



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 Workshop

Thursday, May 11, 2023 - 9:30 -11:30 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

- I. Call to Order/Establishment of Quorum
- II. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
- III. Public Comment
- IV. Standard Committee Items
 - a. Monthly Expenditure/Utilization Report – by service category (**Handout A**)
- V. Unfinished Business
 - a. None.
- VI. New Business
 1. **Ryan White Funder and Stakeholders Presentations** including data related to (**Handout B- Part B**)(**Handout C- Part C**)(**Handout D- Part D**) (**Handout E- Part F**)(**Handout F- HOPWA**):
 - a. Client Utilization
 - b. Funding Allocation
 - c. Provided Services
 - d. Notable Trends
 - e. Recommendations for Part A
- VII. Recipient Report
- VIII. Public Comment
- IX. Agenda Items for Next meeting
 - a. Next Meeting Date: May 18, 2023, at 9:00 a.m. Location: WebEx

Next Meeting Agenda Items:

1. **HIV Surveillance Epidemiological Data** Presentation focused on:
 - a. Trends in new infections
 - b. Current and emerging priority populations
 - c. Changes in demographics of the EMA's HIV/AIDS cases
 2. **Quality Management Part A Client Health Outcomes Presentation:** Analysis of Part A FY2022 – March 1, 2022- February 28, 2023, client continuum of care health outcomes including:
 - a. Viral Load Suppression
 - b. Retention in Care; Variations by demographics
 3. **FY2022-2023 Service Utilization Scorecards**
 - a. CQM Team Reports on service category utilization
 4. **Present Notable trends of Needs Assessment/Community Input:**
 - a. Consumer Data (Community Conversation Data/CEC Data/ Community Outreach Data)
 5. **Review the Community Empowerment Committee's (CEC) Rankings of Part A Services**
 6. **Complete Rankings of Service Categories via (E-mail/Survey Link)**
- X. Announcements
- XI. 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](#)



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 eskizif pou fè moun tandè-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 the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

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

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



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Priority Setting and Resource Allocation Committee Workshop **Thursday, March 16, 2023- 9:00 – 11:00 AM**

Meeting via [WebEx](#)

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans, V. Biggs, E. Dsouza
PSRA Members Absent: None

Ryan White Part A Recipient Staff Present: G. James, W. Cius, T. Thompson, D. Davis, Q. Cowan

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao, N. Del Valle

Guests Present: M. Mullings, M. Schweizer

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

The PSRA Chair called the meeting to order at 9:05 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 meets 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

None.

4. Unfinished Business

None.

5. New Business

For the month of March, *M. Patel* and *N. Del Valle* presented and reviewed the Ryan White Part A Service categories to the committee. Following the presentation, *T. Thompson*

discussed the FPL RW Part A service category handout. Lastly, *G. Berkley-Martinez* reviewed Handout D, How Best to Meet Priority Needs: HRSA Requirements. The committee will later make a voting on the recommendations.

6. Recipient's Report

FY '22-'23 has been concluded and the Recipient's Office has sent out contract adjustments exercising the current option for FY '23-'24. The contract adjustments have been received and the Recipient's Office are preparing to upload the pieces onto Provide Enterprise for providers to begin to bill for the current FY. While they finish up the closing fiscal year, they will be expecting February invoices and February final invoices. Final notice of award has not been released yet for this current fiscal year.

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 April 20, 2023, at 9:00 a.m. via WebEx Videoconference.

Next Meeting Agenda Items:

Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations including data related to:

- a. Client utilization
- b. Funding Allocation
- c. Provided services
- d. Notable Trends
- e. Recommendations for Part A

9. Announcements

- *M. Mester* announced on March 18th, early morning, there will be an AIDS walk at Ft. Lauderdale Beach.
- *L. Robertson* announced a Community Conversation on Being Woke in the State of Florida on April 5th at 6:00PM
- *G. Berkley-Martinez* announced that CEC will be partnering and joining their meeting with BAGG on April 4th. On April 19th, CEC will be hosting a Community Conversation on Housing at the World AIDS Museum at 7:00PM.
- *B. Barnes* announced that Poverello will be starting a series that meets twice a year. The first meeting is scheduled for March 28th for Clients 62+ Moving into Medicare and Medicaid.
- *W. Cius* announced EHE Advisory Board are recruiting members to help guide the steps that EHE needs to take to address the needs of the community.

