Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Community Empowerment Committee
Date/Time: March 3, 2020, 3:00 p.m.
Location: Governmental Center Annex Room A-337
Chair: Bessie Dennis **Vice Chair:** Andrew Ruffner

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS**: 03/03/20 Agenda, 02/04/20 Minutes
3. **STANDARD COMMITTEE ITEMS** (10 minutes)

   I. **CEC Development (Handouts A1-A2)**
   ACTION ITEM: Review services provided by the Ryan White Part A Program in Broward County.

4. **UNFINISHED BUSINESS**

   I. **HIV Information (Handouts B-C)**
   ACTION ITEM: Review HIV Awareness Days Calendar and receive presentation on populations of focus.

   II. **FY2020-2021 CEC Work Plan (Handout D)**
   ACTION ITEM: Finalize FY2020-2021 CEC Work Plan.

5. **MEETING ACTIVITIES/NEW BUSINESS**

   I. **Event Planning (Handouts D-E)**
   ACTION ITEM: Select an event type from the work plan and begin planning.

6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** **Date:** April 7, 2020 **Venue:** A-337
9. **MEMBER TASKS**
10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care •Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: Community Empowerment Committee (CEC)
Date/Time: Tuesday, February 4th, 2020 3:00 p.m.
Location: Government Center GC-320
Chair: Bessie Dennis **Vice Chair:** Andrew Ruffner

ATTENDANCE

#	Member	Present	Absent
1	Bhrangger, R.	X	
2	Dennis, B. *Chair*	X	
3	Franks, H.	X	
4	Gunion, D.	X	
5	Lewis, V.		E
6	Marcoviche, W.	X	
7	Martinez, G.		A
8	Robertson, L.		A
9	Ruffner, A. *Vice-Chair*	X	
10	Shore, R.		A
	Quorum = 6	**6**	

Recipient Staff
Scott, S.
Jones, L.
HIVPC Staff
Oratien, V.
Ukpai, F.
Guests
Wilson, W.

1. CALL TO ORDER:

The Chair called the meeting to order at 3:17 p.m. and welcomed all present. The Chair notified attendees that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, which includes 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. A moment of silence was observed, and introductions were made by all in attendance.

2. APPROVALS:

Motion #1: To approve the 2/4/20 meeting agenda.
Proposed by: Ruffner, A. **Seconded by:** Gunion, D.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 1/7/20.
Proposed by: Franks, H. **Seconded by:** Marcoviche, W.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Testimonials: The testimonial question (*What are ideas for targeting demographic areas that are under exposed to prevention, care and HIV/AIDS treatment and services?*) was posed to the Committee. Members suggested tabling at events and going to different events and meetings. A member proposed that the Committee table at the Sistrunk parade on February 22nd. Another event, taking place on February 29th at Delevoe Park, was suggested. Members discussed how to determine which demographic areas are under-exposed. After considering different options, members requested a heat map illustrating prevalence and Ryan White data. Members noted that in the southern part of the County, it is difficult to find a free HIV test. The corners of the County tend not to have as much access to prevention services.

ACTION ITEM: Review Ryan White data and prevalence heatmaps.

Members were encouraged to discuss what they intended to accomplish, then determine where and when they should go out and achieve it.

4. UNFINISHED BUSINESS

I. Community Empowerment Committee Event Planning: The Committee was informed that the event they voted to hold on February 9, 2020 was canceled. The Bishop of the church that was to serve as the location did not feel it was a reasonable timeframe.

A suggestion was made to utilize an event at the African American Research Library & Cultural Center (AARLCC) as a CEC event. AARLCC is hosting Cultural Conversations at the Center. The conversation on Thursday, February 6th will feature Morris Anthony Singletary discussing "Love and Positivity." This event is being hosted in honor of National Black HIV/AIDS Awareness Day. The benefit of participating in this event is that it empowers people to join CEC, the least technically adept of the HIVPC Committees. The Committee voted to attend, table, and briefly speak at the event.

Motion #3: To participate in the "Love and Positivity" event taking place on Thursday, February 6, 2020.
Proposed by: Franks, H. **Seconded by:** Ruffner, A.
Action: Passed Unanimously

ACTION ITEM: Provide a calendar of awareness days to CEC members.

