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: June 17, 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 06/17/2021
   b. Last Meeting Minutes 05/20/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   a. Monthly Expenditures/Utilization Report- by service category
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **COVID-19 Impact Report Presentation (Handouts A)**
   Work Plan Activity 1.1: Review data relevant to the PSRA process
   ACTION ITEM: Receive presentation on the impact of COVID-19 on the Ryan White Part A system.

II. **Part A Client Health Outcomes: PSRA Scorecards (Handouts B)**
Work Plan Activity 1.1: Review data relevant to the PSRA process
ACTION ITEM: Receive FY2020 (March 1, 2020 – February 28, 2021) Expenditures & Allocations.

III. **How Best to Meet the Need (Handout C)**
Work Plan Activity 1.2: Review How Best to Meet the Need language recommendations from SOC committee.
ACTION ITEM: Review and approve the recommended How Best to Meet the Need language for FY2022-2023 by the System of Care Committee.

IV. **Priority Setting (Handouts D)**
Work Plan Activity 1.3: Priority rank Part A and MAI service categories
ACTION ITEM: Use data elements to inform priority ranking process including CEC's rankings of Part A Services.

V. **Voting Conflicts Presentation (Handouts E)**
Work Plan Activity 1.3: Priority rank Part A and MAI service categories
ACTION ITEM: Receive overview of PSRA voting conflicts.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

a. Next Meeting Date: July 15, 2021, at 9:00 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- **Resource Allocations**

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

FY 2021-22 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 QMC, 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	X	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.				X								
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
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.	X	X	X	X								
1.6 Review and approve FY2021 PSRA Work Plan	Annually	PSRA	Process Planning		X	X										

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

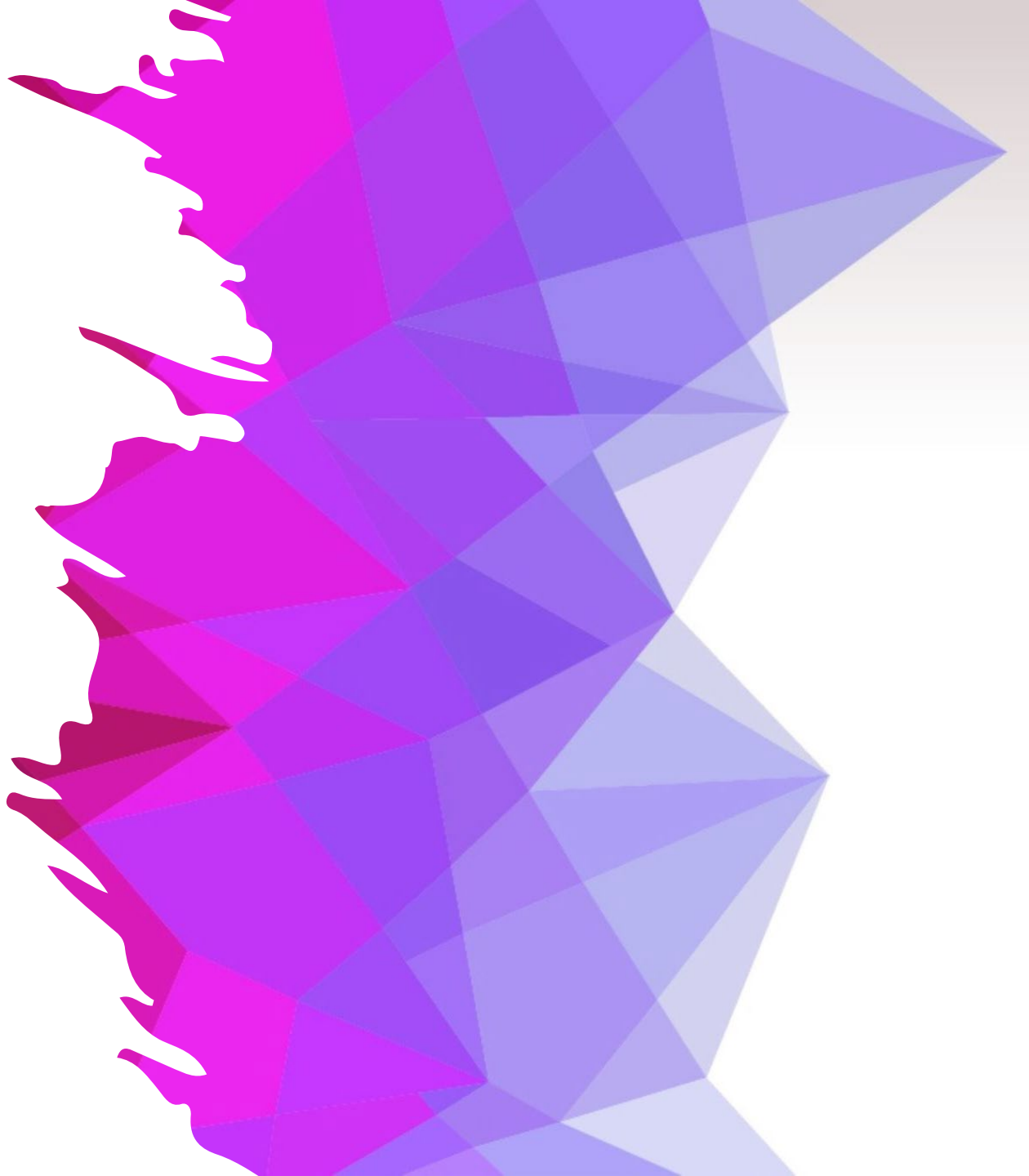
Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.	X							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

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 21-22 Allocations

	Service Category		Allocations	Expended Amount As of May Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2021-22 Projected Expenditures
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,436,529	1,283,772	24%	4,152,757	427,924	5,135,086
	MAI Ambulatory (1)		116,092	15,370	13%	100,722	5,123	61,480
	AIDS Pharmaceutical Assistance (3)		357,057	2,118	1%	354,939	706	8,471
	Oral Health Care	*Routine (4)*	1,856,437	297,156	16%	1,559,281	99,052	1,188,625
		Specialty (1)	736,489	160,958	22%	575,532	53,653	643,830
	Medical Case Management	*MAI Medical Case Management (1)*	55,997	14,678	26%	41,319	4,893	58,714
		Case Management (7)	1,198,830	342,175	29%	856,655	114,058	1,368,698
		Disease Case Management (5)	410,022	64,258	16%	345,764	21,419	257,032
	Mental Health- Trauma-Informed (2)		182,052	18,729	10%	163,323	6,243	74,916
	MAI Mental Health (1)		62,469	5,782	9%	56,687	1,927	23,130
	Health Insurance Premium & Cost Sharing Assistance		739,641	118,982	16%	620,659	39,661	475,927
	Substance Abuse-Outpatient (1)		285,030	39,925	14%	245,105	13,308	159,699
	MAI Substance Abuse-Outpatient (1)		400,000	137,328	34%	262,672	45,776	549,310
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	99,858	17%	482,630	33,286	399,432
		MAI Centralized Intake and Eligibility Determination (1)	290,956	244,002	84%	46,954	81,334	976,008
	Food Services	*Food Bank (1)*	700,000	120,805	17%	579,195	40,268	483,220
		Food Voucher (1)	82,586	-	0%	82,586	-	82,586
	Legal Assistance (1)		129,151	33,735	26%	95,416	11,245	134,939
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872
	Total Part A Funds		**12,812,184**	**2,582,469**	**20%**	**10,229,715**	**860,823**	**10,329,876**
	FY20-21 Carryover MAI Fund		**-**					
	Total MAI Funds		**925,514**	**417,161**	**45%**	**508,353**	**139,054**	**1,668,642**
	Total Funds		**13,737,698**	**2,999,629**	**22%**	**10,738,069**	**999,876**	**11,998,518**

Impact of the COVID-19 Pandemic on Broward County Ryan White Clients: Presentation to the PSRA Committee

Julia Hidalgo, ScD, MSW, MPH
Positive Outcomes, Inc.
June 17, 2021



Assessment Aims

- Understand the impact of the COVID-19 pandemic on Broward County Ryan White (RW) clients and the HIV Care Continuum
- Strengthen organizational capacity of the Continuum by expanding telehealth and related services
- Increase access to core medical and support services though telehealth to achieve sustained HIV viral suppression among all Broward residents living with HIV
- Inform the RW Part A Program's priority setting and resources allocation (PSRA) activities to support these activities

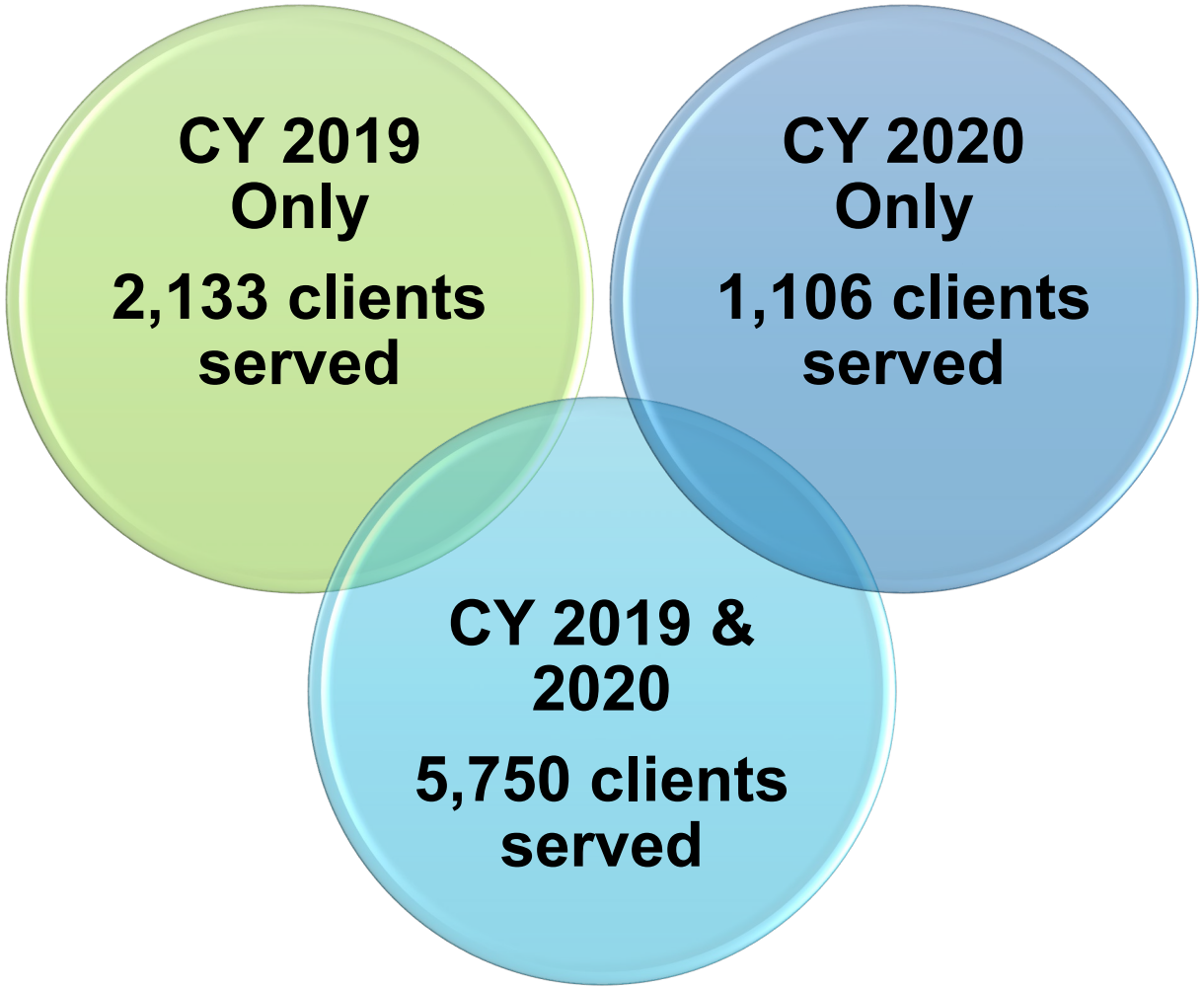
Assessment Objectives

- Measure trends in use of RW core medical and support services before and after March 1, 2020- the date of the Governor's Executive Order 20-51
- Assess feasibility of using Provide Enterprise (PE) data to measure
  - The association between clients' characteristics and their use of RW services before and after the Executive Order
  - The varied impact of the COVID-19 pandemic on RW clients and providers
- Use performance and clinical outcome measures to evaluate the impact of the COVID-19 pandemic on screening, treatment, and clinical outcomes

Assessment Methods

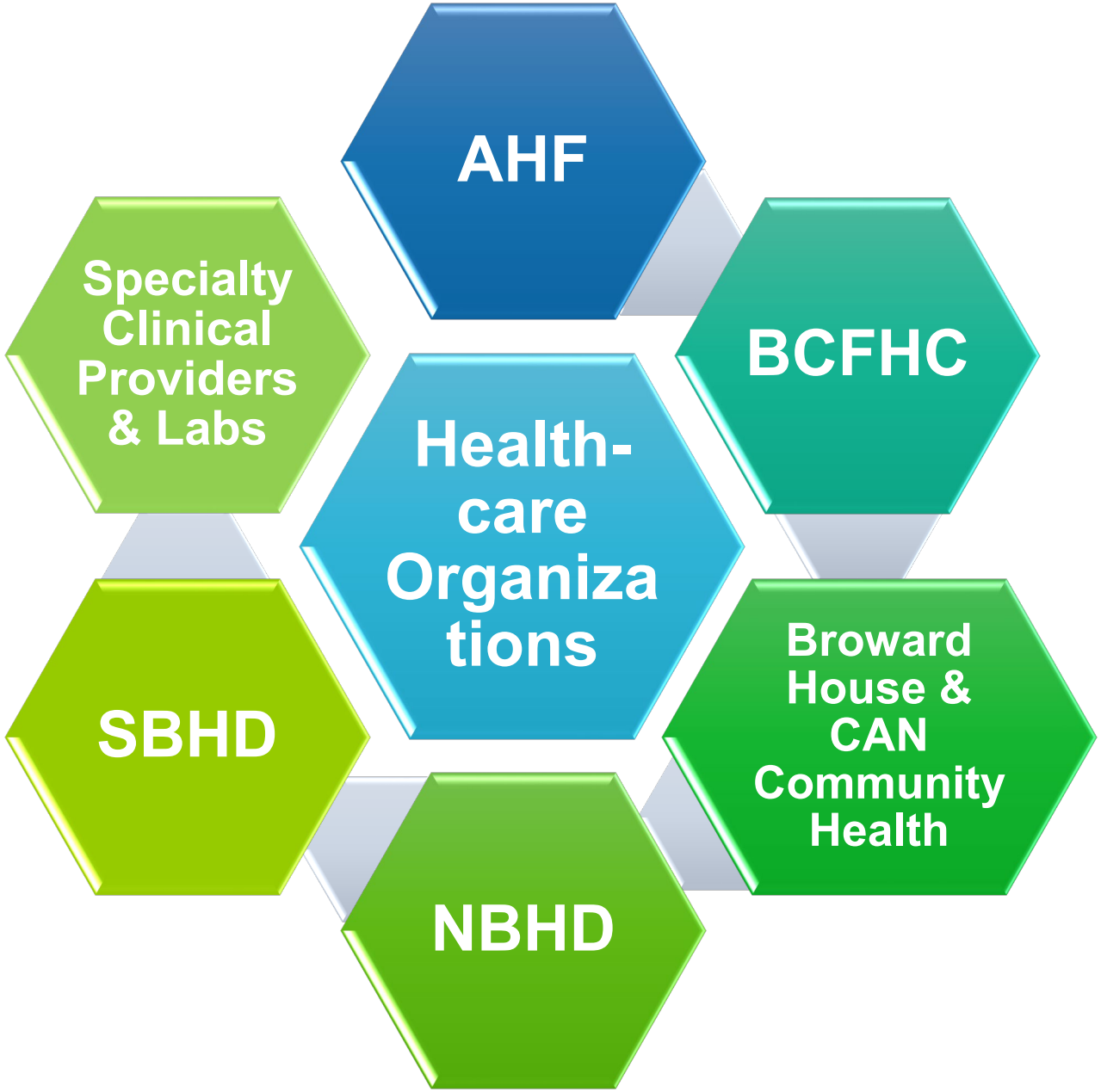
- Analyze client-level PE data for Calendar Years (CYs) 2019 and 2020
- Analyze provider-level PE data for the same period
- Analyzed additional electronic health record (EHR) data on medical visits
  - RW-funded clinics were asked to report office visits versus telemedicine visits
- Wee will interview key clinic managers and staff to gain their perspectives after data analysis is completed
- A sample of clients' PE records will be reviewed to understand issues reflected in the data (e.g., efforts to relocate CY 2019 clients not returning to care in CY 2020)

