**FORT LAUDERDALE/BROWARD EMA**
**BROWARD HIV HEALTH SERVICES PLANNING COUNCIL**
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

# Priority Setting & Resource Allocation Committee Meeting

**Thursday, April 21, 2022 - 9:00 AM**
**Meeting via WebEx Videoconference**
Chair: Brad Barnes • Vice Chair: Valery Moreno

**Join the meeting via phone:** 1-408-418-9388 US Toll (access code: 2634 811 7993)

***This meeting is audio and video recorded.***

Quorum for this meeting is 7

## DRAFT AGENDA

## ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for April 21, 2022
5. **ACTION:** Approval of Minutes from March 17, 2022
6. Standard Committee Items
    a. Monthly Expenditure/Utilization Report – by service category (Handout A)
    b. FY22 PSRA Work Plan and Timelines (Handout B1-2)
7. New Business
    **a. Action Item**: Ryan White Funder and Stakeholder Presentations (Handout C1-C5) Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.
8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: May 19, 2022, at 9:00 a.m. via WebEx
    b. Next Meeting Agenda Items
        - HIV Surveillance Epidemiological Data Presentation
        - Needs Assessment/Community Input Presentation

- Part A Client Health Outcomes Presentation
- Broward EHE Activities Presentation

11. Announcements
12. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:*
*HIV Planning Council Website*

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

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

# 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

# Frequently Used Terms

**Recipient:** Government department designated to administer Ryan white Part A funds and monitor contracts.

**Planning Council Support (PCS) Staff/'Staff':** Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

**Clinical Quality Management (CQM) Support Staff:** Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

**Provider/Sub-Recipient:** Agencies contracted to provide HIV Core and Support services to consumers.

**Consumer/Client/Patient:** A person who is an eligible recipient of services under the Ryan White Act.

# Broward County HIV Health Services Planning Council

# COMMUNITY CONVERSATIONS

## Uplifting Community Voices

The aim of these open listening sessions is for people living with and affected by HIV/AIDS, community advocates, providers, and staff at HIV care organizations to:

- Share their experiences about the health needs of people living with HIV/AIDS.
- Describe what types of HIV Core and Support services are provided by the Broward County Ryan White HIV/AIDS Part A Program.
- Discuss the training and capacity building support needed to serve the HIV community.

**Need more information?**
**Contact us at hivpc@brhpc.org**
**or**
**954-561-9681 ext. 1292/1343**

BrowardHIVPC BrowardHIVPC Broward HIV Planning Council

BRHPC

HIVPC Broward County HIV Health Services Planning Council

# Register Now!

**May**

Be the Generation to end the HIV/AIDS Epidemic

**June**

We've Come So Far

Know Your Status

**July**

Ryan White Program Eligibility

**August**

Ryan White and You

**September**

Meeting the Needs of People Aging with HIV

HIV/AIDS in the Gay Community

**October**

The HIV Crisis in the Latinx Community

**December**

Ending the HIV Epidemic (EHE)

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# Priority Setting and Resource Allocation Committee

**Thursday, March 17, 2022- 9:00 AM**
**Meeting via WebEx**

## DRAFT MINUTES

PSRA Members Present: L. Robertson (PSRA Chair), V. Moreno (PSRA Vice-Chair), B. Fortune-Evans, B. Barnes, B. Mester, K. Schickowski, R. Lopes, C. Dumas, R. Jimenez, E. Dsouza.

PSRA Members Absent: J. Rodriguez, M. Schweizer.

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, K. Bostick, N. Walker, S. Scott, W. Cius, T. Thompson, E. Reynosa

PCS/CQM Present: G. Berkley-Martinez, T. Williams, W. Rolle B. Miller, J. Rohoman

Guests Present: G. Beltran, S. Cook.

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The PSRA Chair called the meeting to order at 9:04 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval for the agenda of the March 17, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by R. Lopes, and passed unanimously. The approval for the minutes of the February 17, 2022, meeting was proposed by B. Mester, seconded by L. Robertson, and passed unanimously.

   **Motion #1:** Mr. Robertson, on behalf of PSRA, made a motion to approve the March 17, 2022, Priority Setting and Resource Allocation Committee agenda as presented.

The motion was adopted unanimously.

**Motion #2:** Mr. Mester, on behalf of PSRA, made a motion to approve February 17, 2022, Priority Setting and Resource Allocation meeting. The motion was adopted unanimously.

4. Standard Committee Items

   A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures, and utilization through February of FY2021 (Handout A). Part A service categories have expended 90% of service category funding, and MAI funds have been 89% utilized. The Committee was advised that there are still outstanding invoices for February that will expend most of the remaining funds once received.

5. New Business

   The HIVPC Health Planner reviewed the Assessment of the Administrative Mechanism Survey (Handout B1-B3 on file). The purpose of the AAM is to assess the process by which the Ryan White Part A Recipient executes contracts and reimburses providers for services rendered. The AAM is a federally mandated responsibility completed each year by the HIVPC to assess the Recipient's fulfillment of allocations. The HIVPC, Providers, and the Part A Recipient have completed surveys regarding administrative functions on an annual basis. If additional information is needed throughout the year, the Recipient completes updates.

   The HIVPC Survey evaluates how information is communicated to the Council by the Recipient's Office. The Recipient's survey assesses the processes following the Notice of Award and the procedure for delivering contracts to service providers, and the procurement process. The Provider survey evaluates the timeliness of executed contracts and reimbursements from the Recipient's Office. Given the unique circumstance of the COVID-19 pandemic, survey questions have been added to accurately assess the impact of COVID-19 on the administrative process. Questions have also been tailored to address concerns from the FY20 report on how quickly providers received executed contracts, funding, and reimbursements; and whether providers were efficiently updated on the status of contracts and the disbursement of funds. The Committee reviewed the proposed surveys and voted to approve them. The approval for the Assessment of the Administrative Mechanism Surveys was proposed by L. Robertson, seconded by B. Mester, and passed unanimously.