10. Adjournment

There being no further business, the business portion of the PSRA meeting was adjourned at 10:22 A.M.

PSRA Attendance for CY 2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16	16										
0	1	0	1	Barnes, B., Chair	X	X	X										
0	0	0	2	Fortune-Evans, B.	X	X	X										
0	0	0	3	Mester, B.	X	X	X										
0	1	0	4	Robertson, L.	X	X	X										
0	0	0	5	Dsouza, E.	X	X	X										
0	0	0	6	Rodriguez, J.	X	X	X										
0	1	0	7	Biggs, V.	X	X	X										
0	0	0	8	Jimenez, R.	X	X	X										
				Quorum = 5	8	8	8										

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

Priority Setting and Resource Allocation Committee Meeting Minutes – March 19, 2023
Minutes prepared by PCS Staff

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

	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unreimbursed Billables
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,470,122	5,454,397	100%	15,725	454,533	5,454,397	617,316
	AIDS Pharmaceutical Assistance (2)	581,344	581,340	100%	4	48,445	581,340	153,480
	Oral Health Care Routine (4)	1,722,475	1,695,009	98%	27,466	141,251	1,695,009	12,330
	Specialty (1)	552,489	552,466	100%	23	46,039	552,466	14,612
	Medical Case Management Case Management (7)	1,572,766	1,568,827	100%	3,939	130,736	1,568,827	61,610
	Disease Case Management (5)	763,617	748,699	98%	14,918	62,392	748,699	33,761
	Mental Health- Trauma-Informed (2)	183,939	183,899	100%	40	15,325	183,899	3,269
	Health Insurance Premium & Cost Sharing Assistance	692,279	692,250	100%	29	57,687	692,250	-
	Substance Abuse-Outpatient (1)	225,998	225,990	100%	8	18,833	225,990	22,459
Support Services	Case Management Centralized Intake and Eligibility Determination (1)	228,488	228,483	100%	5	19,040	228,483	4,668
	Food Services Food Bank (1)	1,000,000	999,971	100%	29	83,331	999,971	793
	Food Voucher (1)	142,586	142,566	100%	21	11,880	142,566	9,261
	Legal Assistance (1)	129,151	129,148	100%	3	10,762	129,148	-
	Emergency Financial Assistance (1)	115,872	115,872	100%	-	9,656	-	-
	Total Part A Funds	13,381,126	13,318,916	100%	62,210	1,109,910	13,318,916	933,559
	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unreimbursed Billables
Core Medical Services	MAI Ambulatory (1)	116,092	8,793	8%	107,299	733	8,793	-
	MAI Medical Case Management (2)	173,103	173,094	100%	9	14,424	173,094	6,533
	MAI Mental Health (1)	29,805	29,606	99%	199	2,467	29,606	-
	MAI Substance Abuse-Outpatient (1)	628,657	628,655	100%	2	52,388	628,655	-
Support Services	MAI Centralized Intake and Eligibility Determination (1)	640,956	426,241	67%	214,715	35,520	426,241	-
	Total MAI Funds	1,588,613	1,266,388	80%	322,225	105,532	1,266,388	6,533
	0							
	* Added additional \$492,884 in MAI service category from FY21-22 carryover.							
	Total Part A and MAI Funding	14,969,739	14,585,304	97%	384,435	1,215,442	14,585,304	940,091

RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART B



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 05/11/2023

RYAN WHITE PART B PROGRAM OVERVIEW

Ryan White Part B: A Federally Funded Program that provides support services to People Living with HIV Infection. The program avails those that do not have adequate health care coverage and/or financial resources needed for managing HIV disease or AIDS. To be eligible for any services under the program one must be HIV positive, a Broward County resident, and meet the federal income poverty level requirement of (400%) or below.



