



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, February 16, 2023 - 9:00 -11:00 AM

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

Chair: Brad Barnes • Vice Chair: Vacant

This meeting is audio and video recorded.

Quorum for this meeting is 5

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. Standard Committee Items
 - a) Monthly Expenditure/Utilization Report – by service category (**Handout A**)
5. Unfinished Business
 - a. None.
6. New Business
 - a) Overview of the PSRA Process (**Handout B**)
 - b) Broward RWPA Minority AIDS Initiatives (**Handout C**)
 - c) Broward RWPA Ending the HIV Epidemic Activities (**Handout D**)
 - d) Broward DOH Ending the HIV Epidemic Activities (**Handout E**)
 - e) Discussion Eligibility Determination (Reviewing Federal Poverty Levels for each Service Category) (**Handout F**)
7. Recipient Report

8. Public Comment
9. Agenda Items for Next meeting
 - a. Next Meeting Date: March 16, 2023, at 9:00 a.m. Location: WebEx
 - b. Next Meeting Agenda Items:
 - 1) Review Service Categories (RW Parts A and B)
 - 2) Discuss recommendations from the System of Care Committee on How Best to Meet the Needs
10. Announcements
11. 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

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

[Broward County Website](#)

**Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 22-23 Allocations**

HANDOUT A

	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC 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)	5,244,122	4,827,324	92%	416,798	482,732	5,792,789	76,944
	AIDS Pharmaceutical Assistance (2)	484,044	331,891	69%	152,153	33,189	398,269	77,801
	Oral Health Care Routine (4)	1,722,475	1,439,733	84%	282,742	143,973	1,727,679	-
	Specialty (1)	552,489	463,835	84%	88,654	46,383	556,602	-
	Medical Case Management Case Management (7)	1,572,766	1,282,650	82%	290,116	128,265	1,539,180	-
	Disease Case Management (5)	763,617	641,446	84%	122,171	64,145	769,736	-
	Mental Health- Trauma-Informed (2)	183,939	155,308	84%	28,631	15,531	186,370	-
	Health Insurance Premium & Cost Sharing Assistance	592,279	497,941	84%	94,338	49,794	597,529	-
	Substance Abuse-Outpatient (1)	225,998	188,957	84%	37,041	18,896	226,749	-
Support Services	Case Management Centralized Intake and Eligibility Determination (1)	226,488	213,132	94%	13,356	21,313	255,758	-
	Food Services Food Bank (1)	1,000,000	995,497	100%	4,503	99,550	1,194,596	-
	Food Voucher (1)	142,586	142,566	100%	21	14,257	171,079	9,261
	Legal Assistance (1)	129,151	114,619	89%	14,532	11,462	137,543	-
	Emergency Financial Assistance (1)	115,872	115,872	100%	-	11,587	-	-
	Total Part A Funds	12,955,826	11,410,771	88%	1,545,055	1,141,077	13,692,925	164,006
	* Some of the providers have not billed for month of December.							
	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables
Core Medical Services	MAI Ambulatory (1)	116,092	8,881	8%	107,211	888	10,657	-
	MAI Medical Case Management (2)	173,103	126,149	73%	46,954	12,615	151,378	-
	MAI Mental Health (1)	29,805	22,628	76%	7,177	2,263	27,153	-
	MAI Substance Abuse-Outpatient (1)	628,657	538,072	86%	90,585	53,807	645,687	-
Support Services	MAI Centralized Intake and Eligibility Determination (1)	640,956	367,646	57%	273,310	36,765	441,176	-
	Total MAI Funds	1,588,613	1,063,375	67%	525,238	106,338	1,276,051	-
	* Some of the providers have not billed for month of December.							
	* Added additional \$492,884 in MAI service category from FY21-22 carryover.							
	Total Part A and MAI Funding	14,544,439	12,474,146	86%	2,070,293	1,247,415	14,968,976	164,006

PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION



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 March 17, 2022

PRESENTATION OUTLINE

- ❑ Overview
- ❑ What is PSRA?
- ❑ PSRA Goals and Guiding Principles
- ❑ Who's Involved?
- ❑ PSRA Process
- ❑ Required Grant PSRA Documentation
- ❑ PSRA Data Resources
- ❑ PRSA Process: Step-By-Step
- ❑ Ground Rules
- ❑ What to Expect



OVERVIEW

- **HRSA Requirements:** The Planning Council is required by HRSA to “set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities.”
 - ▶ The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) to **disburse Ryan White Part A funds** in Broward County.
 - ▶ Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC.**



PRIORITY SETTING

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.



RESOURCE ALLOCATIONS

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award** and **during the program year** when funds are underspent in some service categories and additional needs exist in other service categories.
- *The planning council must approve such reallocations.*

