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

Priority Setting & Resource Allocation Committee Meeting

Thursday, June 16, 2022 - 9:00 AM
Location: Broward Regional Health Planning Council and via WebEx Videoconference
Chair: Brad Barnes • Vice Chair: Valery Moreno

This meeting is audio and video recorded.

Quorum for this meeting is 6

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for June 16, 2022
5. **ACTION:** Approval of Minutes from May 18, 2022
6. Standard Committee Items
   a. Monthly Expenditure/Utilization Report – by service category (Handout A)
7. New Business
   a. **Action Item:** Priority Setting and Resource Allocation Presentation (Handout B)- Receive a presentation from Emily Gantz McKay on the PSRA Process.
   b. **Action Item**: Part A Client Health Outcomes Presentation (Handout C)
      Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.
   c. **Action Item**: Part A Client Health Outcomes: PSRA Scorecards (Handout D)- Receive FY2020 (March 1, 2020 – February 28, 2021) Expenditures & Allocations.
      Work Plan Activity 1.1: Review data relevant to the PSRA process
   d. **Action Item:** Priority Setting (Handouts E)- Use data elements to inform priority ranking process including CEC's rankings of Part A Services
      Work Plan Activity 1.3 Priority rank Part A and MAI service categories annually.
   e. **Action Item:** Voting Conflicts Presentation (Handouts F)- Receive overview of PSRA voting conflicts.

Work Plan Activity 1.3 Priority rank Park A and MAI service categories.

f. **Action Item:** How Best to Meet the Need Language (Handout G)
Workplan Activity1.2 Review How Best to Meet the Need language recommendations from SOC committee annually.

8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: July 21, 2022, at 9:00 a.m. Location: Broward Regional health Planning Council and via WebEx
    b. Next Meeting Agenda Items
        - How Best To Meet The Need
        - Resource Allocations
11. Announcements
12. Adjournment

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

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

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

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

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

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

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

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

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

Priority Setting and Resource Allocation Committee

Thursday, May 19, 2022- 9:00 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

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

PSRA Members Absent: R. Jimenez, R. Lopes, M. Schweizer

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, W. Cius, T. Thompson, S. BeeBee.

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

Guests Present: K. Schickowski, S. Jackson, M. Rosiere, L. Jones.

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

   The PSRA Chair called the meeting to order at 9:03 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval for the agenda of the May 19, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by Y. Arencibia, seconded by B. Mester, and passed unanimously. The approval for the minutes of the April 21, 2022, meeting was proposed by C. Dumas, seconded by L. Robertson, and passed unanimously.

   Motion #1: Ms. Arencibia, on behalf of PSRA, made a motion to approve the May 19, 2022, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

   Motion #2: Mr. Dumas, on behalf of PSRA, made a motion to approve the April 21,

2022, Priority Setting and Resource Allocation meeting. The motion was adopted unanimously.

4. Standard Committee Items

   The Recipient Office advised the Committee that they have begun processing March and April invoices and would provide the Committee with an updated report in the June meeting. The Committee agreed to receive updates to FY22 Service Utilization and Expenditures at the June PSRA Meeting.

5. New Business

   Ryan White Part A Eligibility Review and Update

   The PSRA committee briefly discussed the Eligibility process for the Ryan White Part A Program and eligibility for individual service categories. The Committee sought clarification on the role of the Planning Council in that process. The Recipient Office advised the Committee that in accordance with the policy clarification notice (PCN)21-2, effective March 1, 2022, the RWHAP Part A program moved to an annual eligibility cycle. There have been technological challenges with updating this in Provide Enterprise (PE), as well as issues on how to address recertification. The Recipient Office also advised the Committee that HRSA has been overwhelmed with questions regarding the recertification process and has yet to provide clear guidance. However, they are working to rectify these issues in PE and began the annual service delivery model (SDM) review process with the CQM team, starting with the CIED program. Once, the annual review of the CIED SDM is complete, it will be submitted to the HIVPC for further review and approval. The Recipient Office stressed that this would be a collaborative effort. The Committee agreed to move this discussion item to standard Committee Item.

   There was additional discussion regarding statewide reciprocity related to eligibility across all the RWHAP parts. The PSRA Chair requested updates to the Committee as more information became available. Lastly, there was a brief discussion regarding provider reimbursement/compensation for services and the role of the planning Council. The Committee was advised that the Planning Council has the role of setting service delivery standards and assessing the efficiency of the administrative mechanism annually. However, provider compensation is a contracting issue, the Recipient's sole responsibility. The Recipient’s office also advised the Committee that reviewing provider compensation is an ongoing process that considers several factors.

   HIV Surveillance Epidemiological Data Presentation

   A representative of the Florida Department of Health in Broward County (FDOH-BC) presented the epidemiology of HIV in Broward County in 2020 (Handout C on file). The epidemiologic profile described the burden of HIV on the Broward population in terms of social demographic, geographic, behavioral, and clinical characteristics of people living with an HIV diagnosis. The representative noted the number of HIV diagnoses, which highlighted a significant decrease from 628 individuals in 2019 to 467 individuals in 2020, was connected to the COVID-19 Pandemic. There was concern from the Committee that the presentation did not drill down to demographics such as age and race. The Committee was advised that the presentation was abbreviated based on time constraints and included relevant data for the PSRA process. The full report with demographics will be included in the updated PSRA Reference binder. C. Dumas questioned whether the implementation of the Syringe Exchange program increased the identification of IDU as a mode of transmission. However, the data were not available.

   There was a request from a guest to see the implications of domestic violence and other social determinants of health on new HIV diagnoses. J. Rodriguez advised the Committee that domestic violence questions are not part of the HIV surveillance case

report forms. C. Dumas motioned to request information on the implications of domestic violence on new HIV diagnoses; there were no seconds to the motion. G. Martinez advised the Committee that the needs assessment process could include questions about domestic violence and other social determinants of health. The Committee also looked at a map of the county showing the distribution of HIV cases throughout Broward County. The committee discussed possible reasons for the trends across the different zip codes.

Broward Ending the HIV Epidemic Presentation

The Committee received a presentation on the Broward EMA Ending the HIV Epidemic (EHE) program. The presentation provided an overview of the program, historical background, population of focus, funded EHE activities, year two service delivery and impact, and the next steps for year three of the program. B. Mester questioned how previously diagnosed individuals who are no longer in care are being targeted if non-medical case managers and disease case managers are not providing outreach services to reengage clients. The Committee was advised that clients who have fallen out of care are referred to HIV Disease Intervention Specialists (DIS) at the FLDOH. During year two, the program engaged 600 individuals; 146 individuals were enrolled in DCM; 125 were retained in care, and 91 achieved viral load suppression. Additionally, 451 individuals utilized Medical Transportation services, and 736 units of food services. The next steps for the EHE program through year three include continued service implementation, additional community engagement activities, and collaboration with other local funders. Additionally, there will be ongoing monthly and quarterly EHE meetings between the Recipient's Office and providers.

There was discussion about establishing an outreach component if surplus funding is not utilized. The Committee was advised that funds are allocated where individuals were initially diagnosed HIV positive, and that in-migration is an ongoing issue for Broward County. However, under the current EHE plan, there is a mechanism to enroll clients new to Broward County to ensure immediate access to services. The PSRA Chair requested the total EHE funding amount and funding allocation for each funded service. The EHE Representative advised the Committee that they would send this information to support staff. There was also a question of whether housing assistance is a funded service under the EHE Program. The Committee was advised that research is being done to see how best EHE can provide housing assistance without duplicating efforts.

Needs Assessment/Community Input Presentation

Lastly, the Committee received a presentation from a HIVPC Health Planner regarding the FY2021 Needs Assessment findings. The information highlighted the strengths and weaknesses of the RW Part A Program and possible gaps in the provision of care. The presentation provided recommendations to address needs, barriers, and recommendations from the continuum of care. C. Dumas questioned why housing was limited to behavioral health clients. The Committee was advised that behavioral health clients were highlighted several times in the data as needing stable housing. There was some discussion about overall retention in care rates and client health outcomes. The Committee was advised that they would receive a presentation on the FY21-22 Client Health Outcomes at the June meeting. Lastly, there was some discussion about expanding peer navigation and support programs to improve health outcomes.

6. Recipient's Report

The Recipient reported that they began sending out contract amendments to service providers. They have also issued provider reimbursements based on renewal letters of the original contracts. Additionally, they reported that they are involved in the Integrated Planning Process.

The HIVPC Chair asked if the Recipient Office reached out to the representatives from the Transgender Community as promised. The Committee was advised that there has been a lot of staff turnover at the Recipient Office, so they have not yet initiated contact; however, they intend to coordinate that meeting.

7. Public Comment

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

8. Agenda Items for Next Meeting

   The next PSRA meeting will be held on June 16, 2022, at 9:00 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

   Next Meeting Agenda Items

   - Part A Client Health Outcomes Presentation
   - How Best to Meet The Need
   - PSRA FY21 Scorecards
   - Community Empowerment Committee Rankings
   - PSRA Presentation
   - Priority Setting

9. Announcements

   - The Ryan White Part B Program has renewed its contract with its sexual health provider at the Broward Wellness Center owned by AHF. As a result, they are now providing injectable PrEP for all Broward County residents regardless of insurance status.

   - The CEC held their third Community Conversation on Tuesday, May 17th, at AHF, titled *"Long-Acting Treatment for HIV: A Presentation for People Living with HIV."* A representative from Viiv Healthcare provided attendees with information on Cabenuva Injections. A recording of the event is available for viewing on the Broward HIVPC Facebook page. The next Community Conversation, *"Mobilize to Thrive: Prioritize Quality of Life,"* will be held June 14th at 7 p.m. at the Art Serve Auditorium in collaboration with the World AIDS Museum to discuss Long-Term HIV/AIDS Survivors.

10. Adjournment

    There being no further business, the meeting was adjourned at 12:10 p.m.

PSRA Attendance for CY 2022

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

Priority Setting and Resource Allocation Committee Meeting Minutes – May 19, 2022
Minutes prepared by PCS Staff

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

HANDOUT A

	Service Category		Contract/ Allotted Amount	Expended Amount As of May Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,436,529	584,827	11%	4,851,702	194,942	2,339,306	-
	AIDS Pharmaceutical Assistance (2)		234,044	1,169	0%	232,875	390	4,677	-
	Oral Health Care	Routine (4)	1,910,475	361,470	19%	1,549,005	120,490	1,445,880	-
		Specialty (1)	736,489	131,728	18%	604,761	43,909	526,913	-
	Medical Case Management	Case Management (7)	1,239,359	71,406	6%	1,167,953	23,802	285,623	-
		Disease Case Management (5)	512,117	121,700	24%	390,417	40,567	486,800	-
	Mental Health- Trauma-Informed (2)		159,939	44,417	28%	115,522	14,806	177,670	-
	Health Insurance Premium & Cost Sharing Assistance		779,279	136,979	18%	642,300	45,660	547,916	-
	Substance Abuse-Outpatient (1)		337,498	43,784	13%	293,714	14,595	175,136	-
Support Services	Case Management	Centralized Intake and Eligibility Determination (1)	582,488	65,938	11%	516,550	21,979	263,754	-
	Food Services	Food Bank (1)	700,000	302,115	43%	397,885	100,705	1,208,460	-
		Food Voucher (1)	82,586	-	0%	82,586	-	-	-
	Legal Assistance (1)		129,151	28,478	22%	100,673	9,493	-	-
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	-	-
	Total Part A Funds		**12,955,826**	**1,894,012**	**15%**	**11,061,814**	**631,337**	**7,576,048**	**-**
	*** Some of the providers have not billed for month of May.**								

	Service Category	Initial Allocation	Expended Amount As of May Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables
Core Medical Services	MAI Ambulatory (1)	116,092	-	0%	116,092	-	-	
	MAI Medical Case Management (2)	93,212	-	0%	93,212	-	-	
	MAI Mental Health (1)	62,469	1,877	3%	60,592	626	7,506	
	MAI Substance Abuse-Outpatient (1)	400,000	160,841	40%	239,159	53,614	643,364	
Support Services	MAI Centralized Intake and Eligibility Determination (1)	290,956	169,039	58%	121,917	56,346	676,157	
	Total MAI Initial Allocation	**962,729**	**331,757**	**34%**	**630,972**	**110,586**	**1,327,027**	
		-						
	Total MAI Funds	962,729						
	*** Some of the providers have not billed for month of May.**							
	Total Part A and MAI Funding	**13,918,555**	**2,225,769**	**16%**	**11,692,786**	**741,923**	**8,903,074**	

HANDOUT B

Priority Setting and Resource Allocation

Broward County HIV Health Services Planning Council (HIVPC)

Presentation by Emily Gantz McKay
for JSI Planning CHATT Project
June 16, 2022

Topics

- PSRA Quick Overview
- Data-based PSRA Decisions
- Client Income Eligibility
- Implications of the ACA and Other Programs
- The 75/25 Requirement and Waiver

PSRA Components

1. Priority setting
2. Resource allocation
3. Reallocation (as needed during the program year)
4. Development of directives – *"how best to meet each priority"*

…all based on needs assessment and recipient data, obtained and analyzed throughout the year

HRSA HAB Expectations for PSRA

- Decisions are made based on data, not anecdotal information or "impassioned pleas"
  - Planning Council reviews many types of data and directly links decision making to these data
- Priorities and allocations are developed based on service needs of all people with HIV (PWH) in the EMA or TGA, regardless of:
  - Who they are
  - Where they live
- Decisions contribute to an improvement in HIV care continuum performance for all RWHAP clients
- Decisions should be data-based, with greater weight given to data that are more recent, have larger samples, and are more representative

HRSA HAB Expectations for PSRA

- Decisions based on data, not anecdotal information or “impassioned pleas”
  - Planning Council reviews many types of data decision are directly linked to these data
- Priorities and allocations are developed based on service needs of all people with HIV (PWH) in the EMA or TGA, regardless of:
  - Who they are
  - Where they live
- Decisions contribute to an improvement in HIV care continuum performance for all RWHAP clients
- Decisions should be data-based, with greater weight given to data that are more recent, have larger samples, and are more representative
- **Data used in decision making by Broward Planning Council:**
  - “Factors to consider” in allocations almost entirely based on overall utilization data
  - ***Questions to consider:*** What data were used in priority setting last year? What data will be used this year?