RYAN WHITE PART B ELIGIBILITY

Service	Documents
Part B Eligibility	Photo ID & Social Security Card
	Proof of HIV Status
	Utility bill, etc.
	3 months of pay stubs, W-2, 1040, or Letter of Support
ADAP & Medication Copayment	Insurance ID Card & Benefit Summary (if applicable)
	Current Prescriptions
	Pharmacy information
Home Health & Meals/Nutritional Supplement	Referral Form signed by Case Manager & Plan of Care
	Current Prescriptions signed by Doctor



FY2022-23

Budget:
1,161,929

- Full
Expended



FY2023-24

Budget:
Level
Funding

PROGRAM
BUDGET

Unduplicated Clients Served 2022-23

Service Category	# Unduplicated Clients	Units of Service Provided
Emergency Financial Assistance	863	4086
Food Bank/Home Delivered Meals	4	722
Health Insurance Continuation (HIP)	84	121
Home & Community-Based Health Services	12	49
Medical Nutritional Therapy	23	1334
Medical Transportation Services	182	835
Non-Medical Case Management	5661	9722
Substance Abuse Services	22	559



SERVICES PROVIDED

Ryan White Part B (RWPB) assist clients with the following services:

- Emergency Financial Assistance
- Health Insurance Continuation Program
 - Medication Copayment/Insurance Premium
- Home and Community-Based Health Services
- Home Delivered Meals
- Nutritional Supplements
- Medical Transportation Services (Bus Passes/Uber Card/Gas Cards)
- Substance Abuse Services- Detox & Residential



Emergency Financial Assistance

Limited one-time or short-term payments capped at \$3,500.00 annually, to assist the RWPB clients with an emergent need. To receive rent or utility assistance, lease and/or bill must be in client's name.



Client must have a current RWPA or RWPB Notice of Eligibility for the date of service and request.



Service Components:

Essential utilities:
electricity/water

Housing: Rent

Transportation

Medications

Food Vouchers



Emergency financial assistance will occur as a direct payment to the agency.

Health Insurance Continuation

- The **Medication Copayment Program** provides monthly copayments for FDA approved formulary medications to insured clients who are ineligible for the AIDS Drugs Assistance Program (ADAP).
- Client must have a current RWPA or RWPB Notice of Eligibility .
- Service Components:
 - Clients choose one of the participating pharmacies
 - Clients pick up medications monthly (RWPB approved formulary)
 - After applying co-pay cards; pharmacy bills RWPB for client's portion.
 - RWPB submits invoices for payments within 5 business days.
- The **Insurance Support Program** assists with insurance premiums, medical visit co-payments, laboratory co-payments, co-insurances, and deductibles.
- Clients must have a current RWPA or RWPB Notice of Eligibility .
- Service Components:
 - Insurance Premiums
 - Laboratory Payments
 - Co-Payments
 - Co-Insurance and Deductibles

Home & Community-Based Health Services

- Assist homebound clients based on a plan of care strategy by client's Case Manager and Physician.
- Client must have a current RWPA or RWPB Notice of Eligibility .

Service Components:

- Home Health Aide/Personal Care/Homemaker: Assist with daily cleaning and bathing as needed.
- Wound Care Nurse: Assist clients with Chronic Ulcer care.
- Durable medical equipment: Catheters, surgical lube, oxygen tanks/refills, and shower chairs.



Home Delivered Meals

Assists homebound clients based on a plan of care by client's Case Manager and Physician.



Client must have a current RWPA or RWPB Notice of Eligibility .



Service Components:

- Home Delivered Meals: Alternative breakfast, lunch, and dinner.
- Microwaveable meals are delivered to client, at the physician's request, based on the client's dietary needs.

Is a referral-based line item, based on a plan of care from the client's Case Manager and Nutritionist or Physician. A prescription and plan of care or chart note from the medical provider can be substituted in cases where a dietician or nutrition professional is not reasonably accessible.

Client must have a current RWPA or RWPB Notice of Eligibility .

- Service Components:
- Nutritional Supplement shakes:
 - Ensure/Generic cases are delivered by Walgreens Pharmacy based on dietary needs; however, client does not have to be homebound.

Medical Nutritional Therapy

Medical Transportation Services

Ryan White Part B staff issues Bus Passes to Part A case managers for distribution monthly.

Client must have a current RWPA or RWPB Notice of Eligibility .

Client Case Manager must provide proof of medical appointments.

