available to clients to reduce gaps in services?
- Case management can assess and refer individual to other community resources
  - Other community resources including governmental, non-profit, private and faith based organizations
    - employment agencies, financial assistance, subsidy opportunities, first time home buyer programs

What are some of the challenges faced by your program:
- Sustaining the current Tenant Based Rental Vouchers (affordability and availability)
- Mental Health and substance abuse

Based on the identified challenges, what are some activities or solutions that the Part A Program could potentially address through the PSRA process?
- Support the HOPWA Getting Back to Work Initiative
- Continuation of funding for mental health and substance abuse.
- Work to remove the stigma from mental health so that client would be more comfortable access mental health care

8

Questions?

Discussion

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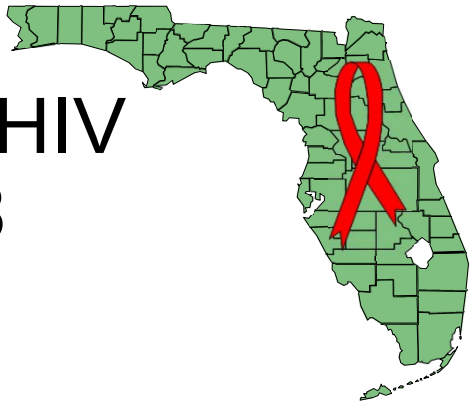
9

Department of Health

Epidemiology of HIV in Broward County, 2018

1

Epidemiology of HIV in Broward, 2018



Florida Department of Health
HIV/AIDS Section
Data as of 6/30/2019

2

2

Technical Notes

- HIV diagnoses by year represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
- AIDS and HIV diagnoses by year are not mutually exclusive and cannot be added together.
- HIV prevalence data represent persons who were living with an HIV diagnosis in the reporting area through the end of the calendar year (regardless of where they were diagnosed).
- Resident deaths due to HIV represent persons who resided in Florida and whose underlying cause of death was HIV, regardless if their HIV status was reported in Florida or not.

3

3

Technical Notes, Continued

- Adult diagnoses represent ages 13 and older; pediatric diagnoses are those under the age of 13.
  - For data by year of diagnosis, the age is by age at diagnosis.
  - For prevalence data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, Whites are non-Hispanic/Latino, Blacks are non-Hispanic/Latino, and Other (which may be omitted in some graphs due to small numbers) represents Asian, American Indian, or mixed races.
- For diagnosis data by year, area and county data will exclude Department of Corrections diagnoses. For prevalence data, Department of Corrections will **not** be excluded from area and county data.

4

4

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-Related Deaths

- Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings
- Provide rapid access to treatment and ensure retention in care (Test and Treat)
- Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Increase HIV awareness and community response through outreach, engagement, and messaging

5

5

Definitions of Mode of Exposure Categories

- **MSM:** Men who have sex with men or male-to-male sexual contact (The term MSM indicates a behavior that allows for HIV transmission; it does not indicate how individuals self-identify in terms of sexuality or gender.)
- **IDU:** Injection drug use
- **MSM/IDU:** Men who have sex with men or male-to-male sexual contact and injection drug use
- **Transgender Sexual Contact:** Transgender men or women whose mode of exposure was sexual contact
- **Heterosexual:** Heterosexual contact with person who received an HIV diagnosis or had known HIV risk
- **Other Risk**: Includes hemophilia, transfusion, perinatal and other pediatric risks, and other confirmed risks

6

6

	2017	2018	Trend
Total Population and Persons Living with an HIV Diagnosis (PLWH)[1] Area 10			
Population	1,884,545	1,903,210	1.0% increase
PLWH	20,871	21,048	0.8% increase
Strategic Long Term Goals[2]			
Reduce the annual HIV diagnosis rate per 100,000	37.9	34.7	8.4% decrease
Increase the percent of persons diagnosed with HIV linked to care in 30 days	81.5	84.3	3.4% increase
Increase the percent of PLWH retained in care	70.1	70.9	1.1% increase
Increase the percent of PLWH with a suppressed viral load	64.4	66.0	2.5% increase
Reduce the annual number of babies born in Florida with perinatally acquired HIV to fewer than 5	2	0	
Additional Indicators[2]			
Reduce annual AIDS diagnosis rate per 100,000	13.9	13.7	1.4% decrease
Reduce the annual number of HIV-related deaths	98	87	11.2% decrease

[1]Persons Living with HIV (PLWH), Total Population and PLWH are based on data as of 6/30/2019.
[2]Strategic Long Term Goals and Additional Indicators are based on frozen numbers as of June 30th for each consecutive year.

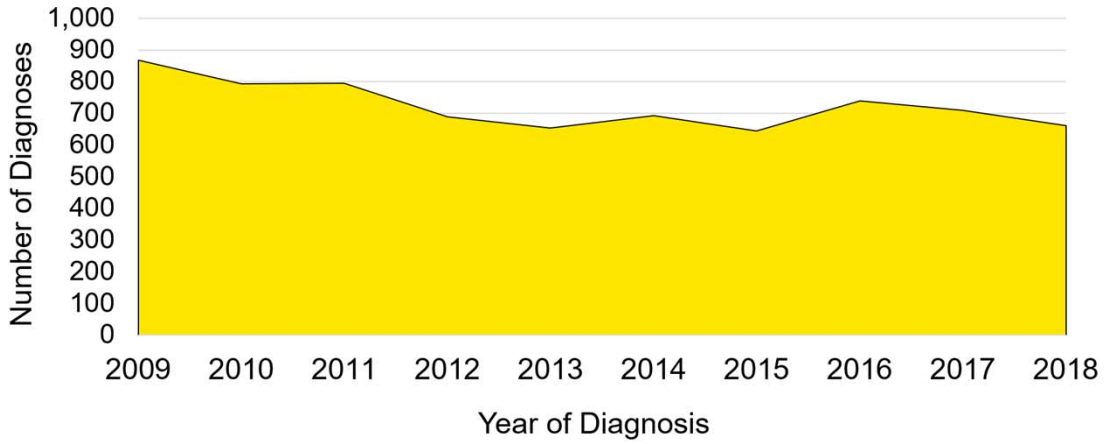
7

HIV Trends in Broward County

8

8

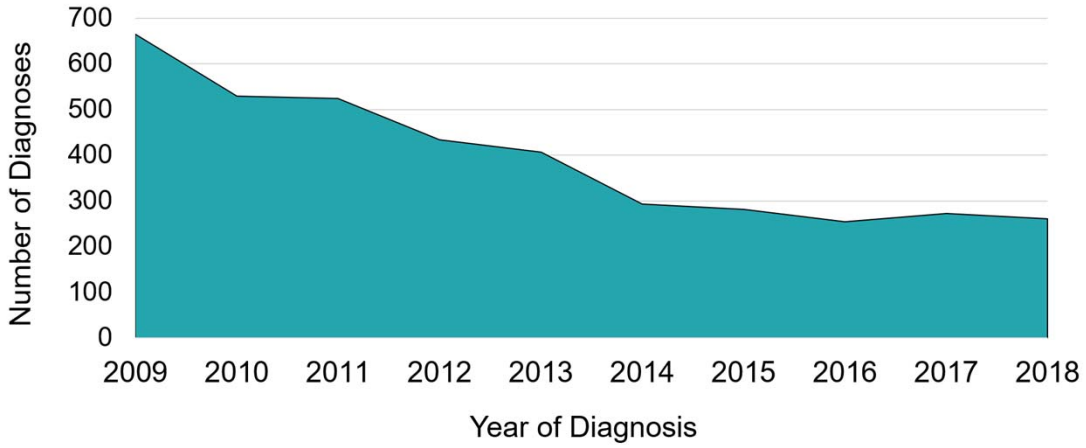
Diagnoses of HIV, 2009–2018, Broward County
10 year % change (2009–2018) = 24% decrease



9

9

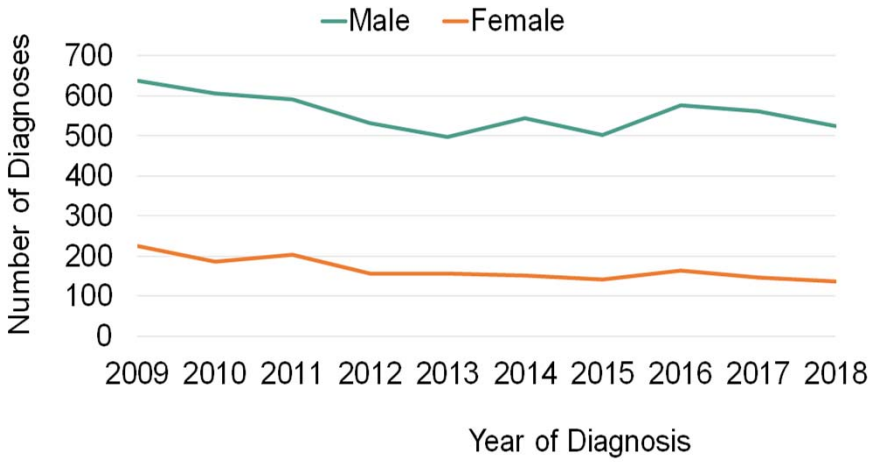
Diagnoses of AIDS, 2009–2018, Broward County
10 year % change (2009–2018) = 61% decrease



10

10

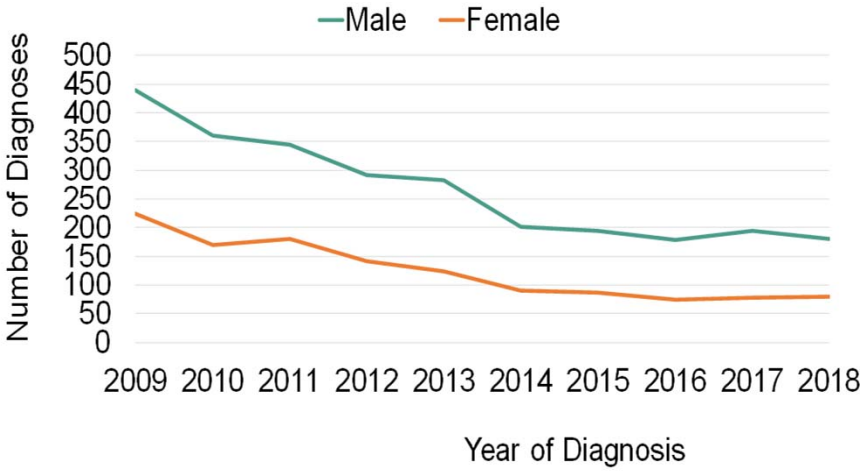
Adult (Age 13+) HIV Diagnoses, by Sex and Year of Diagnosis, Broward County, 2009–2018



11

11

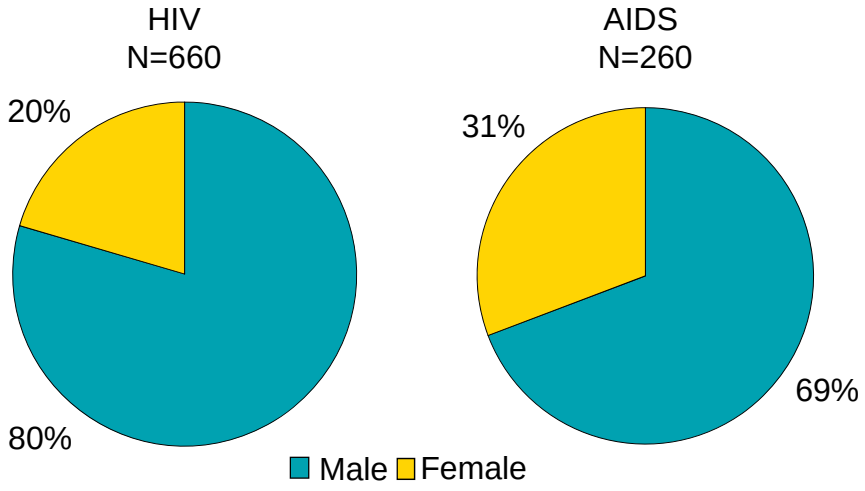
Adult (Age 13+) AIDS Diagnoses, by Sex and Year of Diagnosis, Broward County, 2009–2018



12

12

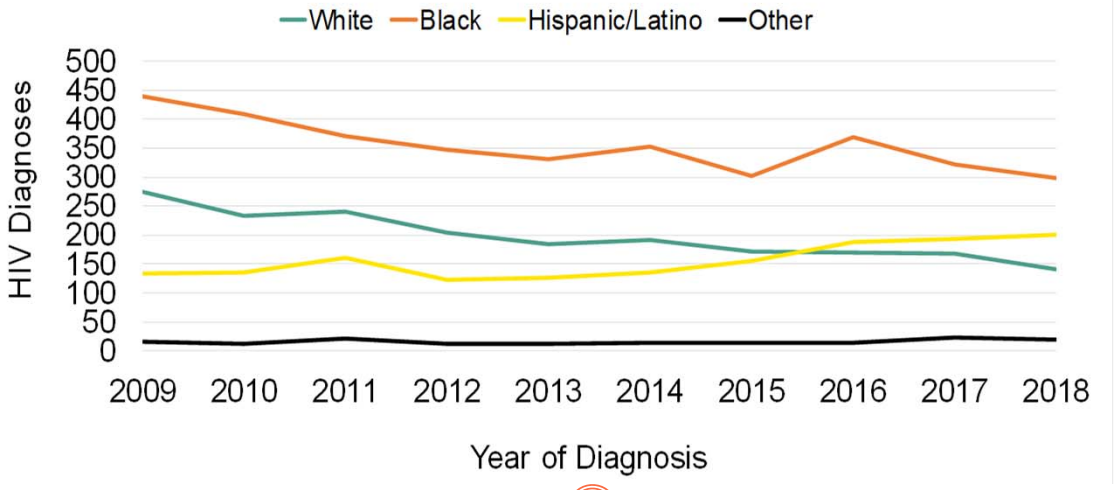
Adult (Age 13+) HIV and AIDS Cases by Sex, Broward County, Diagnosed in 2018



