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, Florida 33020 954-561-9681 • FAX 954-561-9685

# Priority Setting & Resource Allocation Committee Meeting

## AGENDA

**Date:** May 20, 2021 at 9:00 a.m.
**Location:** WebEx Virtual Meeting Platform
**Chair:** Lorenzo Robertson **Vice Chair:** Vacant Seat

**Facilitator: Planning Council Support Staff**
hivpc@brhpc.org
(954) 561-9681 ext. 1250

**PSRA Purpose:** To develop integrated PSRA process using data with input from stakeholders and consumer forums.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 05/20/2021
   b. Last Meeting Minutes 04/15/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   a. Monthly Expenditures/Utilization Report- by service category
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **HIV Surveillance Epidemiologic Data Presentation (Handouts A)**
   *Work Plan Activity 1.1: Review data relevant to the PSRA process*
   ACTION ITEM: Receive presentation on HIV surveillance data regarding the PSRA Process.

II. **Needs Assessment/Community Input Presentation (Handouts B)**
*Work Plan Activity 1.1: Review data relevant to the PSRA process*
ACTION ITEM: Receive presentation on community input regarding the PSRA Process.

III. **Part A Client Health Outcomes Presentation (Handouts C)**
*Work Plan Activity 1.1: Review data relevant to the PSRA process*
ACTION ITEM: Review Part A Service Category Outcomes.

IV. **Affordable Care Act (ACA) Impact on the Ryan White Part A Program in Broward Presentation (Handouts D)**
*Work Plan Activity 1.1: Review data relevant to the PSRA process*
ACTION ITEM: Review the ACA's impact on Ryan White Part A Program.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

a. Next Meeting Date: June 17, 2021 at 9:00 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- **COVID-19 Impact Report Presentation**
- **How Best To Meet The Need**
- **Community Empowerment Committee Rankings**
- **Priority Setting**

11. **Announcements**

12. **Adjournment**

**FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,**
**PLEASE REFER TO THE MEETING MINUTES.**
**Meeting Packets are available at: The HIV Planning Council Website**
**(http://www.brhpc.org/programs/hiv-planning-council/)**

**Please complete your meeting evaluations here**
**Three Guiding Principles of the Broward County HIV Health Services Planning Council**
*• Linkage to Care • Retention in Care • Viral Load Suppression •*

**FY 2021-22 Priority Setting/Resource Allocations Committee Work Plan**

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations 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: Develop integrated PSRA process using data with input from stakeholders and consumer forums**

**Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures**

| Activities | Frequency | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) | Ongoing | Staff/ PSRA | Data driven PSRA process | a. PSRA Service Category Scorecards (utilization, expenditures, etc.)<br>b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.)<br>c. Epidemiology (including incidence, prevalence, co-morbidities, etc.)<br>d. Unmet Need<br>e. EIIHA<br>f. Implementation Plan<br>g. Cost data (other funders)<br>h. QM Care Continuum measures<br>i. NHAS<br>j. Anticipated changes due to the ACA | | | | | | | | | | | | |
| 1.2 Review How Best to Meet the Need language recommendations from SOC committee. | Annually | PSRA/ SOC | Data driven PSRA process | Review and update How Best to Meet the Need language recommendations from SOC committee. | | | | | | | | | | | | |
| 1.3 Priority rank Part A and MAI service categories | Annually | PSRA/ CEC | Complete PSRA process | Use data elements to inform priority ranking process. | | | | | | | | | | | | |
| 1.4 Allocate Part A and MAI funds by service category | Annually | PSRA | Complete PSRA process | Allocate Part A and MAI funds based on priority ranking process. | | | | | | | | | | | | |
| 1.5 Monitor expenditures and allocations | Bi-Annually | PSRA/ Recipient | Appropriate funding | Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. | | | | | | | | | | | | |
| 1.6 Review and approve FY2021 PSRA Work Plan | Annually | PSRA | Process Planning | | | | | | | | | | | | | |

**Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)**

| Activities | | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)** | As Needed/ Recommended | PSRA | Increase access to care and improve health outcomes | Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care.<br>Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN | | | | | | | | | | | | |

**Objective 3: Assess the Administrative Mechanism**

| Activities | | Responsible Party | Outcomes | Action Items/Data Prep | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1 Assessment of the Administrative Mechanism training | Annually | Staff/ PSRA | Ensure compliance | Receive training to review the required components and purpose of the assessment. | | | | | | | | | | | | |
| 3.2 Assessment of the Administrative Mechanism recommendations | Annually | PSRA | Ensure compliance | Make recommendations for activities to include in the assessment of the Administrative Mechanism. | | | | | | | | | | | | |

# HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

**Revised 7/24/14**

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

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

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

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

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

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

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

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

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

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

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

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

**Revised 7/24/14**

# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

**Revised 7/24/14**

# Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Meeting of the

# Priority Setting & Resource Allocations Committee

Thursday, April 15, 2021
9:00-11:00 AM
By WebEx Videoconference

# M I N U T E S

**PSRA Members Present:** L. Robertson (Committee Chair), B. Mester, B. Barnes, K. Shickowski, B. Fortune-Evans, M. Schweizer, R. Siclari, V. Moreno, C. Grant, H. B. Katz, D. Shamer, R. Lopes

**Ryan White Part A Recipient Staff Present:** J. Gonzalez-Charlot, J. Bell, G. James, N. Walker, S. Scott, A. Tareq, T. Thompson

**Planning Council Support Staff Present:** G. Martinez, W. Saint-Fleur, V. Oratien

**Guests Present:** K. Drummond, J. Carter, S. Quintero

## Agenda Item #1: Call to Order

The *PSRA Chair* called the meeting to order at 9:03 a.m.

## Agenda Item #2: Welcome & Public Record Requirements

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

## Agenda Item #3: Meeting Approvals

The approval for the agenda of the April 15, 2021, Priority Setting & Resource Allocation Committee meeting was proposed by *R. Lopes*, seconded by *B. Mester*, and passed unanimously. The approval for the minutes of the March 18, 2021 meeting was proposed by *R. Lopes*, seconded by *K. Shickowski*, and approved with no further corrections.

**Ms. Lopes, on behalf of PSRA, made a motion to approve the April 15, 2021, Priority Setting & Resource Allocation Committee agenda as presented. The motion was adopted unanimously.**

**Ms. Lopes, on behalf of PSRA, made a motion to approve the March 18, 2021, Priority Setting & Resource Allocation Committee meeting minutes as presented. The motion was adopted unanimously.**

## Agenda Item #4: 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.

## Agenda Item #5: Standard Committee Items

*A. Tareq, the Part A Recipient Fiscal Manager*, reviewed expenditures, and utilization through 11 months of service. At this point in the fiscal year, Part A service categories have expended 91% of their service category funding, and MAI funds have been 70% utilized. *Mr. Tareq* provided a line-by-line breakdown of expenditures and utilization to date. Although many of the category's funds were fully expended, there are still outstanding invoices; therefore, members should expect an increase in spending for the few categories with high unexpended amounts.

## Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

## Agenda Item #7: Meeting Activities/New Business

PSRA received presentations from the recipients of Ryan White funding for Parts B, C, D, F/AETC, and HOPWA. The Part F Recipient reviewed the services provided through the Part F program, which covers the Community-Based Dental Partnership Program and the AIDS Education and Training Center (AETC) Program. It was noted that in FY2020, the program saw a total of 460 clients, 159 of whom were new. This was a 20% decrease in service utilization due to the impact of COVID-19. In response to concerns about dental care during COVID-19, providers decreased their utilization to maintain social distancing between clients. The Part F Recipient noted that the primary barriers reported by clients were transportation, housing, and food insecurity which was addressed through linkage to community partners.

The Part B Recipient provided an overview of the services covered under the Part B Program. The Recipient noted that medical transportation services are currently not being utilized. Since the start of the pandemic, all-day bus pass waivers have been suspended by the County; however, individuals are able to use the bus system free of charge. The Part B Recipient clarified that Medicaid clients are not eligible for this service since they have medical transportation services available to them through Medicaid. There was a total of 6,370 unduplicated clients that utilized Part B services in FY2020.

The Part C Recipient noted that telehealth was widely used to provide some clients with care and treatment during FY2020. 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 program grants. In the last fiscal year, the Part C Program serviced 824 unduplicated clients, 84% of whom were Non-Hispanic Black. The Part C Recipient noted gaps in care imposed by the pandemic, hindered clients from accessing services, and contributed to delays in referrals to non-essential services.

The Part D Representative reviewed the services provided with this stream of funding. A total of 618 Part D clients utilize Ryan White services. The Part D Recipient mentioned several barriers to Part D care, including linkage to residential substance abuse programs, lack of mental health services for Haitian/Creole and Spanish speaking populations, and lack of affordable housing. Some notable trends for the Part D Program were noted as newly diagnosed clients who were pregnant, had high viral loads, young clients with insurance issues, and clients migrating from other countries.

Recommendations from the Part D Recipient were an increase in mental health services, continued telehealth, and continued collaboration with Broward Health Specialists.

PSRA Committee members received an overview of the HOPWA Program detailing the services provided under the program. A total of 2,143 clients utilized HOPWA services in FY2019. The HOPWA Recipient noted availability and affordability as significant barriers to services. The COVID-19 pandemic created a greater need for housing services that went beyond CARES Act funding. A notable trend for the HOPWA Program in the last fiscal year was an increase in inquiries from clients who lived outside of the state of Florida; however, it was noted that HOPWA subsidies are not portable. A member inquired about whether undisclosed income and whether unreported stimulus package income would disqualify a client from federal programs like HOPWA. The HOPWA representative stated that stimulus income is not considered when assessing eligibility since it is a one-time payment. Only standard income in calculated during the HOPWA eligibility process.

## Agenda Item #8: Recipient Report

- The Ryan White Part A Recipient has received a final notice of award from HRSA for the Ryan White Part A grant year 2021-2022. The final award amount was $15,724,848, which marked a $954,628 from the funding ceiling and a $56,346 reduction from the prior year's award. Broward County received one of the highest application scores within the program, with a final score of 98% with no weaknesses cited from the review panel. The funding agency cited that the reduced funding was attributed to the shifting of funding priorities to respond to the COVID-19 pandemic.

## Agenda Item #9: 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.

## Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next PSRA meeting will be held on May 20, 2021, at 9:00 a.m. via WebEx Videoconference. Agenda items include:

- HIV Surveillance Epidemiological Data Presentation
- Needs Assessment /Community Input Presentation
- Part A Client Health Outcomes Presentation

## Agenda Item #11: Announcements

- Legal Aid will be hosting a listening session on April 28th for their HIV Age Positively: Legal Advocacy Program. Legal Aid is preparing to develop a best practice guide for Assisted Living Facilities and nursing homes specific to creating inclusive environments for people that are aging with HIV as well as the LGBTQ older adults. This will be a series of listening sessions, and the community is encouraged to participate.
- Care Resource is officially a Recovery Act center for the administration of the COVID vaccine. The program is operational in both Dade and Broward County and will be expended soon. Individuals interested in being vaccinated can call the Care Resource office to receive their free vaccine.

## Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 11:02 a.m.

## PSRA Attendance for CY 2021

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date** | C | 18 | 18 | 15 | | | | | | | | | |
| 0 | 1 | 0 | **1** | Barnes, B. | | X | X | X | | | | | | | | | |
| 0 | 0 | 0 | **2** | Fortune-Evans, B. | | X | X | X | | | | | | | | | |
| 0 | 0 | 0 | **3** | Grant, C. | | X | X | X | | | | | | | | | |
| 1 | 1 | 0 | **4** | Katz, H.B. | | X | E | X | | | | | | | | | |
| 0 | 0 | 1 | **5** | Lopes, R. | | X | A | X | | | | | | | | | |
| 0 | 0 | 0 | **6** | Mester, B. | | X | X | X | | | | | | | | | |
| 0 | 0 | 0 | **7** | Moreno, V. | | X | X | X | | | | | | | | | |
| 0 | 1 | 0 | **8** | Robertson, L. *Chair* | | X | X | X | | | | | | | | | |
| 0 | 0 | 0 | **9** | Schickowski, K. | | X | X | X | | | | | | | | | |
| 0 | 0 | 0 | **10** | Schweizer, M. | | X | X | X | | | | | | | | | |
| 1 | 1 | 0 | **11** | Shamer, D. | | X | X | X | | | | | | | | | |
| 0 | 0 | 1 | **12** | Siclari, R. | | X | X | A | | | | | | | | | |
| | | | | **Quorum = 7** | 0 | 12 | 10 | 11 | 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** |

**Ft. Lauderdale/Broward EMA**
**Ryan White Part A and MAI**
**FY 20-21 Allocations**

| | Service Category | Allocations | Expended Amount | Expended % | Unexpended Amount | Average Monthly Expenditures | FY 2020-21 Projected Expenditures |
|---|---|---|---|---|---|---|---|
| **Core Medical Services** | Ambulatory- Integrated Primary Care and Behavioral Health Services (6) | 4,868,552 | 4,661,914 | 96% | 206,638 | 388,493 | 4,661,914 |
| | MAI Ambulatory (1) | 100,000 | 97,138 | 97% | 2,862 | 8,095 | 97,138 |
| | AIDS Pharmaceutical Assistance (3) | 872,940 | 515,808 | 59% | 357,132 | 42,984 | 515,808 |
| | Oral Health Care *Routine (4)* | 1,041,438 | 1,041,206 | 100% | 232 | 86,767 | 1,041,206 |
| | *Specialty (1)* | 451,489 | 451,447 | 100% | 42 | 37,621 | 451,447 |
| | Medical Case Management *MAI Medical Case Management (1)* | 182,823 | 172,618 | 94% | 10,205 | 14,385 | 172,618 |
| | *Case Management (7)* | 1,759,423 | 1,716,042 | 98% | 43,381 | 143,004 | 1,716,042 |
| | *Disease Case Management (5)* | 582,020 | 563,868 | 97% | 18,152 | 46,989 | 563,868 |
| | Mental Health- Trauma-Informed (2) | 172,053 | 153,778 | 89% | 18,275 | 12,815 | 153,778 |
| | MAI Mental Health (1) | 62,469 | 31,386 | 50% | 31,083 | 2,616 | 31,386 |
| | Health Insurance Premium & Cost Sharing Assistance | 873,877 | 841,832 | 96% | 32,045 | 70,153 | 841,832 |
| | Substance Abuse-Outpatient (1) | 410,030 | 367,293 | 90% | 42,737 | 30,608 | 367,293 |
| | MAI Substance Abuse-Outpatient (1) | 467,000 | 466,996 | 100% | 4 | 38,916 | 466,996 |
| **Support Services** | *Case Management* *Centralized Intake and Eligibility Determination (1)* | 582,488 | 567,327 | 97% | 15,161 | 47,277 | 567,327 |
| | *MAI Centralized Intake and Eligibility Determination (1)* | 290,956 | 290,954 | 100% | 2 | 24,246 | 290,954 |
| | Food Services *Food Bank (1)* | 700,000 | 697,896 | 100% | 2,104 | 58,158 | 697,896 |
| | *Food Voucher (1)* | 382,586 | 382,582 | 100% | 4 | 31,882 | 82,586 |
| | Legal Assistance (1) | 129,151 | 129,137 | 100% | 14 | 10,761 | 129,137 |
| | Emergency Financial Assistance (1) | 115,872 | 115,872 | 100% | - | 9,656 | 115,872 |
| | | | | | | | |
| | **Total Part A Funds** | **12,941,919** | **12,206,003** | **94%** | **735,916** | **1,017,167** | **12,206,003** |
| | **FY19-20 Carryover MAI Fund** | **419,000** | | | | | |
| | **Total MAI Funds** | **1,522,248** | **1,059,092** | **70%** | **463,156** | **88,258** | **1,059,092** |
| | **Total Funds** | **14,464,167** | **13,265,095** | **92%** | **1,199,072** | **1,105,425** | **13,265,095** |
| | | | | | | | |

