



BROWARD HIV HEALTH SERVICES PLANNING COUNCIL

PSRA Data Workshops Day 2

**Tuesday, May 19, 2026
10:00AM to 4:00PM**

**Broward Regional Health Planning
Council (BRHPC)**





FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
A 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 Workshop Day 2

Tuesday, May 19, 2026 – 10:00AM

[Click Here to Join the Priority Setting and Resource Allocation Committee Meeting](#)

Meeting ID: 251 437 066 890 59

Passcode: ud69mG6Y

Dial in by phone

[+1 469-998-5921, 703542346#](tel:+14699985921703542346) United States, Dallas

[Find a local number](#)

Phone conference ID: 703 542 346#

Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

ORDER OF BUSINESS

- I. Call to Order
- II. Welcome from the Chair:
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
- III. Public Comment
- IV. **ACTION ITEM:** Approval of Agenda for May 18, 2026
 - I. **UPDATE:** Approval of Minutes from April 9, 2026, *tabled till June 18, PSRA Meeting*
- II. Public Comment

Workshop Day 2

- a. **HIV Surveillance Epidemiological Data;** *Dr. Julia Hidalgo (1hr 30 min)* **(Handout A)**
- b. **Break:** Lunch *(30 minutes)*
- c. **Presentation: Quality Management Part A Client Health Outcome;** *Part A Representative (30 Minutes)* **(Handout B)**
 - Analysis of Part A FY 2025 Data (March 1, 2025- Feb 28, 2026)
 - Continuum of Care Report (Viral Load Suppression, In Care) Client Demographics
 - Area 10 Statewide Data (Consumer Findings/Recommendations)
- d. **Presentation:** Overview of Ryan White Part A Services Scorecards; *Clinical Quality Support*

Staff (30 minutes) **(Handout C)**

- e. **Presentation: Needs Assessments Updates;** Debbie Cestaro-Seiffer, MSN, BRHPC Clinical Consultant (30 minutes) **(Handout D)**
 - Ryan White Part A Provider Capacity & Capability Results
 - FY25-26 Ryan White Part A Needs Assessment Key Recommendations
- f. **Presentation: Ryan White Part A Service Category Ranking Training;** Dr. Hidalgo (20 minutes) **(Handout E)**
- g. **Presentation: Community Empowerment Committee and Consumer Rankings of Part A Services;** PCS Staff (15 minutes) **(Handout F)**

Priority Setting & Resource Allocation Members' Homework

- Ranking Survey through Alchemer – Sent via email
- Review Scorecards

- V. Recipient Report
- VI. **Next Meeting Dates:**
 - a. **PSRA Workshops:** Wednesday, May 20th ;10AM to 4:00PM. Location: Broward Regional Health Planning Council (BRHPC) and online via Microsoft Teams.
 - b. **Regular PSRA Meeting:** June 18, 2026, 9:30AM to 12:30PM. Location: Microsoft Teams and BRHPC
- VII. Announcements
- VIII. Adjournment

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

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

[Broward County Board of County Commissioners](#)

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



May 2026

Broward HIV Health Services Planning Council Calendar



All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit [HIV Health Service Planning Council](#) for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2 
3	4	5 Community Empowerment Committee (CEC) 3:00PM - 5:00PM	6	7 System of Care Meeting (SOC) 9:30AM - 11:30AM	8	9
10 	11	12	13	14 Local Pharmacy Assistance Committee (LPAC) 2:00PM - 4:00PM	15 Integrated Planning Work Group (IP) 11:30AM - 2:30PM	16
17	18 PSRA Data Presentation Workshop Day 1 10:00AM - 4:00PM 	19 PSRA Data Presentation Workshop Day 2 10:00AM - 4:00PM	20 PSRA Data Presentation Workshop Day 3 10:00AM - 4:00PM Quality Network Meeting (CQM) 10:00AM - 11:15AM In-Person	21 Executive Committee Meeting 12:45PM - 2:45PM	22	23
24	25 	26	27	28 HIV Planning Council Meeting 9:30AM to 11:30AM	29 Medical Case Management Meeting (CQM) 2:30PM - 3:45PM	30 
31						

Broward Regional Health Planning Council (BRHPC):
200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

May 2026

Broward HIV Health Services Planning Council Calendar



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<p>TODOS ESTAN BIENVENIDOS!</p>	<p>ALL ARE WELCOME!</p>	<p>BON VINI!</p>
<p>A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.</p>	<p>Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.</p>	<p>Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.</p>
<p>HIVPC Committee Descriptions</p>		
<p>HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.</p>		
<p>Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interest, and review attendance.</p>		
<p>Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.</p>		
<p>Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.</p>		
<p>Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.</p>		
<p>Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.</p>		
<p>System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.</p>		

Broward County HIV/AIDS Epidemic Trends: 2021 - 2024

 **Ending the HIV Epidemic**

Broward | Ryan White Part A



Julia Hidalgo, ScD, MSW, MPH
Chief Executive Officer
Positive Outcomes, Inc.

November 17, 2025

Julia.hidalgo.POI@gmail.com

Presentation Overview

High-Level Review of Trends

- ✘ HIV/AIDS incidence and prevalence in Broward County
 - ✘ Differences in characteristics of persons with HIV (PWH) represented in the analysis
- ✘ HIV-related and other causes of death
- ✘ HIV care cascade
- ✘ Definitions and terms are described

Technical Notes

- ✘ The Florida Department of Health (DOH) is the source of data presented today
- ✘ Calendar Year (CY) data are presented for the five years between January 1, 2020 and December 31, 2024
- ✘ Trend analyses assessed by DOH only for CY 2022 to CY 2024
 - ✘ COVID epidemic significantly impacted HIV testing, care-related services, and HIV surveillance activities- CY 2020 and CY 2021 data may be unreliable
- ✘ Broward County PWH data include individuals living in Broward at the time of their first HIV diagnosis unless otherwise noted



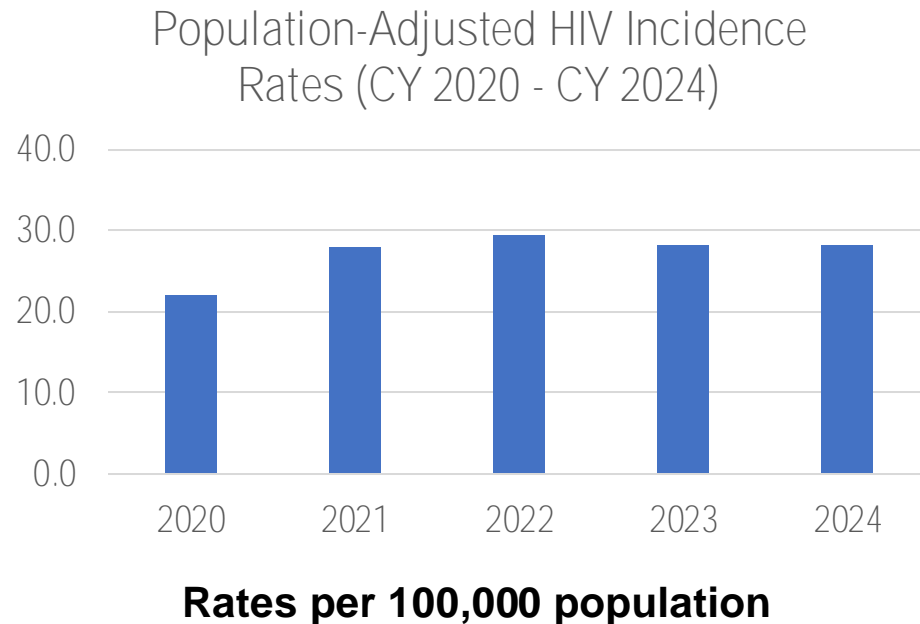
TRENDS: HIV INCIDENCE

INCLUDES PWH LIVING IN
BROWARD ON THE DATE
OF FIRST HIV DIAGNOSIS

National Overview

- ✘ CDC reports that Miami/Dade and Broward Counties had population-adjusted HIV incidence rates that were consistently higher than other US Metropolitan Statistical Areas (MSAs) in the last decade
- ✘ Updated information from the CDC have not been released for CY 2024

Three-Year Trends in Population-Adjusted Broward HIV Incidence Rates



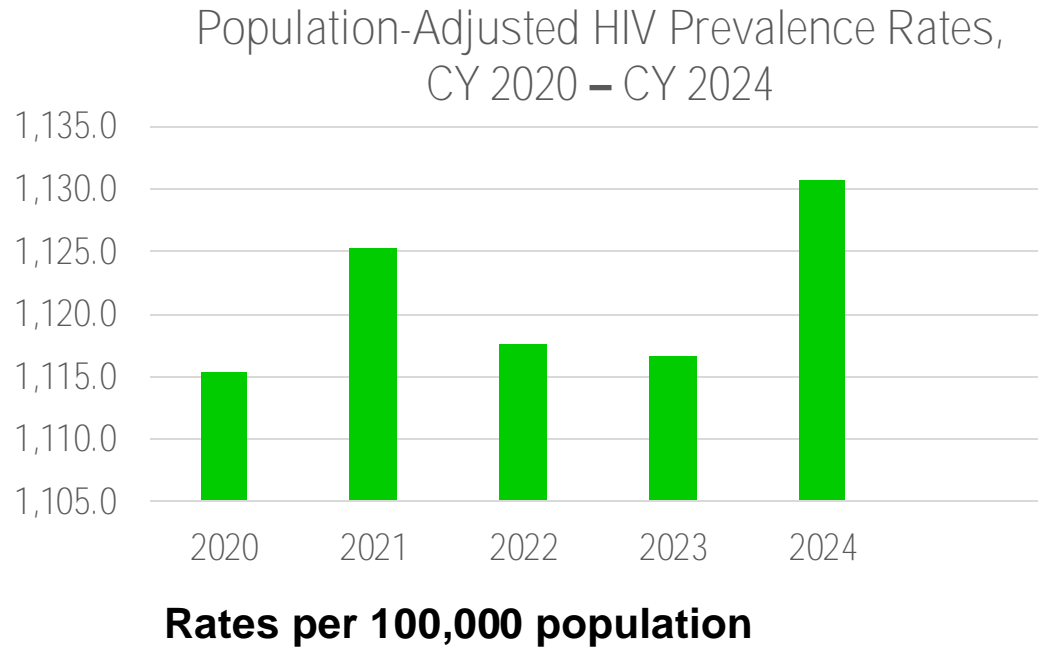
- ✗ HIV population-adjusted incidence rates decreased from CY 2022 to CY 2024 (-3%)
- ✗ Black Non-Hispanic rates increased, while decreasing for White Non-Hispanics and Hispanics
- ✗ Female rates increased, while male rates decreased
- ✗ Rates increased among adults 55 to 59 years of age and among women of child-bearing years (WCBY), while decreasing among almost all other adult age groups
- ✗ Rates increased among homeless PWH, while decreased among housed PWH
- ✗ Rates increased among sex, non-White race/ethnic, homeless, and heterosexual contact groups compared to decreased rates among male-to-male sexual contact (MMSC) groups



TRENDS: HIV PREVALENCE

PERSONS LIVING WITH AN HIV
DIAGNOSIS IN THE AREA
THROUGH OF THE CALENDAR
YEAR REGARDLESS OF
RESIDENCE AT INITIAL
DIAGNOSIS

Three-Year Trends in Population-Adjusted Broward HIV Prevalence Rates



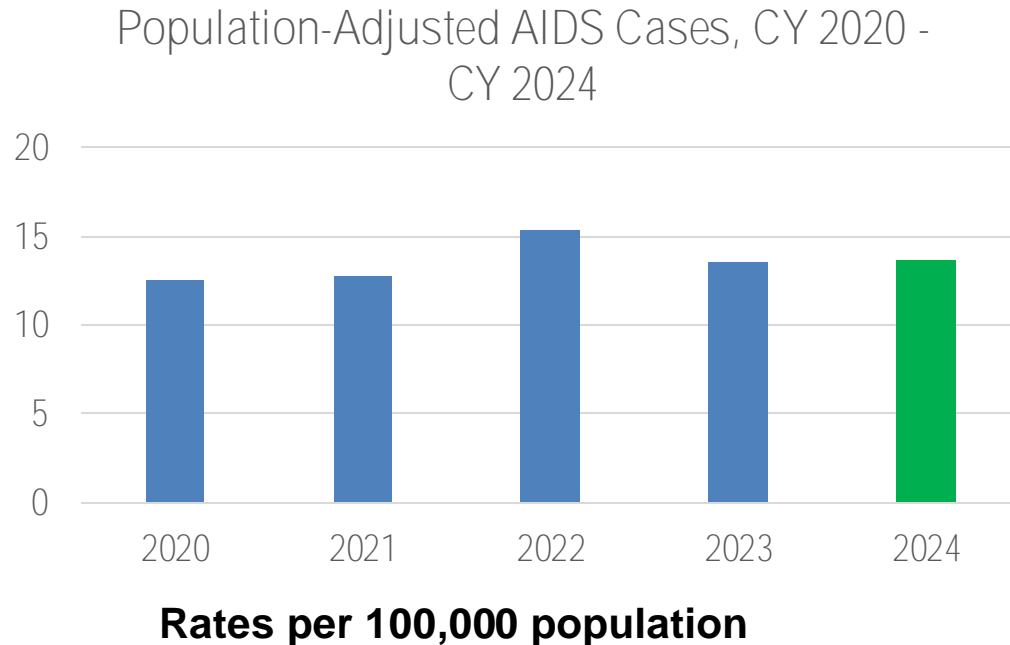
- ✘ HIV population-adjusted prevalence rates increased slightly from CY 2022 to CY 2024 (2%)
- ✘ All race/ethnic group rates increased, except for White non-Hispanics
- ✘ Rates increased among adults 35 to 39 years of age and adults 60 years of age or older, while decreasing among other adult age groups
- ✘ Rates increased among sex, non-White race/ethnic, and heterosexual contact groups compared to decreased rates among MMSC groups



TRENDS: AIDS DIAGNOSIS

CDC AIDS DEFINITION: TO BE DIAGNOSED WITH AIDS, A PWH MUST HAVE AN AIDS-DEFINING CONDITION OR HAVE A CD4 COUNT LESS THAN 200 CELLS/MM³ (REGARDLESS OF WHETHER THE PERSON HAS AN AIDS-DEFINING CONDITION)

Three-Year Trends in Population-Adjusted Broward AIDS Incidence Rates



- ✗ HIV population-adjusted AIDS incidence rates decreased from CY 2022 to CY 2024 (-10%)
- ✗ Black Non-Hispanic rates increased, while decreasing for White Non-Hispanics and Hispanics
- ✗ Female rates increased, while male rates decreased
- ✗ Rates increased among adults 45 to 49 years of age, while decreasing among almost all other adult age groups
- ✗ Rates increased among sex, non-White race/ethnic, and heterosexual contact groups, compared to decreased rates among MMSC group

Among newly tested PWH in CY 2024, 19% had “late diagnosis” in which an AIDS diagnosis was made within three months of HIV diagnosis