PE Data Were Used to Assess Utilization and Process/ Outcome Measures



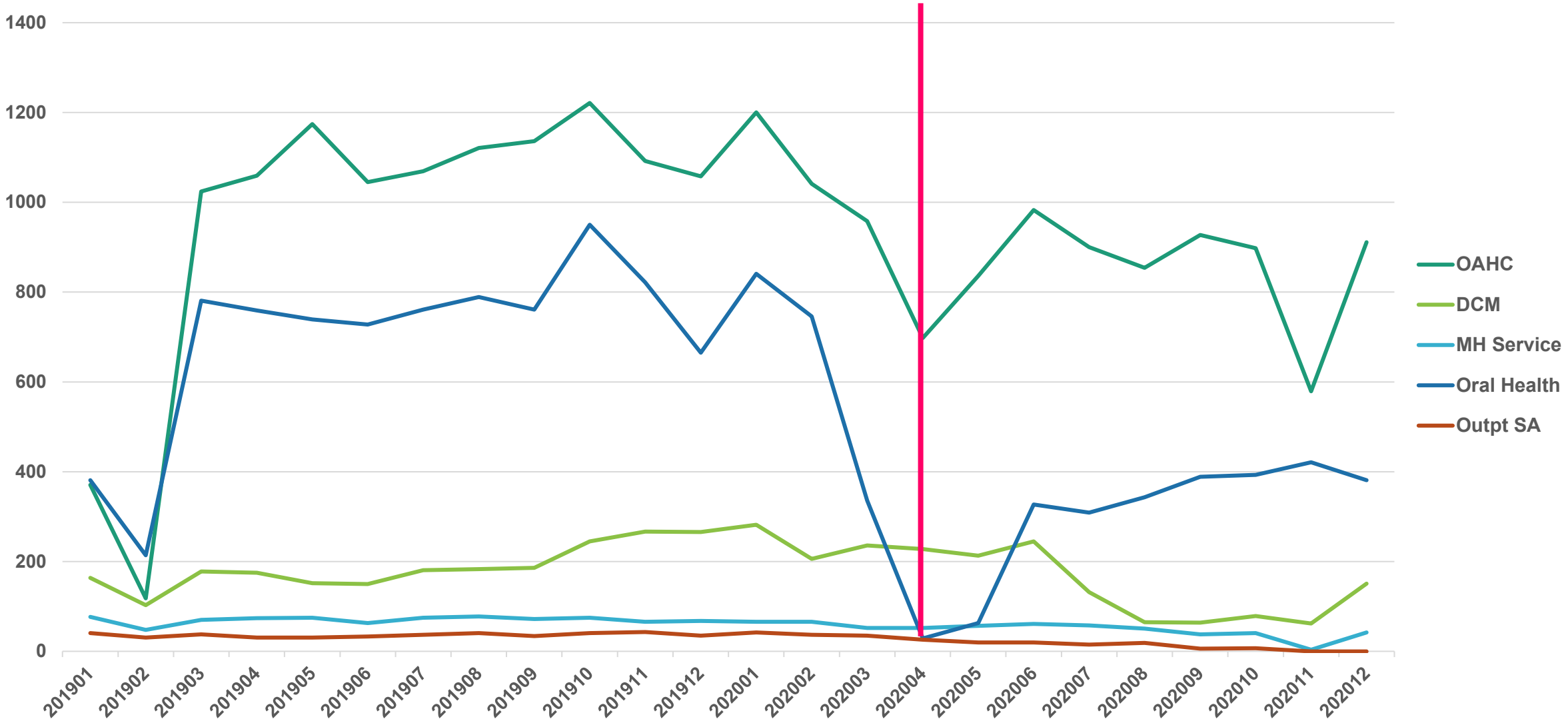
Year	# of Clients
CY 2019 Only	2,133
CY 2020 Only	1,106
CY 1999 AND CY 2020	5,750
Total Clients	**8,989**

RW-Funded Healthcare Organizations and Their Clinics Participating in the Assessment

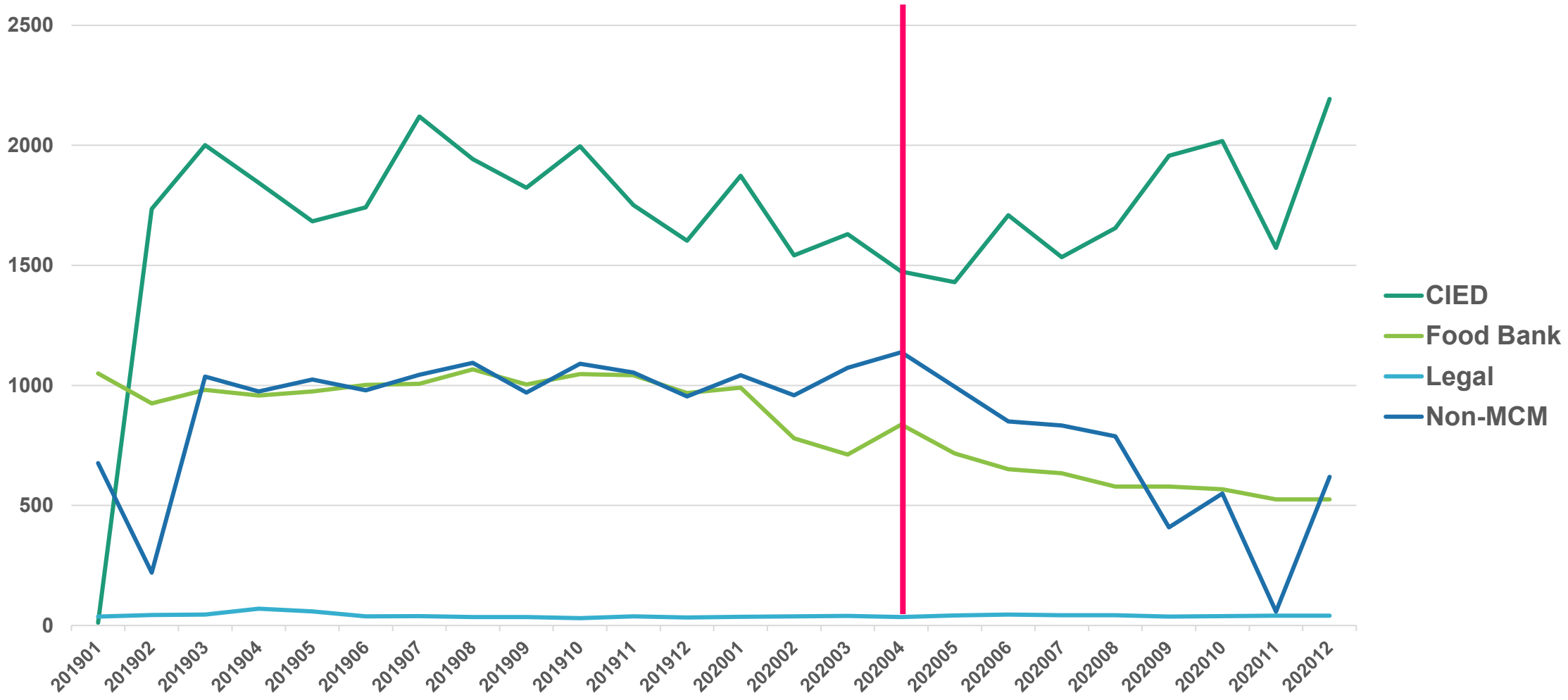


Impact of COVID-19 on RW Core and Support Services

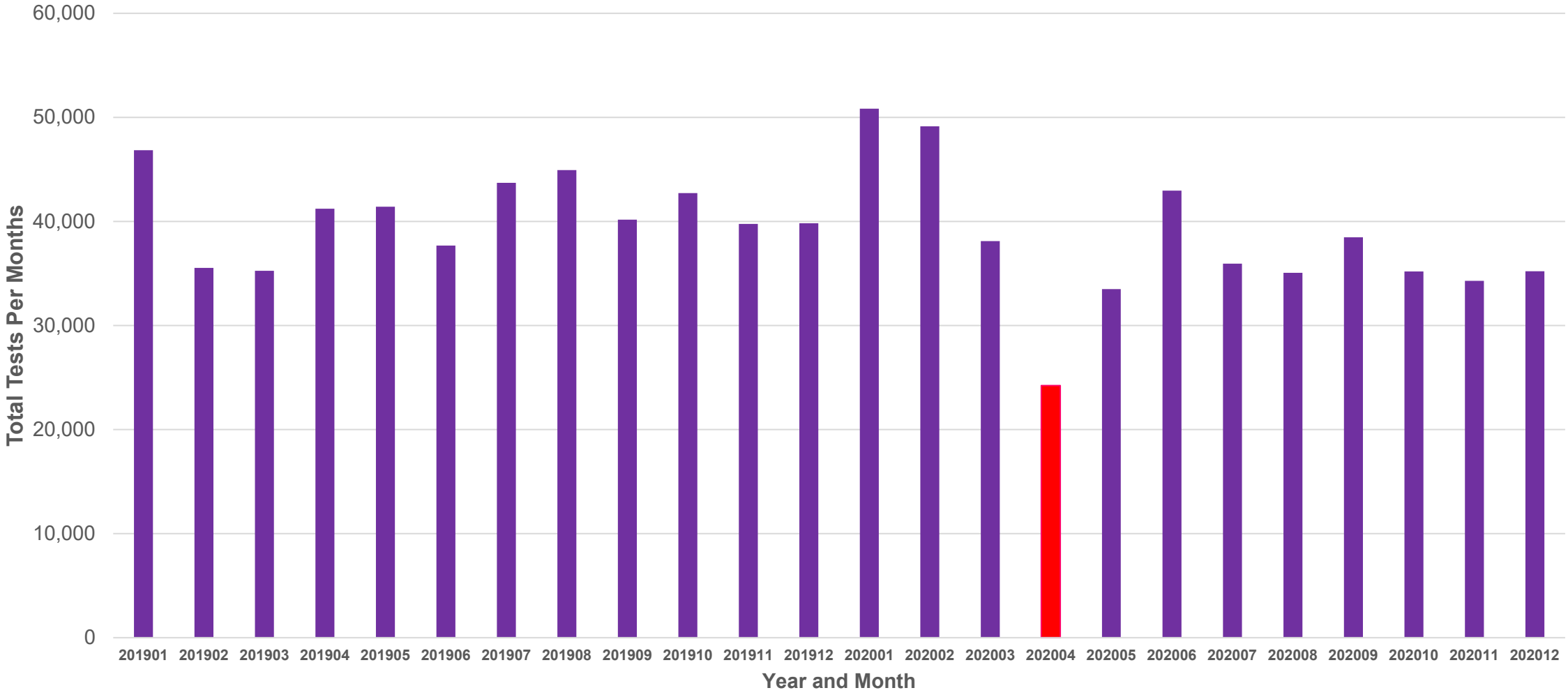
Trends in Monthly Counts of Clients Served Per Month by Select Core Service Categories, CY 2019-2020



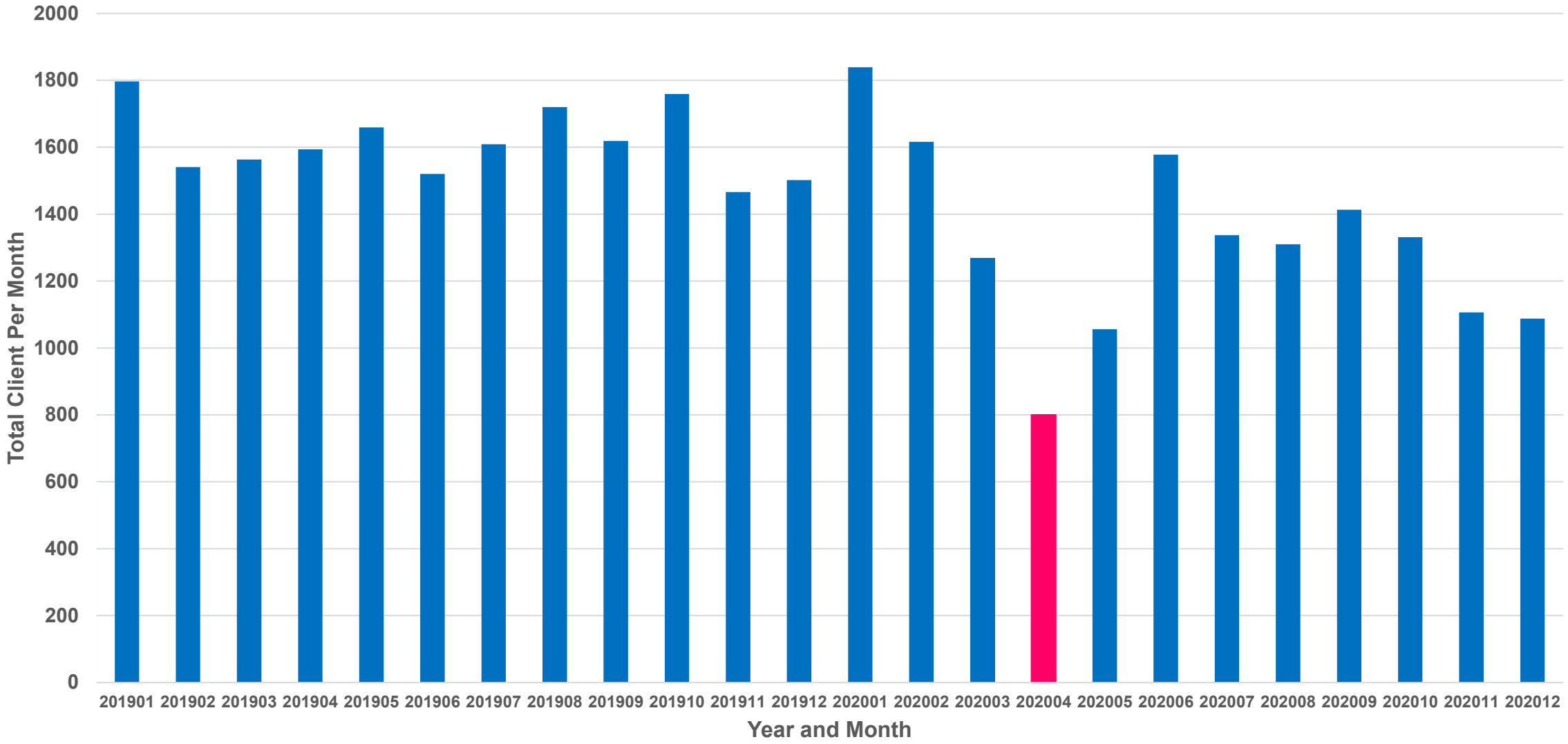
Trends in Monthly Counts of Clients Served Per Month by Select Support Service Categories, CY 2019-2020