HANDOUT A

# Department of Health

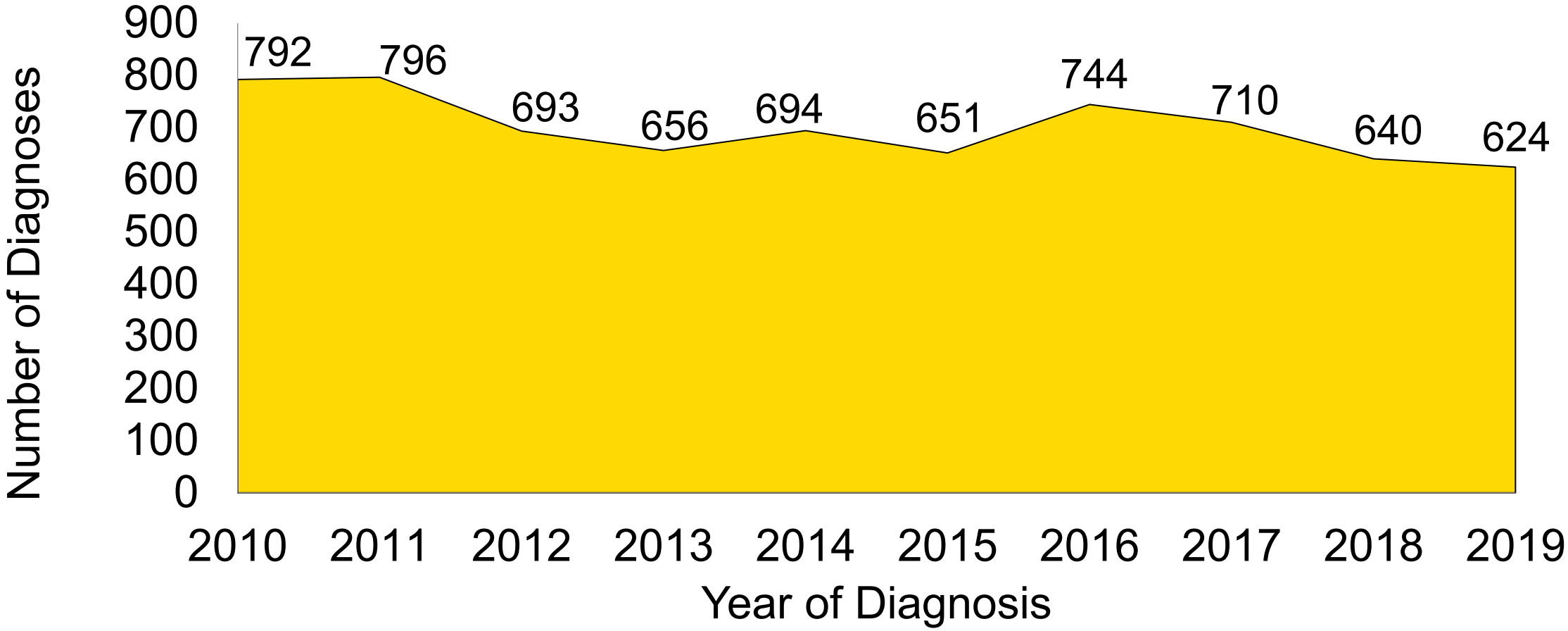
## Epidemiology of HIV in Broward County, 2019

