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

Broward County HIV Health Services Planning Council Meeting

Thursday, July 28, 2022 - 9:30 AM
Meeting at Broward Regional health Planning Council and via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 007 3138)

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for July 28, 2022
5. **ACTION:** Approval of Minutes from May 26, 2022
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
   a. Motion to approve Von Biggs to join the Priority Setting & Resource Allocation Committee.
   Justification: Mr. Biggs works as a CEID Peer Specialist with Broward Regional Health Planning Council. He has experience serving on boards and a strong desire to help the community
   Proposed by: PSRA Chair
   b. Motion to approve Jose Castillo to join the Ad-Hoc By-Laws Committee.
   Justification: Mr. Castillo has a vested interest in bringing awareness to consumer needs and concerns and what can be done to get everyone to undetectable status. He has history as being a Ryan White Provider with knowledge of how the program works.
   Proposed by: Ad-Hoc By-Laws/MOU Chair

8. Discussion Items

    a. Motion to approve How Best to Meet the Need Language (Handout B)
    Justification: The How Best to Meet the Need Language for FY2023-2024 was reviewed and approved by the priority Setting & Resource Allocation Committee.
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    b. Motion to approve the PSRA Ranking of Part A and MAI Service Categories (Handout C).
    Justification: Rankings were conducted as a part of the priority setting and resource allocation process.
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    c. **Action Item:** Resource Allocations

    Part A Core Services

    1. **Motion to approve the allocation of $5,790,462 to Outpatient Ambulatory Health Services for FY2023-2024.**
    FY2023 Ranking: 1
    Factors to Consider: As per discussions with providers, costs of services for this category are increasing. Additionally, we project client loads to increase, partially due to EHE DIS services bringing additional clients into care. Additionally, over the last 10 years, health care costs have increased significantly compared to RW funding.
    Recommended percentage of FY2022 Allocation: 50%
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    2. **Motion to approve the allocation of $256,738 to AIDS Pharmacy Assistance (LPAP) for FY2023-2024.**
    FY2023 Ranking: 4
    Factors to Consider: Continued expansion of the ADAP formulary will provide additional cost savings in this category. However, average costs of ARVs continue to increase. We recommended increasing funding to FY21 final expenditure level.
    Recommended percentage of FY2023 Allocation: 2%
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    3. **Motion to approve the allocation of $ to Oral Health Services for FY2023-2024.**
    FY2023 Ranking: 3
    Factors to Consider: We expect client utilization to rise slightly but given provider capacity we recommend decreasing funding to the FY 21 final expenditure funding level.
    Recommended percentage of FY2023 Allocation: 2%
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    4. **Motion to approve the allocation of $ $701,530 to Health Insurance Premium & Cost Sharing FY2023-2024**
    FY2023 Ranking: 7
    Factors to Consider: An increase in the number of insured clients suggests an increase in utilization for this category, but the category was slightly underutilized during the last fiscal year. We recommend decreasing funding in this category to the FY21 final expenditure funding level.
    Recommended percentage of FY2023 Allocation: 6%
    PROPOSED BY: Priority Setting & Resource Allocation Committee

    5. **Motion to approve the allocation of $ $643,181 to Medical Case Management/ Treatment adherence for FY2023-2024.**

FY2023 Ranking: 2
Factors to Consider: This category is an important service delivery driver. A nurse shortage in the past fiscal year negatively impacted utilization, yet the category was still underfunded. We recommend an increase in funding.
Recommended percentage of FY2023 Allocation: 6%
PROPOSED BY: Priority Setting & Resource Allocation Committee

6. **Motion to approve the allocation of $ $1,604,639 to Medical Case Management (Case Management) for FY2023-2024.**
FY2023 Ranking: 2
Factors to Consider: We project a modest increase in utilization in this category. The category was, however, funded at a higher level during the last fiscal year and still utilized 97% of those funds. We recommend increasing the level of funding for this category over current levels.
Recommended percentage of FY2023 Allocation: 14%
PROPOSED BY: Priority Setting & Resource Allocation Committee

7. **Motion to approve the allocation of $119,954 to Mental Health for FY2022-2023.**
FY2023 Ranking: 5
Factors to Consider: The category was underutilized in the past fiscal year compared to its initial allocation. We recommend reducing funding for this category to past FY utilization levels.
Recommended percentage of FY2023 Allocation: 1%
PROPOSED BY: Priority Setting & Resource Allocation Committee

8. **Motion to approve the allocation of $ $296,998 to Substance Abuse (outpatient) for FY2023-2024.**
FY2023 Ranking: 8
Factors to Consider: The category was modestly underfunded during the last fiscal year. We recommend reducing funding from the current level to approximate utilization during the past fiscal year.
Recommended percentage of FY2023 Allocation: 3%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Core Services: $11,473,009

Part A Support Services:

1. **Motion to approve the allocation of $ $407,742 to Non-Medical Case Management Services- Centralized Intake & Eligibility Determination (CIED) (Case Management) for FY2023-2024.**
FY2023 Ranking: 4
Factors to Consider: Annual eligibility has moved to an annual cycle. This should decrease utilization in this category. We recommend reducing funds to compensate for this factor.
Recommended percentage of FY2023 Allocation: 28%
PROPOSED BY: Priority Setting & Resource Allocation Committee
2. **Motion to approve the allocation of $115,872 to Emergency Financial Assistance for FY2023-2024.**
FY2023 Ranking:1
Factors to Consider: Due to the demand for ARVs through the Test and Treat program we recommend maintaining the current allocation for this category.
Recommended percentage of FY2023 Allocation: 8%
PROPOSED BY: Priority Setting & Resource Allocation Committee
3. **Motion to approve the allocation of $829,541 to Food Bank/ Food Voucher for FY2023-2024.**

FY2023 Ranking: 3
Factors to Consider: Due to an increase in food costs and the elimination of SNAP COVID assistance we project demand for this support to increase in the coming FY. Last year's utilization was affected by Bulk Purchases that are not currently a factor. While EHE Food Services will be able to absorb some of the increased demand, we recommend an increase in funding level.
Recommended percentage of FY2023 Allocation: 56%
PROPOSED BY: Priority Setting & Resource Allocation Committee

4. **Motion to approve the allocation of $129,151 to Legal Services for FY2023-2024.**
FY2023 Ranking: 7
Factors to Consider: Demand for this category remains constant. We recommend maintaining the current funding level.
Recommended percentage of FY2023 Allocation: 9%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Support Services: $1,482,306.00

Total Part A Allocations: $12,955,315

MAI Core Services:

1. **Motion to approve the allocation of $116,092 to Outpatient Ambulatory Health Services (OAHS) for FY2023-2024.**
FY2023 Ranking: 1
Factors to Consider: Based on FY21 utilization, we recommend maintaining the current allocation level.
Recommended percentage of FY2022 Allocation: 14%
PROPOSED BY: Priority Setting & Resource Allocation Committee
2. **Motion to approve the allocation of $140,750 to Non-Medical Case Management Services for FY2023-2024.**
FY2023 Ranking: 4
Factors to Consider: The newest provider in this category has ramped up operations and is increasing utilization. We recommend increasing funding to approximate FY21 initial allocations.
Recommended percentage of FY2023 Allocation: 17%
PROPOSED BY: Priority Setting & Resource Allocation Committee
3. **Motion to approve the allocation of $ $62,469 to Mental Health FY2023-2024.**
FY2023 Ranking 5
Factors to Consider: Based on FY21 utilization, we recommend maintaining the current allocation level.
Recommended percentage of FY2023 Allocation: 7%
PROPOSED BY: Priority Setting & Resource Allocation Committee
4. **Motion to approve the allocation of $ $519,526 to Substance Abuse (Outpatient) for FY2023-2024.**
FY2023 Ranking: 8
Factors to Consider: Based on FY21 utilization, we recommend increasing funding to the FY21 final expenditure.
Recommended percentage of FY2022 Allocation: 62%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Core Services: $ $838,837

MAI Support Services:

1. **Motion to approve the allocation of $ to Non-Medical Case Management - Centralized Intake & Eligibility Determination (CIED) for FY2023-2024.**

FY2023 Ranking: 4
Factors to Consider: Based on FY21 utilization and a recommended decrease in Part A funding for this service due to changing eligibility requirements we recommend increasing this category and monitoring utilization in the coming year.
Recommended percentage of FY2023 Allocation: 100%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Support Services: $465,430

Total Mai Allocations: $1,304,367

Total Part A and MAI Allocations: $14,259,682

9. New Business
    a. **Action Item:** Integrated Prevention and Care Planning Updates (Handout D)
    b. **Action Item:** HOPWA Discussion-Receive an overview on HUD Fair Market Rent and Rent Standards required and the upcoming HOPWA modernization.
10. Committee Reports
    a. Community Empowerment Committee (CEC)
    Chair: Shawn Jackson • Vice Chair: Andrew Ruffner
    July 5, 2022
        i. **Work Plan Item Update/Status Summary:**
        Members continued the CEC listening sessions discussion for the August 9th event for the National HIV Faith Awareness Day. The CEC will collaborate with the World AIDS Museum and Educational Center (WAM) located at ArtServe.