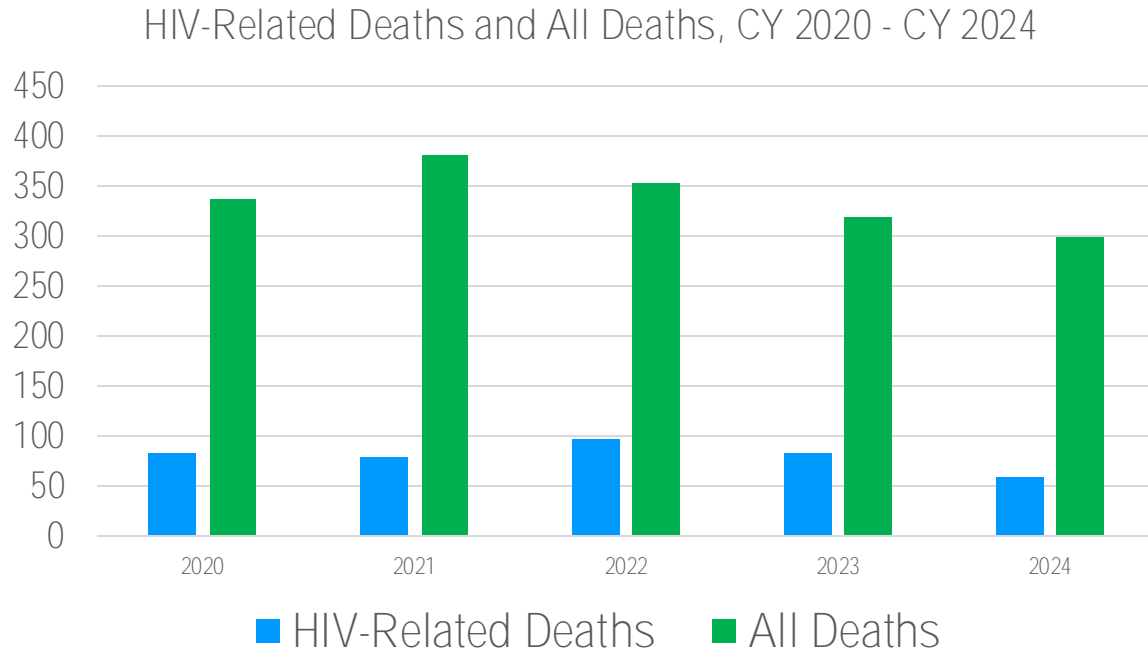


TRENDS: HIV-RELATED AND ALL DEATHS

HIV-RELATED DEATH: HIV LISTED AS THE UNDERLYING CAUSE OF DEATH

ALL DEATHS: PERSONS WITH ANY CAUSE LISTED AS THE UNDERLYING CAUSE OF DEATH

HIV and Total Deaths in CY 2020 – CY 2024



- ✗ Florida DOH and CDC report that 1,691 deaths occurred among PWH between CY 2020 and CY 2024
 - ✗ That total includes 398 HIV-related deaths
- ✗ Deaths peaked in CY 2021, likely related to COVID
- ✗ Deaths then decreased between CY 2022 and CY 2024
- ✗ The CDC has concluded that HIV-related causes of death may be under-reported in death certificates
- ✗ HIV-related death decreased among most demographic and HIV transmission categories



TRENDS: HIV CARE CONTINUUM

DEFINITIONS

In Care: PWH with at least one documented viral load (VL) or CD4 lab, medical visit, or prescription

Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription

Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart

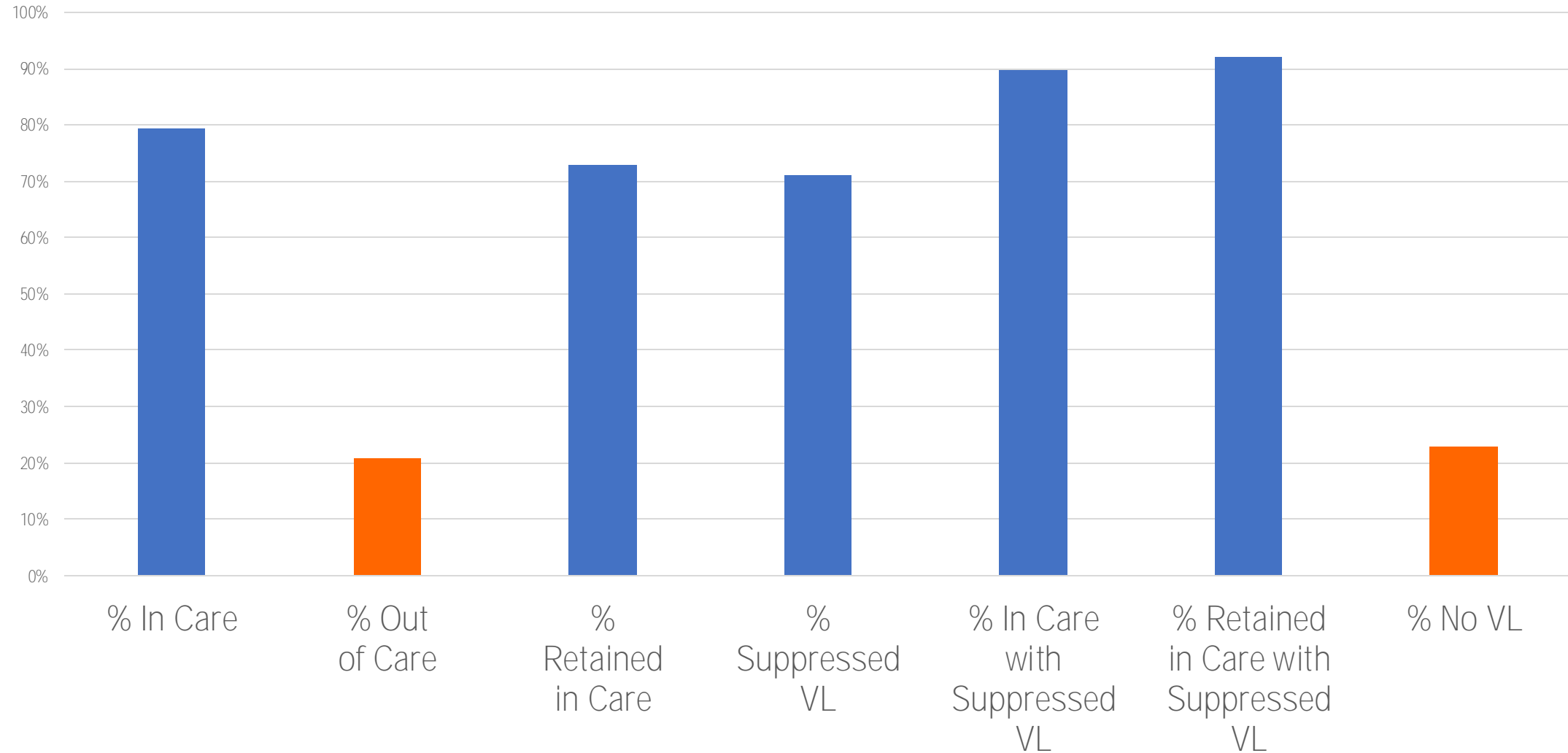
Suppressed VL: PWH with a suppressed VL (<200 copies/mL) on the last VL

DEFINITIONS

In Care with Suppressed VL: PWH with at least one documented VL or CD4 lab, medical visit, or prescription that also has a suppressed VL on the last VL

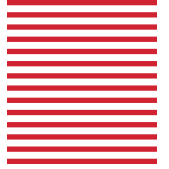
Retained in Care with Suppressed VL: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart and also has a suppressed VL on the last VL

HIV Care Continuum, CY 2024





QUESTIONS & DISCUSSION



Broward EMA Ryan White Part A Program

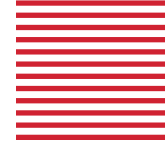
Health Outcomes Presentation & Area 10

Survey Results

Priority Setting & Resource Allocation Committee Meeting
May 19th, 2026



PRESENTED BY
Broward County CQM



Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise



Identify Yourself

State your name and agency when speaking



Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification



Raise Your Hand

The “raise hand” option will notify the presenter of any questions that may arise



Ask Questions

Please save questions until the end of each slide



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.*





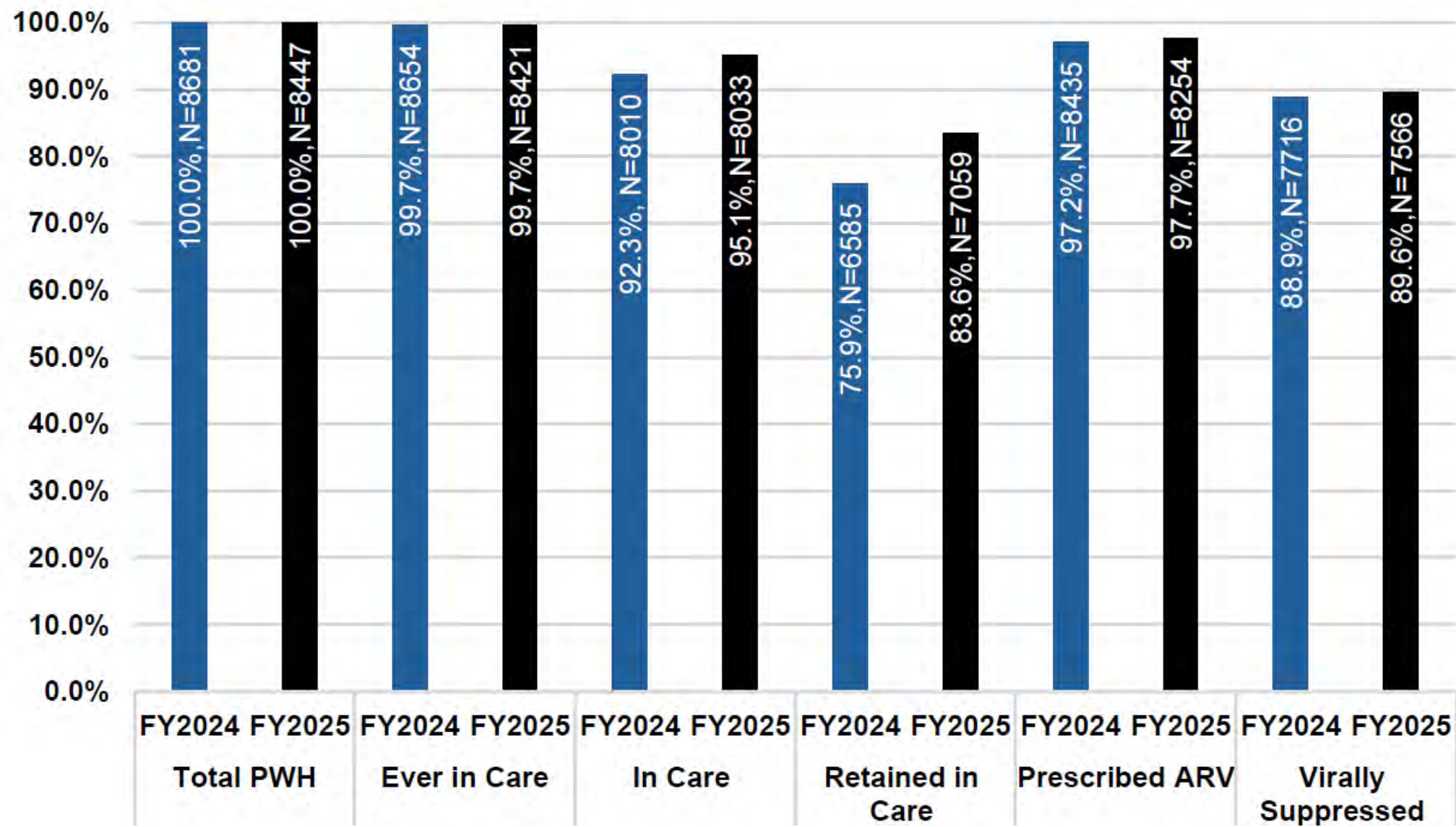
FY 25-26 Annual Data Review

The purpose of this presentation is to review specific data for fiscal year 2025-2026 and discuss opportunities for improvement.

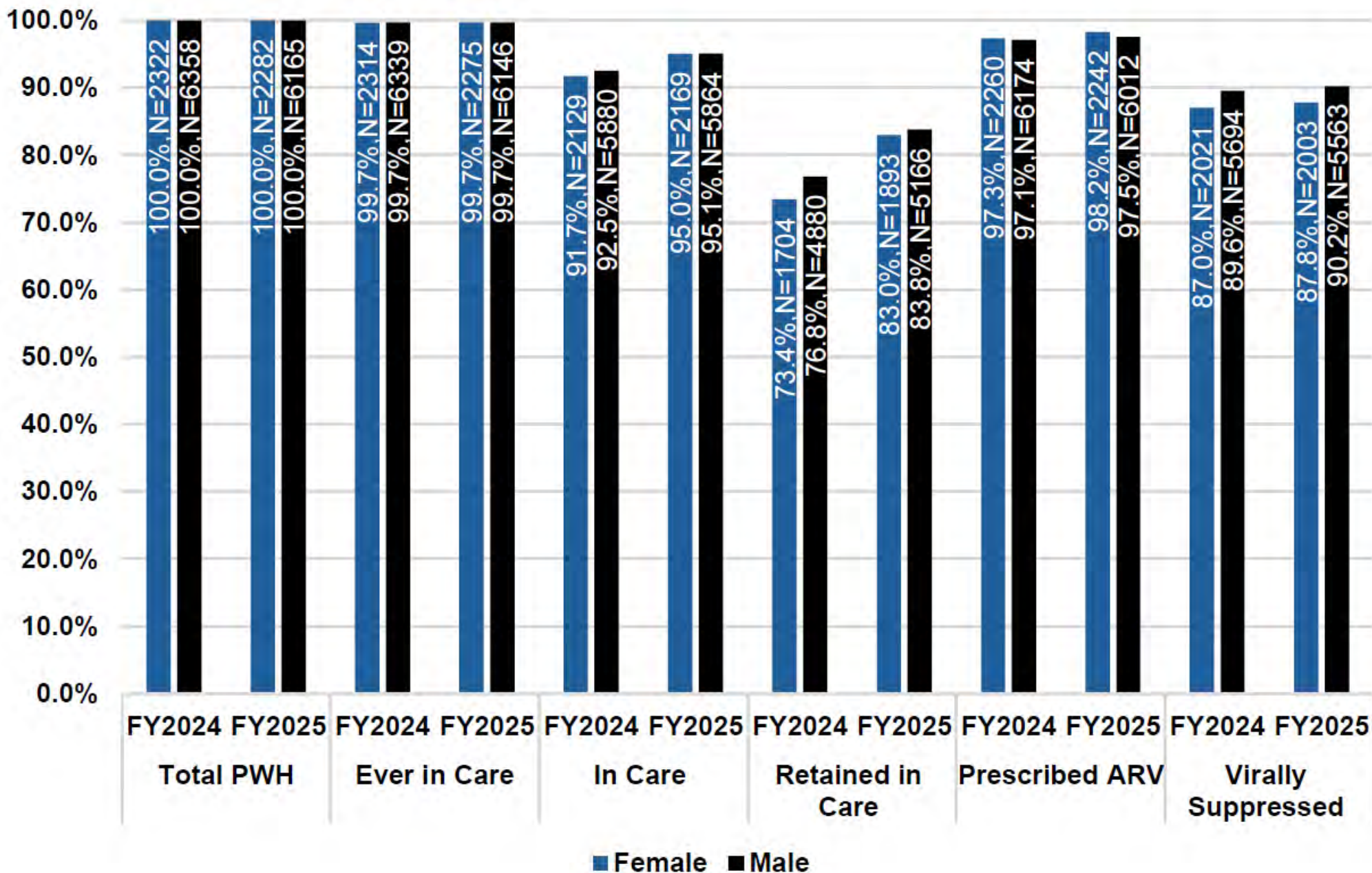
Data presented is based off information entered in Provide Enterprise.