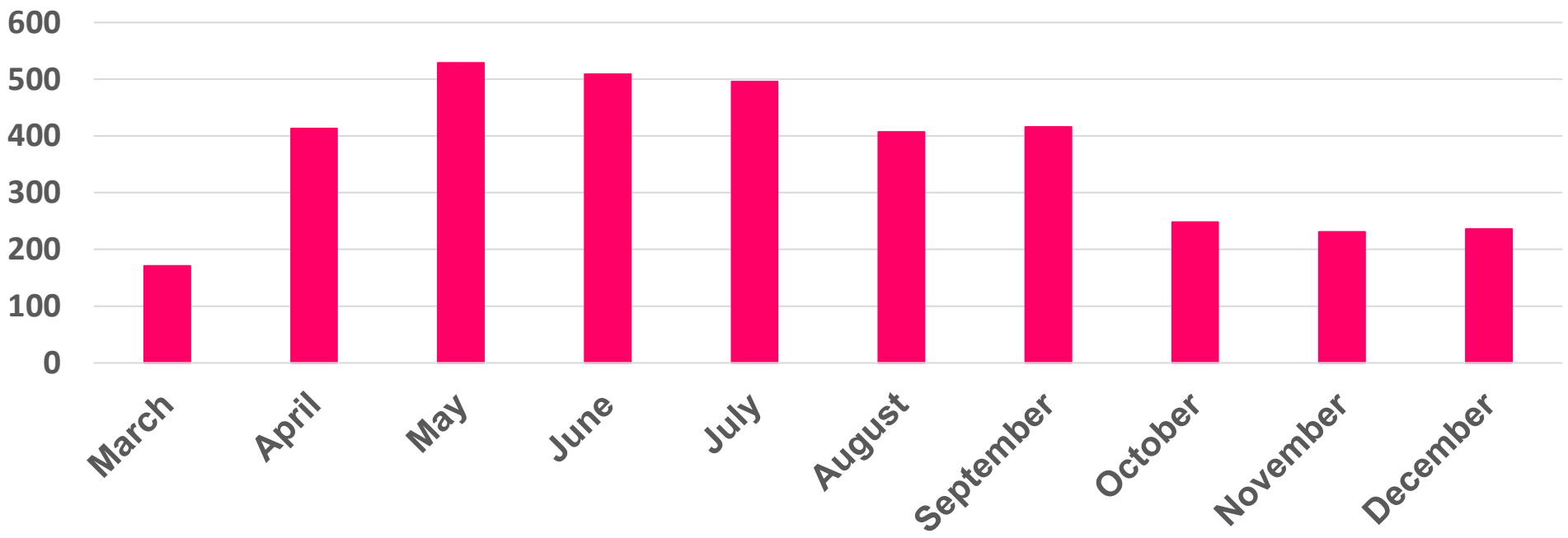
Trends in Monthly Counts of Lab Tests Reported in PE, CY 2019-2020



Trends in Unduplicated Clients Receiving One or More Lab Service Per Month CY 2019 – CY 2020



Total Medical Visits Per Month Reported by RW-Funded Healthcare Organizations, March 2020 – December 2020



These data are based on submissions from five out of six healthcare organizations. Most of the organizations did not provide complete organizations about whether the visits were face to face or conducted by telephone or other telehealth methods.

Impact of COVID-19 Performance and Clinical Outcome Measures

Questions Addressed

- Did adolescent and adult screening rates change significantly from CY 2019 to CY 2000?
- Did the CY 2019 and CY 2020 rates vary significantly from the NIH recommendations for screening in adolescents and adults?

Adolescent and Adult Screening Rates in CY 2019 & CY 2020		Calendar Year		p - value
		2019	2020	
Tuberculosis (TB)	No	92.2%	91.3%	p < .034
	Yes	7.8%	8.7%	
Syphilis	No	49.6%	45.6%	p < .000
	Yes	50.4%	54.4%	
Chlamydia	No	53.5%	53.0%	p < .034
	Yes	46.5%	47.0%	
Gonorrhea	No	61.5%	60.6%	p < .151
	Yes	38.5%	39.4%	
Hepatitis A Virus	No	79.5%	75.9%	p < .000
	Yes	20.5%	24.1%	
Hepatitis B Virus	No	72.7%	71.1%	p < .021
	Yes	27.3%	28.9%	
Hepatitis C Virus	No	78.6%	73.0%	p < .000
	Yes	21.4%	27.0%	

Questions Addressed

- Did CDC viral load (VL) categories change significantly between the pre- and post-COVID periods?

Transition in First and Last CDC VL Category Pre- and Post-COVID Observation Periods (p <.000)		
First VL in Observation Period	**Pre- COVID**	**Post- COVID**
Undetectable	**70.4%**	**79.2%**
Suppressed	11.3%	7.8%
Detectable	14.1%	1.0%
Highly Detectable	4.1%	3.0%
Last VL in Observation Period	**Pre- COVID**	**Post- COVID**
Undetectable	**77.5%**	**82.3%**
Suppressed	10.5%	7.4%
Detectable	9.7%	8.5%
Highly Detectable	2.3%	1.9%

Key Issues Identified in the Assessment

Key Issues

- While the significant loss from care of clients before and during the COVID-19 epidemic is being addressed through Ending the HIV Epidemic (EHE), it is likely that reengagement of clients may further stress RW-funded providers
  - Stress will be compounded by continued in-migration of persons living with HIV from other jurisdictions
  - The final assessment report will identify how telehealth models applied elsewhere can adopted

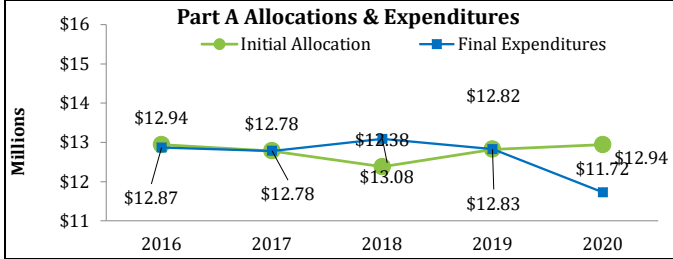
Key Issues

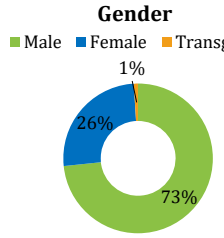
- RW-funded organizations are likely to require intensive technical assistance to increase direct service staffing, improve cash flow, and expand physical capacity
- PE data quality needs to be improved
  - Improve client characteristic data to address accuracy, completeness, and timeliness
  - Lab service and billing data should adopt coding methods used in leading EHR systems
  - Healthcare service and billing data should adopt coding methods used by Medicaid, Medicare, and leading private insurers

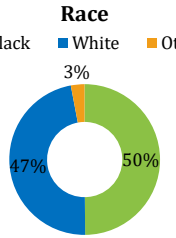
Questions and Discussion

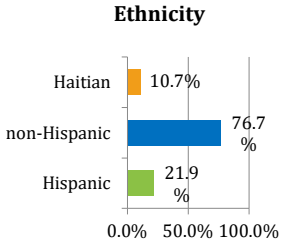
FY 2020-2021 Scorecard: Part A Overall

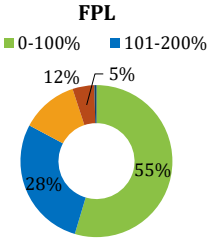
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		
FY	Initial Allocation	MAI	Total	Final Expenditures	MAI	Total	% Change	Total	Carryover	% Change
2020	**$12,941,919**	**$1,522,248**	**$14,464,167**	**$11,723,195**	**$1,059,092**	**$12,782,287**	**-7.0%**	**$15,886,455**	**$463,156**	**-0.2%**
2019	$12,824,894	$646,130	$13,471,024	$12,827,693	$918,893	$13,746,586	-1.6%	$15,924,940	$275,562	-0.3%
2018	$12,377,031	$1,069,851	$13,446,882	$13,084,956	$885,675	$13,970,631	0.7%	$15,977,716	$275,400	0.9%
2017	$12,783,392	$1,266,527	$14,049,919	$12,783,319	$1,090,111	$13,873,430	-1.7%	$15,831,728	$202,175	-1.6%
2016	$12,944,417	$1,096,019	$14,040,436	$12,870,073	$1,246,017	$14,116,090	2.4%	$16,089,080	$190,407	0.4%











FY 20-21 Part A Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change
2020	**8,016**	**-1.63%**
2019	8,149	

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	11	2

FPL*	#	%
0-100%	4,376	54.6%
101-200%	2,260	28.2%
201-299%	973	12.1%
300-399%	371	4.6%
400% & over	36	0.4%

Insurance	#	%
Private	2,472	30.8%
Medicare	962	12.0%
Medicaid	1,349	16.8%
Other Public	29	0.4%
None	3,204	40.0%

Gender	#	%
Male	5,879	73.3%
Female	2,062	25.7%
Transgender	71	0.9%

Race	#	%
Black	3,996	49.9%
White	3,774	47.1%
Other	237	3.0%

Ethnicity	#	%
Hispanic	1,752	21.9%
Non-Hispanic	6,152	76.7%
Haitian	855	10.7%

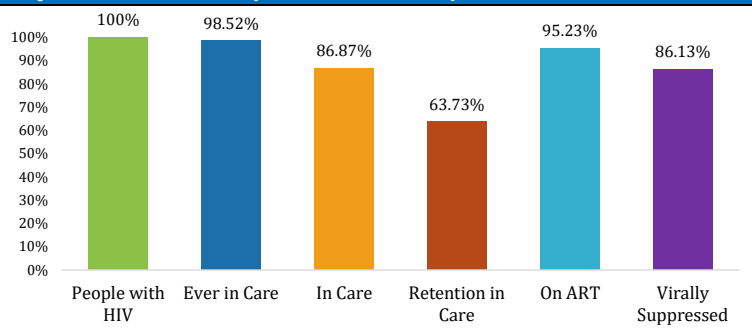
*FPL is current for the end of the FY

FY 2020-2021 Scorecard: Part A Overall

FY 20-21 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,264	100%
Ever in Care	Clients with HIV who have ever had a medical care service*	8,142	98.52%
In Care	Clients with HIV who had a medical care service within the reporting period.	7,179	86.87%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,267	63.73%
On ART	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	7,870	95.23%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	7,118	86.13%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	7,118	86.1%
Gender	**#**	**%**
Male	5,243	88.7%
Female	1,810	82.9%
Transgender*	64	86.5%
Age	**#**	**%**
18>	4	50.0%
18-28	408	72.6%
29-38	1,197	81.9%
39-48	1,341	84.0%
49-58	2,258	88.8%
59+	1,910	91.3%
Living Arrangements	**#**	**%**
Permanent	5,906	89.3%
Non-Permanent	1,171	73.3%
Institution*	41	74.5%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,940	83.3%
Black Non-Hispanic Female	1,438	86.4%
Black Non-Hispanic Transgender*	38	86.36%
Total Black Non-Hispanic	**3,416**	**86.15%**
White Non-Hispanic Male	1,800	89.5%
White Non-Hispanic Female	157	86.7%
White Non-Hispanic Transgender*	6	75.0%
Total White Non-Hispanic	**1,963**	**91.86%**
Hispanic Male	1,424	91.2%
Hispanic Female	201	88.5%
Hispanic Transgender*	17	89.47%
Total Hispanic	**1,642**	**93.40%**
Educational Level	**#**	**%**
<8th Grade	365	87.7%
8-12th Grade	4,100	86.4%
College	2,634	89.6%

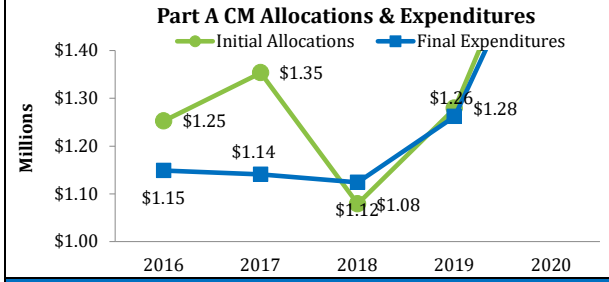
Transmission Type	#	%
MSM	3,559	89.7%
Black MSM	775	83.9%
White MSM	1,577	90.6%
Hispanic MSM	1,143	92.9%
	#	**%**
Heterosexual	823	85.1%
Black Hetero	663	85.0%
White Hetero	156	85.7%
Hispanic Hetero	95	84.8%
	#	**%**
Hemophilia*	9	90.0%
IDU	93	91.2%
MSM/IDU*	35	89.7%
Perinatal	63	65.6%
Transfusion*	37	80.4%
Unknown	2,499	82.2%

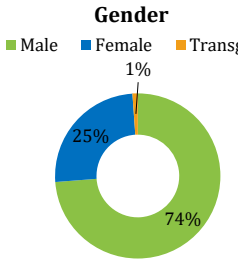
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

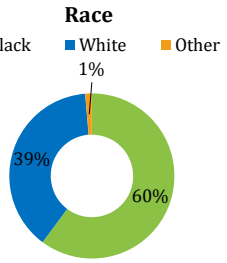
FY 2020-2021 Scorecard: Case Management

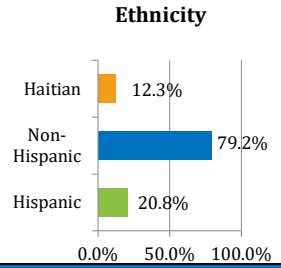
ELIGIBILITY: ≤ 400% FPL

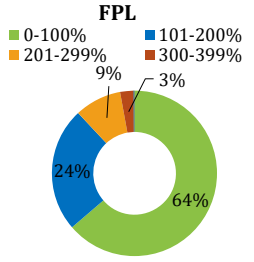
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$1,759,423**	**$0**	**$1,759,423**	**$1,696,236**	**$0**	**$1,696,236**	**34.41%**	**$15,886,455**	**10.7%**	**2**
2019	$1,279,048	$0	$1,279,048	$1,262,030	$0	$1,262,030	12.31%	$15,924,940	7.9%	2
2018	$1,078,812	$0	$1,078,812	$1,123,725	$0	$1,123,725	-1.48%	$15,977,716	7.0%	4
2017	$1,353,264	$0	$1,353,264	$1,140,647	$0	$1,140,647	-0.71%	$15,831,728	7.2%	4
2016	$1,252,719	$0	$1,252,719	$1,148,779	$0	$1,148,779	1.40%	$16,089,080	7.1%	1











