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, August 21, 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
+1 469-998-5921 695493825#
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 August 21, 2025
V. ACTION: Approval of Minutes from June 18, 2025 **(Handout A1)**
VI. REFERENCE: Minutes from Coordination Meeting on July 17, 2025 **(Handout A2)**
VII. Standard Committee Items:

a. ACA Updates and Challenges

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

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

VIII. Discussion Items:

a. **Item:** None

IX. Old Business:

a. **Item**: None

X. New Business

a. **Item**: Service Utilization Scorecards **(Handout B)**

b. **Item**: Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: Recipient Representative **(Handout C)**

c. **Action Item**: FY2025 Reallocation/Sweeps – Cycle One **(Handout C)**

d. **Action Item**: Review and Update PSRA Policy and Procedures **(Handout D)**

e. **Update**: Review results of the PSRA/SOC Listening Tour Session #2 **(Handout E1, E2, E3)**

f. **Update**: Motion from QMC to reschedule the day and time of Listening Tour Session #3

V. Biggs, on behalf of QMC, made a motion to request that PSRA reschedule the Listening Tour Session #3 to a different time and date, and seconded by R. Jimenez. The motion was adopted unanimously.

g. **Update:** PSRA Workplan **(Handout F)**

XI. Recipient Report

XII. Data Request(s)

XIII. Public Comment

XIV. Agenda Items for Next meeting:

a. **Next Meeting Date:** October 16, 2025, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XV. Announcements

XVI. 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

August 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 Medical Case Management Network Meeting (CQM) 2:30PM-3:45PM	2
3	4	5 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	6	7 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	8	9
10	11	12 PSRA/SOC Listening Tour Session #2 6:00PM-8:00PM Location: African American Research Library and Cultural Center	13 Quality Network Meeting (CQM) 9:00AM-10:15AM Minority AIDS Initiative Subcommittee Meeting 2:00PM – 4:00PM Location: BRHPC/MS Teams	14	15	16
17	18 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	19	20 CHANGE THE PATTERN Southern HIV/AIDS Awareness Day	21 Priority Setting and Resource Allocation Committee 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	22	23
24	25 FAITH HIV/AIDS AWARENESS DAY	26	27	28 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	29	30 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Version 04/28/21 Information on this calendar is subject to change.

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**.

August 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.

Handout A1

FORT LAUDERDALE/BROWARD EMA
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(954) 561-9681 • FAX (954) 561-9685

Priority Setting and Resource Allocation Committee

Wednesday, June 18, 2025 – 12:00 PM
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, J. Rodriguez, M. Schweizer (Vice-Chair), S. Tinsley, J. Castillo, S. Hafley, J. Rogers, R. Jimenez, A. Machado, K. Schickowski

PSRA Members Absent: Y. Barrientos (excused)

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

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

Guests Present: J. Hidalgo, J. De La Nuez, L. Arvelo

1. Call to Order

   The PSRA Chair called the meeting to order at **12:07PM.**

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 Item: Review of Agenda for June 18, 2025

   S. Tinsley proposed the approval of the agenda for the June 18, 2025, Priority Setting and Resource Allocation Committee meeting. The motion was seconded by V. Biggs. The committee voted and approved the motion unanimously.

   Motion #1: On behalf of PSRA, S. Tinsley moved to approve the agenda for the June 18, 2025, Priority Setting and Resource Allocation Committee meeting. V. Biggs seconded the motion, which was unanimously approved.

5. Action Item: Approval of Minutes from May 15, 2025

   The approval for the minutes of May 15, 2025, meeting was proposed by B. Mester, seconded by J. Castillo, and passed unanimously.

   Motion #2: B. Mester, on behalf of PSRA, made a motion to approve May 15, 2025 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by J. Castillo and passed unanimously.

6. Standard Committee Items

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

   A representative from the Recipient office provided a brief update, noting that the office recently had a monitoring call with their Project Officer. During the call, they were informed that a final Notice of Award for Part A—reflecting the full award amount—will be issued, with no further partial awards expected. The funds are anticipated to be disbursed in July. Additionally, EHE has received another partial award

   b. Minority AIDS Initiative Ad hoc Subcommittee Update: *Chair MAI Subcommittee*
   The MAI Vice-Chair provided a brief update on the committee's progress, noting that the June meeting was canceled but has been rescheduled for July. The committee has identified a priority population and is anticipating meaningful presentations at the upcoming meeting.

   The PSRA Chair mentioned that identifying specific populations solely by race and ethnicity may not be acceptable in the future in accordance to federal orders. He shared that some other EMAs have started using zip codes as identifiers and suggested the MAI Committee explore this approach to ensure the HIVPC is prepared.

   A representative from the Recipient's Office advised that no changes

should be made until formal guidance is received and stated they would share the committee's concerns with the Project Officer.

c. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative*

A representative from the Recipient Office noted that the utilization report presented differs from the standard version typically shared with the committee but still includes relevant information. The data was generated from Provide Enterprise, and any areas showing a "0%" under "Current Utilization Percentage" indicate that no invoices have been entered into the system. Following the update, the committee had no further questions.

7. Discussion Items
    a. None.

8. Old Business:
    a. **Update**: Discussion with Subrecipients regarding Ryan White Part A Contracts: *Recipient Representative*

    A representative from the Recipient's Office provided a brief update on contract status. Of the 34 contracts in progress:

    - Nine are fully executed with providers
    - Seven are awaiting the county's countersignature
    - Six are pending provider signatures

    This means 22 contracts are currently active or in process, leaving 12 that have yet to be sent. Additionally, a survey was distributed to providers last week; eleven have responded, and a summary will be shared in the coming weeks.

    b. **Discussion**: ACA/Medicare/Medicaid/Unknown: *PSRA Chair*

    The Committee Chair facilitated the discussion, noting that while the topic is hypothetical, it is still important to consider given the ongoing changes at both the state and federal levels. Modifications to the Affordable Care Act (ACA) may lead to changes in the insurance plans available to clients, and reimbursement processes could be affected.

    A guest participant noted that states with Medicaid expansion are more likely to feel the impact. She emphasized that protected classes should remain unaffected, and urged that clients complete their applications, as submitted applications are required to be processed.
    Although the state has not yet issued any definitive updates, the potential changes could significantly affect funding allocations. This remains an

important issue to monitor.

c. **Discussion**: Proposed Change in Priority Setting for 2025-2026: *PSRA Chair*

The Chair noted that contract delays may limit data availability and proposed canceling the three-day workshop. Instead, last year's allocations would be used as a starting point, with the Recipient's Office handling the initial allocations—an approach previously used during the COVID-19 pandemic.

Motion #3: M. Schweizer, on behalf of PSRA, made a motion to authorize the Ryan White Part A Office to maintain the FY2025-2026 service priorities and allocate funds for the FY2026-2027 grant period ~~,~~inclusive of new subrecipients. This decision is made due to the slow contractual process, which has impacted the timely execution of services and payment to subrecipients. S. Tinsley made an amendment to the motion to remove "inclusive of subrecipients" Following this motion there was discussion.

Discussion Motion #3: V. Biggs raised concerns about eliminating funded service categories and the effect on scorecards. PSRA Chair B. Barnes noted that limited data entry prevents clear answers but anticipated more meaningful data by the third quarter. He suggested integrating workshop data into future PSRA meetings. The motion was then approved.

Motion #3: M. Schweizer, on behalf of PSRA, made a motion to authorize the Ryan White Part A Office to maintain the FY2025-2026 service priorities and allocate funds for the FY2026-2027 grant period. This decision is made due to the slow contractual process, which has impacted the timely execution of services and payment to subrecipients. Discussion followed. The motion was seconded by J. Rodriguez and passed unanimously.

d. **Update**: SOC and PSRA Listening Session #2: *PCS staff*

PCS staff provided a brief update on the planning progress for Listening Tour Session #2, noting that the date—August 12, 2025, from 6:00 PM to 8:00 PM—was selected by the System of Care Committee. PCS staff is currently collaborating with the Recipient's Office to secure a venue.

9. New Business
   a. **Update:** Eligibility Determination Recommendations: *Recipient Representative*

The PSRA Chair led the discussion by asking the Recipient's Office if they had any recommendations regarding the service categories. A representative from the Recipient's Office responded that there are no recommended changes at this time.

The Chair then inquired about the potential use of the "112 rule," noting

that other jurisdictions have applied this approach in their budgeting processes. The Health Care Administrator responded that the 112 rule would not be a suitable option for the Broward EMA.

b. **Discussion:** PSRA Policy and Procedures

i. Purpose: Possible Removal of Funding Source

The PSRA Chair noted that this is another item the committee should keep on its radar. While no changes to the PSRA Policies and Procedures are needed at this time, ongoing funding changes—particularly potential cuts—may require future adjustments. He encouraged the committee to review the current policy and suggested a tentative review in six months to assess whether any updates are necessary.

10. Recipient's Report

The Recipient's Office provided a verbal report noting that the provider contact list project has been finalized. They are currently in the process of printing the pamphlet and plan to begin distributing hard copies to provider offices. A digital version is already available and is being shared with providers and key stakeholders.

11. Data Request(s)
None.

12. Public Comment

None.

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

Next Meeting Date: Thursday, July 17, 2025 at 9:30AM Location: Broward Regional Health Planning Council.

14. Announcements

- Juneteenth Events
  - **Juneteenth: Black Lives Allocating Change**: Join us on June 19, 2025, from 12:00 PM to 6:00 PM at Snyder Park (3299 SW 4th Ave, Fort Lauderdale, FL 33315) for an afternoon filled with food, games, music, and fun as we celebrate Juneteenth and community empowerment. For more information, please contact **tweetysfrontporch@gmail.com**.
  - **The Legacy and Pride of Juneteenth**: Celebrate the rich heritage and pride of Juneteenth with us on June 19, 2025, from 7:00 PM to 9:00 PM at the Hollywood Central Performing Arts Center (1770 Monroe St, Hollywood, FL 33020). Enjoy an engaging evening of culture, unity, and celebration. For more information, please contact **latonyahopson@buildersoflegacy.org**
- **Cultivating Crowns: A Creative Sip & Sculpt for the Soul:** Join us on June 27, 2025, from 5:00 PM to 7:00 PM at the World AIDS Museum (1350 E Sunrise Blvd, Fort Lauderdale, FL 33304) for National HIV Testing Day—a chance to get tested and express yourself through art!
- Congratulations to F. D'Amore on being honored at the "Take PRIDE" event on Wednesday, June 18th—well deserved!

There being no further business, the meeting was adjourned at **1:55PM**

PSRA Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	16	20	20	C	15	18							
1	Barnes, B., Chair	X	X	X	C	X	X							
2	Fortune-Evans, B.	X	X	X	C	X	X							
3	Mester, B.	X	X	X	C	X	X							
4	Robertson, L.	X	X	X	C	X	X							
5	Rodriguez, J.	X	X	X	C	X	X							
6	Biggs, V.	X	X	X	C	X	X							
7	Jimenez, R.	X	X	X	C	A	X							
8	Schwiezer, M.	E	X	X	C	X	X							
9	Machado, A.	A	E	A	C	A	X							
10	Tinsley, S.	X	X	X	C	X	X							
11	Castllo, J.	X	X	A	C	X	X							
12	Barrientos, Yahaira				N	X	E							
13	Hafley, Shalisa				N	X	X							
14	Rogers, Jonathan				N	X	X							
15	Schickowski, Kara				N	E	X							
	Quorum = 9	9	10	9	C	12	14							

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

Handout A2

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Priority Setting and Resource Allocation Committee Coordination Meeting

Thursday 17, 2025 – 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

MINUTES

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

Ryan White Part A Recipient Staff Present: T. Thompson, R. Pena, W. Cius, G. Moxey, A. Fender

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

Guests Present: J. Hidalgo, S. Cook, D. Walker, D. Robertson, T. Currie

1. Call to Order

2. Welcome from the Chair

   The PSRA Chair welcomed all meeting attendees that were present. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call.

3. Discussion Items
   a. Selection of PSRA Committee Workshop Agenda Items for Future Meetings, *PSRA Chair*

Day 1			
Presentation	**Presenter**	**Move Forward (Y/N)**	**Future Meeting Month**
Program Viability & Self-Sufficiency	Recipient Office	**N** – send to SOC/QMC/MAI/CEC for an overview	PRSA FY 2026-2027

Presentation of Notable Trends FY2024-2025 Needs Assessment/Community Input	Jeffery Beal, MD & Debbie Cestaro-Seifer, RN, MSN, Needs Assessment Consultants	**N** – to be presented during the HIVPC Annual Retreat in preparation for the Integrated Plan	Table to FY 2026-2027
Overview: Ryan White Part A Service Categories	Recipient Office	**N** – to be discussed by the IP Work group for the five-year plan; detail the difference in services between parts	Table to FY 2026-2027
Ryan White Funders and Stakeholders	Ryan White Parts B, C, D, F, and HOPWA	**N**	Tabled to FY 2025-2026
Ryan White – Broward Minority AIDS Initiative and Ending the HIV Epidemic Activities	Recipient Office	**Y** – Overview of EHE; high level of explanation of EHE and its current status (including financial)	October PRSA
The Affordable Care Act (ACA) Update	TBD	**N** – Add as a standard committee item for PSRA	Table to FY 2026-2027
Impact on the Integrated HIV Prevention & Care Plan	Gritell C. Berkeley Martinez, PhD, CPM, Director, Planning & Quality Management	**N**	Table to 2026-2027

Day 2			
Presentation	**Presenter**	**Move Forward (Y/N)**	**Future Meeting Month**
HIV Surveillance Epidemiological Data	Florida Department of Health Representative	Y	October PSRA Presentation from the DOH and Positive Outcomes in FY 2026-2027

	Positive Outcomes Representative		
Title TBD – Topic: Viral Suppression	Dr. Julia Hidalgo, Positive Outcomes Inc., Ryan White Part A Consultant	N	Table to FY 2026-2027
Ryan White Part A FY2024-2025 • Contunuum of Care Health Outcomes • ~~Service Utilization Scorecards~~	Danielle Liao, MPH, Clinical Quality Management Health Planner	**Y – Scorecards only**	August PSRA
Review Ranking of Ryan White Service Categories by the Community Empowerment Committee for FY2026-2027	Shade-Ann Isidore, MPH and Mandy Lacroix, MPH, PCS Health Planners	N	Tabled to FY 2025-2026
Next Steps & PSRA Ranking of Ryan White Service Categories for FY2026-2027	Dr. Julia Hidalgo, Positive Outcomes Inc., Ryan White Part A Consultant	N	Tabled to FY 2025-2026

Day 3			
Presentation	**Presenter**	**Move Forward (Y/N)**	**Future Meeting Month**
Broward Part A: Ryan White HIV/AIDS Program Services Report (RSR) Overview	Recipient Office	**Y**	January PSRA
Review PSRA Priority Ranking Vote	Shade-Ann Isidore, MPH and Mandy	N	Tabled to FY 2025-2026

	Lacroix, MPH, PCS Health Planners		
How Best to Meet the Need	Shade-Ann Isidore, MPH and Mandy Lacroix, MPH, PCS Health Planners	N – encourage SOC to continue working on it	Tabled to FY 2025-2026
Fort Lauderdale/Broward EMA 2026-2027 Funding Services Categories with Justification	Recipient Office	N	Tabled to FY 2025-2026
FY2026-2027 Resource Allocations	Recipient Office and PSRA Committee	N	Tabled to FY 2025-2026

The PSRA committee reviewed the three-day workshop agenda and provided justification for removing and moving forward with certain presentations or activities. The PSRA Chair, B. Barnes, ensured that all members had an opportunity to provide input and suggestions.

Additional Key Takeaways & Discussion Highlights:

- A new standing committee item, “ACA Updates and Challenges,” will be included moving forward.
- **J. Hidalgo** emphasized the critical role of the medical community in completing Disability Determination paperwork. This responsibility is vital to ensure client enrollment, especially amid ongoing Medicare and Medicaid changes.

- **T. Thompson** shared that the Recipient’s Office is developing a presentation to clearly explain the data request process, specifically through Provide Enterprise. The presentation is expected to take 30 minutes to an hour and will be ready within one to two months. The committee will need to determine the most appropriate venue for the presentation—such as PSRA, Executive, the Annual Retreat, or the General Body.

b. Location and Time of the PSRA/SOC Listening Tour Session #2

PCS staff informed the committee that the African American Research Library and Cultural Center has been confirmed as the venue for Listening Tour Session #2. Advertising efforts can now begin, and members were reminded that the session will be titled *“Voice of the Community”*—a name recommended by a previous suggestion to make the event more welcoming and engaging for consumers. Flyers are scheduled for distribution on Monday.

c. Agenda Items for August 2025 Meeting

The committee reviewed agenda items for the upcoming PSRA meeting and made corresponding updates to their work plan.

4. Recipient's Report
   None.

5. Agenda Items for Next Meeting:
   a. Service Utilization Scorecards
   b. FY2025 Reallocation/Sweeps – Cycle One
   c. Review and Update PSRA Policy and Procedures

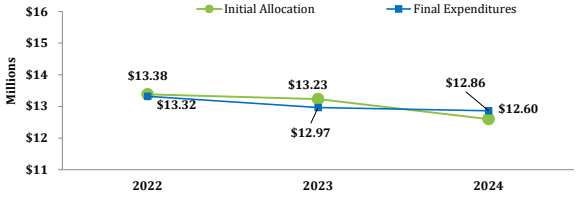
   Next Meeting Date: Thursday, August 21, 2025 at 9:30AM Location: Broward Regional Health Planning Council.
6. Announcements
   a. **Koze Sou Sante Mantal:** Scheduled for Saturday, July 26, 2025, from 11:30 AM to 4:00 PM at the Pompano Cultural Arts Center (50 Atlantic Blvd., Pompano Beach, FL 33060). This event is designed to connect Haitian Creole-speaking providers with the Haitian Creole-speaking community, aiming to help reduce the stigma surrounding mental health.
   b. Faith Based Events
      i. **August 23:** Open to the community; will include information sharing and resource distribution.
      ii. **August 27:** Reserved for faith-based leaders only.
      iii. Additional details for both events will be provided soon.
   c. **Silver PRIDE Connection:** Hosted by Holy Cross Health on August 8, 2025, from 12:00 PM to 2:00 PM. This free event includes lunch and is designed to support older adults (50+) in Broward County, with a particular focus on individuals aging with chronic illnesses Silver PRIDE provides a safe, affirming space forconnection, empowerment, and holistic care.

