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, May 15, 2025 - 9:30 AM – 11:30 AM
Location: Virtual via Microsoft Teams

Click here to join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmJkZmJhNmEtMTY4Zi00ZTg0LThlOTctMmQ1NWQyYzk0YmFi%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 262 344 748 849
Passcode: oT6BE6JF
Dial in by phone
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Find a local number
Phone conference ID: 695 493 825#

Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order
II. Welcome from the Chair:
   - **a.** Meeting Ground Rules
   - **b.** Statement of Sunshine
   - **c.** Introductions & Abstentions
   - **d.** Moment of Silence
III. Public Comment:
IV. ACTION: Review of Agenda for May 15, 2025
V. ACTION: Approval of Minutes from March 20, 2025 **(Handout A)**
VI. Standard Committee Items:
   - **a.** Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative* **(Handout B)**

b. Minority AIDS Initiative Ad hoc Subcommittee Update: *Chair MAI Subcommittee*

c. Impact of Federal Policy Changes: *Recipient Representative*

VII. Discussion Items:

a. **Review**: CEC Rankings of Core and Support Service Categories FY 2026-2027 **(Handout C)**: *PCS Support Staff*

VIII. Old Business: None

IX. New Business

a. **Administrative Mechanism Update**: Loading Subrecipient Contracts: *Recipient Representative*

b. **Update:** Priority Setting and Resource Allocation and Community Empowerment Committee Listening Tour Session & Evaluation Surveys **(Handout D1, D2)**: *PCS Support Staff*

c. **Update:** Rescheduling of July 17th Listening Tour: *PCS Support Staff*

d. **Update:** Progress of "How Best to Meet the Need Language": *SOC Chair*

e. **Update:** Eligibility Determination Recommendations: *Recipient Representative*

f. **Update:** Rescheduling of June Data Presentation Workshops

X. Recipient Report

XI. Data Request(s)

XII. Public Comment

XIII. Agenda Items for Next meeting:

a. **Next Meeting Date:** July 15, July 16, and July 17, 2025, at 10:00 a.m. Location: Broward Regional Health Planning Council.

XIV. Announcements

- June 1st: Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.

XV. 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.

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Lamar P. Fisher (Mayor)• Nan H. Rich (Vice Mayor) • Mark D. Bogen • Beam Furr • Steve Geller • Michael Udine • Tim Ryan • Robert McKinzie • Hazelle P. Rogers

Broward County Website

May 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
				1 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	2 Medical Case Management Network 2:30PM-3:45PM	3
4	5	6 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	7	8	9	10
11	12	13 Minority AIDS Initiative Subcommittee Meeting 12:30PM – 2:30PM Locations: BRHPC/MS Teams	14	15 Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	16	17
18 HIV VACCINE AWARENESS DAY MAY 18th	19 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	20	21 Quality Network Meeting (CQM) 9:00AM-10:15AM	22 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	23	24
25	26	27	28	29	30	31 GET CARE BROWARD TREAT HIV | BEAT HIV

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network.
Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

May 2025

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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Priority Setting and Resource Allocation Committee

Thursday, March 20, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes (Chair), B. Fortune-Evans, B. Mester, V. Biggs, L. Robertson, R. Jimenez, J. Rodriguez, M. Schweizer (Vice-Chair), S. Tinsley, M. Schweizer

PSRA Members Absent: J. Castillo, A. Machado

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, T. Thompson, W. Cius, R. Pena, B. Miller, R. Pena, B. Baker, G. Moxey

Ryan White Part B Recipient Staff Present: No representatives

PCS/CQM Present: G. Berkley-Martinez, D. Liao, S. Isidore, M. Lacroix, M. Rosiere, J. Beal

Guests Present: O. Desinor, J. Rogers, C. Williams, J. Hidalgo, P. Falco, R. Louis XVI, S. Hafley, K. Whyte, L. Arvelo

1. Call to Order

   The PSRA Chair called the workshop to order at **9:35AM.**

2. Welcome from the Chair & Public Record Requirements

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

3. 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.

4. Action: Review of Agenda for March 20, 2025

   V. Biggs proposed the approval of the agenda for the March 20, 2025, Priority Setting and Resource Allocation Committee meeting. Additionally, V. Biggs motioned to amend the agenda by adding the Integrated Primary Care and Behavioral Health categories under new business. The motion was seconded by B. Fortune-Evans and was unanimously.

   Motion #1: On behalf of PSRA, V. Biggs moved to approve the agenda for the March 20, 2025, Priority Setting and Resource Allocation Committee meeting, with an amendment to include a discussion on Integrated Primary Care and Behavioral Health categories under new business. B. Fortune-Evans seconded the motion, which was unanimously approved.

5. Action: Approval of Minutes from February 20, 2025

   The approval for the minutes of the February 20, 2025, meeting was proposed by **B. Mester** seconded by **S. Tinsley** and passed unanimously.

   Motion #2: B. Mester on behalf of PSRA, made a motion to approve the February 20, 2025 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by S. Tinsley and passed unanimously.

6. Standard Committee Items

   a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category **(Handout B)**

      A. Tareq from the Ryan White Part A Office presented a detailed overview of expenditures and service utilization for both Part A and MAI funds, noting that some invoices are still pending and are expected to be completed by next month.

      For Part A Services, utilization rates are as follows: Ambulatory at 93%, AIDS Pharmaceutical at 3%, Routine Oral Health Care at 96%, Specialty Oral Health Care at 100%, Medical Case Management at 93%, Mental Health Trauma-Informed Care at 89%, Health Insurance Premium & Cost Sharing Assistance at 68%, Medical Nutrition Therapy at 100%, and Substance Abuse - Outpatient at 94%.