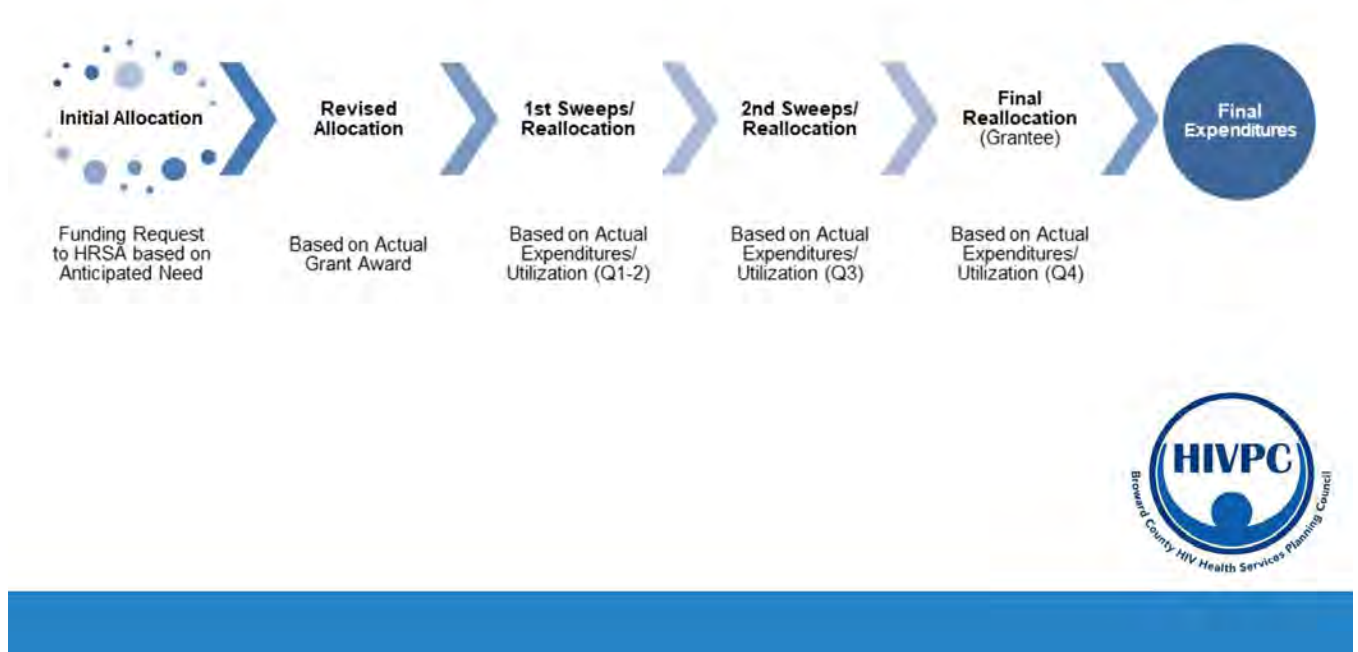


PSRA GOALS AND GUIDING PRINCIPLES

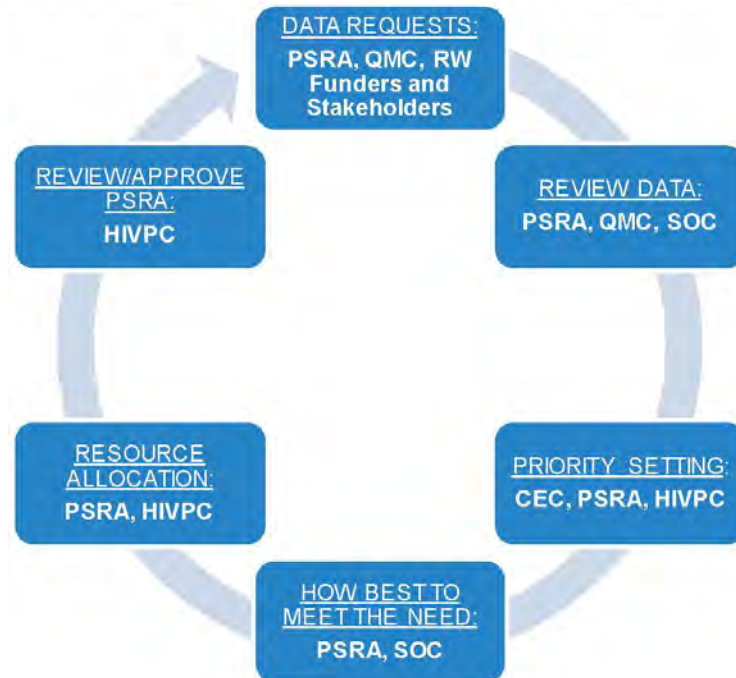
- ❑ Provide access to high quality HIV services for PLWHA in Broward County
- ❑ Optimize the HIV Care Continuum's impact
- ❑ Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- ❑ Maintain a commitment to ending health disparities
- ❑ Provide client centered and coordinated services
- ❑ Integrate Prevention and Care
- ❑ Maintain and require collaborative partnerships among service providers
- ❑ Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- ❑ Engage continuous training, capacity building, and leadership development
- ❑ Provide culturally and linguistically appropriate services



FORT LAUDERDALE/BROWARD COUNTY ANNUAL RESOURCE ALLOCATION/REALLOCATION CYCLE



WHO IS INVOLVED?



PLWHA INVOLVEMENT IN THE PSRA PROCESS

□ **PLWHA Serve as Committee Members:**

- ▶ **Community Empowerment Committee - CEC**
 - Data Collection (focus groups/feedback forums) & Presentation
 - Rank Core Services Priorities
 - Rank Support Service Priorities
- ▶ **System of Care Committee – SOC**
 - How Best to Meet the Need
- ▶ **PSRA**
 - Priority Setting & Resource Allocation
- ▶ **HIVPC**
 - Approves All PSRA Decisions

□ **Community Feedback Through Needs Assessment Activities:**

- ▶ **2021 Needs Assessment**
 - (Considers the needs of PLWHA from differing populations and geographic locations, including those in and out of care.)



THE PSRA PROCESS



REQUIRED PART A GRANT PSRA DOCUMENTATION

The Part A Grant Application requires documentation about the PSRA process annually.

- ▶ Questions to be aware of includes:
 - How PLWHA were involved in the PSRA process and how their priorities are considered in the process
 - How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
 - How the HIVPC used changes and trends in HIV/AIDS epidemiology data in the PSRA process
 - How the Planning Council used cost data in making funding allocation decisions
 - How the Planning Council used unmet need data in making priority and allocation decisions
 - How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award



PSRA DATA SOURCE

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences.