   **Motion #3:** Mr. Robertson, on behalf of PSRA, made a motion to approve the Assessment of the Administrative Mechanism Surveys. The motion was adopted unanimously.

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

   PCS Staff reviewed the scope of service for each service category (Handout C on file). Members examined the Part A eligibility for all core medical and support services categories (to include Disease Case Management, Mental Health, and Oral Health), the scope of services, EMA eligibility. C. Dumas inquired why the target population is adults 18 years or older for Substance Abuse-Outpatient. The Recipient advised that they would review and provide a response at the next scheduled meeting.

6. Recipient's Report

   J. Roy, the Health Care Services Administrator for the Part A office, introduced herself to the Committee and expressed how excited she is to be a part of this process. She extended an invitation to the Committee to contact her directly with any comments,

questions, or concerns at jeroy@broward.org or 954 357-539.
The Recipient reported that renewal letters were sent to all providers, and amendments are being reviewed. Contract Grant Administrators have communicated this with providers at their monthly meetings. Additionally, final Provider invoices are due on April 15, when funds are expected to be fully expended.

7. Public Comment

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

8. Agenda Items for Next Meeting

   The next PSRA meeting will be held on April 21, 2022, at 9:00 a.m. via WebEx Videoconference.

   Next Meeting Agenda Items
   - Ryan White Funder and Stakeholder Presentations (Part B, C, D, F, and HOPWA)
   - Broward EHE Activities Presentation

9. Announcements

   - AHF has broken ground on a 75 unit building on Biscayne Boulevard in Miami to provide affordable housing to low-income individuals. The housing development is scheduled to be completed by 2024.
   - The Community Empowerment Committee on behalf of the HIVPC will be hosting a series called Community Conversations focused on uplifting community voices. The first two sessions are scheduled for April 12 and 18th and will focus on 'Reaching Youth about HIV' and "Optimizing HIV Prevention and Care for Transgender Adults' respectively. Persons are being asked to share this information with interested parties and register to attend.
   - The HIVPC will have a table at the Florida AIDS Walk on March 19, 2022. Volunteers will be stationed from 6:30am until 2pm. Persons interested in volunteering are asked to contact PCS Staff. Additionally, the Part A Office will also be attending the event. Everyone is being invited to stop by both booths.

10. Adjournment

    There being no further business, the meeting was adjourned at 10:22 a.m.

PSRA Attendance for CY 2022

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date** | 20 | 17 | 17 | | | | | | | | | | |
| 0 | 1 | 0 | **1** | Barnes, B., Chair | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **2** | Fortune-Evans, B. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **3** | Lopes, R. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **4** | Mester, B. | X | X | X | | | | | | | | | | |
| 0 | 0 | 1 | **5** | Moreno, V., V Chair | X | A | X | | | | | | | | | | |
| 0 | 1 | 0 | **6** | Robertson, L. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **7** | Schickowski, K. | X | X | X | | | | | | | | | | |
| 0 | 0 | **2** | **8** | Schweizer, M. | A | X | A | | | | | | | | | | |
| 1 | 1 | 0 | **9** | Shamer, D. | X | X | Z-03/14 | | | | | | | | | | |
| 0 | 0 | 0 | **10** | Dsouza, E. | X | X | X | | | | | | | | | | |
| 0 | 1 | 0 | **11** | Dumas, C. | X | X | X | | | | | | | | | | |
| 0 | 0 | 1 | **12** | Rodriguez, J. | N-1/27 | A | E | | | | | | | | | | |
| 0 | 0 | 0 | **13** | Jimenez, R. | X | X | X | | | | | | | | | | |
| | | | | **Quorum = 7** | 11 | 11 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

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

*Priority Setting and Resource Allocation Committee Meeting Minutes – March 17, 2022*
*Minutes prepared by PCS Staff*