        Committee members reviewed the CEC's FY2022-2023 core and support services ranking results and rankings by a Consumer Advisory Group hosted by Broward Health. The CEC members reviewed the policy and procedures at the request of the Ad-Hoc Bylaws/MOU Committee. Lastly, the Integrated Prevention and Care Planning updates were discussed.
        ii. Data Requests:
        iii. Rationale for Recommendations:
        iv. Data Reports/ Data Review Updates:
        v. Other Business Items:
        vi. Agenda Items for Next Meeting:
            a. CEC Listening Sessions
        vii. **Next Meeting date:** September 6, 2022, at 3:00 PM at BRHPC and via WebEx Videoconference

    b. System of Care Committee (SOC)
    Chair: Andrew Ruffner • Vice Chair: Jose Castillo
    No Meeting Held
        i. **Work Plan Item Update/Status Summary:**
        ii. Data Requests:
        iii. Rationale for Recommendations:
        iv. Data Reports/ Data Review Updates:
        v. Other Business Items:
        vi. Agenda Items for Next Meeting:
        vii. **Next Meeting date:** September 1, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference

    c. Membership/Council Development Committee (MCDC)
    Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
    July 14, 2022

i. **Work Plan Item Update/Status Summary:**

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** October 13, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant
July 18, 2022

i. **Work Plan Item Update/Status Summary:**

CQM Support Staff reviewed the progress made in beginning the new FY2022-2023 CQM Annual Work Plan.

The Committee also reviewed the FY21-22 annual Care Continuum data and Broward Outcomes and Indicators.

Lastly, CQM Support Staff presented an updated on their FY2022-2023 individual Quality Improvement Project.

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** September 19, 2022, at 12:30 PM at BRHPC and via WebEx Videoconference

e. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
July 21, 2022
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**

The Executive Committee reviewed and approved the HIV Planning Council agenda for the 7/28/2022 meeting. The Committee also reviewed the August and September HIVPC Calendar.

The Committee received updates on the letters to Mayor Udine regarding quorum and HRSA regarding the 33% unaffiliated consumer mandate.

Lastly, the Committee reviewed and approved their Policy and Procedures. These recommendations will be sent to the Ad-Hoc By-Laws/MOU Committee.

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** September 15, 2022, at 11:30 AM at BRHPC and via WebEx Videoconference

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Valery Moreno
July 21, 2022

i. **Work Plan Item Update/Status Summary:**

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures, and utilization through June of FY2022. Part A service categories have expended 18% of service category funding, and MAI funds have been 27% utilized.

The Committee discussed the How Best to Meet the Need (HBTMTN) language for FY2023-2024. The Committee reviewed and revised the recommended language and voted to approve the recommendation with amendments.

The committee received a presentation from a PCS Staff Health Planner on the results of the FY2022-2023 PSRA Priority ranking of Part A and MAI Service Categories. Committee members voted to accept the FY2023-2024 priority rankings as presented.

PSRA received allocation data for FY2023-2024 based on a review of data and anticipated needs by representatives of the Ryan White Part A Office. In addition, members reviewed Part A client utilization trends, FY2022-2023 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process. Following the review, members completed their FY2022-2023 allocations and voted to approve the Committee's Core and Support Services allocations.

Lastly, the Committee briefly discussed revising the PSRA meeting date and time for 2023 Calendar year. PCS Staff will disseminate a survey to garner input from Committee members

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** October 20, 2022, at 9:00 AM at BRHPC and via WebEx Videoconference

a. Ad-Hoc By-Laws and Memorandum of Understanding Committee
Chair: Brad Barnes • Vice Chair: Vacant
No meeting Held

i. **Work Plan Item Update/Status Summary:**
ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date: TBD**, August 18, 2022 at 3:00 PM Location: Poverello and via WebEx

11. Recipient Reports
    a. Part A
    b. Part B (Handout E)
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA (Handout F)
    g. Prevention – Quarterly Update (April, July, October, January)
12. Public Comment

13. Agenda Items for Next Meeting
    a. Next Meeting Date: September 22, 2022, at 9:30 a.m. at BRHPC and via WebEx
    b. Agenda Items for next meeting
14. Announcements
15. Adjournment

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

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

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

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

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz• Nan H. Rich • Tim Ryan •Torey Alston • Michael Udine

Broward County Website

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

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(954) 561-9681 • FAX (954) 561-9685

HIV Health Services Planning Council

Thursday, May 26, 2022 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, J. Castillo, J. Rodriguez, V. Moreno, A. Ruffner, B. Fortune-Evans, E. Dsouza, I Wilson

Members Excused: M. Schweizer, Y. Arencibia, R. Lopes

Members Absent: R. Jimenez

Ryan White Part A Recipient Staff Present: T. Thompson, W. Cius, J. Roy, S. Beebe, T. Currie, V. Hornsey

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams W. Rolle, B. Miller, J. Rohoman

Guests Present: S. Jackson, B. Mester, R. Honick, J. Casseus, K. Murphy.

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

   The PSRA Chair called the meeting to order at 9:35a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC 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 committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval for the agenda of the May 26, 2022, HIVPC meeting was proposed by V. Foster, seconded by V. Moreno, and passed unanimously. The approval for the minutes of the April 28, 2022, meeting as presented, meeting was proposed by V. Biggs, seconded by V. Foster, and passed

unanimously.

Motion #1: Mr. Foster, on behalf of HIVPC, made a motion to approve the May 26, 2022, HIV Health Services Planning Council agenda. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the April 28, 2022, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.

4. Federal Legislative Report

   A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota). The report provided an overview of the federal fundings updates from Ryan White, Prevention, Health Center Funding, HOPWA, New PrEP Program, and the President's Budget for FY23.

5. Standard Committee Items
   There were no standard committee items for this meeting.

6. Consent Items

   The motion to approve the 2022 Ad-Hoc By Laws and MOU Committee Prioritized Timeline was proposed by the Executive Committee, seconded by Valery Moreno, and passed unanimously. The motion to approve Von Biggs to join the Quality Management Committee was proposed by the QMC Chair, seconded by V. Moreno, and passed unanimously.

   Motion #3: Ms. Moreno, on behalf of HIVPC, made a motion to approve the consent items. The motion was adopted unanimously.

7. Discussion Items

   The Committee also received an update on the Integrated Planning Workgroup's progress. IP Workgroup Meetings were held Friday, April 22, May 6, and May 13, with representatives from HIVPC, SFAN, BCHPPC, Part A, Part B, and HIV Prevention Offices. IP Members assigned the deadline for the first draft of the Integrated Plan for July 15. Submission to the Tallahassee FLDOH Office is scheduled for mid-August. A Planning/Work Retreat: is scheduled for Friday, May 27, at the Anne Kolb Nature Center from 10:00-4:00 to discuss the Goals and Objectives for FY2022-2026. The final deadline for submitting of the Integrated Plan is December 9, 2022. A motion to allow the three Planning Council delegates to vote on behalf of the Planning Council during the Integrated Planning Workgroup Retreat was proposed by B. Barnes, seconded by J. Castillo, and passed unanimously.

   Motion #4: B. Barnes, on behalf of the HIVPC, made a motion to allow the three Planning Council delegates to vote on behalf of the Planning Council during the Integrated Planning Workgroup Retreat. The motion passed unanimously.

8. New Business

   There were no new business items for this meeting.

9. Committee Reports

   a. **Community Empowerment Committee – May 3, 2022**
      Chair: S. Jackson, Vice Chair: A. Ruffner

      The report stands.

b. System of Care Committee – May 4, 2022
Chair: A. Ruffner, Vice Chair: Jose Castillo

The report stands.

c. Membership/Council Development Committee – No Meeting Held
Chair: V. Foster, Vice Chair: T. Moragne

The report stands.

d. Quality Management Committee – No Meeting Held
Chair: B. Fortune-Evans, Vice Chair: Vacant

The report stands.

e. Priority Setting & Resource Allocation Committee – May 19, 2022
Chair: B. Barnes, Vice Chair: V. Moreno
The report stands

f. Executive Committee – May 19, 2022
Chair: L. Robertson, Vice Chair: V. Biggs

The report stands.

g. Ad-Hoc By-Laws and MOU Committee – May 11, 2022

Chair: B. Barnes, Vice Chair: Vacant

The report stands.