5. MEETING ACTIVITIES/NEW BUSINESS

I. FY2020-2021 CEC Work Plan: The Committee reviewed its progress on the FY2019-2020 Work Plan (Handout A1 on file). CEC did not complete the majority of its listed activities in this fiscal year. In part, challenges with sustaining Committee leadership and time spent on grant writing were hinderances. After reviewing its current work plan, CEC reviewed recommendations for the FY2020-2021 Work Plan (Handout A2 on file). The Committee deeply assessed the proposed work plan and continued to make revisions. One revision was to include a Committee education component. The FY2020-2021 CEC Work Plan was tabled so that the work could continue in the Committee's next meeting.

ACTION ITEM: Provide education on the services provided by Ryan White Part A at the March CEC meeting.

6. RECIPIENT REPORT

A partial grant award will be received in the next couple of weeks. The Recipient is anticipating 33% of the formula award and 20% of MAI. This would be roughly $5 million of the potential $16 million award. The Recipient estimates the final award will be provided by May or June.

Additionally, the Recipient has participated, along with the other Part A Recipients in Florida, in a conversation with the Florida Department of Health. This conversation was centered on enhancing collaboration, planning, and data sharing between Part A and Part B. The parties are still working and making progress. One goal of these efforts is to reduce the redundancy felt by consumers.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: February 4, 2020 **Time:** 3:00 p.m. **Venue:** GC-320

I. FY2020-2021 CEC Work Plan

a. Finalize outreach or education events.

9. ANNOUNCEMENTS

The CEC Chair noted that an event is taking place on February 29, 2020 which would be a good tabling opportunity for the Committee.

10. ADJOURNMENT

The meeting was adjourned at 5:01 p.m.

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CEC Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	7	4											
1	1	0	**1**	Bhrangger, R.	X	X											
1	1	0	**2**	Dennis, B. *Chair*	X	X											
0	0	0	**3**	Franks, H.	X	X											
0	0	0	**4**	Gunion, D.	X	X											
1	1	0	**5**	Lewis, V.	X	E											
1	1	0	**6**	Marcoviche, W.	X	X											
1	1	1	**7**	Martinez, G.	X	A											
0	1	1	**8**	Robertson, L.	X	A											
0	0	0	**9**	Ruffner, A., *V. Chair*	X	X											
0	0	1	**10**	Shore, R.	X	A											
				Quorum = 6	10	6	0	0	0	0	0	0	0	0	0	0	

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

HANDOUT A1

1

Broward County Ryan White Part A Program's Funded Service Categories

I. Ryan White HIV/AIDS Program Overview

II. Part A Services
- A. Core Medical Services
  - 1. All Available Core Medical Services
  - 2. Broward's Core Medical Services
- B. Support Services
  - 1. All Available Support Services
  - 2. Broward's Support Services

III. More Information

2

The Ryan White HIV/AIDS Program

- **The Ryan White HIV/AIDS Program (RWHAP)** provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.
- RWHAP is administered by the **HIV/AIDS Bureau (HAB)** of the **Health Resources and Services Administration (HRSA).**
- **Part A** grants funding to metropolitan areas hardest hit by the epidemic for **HIV medical care** and **support services.**
- RWHAP is the "funder of last resort."

RWHAP Part A Planning Council Primer, pages 5 & 13

In FY2018, the Part A Program of Broward County provided care for **8,273 unique clients**.

3

All Available Core Medical Services

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

Of the 13 medical services allowed by the RWHAP, **7 are provided by the Part A Program in Broward.**

4

HANDOUT A1

Broward's Core Medical Services

OAHS, AIDS Pharmaceutical Assistance, and HICP

1. Outpatient/Ambulatory Health Services - provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.

2. AIDS Pharmaceutical Assistance (Local) - operated by a Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

3. Health Insurance Premium & Cost-Sharing Assistance (HICP) - provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. This includes standalone dental insurance.

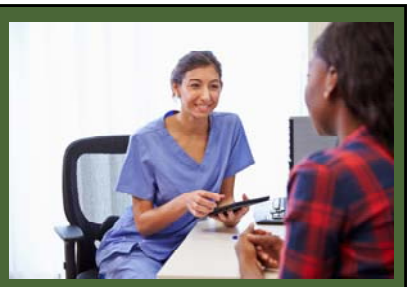
5

Broward's Core Medical Services

Medical Case Management and Mental Health Services

4. Medical (Disease) Case Management - The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers.

5. Mental Health Services - The provision of outpatient psychological and psychiatric services. These services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services.