The PSRA Committee will have access to information to enhance their efforts in the decision-making process.

The data collected includes:

- ❑ Epidemiological Data
- ❑ Fiscal and Service Utilization Data
- ❑ Needs Assessment Data
- ❑ Others Funder's Data/Presentation



PSRA DATA SOURCES (CONT'D)

Other factors to consider are:

- ❑ Funding from other sources such as Medicaid and Medicare
- ❑ Developing capacity for HIV services in historically underserved communities
- ❑ Priorities of Ryan White Consumers
- ❑ Changes in legislative requirements
- ❑ National HIV/AIDS Strategy
- ❑ Affordable Care Act



OTHER RESOURCES

- ❑ PSRA Policies and Procedures
- ❑ FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2020
- ❑ FY2021 Other Funders Table
- ❑ FY2021 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- ❑ Needs Assessment Activities Report
- ❑ FY2022 CEC Rankings Table
- ❑ FY2022 Part A Allocations Table



PSRA PROCESS: STEP-BY-STEP



PRIORITY SETTING

- Prioritize all service categories included in Legislation
- Utilize CEC priority rankings, consumer feedback, and other PLWHA data provided
- Utilize Nominal Group Process Method



PRIORITY SETTING: CORE SERVICES

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

Note: **Bolded** Services are funded by RWPA



PRIORITY SETTING: SUPPORT SERVICES

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

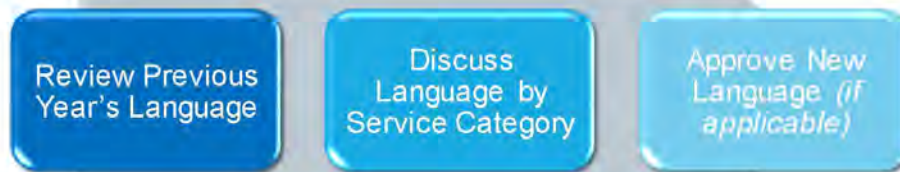
Note: **Bolded** Services are funded by RWPA



LANGUAGE ON HOW BEST TO MEET THE NEED

Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions



ADDITIONAL PRIORITIES & LANGUAGE CONSIDERATIONS

Priorities and HBTMTN Language should be based on:

- ☐ Documented need
- ☐ Cost and Outcome Effectiveness
- ☐ Priorities of PLWHA
- ☐ Availability of other resources



RESOURCE ALLOCATIONS

- Decide how much funding will be used for each service category



REALLOCATIONS (SWEEPS)

- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. The PSRA Committee shall **review, at least quarterly, any deviations in planned expenditures exceeding 10%* in any given funding category for possible reallocation and/or reprioritization.**
 - ▶ **Periodic Reallocation:** The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.
 - ▶ **Final Reallocation:** To fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given to understand that the reallocation process has occurred before this shifting of funds. The number of dollars involved should be less than 10% of the funding award, and that there are less than 120 days left in the fiscal year.**

*Source: HIVPC Bylaws (October 2018)

**Source: HIVPC Local Procedure Manual (June 2017)



PSRA APPROVAL

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



PSRA APPROVAL

- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.



GROUND RULES

- ❑ Every member will treat every other member with the courtesy and respect resulting from their legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- ❑ There will be no personal attacks, and disagreements will focus on issues, not upon individuals.
- ❑ Once decisions are made, every member of the Committee will support the decision, regardless of their personal position.
- ❑ A member will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups while considering the overall needs of PLWHA and acting on their behalf, not to for personal benefit.
- ❑ 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 Recipient outside of the meeting.
- ❑ Every member will take responsibility for abiding by these rules of conduct personally and for speaking out to assure that all members abide by them.



PSRA COMMITTEE: WHAT TO EXPECT

- The Planning Council support staff will provide the essential materials needed for all activities. All Committee members will be given a **PSRA resource manual, guided by HRSA PSRA standards, to provide background and support to all presentations for an informed decision-making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered for members to prioritize services and allocate funds, each member is obligated to become familiar with how to read the data being presented and to use the information to make informed decisions.



QUESTIONS?
DISCUSSION





HISTORY OF THE INITIATIVE

- In March 1998 the Centers for Disease Control and Prevention (CDC) convened a meeting of African American service providers and community leaders to brief them on the agency's African American Initiative.
- As part of the briefing, the CDC provided new surveillance data indicating alarmingly high rates of HIV infection among African Americans.
- These data prompted community leaders to declare a "state of emergency" in the African American community with respect to HIV/AIDS and to call on then Surgeon General David Satcher and President Clinton to make the same declaration on behalf of the federal government.

HISTORY OF THE INITIATIVE (continued)

- The statement of emergency called for:
 - Various federal agencies to develop new strategies targeting African Americans within 90 days
 - The provision of federal demonstration funding to test new community planning and program models
 - An analysis of the correlation between the allocation of federal AIDS funding to communities and epidemiological trends.

HISTORY OF THE INITIATIVE (The Culmination)

- In October 1998, President Bill Clinton declared HIV/AIDS to be “a severe and on-going health care crisis” in racial and ethnic minority communities.
- At a White House Ceremony, the Administration, the Department of Health and Human Services (HHS), the Congressional Black Caucus, and the Congressional Hispanic Caucus announced a special package of initiatives aimed at reducing the impact of HIV/AIDS on racial and ethnic minorities – The Minority AIDS Initiative (MAI).
- MAI provides funds to community-based organizations, faith-based communities, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, and correctional institutions to help them address the HIV/AIDS epidemic within the minority populations they serve.