Florida Department of Health
HIV/AIDS Section
Data as of 6/30/2019

# Diagnoses of HIV, 2010–2019, Broward County

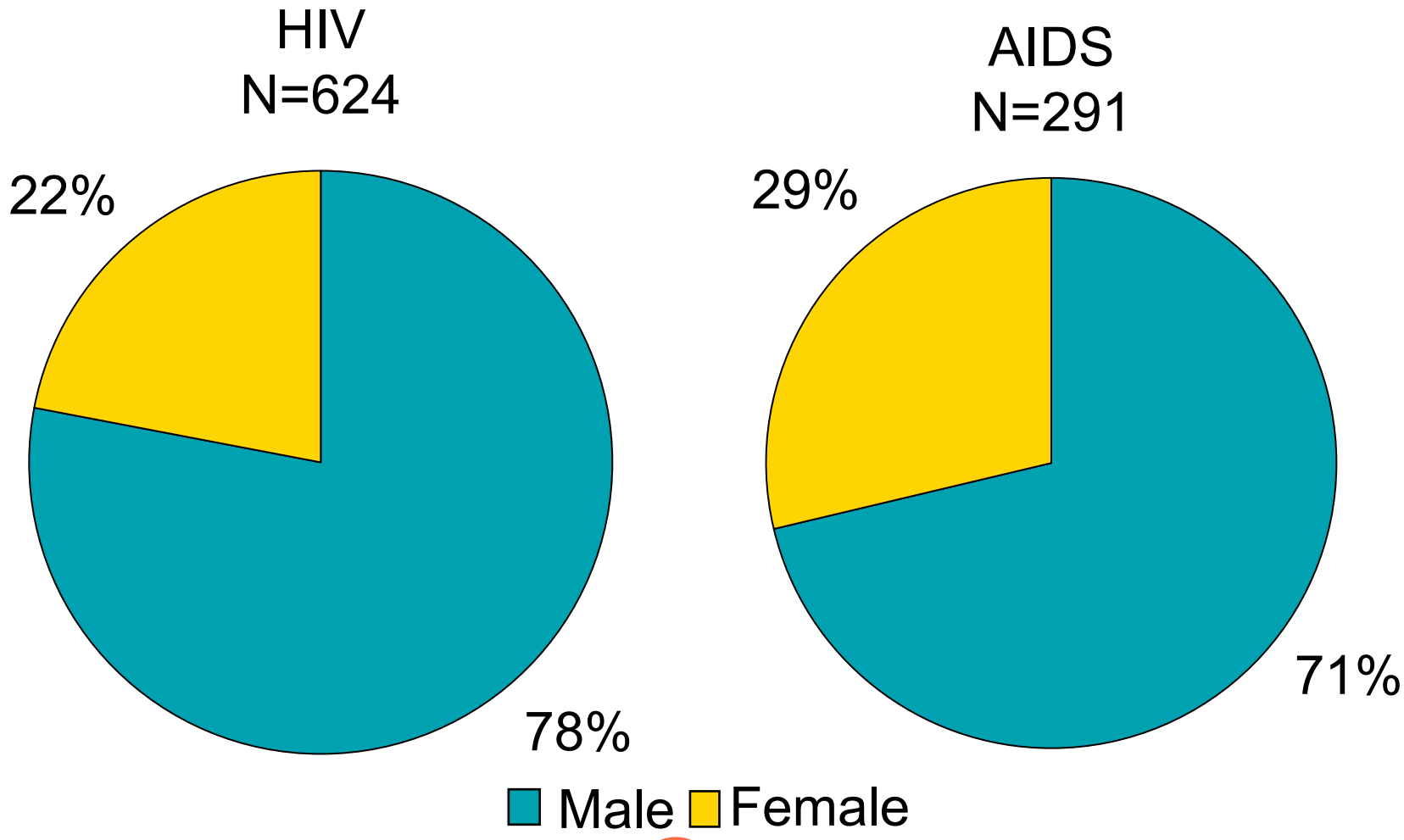
HANDOUT A

## 2018–2019 = -2% change; 2015–2019 = -4% change



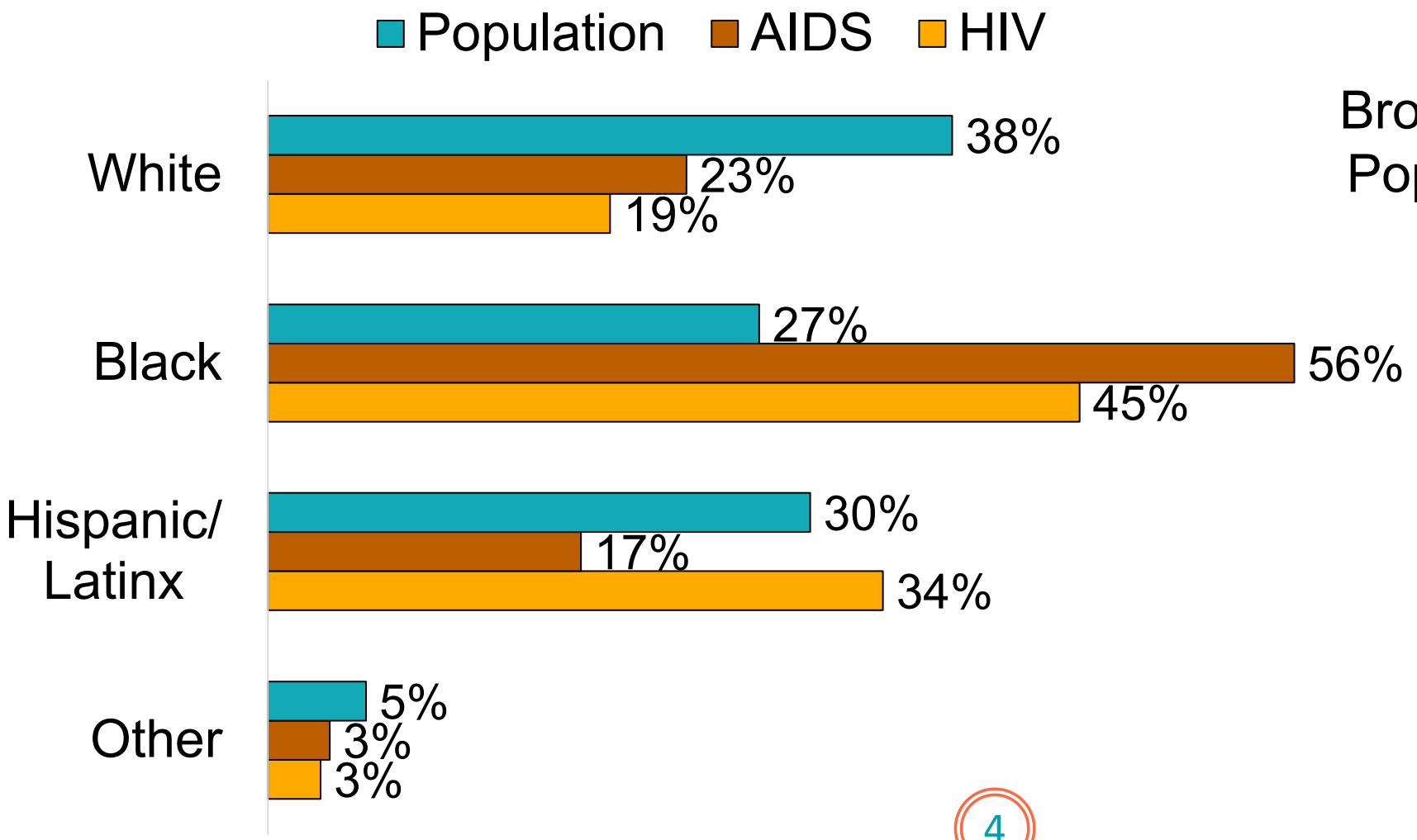
HANDOUT A

# Adult HIV and AIDS Cases by Sex at Birth, Diagnosed in 2019, Broward County



# Percentage of Adult HIV and AIDS Diagnoses, and Population, by Race/Ethnicity, 2019, Broward County

HANDOUT A




Broward County Adult Population Estimates
N=1,634,734

AIDS
N=291

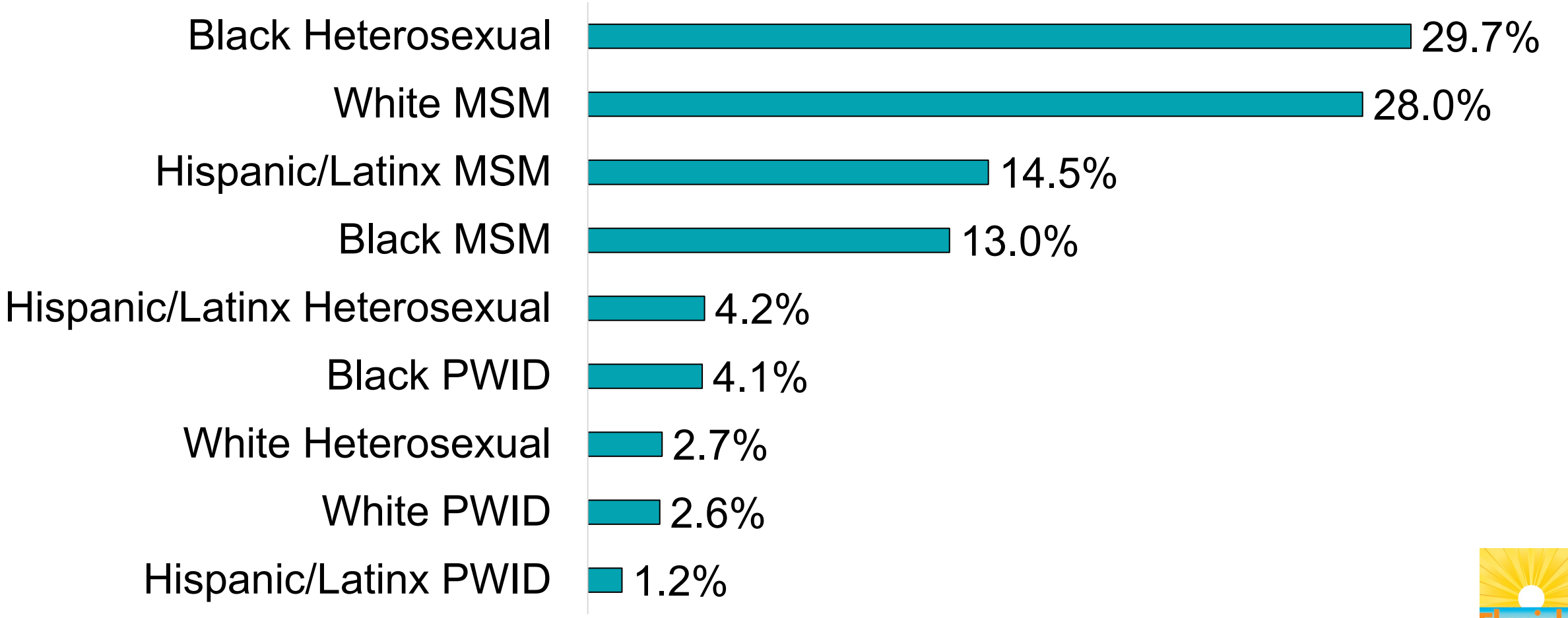
HIV
N=624

# Adults with HIV Living in Broward County, Year-End 2019 HANDOUT A

| | Male(#) | (%) | Female(#) | (%) | Total(#) | (%) |
|---|---|---|---|---|---|---|
| **Race/Ethnicity** | | | | | | |
| **White** | 6,033 | 39.4% | 439 | 8.5% | 6,472 | 31.6% |
| **Black** | 5,469 | 35.7% | 4,095 | 79.0% | 9,564 | 46.7% |
| **Hispanic/Latinx** | 3,427 | 22.4% | 530 | 10.2% | 3,957 | 19.3% |
| **Other** | 382 | 2.5% | 117 | 2.3% | 499 | 2.4% |
| **Age Group** | | | | | | |
| **13–19** | 42 | 0.3% | 28 | 0.5% | 70 | 0.3% |
| **20–29** | 992 | 6.5% | 285 | 5.5% | 1,277 | 6.2% |
| **30–39** | 2,240 | 14.6% | 828 | 16.0% | 3,068 | 15.0% |
| **40–49** | 2,773 | 18.1% | 1,289 | 24.9% | 4,062 | 19.8% |
| **50+** | 9,264 | 60.5% | 2,751 | 53.1% | 12,015 | 58.6% |
| **Mode of Exposure** | | | | | | |
| **MMSC** | 10,948 | 71.5% | 0 | 0.0% | 10,948 | 53.4% |
| **IDU** | 592 | 3.9% | 466 | 9.0% | 1,057 | 5.2% |
| **MMSC/IDU** | 598 | 3.9% | 0 | 0.0% | 598 | 2.9% |
| **Heterosexual Contact** | 3,014 | 19.7% | 4,566 | 88.1% | 7,579 | 37.0% |
| **Transgender Sexual Contact** | 56 | 0.4% | 3 | 0.1% | 59 | 0.3% |
| **Other risk** | 104 | 0.7% | 147 | 2.8% | 251 | 1.2% |
| **Total** | | | | | | |
| **Total** | 15,311 | 100.0% | 5,181 | 100.0% | 20,492 | 100.0% |

HANDOUT A

# Broward County's Top Priority Populations[1]
# Prevention for PWH, Living in Broward County, Year-End 2019






[1]MSM=MMSC & MMSC/IDU diagnoses, PWID=IDU & MMSC/IDU diagnoses, thus data not mutually exclusive.

HANDOUT A

# Florida HIV/AIDS Surveillance Data Contacts for Broward County

**Evariste Akpele, HSPD**
Broward County Health Department
Office: 954-847-8042
Email: Evariste.Akpele@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30 for the previous calendar year.
These are the same data used for FLHealth CHARTS and all grant-related data.
floridacharts.com/charts/CommunicableDiseases/default.aspx

HANDOUT B

# 2020-2021 BRHPC Broward County HIV Community Needs Assessment Findings

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 May 20, 2021

# Introduction

This presentation assesses data from the following projects:

I. 2020-2021 Broward County EMA RW Part A Program Integrated Assessment Project

II. Ryan White Program COVID-19 Needs Assessment - Broward County, Florida

- This information highlights the strengths and weaknesses of the RW Part A Program as well as possible gaps in the provision of care.

- These projects were coordinated by Broward Regional Health Planning Council, Needs Assessment Contractor.

- Consumers are defined as active Ryan White Part A clients.

# 2020-2021 Broward County EMA Ryan White Part A Program Integrated Assessment Project

A QUALITATIVE ASSESSMENT TO ADDRESS PROGRAM BARRIERS, WEAKNESSES AND CHALLENGES WHILE ENHANCING PROGRAM ACHIEVEMENTS.

HIVPC
Broward County HIV Health Services Planning Council

# Summary of the Project

**Objective:** The aim of this project was to assess the strengths and weaknesses of RW Part A Programs.

**Methodology:** Broward County EMA RW Part A Program in collaboration with Debbie Cestaro-Seifer, a Consultant for Broward Regional Health Planning Council, designed and conducted a total of eight semi-structured focus groups with consumers and key informants.

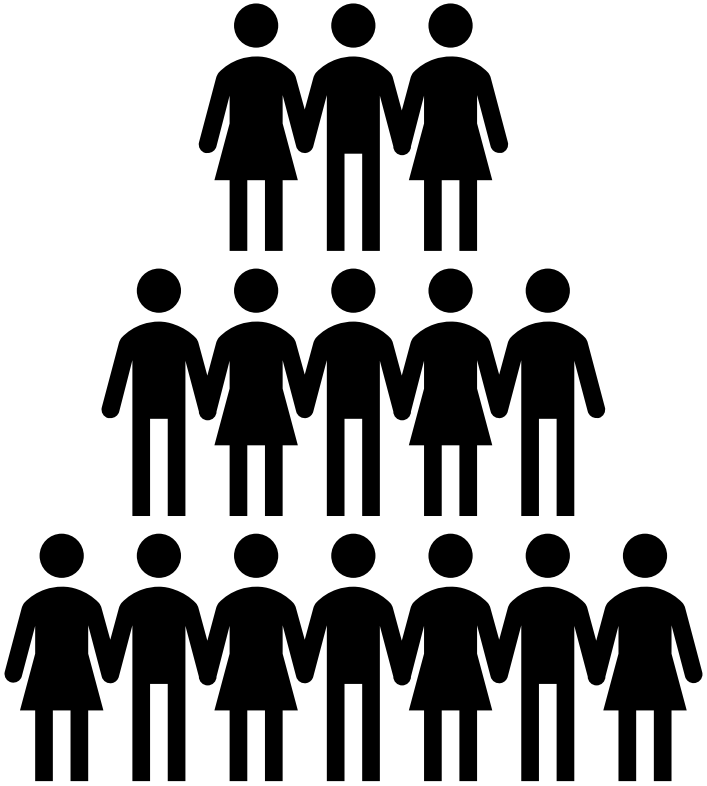
**Results:** Medical and support services provided by RW Part A Program is highly valued among consumers and providers. However, there are several challenges with oral health services, age and gender-specific specialty care, customer service, transportation, access to information as well as those issues induced or aggravated by COVID-19.

**Conclusion:** Data shows that while the services provided by RW Part A programs is beneficial to consumers there is still some work to be done to design a system of care that has its structure built on interagency communication, interservice networking, and meaningful collaborations to enhance the HIV care continuum in Broward County.

# RW Part A Consumer Focus Group

CLIENT DEMOGRAPHICS, SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT.

HIVPC
Broward County HIV Health Services Planning Council

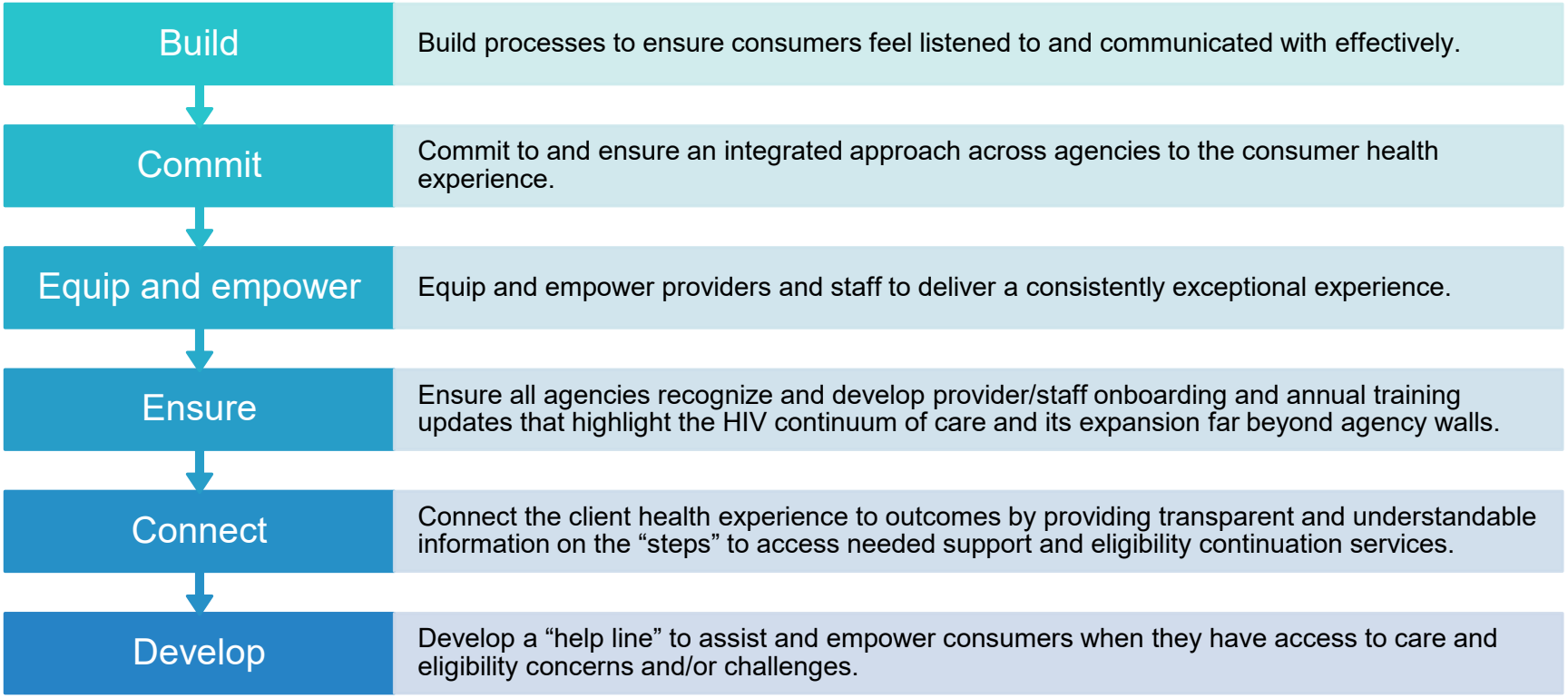


# Demographics

- A total of 11 consumers were interviewed across four focus group sessions.
  - 73% male and 27% female
  - 18% black and 82% white
  - 87.5% of the male participants engaged in male-to-male sexual contact (MMSC).
  - Age range was 34 to 62 years of age with the average age being 51.1 years

# Key Findings

1. Consumers place high value and confidence in Broward Part A Medical Services.
2. Support services are highly valued by clients.
3. Oral Health services were difficult to access and service satisfaction was very low as reported by over 70% of consumers.
4. Negative Customer Service experiences.
5. The Broward EMA does not adequately address generational and gender-specific specialty care.
6. Consumers do not know what to do when they cannot access a needed service.

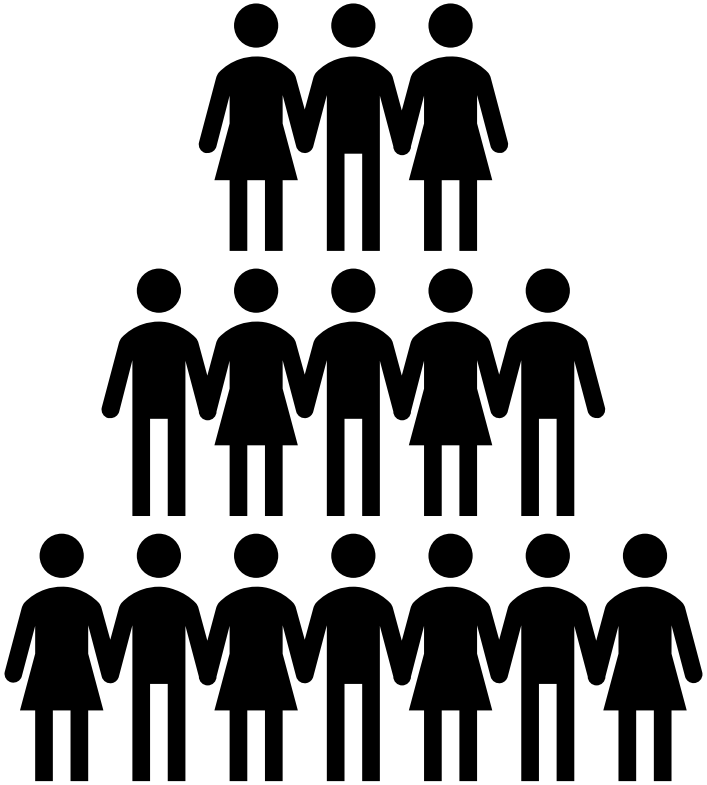



# Recommendations for Improvement

# RW Part A Key Informant Discussion Group

PROVIDER DEMOGRAPHICS, SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT.