6

Broward's Core Medical Services

Oral Health Care and Substance Abuse Services

6. Oral Health Care (Dental) - Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals.

7. Substance Abuse Services – Outpatient - The provision of outpatient services for the treatment of drug or alcohol use disorders.

7

All Available Support Services

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

Of the 17 support services allowed by the RWHAP, **4 are provided by the Part A Program in Broward.**

8

HANDOUT A1

Broward's Support Services

Food Bank and Emergency Financial Assistance

1. Food Bank/Home-Delivered Meals - The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

2. Emergency Financial Assistance - Provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Urgent needs include: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

9

Broward's Support Services

Legal Services and Non-Medical Case Management

3. Legal Services - Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease.

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

4. Non-Medical Case Management - Provides a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

In Broward County, Non-Medical Case Management includes Client Intake and Eligibility Determination (CIED).

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HANDOUT A1

For More Information

I. HRSA Funded Service Category Description (Handout A2)

II. HRSA Planning Council Primer

11

HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 10/22/18*]). **Those funded by the Broward EMA in 2019-2020 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

Core Medical Services:

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

Support Services:

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

Service Category Definitions

Core Medical Services (services funded by the Broward EMA are in blue text):

1. **AIDS Drug Assistance Program Treatments (ADAP):** A state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV. HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

2. **AIDS Pharmaceutical Assistance:** AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

   A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary that is
     - Approved by the local advisory committee/board, and
     - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's HRSA RWHAP Part B ADAP o A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:
    - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
    - Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
    - Paying cost sharing on behalf of the client.

5. **Home and Community-Based Health Services:** Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
    - Appropriate mental health, developmental, and rehabilitation services
    - Day treatment or other partial hospitalization services
    - Durable medical equipment
    - Home health aide services and personal care services in the home

6. **Home Health Care: T**he provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
    - Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
    - Preventive and specialty care
    - Wound care
    - Routine diagnostics testing administered in the home
    - Other medical therapies

7. **Hospice:** Services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
    - Mental health counseling
    - Nursing care
    - Palliative therapeutics
    - Physician services
    - Room and board

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

9. **Medical Nutrition Therapy**: Includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

10. **Mental Health Services:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

11. **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

12. **Outpatient/Ambulatory Health Services**: Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

    Allowable activities include:
    - Medical history taking
    - Physical examination
    - Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
    - Treatment and management of physical and behavioral health conditions
    - Behavioral risk assessment, subsequent counseling, and referral
    - Preventive care and screening
    - Pediatric developmental assessment
    - Prescription and management of medication therapy
    - Treatment adherence
    - Education and counseling on health and prevention issues
    - Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

13. **Substance Abuse Outpatient Care:** The provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:
    - Screening
    - Assessment
    - Diagnosis, and/or
    - Treatment of substance use disorder, including:
        - Pretreatment/recovery readiness programs
        - Harm reduction
        - Behavioral health counseling associated with substance use disorder
        - Outpatient drug-free treatment and counseling
        - Medication assisted therapy
        - Neuro-psychiatric pharmaceuticals
        - Relapse prevention

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Support Services (services funded by the Broward EMA are in blue text):

1. **Child Care Services:** Services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

2. **Emergency Financial Assistance:** Provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

3. **Food Bank/Home Delivered Meals:** The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

4. **Health Education/Risk Reduction:** The provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:
    - Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention

- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

5. **Housing**: Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.
6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills

    Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

7. **Linguistic Services:** Provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

8. **Medical Transportation:** The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:
    - Contracts with providers of transportation services
    - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
    - Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Voucher or token systems

    Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

9. **Non-Medical Case Management Services (NMCM):** Provides a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Client-specific advocacy and/or review of utilization of services
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary
    - Ongoing assessment of the client's and other key family members' needs and personal support systems

10. **Other Professional Services:** Allows for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
    - Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

11. **Outreach Services:** Identifies PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

    Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services. Outreach Services must:

    1. use data to target populations and places that have a high probability of reaching PLWH who
        a. have never been tested and are undiagnosed,
        b. have been tested, diagnosed as HIV positive, but have not received their test results, or
        c. have been tested, know their HIV positive status, but are not in medical care;
    2. be conducted at times and in places where there is a high probability that PLWH will be identified; and
    3. be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

    Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

12. **Permanency Planning:** Includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

13. **Psychosocial Support Services:** Provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
    - Bereavement counseling
    - Caregiver/respite support (RWHAP Part D)
    - Child abuse and neglect counseling
    - HIV support groups
    - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
    - Pastoral care/counseling services

    Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

14. **Referral for Health Care and Support Services:** Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

    Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

15. **Rehabilitation Services:** Provides HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

16. **Respite Care:** The provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

    Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV

Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

17. **Substance Abuse Services (residential):** The provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention
    - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

    Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

    Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

Awareness Days

AWARENESS DAYS

February 7
National Black HIV/AIDS Awareness Day #NBHAAD

March 10
National Women and Girls HIV/AIDS Awareness Day #NWGHAAD

March 20
National Native HIV/AIDS Awareness Day #NNHAAD

April 10
National Youth HIV & AIDS Awareness Day #NYHAAD

April 18
National Transgender HIV Testing Day #TransHIV

May 18
HIV Vaccine Awareness Day #HVAD

May 19
National Asian & Pacific Islander HIV/AIDS Awareness Day #APIMay19

June 5
HIV Long-Term Survivors Day #empowered2thrive

June 27
National HIV Testing Day #HIVTestingDay

September 18
National HIV/AIDS and Aging Awareness Day #HIVandAging

September 27
National Gay Men's HIV/AIDS Awareness Day #NGMHAAD

October 15
National Latinx AIDS Awareness Day #NLAAD

December 1
World AIDS Day #WAD2019

HANDOUT C

Broward EMA Data Review

1

Data Overview

Broward County Part A Care Continuum Definitions

Total PLWH Clients: Clients that are PLWH and received at least one service from the selected service category(s) in the reporting period.

Ever in Care: PLWH Clients that ever had medical care service* documented.

In Care: PLWH Clients that had medical care within the reporting period.

Retention in Care: PLWH Clients that had two or more medical care services* at least three months apart in the reporting period.

On ARV: PLWH Clients that have documented ARV Therapy at any time during the reporting period.

Virally Suppressed: PLWH Clients with less than 200 copies/mL in their most recent viral load assessment, as of the end of the reporting period

**Medical Care Service = Medical Visit, Prescription Pickup, Viral Load or CD4 lab*

- Data is for the period of 12/1/2019 to 11/31/2020

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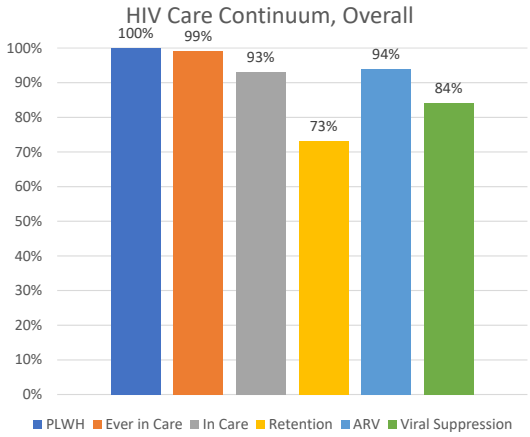
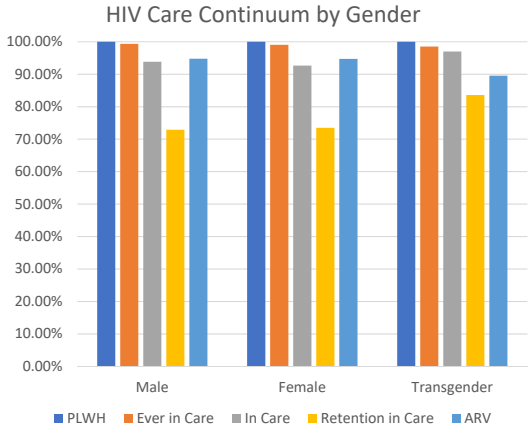
Overall Care Continuum



- 8,201 PLWH
- 99% (8141/8201) were ever in care
- 93% (7672/8201) were in care
- 73% (5997/8201) were retained in care
- 94% (7769/8201) were prescribed ARVs
- 84% (6871/8201) achieved viral suppression