Handout B

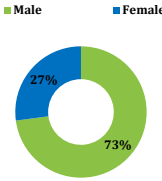
FY 2024-2025 Scorecard: Part A Overall

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Initial Allocation	MAI	Total	Final Expenditures	MAI	Total	% Change	Total	% Change
2024	**$12,597,910**	**$1,079,747**	**$13,677,657**	**$12,861,117**	**$1,083,897**	**$13,945,014**	**-2.3%**	**$16,159,892**	**-4.4%**
2023	$13,232,535	$1,348,806	$14,581,341	$12,966,371	$1,309,430	$14,275,801	-2.1%	$16,902,904	1.4%
2022	$13,381,126	$1,588,613	$14,969,739	$13,318,916	$1,266,388	$14,585,304	-7.4%	$16,677,576	6.1%
2021	$14,762,254	$1,852,107	$16,614,361	$14,462,115	$1,285,310	$15,747,425	18.7%	$15,724,848	-1.0%
2020	$12,941,919	$1,522,248	$14,464,167	$12,206,003	$1,059,092	$13,265,095	-3.5%	$15,886,455	-0.2%

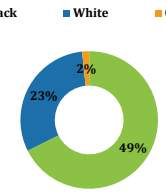
Part A Allocations & Expenditures



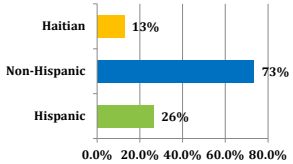
Gender



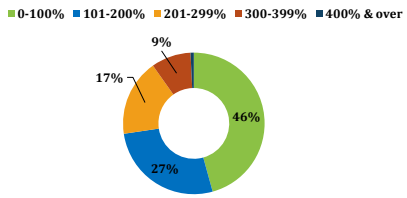
Race



Ethnicity



Federal Poverty Level (FPL)



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

Year	Total Clients	% Change	# New To Care (Med Visit)	% Change
2024	**8,681**	**2.38%**	861	**-1.4%**
2023	8,479	3.73%	873	-3.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	12	2

FPL*	#	%
0-100%	3,885	44.8%
101-200%	2,290	26.4%
201-299%	1,491	17.2%
300-399%	770	8.9%
400% & over	63	0.7%
Unknown	151	1.7%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	2,973	34.2%
ACA	2,645	30.5%
Employer-Sponsored	286	3.3%
Private Non-ACA	42	0.5%
Medicare Only	797	9.2%
Medicaid Only	662	7.6%
No Benefits	3,120	35.9%
Unknown	148	1.7%
Multiple Benefits*	981	11.3%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	6,358	73.2%
Female	2,322	26.7%

Race	#	%
Black (Non-Hispanic)	4,308	49.6%
White (Non-Hispanic)	1,956	22.5%
Other*	106	1.2%
Unknown	12	0.1%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

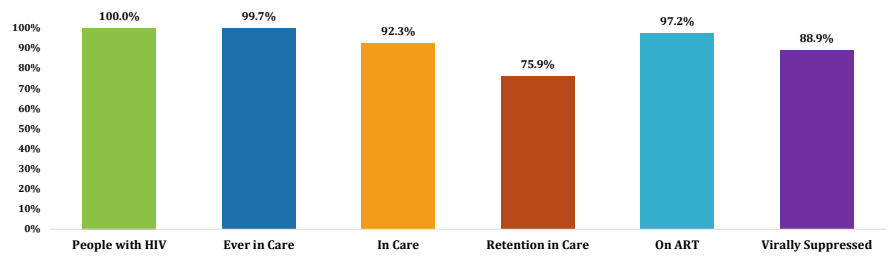
Ethnicity	#	%
Hispanic	2,298	26.5%
Non-Hispanic	6,375	73.4%
Haitian	1100	12.7%

FY 2024-2025 Scorecard: Part A Overall

FY 24-25 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,681	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	8,654	99.7%
In Care	Clients with HIV who had a medical care service within the reporting period.	8,010	92.3%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	6,585	75.9%
On ART	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	8,435	97.2%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	7,716	88.9%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	# Virally Suppressed	# Total	%
	7,716	8,681	88.9%
Gender	**#**		**%**
Male	5,694	6,358	73.8%
Female	2,021	2,322	26.2%
Age	**#**		**%**
<18*	7	9	0.1%
18-28	411	493	5.3%
29-38	1,448	1,696	18.8%
39-48	1,477	1,720	19.1%
49-58	1,814	2,020	23.5%
59-63	1,190	1,290	15.4%
64	200	216	2.6%
65+	1,169	1,237	15.2%
Living Arrangements	**#**		**%**
Permanent	6,193	6,826	80.3%
Non-Permanent	1,506	1,832	19.5%
Institution*	17	23	0.2%

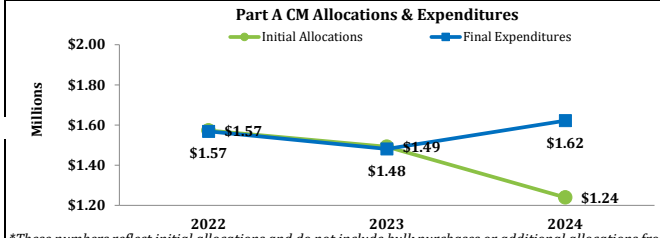
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	2,128	2,474	27.6%
Black Non-Hispanic Female	1,586	1,833	20.6%
Total Black Non-Hispanic	**3,714**	**4,307**	**48.1%**
White Non-Hispanic Male	1,617	1,779	21.0%
White Non-Hispanic Female	157	177	2.0%
Total White Non-Hispanic	**1,774**	**1,956**	**23.0%**
Hispanic Male	1,855	2,002	24.0%
Hispanic Female	265	296	3.4%
Total Hispanic	**2,120**	**2,298**	**27.5%**
Unknown Race/Ethnicity	**6**	**12**	**0.1%**
Total Other**	**100**	**106**	**1.3%**
Educational Level	**#**		**%**
<8th Grade	430	489	5.6%
8-12th Grade	4,683	5,303	60.7%
College	2,593	2,870	33.6%
Unknown	10	19	0.1%

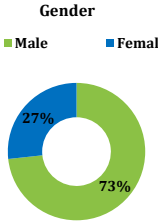
Risk Factor	# Virally Suppressed	# Total	%
MSM	**3,843**	**4,216**	**49.8%**
Black MSM	906	1,055	11.7%
White MSM	1,395	1,508	18.1%
Hispanic MSM	1,469	1,575	19.0%
	#		**%**
Heterosexual	**1,112**	**1,278**	**14.4%**
Black Hetero	890	1,030	11.5%
White Hetero	72	86	0.9%
Hispanic Hetero	140	151	1.8%
	#		**%**
Hemophilia*	17	17	0.2%
IDU	82	96	1.1%
MSM/IDU	47	51	0.6%
Perinatal	88	103	1.1%
Transfusion*	28	31	0.4%
Unknown	2,499	2,889	32.4%

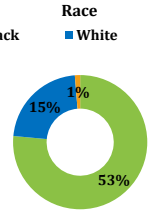
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

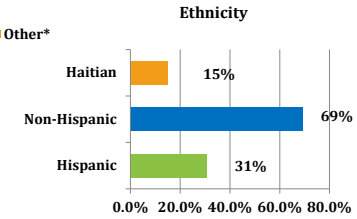
FY 2024-2025 Scorecard: Non-Medical Case Management — ELIGIBILITY: ≤ 400% FPL

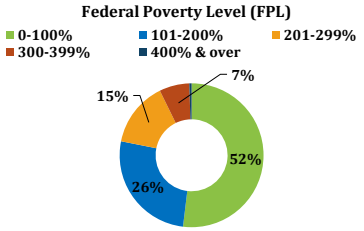
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$1,239,359**	**$93,212**	**$1,332,571**	**$1,621,834**	**$220,350**	**$1,842,184**	**5.4%**	**$16,159,892**	**11.4%**
2023	$1,491,931	$291,783	$1,783,714	$1,480,987	$266,185	$1,747,172	0.3%	$16,902,904	10.3%
2022	$1,572,766	$173,103	$1,745,869	$1,568,827	$173,094	$1,741,921	1.77%	$16,677,576	10.4%
2021	$1,648,830	$138,997	$1,787,827	$1,604,639	$106,967	$1,711,606	-9.37%	$15,724,848	10.9%
2020	$1,759,423	$182,823	$1,942,246	$1,716,042	$172,618	$1,888,660	44.41%	$15,886,455	11.9%











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

FY 24-25 Non-Medical Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**2,947**	**4.69%**	**435**	**14.8%**
2023	2,815	13.19%	380	13.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	7	1

FPL*	#	%
0-100%	1,507	51.1%
101-200%	761	25.8%
201-299%	424	14.4%
300-399%	196	6.7%
400% & over	15	0.5%
Unknown	44	1.5%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	959	32.5%
Medicare Only	176	6.0%
Medicaid Only	245	8.3%
No Benefits	1,187	40.3%
Unknown	43	1.5%
Multiple Benefits*	337	11.4%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie, clients with Medicare and Medicaid).

Gender	#	%
Male	2,159	73.3%
Female	787	26.7%

Race	#	%
Black	1,560	52.9%
White	454	15.4%
Other*	26	0.9%
Unknown	2	0.1%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	905	30.7%
Non-Hispanic	2,040	69.2%
Haitian	440	14.9%

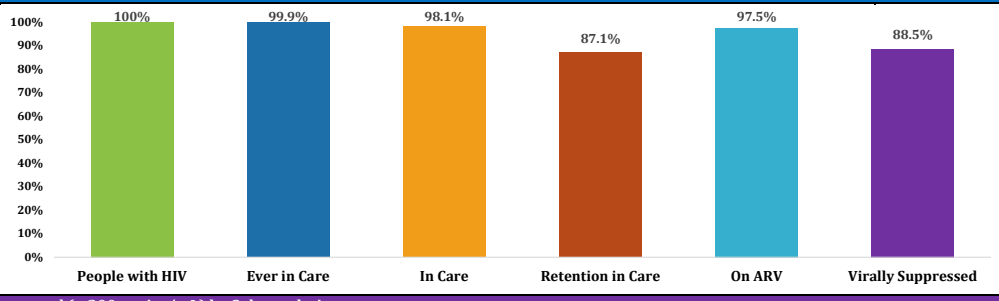
FY 2024-2025 Scorecard: Non-Medical Case Management

ELIGIBILITY: ≤ 400% FPL

FY 24-25 Non-Medical Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,947	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,945	99.9%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,891	98.1%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	2,567	87.1%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,872	97.5%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,608	88.5%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	2,608	2,947	88.5%
Gender	**#**		**%**
Male	1,921	2,159	73.7%
Female	686	787	26.3%
Age	**#**		**%**
<18*	4	4	0.2%
18-28	192	226	7.4%
29-38	558	650	21.4%
39-48	496	576	19.0%
49-58	602	673	23.1%
59-63	363	399	13.9%
64	73	79	2.8%
65+	320	340	12.3%
Living Arrangements	**#**		**%**
Permanent	1,934	2,146	74.2%
Non-Permanent	666	789	25.5%
Institution*	8	12	0.3%

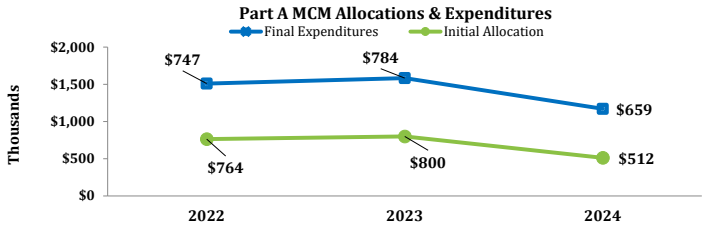
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	803	943	30.8%
Black Non-Hispanic Female	538	616	20.6%
Total Black Non-Hispanic	**1,341**	**1,559**	**51.4%**
White Non-Hispanic Male	359	404	13.8%
White Non-Hispanic Female*	44	50	1.7%
Total White Non-Hispanic	**403**	**454**	**15.5%**
Hispanic Male	732	785	28.1%
Hispanic Female*	103	120	3.9%
Total Hispanic	**835**	**905**	**32.0%**
Unknown Race/Ethnicity	**2**	**2**	**0.1%**
Total Other**	**26**	**26**	**1.0%**
Educational Level	**#**		**%**
<8th Grade	185	207	7.1%
8-12th Grade	1,661	1,895	63.7%
College	759	842	29.1%
Unknown	3	3	0.1%

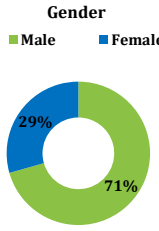
Risk Factor	# Virally Suppressed	# Total	%
MSM	**1,249**	**1,382**	**47.9%**
Black MSM	343	405	13.2%
White MSM	304	338	11.7%
Hispanic MSM	581	618	22.3%
	#		**%**
Heterosexual	**368**	**425**	**14.1%**
Black Hetero	294	338	11.3%
White Hetero	17	22	0.7%
Hispanic Hetero	54	62	2.1%
	#		**%**
Hemophilia*	5	5	0.2%
IDU*	30	34	1.2%
MSM/IDU*	14	16	0.5%
Perinatal*	20	21	0.8%
Transfusion*	9	11	0.3%
Unknown	913	1,053	35.0%

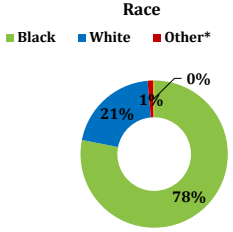
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

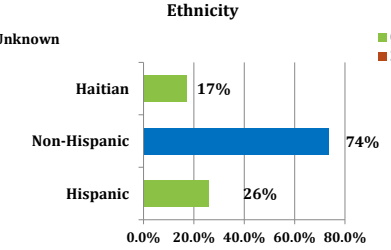
FY 2024-2025 Scorecard: Medical Case Management — ELIGIBILITY: ≤ 400% FPL

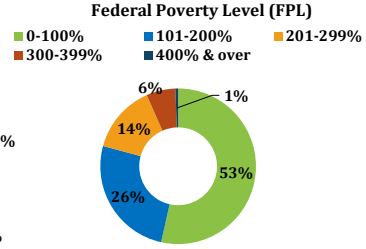
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$512,117**	**$0**	**$512,117**	**$658,821**	**$0**	**$658,821**	**-15.9%**	**$16,159,892**	**4.1%**
2023	$799,754	$0	$799,754	$783,648	$0	$783,648	4.9%	$16,902,904	4.6%
2022	$763,617	$0	$763,617	$746,699	$0	$746,699	50.1%	$16,677,576	4.5%
2021	$497,578	$0	$497,578	$497,501	$0	$497,501	-11.8%	$15,724,848	3.2%
2020	$582,020	$0	$582,020	$563,868	$0	$563,868	27.0%	$15,886,455	3.5%











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

FY 24-25 Medical Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	#New	% New
2024	**3,215**	**280.47%**	**442**	**13.7%**
2023	845	24.45%	194	23.0%

5

Type	Part A	MAI
Number	6	0

FPL*	#	%
0-100%	1,683	52.3%
101-200%	808	25.1%
201-299%	446	13.9%
300-399%	190	5.9%
400% & over	18	0.6%
Unknown	70	2.2%

FPL is current for the end of the fiscal year.

Insurance	#	%
Private	983	30.6%
Medicare Only	188	5.8%
Medicaid Only	291	9.1%
No Benefits	1,325	41.2%
Unknown	67	2.1%
Multiple Benefits*	361	11.2%

Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	2,269	70.6%
Female	945	29.4%

Race	#	%
Black	1,856	57.7%
White	487	15.1%
Other*	28	0.9%
Unknown	6	0.2%

Ethnicity	#	%
Hispanic	837	26.0%
Non-Hispanic	2,372	73.8%
Haitian	560	17.4%

Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

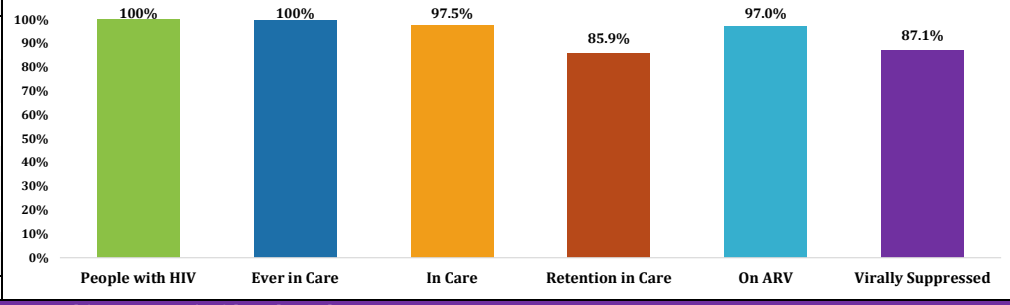
FY 2024-2025 Scorecard: Medical Case Management

ELIGIBILITY: ≤ 400% FPL

FY 24-25 Medical Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	3,215	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	3,212	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	3,134	97.5%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	2,762	85.9%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	3,120	97.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,801	87.1%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	2,801	3,215	87.1%
Gender	**#**		**%**
Male	1,992	2,269	71.1%
Female	808	945	28.8%
Age	**#**		**%**
<18*	4	5	0.1%
18-28*	205	246	7.3%
29-38	574	680	20.5%
39-48	531	633	19.0%
49-58	662	747	23.6%
59-63	394	437	14.1%
64	77	84	2.7%
65+	354	383	12.6%
Living Arrangements	**#**		**%**
Permanent	2,071	2,330	73.9%
Non-Permanent	720	870	25.7%
Institution*	10	15	0.4%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	931	1,105	33.2%
Black Non-Hispanic Female	643	750	23.0%
Total Black Non-Hispanic	**1,574**	**1,855**	**56.2%**
White Non-Hispanic Male	376	426	13.4%
White Non-Hispanic Female*	53	61	1.9%
Total White Non-Hispanic	**429**	**487**	**15.3%**
Hispanic Male	656	708	23.4%
Hispanic Female*	109	129	3.9%
Total Hispanic	**765**	**837**	**27.3%**
Unknown Race/Ethnicity	**3**	**6**	**0.1%**
Total Other**	**28**	**28**	**1.0%**
Educational Level	**#**		**%**
<8th Grade*	218	248	7.8%
8-12th Grade	1,809	2,092	64.6%
College	769	867	27.5%
Unknown	5	8	0.2%

Risk Factor	# Virally Suppressed	# Total	%
MSM	**1,209**	**1,352**	**43.2%**
Black MSM	378	451	13.5%
White MSM*	305	338	10.9%
Hispanic MSM	504	541	18.0%
	#		**%**
Heterosexual	**440**	**520**	**15.7%**
Black Hetero	356	422	12.7%
White Hetero*	21	26	0.7%
Hispanic Hetero*	58	66	2.1%
	#		**%**
Hemophilia*	5	5	0.2%
IDU*	36	41	1.3%
MSM/IDU*	14	16	0.5%
Perinatal*	22	28	0.8%
Transfusion*	8	10	0.3%
Unknown	1,067	1,243	38.1%

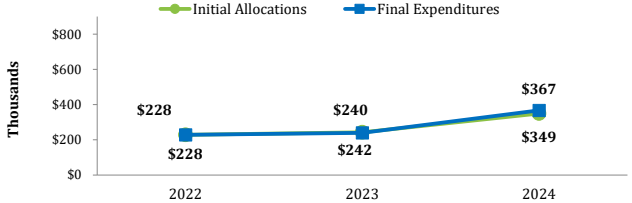
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

FY 2024-2025 Scorecard: Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

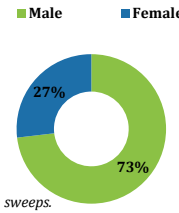
Fiscal Year	Initial Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$349,378**	**$524,066**	**$873,444**	**$367,374**	**$559,260**	**$926,634**	**12.36%**	**$16,159,892**	**5.7%**
2023	$242,488	$585,198	$827,686	$239,540	$585,189	$824,729	25.97%	$16,902,904	4.9%
2022	$228,488	$640,956	$869,444	$228,483	$426,241	$654,724	-32.74%	$16,677,576	3.9%
2021	$582,488	$390,956	$973,444	$582,481	$390,949	$973,430	13.42%	$15,724,848	6.2%
2020	$582,488	$290,956	$873,444	$567,327	$290,954	$858,281	10.78%	$15,886,455	5.4%

Part A CIED Allocations & Expenditures

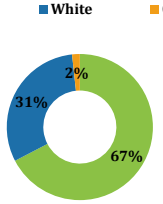


*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.