Data-Based Priority Setting

- Review information from year-round work and from your data presentation:
  - Needs assessment data – especially services PWH needed but had trouble getting
  - Service utilization data – by race/ethnicity, age, gender, and sexual orientation
  - Epi trends, Quality Management data, and other data from the recipient
- Consider the needs of specific populations, including disproportionately affected subpopulations – and groups with lower rates of retention in care and viral suppression
- Separately review data on MAI
- Using all available data, review and discuss:
  - Current priorities and rationale
  - Which service categories appear to need higher or lower priority *based on the data*
- Do NOT consider other funding streams during priority setting – do consider in resource allocation

Income Eligibility for RWHAP Clients

- RWHAP Part A programs expected to document client eligibility for services – e.g., HIV status, residence in the EMA/TGA, income, and insurance status
- Clients required to be *low-income* [PCN 13-02], but programs set specific income limits:

  [w]hen setting and implementing priorities for the allocation of funds, Recipients, Part A Planning Councils, community planning bodies, and Part B-funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services [PCN 16-02]

- Income limits vary; for example:
  - Austin, Baltimore, and Washington, DC: 500% of Federal Poverty Level (FPL)
  - Atlanta and Miami: 400%
  - Indianapolis and Memphis: 300%
  - Dallas: 200%

Setting and Publicizing Client Income Eligibility

- Part A program must have income limits for the service categories it funds
- Income eligibility can be:
  - Set jointly by Planning Council and recipient, often as part of Service Standards development or updates
  - Set by the recipient
  - Established jointly by Part A and Part B recipients in a state
- Income limits may be:
  - Posted on the recipient website
  - Included in Universal Service Standards
  - Stated in each service standard, especially if they vary by service category

Income Eligibility for Broward Part A Clients

- Current eligibility: “less than or equal to 400% of the federal poverty level”
  - Specified in Service Standards for AIDS Pharmaceutical Assistance - Local and Emergency Financial Assistance, as updated in August 2020
  - Not specified in other Service Standards
- 400% income limit also stated in the *Provider Handbook* for services provided by the Community Partnership Division of the Human Services Department

Implications of ACA and Other Programs

- **Affordable Care Act (ACA)**
  - 38 states & DC expanded Medicaid to cover people with incomes up to 133% of FPL
  - Many ADAP programs purchase insurance under ADAP rather than paying separately for medications
  - ACA insurance purchased by RWHAP clients more affordable when program provides premium and/or cost-sharing assistance
  - Reduces client need for Part A-funded Outpatient Ambulatory Health Services (OAHS) and medication assistance
  - May also reduce need for Mental Health, Substance Use, and other core medical services covered under Medicaid or ACA insurance
  - Frees up Part A funds for services not covered by insurance
- **Ending the HIV Epidemic** (EHE) may affect need/demand some some Part A services also funded by EHE

The 75/25 Requirement and Waiver

- RWHAP Part A , B, and C programs required to spend at least 75% of program funds on core medical services unless they receive a Core Medical Services Waiver
- Waiver can be requested by recipient prior to submission of the application, with the submission, or up to 4 months after submission [PCN 13-07]
  - Must include a letter from the Planning Council Chair
- Waiver often requested where programs have significantly reduced need for primary medical care under Outpatient Ambulatory Health Services (OAHS) and some other medical services because:
  - State expanded Medicaid coverage under the Affordable Care Act (ACA) and/or
  - State uses AIDS Drug Assistance Program (ADAP) funds partly to purchase health insurance for clients under the Affordable Care Act (ACA) rather than paying directly for medications
  - Part A makes extensive use of Health Insurance Premium and Cost Sharing Assistance to help pay for insurance purchased by individual clients
- Without these situations, program usually needs to spend at least 75% of funds on OAHS and other core medical services

Broward EMA Use of Program Funds in 2021-22 (Excluding MAI)

- **52% of program funds used for HIV medical care and medications**
  - 45% for OAHS
  - 5% for Health Insurance Premium & Cost Sharing Assistance (HIPSCA)
  - 2% for AIDS Pharmaceutical Assistance – Local (LPAP)
- 16% each on Medical Case Management (MCM) and Oral Health Services
- 77% used for 3 services: OAHS, MCM, and Oral Health
- 88% used for 7 core medical services, 12% used for 4 support services
- **For comparison, Los Angeles (excluding MAI) spent:**
  - 81% on 5 core medical services and 19% on 7 support services
  - 21% on OAHS and did not fund HIPCSA or LPAP
  - 32% on Medical Case Management

Questions and Comments

HANDOUT C

Broward EMA Ryan White Part A Program

Health Outcomes

Priority Setting & Resource Allocation Committee Meeting

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

PRESENTED BY
BRIANNE MILLER, MPH, CHES & JASMINE ROHOMAN, MPH

HIV Care Continuum Definitions

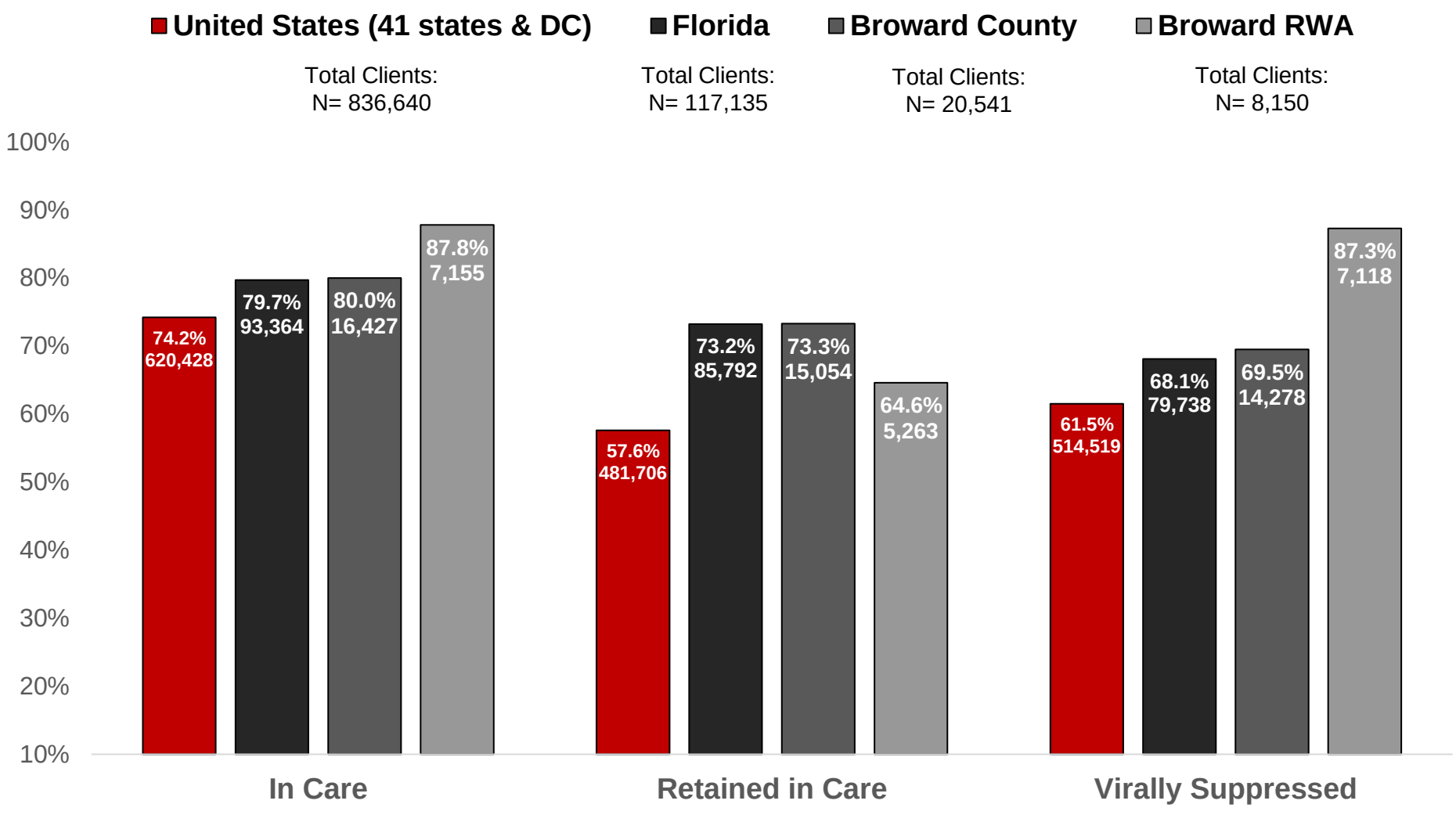
- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **Retained in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients 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.*

HIV Care Continuum Definitions

- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.
- Impact of COVID-19 on FY 2020 data.

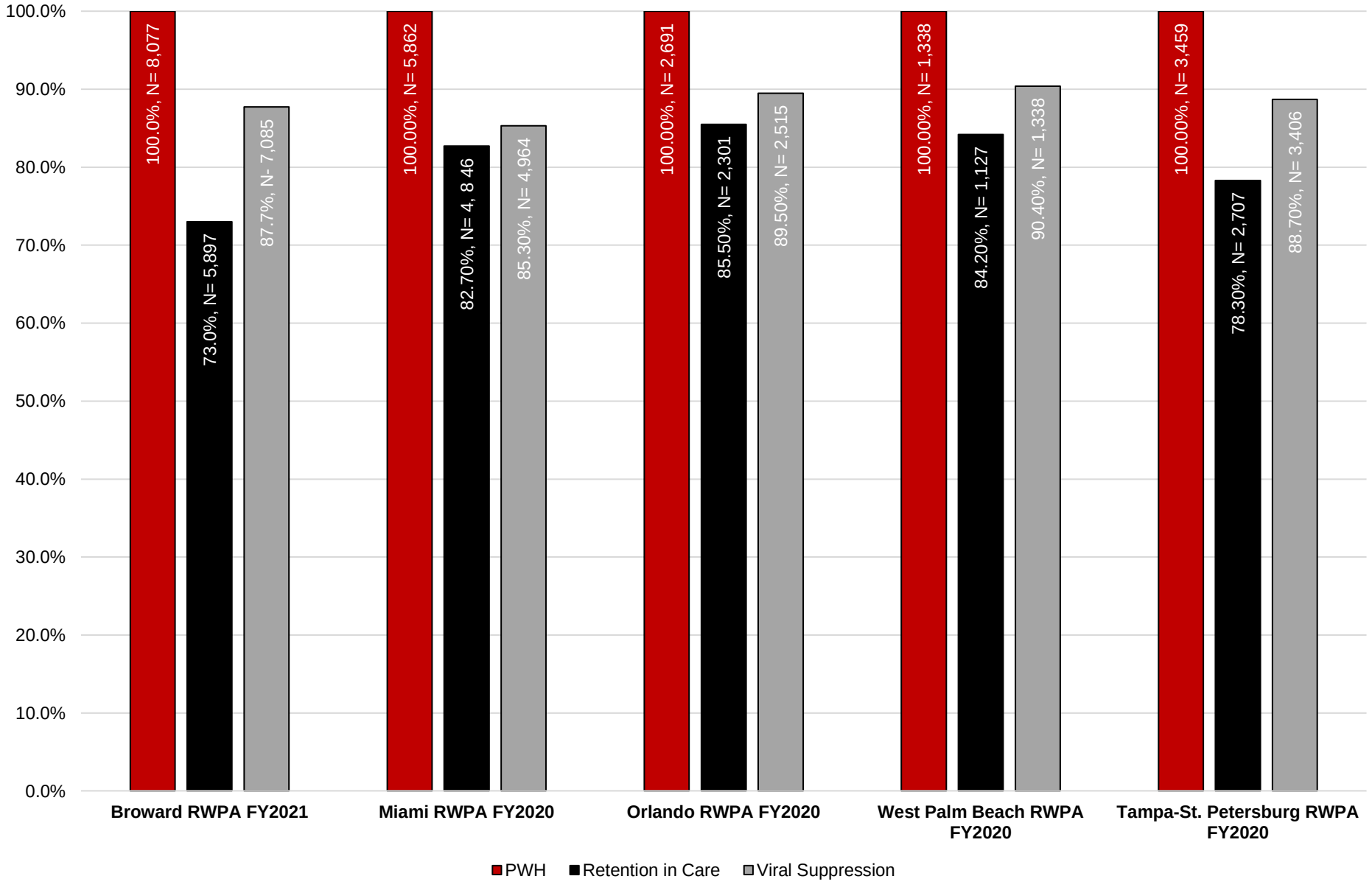
US, Florida, Broward County, & Broward Part A HIV Care Continuum



Data Sources: *Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).*

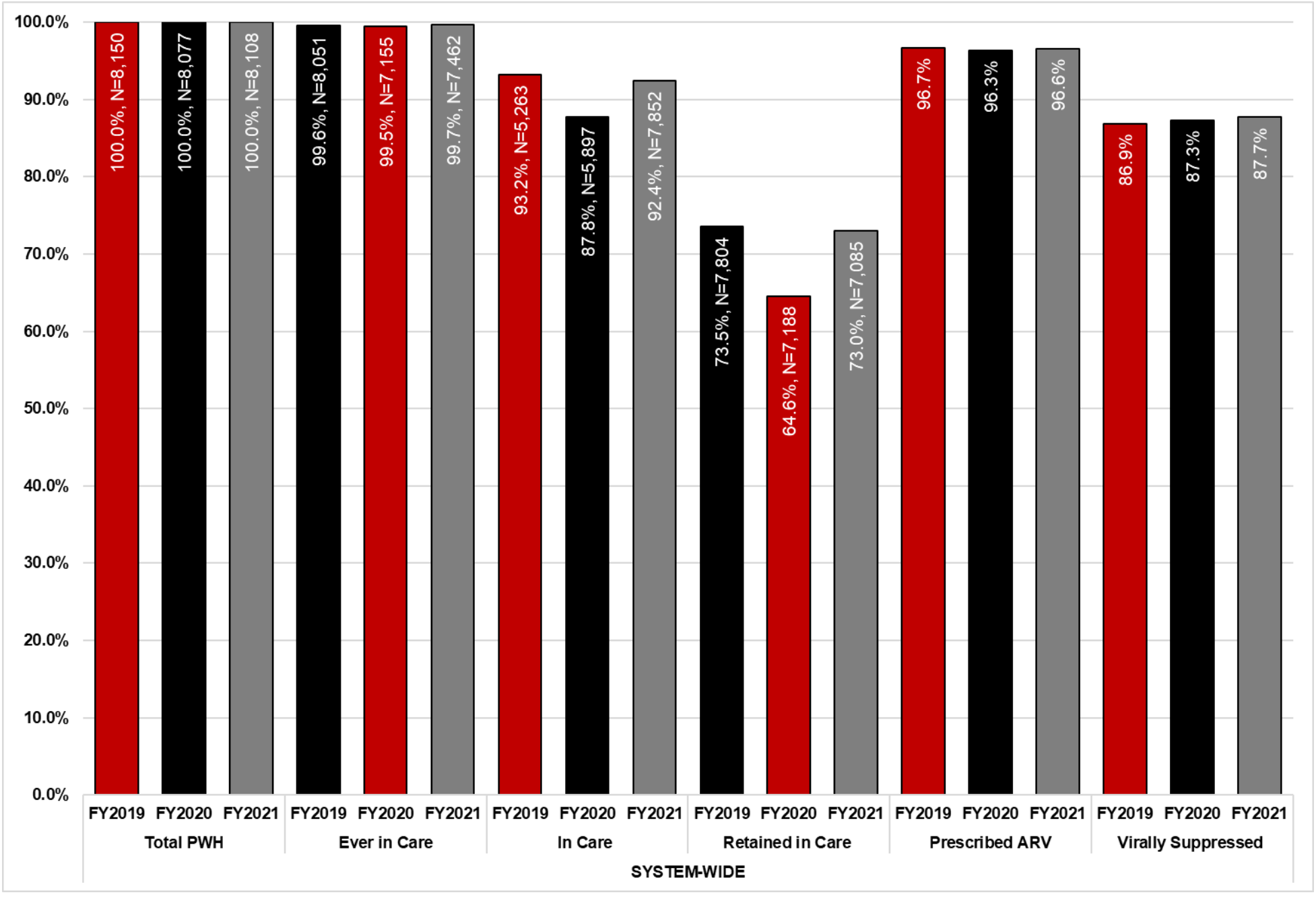
Technical Notes: *Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.*

HIV Care Continuum, FY2021-2022, Florida EMAs, Retention in Care & Viral Suppression

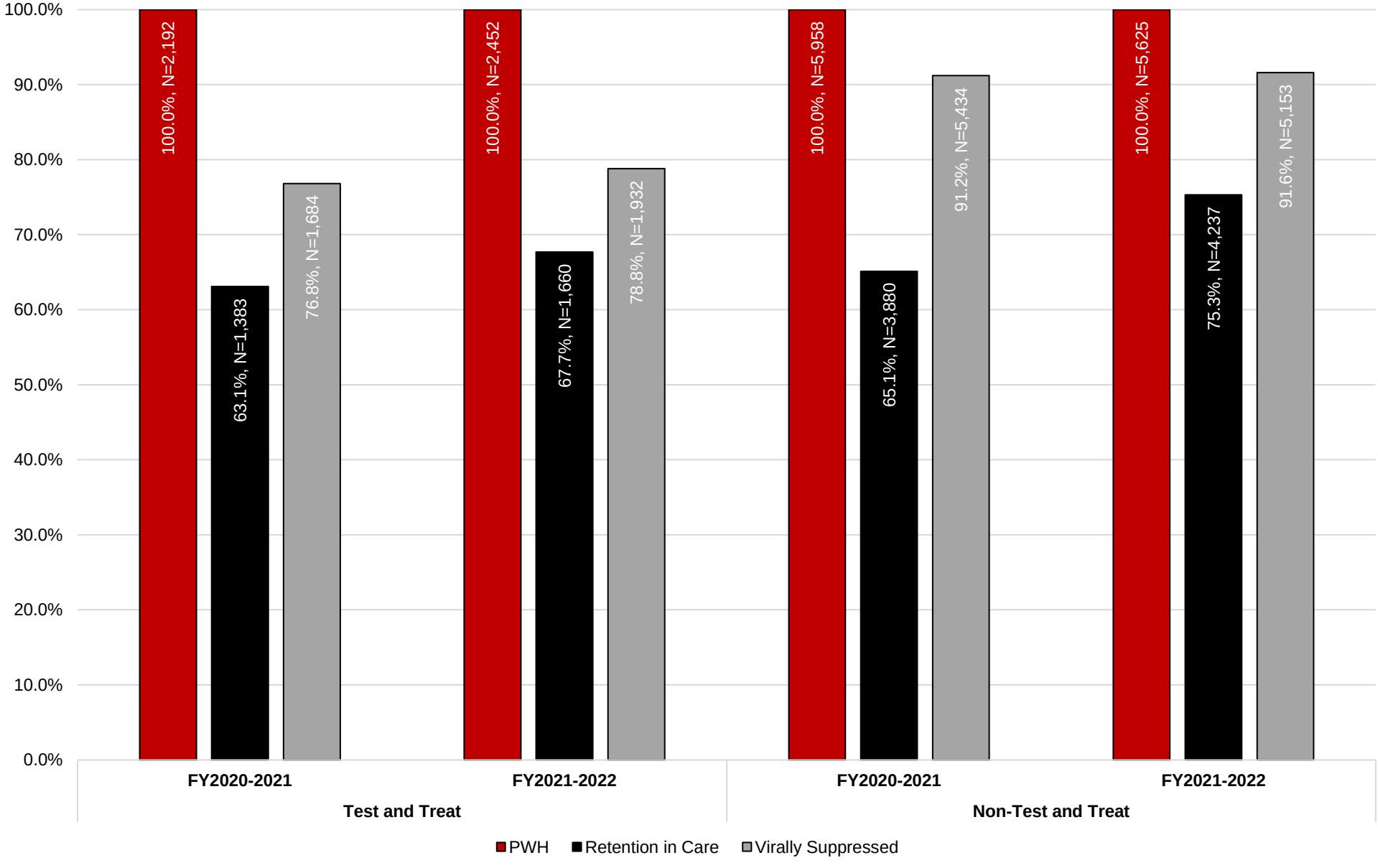


Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. hab.hrsa.gov/data/data-reports. Published December 2021.