3

HIV Care Continuum by Gender



	PLWH	Ever in Care	In Care	Retention in Care	ARV	Viral Suppression
Male (n)	5858	5820	5498	4269	5553	4942
Male %	100.00%	99.35%	93.85%	72.87%	94.79 %	84.36%
Female (n)	2276	2255	2109	1672	2156	1874
Female %	100.00%	99.08%	92.66%	73.46%	94.73 %	82.34%
Transgender (n)	67	66	65	56	60	55
Transgender %	100.00%	98.51%	97.01%	83.58%	89.55 %	82.09%

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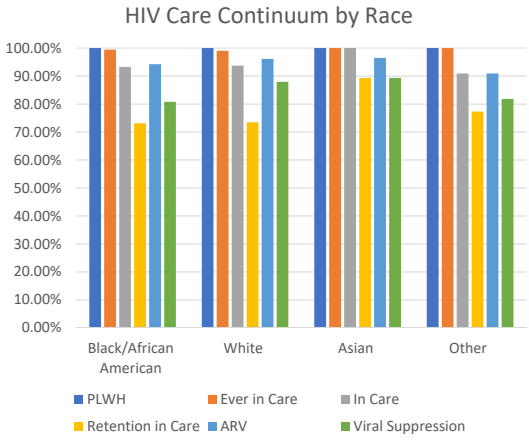
HANDOUT C

HIV Care Continuum by Race

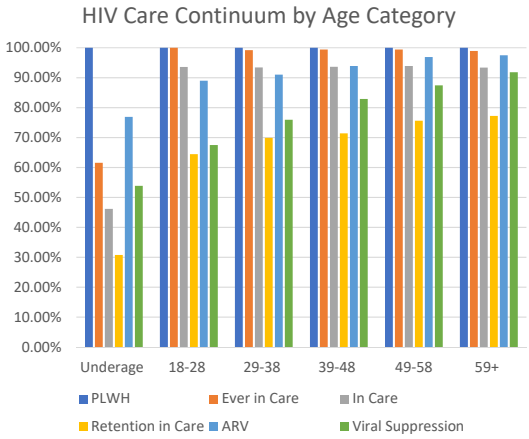


	PLWH	Ever in Care	In Care	Retention in Care	ARV	Viral Suppression
Black/ African American (n)	4311	4285	4021	3153	4062	3482
Black/African American %	100.00%	99.40%	93.27 %	73.14%	94.22 %	80.77%
White (n)	3735	3698	3500	2743	3590	3284
White %	100.00%	99.01%	93.71 %	73.44%	96.12 %	87.93%
Asian (n)	56	56	56	50	54	50
Asian %	100.00%	100.00%	100.00 %	89.29%	96.43 %	89.29%
Other (n)	22	22	20	17	20	18
Other %	100.00%	100.00%	90.91 %	77.27%	90.91 %	81.82%
Unknown Race	77	80	75	34	43	37

[1] Unknown Viral Suppression n=89
[2] Unknown Viral Suppression n=94
[3] Other race includes: American Indian, Alaskan Native, Pacific Islander, Native Hawaiian
[4] Unknown Viral Suppression n=2
[5] Unknown Viral Suppression n=100