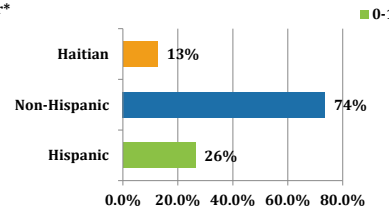
Gender



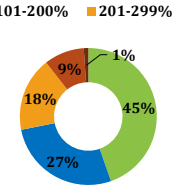
Race



Ethnicity



Federal Poverty Level (FPL)



FY 24-25 CIED Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**8,371**	**2.56%**	**807**	**9.6%**
2023	8,162	-1.55%	828	10.1%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	3,698	44.2%
101-200%	2,258	27.0%
201-299%	1,454	17.4%
300-399%	787	9.4%
400% & over	88	1.1%
Unknown	86	1.0%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	2,938	35.1%
Medicare Only	796	9.5%
Medicaid Only	631	7.5%
No Benefits	2,970	35.5%
Unknown	86	1.0%
Multiple Benefits*	950	11.3%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	6,122	73.1%
Female	2,248	26.9%

Race	#	%
Black	4,146	49.5%
White	1,903	22.7%
Other*	105	1.3%
Unknown	7	0.0%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	2,209	26.4%
Non-Hispanic	6,155	73.5%
Haitian	1,056	12.6%

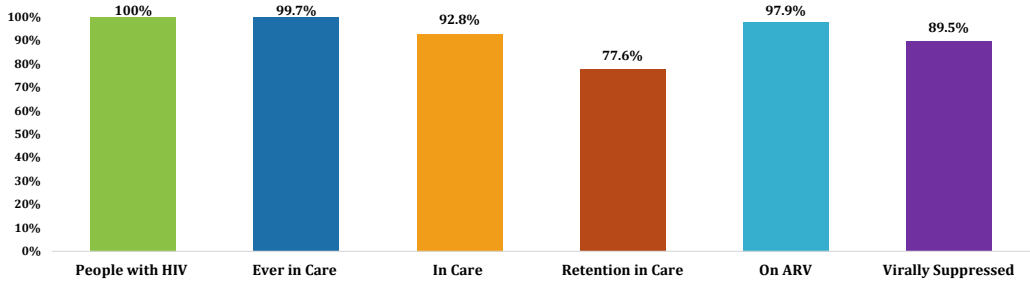
FY 2024-2025 Scorecard: Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

FY 24-25 CIED Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,371	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	8,349	99.7%
In Care	Clients with HIV who had a medical care service within the reporting period.	7,770	92.8%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	6,495	77.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	8,198	97.9%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of	7,494	89.5%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	7,494	8,371	89.5%
Gender	**#**		**%**
Male	5,528	6,122	73.8%
Female	1,965	2,248	26.2%
Age	**#**		**%**
<18*	0	5	0.0%
18-28	388	460	5.2%
29-38	1,394	1,620	18.6%
39-48	1,429	1,647	19.1%
49-58	1,767	1,955	23.6%
59-63	1,171	1,269	15.6%
64	199	213	2.7%
65+	1,142	1,202	15.2%
Living Arrangements	**#**		**%**
Permanent	6,060	6,655	80.9%
Non-Permanent	1,419	1,695	18.9%
Institution*	15	21	0.2%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	2,062	2,371	27.5%
Black Non-Hispanic Female	1,539	1,774	20.5%
Total Black Non-Hispanic	**3,601**	**4,145**	**48.1%**
White Non-Hispanic Male	1,585	1,733	21.2%
White Non-Hispanic Female	153	170	2.0%
Total White Non-Hispanic	**1,738**	**1,903**	**23.2%**
Hispanic Male	1,790	1,919	23.9%
Hispanic Female	261	290	3.5%
Total Hispanic	**2,051**	**2,209**	**27.4%**
Unknown Race/Ethnicity	**3**	**7**	**0.0%**
Total Other**	**99**	**105**	**1.3%**
Educational Level	**#**		**%**
<8th Grade	418	466	5.6%
8-12th Grade	4,532	5,098	60.5%
College	2,538	2,758	33.9%
Unknown	6	12	0.1%

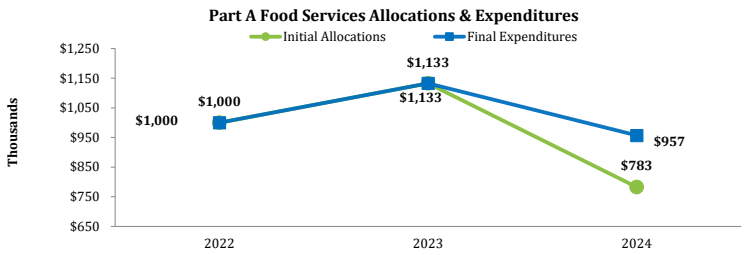
Risk Factor	# Virally Suppressed	# Total	%
MSM	**3,759**	**4,111**	**50.2%**
Black MSM	881	1,023	11.8%
White MSM	1,376	1,487	18.4%
Hispanic MSM	1,428	1,522	19.1%
	#		**%**
Heterosexual	**1,000**	**1,142**	**13.3%**
Black Hetero	808	928	10.8%
White Hetero*	63	74	0.8%
Hispanic Hetero	121	132	1.6%
	#		**%**
Hemophilia*	17	17	0.2%
IDU	77	90	1.0%
MSM/IDU*	46	50	0.6%
Perinatal	89	103	1.2%
Transfusion*	28	31	0.4%
Unknown	2,478	2,827	33.1%

**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

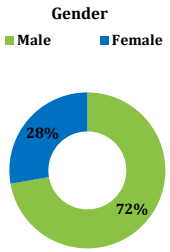
FY 2024-2025 Scorecard: Food Services

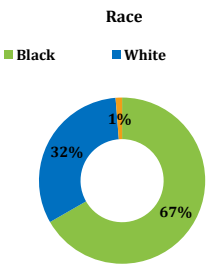
ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

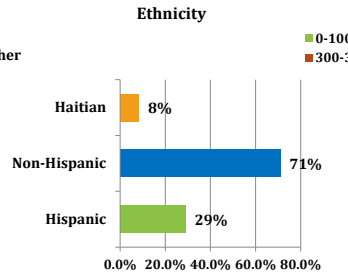
Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			EMA Award	
FY	Part A	MAI	Total	Part A Total	MAI	% Change	Total	% of Total
2024	**$782,586**	**$0**	**$782,586**	**$957,086**	**$0**	**-15.5%**	**$16,159,892**	**5.9%**
2023	$1,132,586	$0	$1,132,586	$1,132,522	$0	13.3%	$16,902,904	6.7%
2022	$1,000,000	$0	$1,000,000	$999,971	$0	38.0%	$16,677,576	6.0%
2021	$782,586	$0	$782,586	$724,694	$0	-32.9%	$15,724,828	4.6%
2020	$1,082,586	$0	$1,082,586	$1,080,479	$0	35.5%	$15,886,455	6.8%

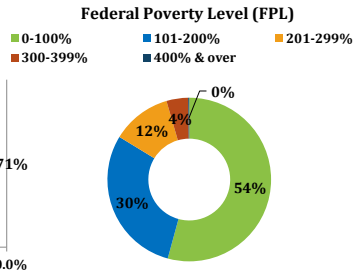


*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.









FY 24-25 Food Services Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**2,358**	**3.74%**	**152**	**6.4%**
2023	2,273	20.70%	129	10.4%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	1,279	54.2%
101-200%	695	29.5%
201-299%	278	11.8%
300-399%	101	4.3%
400% & over	5	0.2%
Unknown	0	0.0%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	628	26.6%
Medicare Only	277	11.7%
Medicaid Only	255	10.8%
No Benefits	685	29.1%
Unknown	0	0.0%
Multiple Benefits*	513	21.8%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	1,704	72.3%
Female	654	27.7%

Race	#	%
Black	1,116	47.3%
White	536	22.7%
Other*	21	0.9%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	685	29.1%
Non-Hispanic	1,673	70.9%
Haitian	196	8.3%

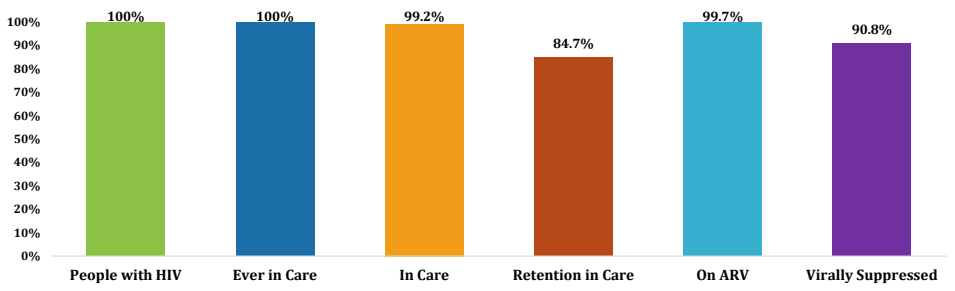
FY 2024-2025 Scorecard: Food Services

ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

FY 24-25 Food Services Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,358	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,358	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,339	99.2%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,998	84.7%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,352	99.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,141	90.8%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	2,141	2,358	90.8%
Gender	**#**		**%**
Male	1,553	1,704	72.5%
Female	588	654	27.5%
Age	**#**		**%**
<18*	1	1	0.05%
18-28*	74	82	3.5%
29-38	278	328	13.0%
39-48	351	405	16.4%
49-58	538	592	25.1%
59-63	384	418	17.9%
64	61	65	
65+	454	467	
Living Arrangements	**#**		**%**
Permanent	1,685	1,824	78.7%
Non-Permanent	451	526	21.1%
Institution*	5	8	0.2%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	533	607	24.9%
Black Non-Hispanic Female	457	509	21.3%
Total Black Non-Hispanic	**990**	**1,116**	**46.2%**
White Non-Hispanic Male	442	487	20.6%
White Non-Hispanic Female*	46	49	2.1%
Total White Non-Hispanic	**488**	**536**	**22.8%**
Hispanic Male	560	590	26.2%
Hispanic Female*	85	95	4.0%
Total Hispanic	**645**	**685**	**30.1%**
Unknown Race/Ethnicity	**0**	**0**	**0.0%**
Total Other**	**18**	**21**	**0.8%**
Educational Level	**#**		**%**
<8th Grade	140	152	6.5%
8-12th Grade	1,307	1,455	61.0%
College	693	750	32.4%

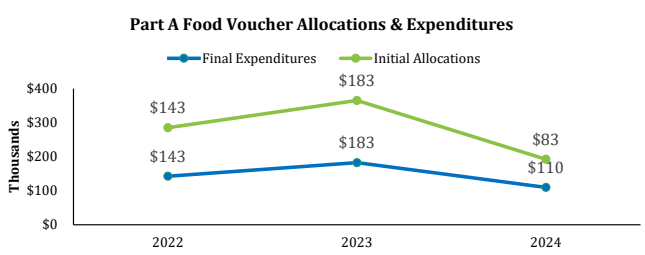
Risk Factor	# Virally Suppressed	# Total	%
MSM	**1,093**	**1,190**	**51.1%**
Black MSM	221	259	10.3%
White MSM	391	428	18.3%
Hispanic MSM	465	487	21.7%
	#		**%**
Heterosexual	**334**	**366**	**15.6%**
Black Hetero	272	300	12.7%
White Hetero*	20	20	0.9%
Hispanic Hetero*	40	44	1.9%
	#		**%**
Hemophilia*	9	9	0.4%
IDU*	27	32	1.3%
MSM/IDU*	18	20	0.8%
Perinatal*	13	14	0.6%
Transfusion*	7	9	0.3%
Unknown	640	718	29.9%

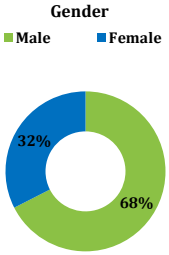
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

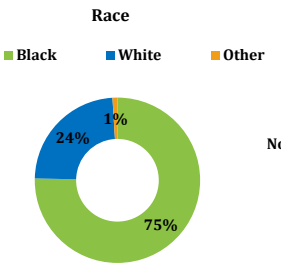
FY 2024-2025 Scorecard: Food Voucher

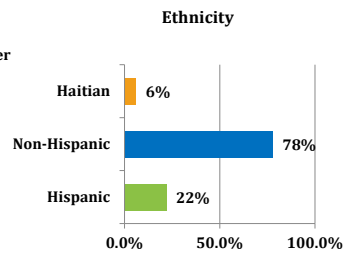
ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

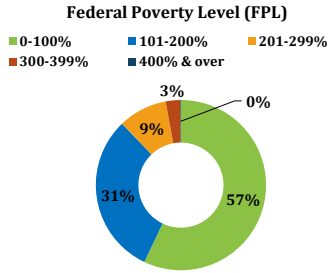
Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			EMA Award	
FY	Part A	MAI	Total	Part A Total	MAI	% Change	Total	% of Total
2024	**$82,586**	**$0**	**$82,586**	**$109,712**	**$0**	**-39.9%**	**$16,159,892**	**0.7%**
2023	$182,586	$0	$182,586	$182,558	$0	28.1%	$16,902,904	1.1%
2022	$142,586	$0	$142,586	$142,566	$0	72.7%	$16,677,576	0.9%
2021	$82,586	$0	$82,586	$82,573	$0	-78.4%	$15,724,828	0.5%
2020	$382,586	$0	$382,586	$382,582	$0	285.1%	$15,886,455	2.4%











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

FY 24-25 Food Voucher Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**797**	**-16.81%**	**12**	**1.5%**
2023	958	22.51%	25	**2.6%**

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	455	57.1%
101-200%	245	30.7%
201-299%	74	9.3%
300-399%	22	2.8%
400% & over	1	0.1%
Unknown	0	0.0%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	186	23.3%
Medicare Only	87	10.9%
Medicaid Only	124	15.6%
No Benefits	180	22.6%
Unknown	0	0.0%
Multiple Benefits*	220	27.6%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	538	67.5%
Female	259	32.5%

Race	#	%
Black	468	58.7%
White	147	18.4%
Other*	6	0.8%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	176	22.1%
Non-Hispanic	621	77.9%
Haitian	50	6.3%

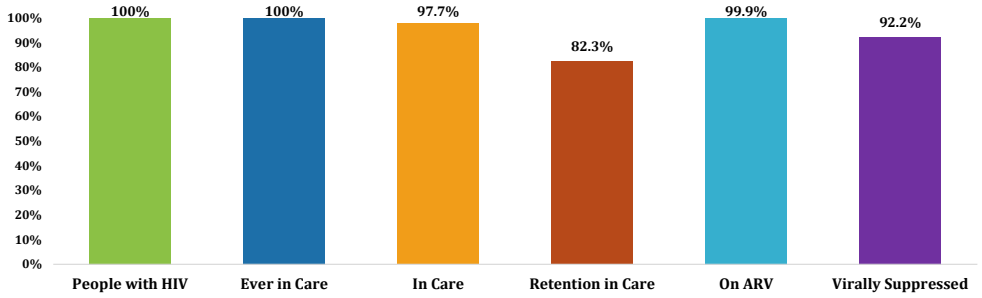
FY 2024-2025 Scorecard: Food Voucher

ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

FY 24-25 Food Voucher Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	797	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	797	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	779	97.7%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	656	82.3%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	796	99.9%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	735	92.2%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	735	797	92.2%
Gender	**#**		**%**
Male	499	538	67.9%
Female	236	259	32.1%
Age	**#**		**%**
<18*	0	0	0.00%
18-28*	14	16	1.9%
29-38	69	80	9.4%
39-48	108	121	14.7%
49-58	184	202	25.0%
59-63	156	165	21.2%
64	31	33	4.2%
65+	173	180	23.5%
Living Arrangements	**#**		**%**
Permanent	576	611	78.4%
Non-Permanent	159	186	21.6%
Institution*	0	0	0.0%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	223	249	30.3%
Black Non-Hispanic Female	198	219	26.9%
Total Black Non-Hispanic	**421**	**468**	**57.3%**
White Non-Hispanic Male	125	135	17.0%
White Non-Hispanic Female*	12	12	1.6%
Total White Non-Hispanic	**137**	**147**	**18.6%**
Hispanic Male	145	148	19.7%
Hispanic Female*	26	28	3.5%
Total Hispanic	**171**	**176**	**23.3%**
Unknown Race/Ethnicity	**0**	**0**	**0.0%**
Total Other**	**6**	**6**	**0.8%**
Educational Level	**#**		**%**
<8th Grade	63	67	8.6%
8-12th Grade	456	504	62.0%
College	216	226	29.4%

Risk Factor	# Virally Suppressed	# Total	%
MSM	**322**	**345**	**43.8%**
Black MSM	79	92	10.7%
White MSM	111	119	15.1%
Hispanic MSM	126	128	17.1%
	#		**%**
Heterosexual	**142**	**154**	**19.3%**
Black Hetero	124	134	16.9%
White Hetero*	4	4	0.5%
Hispanic Hetero*	14	16	1.9%
	#		**%**
Hemophilia*	2	2	0.3%
IDU*	9	9	1.2%
MSM/IDU*	6	6	0.8%
Perinatal*	8	9	1.1%
Transfusion*	2	4	0.3%
Unknown	244	268	33.2%

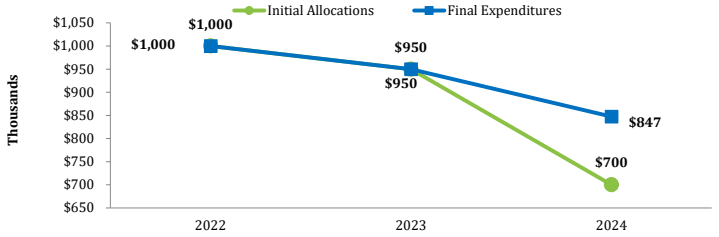
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

FY 2024-2025 Scorecard: Food Bank

ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

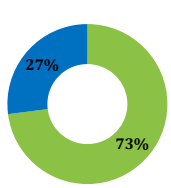
Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			EMA Award	
FY	Part A	MAI	Total	Part A Total	MAI	% Change	Total	% of Total
2024	**$700,000**	**$0**	**$700,000**	**$847,374**	**$0**	**$847,374**	**$16,159,892**	**5.2%**
2023	$950,000	$0	$950,000	$949,964	$0	5.0%	$16,902,904	5.6%
2022	$1,000,000	$0	$1,000,000	$999,971	$0	55.7%	$16,677,576	6.0%
2021	$700,000	$0	$700,000	$642,121	$0	-8.0%	$15,724,828	4.1%
2020	$700,000	$0	$700,000	$697,896	$0	0.0%	$15,886,455	4.4%

Part A Food Bank Allocations & Expenditures

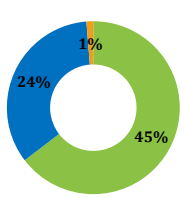


*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.

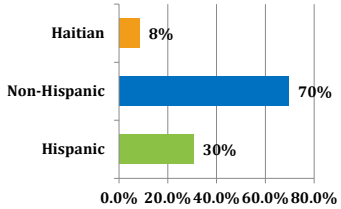
Gender



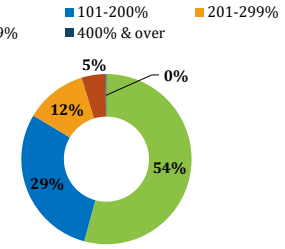
Race



Ethnicity



Federal Poverty Level (FPL)



FY 24-25 Food Bank Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**2,018**	**3.17%**	**147**	**7.3%**
2023	1,956	5.16%	120	6.1%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	1,094	54.2%
101-200%	592	29.3%
201-299%	237	11.7%
300-399%	91	4.5%
400% & over	4	0.2%
Unknown	0	0.0%

*FPL is current for the end of the fiscal year.