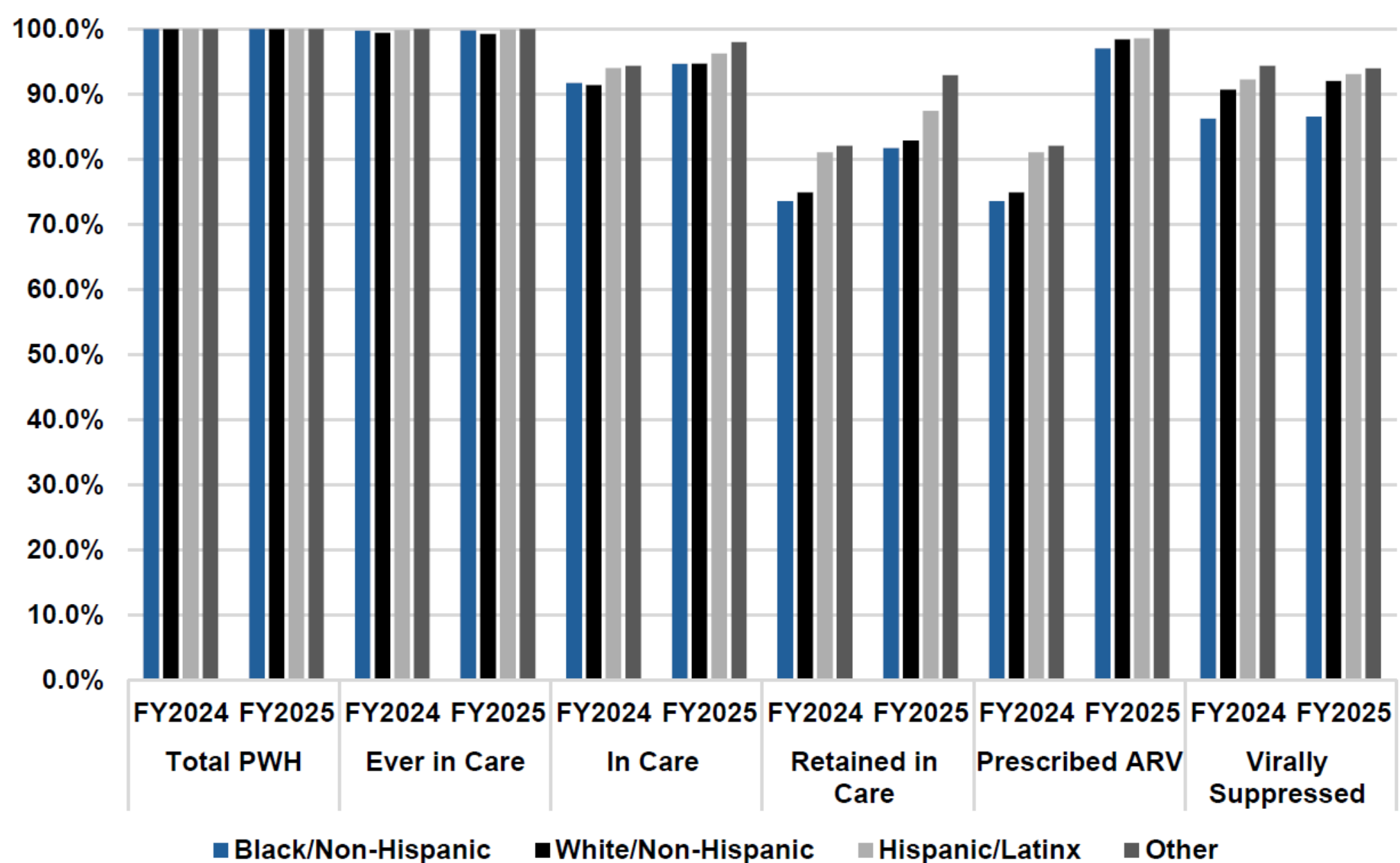
HIV Care Continuum Systemwide, Broward EMA, FY2024 and FY2025



HIV Care Continuum Gender, Broward EMA, FY2024 and FY2025



HIV Care Continuum Race/Ethnicity, Broward EMA, FY2024 and FY2025



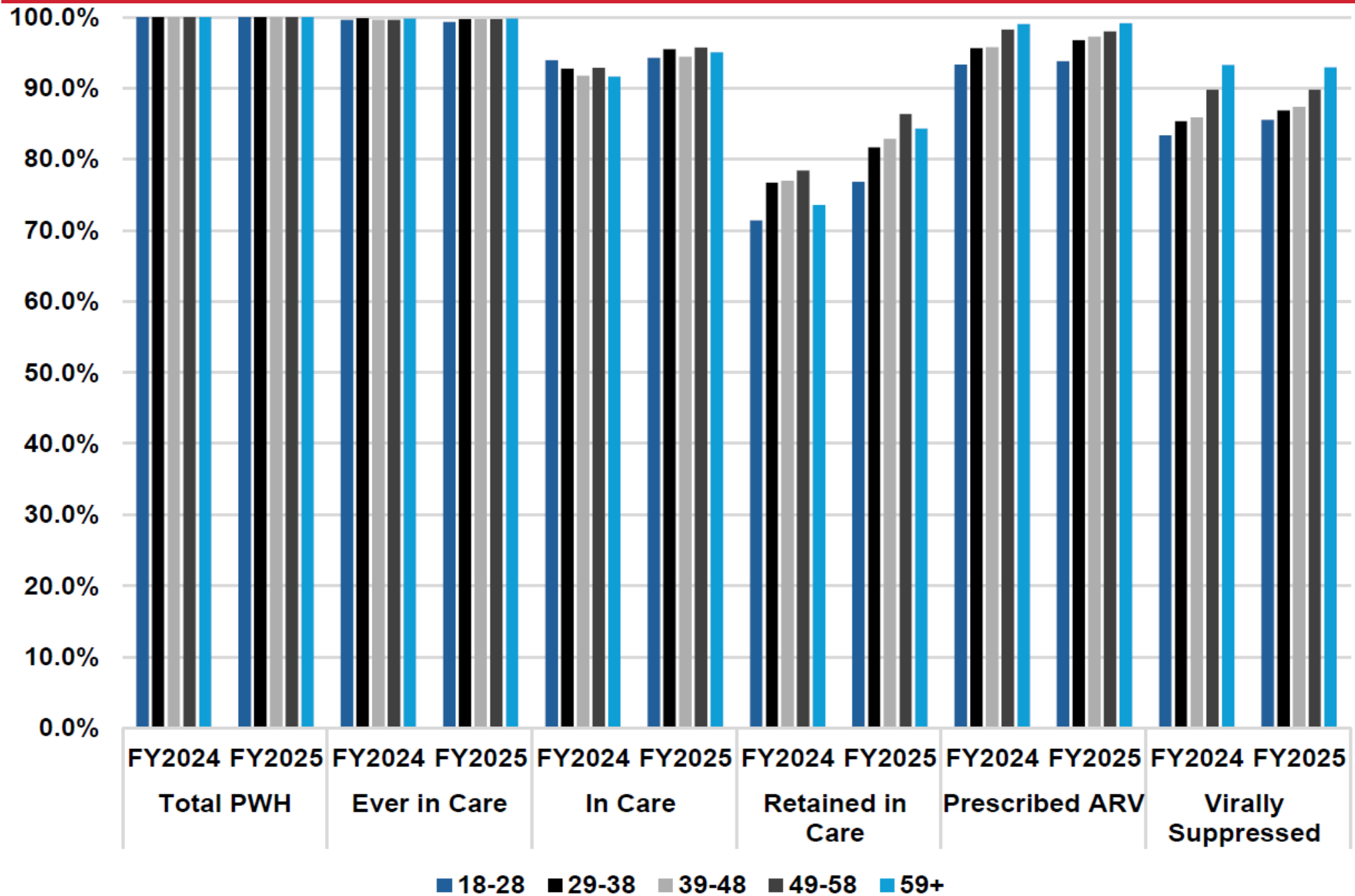
HIV Care Continuum Race/Ethnicity, Broward EMA, FY2024

Race / Ethnicity	FY2024 People living with HIV	FY2024 Ever in Care	FY2024 In Care	FY2024 Retained in Care	FY2024 Prescribed ARV	FY2024 Virally Suppressed
Black (Non-Hispanic) (N)	4,308	4,296	3,952	3,168	4,155	3,715
Black (Non-Hispanic)(%)	100%	99.7%	91.7%	73.5%	96.5%	86.2%
White (Non-Hispanic) (N)	1,956	1,945	1,787	1,465	1,919	1,774
White (Non-Hispanic) (%)	100%	99.4%	91.4%	74.9%	98.1%	90.7%
Hispanic/Latin X (N)	2,298	2,294	2,160	1,862	2,250	2,120
Hispanic/Latin X (%)	100%	99.8%	94.0%	81.0%	97.9%	92.3%
Other (N)	106	106	100	87	105	100
Other (%)	100%	100%	94.3%	82.1%	99.1%	94.3%

HIV Care Continuum Race/Ethnicity, Broward EMA, FY2025

Race / Ethnicity	FY2025 People living with HIV	FY2025 Ever in Care	FY2025 In Care	FY2025 Retained in Care	FY2025 Prescribed ARV	FY2025 Virally Suppressed
Black (Non-Hispanic) (N)	4,230	4,220	4,004	3,457	4,104	3,662
Black (Non-Hispanic)(%)	100%	99.8%	94.7%	81.7%	97.0%	86.6%
White (Non-Hispanic) (N)	1,834	1,821	1,737	1,519	1,805	1,687
White (Non-Hispanic) (%)	100%	99.3%	94.7%	82.8%	98.4%	92.0%
Hispanic/Latin X (N)	2,273	2,270	2,187	1,987	2,239	2,115
Hispanic/Latin X (%)	100%	99.9%	96.2%	87.4%	98.5%	93.0%
Other (N)	99	99	97	92	99	93
Other (%)	100%	100%	98.0%	92.9%	100%	93.9%

HIV Care Continuum Age, Broward EMA, FY2024 and FY2025



HIV Care Continuum Age, Broward EMA, FY2024 and FY2025

Age Group	FY2024 People living with HIV	FY2024 Ever in Care	FY2024 In Care	FY2024 Retained in Care	FY2024 Prescribed ARV	FY2024 Virally Suppressed
18-28 (N)	493	491	463	352	460	411
18-28 (%)	100%	99.59%	93.91%	71.40%	93.31%	83.37%
29-38 (N)	1,696	1,693	1,573	1,301	1,622	1,448
29-38 (%)	100%	99.82%	92.75%	76.71%	95.64%	85.38%
39-48 (N)	1,720	1,713	1,578	1,324	1,647	1,477
39-48 (%)	100%	99.59%	91.74%	76.98%	95.76%	85.87%
49-58 (N)	2,020	2,012	1,875	1,584	1,984	1,814
49-58 (%)	100%	99.60%	92.82%	78.42%	98.22%	89.80%
59+ (N)	2,743	2,737	2,514	2,018	2,716	2,559
59+ (%)	100%	99.78%	91.65%	73.57%	99.02%	93.29%

HIV Care Continuum Age, Broward EMA, FY2024 and FY2025

Age Group	FY2025 People living with HIV	FY2025 Ever in Care	FY2025 In Care	FY2025 Retained in Care	FY2025 Prescribed ARV	FY2025 Virally Suppressed
18-28 (N)	436	433	411	335	409	373
18-28 (%)	100%	99.31%	94.27%	76.83%	93.81%	85.55%
29-38 (N)	1,608	1,603	1,536	1,314	1,556	1,397
29-38 (%)	100%	99.69%	95.52%	81.72%	96.77%	86.88%
39-48 (N)	1,717	1,712	1,621	1,423	1,669	1,500
39-48 (%)	100%	99.71%	94.41%	82.88%	97.20%	87.36%
49-58 (N)	1,869	1,863	1,789	1,614	1,831	1,678
49-58 (%)	100%	99.68%	95.72%	86.36%	97.97%	89.78%
59+ (N)	2,807	2,801	2,668	2,367	2,782	2,609
59+ (%)	100%	99.79%	95.05%	84.32%	99.11%	92.95%



HIV Care Continuum: Notable Data Trends FY2024 - FY2025

- Broward EMA Compared to Other EMAs - Broward trails every comparable Florida EMA on retention — 3.5% to 8.4% behind Miami, Orlando, and West Palm Beach. On viral suppression the gap is smaller (0.1–1.4%) but still consistent.
- Retention in Care - The most consistent and significant positive trend across the datasets. Systemwide, retention jumped 7.7% (75.9% → 83.6%) from FY24 to FY25. This improvement held across every subgroup — sex, all race/ethnicity groups (6–10% gains), and all age groups.
- Viral Suppression - Despite the retention gains, viral suppression barely moved — 88.9% to 89.6% systemwide. Getting clients into care more consistently isn't yet translating into better clinical outcomes.
- Black Non-Hispanic Clients - Despite showing improvement, this group has the lowest retention rate of any racial/ethnic group at 81.7% in FY25 — roughly 6–11 percentage points behind Hispanic and “Other” groups. While also making up 50% of the entire continuum.

HIV Care Continuum:

Notable Data Trends

FY2024 - FY2025

- Across both fiscal years, the 18–28 age group shows the lowest retention (71.4% → 76.8%) and among the lowest viral suppression rates. They improved, but still lag every older cohort noticeably. This age range also has a low N value compared to other ranges.



Area 10 Survey

Results - Overview

- 533 Total responses were collected. 497 (93%) were self-completed, and 26 (5%) were completed by an advocate or proxy on behalf of a client.
- The six most-requested services dominate responses by a wide margin:
 1. Case Management — 298 respondents (62%)
 2. Dental/Oral Health — 288 (60%)
 3. Health Insurance — 276 (57%)
 4. Food Bank/Food Vouchers — 246 (51%)
 5. Prescription Medications — 244 (51%)
 6. Housing — 224 (47%)A secondary tier includes Emergency Financial Assistance (30%), Mental Health Services (27%), Transportation (17%), and Outpatient Medical Care (14%). Services like Legal Aid, Peer Support, and Health Education were selected by roughly 10–13% of respondents.

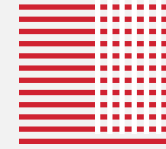


Area 10 Survey

Results - Overview

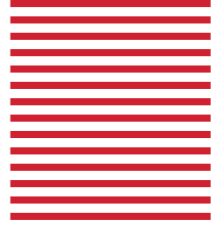
- Of the 478 who answered the care frequency question, 86% reported receiving HIV-related medical care 2 or more times in the past 12 months. About 11% reported 0 or 1 visits
- Among those 11% with 0 or 1 visit, the top barriers were:
 - Cost (“I could not pay for it”)
 - Depression
 - Viral load suppression / not feeling sick —
 - Missed appointments, caregiver duties, and lack of transportation





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.



Broward EMA Ryan White Part A Program

PSRA Scorecards Presentation

Priority Setting and Resource Allocation(PSRA) Committee Meeting

May 19, 2026



**PRESENTED BY
DANIELLE LIAO, MPH**



HIV Care Continuum Definitions

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- **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.

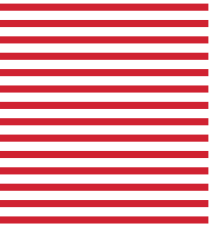
**Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*

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.