13

13

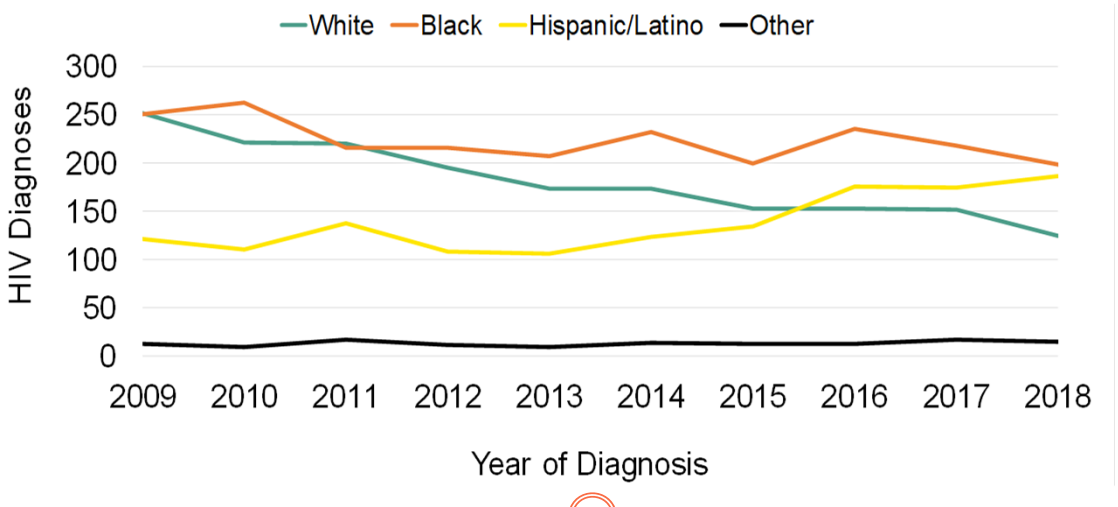
Adult (Age 13+) HIV Diagnoses by, Race/Ethnicity and Year of Diagnosis, Broward County, 2009–2018



14

14

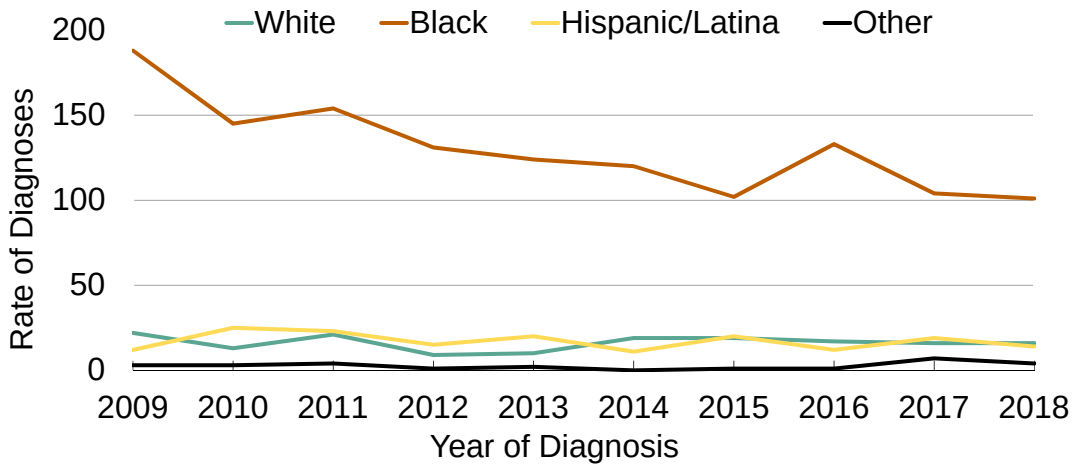
Adult (Age 13+) Male HIV Diagnoses by, Race/Ethnicity and Year of Diagnosis, Broward County, 2009–2018



15

15

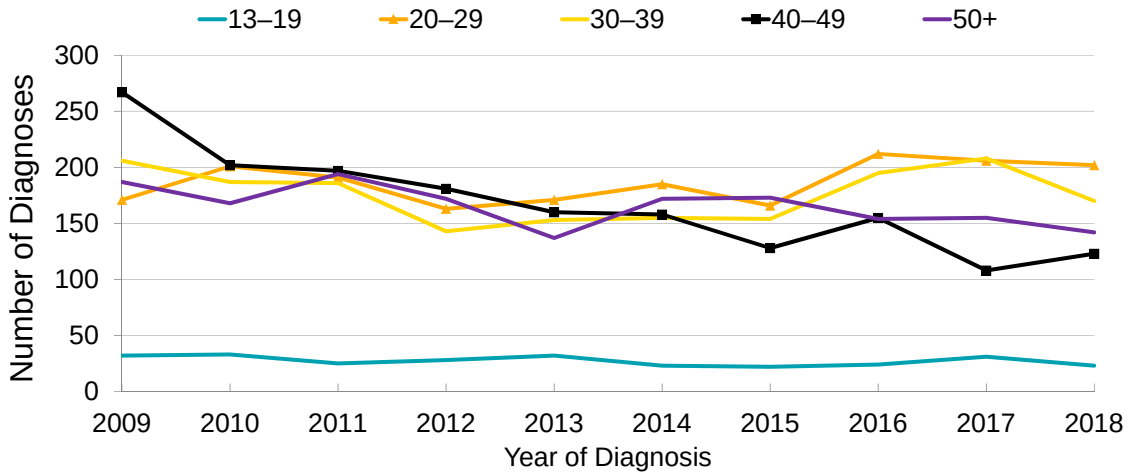
Adult (Age 13+) Female HIV Diagnoses by, Race/Ethnicity and Year of Diagnosis, Broward County, 2009–2018



16

16

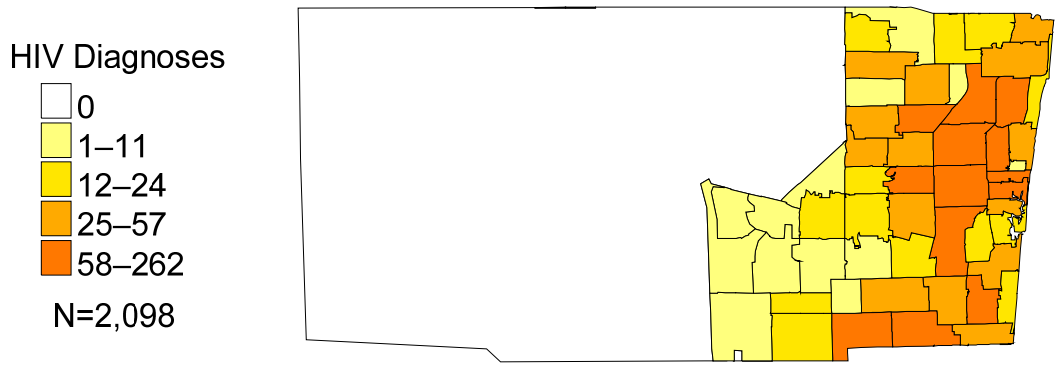
Adult (Age 13+) HIV Diagnoses, by Age Group at Diagnosis, 2009–2018, Broward County



17

17

Adult (Age 13+) HIV Diagnoses[1] by ZIP Code of Residence of Diagnosis, 2016–2018, Broward County

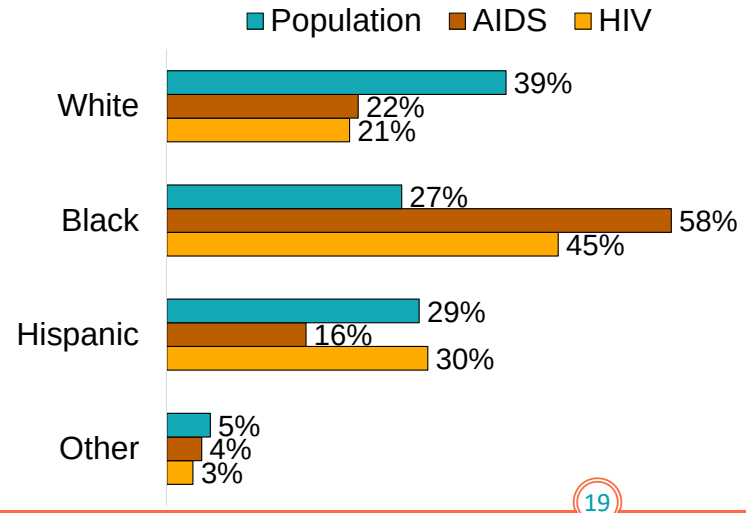


18

[1]Excludes data from Department of Corrections, Florida Correctional Institutions, homeless and those with unknown Zip Code. Data as of 6/30/2019

18

Percentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population[1], by Race/Ethnicity, 2018, Broward County



HIV
N=660

Broward County Adult Population Estimates
N=1,614,410

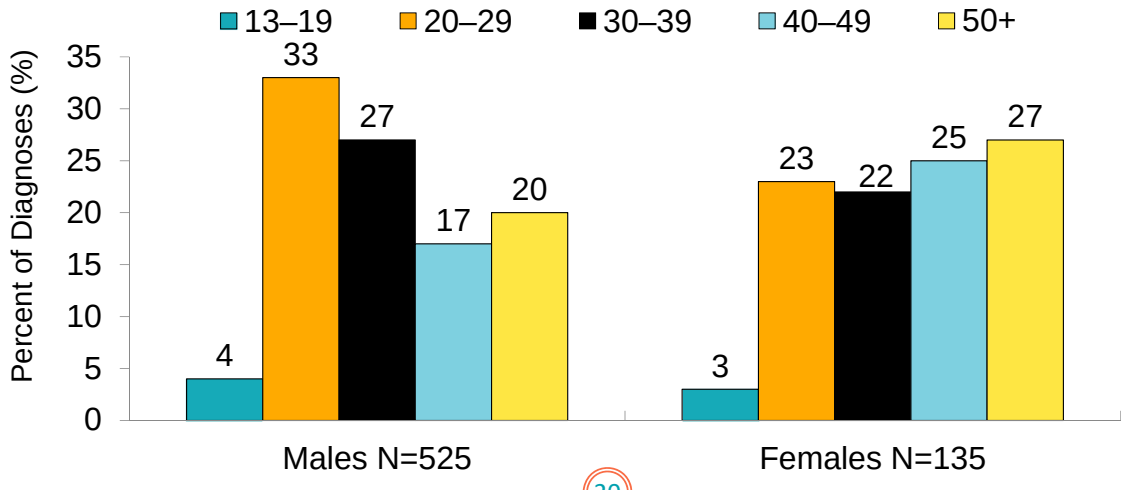
AIDS
N=260

19

[1]Source: Population data are provided by Florida CHARTS

19

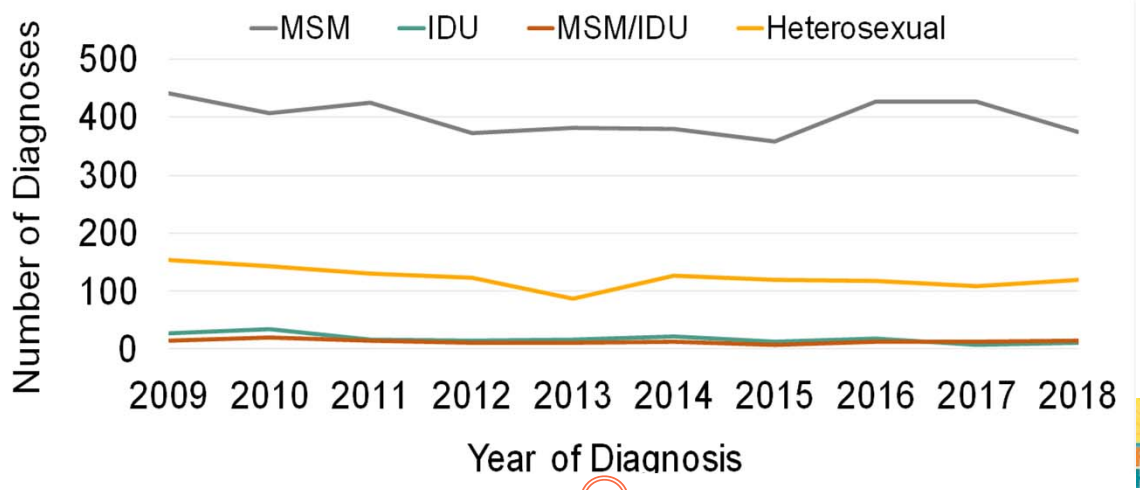
Adult (Age 13+) HIV Diagnoses, by Sex and Age at Diagnosis, 2018, Broward County