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

# HANDOUT A

| | Service Category | Contract/ Allotted Amount | Expended Amount As of February Invoice | Expended % | Unexpended Amount | Average Monthly Expenditures | FY 2021-22 Projected Expenditures | Provider Unspent Billables | Potential Unexpended Dollars |
|---|---|---|---|---|---|---|---|---|---|
| Core Medical Services | Ambulatory- Integrated Primary Care and Behavioral Health Services (6) * | $ 5,809,133 | $ 5,784,719 | 100% | $ 24,414 | $ 482,060 | $ 5,784,719 | $ 619,565 | 24,414 |
| | AIDS Pharmaceutical Assistance (2) * | $ 261,940 | $ 256,738 | 98% | $ 5,202 | $ 21,395 | $ 256,738 | $ 4,634 | 5,202 |
| | Oral Health Care Routine (4) * | $ 1,365,167 | $ 1,323,040 | 97% | $ 42,127 | $ 110,253 | $ 1,323,040 | $ 10,739 | 42,127 |
| | Specialty (1) * | $ 736,489 | $ 736,467 | 100% | $ 22 | $ 61,372 | $ 736,467 | $ 3,600 | 22 |
| | Medical Case Management Case Management (7)* | $ 1,648,830 | $ 1,604,639 | 97% | $ 44,191 | $ 133,720 | $ 1,604,639 | $ 11,781 | 44,191 |
| | Disease Case Management (5) * | $ 497,578 | $ 497,501 | 100% | $ 77 | $ 41,458 | $ 497,501 | $ 84,275 | 77 |
| | Mental Health- Trauma-Informed (2) * | $ 120,472 | $ 119,784 | 99% | $ 688 | $ 9,982 | $ 119,784 | $ 12 | 688 |
| | Health Insurance Premium & Cost Sharing Assistance * | $ 709,641 | $ 701,579 | 99% | $ 8,062 | $ 58,465 | $ 701,579 | $ - | 8,062 |
| | Substance Abuse-Outpatient (1) * | $ 285,030 | $ 285,019 | 100% | $ 11 | $ 23,752 | $ 285,019 | $ - | 11 |
| Support Services | Case Management Centralized Intake and Eligibility Determination (1) | $ 582,488 | $ 582,481 | 100% | $ 7 | $ 48,540 | $ 582,481 | $ - | 7 |
| | Food Services Food Bank (1) * | $ 700,000 | $ 642,121 | 92% | $ 57,879 | $ 53,510 | $ 642,121 | $ - | 57,879 |
| | Food Voucher (1) | $ 82,586 | $ 82,573 | 100% | $ 13 | $ 6,881 | $ 82,586 | $ - | 13 |
| | Legal Assistance (1) | $ 129,151 | $ 127,973 | 99% | $ 1,178 | $ 10,664 | $ 127,973 | $ - | 1,178 |
| | Emergency Financial Assistance (1) | $ 115,872 | $ 115,872 | 100% | $ - | $ 9,656 | $ 115,872 | $ - | 0 |
| | **Total Part A Funds** | **$ 13,044,377** | **$ 12,860,505** | **99%** | **$ 183,872** | **$ 1,071,709** | **$ 12,860,505** | **$ 734,606** | **183,872** |
| | *** Some of the providers have not billed for month of February.** | | | | | | | | |
| | **Bulk - Food Voucher (1)** | **$ 306,397** | **$ 306,397** | 100% | | | | | |
| | **Bulk - AIDS Pharmaceutical Assistance (1)** | **$ 96,517** | **$ 96,202** | 100% | | | | | |

| | Service Category | Initial Allocation | Expended Amount As of February Invoice | Expended % | Unexpended Amount | Average Monthly Expenditures | FY 2021-22 Projected Expenditures | Provider Unspent Billables | Potential Unexpended Dollars |
|---|---|---|---|---|---|---|---|---|---|
| Core Medical Services | MAI Ambulatory (1)* | $ 116,092 | $ 110,794 | 95% | $ 5,298 | $ 9,233 | $ 110,794 | $ - | 5,298 |
| | MAI Medical Case Management (2)* | $ 138,997 | $ 106,967 | 77% | $ 32,030 | $ 8,914 | $ 106,967 | $ - | 32,030 |
| | MAI Mental Health (1)* | $ 62,469 | $ 30,423 | 49% | $ 32,046 | $ 2,535 | $ 30,423 | $ - | 32,046 |
| | MAI Substance Abuse-Outpatient (1)* | $ 575,000 | $ 519,526 | 90% | $ 55,474 | $ 43,294 | $ 519,526 | $ - | 55,474 |
| Support Services | MAI Centralized Intake and Eligibility Determination (1)* | $ 390,956 | $ 390,949 | 100% | $ 7 | $ 32,579 | $ 390,949 | $ 46,488 | 7 |
| | **Total MAI Initial Allocation** | **$ 1,283,514** | **$ 1,158,658** | **90%** | **$ 124,856** | **$ 96,555** | **$ 1,158,658** | **$ 46,488** | **124,856** |
| | ***Some of the providers have not billed for month of February.** | | | | | | | | |
| | **Total MAI Funds** | $ 1,283,514 | | | | | | | |
| | **Total Part A and MAI Funding** | **$ 14,327,891** | **$ 14,019,163** | **98%** | **$ 308,728** | **$ 1,168,264** | **$ 14,019,163** | **$ 781,094** | **$ 308,728** |

# HANDOUT B1

| 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** | **Responsible Party** | **Outcomes** | **Action Steps** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** |
| 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis. | Staff/ PSRA | Data driven PSRA process | a. PSRA Service Category Scorecards (utilization, expenditures, etc.)<br>b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.)<br>c. Epidemiology (including incidence, prevalence, co-morbidities, etc.)<br>d. Unmet Need<br>e. EIIHA<br>f. Implementation Plan<br>g. Cost data (other funders)<br>h. QM Care Continuum measures<br>i. NHAS<br>j. Anticipated changes due to the ACA | **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. | | | | | | | | | | | | |
| 1.3 Priority rank Part A and MAI service categories annually. | PSRA/ CEC | Complete PSRA process | Use data elements to inform priority ranking process. | | | | | | | | | | | | |
| 1.4 Allocate Part A and MAI funds by service category annually. | PSRA | Complete PSRA process | Allocate Part A and MAI funds based on priority ranking process. | | | | | | | | | | | | |
| 1.5 Monitor expenditures and allocations bi-annually. | PSRA/ Recipient | Appropriate funding | Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. | | | | | | | | | | | | |
| 1.6 Review and approve PSRA Work Plan annually. | PSRA | Process Planning | | | | | | | | | | | | | |
| **Objective 2: Assess the Administrative Mechanism.** | | | | | | | | | | | | | | | |
| **Activities** | **Responsible Party** | **Outcomes** | **Action Steps** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** |
| 2.1 Assessment of the Administrative Mechanism training annually. | Staff/ PSRA | Ensure compliance | Receive training to review the required components and purpose of the assessment. | **X** | | | | | | | | | | | |
| 2.2 Assessment of the Administrative Mechanism recommendations annually. | PSRA | Ensure compliance | Make recommendations for activities to include in the assessment of the Administrative Mechanism. | **X** | | | | | | | | | | | |