10. Recipient's Report

a. **Part A:** The Part A Recipient reported that contract amendments have been sent to all Ryan White Part A provider agencies. Additionally, the Part A Office reported that they are in the process of submitting the Annual Ryan White Part A Project Report and Annual Expenditure report to HRSA.
b. **Part B:** The Part B Recipient reported on Part B expenditures through March 2022. The Grant period runs from April 1st to March 31st, and they have expended 100% of the funding.
c. **Part C:** The Part C Representative reported that they saw 120 new patients May, including 13 patients to the Comprehensive Care Center and five newly diagnosed patients. Additionally, eight patients were re-engaged to care, three were newly released from prison, four were new migrants to Broward County, and one fell out of care due to noncompliance. Lastly, the Part C Representative reported that newly diagnosed patients expressed that they were never tested for HIV in the past, and the previously incarcerated patients expressed difficulty in finding affordable housing. The HIVPC Chair questioned whether newly diagnosed patients might have been tested and diagnosed somewhere else in the past before they came to be a Part C client. The Part C Representative advised the Council that the newly diagnosed clients expressed that they have never been tested for HIV in the past which was confirmed by their medical history. The Part A EHE Program Coordinator wanted to know if newly diagnosed clients were referred to EHE for services. The Part C Representative advised the Council that he does not have the exact information on who clients were referred to but assured the Council that clients are connected with care before being released/discharged. The Part B Representative further advised the Council that appointments for clients who are identified as previously diagnosed and not in care or newly diagnosed and not in care are

expedited to be seen within 72 hours. There was a brief discussion regarding Case Management services for clients and Insurance enrollment for clients.

d. **Part D**: The Part D representative reported that the grant year ends in January, and they have not yet received a new grant award. Additionally, the fiscal year ends on June 30, 2022. The CDTC program is experiencing a transitional period and will provide a more extensive report next month.
e. **Part F:** There was no Part F representative to provide a report.
f. **HOPWA:** The HOPWA representative reported on the program expenditure through quarter two of their fiscal year (Handout D on file). The Council had a lengthy discussion regarding the HOPWA program and housing issues for PWH in Broward County.

   A motion to send a letter to Commissioner Moskowitz inviting him to attend the next Planning Council Meeting was proposed by B. Barnes, seconded by V. Biggs, and passed unanimously.
   Motion #5: Mr. Barnes, on behalf of the HIVPC, motion to send a letter to Commissioner Moskowitz inviting him to attend the next Planning Council Meeting. The motion passed unanimously.
g. **Prevention:** The next Prevention report will be given in July.

11. 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.

12. Agenda Items for Next Meeting

    The next HIVPC meeting will be held on June 23, 2022, at 9:30 a.m. Location: Broward Regional Health Planning Council.

    Planning Council members briefly discussed in-person quorum requirements. They expressed that they would still like to make a formal request at the County Commissioner's meeting in addition to the letter that was drafted by staff regardless of the expected outcome.

13. Announcements

    - The next Community Conversation, "Mobilize to Thrive: Prioritize Quality of Life," will be held on June 14 at 7 PM at the Art Serve Auditorium in collaboration with the World AIDS Museum. Shawn Tinsley will be the guest speaker, and the panel will discuss Long-Term HIV/AIDS Survivors.
    - The Planning Council will be tabling at Stonewall Pride Fort Lauderdale on June 18, 2022. Persons interested in volunteering at this event are encouraged to contact PCS staff.
    - The Pride Center is hosting an Affordable Housing Panel, "A Place to Call Home," on May 26, 2022. The event will take place at The Pride Center on 2040 N. Dixie Hwy Auditorium A from 6:00 PM - 8:00 PM and is free to the public. Snacks and beverages will be provided.
    - The HIVPC now has 100 followers on their Instagram account. Planning Council members were encouraged to follow the HIVPC social media accounts.

14. Adjournment

There being no further business, the meeting was adjourned at 10:56 a.m.

HIVPC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	27	24	24	28	26								
0	0	0	**1**	Arencibia, Y.	X	X	X	E	E								
0	1	0	**2**	Barnes, B.	X	X	X	X	X								
1	1	0	**3**	Bhrangger, R.	X	X	X	X	X								
0	1	0	**4**	Biggs, V., V.Chair	X	X	X	X	X								
0	0	0	**5**	Cutright, A.	X	X	X	X	X								
0	1	0		Dumas, C.	X	X	X	X	Z-5/19								
0	0	0	**6**	Fortune-Evans, B.	E	X	E	X	X								
0	0	0	**7**	Foster, V.	X	X	X	X	X								
0	0	0		Moskowitz, Jared													
0	0	0	**7**	Lopes, R.	E	X	X	X	E								
1	1	0	**8**	Marcoviche, W.	X	X	X	X	X								
0	0	0	**10**	Moragne, T.	X	X	X	X	X								
0	0	0	**11**	Moreno, V.	X	E	X	X	X								
0	1	0	**12**	Robertson, L., Chair	X	X	X	X	X								
0	0	0	**13**	Rodriguez, J.	E	X	X	X	X								
0	0	0	**14**	Ruffner, A.	X	X	E	X	X								
0	0	0	**15**	Schweizer, M.	X	X	E	E	E								
1	1	0		Shamer, D.	X	X	Z-03/14										
0	0	1	**16**	Wilson, I.	X	X	X	A	X								
1	1	0		Jackson, S.	X	X	X	Z-4/7									
0	1	0	**17**	Castillo, J.	X	X	X	X	X								
0	0	0	**18**	Dsouza, E.	E	X	E	X	X								
0	0	1	**19**	Jimenez, R.	X	X	X	X	A								
3	9			**Quorum = 11**	18	21	17	17	15	0	0	0	0	0	0	0	
16%	47%																

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	**R - removal letter**
CX - canceled due to quorum	

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 25, 2022

Federal Funding Update

Fiscal 2023 Appropriations

Two months ago, the House Appropriations Committee concluded the public witness phase of their work on approving an FY 2023 Labor-Health and Human Services-Education Appropriations bill (May 26). The Labor-HHS-Education Appropriations Subcommittee is expected to mark-up its bill shortly after the August District Work Period (recess). President Biden released his Fiscal Year 2023 budget in March. Most interested parties expect the House to fund programs slightly above the modest increases included in President Biden's budget request. The domestic HIV *prevention* budget request (mostly through the CDC) includes $1.1 billion. That amount includes $310 million for the Ending the HIV Epidemic (EHE), which also is a $115 million increase. The total across all Ryan White programs is $2.7 billion ($160 million more than the previous year). That includes increases for EHE totaling $165 million. Further details on the budget request are below.

The Senate has not announced a mark-up schedule although it customarily comes after the House. The earliest predictions are mid-to-late July.

Table 1: FY 2023 Key Discretionary Accounts in the Domestic HIV Budget Request (in Millions)

Agency/Program	FY22 Omnibus	FY23 Request	Difference: FY23 Request– FY22 Enacted
CDC – HIV Prevention	$986.71	$1,099.71	$113.00 -11%
Of which EHE	*$195.00*	*$310.00*	*$115.00* *-59%*
HRSA			
Ryan White	$2,494.78	$2,654.78	$160.00 -6%
Of which EHE	*$125.00*	*$290.00*	*$165.00* *-132%*
Community Health Centers (EHE Only)	$122.25	$172.00	$49.75 -41%

Health Centers (EHE Rural Health TA)	NA	NA	NA
HUD – HOPWA	$450.00	$455.00	$5.00 -1%
Minority HIV/AIDS Fund	$56.90	$58.00	$1.10 -2%

Table 2: FY 2023 Ending the HIV Epidemic Budget Request (in Millions)

Agency/Program	FY22 Omnibus	FY23 Request	Difference: FY23 Request– FY22 Enacted
CDC	$195.00	$310.00	$115.00 -59%
HRSA			
Ryan White	$125.00	$290.00	$165.00 -132%
Community Health Centers	$122.25	$172.00	$49.75 -41%
Health Centers (Rural Health TA)	NA	NA	NA
NIH	$26.00	$26.00	$0 0%

Approved by the HIV Health Services Planning Council on 7/22/2021
Changes in red pending approval

HANDOUT B

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2023-2024

ALL SERVICES
Recommended Language
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment). 2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations). 3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment). 4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC) 5. Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. 6. Provide Care Coordination across multiple service categories. 7. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 8. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. 9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 10. Integrate care collaboration with members of the client's service providers. 11. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 12. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 13. Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (≤ 400% FPL)
Recommended Language

1. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)
2. Create more information about the food services eligibility for medical provider clinical team and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
3. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services.
4. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
5. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
6. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
7. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
8. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
9. Provide after-hours services availability to include Crisis Intervention.
10. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
11. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
12. Incorporate prevention messages into the medical care of PLWHA.
13. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. No recommended language for FY2023-2024.
2. Drugs used for Test and Treat.
3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. No recommended language for FY2023-2024
2. Make provision for the increased demand for services due to increase in service locations.
3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
4. Increase Oral Health Care collaboration with mental Health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty

Care.

Health Insurance Continuation Program (HICP)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No recommended language for FY2023-2024 2. Increase in clients with access to health insurance. 3. Develop materials for clients to use as quick references. 4. Provide assistance with prior authorizations and appeals process. 5. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.
Mental Health Service (MH)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No recommended language for FY2023-2024 2. Report clients who have fallen out of care to medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services. 3. Integrated service may be impacting utilization in this service category. 4. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. 5. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services. (2021-2022 Broward County HIV Community Needs Assessment). 2. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day) 3. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 4. Report changes in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 400% FPL)

Recommended Language
1. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day) 2. Implementation of test and treat increases demand for more services. 3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 4. Provide education to reduce fear and denial and promote entry into primary medical care. 5. Educate clients on the importance of remaining in primary medical care. 6. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 7. Incorporate prevention messages into the medical care of PLWHA. 8. Educate consumers on their role in the case management process. 9. Provide initial/ongoing training and development for HIV peer workers. 10. Overview of health care plan summary benefits (coverage and limitations). 11. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).
Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident (All Clients)
Recommended Language
1. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day) 2. Participate in future Part A/B dual eligibility determination. 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. 4. Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. 5. Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and a. 3) Grievance procedures. 6. Always offer dedicated live operator phone line during normal business hours. 7. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.

8. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No recommended language for FY2023-2024 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Create more information about the food services eligibility for medical provider clinical team and case managers. (2021-2022 Broward County HIV Community Needs Assessment). 2. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. 3. Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: (≤ 400% FPL)
Recommended Language
No recommended language for FY2023-2024

HANDOUT C

PSRA PROCESS FY2023-2024

PRIORITY SETTING/RANKING

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of July 21, 2022

PART A CORE SERVICE CATEGORIES

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

HIVPC
Broward County HIV Health Services Planning Council

CORE MEDICAL SERVICES	FY2023 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1
Medical Case Management (Disease)	2
Oral Health Care (Dental)	3
AIDS Pharmaceutical Assistance (Local)	4
Mental Health Services	5
AIDS Drugs Assistance Program Treatments	6
Health Insurance Premium & Cost-Sharing Assistance (HICP)	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Home and Community-Based Health Servicesn	10
Health Care	11
Medical Nutrition Therapy	12
Hospice Services	13

CORE MEDICAL SERVICES	FY2022 PSRA Rankings	FY2023 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1	1
Medical Case Management (Disease)	6	2
AIDS Pharmaceutical Assistance (Local)	3	4
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	7
Oral Health Care (Dental)	5	3
Mental Health Services	7	5
AIDS Drugs Assistance Program Treatments	2	6
Substance Abuse Services - Outpatient	8	8
Medical Nutrition Therapy	10	12
Early Intervention Services (EIS)	9	9
Home and Community-Based Health Services	11	10
Home Health Care	12	11
Hospice Services	13	13

PART A SUPPORT SERVICE CATEGORIES

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

* No community/needs assessment input provided

HIVPC
Broward County HIV Health Services Planning Council

SUPPORT SERVICES	FY2023 PSRA Rankings
Emergency Financial Assistance	1
Housing Services	2
Food Bank/Home-Delivered Meals	3
Non-Medical Case Management	4
Medical Transportation Services	5
Psychosocial Support Services	6
Legal Services	7
Child Care Services	8
Health Education/Risk Reduction	9
Outreach Services	10
Referral for Health Care/Supportive Services	11
Substance Abuse Services – Residential	12
Rehabilitation Services	13
Linguistics Services (Interpretation and Translation)	14
Other Professional Services	15
Permanency Planning	16
Respite Care	17

SUPPORT SERVICES	FY2022 PSRA Rankings	FY2023 PSRA Rankings
Housing Services	2	2
Food Bank/Home-Delivered Meals	1	3
Non-Medical Case Management	3	4
Medical Transportation Services	5	5
Emergency Financial Assistance	4	1
Psychosocial Support Services	8	6
Legal Services	6	7
Substance Abuse Services – Residential	10	12
Health Education/Risk Reduction	7	19
Referral for Health Care/Supportive Services	13	11
Outreach Services	9	10
Linguistics Services (Interpretation and Translation)	15	14
Child Care Services	11	8
Other Professional Services	16	15
Rehabilitation Services	14	13
Permanency Planning	12	16
Respite Care	17	17

WRAP UP/DISCUSSION

- Have there been any significant changes or trends since last year/over time that impacts your outlook on service priorities?
- Has there been any new information presented this year that may impact your official FY2022 priority rankings?
- What information informed your final decision-making process?

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT D

Broward County HIV Integrated Plan Daft Goals, Objectives, and Strategies

July 15, 2022

An initial draft of the statewide Integrated Plan goals, objectives, and strategies was developed by the Florida Comprehensive Planning Network (FCPN) during their spring meeting (April 6 - 8, 2022). FCPN members choose to review and update their current integrated plan goals, objectives, and strategies. The draft was provided to all the local jurisdictions for review and comment.

The draft Broward HIV Integrated Plan Goals, Objectives, and Strategies document was created using the following process:

1. All goals, objectives, and strategies in the *HIV National Strategic Plan: A Roadmap to End the Epidemic 2021- 2025* (NHAS) were included as the framework of the plan.
2. Prevention EHE Plan objectives, and strategies were placed under corresponding NHAS sections.
3. Statewide Integrated Plan objectives, and strategies were placed under corresponding NHAS sections.
4. Broward Part A needs assessment recommendations were placed under corresponding NHAS sections.
5. The Broward Integrated Plan (IP) Workgroup reviewed the draft document during their retreat on June 24, 2022. The IP Workgroup and other community members provided suggested revisions and additional strategies.

Next Steps:

7/15 - 8/13 Local HIV Planning Bodies (Part A, Part B and Prevention)

- Share draft Broward goals, objectives, and strategies section with planning bodies and committees.
- Ask planning bodies and committees to provide review and feedback.
- Identify items from committee workplans to add to the plan and vice versa.
- Ratify goals, objectives, and strategies with concurrence (during next official full body meeting)

8/14 - 8/16 Florida Comprehensive Planning Network (FCPN)

- FCPN will revise and approve statewide goals, objectives, and strategies.
- Broward FCPN representatives and IP consultant will update Broward's plan.

Integrated Plan Key

- National HIV/AIDS **(NHAS)** goals, objectives and strategies are written in **black** font.
- **FCPN statewide** goals, objectives and strategies are written in **blue** font.
- Broward Prevention **EHE** goals, objectives and strategies are written in **green** font.
- Recommendations from Broward Needs Assessment strategies are written in purple font.
- Broward **IP Workgroup** comments/strategies are written in **red** font.

Overview of Integrated HIV Prevention, Care and Treatment Plan Guidance

The HIV National Strategic Plan: A Roadmap to End the Epidemic 2021- 2025 creates a collective vision for HIV service delivery across the nation. **All plans submitted in response to the Integrated Plan Guidance should incorporate the national goals and strategies detailed in the HIV National Strategic Plan**. This should include activities that:

- Leverage public & private community resources toward meeting the goals;
- Address health inequities for priority populations including inequities related to the syndemics of HIV, sexually transmitted infections (STIs), viral hepatitis, and behavioral health issues including substance use disorders;
- Create strategic partnerships across a broad spectrum of service systems as a means to lessen the impact of social and structural determinants of health such as systemic racism, poverty, unstable housing and homelessness, stigma, and/or under-or un-employment;
- Implement innovative program models that integrate HIV prevention and care with other services and other service organizations a to address comorbid conditions and to promote a status neutral approach to care; and,
- Coordinates HIV prevention and care systems around key focus areas to strengthen the local response.

Each jurisdiction should create plans that address 4 goals:

- Prevent new HIV infections
- Improve HIV-related health outcomes for people with HIV
- Reduce HIV-related disparities and health inequities
- Achieve integrated, coordinated efforts that address the HIV Epidemic among all partners and stakeholders

HIV National Strategic Plan (NHAS) Indicators

Reduce New HIV infections by 75% by 2025, & 90% by 2030.

1. NHAS Indicator: Increase knowledge of status to 95% from a 2017 baseline of ___% . (FCPN Obj. 1.2)
2. NHAS Indicator 2: Reduce new HIV infections by 75% from a 2017 baseline of ___%.
3. NHAS Indicator 3: Reduce new HIV diagnoses by 75% from a 2017 baseline of ___. (FCPN Obj. 1.2)
4. NHAS Indicator 4: Increase PrEP coverage to 50% from a 2017 baseline of ___%.
5. NHAS Indicator 5: Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of ___%.
6. NHAS Indicator 6: Increase viral suppression to 95% from 2017 baseline of _%.

   6 a. - h. NHAS Disparity Indicators:

   6.a. Increase VL suppression to 95% among MSM
   6.b. Increase VL suppression to 95% among Black MSM
   6.c. Increase VL suppression to 95% among Latino MSM
   6.d. Increase VL suppression to 95% among AI/AN MSM
   6.e. Increase VL suppression to 95% among Black women
   6.f. Increase VL suppression to 95% among Transgender women in HIV medical care
   6.g. Increase VL suppression to 95% among People who inject drugs
   6.h. Increase VL suppression to 95% among Youth aged 13-24
7. NHAS Indicator: Decrease stigma among PWH by 50% from a 2018 baseline median score of 31.2 (National Baseline)
8. NHAS Indicator: Reduce homelessness among people with diagnosed HIV by 50% from a 2017 baseline of _____%.
9. NHAS Indicator: Increase the median percentage of secondary schools that implement at least 4 out of 7 LGBTQ-supportive policies and practices to 65% from a 2018 baseline of 59.8%.
10. NHAS Indicator*: Improve quality of life for PWH (*Data sources, measures, and targets will be identified by CDC/HRSA and progress monitored thereafter.)

