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, Florida 33020 954-561-9681 • FAX 954-561-9685

Priority Setting & Resource Allocation Committee Meeting

AGENDA

Date: April 15, 2021 at 9:00 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Lorenzo Robertson **Vice Chair:** Vacant Seat

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

PSRA Purpose: To develop integrated PSRA process using data with input from stakeholders and consumer forums.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 04/15/2021
   b. Last Meeting Minutes 03/18/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   Monthly Expenditures/Utilization Report- by service category
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **Ryan White Funder and Stakeholder Presentations (Handouts A1-A5)**
   Work Plan Activity 1.1: Review data relevant to the PSRA process
   ACTION ITEM: Review data from Ryan White Funders and Stakeholders.
8. **Recipient's Report**
9. **Public Comment (10 minutes)**

10. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: May 20, 2021 at 9:00 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- **HIV Surveillance Epidemiological Data Presentation**
- **Needs Assessment/Community Input Presentation**
- **Part A Client Health Outcomes Presentation**

11. Announcements

12. Adjournment

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Meeting of the

Priority Setting & Resource Allocations Committee

Thursday, March 18, 2021
9:00-11:00 AM
By WebEx Videoconference

M I N U T E S

PSRA Members Present: L. Robertson (Committee Chair), B. Mester, B. Barnes, D. Shamer, K. Shickowski, B. Fortune-Evans, M. Schweizer, V. Moreno, C. Grant, R. Siclari

Ryan White Part A Recipient Staff Present: J. Gonzalez-Charlot, K. Giglioli, G. James, N. Walker, S. Scott, A. Tareq, T. Thompson

Planning Council Support Staff Present: G. Martinez, F. Ukpai, W. Saint-Fleur, V. Oratien

Guests Present: M. Rosiere, J. Rodriguez, K. Drummond, S. Cook

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Agenda Item #1: Call to Order

The *PSRA Chair* called the meeting to order at 9:00 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The *PSRA Chair* welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *PSRA Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the March 18, 2021, Priority Setting & Resource Allocation Committee meeting was proposed by *B. Barnes*, seconded by *B. Fortune-Evans*, and passed unanimously. The approval for the minutes of the February 18, 2021 meeting was proposed by *B. Barnes*, seconded by *K. Shickowski*, and approved with no further corrections.

Mr. Barnes, on behalf of PSRA, made a motion to approve the March 18, 2021, Priority Setting & Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Mr. Barnes, on behalf of PSRA, made a motion to approve the February 18, 2021, Priority Setting & Resource Allocation Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #5: Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed service category expenditures for Part A and MAI service categories. Most core medical and support services were fully expended for the fiscal year, except for some underutilized services, likely due to COVID-19. The Food Voucher service was 0% expended; however, the Recipient's Office anticipates a final invoice by the end of the grant year and allocated funds to be fully expended. Overall, 87% of Part A and MAI funding was utilized, and a limited number of invoices are expected to be submitted. The MAI program expended 69% of its funding, and Part A funds were 89% expended.

The *PSRA Chair* reminded members of the data requests submitted at the last PSRA meeting. Members requested data to compare client service utilization during COVID-19 and service utilization during a standard fiscal year. There was also a request for a cost-savings analysis to highlight the benefits of enrolling Ryan White clients into Affordable Care Act health insurance plans to analyze its impact on service categories. The *PSRA Chair* reported that the data from those requests are forthcoming and shared with members upon receipt.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Meeting Activities/New Business

G. Martinez, the HIVPC Program Manager, reviewed the Assessment of the Efficiency of the Administrative Mechanism (AEAM) Survey (Handout A1-A3 on file). The purpose of the AEAM is to assess the process by which the Ryan White Part A Recipient executes contracts and reimburses providers for services rendered. The AEAM is a federally mandated responsibility 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 includes a survey of service providers.