# HANDOUT B2

## Timeline for Priority Setting and Resource Allocation Process

| DATE | TASK | ACTION ITEM |
|---|---|---|
| Thursday, February 17, 2022<br>9:00 A.M. to 11:00 A.M.<br><br>WebEx Videoconference | **Review and approve the proposed PSRA Timeline** | PCS Team<br><br>**Vote to Approve:** Take a vote to establish the PSRA Process |
| Thursday, March 17, 2022<br>9:00 A.M. to 11:00 A.M.<br><br>WebEx Videoconference<br>. | 1. **Begin PSRA Process**: Review the purpose of PSRA, PSRA timeline with an overview of data, PSRA Committee Member Manual, and sign PSRA Member Agreement<br>Estimated Time: (30 minutes)<br><br>2. **Review Part A Eligibility of service categories** including the scope of service and data relating to the previous year's utilization of services<br>Estimated Time: (30 minutes) | PSRA Committee: To review the PSRA guidelines and sign their member agreements and return to PCS staff<br><br>PCS Team |
| Thursday, April 21, 2022<br>9:00 A.M. to 11:00 A.M.<br><br>WebEx Videoconference | 1. **Ryan White Funder and Stakeholders (Part B, C, D, F, and HOPWA)** including data related to:<br>a. Client utilization<br>b. Budget<br>c. Provided services<br>d. Notable Trends<br>e. Recommendations for Part A<br>Estimated Time: (1 hour 20 minutes)<br><br>2. **Broward EHE Activities Presentation**<br>a. Overview of all EHE activities occurring in Broward County<br>Estimated Time: (30 minutes) | Funders/Stakeholders (20 minutes each)<br><br>Julia Hidalgo |
| Thursday, May 19, 2022<br>9:00 A.M. to 1:00 P.M.<br><br>WebEx Videoconference | 1. **HIV Surveillance Epidemiological Data** Presentation focused on:<br>a. Trends in new infections | FLDOH-BC: HIV Surveillance Office |

# Timeline for Priority Setting and Resource Allocation Process

| | | |
|---|---|---|
| | b. Current and emerging priority populations<br>c. Changes in demographics of the EMA's HIV/AIDS cases<br>Estimated Time: (30 minutes)<br><br>2. Notable trends **Needs Assessment/Community Input**: Discussion of community needs and feedback from needs assessment activities.<br>Estimated Time: (30 minutes)<br><br>3. **Part A Client Health Outcomes Presentation:** Analysis of Part A client continuum of care health outcomes including:<br>a. Viral Load Suppression<br>b. Retention in Care; Variations by gender, race/ethnicity, service category<br>c. Review FY2021 – March 1, 2021 – February 28, 2022, Expenditure & Allocations<br>Estimated Time: (45 minutes) | BRHPC Needs Assessment Consultant<br><br>CQM Team |
| Thursday, June 16, 2022<br>9:00 A.M. to 1:00 P.M.<br><br>WebEx Videoconference | 1. **Discuss How Best To Meet The Need**<br>a. Justification for recommendations<br>b. Discussion for additional revisions to the language<br>Estimated Time: (30 minutes)<br><br>2. **PSRA Scorecards**<br>a. CQM Team reports on service category expenditures<br>Estimated Time: (60 minutes)<br><br>3. **Review Community Empowerment Committee's (CEC) Rankings of Part A Services** | SOC Committee Chair: Provide directives to Recipient<br><br>CQM Team<br><br>PCS Team |

# Timeline for Priority Setting and Resource Allocation Process

| | | |
|---|---|---|
| | Estimated Time: (30 minutes)<br><br>4. **Priority Setting:**<br>a. Rank Part A services based on community needs, CEC recommendations, funder recommendations, and data presentations.<br>b. Review live results of PSRA's ranking of core and support services<br>Estimated Time: (30 minutes) | PCS Team/PSRA Committee: Rank Core & Support Services |
| Thursday, July 21, 2022<br>9:00 A.M. to 11:00 A.M.<br><br>WebEx Videoconference | **Resource Allocations:** Allocate Part A & MAI funding based on FY2021 expenditures, FY 2022 projections, factors to consider, and funder presentation.<br>Estimated Time: (45 minutes)<br><br>**PSRA Process Completed** | Recipient/PSRA Committee<br><br>**Vote to Approve:** Take a vote to allocate funds to core medical and support services categories |

# HANDOUT C1

# RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

## Community Based Dental Partnership Program
## CBDPP


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 [insert date]

# RYAN WHITE PART F PROGRAM OVERVIEW

The CBDPP funds HIV oral health care and provider education and clinical training, especially those practicing in community-based settings. The CBDPP also increases access to oral health care services for low-income people with HIV.

First funded in 2002, the CBDPP increases access to oral health care for people with HIV, providing education and clinical training for dental care providers, especially those practicing in community-based settings. To achieve its goal, the CBDPP works through multi-partner collaborations between dental and dental hygiene education programs and community-based dentists and dental clinics. Community-based program partners help design programs and assess their impact.

# PROGRAM BUDGET

Congress appropriated approximately $13.1 million for the Part F Dental Programs in FY 2021. This includes the Dental Reimbursement Program (DRP). First funded in 1994, the DRP expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. To achieve its goal, the DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.