Key Notes for PSRA Scorecards



- Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander
- Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid)

Handout C

FY 2025-2026 PSRA SCORECARDS

Part A Overall

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
	Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients
2025	\$13,096,633	\$1,026,070	\$14,122,703	\$13,070,643	\$1,339,718	\$14,410,361	3%	\$16,774,689	85.9%	630	8447	\$1,706	-8%	5%	16
2024	\$12,597,910	\$1,079,747	\$13,677,657	\$12,861,117	\$1,083,897	\$13,945,014	-2%	\$16,159,892	86.3%	861	8681	\$1,606	-11%	7%	12
2023	\$13,232,535	\$1,348,806	\$14,581,341	\$12,966,371	\$1,309,430	\$14,275,801	-2%	\$16,902,904	84.5%	873	8479	\$1,684	-9%	5%	12
2022	\$13,381,126	\$1,588,613	\$14,969,739	\$13,318,916	\$1,266,388	\$14,585,304	-7%	\$16,677,576	87.5%	906	8174	\$1,784	-7%	1%	11
2021	\$14,762,254	\$1,852,107	\$16,614,361	\$14,462,115	\$1,285,310	\$15,747,425	-19%	\$15,724,848	100.1%	855	8077	\$1,950	0%	0%	11

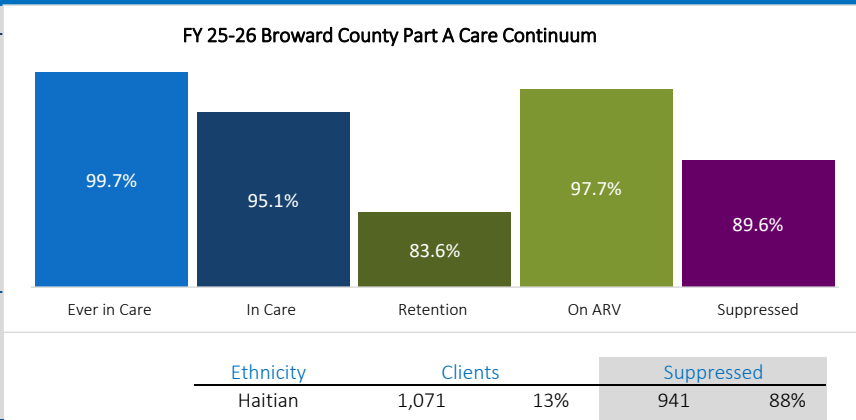
FY2025-2026 Part A Overall Total Clients=8,447

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL		
Uninsured	3,282	39%	39%	31%	11%	9%	7%	44%	27%	17%	9%	0-100	3,698	44%
Private	2,650	31%										101-200	2,257	27%
Multiple	955	11%										201-299	1,413	17%
Medicare	774	9%										300-399	800	9%
Medicaid	611	7%												

Age	Clients	Suppressed
Underage	10	0.1%
18-28	436	5%
29-38	1,608	19%
39-48	1,717	20%
49-58	1,869	22%
59-63	1,271	15%
64	235	3%
65+	1,301	15%

Housing	Clients	Suppressed
Permanent	6,642	79%
Unstable	1,784	21%
Institution	21	0.2%

Education	Clients	Suppressed
<8th	452	5%
8-12th	5,255	62%
College	2,709	32%



Race/Ethnicity	Clients	Suppressed
Black NH	4,230	50%
Hispanic	2,273	27%
White NH	1,834	22%
Other*	99	1%

Female	Clients	Suppressed
Black NH	1,800	21%
Hispanic	296	3%
White NH	175	2%
Total Female**	2,282	

Male	Clients	Suppressed
Black NH	2,430	28%
Hispanic	1,977	23%
White NH	1,659	21%
Total Male**	6,165	

FY 2025-2026 PSRA SCORECARDS

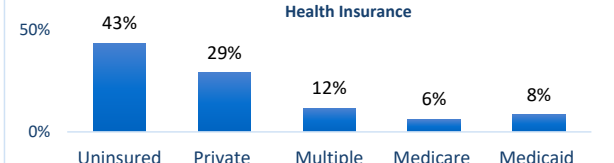
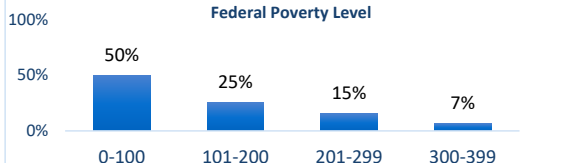
Non-Medical Case Management

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider
2025	\$1,184,359	\$114,535	\$1,298,894	\$1,433,554	\$274,413	\$1,707,967	-7%	\$16,774,689	10.2%	270	2985	\$572	0%	32%	10
2024	\$1,239,359	\$93,212	\$1,332,571	\$1,621,834	\$220,350	\$1,842,184	5%	\$16,159,892	11.4%	435	2947	\$625	8%	31%	7
2023	\$1,491,931	\$291,783	\$1,783,714	\$1,480,987	\$266,185	\$1,747,172	0%	\$16,902,904	10.3%	380	2815	\$621	2%	25%	7
2022	\$1,572,766	\$173,103	\$1,745,869	\$1,568,827	\$173,094	\$1,741,921	2%	\$16,677,576	10.4%	379	2487	\$700	2%	10%	7
2021	\$1,648,830	\$138,997	\$1,787,827	\$1,604,639	\$106,967	\$1,711,606	-9%	\$15,724,848	10.9%	299	2253	\$760	0%	0%	7

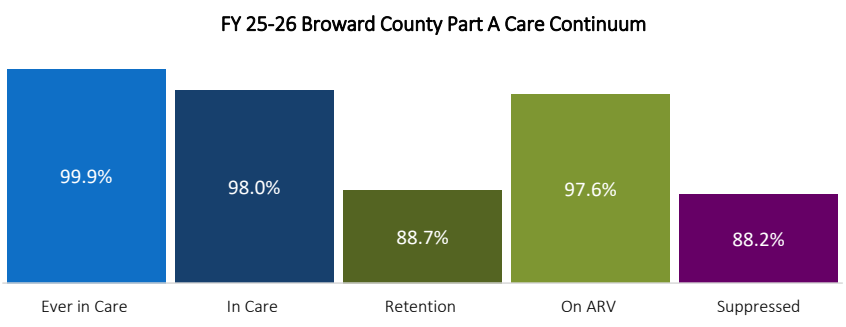
FY2025-2026 Non-Medical Case Management Total Clients=2,985

Insurance	#	%
Uninsured	1297	43%
Private	862	29%
Multiple	345	12%
Medicare	177	6%
Medicaid	249	8%

FPL	#	%
0-100	1,487	50%
101-200	753	25%
201-299	458	15%
300-399	201	7%

Age	Clients	Suppressed
Underage	5	0.2%
18-28	165	6%
29-38	596	20%
39-48	609	20%
49-58	660	22%
59-63	463	16%
64	76	3%
65+	411	14%



Race/Ethnicity	Clients	Suppressed
Black NH	1,718	58%
Hispanic	826	28%
White NH	413	14%
Other*	25	1%

Female	Clients	Suppressed
Black NH	712	21%
Hispanic	116	3%
White NH	46	2%
Total Female**	876	

Male	Clients	Suppressed
Black NH	1,006	28%
Hispanic	710	23%
White NH	367	21%
Total Male**	2,109	

Ethnicity	Clients	Suppressed
Haitian	518	17%
		465
		90%

Housing	Clients	Suppressed
Permanent	2,278	76%
Unstable	697	23%
Institution	10	0.3%

Education	Clients	Suppressed
<8th	227	8%
8-12th	1,994	67%
College	759	25%

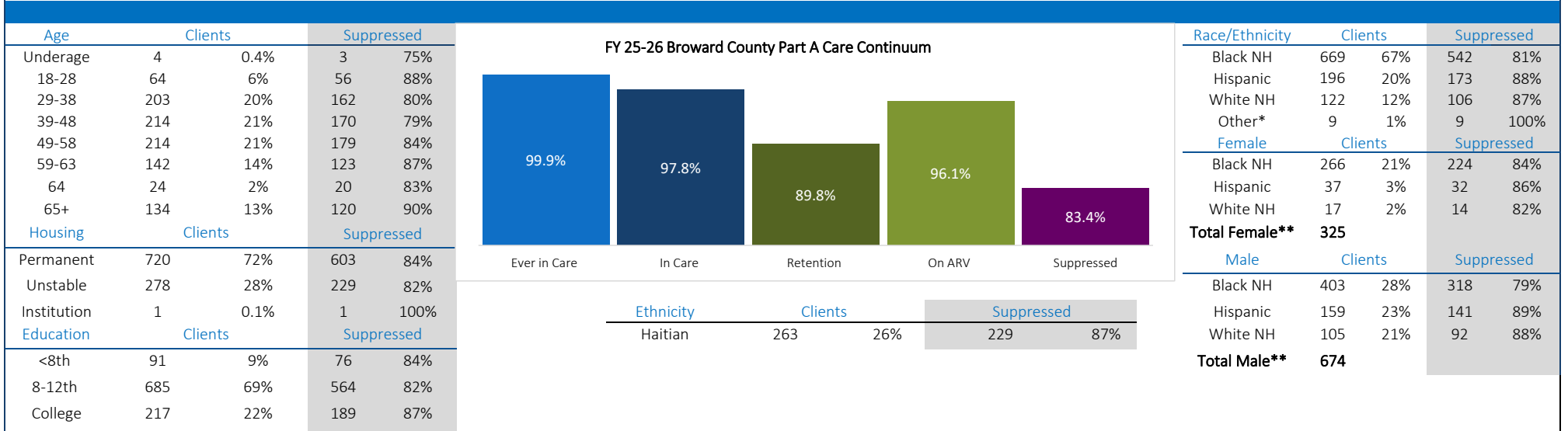
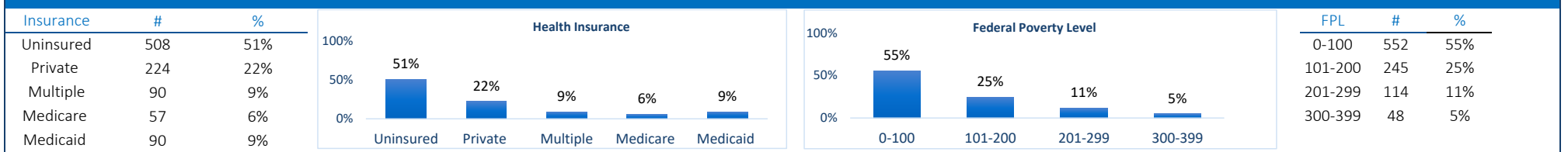
FY 2025-2026 PSRA SCORECARDS

Medical Case Management

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year		Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider	
2025	\$837,923	\$0	\$837,923	\$878,845	\$0	\$878,845	33%	\$16,774,689	5.2%	96	999	\$880	77%	30%	9	
2024	\$512,117	\$0	\$512,117	\$658,821	\$0	\$658,821	-16%	\$16,159,892	4.1%	175	1,103	\$597	32%	43%	6	
2023	\$799,754	\$0	\$799,754	\$783,648	\$0	\$783,648	5%	\$16,902,904	4.6%	194	845	\$927	58%	10%	6	
2022	\$763,617	\$0	\$763,617	\$746,699	\$0	\$746,699	50%	\$16,677,576	4.5%	103	679	\$1,100	50%	-12%	6	
2021	\$497,578	\$0	\$497,578	\$497,501	\$0	\$497,501	-12%	\$15,724,848	3.2%	129	769	\$647	0%	0%	5	

FY2025-2026 Medical Case Management Total Clients=999



FY 2025-2026 PSRA SCORECARDS

Centralized Intake and Eligibility Determination (CIED)

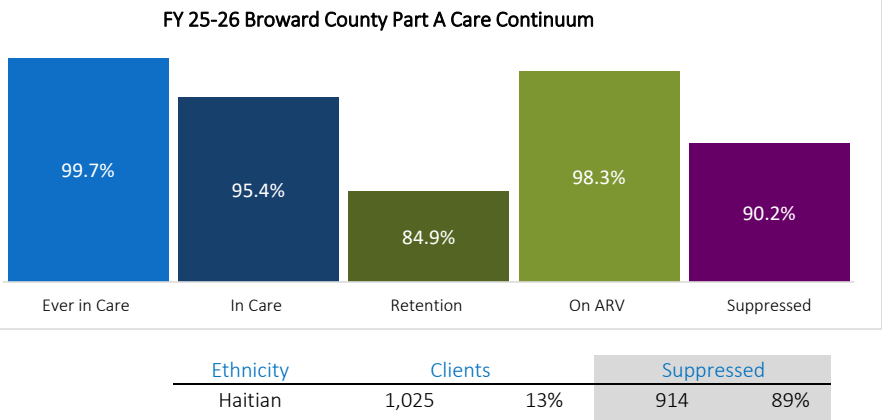
Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
	Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients
2025	\$349,378	\$424,066	\$773,444	\$416,442	\$541,424	\$957,866	3%	\$16,774,689	5.7%	572	8091	\$118	-2%	2%	1
2024	\$349,378	\$524,066	\$873,444	\$367,374	\$559,260	\$926,634	12%	\$16,159,892	5.7%	807	8371	\$111	-5%	6%	1
2023	\$242,488	\$585,198	\$827,686	\$239,540	\$585,189	\$824,729	26%	\$16,902,904	4.9%	828	8162	\$101	-15%	3%	1
2022	\$228,488	\$640,956	\$869,444	\$228,483	\$426,241	\$654,724	-33%	\$16,677,576	3.9%	876	8039	\$81	-33%	2%	1
2021	\$582,488	\$390,956	\$973,444	\$582,481	\$390,949	\$973,430	13%	\$15,724,848	6.2%	749	7916	\$123	0%	0%	1

FY2025-2026 CIED Total Clients=8,091

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL		#	%
Uninsured	3,230	40%	40%	31%	11%	10%	7%	43%	27%	17%	10%	0-100	3,519	43%	
Private	2,525	31%										101-200	2,195	27%	
Multiple	870	11%										201-299	1,393	17%	
Medicare	778	10%										300-399	774	10%	
Medicaid	581	7%													

Age	Clients	Suppressed
Underage	6	0%
18-28	400	5%
29-38	1,509	19%
39-48	1,654	20%
49-58	1,810	22%
59-63	1,232	15%
64	228	3%
65+	1,252	15%
Housing	Clients	Suppressed
Permanent	6,431	79%
Unstable	1,643	20%
Institution	17	0.2%
Education	Clients	Suppressed
<8th	432	5%
8-12th	5,020	62%
College	2,617	32%



Race/Ethnicity	Clients	Suppressed
Black	4,032	50%
Hispanic	2,181	27%
White	1,775	22%
Other*	96	1%
Female	Clients	Suppressed
Black	1,738	21%
Hispanic	286	3%
White	164	2%
Total Female**	2,199	
Male	Clients	Suppressed
Black	2,294	28%
Hispanic	1,895	23%
White	1,611	21%
Total Male**	5,892	

FY 2025-2026 PSRA SCORECARDS

Food Services

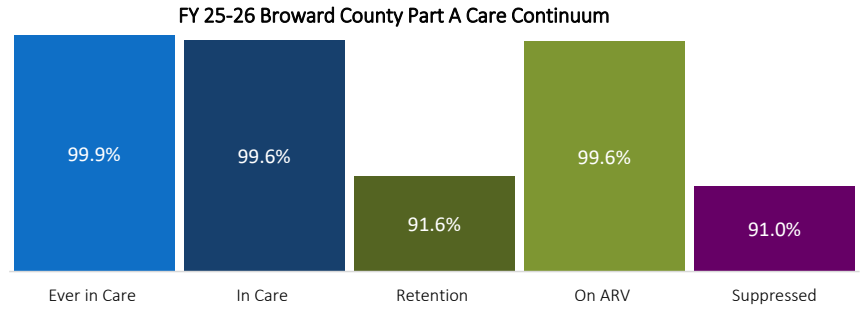
Eligibility: HIV+, Broward Resident, <300% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
	Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients
2025	\$782,586	\$0	\$782,586	\$640,085	\$0	\$640,085	-33%	\$16,774,689	3.8%	83	1,571	\$407	-12%	-14%	4
2024	\$782,586	\$0	\$782,586	\$957,086	\$0	\$957,086	-15%	\$16,159,892	5.9%	152	2,358	\$406	32%	29%	2
2023	\$1,132,586	\$0	\$1,132,586	\$1,132,522	\$0	\$1,132,522	13%	\$16,902,904	6.7%	129	2,273	\$498	56%	24%	2
2022	\$1,000,000	\$0	\$1,000,000	\$999,971	\$0	\$999,971	38%	\$16,677,576	6.0%	229	2,204	\$454	38%	21%	2
2021	\$782,586	\$0	\$782,586	\$724,694	\$0	\$724,694	-33%	\$15,724,848	4.6%	165	1,826	\$397	0%	0%	2