20

20

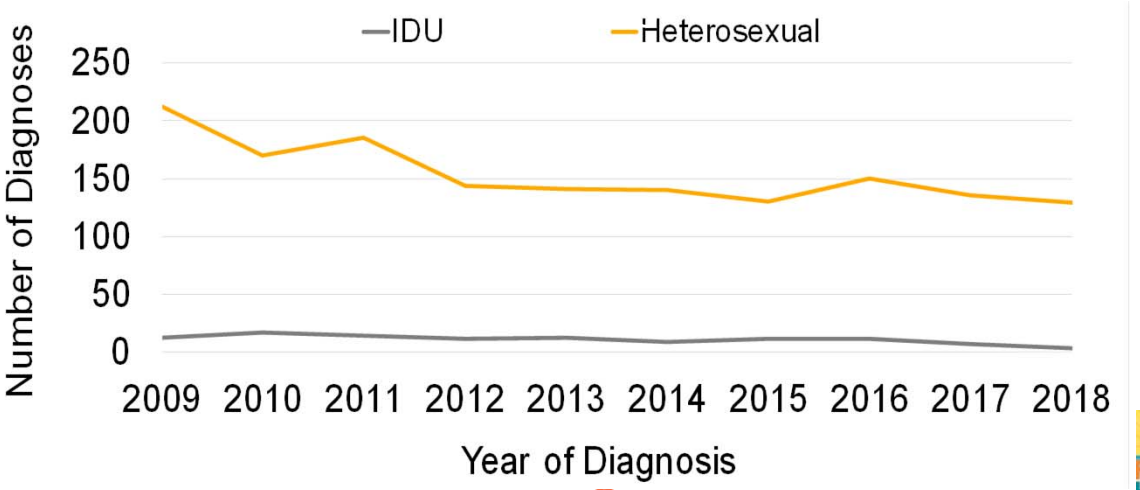
Adult (Age 13+) Male HIV Diagnoses, by Mode of Exposure and Year of Diagnosis, Broward County, 2009–2018



21

21

Adult (Age 13+) Female HIV Diagnoses, by Mode of Exposure and Year of Diagnosis, Broward County, 2009–



22

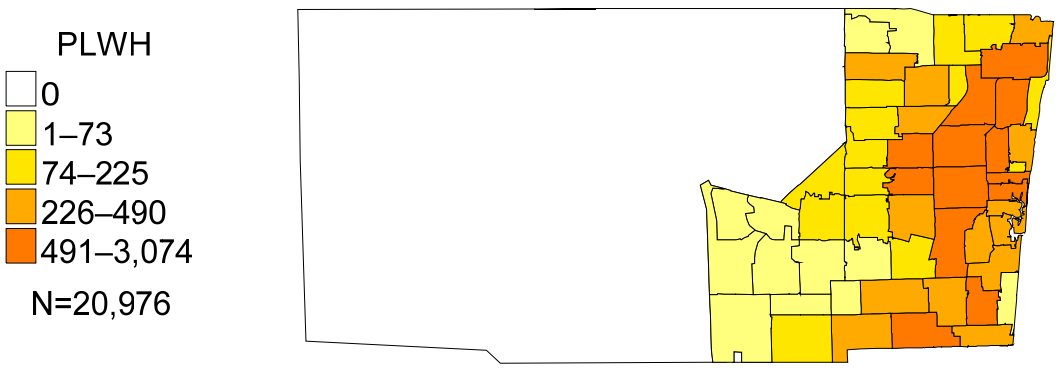
22

HIV Prevalence in Broward County

23

23

Adults (Age 13+) Living[1] with HIV by ZIP Code of Current Residence, Broward County, Year-end 2018

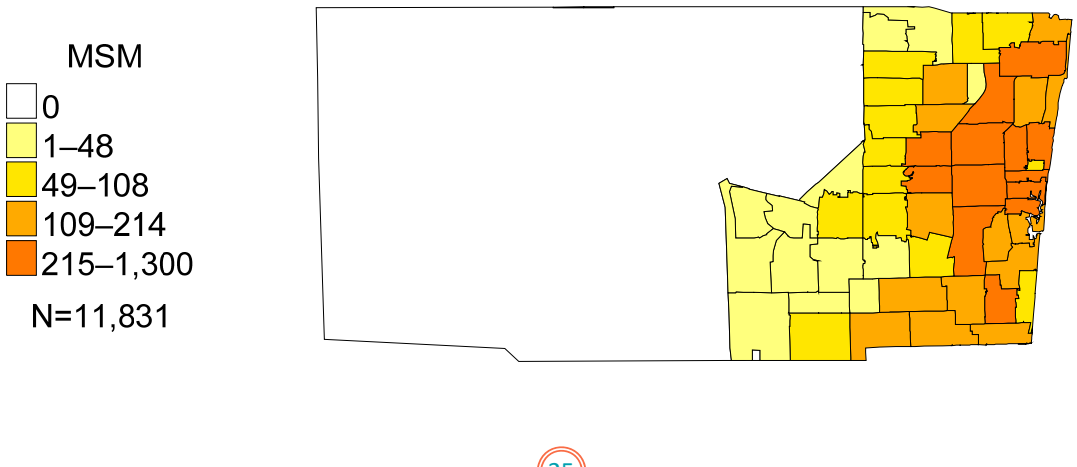


24

[1]Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2019

24

MSM[1] Living with HIV by Zip Code, Broward County, Year-end 2018

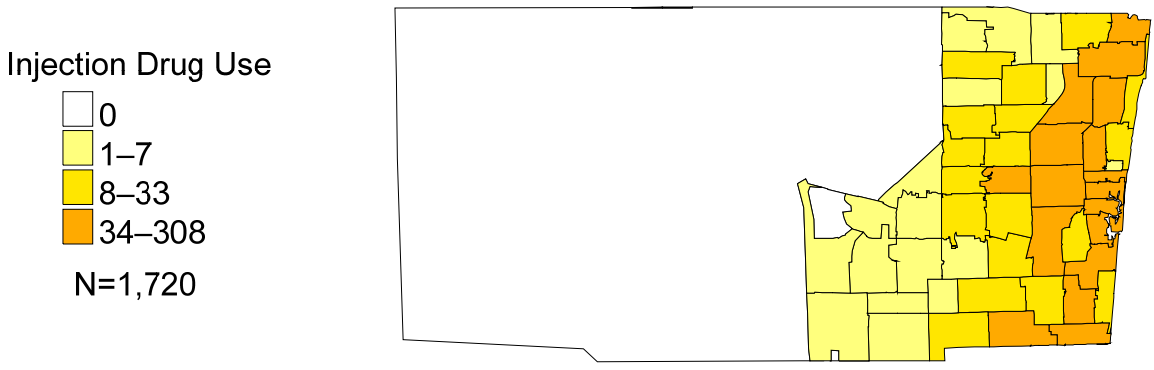


25

[1]Includes MSM and MSM/IDU cases. Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2019

25

Person's Who Inject Drugs[1] Living with HIV by Zip Code, Broward County, Year-end 2018

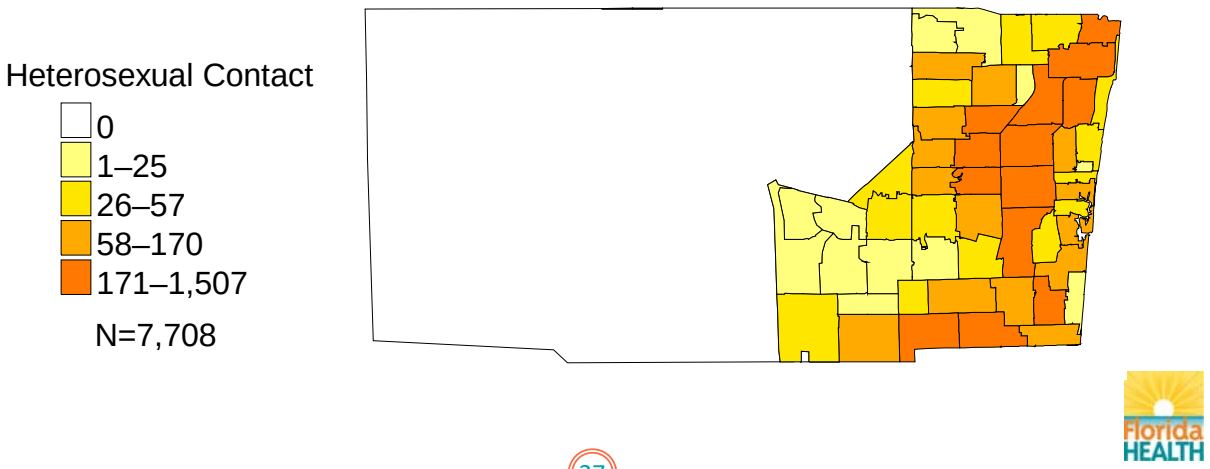


26

[1]Includes IDU and MSM/IDU cases. Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2019

26

Adult (Age 13+) Heterosexuals Living[1] with HIV by Zip Code, Broward County, Year-end 2018



27

[1]Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2019

27

Adult (Age 13+) HIV Diagnoses, Broward County, 2018

	Male(#)	(%)	Female(#)	(%)	Total(#)	(%)
Race/Ethnicity						
White	125	23.8%	16	11.9%	141	21.4%
Black	198	37.7%	101	74.8%	299	45.3%
Hispanic	187	35.6%	14	10.4%	201	30.5%
Other	15	2.9%	4	3.0%	19	2.9%
Age Group						
13–19	19	3.6%	4	3.0%	23	3.5%
20–29	171	32.6%	31	23.0%	202	30.6%
30–39	140	26.7%	30	22.2%	170	25.8%
40–49	89	17.0%	34	25.2%	123	18.6%
50+	106	20.2%	36	26.7%	142	21.5%
Mode of Exposure						
MSM	375	71.4%	0	0.0%	375	56.8%
IDU	11	2.1%	4	3.0%	15	2.3%
MSM/IDU	14	2.7%	0	0.0%	14	2.1%
Heterosexual contact	120	22.9%	129	95.6%	248	37.6%
Transgender Sexual Contact	5	1.0%	1	0.7%	6	0.9%
Other risk	0	0.0%	2	1.5%	2	0.3%
Total						
Total	525	100.0%	135	100.0%	660	100.0%

[1]All Female numbers and percent for MSM and MSN/IDU are shown as 0 and 0.0%. [2]MSM, MSM/IDU and Heterosexual Data excludes Transgender Persons.

28

Transgender[1] Adults (Age 13+) Living with HIV, Year–end 2018, Broward County

	Female–to–Male(#)	(%)	Male–to–Female(#)	(%)
Race/Ethnicity				
White	4	30.8%	57	17.0%
Black	4	30.8%	168	50.0%
Hispanic/Latino	5	38.5%	101	30.1%
Other	0	0.0%	10	3.0%
Age Group				
13–19	1	7.7%	2	0.6%
20–29	8	61.5%	69	20.5%
30–39	0	0.0%	126	37.5%
40–49	2	15.4%	68	20.2%
50+	2	15.4%	71	21.1%
Mode of Exposure				
MSM	0	0.0%	0	0.0%
IDU	0	0.0%	0	0.0%
MSM/IDU	0	0.0%	0	0.0%
Heterosexual contact	0	0.0%	0	0.0%
Transgender Sexual Contact	11	84.6%	335	99.7%
Other risk	2	15.4%	1	0.3%
Total				
Total	13	100.0%	336	100.0%

[1]Limitations: Transgender data were not aggressively collected or recorded until 2013.

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HIV Care in Broward County

30

30

HIV Care Continuum Definitions

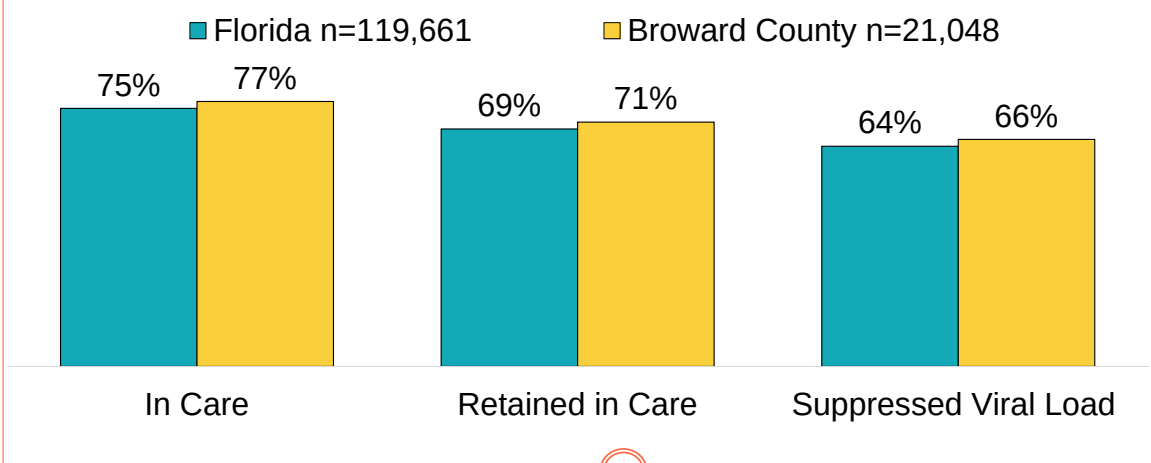
- **Persons Living with HIV**: The number of persons known to be living with an HIV diagnosis (PLWH) at the end of 2018, from data as of 6/30/2019
- **In Care:** PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2018 through 3/31/2019
- **Retained in Care:** PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2018 through 6/30/2019
- **Suppressed Viral Load**: PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2018 through 3/31/2019

Florida HEALTH

31

31

Persons Living with an HIV (PLWH) in Florida Compared to Broward County along the HIV Care Continuum in 2018