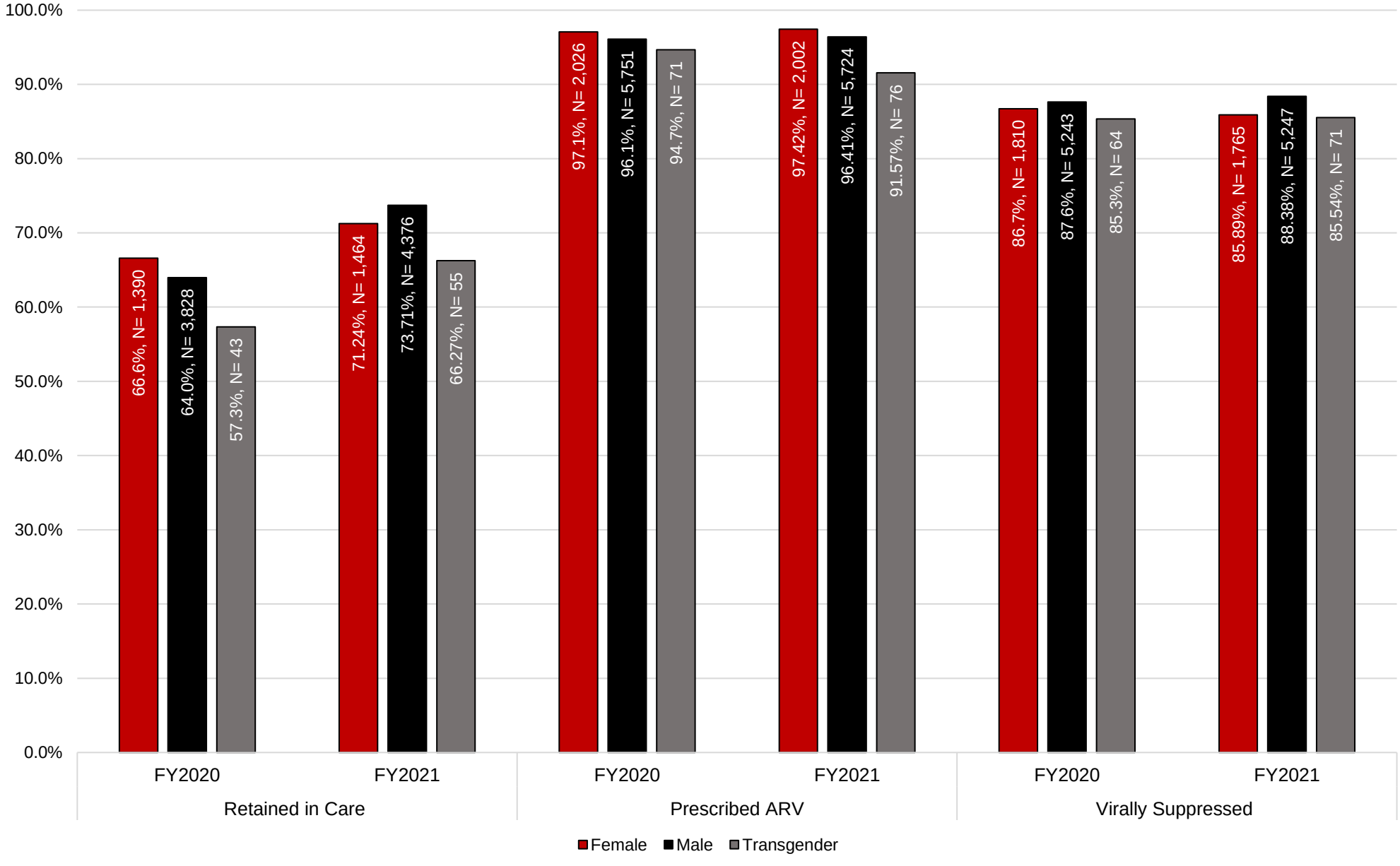
HIV Care Continuum Systemwide, Broward EMA, FY2020 and FY2021



Broward EMA HIV Care Continuum Systemwide, Test and Treat and Non-Test and Treat Clients, FY2020 and FY2021

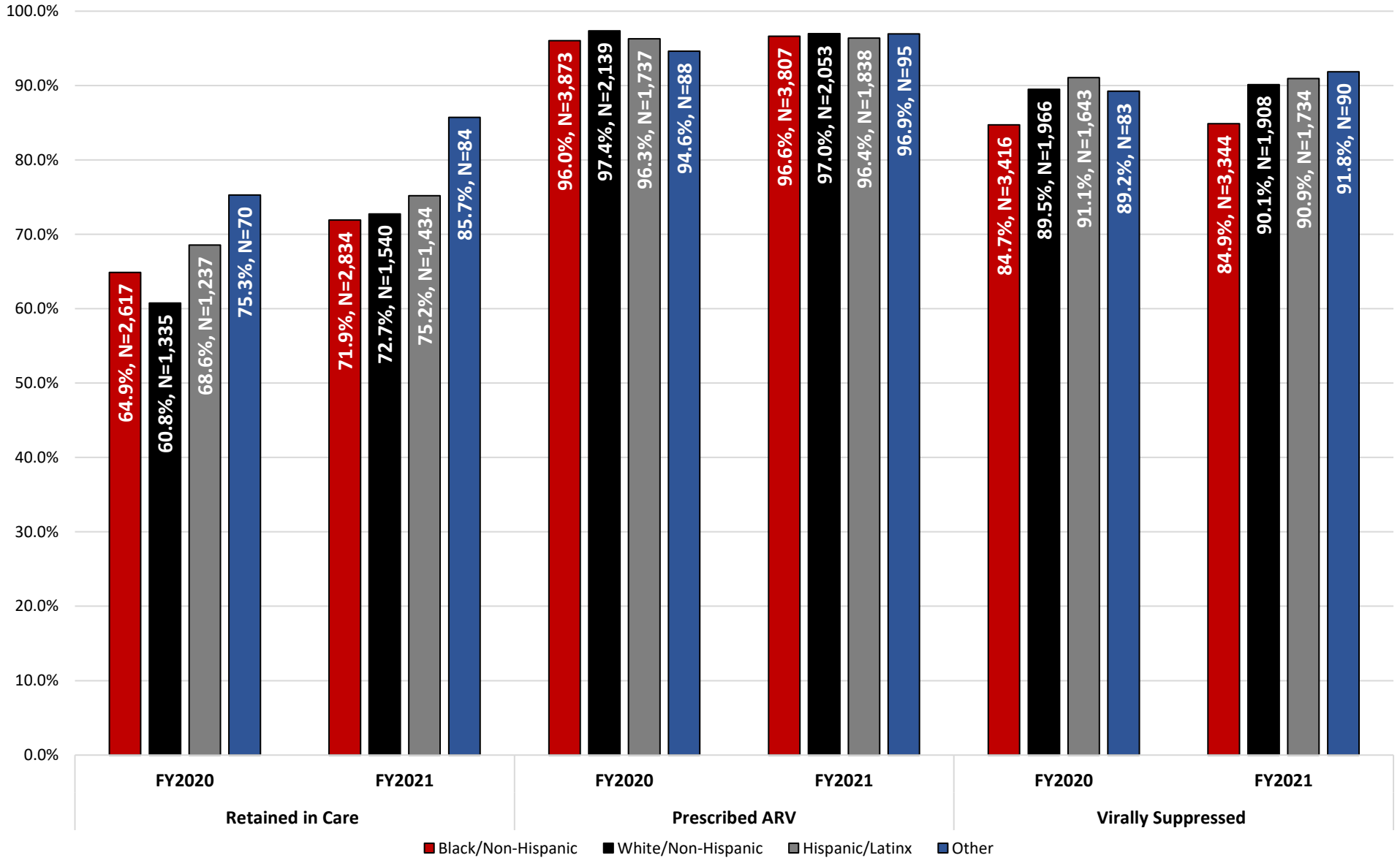


HIV Care Continuum by Gender, Broward EMA, FY2020 and FY2021



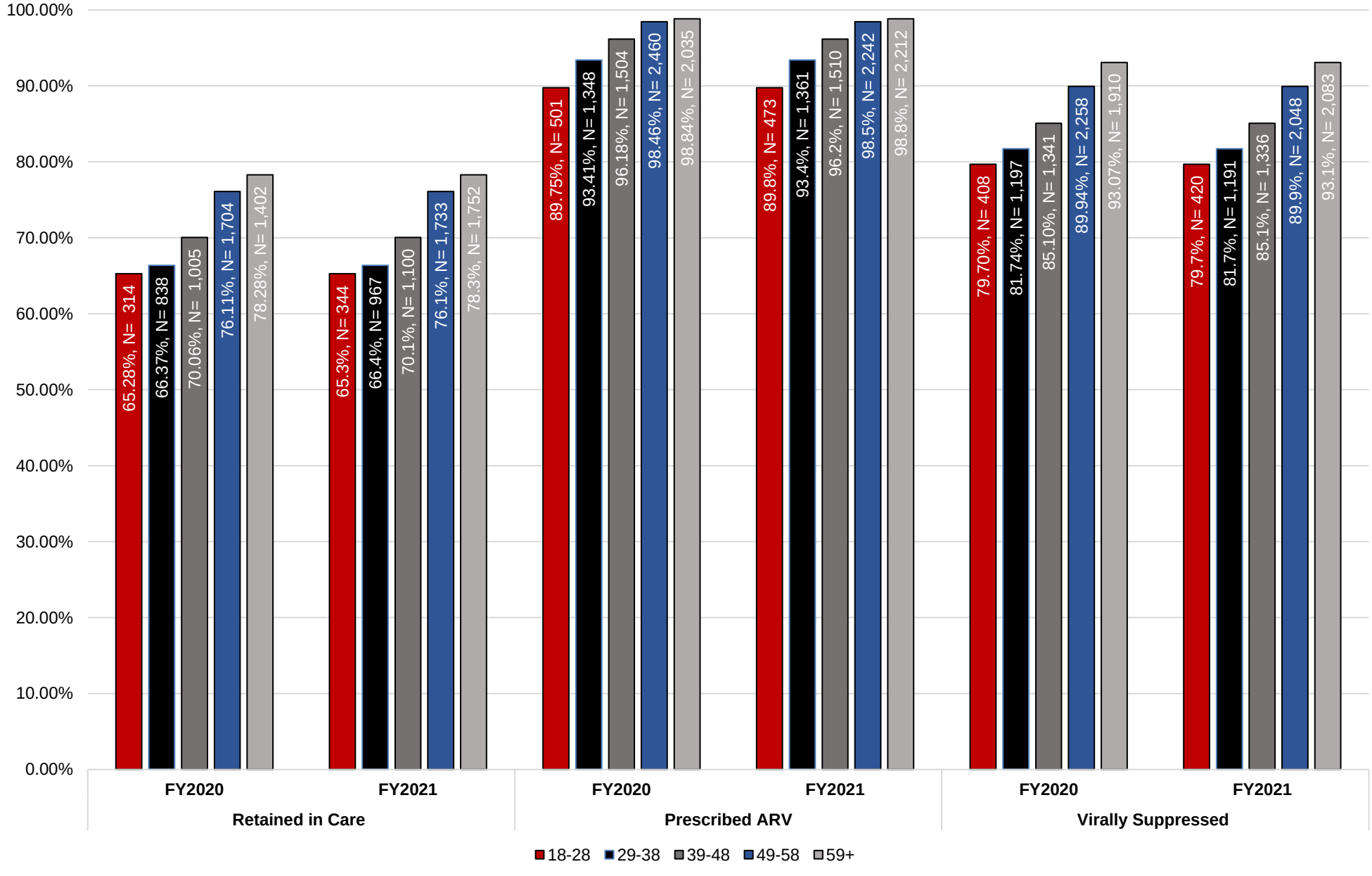
Total Clients: *FY 2020: Female = 2,087, Male = 5,984, Transgender = 75; FY 2021: Female = 2,055, Male = 5,937, Transgender = 83*

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2020 and FY2021



Total Clients: *FY 2020: Black, Non-Hispanic = 4,033; White, Non-Hispanic = 2,197; Hispanic/Latinx = 1,804; Other = 93; FY 2021: Black, Non-Hispanic = 3,940; White, Non-Hispanic = 2,117; Hispanic/Latinx = 1,907; Other = 98*

HIV Care Continuum by Age, Broward EMA, FY2020 and FY2021



Total Clients: *FY 2020: 18-28 = 550, 29-38 = 1,440, 39-48 = 1,573, 49-58 = 2,515, 59+ = 2,066, FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238*

HIV Care Continuum:

Notable Trends from FY2020 to FY2021

- **Test & Treat Program:**
  - **Test & Treat Clients:**
    - PWH ↑ 260 clients
    - Retention in Care ↑ 4.6%
    - Viral Suppression ↑ 2.0%
  - **Non-Test & Treat Clients:**
    - PWH ↓ 333 clients
    - Retention in Care ↑ 10.2%
    - Viral Suppression ↑ 0.4%

HIV Care Continuum:

Notable Trends from FY2020 to FY2021

- **Subpopulations:**
  - **Female clients:** RIC **increase by** 4.6% & VS **decrease by** 0.8%
  - **Male clients:** RIC **increase by** 9.7% & VS **increase by** 0.8%
  - **Transgender clients:** RIC **increase by** 8.9%

HIV Care Continuum:

Notable Trends from FY2021-2022

- **Subpopulations to monitor:**
  - **Black (Non-Hispanic) clients:** RIC **increase by** 7%
  - **White (Non-Hispanic) clients:** RIC **increase by** 11.9%
  - **Hispanic/Latinx clients:** RIC **increase by** 6.6%

HIV Care Continuum:

Notable Trends FY2021

- **No changes were seen amongst the different age groups between the two fiscal years.**
- **Things to consider:**
  - **18-28 age range:** 34.7% not retained in care & 20.3% not virally suppressed
  - **29-38 age range:** 33.6% not retained in care & 18.3% not virally suppressed
  - **39-48 age range:** 29.9% not retained in care & 14.9% not virally suppressed
  - **49-58 age range:** 23.9% not retained in care & 10.1% not virally suppressed
  - **59+ age range:** 21.7% not retained in care & 6.9% not virally suppressed

HIV Care Continuum:

Recommendations for Continuum of Care

The **Black (Non-Hispanic) subpopulation** in the HIV Care Continuum is one of concern. As of FY2021-2022, the Black (Non-Hispanic) subpopulation is 0.5%-7.5% less likely to be in care and 0.8%-13.8% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this group.

Of the **3,940 Black (Non-Hispanic) clients**:

- 41.5% identified as female,
- 57.2% identified as male,
- 71.8% identified as heterosexual,
- 25.6% identified as either homosexual, asexual, bisexual, or lesbian
- 70.2% reported education level between 8th and 12th grade,
- 77.9% reported permanent housing,
- 35.1% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.

HIV Care Continuum:

Recommendations for Continuum of Care

Black (Non-Hispanic) clients **make up approximately 48%** of the HIV Care Continuum. The data showed a 7% systemwide increase in retention when comparing FY2020 and FY2021. However, the FY2021-2022 Q4 data showed a decrease in their numbers when comparing them to Q3 across two service categories: **In Care** and **Retained in Care**.

Black (Non-Hispanic) clients:

- In Care: 6% decrease
- Retained in Care: 8% decrease

HIV Care Continuum:

Recommendations for Continuum of Care

Although **Black (Non-Hispanic) clients** makes up almost half of the HIV Care Continuum, this subpopulation's **annual retention rate is 71.9%** for FY2021-2022.

Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A clients experience are necessary to address the lower retention and viral suppression rates among this subpopulation. Additionally, developing tailored interventions to combat these barriers within the Broward EMA would be ideal to increase positive health outcomes.

Any Questions?

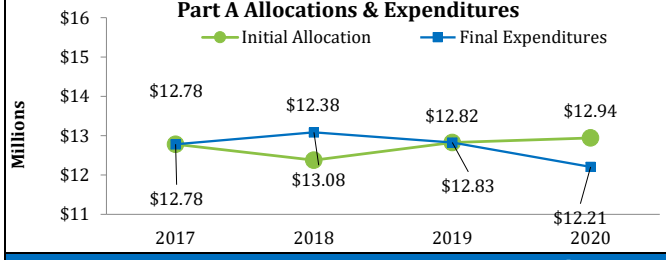
Thank you!

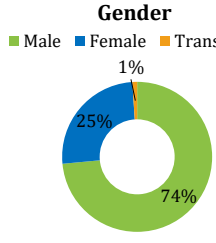
The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

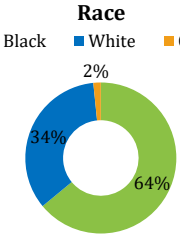
HANDOUT D

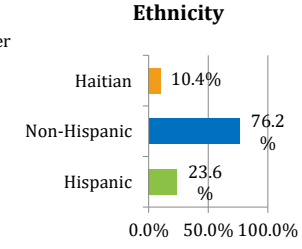
FY 2021-2022 Scorecard: Part A Overall

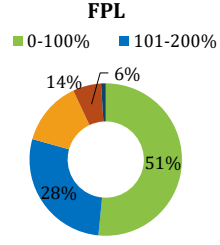
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		
FY	Initial Allocation	MAI	Total	Final Expenditures	MAI	Total	% Change	Total	Carryover	% Change
2021	**$13,044,377**	**$1,283,514**	**$14,327,891**	**$12,860,505**	**$1,158,658**	**$14,019,163**	**5.7%**	**$15,724,848**	**$889,513**	**112.1%**
2020	$12,941,919	$1,522,248	$14,464,167	$12,206,003	$1,059,092	$13,265,095	-3.5%	$15,886,455	$419,308	-0.2%
2019	$12,824,894	$646,130	$13,471,024	$12,827,693	$918,893	$13,746,586	-1.6%	$15,924,940	$275,562	-0.3%
2018	$12,377,031	$1,069,851	$13,446,882	$13,084,956	$885,675	$13,970,631	0.7%	$15,977,716	$275,400	0.9%
2017	$12,783,392	$1,266,527	$14,049,919	$12,783,319	$1,090,111	$13,873,430	-1.7%	$15,831,728	$202,175	3.2%











FY 21-22 Part A Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change
2021	**8,077**	**0.76%**
2020	8,016	

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	11	2

FPL*	#	%
0-100%	4,094	50.7%
101-200%	2,207	27.3%
201-299%	1086	13.4%
300-399%	478	5.9%
400% & over	78	1.0%

Insurance	#	%
Private	2,510	31.1%
Medicare	846	10.5%
Medicaid	18,524	229.3%
Other Public	23	0.3%
None	3,118	38.6%

Gender	#	%
Male	5,937	73.5%
Female	2,055	25.4%
Transgender	83	1.0%

Race	#	%
Black	3,940	48.8%
White	2,117	26.2%
Other**	98	1.2%

Ethnicity	#	%
Hispanic	1,907	23.6%
Non-Hispanic	6,157	76.2%
Haitian	838	10.4%

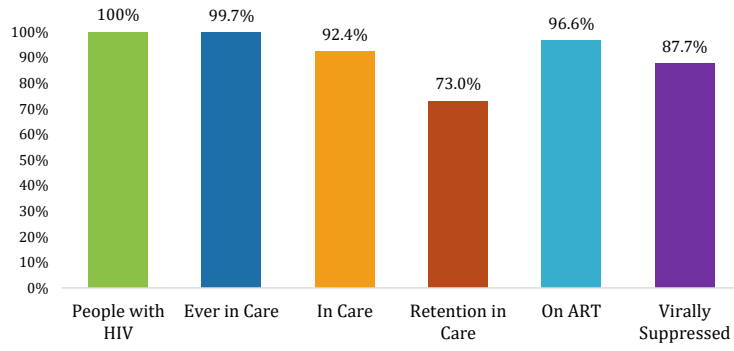
*FPL is current for the end of the FY

FY 2021-2022 Scorecard: Part A Overall

FY 21-22 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,077	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	8,051	99.7%
In Care	Clients with HIV who had a medical care service within the reporting period.	7,462	92.4%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,897	73.0%
On ART	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	7,804	96.6%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	7,085	87.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	7,085	87.7%
Gender	**#**	**%**
Male	5,247	88.4%
Female	1,765	85.9%
Transgender	71	85.5%
Age	**#**	**%**
<18	7	87.5%
18-28	420	79.7%
29-38	1,191	81.7%
39-48	1,336	85.1%
49-58	2,048	89.9%
59+	2,083	93.1%
Living Arrangements	**#**	**%**
Permanent	5,886	90.1%
Non-Permanent	1,173	77.6%
Institution*	26	89.7%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,903	84.3%
Black Non-Hispanic Female	1,402	85.6%
Black Non-Hispanic Transgender*	39	84.8%
Total Black Non-Hispanic	**3,344**	**84.9%**
White Non-Hispanic Male	1,750	90.8%
White Non-Hispanic Female	150	83.8%
White Non-Hispanic Transgender*	8	80.0%
Total White Non-Hispanic	**1,908**	**90.1%**
Hispanic Male	1,424	91.5%
Hispanic Female	201	88.9%
Hispanic Transgender*	17	89.5%
Total Hispanic	**1,642**	**93.4%**
Educational Level	**#**	**%**
<8th Grade	362	88.3%
8-12th Grade	4,265	86.5%
College	2,446	90.3%

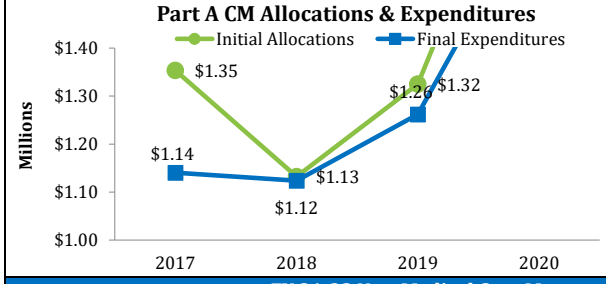
Risk Factor	#	%
MSM	3,531	89.1%
Black MSM	773	83.7%
White MSM	1,511	86.9%
Hispanic MSM	1,179	95.8%
	#	**%**
Heterosexual	737	76.2%
Black Hetero	599	77.7%
White Hetero	59	74.7%
Hispanic Hetero	77	68.8%
	#	**%**
Hemophilia*	12	92.3%
IDU	90	92.8%
MSM/IDU	40	90.9%
Perinatal	65	71.4%
Transfusion*	35	92.1%
Unknown	2,575	85.5%

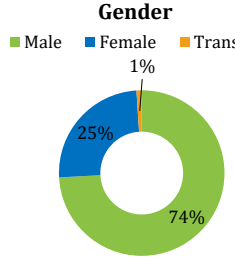
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

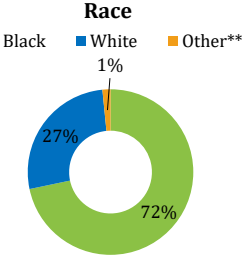
FY 2021-2022 Scorecard: Non-Medical Case Management

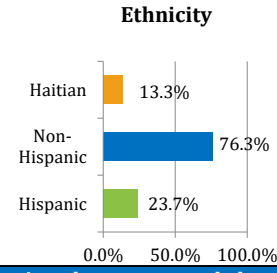
ELIGIBILITY: ≤ 400% FPL

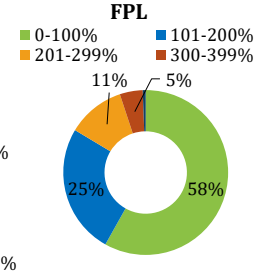
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$1,648,830**	**$138,997**	**$1,787,827**	**$1,604,639**	**$106,967**	**$1,711,606**	**-9.4%**	**$15,724,848**	**10.9%**	**3**
2020	$1,759,423	$182,823	$1,942,246	$1,716,042	$172,618	$1,888,660	44.41%	$15,886,455	11.9%	2
2019	$1,279,048	$45,792	$1,324,840	$1,262,030	$45,791	$1,307,821	14.89%	$15,924,940	8.2%	2
2018	$1,078,812	$53,477	$1,132,289	$1,123,725	$14,634	$1,138,359	-0.20%	$15,977,716	7.1%	4
2017	$1,353,264	$55,997	$1,353,264	$1,140,647	$25,793	$1,140,647	-0.71%	$15,831,728	7.2%	4











FY 21-22 Non-Medical Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**2,253**	**-3.39%**	**299**	**13.3%**
2020	2,332	6.63%	469	20.1%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	7	1

FPL*	#	%
0-100%	1,304	57.9%
101-200%	571	25.3%
201-299%	254	11.3%
300-399%	101	4.5%
400% & over	13	0.6%

Insurance	#	%
Private	646	28.7%
Medicare	165	7.3%
Medicaid	619	27.5%

Gender	#	%
Male	1,671	74.2%
Female	559	24.8%
Transgender	23	1.0%

Race	#	%
Black	1,232	54.7%
White	459	20.4%
Other**	27	1.2%

Ethnicity	#	%
Hispanic	533	23.7%
Non-Hispanic	1,718	76.3%
Haitian	299	13.3%

*FPL is current for the end of the FY

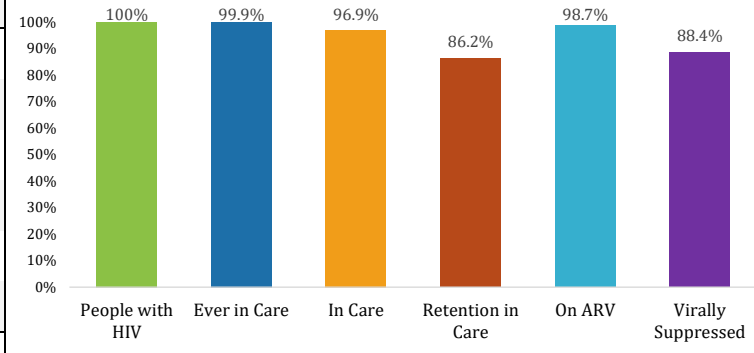
FY 2021-2022 Scorecard: Non-Medical Case Management

ELIGIBILITY: ≤ 400% FPL

FY 21-22 Non-Medical Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,253	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,251	99.9%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,184	96.9%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,941	86.2%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,224	98.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,991	88.4%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,991	88.4%
Gender	**#**	**%**
Male	1,396	88.0%
Female	449	88.4%
Transgender*	18	90.0%
Age	**#**	**%**
Underage*	0	0.0%
18-28	127	83.6%
29-38	311	84.3%
39-48	327	86.3%
49-58	590	88.9%
59+	508	92.7%
Living Arrangements	**#**	**%**
Permanent	1,439	90.2%
Non-Permanent	403	82.2%
Institution*	21	72.4%

Race/Ethnicity	#	%
Black Non-Hispanic Male	624	84.3%
Black Non-Hispanic Female	368	88.2%
Black Non-Hispanic Transgender*	9	90.0%
Total Black Non-Hispanic	**1,001**	**81.1%**
White Non-Hispanic Male	353	88.3%
White Non-Hispanic Female*	39	83.0%
White Non-Hispanic Transgender*	1	100.0%
Total White Non-Hispanic	**393**	**80.2%**
Hispanic Male	397	94.3%
Hispanic Female*	42	95.5%
Hispanic Transgender*	7	100.0%
Total Hispanic	**455**	**91.5%**
Educational Level	**#**	**%**
<8th Grade	144	87.3%
8-12th Grade	1,117	86.9%
College	600	90.8%

Risk Factor	#	%
MSM	3,531	90.4%
Black MSM	828	84.8%
White MSM	2,623	92.2%
Hispanic MSM	1,179	91.9%
	#	**%**
Heterosexual	737	84.2%
Black Hetero	606	83.8%
White Hetero	129	86.6%
Hispanic Hetero	77	83.7%
	#	**%**
Hemophilia*	2	66.7%
IDU*	37	94.9%
MSM/IDU*	11	91.7%
Perinatal*	10	55.6%
Transfusion*	11	84.6%
Unknown	739	86.5%

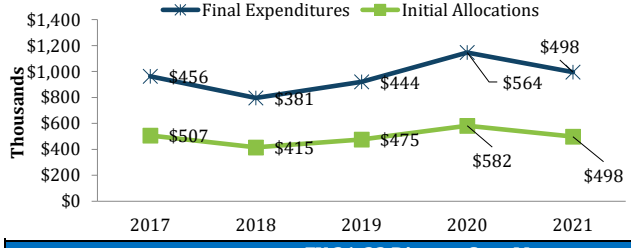
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

FY 2021-2022 Scorecard: Disease Case Management

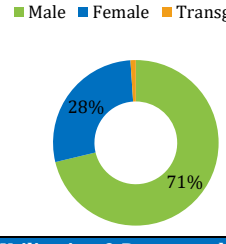
ELIGIBILITY: ≤ 400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$497,578**	**$0**	**$497,578**	**$497,501**	**$0**	**$497,501**	**-11.8%**	**$15,724,848**	**3.2%**	**3**
2020	$582,020	$0	$582,020	$563,868	$0	$563,868	27.0%	$15,886,455	3.5%	2
2019	$475,404	$0	$475,404	$444,107	$0	$444,107	16.7%	$15,924,940	2.8%	2
2018	$415,496	$0	$415,496	$380,700	$0	$380,700	-16.5%	$15,977,716	2.4%	2
2017	$507,000	$0	$507,000	$455,802	$0	$455,802	19.1%	$15,831,728	2.9%	4

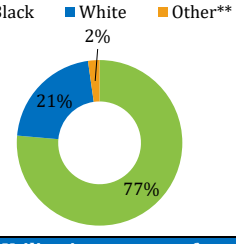
Part A DCM Allocations & Expenditures



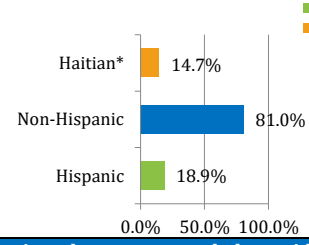
Gender



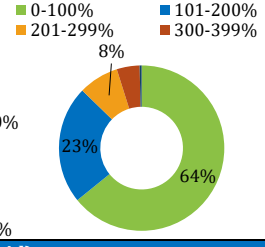
Race



Ethnicity



FPL



FY 21-22 Disease Case Management Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**769**	**20.16%**	**117**	**15.2%**
2020	640	-7.65%	125	19.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	6	0

FPL*	#	%
0-100%	489	76.4%
101-200%	176	27.5%
201-299%	60	9.4%
300-399%	34	5.3%
400% & over	3	0.5%

Insurance	#	%
Private	170	22.1%
Medicare	101	13.1%
Medicaid	186	24.2%

Gender	#	%
Male	548	71.3%
Female	213	27.7%
Transgender	8	1.0%

Race	#	%
Black	476	61.9%
White	133	17.3%
Other**	14	1.8%

Ethnicity	#	%
Hispanic	145	18.9%
Non-Hispanic	623	81.0%
Haitian*	113	14.7%

*FPL is current for the end of the FY

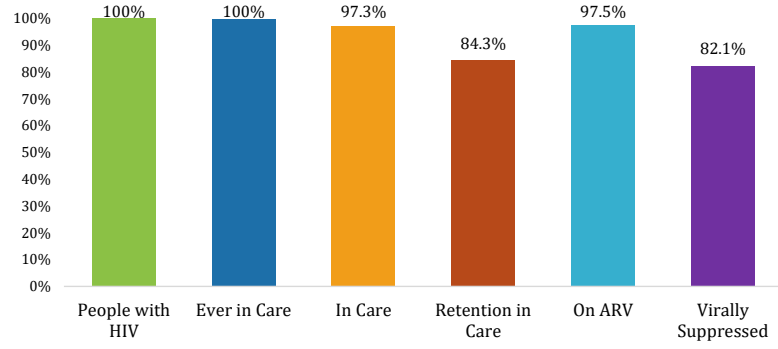
FY 2021-2022 Scorecard: Disease Case Management

ELIGIBILITY: ≤ 400% FPL

FY 21-22 Disease Case Management Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	769	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	768	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	748	97.3%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	648	84.3%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	750	97.5%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	631	82.1%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	631	82.1%
Gender	**#**	**%**
Male	450	86.5%
Female	175	89.3%
Transgender*	6	120.0%
Age	**#**	**%**
Underage*	1	100.0%
18-28*	38	77.6%
29-38	99	97.1%
39-48	123	78.3%
49-58	204	86.1%
59+	166	94.9%
Living Arrangements	**#**	**%**
Permanent	480	87.1%
Non-Permanent	144	88.9%
Institution*	7	87.5%