INTENT OF THE INITIATIVE

- The MAI Initiative’s principal goals are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities
- The Initiative provides funding focused on efforts to:
 - Strengthen the organizational capacity of community-based providers, in particular minority providers
 - Improve the quality of HIV services
 - Expand the pool of HIV service providers
 - Enhance the ability of minority service providers to compete for other HIV/AIDS funding in the future.

MAI IN THE FT. LAUDERDALE EMA

Currently MAI funds three providers in the EMA

- Broward House
- Broward Regional Health Planning Council
- Community Rightful Center

Five Service Categories are represented by these three providers:

- Integrated Primary Care and Behavioral Health Services
- Case Management (Non-Medical Case Management)
- Trauma-Informed Mental Health
- Substance Abuse Services – Outpatient
- Benefits Screening (Centralized Intake and Eligibility Determination)
- **Outcomes for MAI Service Categories Duplicate Those of Part A**

FY 22-23 MAI contracts total \$1,455,613

CLIENTS SERVED FY 21-22

- Number of Unduplicated Clients Served in the Last Completed Fiscal Year:
 - Integrated Primary Care and Behavioral Health Services - 43
 - Case Management (Non-Medical Case Management) - 231
 - Trauma-Informed Mental Health - 35
 - Substance Abuse Services – Outpatient - 75
 - Benefits Screening (Centralized Intake and Eligibility Determination) – 5,157
- These clients included individuals who identified as Black, Hispanic, Asian, and American Indian or Alaskan Native



CLIENTS
SERVED FY
22-23 YTD

**Number of Unduplicated Clients Served in the
Current Fiscal Year:**

- Integrated Primary Care and Behavioral Health Services - 17
- Case Management (Non-Medical Case Management) - 178
- Trauma-Informed Mental Health - 37
- Substance Abuse Services – Outpatient - 86
- Benefits Screening (Centralized Intake and Eligibility Determination) – 5,571



Questions?