- FY2020 $219,230
- FY2021 $219,230
- Henry Schein Foundation

# SERVICES PROVIDED

Please list all the services provided by your program, including:

- Comprehensive Oral Health Care, not based on a fee schedule
- Resident of Broward County with HIV, no other source or oral health care from private insurance or Medicaid/Medicare
- Number of Unduplicated clients 437/226 New to care
- Community Partner Care Resource

| Gender | Number of Patients with HIV |
|---|---|
| Male | 272 |
| Female | 151 |
| Transgender | 14 |
| Unknown/unreported | 0 |
| Total | 437 |

| Ethnicity | Number of Patients with HIV |
|---|---|
| Hispanic or Latino/a | 153 |
| Non-Hispanic or Latino/a | 284 |
| Total | 437 |

| Race | Number of Patients with HIV |
|---|---|
| White | 128 |
| Black or African American | 228 |
| Asian | 10 |
| Native Hawaiian or Other Pacific Islander | 3 |
| American Indian or Alaska Native | 2 |
| More than one race | 66 |
| Total | 437 |

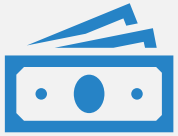
| | Predoctoral Dental Students | Dental Residents or Postdoctoral Students | Dental Hygiene Students | Other Non-Student Dental |
|---|---|---|---|---|
| a. The total number of students and residents who were enrolled in all years of your school or program | 137 | 70 | 0 | |
| b. The total number of students, residents, and other providers who received formal didactic instruction in medical assessment or oral health management for patients with HIV | 137 | 70 | 0 | 0 |
| c. The total number of students, residents, and other providers who gained experience providing direct clinical services for patients with HIV | 137 | 70 | 0 | 0 |
| d. The total number of hours of your training curriculum (didactic and clinical combined) that were dedicated to issues related to medical assessment or oral health management for patients with HIV | | | | |
| i. As part of required curriculum | i. 20 | i. 4 | i. 0 | |
| ii. As part of elective curriculum | ii. 16 | ii. 0 | ii. 0 | ii. 0 |
| e. The total number of hours that all students, residents, and other providers spent providing direct clinical services for patients with HIV | 765 | 196 | 0 | 0 |

| Income | Number of Patients with HIV |
|---|---|
| Equal to or below the Federal poverty line | 428 |
| 101-200% of Federal poverty line | 2 |
| 201-300% of Federal poverty line | 0 |
| > 300% of Federal poverty line | 0 |
| Unknown/unreported | 7 |
| Total | 437 |

| Age | Number of Patients with HIV |
|---|---|
| 12 or younger | 0 |
| 13-24 | 39 |
| 25-44 | 197 |
| 45-64 | 124 |
| 65 or older | 77 |
| Unknown/unreported | 0 |
| Total | 437 |

| Type of Service | Number of Visits |
|---|---|
| Diagnostic | 515 |
| Preventive | 398 |
| Oral health education/health promotion | 515 |
| Nutrition counseling | 356 |
| Tobacco prevention/cessation | 103 |
| Oral medicine/oral pathology | 5 |
| Restorative | 376 |
| Periodontic | 367 |
| Prosthodontic | 107 |
| Oral and maxillofacial surgery | 219 |
| Endodontic | 14 |
| Anesthesia/sedation/nitrous oxide analgesia/palliative care | 32 |
| Emergency services | 124 |
| Other (specify: ) | 0 |

# NEEDS, GAPS, BARRIERS TO CARE



Limited Funding

Transportation

Large number of clients needing care

# NOTABLE TRENDS

- **Increase in newly diagnosed**
- **Young Adults (18-38)**
- **African-American Males**
- **Overall Viral Suppression Rate 95%**
- **Reduced # of clients at start of year due to Covid-19**

RECOMMENDATIONS

Successes

Community Partnership/Client outreach/Client engagement

Strong Educational Program

My rotation at Care Resource Broward provided me with many learning experiences. One that was very significant was when I was shadowing one of the dentists on a root canal. At Care Resource, only one dentist felt comfortable enough to do endodontic treatments.

The patient was a middle aged African American female who was referred to him by another dentist who also worked in that clinic but did not perform endodontic procedures. The patient needed four root canals on all the mandibular anterior teeth (#23-26). Before beginning the procedure, the assistant took updated PA's and the dentist analyzed them. He came to the realization that the mandibular anterior teeth may not need root canals.

Radiographically, although the teeth had some periapical radiolucency's they were also partially radiopaque. The patient stated that they had no symptoms. The dentist also performed multiple vitality tests which were all within normal limits.

The dentist concluded that the patient had been wrongly diagnosed.

Instead of periapical radiolucent lesions involving the pulp, he believed the patient had periapical cemento-osseous dysplasia

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Socio-cultural factors, cultural competency, and background all affect a patient's oral health and treatment. As mentioned above, a patient's finances is an important component when it comes to treatment planning and prioritizing certain procedures. In addition, access to healthcare is a big factor when it comes to oral health. After speaking to many of the patients, many of them had not been to the dentist in years due to restrictions in their personal life. Education level also plays a role. Many under-served communities are not educated on the importance of oral hygiene which leads to an increasing amount of dental problems.

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Keeping all these factors in mind, it is important for us, as dentists, to continue to try to increase our knowledge in cultural competency. The U.S population is extremely diverse and educating ourselves will help deliver a higher quality of care and decrease clinical errors due to cultural differences between populations of different ethnicities.

The most important communication skill I utilized during my rotation was being bi-lingual. I am extremely grateful to know Spanish and English and I have realized how beneficial it is .Unfortunately, a big part of the under-served community are Hispanics, and many of them do not speak English very well. I was able to effectively communicate with them and make them feel at ease before any procedure. I was able to improve my patient interaction by earning the patient's trust and ultimately improve the outcome. Apart from being bi-lingual, I also used active listening. I maintained eye-contact and made sure the patient felt understood. This built patient
rapport and a close relationship with the patient as they often felt a little nervous that a dental student was working with them rather than the dentist.