Race/Ethnicity	#	%
Black Non-Hispanic Male	234	75.7%
Black Non-Hispanic Female	149	89.8%
Black Non-Hispanic Transgender*	3	100.0%
Total Black Non-Hispanic	**386**	**80.8%**
White Non-Hispanic Male	98	102.1%
White Non-Hispanic Female*	10	83.3%
White Non-Hispanic Transgender*	2	200.0%
Total White Non-Hispanic	**110**	**100.9%**
Hispanic Male	108	102.9%
Hispanic Female*	13	81.3%
Hispanic Transgender*	1	100.0%
Total Hispanic	**122**	**100.0%**
Educational Level	**#**	**%**
<8th Grade*	59	105.4%
8-12th Grade	416	85.8%
College	156	87.2%

Risk Factor	#	%
MSM	217	91.2%
Black MSM	62	74.7%
White MSM*	71	106.0%
Hispanic MSM	75	96.2%
	#	**%**
Heterosexual	85	80.2%
Black Hetero	72	76.6%
White Hetero*	5	125.0%
Hispanic Hetero*	8	100.0%
	#	**%**
Hemophilia*	1	100.0%
IDU*	8	100.0%
MSM/IDU*	2	100.0%
Perinatal*	3	50.0%
Transfusion*	4	100.0%
Unknown	311	83.2%

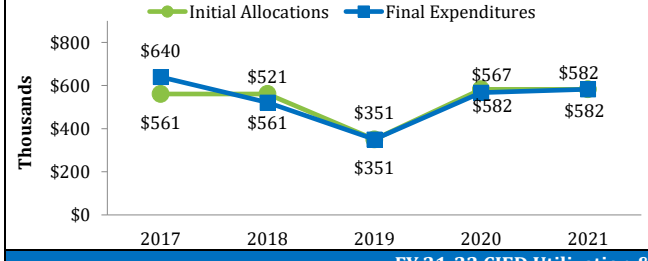
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

FY 2021-2022 Scorecard: Centralized Intake and Eligibility Determination (CIED)

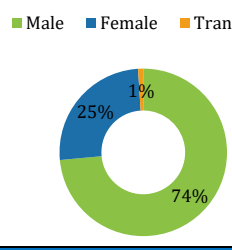
ELIGIBILITY: HIV+, Broward Resident

Fiscal Year	Initial Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$582,488**	**$390,956**	**$973,444**	**$582,481**	**$390,949**	**$973,430**	**13.42%**	**$15,724,848**	**6.2%**	**3**
2020	$582,488	$290,956	$873,444	$567,327	$290,954	$858,281	10.78%	$15,886,455	5.4%	2
2019	$350,513	$551,421	$901,934	$350,513	$424,222	$774,735	-4.63%	$15,924,940	4.9%	2
2018	$560,513	$290,957	$851,470	$521,422	$290,946	$812,368	-12.70%	$15,977,716	5.1%	1
2017	$560,513	$290,957	$851,470	$639,606	$290,950	$930,556	2.10%	$15,831,728	5.9%	1

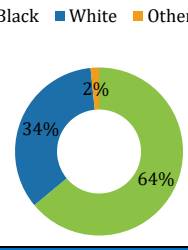
Part A CIED Allocations & Expenditures



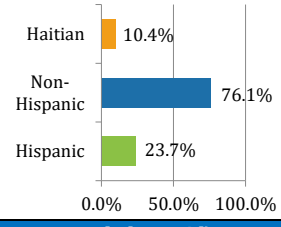
Gender



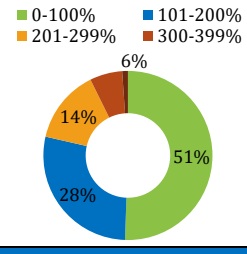
Race



Ethnicity



FPL



FY 21-22 CIED Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**7,916**	**-1.58%**	**749**	**9.5%**
2020	7,793	-0.66%	858	11.0%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	3,953	49.9%
101-200%	2,191	27.7%
201-299%	1104	13.9%
300-399%	486	6.1%
400% & over	85	1.1%

Insurance	#	%
Private	2,536	32.0%
Medicare	1,589	20.1%
Medicaid	1,846	23.3%

Gender	#	%
Male	5,820	73.5%
Female	2,015	25.5%
Transgender	79	1.0%

Race	#	%
Black	3,855	48.7%
White	2,073	26.2%
Other**	97	1.2%

Ethnicity	#	%
Hispanic	1,877	23.7%
Non-Hispanic	6,027	76.1%
Haitian	823	10.4%

*FPL is current for the end of the FY

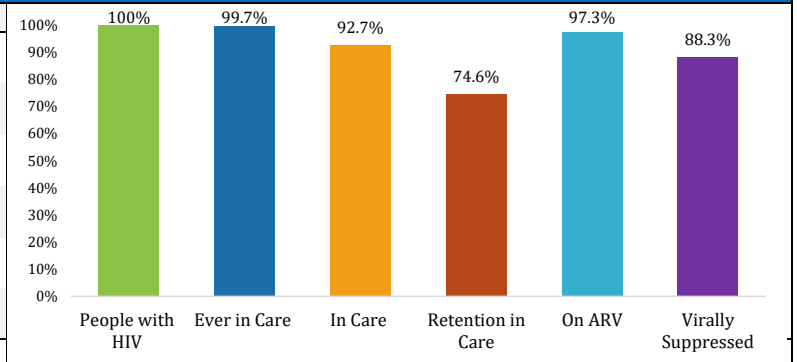
FY 2021-2022 Scorecard: Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

FY 21-22 CIED Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	7,916	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	7,891	99.7%
In Care	Clients with HIV who had a medical care service within the reporting period.	7,341	92.7%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,904	74.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	7,704	97.3%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	6,986	88.3%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	6,986	88.3%
Gender	**#**	**%**
Male	5,173	90.3%
Female	1,742	87.3%
Transgender*	69	103.0%
Age	**#**	**%**
18-28	410	78.4%
29-38	1,166	86.6%
39-48	1,310	88.0%
49-58	2,031	84.2%
59+	2,064	102.2%
Living Arrangements	**#**	**%**
Permanent	5,836	92.6%
Non-Permanent	1,126	78.2%
Institution*	24	46.2%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,868	85.2%
Black Non-Hispanic Female	1,384	87.6%
Black Non-Hispanic Transgender*	37	92.5%
Total Black Non-Hispanic	**3,289**	**86.3%**
White Non-Hispanic Male	1,732	158.3%
White Non-Hispanic Female	145	86.3%
White Non-Hispanic Transgender*	8	114.3%
Total White non-Hispanic	**1,885**	**90.6%**
Hispanic Male	1,490	101.3%
Hispanic Female	202	94.4%
Hispanic Transgender*	21	123.5%
Total Hispanic	**1,713**	**100.5%**
Educational Level	**#**	**%**
<8th Grade	355	90.3%
8-12th Grade	4,214	93.4%
College	2,406	87.4%

Risk Factor	#	%
MSM	3,482	92.5%
Black MSM	758	87.0%
White MSM	1,496	90.2%
Hispanic MSM	1,161	99.6%
	#	**%**
Heterosexual	754	86.1%
Black Hetero	620	87.6%
White Hetero*	60	88.2%
Hispanic Hetero	72	74.2%
	#	**%**
Hemophilia*	11	91.7%
IDU	88	94.6%
MSM/IDU*	40	93.0%
Perinatal	63	70.0%
Transfusion*	32	97.0%
Unknown	2,516	86.6%

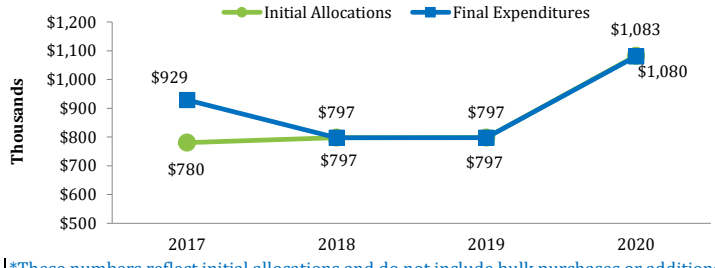
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

FY 2021-2022 Scorecard: Food Services

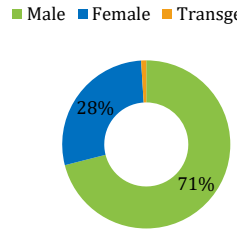
ELIGIBILITY: ≤250% FPL, Emergency: 251-300% FPL

Fiscal Year	Part A & MAI Service Allocations*			Final Part A Expenditures			EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A Total	MAI	% Change	Total	% of Total	
2021	**$782,586**	**$0**	**$782,586**	**$724,694**	**$0**	**32.9%**	**$15,724,828**	**4.6%**	**2**
2020	$1,082,586	$0	$1,082,586	$1,080,479	$0	35.5%	$15,886,455	6.8%	3
2019	$797,451	$0	$797,451	$797,451	$0	0.0%	$15,924,940	5.0%	3
2018	$797,451	$0	$797,451	$797,405	$0	-14.2%	$15,977,716	5.0%	1
2017	$780,446	$0	$780,446	$929,103	$0	-0.2%	$15,831,728	5.9%	4

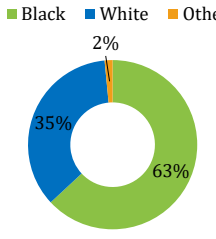
Part A Food Services Allocations & Expenditures



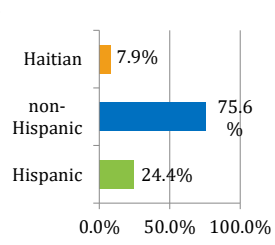
Gender



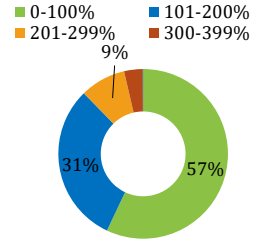
Race



Ethnicity



FPL



*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps

FY 21-22 Food Services Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**1,826**	**-5.44%**	**165**	**9.0%**
2020	1,931	-4.74%	377	19.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	1,040	57.0%
101-200%	559	30.6%
201-299%	159	8.7%
300-399%	64	3.5%
400% & over	2	0.1%

Insurance	#	%
Private	483	26.5%
Medicare	596	32.6%
Medicaid	690	37.8%

Gender	#	%
Male	1,297	71.0%
Female	511	28.0%
Transgender	18	1.0%

Race	#	%
Black	871	47.7%
White	489	26.8%
Other**	21	1.2%

Ethnicity	#	%
Hispanic	445	24.4%
Non-Hispanic	1,381	75.6%
Haitian	145	7.9%

*FPL is current for the end of the FY

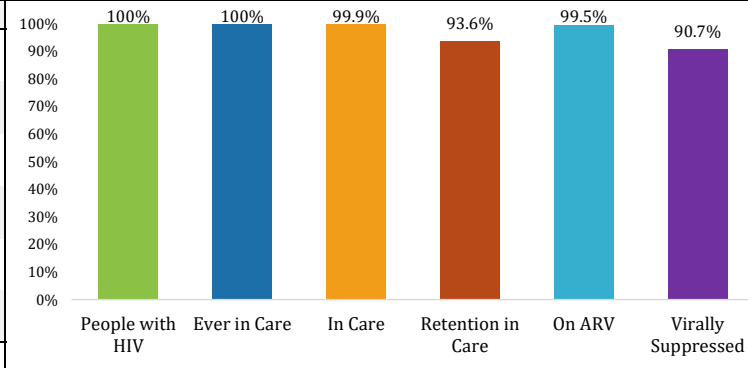
FY 2021-2022 Scorecard: Food Services

ELIGIBILITY: ≤250% FPL, Emergency: 251-300% FPL

FY 21-22 Food Services Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	1,826	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,826	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,824	99.9%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,709	93.6%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,816	99.5%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	1,657	90.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,657	90.7%
Gender	**#**	**%**
Male	1,177	87.1%
Female	463	81.5%
Transgender*	17	100.0%
Age	**#**	**%**
18-28*	45	97.8%
29-38	174	75.7%
39-48	243	80.2%
49-58	529	77.2%
59+	665	99.1%
Living Arrangements	**#**	**%**
Permanent	1,403	89.6%
Non-Permanent	249	69.0%
Institution*	5	45.5%

Race/Ethnicity	#	%
Black Non-Hispanic Male	397	86.9%
Black Non-Hispanic Female	368	81.2%
Black Non-Hispanic Transgender*	9	112.5%
Total Black Non-Hispanic	**774**	**84.3%**
White Non-Hispanic Male	412	82.9%
White Non-Hispanic Female*	35	72.9%
White Non-Hispanic Transgender*	1	100.0%
Total White non-Hispanic	**448**	**81.9%**
Hispanic Male	350	92.8%
Hispanic Female*	59	92.2%
Hispanic Transgender*	6	85.7%
Total Hispanic	**415**	**92.6%**
Educational Level	**#**	**%**
<8th Grade	114	94.2%
8-12th Grade	1,001	88.3%
College	542	81.1%

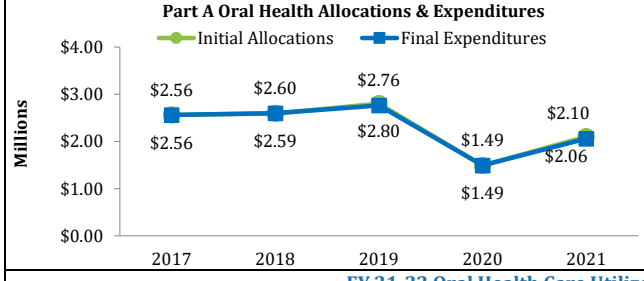
Risk Factor	#	%
MSM	809	85.6%
Black MSM	140	76.1%
White MSM	369	84.4%
Hispanic MSM	285	91.9%
	#	**%**
Heterosexual	268	80.7%
Black Hetero	225	84.0%
White Hetero*	17	68.0%
Hispanic Hetero*	25	67.6%
	#	**%**
Hemophilia*	4	57.1%
IDU*	27	79.4%
MSM/IDU*	13	68.4%
Perinatal*	6	66.7%
Transfusion*	8	72.7%
Unknown	522	89.5%

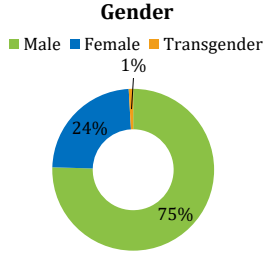
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

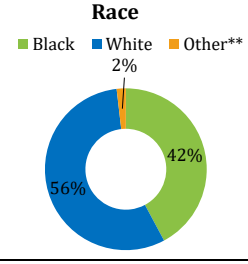
FY 2021-2022 Scorecard: Oral Health Care

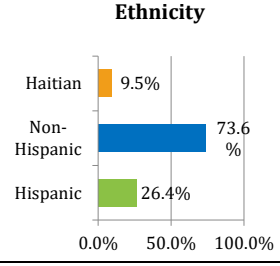
ELIGIBILITY: ≤400% FPL

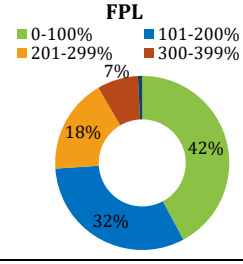
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$2,101,656**	**$0**	**$2,101,656**	**$2,059,507**	**$0**	**$2,059,507**	**-38.0%**	**$15,724,848**	**13.1%**	**7**
2020	$1,492,927	$0	$1,492,927	$1,492,652	$0	$1,492,652	-46.0%	$15,886,455	9.4%	7
2019	$2,800,199	$0	$2,800,199	$2,763,221	$0	$2,763,221	6.3%	$15,924,940	17.4%	7
2018	$2,594,490	$0	$2,594,490	$2,599,352	$0	$2,599,352	1.4%	$15,977,716	16.3%	3
2017	$2,560,490	$0	$2,560,490	$2,563,238	$0	$2,563,238	13.4%	$15,831,728	16.2%	3











FY 21-22 Oral Health Care Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**2,139**	**38.45%**	**111**	**5.2%**
2020	1,545	-46.34%	461	29.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	4	0

FPL*	#	%
0-100%	902	42.2%
101-200%	680	31.8%
201-299%	377	17.6%
300-399%	163	7.6%
400% & over	17	0.8%