5

HIV Care Continuum by Age Category



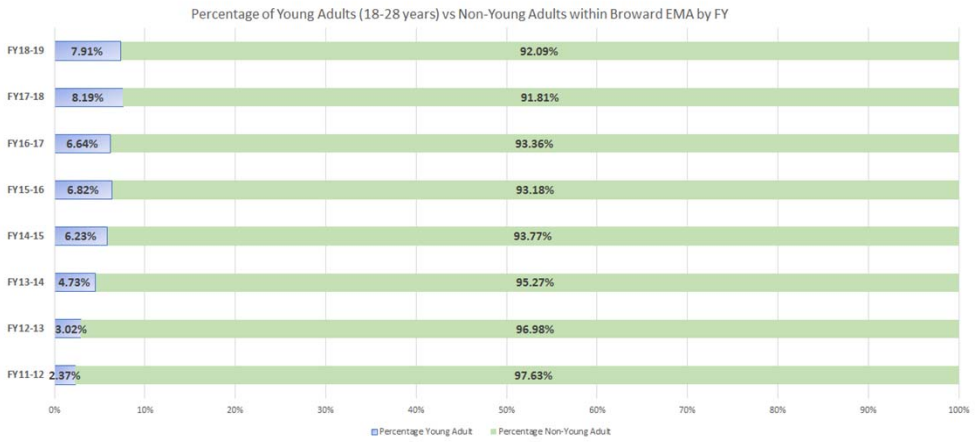
Age Group	PLWH	Ever in Care	In Care	Retention in Care	ARV	Viral Suppression
Underage (n)	13	8	6	4	10	7
Underage %	100.00%	61.54%	46.15%	30.77%	76.92%	53.85%
18-28 (n)	652	652	610	420	580	440
18-28%	100.00%	100.00%	93.56%	64.42%	88.96%	67.48%
29-38 (n)	1401	1390	1309	979	1275	1064
29-38%	100.00%	99.21%	93.43%	69.88%	91.01%	75.95%
39-48 (n)	1707	1697	1598	1219	1603	1415
39-48%	100.00%	99.41%	93.61%	71.41%	93.91%	82.89%
49-58 (n)	2748	2732	2580	2078	2663	2403
49-58%	100.00%	99.42%	93.89%	75.62%	96.91%	87.45%
59+ (n)	1680	1662	1569	1297	1638	1542
59+ %	100.00%	98.93%	93.39%	77.20%	97.50%	91.79%

[1] Unknown Viral Suppression n=5
[2] Unknown Viral Suppression n=41
[3] Unknown Viral Suppression n=64
[4] Unknown Viral Suppression n=65
[5] Unknown Viral Suppression n=68
[6] Unknown Viral Suppression n=42

6

HANDOUT C

Composition of Young Adults within EMA



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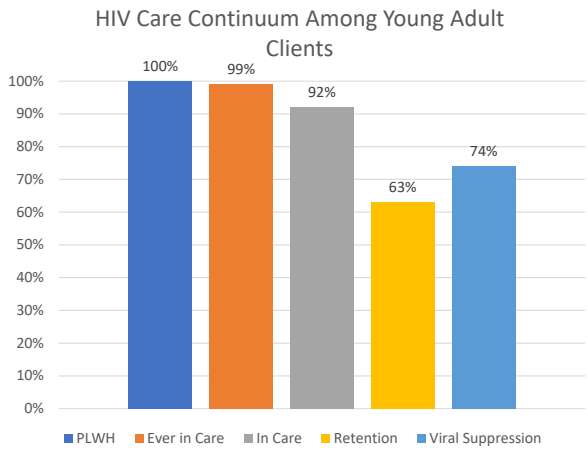
Clients 25 years of age and under



Among clients 25 years of age and under:

- 308 People Living with HIV
- 99% (304/308) were ever in care
- 92% (284/308) were in care
- 63% (194/308) were retained in care
- 74% (227/308) achieved viral suppression

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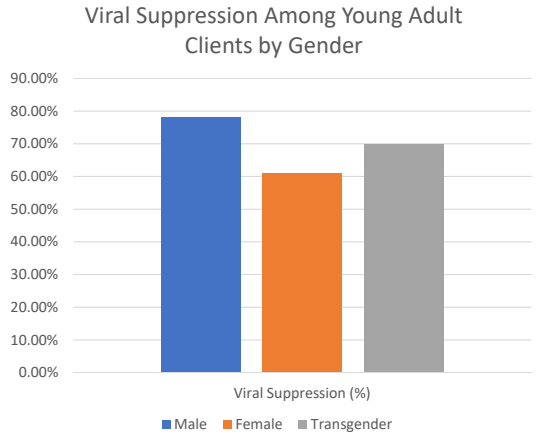
HANDOUT C

Young Adult and Gender

Among clients 25 years of age and under:

- 78% (172/219) of male clients achieved viral suppression
- 61% (48/79) of female clients achieved viral suppression
- 70% (7/10) of transgender clients achieved viral suppression

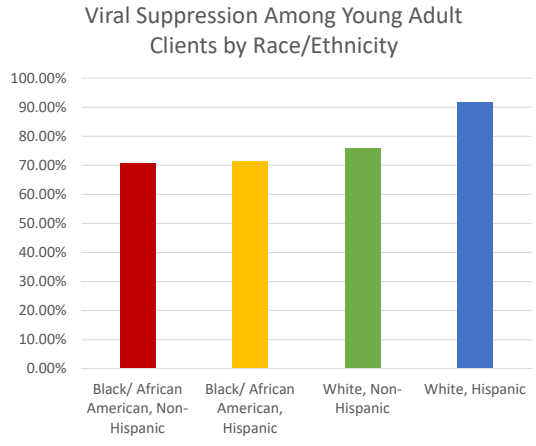


9

Young Adult and Race/Ethnicity

Among clients 25 years of age and under:

- 71% (142/201) of Black/ African American, Non-Hispanic clients achieved viral suppression
- 71% (5/7) of Black/African American, Hispanic clients achieved viral suppression
- 76% (19/25) of White, Non-Hispanic clients achieved viral suppression
- 92% (56/61) of White, Hispanic clients achieved viral suppression
- 14 clients had an unknown race/ethnicity



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HANDOUT C

Youth with HIV less likely than adults to achieve viral suppression

- According to a study by NIH:
  - •Among more than 1,000 newly enrolled youth, only 12% had attained viral suppression
  - •Findings suggest that after enrollment, a low proportion of youth adhere to care regimens

Kapogiannis, BG, et al. The HIV continuum of care for adolescents and young adults attending 13 urban U.S. HIV care centers of the NICHD-ATN-CDC-HRSA SMILE Collaborative. Journal of Acquired Immune Deficiency Syndrome. 2020.

11

Unique Challenges of Young Adults with HIV

- Young adults living with HIV face HIV-related health disparities resulting from intersections of multiple factors:
  - Stigma
  - Substance Use
  - Homelessness or marginal housing
  - Institutional neglect
  - Behavioral Health Issues

Medich, M., Swendeman, D. T., Comulada, W. S., Kao, U. H., Myers, J. J., Brooks, R. A., & Special Projects Of National Significance Social Media Initiative Study Group (2019). Promising Approaches for Engaging Youth and Young Adults Living with HIV in HIV Primary Care Using Social Media and Mobile Technology Interventions: Protocol for the SPNS Social Media Initiative. *JMIR research protocols*, *8*(1), e10681. https://doi.org/10.2196/10681

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HANDOUT C

Unique Challenges of Young Adults with HIV

- Most interventions that address barriers to HIV care have been developed for adults.
- Nationally, the number of estimated annual HIV infections among adolescents and young adults increased by 6% between 2012 and 2016
  - HIV diagnoses among adults declined or stabilized over the same period.

Guilamo-Ramos, V., Thimm-Kaiser, M., Benzekri, A., Futterman, D. (2019). Youth at risk of HIV: the overlooked US HIV prevention crisis. The Lancet: 6(5). DOI:https://doi.org/10.1016/S2352-3018(19)30037-2

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Presentation Prepared by:
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14

FY 2020-21 Community Empowerment Committee Work Plan

HANDOUT D

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing.

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
1.1 Engage consumers in townhalls/listening sessions	Bi-Annually	CEC/Staff/ Facilitator	Consumer Involvement	Host events to receive feedback from consumers regarding services. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.											
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA	Annually	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data											
1.3 Meet with groups to hold talkback sessions		CEC/Staff/ Facilitator	Consumer Involvement	Host events with specified HIV stakeholders to receive feedback from consumers regarding services. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.											
1.4 Educate CEC members on HIVPC & Ryan White Part A	Monthly	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations regarding topics of interest about the HIV Planning Council, its Committees, and the Ryan White Part A Program.											

Objective 2: ~~Increase community engagement to~~ Promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
2.1 Recommend creation or revision of promotional literature to MCDC	As Needed	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC. Provide this information to MCDC to update or create promotional literature.											
2.2 Distribute promotional literature - physically and electronically - to the community	Ongoing	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv.											
2.3 Analyze survey results for each community event, including outreach, trainings and community forums	Ongoing	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives											
2.4 Host focus groups to receive feedback from populations of focus and community members at large	Bi-Annually	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.											
2.5 Partner with HIV stakeholders to engage in community events	Ongoing	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (e.g. BTAN, Latinos En Accion, SFAN) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day)											

Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment **(YEAR 1-5)**	Ongoing	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus											
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy **(YEAR 3)**	Ongoing	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA											

CEC Event Planning

Event Type:
Purpose:
Goal:
Necessary Items:

Member Assignments for April 7, 2020

Task/Position	Member	Next Steps