      For Part A Support Services, Non-Medical Case Management (CIED) is at 100%, Non-Medical Case Management is at 92%, Food Services (Food Bank) is at

81%, Food Services (Food Voucher) is at 100%, Legal Assistance is at 97%, and Emergency Financial Assistance is at 88%.

Regarding MAI funds, MAI Mental Health is at 91%, MAI Substance Abuse - Outpatient is at 87%, MAI Non-Medical Case Management is at 97%, and MAI Non-Medical Case Management (CIED) is at 100%. Overall, MAI and Part utilization is 93%. Part A notes that utilization will be close to 99%.

b. Minority AIDS Initiative Ad hoc Subcommittee Update

Shawn Tinsley, Vice-Chair of the MAI Subcommittee, provided a brief update on the committee's progress, noting that another data request was submitted to the Part A Office. The committee identified a specific area of concern and aims to analyze outcomes. M. Schweizer, Chair of the MAI Subcommittee, highlighted that the data reviewed was highly valuable, revealing that the Haitian population experienced some of the worst outcomes. He mentioned that the committee might have the opportunity to review and update MAI service delivery models in September.

c. Impact of Federal Policy Changes

G. James from the Ryan White Part A Office stated that HRSA has not provided any written documentation regarding changes. B. Barnes affirmed that the committee would continue its work. S. Tinsley inquired whether the committee would need to return MAI funds. J. Roy from the Part A Office clarified that no specific guidance on MAI had been issued. G. James added that the office had encountered no issues in drawing funds for the recently concluded fiscal year. The Part A Office assured the committee and HIVPC that they would be kept informed of any relevant updates.

7. Old Business:
    a. Update: PSRA/CEC Listening Session on April 17, 2025

B. Barnes explained that the purpose of the upcoming Listening Tour is to gather consumer concerns and recommendations regarding the Ryan White Part A system. He also noted that the committee will not meet next month; instead, members are expected to attend the event, which will count toward their attendance.

8. New Business
    a. **Discussion**: Presentation: PSRA Process

        M. Lacroix, PCS staff, delivered the *Priority Setting & Resource Allocation Process* presentation to the committee. Following the presentation, committee members and guests shared comments. J. Hidalgo pointed out that scorecards do not include information on the 50 and older population, prompting the committee to recommend that the Quality Management Committee (QMC) review the scorecard template and evaluation criteria during their April meeting. The QMC would then provide recommendations to the Clinical Quality Management CQM Support Staff. D. Liao, CQM Support Staff, welcomed the feedback and noted that recommendations would be valuable. L. Robertson suggested minimizing the use of acronyms in presentations, emphasizing that while many members have received this training before, new members may find it difficult to follow.

    b. **Presentation**: Affordable Care Act (ACA) Report 2024

        T. Thompson from the Part A Office provided a verbal ACA Report for FY2024, noting a gradual improvement in benefit coverage. Currently, 34% of individuals have no benefits, compared to 36% last year and 38% the year before. He highlighted that the system now serves more people than ever.

        Following the update, committee members and guests had questions and comments. B. Fortune-Evans asked for clarification on "no benefits," specifically whether it meant individuals had no insurance at all. T. Thompson explained that most individuals typically have Medicare, Medicaid, or both, but those classified as having no benefits have no insurance listed in Provide Enterprise.

        J. Beal inquired whether data was available on how many of the 34% without benefits might qualify but had refused coverage. T. Thompson noted that since clients self-report their information, its accuracy is uncertain, but a deeper analysis could provide insights.

        M. Rosiere suggested providing an update on insurance changes and inviting Paul Makeel from the state to share state-level updates. The committee agreed to receive an insurance presentation at their May meeting.

    c. *Amended Agenda Item*: Discussion on Integrated Primary Care and Behavioral Health Categories

        V. Biggs initiated the discussion by referencing the last QMC meeting on Monday, March 17th, where the committee briefly discussed the Integrated Primary Care scorecard and the Service Delivery Model (SDM). He noted that 1,100 individuals utilized mental therapy services under this category, despite the existence of a separate mental health service SDM. His concern was that $6 million in funding remains unaccounted for, as it is being billed and allocated under medical care rather than mental therapy services. He questioned whether this could be

contributing to the underutilization of the mental health service category. Based on this, he suggested that the committee review the scorecards to better understand service utilization and ensure there is no duplication of services across multiple SDMs.

B. Mester responded, clarifying that mental health services and behavioral health services are related but distinct. Behavioral health services fall under Integrated Primary Care. B. Miller from the Part A Office added that under PCN 16-02, the technical designation is Ambulatory Outpatient Health Services, which includes a provision for behavioral health services. While behavioral health is incorporated into Integrated Primary Care, trauma-informed practices fall under the separate mental health services category.

T. Thompson further explained that in Broward County, providers offering outpatient ambulatory services must have a mental health provider on staff. The separate mental health services category allows standalone mental health organizations to apply for funding if interested. He also highlighted that the current Integrated Primary Care behavioral health model is recognized as a best practice by the Health Resources and Services Administration (HRSA).

Following the discussion, a motion was introduced regarding a data request for the committee. The Chair, B. Barnes, called the motion to a vote, resulting in 5 nays and 3 yeas. As the majority voted against it, the motion did not pass.

Motion #3: On behalf of PRSA, V. Biggs motioned for a data request to break out the Integrated Primary Care and Behavioral Health service category's behavioral health services CPT codes by units, dollars, and utilization. The motion was put to a vote, with 5 nays and 3 yeas. As a result, the motion failed.