FY 20-21 Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**2,332**	**6.63%**	**469**	**20.1%**
2019	2,187	5.81%	604	27.6%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	7	0

FPL*	#	%
0-100%	1,344	57.6%
101-200%	514	22.0%
201-299%	193	8.3%
300-399%	54	2.3%
400% & over	5	0.2%

Insurance	#	%
Private	617	26.5%
Medicare	173	7.4%
Medicaid	476	20.4%
Other Public	0	0.0%
None	828	35.5%

Gender	#	%
Male	1,722	73.8%
Female	586	25.1%
Transgender	24	1.0%

Race	#	%
Black	1,401	60.1%
White	897	38.5%
Other	30	1.3%

Ethnicity	#	%
Hispanic	485	20.8%
Non-Hispanic	1,846	79.2%
Haitian	287	12.3%

*FPL is current for the end of the FY

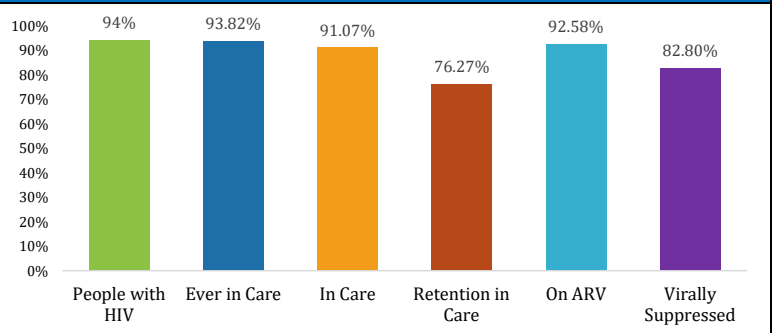
FY 2020-2021 Scorecard: Case Management

ELIGIBILITY: ≤ 400% FPL

FY 20-21 Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,114	94%
Ever in Care	Clients with HIV who have ever had a medical care service*	2,111	93.82%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,049	91.07%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,716	76.27%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,083	92.58%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,863	82.80%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	1,863	82.8%
Gender	**#**	**%**
Male	1,396	88.0%
Female	449	88.4%
Transgender*	18	90.0%
Age	**#**	**%**
Underage*	0	0.0%
18-28	127	83.6%
29-38	311	84.3%
39-48	327	86.3%
49-58	590	88.9%
59+	508	92.7%
Living Arrangements	**#**	**%**
Permanent	1,439	90.2%
Non-Permanent	403	82.2%
Institution*	21	72.4%

Race/Ethnicity	#	%
Black Non-Hispanic Male	624	84.3%
Black Non-Hispanic Female	368	88.2%
Black Non-Hispanic Transgender*	9	90.00%
Total Black Non-Hispanic	**1,001**	**81.12%**
White Non-Hispanic Male	353	88.3%
White Non-Hispanic Female*	39	83.0%
White Non-Hispanic Transgender*	1	100.0%
Total White Non-Hispanic	**393**	**80.20%**
Hispanic Male	397	94.3%
Hispanic Female*	42	95.5%
Hispanic Transgender*	7	100.00%
Total Hispanic	**455**	**91.55%**
Educational Level	**#**	**%**
<8th Grade	144	87.3%
8-12th Grade	1,117	86.9%
College	600	90.8%

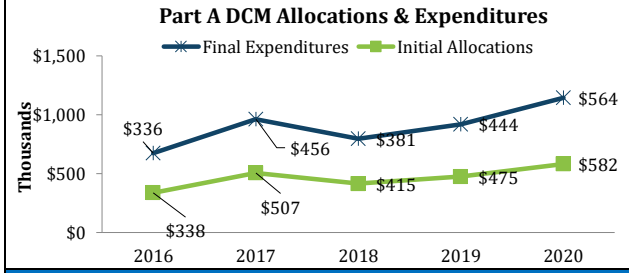
Transmission Type	#	%
MSM	868	89.9%
Black MSM	230	84.2%
White MSM	297	89.5%
Hispanic MSM	323	95.3%
	#	**%**
Heterosexual	274	87.0%
Black Hetero	226	86.9%
White Hetero*	22	81.5%
Hispanic Hetero*	26	92.9%
	#	**%**
Hemophilia*	2	100.0%
IDU*	28	73.7%
MSM/IDU*	8	100.0%
Perinatal*	7	58.3%
Transfusion*	12	92.3%
Unknown	664	86.5%

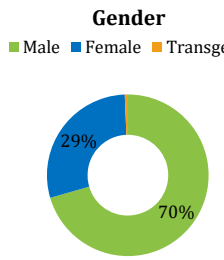
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

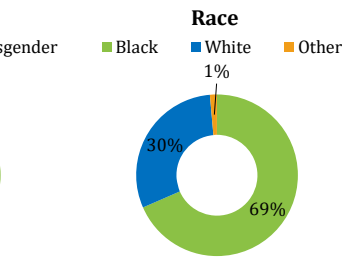
FY 2020-2021 Scorecard: Disease Case Management

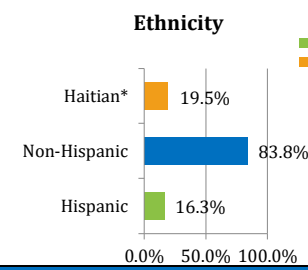
ELIGIBILITY: ≤ 400% FPL

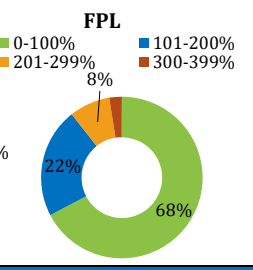
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$582,020**	**$182,823**	**$764,843**	**$563,736**	**$172,618**	**$736,354**	**50.3%**	**$15,886,455**	**4.6%**	**2**
2019	$475,404	$45,792	$521,196	$444,107	$45,791	$489,898	23.9%	$15,924,940	3.1%	2
2018	$415,496	$53,477	$468,973	$380,700	$14,634	$395,334	-21.3%	$15,977,716	2.5%	2
2017	$507,000	$55,997	$562,997	$455,802	$25,793	$502,495	31.3%	$15,831,728	3.2%	4
2016	$338,000	$55,997	$393,997	$335,973	$46,693	$382,666	38.0%	$16,089,080	2.4%	4











FY 20-21 Disease Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**640**	**-7.65%**	**125**	**19.5%**
2019	693	**8.11%**	181	26.1%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	5	1

FPL*	#	%
0-100%	431	67.3%
101-200%	141	22.0%
201-299%	52	8.1%
300-399%	15	2.3%
400% & over	1	0.2%

Insurance	#	%
Private	131	20.5%
Medicare	44	6.9%
Medicaid	126	19.7%
Other Public	1	0.2%
None	334	52.2%

Gender	#	%
Male	451	70.5%
Female	185	28.9%
Transgender	4	0.6%

Race	#	%
Black	436	68.1%
White	192	30.0%
Other	9	1.4%

Ethnicity	#	%
Hispanic	104	16.3%
Non-Hispanic	536	83.8%
Haitian*	125	19.5%

*FPL is current for the end of the FY

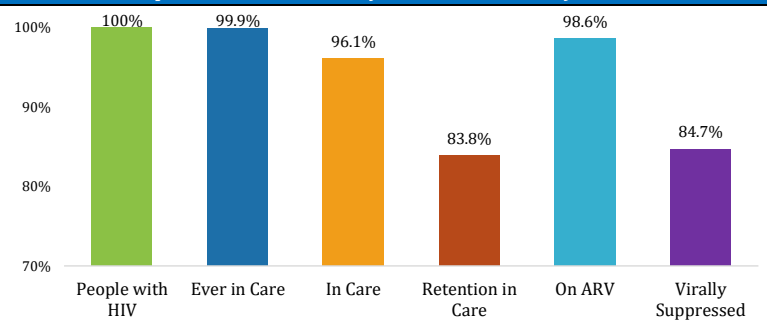
FY 2020-2021 Scorecard: Disease Case Management

ELIGIBILITY: ≤ 400% FPL

FY 20-21 Disease Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	712	100%
Ever in Care	Clients with HIV who have ever had a medical care service*	711	99.9%
In Care	Clients with HIV who had a medical care service within the reporting period.	684	96.1%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	597	83.8%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	702	98.6%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	603	84.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	603	84.7%
Gender	**#**	**%**
Male	444	86.5%
Female	154	79.4%
Transgender*	5	100.0%
Age	**#**	**%**
Underage*	0	0.0%
18-28*	42	85.7%
29-38	81	81.0%
39-48	122	78.7%
49-58	207	88.1%
59+	151	88.3%
Living Arrangements	**#**	**%**
Permanent	467	86.2%
Non-Permanent	129	79.6%
Institution*	7	87.5%

Race/Ethnicity	#	%
Black Non-Hispanic Male	253	83.2%
Black Non-Hispanic Female	126	77.3%
Black Non-Hispanic Transgender*	3	100.00%
Total Black Non-Hispanic	**382**	**81.28%**
White Non-Hispanic Male	89	93.7%
White Non-Hispanic Female*	12	100.0%
White Non-Hispanic Transgender*	1	100.0%
Total White Non-Hispanic	**102**	**94.44%**
Hispanic Male	94	90.4%
Hispanic Female*	14	87.5%
Hispanic Transgender*	1	100.0%
Total Hispanic	**109**	**90.08%**
Educational Level	**#**	**%**
<8th Grade*	50	92.6%
8-12th Grade	398	83.1%
College	155	87.6%

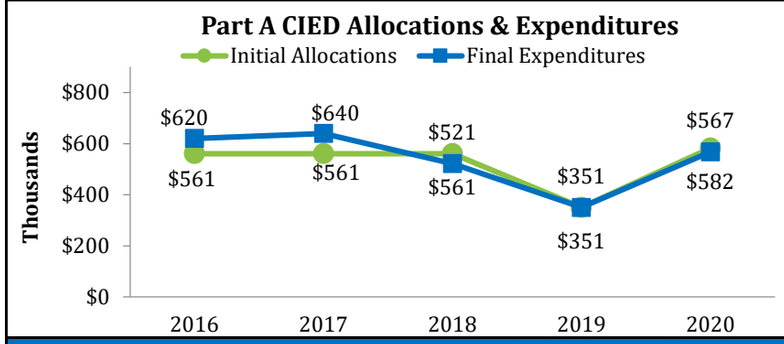
Transmission Type	#	%
MSM	206	87.7%
Black MSM	67	81.7%
White MSM	63	95.5%
Hispanic MSM	69	88.5%
	#	**%**
Heterosexual	75	78.9%
Black Hetero	62	76.5%
White Hetero*	5	100.0%
Hispanic Hetero*	8	88.9%
	#	**%**
Hemophilia*	1	100.0%
IDU*	5	71.4%
MSM/IDU*	4	100.0%
Perinatal*	6	60.0%
Transfusion*	2	100.0%
Unknown	304	84.9%

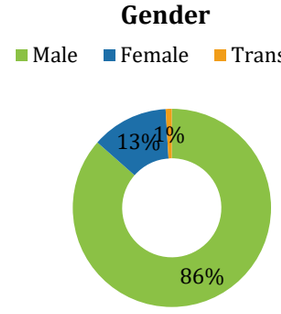
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

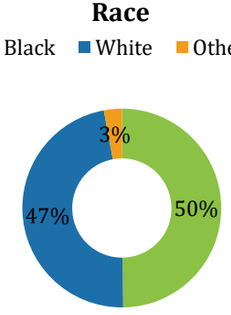
FY 2020-2021 Scorecard: Centralized Intake and Eligibility Determination (CIED)

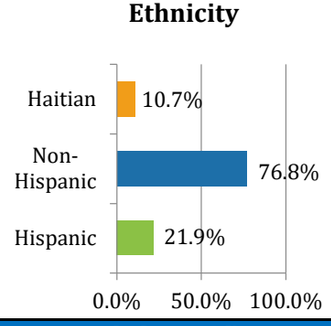
ELIGIBILITY: HIV+, Broward Resident

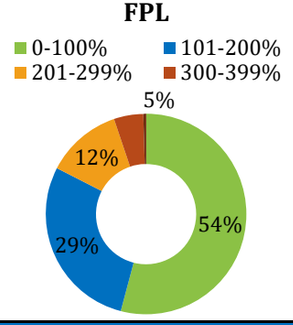
Fiscal Year	Initial Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$582,488**	**$290,956**	**$873,444**	**$567,327**	**$290,954**	**$858,281**	**10.78%**	**$15,886,455**	**5.4%**	**2**
2019	$350,513	$551,421	$901,934	$350,513	$424,222	$774,735	-4.63%	$15,924,940	4.9%	2
2018	$560,513	$290,957	$851,470	$521,422	$290,946	$812,368	-12.70%	$15,977,716	5.1%	1
2017	$560,513	$290,957	$851,470	$639,606	$290,950	$930,556	2.10%	$15,831,728	5.9%	1
2016	$560,513	$290,957	$851,470	$620,492	$290,919	$911,411	7.52%	$16,089,080	5.7%	1











FY 20-21 CIED Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**7,793**	**-0.66%**	**858**	**11.0%**
2019	7,845	**-4.05%**	966	12.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	4,213	54.1%
101-200%	2,222	28.5%
201-299%	955	12.3%
300-399%	368	4.7%
400% & over	35	0.4%

Insurance	#	%
Private	2,447	31.4%
Medicare	943	12.1%
Medicaid	1,304	16.7%
Other Public	28	0.4%
None	2,850	36.6%

Gender	#	%
Male	5,727	73.5%
Female	828	10.6%
Transgender	67	0.9%

Race	#	%
Black	3,878	49.8%
White	3,681	47.2%
Other	227	2.9%

Ethnicity	#	%
Hispanic	1,704	21.9%
Non-Hispanic	5,983	76.8%
Haitian	831	10.7%

*FPL is current for the end of the FY

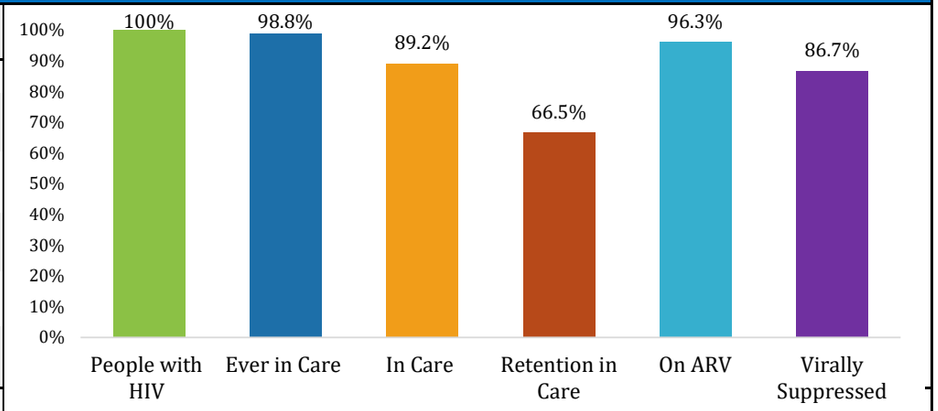
FY 2020-2021 Scorecard: Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