Ryan White Part A

Ending the HIV Epidemic (EHE) Initiative

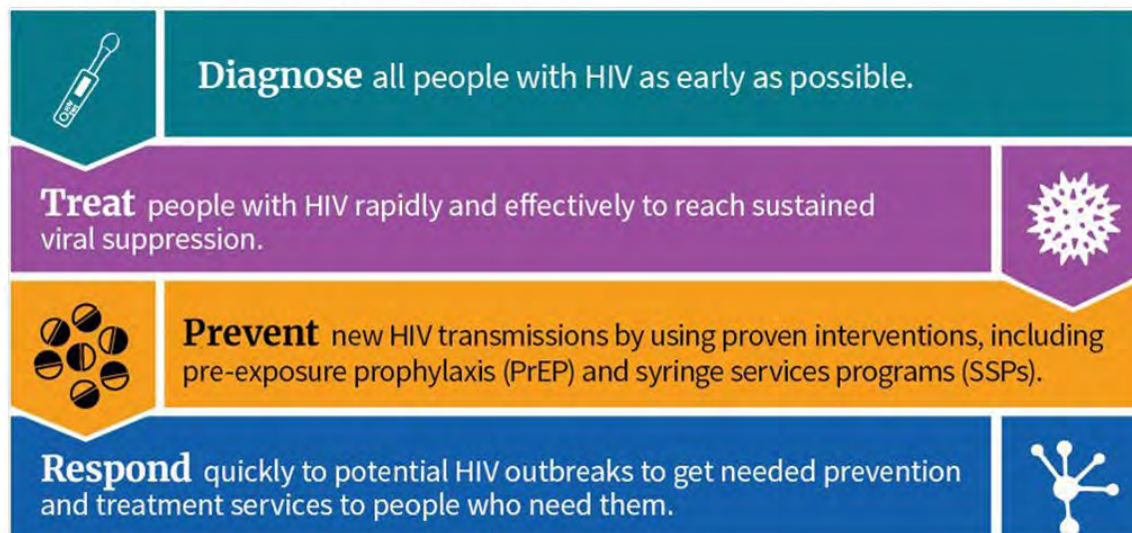
Activities Report

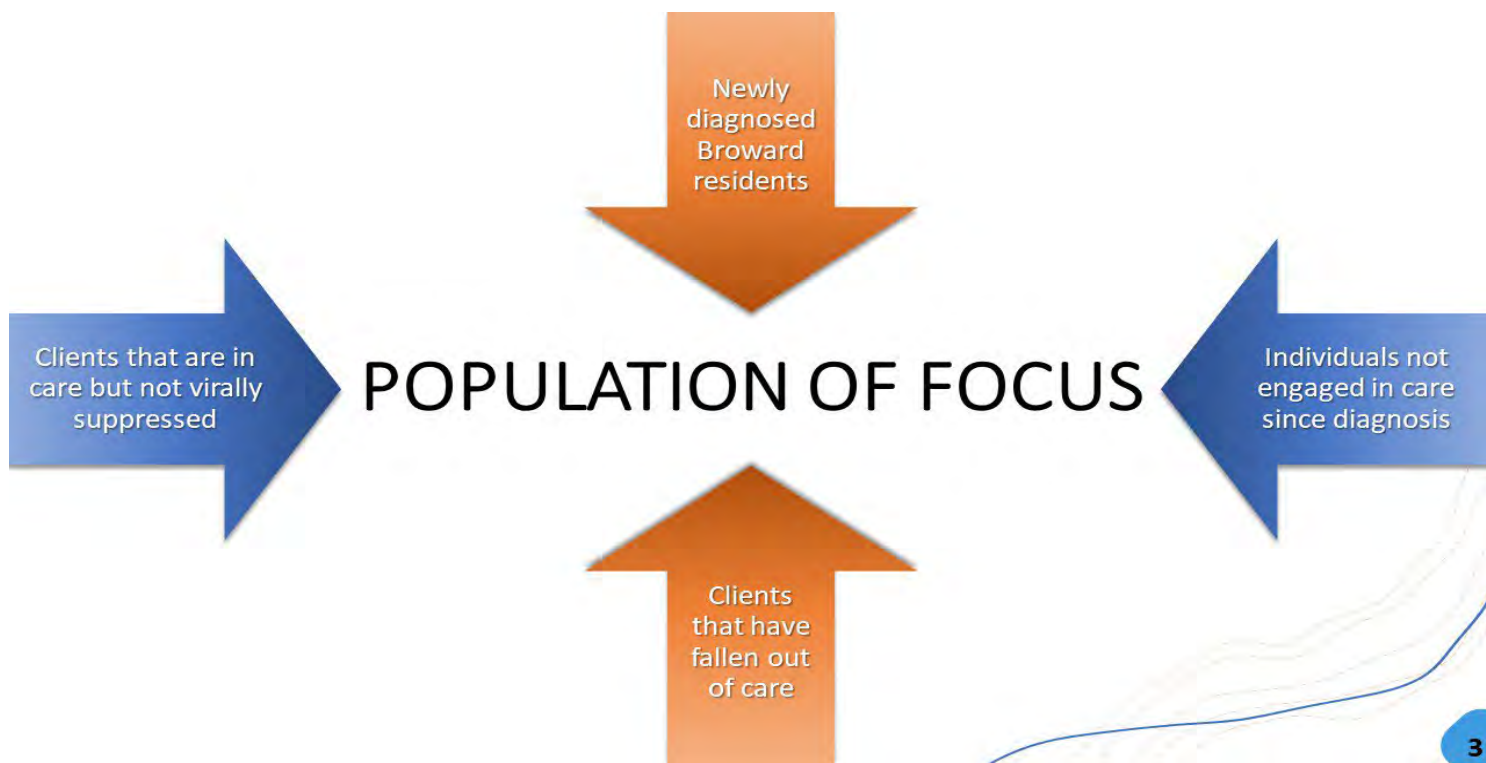
Presented by: Wismy Cius
Program Project Coordinator Sr., Ryan White Part A/EHE Grantee Office



Fort Lauderdale EMA EHE Program Overview

EHE Initiative Key Strategies





3

Funded Services



Disease Case Management (DCM)

- Leads the multidisciplinary Intensive Care Teams
- Coordinated healthcare interventions
- Frequent assessment and client contact



Food Services

- Food Bank and Food Vouchers
- Supplements Part A food service once cap reached



Medical Transportation

- Ride share or taxi services designed to remove transportation barriers and help clients keep their appointments



Disease Intervention Specialists (DIS)

- Outreach services designed to locate and re-engage clients who miss appointments or fall out of care

4

Funded Services



Non-Medical Case Management and Peer Support Services

- Designed to support the DCM and ICT in addressing EHE clients' psychosocial needs.
- Provides information and referral supporting treatment.
- Healthcare visit adherence, and other services.



Tele-Adherence and Engagement Services (PL Cares)

- Education to ensure that PWH are actively engaged in their care.
- Enables active linkage, and re-engagement services.



EHE Care Support Services (CSS)

- EHE CSS are client-centered interventions designed to work in concert with existing EHE and RW medical and non-medical services to address clients' unmet needs.
- Preparedness to increase economic sufficiency, and child/dependent care to enable clients to attend scheduled health-related appointments.

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Tele-Adherence via PL Cares

PL Cares is an evidence-based smartphone app program that was developed by the University of Virginia to improve engagement & retention in HIV Care, viral suppression, provide peer support and resources to individuals living with HIV.

Implementation progress

- PL Cares in person training took place in November 2022.
- 21 clients from participant agencies were selected for the pilot project.
- Resources and FAQs were upload on PL Cares
- Provider accounts were created.
- We are planning to enroll the clients on January 16th for a soft launch



PL Cares



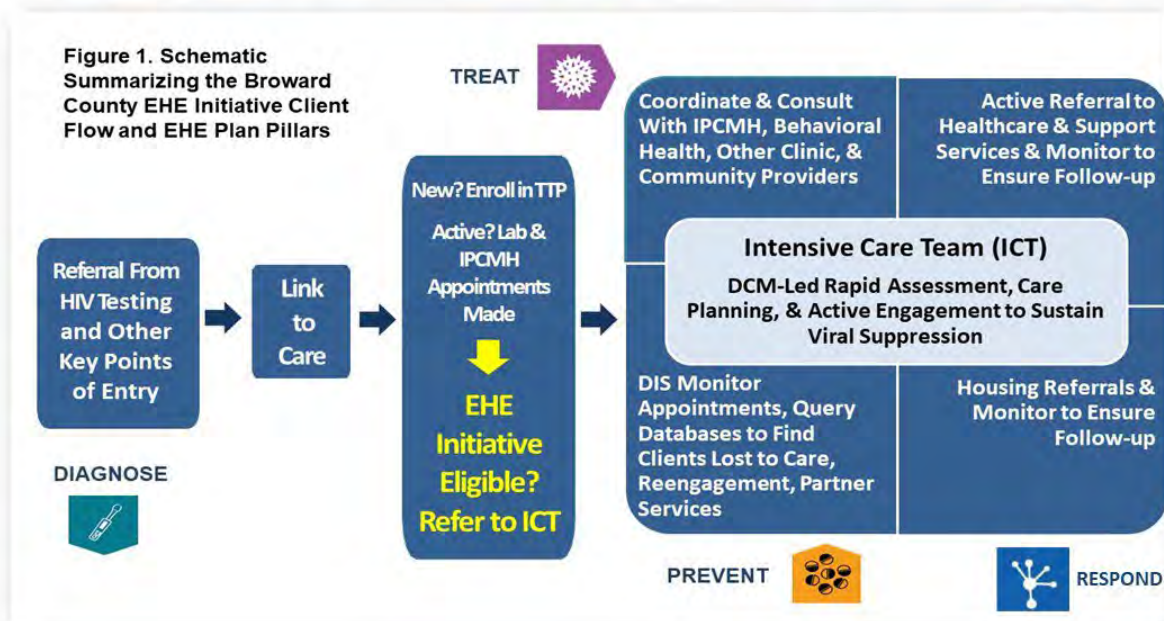
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Ending the HIV Epidemic (EHE)