Note From Broward's HRSA Project Officer: The development of the Integrated HIV Prevention and Care Plan should be a joint collaboration between the prevention and care sides. Components of the state plan should be able to be adapted for the city-only plan prevention piece and vice versa for the care piece (information from the city-only plan may be helpful for the state plan as well).

VISION: A transformative and transparent integrated planning process that: embraces local, state and federal funding and leverages opportunities for collaborations through strategic alliances to achieve the National HIV/AIDS Strategy (NHAS) goals and objectives.

MISSION: We are committed to the responsible use of public funds through efficient, deliberate, and innovative processes that maximize resources to End the HIV Epidemic in Broward County.

GOAL 1 PREVENT NEW HIV INFECTIONS

1.1 increase Awareness of HIV

1.1.1 Develop and implement campaigns, interventions, and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction.

EHE 1 - 3. Develop and implement a social marketing campaign

EHE 1- 3.a. Develop and implement a community-driven campaign to decrease stigma and fear around HIV testing

EHE 1- 3.b. Develop and implement a community-driven campaign to educate the community on the importance of knowing your HIV status and where to obtain an HIV test

FCPN 1.1.2: Reduce stigma in communities around HIV testing.

FCPN 1.1.3: Reduce stigma among health care settings around HIV testing.

FCPN 1.1.4: Reduce stigma among correctional settings around HIV testing.

FCPN 1.2.3: Increase awareness among women of childbearing age about HIV testing and perinatal prevention.

Provide training for non-traditional Ryan White providers

Develop advocacy and empowerment trainings

Develop measures to quantify the impact of stigma on HIV prevention and care.

Tailor HIV education to subpopulations - Caribbean, Black, Hispanic/Latinx, etc. [4/22 Town Hall]

Ensure that HIV /STI testing mobile units are placed at festivals, beaches, concerts, and locations that are known to have crowds of people. [4/22, Town Hall]

Incorporate comprehensive and inclusive sex education for adolescent and young adults (13-22) - discussing gender, sexuality, consent, and relationship wellness in various venues including schools. [4/22, Town Hall]

Create more hands-on educational programming in schools for students, have a safe place to discuss their concerns and create more accessible sexual health resources.

Increase educational programs for parents and guardians to educate them on sexual health topics. This will create a safe space for parents/guardians and their youth to have healthy dialogue.

Digitize educational materials on popular social media sites that youth utilize. Creating more of a digital presence. Make more applications available online and have Q & A chats.

Dialogue more with youth and create a seat at the table for youth to share their opinions and voices in a safe environment free of judgment and consequences.

1.1.2 Increase HIV knowledge among communities and health workforce in areas disproportionately affected.
Develop a strategy to cross-train more individuals in the healthcare workforce.
Assess the feasibility of mobile training units.
Develop indicators to measure increase in knowledge.

1.1.3 Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

1.2 Increase Knowledge of HIV status

1.2.1 Test all people for HIV according to current USPSTF recommendations and CDC guidelines.

EHE 1-1. Expand routine HIV testing in targeted health care settings

EHE 1-1a Expand detailing regarding routine HIV testing (opt-out law, sexual history taking, stigma, insurance reimbursement) to primary care physicians

EHE 1-1b Provide continuing education regarding routine HIV testing (opt-out law, sexual history taking, stigma, insurance reimbursement, to health professionals and students (explore mandatory continuing ed with license renewal)

EHE 1-1c Partner with the FOCUS Project to recruit additional EDs to provide routine HIV testing

FCPN 1.1.1: Assess routine HIV, HCV, and Syphilis screening in EDs as part of medical care.

FCPN 1.2.1: Expand routine HIV, HCV, and Syphilis screening in EDs as part of medical care.

1.2.2 Develop new and expand implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access.

EHE 1-1d Partner with big box stores, retail pharmacies and urgent care centers to offer routine HIV and STI testing

EHE 1-1e Explore the provision of routine HIV testing in dental practices starting with a pilot at a college

EHE 1-1 Explore the provision of HIV testing in a mobile health care clinic

EHE 1-1g Partner with BSO to provide routine HIV testing upon intake in clinics and correctional facilities

EHE 1-1h Partner with substance use treatment providers to provide routine HIV testing on admission

EHE 1-1i Partner with assisted living facilities and skilled nursing facilities to provide routine HIV testing

EHE 1-1j Partner with academic institutions to provide routine HIV and STI testing in the student health clinics

EHE 1-2 Expand targeted HIV testing of priority populations in non-health care settings

EHE 1-2a Use the social network strategy to identify and test persons at risk for HIV through peers and partners

EHE 1-2b Expand access to HIV testing through the provision of in-home test kits at community sites

EHE 1-2c Expand the free in-home test kit program to high-risk ZIP codes

1.2.3 Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

EHE 1 - 5 Create a seamless status-neutral HIV care continuum

EHE 1 -5..1 Collaborate with community partners to conduct strength, weakness, opportunity, and threat (SWOT) analyses of the Broward County HIV care continuum

EHE 3-4 Create a seamless status-neutral HIV care continuum

EHE 3-4a Collaborate with community partners to conduct SWOT analyses of the Broward County HIV care continuum data, number of participants in trainings, PrEP prescribing data, number of physicians detailed

1.2.4 Provide partner services to people diagnosed with HIV or other STIs and their sexual and/or syringe-sharing partners

Implement strategies that increase individuals' ability to make good decisions in the sexual setting

1.3 Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention (TasP), PrEP, PEP, and SSPs, and develop new options

FCPN Obj. 1.3: By 12/31/25, expand implementation of prevention interventions (e.g., PrEP, PEP).

1.3.1 Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings.

Strategies to target PWH experiencing homelessness

1.3.2 Scale up treatment as prevention (i.e**., U=U)** by diagnosing all people with HIV, as early as possible and engaging them in care and treatment to achieve and maintain viral suppression.

EHE 4 - 2.a. Provide education to community stakeholders, organizations, and elected officials about U=U and Treatment as Prevention to support HIV modernization activities that impact state laws

Implement a social marketing campaign promoting the U=U strategy

Explore the implementation of a pilot project to provide incentives for attaining and maintaining viral load suppression

Explore the expansion of our local resource and referral line to serve PWH

Provide HIPAA-compliant medical transportation

1.3.3 Make HIV prevention services, including condoms, PrEP, PEP, and SSPs, easier to access.

EHE 3 - 1. Expand access to PrEP

EHE 3 - 1.a. Expand hours for PrEP/nPEP provision at public providers to include evenings and weekends

EHE 3 - 1.b. Utilize telemedicine to provide PrEP/nPEP

EHE 3 - 1.c. Explore the provision of PrEP/nPEP in a mobile health care clinic

Work with partners to provide PrEP/nPEP in conjunction with an SEP, if implemented

Partner with big box stores and retail pharmacies to offer PrEP/nPEP in on-site clinics

Expand detailing to primary care physicians to recruit additional PrEP/nPEP prescribers

Address the financial barriers to PrEP/nPEP initiation and retention

FCPN 1.3.1: Ensure access to and availability of pre-exposure prophylaxis (PrEP).

FCPN 1.3.2: Ensure access to and availability of post-exposure prophylaxis (PEP).

EHE 3 - 2. Raise community awareness of PrEP/nPEP through outreach and social marketing

EHE 3 - 2.a. Expand Street outreach regarding PrEP/nPEP

EHE 3 - 2b. Develop a community-driven campaign to educate the community on PrEP/nPEP and decrease stigma

FCPN 1.3.3: In counties with an approved ordinance, ensure access to SSPs and harm reduction services.

1.3.4 Implement **culturally competent** and **linguistically appropriate** models and other innovative approaches for delivering HIV **prevention** services.

1.3.4.a. Address the lack of culturally competent providers within the community- e.g., creole

1.3.5 Support research into the development and evaluation of **new HIV prevention modalities** and interventions for preventing HIV transmissions in priority populations.

1.3.6 Expand implementation research to successfully **adapt evidence-based interventions to local environments** to maximize potential for uptake and sustainability.

1.4 Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV

1.4.1 Provide resources, incentives, training, and TA to expand workforce and systems capacity to provide or link clients to culturally competent, linguistically appropriate, and accessible HIV testing, prevention, and supportive services especially in areas with shortages that are geographic, population, or facility based.

EHE 1 - 4 Incorporate health equity into HIV testing

EHE 1 - 4 a. Provide Racial Equity Institute (REI) training to all registered HIV testing counselors

EHE 1 - 4 b. Provide cultural competence training to all registered HIV testing counselors to better serve LGBTQ+

EHE 1 - 4 c. Provide capacity building assistance to grassroots organizations that serve priority populations

EHE 1 - 4 d. Provide mini grants to grassroots organizations that serve priority populations

Include larger funding for grassroots organization capacity building. (Comment: Mini grants (especially DOH monthly invoicing for reimbursement) are a burden to organizations with a small staff and do not build equity. Larger grant amounts that are tied to a capacity building program would be more effective.)