FY 20-21 CIED Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the	7,793	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	7,699	98.8%
In Care	Clients with HIV who had a medical care service within the reporting period.	6,949	89.2%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,183	66.5%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	7,502	96.3%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	6,756	86.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	6,756	86.7%
Gender	**#**	**%**
Male	4,971	86.8%
Female	1,726	86.5%
Transgender*	58	86.6%
Age	**#**	**%**
18-28	384	73.4%
29-38	1,115	82.8%
39-48	1,257	84.4%
49-58	2,143	88.9%
59+	1,854	91.8%
Living Arrangements	**#**	**%**
Permanent	5,646	89.6%
Non-Permanent	1,071	74.4%
Institution*	39	75.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,833	83.6%
Black Non-Hispanic Female	1,372	86.8%
Black Non-Hispanic Transgender*	35	87.5%
Total Black Non-Hispanic	**3,240**	**84.97%**
White Non-Hispanic Male	1,711	156.4%
White Non-Hispanic Female	153	91.1%
White Non-Hispanic Transgender*	5	71.4%
Total White non-Hispanic	**1,869**	**89.86%**
Hispanic Male	1,353	92.0%
Hispanic Female	191	89.3%
Hispanic Transgender*	15	88.2%
Total Hispanic	**1,559**	**91.49%**
Educational Level	**#**	**%**
<8th Grade	347	88.3%
8-12th Grade	3,920	86.9%
College	2,475	89.9%

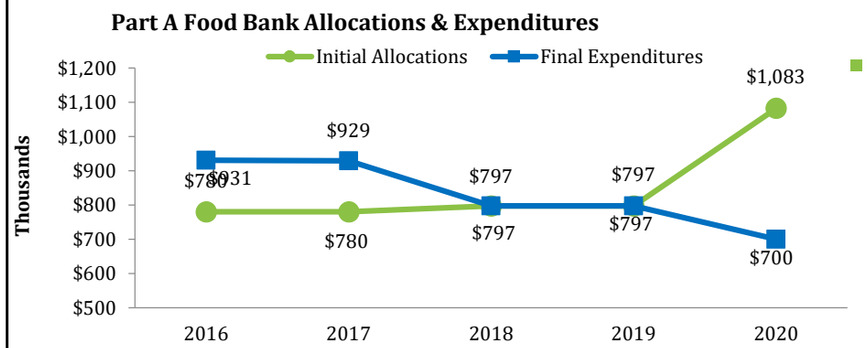
Risk Factor	#	%
MSM	3,384	89.9%
Black MSM	728	83.6%
White MSM	1,506	90.8%
Hispanic MSM	1,088	93.3%
	#	**%**
Heterosexual	750	85.6%
Black Hetero	605	85.5%
White Hetero	59	86.8%
Hispanic Hetero	83	85.6%
	#	**%**
Hemophilia*	8	88.9%
IDU	89	92.7%
MSM/IDU*	32	91.4%
Perinatal	59	65.6%
Transfusion*	36	87.8%
Unknown	2,938	87.3%

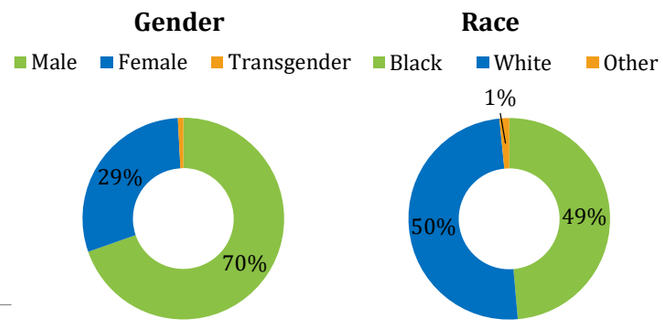
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

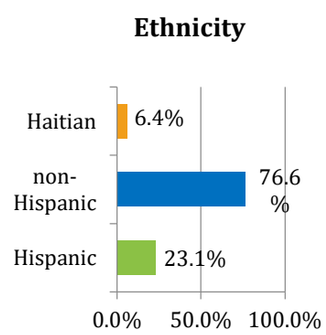
FY 2020-2021 Scorecard: Food Bank/Voucher

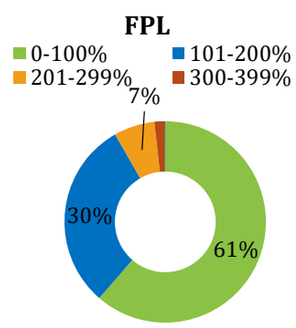
ELIGIBILITY: ≤250% FPL, Emergency: 251-300% FPL

Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A Total	MAI	% Change	Total	% of Total	
2020	**$1,082,586**	**$0**	**$1,082,586**	**$700,000**	**$0**	**-12.2%**	**$15,886,455**	**4.4%**	**3**
2019	$797,451	$0	$797,451	$797,451	$0	0.0%	$15,924,940	5.0%	3
2018	$797,451	$0	$797,451	$797,405	$0	-14.2%	$15,977,716	5.0%	1
2017	$780,446	$0	$780,446	$929,103	$0	-0.2%	$15,831,728	5.9%	4
2016	$780,446	$0	$780,446	$930,927	$0	-0.2%	$16,089,080	5.9%	4









*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps

FY 20-21 Food Bank/Voucher Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**1,931**	**-4.74%**	**377**	**19.5%**
2019	2,027	-11.72%	310	15.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	1,185	61.4%
101-200%	586	30.3%
201-299%	127	6.6%
300-399%	31	1.6%
400% & over	2	0.1%

Insurance	#	%
Private	463	24.0%
Medicare	287	14.9%
Medicaid	618	32.0%
Other Public	10	0.5%
None	533	27.6%

Gender	#	%
Male	1,344	69.6%
Female	568	29.4%
Transgender	17	0.9%

Race	#	%
Black	938	48.6%
White	961	49.8%
Other	30	1.6%

Ethnicity	#	%
Hispanic	446	23.1%
Non-Hispanic	1,479	76.6%
Haitian	123	6.4%

*FPL is current for the end of the FY

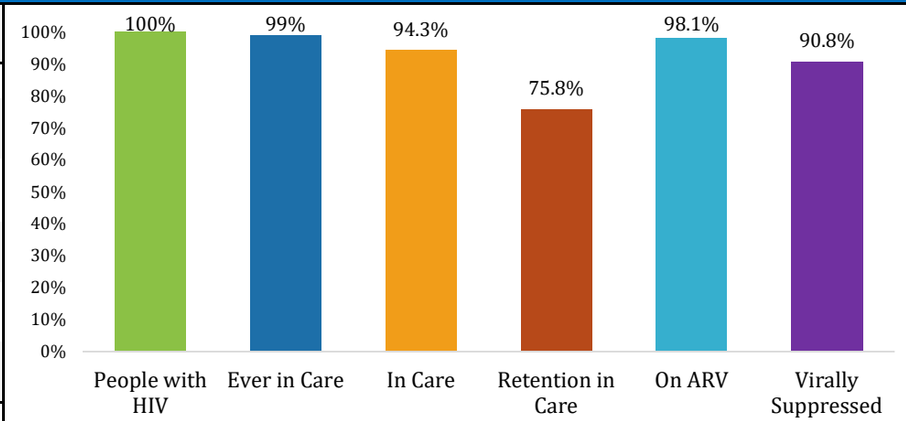
FY 2020-2021 Scorecard: Food Bank/Voucher

ELIGIBILITY: ≤250% FPL, Emergency: 251-300% FPL

FY 20-21 Food Bank/Voucher Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from	1,938	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,918	99%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,828	94.3%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,469	75.8%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,902	98.1%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,759	90.8%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	1,759	90.8%
Gender	**#**	**%**
Male	1,228	90.9%
Female	515	90.7%
Transgender*	16	94.1%
Age	**#**	**%**
18-28*	42	91.3%
29-38	205	89.1%
39-48	262	86.5%
49-58	626	91.4%
59+	622	92.7%
Living Arrangements	**#**	**%**
Permanent	1,442	92.1%
Non-Permanent	307	85.0%
Institution*	10	90.9%

Race/Ethnicity	#	%
Black Non-Hispanic Male	405	88.6%
Black Non-Hispanic Female	411	90.7%
Black Non-Hispanic Transgender*	7	87.5%
Total Black Non-Hispanic	**823**	**89.65%**
White Non-Hispanic Male	452	90.9%
White Non-Hispanic Female*	44	91.7%
White Non-Hispanic Transgender*	1	100.0%
Total White non-Hispanic	**497**	**90.86%**
Hispanic Male	357	94.7%
Hispanic Female*	58	90.6%
Hispanic Transgender*	7	100.0%
Total Hispanic	**422**	**94.20%**
Educational Level	**#**	**%**
<8th Grade	110	90.9%
8-12th Grade	1,033	91.2%
College	615	92.1%

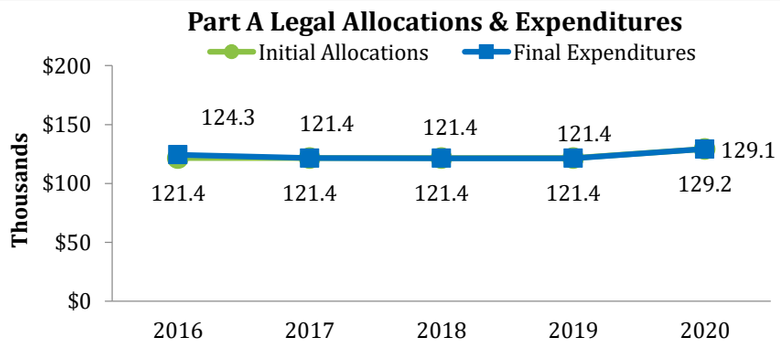
Risk Factor	#	%
MSM	869	92.0%
Black MSM	165	89.7%
White MSM	396	90.6%
Hispanic MSM	296	95.5%
	#	**%**
Heterosexual	332	100.0%
Black Hetero	243	90.7%
White Hetero*	24	96.0%
Hispanic Hetero*	31	83.8%
	#	**%**
Hemophilia*	5	71.4%
IDU*	32	94.1%
MSM/IDU*	16	84.2%
Perinatal*	6	66.7%
Transfusion*	10	90.9%
Unknown	521	89.4%

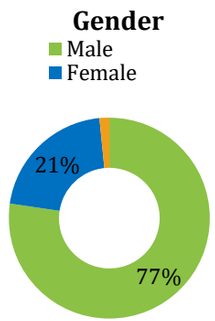
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

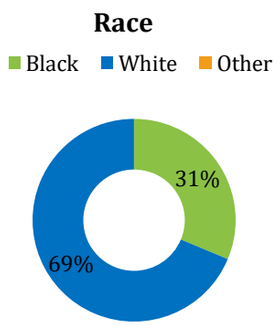
FY 2020-2021 Scorecard: Legal Services

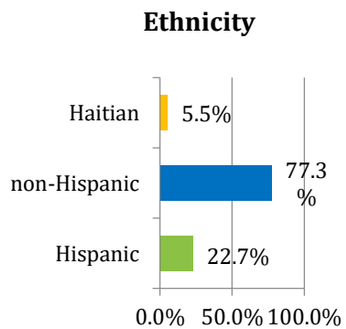
ELIGIBILITY: ≤300% FPL

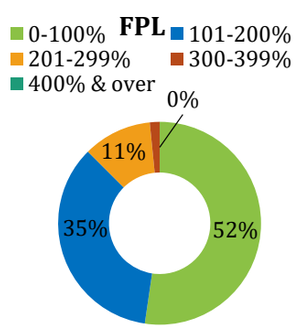
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$129,151**	**$0**	**$129,151**	**$129,137**	**$0**	**$129,137**	**6.35%**	**$15,886,455**	**0.8%**	**5**
2019	$121,426	$0	$121,426	$121,424	$0	$121,424	0.00%	$15,924,940	0.8%	5
2018	$121,426	$0	$121,426	$121,420	$0	$121,420	0.02%	$15,977,716	0.8%	3
2017	$121,426	$0	$121,426	$121,393	$0	$121,393	-2.37%	$15,831,728	0.8%	5
2016	$121,426	$0	$121,426	$124,334	$0	$124,334	3.39%	$16,089,080	0.8%	5











FY 20-21 Legal Services Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**128**	**-18.99%**	**65**	**50.8%**
2019	158	8.22%	65	41.1%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	67	52.3%
101-200%	45	35.2%
201-299%	14	10.9%
300-399%	2	1.6%
400% & over	0	0.0%

Insurance	#	%
Private	46	35.9%
Medicare	21	16.4%
Medicaid	35	27.3%
Other Public	0	0.0%
None	26	20.3%

Gender	#	%
Male	99	77.3%
Female	27	21.1%
Transgender	2	1.6%

Race	#	%
Black	40	31.3%
White	88	68.8%
Other	0	0.0%

Ethnicity	#	%
Hispanic	29	22.7%
Non-Hispanic	99	77.3%
Haitian	7	5.5%

*FPL is current for the end of the FY

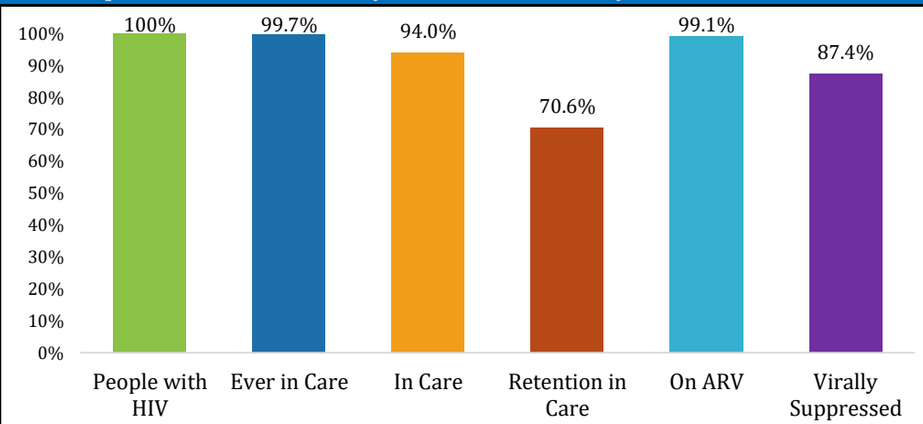
FY 2020-2021 Scorecard: Legal Services

ELIGIBILITY: ≤300% FPL

FY 20-21 Legal Services Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from	350	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	349	99.7%
In Care	Clients with HIV who had a medical care service within the reporting period.	329	94.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	247	70.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	347	99.1%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	306	87.4%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	306	87.4%
Gender	**#**	**%**
Male	222	89.9%
Female	80	81.6%
Transgender*	4	100.0%
Age	**#**	**%**
18-28*	5	62.5%
29-38*	42	82.4%
39-48	65	79.3%
49-58	125	91.9%
59+	69	94.5%
Living Arrangements	**#**	**%**
Permanent	259	88.7%
Non-Permanent	45	80.4%
Institution*	2	100.0%