Florida HEALTH

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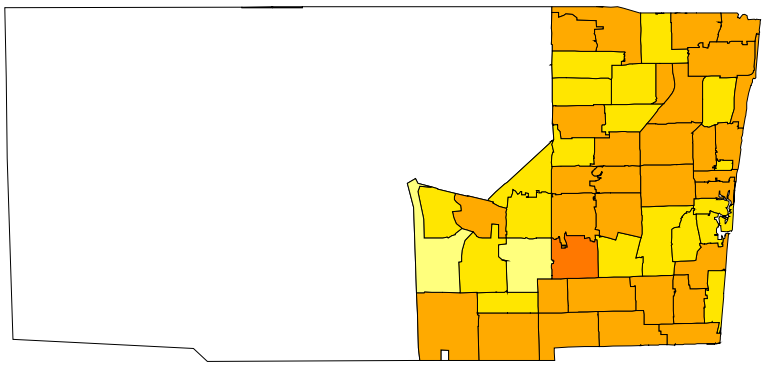
Percentage of Persons Living with HIV (PLWH) in Broward County, who were Retained in Care[1] in 2018

Retained in Care
- <50%
- 50%–59%
- 60%–69%
- 70%–79%
- 80%–100%

Overall 71%



33

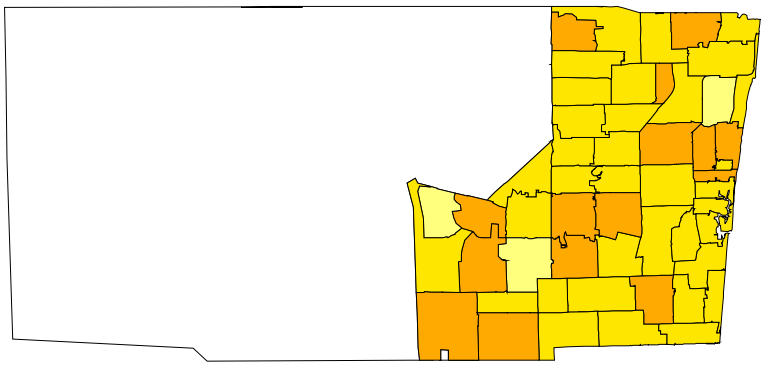
[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

33

Percentage of Persons Living[1] with HIV (PLWH) in Broward County who had a Suppressed Viral Load (VL), 2018

Suppressed VL
- <50%
- 50%–59%
- 60%–69%
- 70%–79%
- 80%–100%

Overall 66%

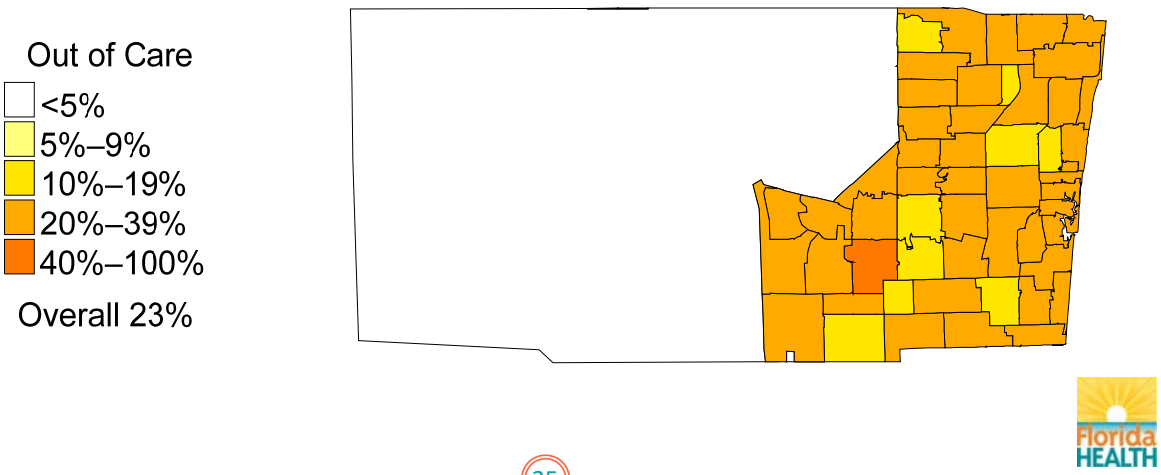


34

[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

34

Percentage of Persons Living[1] with HIV (PLWH) in Broward County who were Out of Care in 2018



35

[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

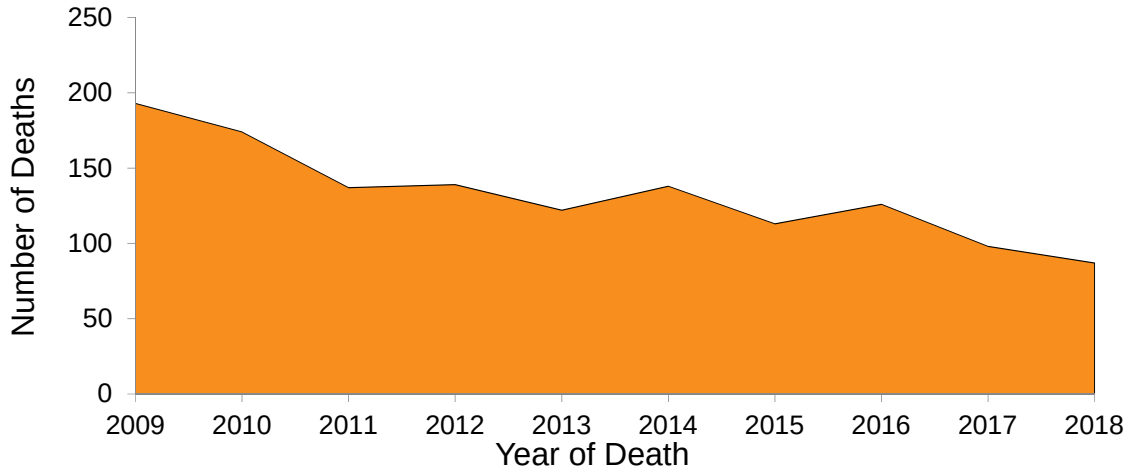
35

HIV–related Deaths in Broward County

36

36

Resident Deaths[1] due to HIV, 2009–2018, Broward County
10 year % change (2009–2018) = 55% decrease



37

[1]Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Vital Statistics, Death Certificates (as of 6/30/2019).

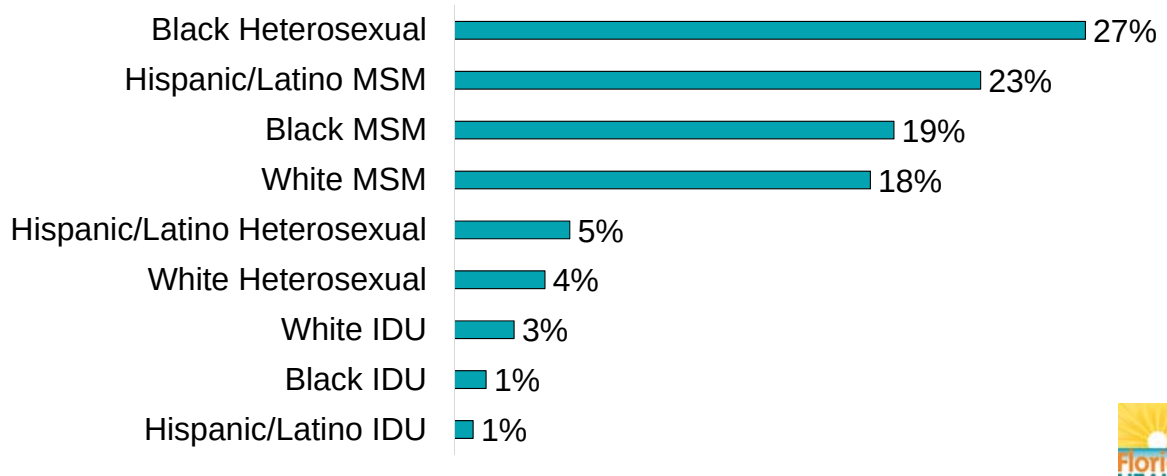
37

HIV Prevention

38

38

Broward County Top-Nine Priority Populations[1] for Primary HIV Prevention in 2018

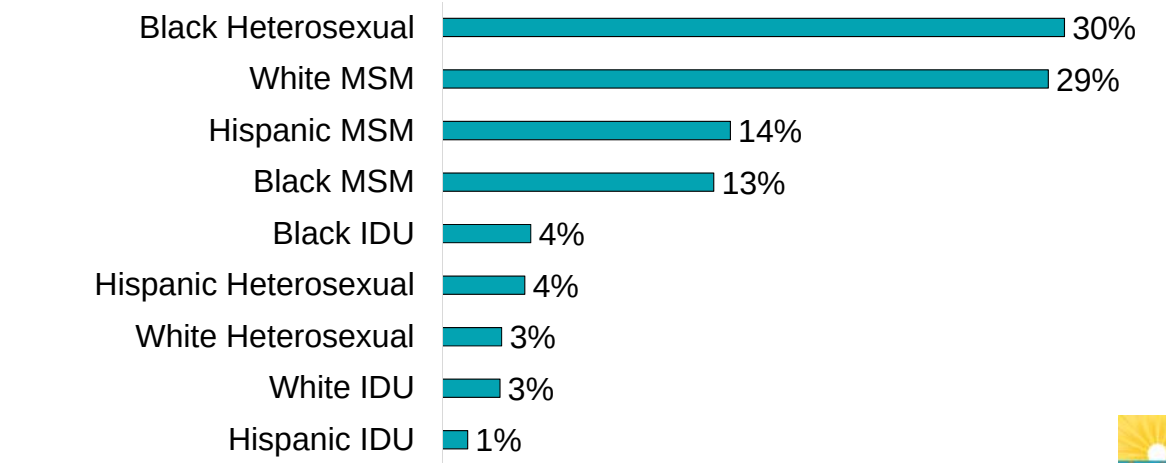


39

[1]MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.

39

Broward County Top-Nine Priority Populations[1] Prevention for PLWH in 2018



40

[1]MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.

40

HIV Testing

All adolescents and adults (ages 13–64) should be tested for HIV at least once during their lifetime. Persons at increased risk for HIV should be tested at least **annually**. Per Florida law, all pregnant women are to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks, and at labor and delivery if HIV status is unknown.
www.knowyourhivstatus.com

Pre–Exposure Prophylaxis (PrEP)

For persons at increased risk for HIV, PrEP medication, taken once daily, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70% Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk.
To find a PrEP provider, visit **preplocator.org**.

Antiretroviral Therapy (ART)

For Persons Living with HIV (PLWH), starting ART with a provider as soon as possible improves health outcomes by reducing the risk of disease progression and reducing viral load. PLWH who take ART as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. ART is recommended for all persons living with HIV, regardless of how long they've had the virus or how healthy they are.
To find a care provider or to learn more about the resources available to PLWH, visit **floridaaids.org**.

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 Hearing/Speech Impaired
211bigbend.org/flhivaidshotline
Text 'FLHIV' or 'flhiv' to 898211
For more information, contact
DiseaseControl@flhealth.gov.

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Some Useful Links

Department. of Health, HIV Section Website
http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html

CDC HIV Surveillance Reports (State and Metro Data):
http://www.cdc.gov/hiv/stats/hasrlink.htm

MMWR (Special Articles on Diseases, Including HIV):
http://www.cdc.gov/mmwr/

U.S. Census Data (Available by State, County):
http://www.census.gov

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Florida HIV/AIDS Surveillance Data Contacts for Broward County

Evariste Akpele, HSPD
Broward County Health Department
Office: 954-847-8042
Email: Evariste.Akpele@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30 for the previous calendar year.
These are the same data used for Florida CHARTS and all grant-related data.
floridacharts.com/charts/CommunicableDiseases/default.aspx

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

2017-2020 Broward County HIV Needs Assessment Findings

Broward EMA HIV Health Services Planning Council (HIVPC)

Priority Setting and Resource Allocation Committee (PSRA)

Presented by BRHPC CQM Support Staff- Jessica Seitchick, MPH and Marcus Guise, MPH

1

Needs Assessment Background

- The Needs Assessment report was completed by the Ronik-Radlauer Group
  - Presented data is taken from the published Needs Assessment Report verbatim when possible
  - Some responses have been edited for clarity
- Key Terms
  - Behavioral Health- Mental Health and Substance Use

"Broward County has done a great job supporting and assisting those with HIV and have streamlined a lot of the processes for the better over the past year or so. I honestly don't know where I'd be if it weren't for the available programs and assistance"-PLWH Survey Respondent

2

MOU7

Provider Feedback- Key Stakeholder Interviews, Focus Groups and Survey

Strengths

- Resources (Test and Treat, PE)
- Leadership
- Providers are passionate, helpful, client-focused
- Prevention programs (testing, condoms)
- Medication availability and delivery

Challenges

- Knowledge of resources (agencies, services, funding)
- Not enough Providers
- Coordination among providers
- System navigation
- Social Determinants of Health (housing, immigration status)
- Behavioral health concerns
- Higher risk behavior (sexual and substance use)
- HIV prevention, testing and education

3

MOU5
MOU6

MOU1
MOU2

Key Stakeholder Interviews - Black Women

Summary

- 7 Black women, ages 28-51, reside in most impacted Broward zip codes

Strengths

- Awareness of modes of transmission
- Awareness of methods of prevention
- Desire for better health outcomes

Challenges

- People don't know about disparities in their community
- It is taboo to talk about HIV
- Lack of awareness of resources
- Lack of efficient healthcare for women of color
- Lack of knowledge about female condoms and PrEP
- Misconceptions about spermicide
- False hope that significant other is monogamous
- Condoms uncomfortable
- Fear of stigma
- Transportation

4

Key Stakeholder Interviews - Black Women

Opportunities for Improvement

Outreach, Education and Testing

- "Access to free condoms"
- "Education about the level of the epidemic and how it is affecting their community"
- "Share information in the community by people they know, like, and trust"
- "Use social media like Facebook groups"
- "Use peer-to-peer activities, like 'sister circles'"

Organizations/ Systems

- "Abstinence from IV drug use"
- "Safe disposal of needles"
- "First aid care"
- "Pop-up community-based clinics"

5

MOU3
MOU4
MOU8

"We think we are 'superwomen'-we have been taught to be strong. If we are seen as weak, that is not good. Rumors get spread about people in the community."