Insurance	#	%
Private	549	27.2%
Medicare Only	232	11.5%
Medicaid Only	208	10.3%
No Benefits	596	29.5%
Unknown	0	0.0%
Multiple Benefits*	433	21.5%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	1,473	73.0%
Female	545	27.0%

Race	#	%
Black	907	44.9%
White	479	23.7%
Other*	18	0.9%

Ethnicity	#	%
Hispanic	614	30.4%
Non-Hispanic	1,404	69.6%
Haitian	168	8.3%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

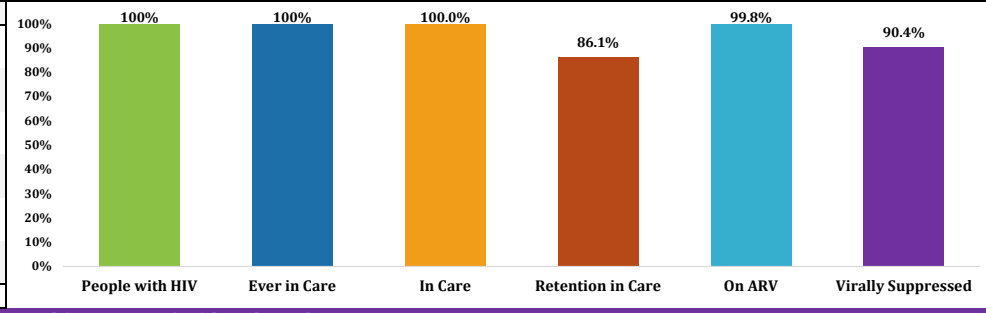
FY 2024-2025 Scorecard: Food Bank

ELIGIBILITY: ≤300% FPL/1 unit, ≤200% FPL/2 units

FY 24-25 Food Bank Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,018	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,018	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,017	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,738	86.1%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,013	99.8%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,824	90.4%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	1,824	2,018	90.4%
Gender	**#**		**%**
Male	1,336	1,446	73.2%
Female	488	545	26.8%
Age	**#**		**%**
<18*	1	1	0.05%
18-28*	64	70	3.5%
29-38	256	301	14.0%
39-48	306	357	16.8%
49-58	444	492	24.3%
59-63	324	355	17.8%
64	50	53	2.7%
65+	379	389	20.8%
Living Arrangements	**#**		**%**
Permanent	1,440	1,568	78.9%
Non-Permanent	379	442	20.8%
Institution*	5	8	0.3%

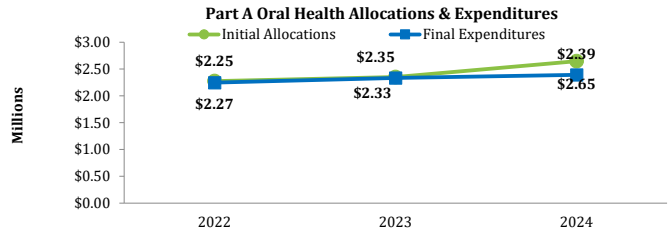
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	423	489	23.2%
Black Non-Hispanic Female	375	418	20.6%
Total Black Non-Hispanic	**798**	**907**	**43.8%**
White Non-Hispanic Male	391	433	21.4%
White Non-Hispanic Female*	43	46	2.4%
Total White Non-Hispanic	**434**	**479**	**23.8%**
Hispanic Male	507	534	27.8%
Hispanic Female*	70	80	3.8%
Total Hispanic	**577**	**614**	**31.6%**
Unknown Race/Ethnicity	**0**	**0**	**0.0%**
Total Other**	**15**	**18**	**0.8%**
Educational Level	**#**		**%**
<8th Grade	112	123	6.1%
8-12th Grade	1,104	1,232	60.5%
College	607	662	33.3%

Risk Factor	# Virally Suppressed	# Total	%
MSM	**963**	**1,052**	**52.8%**
Black MSM	183	218	10.0%
White MSM	347	381	19.0%
Hispanic MSM	420	440	23.0%
	#		**%**
Heterosexual	**274**	**300**	**15.0%**
Black Hetero	219	242	12.0%
White Hetero*	19	19	1.0%
Hispanic Hetero*	34	37	1.9%
	#		**%**
Hemophilia*	8	8	0.4%
IDU*	24	29	1.3%
MSM/IDU*	15	17	0.8%
Perinatal*	10	11	0.5%
Transfusion*	7	9	0.4%
Unknown	523	592	28.7%

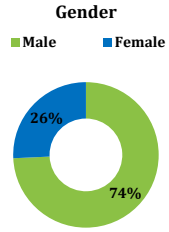
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

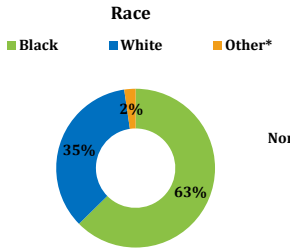
FY 2024-2025 Scorecard: Oral Health Care — ELIGIBILITY: ≤400% FPL

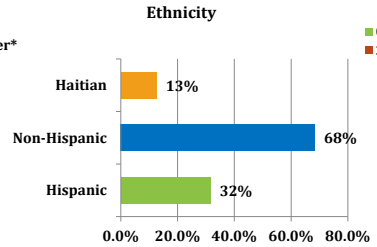
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$2,646,964**	**$0**	**$2,646,964**	**$2,392,138**	**$0**	**$2,392,138**	**2.5%**	**$16,159,892**	**14.8%**
2023	$2,351,914	$0	$2,351,914	$2,333,887	$0	$2,333,887	3.8%	$16,902,904	13.8%
2022	$2,274,964	$0	$2,274,964	$2,247,475	$0	$2,247,475	9.1%	$16,677,576	13.5%
2021	$2,101,656	$0	$2,101,656	$2,059,507	$0	$2,059,507	38.0%	$15,724,848	13.1%
2020	$1,492,927	$0	$1,492,927	$1,492,652	$0	$1,492,652	-46.0%	$15,886,455	9.4%

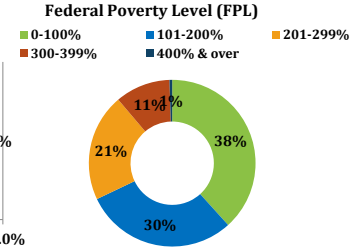


*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.









FY 24-25 Oral Health Care Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**2,285**	**7.33%**	**93**	**4.1%**
2023	2,129	-0.08%	75	3.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	4	0

FPL*	#	%
0-100%	875	38.3%
101-200%	677	29.6%
201-299%	477	20.9%
300-399%	244	10.7%
400% & over	12	0.5%

**FPL is current for the end of the fiscal year.*

Insurance	#	%
Private	1,022	44.7%
Medicare Only	255	11.2%
Medicaid Only	117	5.1%
No Benefits	737	32.25%
Multiple Benefits*	154	6.7%

**Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).*

Gender	#	%
Male	1,697	74.3%
Female	588	25.7%

Race	#	%
Black	979	42.8%
White	548	24.0%
Other*	36	1.6%

**Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

Ethnicity	#	%
Hispanic	722	31.6%
Non-Hispanic	1,563	68.4%
Haitian	288	12.6%

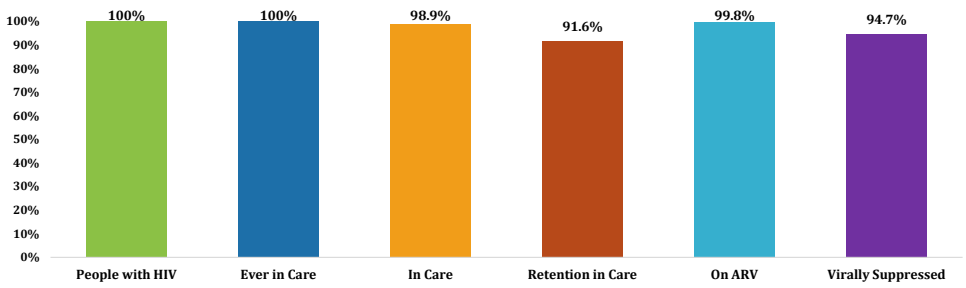
FY 2024-2025 Scorecard: Oral Health Care

ELIGIBILITY: ≤400% FPL

FY 24-25 Oral Health Care Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,285	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,285	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,261	98.9%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	2,093	91.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,280	99.8%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,165	94.7%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	2,165	2,285	94.7%
Gender	**#**		**%**
Male	1,619	1,697	74.8%
Female	546	588	25.2%
Age	**#**		**%**
<18*	2	2	0.09%
18-28*	87	98	4.0%
29-38	328	356	15.2%
39-48	394	418	18.2%
49-58	591	621	27.3%
59-63	401	419	18.5%
64	63	64	2.9%
65+	299	307	13.8%
Living Arrangements	**#**		**%**
Permanent	1,812	1,901	83.7%
Non-Permanent	352	381	16.3%
Institution*	1	3	0.0%

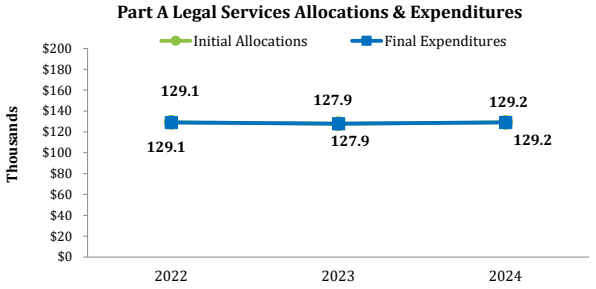
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	472	519	21.8%
Black Non-Hispanic Female	423	460	19.5%
Total Black Non-Hispanic	**895**	**979**	**41.3%**
White Non-Hispanic Male	495	512	22.9%
White Non-Hispanic Female*	35	36	1.6%
Total White Non-Hispanic	**530**	**548**	**24.5%**
Hispanic Male	620	634	28.6%
Hispanic Female*	84	88	3.9%
Total Hispanic	**704**	**722**	**32.5%**
Total Other**	**36**	**36**	**1.7%**
Educational Level	**#**		**%**
<8th Grade*	117	125	5.4%
8-12th Grade	1,256	1,334	58.0%
College	792	826	36.6%

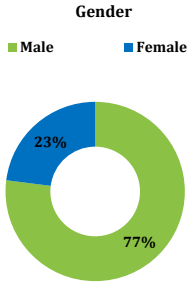
Risk Factor	# Virally Suppressed	# Total	%
MSM	**1,208**	**1,261**	**55.8%**
Black MSM	222	248	10.3%
White MSM	449	464	20.7%
Hispanic MSM	510	522	23.6%
	#		**%**
Heterosexual	**196**	**215**	**9.1%**
Black Hetero	146	163	6.7%
White Hetero*	9	9	0.4%
Hispanic Hetero*	38	40	1.8%
	#		**%**
Hemophilia*	6	6	0.3%
IDU*	21	22	1.0%
MSM/IDU*	14	15	0.6%
Perinatal*	22	24	1.0%
Transfusion*	6	6	0.3%
Unknown	692	736	32.0%

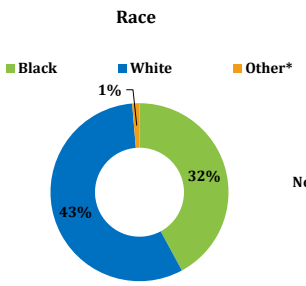
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

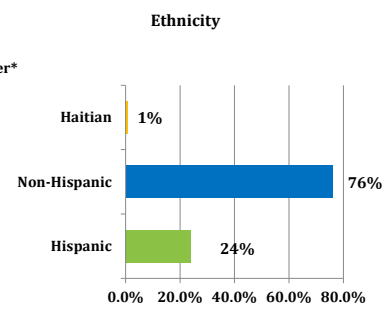
FY 2024-2025 Scorecard: Legal Services — ELIGIBILITY: ≤300% FPL

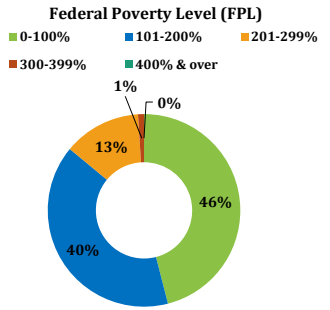
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$121,151**	**$0**	**$121,151**	**$129,150**	**$0**	**$129,150**	**1.0%**	**$16,159,892**	**0.8%**
2023	$129,151	$0	$129,151	$127,867	$0	$127,867	-1.0%	$16,902,904	0.8%
2022	$129,151	$0	$129,151	$129,148	$0	$129,148	0.92%	$16,677,576	0.8%
2021	$129,151	$0	$129,151	$127,973	$0	$127,973	-0.90%	$15,724,848	0.8%
2020	$129,151	$0	$129,151	$129,137	$0	$129,137	6.35%	$15,886,455	0.8%











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

FY 24-25 Legal Services Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**100**	**-5.66%**	**3**	**3.0%**
2023	106	-8.62%	1	0.9%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	46	46.0%
101-200%	40	40.0%
201-299%	13	13.0%
300-399%	1	1.0%
400% & over	0	0.0%

*FPL is curremt for the end of the fiscal year

Insurance	#	%
Private	24	24.0%
Medicare	19	19.0%
Medicaid	6	6.0%
No Benefits	17	17.0%
Unknown	0	0.0%
Multiple Benefits*	34	34.0%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	77	77.0%
Female	23	23.0%

Race	#	%
Black	32	32.0%
White	43	43.0%
Other*	1	1.0%
Unknown	0	0.0%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	24	24.0%
Non-Hispanic	76	76.0%
Haitian	1	1.0%

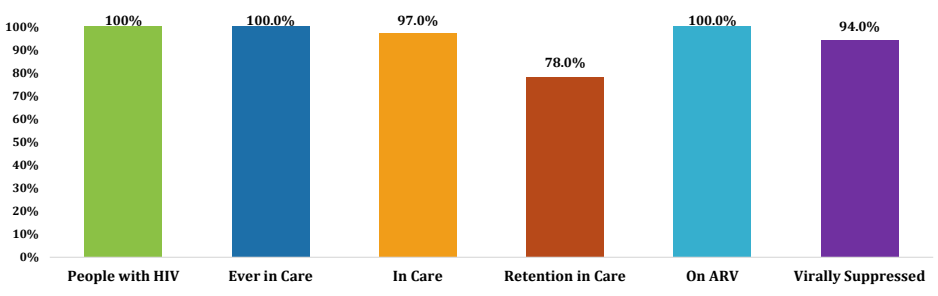
FY 2024-2025 Scorecard: Legal Services

ELIGIBILITY: ≤300% FPL

FY 24-25 Legal Services Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	100	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	100	100.0%
In Care	Clients with HIV who had a medical care service within the reporting period.	97	97.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	78	78.0%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	100	100.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	94	94.0%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	94	100	94.0%
Gender	**#**		**%**
Male	76	77	80.9%
Female	18	23	19.1%
Age	**#**		**%**
18-28*	2	2	2.1%
29-38*	8	9	8.5%
39-48	4	6	4.3%
49-58	28	29	29.8%
59-63	24	26	25.5%
64	3	3	3.2%
65+	25	25	26.6%
Living Arrangements	**#**		**%**
Permanent	80	85	85.1%
Non-Permanent*	14	15	14.9%
Institution*	0	0	0.0%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	16	16	17.0%
Black Non-Hispanic Female	13	16	13.8%
Total Black Non-Hispanic	**29**	**32**	**30.9%**
White Non-Hispanic Male	41	42	43.6%
White Non-Hispanic Female*	1	1	1.1%
Total White Non-Hispanic	**42**	**43**	**44.7%**
Hispanic Male*	18	18	19.1%
Hispanic Female*	4	6	4.3%
Total Hispanic*	**22**	**24**	**23.4%**
Total Other**	**1**	**1**	**1.1%**
Educational Level	**#**		**%**
<8th Grade*	5	5	5.3%
8-12th Grade	53	55	56.4%
College	36	40	38.3%

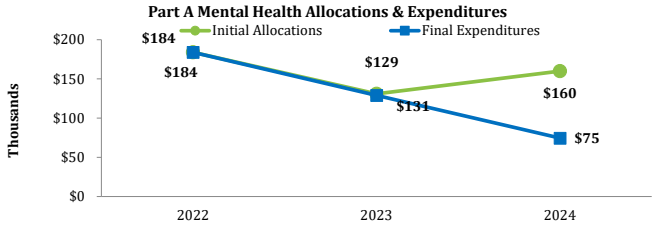
Risk Factor	# Virally Suppressed	# Total	%
MSM	**60**	**61**	**63.8%**
Black MSM*	7	7	7.4%
White MSM	40	41	42.6%
Hispanic MSM*	12	12	12.8%
	#		**%**
Heterosexual*	**14**	**14**	**14.9%**
Black Hetero*	10	10	10.6%
White Hetero*	1	1	1.1%
Hispanic Hetero*	3	3	3.2%
	#		**%**
Hemophilia*	0	0	0.0%
IDU*	1	1	1.1%
MSM/IDU*	0	0	0.0%
Perinatal*	1	2	1.1%
Transfusion*	0	1	0.0%
Unknown	18	21	19.1%

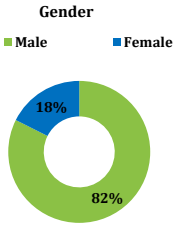
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

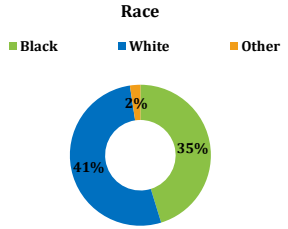
FY 2024-2025 Scorecard: Mental Health

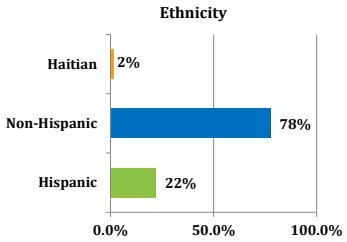
ELIGIBILITY: ≤300% FPL

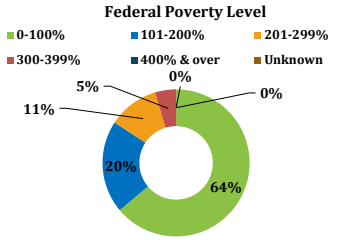
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$159,939**	**$62,469**	**$222,408**	**$74,547**	**$27,297**	**$101,844**	**-44.8%**	**$16,159,892**	**0.6%**
2023	$130,974	$56,469	$187,443	$128,981	$55,624	$184,605	-13.5%	$16,902,904	1.1%
2022	$183,939	$29,805	$213,744	$183,899	$29,606	$213,505	42.1%	$16,677,576	1.3%
2021	$120,472	$62,469	$182,941	$119,784	$30,423	$150,207	-18.9%	$15,724,848	1.0%
2020	$172,053	$62,469	$234,522	$153,778	$31,386	$185,164	13.1%	$15,886,455	1.2%











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

FY 24-25 Mental Health Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**108**	**-74.29%**	**10**	**9.3%**
2023	420	-17.49%	55	13.1%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	1

FPL*	#	%
0-100%	69	63.9%
101-200%	22	20.4%
201-299%	12	11.1%
300-399%	5	4.6%
400% & over	0	0.0%
Unknown	0	0.0%

*FPL is current for the end of the fiscal year

Insurance	#	%
Private	27	25.0%
Medicare	5	4.6%
Medicaid	10	9.3%
No Benefits	60	55.6%
Unknown	0	0.0%
Multiple Benefits*	6	5.6%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	89	82.4%
Female	19	17.6%

Race	#	%
Black	38	35.2%
White	44	40.7%
Other*	2	1.9%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	24	22.2%
Non-Hispanic	84	77.8%
Haitian	2	1.9%

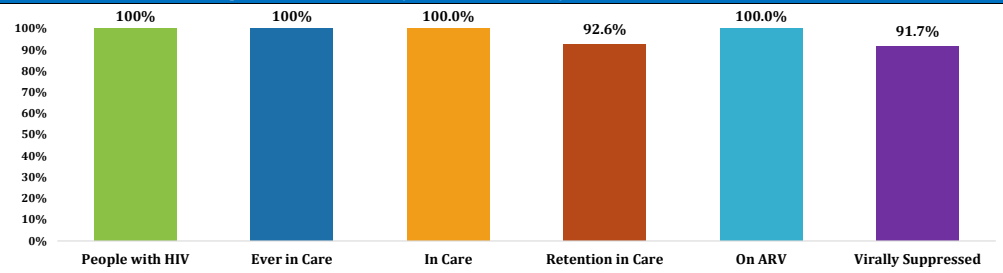
FY 2024-2025 Scorecard: Mental Health

ELIGIBILITY: ≤300% FPL

FY 24-25 Mental Health Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definitions	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	108	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	108	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	108	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	100	92.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	108	100.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	99	91.7%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	99	108	91.7%
Gender	**#**		**%**
Male	82	89	82.8%
Female	17	19	17.2%
Age	**#**		**%**
18-28*	9	9	9.1%
29-38	17	19	17.2%
39-48	19	23	19.2%
49-58	32	35	32.3%
59-63	14	14	14.1%
64	3	3	3.0%
65+	5	5	5.1%
Living Arrangements	**#**		**%**
Permanent	64	68	64.6%
Non-Permanent	35	40	35.4%
Institution*	0	0	0.0%

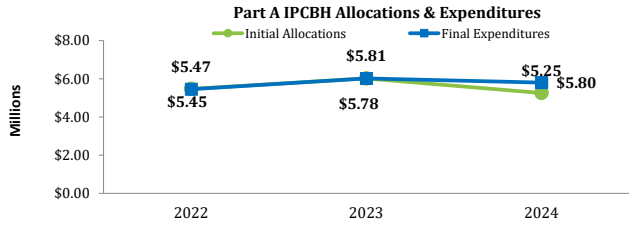
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	23	28	23.2%
Black Non-Hispanic Female*	8	10	8.1%
Total Black Non-Hispanic	**31**	**38**	**31.3%**
White Non-Hispanic Male	35	37	35.4%
White Non-Hispanic Female*	7	7	7.1%
Total White Non-Hispanic	**42**	**44**	**42.4%**
Hispanic Male*	22	22	22.2%
Hispanic Female*	2	2	2.0%
Total Hispanic	**24**	**24**	**24.2%**
Total Other**	**2**	**2**	**2.0%**
Educational Level	**#**		**%**
<8th Grade*	3	3	3.0%
8-12th Grade	56	60	56.6%
College	40	45	40.4%