The HIVPC Survey evaluates how information is communicated to the Council by the Recipient's Office. The Recipient's survey assesses the processes following the Notice of Award and the procedure for delivering contracts to service providers and the procurement process. The Provider survey evaluates the timeliness of executed contracts and reimbursements from the Recipient's Office. *D. Shamer* inquired about the impact of COVID-19 and how the pandemic may affect provider responses. Given the unique circumstance of the COVID-19 pandemic, survey questions have been modified to accurately assess how communication between the Recipient's Office and service providers was adapted. Questions have also been tailored to determine how quickly providers received executed contracts, funding, and reimbursements; and whether providers were efficiently updated on the status of contracts and the disbursement of funds. *B. Barnes* expressed concern regarding the timeliness of contracts being uploaded into Provide Enterprise (PE). He suggested including a question to indicate the date that service providers receive notice that their

contract has been uploaded to PE. The Committee reviewed the proposed surveys and voted to approve them with the addendum of including a question to assess contract notification timeliness. The approval for the Assessment of the Efficiency of the Administrative Mechanism Survey with the addendum of including a question to assess the timeliness of the notice of contracts in Provide Enterprise was proposed by *B. Barnes,* seconded by *C. Grant*, and passed unanimously.

Mr. Barnes, on behalf of PSRA, made a motion to approve the Assessment of the Efficiency of the Administrative Mechanism Survey with the addendum of including a question to assess the timeliness of the notice of contracts in Provide Enterprise. The motion was adopted unanimously.

The *PSRA Chair* examined the requirements and expectations for the PSRA Process, which included the purpose of PSRA, what to expect, the 4-month timeline of meetings, the allocations process flow chart, and the data-based decision-making. Members reviewed the key participants, funders, and stakeholders that are essential contributors to the process, emphasizing that final review and approval of all priorities, allocations, and how best to meet the need language would occur with the HIV Planning Council.

PCS Staff reviewed the scope of service for each service category (Handout C on file). Members examined the Part A eligibility for all core medical and support services categories (to include Disease Case Management, Mental Health, and Oral Health), the scope of services, EMA eligibility, and previous utilization of services. *B. Barnes* inquired about bulk purchases and which services categories would be receiving them. The Part A Office shared that the two service categories with bulk purchases from FY2020 are the Food Services and Pharmacy service categories.

Agenda Item #8: Recipient Report

- HRSA site visit for Ending the HIV Epidemic (EHE) held on March 2nd – 3rd was successful. *J. Gonzalez-Charlot, the Part A Administrator,* thanked individuals for participating in the community engagement and stakeholder sessions.
- The Ryan White Part A Recipient has received a final notice of award from HRSA for the EHE grant in the amount of $2,075,933; this was a $830,622 increase from their Year 1 award. The EHE work plan is forthcoming and will be shared with the HIVPC and the community once available.
- The Recipient Office is awaiting the full Ryan White Part A notice of award by the end of March.
- The Recipient's Office provided staffing updates:
    - Shackera Scott has been promoted to the Ryan White Contract Grants Administrator, Senior for the Health Care Services Section.
    - Justin Bell will be joining the Part A Team as the Ryan White Contract Grants Administrator. Bell has previously served as the HIV Program Manager for Ryan White Part B.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next PSRA meeting will be held on April 15, 2021, at 9:00 a.m. via WebEx Videoconference. Agenda items include the Ryan White Funder and Stakeholder Presentations from Parts B, C, D, F, and HOPWA.

Agenda Item #11: Announcements

There were no announcements from members or guests during this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 10:01 a.m.

PSRA Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	18	18										
0	1	0	**1**	Barnes, B.		X	X										
0	0	0	**2**	Fortune-Evans, B.		X	X										
0	0	0	**3**	Grant, C.		X	X										
1	1	0	**4**	Katz, H.B.		X	E										
0	0	1	**5**	Lopes, R.		X	A										
0	0	0	**6**	Mester, B.		X	X										
0	0	0	**7**	Moreno, V.		X	X										
0	1	0	**8**	Robertson, L. *Chair*		X	X										
0	0	0	**9**	Schickowski, K.		X	X										
0	0	0	**10**	Schweizer, M.		X	X										
1	1	0	**11**	Shamer, D.		X	X										
0	0	0	**12**	Siclari, R.		X	X										
				Quorum = 7	0	12	10	0	0	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**

