

10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Meeting Housekeeping and Rules	Marlen Meizoso
III.	Introductions	All
IV.	Floor Open to the Public	Dr. Diego Shmuels
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 5, 2022	All
VII.	Reports	
	• Part A	Dan Wall
	• Part B	David Goldberg
	• ADAP	Dr. Javier Romero
	General Revenue	Angela Machado
	• Vacancy	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	SFAN Jail Linkage Program	TBA
	Legal Services Definition Edit	All
IX.	New Business	
	Setting Priorities and Allocating Resource Process	All
	• 2020 Epi Profile	Dr. Robert Ladner
	• 2021 Ryan White Demographics	Dr. Robert Ladner
Х.	Announcements	Marlen Meizoso
XI.	Next Meeting: July 7, 2022 at Main Library- Auditorium	Dr. Diego Shmuels
XII.	Adjournment	Dr. Diego Shmuels

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com



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Meeting Housekeeping

Miami-Dade HIV/AIDS Partnership, Committees, and Subcommittee

Updated May 1, 2022

DS PARTNERSHIP

MIAMI-DADE





• Audio of this meeting is being recorded and will become part of the public record.



- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.







- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
 - Will BSR staff please identify themselves?
 - Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.







General Reminders

- Per County mandate, masks are no longer required to be worn in County buildings but because meeting attendees maybe immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- Place cell phones on mute or vibrate.
 - ✤ If you must take a call, please excuse yourself from the meeting.
- Only voting members and applicants should be seated at the meeting table.
 - ✤ You may move your chair if concerned about social distancing.







Attendance

- All members are expected to arrive on time and remain throughout the entire meeting.
 - If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.
- Please **SIGN IN** to be counted as present at the meeting.





- **Important!** *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*
- All speakers must be recognized by the Chair.
 - ✤ Raise your hand to be recognized or added to the queue.
 - ✤ The Chair will call on speakers in order of the queue.
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.







Parking

Miami-Dade County Main Library

See the front desk attendee to have your parking validated or see staff after the meeting for a parking sticker (available to members of the affected community).

Behavioral Science Research

Please write your car tag (license plate) number on the **SIGN IN** *sheet to have your parking validated.*







Resources

Today's presentation and supporting documents are online at http://aidsnet.org/meeting-documents/.



Welcome to AIDSNET.org!

The online home of the Miami-Dade HIV/AIDS Partnership – The official Ryan White Program Planning Council, The Ryan White Program Clinical Quality Management (CQM) Program, and *Community Newsletter*. Contact us at hiv-aidsinfo@behavioralscience.com to join the Partnership or CQM and to share resources for people with HIV.

• Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!









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Floor Open to the Public

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

"BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."



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Care and Treatment Committee Meeting Miami-Dade Public Library, Auditorium 101 West Flagler, Miami, FL 33130 May 5, 2022

#	Committee Members	Present	Absent	Gue	ests
1	Alcala, Etelvina	Х		Jose Fuentes	
2	Downs, Frederick		Х	Brad Mester	
3	Grant, Gena		Х	Karen Poblete	
4	Henriquez, Maria	Х		Ilenia Sanchez-Bryson	
5	Iadarola, Dennis		Х	Carla Valle-Schwenk	
6	Mills, Vanessa		Х	Mauro Zapata	
7	Neff, Travis		Х		
8	Roelans, Ryan		Х		
9	Siclari, Rick	Х	*		
10	Shmuels, Diego	Х			·
11	Trepka, Mary Jo	Х			
12	Wall, Dan	Х		Sta	lff
				Barbara Kubilus	Robert Ladner
Quo	rum = 5			Marlen Meizoso	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at <u>www.aidsnet.org/meeting-documents</u>.

I. <u>Call to Order</u>

Dr. Diego Shmuels, Chair, called the meeting to order at 10:20 a.m.

II. Meeting Housekeeping and Rules

Marlen Meizoso reviewed a Zoom Meeting Housekeeping and Rules presentation (copy on file), which reviewed the environmental reminder and agenda reminders for all participants.

III. <u>Introductions</u>

Members and guest introduced themselves around the room. Mrs. Meizoso read the names of attendees present on Zoom.

IV. Floor Open to the Public

Dr. Shmuels read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

Miami-Dade HIV/AIDS Partnership/Care and Treatment Committee May 5, 2022 Minutes

www.aidsnet.org

BSR has a dedicated line for statements to be read into the record. No statements were received.

There were no comments, so the floor was closed.

V. <u>Review/Approve Agenda</u>

The committee reviewed the agenda. Mr. Wall requested the Legal Services agenda item be moved as the first new business item in the event that a vote may be needed. The Committee adopted the agenda with the recommended change.