Insurance	#	%
Private	913	42.7%
Medicare	470	22.0%
Medicaid	386	18.0%

Gender	#	%
Male	1,614	75.5%
Female	505	23.6%
Transgender	19	0.9%

Race	#	%
Black	902	42.2%
White	1,198	56.0%
Other**	39	1.8%

Ethnicity	#	%
Hispanic	565	26.4%
Non-Hispanic	1,574	73.6%
Haitian	203	9.5%

*FPL is current for the end of the FY

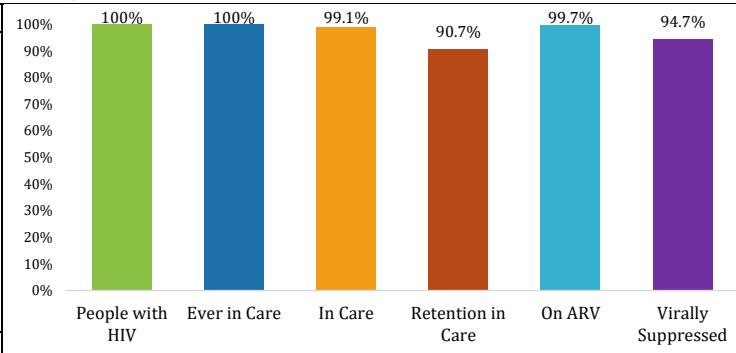
FY 2021-2022 Scorecard: Oral Health Care

ELIGIBILITY: ≤400% FPL

FY 21-22 Oral Health Care Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	2,139	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	2,139	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	2,120	99.1%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	1,940	90.7%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	2,133	99.7%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	2,025	94.7%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	2,025	94.7%
Gender	**#**	**%**
Male	1,534	95.0%
Female	472	93.5%
Transgender*	18	94.7%
Age	**#**	**%**
18-28*	83	93.3%
29-38	267	92.4%
39-48	342	92.2%
49-58	651	95.5%
59+	682	96.3%
Living Arrangements	**#**	**%**
Permanent	632	96.5%
Non-Permanent	50	94.3%
Institution*	0	0.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male	457	93.5%
Black Non-Hispanic Female	357	92.7%
Black Non-Hispanic Transgender*	6	85.7%
Total Black Non-Hispanic	**820**	**93.1%**
White Non-Hispanic Male	573	95.3%
White Non-Hispanic Female*	51	96.2%
White Non-Hispanic Transgender*	3	100.0%
Total White non-Hispanic	**627**	**95.4%**
Hispanic Male	475	96.0%
Hispanic Female*	59	95.2%
Hispanic Transgender*	7	100.0%
Total Hispanic	**541**	**95.8%**
Educational Level	**#**	**%**
<8th Grade*	82	93.2%
8-12th Grade	1,160	94.9%
College	783	94.5%

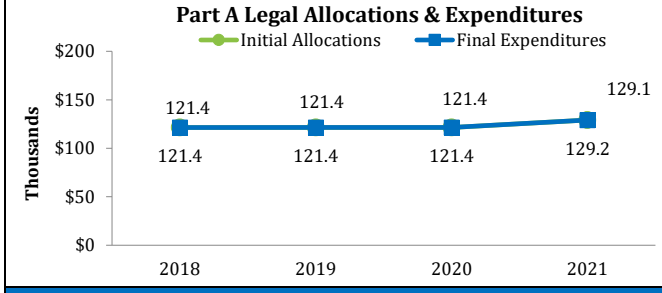
Risk Factor	#	%
MSM	1,157	95.1%
Black MSM	214	92.2%
White MSM	910	95.7%
Hispanic MSM	396	96.1%
	#	**%**
Heterosexual	166	93.8%
Black Hetero	141	94.0%
White Hetero*	24	92.3%
Hispanic Hetero*	17	94.4%
	#	**%**
Hemophilia*	1	100.0%
IDU*	20	95.2%
MSM/IDU*	12	100.0%
Perinatal*	13	76.5%
Transfusion*	7	100.0%
Unknown	649	94.5%

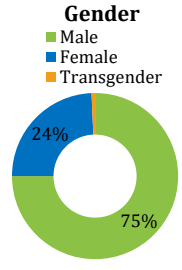
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

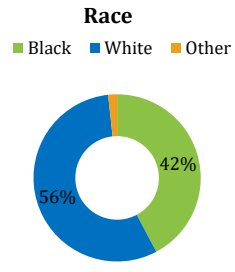
FY 2021-2022 Scorecard: Legal Services

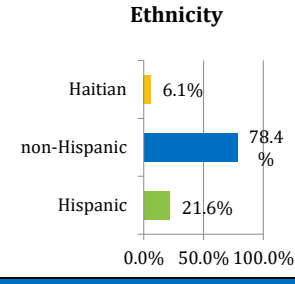
ELIGIBILITY: ≤300% FPL

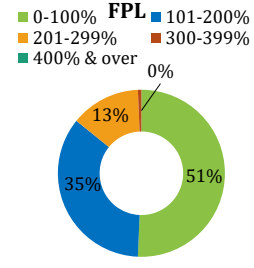
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$129,151**	**$0**	**$129,151**	**$127,973**	**$0**	**$127,973**	**0.9%**	**$15,724,848**	**0.8%**	**7**
2020	$129,151	$0	$129,151	$129,137	$0	$129,137	6.35%	$15,886,455	0.8%	5
2019	$121,426	$0	$121,426	$121,424	$0	$121,424	0.00%	$15,924,940	0.8%	5
2018	$121,426	$0	$121,426	$121,420	$0	$121,420	0.02%	$15,977,716	0.8%	3
2017	$121,426	$0	$121,426	$121,393	$0	$121,393	-2.37%	$15,831,728	0.8%	5











FY 21-22 Legal Services Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**148**	**15.63%**	**7**	**4.7%**
2020	128	-18.99%	65	50.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	75	50.7%
101-200%	52	35.1%
201-299%	20	13.5%
300-399%	1	0.7%
400% & over	0	0.0%

Insurance	#	%
Private	48	32.4%
Medicare	57	38.5%
Medicaid	61	41.2%

Gender	#	%
Male	111	75.0%
Female	36	24.3%
Transgender	1	0.7%

Race	#	%
Black	49	33.1%
White	65	43.9%
Other**	2	1.4%

Ethnicity	#	%
Hispanic	32	21.6%
Non-Hispanic	116	78.4%
Haitian	9	6.1%

*FPL is current for the end of the FY

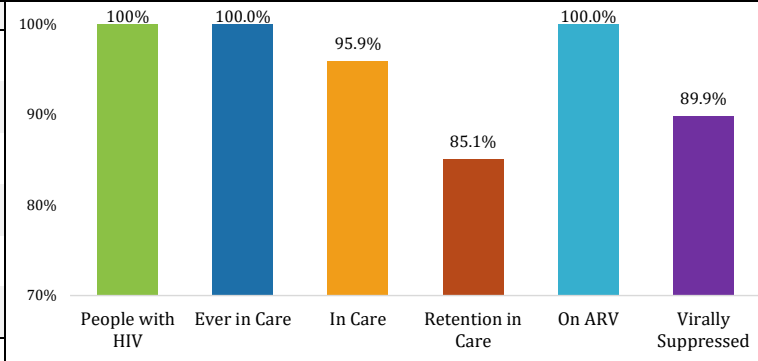
FY 2021-2022 Scorecard: Legal Services

ELIGIBILITY: ≤300% FPL

FY 21-22 Legal Services Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	148	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	148	100.0%
In Care	Clients with HIV who had a medical care service within the reporting period.	142	95.9%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	126	85.1%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	148	100.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	133	89.9%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	133	89.9%
Gender	**#**	**%**
Male	104	42.1%
Female	28	28.6%
Transgender*	1	25.0%
Age	**#**	**%**
18-28*	1	12.5%
29-38*	5	9.8%
39-48	19	23.2%
49-58	54	39.7%
59+*	54	74.0%
Living Arrangements	**#**	**%**
Permanent	114	39.0%
Non-Permanent*	19	33.9%
Institution*	0	0.0%

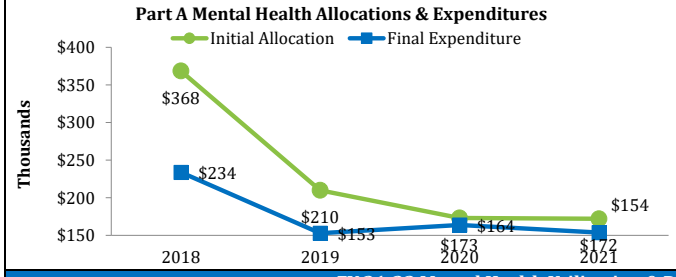
Race/Ethnicity	#	%
Black Non-Hispanic Male	24	28.6%
Black Non-Hispanic Female	17	21.8%
Black Non-Hispanic Transgender*	1	33.3%
Total Black Non-Hispanic	**42**	**25.5%**
White Non-Hispanic Male	56	54.4%
White Non-Hispanic Female*	4	40.0%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic	**60**	**52.6%**
Hispanic Male*	22	37.9%
Hispanic Female*	7	70.0%
Hispanic Transgender*	0	0.0%
Total Hispanic*	**29**	**42.0%**
Educational Level	**#**	**%**
<8th Grade*	5	45.5%
8-12th Grade	75	38.9%
College	53	36.3%

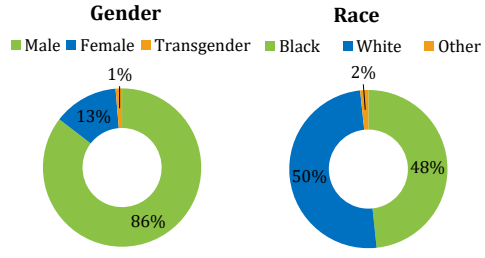
Risk Factor	#	%
MSM	84	43.5%
Black MSM*	10	20.0%
White MSM	52	55.3%
Hispanic MSM*	20	41.7%
	#	**%**
Heterosexual*	22	40.7%
Black Hetero*	13	33.3%
White Hetero*	2	28.6%
Hispanic Hetero*	7	8.0%
	#	**%**
Hemophilia*	1	100.0%
IDU*	1	20.0%
MSM/IDU*	0	0.0%
Perinatal*	0	0.0%
Transfusion*	0	0.0%
Unknown	25	29.4%

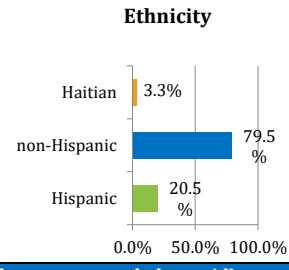
FY 2021-2022 Scorecard: Mental Health

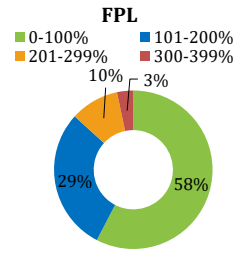
ELIGIBILITY: ≤300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$120,472**	**$62,469**	**$182,941**	**$119,784**	**$30,423**	**$150,207**	**22.1%**	**$15,724,848**	**1.0%**	**5**
2020	$172,053	$62,469	$234,522	$153,778	$31,386	$185,164	13.1%	$15,886,455	1.2%	4
2019	$172,938	$39,276	$212,214	$163,732	$0	$163,732	-4.7%	$15,831,728	1.0%	4
2018	$209,938	$39,276	$249,214	$152,834	$18,914	$171,748	-34.8%	$15,977,716	1.1%	6
2017	$368,438	$62,469	$430,907	$233,831	$29,759	$263,590	-9.6%	$15,831,728	1.7%	6









FY 21-22 Mental Health Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**151**	**45.19%**	**18**	**11.9%**
2020	104	-41.24%	13	12.5%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	1

FPL*	#	%
0-100%	87	57.6%
101-200%	44	29.1%
201-299%	15	9.9%
300-399%	5	3.3%
400% & over	0	0.0%

Insurance	#	%
Private	19	12.6%
Medicare	8	5.3%
Medicaid	18	11.9%

Gender	#	%
Male	129	85.4%
Female	20	13.2%
Transgender	2	1.3%

Race	#	%
Black	58	38.4%
White	60	39.7%
Other**	2	1.3%

Ethnicity	#	%
Hispanic	31	20.5%
Non-Hispanic	120	79.5%
Haitian	5	3.3%

*FPL is current for the end of the FY

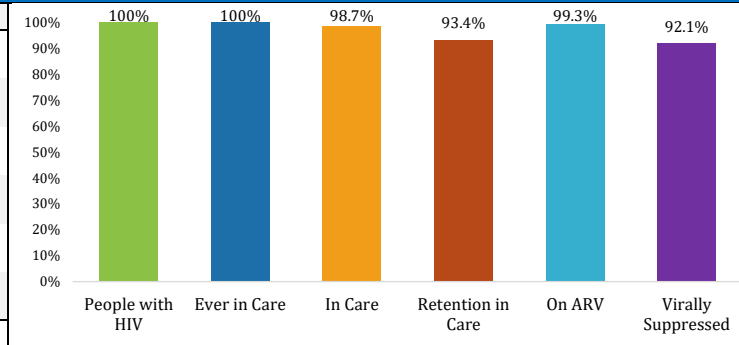
FY 2021-2022 Scorecard: Mental Health

ELIGIBILITY: ≤300% FPL

FY 21-22 Mental Health Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definitions	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	151	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	151	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	149	98.7%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	141	93.4%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	150	99.3%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	139	92.1%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	139	92.1%
Gender	**#**	**%**
Male	117	38.7%
Female	20	23.5%
Transgender*	2	25.0%
Age	**#**	**%**
18-28*	9	20.0%
29-38	28	30.8%
39-48	41	40.6%
49-58	42	35.6%
59+*	19	47.5%
Living Arrangements	**#**	**%**
Permanent	79	29.3%
Non-Permanent	59	49.6%
Institution*	1	16.7%

Race/Ethnicity	#	%
Black Non-Hispanic Male	43	30.7%
Black Non-Hispanic Female*	8	12.3%
Black Non-Hispanic Transgender*	1	25.0%
Total Black Non-Hispanic	**52**	**24.9%**
White Non-Hispanic Male	45	50.0%
White Non-Hispanic Female*	10	111.1%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic	**55**	**55.6%**
Hispanic Male*	27	40.9%
Hispanic Female*	2	18.2%
Hispanic Transgender*	1	25.0%
Total Hispanic	**30**	**37.0%**
Educational Level	**#**	**%**
<8th Grade*	3	23.1%
8-12th Grade	73	29.0%
College	63	48.5%

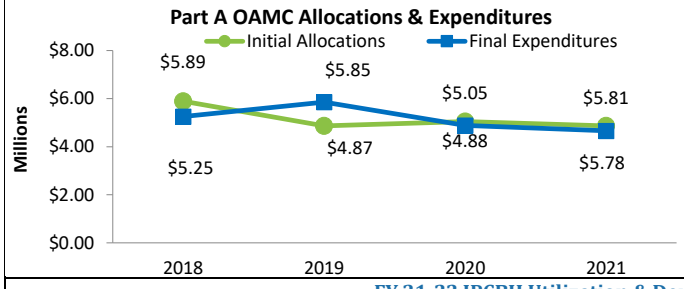
Risk Factor	#	%
MSM	93	47.7%
Black MSM*	30	46.9%
White MSM*	38	52.1%
Hispanic MSM*	23	42.6%
	#	**%**
Heterosexual*	7	20.0%
Black Hetero*	4	14.3%
White Hetero*	2	66.7%
Hispanic Hetero*	1	25.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	5	62.5%
MSM/IDU*	3	60.0%
Perinatal*	0	0.0%
Transfusion*	1	50.0%
Unknown	30	21.1%

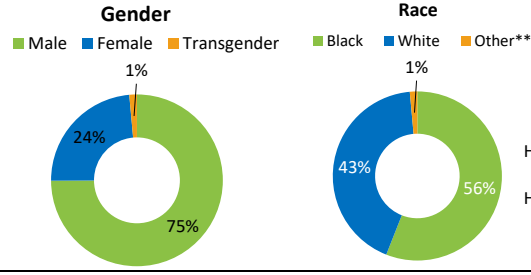
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

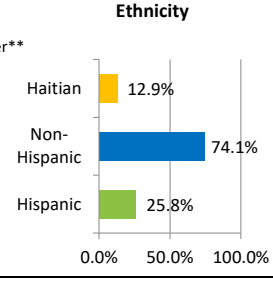
FY 2021-2022 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services