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 20-21 Allocations

	Service Category		Allocations	Expended Amount As of January Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2020-21 Projected Expenditures
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		4,868,552	4,647,386	95%	221,166	422,490	5,069,876
	MAI Ambulatory (1)		100,000	97,138	97%	2,862	8,831	105,968
	AIDS Pharmaceutical Assistance (3)		872,940	631,680	72%	241,260	57,425	689,105
	Oral Health Care	*Routine (4)*	1,041,438	1,041,206	100%	232	94,655	1,135,861
		Specialty (1)	451,489	451,447	100%	42	41,041	492,487
	Medical Case Management	*MAI Medical Case Management (1)*	182,823	172,618	94%	10,205	15,693	188,310
		Case Management (7)	1,759,423	1,696,236	96%	63,187	154,203	1,850,439
		Disease Case Management (5)	582,020	563,736	97%	18,284	51,249	614,985
	Mental Health- Trauma-Informed (2)		172,053	153,778	89%	18,275	13,980	167,758
	MAI Mental Health (1)		62,469	31,386	50%	31,083	2,853	34,239
	Health Insurance Premium & Cost Sharing Assistance		873,877	773,729	89%	100,149	70,339	844,067
	Substance Abuse-Outpatient (1)		410,030	367,534	90%	42,496	33,412	400,946
	MAI Substance Abuse-Outpatient (1)		467,000	466,996	100%	4	42,454	509,450
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	567,327	97%	15,161	51,575	618,902
		MAI Centralized Intake and Eligibility Determination (1)	290,956	290,954	100%	2	26,450	317,405
	Food Services	*Food Bank (1)*	700,000	700,000	100%	-	63,636	763,636
		Food Voucher (1)	382,586	-	0%	382,586	-	82,586
	Legal Assistance (1)		129,151	129,137	100%	14	11,740	140,876
	Total Part A Funds		**12,941,919**	**11,723,195**	**91%**	**1,218,724**	**1,065,745**	**12,788,940**
	FY19-20 Carryover MAI Fund		**419,000**					
	Total MAI Funds		**1,522,248**	**1,059,092**	**70%**	**463,156**	**96,281**	**1,155,373**
	Total Funds		**14,464,167**	**12,782,287**	**88%**	**1,681,880**	**1,162,026**	**13,944,313**