Overall, the Care Resource rotation was very enjoyable and a great learning experience. I am very grateful to have had this
experience before I graduated

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# QUESTIONS?

DISCUSSION

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# HANDOUT C2

# RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

## RYAN WHITE PART B

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of 04/18/2022

# RYAN WHITE PART B PROGRAM OVERVIEW

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

# RYAN WHITE PART B ELIGIBILITY

| Service | Documents |
|---|---|
| Part B Eligibility | Photo ID & Social Security Card |
| | Proof of HIV Status |
| | Utility bill, etc. |
| | 3 months of pay stubs, W-2, 1040, or Letter of Support |
| ADAP & Medication Copayment | Insurance ID Card & Benefit Summary (if applicable) |
| | Current Prescriptions |
| | Pharmacy information |
| Home Health & Meals/Nutritional Supplement | Referral Form signed by Case Manager **&** Plan of Care |
| | Current Prescriptions signed by Doctor |

# PROGRAM BUDGET

- FY2021-22 Budget: 1,161,929
  - As of 4/19/2022 a balance of $30,000 remaining; however, Part B is still pending final invoices from four (4) providers.
- FY2022-23 Budget: Level Funding

# SERVICES PROVIDED

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

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

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# Emergency Financial Assistance

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

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

Service Components:

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

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

# Health Insurance Continuation

- The **Medication Copayment Program** provides monthly copayments for FDA approved formulary medications to insured clients who are ineligible for the AIDS Drugs Assistance Program (ADAP).
- Client must be RWPB eligible.
- Service Components:
  - Clients choose one of the participating pharmacies
  - Clients pick up medications monthly (RWPB approved formulary)
  - After applying co-pay cards; pharmacy bills RWPB for client's portion.
  - RWPB submits invoices for payments within 5 business days.

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

# Home & Community-Based Health Services

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

Service Components:

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

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# Home Delivered Meals

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

Client must be RWPB eligible.

Service Components:

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

# Medical Nutritional Therapy

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

Client must be RWPB eligible.

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

# Medical Transportation Services

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

Client must be RWPB eligible.

Client Case Manager must provide proof of medical appointments.

Service Components:

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

# Substance Abuse Services

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

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

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| Service Category | #Unduplicated Clients | Unit of Services Provided |
|---|---|---|
| Emergency Financial Assistance | 696 | 2260 |
| Home Delivered Meals | 2 | 444 |
| Health Insurance Premium Program | 76 | 84 |
| Medical Nutritional Therapy | 14 | 749 |
| Medical Transportation Services | 182 | 815 |
| Non-Medical Case Management | 5220 | 8189 |
| Substance Abuse Services | 16 | 125 |

# Unduplicated Clients 2021-22

# NOTABLE TRENDS

RWPB's challenges during the previous contract year:

Clients had access to additional community resources which posed a challenge to RWPB fiscally.

Clients were still reluctant to utilize the on-line portal as an eligibility option

Clients picking up a 90-Day supply of medications have not been keeping their recertification appointments, and usually contacts the program when running out of medications to recertify.

RWPB's success during the previous contract year:

Staff and clients adjusted Telephone appointments/requirements

Mail-order program is continuously growing

ADAP/RWPB Call Center

On-Line Portal

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# Contact Information

## Ryan White Part B Team

**Serena R. Cook, Program Manager**
**Serena.Cook@flhealth.gov**
**954-412-7086**

**Janet Carter, Government Operations Consultant III**
**Janet.Carter@flhealth.gov**
**954-412-7102**

**Claudine McLeary, Government Operations Consultant I**
**Claudine.McLeary@flhealth.gov**
**954-412-7085**

**Denise Mills, Senior Clerk**
**Claudine.McLeary@flhealth.gov**
**954-412-7072**

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# QUESTIONS?

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# HANDOUT C3

# RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

## RYAN WHITE PART C

Leonard Jones, Director of External Program and Services

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 April 21, 2022

# RYAN WHITE PART C PROGRAM OVERVIEW

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

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

Broward Health is the Recipient of Part C funds since 1998. We have 2 medical providers that provide services at 3 different sites.

BROWARD HEALTH

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# Program Budget

**FY2020 Expenditures: $886,511**

**FY2021 Funding Amount: $875,925**

- **FY2021 Expenditure: Anticipated Full Utilization of Grant Award**

**FY2022 Partial Grant Award $2,402**

BROWARD HEALTH

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# SERVICES PROVIDED

- Definition of the Funded Services:

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

- Client Eligibility:

  HIV Positive for all services except HIV Counseling and Testing, 0-to 400% of FPL, and BC residents.

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# SERVICES PROVIDED

Number of Unduplicated clients = 804

**Gender:**

- Female: 36.70%
- Male: 63.10%
- Transgender: 0.20%

**Race:**

- American Indian or Alaskan Native 0.10%
- Asian 0.20%
- Black 83.20%
- White 19.00%

**Age:**

- Under 21 0.10%
- 22-31 6.10%
- 32-41 12.20%
- 42 -51 15.40%
- 52-61 35.30%
- 62 and up 30.80%

**Ethnicity:**

- Hispanic 8.00%
- Non-Hispanic 92.00%

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# NEEDS, GAPS, BARRIERS TO CARE

- Rental Assistance & Housing
- Food for Homeless Population
- Substance Abuse Residential

BROWARD HEALTH

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# RECOMMENDATIONS

**Successes**

Implementing Test and Treat assist with the rapid engagement process.

Utilization of Part A funds to Provide Uber Transportation has assisted with access and retention in care.