Service Components:

- All Day Bus Pass: Client with 6 or fewer medical appointments per month
- 31-Day Bus Pass: Clients who exceed 7 medical appointments per month
- Clients can receive an Uber or Gas cards on a case-by-case basis
- Clients with Medicaid are not eligible to participate MTS

Substance Abuse Services

- Provides Detoxification and Residential substance abuse treatment services to clients with substance abuse at BARC: Broward Addiction Recovery Center.
 - Client must have a current RWPA or RWPB Notice of Eligibility .
 - Client must be Broward County residents and at least 18 years of age.
 - Service Components:
 - Detoxification (Detox): Medically supervised inpatient detoxification 7-days per episode.
 - Residential Treatment Services (RTS): Residential substance abuse treatment 30-days per episode.
 - Additional 30-days of RTS can be requested via the RWPB Program Manager
- ***The BARC Detox unit has converted to single occupancy rooms, which has temporarily reduced bed capacity from 50 beds to 28 beds to allow for enhanced social distancing***



NOTABLE TRENDS

RWPB's challenges during the previous contract year:

- Clients reporting to RWPB office with their Eviction Notices in hand.
- Trans Women experiencing bullying at their place of residence
- Clients are still reluctant to utilize the on-line portal as an eligibility option
- Clients frequently changing their number, or phone service disconnected, therefore the program is unable to remind clients of eligibility appointments.
(High No-Show Rate)

RWPB's success during the previous contract year:

- Staff and clients adjusted Telephone appointments/requirements
- Mail-order program is continuously growing
- ADAP/RWPB Call Center
- Provide Blood Pressure monitors for clients with uncontrolled BP
- Adding Uber and Gas Cards as transportation options

RECOMMENDATIONS: Partnership with Part A

Successes:

Reciprocal Eligibility

Eligibility Period 366 Days

Remote Eligibility Access

NOE (Source Document)

Barriers Removed: Labs/Rx for ADAP

In-Service Trainings



Challenges:

Limited Funding for Demand

Clients/CM Learning of EFA Services too late

Client Contact Information

Collaboration With Part A

Re-introducing Case Management Network Meetings for T/A

Create Resource Guide

Round Table Discussions



Contact Information

Ryan White Part B Team

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QUESTIONS?



RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART C

**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 May 11, 2023**

RYAN WHITE PART C PROGRAM OVERVIEW

The Ryan White Part C program provides funding to local community-based organizations to support outpatient ambulatory health services and support services through Early Intervention Service (EIS) program grants. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services through Capacity Development Grants. (HRSA, 2016)

Part C EIS is a component that funds comprehensive healthcare in outpatient settings through early identification and linkage into primary care services for people living with HIV.

Broward Health is the Recipient of Part C funds since 1998. We have 2 medical providers located at 2 different sites but actually work at three sites providing primary care to clients living with HIV/AIDS



PROGRAM BUDGET

Funding Amount: \$840,675 (\$491,142 MAI Fundings)

Services Provided

- ❖ Outpatient Ambulatory Health Services
- ❖ Early Intervention Services
 - Health Education / Risk reduction
 - Outreach
 - High Risk targeted HIV Testing
 - Case Management



SERVICES PROVIDED

❖ Client Eligibility

- 0 to 400% of FPL
- Broward County Residents

❖ Number of Unduplicated clients

- 1128



DEMOGRAPHICS

Gender

- Female: 36.70%
- Male: 63.10%
- Transgender: 0.20%

Age

- Under 21 0.10%
- 22-31 6.10%
- 32-41 12.20%
- 42 -51 15.40%
- 52-61 35.30%
- 62 and up 30.80%

Race

- American Indian or Alaskan Native 0.10%
- Asian 0.20%
- Black 83.20%
- White 19.00%

Ethnicity:

- Hispanic 8.00%
- Non-Hispanic 92.00%



NEEDS, GAPS, BARRIERS TO CARE

- Rental Assistance & Housing
- Food for Homeless Population
- Specialized services for the HIV positive Homeless
- Substance Abuse Residential

■



NOTABLE TRENDS

- Increase of STD infection of Young Adults (18-38)
- Increase of Young Adults(18-38) meeting the federal definition of Homelessness
- Increase of individuals losing SNAP benefits
- Increase of new Haitian migrants that present with High Viral loads
- Increase in new diagnosis from ED and Hospital with High Viral loads



RECOMMENDATIONS

Partnership with Part A

1. **Successes of your program**

- Test and Treat
- Partnership with Mobile Health Unit to reconnect
- Homeless individuals into Care

2. **The challenges faced by your program**

Increasing number of patients with treatment fatigue that practice episodic care.