9. Unfinished Business: None

10. Recipient's Report

J. Roy from the Part A Office provided a verbal recipient report, reminding the committee to stay focused on our mission despite the unforeseen challenges that we anticipate. Regarding contract updates, she noted that there will be 5 new providers joining the network, not the 6 originally presented at the last meeting, bringing the total to 17 providers and two consulting agreements.

She also announced that the Ryan White Part A (RWPA) and EHE provider orientation for the new contract year is scheduled for March 28th at the Salvation Army Corps in Fort Lauderdale. This will be a valuable opportunity to set the foundation for both new and current providers as we move into the next phase of RWPA. During the meeting, a comprehensive contact list with all providers and their lead contacts will be shared.

Additionally, J. Roy discussed strategies for increasing integration across all Ryan White funding streams and other systems of care. She mentioned that the RWPA is exploring

platforms and opportunities to address potential challenges and foster more dialogue. One initiative being considered is the reinstatement of the Ryan White Funders Collaborative meeting. This meeting will bring together leaders from Parts A, B, C, D, and F to promote a unified approach and assess current resources, especially in the face of potential resource limitations. The first Funders Collaborative meeting is planned for April.

Following the report, there were no questions or discussions from the committee.

11. Data Request(s)

None.

12. Public Comment

None.

13. Agenda Items for Next Meeting: To be determined.

Next Meeting Date: May 15, 2025, at 9:30AM. Location: Broward Regional Health Planning Council.

14. Announcements

- Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.
- Ujima Men's Collective **Man Up Festival**: Saturday, May 3, 2025, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!

There being no further business, the meeting was adjourned at **12:06PM.**

PSRA Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	16	20	20											
1	Barnes, B., Chair	X	X	X											
2	Fortune-Evans, B.	X	X	X											
3	Mester, B.	X	X	X											
4	Robertson, L.	X	X	X											
5	Rodriguez, J.	X	X	X											
6	Biggs, V.	X	X	X											
7	Jimenez, R.	X	X	X											
8	Schwiezer, M.	E	X	X											
9	Machado, A.	A	E	A											
10	Tinsley, S.	X	X	X											
11	Castllo, J.	X	X	A											
	Quorum = 7	9	10	9											

	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 20, 2025
Minutes prepared by PCS Staff

Ft. Lauderdale/Broward EMA

Ryan White Part A and MAI FY 24-25 Allocations

	Service Category		Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,885,139	5,798,212	99%	2800	86,927	483,184	5,798,212	577	86,927
	AIDS Pharmaceutical Assistance (2)		5,400	235	4%	17	5,165	20	235	-	5,165
	Oral Health Care	Routine (4)	1,840,204	1,825,802	99%	2273	14,402	152,150	1,825,802	-	14,402
		Specialty (1)	566,489	566,336	100%		153	47,195	566,336	1,808	153
	Medical Case Management	Disease Case Management (5)	659,266	658,821	100%	620	445	54,902	658,821	20,194	445
	Mental Health- Trauma-Informed (2)		77,939	74,547	96%	111	3,392	6,212	74,547	-	3,392
	Health Insurance Premium & Cost Sharing Assistance		643,000	533,439	83%	1088	109,562	44,453	533,439	-	109,562
	Medical Nutrition Therapy (1)		82,000	81,993	100%	88	7	6,833	81,993	-	7
	Substance Abuse-Outpatient (1)		84,498	84,493	100%	35	5	7,041	84,493	-	5
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	367,378	367,374	100%	4529	4	30,614	367,374	29,013	4
	Non-Medical Case Management	Case Management (7)	1,649,870	1,621,834	98%	3287	28,036	135,153	1,621,834	2,389	28,036
	Food Services	Food Bank (1)	934,375	847,374	91%	2015	87,001	70,615	847,374	-	87,001
		Food Voucher (1)	109,745	109,712	100%	797	33	9,143	109,712	-	33
	Legal Assistance (1)		129,151	129,150	100%	97	1	10,763	129,150	-	1
	Emergency Financial Assistance (2)		177,872	161,795	91%	201	16,077	13,483	161,795	-	16,077
	Total Part A Funds		**13,212,326**	**12,861,117**	**97%**		**351,209**	**1,071,760**	**12,861,117**	**53,981**	**351,209**

	Service Category		Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)		-	-			-	-	-	-	0
	MAI Mental Health (1)		27,469	27,297	99%	29	172	2,275	27,297	-	172
	MAI Substance Abuse-Outpatient (1)		277,000	276,990	100%	46	10	23,083	276,990	-	10
Support Services	MAI Non-Medical Case Management	Case Management (2)	226,212	220,350	97%	263	5,862	18,363	220,350	8,884	5,862
	MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	559,266	559,260	100%	5549	6	46,605	559,260	30,791	6
	Total MAI Funds		**1,089,947**	**1,083,897**	**99%**		**6,050**	**90,325**	**1,083,897**	**39,675**	**6,050**
	0										
	Total Part A and MAI Funding		**14,302,273**	**13,945,014**	**98%**		**357,259**	**1,162,085**	**13,945,014**	**93,656**	**357,259**

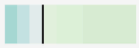
Report for FY 2026-2027 CEC Ranking Survey