FY2025-2026 Food Services Total Clients = 1,571

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL		
Uninsured	533	34%	34%	19%	25%	9%	12%	66%	29%	4%	1%	0-100	1,039	66%
Private	303	19%										101-200	449	29%
Multiple	400	25%										201-299	59	4%
Medicare	143	9%										300-399	22	1%
Medicaid	192	12%												

Age	Clients	Suppressed	Housing	Clients	Suppressed	Education	Clients	Suppressed
Underage	0	0%	Permanent	1,226	78%	<8th	102	6%
18-28	36	2%	Unstable	342	22%	8-12th	1,008	64%
29-38	227	14%	Institution	3	0.2%	College	461	29%
39-48	248	16%						
49-58	362	23%						
59-63	284	18%						
64	61	4%						
65+	351	22%						



Ethnicity	Clients	Suppressed
Haitian	142	9%
		133
		94%

Race/Ethnicity	Clients	Suppressed
Black NH	766	49%
Hispanic	437	28%
White NH	355	23%
Other*	13	1%
Total Female**	464	
Total Male**	1,107	

FY 2025-2026 PSRA SCORECARDS

Oral Health Care

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year		Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider	
2025	\$2,491,092	\$0	\$2,491,092	\$2,744,896	\$0	\$2,744,896	15%	\$16,774,689	16.4%	81	2,306	\$1,190	9%	8%	4	
2024	\$2,646,964	\$0	\$2,646,964	\$2,392,138	\$0	\$2,392,138	2%	\$16,159,892	14.8%	93	2,285	\$1,047	-5%	7%	4	
2023	\$2,351,914	\$0	\$2,351,914	\$2,333,887	\$0	\$2,333,887	4%	\$16,902,904	13.8%	75	2,129	\$1,096	-7%	0%	4	
2022	\$2,274,964	\$0	\$2,274,964	\$2,247,475	\$0	\$2,247,475	-10%	\$16,677,576	13.5%	120	2,145	\$1,048	-10%	0%	4	
2021	\$2,101,656	\$0	\$2,101,656	\$2,509,507	\$0	\$2,509,507	68%	\$15,724,848	16.0%	111	2,139	\$1,173	0%	0%	4	

FY2025-2026 Oral Health Care Total Clients = 2,306

Insurance	#	%
Uninsured	876	38%
Private	958	42%
Multiple	126	5%
Medicare	232	10%
Medicaid	114	5%

FPL	#	%
0-100	837	36%
101-200	693	30%
201-299	494	21%
300-399	267	12%

Age	Clients	Suppressed
Underage	2	0.1%
18-28	68	3%
29-38	387	17%
39-48	439	19%
49-58	608	26%
59-63	414	18%
64	78	3%
65+	310	13%

Housing	Clients	Suppressed
Permanent	1,947	84%
Unstable	355	15%
Institution	4	0.2%

Education	Clients	Suppressed
<8th	122	5%
8-12th	1,364	59%
College	820	36%

FY 25-26 Broward County Part A Care Continuum

Ethnicity	Clients	Suppressed
Haitian	307	13%
		289
		94%

Race/Ethnicity	Clients	Suppressed
Black NH	1,014	44%
Hispanic	760	33%
White NH	504	22%
Other*	28	1%

Female	Clients	Suppressed
Black NH	463	21%
Hispanic	105	3%
White NH	42	2%
Total Female**	613	

Male	Clients	Suppressed
Black NH	551	28%
Hispanic	655	23%
White NH	462	21%
Total Male**	1,693	

FY 2025-2026 PSRA SCORECARDS

Legal Services

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2020		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider
2025	\$129,151	\$0	\$129,151	\$129,138	\$0	\$129,138	0%	\$16,774,689	0.8%	5	80	\$1,614	1%	-46%	1
2024	\$121,151	\$0	\$121,151	\$129,150	\$0	\$129,150	1%	\$16,159,892	0.8%	3	100	\$1,292	1%	-32%	1
2023	\$129,151	\$0	\$129,151	\$127,867	\$0	\$127,867	-1%	\$16,902,904	0.8%	1	106	\$1,206	0%	-28%	1
2022	\$129,151	\$0	\$129,151	\$129,148	\$0	\$129,148	1%	\$16,677,576	0.8%	2	116	\$1,113	1%	-22%	1
2021	\$129,151	\$0	\$129,151	\$127,973	\$0	\$127,973	-1%	\$15,724,848	0.8%	7	148	\$865	6%	-19%	1

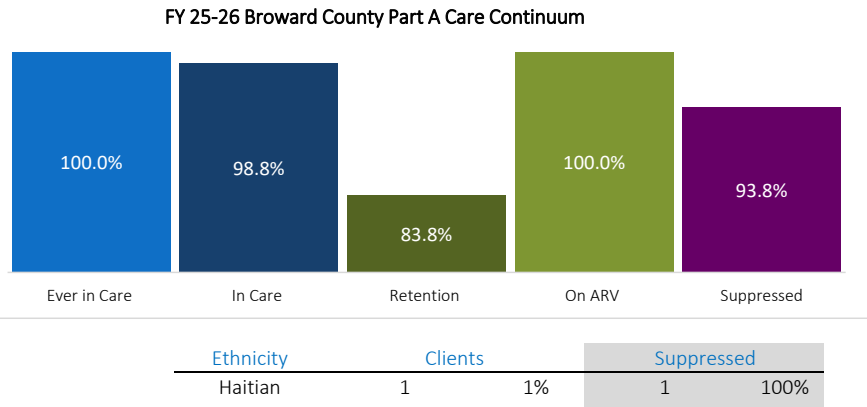
FY2025-2026 Legal Services Total Clients=80

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL				
Uninsured	28	35%	40%	35%	20%	23%	14%	9%	100%	64%	23%	10%	4%	0-100	51	64%
Private	16	20%	20%						50%					101-200	18	23%
Multiple	18	23%							0%					201-299	8	10%
Medicare	11	14%												300-399	3	4%
Medicaid	7	9%														

Age	Clients	%	Suppressed	%
Underage	0	0%	0	-
18-28	1	1%	1	100%
29-38	7	9%	7	100%
39-48	12	15%	11	92%
49-58	23	29%	20	87%
59-63	11	14%	11	100%
64	8	10%	7	88%
65+	18	23%	18	100%

Housing	Clients	%	Suppressed	%
Permanent	66	83%	62	94%
Unstable	14	18%	13	93%
Institution	0	0.0%	0	N/A

Education	Clients	%	Suppressed	%
<8th	2	3%	2	100%
8-12th	42	53%	39	93%
College	36	45%	34	94%



Race/Ethnicity	Clients	%	Suppressed	%
Black NH	34	43%	32	94%
Hispanic	12	15%	12	100%
White NH	33	41%	30	91%
Other*	1	1%	1	100%

Female	Clients	%	Suppressed	%
Black NH	19	24%	17	89%
Hispanic	2	3%	2	100%
White NH	1	1%	1	100%
Total Female**	22			

Male	Clients	%	Suppressed	%
Black NH	15	19%	15	100%
Hispanic	10	13%	10	100%
White NH	32	40%	29	91%
Total Male**	58			

FY 2025-2026 PSRA SCORECARDS

Mental Health

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider
2025	\$203,125	\$62,469	\$265,594	\$123,387	\$68,813	\$192,200	89%	\$16,774,689	1.1%	9	114	\$1,686	28%	-25%	4
2024	\$159,939	\$62,469	\$222,408	\$74,547	\$27,297	\$101,844	-45%	\$16,159,892	0.6%	10	108	\$943	-32%	-28%	2
2023	\$130,974	\$56,469	\$187,443	\$128,981	\$55,624	\$184,605	-14%	\$16,902,904	1.1%	55	420	\$440	23%	178%	2
2022	\$183,939	\$29,805	\$213,744	\$183,899	\$29,606	\$213,505	42%	\$16,677,576	1.3%	105	509	\$419	42%	237%	2
2021	\$120,472	\$62,469	\$182,941	\$119,784	\$30,423	\$150,207	-19%	\$15,724,848	1.0%	18	151	\$995	0%	0%	2

FY2025-2026 Mental Health Total Clients=114

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL	#	%
Uninsured	94	82%	100%	82%	0%	0%	0%	0%	73%	0-100	83	73%		
Private	8	7%	7%	0%	0%	0%	0%	21%	101-200	24	21%			
Multiple	2	2%	2%	0%	0%	0%	0%	3%	201-299	3	3%			
Medicare	4	4%	4%	0%	0%	0%	0%	3%	300-399	3	3%			
Medicaid	6	5%	5%	0%	0%	0%	0%	3%						

Age	Clients	Suppressed	FY 25-26 Broward County Part A Care Continuum					Race/Ethnicity	Clients	Suppressed		
Underage	0	0%	100.0%	100.0%	97.4%	98.2%	87.7%	Black NH	50	44%	41	82%
18-28	7	6%						Hispanic	23	20%	20	87%
29-38	38	33%						White NH	40	35%	38	95%
39-48	26	23%						Other*	1	1%	1	100%
49-58	21	18%						Female				
59-63	13	11%						Black NH	10	9%	8	80%
64	2	2%						Hispanic	3	3%	3	100%
65+	7	6%						White NH	7	6%	7	100%
Housing								Total Female**	20			
Permanent	46	40%						Male				
Unstable	67	59%						Black NH	40	35%	33	83%
Institution	1	1%						Hispanic	20	18%	17	85%
Education								White NH	33	29%	31	94%
<8th	4	4%						Total Male**	94			
8-12th	73	64%										
College	37	32%										
Ethnicity												
Haitian	5	4%										

FY 2025-2026 PSRA SCORECARDS

Integrated Primary Care & Behavioral Health (IPCBH) Services

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
	Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients
2025	\$5,296,953	\$125,000	\$5,421,953	\$5,482,758	\$625	\$5,483,383	-5%	\$16,774,689	32.7%	404	3,357	\$1,633	-7%	-8%	7
2024	\$5,253,767	\$0	\$5,253,767	\$5,798,212	\$0	\$5,798,212	-4%	\$16,159,892	35.9%	563	3,587	\$1,616	-2%	-1%	6
2023	\$6,019,735	\$0	\$6,019,735	\$6,019,732	\$0	\$6,019,732	10%	\$16,902,904	35.6%	566	3,475	\$1,732	2%	-5%	6
2022	\$5,470,122	\$116,092	\$5,586,214	\$5,454,397	\$8,793	\$5,463,190	-7%	\$16,677,576	32.8%	612	3,476	\$1,572	-7%	-4%	6
2021	\$5,809,133	\$116,092	\$5,925,225	\$5,784,719	\$110,794	\$5,895,513	24%	\$15,724,848	37.5%	608	3,639	\$1,620	0%	0%	6

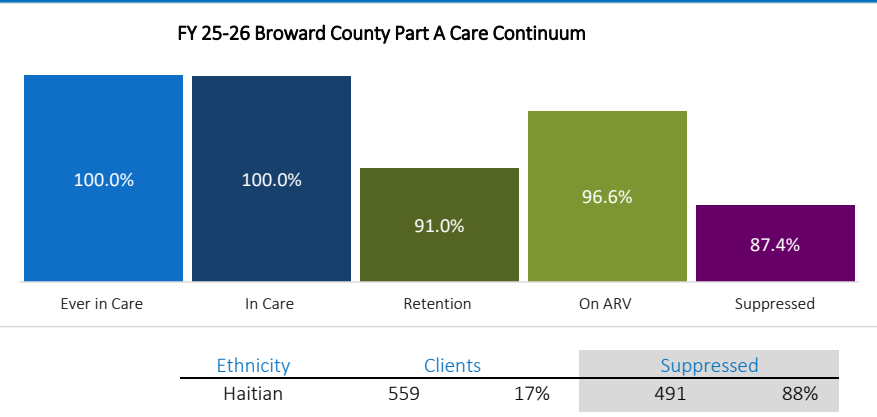
FY2025-2026 Integrated Primary Care & Behavioral Health (IPCBH) Services Total Clients = 3,357

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL	#	%	
Uninsured	2,569	77%	100%	77%	0%	0%	0%	0%	52%	22%	14%	7%	0-100	1,742	52%
Private	403	12%	12%	0%	0%	0%	0%	0%	0%	0%	0%	0%	101-200	754	22%
Multiple	61	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	201-299	473	14%
Medicare	57	2%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	300-399	248	7%
Medicaid	149	4%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%			

Age	Clients		Suppressed	
Underage	4	0.1%	4	100%
18-28	274	8%	238	87%
29-38	938	28%	816	87%
39-48	815	24%	699	86%
49-58	704	21%	624	89%
59-63	374	11%	329	88%
64	58	2%	52	90%
65+	190	6%	172	91%

Housing	Clients		Suppressed	
Permanent	2,399	71%	2,142	89%
Unstable	950	28%	785	83%
Institution	8	0.2%	7	88%

Education	Clients		Suppressed	
<8th	208	6%	181	87%
8-12th	2,282	68%	1,986	87%
College	863	26%	763	88%



Race/Ethnicity	Clients		Suppressed	
Black NH	1,881	56%	1,602	85%
Hispanic	955	28%	870	91%
White NH	477	14%	420	88%
Other*	43	1%	41	95%

Female	Clients	Suppressed
Black NH	717	21%
Hispanic	114	3%
White NH	51	2%
Total Female**	889	

Male	Clients	Suppressed
Black NH	1,164	28%
Hispanic	841	23%
White NH	426	21%
Total Male**	2,468	

FY 2025-2026 PSRA SCORECARDS

Pharmacy

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year		Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider	
2025	\$192,925	\$0	\$192,925	\$2,779	\$0	\$2,779	1083%	\$16,774,689	0.0%	1	18	\$154	-99%	-97%	3	
2024	\$349,916	\$0	\$349,916	\$235	\$0	\$235	-100%	\$16,159,892	0.0%	120	323	\$1	-100%	-47%	2	
2023	\$140,296	\$0	\$140,296	\$140,296	\$0	\$140,296	-76%	\$16,902,904	0.8%	120	228	\$615	-45%	-63%	2	
2022	\$581,344	\$0	\$581,344	\$581,340	\$0	\$581,340	126%	\$16,677,576	3.5%	312	723	\$804	126%	18%	2	
2021	\$261,940	\$0	\$261,940	\$256,738	\$0	\$256,738	-59%	\$15,724,848	1.6%	212	613	\$419	0%	0%	3	