KEY INFORMANT INTERVIEW, BLACK WOMEN, PARTICIPANT

In response to: *why they believed the rates of HIV were so high in their community and why Black women were disproportionately affected by HIV?*

6

Focus Groups

Type of Focus Group	Date	# of Participants
Individuals receiving behavioral health and mental health services at Broward House	3/29/18	18
Disease Intervention Specialists at FDOH-BC	5/17/18	7
Long-term survivors at World AIDS Museum	9/5/18	22
HIV Medical Case Managers	1/17/19	10
Prescriptive Providers and Disease Case Managers	1/23/19	11
Black women at Comprehensive Care Center	2/28/19	5
Medical Provider Network	1/29/20	7
Transgender Support Group	2/12/20	18
Total		98

7

Focus Group - People with Lived Experience

Challenges

* Strengths were not reported for this group

Outreach, Education and Testing	Agency/System	People	Processes
• "Education for youth and young adults" • "Unsure where to obtain services"	• "Co-locate services" • "Lack of bus passes"	• "Stigma (in community and by providers)" • "Cultural and Religious beliefs" • "Risky sexual behaviors" • "Substance Use"	• "Lack of discussion of STIs" • "Lack of follow up for missed appointments" • "Difficulties with insurance navigation" • "Difficulties with health system navigation" • "6-month certification"

8

MOU24

Focus Group - People with Lived Experience

Opportunities for Improvement

Outreach, Education and Testing	Agency/ System	People	Processes	Populations/ Topics for further investigation
• "Educate youth and young adults, older adults" • "Public campaigns (anti-stigma, safer sex, HIV testing, celebrity ambassador)"	• "Part A/ADAP certification co-currently, annually" • "Increase collaboration with providers" • "Telehealth"	• "Provider training (bedside manner)"	• "Education about nutrition" • "Educate clients to be advocates" • "Engage families" • "Resource guide about Ryan White services and a list of specialists" • "Information about ADAP medication coverage"	• "Youth and Young Adults"

9

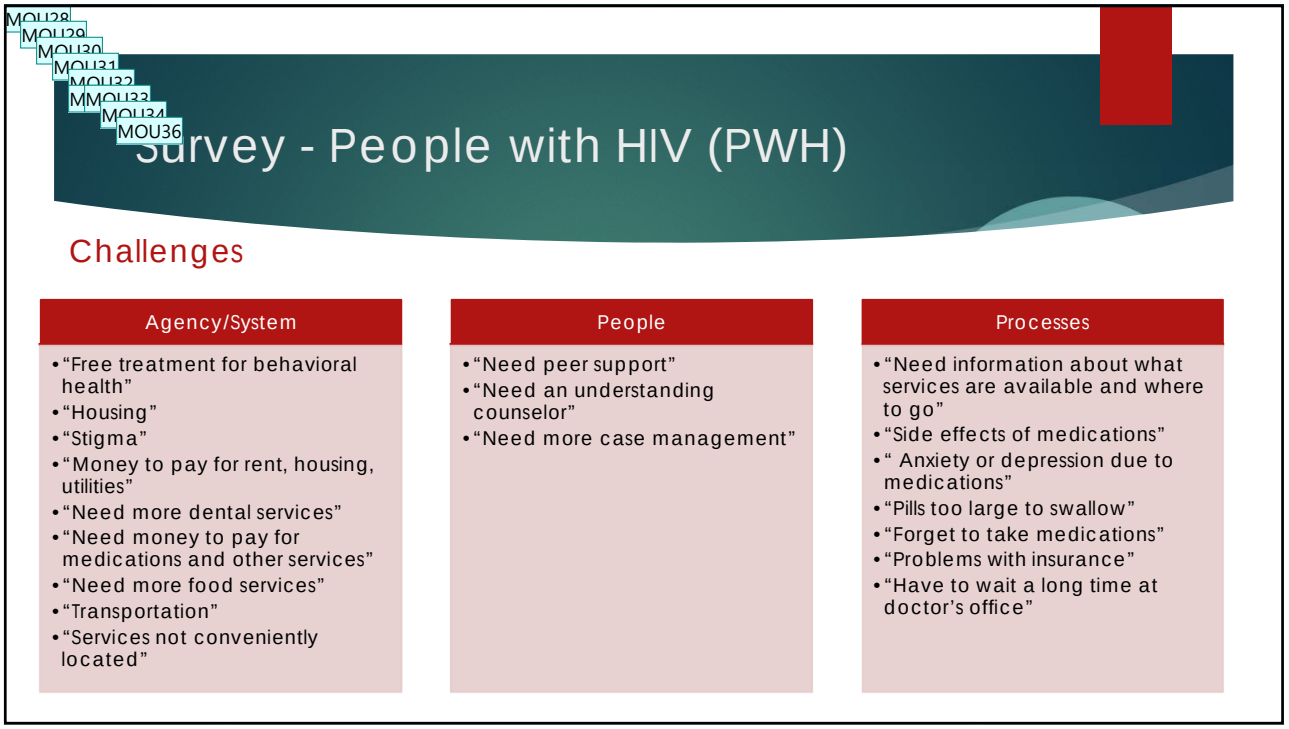
MOU25
MOU26
MOU27

Survey - People with HIV (PWH)

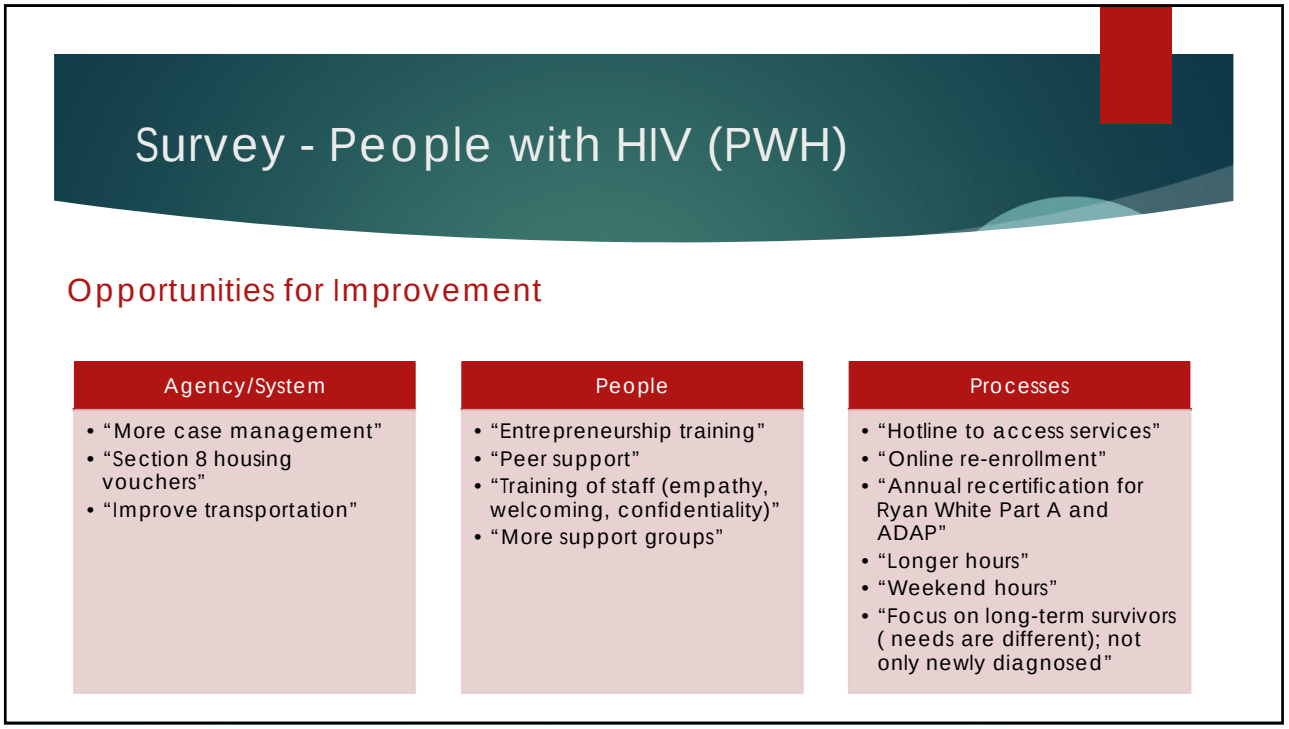
- Survey Respondents (n =195)
  - Male (78%)
  - Aged 55-64 years (41%)
  - Homosexual sexual orientation (63%)
  - White, non-Hispanic (38%)
  - 97% received HIV treatment in past year
  - 66% struggling with mental health and substance use issues
- 1/3 of respondents indicated they had been out of care for over six months during the past 5 years

"Sometimes is hard to get medication especially transportation" PWH Survey Participant

10


MOU28
MOU29
MOU30
MOU31
MOU32
MOU33
MOU34
MOU36
Survey - People with HIV (PWH)
Challenges
Agency/System
•"Free treatment for behavioral health"
•"Housing"
•"Stigma"
•"Money to pay for rent, housing, utilities"
•"Need more dental services"
•"Need money to pay for medications and other services"
•"Need more food services"
•"Transportation"
•"Services not conveniently located"
People
•"Need peer support"
•"Need an understanding counselor"
•"Need more case management"
Processes
•"Need information about what services are available and where to go"
•"Side effects of medications"
•" Anxiety or depression due to medications"
•"Pills too large to swallow"
•"Forget to take medications"
•"Problems with insurance"
•"Have to wait a long time at doctor's office"

11


Survey - People with HIV (PWH)
Opportunities for Improvement
Agency/System
• "More case management"
• "Section 8 housing vouchers"
• "Improve transportation"
People
• "Entrepreneurship training"
• "Peer support"
• "Training of staff (empathy, welcoming, confidentiality)"
• "More support groups"
Processes
• "Hotline to access services"
• "Online re-enrollment"
• "Annual recertification for Ryan White Part A and ADAP"
• "Longer hours"
• "Weekend hours"
• "Focus on long-term survivors (needs are different); not only newly diagnosed"

12

MOU43
MOU44
MOU45

Summary of Challenges and Opportunities for Improvement

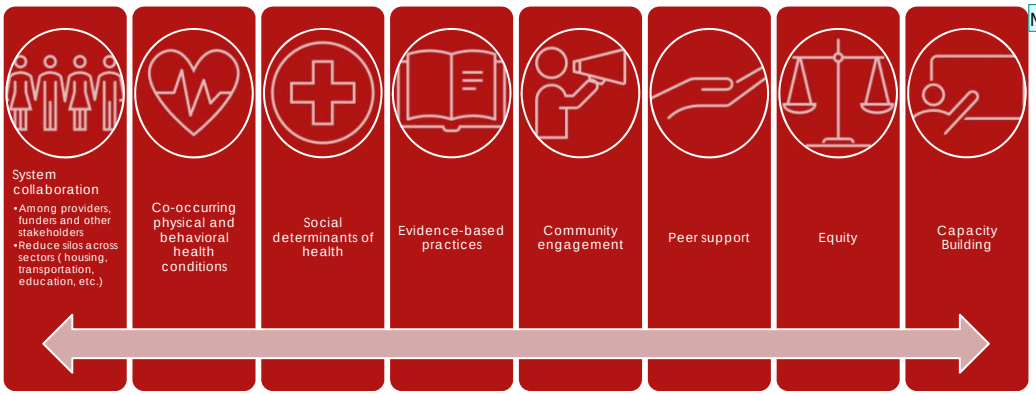
Challenge	Respondents Group	Opportunities for Improvement
Knowledge of Resources	• Key Informant Interview (Provider) • Focus Group (Provider) • Survey(PLWH, Provider)	Resource Guide, Hotline
Systemic issues that could lead to lack of continuous engagement of care	• Key Informant Interview (Provider) • Focus Group (PLWH)	Destigmatizing the standard of care, using telehealth, and creating one-stop-shops for services to make engaging in care an easier and less stigmatizing experience
Social Determinants of health and risky health behaviors	• Key Informant Interview (Provider) • Focus Group (Provider • Survey(PLWH, Provider)	Providing support groups, education, and utilizing peers to address factors associated with negative health outcomes

MOU42

13

MOU47
MOU48

Common Themes



MOU46

14

Needs Assessment Strengths and Limitations

Strengths

- Diverse participants (people with and without HIV)

Limitations

- Lack of clarity pertaining to responses
- Small sampling size
- Unclear what questions were asked of each group and context

15

MOU49

Full Needs Assessment Report Can Be Accessed at https://brhpc.org/needs-assessment-2019/

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Thank You!