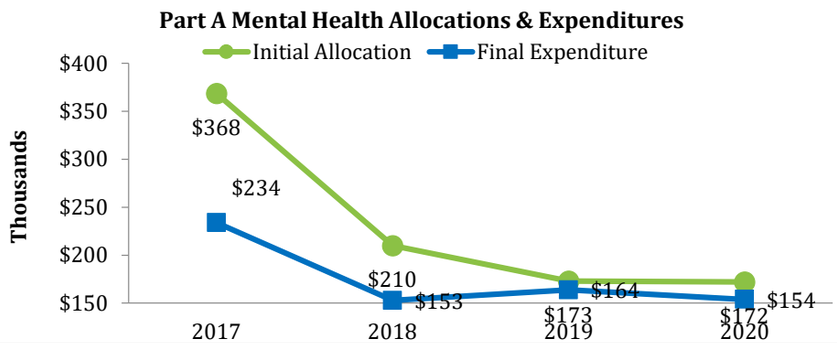
Race/Ethnicity	#	%
Black Non-Hispanic Male	67	79.8%
Black Non-Hispanic Female	62	79.5%
Black Non-Hispanic Transgender*	3	100.0%
Total Black Non-Hispanic	**132**	**80.00%**
White Non-Hispanic Male	99	96.1%
White Non-Hispanic Female*	9	90.0%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic	**108**	**94.74%**
Hispanic Male*	54	93.1%
Hispanic Female*	9	90.0%
Hispanic Transgender*	1	100.0%
Total Hispanic*	**64**	**92.75%**
Educational Level	**#**	**%**
<8th Grade*	7	63.6%
8-12th Grade	169	87.6%
College	130	89.0%

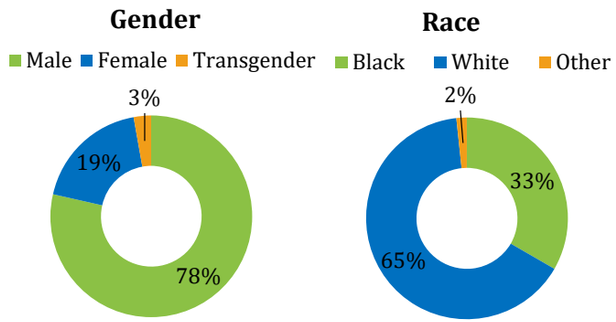
Risk Factor	#	%
MSM	175	90.7%
Black MSM*	40	80.0%
White MSM*	89	94.7%
Hispanic MSM*	45	93.8%
	#	**%**
Heterosexual*	45	83.3%
Black Hetero*	32	82.1%
White Hetero	6	85.7%
Hispanic Hetero*	7	8.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	5	100.0%
MSM/IDU*	5	100.0%
Perinatal	2	66.7%
Transfusion*	3	75.0%
Unknown	71	83.5%

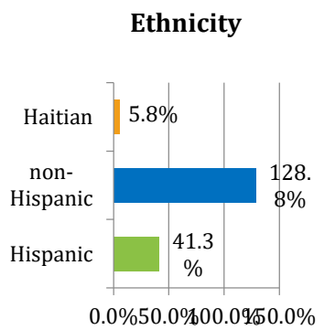
FY 2020-2021 Scorecard: Mental Health

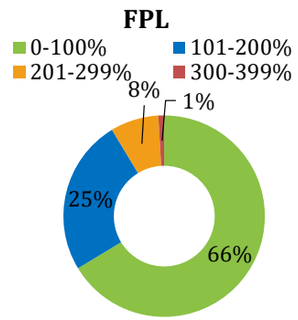
ELIGIBILITY: ≤300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$172,053**	**$62,469**	**$234,522**	**$153,778**	**$31,386**	**$185,164**	**13.1%**	**$15,886,455**	**1.2%**	**4**
2019	$172,938	$39,276	$212,214	$163,732	$0	$163,732	-4.7%	$15,831,728	1.0%	4
2018	$209,938	$39,276	$249,214	$152,834	$18,914	$171,748	-34.8%	$15,977,716	1.1%	6
2017	$368,438	$62,469	$430,907	$233,831	$29,759	$263,590	-9.6%	$15,831,728	1.7%	6
2016	$368,438	$62,469	$430,907	$235,298	$56,424	$291,722	-18.9%	$16,089,080	1.8%	6









FY 20-21 Mental Health Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**104**	**-41.24%**	**13**	**12.5%**
2019	177	**-22.71%**	56	31.6%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	1

FPL*	#	%
0-100%	69	66.3%
101-200%	26	25.0%
201-299%	8	7.7%
300-399%	1	1.0%
400% & over	0	0.0%

Insurance	#	%
Private	20	19.2%
Medicare	1	1.0%
Medicaid	10	9.6%
Other Public	1	1.0%
None	71	68.3%

Gender	#	%
Male	139	133.7%
Female	33	31.7%
Transgender	5	4.8%

Race	#	%
Black	59	56.7%
White	115	110.6%
Other	3	2.9%

Ethnicity	#	%
Hispanic	43	41.3%
Non-Hispanic	134	128.8%
Haitian	6	5.8%

*FPL is current for the end of the FY

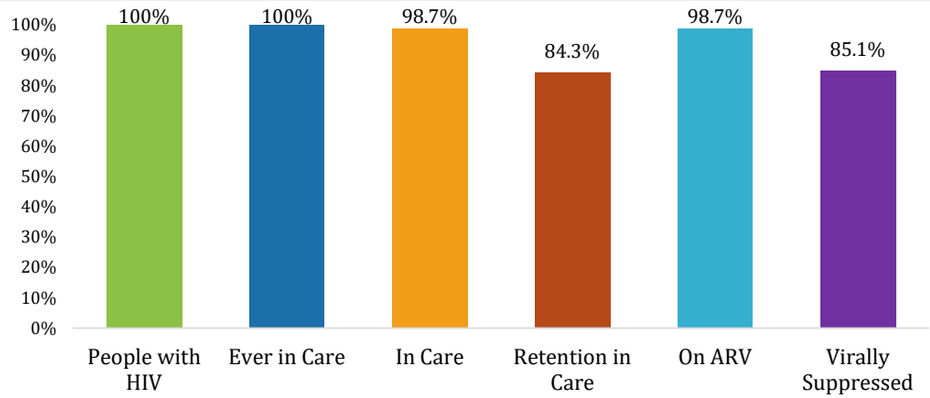
FY 2020-2021 Scorecard: Mental Health

ELIGIBILITY: ≤300% FPL

FY 20-21 Mental Health Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definitions	#	%
People with HIV	Clients who have HIV and received at least one service from the	395	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	395	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	390	98.7%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	333	84.3%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	390	98.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	336	85.1%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	336	85.1%
Gender	**#**	**%**
Male	259	85.8%
Female	69	81.2%
Transgender*	8	100.0%
Age	**#**	**%**
18-28*	38	84.4%
29-38	80	87.9%
39-48	84	83.2%
49-58	101	85.6%
59+*	33	82.5%
Living Arrangements	**#**	**%**
Permanent	234	86.7%
Non-Permanent	97	81.5%
Institution*	5	83.3%

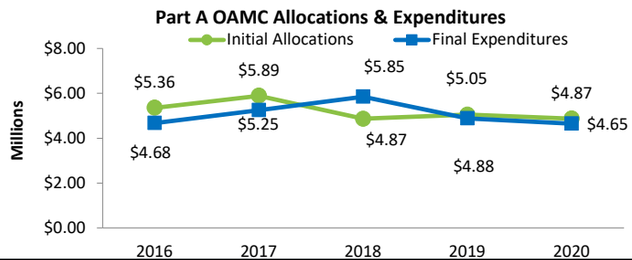
Race/Ethnicity	#	%
Black Non-Hispanic Male	111	79.3%
Black Non-Hispanic Female	51	78.5%
Black Non-Hispanic Transgender*	4	100.0%
Total Black Non-Hispanic	**166**	**79.43%**
White Non-Hispanic Male	80	88.9%
White Non-Hispanic Female*	8	88.9%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic	**88**	**88.89%**
Hispanic Male	62	93.9%
Hispanic Female*	10	90.9%
Hispanic Transgender*	4	100.0%
Total Hispanic	**76**	**93.83%**
Educational Level	**#**	**%**
<8th Grade*	11	84.6%
8-12th Grade	209	82.9%

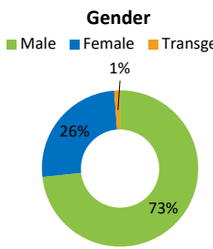
Risk Factor	#	%
MSM	177	90.8%
Black MSM	58	90.6%
White MSM	64	87.7%
Hispanic MSM*	51	94.4%
	#	**%**
Heterosexual*	24	68.6%
Black Hetero*	18	64.3%
White Hetero*	3	100.0%
Hispanic Hetero*	3	75.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	7	87.5%
MSM/IDU*	5	100.0%
Perinatal*	4	50.0%
Transfusion*	2	100.0%

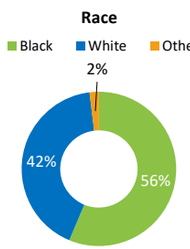
FY 2020-2021 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services

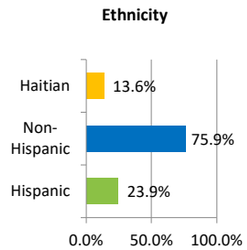
ELIGIBILITY: ≤400% FPL

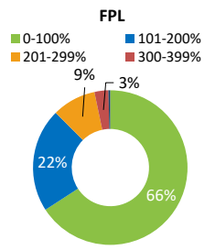
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$4,868,552**	**$100,000**	**$4,968,552**	**$4,647,386**	**$97,138**	**$4,744,524**	**-3.82%**	**$15,886,455**	**29.9%**	**1**
2019	$5,047,943	$293,826	$5,341,769	$4,883,875	$48,963	$4,932,838	-18.00%	$15,831,728	31.2%	1
2018	$4,865,872	$286,141	$5,152,013	$5,854,252	$161,225	$6,015,477	7.50%	$15,977,716	37.6%	1
2017	$5,890,552	$286,596	$6,177,148	$5,252,011	$343,630	$5,595,641	8.89%	$15,831,728	35.3%	1
2016	$5,355,047	$286,596	$5,641,643	$4,677,913	$461,022	$5,138,935	-1.78%	$16,089,080	31.9%	1











FY 20-21 IPCBH Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**3,182**	**-12.39%**	**626**	**19.7%**
2019	3,632	**7.11%**	1,041	28.7%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	6	1

FPL*	#	%
0-100%	2,094	65.8%
101-200%	692	21.7%
201-299%	290	9.1%
300-399%	94	3.0%
400% & over	12	0.4%

Insurance	#	%
Private	445	14.0%
Medicare	22	0.7%
Medicaid	189	5.9%
Other Public	5	0.2%
None	2,440	76.7%

Gender	#	%
Male	2,331	73.3%
Female	814	25.6%
Transgender	37	1.2%

Race	#	%
Black	1,788	56.2%
White	1,329	41.8%
Other	62	1.9%

Ethnicity	#	%
Hispanic	762	23.9%
Non-Hispanic	2,415	75.9%
Haitian	434	13.6%

*FPL is current for the end of the FY

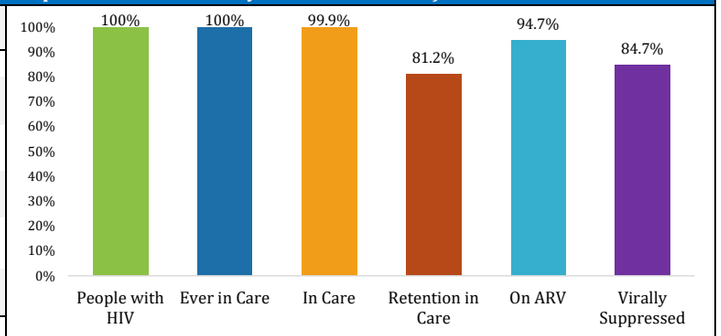
FY 2020-2021 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services

ELIGIBILITY: ≤400% FPL

FY20-21 IPCBH Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the	3,640	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	3,639	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	3,636	99.9%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	2,955	81.2%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	3,448	94.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	3,082	84.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	3,082	84.7%
Gender	**#**	**%**
Male	2,238	84.5%
Female	810	85.1%
Transgender*	36	87.8%
Age	**#**	**%**
18-28	285	76.4%
29-38	701	82.3%
39-48	691	84.2%
49-58	898	87.3%
59+	510	90.4%
Living Arrangements	**#**	**%**
Permanent	2,367	87.1%
Non-Permanent	693	77.4%
Institution*	24	77.4%

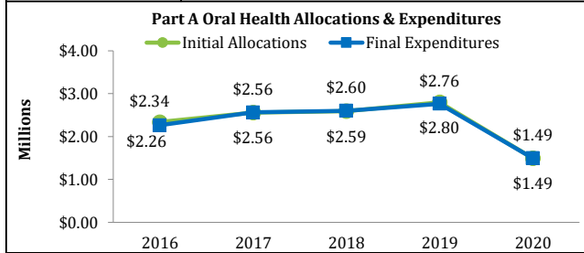
Race/Ethnicity	#	%
Black Non-Hispanic Male	1,046	81.1%
Black Non-Hispanic Female	646	83.6%
Black Non-Hispanic Transgender*	18	81.8%
Total Black Non-Hispanic	**1,710**	**82.13%**
White Non-Hispanic Male	516	85.3%
White Non-Hispanic Female	70	89.7%
White Non-Hispanic Transgender*	1	33.3%
Total White non-Hispanic	**587**	**85.82%**
Hispanic Male	639	89.2%
Hispanic Female	86	89.6%
Hispanic Transgender*	14	87.5%
Total Hispanic	**739**	**89.47%**
Educational Level	**#**	**%**
<8th Grade	204	87.9%
8-12th Grade	1,882	83.3%
College	989	86.8%

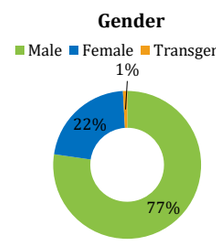
Risk Factor	#	%
MSM	1,332	87.1%
Black MSM	403	82.2%
White MSM	411	87.1%
Hispanic MSM	490	90.9%
	#	**%**
Heterosexual	291	82.7%
Black Hetero	236	82.2%
White Hetero	22	81.5%
Hispanic Hetero*	30	78.9%
	#	**%**
Hemophilia*	3	75.0%
IDU*	34	82.9%
MSM/IDU*	14	93.3%
Perinatal*	35	60.3%
Transfusion*	14	87.5%
Unknown	1,360	83.3%

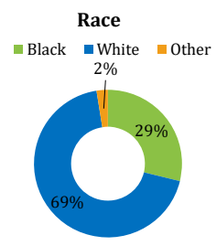
FY 2020-2021 Scorecard: Oral Health Care