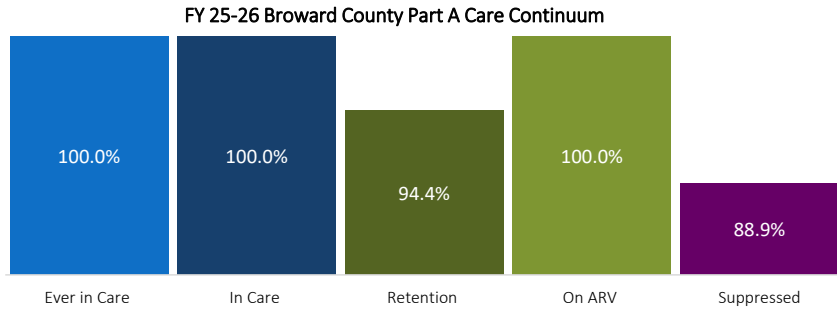
FY2025-2026 Pharmacy Total Clients=18

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL	#	%
Uninsured	2	11%	11%	11%	50%	11%	17%	78%	22%	0%	0%	0-100	14	78%
Private	2	11%										101-200	4	22%
Multiple	9	50%										201-299	0	0%
Medicare	2	11%										300-399	0	0%
Medicaid	3	17%												

Age	Clients	Suppressed
Underage	0	0%
18-28	1	6%
29-38	0	0%
39-48	0	0%
49-58	2	11%
59-63	4	22%
64	0	0%
65+	11	61%

Housing	Clients	Suppressed
Permanent	17	94%
Unstable	1	6%
Institution	0	0%

Education	Clients	Suppressed
<8th	4	22%
8-12th	12	67%
College	2	11%



Ethnicity	Clients	Suppressed
Haitian	1	6%

Race/Ethnicity	Clients	Suppressed
Black NH	16	89%
Hispanic	1	6%
White NH	1	6%
Other*	0	0%

Female	Clients	Suppressed
Black NH	10	56%
Hispanic	0	0%
White NH	0	0%
Total Female**	10	

Male	Clients	Suppressed
Black NH	6	33%
Hispanic	1	6%
White NH	1	6%
Total Male**	8	

FY 2025-2026 PSRA SCORECARDS

Substance Abuse

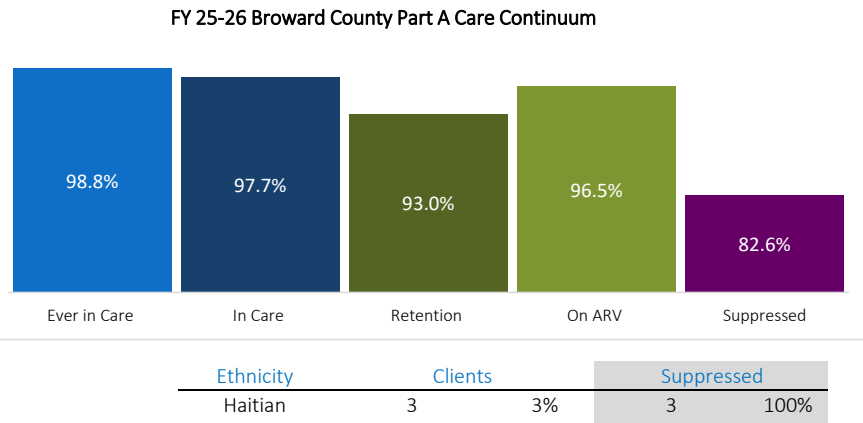
Eligibility: HIV+, Broward Resident, <300% FPL

Fiscal Year	Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider
2025	\$380,684	\$300,000	\$680,684	\$185,683	\$454,443	\$640,126	77%	\$16,774,689	3.8%	13	86	\$7,443	-20%	-25%	1
2024	\$337,498	\$400,000	\$737,498	\$84,493	\$276,900	\$361,393	-16%	\$16,159,892	2.2%	10	62	\$5,829	-55%	-46%	1
2023	\$33,962	\$415,356	\$449,318	\$29,843	\$402,432	\$432,275	-49%	\$16,902,904	2.6%	0	56	\$7,719	-46%	-51%	1
2022	\$225,998	\$628,657	\$854,655	\$225,990	\$628,655	\$854,645	6%	\$16,677,576	5.1%	20	138	\$6,193	6%	21%	1
2021	\$285,030	\$575,000	\$860,030	\$285,019	\$519,526	\$804,545	-4%	\$15,724,848	5.1%	18	114	\$7,057	0%	0%	1

FY2025-2026 Substance Abuse Total Clients = 86

Insurance	#	%	Health Insurance					Federal Poverty Level				FPL				
Uninsured	73	85%	100%	85%	0%	0%	0%	6%	100%	84%	12%	1%	2%	0-100	72	84%
Private	7	8%	50%	8%	0%	0%	6%	50%	12%	1%	2%	101-200	10	12%		
Multiple	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	201-299	1	1%		
Medicare	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	300-399	2	2%		
Medicaid	5	6%	0%	6%	0%	0%	0%	0%	0%	0%	0%					

Age	Clients	Suppressed	Housing	Clients	Suppressed	Education	Clients	Suppressed
Underage	0	0%	Permanent	25	29%	<8th	4	5%
18-28	4	5%	Unstable	58	67%	8-12th	64	74%
29-38	28	33%	Institution	3	3.5%	College	18	21%
39-48	28	33%						
49-58	12	14%						
59-63	14	16%						
64	0	0%						
65+	0	0%						



Race/Ethnicity	Clients	Suppressed
Black NH	49	57%
Hispanic	13	15%
White NH	24	28%
Other*	0	0%
Total Female**	10	
Black NH	6	21%
Hispanic	1	3%
White NH	3	2%
Total Male**	76	
Black NH	43	28%
Hispanic	12	23%
White NH	21	21%

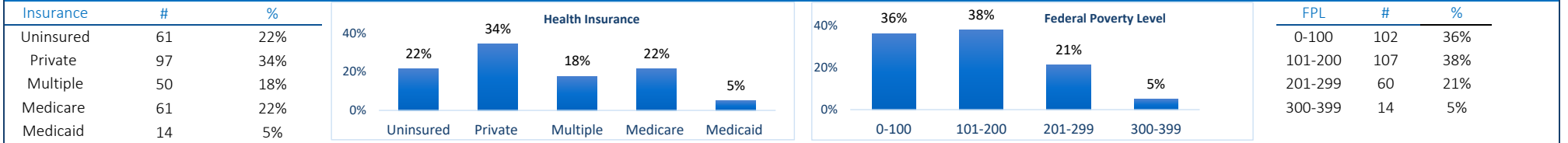
FY 2025-2026 PSRA SCORECARDS

Medical Nutrition Therapy

Eligibility: HIV+, Broward Resident, <400% FPL

Fiscal Year		Initial Allocations			Final Expenditures				Part A & MAI Award		AVG Cost per Client			% Change from 2021		
Year	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	%	New	Total	Avg \$	\$	Clients	Provider	
2025	\$300,000	\$0	\$300,000	\$246,628	\$0	\$246,628	201%	\$16,774,689	1.5%	2	283	\$871	N/A	N/A	1	
2024	\$300,000	\$0	\$300,000	\$81,993	\$0	\$81,993	N/A	\$16,159,892	0.5%	1	96	\$854	N/A	N/A	1	
2023																
2022																
2021																

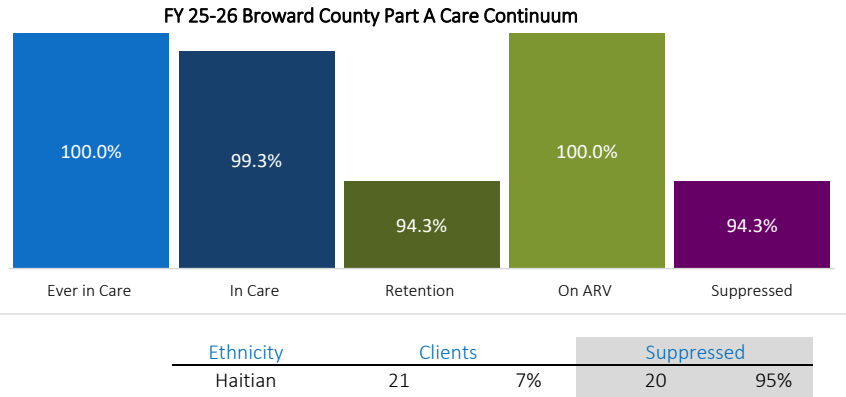
FY2025-2026 Medical Nutrition Therapy Total Clients=283



Age	Clients	Suppressed
Underage	0	0%
18-28	0	0%
29-38	25	9%
39-48	44	16%
49-58	73	26%
59-63	51	18%
64	10	4%
65+	80	28%

Housing	Clients	Suppressed
Permanent	241	85%
Unstable	42	15%
Institution	0	0%

Education	Clients	Suppressed
<8th	14	5%
8-12th	163	58%
College	106	37%



Race/Ethnicity	Clients	Suppressed
Black NH	108	38%
Hispanic	85	30%
White NH	88	31%
Other*	2	1%

Female	Clients	Suppressed
Black NH	49	17%
Hispanic	8	3%
White NH	3	1%
Total Female**	60	

Male	Clients	Suppressed
Black NH	59	21%
Hispanic	77	27%
White NH	85	30%
Total Male**	223	

Handout D

Key Insights from the Provider Capacity and Capability Survey and 2025-26 Needs Assessment

Prepared and Presented by
Debbie Cestaro-Seifer, MS, RN, NC-BC
Clinical Consultant
Broward Regional Health Planning
Council

Presentation Overview

1

Provider Capacity Survey Findings Brief

Results from the Broward RW Part A provider capacity and capability assessment

2

Needs Assessment Key Recommendations

2025-26 strategic priorities and recommendations for the Broward RW Part A system of care

15 Minutes | Presentation

•

5 Minutes | Q&A

Broward RW Part A Provider Capacity Survey Brief

A new baseline survey capturing longitudinal data on subrecipient workforce capacity, program strengths, challenges, and needs.

17

Agencies Surveyed

Distributed December 2025

9/10

Fully Completed

1 agency with partial completion

56%

Completion Rate

9 of 16 agencies fully completed the survey

Note: Response rate was impacted by competing Broward EMA priorities during the survey period.

Subrecipient Broward RW Part A: Years of Service

How many years has the agency provided Ryan White Part A care services?