HIVPC
Broward County HIV Health Services Planning Council

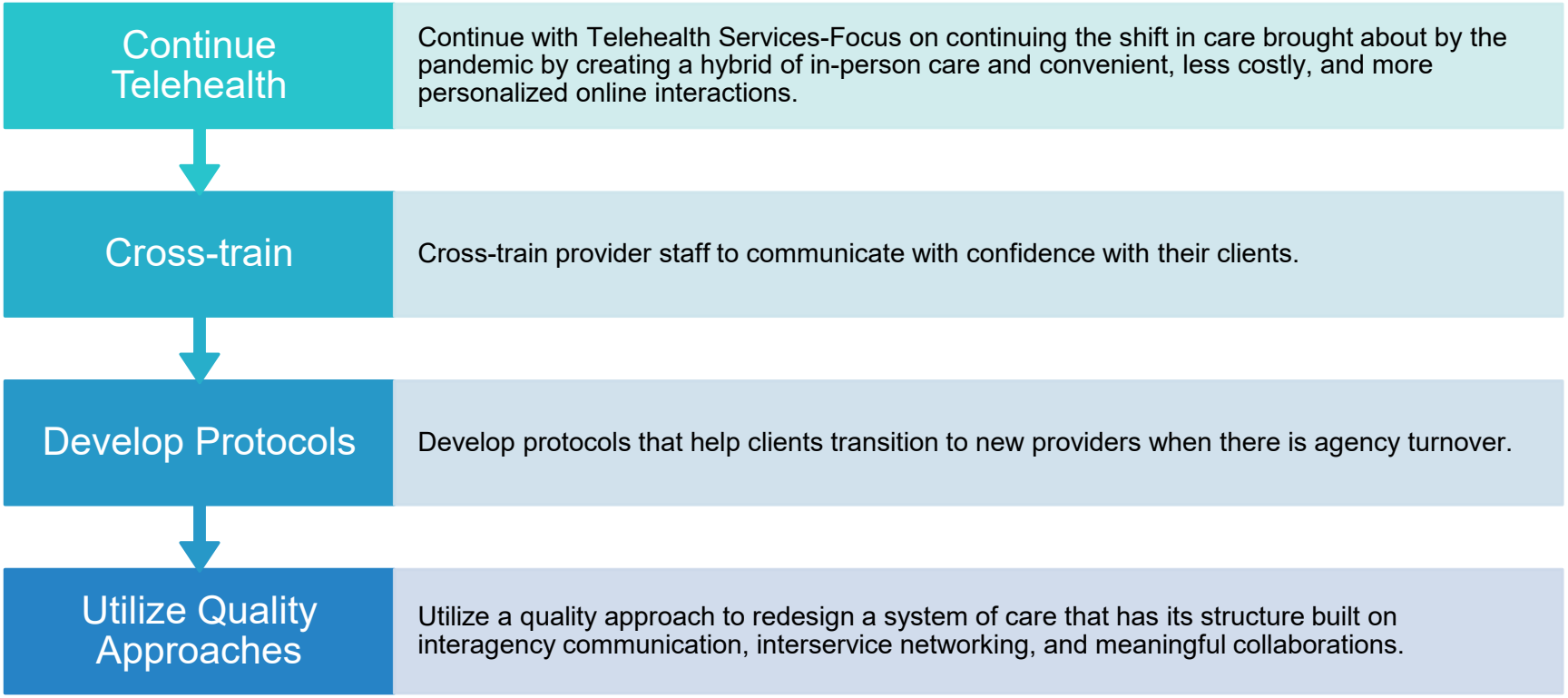


# Demographics

- A total of 18 providers agreed to participate in the four sessions and 16 of those individuals attended one of the four focus group sessions.
  - Providers were from five (5) different RW Part A agencies and included non-medical case managers, disease case managers and eligibility specialists.
  - Length of service as a RW Part A provider ranged from one week to nine years.
  - Approximately 38% of the participants were bilingual, with four participants fluent in English and Haitian Creole and two participants fluent in English and Spanish.

# Key Findings

1. Medical services, antiretroviral medications (ARV) and food services are extremely valuable to clients.
2. More transportation options are needed for clients to get to appointments.
3. An age-friendly system of care needs to be established for clients aging with HIV.
4. Enhance oral health services to ensure that all eligible clients can receive needed dental care in a timely manner.
5. Case management and counseling services are the “glue” for some patients to remain in HIV care, but because of stigma and confidentiality concerns, there are many clients who choose not to accept or utilize these services.




# Recommendations for Improvement

# Strengths of RW Part A Program

The following color legend applies to the information displayed on slides 13-16
Providers
Consumers
Consensus

**Medical Services provided by RW A Program is above satisfactory.**

- Ease in talking with medical providers.
- Assistance from the clinical team provides "top notch" medical care.
- More than 81% of the consumers reported that they were virally suppressed.
- These services assist clients with managing their HIV **properly**.

**Food services, antiretroviral medications (ARV), non-medical case management and behavioral health counseling services are highly valued among consumers and providers**

- "Everyone should have to talk with someone about HIV. I don't know where I would be today without counseling."
- Another participant stated, "they (Counselors) saved my life."
- Making "safe" home visits by meeting with clients in safe outdoor spaces near their homes have helped clients stay connected to medical care and maintain their eligibility. During the visits, the peers often brought food deliveries to ensure that they had food with their ARVs.
  - "Without the food, the medication won't work right."

**Case management is described as the "glue" that connects clients to care.**

- Relative to the Test and Treat Program, case managers stated that there is excellent communication and information sharing that helps connect new clients and clients reengaging to HIV treatment and care to case managers.
- These peers had medical services, case management, and counseling co-located all under one roof. – making services accessible.
- Most clients reported the importance of being eligible for food services and oral health.

# Barriers to Care

**Both consumers and providers reported challenges with oral health services**

- Long waits (up to 5 mos.) for basic hygiene and non-emergency services (fillings and extractions).
- Customer service is unacceptable" and "troubling."
- Over 70% of consumers reported process to receive dental care is challenging to navigate and lacks transparency about the process.
- Appointment process was "difficult to navigate before COVID and now it is much worse."
- Consumers did not know what to do or who to call when they were having difficulty accessing needed dental care."
- Providers are concerned that there is no standardized review process in place if clients are denied care.

**There is no system established to address age and gender-specific specialty care**

- Older consumers brought attention to the lack of age-related health and insurance resources specifically those relating to:
  - Obtaining oral health care,
  - Technology support to assist with eligibility,
  - Navigation for all services incl. transportation
  - Food access,
  - Durable medical equipment,
  - Vision and hearing services,
  - Navigating insurance options
  - Age-friendly counseling & behavioral health.
- Specialty medical services were also included as an important service need by cisgender men and women participants and included requests for:
  - Gynecology services
  - Cardiology
  - Nutritional counseling
  - Men's health services

**Customer service needs improvement**

- Concern and some distress regarding the changes in personnel and staff during the pandemic. Staff and provider changes were the most difficult, especially during the pandemic.
- New clerical staff were disrespectful in-person and on the phone when consumers attempted to access services/resources.

# Barriers to Care

**Many of the challenges faced by consumers arose considering the COVID-19 pandemic**

- Two (2) consumers said that they missed the days of going in-person to provider agencies to access resources and services.
- Extreme isolation experienced during the pandemic and that the experience of intense "loneliness" was and continues to be very difficult.
- Counseling services should have been more readily available during the pandemic. Several respondents noted that group counseling, in-person, and online counseling was not readily available for **all** clients.

**Many of the challenges faced by providers arose considering the COVID-19 pandemic**

- "Back log" in dental services since losing one provider in FY 2020 and the discontinuation of services for several months at the beginning of the pandemic.
- Clients had to be re-educated on the meaning and purpose of labs, the importance of ARV medication to reduce the amount of virus in the body and access to services and eligibility requirements. since they had not been seen in six months to a year due to COVID-19.
- "Older and younger clients [had] the most difficulty with the isolation brought on by the pandemic." In addition, it was reported that clients appeared more worried and stressed.
- Clients were not comfortable with the frequent provider changes/transitions that were brought on by the pandemic– namely behavioral health counselling services. This was because clients did not want to retell their stories and be vulnerable with a **new** case manager.
- Case managers stated that the pandemic caused a "great divide" among people who had access to phones, computers and the internet and those who did not."
- With the closing of public buildings like libraries, many consumers had no access to internet.
- "In the beginning of the epidemic no one wanted to go to get labs drawn either, but now most clients are back to coming in for labs."

# Barriers to Care

## Difficulty in accessing services and information about services

- Navigating support service access is a common challenge reported.
- There was no identified helpline or a live person to call and obtain assistance
- Long delays for specialty services such as women's health care, cardiology and vision care.
- Apprehension in contacting specialty providers because of poor service received in the past.

## Transportation

- Need for more transportation;
- There is a shortage in the supply of bus passes and so persons who might need them are not able to get them;
- Consumers have difficulty navigating the bus system and frequently get lost;
- Consumers 60 years and older and have challenges in using the bus;
- The bus system does not permit comfortable or convenient travel in all weather types.

# Ryan White Program COVID-19 Needs Assessment - Broward County, Florida

A QUANTITATIVE ASSESSMENT TO ADDRESS THE IMPACT OF THE COVID-19 PANDEMIC ON ACCESSING RW PART A SERVICES.

HIVPC
Broward County HIV Health Services Planning Council

# Summary of the Project

**Objective:** The aim of this project was to measure the impact of the COVID-19 Pandemic on consumers' ability to access RW services.

**Methodology**: The survey was distributed statewide with responses from 109 Broward County RW consumers.

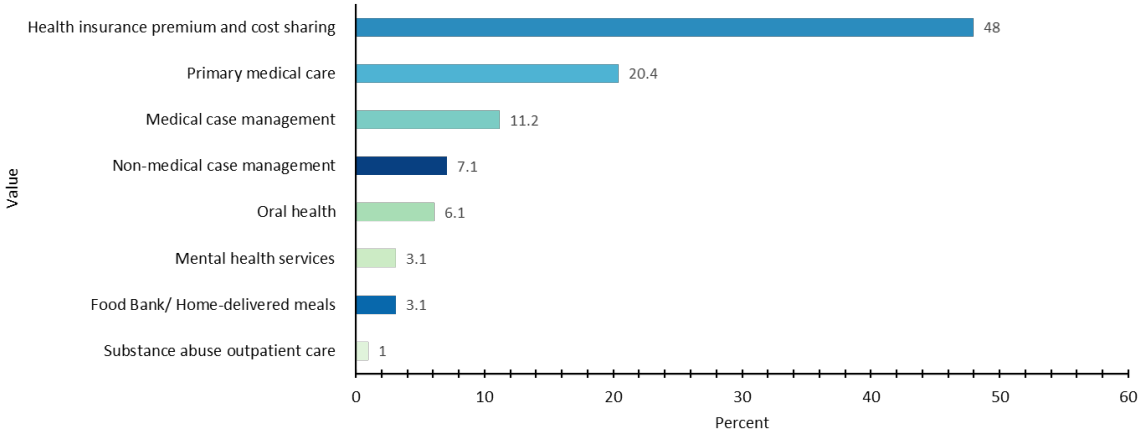
**Results:** There was a 91.7% completion rate of the distributed survey.

**Conclusion:** Ultimately, the results of this survey were able to highlight gaps in care that were either created or aggravated by the COVIID-19 Pandemic.

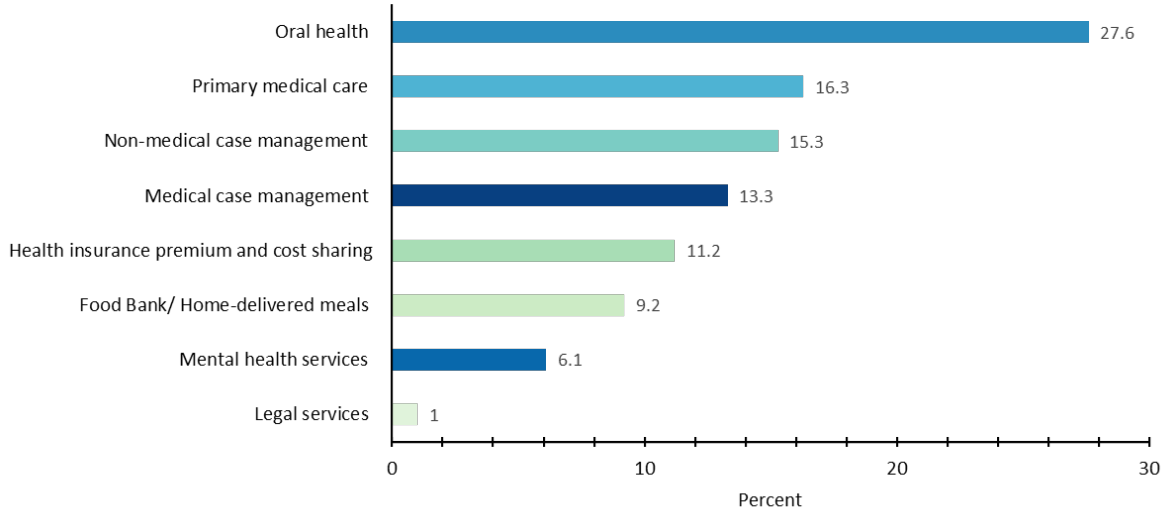
# Key Findings

- Consumers reported that the most important Ryan White service to them at present is health insurance premium and cost sharing. This is followed closely by oral health services, primary medical care, and medical and non-medical case management.

## Most Important RW Services




## Second Most Important RW Services

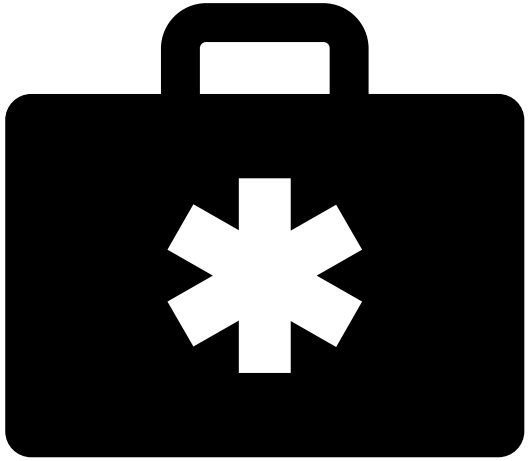


# Key Findings

- ≥50% of consumers reported that they were not affected across all the following categories:
  - Medical care
    - 94 consumers reported contact with their medical provider.
    - 9 have not being in contact; 6 were due to a lack of necessity and 1 was because of a new diagnosis.
    - Communication was maintained primarily via telephone (57) and other virtual means such as telehealth (43), email (7), and text message (4) and to an extent in person (54).
    - Most consumers indicated that they are eager to resume fully in-person visits because of various issues with telehealth appointments; mainly lack of resources (internet and Wi-Fi-enabled devices).

# Key Findings

- Mental health or substance abuse counseling
  - 44 consumers reported receiving mental health or substance abuse counseling.
  - The pandemic did not affect access to these services for 21 persons.
  - It made access to care easier than before for 8 individuals.
  - However, 15 consumers expressed that they had difficulty accessing theses services because of the pandemic.



# Key Findings

- Case Management
  - 57 consumers reported having a case manager.
  - 49 out of the 57 consumers were able to maintain contact with their case manager after the start of the pandemic.
  - The remaining 8 lost contact after the start of the pandemic.
  - Communication was maintained primarily via telephone (45), and other virtual means such as text message (18), email (9) and telehealth (1) and to an extent in person (31).
  - Many consumers either have not yet used telehealth or have used it but are looking forward to going back to ‘normal’ due to lack of resources (internet and Wi-Fi-enabled devices).