3. **Resolution challenges/barriers**

Develop a new service delivery model for homeless individuals that is coordinated with the Homeless system of care.



QUESTIONS? DISCUSSION



RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART D

CDTC Comprehensive Family AIDS Program (CFAP)



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 [insert date]

RYAN WHITE PART D PROGRAM OVERVIEW

Children's Diagnostic & Treatment Center's Comprehensive Family AIDS Program (CFAP) provides primary care, medical case management and psychosocial support for women, infants, children, and youth who are living with HIV/AIDS and their affected family members.

CFAP has pioneered the Medical Home in Broward, through provision of family centered, comprehensive, coordinated, racially respectful, and linguistically and culturally appropriate medical care and supportive services, providing a one-stop delivery model for HIV positive women, and exposed or infected and exposed children and adolescents.



CDTC CFAP PROGRAM BUDGET

Funded primarily by HRSA, Ryan White Part D program since 1991

- FY2022- \$1,814,131.00
- FY2023- \$1,814,131.00
- FY2024- \$1,814,131.00

Other Funding Sources including:

CMS HIV – \$185,185.00

TOPWA – \$170,000.00



CDTC CFAP: SERVICES PROVIDED

- Medical care, medical care coordination, mental health counseling
- Test and Treat Program-servicing WICY population (youth males up through age 24)
- Onsite Pharmacy and Dental services
- Women's Support Groups, Haitian Support Groups, Special Events
- Nutritional Screening and Therapy, Family Planning
- Translation Services, Adherence Counseling, Prenatal Medication counseling
- Access to Clinical Research Trials, Transportation
- Food Pantry, access to gently used clothing (donations)



CDTC CFAP Client Eligibility

- Must be HIV Positive
- Must be a Resident of Broward County

Ways that Ryan White Part D differs from Ryan White Part A

- Part A funding allocations are for the identified HIV + client. Part D funds are allocated for medical case management to women, infants, children, and youth, as well as supported care services for their affected family members.
- Part D funding does not cover HIV+ males over 24



CDTC CFAP Client Population 2022

Age 25+

Women=597

Race/Ethnicity

Black/AA =529
White =33
Hispanic =33
Asian =1
Pacific Island =1

Risk Factor

Perinatal= 43
Heterosexual=554

Age 13-24

Youth =62

Female =39
Male= 23

Race/Ethnicity

Black/AA=54
White =1
Hispanic =5

Risk Factor

Perinatal=37
Heterosexual=19
MSM=6

Age 3-12

Children =6

Female=5
Male =1

Race/Ethnicity

Black/AA =5
White=1
Hispanic =0

Risk Factor

Perinatal =6

Age 0-2

Indeterminate =101

Female=53
Male =48

Race/Ethnicity

Black/AA =91
White =2
Hispanic =7

Risk Factor

Prenatal=64



CDTC CFAP: NEEDS, GAPS, BARRIERS TO CARE

Lack of Mental Health services for Creole/Spanish Speaking populations

Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations

Affordable housing

Transportation

Residential Substance Abuse Programs

Outreach efforts to identify at risk youth (PROACT)

Increase RW Dental Providers

Prenatal Care Cost



CDTC CFAP Notable Trends

- Increased client requests for emergency financial assistance (food, diapers, transportation)
- Increase in number of clients returning to care through Test and Treat
- Pregnant women diagnosed with HIV later in pregnancy



CDTC CFAP: NOTABLE TRENDS

Newly diagnosed populations

- Pregnant
- High VL
- Young/Naive about HIV
- Migrating from other counties

Young Adults (18-28)

- Retention in care (*Many Factors*)
- Insurance issues
- Substance abuse
- Employment/Housing issues
- Unplanned pregnancy
- Follow up with required documentations

