



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

Priority Setting & Resource Allocation Committee Meeting

Thursday, July 21, 2022 - 9:00 AM

Location: Broward Regional Health Planning Council and via [WebEx Videoconference](#)

Chair: Brad Barnes • Vice Chair: Valery Moreno

This meeting is audio and video recorded.

Quorum for this meeting is 6

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 21, 2022
5. **ACTION:** Approval of Minutes from June 16, 2022
6. Standard Committee Items
 - a. Monthly Expenditure/Utilization Report – by service category (Handout A)
7. Unfinished Business
 - a. **Action Item:** How Best to Meet the Need Language (Handout B)
Workplan Activity 1.2 Review How Best to Meet the Need language. recommendations from SOC committee annually
8. New Business
 - a. **Action Item:** FY2022-2023 PSRA Priority Ranking Results (Handout C)- Receive results of the PSRA committee's Priority ranking of Part A and MAI Service Categories
 - b. **Action Item:** Resource Allocations (Handout D)
Work Plan Activity 1.4 Allocate Part A and MAI funds by service category annually.
 - c. **Action Item:** Integrated Prevention and Care Planning Updates (Handout E)
 - d. **Action Item:** PSRA Committee Meetings- Discuss meeting date and time.
9. Recipient Report
10. Public Comment

11. Agenda Items for Next meeting

- a. Next Meeting Date: October 20, 2022, at 9:00 a.m. Location: Broward Regional health Planning Council and via WebEx
- b. Next Meeting Agenda Items

12. Announcements

13. Adjournment

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

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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



Broward County Board of County Commissioners

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

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.

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 respekte 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 posèsyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 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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Priority Setting and Resource Allocation Committee

Thursday, June 16, 2022- 9:00 AM

Meeting at Broward Regional Health Planning Council and via [WebEx](#)

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), V. Moreno (PSRA Vice-Chair), B. Mester, E. Dsouza, J. Rodriguez, L. Robertson, Y. Arencibia, R. Jimenez.

PSRA Members Excused: M. Schweizer

PSRA Members Absent: B. Fortune-Evans

Ryan White Part A Recipient Staff Present: A. Tareq, G. James, W. Cius, T. Thompson, T. Currie, V. Hornsey.

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

Guests Present: V. Biggs, E. Gantz McKay.

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

The PSRA Chair called the meeting to order at 9:12 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

The approval for the agenda of the June 16, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by B. Mester, and passed unanimously. The approval for the minutes of the May 19, 2022, meeting with amendments was proposed by L. Robertson, seconded by B. Mester, and passed unanimously.

Motion #1: Mr. Robertson, on behalf of PSRA, made a motion to approve the June 16, 2022, Priority Setting and Resource Allocation Committee agenda as presented. The

motion was adopted unanimously.

Motion #2: Mr. Robertson, on behalf of PSRA, made a motion to approve the May 19, 2022, Priority Setting and Resource Allocation meeting minutes with amendments. The motion was adopted unanimously.

4. Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through May of FY2022 (Handout A). Part A service categories have expended 18% of service category funding, and MAI funds have been 16% utilized. The Committee was advised that there are still outstanding provider invoices through May of FY2022.

J. Rodriguez questioned which providers were funded under the Emergency Financial Assistance (EFA) service category. The Committee was advised that EFA is not funded to any specific provider. Instead, it is typically used to cover pharmacy and other related service categories. The Committee briefly discussed EFA service delivery, funding, and billing. The PSRA Chair requested that the Recipient provide an update at the next PSRA meeting regarding the possibility of upcoming funding sweeps.

5. New Business

Priority Setting and Resource Allocation Presentation

The PSRA committee received a brief PSRA Overview and training from Emily Gants McKay. The training covered a PSRA overview, data based PSRA decisions, client income eligibility, implications of the ACA and other programs like it, and the 75/25 requirement and waiver.

The Committee had a brief discussion on establishing income eligibility for RWHAP Clients.

Part A Client Health Outcomes Presentation

A CQM Health Planner reviewed health outcomes along the Ryan White Part A continuum of care. This presentation discussed the notable trends in the HIV care continuum in Broward EMA. Data presented ranged in the years from 2019, 2020, and 2021. CQM Staff also discussed the recommendations for a continuum of care by subpopulations.

Part A Client Health Outcomes: PSRA Scorecards

A CQM Health Planner provided an overview of the most recently completed PSRA scorecards. The scorecards provided members with information regarding changes in service utilization, allocations, expenditures, and major themes impacting FY2021.