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# RECOMMENDATIONS

**System Level Solutions for Ryan White Clients**

Increase Substance Abuse Services

Develop a Coordinated Emergency Transitional Housing Model for HIV Homeless individuals

BROWARD HEALTH

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# QUESTIONS?

DISCUSSION

BROWARD HEALTH

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# HANDOUT C4

# RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

## RYAN WHITE PART D

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of April 21, 2022

# RYAN WHITE PART D PROGRAM OVERVIEW

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

# Comprehensive Family AIDS Program (CFAP)

CFAP provides **HIV/Primary medical care** to infants, children, youth, women living with HIV in Broward County

CFAP provides **supportive services** to persons living with HIV and their uninfected family members living in the household.

*(Approximately 1661 individuals and 700 families in FY2021)*

Other services available to PART D clients

- [] Primary care services to uninfected pediatric and adult family members
- [] Test and Treat program- servicing WICY population (youth males up to the age of 24)
- [] Conduct HIV testing Rapid testing for Broward County
- [] Onsite Pharmacy and Dental services
- [] Access to HIV Research studies

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# CFAP Eligibility Criteria

Resident of Broward County

HIV positive Women, Infant, Child, and Youth (Males under the age of 25)

# PROGRAM BUDGET

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

- FY2020- $2,016,919.00
- FY2021- $2,016,919.00

Other Funding Sources including:

SMART Ride $179,005.00

CMS HIV – $185,185.00

TOPWA – $170,000.00

# Clinical and Psychosocial Services

*Pediatric HIV Medical Care, Dental and Hygiene services*

*Phlebotomy services*

*Primary, HIV specialty, and gynecologic care*

*Adherence Counseling*

*Family Planning*

*Nutrition Screening and Therapy*

*Risk Reduction Counseling*

*Mental Health Screening, Treatment and Counseling*

*Substance Abuse Screening & Treatment*

*Prenatal HIV medication counseling(For CFAP Clients only)*

*Access to Clinical Trials for Research Studies*

*Psychosocial Support*

*Intensive Medical Case Management*

*Access to Food and Gently Used Clothing*

*Support Groups*

*Women's Retreat*

*Children's Camp*

*Emergency Financial Assistance (donations)*

*Translation (access to language line)*

*Child Care during visits*

Transportation

50 and over exercise group with Personal Trainer

# CFAP: Population Served 2021
## Total WICY = 676

**Age 25+**

**Women=548**

*Race/ethnicity*

Black/AA=**484**

White =34

Asian=**1**

Hispanic=**28**

Pacific Island=1

*Risk factor*

Perinatal=**40**

Heterosexual=**508**

**Age13 to 24**

**Youth=55**

Female=**33**

Male=**22**

*Race/ethnicity*

Black/AA=**49**

Hispanic=**4**

White**=1**

*Risk factor*

Heterosexual=**18**

Perinatal=**31**

MSM=**6**

**Age 3 to 12**

**Children=9**

Female=**8**

Male=1

*Race/ethnicity*

Black/AA=**9**

*Risk factor*

Perinatal=**9**

**Age 0 to 2**

**Indeterminate=64**

Female=**33**

Male=**31**

*Race/ethnicity*

Black/AA-**56**

White-non-Hispanic=**3**

Hispanic=**5**

Risk factor

Prenatal=**64**

# NEEDS, GAPS, BARRIERS TO CARE

Lack of Mental Health  services for Creole/Spanish Speaking populations

Lack of  Substance Abuse Counseling for Creole/Spanish Speaking populations

Affordable housing

Transportation

Residential Substance Abuse Programs

Outreach efforts to identify at risk youth (PROACT)

Increase RW Dental Providers

Prenatal Care Cost

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# Notable Trends

## Newly diagnosed populations

Pregnant

High VL

Young/Naive about HIV

Insurance issues

Migrating from other counties

## Young Adults (18-28)

Retention in care(Many Factors)

Insurance issues

Substance abuse

Employment/Housing issues

Unplanned pregnancy

Follow up with required documentations

## The Elderly

Comorbidities

Insurance issues(Transition from Medicaid to Medicare)

Housing issues

Medicaid transportation

Decline in Independence

Applying for SSI/SSD

Cognitive Decline

Society Isolated

Inactivity

## Recently reengaged in care

Lack of knowledge of HIV

Denial

Adherence Issues

Disclosure

Advanced HIV

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# NOTABLE TRENDS

## Virally suppressed clients

Acceptance of DX

Family/Friends support

Higher Education Level

Adherent to Medical/Specialty Appt.

## High viral loads

Lack of Family/Social Support

Noncompliant with medical care

Issues with medications

Young Adult population

Mental Health/Substance Abuse issues

Disclosure

## Mental Health

Denial

Limit access to Psychiatry for RW

Limit therapist that are multi-lingual

Domestic Violence Issues

Stigma

## Substance use

Denial

Limited access to Detox locations

Continuum of care for substance abusers

Access to cheap “designer” drug Flakka, Mollies etc.

Multigenerational substance abuse issues

Stigma

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# NOTABLE TRENDS

**Impact of COVID-19**

- Increase in Test and Treat clients (Returning to Care)
- Increase in mental health sessions
- Introductory into Telehealth appointments
- Increase with Financial Assistance
- Decrease in Dental care
- Delayed prenatal care
- Decrease in HIV testing
- Quest and Lab Corp behind on labs

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# RECOMMENDATIONS

**CFAP Success:**

Telehealth

Increase in Mental Health Counseling

Teleworking Medical Care Coordinators

Retention in care Adult 85% Youth 82%

VL suppression Adult 82% Youth 78%

Committed Staff (Doctors and Medical Care Coordinators)

Support groups

Collaboration with other Broward Health Specialist

**Challenges:**

Affordable/Accessible Housing

Transportation

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# Recommendation

Solutions that the Part A Program could potentially address through the PSRA process

Increase mental health services in different languages

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# QUESTIONS?