HANDOUT A1

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART B

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/15/2021

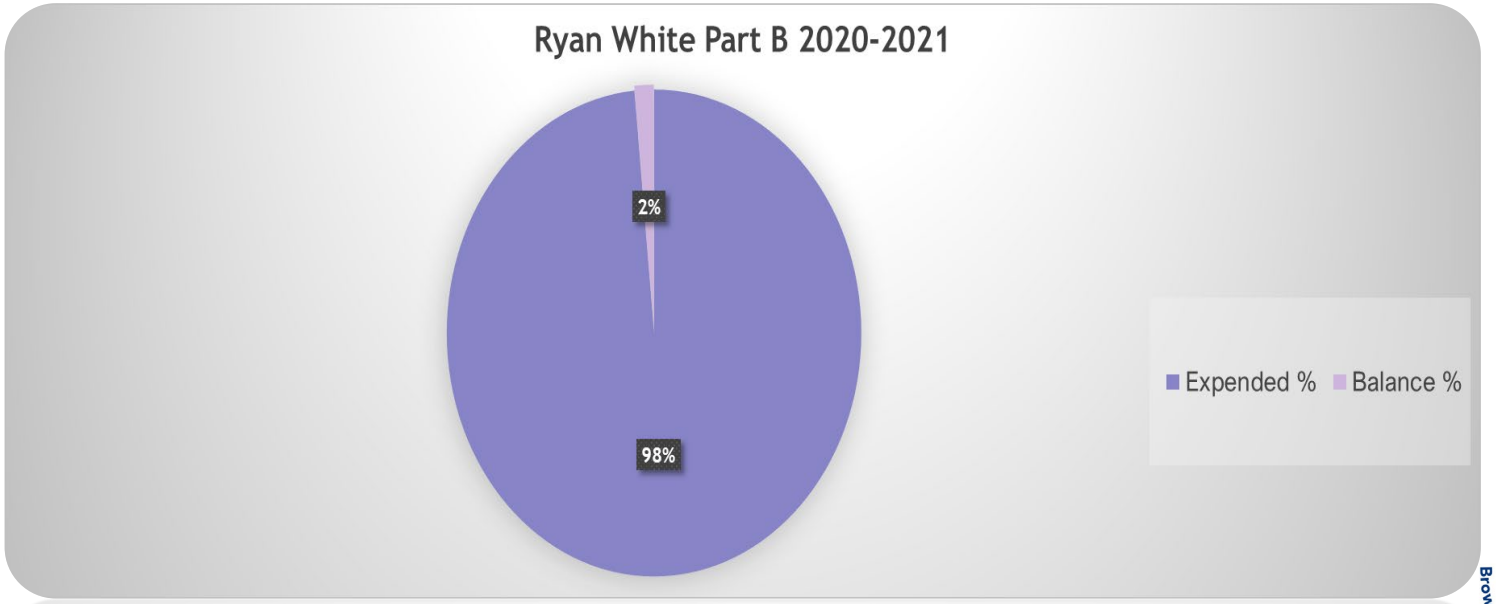
HANDOUT A1

RYAN WHITE PART B PROGRAM OVERVIEW

Ryan White Part B: A Federally Funded Program that provides support services to diagnosed with HIV to enhance their life experience while coping with the disease. The program avails those that do not have adequate health care coverage and/or financial resources needed for managing HIV disease or AIDS. To be eligible for any services under the program one must be HIV positive, a Broward County resident, and meet the federal income poverty level requirement of (400%) or below.

PROGRAM BUDGET

- FY2020-21 Budget: 1,161,929
- FY2021-22 Budget: Level Funding



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SERVICES PROVIDED

Ryan White Part B (RWPB) assist clients with the following services:

- Emergency Financial Assistance
- Health Insurance Continuation Program
  - Medication Copayment/Insurance Premium
- Home and Community-Based Health Services
- Home Delivered Meals
- Nutritional Supplements
- Medical Transportation Services (Bus Passes)
- Substance Abuse Services- Detox & Residential

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NON-MEDICAL CASE MANAGEMENT (ELIGIBILITY)

HRSA requires this category to be used when funds are used to pay for determining Ryan White Part B eligibility

HANDOUT A1

RYAN WHITE PART B ELIGIBLITY

Service	Documents
Part B Eligibility	Photo ID & Social Security Card
	Western Blot or Detectable Viral Load
	Utility bill, etc.
	3 months of pay stubs, W-2, 1040, or Letter of Support
ADAP & Medication Copayment	Current Labs with CD4/Viral Load (<6 months old)
	Current Prescriptions
	Insurance ID Card & Benefit Summary (if applicable)
Home Health & Meals/Nutritional Supplement	Referral Form signed by Case Manager **&** Plan of Care
	Current Prescriptions signed by Doctor

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HANDOUT A1

EMERGENCY FINANCIAL ASSISTANCE

Limited one-time or short term payments capped at $4,000.00 annually, to assist the RWPB clients with an emergent need. To receive rent or utility assistance, lease and/or bill must be in client's name.

Client must be RWPB eligible during the date of service and request.

Service Components:

Essential utilities: electricity/water	Housing: Rent	Transportation	Medications	Food Vouchers

Emergency financial assistance will occur as a direct payment to the agency.

HEALTH INSURANCE CONTINUATION

HANDOUT A1

- The **Medication Copayment Program** provides monthly copayments for FDA approved formulary medications to insured clients who are not enrolled in the AIDS Drugs Assistance Program (ADAP).
- Client must be RWPB eligible.
- Service Components:
  - Clients choose one of the participating pharmacies
  - Clients pick up medications monthly (RWPB approved formulary)
  - After applying co-pay cards; pharmacy bills RWPB for client's portion.
  - RWPB submits invoices for payments within 5 business days.

- The **Insurance Support Program** assists with insurance premiums, medical visit co-payments, laboratory co-payments, co-insurances, and deductibles.
- Clients must be RWPB eligible.
- Service Components:
  - Insurance Premiums
  - Laboratory Payments
  - Co-Payments
  - Co-Insurance and Deductibles

HANDOUT A1

HOME & COMMUNITY-BASED HEALTH SERVICES

- Assist homebound clients based on a plan of care strategy by client's Case Manager and Physician.
- Client must be RWPB eligible.

Service Components:

- Home Health aide/personal care/homemaker: Assist with daily cleaning and bathing as needed.
- Wound Care Nurse: Assist clients with Chronic Ulcer care.
- Durable medical equipment: Catheters, surgical lube, oxygen tanks/refills, and shower chairs.

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HOME DELIVERED MEALS

Assists homebound clients based on a plan of care by client's Case Manager and Physician.

Client must be RWPB eligible.

Service Components:

- Home Delivered Meals: Alternative breakfast, lunch, and dinner.
  - Microwaveable meals are delivered to client, at the physician's request, based on the client's dietary needs.

MEDICAL NUTRITIONAL THERAPY

Is a referral-based line item, based on a plan of care from the client's Case Manager and Nutritionist or Physician. A prescription and plan of care or chart note from the medical provider can be substituted in cases where a dietician or nutrition professional is not reasonably accessible.

Client must be RWPB eligible.