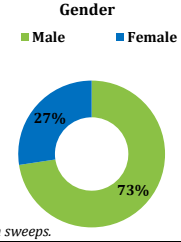
Risk Factor	# Virally Suppressed	# Total	%
MSM	**62**	**66**	**62.6%**
Black MSM*	13	16	13.1%
White MSM*	27	28	27.3%
Hispanic MSM*	20	20	20.2%
	#		**%**
Heterosexual*	**8**	**10**	**8.1%**
Black Hetero*	6	8	6.1%
White Hetero*	2	2	2.0%
Hispanic Hetero*	0	0	0.0%
	#		**%**
Hemophilia*	0	0	0.0%
IDU*	3	4	3.0%
MSM/IDU*	2	2	2.0%
Perinatal*	2	2	2.0%
Transfusion*	0	0	0.0%
Unknown	22	24	22.2%

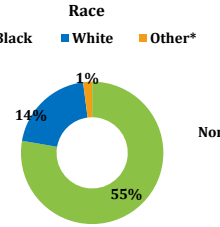
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

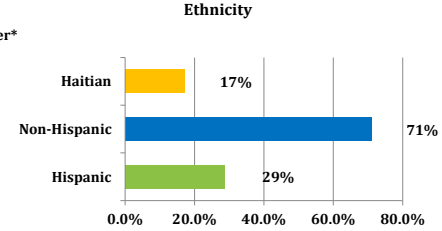
FY 2024-2025 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services — ELIGIBILITY: ≤400% FPL

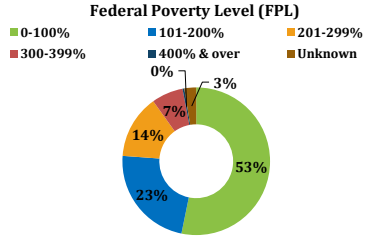
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$5,253,767**	**$0**	**$5,253,767**	**$5,798,212**	**$0**	**$5,798,212**	**-3.7%**	**$16,159,892**	**35.9%**
2023	$6,019,735	$0	$6,019,735	$6,019,732	$0	$6,019,732	10.2%	$16,902,904	35.6%
2022	$5,470,122	$116,092	$5,586,214	$5,454,397	$8,793	$5,463,190	-7.3%	$16,677,576	32.8%
2021	$5,809,133	$116,092	$5,925,225	$5,784,719	$110,794	$5,895,513	23.9%	$15,724,848	37.5%
2020	$4,868,552	$100,000	$4,968,552	$4,661,914	$97,138	$4,759,052	-3.5%	$15,886,455	30.0%











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

FY 24-25 IPCBH Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**3,587**	**3.22%**	**563**	**15.7%**
2023	3,475	-0.03%	566	16.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	6	1

FPL*	#	%
0-100%	1,909	53.2%
101-200%	823	22.9%
201-299%	500	13.9%
300-399%	248	6.9%
400% & over	14	0.4%
Unknown	93	2.6%

*FPL is current for the end of the fiscal year

Insurance	#	%
Private	679	18.9%
Medicare	53	1.5%
Medicaid	191	5.3%
No Benefits	2,467	68.8%
Unknown	92	2.6%
Multiple Benefits*	105	2.9%

*Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	2,604	72.6%
Female	982	27.4%

Race	#	%
Black	1,982	55.3%
White	516	14.4%
Other*	52	1.4%
Unknown	4	0.1%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

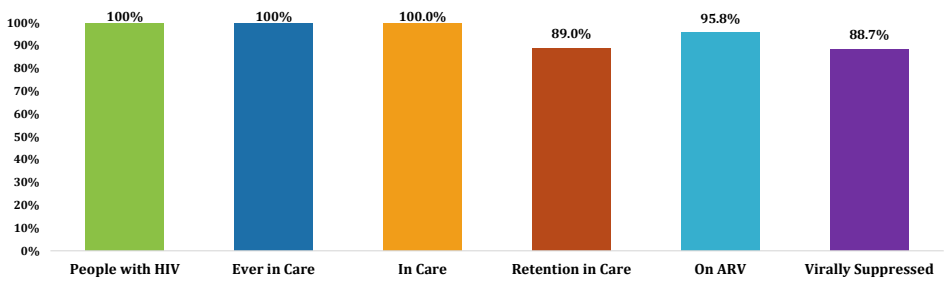
Ethnicity	#	%
Hispanic	1033	28.8%
Non-Hispanic	2,551	71.1%
Haitian	612	17.1%

FY 2024-2025 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services — ELIGIBILITY: ≤400% FPL

FY 24-25 IPCBH Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	3,587	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	3,587	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	3,586	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	3,193	89.0%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	3,438	95.8%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	3,180	88.7%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	3,180	3,587	88.7%
Gender	**#**		**%**
Male	2,314	2,604	72.8%
Female	865	982	27.2%
Age	**#**		**%**
<18*	5	6	0.2%
18-28*	268	309	8.4%
29-38	860	984	27.0%
39-48	751	863	23.6%
49-58	680	758	21.4%
59-63	374	404	11.8%
64	56	58	1.8%
65+	186	205	5.8%
Living Arrangements	**#**		**%**
Permanent	2,302	2,543	72.4%
Non-Permanent	870	1,033	27.4%
Institution*	8	11	0.3%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	1,016	1,187	31.9%
Black Non-Hispanic Female	698	794	21.9%
Total Black Non-Hispanic	**1,714**	**1,981**	**53.9%**
White Non-Hispanic Male	405	464	12.7%
White Non-Hispanic Female	44	52	1.4%
Total White non-Hispanic	**449**	**516**	**14.1%**
Hispanic Male	845	904	26.6%
Hispanic Female	117	129	3.7%
Total Hispanic	**962**	**1,033**	**30.3%**
Unknown Race/Ethnicity	**3**	**4**	**0.1%**
Total Other**	**51**	**52**	**1.6%**
Educational Level	**#**		**%**
<8th Grade	214	239	6.7%
8-12th Grade	2,120	2,404	66.7%
College	841	938	26.4%
Unknown	5	6	0.2%

Risk Factor	# Virally Suppressed	# Total	%
MSM	**1,430**	**1,562**	**45.0%**
Black MSM	431	498	13.6%
White MSM	318	348	10.0%
Hispanic MSM	644	679	20.3%
	#		**%**
Heterosexual	**377**	**444**	**11.9%**
Black Hetero	307	364	9.7%
White Hetero*	20	24	0.6%
Hispanic Hetero*	47	53	1.5%
	#		**%**
Hemophilia*	5	5	0.16%
IDU*	29	36	0.91%
MSM/IDU*	18	22	0.57%
Perinatal*	48	54	1.51%
Transfusion*	9	10	0.28%
Unknown	1,264	1,454	39.75%

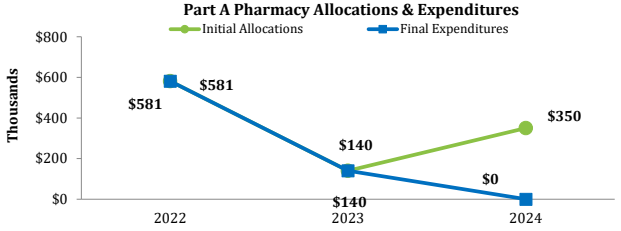
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

FY 2024-2025 Scorecard: Pharmacy

ELIGIBILITY: ≤400% FPL

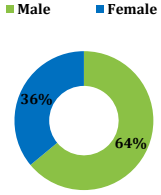
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$349,916**	**$0**	**$349,916**	**$235**	**$0**	**$235**	**-99.8%**	**$16,159,892**	**0.0%**
2023	$140,296	$0	$140,296	$140,296	$0	$140,296	-75.9%	$16,902,904	0.8%
2022	$581,344	$0	$581,344	$581,340	$0	$581,340	126.4%	$16,677,576	3.5%
2021	$261,940	$0	$261,940	$256,738	$0	$256,738	-59.4%	$15,724,848	1.6%
2020	$872,940	$0	$872,940	$631,680	$0	$631,680	-20.7%	$15,886,455	4.0%

Part A Pharmacy Allocations & Expenditures

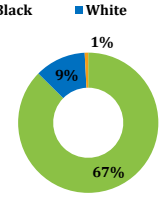


*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.

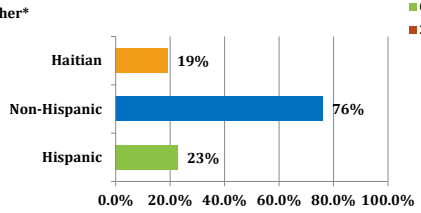
Gender



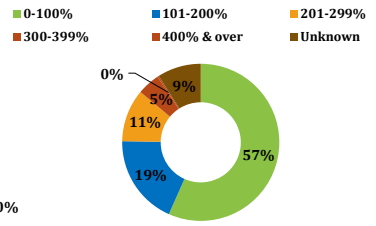
Race



Ethnicity



Federal Poverty Level (FPL)



FY 24-25 Pharmacy Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**323**	**41.67%**	**120**	**37.2%**
2023	228	-68.46%	120	52.6%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	183	56.7%
101-200%	60	18.6%
201-299%	35	10.8%
300-399%	15	4.6%
400% & over	1	0.3%
Unknown	29	9.0%

FPL is current for the end of the fiscal year.

Insurance	#	%
Private	53	16.4%
Medicare	12	3.7%
Medicaid	36	11.1%
No Benefits	160	49.5%
Unknown	29	9.0%
Multiple Benefits*	33	10.2%

Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	206	63.8%
Female	116	35.9%

Race	#	%
Black	215	66.6%
White	29	9.0%
Other*	2	0.6%
Unknown	3	0.9%

*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	74	22.9%
Non-Hispanic	246	76.2%
Haitian	62	19.2%

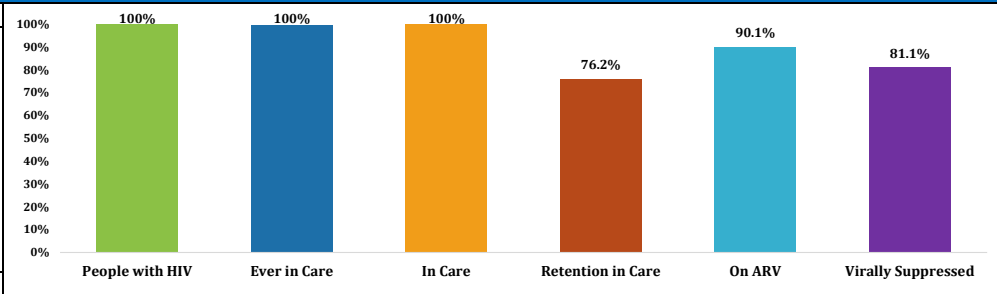
FY 2024-2025 Scorecard: Pharmacy

ELIGIBILITY: ≤400% FPL

FY 24-25 Pharmacy Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	323	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	322	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	323	100%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	246	76.2%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	291	90.1%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	262	81.1%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	262	323	81.1%
Gender	**#**		**%**
Male	163	206	62.2%
Female	98	116	37.4%
Age	**#**		**%**
18-28	25	30	9.5%
29-38	62	74	23.7%
39-48	47	62	17.9%
49-58	57	75	21.8%
59-63	26	32	9.9%
64	6	6	2.3%
65+	39	44	14.9%
Living Arrangements	**#**		**%**
Permanent	183	219	69.8%
Non-Permanent	79	104	30.2%
Institution*	0	0	0.0%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	93	115	35.5%
Black Non-Hispanic Female	85	99	32.4%
Total Black Non-Hispanic	**178**	**214**	**67.9%**
White Non-Hispanic Male	16	24	6.1%
White Non-Hispanic Female*	2	5	0.8%
Total White Non-Hispanic	**18**	**29**	**6.9%**
Hispanic Male	50	63	19.1%
Hispanic Female*	11	11	4.2%
Total Hispanic	**61**	**74**	**23.3%**
Unknown Race/Ethnicity	**3**	**3**	**1.1%**
Total Other**	**1**	**2**	**0.4%**
Educational Level	**#**		**%**
<8th Grade	24	27	9.2%
8-12th Grade	187	283	71.4%
College	48	60	18.3%
Unknown	3	3	1.1%

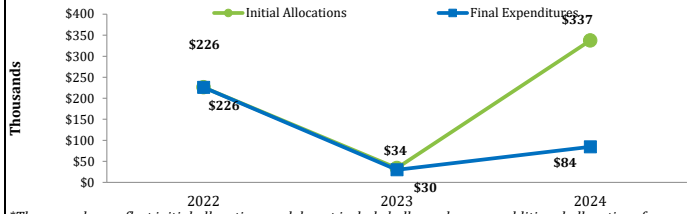
Risk Factor	# Virally Suppressed	# Total	%
MSM	**82**	**97**	**31.3%**
Black MSM	35	39	13.4%
White MSM	12	14	4.6%
Hispanic MSM	34	43	13.0%
	#		**%**
Heterosexual	**49**	**59**	**18.7%**
Black Hetero	44	51	16.8%
White Hetero*	0	2	0.0%
Hispanic Hetero*	5	6	1.9%
	#		**%**
Hemophilia*	1	1	0.4%
IDU*	3	6	1.1%
MSM/IDU*	1	1	0.4%
Perinatal*	2	2	0.8%
Transfusion*	3	3	1.1%
Unknown	121	154	46.2%

*Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

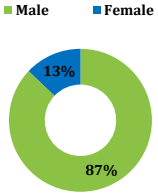
FY 2024-2025 Scorecard: Substance Abuse Outpatient — ELIGIBILITY: ≤300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$337,498**	**$400,000**	**$737,498**	**$84,493**	**$276,990**	**$361,483**	**-16.4%**	**$16,159,892**	**2.2%**
2023	$33,962	$415,356	$449,318	$29,843	$402,432	$432,275	-49.4%	$16,902,904	2.6%
2022	$225,998	$628,657	$854,655	$225,990	$628,655	$854,645	6.2%	$16,677,576	5.1%
2021	$285,030	$575,000	$860,030	$285,019	$519,526	$804,545	-3.6%	$15,724,848	5.1%
2020	$410,030	$467,000	$877,030	$367,293	$466,996	$834,289	24.4%	$15,886,455	5.3%

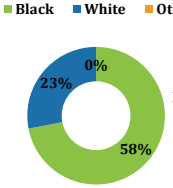
Part A Substance Abuse Allocations & Expenditures



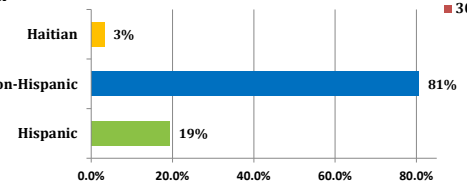
Gender



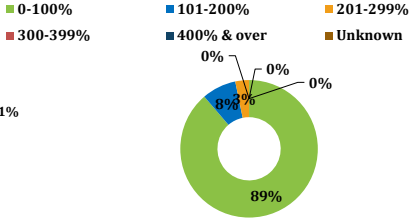
Race



Ethnicity



Federal Poverty Level (FPL)



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

FY 24-25 Substance Abuse Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**62**	**10.71%**	**10**	**16.1%**
2023	56	-59.42%	0	0.0%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	55	88.7%
101-200%	5	8.1%
201-299%	2	3.2%
300-399%	0	0.0%
400% & over	0	0.0%
Unknown	0	0.0%

**FPL is current for the end of the fiscal year.*

Insurance	#	%
Private	5	8.1%
Medicare	1	1.6%
Medicaid	5	8.1%
No Benefits	49	79.0%
Unknown	0	0.0%
Multiple Benefits*	2	3.2%

**Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).*

Gender	#	%
Male	54	87.1%
Female	8	12.9%

Race	#	%
Black	36	58.1%
White	14	22.6%
Other*	0	0.0%

**Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

Ethnicity	#	%
Hispanic	12	19.4%
Non-Hispanic	50	80.6%
Haitian	2	3.2%

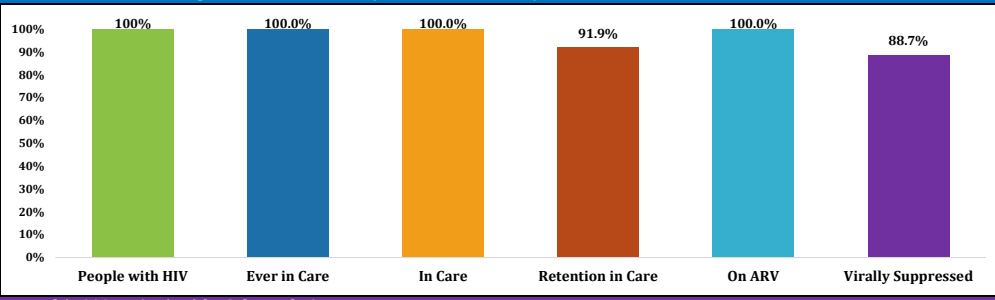
FY 2024-2025 Scorecard: Substance Abuse Outpatient

ELIGIBILITY: ≤300% FPL

FY 24-25 Substance Abuse Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	62	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	62	100.0%
In Care	Clients with HIV who had a medical care service within the reporting period.	62	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	57	91.9%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	62	100.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	55	88.7%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	# Virally Suppressed	# Total	%
	55	62	88.7%
Gender	**#**		**%**
Male	49	54	89.1%
Female*	6	8	10.9%
Age	**#**		**%**
18-28*	4	4	7.3%
29-38*	16	19	29.1%
39-48*	11	14	20.0%
49-58*	15	16	27.3%
59-63	7	7	12.7%
64	2	2	3.6%
65+	0	0	0.0%
Living Arrangements	**#**		**%**
Permanent*	13	16	23.6%
Non-Permanent*	41	45	74.5%
Institution*	1	1	1.8%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male*	26	29	47.3%
Black Non-Hispanic Female*	6	7	10.9%
Total Black Non-Hispanic*	**32**	**36**	**58.2%**
White Non-Hispanic Male*	12	14	21.8%
White Non-Hispanic Female*	0	0	0.0%
Total White non-Hispanic*	**12**	**14**	**21.8%**
Hispanic Male*	11	11	20.0%
Hispanic Female*	0	1	0.0%
Total Hispanic*	**11**	**12**	**20.0%**
Educational Level	**#**		**%**
<8th Grade*	1	1	1.8%
8-12th Grade*	40	44	72.7%
College*	14	17	25.5%

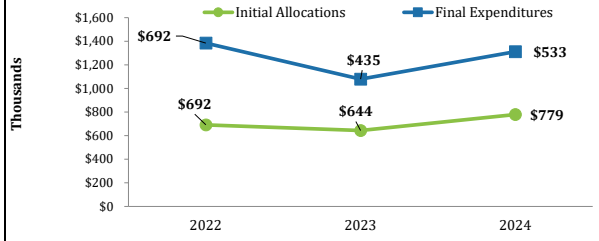
Risk Factor	# Virally Suppressed	# Total	%
MSM*	**32**	**36**	**58.2%**
Black MSM*	16	18	29.1%
White MSM*	8	10	14.5%
Hispanic MSM*	8	8	14.5%
	#		**%**
Heterosexual*	**3**	**3**	**5.5%**
Black Hetero*	3	3	5.5%
White Hetero*	0	0	0.0%
Hispanic Hetero*	0	0	0.0%
	#		**%**
Hemophilia*	0	0	0.0%
IDU*	3	3	5.5%
MSM/IDU*	2	2	3.6%
Perinatal*	1	1	1.8%
Transfusion*	0	0	0.0%
Unknown*	14	17	25.5%