DISCUSSION

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**HANDOUT C5**

# HOPWA Presentation for PSRA

## HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

# The HOPWA Program Overview

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

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

# Program Budget

- **FY2021 Budget:**
  - Grant Award for 2021-2022 **$7,114,059.00**
- **Current Sub-recipients**
  - Broward House, Inc
  - Broward Regional Health Planning Council, Inc
  - Care Resource Community Health Centers, Inc
  - Mount Olive Development Corporation
  - Sunshine Social Services, Inc
  - Legal Aid Service of Broward County.

- **FY2022 Budget:**
  - Grant Award for 2022-2023 **HUD Notification will be available after May 13th**
- The program is solely fund by the department of Housing and Urban Development (HUD) annually to the City.

# Definition of Services Provided

**Housing Case Management (HCM) Program**

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

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

**Sunserve.org or call 954-764-5150**

**Caresource.org or call 954-567-7141**

**NON-HOUSING SUPPORT SERVICES –LEGAL AID**

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

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

**PERMANENT HOUSING PLACEMENT (PHP)**

Provide clients with move in assistance and cost associated with obtaining permanent housing

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

# Definition of Services Provided

**SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)**

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

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

**FACILITY BASED HOUSING (FAC)**

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

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

**PROJECT BASED RENTAL (PBR) ASSISTANCE:**

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

Contacts:

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

**modcocares.org or call 954-764-6488**

# Definition of Services Provided

**TENANT BASED RENTAL VOUCHERS (TBRV):**

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

City re-opened TBRV program for this fiscal year with a waitlist. We received 291 applicants, of which 100 applications were randomly selected, and the agencies funded for the TBRV program are doing the in-take process. If additional funds become available in FY22-23, we would like to serve additional applicants.

# Client Eligibility

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

# Demographics

**Number of client's FY 2020: 1852**

- **761** received financial subsidy( TBRV, PBR, STRMU, TEHV and PHP
- **1852** received housing case management services and were connected to other resources based on need

| Ethnicity | | HOPWA Eligible Individuals | | All Other Beneficiaries | |
|---|---|---|---|---|---|
| | | [A] Race [all individuals reported in Section 2, | [B] Ethnicity [Also identified as Hispanic or Latino] | [C] Race [total of individuals reported in Section 2, | [D] Ethnicity [Also identified as Hispanic or Latino] |
| 1 | American Indian/Alaskan Native | 0 | 0 | 2 | 0 |
| 2 | Asian | 12 | 0 | 0 | 0 |
| 3 | Black/African American | 428 | 18 | 199 | 1 |
| 4 | Native Hawaiian/Other Pacific Islander | 0 | 0 | 0 | 0 |
| 5 | White | 275 | 68 | 30 | 17 |
| 6 | American Indian/Alaskan Native & White | 27 | 0 | 0 | 0 |
| 7 | Asian & White | 0 | 0 | 0 | 0 |
| 8 | Black/African American & White | 13 | 0 | 2 | 0 |
| 9 | American Indian/Alaskan Native & Black/African American | 6 | 0 | 0 | 0 |
| 10 | Other Multi-Racial | 0 | 0 | 0 | 0 |
| 11 | **Column Totals (Sum of Rows 1-10)** | 761 | 86 | 233 | 18 |

| Age Group | | HOPWA Eligible Individuals | | | | |
|---|---|---|---|---|---|---|
| | | A. Male | B. Female | C. Transgender M to F | D. Transgender F to M | E. TOTAL (Sum of Columns A-D) |
| 1 | Under 18 | 0 | 0 | 0 | 0 | 0 |
| 2 | 18 to 30 years | 18 | 22 | 10 | 0 | 50 |
| 3 | 31 to 50 years | 158 | 145 | 0 | 0 | 303 |
| 4 | 51 years and Older | 234 | 174 | 0 | 0 | 408 |
| 5 | **Subtotal (Sum of Rows 1-4)** | 410 | 341 | 10 | 0 | 761 |

# Needs, Gaps, Barriers to Housing

- Availability and affordability
- Some of the primary barriers are the cost of housing units, limited stock of affordable housing units, poor rental history, neighborhood are not desirable to clients
- We had few non-eligible clients who applied to the TBRV program.

# Notable Trends

- There is an increase in working class people living in cars because of high cost of rent
- There were very high increase in inquiries from clients who live out of State. HOPWA subsidies are not portable.

# Recommendations

**What are some of the successes of your program:**

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

**What activities do you feel are contributing to the success of the program?**

- Intensive case management, more stable POA'S. The HOPWA Getting Back to Work initiative

**Are there any services/resources outside of HOPWA available to clients to reduce gaps in services?**

- **Case management can assess and refer individual to other community resources**
  - Other community resources including governmental, non-profit, private and faith based organizations
  - Employment agencies, financial assistance, subsidy opportunities, first time home buyer programs

**What are some of the challenges faced by your program**:

- Mental Health and substance abuse care
- Increase in Evictions
- Finding Affordable Housing

**Based on the identified challenges, what are some activities or solutions that the Part A Program could potentially address through the PSRA process?**

- Support the HOPWA Getting Back to Work Initiative
- Continuation of funding for mental health and substance abuse.
- Work to remove the stigma from mental health so that client would be more comfortable access mental health care
- Finding flexible source of funding for non-eligible clients

# Questions?

Discussion

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