- Service Components:
  - Nutritional Supplement shakes:
    - Ensure/Generic cases are delivered by Walgreens Pharmacy based on dietary needs; however, client does not have to be homebound.

HANDOUT A1

MEDICAL TRANSPORTATION SERVICES

Ryan White Part B staff issues Bus Passes to Part A case managers for distribution monthly.

Client must be RWPB eligible.

Client Case Manager must provide proof of medical appointments.

Service Components:

- All Day Bus Pass: Client with 6 or fewer medical appointments per month
- 31-Day Bus Pass: Clients who exceed 7 medical appointments per month
- Clients with Medicaid are not eligible to participate MTS

HANDOUT A1

SUBSTANCE ABUSE SERVICES

- Provides Detoxification and Residential substance abuse treatment services to clients with substance abuse at BARC: Broward Addiction Recovery Center.
- Client must be Part B eligible.
- Client must be Broward County residents and at least 18 years of age.
- Service Components:
  - Detoxification (Detox): Medically supervised inpatient detoxification 7-days per episode.
  - Residential Treatment Services (RTS): Residential substance abuse treatment 30-days per episode.
  - Additional 30-days of RTS can be requested via the RWPB Program Manager

The BARC Detox unit has converted to single occupancy rooms, which has temporarily reduced bed capacity from 50 beds to 28 beds to allow for enhanced social distancing

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HANDOUT A1

Category Name	# Unduplicated Clients	Units of Service Provided
Health Insurance Premium/Cost Sharing	30	129
Home & Community-based Health Services	62	251
Emergency Financial Assistance	513	940
Food Bank/Home Delivered Meals /Nutritional Supplement	106	1126
Medical Transportation Services	0	0
Non-Medical Case Management	5634	9933
Substance Abuse Services - Residential	25	588

Unduplicated Clients 2020-21

HANDOUT A1

NOTABLE TRENDS

RWPB's COVID19 challenges during the previous contract year:

- Clients in need of rental assistance (prior to CARES Act funding)
- Clients needing/wanting additional medication in order to quarantine
- Increase staffing to accommodate influx of clients being laid off
- Challenges with non-face to face eligibility appointments
- Transportation Utilization due to fares being suspended
- Medication Co-Payment clients are transitioning into ADAP due to ADAP expansion

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HANDOUT A1

CONTACT INFORMATION

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HANDOUT A1

QUESTIONS?

DISCUSSION

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HANDOUT A2

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART C

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/15/2021

HANDOUT A2

RYAN WHITE PART C PROGRAM OVERVIEW

The Ryan White Part C program provides funding to local community-based organizations to support outpatient ambulatory health services and support services through Early Intervention Service (EIS) program grants. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services through Capacity Development Grants. (HRSA, 2016)

Part C EIS is a component that funds comprehensive healthcare in outpatient settings through early identification and linkage into primary care services for people living with HIV.

Broward Health is the Recipient of Part C funds since 1998. We have 2 medical providers located at 2 different sites but actually work at three sites providing primary care to clients living with HIV/AIDS

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PROGRAM BUDGET

- FY2020 Budget and Final Expenditures

  Funding was for $875,925 Final expenditures exhausted the funding

- FY2021 Budget -$875,925
- Any Other Funding Sources/Resources
- Received COVID-19 Response fund in the amount of $116k
- Same was used for telehealth and equipment needed to support that as well as salary for Security to provide temperature checks for clients coming into the center . Funding was not exhausted. Extension requested to support continued security support for an extended year.

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SERVICES PROVIDED

- Definition of the Services

  Outpatient ambulatory health services, HIV counselling, testing and linkage to care referrals to specialists, case management , risk reduction and adherence counseling.

- Client Eligibility : Same as RWA up to 400% of FPL , BC residents

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SERVICES PROVIDED

- Number of Unduplicated clients = 824
  - Client demographics (gender, race, ethnicity, age, risk factor)
  - 59% male
  - 40.9% female
  - 0.1% transgender
  - 84% Black
  - 18.6% White
  - 0.2% Asian
  - 6.7% Hispanic
  - 93.3% non-Hispanic

AGE: 13-24 YEARS (1.5%); 25-44 YEARS (19%); 45-64YEARS (62.6%) ; >65YEARS (16.8%)

Heterosexuals accounts for Highest risk (88.2%), MSM (10.5%)

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HANDOUT A2

NEEDS, GAPS, BARRIERS TO CARE

Gaps imposed by the pandemic which hindered clients from coming in for their labs and temporary closure of non-essential services delayed some referrals