EHE 3 - 3 Incorporate health equity into HIV prevention

EHE 3 - 3.a. Provide REI training to FDOH-Broward contracted PrEP/nPEP providers

EHE 3 - 3.b. Provide cultural competence training to FDOH-Broward contracted PrEP/nPEP providers

EHE 3- 3.c. Provide capacity building and TA to grassroots organizations that serve priority populations

EHE 3 - 3.d. Provide mini grants to grassroots organizations that serve priority populations

1.4.2 Increase diversity of workforce of providers who deliver HIV prevention, testing, and supportive services.

1.4.3 Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team-based care service delivery.

1.4.4 Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.

FCPN 1.2.2: Ensure health providers comply with the optout HIV and STI screening law for pregnant women.

EHE 4-1 Enhance the ability to conduct molecular cluster response by increasing genotype testing

EHE 4-1.a. Conduct physician detailing to encourage genotype testing

GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES

NHAS Indicator 6: Increase viral suppression to 95% from 2017 baseline.

2.1 Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

2.1.1 Provide **same-day** or **rapid (within 7 days) start of antiretroviral therapy** for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.

FCPN Obj. 2.1: By 12/31/25, increase % of newly diagnosed linked to care in 7 days from 56.9% (2019) to 70%.

FCPN 2.1.1: Provide same-day or rapid start of antiretroviral therapy.

FCPN 2.1.2: Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.

FCPN 2.1.3: Work to reduce the average number of days to link persons to HIV care in Florida.

EHE 2.1. Expand access to Test and Treat services in HIV primary care

EHE 2.1.a. Expand hours of operation at public HIV primary care providers to include evenings and weekends

EHE 2.1.b. Expand the network of Test and Treat providers in the private sector

EHE 2.1.c. Expand detailing regarding Test and Treat to primary care physicians

EHE 2.1.d. Partner with hospitals for rapid initiation of treatment during stays and appropriate discharge planning

EHE 2.1.e. Explore the provision of rapid initiation of treatment and HIV primary care in a mobile health care clinic

EHE 2.1.f. Use telemedicine to provide rapid initiation of treatment and HIV primary care

2.1.2 Increase # of **schools providing on-site sexual health services** through school-based health centers and school nurses, and linkages to HIV testing and medical care through youth-friendly providers **in care** or **virally suppressed.**

EHE 1-2.d. Partner with schools to expand the provision of HIV and STI testing for students

Provide youth with monetary incentives to retain them in care.

2.2. Identify, engage, or reengage people with HIV who are not in care or not virally suppressed.

FCPN Obj. 2.2: By 12/31/25, increase percentage of PWH re-engaged in care from XX to XX.

2.2.1 Expand uptake of **data-to-care models using data sharing agreements**, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed. (FCPN 2.2.1: Implementation of Data-2-Care strategies)

2.2.2 Identify and address barriers for people **who have never engaged in care** or who have **fallen out of care**.

(FCPN 2.2.2: Identify and address barriers for people who have fallen out of care.)

Increase awareness of available programs by developing a high-end visual guide depicting all available programs across all communities including a flow-chart to educates clients to maneuver the system

Create a coordinated universal eligibility and recertification system for Parts A and B with an annual recertification hybrid (in-person or electronic) process. [2022 Part A Needs Assessment]

Utilize a quality approach to redesign a system of care that has its structure built on interagency communication, interservice networking, and meaningful collaborations.

Enhance the client health experience to outcomes by providing transparent and understandable information on the “steps” to access needed support and eligibility continuation services.

Develop help line to assist and empower consumers when they have access /eligibility concerns and/or challenges.

Develop a formal client orientation program w/ visual tour and access procedures explained by a Case Manager or Peer.

Ensure patient information is up to date

Streamline the process for patients entering care/already in care

Develop a system of handing off patients to case management after test and treat

2.2.1 Expand uptake of **data-to-care models** using **data sharing agreements**, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.

2.2.2 Identify and address barriers for people who have never engaged in care or who have fallen out of care.

(FCPN 2.2.2: Identify and address barriers for people who have fallen out of care.)

2.3 Increase retention in care and adherence to achieve and maintain long-term suppression and provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs.

Prioritize quality of life in addition to viral suppression

Training and development for front line staff

2.3.1 Support the transition of health care systems, organizations, and patients/clients to become more health literate in the provision of HIV prevention, care, and treatment services.

2.3.2 Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve **retention in care.**

FCPN Obj. 2.3: 12/31/25, increase the percentage of PWH retained in care from 72.2% (2019) to 85%.

FCPN 2.3.1: Enhance support for medication and treatment adherence.

FCPN 2.3.3: Ensure care systems include access to behavioral health services.

EHE 2 - 4. Increase retention in care and treatment and viral suppression

EHE 2 - 4.a Improve the provision of care coordination using multi-disciplinary teams, including peers, coaches, and navigators, to provide varying intensity services over the course of a lifetime to meet patients' needs

2.3.3 Expand implementation /successfully adapt effective evidence-based interventions, such as HIV telehealth, patient and **peer navigators**, accessible pharmacy services, community health workers, and others, to local environments to facilitate uptake and retention to priority populations. FCPN 2.3.2: Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention.

Employ peer navigators at each agency.

Expand funding for peer navigator services.

Develop systems that serve the needs of PWH using technology

2.3.4 Support ongoing clinical, behavioral, and other research to support retention in care, medication adherence, and durable viral suppression.

2.4 Increase capacity **of public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV** (FCPN Obj.2.4)

2.4.1 Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and systems capacity to provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

2.4.2 Increase the **diversity of the workforce** of providers who deliver HIV care and supportive services.

Assess the ability of requiring organizations adopt a DEI framework and are held accountable to Diversity, Equity, and Inclusion (DEI) Framework

EHE 2 - 2 Incorporate health equity into HIV care and treatment

EHE 2 - 2 a. Provide REI training to all Ryan White Part A HIV primary care providers

EHE 2 - 2 b. Provide cultural competence training to all Ryan White Part A HIV primary care providers

EHE 2 - 2 c. Provide trauma-informed care training for all Ryan White Part A HIV primary care providers

2.4.3 Increase inclusion of **paraprofessionals** on teams by advancing training, **certification,** supervision, **reimbursement,** and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and mental and substance use disorders and other behavioral health conditions.

Increase the number of Service Categories that integrate peer services.

Revise employment requirements for peers to allow for expansion to include lived/professional experiences outside of educational requirements

Secure funding to continue the Broward HIV Peer Certification Training to equip individuals with the needed skills and capacity to serve on health care teams

Replicate Children Services Council of Broward's model of $15 minimum wage for funded providers' staff.

2.5 Expand capacity to provide whole-person care to older adults with HIV and long-term survivors.

(Community Conversations: LTS 6/14/22)

2.5.1 Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services.

Develop **Age-friendly** support services for PWH 55 years and older to assist in navigating access to services.

Develop a system of care that supports healthy aging for PWH and include education and community resources on topics such as Medicare, Medicaid, telehealth, wellness, and strategies to adopt/adapt healthy behaviors.

2.5.2 Identify and implement best practices related to addressing psychosocial and behavioral health needs of **older people** with HIV and **long-term survivors** including substance use treatment, mental health treatment, and programs designed to decrease social isolation.

Have more mental health services for LTS. The complications of growing older (aside from their HIV diagnosis) and being lonely can be detrimental to their mental health. This ultimately might be a barrier to remaining in care or continuing their ARV-becoming hopeless in life.

Change the language in the eligibility process for Part A to alert clients turning 65 years old of their eligibility for Medicare coverage as supplemental insurance. Not applying for Medicare can become a burden for LTS, as patients are penalized with hefty monthly fees when they do not meet the deadline of applying for the correct Medicare plan.

Have more educational trainings for providers and case managers for persons turning 65. Educating them on what to expect for their patients' medical insurance and eligibility process.

Create more support groups for LTS.

2.5.3 Increase HIV awareness, capability, and collaboration of providers to support **older people** with HIV, including in settings such as **aging services, housing** for older adults, **substance use treatment**, and disability and other medical services.

Include HIV awareness, capability, and collaboration of *Long-Term Care/assisted living facilities* providers to support **older people** with HIV to increase *cultural competence and decrease stigma.*

2.5.4 Promote **cross-agency collaborations**, that address specific **aging-related conditions** in people with HIV, and other comorbidities and coinfections that can impact people with HIV of all ages.

FCPN 2.5.1: Develop a promotional PSA and associated social media messaging on healthy aging

FCPN 2.5.2: Engage with partner agencies and program to address the multitude of aging and chronic conditions affecting persons with HIV over the age of 50.

2.5.5 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing people living with HIV at various life stages to support healthy aging

Additional Goal 2 Comments:

- Create a clear process for linkage to clear for recently released individuals.
- Create a countywide geo mapping dashboard- identify service locations
- Identify opportunity to expands hours/access to HIV services
- Identify lab capacity within medical providers for increased capacity
- Create a resource inventory for Broward County wide HIV health services -include housing providers
- Collaboration across agencies to improve linkage to care
- increase stakeholder representation
- Expand education to the community about services available to meet their needs- establish a clear presence within the community in need of care
- Ensure services/information is available in different languages
- Include language regarding case management services being more hands on.

GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES (FCPN Needs to Update)

3.1.1 Strengthen **enforcement of civil rights laws** (including language access services and disability rights), promote **reform of state HIV criminalization laws**, and assist states in **protecting people with HIV from violence, retaliation, and discrimination** associated with HIV status, **homophobia, transphobia, xenophobia, racism, substance use, and sexism.**

EHE 4 - 2. Explore supporting HIV modernization activities that impact state laws (i.e., HIV decriminalization)

3.1.2 Ensure that health care professionals and front-line staff complete **education** and **training** on **stigma,** discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work.

FCPN 3.1.1: Ensure that health care professionals and front-line staff are educated and trained on stigma, discrimination, and unrecognized bias toward priority populations.

Mitigate and eliminate stigma in HIV-related service provision

- Partner with NMAC to increase access for Broward's RWHAP providers and RWAP planning bodies to participate in their ESCALATE program (training, technical assistance and learning collaborative.
- Encourage and incentivize RWHAP providers to participate in Escalate training.

Expand the provider network to meet the needs of HIV+ Haitian Broward residents; expand cross-training in cultural competence to assist providers in effectively communicating with clients of varying backgrounds

3.1.3 Support communities in efforts to **address misconceptions and reduce HIV-related stigma** and other stigmas that negatively affect HIV outcomes.

Institute a countywide summit for stakeholder collaborations

Revise language and visuals surrounding stigma.

3.1.4 Ensure resources are focused on the communities and populations where the need is greatest, especially Black, Latino, and American Indian/Alaska Native and other people of color, particularly those who are also gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants.

3.1.5 **Create funding opportunities t**hat specifically **Address social and structural drivers of health** as they relate to Black, Latino, and American Indian/Alaska Native and other people of color.

Provide financial resources for disproportionately affected communities i.e., wrap around services

Define priority populations

Develop more appropriate and accessible mental health services

Improve collaboration across the Continuum by enhancing the partnership among the Part A Recipient, HOPWA Program, BCHSD housing services, and FLDOH to secure additional housing funds.

3.2 Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum]

3.2.1 Increase awareness of HIV disparities through data collection, analysis, and dissemination of findings.

FCPN 3.1.2: Increase awareness of HIV-related disparities through data collection, analysis and dissemination

3.2.2 Develop new and scale up effective, evidence-based or evidence-informed interventions to improve health outcomes among priority populations and other populations or geographic areas experiencing disparities.

3.3 Engage, employ, and provide public leadership opportunities at all levels for people with HIV or are at risk. (*Note:* *See also 2.4.3 Increase inclusion of* ***paraprofessionals* *on teams by advancing training,* ***certification,*** *supervision,* ***reimbursement,*** *and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and mental and substance use disorders and other behavioral health conditions.*)**

3.3.1 Create and promote public leadership opportunities for people with or who experience risk for HIV.

Build the capacity of Persons with HIV (**PWH) to be meaningfully involved** in the planning, delivering, and improving of Ryan White HIV/AIDS Program (RWHAP) services. (Incorporate **MIPA** in Broward)

Partner with **NMAC's ELEVATE program** to address needs in the workforce recruitment, development, and advancement for PWH in populations 50+, Young Black Men, T/GNC, Latinx, and the recovery community.

Build a website featuring strategies, PWH Resources on Reducing Stigma, Leadership, Advocacy, Education, and Opportunities.

3.3.2 Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.

FCPN 3.1.3: Work with communities to reframe HIV service delivery and HIV-related messaging to prevent stigma among people or behaviors.

3.4 Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

FCPN 3.1.4: Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities

3.4.1 Develop whole-person systems of care and wellness that address co-occurring conditions for people with or who experience risk for HIV.

3.4.2 Adopt policies that reduce cost, payment, coverage, and/or access barriers to improve the delivery and receipt of services for people with or who experience risk for HIV.

3.4.3 Improve screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions.

3.4.4 Develop and implement effective, evidence-based and evidence-informed interventions **that address social and structural determinants of health** among people with or who experience risk for HIV including lack of continuous **health care coverage**, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate **housing** and **transportation, food insecurity, unemployment, low health literacy**, and involvement with the justice system.

Increase financial security for people with HIV receiving Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) by expanding knowledge of and access to existing work incentive programs as well as to allow people to work and earn more income without losing disability benefits. (Individuals receiving disability benefits can earn up to $1,310 per month, the federally determined level of substantial gainful activity (SGA).)

Develop model employment services initiatives and increase awareness of various programs to increase the capacity of case managers to understand and help clients navigate the intricacies of these programs. **Note**: employment services are an allowable non-medical case management service.

Source: Big Ideas Improving the QOL of PLH Must Guide The Implementation of the NHAS

EHE 2 3. Expand access to safe/affordable housing opportunities for PWH

EHE 2 - 3 a. Increase communication and coordination across agencies that provide affordable housing opportunities

Identify and provide additional affordable housing opportunities in Broward County

- Allocate more funding to the Housing services.

3.4.5 Increase the number of schools that have implemented LGBTQ-supportive policies and practices, including (1) having a Gay/Straight Alliance (GSA), Gender Sexuality Alliance, or similar clubs, (2) identifying safe spaces, (3) adopting policies expressly prohibiting discrimination and harassment based on sexual orientation or gender identity, (4) encouraging staff to attend professional development, (5) facilitating access to out-of-school health service providers, (6) facilitating access to out-of-school social and psychological service providers, and (7) providing LGBTQ-relevant curricula or supplementary materials.

3.4.6 Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and **transgender** women and gay and bisexual men.

When unionizing forces within the Broward community to ending the HIV epidemic, conversations should include the transgender community. (Transgender HIV Testing Day-4/18/22)

- Be more creative in dismantling systems and creating a safe space for the transgender community to access services without judgment and oppression from providers. (Transgender HIV Testing Day-4/18/22)
- Revise the language in the cultural competency curriculum for providers.- Transgender Testing Day-4/18/22

3.5 Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations

3.5.1 Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals.

3.5.2 Increase support for the implementation of mentoring programs for individuals from diverse cultural backgrounds to expand the pool of HIV research and health professionals.

3.5.3 Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.

3.6 Advance HIV-related communications to achieve improved messaging and uptake, as well as to address misinformation and health care mistrust

3.6.1 Develop and test strategies to promote accurate creation, dissemination, and uptake of information and to counter associated misinformation and disinformation.

3.6.2 Increase diversity and cultural competence in health communication research, training, and policy.

3.6.3 Expand community engagement in health communication initiatives and research.

3.6.4 Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities.

3.6.5 Expand effective communication strategies between providers and consumers to build trust, optimize collaborative decision-making, and promote success of evidence-based prevention and treatment strategies.

GOAL 4: ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS AND INTERESTED PARTIES

4.1 Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence

FCPN Obj. 4.1: By 12/31/25, integrate HIV, STI, and viral hepatitis programs to address factors impacting these syndemics.

4.1.1 Integrate HIV awareness and services into outreach and services for issues that intersect with HIV such as intimate partner violence, homelessness or housing instability, STIs, viral hepatitis, and substance use and mental health disorders.

4.1.1: Integrate awareness and education into outreach and services across the syndemics.

4.1.2 Implement a no-wrong-door approach to screening and linkage to services for HIV, STIs, viral hepatitis, and substance use and mental health disorders across programs.

4.1.3 Identify and address funding, policy, data, workforce capacity, and programmatic barriers to effectively address the syndemic. 4.1.2: Assess funding, data, workforce capacity, and programmatic barriers to effectively address the syndemics. (BC needs assessment to include all stakeholders)

4.1.4 Coordinate and align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners. 4.1.3: Coordinate and align strategic planning efforts on HIV, STIs, and viral hepatitis across programs.

4.1.5 Enhance the ability of the HIV workforce to provide **naloxone** and **educate people on the existence of fentanyl in the drug supply** to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs.

Obtain and distribute fentanyl test strips to the community including at HIV Prevention and Treatment Events educational events

4.2 Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and community-based organizations, the private sector, academic partners, and the community

4.2.1 Focus resources including evidence-based and evidence-informed interventions in the geographic areas and **priority populations** disproportionately affected by HIV.

4.2.2 Enhance collaboration among local, state, tribal, territorial, national, and federal partners and the community to address policy and structural barriers that contribute to persistent HIV- related disparities and implement policies that foster improved health outcomes.

4.2.3 Coordinate across partners to quickly detect and respond to **HIV outbreaks.**

4.2.4 Support collaborations between community-based organizations (CBOs), public health organizations, education agencies and schools, housing providers, and health care delivery systems to provide linkage to and delivery of HIV testing, prevention, care, and treatment services as well as supportive services.

4.2.4.a. *Support* *equitable* collaborations between larger organizations, schools, and providers and smaller community-based organizations serving priority populations by offering meaningful support of their work (money, capacity building, partnerships, collaborative grants, etc.).

4.3 Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care continuum data and social determinants of health data

Conduct a Broward data sharing pilot to reduce client falling out of care due to lapses in eligibility by revisiting sharing client ADAP, Part A, and HOPWA.