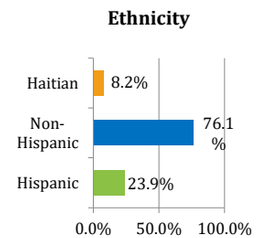
ELIGIBILITY: ≤400% FPL

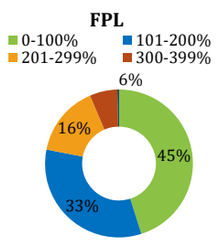
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$1,492,927**	**$0**	**$1,492,927**	**$1,492,653**	**$0**	**$1,492,653**	**-46.0%**	**$15,886,455**	**9.4%**	**7**
2019	$2,800,199	$0	$2,800,199	$2,763,221	$0	$2,763,221	6.3%	$15,924,940	17.4%	7
2018	$2,594,490	$0	$2,594,490	$2,599,352	$0	$2,599,352	1.4%	$15,977,716	16.3%	7
2017	$2,560,490	$0	$2,560,490	$2,563,238	$0	$2,563,238	13.4%	$15,831,728	16.2%	3
2016	$2,336,864	$0	$2,336,864	$2,260,548	$0	$2,260,548	-1.8%	$16,089,080	14.1%	3











FY 20-21 Oral Health Care Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**1,545**	**-46.34%**	**461**	**29.8%**
2019	2,879	**-2.14%**	787	27.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	4	0

FPL*	#	%
0-100%	697	45.1%
101-200%	509	32.9%
201-299%	240	15.5%
300-399%	93	6.0%
400% & over	6	0.4%

Insurance	#	%
Private	655	42.4%
Medicare	244	15.8%
Medicaid	200	12.9%
Other Public	12	0.8%
None	432	28.0%

Gender	#	%
Male	1,193	77.2%
Female	336	21.7%
Transgender	14	0.9%

Race	#	%
Black	625	40.5%
White	1,491	96.5%
Other	54	3.5%

Ethnicity	#	%
Hispanic	369	23.9%
Non-Hispanic	1,176	76.1%
Haitian	126	8.2%

*FPL is current for the end of the FY

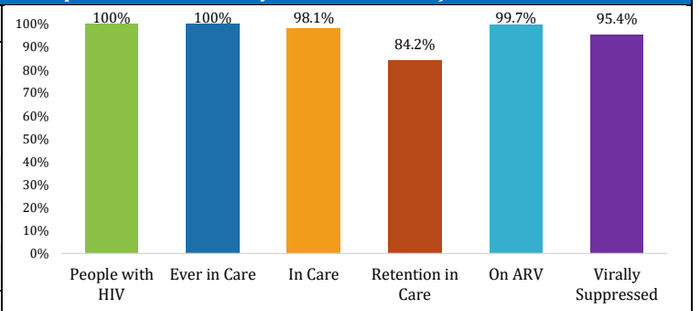
FY 2020-2021 Scorecard: Oral Health Care

ELIGIBILITY: ≤400% FPL

FY 20-21 Oral Health Care Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from	1,607	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,607	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,576	98.1%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,353	84.2%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,602	99.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,533	95.4%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	1,533	95.4%
Gender	**#**	**%**
Male	1,183	95.7%
Female	335	94.6%
Transgender*	14	93.3%
Age	**#**	**%**
18-28	62	87.3%
29-38	203	94.4%
39-48	257	94.1%
49-58	527	96.3%
59+	484	96.8%
Living Arrangements	**#**	**%**
Permanent	1,327	95.7%
Non-Permanent	200	93.9%
Institution*	6	85.7%

Race/Ethnicity	#	%
Black Non-Hispanic Male	337	94.9%
Black Non-Hispanic Female	256	93.8%
Black Non-Hispanic Transgender*	6	85.7%
Total Black Non-Hispanic	**599**	**94.33%**
White Non-Hispanic Male	498	95.2%
White Non-Hispanic Female*	36	97.3%
White Non-Hispanic Transgender*	2	100.0%
Total White non-Hispanic	**536**	**95.37%**
Hispanic Male	325	97.0%
Hispanic Female	42	97.7%
Hispanic Transgender*	5	100.0%
Total Hispanic	**372**	**96.62%**
Educational Level	**#**	**%**
<8th Grade	56	98.2%
8-12th Grade	789	94.3%
College	688	96.5%

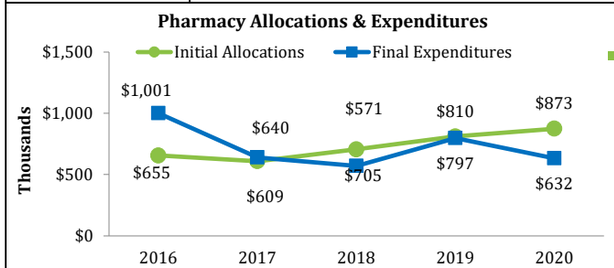
Risk Factor	#	%
MSM	935	96.0%
Black MSM	168	93.9%
White MSM	462	95.7%
Hispanic MSM	284	97.6%
	#	**%**
Heterosexual	298	90.6%
Black Hetero	83	93.3%
White Hetero*	9	81.8%
Hispanic Hetero*	18	94.7%
	#	**%**
Hemophilia*	2	100.0%
IDU*	24	88.9%
MSM/IDU*	18	94.7%
Perinatal*	11	68.8%
Transfusion*	6	75.0%
Unknown	924	96.5%

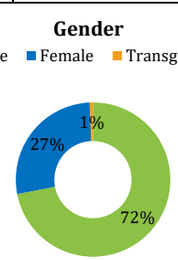
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

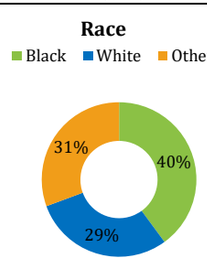
FY 2020-2021 Scorecard: Pharmacy

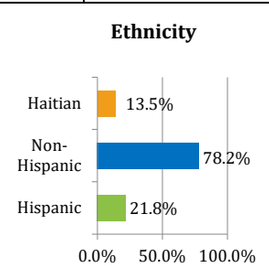
ELIGIBILITY: ≤400% FPL

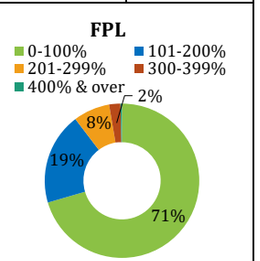
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$872,940**	**$0**	**$872,940**	**$631,680**	**$0**	**$631,680**	**-20.7%**	**$15,886,455**	**4.0%**	**3**
2019	$810,485	$0	$810,485	$796,541	$0	$796,541	39.5%	$15,924,940	5.0%	3
2018	$705,273	$0	$705,273	$571,136	$0	$571,136	-10.8%	$15,977,716	3.6%	3
2017	$609,449	$0	$609,449	$640,410	$0	$640,410	-36.0%	$15,831,728	4.0%	2
2016	$655,299	$0	$655,299	$1,001,115	$0	$1,001,115	-31.6%	$16,089,080	6.2%	2











FY 20-21 Pharmacy Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**1,332**	**-34.42%**	**258**	**19.4%**
2019	2,031	-10.45%	561	27.6%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	3	0

FPL*	#	%
0-100%	938	70.4%
101-200%	257	19.3%
201-299%	101	7.6%
300-399%	32	2.4%
400% & over	4	0.3%

Insurance	#	%
Private	138	10.4%
Medicare	20	1.5%
Medicaid	99	7.4%
Other Public	2	0.2%
None	1,045	78.5%

Gender	#	%
Male	959	72.0%
Female	363	27.3%
Transgender	10	0.8%

Race	#	%
Black	753	56.5%
White	554	41.6%
Other	576	43.2%

Ethnicity	#	%
Hispanic	291	21.8%
Non-Hispanic	1,041	78.2%
Haitian	180	13.5%

*FPL is current for the end of the FY

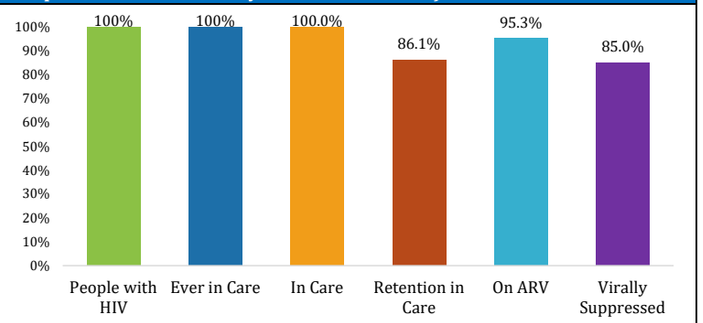
FY 2020-2021 Scorecard: Pharmacy

ELIGIBILITY: ≤400% FPL

FY 20-21 Pharmacy Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from	1,480	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,480	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,480	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,275	86.1%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,410	95.3%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,258	85.0%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	1,258	85.0%
Gender	**#**	**%**
Male	911	84.6%
Female	335	85.9%
Transgender*	12	92.3%
Age	**#**	**%**
18-28	160	82.1%
29-38	393	82.9%
39-48	426	86.1%
49-58	567	55.9%
59+	280	92.1%
Living Arrangements	**#**	**%**
Permanent	1,299	88.4%
Non-Permanent	500	82.6%
Institution*	27	93.1%

Race/Ethnicity	#	%
Black Non-Hispanic Male	418	82.0%
Black Non-Hispanic Female	255	83.9%
Black Non-Hispanic Transgender*	6	85.7%
Total Black Non-Hispanic	**679**	**82.70%**
White Non-Hispanic Male	233	86.3%
White Non-Hispanic Female*	37	92.5%
White Non-Hispanic Transgender*	0	n/a
Total White non-Hispanic	**270**	**87.10%**
Hispanic Male	248	87.9%
Hispanic Female*	41	93.2%
Hispanic Transgender*	4	100.0%
Total Hispanic	**293**	**88.79%**
Educational Level	**#**	**%**
<8th Grade	82	88.2%
8-12th Grade	789	83.9%
College	387	87.0%

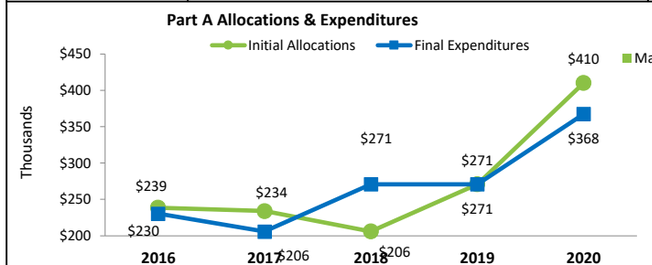
Risk Factor	#	%
MSM	865	136.2%
Black MSM	171	87.7%
White MSM	183	87.1%
Hispanic MSM	197	90.4%
	#	**%**
Heterosexual	126	100.0%
Black Hetero	81	82.7%
White Hetero*	11	84.6%
Hispanic Hetero*	10	76.9%
	#	**%**
Hemophilia*	1	100.0%
IDU*	21	91.3%
MSM/IDU*	8	100.0%
Perinatal*	9	81.8%
Transfusion*	4	100.0%
Unknown	551	82.0%

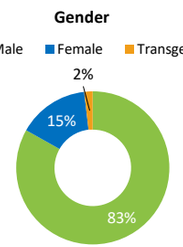
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

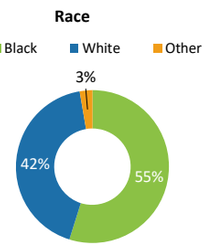
FY 2020-2021 Scorecard: Substance Abuse

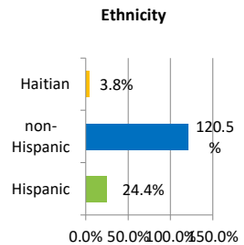
ELIGIBILITY: ≤300% FPL

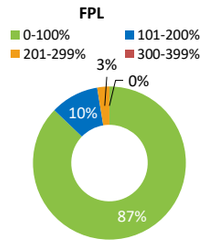
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$410,030**	**$467,000**	**$877,030**	**$367,534**	**$466,996**	**$834,530**	**24.4%**	**$15,886,455**	**5.3%**	**8**
2019	$270,760	$400,000	$670,760	$270,751	$399,918	$670,669	0.0%	$15,924,940	4.2%	8
2018	$205,760	$400,000	$605,760	$270,692	$399,956	$670,648	10.7%	$15,977,716	4.2%	8
2017	$233,760	$400,000	$633,760	$205,714	$399,979	$605,693	-2.5%	$15,831,728	3.8%	8
2016	$238,509	$400,000	$638,509	$230,199	$390,959	$621,158	4.3%	$16,089,080	3.9%	8











FY 20-21 Substance Abuse Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2020	**78**	**-30.97%**	**24**	**30.8%**
2019	113	0.00%	52	46.0%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	68	87.2%
101-200%	8	10.3%
201-299%	2	2.6%
300-399%	0	0.0%
400% & over	0	0.0%

Insurance	#	%
Private	2	2.6%
Medicare	0	0.0%
Medicaid	9	11.5%
Other Public	0	0.0%
None	67	85.9%

Gender	#	%
Male	94	120.5%
Female	17	21.8%
Transgender	2	2.6%

Race	#	%
Black	62	79.5%
White	48	61.5%
Other	3	3.8%

Ethnicity	#	%
Hispanic	19	24.4%
Non-Hispanic	94	120.5%
Haitian	3	3.8%

*FPL is current for the end of the FY

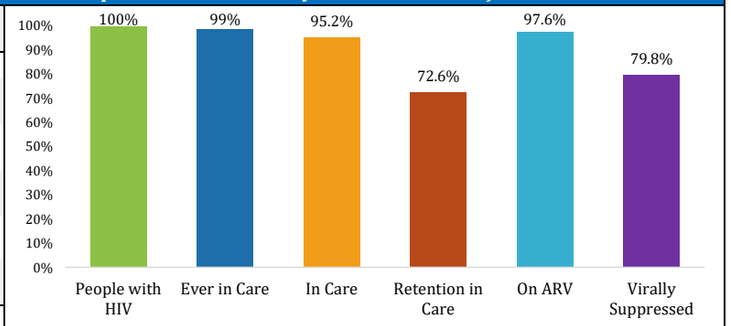
FY 2020-2021 Scorecard: Substance Abuse

ELIGIBILITY: ≤300% FPL

FY 20-21 Substance Abuse Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from	84	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	83	99%
In Care	Clients with HIV who had a medical care service within the reporting period.	80	95.2%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	61	72.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	82	97.6%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	67	79.8%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 20-21 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	67	79.8%
Gender	**#**	**%**
Male	62	82.7%
Female*	4	50.0%
Transgender*	1	100.0%
Age	**#**	**%**
18-28*	7	53.8%
29-38*	23	88.5%
39-48*	19	82.6%
49-58*	16	80.0%
59+*	2	100.0%
Living Arrangements	**#**	**%**
Permanent*	23	88.5%
Non-Permanent*	38	76.0%
Institution*	6	75.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male*	27	75.0%
Black Non-Hispanic Female*	2	40.0%
Black Non-Hispanic Transgender*	1	100.0%
Total Black Non-Hispanic*	**30**	**71.43%**
White Non-Hispanic Male*	21	87.5%
White Non-Hispanic Female*	2	66.7%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic*	**23**	**85.19%**
Hispanic Male*	13	100.0%
Hispanic Female*	0	0.0%
Hispanic Transgender*	0	0.0%
Total Hispanic*	**13**	**92.86%**
Educational Level	**#**	**%**
<8th Grade*	1	50.0%
8-12th Grade*	44	81.5%
College*	22	78.6%