GYN colposcopy service was a gap as new guidelines did not allow for transporting of the used equipment for autoclaving – that resolved with disposable instruments now in use

No waiting list

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NOTABLE TRENDS

Notable trends occurring in your program, including:

- Newly diagnosed populations – 41 mixture of ages with majority younger than 30 years
- Young Adults (18-38) – high VL
- The elderly – consistent with meds, just concerned about COVID
- Recently reengaged in care – do not keep up with RW certification, returning to FL., many with Psych issues
- Clients with high viral loads vs. virally suppressed clients
- Mental health or substance use issues – positive for cocaine

*More females were among the newly diagnosed, males usually MSM.

*HepC coinfections also a trend in young clients

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RECOMMENDATIONS

We hired a new physician this year who started in August 2020

Biggest challenge was COVID, but using telehealth was beneficial

No recommendation at this time

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HANDOUT A2

QUESTIONS?

DISCUSSION

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HANDOUT A3

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART D

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/15/2021

HANDOUT A3

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.

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HANDOUT A3

COMPREHENSIVE FAMILY AIDS PROGRAM (CFAP)

Serves infants, children, youth, women and families infected and affected with HIV in Broward County (Approximately 1791 individuals and 800 families in FY2021)

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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HANDOUT A3

CFAP ELIGIBILITY CRITERIA

Resident of Broward County

Women, Infant, Child, or youth(Male under the age of 24)

We service the whole family

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HANDOUT A3

CFAP POPULATION SERVED

Age 25+

Women=592

Race/ethnicity

Black/AA=520

White/non-Hispanic=38

Asian=1

Hispanic=32

Pacific Island=1

Risk factor

Perinatal=46

Heterosexual=546

Age13 to 24

Youth=17

Female=10

Male=7

Race/ethnicity

Black/AA=15

Hispanic=2

Risk factor

Heterosexual=17

Age 3 to 12

Children=9

Female=8

Male=1

Race/ethnicity

Black/AA=8

White=1

Risk factor

Perinatal=9

Age 0 to 2

Indeterminate=84

Female=35

Male=49

Race/ethnicity

Black/AA-73

White-non-Hispanic=5

Hispanic=5

More than one=1

Risk factor

Prenatal=84

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HANDOUT A3

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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HANDOUT A3

NEEDS, GAPS, BARRIERS TO CARE

Residential Substance Abuse Programs

Outreach efforts to identify at risk youth (PROACT)

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

Affordable housing

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HANDOUT A3

NOTABLE TRENDS

Newly diagnosed populations

Pregnant

High VL

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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HANDOUT A3

NOTABLE TRENDS

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

Disclosure

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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NOTABLE TRENDS

Impact of COVID-19

Increase in Test and Treat clients

Increase in mental health sessions

Introductory into Telehealth appointments

Increase with Financial Assistance

Decrease in Dental care

Delayed prenatal care

Decrease in HIV testing

No child care

Quest and Lab Corp behind on labs

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RECOMMENDATIONS

CFAP Success:

Telehealth

Increase in Mental Health Counseling

Teleworking Medical Care Coordinators

Retention in care Adult 84% Youth 72%

VL suppression Adult 73% Youth 62%

Test and Treat 113

Committed Staff(Doctors and Medical Care Coordinators)

Collaboration with other Broward Health Specialist

Challenges:

Affordable Housing

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HANDOUT A3

QUESTIONS?

DISCUSSION

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HANDOUT A4

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART F

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/15/2021

HANDOUT A4

RYAN WHITE PART F PROGRAM OVERVIEW

The purpose of the **Community Based Dental Partnership Program (CBCPP)** is to improve access to oral health care services for low-income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Program goals must be accomplished through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

The AIDS Education and Training Center (AETC) Program is the **training arm of the Ryan White HIV/AIDS Program.** The AETC Program is a national network of **leading HIV experts** who provide locally based, tailored education, **clinical consultation and technical assistance** to healthcare professionals and healthcare organizations to integrate **high quality, comprehensive care for those with or affected by HIV**. HIV care is a complex, challenging field, and ongoing, high-quality training and support is essential for clinicians caring for people living with HIV.