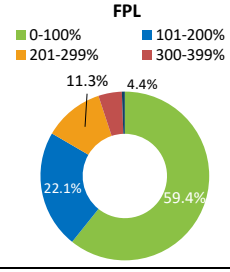
ELIGIBILITY: ≤400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$5,809,133**	**$116,092**	**$5,925,225**	**$5,784,719**	**$110,794**	**$5,895,513**	**-23.9%**	**$15,724,848**	**37.5%**	**1**
2020	$4,868,552	$100,000	$4,968,552	$4,661,914	$97,138	$4,759,052	-3.52%	$15,886,455	30.0%	1
2019	$5,047,943	$293,826	$5,341,769	$4,883,875	$48,963	$4,932,838	-18.00%	$15,831,728	31.2%	1
2018	$4,865,872	$286,141	$5,152,013	$5,854,252	$161,225	$6,015,477	7.50%	$15,977,716	37.6%	1
2017	$5,890,552	$286,596	$6,177,148	$5,252,011	$343,630	$5,595,641	8.89%	$15,831,728	35.3%	1









FY 21-22 IPCBH Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**3,639**	**14.36%**	**608**	**16.7%**
2020	3,182	-12.39%	626	19.7%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	6	1

FPL*	#	%
0-100%	2,160	59.4%
101-200%	806	22.1%
201-299%	410	11.3%
300-399%	160	4.4%
400% & over	20	0.5%

Insurance	#	%
Private	611	16.8%
Medicare	177	4.9%
Medicaid	350	9.6%

Gender	#	%
Male	2,727	74.9%
Female	860	23.6%
Transgender	52	1.4%

Race	#	%
Black	2,036	55.9%
White	1,548	42.5%
Other**	52	1.4%

Ethnicity	#	%
Hispanic	939	25.8%
Non-Hispanic	2,697	74.1%
Haitian	471	12.9%

*FPL is current for the end of the FY

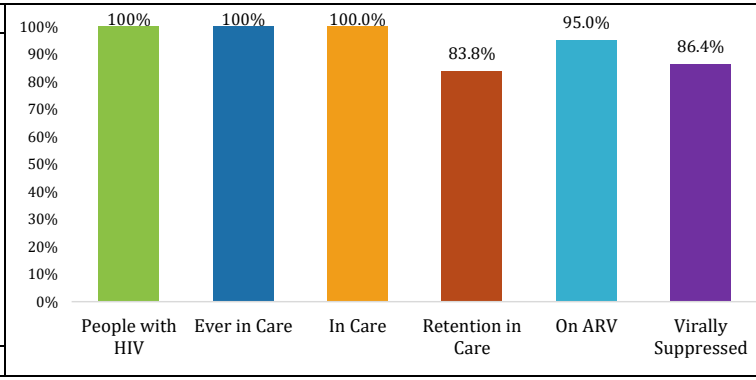
FY 2021-2022 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH) Services

ELIGIBILITY: ≤400% FPL

FY 21-22 IPCBH Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	3,639	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	3,639	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	3,639	100.0%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	3,049	83.8%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	3,457	95.0%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	3,143	86.4%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	3,143	86.4%
Gender	**#**	**%**
Male	2,366	86.8%
Female	733	85.2%
Transgender*	44	84.6%
Age	**#**	**%**
18-28	291	83.6%
29-38	753	81.8%
39-48	708	85.5%
49-58	839	89.8%
59+	550	90.8%
Living Arrangements	**#**	**%**
Permanent	2,421	88.9%
Non-Permanent	708	78.6%
Institution*	14	93.3%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,052	84.1%
Black Non-Hispanic Female	588	84.8%
Black Non-Hispanic Transgender*	22	84.6%
Total Black Non-Hispanic	**1,662**	**84.4%**
White Non-Hispanic Male	526	86.7%
White Non-Hispanic Female	56	80.0%
White Non-Hispanic Transgender*	5	71.4%
Total White non-Hispanic	**587**	**85.8%**
Hispanic Male	756	90.8%
Hispanic Female	82	92.1%
Hispanic Transgender*	15	88.2%
Total Hispanic	**853**	**90.8%**
Educational Level	**#**	**%**
<8th Grade	186	89.0%
8-12th Grade	2,019	85.0%
College	934	89.3%

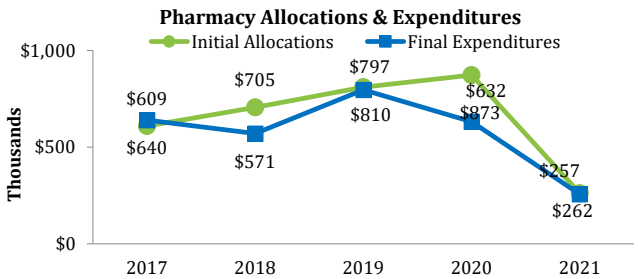
Risk Factor	#	%
MSM	1,424	88.4%
Black MSM	459	85.2%
White MSM	934	90.1%
Hispanic MSM	563	90.7%
	#	**%**
Heterosexual	268	82.5%
Black Hetero	230	83.6%
White Hetero*	36	76.6%
Hispanic Hetero*	19	73.1%
	#	**%**
Hemophilia*	1	50.0%
IDU*	33	94.3%
MSM/IDU*	17	94.4%
Perinatal*	34	69.4%
Transfusion*	13	100.0%
Unknown	1,353	85.3%

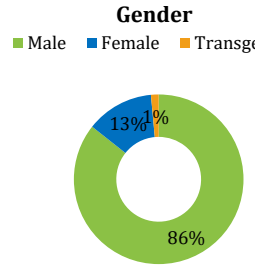
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

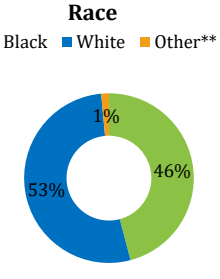
FY 2021-2022 Scorecard: Pharmacy

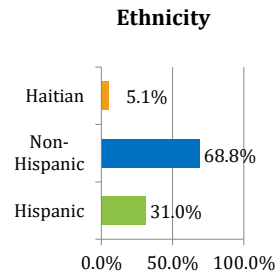
ELIGIBILITY: ≤400% FPL

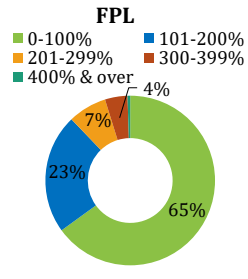
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$261,940**	**$0**	**$261,940**	**$256,738**	**$0**	**$256,738**	**-59.4%**	**$15,724,848**	**1.6%**	**2**
2020	$872,940	$0	$872,940	$631,680	$0	$631,680	-20.7%	$15,886,455	4.0%	3
2019	$810,485	$0	$810,485	$796,541	$0	$796,541	39.5%	$15,924,940	5.0%	3
2018	$705,273	$0	$705,273	$571,136	$0	$571,136	-10.8%	$15,977,716	3.6%	3
2017	$609,449	$0	$609,449	$640,410	$0	$640,410	-36.0%	$15,831,728	4.0%	2











FY 21-22 Pharmacy Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**613**	**-53.98%**	**212**	**34.6%**
2020	1,332	-34.42%	258	19.4%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	379	61.8%
101-200%	133	21.7%
201-299%	43	7.0%
300-399%	25	4.1%
400% & over	3	0.5%

Insurance	#	%
Private	74	12.1%
Medicare	13	2.1%
Medicaid	25	4.1%

Gender	#	%
Male	525	85.6%
Female	79	12.9%
Transgender	9	1.5%

Race	#	%
Black	281	45.8%
White	322	52.5%
Other**	9	1.5%

Ethnicity	#	%
Hispanic	190	31.0%
Non-Hispanic	422	68.8%
Haitian	31	5.1%

*FPL is current for the end of the FY

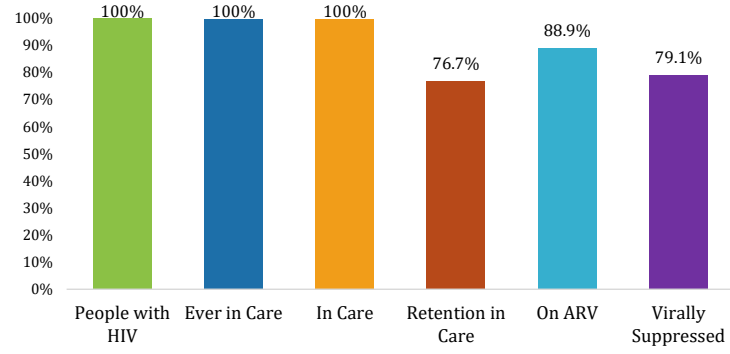
FY 2021-2022 Scorecard: Pharmacy

ELIGIBILITY: ≤400% FPL

FY 21-22 Pharmacy Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	613	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	612	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	612	100%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	470	76.7%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	545	88.9%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	485	79.1%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	485	79.1%
Gender	**#**	**%**
Male	418	79.6%
Female	60	75.9%
Transgender*	7	77.8%
Age	**#**	**%**
18-28	67	88.2%
29-38	169	77.2%
39-48	111	78.2%
49-58	94	77.0%
59+	44	83.0%
Living Arrangements	**#**	**%**
Permanent	338	82.4%
Non-Permanent	144	72.0%
Institution*	3	100.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male	145	73.2%
Black Non-Hispanic Female	45	76.3%
Black Non-Hispanic Transgender*	2	66.7%
Total Black Non-Hispanic	**192**	**73.8%**
White Non-Hispanic Male	110	78.6%
White Non-Hispanic Female*	10	71.4%
White Non-Hispanic Transgender*	1	100.0%
Total White non-Hispanic	**121**	**78.1%**
Hispanic Male	157	87.7%
Hispanic Female*	5	83.3%
Hispanic Transgender*	4	80.0%
Total Hispanic	**166**	**87.4%**
Educational Level	**#**	**%**
<8th Grade	14	70.0%
8-12th Grade	303	77.5%
College	167	83.9%

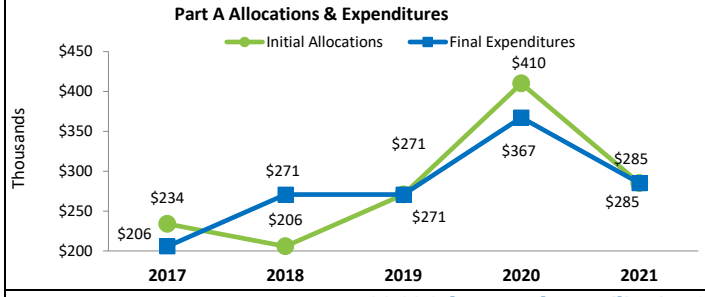
Risk Factor	#	%
MSM	292	85.1%
Black MSM	86	79.6%
White MSM	200	87.7%
Hispanic MSM	123	89.8%
	#	**%**
Heterosexual	22	68.8%
Black Hetero	18	66.7%
White Hetero*	4	80.0%
Hispanic Hetero*	2	100.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	5	71.4%
MSM/IDU*	1	50.0%
Perinatal*	3	60.0%
Transfusion*	0	0.0%
Unknown	162	72.3%

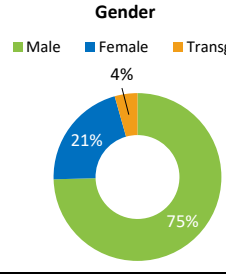
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

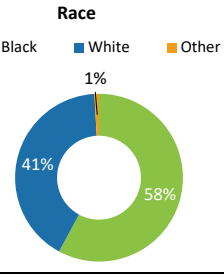
FY 2021-2022 Scorecard: Substance Abuse

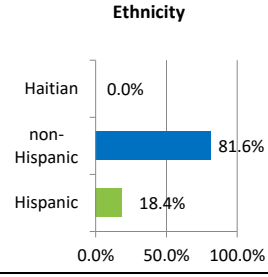
ELIGIBILITY: ≤300% FPL

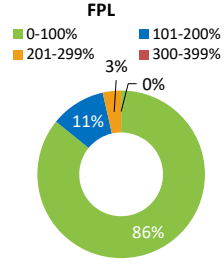
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	
2021	**$285,030**	**$575,000**	**$860,030**	**$285,019**	**$519,526**	**$804,545**	**-3.6%**	**$15,724,848**	**5.1%**	**8**
2020	$410,030	$467,000	$877,030	$367,293	$466,996	$834,289	24.4%	$15,886,455	5.3%	8
2019	$270,760	$400,000	$670,760	$270,751	$399,918	$670,669	0.0%	$15,924,940	4.2%	8
2018	$205,760	$400,000	$605,760	$270,692	$399,956	$670,648	10.7%	$15,977,716	4.2%	8
2017	$233,760	$400,000	$633,760	$205,714	$399,979	$605,693	-2.5%	$15,831,728	3.8%	8











FY 21-22 Substance Abuse Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**114**	**46.15%**	**18**	**15.8%**
2020	78	-30.97%	24	30.8%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	97	85.1%
101-200%	12	10.5%
201-299%	4	3.5%
300-399%	0	0.0%
400% & over	0	0.0%

Insurance	#	%
Private	2	1.8%
Medicare	5	4.4%
Medicaid	41	36.0%

Gender	#	%
Male	85	74.6%
Female	24	21.1%
Transgender	5	4.4%

Race	#	%
Black	66	57.9%
White	47	41.2%
Other**	1	0.9%

Ethnicity	#	%
Hispanic	21	18.4%
Non-Hispanic	93	81.6%
Haitian	0	0.0%

*FPL is current for the end of the FY

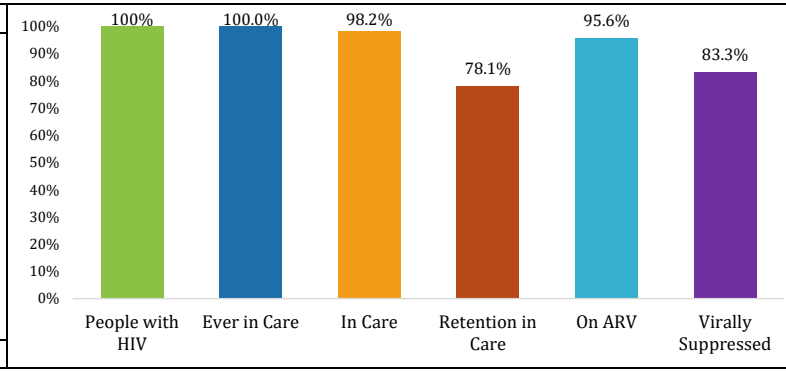
FY 2021-2022 Scorecard: Substance Abuse

ELIGIBILITY: ≤300% FPL

FY 21-22 Substance Abuse Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	114	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	114	100.0%
In Care	Clients with HIV who had a medical care service within the reporting period.	112	98.2%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	89	78.1%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	109	95.6%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	95	83.3%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients	#	%
	95	83.3%
Gender	**#**	**%**
Male	70	82.4%
Female*	22	91.7%
Transgender*	3	60.0%
Age	**#**	**%**
18-28*	9	75.0%
29-38*	23	79.3%
39-48*	28	82.4%
49-58*	26	96.3%
59+*	9	75.0%
Living Arrangements	**#**	**%**
Permanent*	22	75.9%
Non-Permanent*	67	84.8%
Institution*	6	100.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male*	32	80.0%
Black Non-Hispanic Female*	16	94.1%
Black Non-Hispanic Transgender*	2	50.0%
Total Black Non-Hispanic*	**50**	**82.0%**
White Non-Hispanic Male*	20	87.0%
White Non-Hispanic Female*	6	85.7%
White Non-Hispanic Transgender*	1	100.0%
Total White non-Hispanic*	**27**	**87.1%**
Hispanic Male*	17	81.0%
Hispanic Female*	0	0.0%
Hispanic Transgender*	0	0.0%
Total Hispanic*	**17**	**81.0%**
Educational Level	**#**	**%**
<8th Grade*	4	80.0%
8-12th Grade*	65	83.3%
College*	26	83.9%

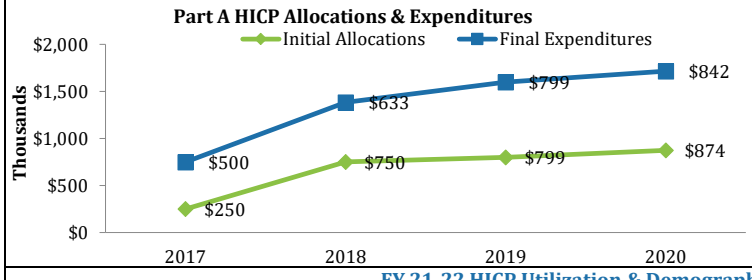
Risk Factor	#	%
MSM*	42	79.2%
Black MSM*	17	68.0%
White MSM*	24	88.9%
Hispanic MSM*	12	80.0%
	#	**%**
Heterosexual*	10	76.9%
Black Hetero*	8	100.0%
White Hetero*	2	66.7%
Hispanic Hetero*	0	0.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	6	100.0%
MSM/IDU*	2	100.0%
Perinatal*	0	0.0%
Transfusion*	0	0.0%
Unknown*	35	87.5%

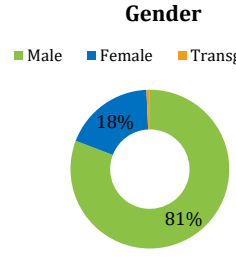
*Small population group (N<75 in program year). #s and %s are within each subpopulation.