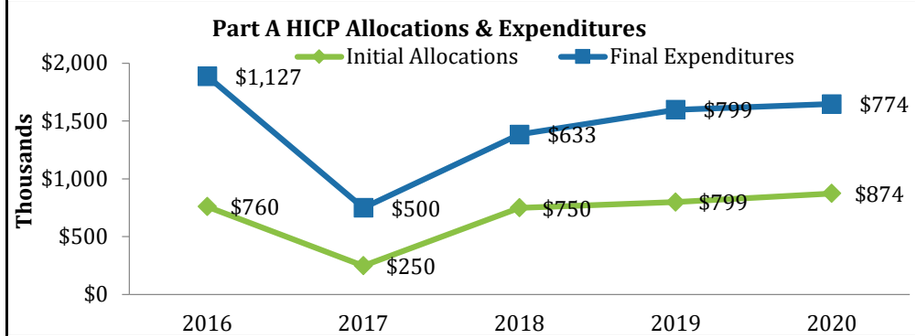
Risk Factor	#	%
MSM*	54	80.6%
Black MSM*	17	70.8%
White MSM*	13	81.3%
Hispanic MSM*	12	100.0%
	#	**%**
Heterosexual*	9	81.8%
Black Hetero*	0	0.0%
White Hetero*	1	100.0%
Hispanic Hetero*	0	0.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	5	83.3%
MSM/IDU*	2	100.0%
Perinatal*	0	0.0%
Transfusion*	0	0.0%
Unknown*	16	84.2%

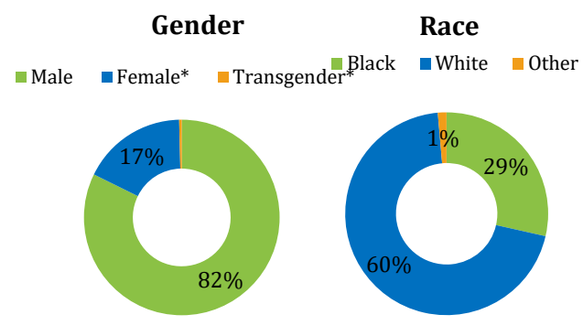
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

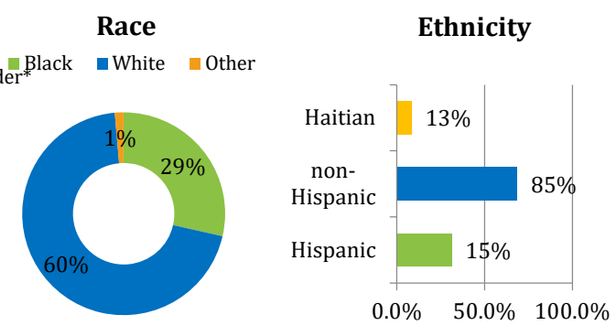
FY 2020-2021 Scorecard: Health Insurance Continuation Program (HICP)

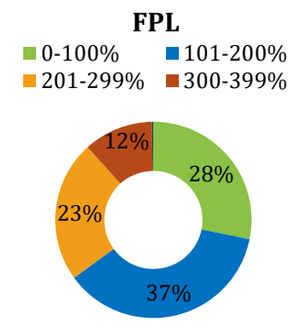
ELIGIBILITY: ≤400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Ranking
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2020	**$873,877**	**$0**	$873,877	**$773,729**	**$0**	**$773,729**	**-3.1%**	**$15,886,455**	**4.9%**	**5**
2019	$798,877	$0	$798,877	$798,877	$0	$798,877	26.1%	$15,924,940	5.0%	5
2018	$750,000	$0	$750,000	$633,344	$0	$633,344	26.7%	$15,977,716	4.0%	5
2017	$250,000	$0	$250,000	$499,893	$0	$499,893	-55.7%	$15,831,728	3.2%	5
2016	$760,000	$0	$760,000	$1,127,328	$0	$1,127,328	58.9%	$16,089,080	7.0%	5









FY 20-21 HICP Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	#New	%New
2020	**925**	**-0.86%**	**30**	**3.2%**
2019	933	-13.45%	36	3.9%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	260	28.1%
101-200%	341	36.9%
201-299%	216	23.4%
300-399%	106	11.5%
400% & over	2	0.2%

Insurance	#	%
Private	896	96.9%
Medicare	20	2.2%
Medicaid	8	0.9%
Other Public	0	0.0%
None	1	0.1%

Gender	#	%
Male	759	82.1%
Female*	160	17.3%
Transgender*	4	0.4%

Race	#	%
Black	264	28.5%
White	647	69.9%
Other	13	1.4%

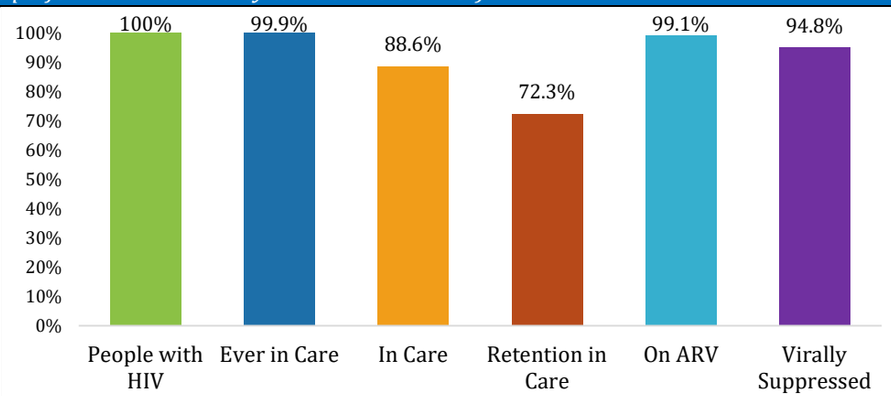
Ethnicity	#	%
Hispanic	289	31.2%
non-Hispanic	635	68.6%
Haitian	78	8.4%

*FPL is current for the end of the FY

FY 19-20 HICP Care Continuum *(Care Continuum accounts for services that were performed whether they were billable or not)*

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the	2,232	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,230	99.9%
In Care	Clients with HIV who had a medical care service within the	1,978	88.6%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,613	72.3%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,211	99.1%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,117	94.8%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 19-20 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Virally Suppressed Clients	#	%
	2,117	94.8%
Gender	**#**	**%**
Male	1,694	95.0%
Female	406	94.6%
Transgender*	16	94.1%
Age	**#**	**%**
18-28	88	89.8%
29-38	335	91.8%
39-48	422	93.6%
49-58	813	96.6%
59+	459	96.2%
Living Arrangements	**#**	**%**
Permanent	1,892	95.5%
Non-Permanent	222	90.2%
Institution*	3	75.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male	410	93.4%
Black Non-Hispanic Female	307	93.9%
Black Non-Hispanic Transgender*	8	88.9%
Total Black Non-Hispanic	**725**	**93.55%**
White Non-Hispanic Male	691	94.8%
White Non-Hispanic Female*	30	100.0%
White Non-Hispanic Transgender*	2	100.0%
Total White non-Hispanic	**723**	**95.01%**
Hispanic Male	566	96.6%
Hispanic Female*	65	95.6%
Hispanic Transgender*	6	100.0%
Total Hispanic	**637**	**96.52%**
Educational Level	**#**	**%**
<8th Grade*	50	94.3%
8-12th Grade	1,073	94.5%
College	988	95.3%

Risk Factor	#	%
MSM	1,362	95.3%
Black MSM	215	93.1%
White MSM	631	96.3%
Hispanic MSM	493	97.0%
	#	**%**
Heterosexual	125	94.0%
Black Hetero	91	91.9%
White Hetero*	12	100.0%
Hispanic Hetero*	21	100.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	11	91.7%
MSM/IDU*	15	93.8%
Perinatal*	12	70.6%
Transfusion*	6	100.0%
Unknown	586	94.5%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

Note: In 2017 there was a 55.7% decrease in expenditures for this service category. This is a result of ADAP premium assistance implementation.

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2022-2023

Recommended Language from System of Care Committee during the June 3, 2021, Meeting

ALL SERVICES
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. 3. Provide Care Coordination across multiple service categories. 4. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 5. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. 6. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 7. Integrate care collaboration with members of the client's service providers. 8. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 9. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 10. Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (<400%FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services. 3. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. 4. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.

5. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
6. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
7. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
8. Provide after-hours services availability to include Crisis Intervention.
9. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
10. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
11. Incorporate prevention messages into the medical care of PLWHA.
12. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (<400%FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023.**
2. Drugs used for Test and Treat.
3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (<400%FPL)

Recommended Language

1. **Ensure follow-up of no-show clients to reengage them in care for services.**
2. Make provision for the increased demand for services due to increase in service locations.
3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
4. Increase Oral Health Care collaboration with mental Health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (250%-400%FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023**
2. Increase in clients with access to health insurance.
3. Develop materials for clients to use as quick references.
4. Provide assistance with prior authorizations and appeals process.
5. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.

Mental Health Service (MH)

Services Criteria: (<300%FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Integrated service may be impacting utilization in this service category. 3. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. 4. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (<400%FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 3. Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (<300%FPL)
Recommended Language
• **No Recommended Language for FY2022-2023.**
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (<400%FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Implementation of test and treat increases demand for more services. 3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 4. Provide education to reduce fear and denial and promote entry into primary medical care. 5. Educate clients on the importance of remaining in primary medical care. 6. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 7. Incorporate prevention messages into the medical care of PLWHA. 8. Educate consumers on their role in the case management process. 9. Provide initial/ongoing training and development for HIV peer workers. 10. Overview of health care plan summary benefits (coverage and limitations). 11. Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).

Centralized Intake and Eligibility Determination (CIED)

Services Criteria: HIV+ Broward County Resident
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. Participate in future Part A/B dual eligibility determination. 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. 4. Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. 5. Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and a. 3) Grievance procedures. 6. Always offer dedicated live operator phone line during normal business hours. 7. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE. 8. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: HIV+ Broward County Resident
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (<250% FPL)
Recommended Language
1. **No Recommended Language for FY2022-2023** 2. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. 3. Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: HIV+ Broward County Resident
Recommended Language
1. **No Recommended Language for FY2022-2023**

PSRA PROCESS FY2022-2023

PRIORITY SETTING/RANKING

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 June 17, 2021

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

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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

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PART A SUPPORT SERVICE CATEGORIES

1. Emergency Financial Assistance*
2. Food Bank/Home Delivered Meals
3. Legal Services
4. Non-Medical Case Management
   i. (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

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PART A CORE SERVICES

FY2022 CEC RANKINGS

CORE MEDICAL SERVICES	FY2021 CEC Rankings	FY2021 Overall HIVPC Rankings	FY2022 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	1	1	2
Medical Case Management (Disease)	3	3	6
AIDS Pharmaceutical Assistance (Local)	4	2	1
Health Insurance Premium & Cost-Sharing Assistance (HICP)	6	4	3
Oral Health Care (Dental)	5	7	4
Mental Health Services	7	5	7
AIDS Drugs Assistance Program Treatments (ADAP)	2	6	5
Substance Abuse Services - Outpatient	10	8	8
Medical Nutrition Therapy	9	10	10
Early Intervention Services (EIS)	8	9	9
Home and Community-Based Health Services	12	11	11
Home Health Care	11	12	12
Hospice Services	13	13	13

CORE MEDICAL SERVICES	FY2022 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	2
Medical Case Management (Disease)	6
AIDS Pharmaceutical Assistance (Local)	1
Health Insurance Premium & Cost-Sharing Assistance (HICP)	3
Oral Health Care (Dental)	4
Mental Health Services	7
AIDS Drugs Assistance Program Treatments (ADAP)	5
Substance Abuse Services - Outpatient	8
Medical Nutrition Therapy	10
Early Intervention Services (EIS)	9
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

PART A SUPPORT SERVICES

FY2022 CEC RANKINGS

SUPPORT SERVICES	FY2021 CEC Rankings	FY2021 Overall HIVPC Rankings	FY2022 CEC Rankings
Housing Services	1	1	1
Food Bank/Home-Delivered Meals	2	2	2
Non-Medical Case Management	4	3	4
Medical Transportation Services	5	5	6
Emergency Financial Assistance	3	4	3
Psychosocial Support Services	7	6	8
Legal Services	6	7	5
Substance Abuse Services – Residential	10	11	13
Health Education/Risk Reduction	11	10	7
Referral for Health Care/Supportive Services	8	8	10
Outreach Services	12	9	11
Linguistics Services (Interpretation and Translation)	16	13	12
Child Care Services	17	17	9
Other Professional Services	15	16	15
Rehabilitation Services	9	14	14
Permanency Planning	13	12	16
Respite Care	14	15	17

SUPPORT SERVICES	FY2022 CEC Rankings
Housing Services	1
Food Bank/Home-Delivered Meals	2
Non-Medical Case Management	4
Medical Transportation Services	6
Emergency Financial Assistance	3
Psychosocial Support Services	8
Legal Services	5
Substance Abuse Services – Residential	13
Health Education/Risk Reduction	7
Referral for Health Care/Supportive Services	10
Outreach Services	11
Linguistics Services (Interpretation and Translation)	12
Child Care Services	9
Other Professional Services	15
Rehabilitation Services	14
Permanency Planning	16
Respite Care	17

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 FY2022 priority rankings?
- What information informed your final decision-making process?

QUESTIONS?

DISCUSSION

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PSRA COMMITTEE PRIORITY SETTING

Alchemer link to participate in FY2022-2023 Core Medical & Support Service Rankings

PSRA VOTING OVERVIEW

ABSTAINING

Special Private Gain: Under state law (section 112.3143, F.S.), a board member **must abstain from voting** if the vote would insure to the special private gain of:

- The member
- A relative (father, mother, son, daughter, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law)
- A business associate (partner, joint venture, co-owner of property or corporate shareholder (where shares are NOT listed on a national or regional stock exchange)
- Any principal by whom the member is retained **(includes employer)**
- Any parent organization or subsidiary of the parent organization other than a state agency

County Ordinance expands the statutory restrictions by prohibiting discussion and voting on matters which would ensure to the special gain of:

- Any private entity for which the board member serves as an officer or member of its board of directors, whether compensated of such services, and
- Any public entity for which the board member serves as an employee.

Less than three (3) Ryan White Funded Providers: If a member is conflicted under the conflict-of-interest policy, or **if there are less than three Ryan White funded providers for a service category**, they **must abstain** from all voting on service categories in which their organization receives funding...All conflicts regarding a service category are public record and will be recorded in the meeting minutes.

STATING CONFLICTS

Any member having a voting conflict under state or county law must abstain and **declare the conflict** on the record at the meeting at which the vote is to occur and must file a Memorandum of Voting Conflict with the minutes within 15 days of the vote.

If any member intends to make any attempt to influence the decision **prior** to the meeting at which the vote will be taken:

- The member must complete and file a Memorandum of Voting Conflict with the person responsible for recording meeting minutes.
- A copy of the from must be provided immediately to all other members.
- The form must be read publicly at the next meeting after the form is filed.

If **no** attempt is made to influence the decision **except** by discussion at the meeting:

- The member must disclose orally the nature of their conflict in the measure before participating.
- The member must complete and file Memorandum of Voting Conflict within fifteen (15) days after the vote occurs with the person responsible for recording meeting minutes.
- A copy of the form must be provided immediately to all other members.
  The from must be read publicly at the next meeting after the form is filed.