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HANDOUT D

BROWARD EMA RYAN WHITE PART A HEALTH OUTCOMES

Priority Setting & Resource Allocation Committee Meeting – June 18, 2020

Presented by:
Marcus Guice, MPH
CQM Health Planner

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

HIV Care Continuum Definitions

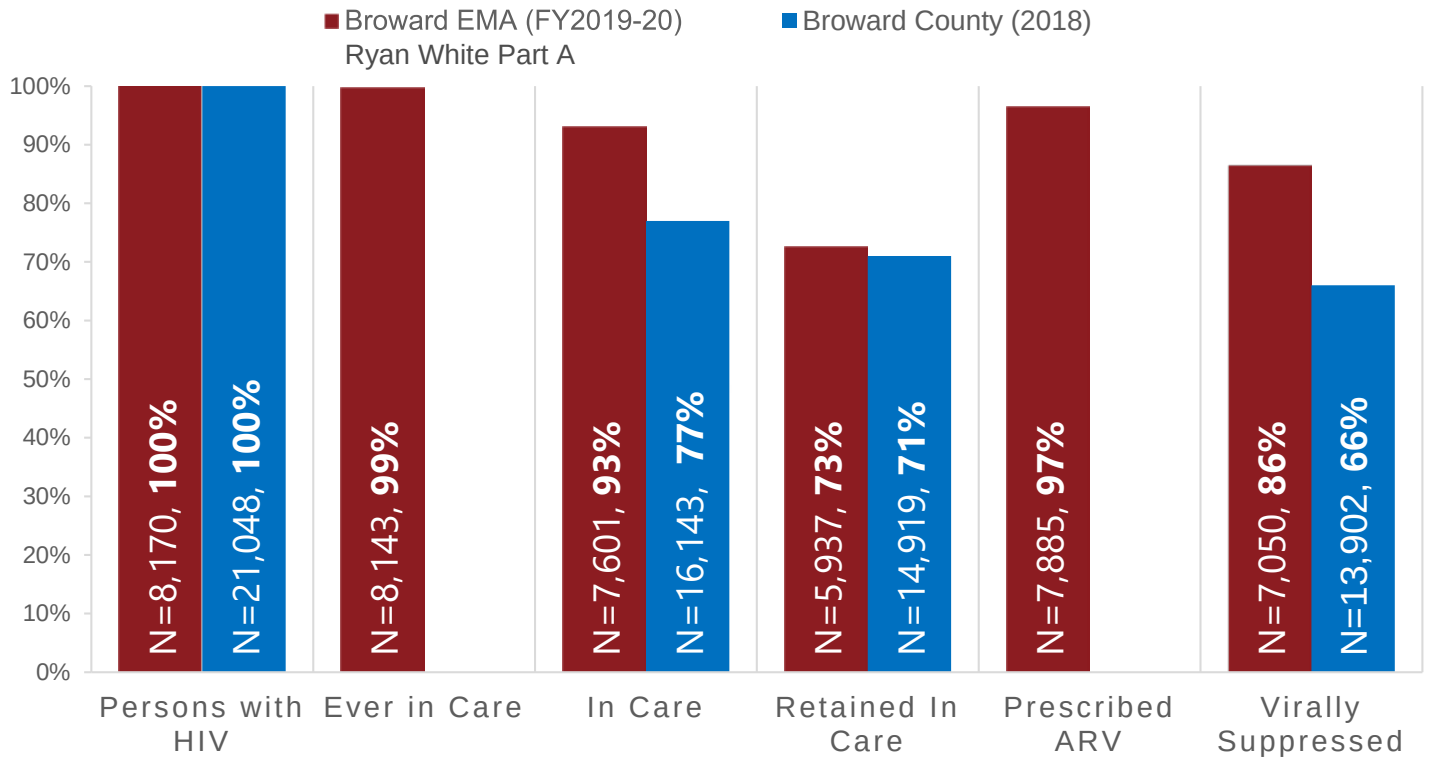
1. **Persons with HIV:** Clients with positive HIV serostatus and received at least one service from the selected service category(s) in the reporting period.
2. **Ever in Care:** Clients who ever had medical care documented.
3. **In Care:** Clients who had medical care within the reporting period.
4. **Retention in Care:** Clients who had two or more medical care services at least three months apart in the reporting period.
5. **On ARV:** Clients who have a documented prescription for ARV Therapy at any time during the reporting period as indicated in HIV treatment records.
6. **Virally Suppressed:** Clients with a most recent viral load at the of end of reporting period that is less than 200 copies/ mL.

*Medicare Care Service = Medical Visit, Prescription Pickup, Viral Load or CD4 Lab

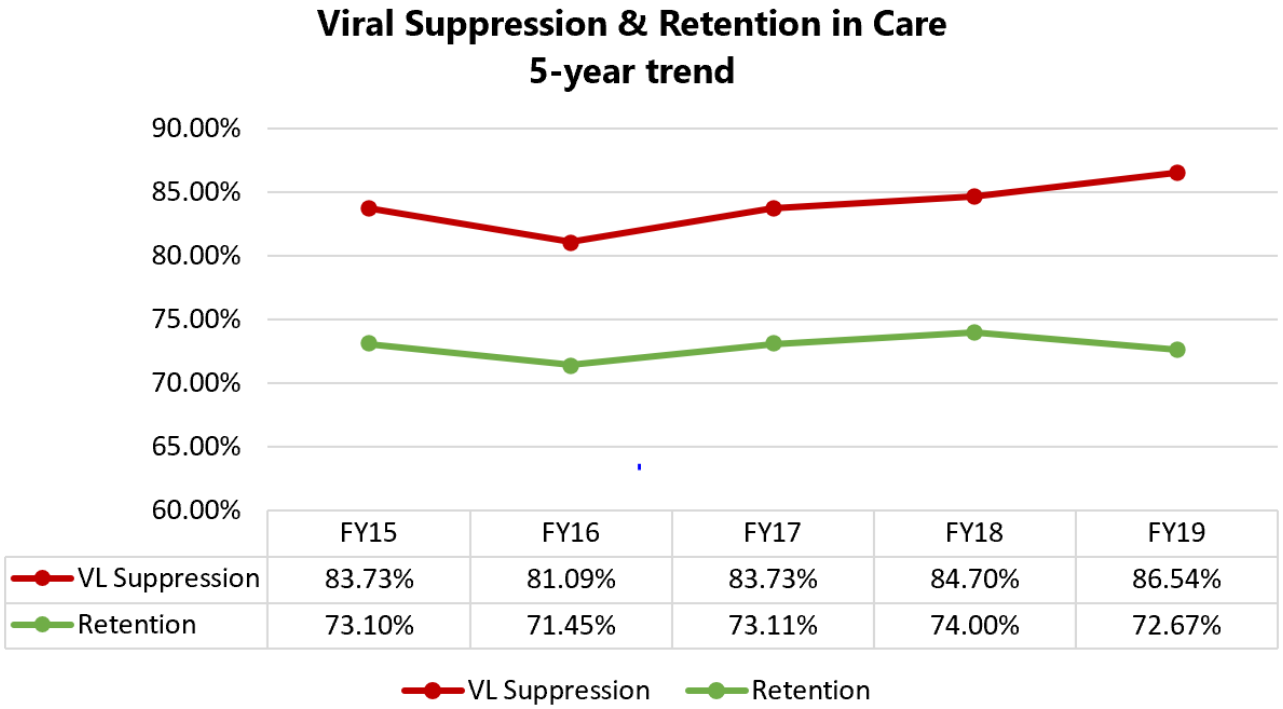
DATA CONSIDERATIONS

- Reporting period for Broward EMA : FY2019-20 (March 1, 2019 – February 29, 2020)
- Broward County data is provided from FL Department of Health
  - Measures for Persons with HIV , and Retention in Care is through June 30, 2019
  - Measures for in Care and Viral Suppression are from January 1, 2018 through March 31, 2019.
  - FL Department of Health data source did not include measures for Ever in Care and Prescribed ARV .

THE HIV CARE CONTINNUUM



VIRAL SUPPRESSION & RETENTION IN CARE

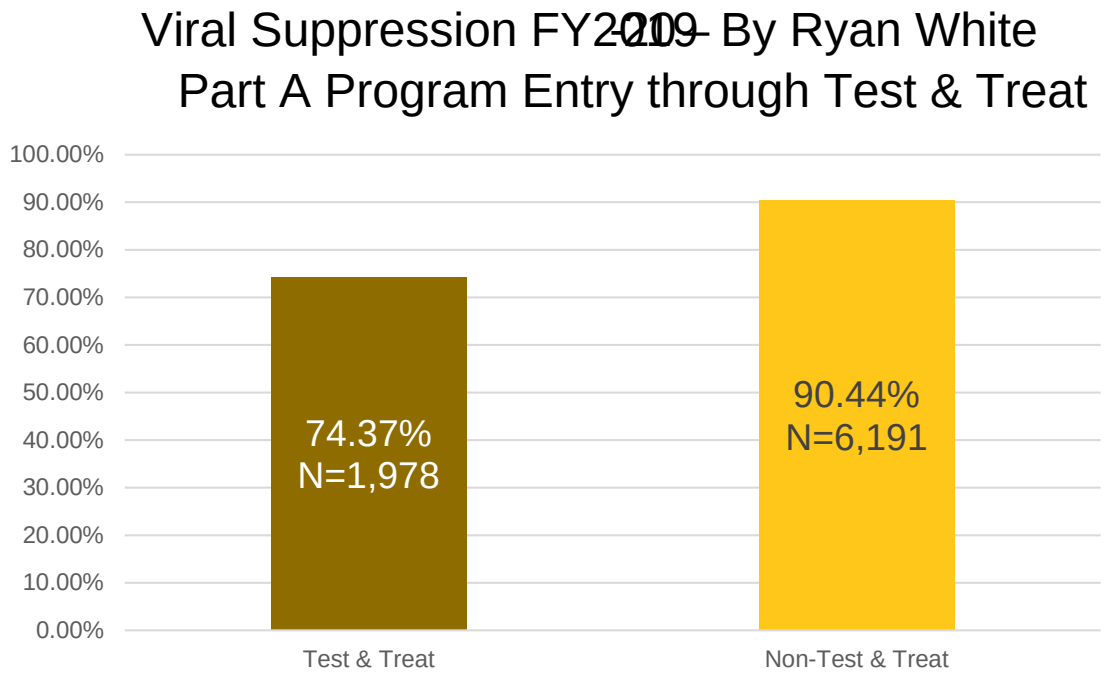


	FY15	FY16	FY17	FY18	FY19
VL Suppression	83.73%	81.09%	83.73%	84.70%	86.54%
Retention	73.10%	71.45%	73.11%	74.00%	72.67%

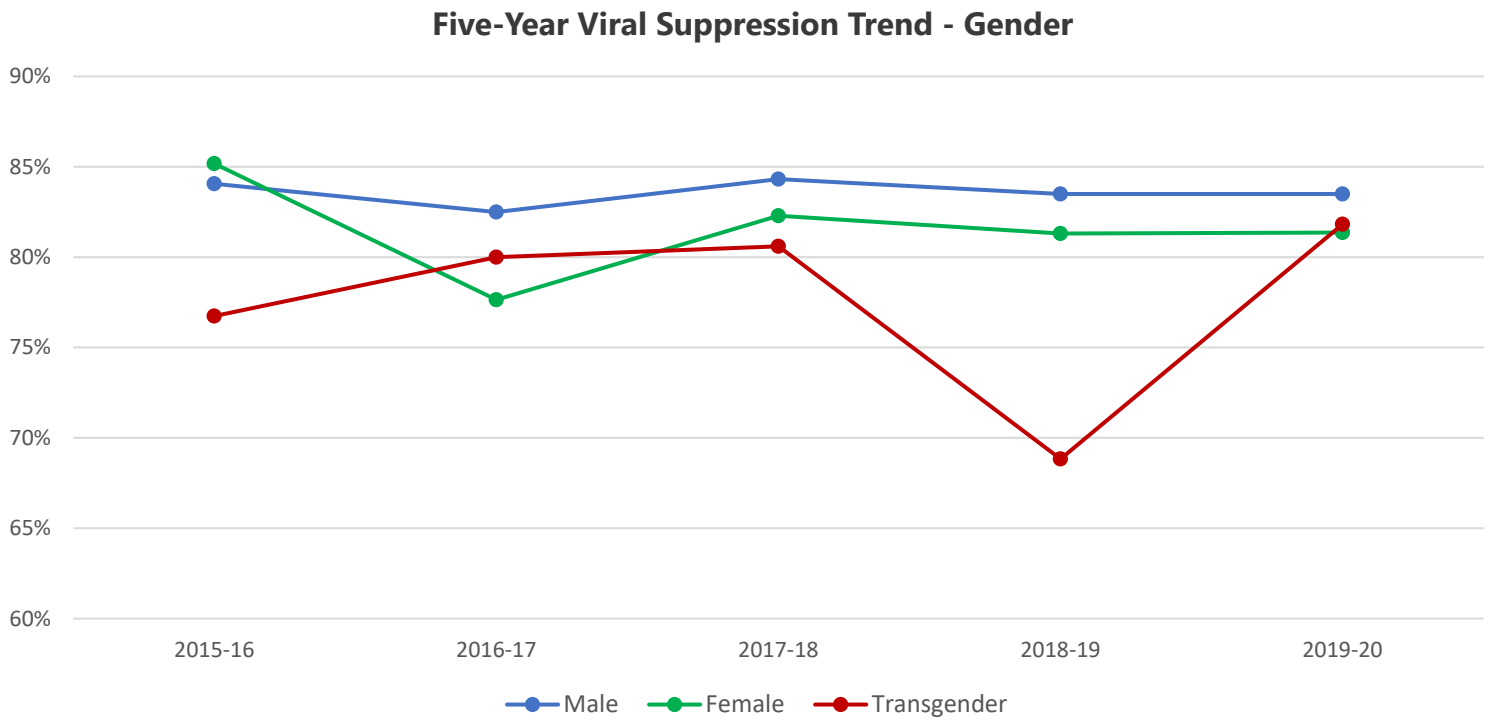
Viral suppression has increased each year