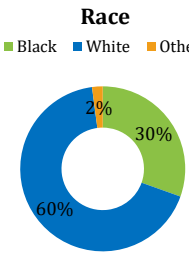
FY 2021-2022 Scorecard: Health Insurance Continuation Program (HICP)

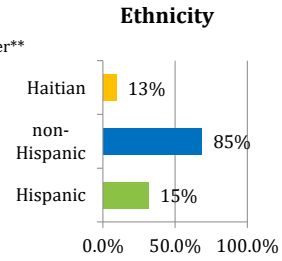
ELIGIBILITY: ≤400% FPL

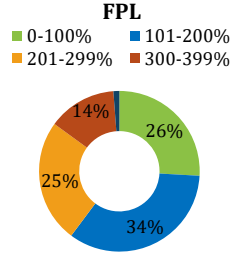
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total	Ranking
2021	**$709,641**	**$0**	**$709,641**	**$701,579**	**$0**	**$701,579**	**-16.7%**	**$15,724,848**	**4.5%**	**4**
2020	$873,877	$0	$873,877	$841,832	$0	$841,832	5.4%	$15,886,455	5.3%	5
2019	$798,877	$0	$798,877	$798,877	$0	$798,877	26.1%	$15,924,940	5.0%	5
2018	$750,000	$0	$750,000	$633,344	$0	$633,344	26.7%	$15,977,716	4.0%	5
2017	$250,000	$0	$250,000	$499,893	$0	$499,893	-55.7%	$15,831,728	3.2%	5











FY 21-22 HICP Utilization & Demographics (Service Utilization accounts for services that were recorded as paid)

Year	Total Clients	% Change	# New	% New
2021	**1,008**	**8.97%**	**18**	**1.8%**
2020	925	-0.86%	30	3.2%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	261	25.9%
101-200%	346	34.3%
201-299%	250	24.8%
300-399%	139	13.8%
400% & over	12	1.2%

Insurance	#	%
Private	963	95.5%
Medicare	38	3.8%
Medicaid	20	2.0%

Gender	#	%
Male	813	80.7%
Female	186	18.5%
Transgender*	7	0.7%

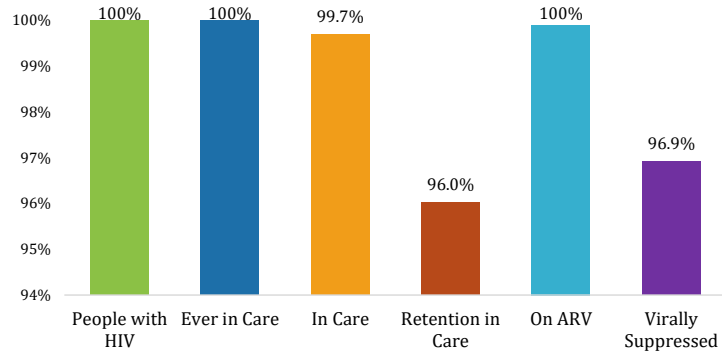
Race	#	%
Black	307	30.5%
White	680	67.5%
Other**	21	2.1%

Ethnicity	#	%
Hispanic	318	31.5%
non-Hispanic	690	68.5%
Haitian	93	9.2%

*FPL is current for the end of the FY

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	1,008	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	1,008	100%
In Care	Clients with HIV who had a medical care service within the reporting period.	1,005	99.7%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	968	96.0%
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	1,007	100%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	977	96.9%

*Medical Care Service: Medical care appointment, viral load or CD4 count test.



FY 21-22 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Virally Suppressed Clients	#	%
	977	96.9%
Gender	**#**	**%**
Male	786	96.7%
Female	182	97.8%
Transgender*	7	100.0%
Age	**#**	**%**
18-28*	23	95.8%
29-38	105	93.8%
39-48	172	96.1%
49-58	374	98.2%
59+	303	97.1%
Living Arrangements	**#**	**%**
Permanent	904	97.2%
Non-Permanent	71	93.4%
Institution*	2	100.0%

Race/Ethnicity	#	%
Black Non-Hispanic Male	160	97.0%
Black Non-Hispanic Female	129	98.5%
Black Non-Hispanic Transgender*	4	100.0%
Total Black Non-Hispanic	**293**	**97.7%**
White Non-Hispanic Male	343	96.6%
White Non-Hispanic Female*	15	93.8%
White Non-Hispanic Transgender*	0	0.0%
Total White non-Hispanic	**358**	**96.5%**
Hispanic Male	266	96.4%
Hispanic Female*	36	97.3%
Hispanic Transgender*	3	100.0%
Total Hispanic	**305**	**95.9%**
Educational Level	**#**	**%**
<8th Grade*	31	100.0%
8-12th Grade	536	97.3%
College	410	96.2%

Risk Factor	#	%
MSM	648	96.9%
Black MSM	87	94.6%
White MSM	544	97.1%
Hispanic MSM	231	97.1%
	#	**%**
Heterosexual*	34	97.1%
Black Hetero*	21	95.5%
White Hetero*	13	100.0%
Hispanic Hetero*	8	100.0%
	#	**%**
Hemophilia*	0	0.0%
IDU*	2	100.0%
MSM/IDU*	7	87.5%
Perinatal*	6	85.7%
Transfusion*	1	100.0%
Unknown	279	97.6%

*Small population group (N<75 in program year). #s and %s are within each subpopulation.

Note: In 2017 there was a 55.7% decrease in expenditures for this service category. This is a result of ADAP premium assistance implementation.

HANDOUT E

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services

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 June 16, 2022

PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

- Priority setting – of up to 30 allowable service categories
- Directives to Recipient on how best to meet priorities
- Allocation of funds to priority service categories
- Reallocation – during the year to ensure all funds are spent

HIVPC
Broward County HIV Health Services Planning Council

THE CEC'S ROLE IN THE PSRA PROCESS

- HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations
- The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year
- As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community
- When the PSRA Committee ranks the Part A service categories in coming months, the CEC rankings will be considered as a part of their decision-making process.

HIVPC
Broward County HIV Health Services Planning Council

PART A CORE SERVICES

FY2023 CEC RANKINGS

HIVPC
Broward County HIV Health Services Planning Council

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

HIVPC
Broward County HIV Health Services Planning Council

CORE MEDICAL SERVICES	FY2022 CEC Rankings	FY2023 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	2	7
Medical Case Management (Disease)	6	3
AIDS Pharmaceutical Assistance (Local)	1	5
Health Insurance Premium & Cost-Sharing Assistance (HICP)	3	6
Oral Health Care (Dental)	4	2
Mental Health Services	7	4
AIDS Drugs Assistance Program Treatments (ADAP)	5	1
Substance Abuse Services - Outpatient	8	9
Medical Nutrition Therapy	10	12
Early Intervention Services (EIS)	9	11
Home and Community-Based Health Services	11	8
Home Health Care	12	10
Hospice Services	13	13

CORE MEDICAL SERVICES	FY2023 CEC Rankings
AIDS Drugs Assistance Program Treatments (ADAP)	1
Oral Health Care (Dental)	2
Medical Case Management (Disease)	3
Mental Health	4
AIDS Pharmaceutical Assistance (Local)	5
Health Insurance Premium and Cost Sharing (HICP)	6
Outpatient/Health Services (OAHS)	7
Home and Community-Based Health Services	8
Substance Abuse-Outpatient	9
Home Health Care	10
Earl Intervention Services (EIS)	11
Medical Nutrition Therapy	12
Hospice	13

PART A SUPPORT SERVICES

FY2023 CEC RANKINGS

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

HIVPC
Broward County HIV Health Services Planning Council

SUPPORT SERVICES	FY2022 CEC Rankings	FY2023 CEC Rankings
Housing Services	1	1
Food Bank/Home-Delivered Meals	2	2
Non-Medical Case Management	4	6
Medical Transportation Services	6	3
Emergency Financial Assistance	3	4
Psychosocial Support Services	8	7
Legal Services	5	10
Substance Abuse Services – Residential	13	9
Health Education/Risk Reduction	7	13
Referral for Health Care/Supportive Services	10	8
Outreach Services	11	11
Linguistics Services (Interpretation and Translation)	12	15
Child Care Services	9	5
Other Professional Services	15	16
Rehabilitation Services	14	14
Permanency Planning	16	12
Respite Care	17	17

SUPPORT SERVICES	FY2022 CEC Rankings
Housing Services	1
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	3
Non-Medical Case Management	4
Child Care	5
Non-Medical Case Management	6
Psychosocial Support Services	7
Referral for Health Care and Support Services	8
Substance Abuse-Residential	9
Legal Services	10
Outreach	11
Permanency Planning	12
Health Education/Risk Reduction	13
Rehabilitation Services	14
Linguistic Services (Interpretation and Translation)	15
Other Professional Services	16
Respite Care	17

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

Consumer Advisory Group Broward Health

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

Consumer Advisory Group Broward Health

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT F

PSRA VOTING CONFLICTS OVERVIEW

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 June 16, 2022

ABSTAINING: SPECIAL PRIVATE GAIN

- Under state law (section 112.3143, F.S.), a board member **must abstain from voting** if the vote would ensure to the special private gain of:

  1. The member
  2. A relative (father, mother, son, daughter, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law)
  3. A business associate (partner, joint venture, co-owner of property or corporate shareholder (where shares are NOT listed on a national or regional stock exchange)
  4. Any principal by whom the member is retained **(includes employer)**
  5. Any parent organization or subsidiary of the parent organization other than a state agency

HIVPC
Broward County HIV Health Services Planning Council

ABSTAINING: SPECIAL PRIVATE GAIN CONT.

- County Ordinance expands the statutory restrictions by prohibiting discussion and voting on matters which would ensure to the special gain of:
  - Any private entity for which the board member serves as an officer or member of its board of directors, whether compensated of such services, and
  - Any public entity for which the board member serves as an employee.

ABSTAINING: RYAN WHITE PART A FUNDERS

- **Less than three (3) Ryan White Funded Providers**: If a member is conflicted under the conflict-of-interest policy, or **if there are <u>less than three</u> Ryan White funded providers for a service category**, they **<u>must abstain</u>** from all voting on service categories in which their organization receives funding.
- All conflicts regarding a service category are public record and will be recorded in the meeting minutes.

HIVPC
Broward County HIV Health Services Planning Council

STATING CONFLICTS

- Any member having a voting conflict under state or county law must abstain and **declare the conflict** on the record at the meeting at which the vote is to occur and must file a Memorandum of Voting Conflict with the minutes within 15 days of the vote.

STATING CONFLICTS CONT.

- If any member intends to make any attempt to influence the decision prior to the meeting at which the vote will be taken:
  - The member must complete and file a Memorandum of Voting Conflict with the person responsible for recording meeting minutes.
  - A copy of the from must be provided immediately to all other members.
  - The form must be read publicly at the next meeting after the form is filed.

STATING CONFLICTS CONT.

- If no attempt is made to influence the decision except by discussion at the meeting:
  - The member must disclose orally the nature of their conflict in the measure before participating.
  - The member must complete and file Memorandum of Voting Conflict within fifteen (15) days after the vote occurs with the person responsible for recording meeting minutes.
  - A copy of the form must be provided immediately to all other members.
  - The from must be read publicly at the next meeting after the form is filed.

HIVPC
Broward County HIV Health Services Planning Council

		Part A Funding										
Member	Agency Affiliation	DCM	OAHS (IPCBH)	OH	CM	Pharmacy	Legal	CIED	MH	SA	Food Svcs	HICP
Barnes, Bradford	Poverello										X	
Fortune-Evans, Bisiola	CDTC (Broward Health)	X	X		X	X						
Mester, Bradley	AHF, Broward House	X	X	X	X	X						
Moreno, Valery	Memorial Healthcare System	X	X		X							
Robertson, Lorenzo	Broward House, AHF	X	X	X	X	X			X	X		
Schweizer, Mark	Nova Southeastern University			X								
Dsouza, Eveline	HOPWA											
Rodriguez, Joshua	FLDOH-BC											
Arencibia, Yusi	BSO											
Jimenez, Rafael	Care Resources	X	X	X	X				X		X	
Total Provider Agency Representatives on PSRA		5	5	4	5	3	0	0	2	1	2	0
Total Provider Agencies		6	6	4	7	2	1	1	2	1	2	1

PART A Core and Support Services

		MAI Funding					
Member	Agency Affiliation		OAHS	CM	CIED	MH	SA
Barnes, Bradford	Poverello						
Fortune-Evans, Bisiola	CDTC (Broward Health)						
Mester, Bradley	AHF, Broward House		X	X		X	X
Moreno, Valery	Memorial Healthcare System						
Robertson, Lorenzo	Broward House, AHF		X	X		X	X
Schweizer, Mark	Nova Southeastern University						
Dsouza, Eveline	HOPWA						
Rodriguez, Joshua	FLDOH-BC						
Arencibia, Yusi	BSO						
Jimenez, Rafael	Care Resource, Broward Health						
Total Provider Agency Representatives on PSRA			2	1	0	2	2
Total Provider Agencies			2	2	1	2	2

MAI CORE & SUPPORT SERVICES

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

FY2023-2024 PSRA RANKING SURVEY

---

1) What is your name? *

- ◯ Barnes, Barnes
- ◯ Fortune-Evans, Bisiola
- ◯ Mester, Brad
- ◯ Moreno, Valery
- ◯ Robertson, Lorenzo
- ◯ Schweizer, Mark
- ◯ Dsouza, Eveline
- ◯ Rodriguez, Joshua
- ◯ Jimenez, Rafael
- ◯ Arencibia, Yusi

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

_____AIDS Pharmaceutical Assistance (Local)

_____Health Insurance Premium and Cost Sharing (HICP)

_____Medical Case Management (Disease)

_____Mental Health Services

_____Oral Health Care (Dental)

_____Outpatient/Ambulatory Health Services (OAHS)

_____Substance Abuse- Outpatient

_____AIDS Drugs Assistance Program Treatments (ADAP)

_____Early Intervention Services (EIS)

_____Home and Community-Based Health Services

_____Home Health Care

_____Hospice

_____Medical Nutrition Therapy

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

_____Child Care

_____Emergency Financial Assistance

_____Food Bank/Home-Delivered Meals

_____Health Education/Risk Reduction

_____Housing

_____Legal Services

_____Linguistics Services (Interpretation and Translation)

_____Medical Transportation Services

_____Non-Medical Case Management

_____Other Professional Services

_____Outreach

_____Permanency Planning

_____Psychosocial Support

_____Referral for Health Care and Support Services

_____Rehabilitation Services

_____Respite Care

_____Substance Abuse- Residential

Thank You!

Thank you for taking our survey. Your response is very important to us.

HANDOUT G

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2022-2023

ALL SERVICES
Recommended Language
1. Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. 2. Provide Care Coordination across multiple service categories. 3. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 4. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. 5. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 6. Integrate care collaboration with members of the client's service providers. 7. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 8. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 9. Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services. 2. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. 3. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.

4. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
5. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
6. Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
7. Provide after-hours services availability to include Crisis Intervention.
8. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
9. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
10. Incorporate prevention messages into the medical care of PLWHA.
11. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. Drugs used for Test and Treat.
2. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. Make provision for the increased demand for services due to increase in service locations.
2. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
3. Increase Oral Health Care collaboration with mental Health providers.
4. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. Increase in clients with access to health insurance.
2. Develop materials for clients to use as quick references.
3. Provide assistance with prior authorizations and appeals process.
4. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.

Mental Health Service (MH)

Services Criteria: (≤ 300% FPL)

Recommended Language
1. Report clients who have fallen out of care to medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services. 2. Integrated service may be impacting utilization in this service category. 3. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. 4. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 2. Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 300% FPL)
Recommended Language
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. Implementation of test and treat increases demand for more services. 2. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 3. Provide education to reduce fear and denial and promote entry into primary medical care. 4. Educate clients on the importance of remaining in primary medical care. 5. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 6. Incorporate prevention messages into the medical care of PLWHA. 7. Educate consumers on their role in the case management process. 8. Provide initial/ongoing training and development for HIV peer workers. 9. Overview of health care plan summary benefits (coverage and limitations). 10. Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident (All Clients)
Recommended Language

1. Participate in future Part A/B dual eligibility determination.
2. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV.
3. Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
4. Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and
    a. 3) Grievance procedures.
5. Always offer dedicated live operator phone line during normal business hours.
6. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.
7. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance

Services Criteria: (≤ 400% FPL)

Recommended Language

1. Drugs used for Test and Treat.
2. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.

Food Services

Services Criteria: (≤ 400% FPL)

Recommended Language

1. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met.
2. Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.

Legal Services

Services Criteria: (≤ 300% FPL)

Recommended Language