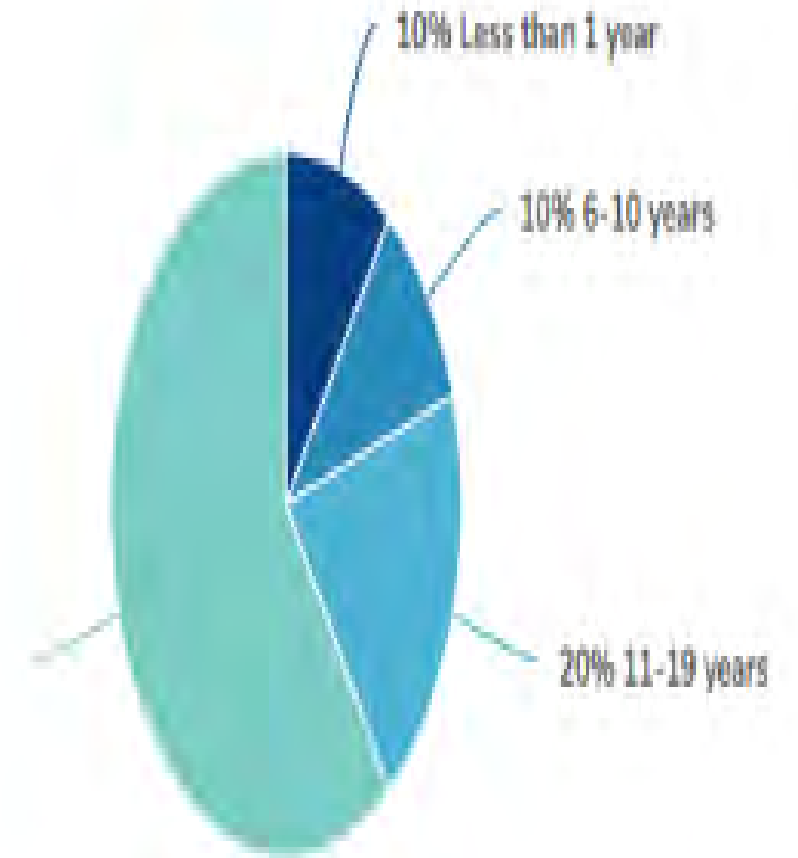
60% 20 years or more

20% 11–19 years

10% 6–10 years

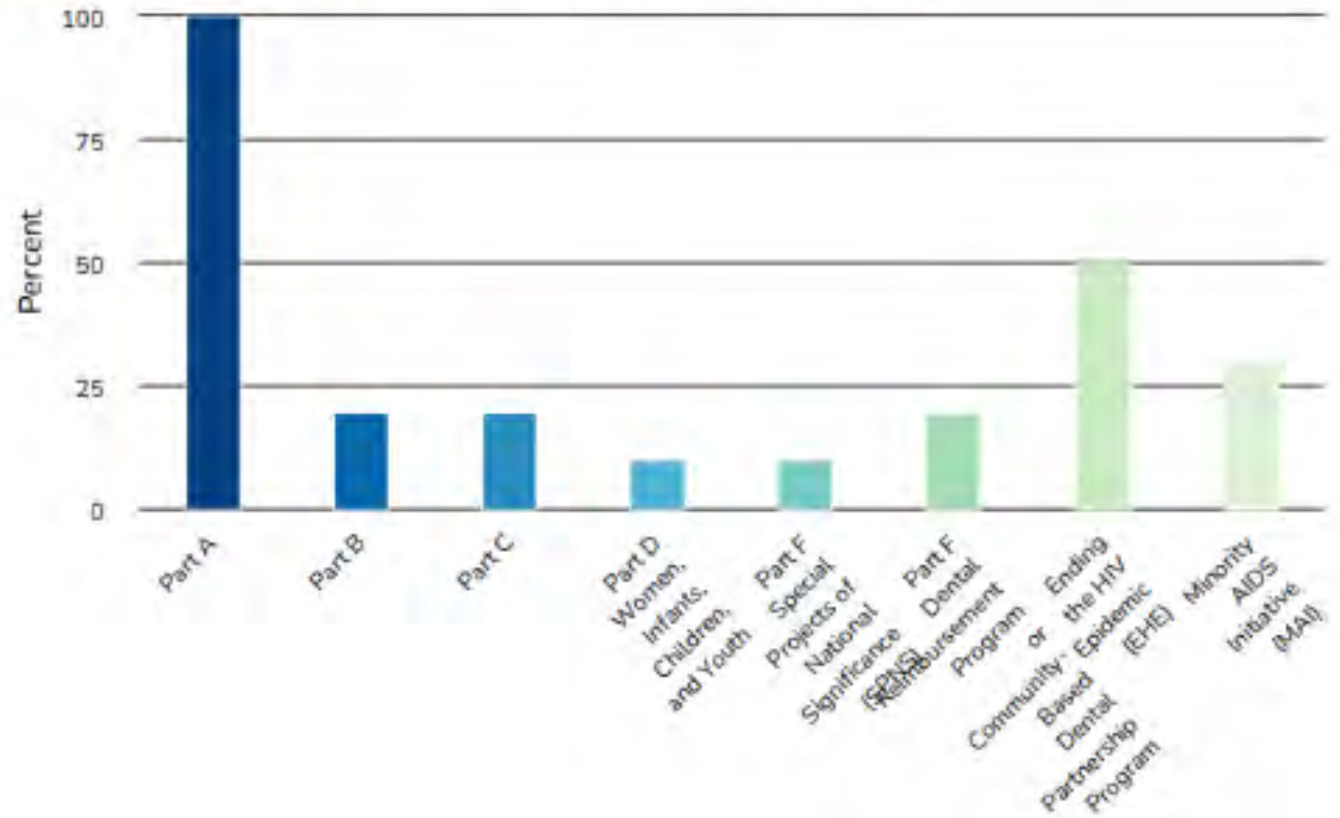
10% Less than 1 year

60% 20 years or more



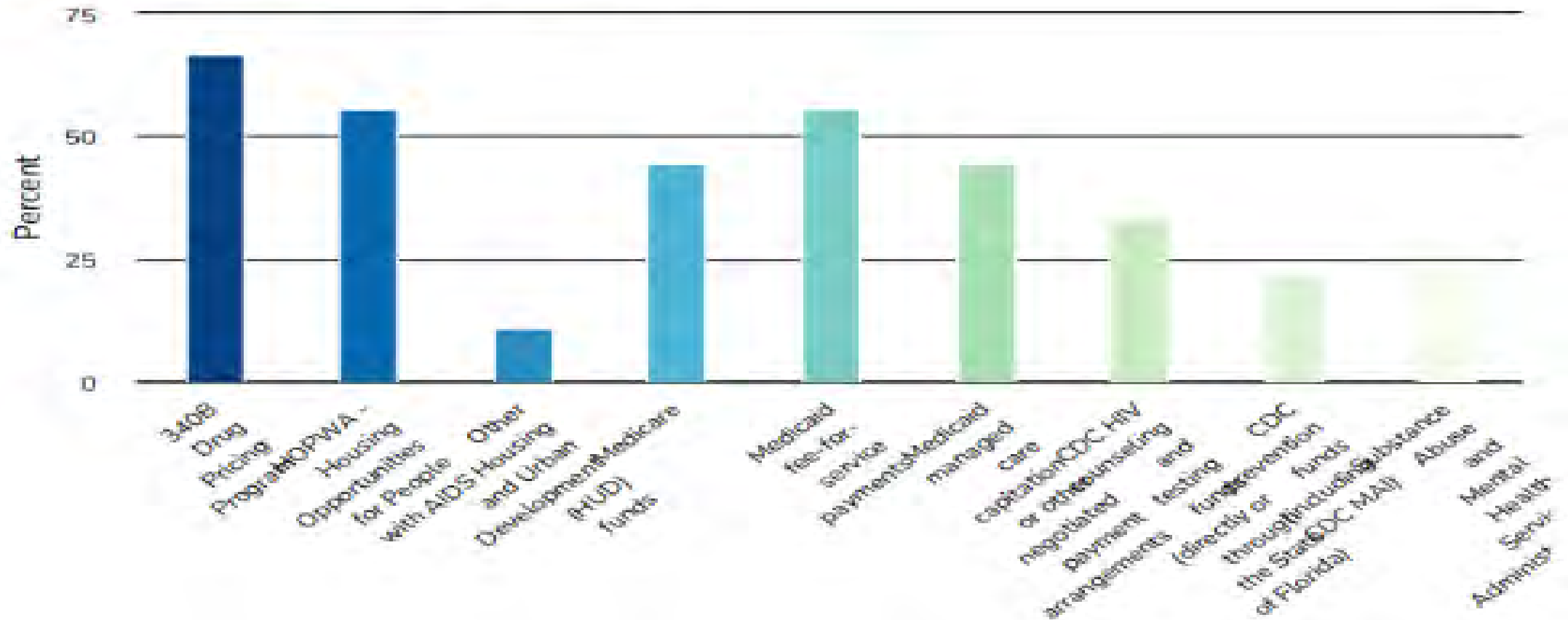
Subrecipient Ryan White HIV/AIDS Program Funding Sources

7. Ryan White HIV/AIDS Program Funding Sources



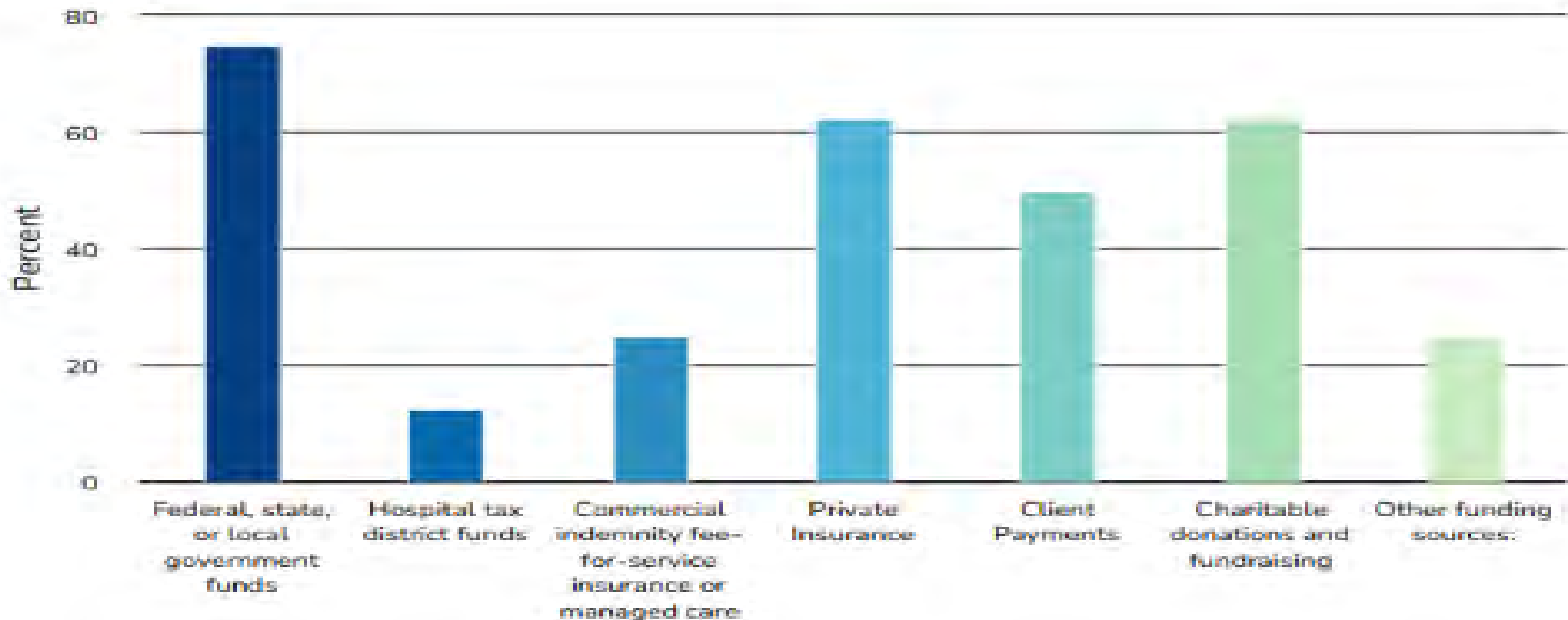
Other Reported Federal Funding Sources: Subrecipients

Other Federal Funding Sources



Other Reported Funding Sources Subrecipients

Other Funders



Subrecipient-Reported Client Accessibility Strengths

Agencies were asked: "What makes your service site accessible to clients with HIV? Check all that apply."

NEAR UNIVERSAL ACCESS — REPORTED BY ALL OR NEARLY ALL AGENCIES

100%

On the Bus Line

Public transit access at all sites

100%

Medical Transportation

Transportation services provided for clients

100%

Disability Accessible

Facilities accessible to clients with disabilities

STRONG ACCESS — REPORTED BY MAJORITY OF AGENCIES

89%

Free or Low-Cost Parking

Affordable parking options at most sites

78%


Near HIV Providers

Co-located near other HIV service providers

56%

Near Rapid Transit

Proximity to rapid transit stations

 **Key Insight:** Subrecipients demonstrate strong accessibility across the board, with universal bus line access, medical transportation, and disability accommodations. Rapid transit proximity (56%) presents the greatest opportunity for improvement.

HIV Service Expansion Suggestions

Agencies were asked: “List 2–3 ways your agency would expand existing HIV services if more funds were available.”

Outreach & Staffing *5 agencies*

Hire more direct service staff, expand targeted outreach, increase PrEP services, and add off-site eligibility and peer specialists

Food & Nutrition *4 agencies*

Expand food bank and pantry services, launch nutrition programs, and provide home-delivered meals for clients in need

Transportation & Access *3 agencies*

Expand transportation services and financial assistance for out-of-pocket costs such as medication co-pays

Behavioral Health *1 agency*

Expand access to behavioral health and substance abuse treatment, along with broader support services

Housing *1 agency*

Expand housing opportunities and stable housing support for clients facing housing insecurity

Medication Coverage *2 agencies*

Expand medication coverage in response to recent ADAP changes, including financial assistance for patient co-pays

Subrecipient Advanced Skills & Specialty Care Expertise

Agencies were asked to identify the HIV subpopulations they have advanced skills and expertise to serve.

Comorbidities & Chronic Disease

STRENGTH • 3 agencies

Diabetes, hypertension, hepatitis, and other chronic condition management

Preventive & Reproductive Health

2 agencies

Contraception, PSA screenings, colorectal screenings, and STD services

Aging & Youth Populations

STRENGTH • 3 agencies

Seniors, youth, and PWH ages 50+

Underserved & Vulnerable

STRENGTH • 3 agencies

LGBTQ+, low-income and homeless PWH, MAI populations, and marginalized communities

Behavioral Health & SUD

CAPACITY GAP • 1 agency

Co-occurring mental health conditions and substance use disorder treatment

All Subpopulations

2 agencies

Serve all populations regardless of insurance status, with culturally competent teams

Strong breadth across specialty areas — behavioral health is a key gap where capacity building is needed.

Subrecipient Requests for Training & Technical Assistance

Agencies were asked: “What training or action would improve the RWHAP Part A system of care?”

Provider Enterprise Training • 2 agencies

Training on PE system updates, lab data entry, and timely communication on RW system changes

Reduce Administrative Burden • 2 agencies

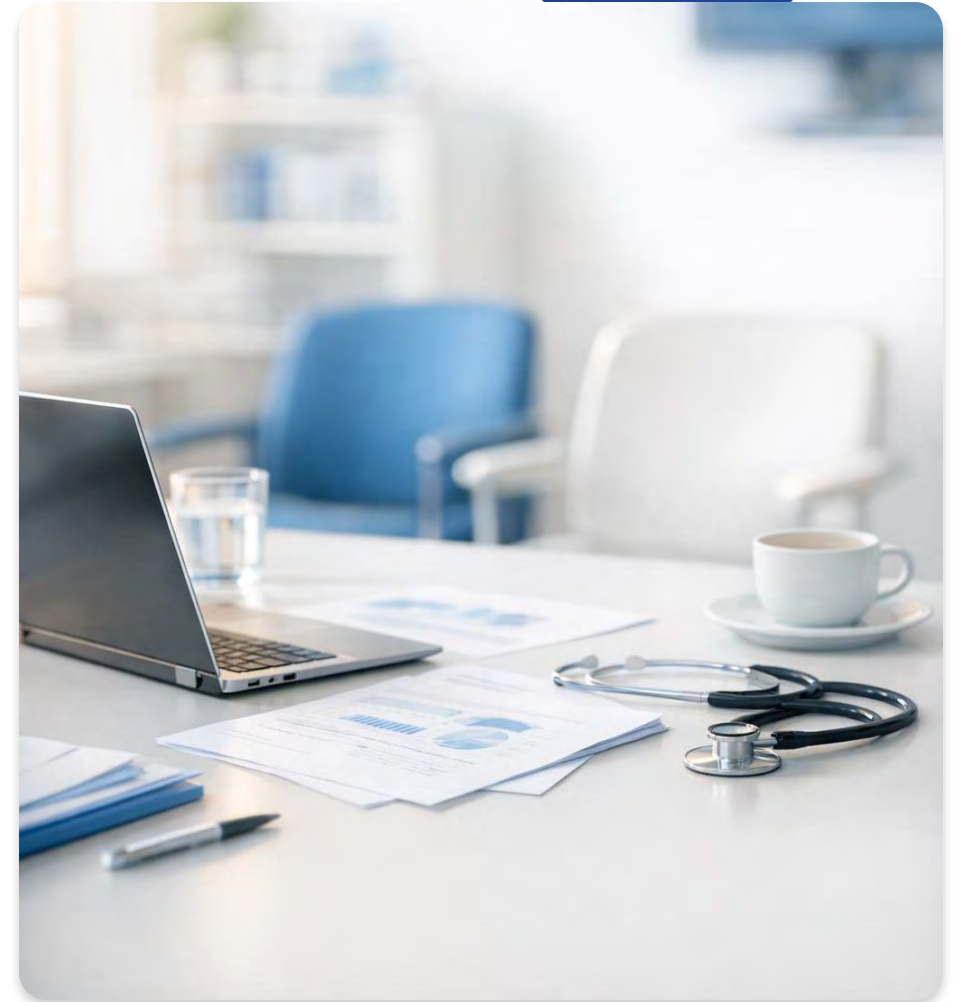
Streamline paperwork and QI requirements, especially for smaller practices; simplify reciprocal eligibility

Housing & Funding Support • 3 agencies

Increased funding, affordable housing options education, and Medicare 101 training

Clinical Skills Development • 1 agency

Teach-back methodology training and clinical education techniques



Public Assistance Programs Most Difficult to Access

Agencies were asked to identify the top three public assistance programs their clients have the greatest difficulty accessing

75%

Housing Opportunities for People with AIDS (HOPWA)

HUD-funded housing programs were by far the most frequently cited barrier — agencies struggle to help clients navigate HOPWA eligibility requirements and secure housing placements in Broward County

HIGHEST DIFFICULTY

50%

Social Security Income (SSI)

Agencies report significant challenges helping clients navigate the complex SSI application and appeals process, with lengthy wait times and documentation requirements

33%

ACA Health Insurance Marketplace

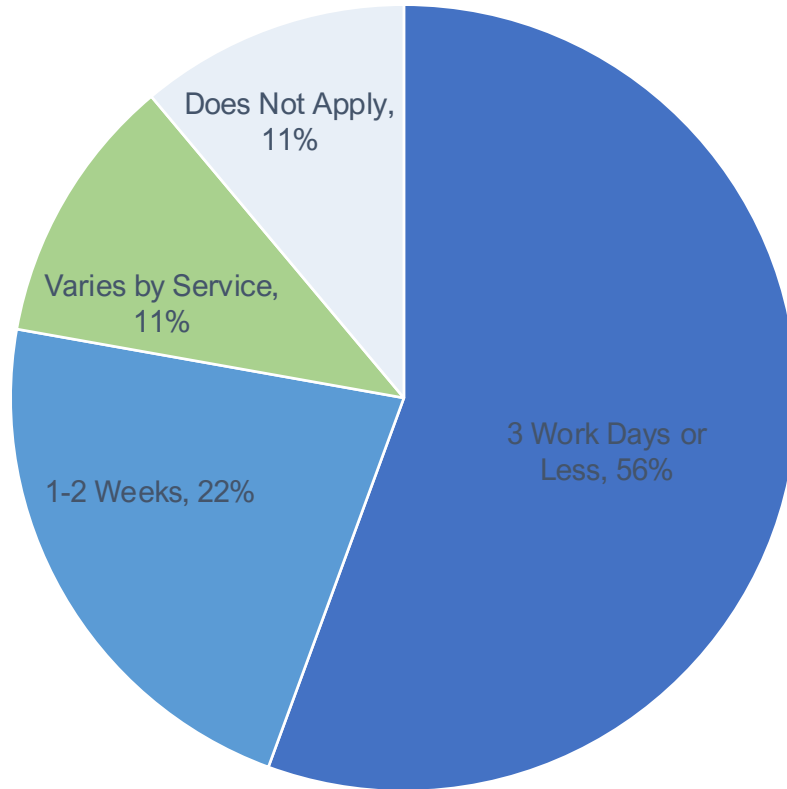
Navigating marketplace enrollment, eligibility requirements, and plan selection remains a key challenge for subrecipients assisting Part A clients

Also Cited: SSDI (25%) • ADAP Benefits (22%) • Food Stamps/SNAP (22%) • TANF • Transportation Benefits

Key Insight: Housing access is by far the most critical barrier, cited by three-quarters of agencies — addressing HOPWA navigation and housing placement support should be a top priority for technical assistance efforts.