CEC's Part A Service Ranking

PSRA received a presentation reviewing the importance of priority setting and the previous year's rankings. Members also reviewed rankings completed this fiscal year by the Community Empowerment Committee (CEC) and a Consumer Advisory Group hosted by Broward Health. The Committee also received recommendations from the ongoing CEC's Community Conversation series. Following the review, members were instructed on how they will be expected to complete the rankings process. Members will review and approve the completed FY2023-2024 Core and Support Services rankings at the next scheduled PSRA meeting.

Voting Conflict Presentation

A HIVPC Health Planner examined the parameters around service category voting in preparation for the upcoming Resource Allocations. In addition, members discussed abstaining from voting based on restrictive criteria such as relatives, employers, and business partners. Members also reviewed the number of voting PSRA members in relation to the number of abstentions for each service category.

How Best To Meet The Need

The Committee discussed the How Best to Meet the Need (HBTMTN) language for FY2023-2024. The discussion was tabled for the next PSRA meeting to allow the System of Care Committee (SOC) time to meet and give their recommendations. There was a brief discussion, and the Committee agreed that if SOC does not meet, the PSRA Committee will proceed with making recommendations and approving the FY2023-2024 HBTMTN language during their July meeting. The motion for the PSRA Committee to review, make recommendations, and approve the HBTMTN language for FY2023-2024 if the SOC Committee is unable to meet and make recommendations before the next scheduled PSRA meeting was proposed by L. Robertson, seconded by J. Rodriguez, and passed unanimously.

Motion #3: Mr. Robertson, on behalf of PSRA, made a motion for the PSRA Committee to review, make recommendations, and approve the HBTMTN language for FY2023-2024 if the SOC Committee is unable to meet and make recommendations before the next scheduled PSRA meeting. The motion was adopted unanimously.

6. Recipient's Report

The Recipient reported receiving the full notice of award for FY2022-2023. The Broward/Ft Lauderdale EMA has been awarded \$16,110,782. Additionally, all amendments have been sent to Part A, MAI, and EHE service providers. They are still in the process of receiving the signed amendments back from providers. However, that will not affect the ability of providers to bill for services provided.

7. Public Comment

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

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on July 21, 2022, at 9:00 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

Next Meeting Agenda Items

- How Best to Meet the Need
- Priority Setting
- Resource Allocation

9. Announcements

- The FLDOH announced that the CDC has issued a health alert and updates regarding the current Monkeypox Outbreak. That information, along with palm cards, has been shared with PCS staff for distribution to Committee members and interested parties.
- The HIVPC will have a table at the Stonewall Pride Parade and Festival on June 18, 2022. Persons interested in volunteering are asked to contact PCS Staff. Everyone was invited to stop by the booth.

10. Adjournment

There being no further business, the meeting was adjourned at 12:50 p.m.

PSRA Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	20	17	17	21	19	16							
0	1	0	1	Barnes, B., Chair	X	X	X	X	X	X							
0	0	1	2	Fortune-Evans, B.	X	X	X	X	X	A							
0	0	1		Lopes, R.	X	X	X	X	A		Z-5/31						
0	0	0	3	Mester, B.	X	X	X	X	X	X							
0	0	1	4	Moreno, V., V Chair	X	A	X	X	X	X							
0	1	0	5	Robertson, L.	X	X	X	X	X	X							
0	0	0		Schickowski, K.	X	X	X	X			Z- 5/17						
0	0	3	6	Schweizer, M.	A	X	A	X	A	E							
1	1	0		Shamer, D.	X	X					Z-03/14						
0	0	0	7	Dsouza, E.	X	X	X	X	X	X							
0	1	0		Dumas, C.	X	X	X	X	X		Z-5/19						
0	0	1	8	Rodriguez, J.	N-1/27	A	E	X	X	X							
0	0	0	9	Arencibia, Y.		N-4/28			X	X							
0	0	1	10	Jimenez, R.	X	X	X	X	A	X							
				Quorum = 6	11	11	10	12	9	8	0	0	0	0	0	0	

Legend:

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

Priority Setting and Resource Allocation Committee Meeting Minutes – June 16, 2022
Minutes prepared by PCS Staff