Retention has been variable over the past 5 years and has decreased in the past FY

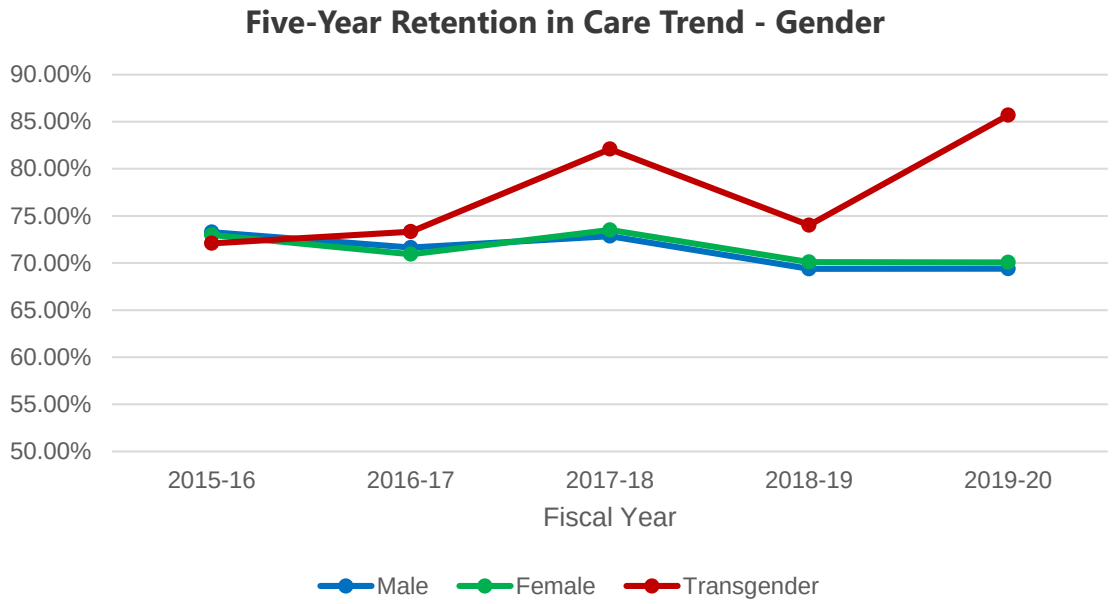
VIRAL SUPPRESSION



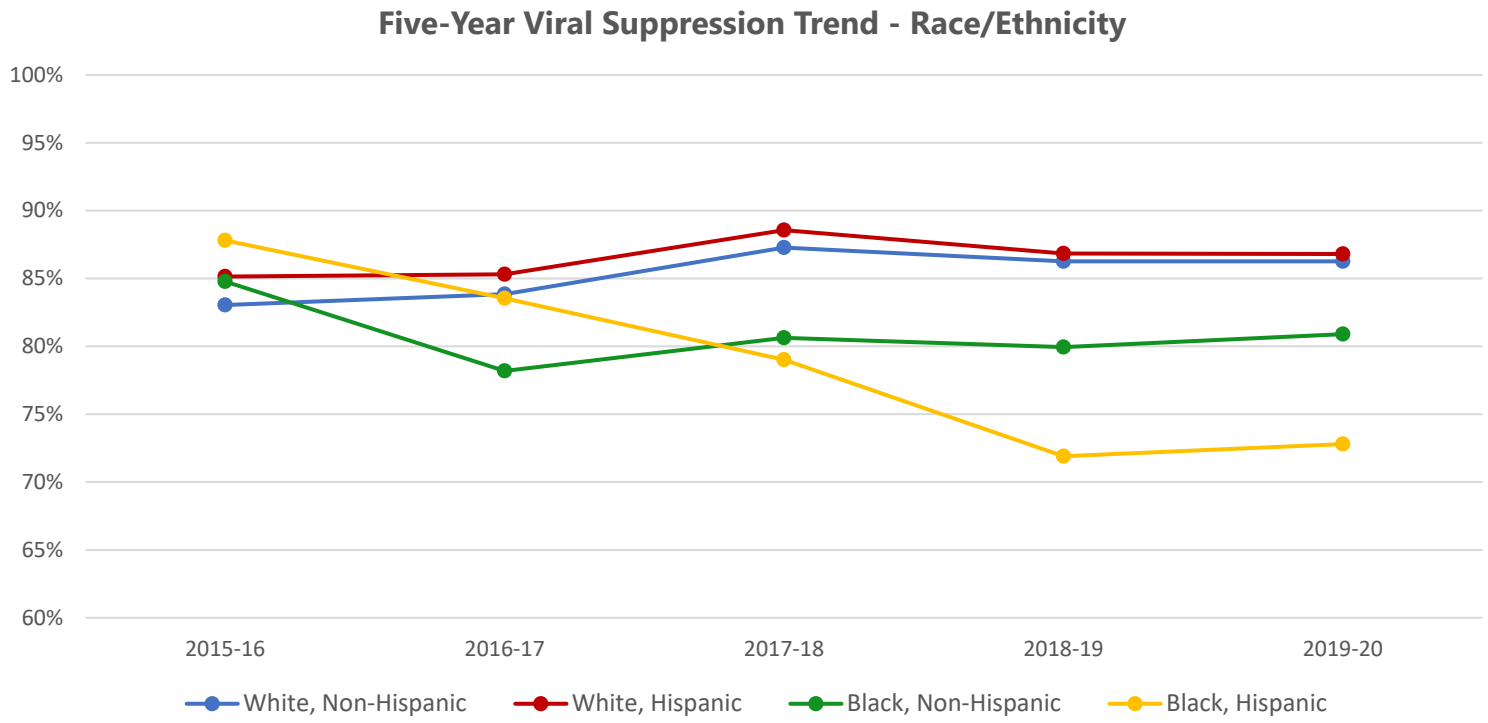
VIRAL SUPPRESSION TREND - GENDER



RETENTION IN CARE TREND - GENDER

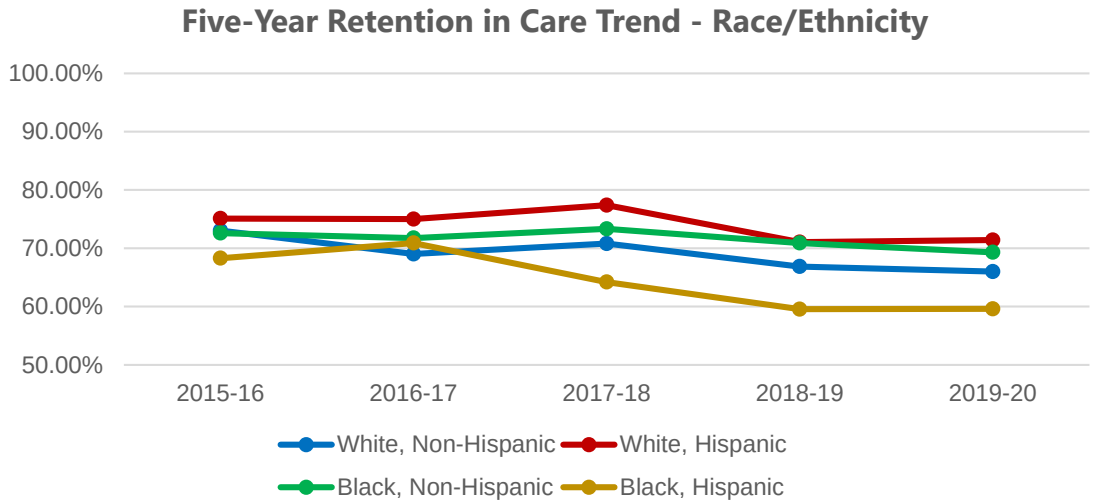


VIRAL SUPPRESSION TREND – RACE/ETHNICITY



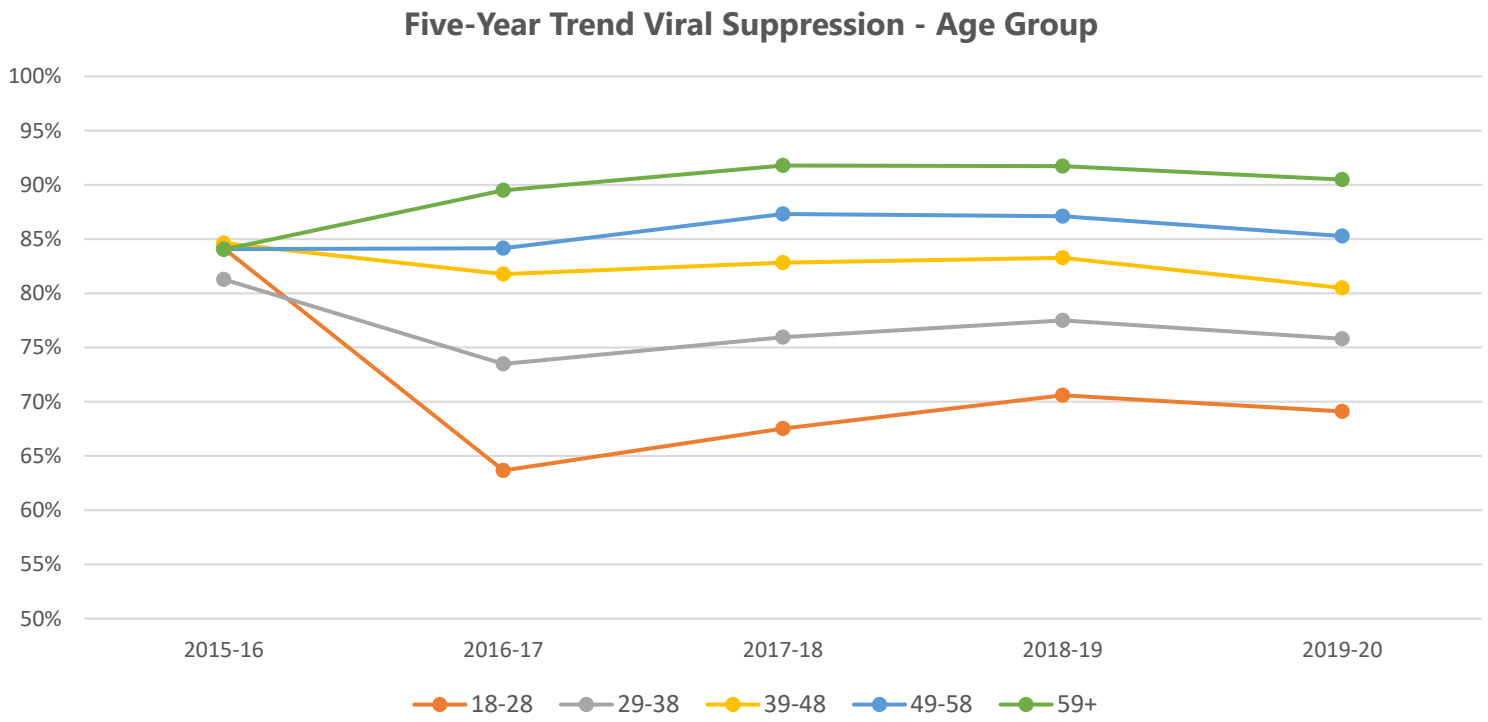
Exclusions – Other: 2015-16 (85%), 2016-17 (93%), 2017-18 (92%), 2018-19 (79%), 2019-20 (82%)

RETENTION IN CARE TREND – RACE/ETHNICITY



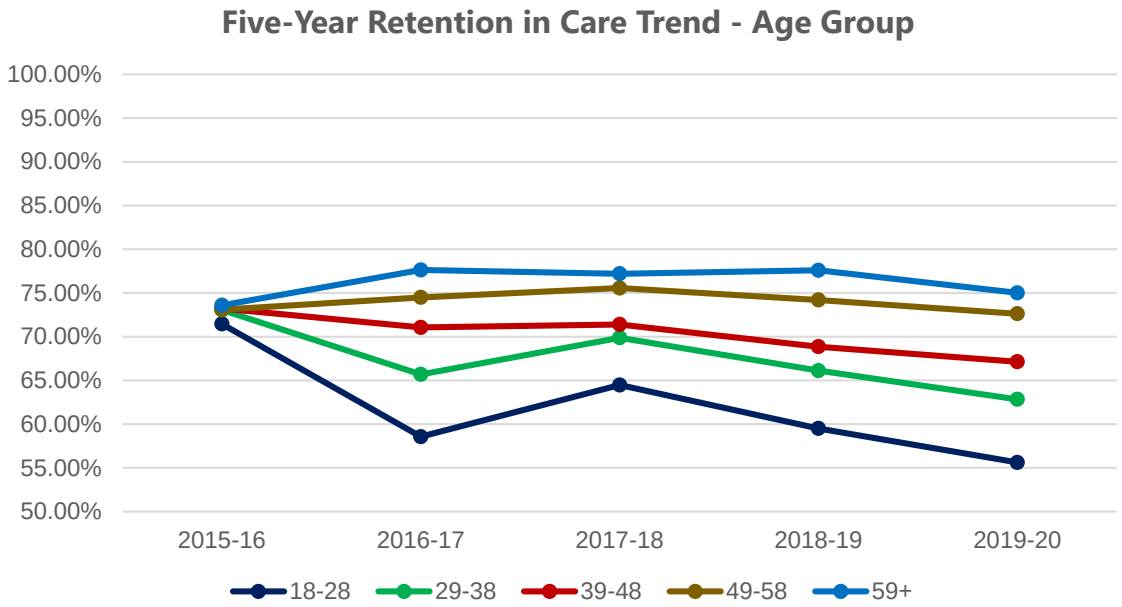
Exclusions – Other: 2015-16 (85%), 2016-17 (93%), 2017-18 (92%), 2018-19 (79%), 2019-20 (82%)