Assess possibility of expanding the HIV "help line" functionality to include receiving calls regarding poor experiences with providers and address reported issues in provider cultural sensitivity training.

4.3.2 Use interoperable health information technology, including application programming interfaces (APIs), clinical decision support tools, electronic health records and health IT products certified by the Office of the National Coordinator's Health IT Certification Program, and health information exchange networks, to improve HIV prevention efforts and care outcomes.

4.3.3 Encourage and support patient access to and use of their individual health information, including use of their patient-generated health information and use of consumer health technologies in a secure and privacy supportive manner.

4.4 Foster private-public-community partnerships to identify and scale up best practices and accelerate HIV advances (FCPN Obj. 4.2)

4.4.1 Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners. FCPN 4.2.1

4.4.2 Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly. FCPN 4.2.2

4.4.3 Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV. FCPN 4.2.3

4.5 Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed to achieve the Strategy's goals

4.5.1 Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data. (FCPN 4.3.1)

4.5.2 Monitor, review, evaluate, and regularly communicate progress on the NHAS. (FCPN 4.3.2)

4.5.3 Ensure NHAS goals and priorities are included in cross-sector federal funding requirements.

4.5.4 Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners. (FCPN 4.3.3)

4.5.5 Identify and address barriers and challenges that hinder achievement of goals by funded partners and other interested parties.

Addition Comments Not Addressed

- Need for MH, SA and Housing providers at the table
- Develop strategy to address shortage of Case Managers
- Develop a case management support network
- Robust integrated HIV information management system
- Extend partnership with other stakeholders e.g., faith based, housing
- Challenge requirements for housing programs
- Ensure County EHE program includes housing, skills building, self-empowerment programs, work development, correctional facilities

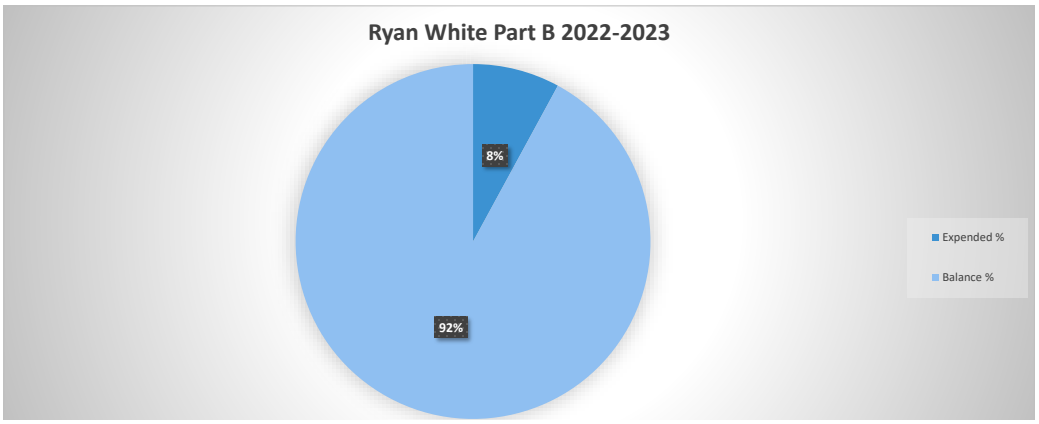
Ryan White Part B

HANDOUT E

PTC23: April 1, 2022 to March 31, 2023

Expenditures for May 2022

Service Category	*Allocated*	*Expended May 2022*	*Expended this Year*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,369	$ 10,909	$ 14,440	17%	83%	**$ 70,929.08**
Health Insurance Premium/Cost Sharing	$ 167,750	$ 15,355	$ 18,880	11%	89%	**$ 148,870.10**
Home & Community Based Health	$ 30,000	$ -	$ -	0%	100%	**$ 30,000.00**
Medical Nutritional Therapy	$ 10,000	$ -	$ -	0%	100%	**$ 10,000.00**
Emergency Financial Assistance	$ 150,654	$ 13,779	$ 13,787	9%	91%	**$ 136,867.36**
Home Delivered Meals	$ 30,000	$ 231	$ 231	1%	99%	**$ 29,769.00**
Medical Transportation	$ 135,476	$ 4,735	$ 7,517	6%	94%	**$ 127,959.21**
Non-Medical Case Management	$ 321,770	$ 18,890	$ 21,397	7%	93%	**$ 300,373.48**
Residential Substance Abuse **	$ 166,500	$ 13,540	$ 13,540	8%	92%	**$ 152,960.00**
Clinical Quality Management	$ 58,096	$ 2,423	$ 2,423	4%	96%	**$ 55,672.97**
Planning and Evaluation	$ 6,314	$ -	$ -	0%	100%	**$ 6,314.00**
TOTALS	**$ 1,161,929**	**$ 79,863**	**$ 92,214**	**8%**	**92%**	**$ 1,069,715.20**



Serena R. Cook 954-412-7086

HANDOUT E

ADAP REPORT June 2022	
Total Enrolled June 2022	
Total Virally Suppressed	4,754
Percentage of Virally Suppressed at 6 months	93%
ADAP Enrollments and Re-enrollments Processed	784
Total Prescriptions June 2022	
Total ADAP Rx's	3500
Total ADAP Clients Served	1199
Total Clients Served via Mail Order	385
Total ADAP Mail Order Rx's	1241
Total Enrolled in Online Recertification	1,644
No Show Report	22.88%

HANDOUT F

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

OFFICE OF COMMUNITY PLANNING
AND DEVELOPMENT

July 15, 2022

Ms. Rachel Williams
Housing and Community Development Manager
City of Fort Lauderdale
914 Sistrunk Boulevard, Suite 103
Fort Lauderdale, FL 33311-8121

Dear Ms. Williams:

This is in response to the City of Fort Lauderdale request originally submitted on June 20, 2022, and amended on July 6, 2022, for a waiver of Housing Opportunities for Persons With AIDS (HOPWA) regulations in response to Notice CPD-22-09: Expedited Regulatory Waivers for the ESG, CoC, YHDP, and HOPWA Programs issued on June 15, 2022 (the Notice). The Notice advises recipients of ESG, CoC, YHDP, and HOPWA Program funds that they may apply for certain regulatory waivers through an expedited process to help recipients and subrecipients prevent the spread of COVID-19 and to facilitate assistance to eligible communities and households economically impacted by COVID-19. The details of your request are as follows:

Grant Number(s):
FLH19F004
FLH20F004
FLH21F004
FLH22F004

Request: HOPWA – Time Limits for Short-Term Rent, Mortgage, and Utility Payments

Citation: 24 CFR 574.330(a)(1)

Regulatory Requirement: Short-Term Rent, Mortgage, and Utility (STRMU) payments to prevent the homelessness of a tenant or mortgagor of a dwelling may be provided for no more than 21 weeks in any 52-week period.

Justification: Relief from some regulatory requirements would continue to provide mitigation against the economic impact caused by the COVID-19 pandemic and aid in housing and rehousing of a vulnerable population. The greater Fort Lauderdale region has been experiencing an unprecedented surge in rent increase of 50-120% in many instances. This makes renting unaffordable for low-income households including those living with HIV. The exorbitant rent increases coupled with a job market that pays less than livable wages create a unique situation that puts low-income households at greater risk for homelessness. The HOPWA regulatory limitations impede municipalities like Fort Lauderdale from being able to adequately assist households to avert homelessness.

Based on the circumstances described above, I have determined, pursuant to the waiver authority provided at 24 CFR §5.110, that there is good cause to waive, and I hereby waive, 24 CFR 574.330(a)(1) to allow the City of Fort Lauderdale to provide STRMU assistance to eligible individuals or families for up to 52 weeks within a 52-week period. The waiver is in effect from the date of this letter through March 31, 2023. The Notice requires the grantee or project sponsor to document, on an individual household basis, that a good faith effort has been made to assist the household to achieve housing stability within the time limits specified in the regulations, but that financial needs or health and safety concerns have prevented the household from doing so. The grantee or project sponsor also must have written policies and procedures outlining efforts to regularly re-assess the needs of assisted households, as well as processes for granting extensions based on documented financial needs or health and safety concerns.

Thank you for your continued work to meet the housing and health needs of low-income people living with HIV and their families.

Sincerely,

Jemine A. Bryon
Acting General Deputy Assistant Secretary
for Community Planning and Development

HANDOUT F

HOPWA

Housing Opportunity for Persons With Aids/HIV

HOUSING RENT STANDARDS

The City is working on preparing a request to submit to HUD for changing the current rent standard

Current Fair Market Rent (FMR) standard HUD published in Eligible Metropolitan Statistical Areas (EMSA)

	Current FMR Rate	120% above FMR- Waiver
Single Room Occupancy	$845.25	$1,014.30
Efficiency	$1,127.00	$1,352.40
One Bedroom	$1,240.00	$1,488.00
Two Bedroom	$1,556.00	$1,867.20
Three Bedroom	$2,207.00	$2,648.40
Four Bedroom	$2,663.00	$3,195.60
Five Bedroom	$3,062.45	$3,674.94
Six Bedroom	$3,461.90	$4,154.28