# Key Findings

- HIV Prescriptions
  - Most consumers had no problems getting their ARVs and did so in person either at an ADAP pharmacy (27%) or some other pharmacy (33%). The remainder of clients (54%) received their medication through delivery by either the pharmacy or mail.
  - Problems with getting HIV medications arose mainly due to issues with prescriptions, lack of transportation, inefficient communication, lost of eligibility, issues with delivery and fear of contracting the COVID-19 virus.
- Medication Administration
  - There were virtually no issues with clients administering their HIV medications as prescribed with majority never missing a dose.

# Key Findings

- ≤31.7% of consumers indicated that it was harder to access resources such as primary medical care, mental health or substance abuse counseling, and assistance from a case manager.
- They cited reasons such as lack of necessity, fear of contracting COVID-19, and issues with using telehealth for why they hadn't utilized these services since the start of the pandemic.
- Since the start of the pandemic more consumers have expressed that it is easier to get and keep up with their ARVs (19.6%, 12.9%) than those who have described the process as harder (7.8%, 3%).

# Key Findings

- Data indicated that several consumers experienced a decline in their psychosocial status after the start of the pandemic. They reported feeling more anxious, stressed, sad and/or lonely.
- Although low, a few persons reported having difficulty paying for and being at risk of losing housing as well as an inability to purchase food for consumption.
- 71% consumers were employed in some capacity before the start of the pandemic.
- However, the employment of 49% of the consumers was negatively affected by the pandemic either by reduced hours or complete job loss.
- These factors possibly negatively impact the health of PLWH, causing them to miss appointments, skip medications etc.

# QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT C

# BROWARD EMA RYAN WHITE PART A PROGRAM HEALTH OUTCOMES

Priority Setting & Resource Allocation Committee Meeting – May 20, 2021

Presented by:
Whitney Saint-Fleur, MPH &
Vanessa Oratien, MPH

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

# HIV Care Continuum Definitions



- **People with HIV (PWH):** Clients who have HIV and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care**: PWH who ever had a medical care service documented.
- **In Care:** PWH who had a medical care service within the reporting period.
- **Retention in Care:** PWH who had two or more medical care services at least three months apart in the reporting period.
- **On Antiretroviral Therapy (ART):** PWH who have a documented ART at any time during the reporting period within HIV history records.
- **Virally Suppressed:** PWH with most recent viral load less than 200 copies/mL, as of end of the reporting period.

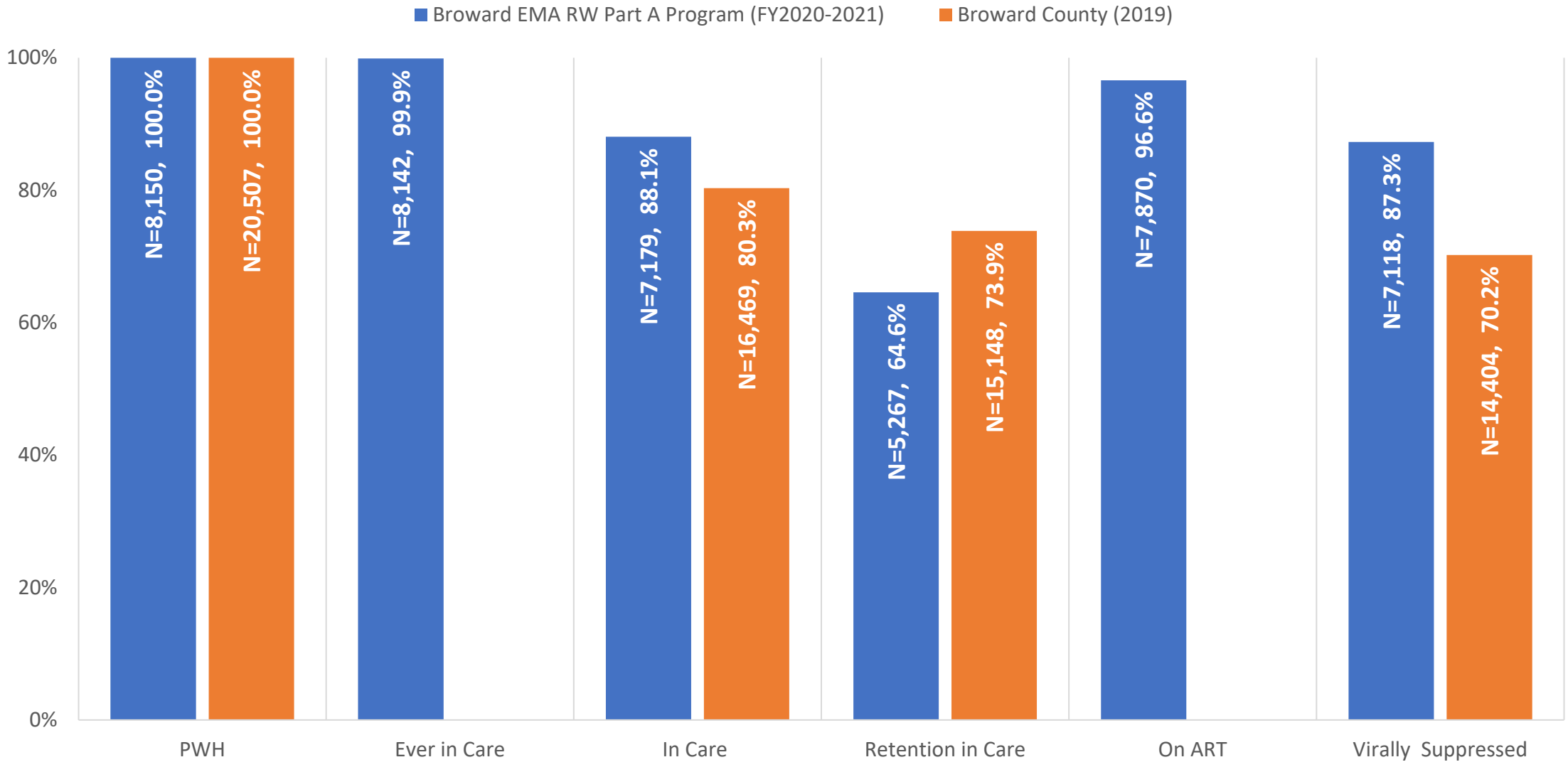
*Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.

# DATA CONSIDERATIONS

- Reporting period for Broward EMA Ryan White Part A Program: Fiscal Year 2020-2021(March 1, 2020 – February 28, 2021)
- Broward County data is provided from FL Department of Health
  - Measures for **Persons with HIV** are through 6/30/2020
  - Measures for **Retention in Care** are from 1/1/2019 through 6/30/2020
  - Measures for **In Care** and Viral Suppression are from 1/1/2019 through 3/31/2020
  - FL Department of Health data source did not include measures for **Ever in Care** and **On Antiretroviral Therapy (ART)**

# HIV Care Continuum, Broward EMA Ryan White Part A Program and Broward County

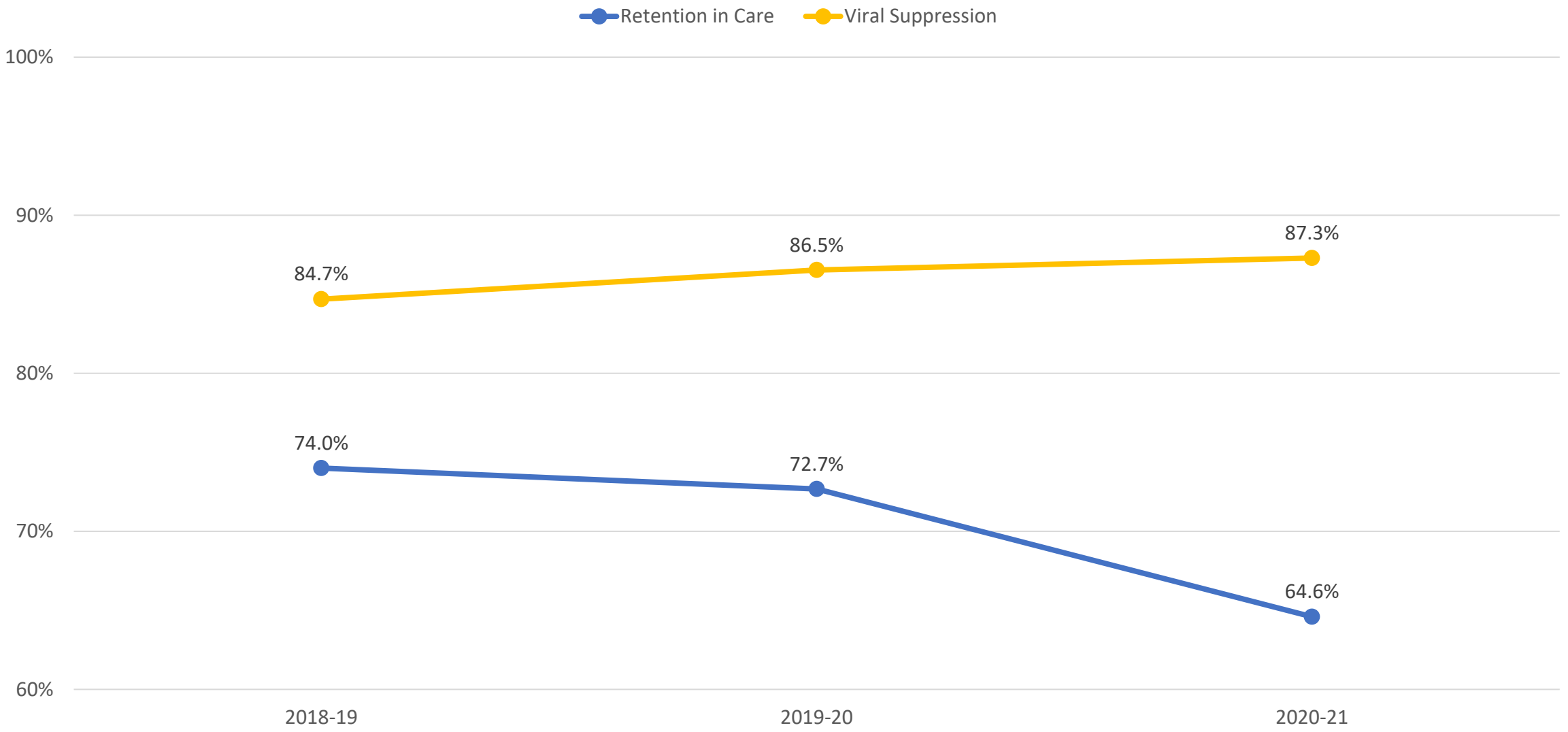





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010*

# Broward EMA RW Part A Program HIV Care Continuum, Viral Suppression and Retention in Care by Fiscal Year

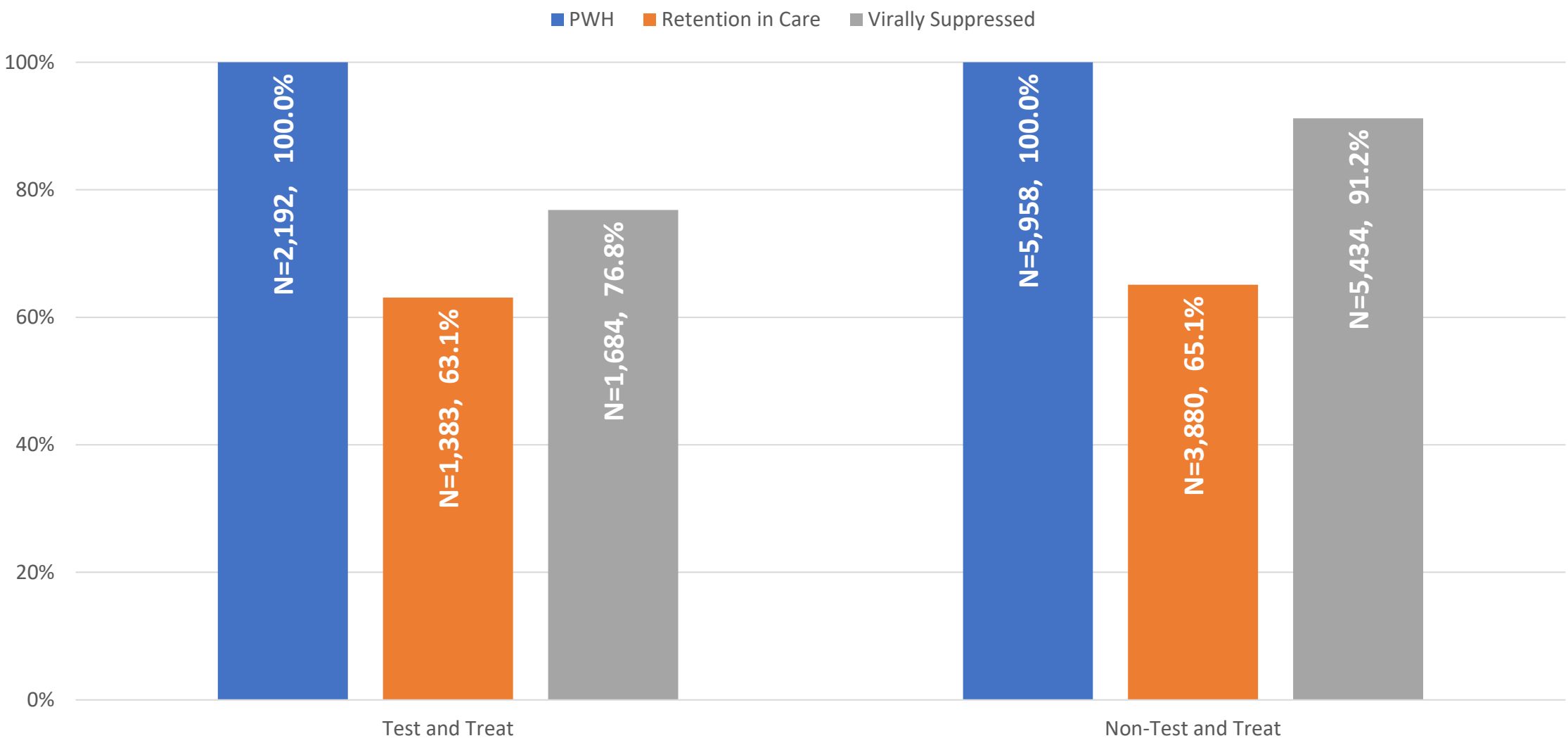





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum, Viral Suppression and Retention in Care, Test and Treat and Non-Test and Treat Clients for FY2020-2021