**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

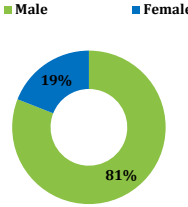
FY 2024-2025 Scorecard: Health Insurance Continuation Program (HICP) — ELIGIBILITY: ≤400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	**$779,279**	**$0**	**$779,279**	**$533,439**	**$0**	**$533,439**	**22.5%**	**$16,159,892**	**3.3%**
2023	$643,872	$0	$643,872	$435,460	$0	$435,460	-37.1%	$16,902,904	2.6%
2022	$692,279	$0	$692,279	$692,250	$0	$692,250	-1.3%	$16,677,576	4.2%
2021	$709,641	$0	$709,641	$701,579	$0	$701,579	-16.7%	$15,724,848	4.5%
2020	$873,877	$0	$873,877	$841,832	$0	$841,832	5.4%	$15,886,455	5.3%

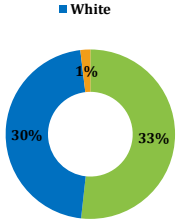
Part A HICP Allocations & Expenditures



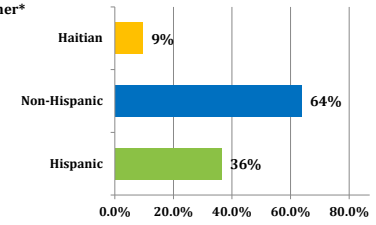
Gender



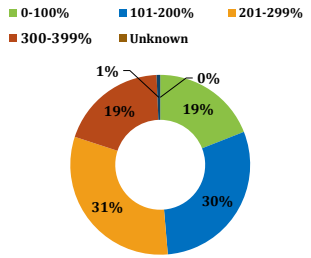
Race



Ethnicity



Federal Poverty Level (FPL)



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

FY 24-25 HICP Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	**1,077**	**33.96%**	**26**	**2.4%**
2023	804	-8.32%	11	1.4%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	205	19.0%
101-200%	319	29.6%
201-299%	338	31.4%
300-399%	208	19.3%
400% & over	7	0.6%
Unknown	0	0.0%

**FPL is current for the end of the fiscal year.*

Insurance	#	%
Private	994	92.3%
Medicare	31	2.9%
Medicaid	3	0.3%
No Benefits	29	2.7%
Unknown	0	0.0%
Multiple Benefits*	20	1.9%

**Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).*

Gender	#	%
Male	872	81.0%
Female	205	19.0%

Race	#	%
Black	355	33.0%
White	318	29.5%
Other*	13	1.2%
Unknown	0	0.0%

**Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

Ethnicity	#	%
Hispanic	391	36.3%
Non-Hispanic	686	63.7%
Haitian	102	9.5%

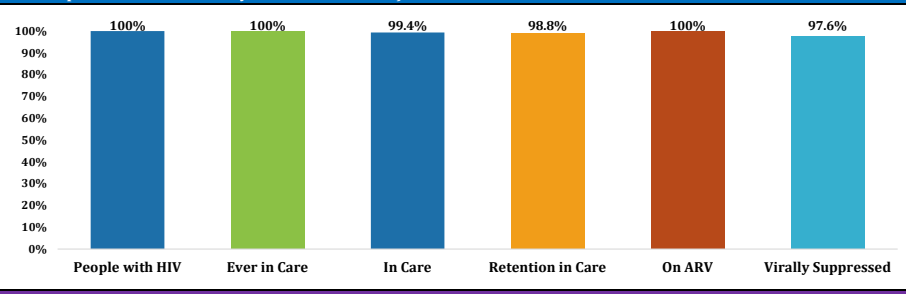
FY 2024-2025 Scorecard: Health Insurance Continuation Program (HICP)

ELIGIBILITY: ≤400% FPL

FY 24-25 HICP Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	1,077	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,076	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,070	99.4%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,064	98.8%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,076	100%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,051	97.6%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Virally Suppressed Clients	# Virally Suppressed	# Total	%
	1,051	1,077	97.6%
Gender	**#**		**%**
Male	849	872	80.8%
Female	202	205	19.2%
Age	**#**		**%**
18-28*	31	32	2.9%
29-38	151	156	14.4%
39-48	210	213	20.0%
49-58	329	338	31.3%
59-63	238	245	22.6%
64	38	88	3.6%
65+	54	55	5.1%
Living Arrangements	**#**		**%**
Permanent	964	987	91.7%
Non-Permanent	85	88	8.1%
Institution*	2	2	0.2%

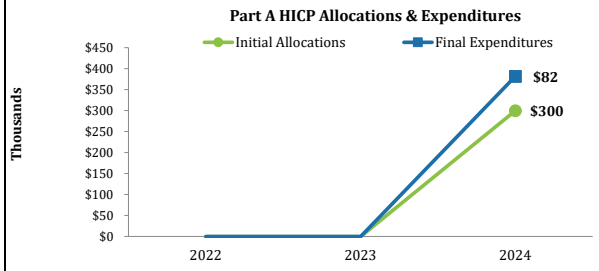
Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	211	219	20.1%
Black Non-Hispanic Female	133	136	12.7%
Total Black Non-Hispanic	**344**	**355**	**32.7%**
White Non-Hispanic Male	287	299	27.3%
White Non-Hispanic Female*	19	19	1.8%
Total White Non-Hispanic	**306**	**318**	**29.1%**
Hispanic Male	340	343	32.4%
Hispanic Female*	48	48	4.6%
Total Hispanic	**388**	**391**	**36.9%**
Total Other**	**13**	**13**	**1.2%**
Educational Level	**#**		**%**
<8th Grade*	24	24	2.3%
8-12th Grade	551	563	52.4%
College	476	490	45.3%

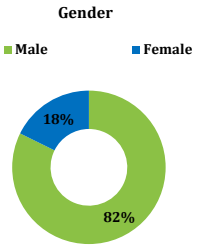
Risk Factor	# Virally Suppressed	# Total	%
MSM	**686**	**705**	**65.3%**
Black MSM	122	127	11.6%
White MSM	258	269	24.5%
Hispanic MSM	297	300	28.3%
	#		**%**
Heterosexual*	**50**	**51**	**4.8%**
Black Hetero*	32	33	3.0%
White Hetero*	6	6	0.6%
Hispanic Hetero*	11	11	1.0%
	#		**%**
Hemophilia*	0	0	0.0%
IDU*	5	5	0.5%
MSM/IDU*	8	8	0.8%
Perinatal*	12	13	1.1%
Transfusion*	4	4	0.4%
Unknown	286	291	27.2%

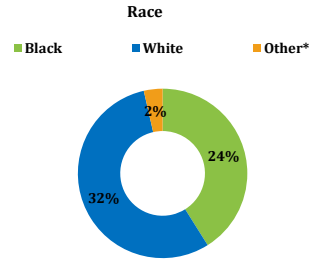
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

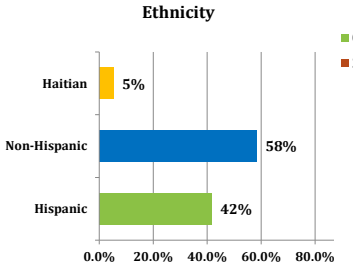
FY 2024-2025 Scorecard: Medical Nutrition Therapy(MNT) — ELIGIBILITY: ≤400% FPL

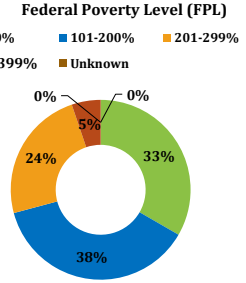
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2024	$300,000	$0	$300,000	$81,993	$0	$81,993	N/A	$16,159,892	0.5%
2023									
2022									
2021									
2020									











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

FY 24-25 MNT Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2024	96	N/A	1	1.0%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	32	33.3%
101-200%	36	37.5%
201-299%	23	24.0%
300-399%	5	5.2%
400% & over	0	0.0%
Unknown	0	0.0%

FPL is current for the end of the fiscal year.

Insurance	#	%
Private	32	33.3%
Medicare	24	25.0%
Medicaid	6	6.3%
No Benefits	16	16.7%
Unknown	0	0.0%
Multiple Benefits*	18	18.8%

Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).

Gender	#	%
Male	79	82.3%
Female	17	17.7%

Race	#	%
Black	23	24.0%
White	31	32.3%
Other*	2	2.1%
Unknown	0	0.0%

Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

Ethnicity	#	%
Hispanic	40	41.7%
Non-Hispanic	56	58.3%
Haitian	5	5.2%

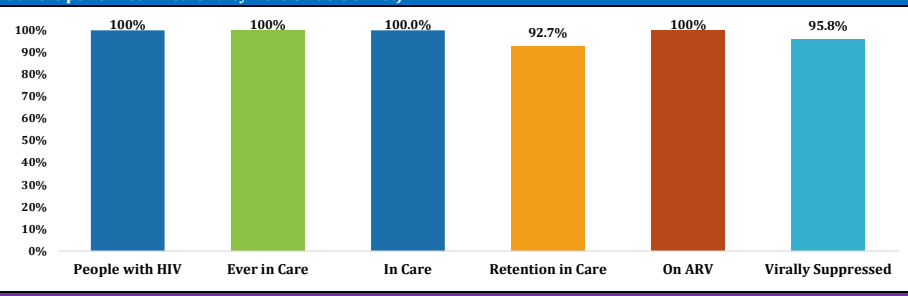
FY 2024-2025 Scorecard: Medical Nutrition Therapy(MNT)

ELIGIBILITY: ≤400% FPL

FY 24-25 MNT Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	96	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	96	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	96	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	89	92.7%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	96	100%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	92	95.8%

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



FY 24-25 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Virally Suppressed Clients	# Virally Suppressed	# Total	%
	92	96	95.8%
Gender	**#**		**%**
Male	76	79	82.6%
Female	16	17	17.4%
Age	**#**		**%**
18-28*	2	2	2.2%
29-38	6	6	6.5%
39-48	15	16	16.3%
49-58	23	23	25.0%
59-63	15	17	16.3%
64	5	6	5.4%
65+	26	26	28.3%
Living Arrangements	**#**		**%**
Permanent	81	85	88.0%
Non-Permanent	11	11	12.0%
Institution*	0	0	0.0%

Race/Ethnicity	# Virally Suppressed	# Total	%
Black Non-Hispanic Male	11	12	12.0%
Black Non-Hispanic Female	10	11	10.9%
Total Black Non-Hispanic	**21**	**23**	**22.8%**
White Non-Hispanic Male	29	30	31.5%
White Non-Hispanic Female*	1	1	1.1%
Total White Non-Hispanic	**30**	**31**	**32.6%**
Hispanic Male	34	35	37.0%
Hispanic Female*	5	5	5.4%
Total Hispanic	**39**	**40**	**42.4%**
Total Other**	**2**	**2**	**2.2%**
Educational Level	**#**		**%**
<8th Grade*	5	5	5.4%
8-12th Grade	54	57	58.7%
College	33	34	35.9%

Risk Factor	# Virally Suppressed	# Total	%
MSM	**64**	**66**	**69.6%**
Black MSM	6	6	6.5%
White MSM	23	24	25.0%
Hispanic MSM	33	34	35.9%
	#		**%**
Heterosexual*	**11**	**12**	**12.0%**
Black Hetero*	9	10	9.8%
White Hetero*	0	0	0.0%
Hispanic Hetero*	2	2	2.2%
	#		**%**
Hemophilia*	0	0	0.0%
IDU*	2	2	2.2%
MSM/IDU*	2	2	2.2%
Perinatal*	0	0	0.0%
Transfusion*	1	1	1.1%
Unknown	12	13	13.0%

**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 25-26 Allocations

Handout C

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,296,953	654,286	12%	2331	4,642,667	163,571	1,962,858	-	3,334,095	325,000	(121,463)	(46,463.00)	75,000	(121,463)	(46,463)	5,250,490
	AIDS Pharmaceutical Assistance (3)	192,925	-	0%	1	192,925	-	-	-	192,925	-	(176,848)	(176,848.00)	-	(176,848)	(176,848)	16,077
	Oral Health Care Routine (4)	1,944,128	798,975	41%	1659	1,145,153	199,744	2,396,926	-	(452,798)	350,000	-	225,000.00	225,000	-	225,000	2,169,128
	Specialty (1)	546,964	125,062	23%		421,902	31,265	375,185	-	171,779	-	-	-	-	(200,000)	(200,000)	346,964
	Medical Case Management Disease Case Management (9)	837,923	140,765	17%	344	697,158	35,191	422,295	-	415,628	307,059	(58,945)	6,055.00	125,000	(118,945)	6,055	843,978
	Mental Health- Trauma-Informed (4)	203,125	20,722	10%	30	182,403	5,181	62,166	-	140,959	-	-	(63,125)	-	(63,125)	(63,125)	140,000
	Health Insurance Premium & Cost Sharing Assistance	822,465	121,692	15%	764	700,773	30,423	365,075	-	457,390	-	-	-	-	-	-	822,465
	Medical Nutrition Therapy (1)	300,000	139,593	47%	265	160,407	34,898	418,778	-	(118,778)	150,000	-	100,000	100,000	-	100,000	400,000
	Substance Abuse-Outpatient (1)	380,684	38,241	10%	21	342,443	9,560	114,722	-	265,962	-	-	(250,000)	-	(250,000)	(250,000)	130,684
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	110,629	32%	1185	238,749	27,657	331,888	-	17,490	57,566	-	57,076	57,076	-	57,076	406,454
	Non-Medical Case Management Case Management (10)	1,184,359	454,192	38%	2259	730,167	113,548	1,362,576	-	(178,217)	931,036	(24,501)	308,825	373,326	(64,501)	308,825	1,493,184
	Food Services Food Bank (2)	700,000	242,498	35%	1133	457,502	60,625	727,495	-	(27,495)	-	-	-	100,000	(125,000)	(25,000)	675,000
	Food Voucher (3)	82,586	1,397	2%	17	81,189	349	4,192	-	78,394	-	-	-	-	(30,000)	(30,000)	52,586
	Legal Assistance (1)	129,151	-	0%	62	129,151	-	-	-	129,151	-	-	-	-	-	-	129,151
	Emergency Financial Assistance (3)	125,992	22,862	18%	70	103,130	5,715	68,586	-	57,406	198,000	(5,520)	94,480	100,000	(5,520)	94,480	220,472
	Total Part A Funds	**13,096,633**	**2,870,914**	**22%**		**10,225,719**	**717,728**	**8,612,741**	**-**	**4,483,892**	**2,318,661**	**(387,277)**	**255,000**	**1,155,402**	**(1,155,402)**	**-**	**13,096,633**
	*** Some of the providers have not billed for month of JUN 2025**																

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	MAI Ambulatory (1)	125,000	-		0	125,000	-	-	-	125,000	-	-	(50,000)	-	(50,000)	(50,000)	75,000
	MAI Mental Health (1)	62,469	7,900	13%	17	54,569	1,975	23,699	-	38,770	-	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	300,000	114,670	38%	47	185,330	28,668	344,010	-	(44,010)	-	-	56,818	56,818	-	56,818	356,818
Support Services	MAI Non-Medical Case Management Case Management (4)	114,535	84,486	74%	287	30,049	21,122	253,459	-	(138,924)	85,000	-	186,932	197,432	(10,500)	186,932	301,467
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	424,066	365,746	86%	3913	58,320	91,436	1,097,237	-	(673,171)	86,365	-	86,365	86,365	-	86,365	510,431
	Total MAI Funds	**1,026,070**	**572,802**	**56%**		**453,268**	**143,200**	**1,718,405**	**-**	**(692,335)**	**171,365**	**-**	**280,115**	**340,615**	**(60,500)**	**280,115**	**1,306,185**
	*** Some of the providers have not billed for month of JUN 2025**																
	*** Carryover amount of $254,837 included in calculations.**																
	Total Part A and MAI Funding	**14,122,703**	**3,443,715**	**24%**		**10,678,988**	**860,929**	**10,331,146**	**-**	**3,791,557**	**2,490,026**	**(387,277)**	**535,115**	**1,496,017**	**(1,215,902)**	**280,115**	**14,402,818**

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Policies and Procedures (Revised August 2025)
Approved by HIVPC:

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1. **Purpose**
   The Priority Setting & Resource Allocation (PSRA) Committee prioritizes services and conducts funding allocations. **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established. **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.

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2. **Committee Responsibilities and Procedures**
   a. **Recommendation of Funding Criteria**
      The Committee will propose language to the Planning Council outlining key factors the Recipient should consider when distributing grant funds to subrecipients. These factors include, but are not limited to:
      i. Documented needs of people with HIV (PWH) in the local area
      ii. Local service priorities
      iii. Access to the system of care
   b. **Monitoring and Review of Expenditure Deviations**
      The Committee will evaluate any deviations from planned expenditures to determine whether reallocation or reprioritization is necessary.
   c. **Reallocation of Unexpended Funds**
      i. Unused funds within any category may be reallocated by the Committee during two reallocation cycles.
      ii. A third reallocation cycle, if needed, will be conducted by the Recipient.
   d. **Approval and Submission Process**
      i. Priority and allocation recommendations will be submitted to the Planning Council.
      ii. Upon Planning Council approval, recommendations will be forwarded to the Ryan White Part A Recipient.
      iii. The Recipient Administrator will then submit the approved recommendations to the Division Director.
      iv. The Division Director will forward approved recommendations to the Broward County Board of County Commissioners for final approval.
3. **Prioritizing Services**
   The Committee prioritizes the following core and support services of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) as outlined in *Policy Clarification Notice 16-02*:

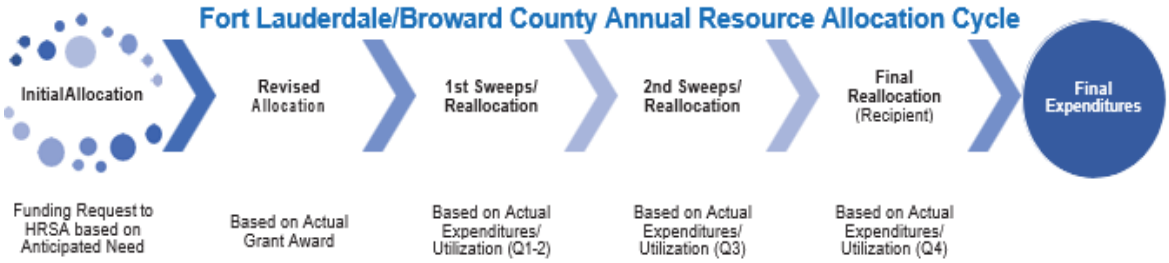
Core Services

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

Support Services

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

4. **Allocation Process**
   a. **Allocate Funding to Service Categories.** The Committee shall first allocate funding to the core services followed by support services.



   b. **Estimate Client Need.** The Committee shall estimate the number of clients needing each service category based on current service utilization, prevention and surveillance data, unmet medical needs (both aware and not in care), and service gap estimates.
      i. This involves determining current Part A service utilization by service category.
      ii. Estimating the number of new clients needing services, including
         a. Estimating the number of eligible PWHs needing but not receiving services (service gaps and unmet needs).
         b. Estimating the number of eligible newly diagnosed PWH who will need services.
   c. **Assessment of Other Funding Sources.**
   The Committee should evaluate the availability of alternative funding and resources for similar services, with the goal of estimating the number of clients those sources are expected to support. This process includes:
      i. Estimating service coverage: Determine the number of clients likely to be served through other funding sources offering similar services.
      ii. Adjusting for increased funding: Subtract the number of people with HIV (PWH) expected to be served due to increases in other available funding.
      iii. Accounting for decreased funding: Add the number of PWH projected to need services as a result of reductions in other funding sources.

5. **Revised Allocation** (Based on Actual HRSA Ryan White Grant Award)
The following process shall be used to revise allocations based on receipt of the final Ryan White Part A grant award, which is either greater than or less than the amount requested by the EMA.

   a. ***Funding Increase:*** If a funding award exceeds the amount received in the previous year, service categories will be funded at the most recent fiscal year's final expenditure levels, if applicable. The Recipient will then use discretion to allocate any remaining increase to services based on the ranking of service categories and their needs.

   b. ***Funding Shortages****:* In the event of funding shortages (i.e., level funding or less), core service categories will be funded at the prior year's final allocation level, minus unobligated administrative and carryover funds. If this is not feasible or would result in a reduction of 15% or more from the previous year's final expenditure amount allocated to support services, the Recipient's office will convene the committee to revise funding allocations. Deviations in expenditures exceeding 10% in any funding category shall be reviewed by the Committee for possible reallocation, using the same processes outlined above.