Response Counts

Completion Rate:	**100%**	
	Complete	10

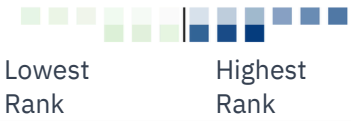
Totals: 10

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

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Health Insurance Premium and Cost Sharing (HICP)(Part A & B)	1		109	10
AIDS Pharmaceutical Assistance (Local) (Part A)	2		97	10
Medical Case Management (Disease)(Part A)	3		95	10
Mental Health Services (Part A)	4		77	10
Outpatient/Ambulatory Health Services (OAHS)(Part A)	5		73	10
Early Intervention Services (EIS)(Part C)	6		71	10
Oral Health Care (Dental) [Routine & Specialty Care)(Part A)	7		66	10
Home and Community-Based Health Services (Part B)	8		60	10
Substance Abuse- Outpatient (Part A)	9		58	10
Medical Nutrition Therapy (Part B)	10		46	10
Home Health Care	11		41	10
Hospice	12		15	10
AIDS Drugs Assistance Program Treatments (ADAP)(Part B)	13		102	10

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

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Housing (EHE Part A)	1		165	10
Food Bank/Home-Delivered Meals (Part A & B)	2		146	10
Emergency Financial Assistance (Part B)	3		139	10
Legal Services (Part A)	4		123	10
Non-Medical Case Management (Part A & B)	5		111	10
Medical Transportation Services (Part B)	6		103	10
Health Education/Risk Reduction	7		100	10
Psychosocial Support	8		90	10
Outreach	9		89	10
Referral for Health Care and Support Services	10		86	10
Child Care	11		76	10
Rehabilitation Services	12		66	10
Substance Abuse- Residential (Part B)	13		56	10
Permanency Planning (Part A)	14		46	10
Other Professional Services (Part A)	15		46	10
Linguistics Services (Interpretation and Translation)	16		45	10
Respite Care	17		43	10



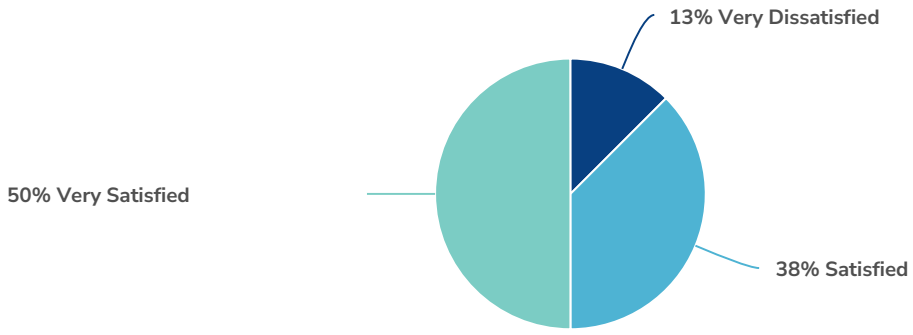
Report for Event Feedback from Consumers - April 17, 2025

Response Counts

Completion Rate:	**100%**	
	Complete	8

Totals: 8

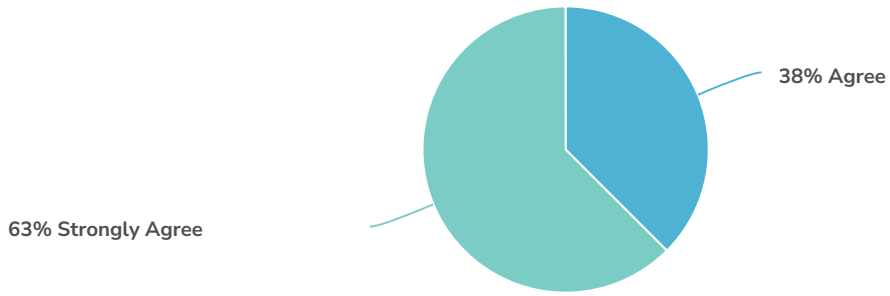
1. How satisfied were you with this listening session?



Value	Percent	Responses
Very Dissatisfied	12.5%	1
Satisfied	37.5%	3
Very Satisfied	50.0%	4

Totals: 8

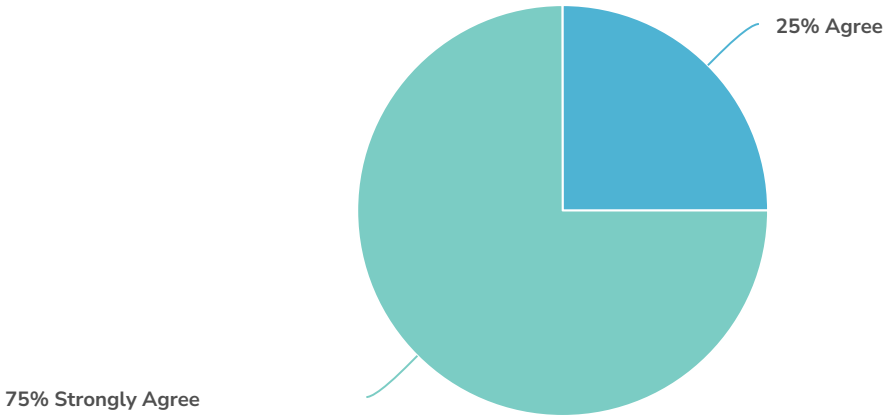
2. The topics discussed during the listening session was informative and useful to me.