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PROGRAM BUDGET

FY2020 Budget and Final Expenditures **$219,230/219,230**

FY2021 Budget **$219,230 Potential for Carryforward funds**

Any Other Funding Sources/Resources **Medicaid/Medicare/Private Insurance**

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SERVICES PROVIDED

Definition of the Services: Comprehensive Oral Health Care and Specialty Care

Client Eligibility: PLH

Number of Unduplicated clients in FY2020 460/159 new clients

(decrease of 20% over 2019)

412 HIV/**43** AIDS/**5** Unknown

298 Male/**155** Female/**7** Transgender

161 Hispanic/**299** Non-Hispanic

175 White/**256** Black/3 Asian/2 Native Hawaiian or other Pacific Islander

Ages 13-24 **27**/25-44 **153**/45-64 **191**/>79 **62**

Equal or below Federal Poverty Level/**442**

100-200% **13**

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HANDOUT A4

TRAINING PARTNERS-AETC

Nova Southeastern University College of Dental Medicine

Lecom College of Dental Medicine

University of Louisville College of Dental Medicine

Larkin University

>1000 students

CONTINUING EDUCATION

Florida Dental Association

Broward County Dental Association

University of South Carolina

Palm Beach Dental Association

South Florida Dental Hygiene Association

>1000 providers

University of Louisville

Nova Southeastern University College of Dental Medicine

Webcast Wednesday

University of Florida

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HANDOUT A4

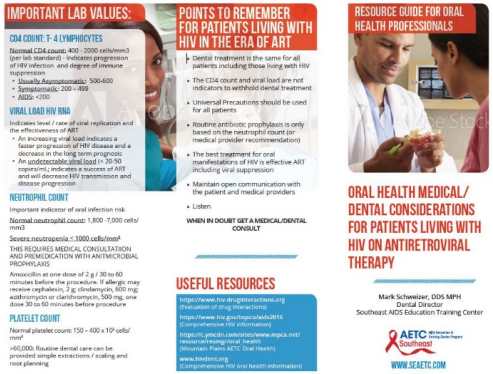
SERVICES PROVIDED- AETC

COMMUNITY HEALTH CENTERS/FQHC

PUBLICATIONS

Monthly Short Bites

Oral Health Brochure for Dental Professionals



NEW SOUTHEAST AETC ORAL HEALTH TRAINING AND RESOURCE CENTER (July 1, 2020)

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HANDOUT A4

NEEDS, GAPS, BARRIERS TO CARE

Are there any service gaps? (services that clients needed but weren't available) NO

Are there waiting list for your services? **NO**

What are the primary barriers to care reported by your clients? **Transportation, Housing, Food**

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NOTABLE TRENDS

On this slide, please describe any notable trends occurring in your program, including:

- Newly diagnosed populations **Increased number of patients with AIDS**
- Young Adults (18-38) **Stable**
- The elderly **Increase**
- Clients with high viral loads vs. virally suppressed clients **Overall viral suppression rate of 95% and 99% of clients are on ART**
- Impact of COVID-19 **Decrease in the number of clients served. Dental care was restricted for 3 months to only emergency care**

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RECOMMENDATIONS

Success:

Ability to reach clients that have no other resource for receiving dental care/income, legal status, state of residency

Viral Suppression rate

Educational Programs

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HANDOUT A4

QUESTIONS?

DISCUSSION

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HANDOUT A5

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/15/2021

HANDOUT A5

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.

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HANDOUT A5

PROGRAM BUDGET

- **FY2020 Budget:**
  - Grant Award for 2019-2020 **$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
- **FY2021 Budget:**
  - Grant Award for 2020-2021 $7,114,059.00
- The program is solely fund by the department of Housing and Urban Development (HUD) annually to the City.

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HANDOUT A5

DEFINITION OF SERVICES PROVIDED

FACILITY BASED HOUSING (FAC)

Provision of housing is a multi-person, multiunit residence designed as a residential alternative to institutional care; to prevent or delay the need for such care; and to provide a transitional setting with appropriate supportive services. This program is currently provided by Broward House.

Contacts:

- **Browardhouse.org or call 954-568-7373 X3215**

PROJECT BASED RENTAL (PBR) ASSISTANCE:

Provides continued support for apartment units operated by nonprofit organizations for HIV/AIDS clients. Clients will be required to pay either 10% of gross income or 30% of adjusted income for rent and utilities whichever is greater. This program is currently provided by Broward House and Mt. Olive Development Corporation (MODCO).