The elderly

- Comorbidities
- Insurance issues Applying for SSI/SSD
- Medicaid transportation
- Decline in Independence

Recently re-engaged in care

- Lack of knowledge of HIV
- Denial
- Disclosure to partners
- Advanced HIV
- Adherence issues



CDTC CFAP Successes

- Coordination with Comprehensive Care Center to ensure CDTC clients have no interruptions in their medical care.
 - On Site Pharmacy allows clients to leave with medication after doctor visit
 - Resumed creole support group
 - Uber health transportation to medical appointments
- Retention in care Adult 85% Youth 93%
- VL suppression Adult 87% Youth 82%
- Perinatal Transmission 0
- Oldest client turned 90



CDTC CFAP Challenges

- Full Time Adult Physician
- Decreased # of staff
- Communication with outside agencies providing Medical Care for CFAP clients
- Medicaid renewals began on April 1st
- Increase in the number of clients over 50, increased need for training education in HIV/Aging
- Oral Health Care



RECOMMENDATIONS: Partnership with Part A

CDTC continues to work closely with Comprehensive Care Center (Part A) to ensure that CFAP clients have ongoing medical care, without interruption.

CDTC has partnered with Poverello to secure food for clients facing food scarcity, homelessness, etc.



QUESTIONS?

DISCUSSION



RYAN WHITE FUNDER'S PRESENTATION FOR PSRA

RYAN WHITE PART F



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 [insert date]

RYAN WHITE PART [insert] PROGRAM OVERVIEW

The Community-Based Dental Partnership Program (CBDPP) fund?

The CBDPP funds HIV oral health care and provider education and clinical training, especially those practicing in community-based settings. The CBDPP also increases access to oral health care services for low-income people with HIV.

Funded to eleven dental education programs in the United States



PROGRAM BUDGET

Current funding through 6-30-2023 \$219,000 per year

Awaiting new funding award

Care Resource serves as our community partner in Broward County. Funds are used to support dental providers, support staff, and supplies for Care Resource.



SERVICES PROVIDED

Please list all the services provided by your program, including:

- Definition of the Services
- Client Eligibility: HIV+ Broward County (No income qualifications)
- 367 unduplicated clients (146 new)
- 215 males
- 142 female
- 10 Transgender Male to Female
- 132 Hispanic or Latino/a
- 235 Non-Hispanic or Latino/a
- 124 White
- 211 African American



SERVICES PROVIDED

- Largest age group 55-64 followed by 35-44,45-54,25-34
- 365 at or below the federal policy level
- 2,969 services were provided mostly diagnostic, preventive, periodontic, restorative
- All patients receive oral hygiene instructions, tobacco cessations, and nutritional counseling.



NEEDS, GAPS, BARRIERS TO CARE

NSU-CDM has been a Part F recipient for 15 years and the excellent collaboration with Care Resource has allowed not only an educational setting for our students, but the ability to integrate medical and oral health care in one location.

Need to additional funding. Amount is never increased over initial funding amount.



NOTABLE TRENDS

Trend for increased patients with substance abuse issues



RECOMMENDATIONS: Partnership with Part A

On this slide, please describe the following:

- 1). Provides access to care for those unable to access or need supplement their Part A funds or provide uncovered procedures.
- 2) Increased funding

Part F also funds the AIDS Education and Training Center



QUESTIONS?

DISCUSSION



Part F: Dental Programs

HRSA's Ryan White HIV/AIDS Program



Program Fact Sheet | September 2022

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services for people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health. The RWHAP, first authorized in 1990, was funded at nearly \$2.5 billion in fiscal year 2022.



Funds from all Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients may support providing oral health services. However, two programs under RWHAP Part F specifically fund oral health care for people with HIV:

- The Dental Reimbursement Program (DRP)
- The Community-Based Dental Partnership Program (CBDPP)

These programs fund oral health services, as well as education and training of oral health providers, to expand provider capacity.

Recipients and Eligibility

The DRP and CBDPP recipients are dental education programs seeking to improve their response to the HIV epidemic in their area. Eligible applicants for both the DRP and the CBDPP are institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation. These could include—

- Dental schools
- Hospitals with postdoctoral dental residency programs
- Community colleges with dental hygiene programs

Dental Reimbursement Program Implementation

First funded in 1994, the DRP expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. To achieve its goal, the DRP reimburses accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.