Value	Percent	Responses
Agree	37.5%	3
Strongly Agree	62.5%	5

Totals: 8

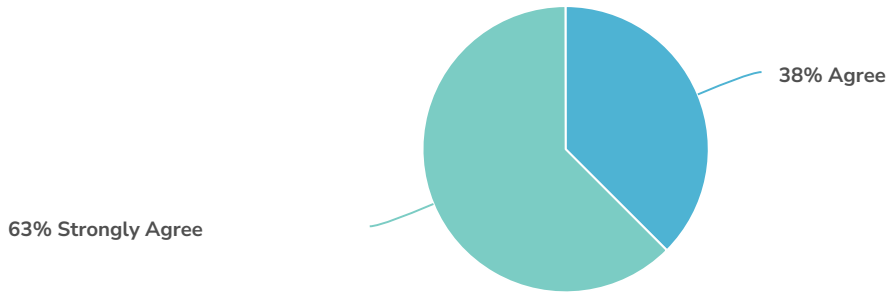
3. The event space was comfortable, accessible, and appropriate for my needs.



Value	Percent	Responses
Agree	25.0%	2
Strongly Agree	75.0%	6

Totals: 8

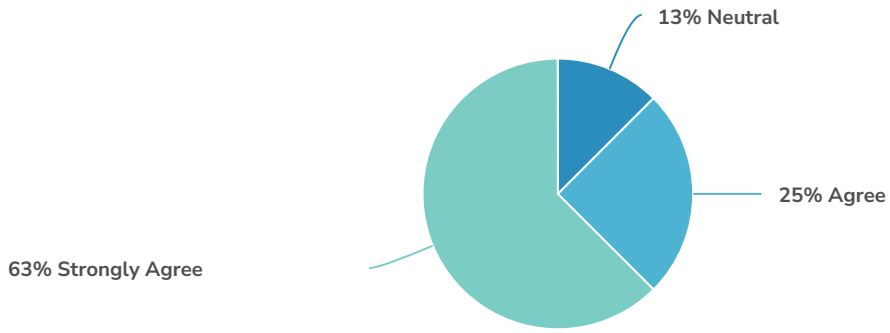
4. The facilitator was well-informed.



Value	Percent	Responses
Agree	37.5%	3
Strongly Agree	62.5%	5

Totals: 8

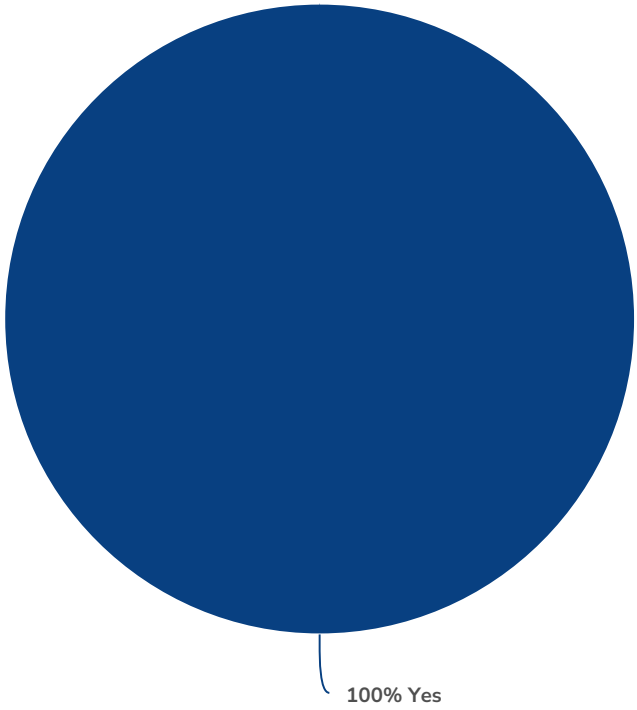
5. The facilitator was easy to understand.



Value	Percent	Responses
Neutral	12.5%	1
Agree	25.0%	2
Strongly Agree	62.5%	5

Totals: 8

6. Do you feel like you voice was heard?



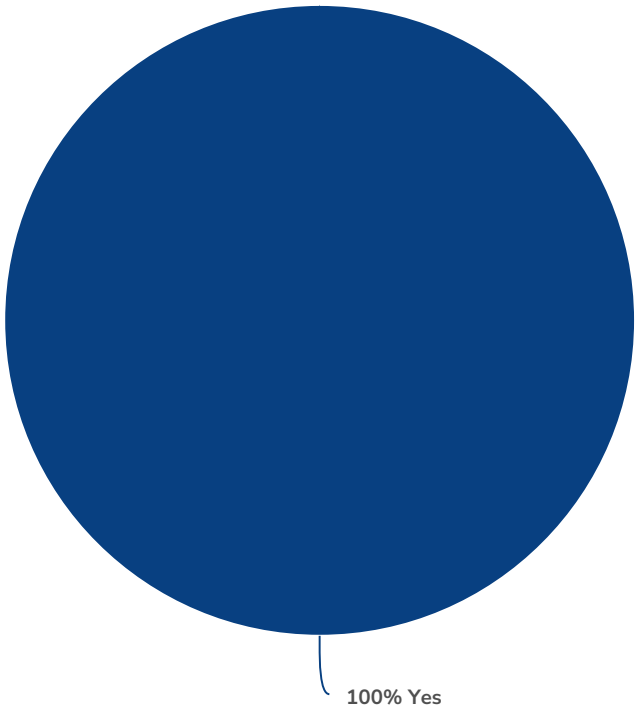
Value	Percent	Responses
Yes	100.0%	8

Totals: 8

7. If you chose "No" for the previous question, why did you not feel heard?

ResponseID	Response
4	Great Job!
5	Thanks

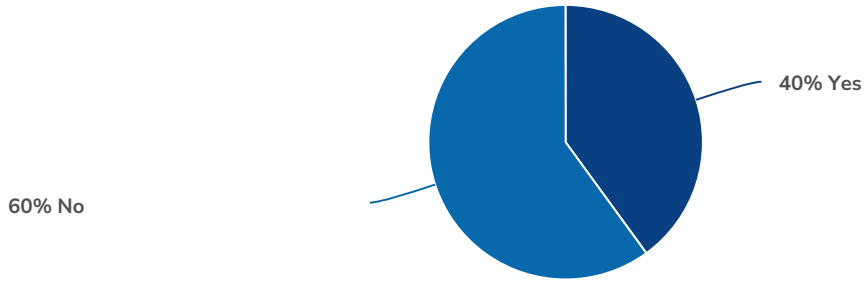
8. Were you given some information about Ryan White resources in Broward County?