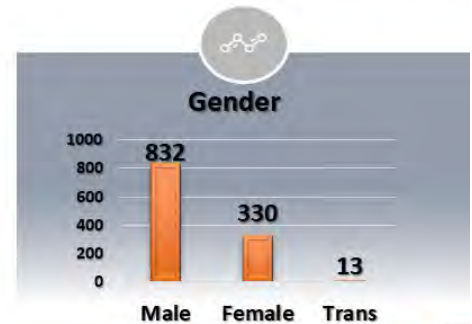
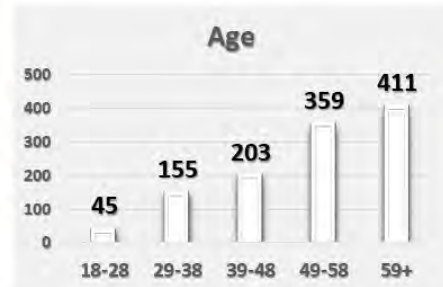
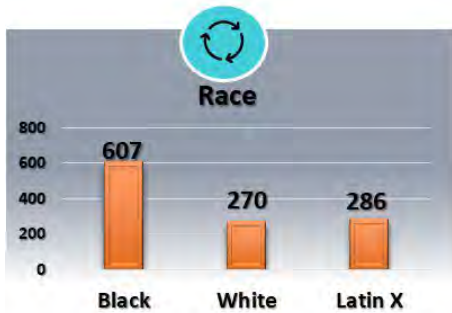
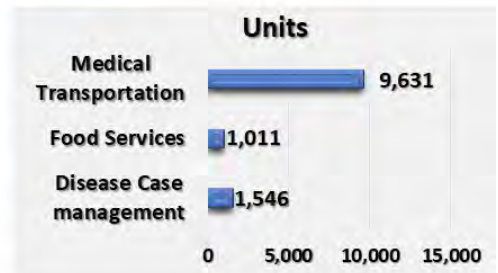
KEY DIFFERENCES BETWEEN EHE AND LOCAL PART A



Illustrating the ICT Model Applied in the Broward's EHE Initiative

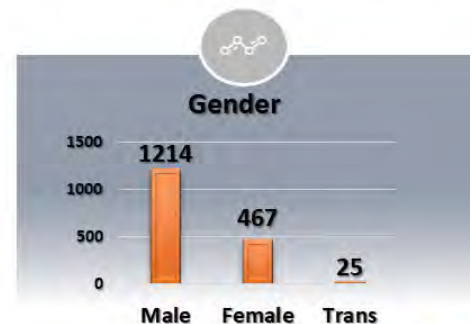
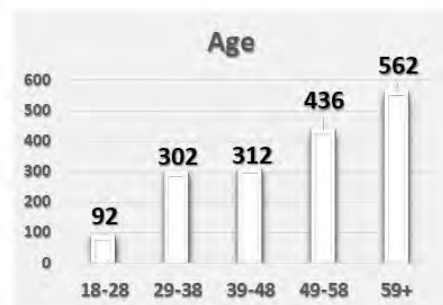
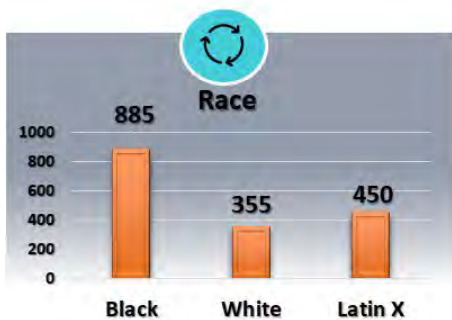


Broward County EHE Service Utilization FY2021



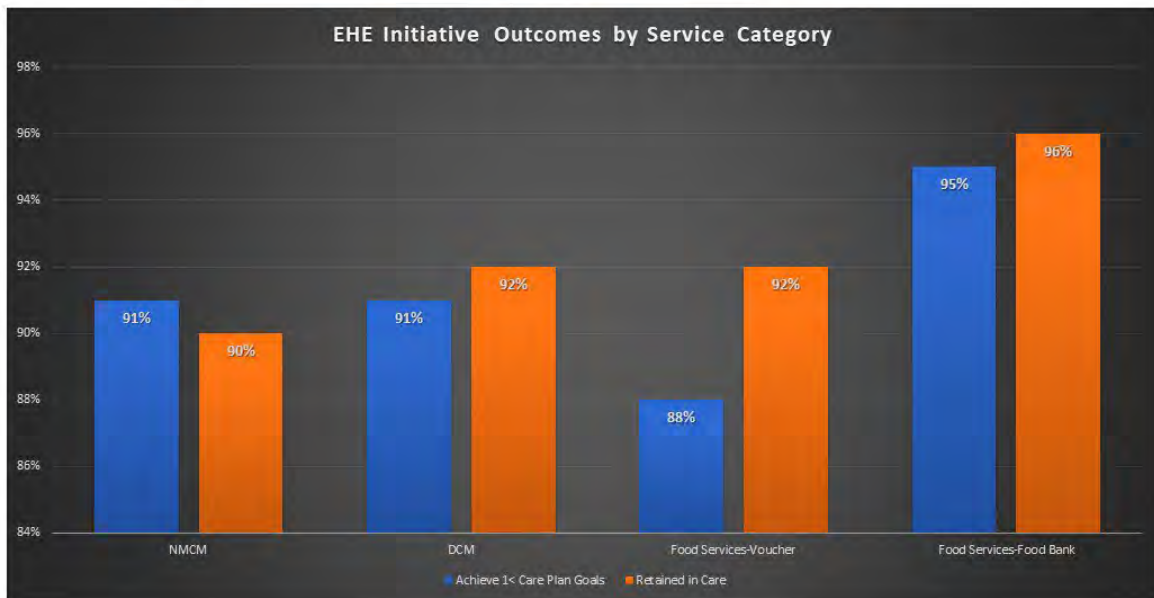
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Broward County EHE Service Utilization FY2022