Community-Based Dental Partnership Program Implementation

First funded in 2002, the CBDPP increases access to oral health care for people with HIV by providing education and clinical training for dental care providers, especially those practicing in community-based settings. To achieve its goal, the CBDPP works through multi-partner collaborations between dental and dental hygiene education programs and community-based dentists and dental clinics. Community-based program partners help design programs and assess their impact.

Funding Considerations

Congress appropriated approximately \$13.4 million for the Part F Dental Programs in fiscal year 2022.

HOPWA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

The HOPWA Program Overview

Federally: The Housing Opportunities for Persons with AIDS (HOPWA) Program is administered by the Office of HIV/AIDS and the Office of Community Planning and Development (CPD) of the United States Department of Housing and Urban Development (HUD). The HOPWA program funds a wide range of housing assistance activities in order to provide a variety of housing options that meet the needs of Persons Living with HIV/AIDS (PLWAS).

Local: In Broward County, the program is administered by the City of Fort Lauderdale (COFL), the largest City in the Eligible Metropolitan Statistical Area (EMSA). The COFL has administered the HOPWA formula grant since the 1990's. The City is the sole recipient of HOPWA funds in Broward County and services must be provided countywide.

Program Budget

- **FY2022 Budget:**

- Grant Award for 2022-2023 **\$7,210,033.00**

- **Current Sub-recipients**

- Broward House, Inc
 - Broward Regional Health Planning Council, Inc
 - Care Resource Community Health Centers, Inc
 - Mount Olive Development Corporation
 - Sunshine Social Services, Inc
 - Legal Aid Service of Broward County.

- **FY2023 Budget:**

- Grant Award for 2023-2024 **HUD Notification will be available in May**

- The program is solely fund by the department of Housing and Urban Development (HUD) annually to the City.

Client Eligibility

Be HIV positive

- Lab results- Western Blot/Viral Load

Income must fall within Federal Annual Income Guidelines

- Income of **ALL** applicable household members is included in the application

Complete a truthful application

- Provide **ALL** supporting documentation

Lawfully Reside in the US

- Head of Household must complete Declaration 214 Document and provide supporting documentation

Be a current Broward County Resident

- Must have lived in Broward county for at least 6 continuous months before receiving housing assistance

Definition of Services Provided

PERMANENT HOUSING PLACEMENT (PHP) Program

Provide clients with move in assistance and cost associated with obtaining permanent housing

Contact Housing Case Management Providers; Careressource or Sunserve

SHORT-TERM RENT, MORTGAGE AND UTILITIES (STRMU)

Provides continued support for emergency financial assistance for payment of rent, mortgage and utilities. STRMU is a short-term need-based time-limited, intervention to prevent Homelessness, i.e. provide rental assistance to homeowners /tenants to remain in their current place of residence.

Contact Housing Case Management Providers; Sunserve or Careressource

FACILITY BASED HOUSING (FAC)

Provision of housing is a multi-person, multiunit residence designed as a residential alternative to institutional care; to prevent or delay the need for such care; and to provide a transitional setting with appropriate supportive services. This program is currently provided by Broward House.

Contact: Browardhouse.org or call 954-568-7373 X3215

Definition of Services Provided

PROJECT BASED RENTAL (PBR) ASSISTANCE:

Provides continued support for apartment units operated by nonprofit organizations for HIV/AIDS clients. Clients will be required to pay either 10% of gross income or 30% of adjusted income for rent and utilities whichever is greater. This program is currently provided by Broward House and Mt. Olive Development Corporation (MODCO).

Contacts:

Browardhouse.org or call 954-568-7373 X3215

Modcocoares.org or call 954-764-6488

TENANT BASED RENTAL VOUCHERS (TBRV):

Provides continued support to lower-income HIV/AIDS persons or families for rental assistance to live in private, independent apartment units. The household assisted will be required to pay no more than 10% of its gross income or 30% of adjusted income for rent and utilities, whichever is greater.