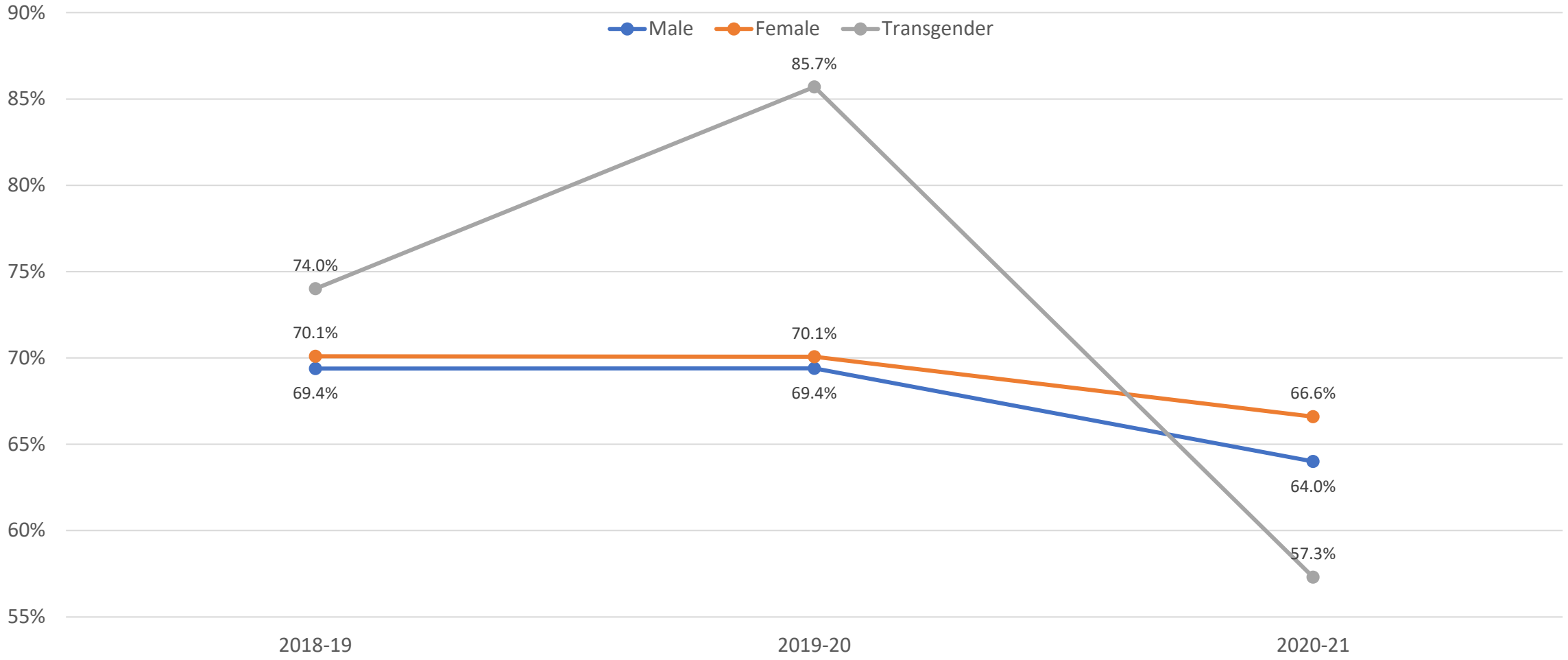





***Data Source:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Gender

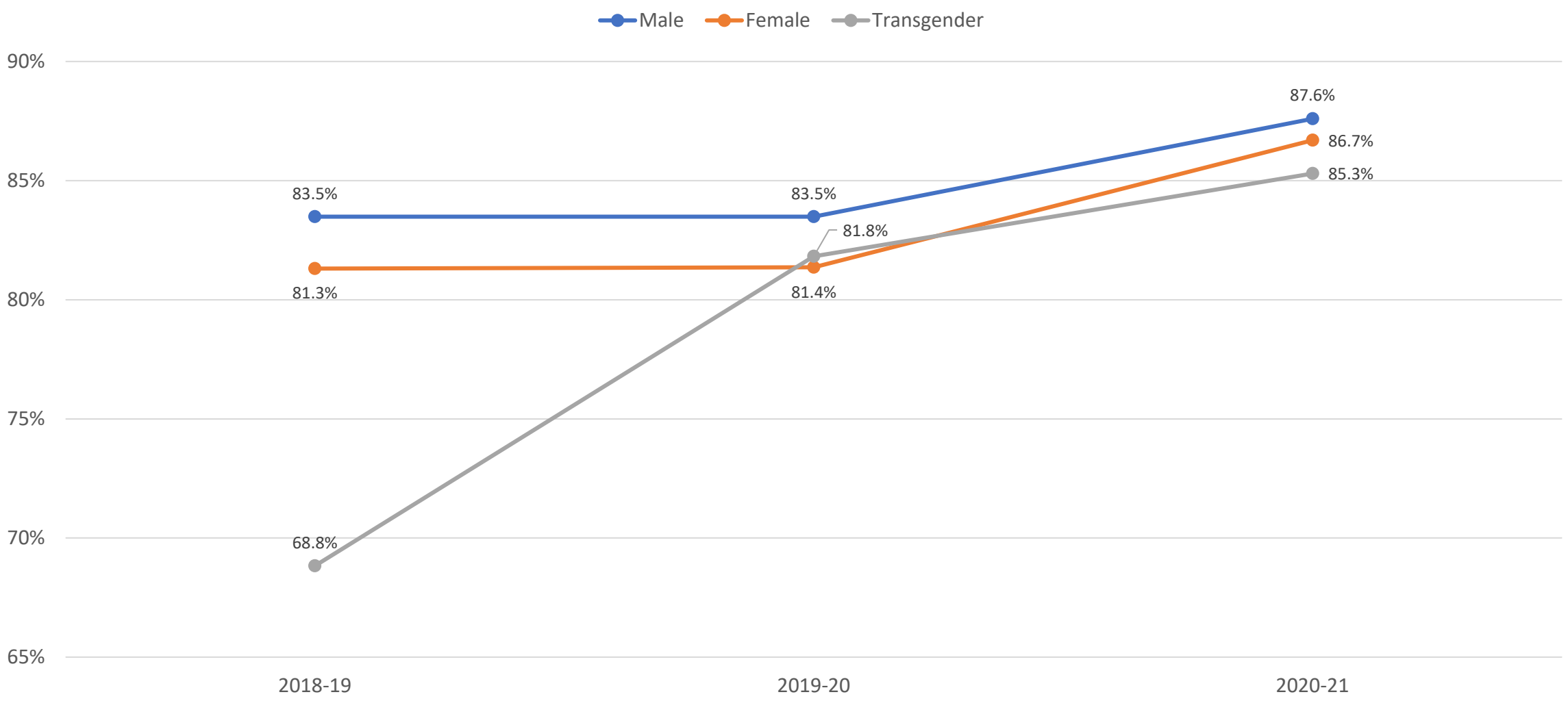





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Gender

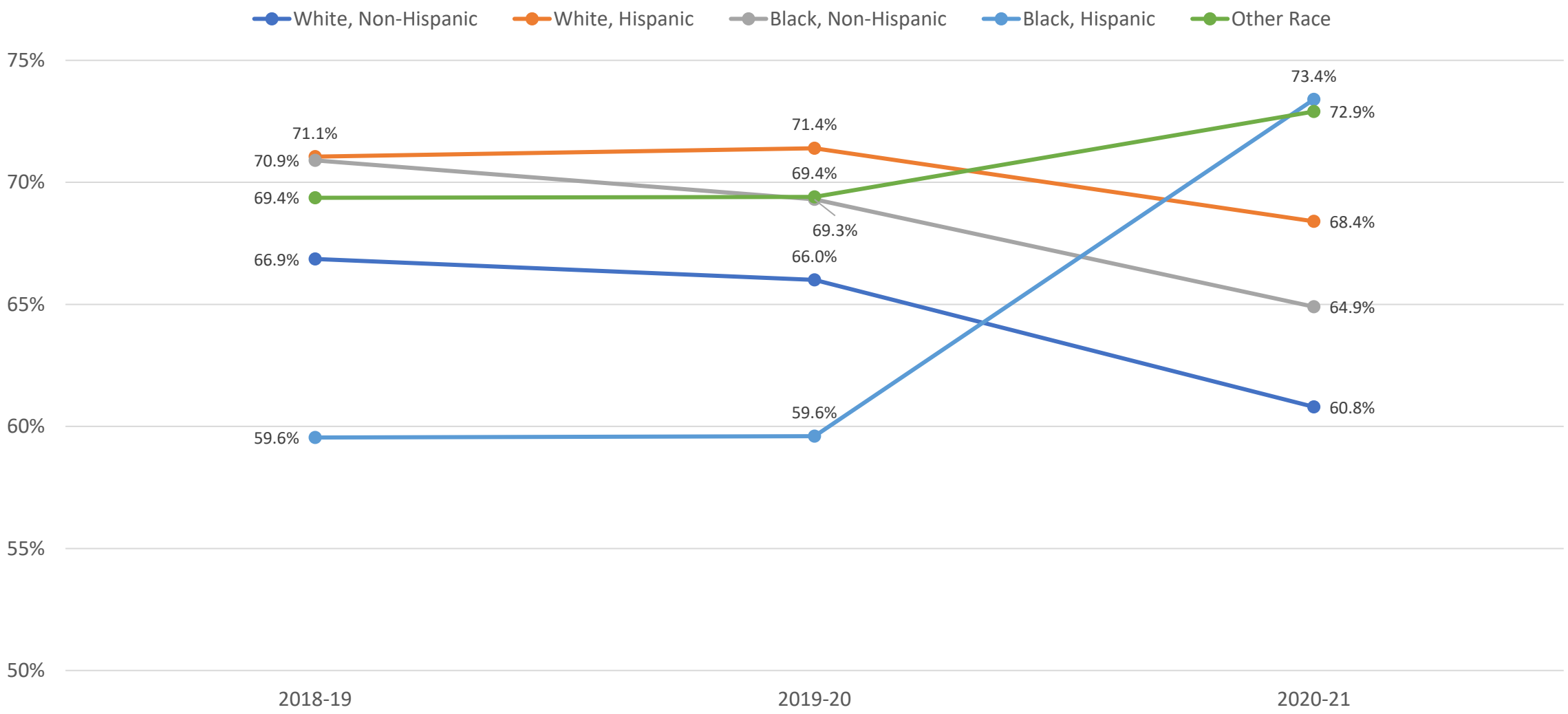





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Race/Ethnicity



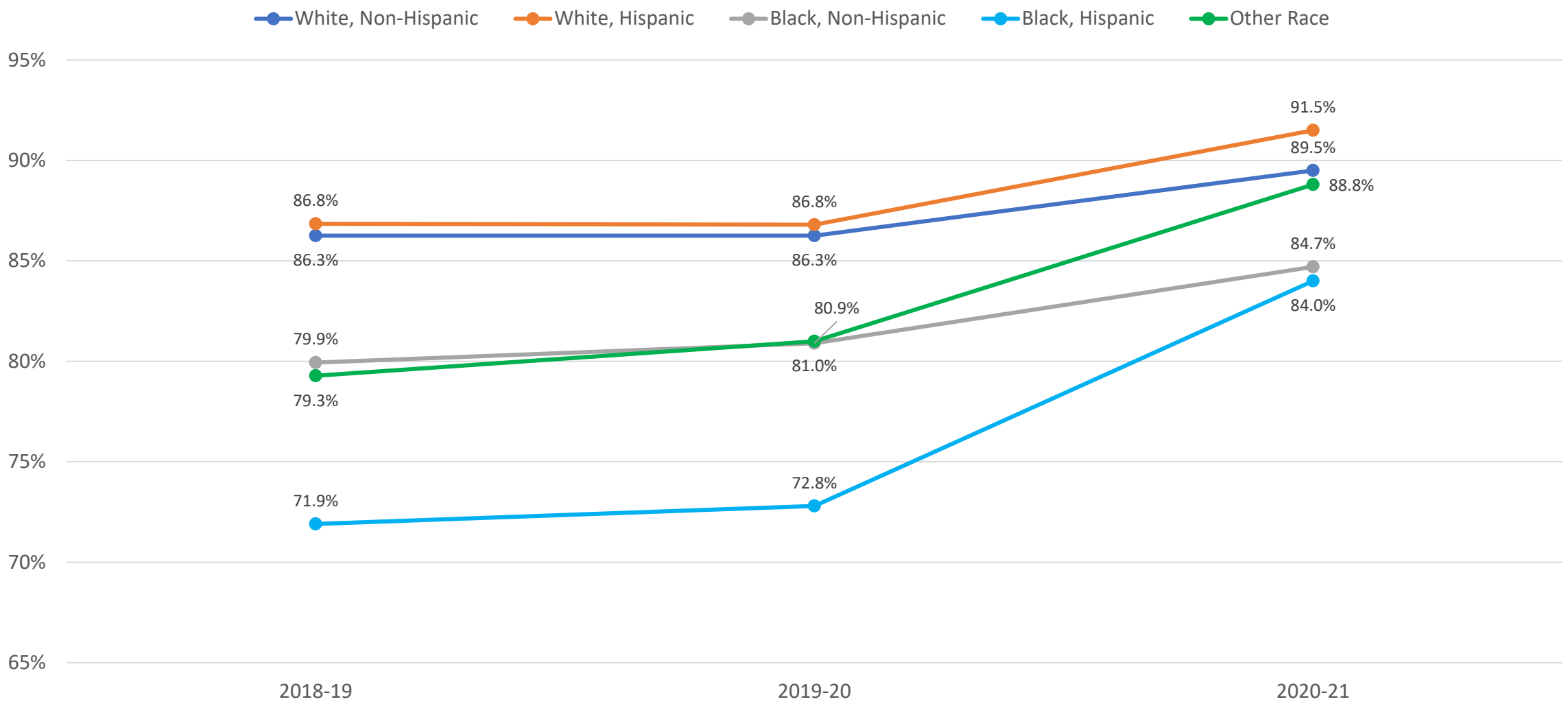



Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Race/Ethnicity



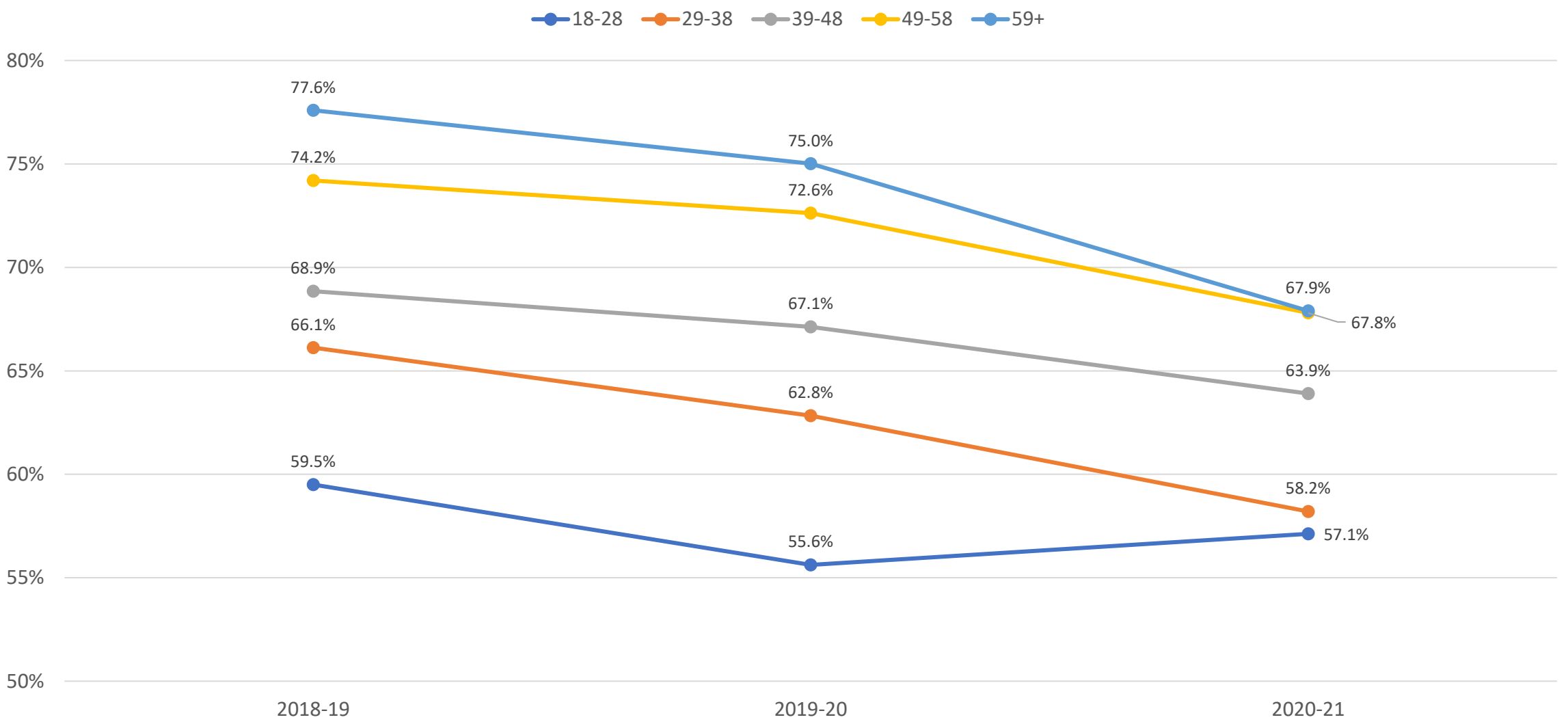



Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Age Group

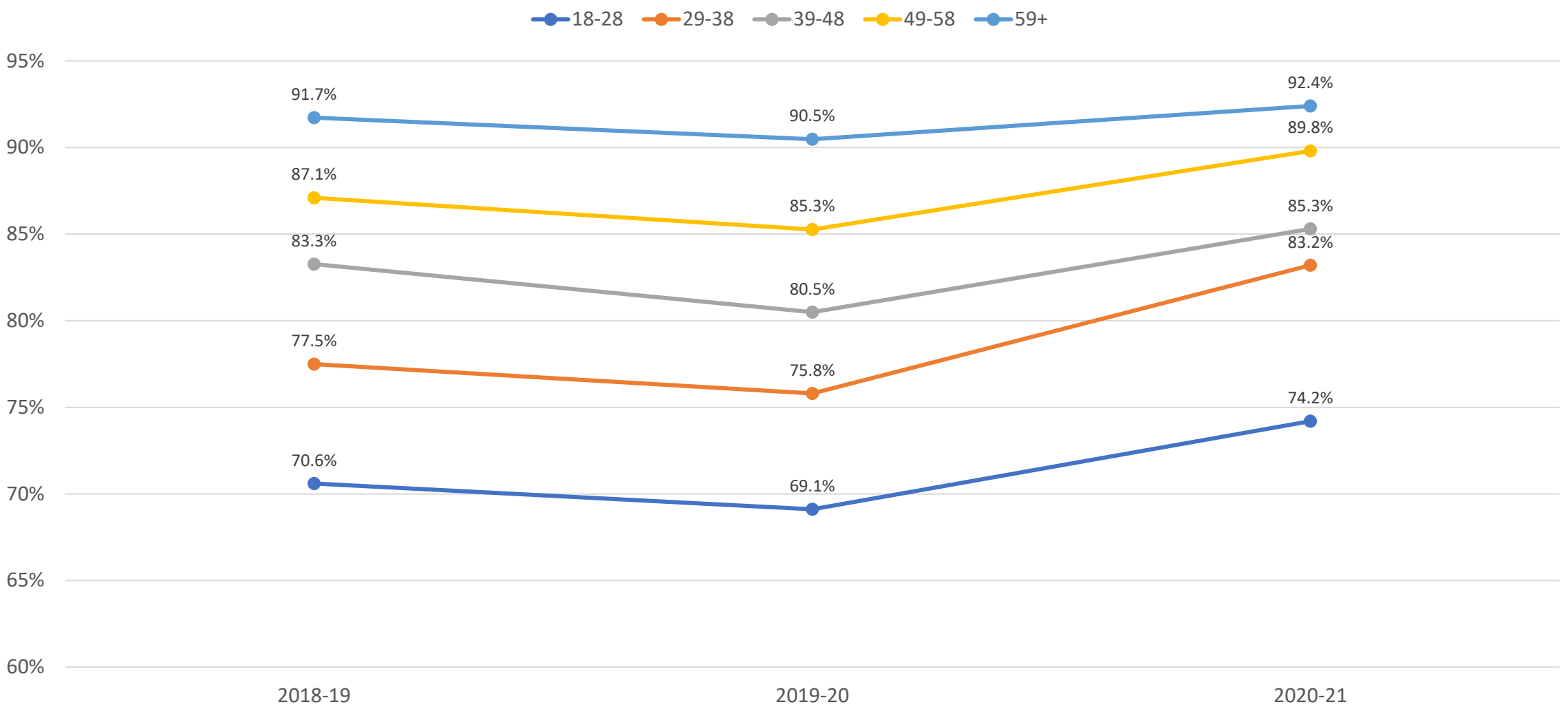





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Age Group

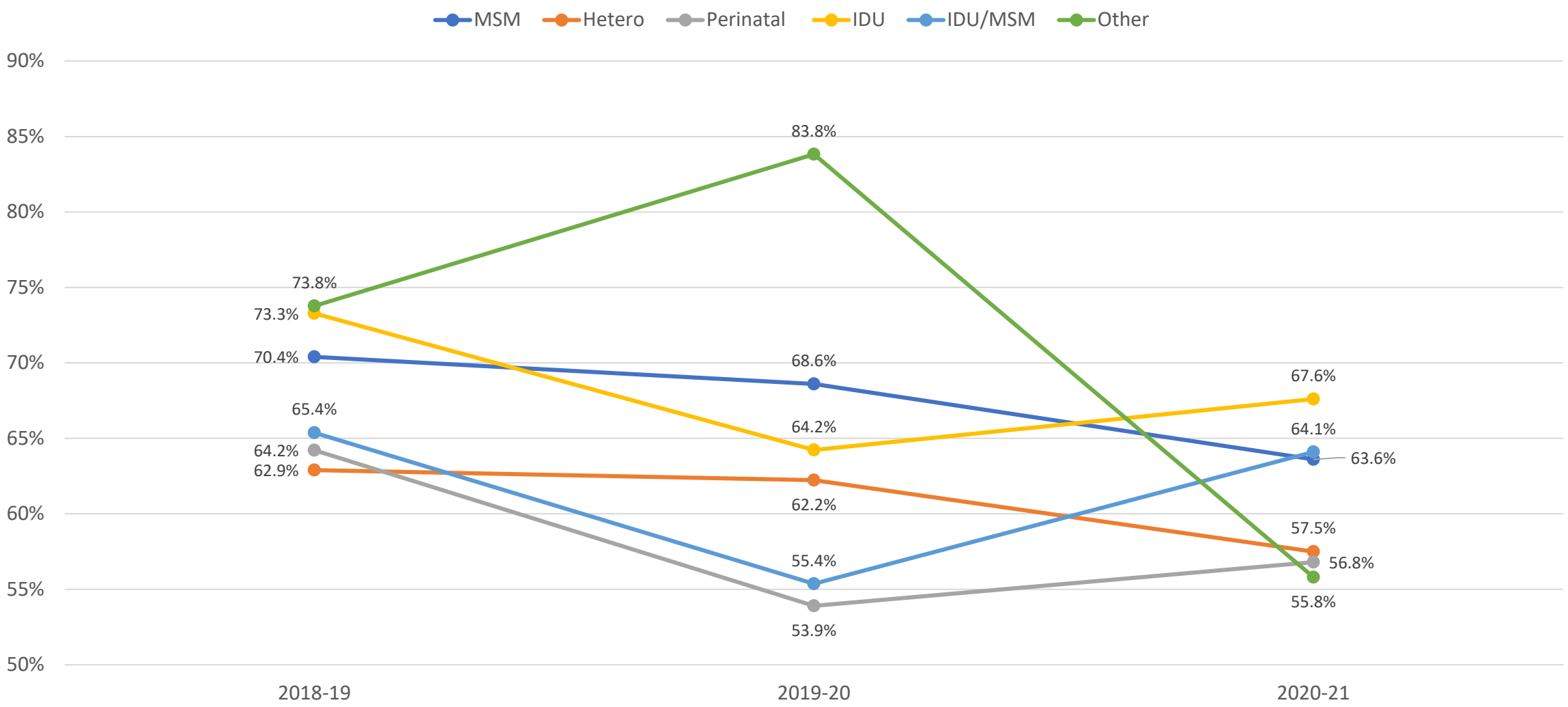





***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Mode of Transmission



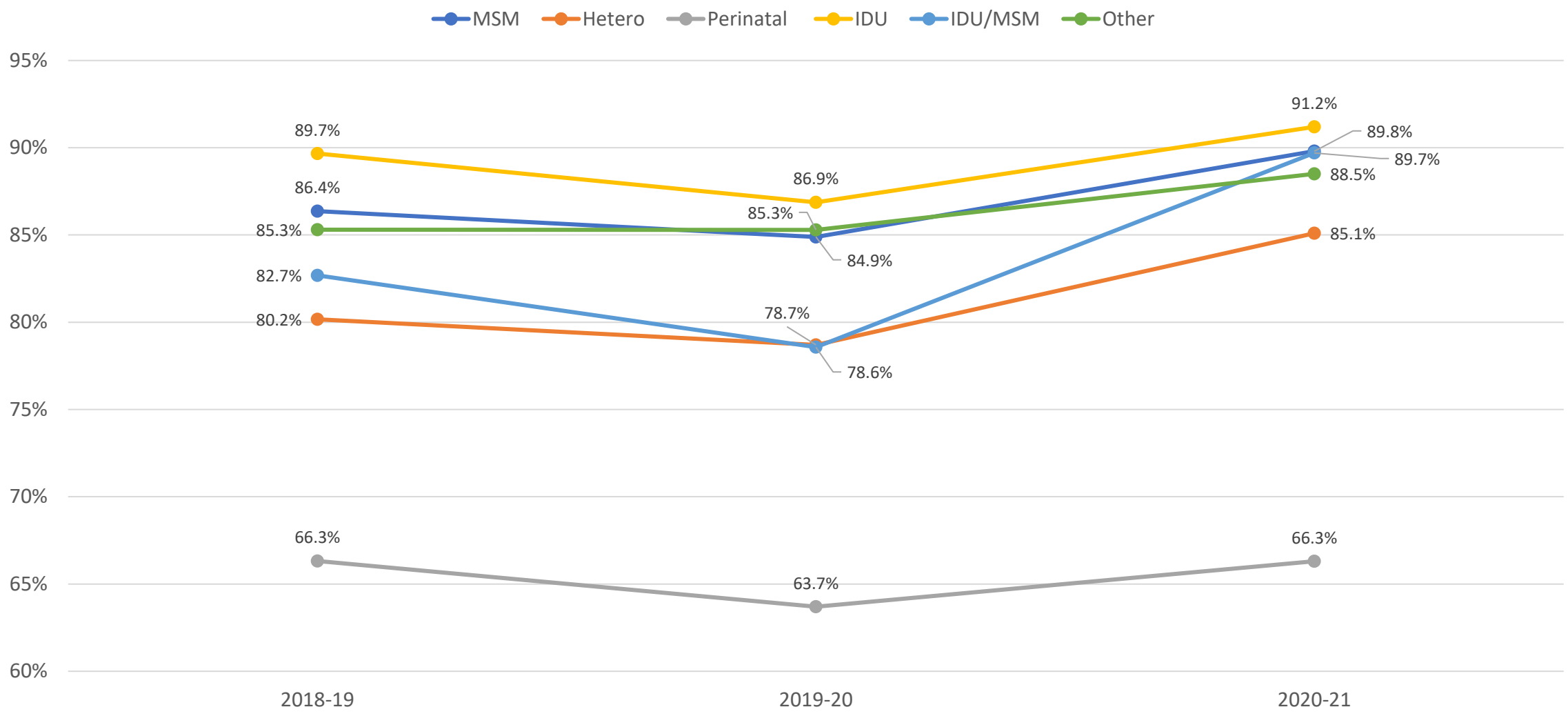



***Other Mode of Transmission** = Hemophilia and Transfusion*

***Data Sources:** Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Mode of Transmission






***Other Mode of Transmission*** = *Hemophilia and Transfusion*

***Data Sources:*** *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

# FY2020-2021 Broward EMA RW Part A Program HIV Care Continuum Notable Trends



- Clients who identified as transgender were 6.7%-9.3% less likely to be retained in care than male and female clients. There were no remarkable differences in viral suppression rates among all genders.
- Clients who identified as White non-Hispanic were 4.1%-12.6% less likely to be retained in care than all other races/ethnicities. Black Hispanic clients were 0.7%-7.5% less likely to be virally suppressed than all other races/ethnicities.
- Clients aged 18-28 were 1.1%-10.8% less likely to be retained in care and were 9.0%-18.2% less likely to be virally suppressed than all other age groups.
    - Viral suppression increases by age group; the older the population the more likely to be virally suppressed.
- Clients who reported other transmission were 1.0%-11.8% less likely to be retained in care than all other modes of transmission. Clients who reported perinatal transmission were 18.8%-24.9% less likely to be virally suppressed than all other modes of transmission.