Value	Percent	Responses
Yes	100.0%	5

Totals: 5

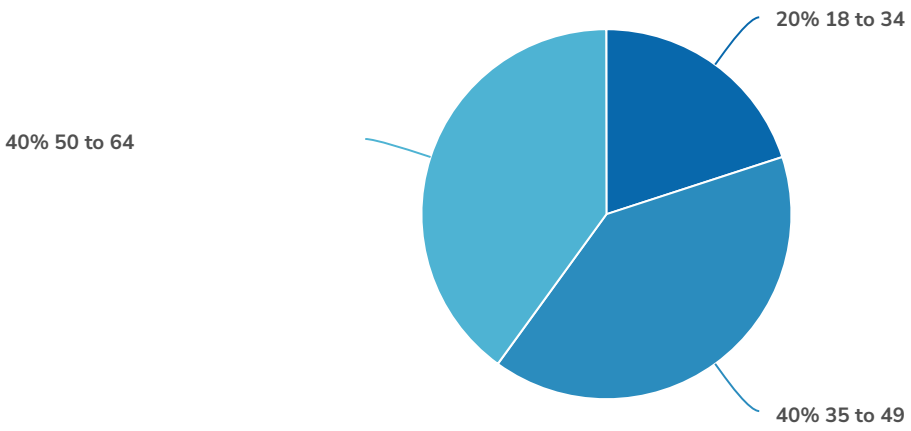
9. Are you a Ryan White consumer?



Value	Percent	Responses
Yes	40.0%	2
No	60.0%	3

Totals: 5

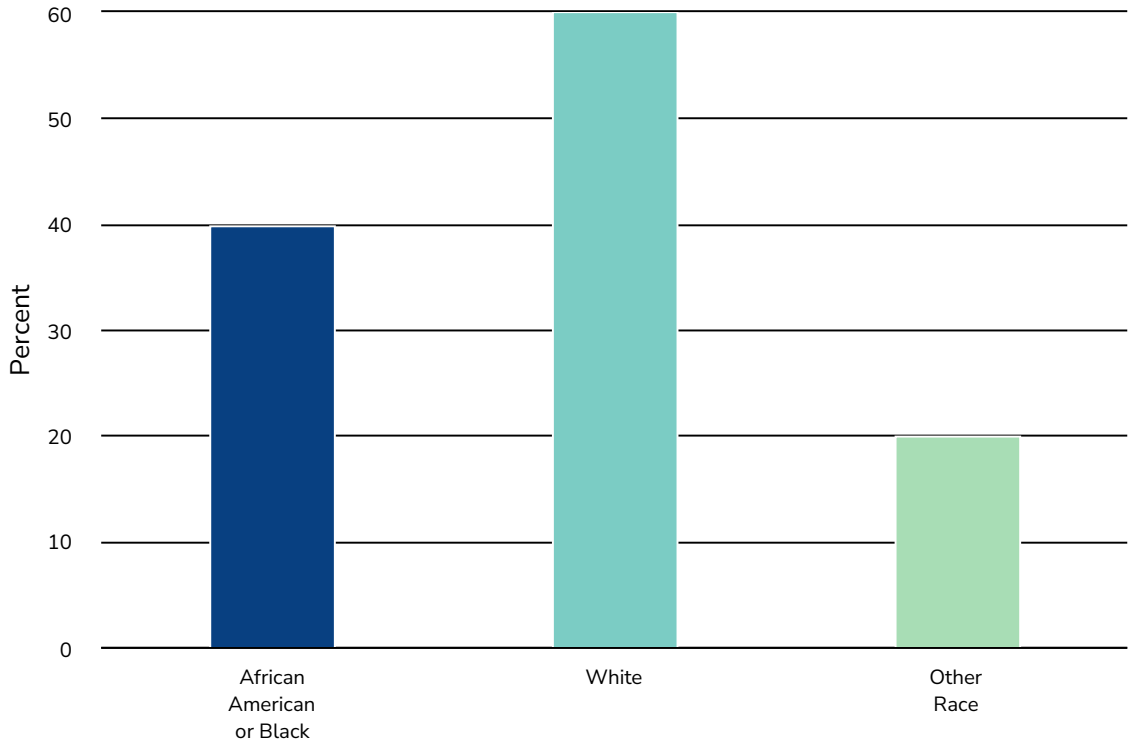
10. What age group do you belong to?