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EHE Initiative Program Impact



Next Steps

- **Housing and Supportive Services**
- **Community Engagement Activities, including:**
 - Partnerships with non-traditional Ryan White providers
 - HIV and Stigma Awareness Campaigns
 - Foster greater collaboration between key stakeholders to leverage funding, maximize resources, and expand access to medical care and support services.

THANK YOU 😊

QUESTIONS!



Ending
the
HIV
Epidemic

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

Broward's County's Ending the HIV Epidemic Plan

Presented by: Department of Health in Broward County

February 16th, 2023



DOH-Broward's 5-Year EHE Plan

• Diagnose:

- Expand routine HIV testing in targeted health care settings
- Expand targeted HIV testing of priority populations in non-health care settings
- Develop and implement a social marketing campaign
- Incorporate health equity into HIV testing
- Create a seamless status-neutral HIV care continuum

• Treat:

- Expand access to Test and Treat services in HIV primary care
- Incorporate health equity into HIV prevention
- Expand access to safe/affordable housing opportunities for people with HIV
- Increase retention in care and treatment and viral suppression

• Prevent:

- Expand access to PrEP
- Raise community awareness of PrEP/nPEP through educational workshops, outreach, and social marketing
- Incorporate health equity into HIV prevention
- Create a seamless status-neutral HIV care continuum

• Respond:

- Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed
- Explore supporting HIV modernization activities that impact state laws (i.e. HIV decriminalization)

Year 3: New Activities

PILLAR ONE: DIAGNOSE

Explore continuing education regarding routine HIV testing
 Partner with substance use treatment providers to provide routine HIV testing on admission
 Provide technical assistance to support the implementation of HIV/STI testing in Broward County Schools
 Collaborate with community partners to support the implementation of the status-neutral HIV care continuum

PILLAR TWO: TREAT

Recruit and retain the network of Test and Treat (T&T) providers in the private sector

PILLAR THREE: PREVENT

Collaborate with community partners to support the implementation of the status-neutral HIV care continuum



Year 3: Funding

Budgetary Summary of Expenditures by Category

Personnel (5 FTE)	\$ 232,960.00
Fringe	\$ 160,312.67
Equipment	-
Supplies	\$ 2,510
Travel	-
Other	\$ 145,998.00
Contractual	\$ 1,291,312.00
Total Direct Costs	\$ 1,833,092.67
Indirect	\$ 116,094.00
Total	\$ 1,949,186.67

Broward EHE Year 3 Funding: CDC-RFA-PS20-2010

Contractual dollars in the community:

\$1,291,312.00

66% of DOH-Broward's EHE Funding



Year 3 Contracted Services

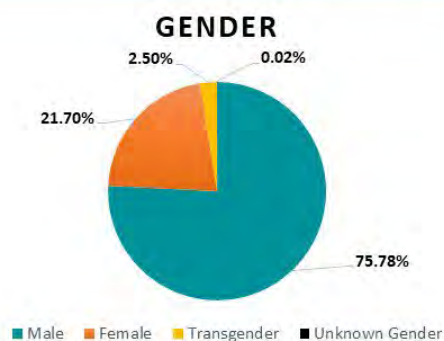
- **HIV Targeted Testing Using Incentives and SNS**
(Diagnose Pillar)—Continental Wellness Center and Ujima Men's Collective
- **Clinical PrEP and nPEP Services via Mobile Unit**
(Diagnose and Prevent Pillar)—AHF and IMG Helps
- **Provision of PrEP and nPEP clinical services including via Telehealth** (Prevent Pillar)—High Impacto, Latinos Salud, Midway Specialty Care Centers
- **Operation of a HIV Referral Line** (Treat Pillar)—211 Broward



Services Provided by Contracted Providers- Calendar Year 2022

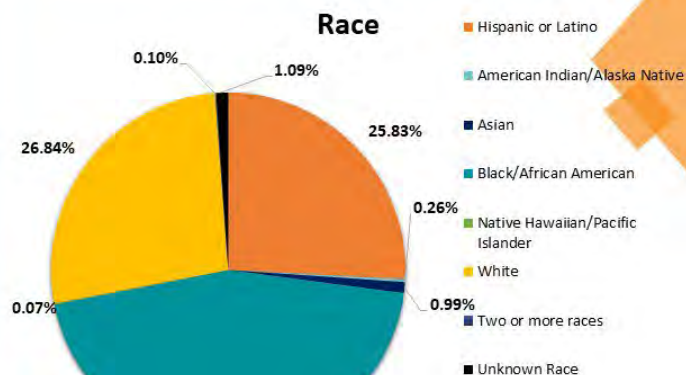


Number of Testing Services in Non-Traditional Venues, January–December 2022, (n=5,359)