6. **Reallocation/Sweeps Process** (Based on periodic review of service utilization)
The Committee shall review any deviations in planned expenditure exceeding 10% in any funding category at least twice yearly (biannually) for possible reallocation and/or reprioritization. The Recipient's Administrative entity may reallocate unexpended amounts less than 10% in any funding category.
   a. ***Biannual reallocation:*** The following process shall be utilized for the biannual reallocation of resources:
      i. The Recipient should present the Committee with funding deviation estimates and

explanations for the possible causes.

ii. Funding should be maintained within the service category. If maintaining the funding within the service category is not feasible, the funding should be moved in ranked order to the next highest-ranked category experiencing a shortfall.

iii. The Committee reserves the right to deviate from this process to address the emergent needs of underserved populations in lower or non-ranked categories.

iv. Any deviations from the planned allocation will be documented with justifications for the changes.

b. **Final Reallocation:** To ensure complete expenditure of funds by the end of the fiscal year, the **Committee authorizes the Recipient** to move funds between categories within a service provider's contract. This authority is granted with the understanding that the reallocation process has already occurred, the amount involved is less than 10% of the funding award, and fewer than 120 days remain in the fiscal year.

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7. Data Sources

The Committee participates in data-driven decision-making. Examples of data sources include, but are not limited to:

a. PSRA Service Category Scorecards (utilization, expenditures, etc.)
b. Community input (through listening sessions, focus groups, CEC rankings, community forums, Integrated Committee forums, etc.)
c. Review the status of the Florida and Broward County Integrated HIV Prevention and Care Plans.
d. Epidemiology (including incidence, prevalence, co-morbidities, etc.)
e. HIV Needs Assessment
f. Unmet Need / Early Identification of Individuals with HIV/AIDS (EIIHA)
g. Community Empowerment Committee's (CEC) Ranking of Part A Services
h. Ryan White, HIV Prevention, EHE, HOPWA funders Reports
i. HIV AIDS Bureau (HAB) Health Performance Measures
j. Affordable Care Act Updates
k. Ryan White Program Services Report (RSR)
l. Quality Management Ryan White Part A Client Health Outcome and Quality Improvement Projects

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8. Integrated Planning Responsibilities (New)

a. Aligns Ryan White Part A funding with Integrated Plan goals to ensure resources are directed to high-impact *treatment services* (e.g., Outpatient/Ambulatory Health Services, Medical Case Management, Oral Health).
b. Uses epidemiologic and utilization data to fund services that improve *linkage, retention*, and *viral suppression* outcomes across the care continuum.
c. Supports the EHE goal of making treatment rapidly accessible, especially for newly diagnosed and out-of-care individuals.

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9. PSRA Membership: Individuals interested in serving solely as committee members must submit a standing committee application, which requires approval from the QMC Chair and the HIVPC General Body. Membership should reflect the demographics of the HIV epidemic in Broward County, with consideration for:

a. Race and ethnicity.
b. Gender.
c. HIV status (self-acknowledged).

The ideal committee composition includes consumers, service providers, and individuals passionate about improving HIV service quality. Desired member qualifications include:

a. Willingness to collaborate and learn.
b. Basic understanding of data interpretation.
c. Familiarity with quality standards (local/state/federal).
d. Effective communication skills.

Members are not required to possess all competencies upon joining, but they must be committed to actively learning and engaging with quality management principles.

Handout E1

LISTENING TOUR SESSION #2: *VOICES OF THE COMMUNITY* COMMUNITY INSIGHTS & OUTCOMES

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: August 2025

WHO WAS IN THE ROOM

- **Consumers/Guests:** 55
- **Planning Council Members:** 15
- **Staff:** 15 (Recipient Office, Planning Council, Clinical Quality Management)
- **Location & Time:** African-American Research Library and Cultural Center on Tuesday, August 12, 2025 at 6:00PM to 8:00PM
- **Hosted by:** Priority Setting & Resource Allocation Committee and System of Care Committee
- **Facilitated by:** Debbie Cestaro-Seifer & Dr. Jeffrey Beal
- **In Partnership with**: Ryan White Part A Office

HIVPC
Broward County HIV Health Services Planning Council

CLIENT FEEDBACK: BENEFITS, CHALLENGES & SUGGESTIONS

- **Benefits & Quality of Life:** Access to care, medication, and food bank services; support restoring confidence and addressing substance abuse.

- **Knowledge of Services:** Confusion between Part A and Part B; interest in Medicaid/Medicare impacts; need case manager guidance; suggestion for client newsletter.

KEY CLIENT CONCERNS

- **Transportation:** Issues with scheduling, missed pickups, wrong drop-offs, mobility aid restrictions, poor hygiene, and inappropriate driver attire.
- **Housing:** HOPWA restructuring but not ending; funding limits reduce leases to two years.
- **HIV Testing:** Need more youth education on HIV testing.

HIVPC
Broward County HIV Health Services Planning Council

PROVIDER IMPROVEMENT OPPORTUNITIES

- Take a more individualized approach; avoid rushing client visits.
- Communicate program and funding changes; address misinformation.
- Protect client privacy when collecting personal information.

SUMMARY

- Clients value Ryan White services for care, medication, and support
- Main concerns: transportation, housing limits, and service confusion
- Call for more personalized care, clear communication, and youth HIV education

HIVPC
Broward County HIV Health Services Planning Council

NEXT SESSION

SAVE THE DATE

THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL PRESENTS

VOICES OF THE COMMUNITY SESSION #3

THURSDAY, OCTOBER 16, 2025 - **10:00AM to 12:00PM**

Location to be Announced

We want to hear *YOUR* voice

For More Information Contact: **954-561-9681 Ext. 1244 or 1343** **hivpc@brhpc.org**

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

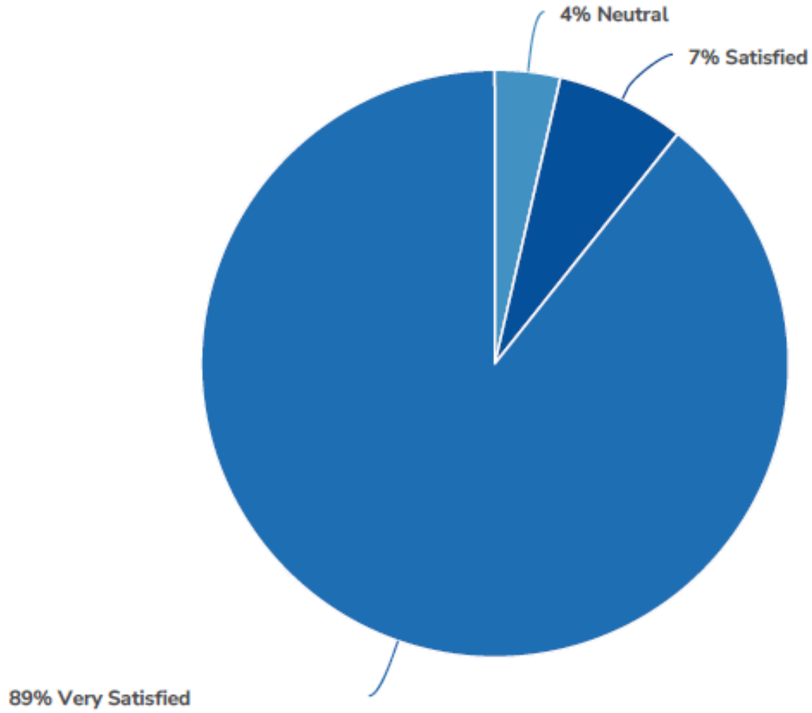
Handout E2

VOICES OF THE COMMUNITY: SURVEY RESULTS

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: August 2025

SURVEY RESULTS

HOW SATISFIED WERE YOU WITH THIS LISTENING SESSION?



Value	Percent	Responses
Neutral	**3.6%**	1
Satified	**7.1%**	2
Very Satisfied	**89.3%**	25
Total Response: 28		

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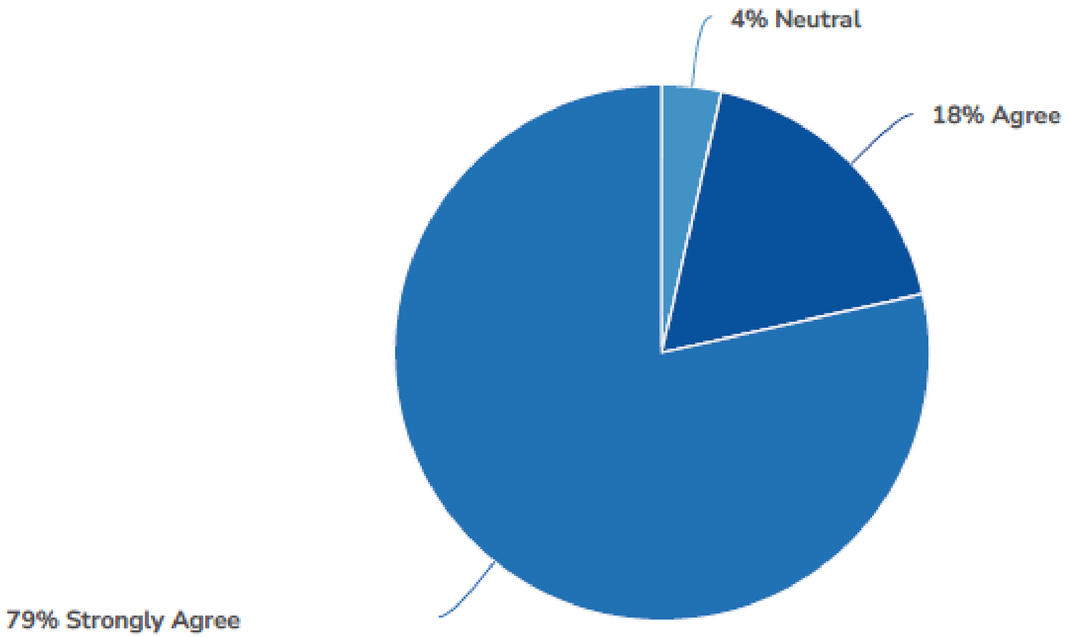
SURVEY RESULTS (CONT.)

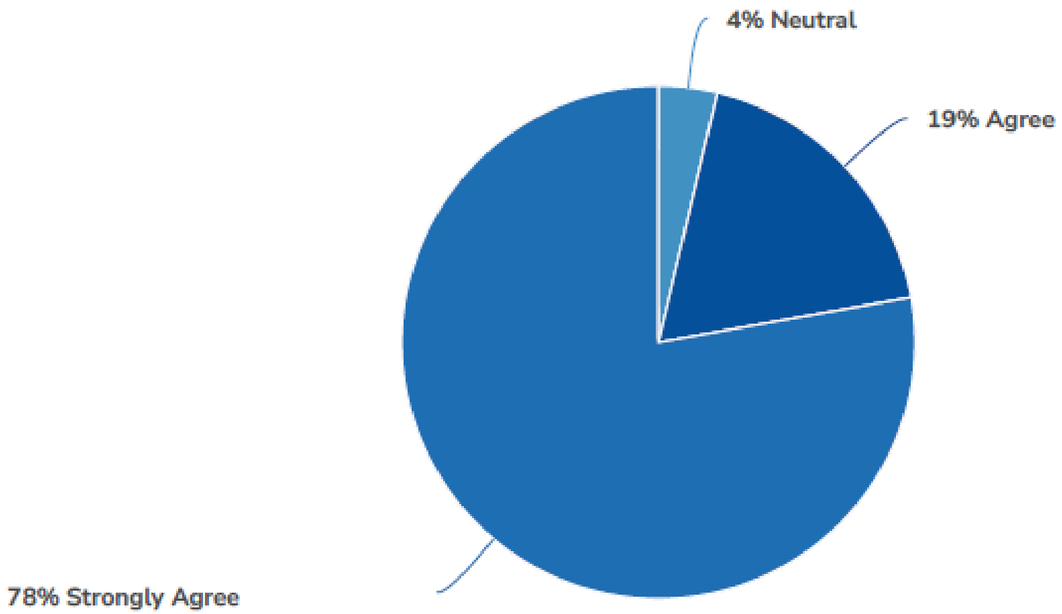
THE TOPICS DISCUSSED DURING THE LISTENING SESSION WAS INFORMATIVE AND USEFUL TO ME.



Value	Percent	Responses
Neutral	**3.6%**	1
Agree	**17.9%**	5
Very Satisfied	**78.6%**	22
Total Response: 28		

SURVEY RESULTS (CONT.)

THE EVENT SPACE WAS COMFORTABLE, ACCESSIBLE, AND APPROPRIATE FOR MY NEEDS.



Value	Percent	Responses
Neutral	**3.7%**	1
Agree	**18.5%**	5
Strongly Agree	**77.8%**	12
Total Response: 27		

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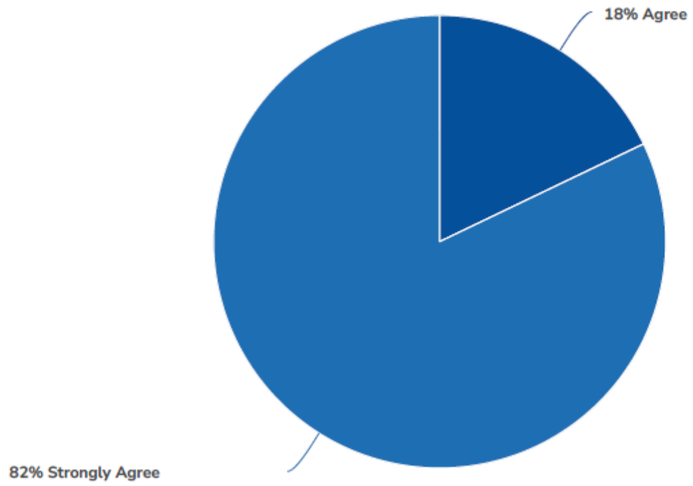
Broward County HIV Health Services Planning Council

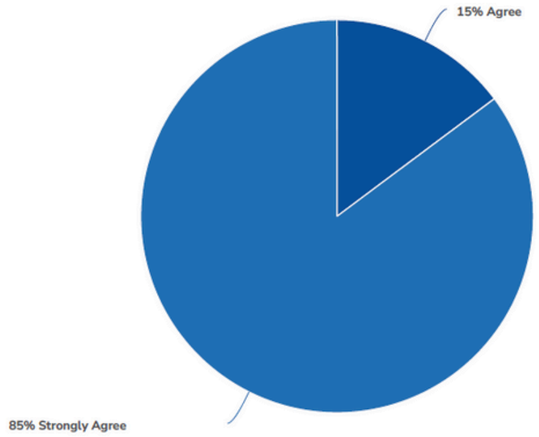
SURVEY RESULTS (CONT.)

THE FACILITATOR WAS WELL-INFORMED



Value	Percent	Responses
Agree	**17.9%**	5
Strongly Agree	**82.1%**	23
Total Response: 28		

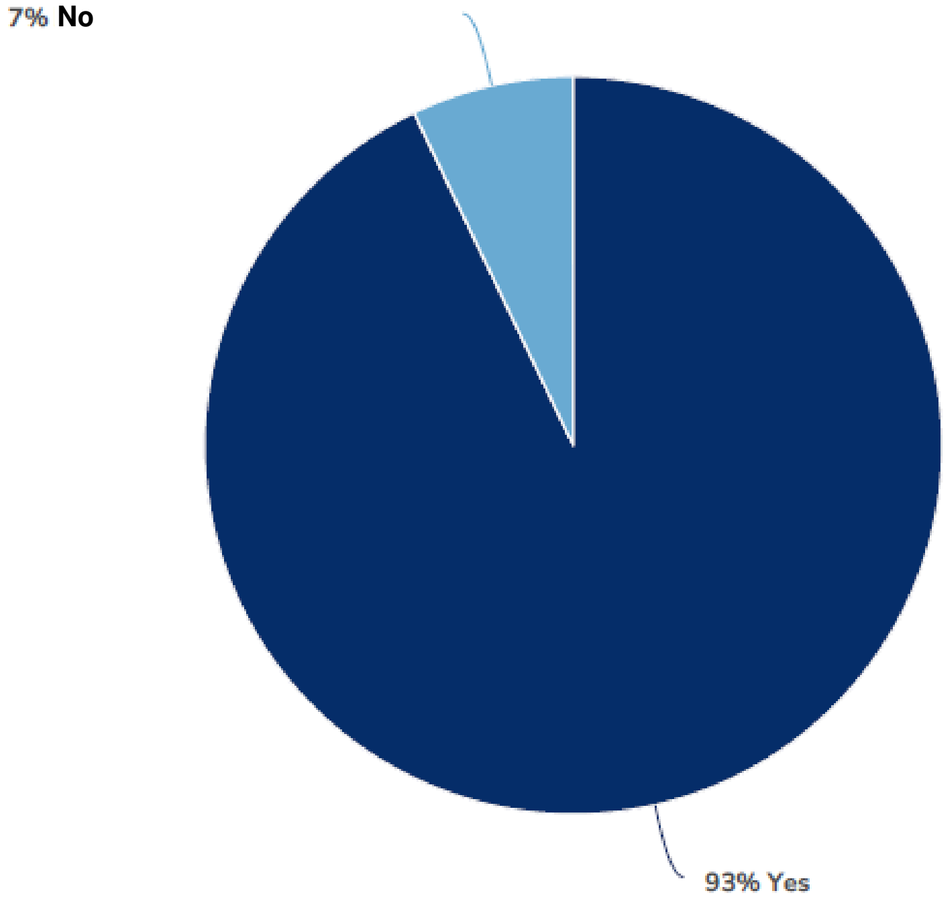
THE FACILITATOR WAS EASY TO UNDERSTAND



Value	Percent	Responses
Agree	**14.8%**	4
Strongly Agree	**85.2%**	23
Total Response: 27		

SURVEY RESULTS (CONT.)

DO YOU FEEL LIKE YOU VOICE WAS HEARD?



Value	Percent	Responses
Agree	**14.8%**	4
Strongly Agree	**85.2%**	23
Total Response: 28		

SURVEY RESULTS (CONT.)

IF YOU CHOSE "NO" FOR THE PREVIOUS QUESTION, WHY DID YOU NOT FEEL HEARD?

I need to tell people about my status and pain and suffering what I went through medicine will help out of medicine will keep you a life it's up to you to take care of yourself
The session was great to be in. The staff was amazing at everything that was said.
Because I needed to say something else but couldn't.
Thank you for this session with the clients and the providers.
Great
I love you guys. Thanks for everything
I have really enjoyed myself. Thank you for everything.

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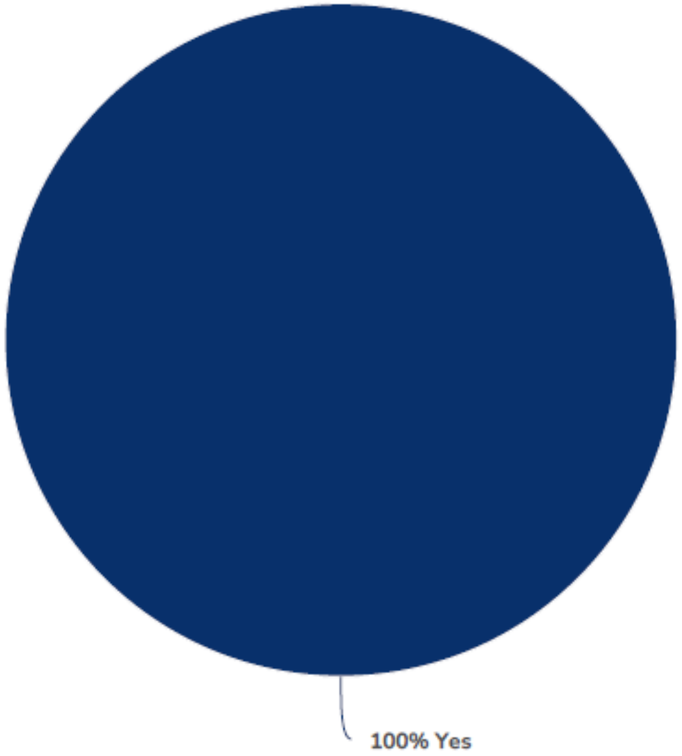
Broward County HIV Health Services Planning Council

SURVEY RESULTS (CONT.)