Value	Percent	Responses
18 to 34	20.0%	1
35 to 49	40.0%	2
50 to 64	40.0%	2

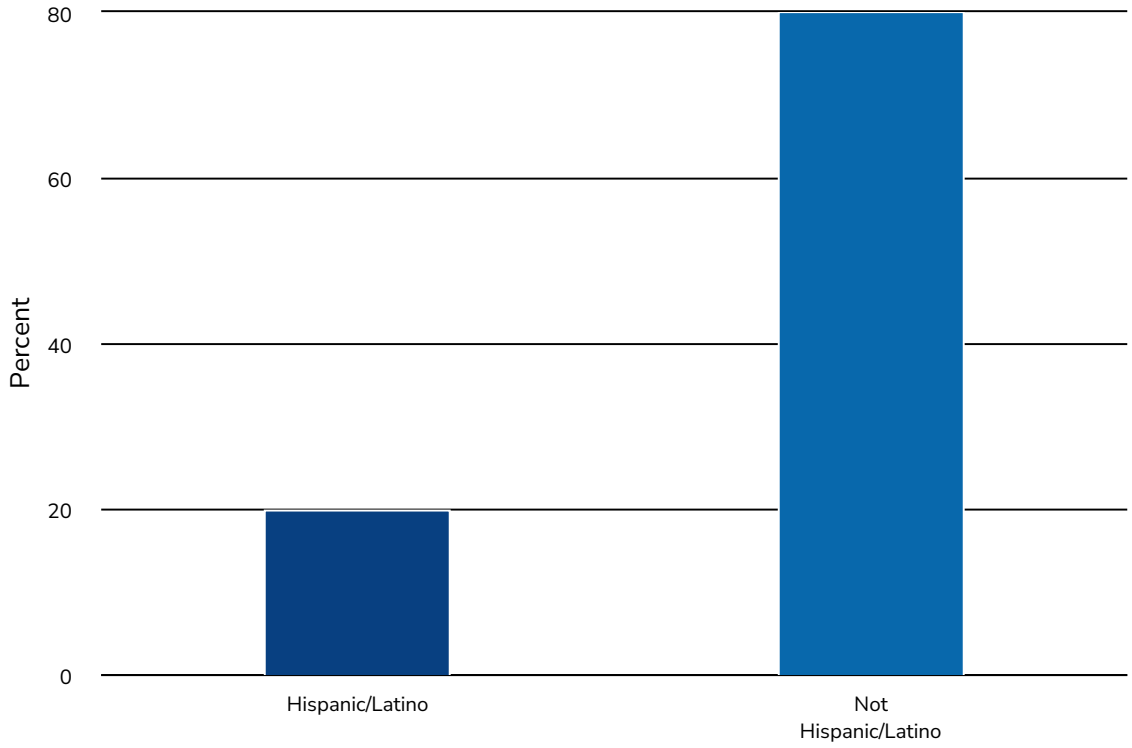
Totals: 5

11. What is your race?



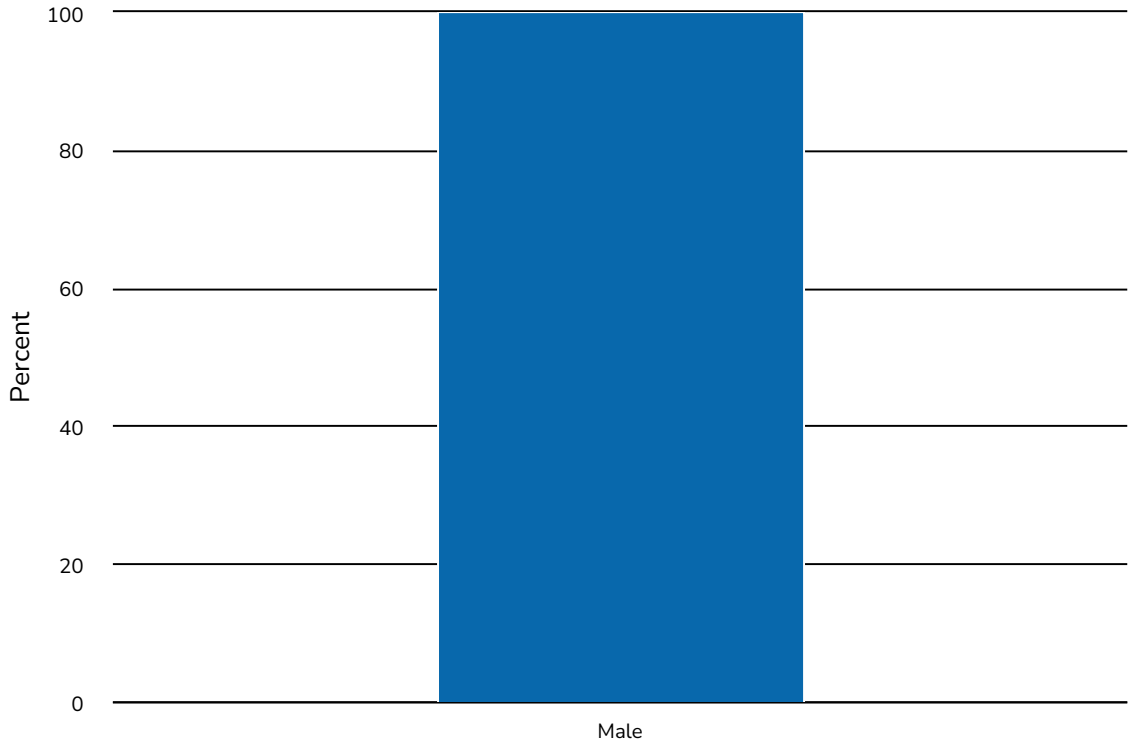
Value	Percent	Responses
African American or Black	40.0%	2
White	60.0%	3
Other Race	20.0%	1

12. What is your ethnicity?



Value	Percent	Responses
Hispanic/Latino	20.0%	1
Not Hispanic/Latino	80.0%	4

13. What is your sex?



Value	Percent	Responses
Male	100.0%	5

14. Do you have any other comments or suggestions that you would like to add (Optional)?

ResponseID	Response
4	Bring more clients
7	For patients of HIV Poverello services are great. NOVA dental services are great. AHF Hotel Hosing program is great.