VIRAL SUPPRESSION TREND AGE GROUP



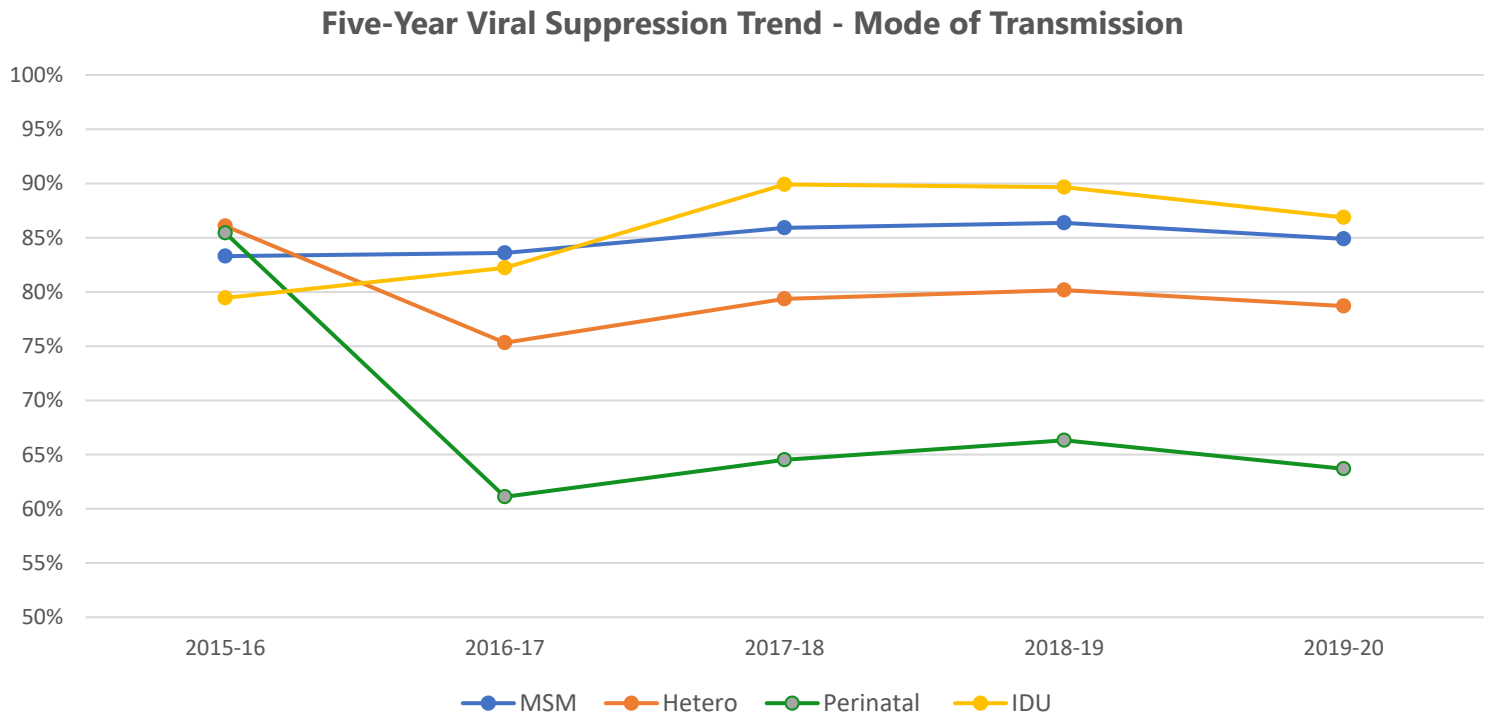
Exclusions – Underage: 2015-16 (100%), 2016-17 (41%), 2017-18 (92%), 2018-19 (79%), 2019-20 (82%)

RETENTION IN CARE TREND – AGE GROUP



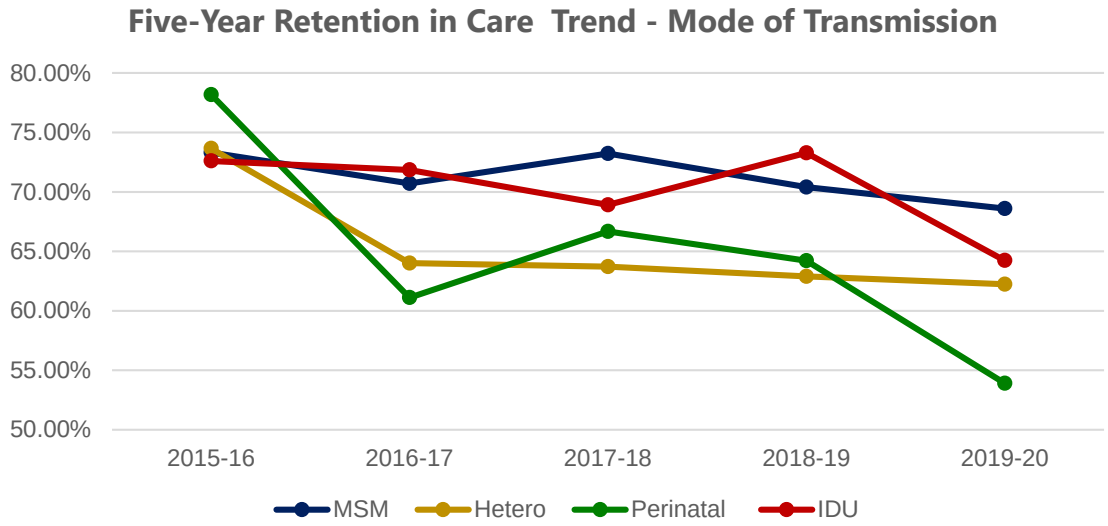
Exclusions – Underage: 2015-16 (100%), 2016-17 (41%), 2017-18 (92%), 2018-19 (79%), 2019-20 (82%)

VIRAL SUPPRESSION TREND MODE OF TRANSMISSION



Exclusions – Unknown: 2015-16 (85%), 2016-17 (85%), 2017-18 (85%), 2018-19 (84%), 2019-20 (84%)
Other: 2015-16 (83%), 2016-17 (84%), 2017-18 (85%), 2018-19 (86%), 2019-20 (85%)
IDU/MSM: 2015-16 (87%), 2016-17 (67%), 2017-18 (83%), 2018-19 (83%), 2019-20 (78%)

RETENTION IN CARE TREND – MODE OF TRANSMISSION



Exclusions – Unknown: 2015-16 (85%), 2016-17 (85%), 2017-18 (85%), 2018-19 (84%), 2019-20 (84%)
Other: 2015-16 (83%), 2016-17 (84%), 2017-18 (85%), 2018-19 (86%), 2019-20 (85%)
IDU/MSM: 2015-16 (87%), 2016-17 (67%), 2017-18 (83%), 2018-19 (83%), 2019-20 (78%)

HANDOUT D

THANKS

Do you have any questions?

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PSRA 2021-2022

Priority Setting /Ranking

1

Purpose

- The purpose of Priority Setting (Ranking) is to determine which HIV/AIDS services are the most important based on an informed decision making process including data presentations from needs assessments, including priorities and needs of clients and community members infected and impacted by the HIV disease
- Priority setting decisions are also determined according to the criteria your EMA/TGA has established

2

Part A Core Service categories

1. AIDS Pharmaceutical Assistance (Local)
2. Health Insurance Premium and Cost Sharing Assistance (HICP)
3. Medical Case Management (Disease)
4. Mental Health Services
5. Oral Health Care
6. Outpatient/Ambulatory Health Services
7. Substance Abuse Outpatient Care
8. AIDS Drug Assistance Program Treatment
9. Early Intervention Services
10. Home and Community-Based Health Services
11. Home Health Care
12. Hospice
13. Medical Nutrition Therapy

3

Part A Support Service categories

1. Emergency Financial Assistance*
2. Food Bank/Home Delivered Meals
3. Legal Services
4. Non-Medical Case Management
   (CIED, Benefit Support Services, Case Management)
5. Child Care Services
6. Health Education/Risk Reduction
7. Housing
8. Linguistics Services (Interpretation & Translation)
9. Medical Transportation Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial support services
14. Referral for Health Care/Supportive Services
15. Rehabilitation services
16. Respite care
17. Substance Abuse Services (Residential)

* No community/needs assessment input provided

2

4

Part A Core Services

FY2021 CEC Rankings

5

CORE SERVICES	FY2020 CEC Rankings	FY2020 Overall HIVPC Rankings	FY2021 CEC Rankings
Outpatient Ambulatory Medical Care	1	6	1
Medical Case Management (Disease)	3	3	3
AIDS Pharmaceutical Assistance (Local)	9	10	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	5	6
Oral Health Care (Dental)	13	11	5
Mental Health Services	10	12	7
AIDS Drugs Assistance Program Treatments (ADAP)	12	13	2
Substance Abuse Services - Outpatient	2	2	10
Medical Nutrition Therapy	11	9	9
Early Intervention Services	6	4	8
Home and Community-Based Health Services	7	7	12
Home Health Care	5	1	11
Hospice Services	8	8	13

6

CORE SERVICES	FY2021 CEC Rankings
Outpatient Ambulatory Medical Care	1
AIDS Drugs Assistance Program Treatments (ADAP)	2
Medical Case Management (Disease)	3
AIDS Pharmaceutical Assistance (Local)	4
Oral Health Care (Dental)	5
Health Insurance Premium & Cost-Sharing Assistance (HICP)	6
Mental Health Services	7
Early Intervention Services	8
Medical Nutrition Therapy	9
Substance Abuse Services - Outpatient	10
Home Health Care	11
Home and Community-Based Health Services	12
Hospice Services	13

7

Part A Support Services

FY2021 CEC Rankings

8

SUPPORT SERVICES	FY2020 CEC Rankings	FY2020 Overall HIVPC Rankings	FY2021 CEC Rankings
Housing Services	16	14	1
Food Bank/Home-Delivered Meals	2	4	2
Non-Medical Case Management	3	3	4
Medical Transportation Services	12	11	5
Emergency Financial Assistance	1	1	3
Psychosocial Support Services	4	5	7
Legal Services	15	15	6
Substance Abuse Services – Residential	7	6	10
Health Education/Risk Reduction	6	2	11
Referral for Health Care/Supportive Services	14	17	8
Outreach Services	9	9	12
Linguistics Services (Interpretation and Translation)	17	16	16
Child Care Services	5	8	17
Other Professional Services	11	10	15
Rehabilitation Services	10	12	9
Permanency Planning	13	13	13
Respite Care	8	7	14

9

SUPPORT SERVICES	FY2021 CEC Rankings
Housing Services	1
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	3
Non-Medical Case Management	4
Medical Transportation Services	5
Legal Services	6
Psychosocial Support Services	7
Referral for Health Care/Supportive Services	8
Rehabilitation Services	9
Substance Abuse Services – Residential	10
Health Education/Risk Reduction	11
Outreach Services	12
Permanency Planning	13
Respite Care	14
Other Professional Services	15
Linguistics Services (Interpretation and Translation)	16
Child Care Services	17

10

Wrap Up/Discussion

- Have there been any significant changes or trends since last year/over time that impacts your outlook on service priorities?
- Has there been any new information presented this year that may impact your official FY2021 priority rankings?
- What information will informed your final decision making process?

11

PSRA Committee Priority Setting

Survey Gizmo Link to participate in FY2021-2022 Core & Support Service Rankings

12

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the core medical services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **13** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Core Medical Services:

— Outpatient/Ambulatory Health Services

— AIDS Pharmaceutical Assistance (Local)

— Health Insurance Premium & Cost-Sharing Assistance (HICP)

— Medical Case Management (Disease)

— Mental Health Services

— Oral Health Care (Dental)

— Substance Abuse Services - Outpatient

— AIDS Drugs Assistance Program Treatments (ADAP)

— Medical Nutrition Therapy

— Early Intervention Services

— Home and Community-Based Health Services

— Home Health Care

— Hospice Services

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the support services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **17** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Support Services:

— Food Bank/Home-Delivered Meals

— Emergency Financial Assistance

— Legal Services

— Non-Medical Case Management (CIED)

— Housing Services

— Medical Transportation Services

— Substance Abuse Services - Residential

— Psychosocial Support Services

— Outreach Services

— Health Education/Risk Reduction

— Referral for Health Care/Supportive Services

— Linguistics Services (Integration and Translation)

— Other Professional Services

— Child Care Services

— Rehabilitation Services

— Permanency Planning

— Respite Care

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Please answer the following questions regarding survey participant demographics:

1. Are you a Person Living with HIV/AIDS (PLWHA)? □ Yes □ No □ N/A

2. Do you receive Ryan White Part A services? □ Yes □ No □ N/A

3. Do you work for an agency that provides services for HIV+ individuals? □ Yes □ No

4. What is your race? □ Black □ White □ American Indian/Alaskan Native □ Asian/Pacific Islander □ Other

5. What is your ethnicity? □ Hispanic □ Not Hispanic

6. What is your age? _____

7. What is your ZIP code? _____