Considerations:

- Part A and ADAP approving 60-day refills on medications
- ADAP suspending the requirement of clients needing updated viral load and CD4 labs to get their medications. Clients not considered retained in care, but they are still on ART.
- Small number of total clients (Transgender, Black Hispanic, Other race, Perinatal and Other mode of transmission)

Other transmission = hemophilia and transfusion
Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

# Questions?


*The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.*

**The Impact of the Affordable Care Act on the Ryan White Part A Program in Broward County**

## About the ACA

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. In 2013, healthcare.gov was launched, allowing Americans to access the health insurance marketplace to select plans for CY14. As a result, the ACA's impact on the Ryan White Part A Program would begin in FY14 (Health Affairs, 2020).

All marketplace plans cover the following twelve benefits:

- **Ambulatory patient services** (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- **Prescription drugs**
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
  (but adult dental and vision coverage are not essential health benefits)
- Birth control coverage
- Breastfeeding coverage (Department of Health and Human Services)

**Dental** and vision benefits are available as additional benefits through the marketplace (Department of Health and Human Services).

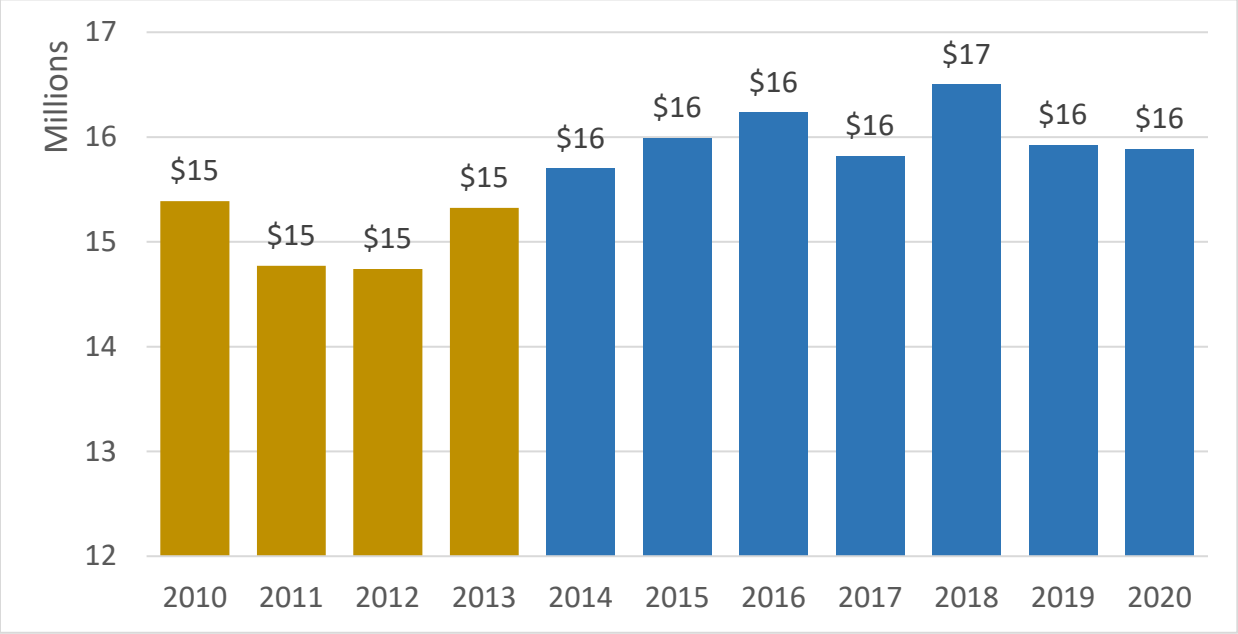
In FY20, PSRA allocated 29.9% of the EMA award to Integrated Primary Care & Behavioral Health Services, 9.4% to Oral Health services, and 4% to Local Pharmaceutical Assistance Program services. These services would be most likely to see a change in utilization and expenditures as a result of ACA implementation.

## Total Part A & MAI Expenditures

Expenditure data for Broward County's Ryan White Part A & MAI programs show no decrease in spending to coincide with the implementation of the ACA. Though funding has varied over the years for the Ryan White Part A program, grant funds have been 100% expended each year. This includes MAI carryover funds and bulk purchases.

The graph and table below display the total funds expended by Broward County's Ryan White Part A Program from fiscal year 2010 through fiscal year 2020. This includes Part A, MAI, and administrative funds.

Total Part A & MAI Expenditures FY10-FY20




| Year | Total EMA Expenditure |
|---|---|
| 2010 | $15,389,361 |
| 2011 | $14,772,803 |
| 2012 | $14,741,185 |
| 2013 | $15,324,866 |
| 2014 | $15,700,494 |
| 2015 | $15,990,768 |
| 2016 | $16,236,725 |
| 2017 | $15,819,961 |
| 2018 | $16,505,305 |
| 2019 | $15,924,940 |
| 2020 | $15,886,455 |

(Health Resources and Services Administration, 2020)

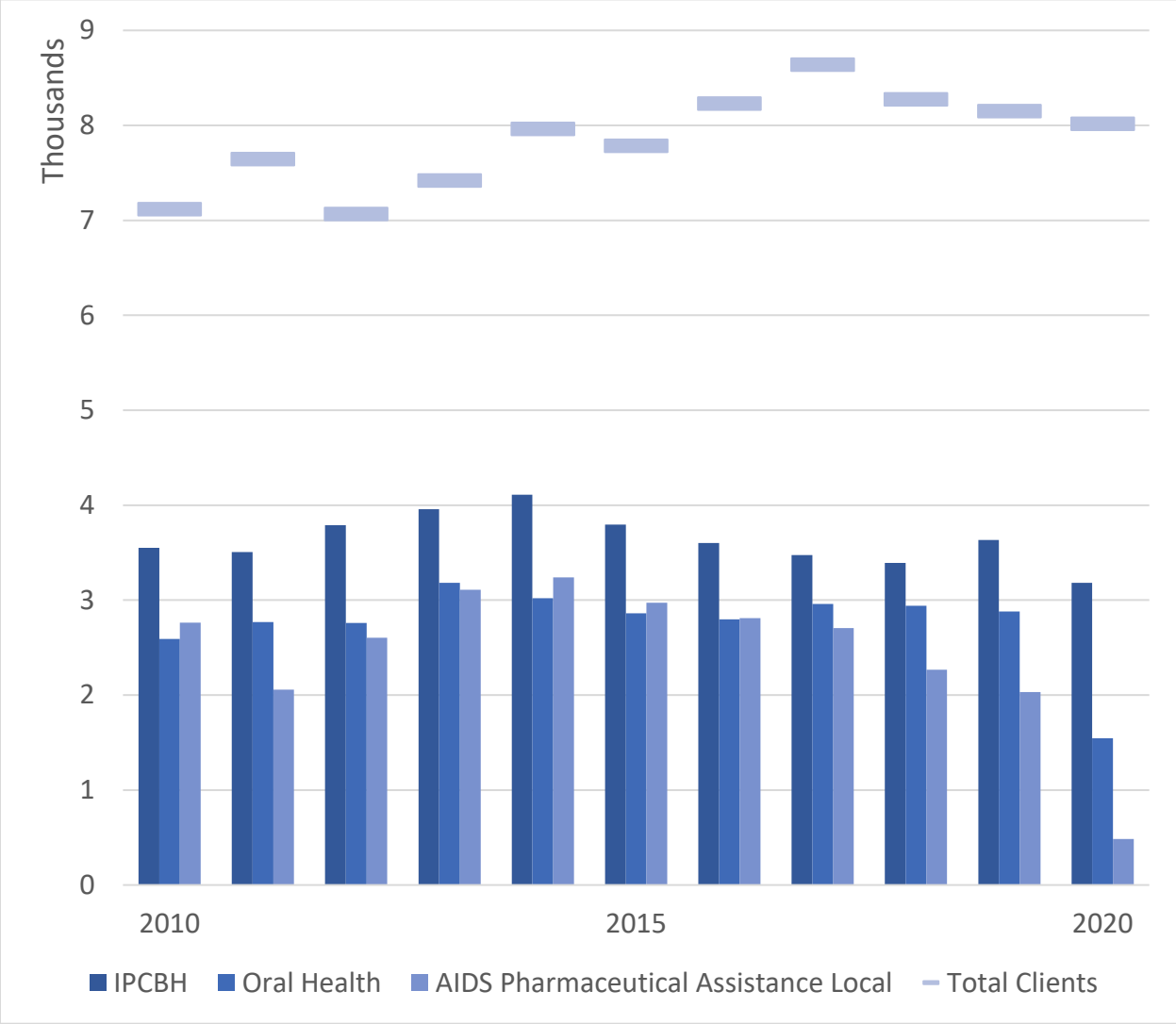
## Ryan White Part A & MAI Clients Served

Ryan White service utilization data do not show a remarkable decrease in unique clients accessing Outpatient Ambulatory Health Services, Oral Health, or AIDS Pharmaceutical Assistance. The data also indicate an overall increase in total clients.

The graph and table below demonstrate the number of unique clients to utilize each of the three services and the total number of Ryan White Part A clients between 2010 and 2020.

The Impact of the Affordable Care Act on the Ryan White Part A Program in Broward County

Service Utilization FY10-FY20




| Year | IPCBH Clients | Oral Health Clients | AIDS Pharmaceutical Assistance Clients | Total Ryan White Part A Clients |
|---|---|---|---|---|
| 2010 | 3,552 | 2,591 | 2,762 | 7,116 |
| 2011 | 3,506 | 2,768 | 2,058 | 7,644 |
| 2012 | 3,790 | 2,761 | 2,603 | 7,064 |
| 2013 | 3,958 | 3,182 | 3,108 | 7,417 |
| 2014 | 4,109 | 3,020 | 3,238 | 7,962 |
| 2015 | 3,797 | 2,861 | 2,972 | 7,782 |
| 2016 | 3,603 | 2,799 | 2,810 | 8,228 |
| 2017 | 3,474 | 2,961 | 2,707 | 8,637 |
| 2018 | 3,391 | 2,942 | 2,268 | 8,273 |
| 2019 | 3,632 | 2,879 | 2,031 | 8,149 |
| 2020 | 3,182 | 1,545 | 483 | 8,016 |

# Part A Clients & ACA Plans FY20: Eligibility and Enrollment

In FY20, 2,874 Part A clients were eligible for healthcare through the marketplace. Of those, 1,953 enrolled in marketplace plans and 921 did not.

The following section uses these totals to estimate potential Ryan White Part A Program savings and expenditures.

# The Estimated Impact of the ACA on the Ryan White Part A Program

## Cost Savings

To estimate the cost savings of client enrollment in ACA plans, an average cost per client in FY20 was calculated for Integrated Primary Care and Behavioral Health, Oral Health, and AIDS Pharmaceutical Assistance. These costs are highly variable and dependent upon the client's needs. That average cost was then multiplied by the number of clients who enrolled in marketplace plans to illustrate what was potentially saved in FY20. Finally, the average cost was multiplied by the total number of eligible clients to show how much more would have been saved if all eligible clients enrolled in marketplace plans.

***Integrated Primary Care & Behavioral Health***

Average cost per client: $\frac{\$4{,}968{,}552}{3{,}182\ clients} = \$1{,}561.45\ per\ client$

Enrolled clients' cost savings: $\$1{,}561 \times 1{,}953\ enrolled\ clients = \$3{,}048{,}633\ cost\ savings$

Eligible clients' cost savings:

$\$1{,}561 \times 2{,}874\ eligible\ clients = \$4{,}486{,}314\ potential\ cost\ savings$

***Oral Health***

Average cost per client: $\frac{\$1{,}492{,}653}{1{,}545\ clients} = \$966.30\ per\ client$

Enrolled clients' cost savings: $\$966 \times 1{,}953\ enrolled\ clients = \$1{,}886{,}598\ cost\ savings$

Eligible clients' cost savings:

$\$1{,}561 \times 2{,}874\ eligible\ clients = \$2{,}776{,}284\ potential\ cost\ savings$

***AIDS Pharmaceutical Assistance***

Average cost per client: $\frac{\$872{,}940}{483\ clients} = \$655.36\ per\ client$

Enrolled clients' cost savings: $\$655 \times 1{,}953\ enrolled\ clients = \$1{,}279{,}215\ cost\ savings$

Eligible clients' cost savings:

$\$655 \times 2{,}874\ eligible\ clients = \$1{,}882{,}470\ potential\ cost\ savings$

***Total***

Cost of all three services for one client: $\$1{,}561.45 + \$966.30 + \$655.36 = \$3{,}183.11$

Enrolled clients' cost savings: $\$3{,}048{,}633 + \$1{,}886{,}598 + \$1{,}279{,}215 = \$\mathbf{6{,}214{,}446}$

Eligible clients' cost savings: $\$4{,}486{,}314 + \$2{,}776{,}284 + \$1{,}882{,}470 = \$\mathbf{9{,}145{,}068}$

### Spending

To estimate the cost of client enrollment in ACA plans, an average cost per client in FY20 was calculated for Health Insurance Continuation Program services. These costs are highly variable and dependent upon the client's needs. That average cost was then multiplied by the number of clients who enrolled in marketplace plans to illustrate what was potentially spent in FY20. Finally, the average cost was multiplied by the total number of eligible clients to show how much more would have been spent if all eligible clients enrolled in marketplace plans.

***Health Insurance Continuation Program***

Average cost per client: $\frac{\$873{,}877}{925\ clients} = \$944.73\ per\ client$

Enrolled clients' cost: $\$945 \times 1{,}953\ enrolled\ clients = \$1{,}845{,}545\ cost\ savings$

Eligible clients' cost:

$\$945 \times 2{,}874\ eligible\ clients = \$2{,}715{,}930\ potential\ cost\ savings$

## Benefits of ACA Enrollment

### Benefit to the Ryan White Part A Program

The more eligible Part A & MAI clients who enroll in ACA health insurance plans, the more grant funding is available to provide care for clients who are ineligible for ACA plans.

### Benefit to the ACA-Enrolled Part A Client

The Ryan White HIV/AIDS Program is not insurance; it is the payor of last resort. By enrolling in an insurance plan through the ACA, clients gain coverage for hospital stays and other benefits provided by insurance. Those clients still have access to the many other services provided by the Ryan White HIV/AIDS Program.

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Health Affairs. (2020, February 28). *Present At The Creation: Launching The ACA—2010 To 2014*. Retrieved from Health Affairs: https://www.healthaffairs.org/do/10.1377/hblog20200226.368621/full/

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