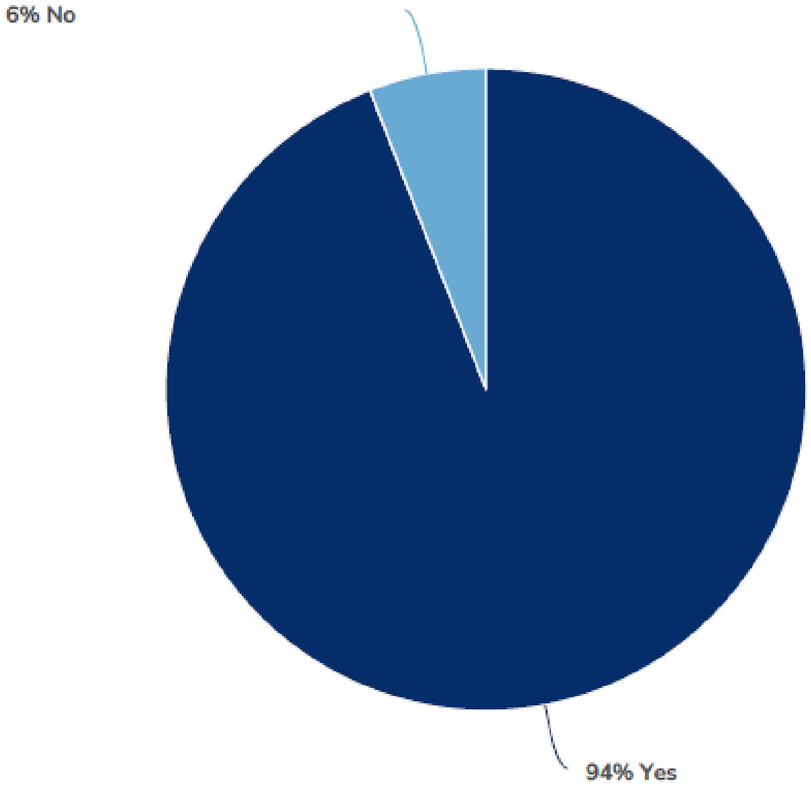
WERE YOU GIVEN SOME INFORMATION ABOUT RYAN WHITE RESOURCES IN BROWARD COUNTY?



Value	Percent	Responses
Yes	100%	17
Total Response: 17		

SURVEY RESULTS (CONT.)

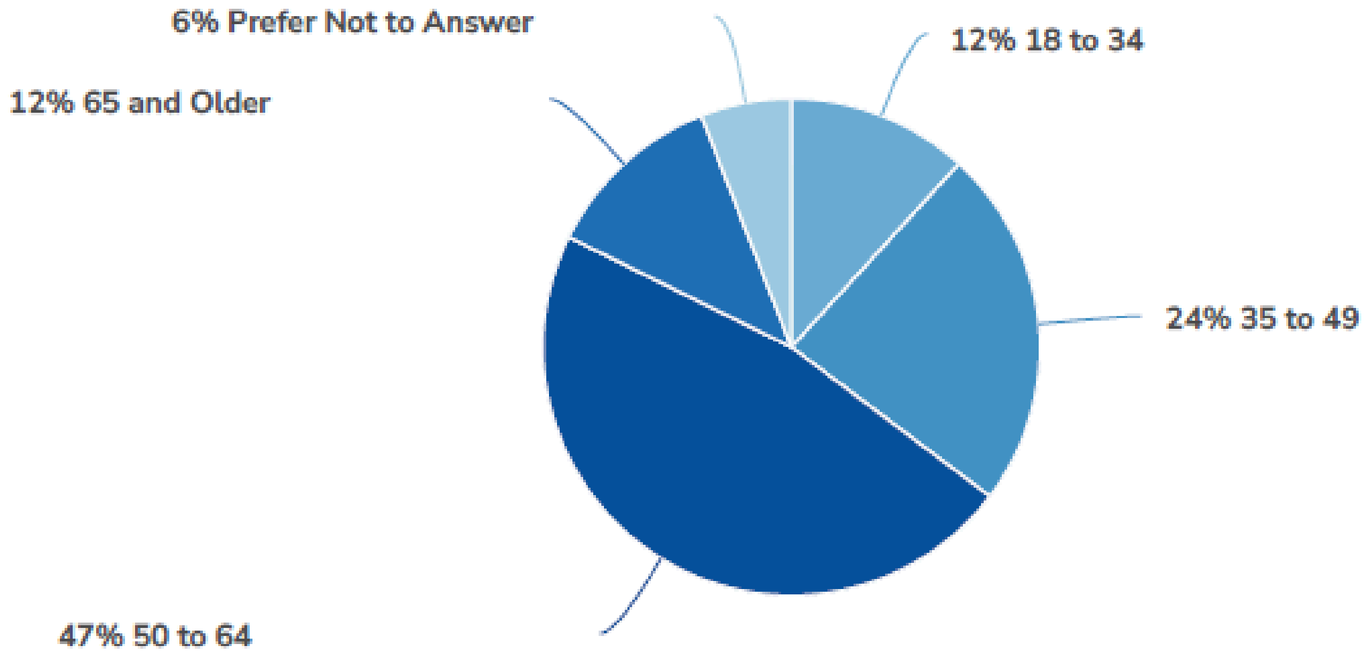
ARE YOU A RYAN WHITE CONSUMER?



Value	Percent	Responses
Yes	94.1%	16
No	5.9%	1
Total Response: 17		

SURVEY RESULTS (CONT.)

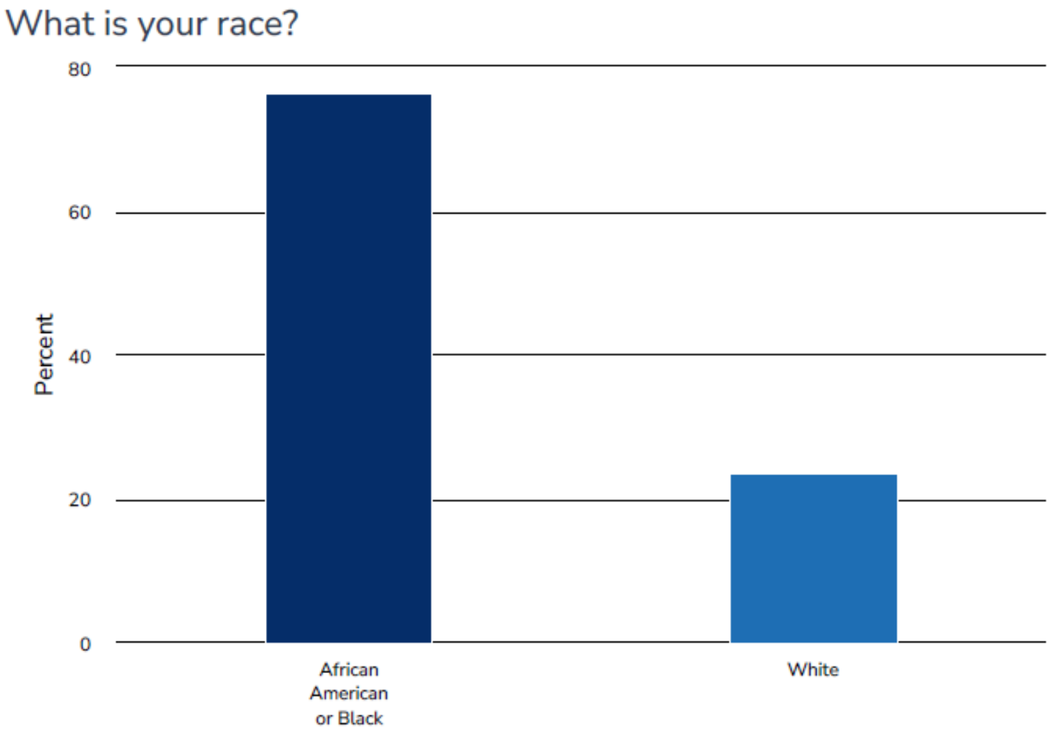
WHAT AGE GROUP DO YOU BELONG TO?



Value	Percent	Responses
18 to 34	**11.8%**	2
35 to 39	**23.5%**	4
50 to 54	**47.1%**	8
65 and Older	**11.8%**	2
Prefer Not to Answer	**5.9%**	1
Total Response: 17		

SURVEY RESULTS (CONT.)

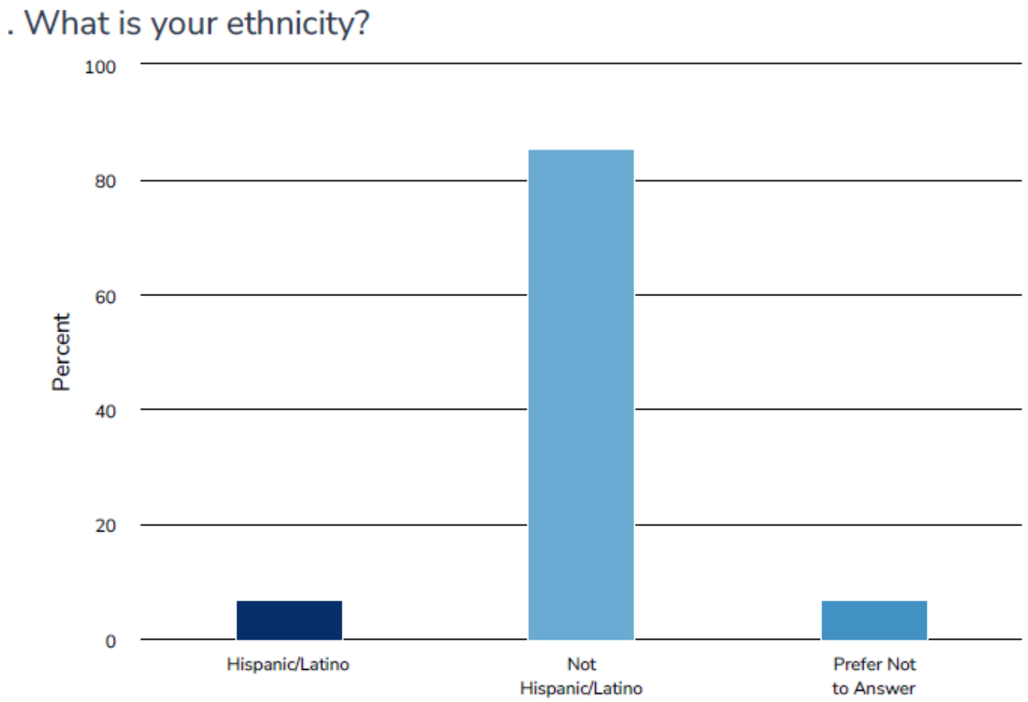
WHAT IS YOUR RACE?



Value	Percent	Responses
African American or Black	**76.5%**	13
White	**23.5%**	4
Total Response: 17		

SURVEY RESULTS (CONT.)

WHAT IS YOUR ETHNICITY?



Value	Percent	Responses
Hispanic/Latino	**7.1%**	1
Not Hispanic/Latino	**85.7%**	12
Prefer Not to Answer	**7.1%**	1
Total Response: 14		

HIVPC
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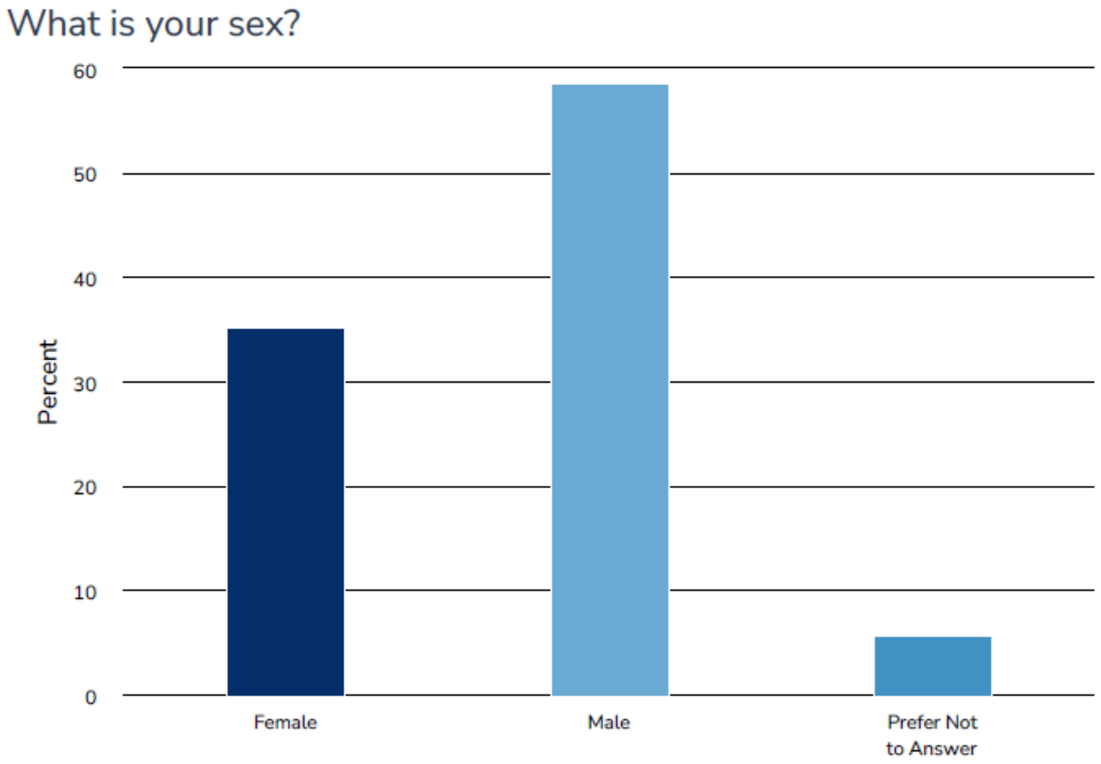
SURVEY RESULTS (CONT.)

WHAT IS YOUR SEX?



Value	Percent	Responses
Female	**35.3%**	6
Male	**58.8%**	10
Prefer Not to Answer	**5.9%**	1
Total Response: 17		

SURVEY RESULTS (CONT.)

DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS THAT YOU WOULD LIKE TO ADD (OPTIONAL)

Thank you all. Appreciate you. Thank you.
I would like to say what I didn't get a chance to say.
Very happy I attended the community session. Learned a lot from coming out. Turn out was great. Looking forward to the next session meeting.
I believe in this program
Find bigger fish to fry to help the side ppl.

HIVPC
Broward County HIV Health Services Planning Council

SURVEY HIGHLIGHTS

- Majority of participants reported being satisfied with the session
- Every respondent left with information on Ryan White resources in Broward County

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

Listening Tour Session #2, August 12, 2025 (HIVPC – PSRA and SOC)

SUMMARY

The meeting focused on gathering insights from individuals with HIV in Broward County about their experiences with healthcare services, including Ryan White Part A and B, Medicaid, and various challenges they face in accessing care. Participants shared both positive experiences and difficulties with service delivery, particularly regarding transportation, case management, and funding limitations, while also discussing the importance of communication and accurate information sharing.

The session concluded with discussions about HIV awareness, treatment, and stigma reduction, emphasizing the need for support systems, sustainable resources, and community involvement in long-term planning for those affected by HIV.

1. Access to Treatment

Barriers

- Clients often lack clarity about which services and resources they are eligible for, and where to access them.
- Navigating systems like Medicare, Medicaid, and the Ryan White Program can be complex and overwhelming.
- The Ryan White HIV/AIDS Program (RWHAP) is frequently misunderstood as a traditional insurance plan.
- Some clients face challenges obtaining necessary medical equipment, such as nebulizers, through Ryan White services.
- Clients have expressed a desire for access to genotype testing upon request. Providers should offer clearer explanations about when such tests are appropriate and medically necessary.

Facilitators/Recommendations

- Seemless access to medication and comprehensive care.
- Coverage of medication costs.
- Ensure all clients have access to a case manager.
- CIED gives clients the option to otp-in to telecommunication. Put clients in contact with CIED and the RWPA Office to prevent misinformation

2. Medical Transportation

Barriers

- Some drivers fail to adhere to established protocols, including wearing workplace-appropriate attire and maintaining vehicle cleanliness.
- Issues related to scheduling and coordination.
- Drivers arrive late or neglect to pick up clients altogether.
- Drivers refusing to cross county lines, preventing clients from attending appointments in Palm Beach County or Miami-Dade County.
- Inadequate accessibility for clients who rely on mobility aids.
- Excessive delays in addressing complaints, with some cases taking up to two years for resolution.

Facilitators/Recommendations

- Review how the medical transportation program was conducted in the past.
- Better training and stricter protocols for drivers.
- Ensure that medical transportation services can accommodate clients who use mobility aids and other medical devices.

3. Provider Interactions

Barriers

- Long-term relationships with doctors who remain unfamiliar with the client's medical history and personal needs.
- Appointments that feel rushed due to providers needing to see multiple patients, limiting meaningful interaction.
- Clients often hesitate to ask questions when they feel unheard or dismissed during their visits.

Facilitators/Recommendations

- Case managers can assist clients in finding providers they feel comfortable with.
- Peer counselors enable clients to advocate for themselves.
- Clients reported positive interactions with AHF, BCOM, Broward House, and Poverello.

4. HIV Testing

Barriers

- PWH may not share their status or experiences due to shame.
- Stigma persists among the general population.
- The group discussed strategies to engage spiritual leaders in HIV education and testing efforts.

Facilitators/Recommendations

- Outreach to the youth, especially in areas where youth congregate such as schools.

5. Miscellaneous

- Supporting clients in rebuilding self-confidence can significantly enhance their ability to manage their health effectively.
- People living with HIV (PLWH) benefit greatly from strong support systems, including family, friends, and community networks.
- *Heart To Heart* is a nonprofit organization that offers support to individuals who are socially isolated from family and friends.
- A dedicated service is available to provide up to four hours of childcare or eldercare during medical appointments.
- Providers are currently awaiting further details regarding funding availability.
- HOPWA has an active waitlist, and lease durations are now capped at two years. EHE Housing also faces funding limitations.
- A client raised concerns about privacy when completing personal forms at a provider agency. There is a need for designated private areas to ensure confidentiality.
- Clients were encouraged to voice any discomfort or concerns to ensure their needs are addressed.

Handout F

Priority Setting/Resource Allocations Committee Work Plan FY2025-2026

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 and implement an annual 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 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process	x											
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Service Category			x	x								
1.3 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.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. Review 2024 Ryan White program services report (RSR) i. Review the status of the Florida and Broward Integrated Plan. j. Quality Management Part A Client Health Outcome and QIP Presentation. k. 2024 Client Needs Assessment (Three-Day Session June 17, 18, 21) (Integrated Plan 2022-2026, Goal 4, Strategy 4.1.3#1)												
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate three Townhall Meetings/Listening Sessions for the fiscal year.		x										
1.5 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 the SOC committee.												
1.6 Review Service Delivery Models from QMC.	PSRA/QMC	Data driven PSRA process	Review service delivery model from the QMC committee.												
1.7 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				x								
1.8 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.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Review and Update PSRA Policy and Procedures	PSRA	Compliance with HRSA Guidelines	Review and update PSRA Policy and Procedures												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Presentation on 2024 ACA Activities	Recipient Office	Increase ACA enrollment by RWPA clients.	Receive information on the success/challenges of 2024 ACA process.	x											
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	MAI Ad-Hoc Committee	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program using reports by the MAI Subcommittee and other resources.			x	x								

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism Update and disemminate surveys annually to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC	Staff/ PSRA	Ensure compliance	Survey the efficiency of the RWPA Recipent												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Receive a presentation on the results of the assessment												

LEGEND: **"X"** =Action Completed; **Blue** = Planned

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.