Number of Days to Clients Receiving First Core Medical Appointment

How long does it typically take for a patient to receive their first core medical HIV appointment after initial contact?



56%
WITHIN 3 WORK DAYS
Majority of agencies schedule patients quickly

78%
WITHIN 2 WEEKS
Combined: 3 days + 1-2 weeks

STRENGTH: RAPID ACCESS TO CARE

KEY INSIGHT: Over three-quarters of agencies connect patients to core medical HIV services within two weeks, with the majority doing so within just three work days — a strong indicator of efficient care linkage.

Record Review Frequency for ART Nonadherence Risk

Agencies were asked how often they review records to identify patients at risk of ART nonadherence or virologic failure

STRENGTH — 100% OF AGENCIES REVIEW RECORDS AT LEAST QUARTERLY

75%

Monthly

Three-quarters of agencies proactively review patient records every month to identify those at risk of ART nonadherence or virologic failure

25%

Quarterly

The remaining agencies conduct reviews on a quarterly basis, ensuring all clients are assessed at regular intervals throughout the year

Key Insight: Every agency in the system reviews records at least quarterly to identify at-risk patients — a strong foundation for early intervention. The majority (75%) do so monthly, demonstrating a proactive approach to preventing treatment failure.

Top Five Barriers to Sustained Viral Suppression (U=U) Reported by Subrecipients

Barriers reported as “Often” or “Always” experienced by subrecipients in supporting clients toward viral suppression

78% Transportation Challenges

TOP BARRIER

The most frequently cited barrier — clients struggle to get to appointments and maintain consistent care without reliable transportation

67% Immigration Status Concerns

Clients are reluctant to seek services based on their immigration status, creating a significant barrier to engagement and retention in care

56% Overwhelmed Navigating the System of Care

Clients feel overwhelmed by the complexity of navigating the healthcare and social services system, leading to disengagement

56% Frequently Missed Appointments

Clients frequently miss scheduled appointments, disrupting continuity of care and ART adherence monitoring

56% Unstable Housing

Clients with unstable housing face significant challenges being retained in care and maintaining ART adherence

Key Insight: Social determinants of health — transportation, housing, and system navigation — dominate the barrier landscape. Addressing these structural factors is essential to improving viral suppression rates across the Part A system.

Subrecipient Reported Staff Turnover

Agencies were asked: “How often does staff turnover occur in your organization?”

LOW TURNOVER — 66% OF AGENCIES

HIGHER TURNOVER — 33% OF AGENCIES

33%

Rarely

Less than once a year

22%

Frequently

Every few months

33%

Occasionally

Once or twice a year

11%

Very Frequently

Monthly

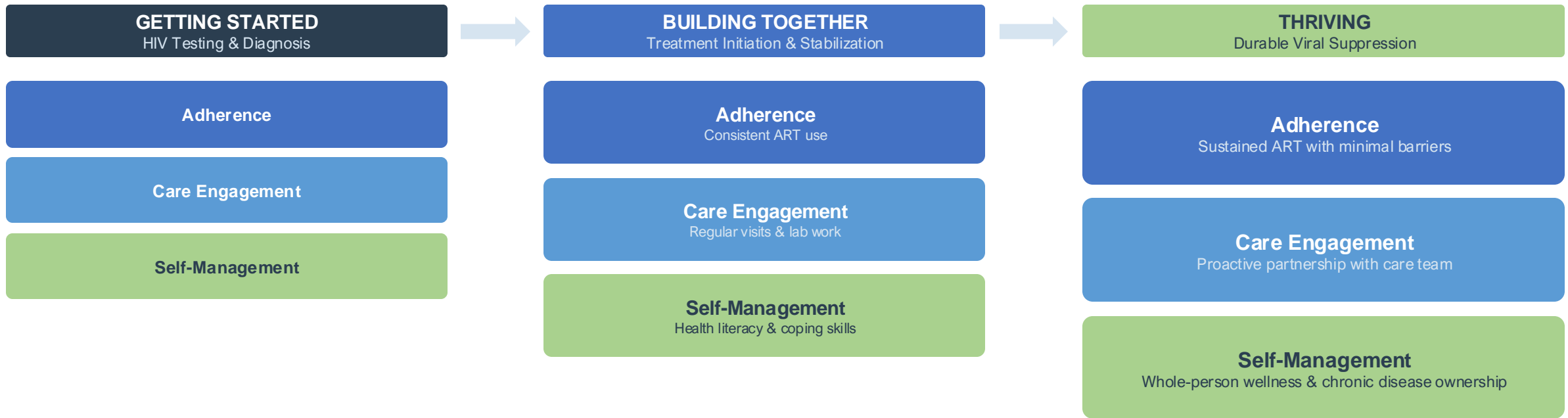
Key Insight: Two-thirds of agencies report turnover once a year or less — a positive sign for workforce stability. However, one-third experience turnover every few months or more, suggesting targeted retention strategies may be needed.

2025-26 Needs Assessment Opportunities for Change



A New Frame of Reference for HIV Treatment

Adherence, engagement, and self-management grow simultaneously from the very first step



KEY INSIGHT: Adherence, engagement, and self-management are not sequential milestones — they begin together in small steps from the moment of HIV testing and treatment initiation, growing simultaneously toward durable viral suppression and whole-person wellness.

Adapted from HealthHIV's Positively Aging Framework • healthiv.org/positivelyaging

Workforce and Client Health – Related Social Need Considerations



Medical Case Management 2025-26: Housing, Standards & Access

Housing Stability

Prioritize client housing through EHE collaboration, a Housing Summit with community partners, and a dedicated network to support case managers in locating stable housing

Role Clarity & Standards

Standardize job descriptions distinguishing Medical Case Management from Nonmedical Case Management services

Digital Access & Transportation

Launch online eligibility recertification, develop client-facing transportation scheduling platforms, and streamline administrative processes for transportation assistance

Medical Case Management 2025-26: Telehealth & Collaboration

Telehealth & Flexible Scheduling

Expand on-demand telehealth case management across a network of MCMs with specialized skills in housing, aging, mental health, and substance use; offer evening and weekend availability via a telehealth platform

Collaboration & Reporting

Conduct interdisciplinary case reviews in partnership with EHE and routinely report unmet client needs—including appointment access and subspecialty care gaps—to the System of Care



Peer Counselors & Specialists in HIV

Recovery Expertise

Leverage peers with recovery experience

Viral Suppression

Develop viral suppression protocols

Psychoeducation Groups

Facilitate supervised psychoeducation groups

Stigma & Empowerment

Address stigma and empower clients

Focus on Workforce and Community

SDM Training

Conduct annual online SDM training reviews for all providers and maintain completion records at each subrecipient site.

Peer Specialist Resources

Develop a Broward RW Part A EMA web page with certification resources, continuing education links, and a client feedback platform to capture Peer Counselor perspectives on program achievements and care access challenges.

Provider Training & CE

Maintain documented training plans at all subrecipient agencies and require annual HIV-related continuing education for RW Part A service providers.



From Silos to Systems

The strategic integration of Broward RW Part A Subrecipients into a unified cohesive network to improve patient care quality and operational efficiency

Silos to Systems

Specialty Care Referrals

Simplify specialty care referrals and screening workflows

Cross-Agency Collaboration

Foster cross-agency collaboration on mental health, substance use, and health-related social needs

Provider Resource List

Publish the Broward RW Part A EMA Provider Resource List online with monthly updates covering services, hours, programs, and multilingual staff

Community Partnerships

Invite 211 services and the Broward Council on Aging to present annually at Network Meetings

Interdisciplinary Team Collaboration

Coordinated Care Teams

Hold regular interdisciplinary case conferences to align medical, behavioral health, and health-related social need services around shared client goals

Patient-Centered Medical Home

Deliver comprehensive, accessible care through a single coordinated entry point that integrates wraparound services for clients with complex needs

Patient Navigation

Assign navigators/peers/CHWs to bridge gaps between appointments, referrals, and community resources so clients stay engaged in care

Self-Management Education

Equip clients with skills and knowledge to actively manage their treatment, achieve viral suppression, and improve long-term health outcomes

Data: The Hub That Drives Quality HIV Care

Clinical Outcomes

Track VL timing, CD4 frequency, and office visits per HIV Guidelines using billing data

Social & Housing Data

Gather data on housing barriers and health-related social needs affecting care access and retention

Care Gap Analysis

Prospective data collection to document why clients have gaps in care and identify unmet needs

DATA

Driving Quality
Improvement

Quality Improvement

Challenge QI teams to use evidence-based practices to improve client outcomes and viral suppression

STI Surveillance

Monitor STI rates across Broward EMA in partnership with Florida DOH to reduce new transmissions

Workforce Monitoring

Track MCM turnover and ensure annual HIV CE compliance and Southeast AETC training for new MCMs

Consumer Voice Is Central — Listening sessions, client satisfaction surveys, and consumer feedback are the foundation for every data-driven improvement. Show the community how data are used to improve and address care needs.

Plan a Data Summit to set strategic goals and share key findings with Network Members biannually



Thank You!

Any Questions?

PSRA

Thoughts on Priority Setting Through Ranking

Julia Hidalgo, ScD, MSW, MPH
Positive Outcomes, Inc.



HRSA HIV/AIDS Bureau (HAB) Expects Priorities to be Based on

- × Size and demographics of Broward resident PWHs and their needs- including PWH who know their HIV status but are not in care
- × Compliance with the RW legislative requirement to use at least 75% of funds to provide core medical services
 - × Unless a waiver has been approved
- × Cost effectiveness and outcome effectiveness of proposed services and strategies
- × Priorities of PWH for whom services are intended

HRSA HAB Also Expects Priorities to be Based on

- ✘ Coordination of services with HIV prevention and substance abuse treatment programs
- ✘ Availability of other government and non-government resources in the EMA
- ✘ Capacity development needs due to disparities in available services for PWH with highest need

Source: HAB. Part A Manual. 2023

Why is the Ranking Process Important?

- Meet federal requirements for annual PSRA and ranking of service categories
- As Planning Council members use your ranks to
 - Represent the needs and priorities of the Broward PWH community
 - Represent the HIV Care Continuum in total, not just individual agencies
- Base your ranks on real information, not intuition or your personal priorities

Considerations in Ranking Service Categories

- Are other funds available to support the category?
- Given finite Part A funds, what would be the impact of shifting priorities to other categories
 - Not only on the categories “losing” funds, but those “gaining” funds
- What categories meet needs not supported by other funders?
- What categories provide services to PWH not helped by other funders?
- What categories have the greatest impact on preventing illness and death among Broward PWH?

Handout F

COMMUNITY EMPOWERMENT COMMITTEE 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
Presented by Planning Council Support Staff: May 2026



PRIORITY SETTING & RESOURCE ALLOCATION (PSRA) LEGISLATIVE RESPONSIBILITY INCLUDES:

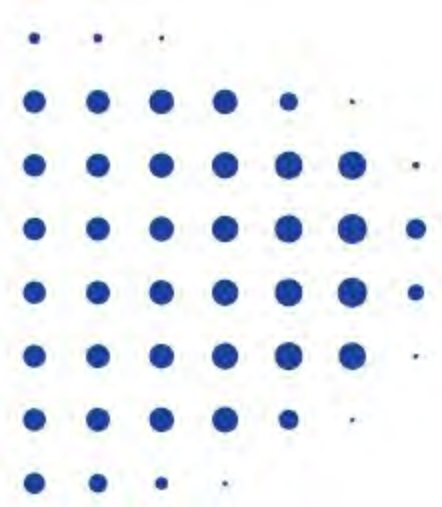
- **HRSA Requirements:** The Planning Council is required by HRSA to “set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities.”
- The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend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



COMMUNITY EMPOWERMENT COMMITTEE (CEC) ROLE IN THE PSRA PROCESS

- Health Resources and Services Administration (HRSA) and the HIV Planning Council (HIVPC) recognize **the importance of consumer and People Living with HIV/AIDS (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 May 2026, the **CEC rankings will be considered in the decision-making process.**





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 (Routine & Specialty)

7. Substance Abuse Services – Outpatient

8. Medical Nutrition Therapy

9. AIDS Drugs Assistance Program Treatments (ADAP)

10. Early Intervention Services

11. Home and Community-Based Health Services

12. Home Health Care

13. Hospice Services



Note: Services in *blue* are currently funded by RWPA



SUPPORT SERVICES


1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management which includes Centralized Intake & Eligibility Determination (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

Note: Services in **blue** are currently funded by RWPA





RESOURCE ALLOCATION

- Resource allocation is the process of distributing available Ryan White Part A program funds for the EMA/TGA across the prioritized service categories.
 - Reallocation is the process of moving program funds across service categories after the initial allocations are made.
 - The HIVPC must approve such reallocations.
- 



CEC & COMMUNITY RANKINGS: CORE SERVICES FY26-27

CEC RANK NUMBER	CEC RANKING SERVICE CATEGORIES
1	AIDS Pharmaceutical Assistance (Local) (Part A)
2	Health Insurance Premium and Cost Sharing (HICP)(Part A & B)
3	AIDS Drugs Assistance Program Treatment (ADAP) (Part B)
4	Medical Case Management (Disease)(Part A)
5	Outpatient/Ambulatory Health Services (OAHS) (Part A)
6	Oral Health Care (Dental) [Routine & Specialty Care) (Part A)
7	Mental Health Services (Part A)
8	Substance Abuse-Outpatient (Part A)
9	Early Intervention Services (EIS)(Part C)
10	Home and Community-Based Health Services (Part B)
11	Home Health Care
12	Medical Nutrition Therapy (Part B)
13	Hospice

CEC RANK NUMBER	COMMUNITY RANKING SERVICE CATEGORIES
1	AIDS Pharmaceutical Assistance (Local) (Part A)
2	AIDS Drugs Assistance Program Treatment (ADAP) (Part B)
3	Home and Community-Based Health Services (Part B)
4	Early Intervention Services (EIS)(Part C)
5	Health Insurance Premium and Cost Sharing (HICP)(Part A & B)
6	Medical Case Management (Disease)(Part A)
7	Oral Health Care (Dental) [Routine & Specialty Care) (Part A)
8	Outpatient/Ambulatory Health Services (OAHS) (Part A)
9	Mental Health Services (Part A)
10	Medical Nutrition Therapy (Part B)
11	Home Health Care
12	Substance Abuse-Outpatient (Part A)
13	Hospice

CEC & COMMUNITY RANKINGS: SUPPORT SERVICES FY26-27

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

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

**AS SERVICE USERS, CONSUMERS
ARE UNIQUELY POSITIONED TO
ASSESS THE QUALITY,
SUITABILITY, AND EFFECTIVENESS
OF FUNDED SERVICES.**



QUESTIONS?

Discussion



FY 2027-2028 PSRA RANKING SURVEY



**PSRA MEMEBERS ONLY: SCAN THE QR
CODE TO COMPLETE THE SURVEY!**



CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH

REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.



KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa 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 respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè 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.



Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIHA: 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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notice

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

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

WICY: Women, Infants, Children, and Youth



Frequently Used Terms

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

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

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

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

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