Contacts:

- **Browardhouse.org or call 954-568-7373 X3215**
- **modcocares.org or call 954-764-6488**

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HANDOUT A5

DEFINITION OF SERVICES PROVIDED

SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)

Provides continued support for emergency financial assistance for payment of rent, mortgage and utilities. STRMU is a short-term need-based time-limited, intervention to prevent Homelessness, i.e. provide rental assistance to homeowners /tenants to remain in their current place of residence.

Contacts:

- **Housing Case Management (HCM) Providers; Sunserve or Careresource**

PERMANENT HOUSING PLACEMENT (PHP)

Provide clients with move in assistance and cost associated with obtaining permanent housing which includes Application fees, credit checks, First, last and Security deposits (not to exceed two months rent), one time Utility connection and Processing cost.

Contacts:

- **Housing Case Management (HCM) Providers; Sunserve or Careresource**

TENANT BASED RENTAL VOUCHERS (TBRV)

Provides continued support to lower-income HIV/AIDS persons or families for rental assistance to live in private, independent apartment units. The household assisted will be required to pay no more than 10% of its gross income or 30% of adjusted income for rent and utilities, whichever is greater.

This program is currently closed. City plans to re-open this program for fiscal year 21-22.
A waiting list will be prepared through Provide Enterprise (HOPWA software). Additional Information will be advertised publicly via local news, City website, etc. Contact current HOPWA providers for details.

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HANDOUT A5

DEFINITION OF SERVICES PROVIDED

Housing Case Management (HCM) Program

Provides no direct financial housing subsidy. Providers are responsible for developing and implementing Individualized comprehensive housing stability plan. HCM includes housing assistance and supportive services like access to healthcare who are not receiving FAC, PBR or TBRV services. And assists clients in applying for STRMU or PHP assistance. Collaborate with Legal Aid of Broward county, a HOPWA Service Provider if needed. Provider may assist clients who are transitioning off FAC, PBR or TBRV subsidy to self-sufficiency.

Contacts Housing Case Management (HCM) Providers:

- **Sunserve.org or call 954-764-5150**
- **Caresource.org or call 954-567-7141**

NON-HOUSING SUPPORT SERVICES –LEGAL AID

Provide no direct financial housing subsidy. HOPWA activity includes advocating on client's behalf. This program type is responsible for providing legal advice and/or direct legal representation to clients who were referred by Non-Housing Subsidy Case Management providers.

- **Contact Housing Case Management Providers; Sunserve or Careresource**

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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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HANDOUT A5

DEMOGRAPHICS

Number of client's FY 2019: 2143

- **734** received financial subsidy(TBRV, PBR, STRMU, TEHV and PHP
- **1409** received housing case management services and were connected to other resources based on need

Ethnicity		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2,	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2,	[D] Ethnicity [Also identified as Hispanic or Latino]
1	American Indian/Alaskan Native	0	0	1	0
2	Asian	0	0	0	0
3	Black/African American	469	5	202	1
4	Native Hawaiian/Other Pacific Islander	0	0	0	0
5	White	260	67	25	18
6	American Indian/Alaskan Native & White	1	0	0	0
7	Asian & White	1	0	0	0
8	Black/African American & White	2	0	2	0
9	American Indian/Alaskan Native & Black/African American	0	0	2	0
10	Other Multi-Racial	1	0	4	0
11	**Column Totals (Sum of Rows 1-10)**	734	72	236	19

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	2	0	0	2
2	18 to 30 years	30	32	0	0	62
3	31 to 50 years	149	110	7	0	266
4	51 years and Older	250	149	5	0	404
5	**Subtotal (Sum of Rows 1-4)**	429	293	12	0	734

HANDOUT A5

NEEDS, GAPS, BARRIERS TO CARE

- Availability and affordability
- Some of the primary barriers are the cost of housing units, limited stock of affordable housing units, poor rental history, neighborhood are not desirable to clients
- COVID-19 has created greater needs that go beyond the CARES Act funding

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NOTABLE TRENDS

- 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
- There has been an increase in inquiries from clients who live out of State. HOPWA subsidies are not portable.

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RECOMMENDATIONS

What are some of the successes of your program:

- Program participants are more aware of program rules, resulting in faster access to available benefits.
- Improved housing stability and less evictions.

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 ,
- Disbursement of HOPWA COVID-19 funding

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:

- Mental Health and substance abuse care
- Limited face to face services due to COVID-19, feedback from one client. "I am starting to feel like a case number and not a person" this is a direct result

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

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HANDOUT A5

QUESTIONS?

DISCUSSION

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