Listening Tour Session #1
HIVPC – PSRA and CEC
April 17, 2025

Summary

Introduction

S. Tinsley, Chair of the Community Empowerment Committee, opened the event at 3:08 PM by introducing herself, welcoming guests, and explaining the event's purpose. She then introduced the facilitator, Dr. Daisy Weibe, **Quality Management Clinician,** and shared her professional background. Dr. Weibe explained the event's format and led a discussion on the challenges clients face in accessing HIV-related medical care, particularly through the RYAN WHITE program.

Key Discussion Topics:

Community Awareness

- Several attendees highlighted issues like long appointment waiting times and the lack of awareness among private medical providers about RYAN WHITE services.
- One guest noted that although RYAN WHITE is widely recognized within the system of care, many non-HIV medical providers, such as general practitioners, dentists, and emergency room staff, are unfamiliar with the program.
- One participant explained that RYAN WHITE is considered the payer of last resort, and while doctors within the system are aware of the program, many outside it may not be.
- Other participants mentioned that RYAN WHITE is often misunderstood as a comprehensive insurance plan, emphasizing the need for broader outreach to educate non-traditional providers about the program.

Retention in Care

- The discussion turned to the challenges that people with HIV (PWH) face when trying to remain in care, particularly in terms of medication, access, and adherence.
- Barriers include complex insurance processes, copays, and communication gaps between case managers and clients. Programs like PL Cares and peer navigators were discussed as important tools for adherence.
- The complexity of insurance, copays, and changes in coverage often make it difficult for clients to maintain consistent care.
- Providers and attendees also discussed the difficulty of connecting clients with services, with several highlighting gaps in communication, particularly between case managers and clients.

Housing

- Several speakers discussed the limitations of housing programs like Healthcare and Housing Opportunity (H2O) (a Palm Beach program) and Housing Opportunities for People With AIDS (HOPWA).
- There was consensus that affordable housing is a significant issue in Broward and Palm Beach, and that more comprehensive support is needed to help clients sustain housing once they are placed. *"Clients are frustrated because they are just above the income threshold and now find themselves ineligible for housing programs. These restrictions prevent them from accessing the services they need. How can we overcome this barrier?"*
- One provider voiced frustration over income thresholds that prevent clients from accessing housing programs.
- Some clients struggle to maintain subsidized housing due to a lack of life skills.
  <u>Types of Life Skills Highlighted or Suggested:</u>
  1. Financial Management Skills:
     - Budgeting: Understanding how to create and stick to a household budget (e.g., tracking expenses, prioritizing essential payments like rent and utilities).
     - Bill Payment: Learning how and when to pay bills on time to avoid eviction or service shut-offs.
     - Saving Strategies: Basics of building an emergency fund, even on limited income.
  2. Housing Maintenance Skills:
     - Housekeeping: Basic cleaning routines to maintain a safe, hygienic living space (e.g., keeping kitchens and bathrooms clean to prevent pest infestations).
     - Property Care: Minor upkeep responsibilities, like proper trash disposal and alerting landlords to maintenance issues promptly.
  3. Navigating Housing Systems:
     - Understanding Lease Agreements: Knowing tenant rights and responsibilities, understanding rental agreements, and recognizing lease violations.
     - Communication with Landlords: How to maintain open and respectful communication with property managers or landlords.
  4. Self-Sufficiency & Independence:
     - Time Management: Keeping up with appointments (e.g., recertifications for housing programs).

    - Organizational Skills: Maintaining important documents (e.g., pay stubs, benefit letters) that are often required for ongoing eligibility in housing programs.
5. Health & Safety Awareness:
    - Personal Health Practices: Maintaining personal hygiene and wellness to avoid issues that could jeopardize housing stability.
    - Safety Practices: Knowing how to use appliances safely and understanding basic home safety protocols.
6. Community Living Skills:
    - Respectful Neighbor Relations: Learning how to live cooperatively in shared spaces or apartment complexes, including noise control and resolving conflicts amicably.

Mental Health and Behavioral Health

- Mental health and behavioral health services were also discussed, with attendees expressing concern about their availability and the barriers created by insurance requirements.
- In Palm Beach, clients are routinely screened for mental health and substance abuse needs. There is enough capacity to meet these needs, although some challenges remain with insurance and provider credentialing.

Additional Points

- Oral health, food services, and emergency financial assistance were flagged as priority areas.
- The group discussed the evolving landscape of HIV care, with HIV being increasingly integrated into primary care, which may reduce stigma but requires continued provider education.

System Improvement Ideas

- Participants emphasized:
    - Improving outreach to non-traditional providers,
    - Enhancing case manager-client communication, and
    - Integrating services (medical, mental health, case management) at single locations where possible.

Wrap-Up

B. Barnes, PSRA Chair, announced the next listening tour at Broward Regional Health Planning Council from 6 PM to 8 PM, with the final session in the south in the morning. He thanked Daisy for facilitating, AHF for hosting, and BRHPC for coordinating. He noted that concerns from the April 2024 listening tour were integrated into the Part A Office's Request for Funding Proposal (RFP) process.

Conclusion

The event highlighted the need for greater integration of services to serve the HIV community better, especially as many PWH are aging and require specialized care. Overall, the event underscored the importance of collaboration and outreach to address gaps in care, whether educating non-Ryan White providers about the Ryan White Program, improving communication between case managers and clients, or ensuring that mental health and housing services are more accessible and effective.

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.

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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 the implementation of activities designed to improve patient 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.