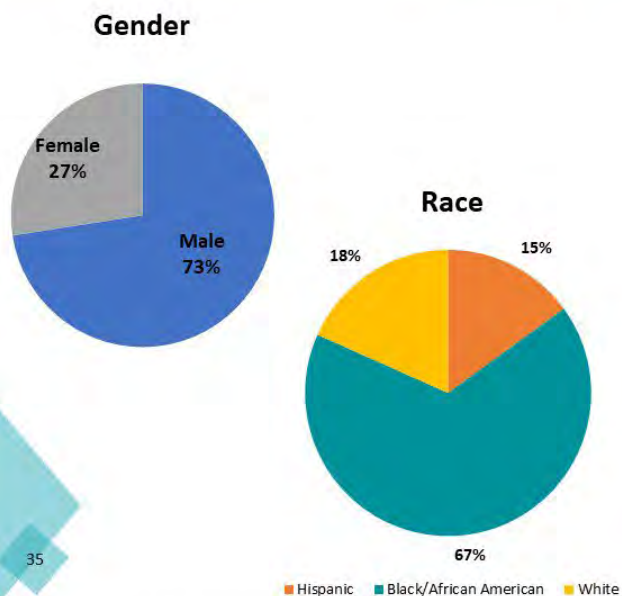


Age	n
<15 Years	5
15-19 Years	65
20-29 Years	1,045
30-65 Years	3,984
≥ 66 Years	260

Source: FDOH Counseling Testing and Linkage System

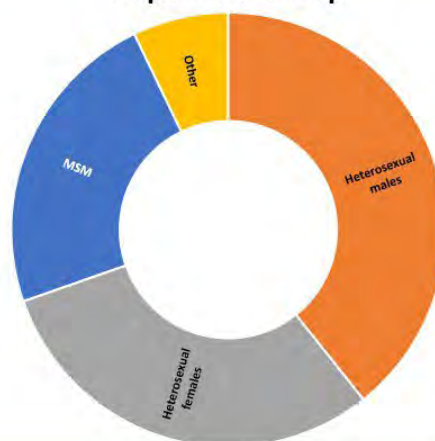


HIV Positive Persons Tested in Non-Traditional Venues, January–December 2022, (n=51)



Source: FDOH Counseling Testing and Linkage System

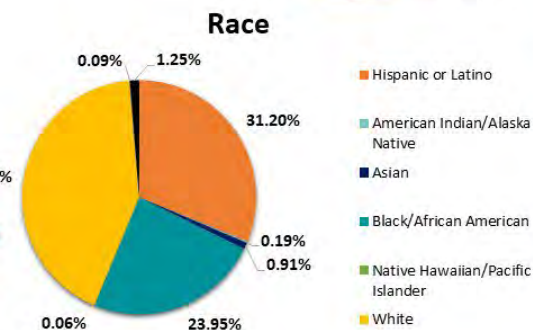
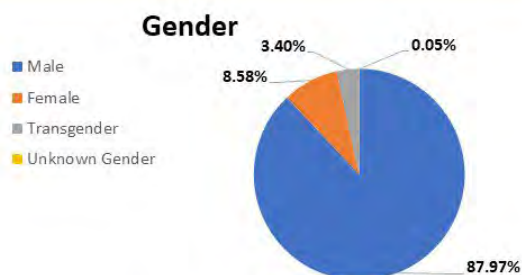
Population Group



Age	n
20-29 Years	5
30-65 Years	43
≥ 66 Years	3

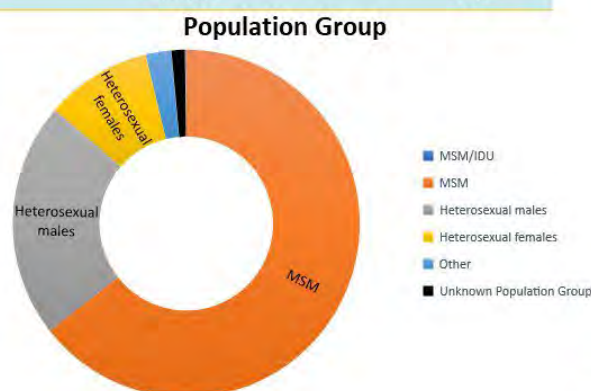


Persons Eligible, Referred, Linked, and Prescribed PrEP, January-December 2022, (n=2,203)



Source: FDOH Counseling Testing and Linkage System

Age	n
<15 Years	1
15-19 Years	10
20-29 Years	455
30-65 Years	1,627
≥ 66 Years	110



Social Marketing Campaigns: Diagnose and Prevent Pillars



U=U

HIV: UNDETECTABLE = UNTRANSMITTABLE

If you are living with HIV, taking your medication as directed can lower the amount of HIV in your blood to undetectable. Staying undetectable means you can't pass on HIV during sex.

To see if you qualify for free HIV medication, call: 954-213-0623

For help preventing and treating HIV & STD's, call: 855-HIV-ASKS

For one pill a day to prevent HIV, visit: GetPrEPBroward.com



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Thank you!





Human Services Department

COMMUNITY PARTNERSHIPS DIVISION / Health Care Services Section

115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

Programs at 400% FPL (or Below)

Integrated Primary Care and Behavioral Health (PCBH)

Disease Case Management (DCM)

Non-Medical Case Management (NMCM)

Oral Health Care

AIDS Pharmaceutical Assistance (APA)

Health Insurance Continuation Program (HICP)

MAI Trauma-Informed Mental Health

MAI Substance Abuse Services - Outpatient

Programs at 300% FPL (or Below)

Part A Trauma-Informed Mental Health

Part A Substance Abuse Services - Outpatient

Food Services

Legal Services

Broward County Board of County Commissioners

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