Definition of Services Provided

NON-HOUSING SUPPORT SERVICES - HOUSING CASE MANAGEMENT (HCM) Program

Provides Non-Housing subsidy. Providers are responsible for developing and implementing Individualized comprehensive housing stability plan. HCM includes housing assistance and supportive services like access to healthcare who are not receiving FAC, PBR or TBRV services. And assists clients in applying for STRMU or PHP assistance. Collaborate with Legal Aid of Broward county, a HOPWA Service Provider if needed. Provider may assist clients who are transitioning off FAC, PBR or TBRV subsidy to self-sufficiency.

Contact HCM Providers;

Caresource.org or call 954-567-7141

Sunserve.org or call 954-764-5150

NON-HOUSING SUPPORT SERVICES –LEGAL AID

Provides Non-Housing subsidy. HOPWA activity includes advocating on client's behalf. This program type is responsible for providing legal advice and/or direct legal representation to clients who were referred by Non-Housing Subsidy Case Management providers.

Contact HCM Providers; Careresource or Sunserve

Demographics

Number of client's FY 2022: 1728

- 577 received financial Housing subsidy (TBRV, PBR, STRMU, TEHV and PHP)
- 1728 received housing case management services and were connected to other resources based on need

Ethnicity		HOPWA Eligible Individuals		All Other Beneficiaries		
		[A] Race	[B] Ethnicity	[C] Race	[D] Ethnicity	
		[all individuals reported in Section 2,	[Also identified as Hispanic or Latino]	[total of individuals reported in Section 2,	[Also identified as Hispanic or Latino]	
1	American Indian/Alaskan Native	2	0	0	0	
2	Asian	10	0	0	0	
3	Black/African American	358	7	173	2	
4	Native Hawaiian/Other Pacific Islander	0	0	0	0	
5	White	185	64	35	18	
6	American Indian/Alaskan Native & White	10	0	0	0	
7	Asian & White	0	0	0	0	
8	Black/African American & White	7	0	3	0	
9	American Indian/Alaskan Native & Black/African American	0	0	6	0	
10	Other Multi-Racial	5	0	0	0	
11	Column Totals (Sum of Rows 1-10)	577	71	217	20	
HOPWA Eligible Individuals						
Age Group		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1	Under 18	0	0	0	0	0
2	18 to 30 years	37	34	4	0	75
3	31 to 50 years	117	72	2	0	191
4	51 years and Older	181	125	5	0	311
5	Subtotal (Sum of Rows 1-4)	335	231	11	0	577

Needs, Gaps, Barriers to Housing

- Availability and affordability
- Some of the primary barriers are the cost of housing units, limited stock of affordable housing units, poor rental history, Bad Credit
- HOPWA client are required to have some income to contribute 30% of their household income towards rent. Not for zero Income clients.
- More targeted education opportunities.

Notable Trends

- Increased need for long term subsidy
- We are still getting high volume of out of State and out of County clients. HOPWA subsidies are not portable.
- Increased complains from client's, Medical Case Managers (MCM), City Commissioner Office against HOPWA housing case management agencies. MCM are reaching to City Staff directly.

Recommendations

Activities that contributed to the success of the program.

- In Jan 2023 City conducted Training for HOPWA providers which included:
 - Income Certification
 - Case management
- HOPWA Getting Back to Work initiative

Services/resources outside of HOPWA available to clients to reduce gaps in services?

- **Case management can assess and refer individual to other community resources**
 - Other community resources including governmental, non-profit, private and faith-based organizations
 - Employment agencies, financial assistance, subsidy opportunities, first time home buyer programs

Some of the challenges faced by your program:

- Mental Health and substance abuse care
- Finding Affordable Housing
- Increase long term subsidies.

Based on the identified challenges, some activities or solutions that the Part A Program could potentially address through the PSRA process?

- Continuation of funding for mental health and substance abuse.
- Finding flexible source of funding for non-eligible clients
- Support the HOPWA Getting Back to Work Initiative

Questions?

Discussion



"THIS PROGRAM DOES NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, GENDER (INCLUDING IDENTITY OR EXPRESSION), MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER PROTECTED CLASSIFICATION AS DEFINED BY APPLICABLE LAW".

END OF PACKET