	Service Category	Contract/ Allotted Amount	Expended Amount As of June Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,436,529	1,390,635	26%	4,045,894	347,659	4,171,906	
	AIDS Pharmaceutical Assistance (2)	234,044	2,288	1%	231,756	572	6,864	
	Oral Health Care Routine (4)	1,910,475	587,205	31%	1,323,270	146,801	1,761,616	
	Specialty (1)	736,489	171,125	23%	565,364	42,781	513,374	
	Medical Case Management Case Management (7)	1,239,359	223,595	18%	1,015,764	55,899	670,785	
	Disease Case Management (5)	512,117	188,854	37%	323,263	47,214	566,563	
	Mental Health- Trauma-Informed (2)	159,939	62,631	39%	97,308	15,658	187,894	
	Health Insurance Premium & Cost Sharing Assistance	779,279	136,979	18%	642,300	34,245	410,937	
	Substance Abuse-Outpatient (1)	337,498	43,784	13%	293,714	10,946	131,352	
Support Services	Case Management Centralized Intake and Eligibility Determination (1)	582,488	84,498	15%	497,990	21,124	253,493	
	Food Services Food Bank (1)	700,000	411,301	59%	288,699	102,825	1,233,903	
	Food Voucher (1)	82,586	-	0%	82,586	-	-	
	Legal Assistance (1)	129,151	39,662	31%	89,489	9,915	-	
	Emergency Financial Assistance (1)	115,872	-	0%	115,872	-	-	
	Total Part A Funds	12,955,826	3,342,557	26%	9,613,269	835,639	10,027,670	
	* Some of the providers have not billed for month of June.							
	Service Category	Initial Allocation	Expended Amount As of June Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables
Core Medical Services	MAI Ambulatory (1)	116,092	6,825	6%	109,267	1,706	20,476	
	MAI Medical Case Management (2)	93,212	28,242	30%	64,970	7,061	84,727	
	MAI Mental Health (1)	62,469	4,556	7%	57,913	1,139	13,667	
	MAI Substance Abuse-Outpatient (1)	400,000	160,841	40%	239,159	40,210	482,523	
Support Services	MAI Centralized Intake and Eligibility Determination (1)	290,956	220,664	76%	70,292	55,166	661,993	
	Total MAI Initial Allocation	962,729	421,129	44%	541,601	105,282	1,263,386	
		-						
	Total MAI Funds	962,729						
	* Some of the providers have not billed for month of June.							
	Total Part A and MAI Funding	13,918,555	3,763,685	27%	10,154,870	940,921	11,291,056	

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
<ol style="list-style-type: none">1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a CHW or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).2. Develop and ensure that all Part A Provider 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. Provide 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:<ol style="list-style-type: none">a. Black heterosexual men and womenb. Black men who have sex with men (MSM) 18-38 years of age10. 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. **No recommended language for FY2023-2024.**
2. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services.
3. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
4. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
5. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
6. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
7. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
8. Provide after-hours services availability to include Crisis Intervention.
9. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
10. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
11. Incorporate prevention messages into the medical care of PLWHA.
12. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No recommended language for 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

<ol style="list-style-type: none"> No recommended language for FY2023-2024 Increase in clients with access to health insurance. Develop materials for clients to use as quick references. Provide assistance with prior authorizations and appeals process. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.
Mental Health Service (MH)
Services Criteria: (≤ 300% FPL)
Recommended Language
<ol style="list-style-type: none"> No recommended language for FY2023-2024 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. Integrated service may be impacting utilization in this service category. 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. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
<ol style="list-style-type: none"> 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). Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. Report changes in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 300% FPL)
Recommended Language
<ol style="list-style-type: none"> Ensure that substance abuse treatment services 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. **No recommended language for FY2023-2024 Educate clients 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 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. **Provide limited one-time or short-term assistance with housing and/or medical transportation services. (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations.)**
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	
<ol style="list-style-type: none">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: (≤ 300% 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



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



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



FY2023-2024 PSRA RANKING SURVEY

Response ID:1 Data

1. (untitled)

1. What is your name?

Barnes, Barnes

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:2 Data

1. (untitled)

1. What is your name?

Schweizer, Mark

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:3 Data

1. (untitled)

1. What is your name?

Mester, Brad

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:4 Data

1. (untitled)

1. What is your name?

Robertson, Lorenzo

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:5 Data

1. (untitled)

1. What is your name?

Arencibia, Yusi

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:6 Data

1. (untitled)

1. What is your name?

Moreno, Valery

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:7 Data

1. (untitled)

1. What is your name?

Rodriguez, Joshua

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:8 Data

1. (untitled)

1. What is your name?

Dsouza, Eveline

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:9 Data

1. (untitled)

1. What is your name?

Jimenez, Rafael

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

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

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

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:10 Data

1. (untitled)

1. What is your name?

Fortune-Evans, Bisiola

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

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

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

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

HANDOUT E

Broward County HIV Integrated Plan Draft 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 educate 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 care for recently released individuals.
- Create a countywide geo mapping dashboard- identify service locations
- Identify opportunity to expand 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** that 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

FPCPN 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