Motion to accept the agenda, as discussed. Moved: Dan Wall Seconded: Dr. Mary Jo Trepka

Motion: Passed

Motion: Passed

VI. <u>Review/Approve Minutes of February 3, 2022</u>

The committee reviewed the minutes of February 3, 2022, and accepted them as presented.

Motion to accept the minutes from February 3, 2022, as presented.Moved: Dan WallSeconded: Maria Henriquez

VII. <u>Reports</u>

• Part A

Dan Wall reviewed the Part A reports for Fiscal Year 2021 as of February 2022, (copies on file). Finalization of the reports should happen next month. For FY 2021, 8,421 clients were served. Test and Treat Rapid Access (TTRA) has assisted 716 clients, 66% are on ARVs and 71% are virally suppressed. There is a TTRA meeting being scheduled by the Department of Health and the Part A program for TTRA providers. The County is still waiting on the final award notice from the Health and Resources Services Administration (HRSA). The County is working on the HRSA Ryan White Program annual progress report. Amendments are being done to Ending the Epidemic (EHE) contracts. Recertification at 6 months will no longer be required. The County is working with the State to have a reciprocal certification throughout the state for ADAP and Part A, on a rolling 366-day period. The Prevention Planning Group (PPG) meeting was held last month, and documents were shard with staff to post online. The PPG will reconvene in early August to ask for feedback on the Integrated Plan. Work is being done on data sharing to improve out of care tracking.

• Part B

Marlen Meizoso for David Goldberg

Mrs. Meizoso reviewed the February 2022 Part B report (copy on file) which listed the expenditures, budgets, and funded categories.

• ADAP

Marlen Meizoso for Dr. Javier Romero

Dr. Javier Romero was not present, Mrs. Meizoso reviewed the March 2022, ADAP report (copy on file). This is the final report for the fiscal year which indicated 6,074 open clients, over \$28 million dollars spent at the pharmacy, and over \$29 million dollars spent in premium payments. The program updates were reviewed. Any questions will be forwarded to Dr. Romero.

www.aidsnet.org

Dan Wall

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www.aidsnet.org

Mrs. Meizoso reviewed the February 2022, General Revenue report (copy on file) which indicated the number of clients served, categories funded, expenditures, and overall budget.

- Mrs. Meizoso reviewed the May 2022, vacancy report (copy on file). There are twelve vacancies on the Care and Treatment Committee. If anyone knows of interested individuals, they may invite them to a meeting or have them contact staff.
- *Report to Committees (reference only)*

Mrs. Meizoso referenced the report to committees (copy on file) which details the Partnership motions from the last meeting. If anyone has any questions regarding the report, they can contact staff. Of note, effective May 1, 2022, all meetings will be held in person with no hybrid option.

Medical Care Subcommittee Report

General Revenue

Vacancies

Mrs. Meizoso reviewed the Medical Care Subcommittee report. The Medical Care Subcommittee:

Met on March 25 and April 24, 2022.

Heard updates from the Ryan White Program and the ADAP Program.

Continued discussing topics related to HIV and aging.

Had discussion regarding several oral health care items. A threshold had not been adopted regarding the percent of clients receiving oral health care who received annual oral examinations. Based on a data review and input, the committee moved to adopt a threshold of 75% for oral examinations.

Motion to adopt the outcome threshold of 75% for oral examinations. Moved: Dan Wall Second: Dr. Mary Jo Trepka **Motion: Passed**

The Subcommittee also discussed dental implants. Data were reviewed on the estimated cost of new and repairing existing implants. Repairing an implant would allow for the use of existing structures and improve quality of life while not being cost prohibitive. The Subcommittee made a motion approve four dental implant repair codes: D6058, D6065, D6068 and D6075.

Motion to add codes D6058 (Abutment supported porcelain/ceramic crown), D6065 (Implant supported porcelain/ceramic crown), D6068 (Abutment supported retainer for porcelain/ceramic Fixed Partial Denture), and D6075 (Implant supported retained for ceramic Fixed Partial Denture) to the Ryan White Oral Health formulary. Moved: Dan Wall Second: Dr. Mary Jo Trepka

Discussed continuous glucose monitors for use by individuals with diabetes, which is now a standard of care. The Subcommittee drafted a letter of medical necessity for the devices, made some edits to the revised version, and accepted the letter as presented with this report.

Marlen Meizoso

Marlen Meizoso

Marlen Meizoso

Marlen Meizoso

Motion: Passed

Motion to accept the revised Letter of Medical Necessity for Continuous Glucose Monitor (CGM) Devices, as discussed. (Attachment 1) Moved: Dr. Mary Jo Trepka Second: Dan Wall **Motion: Passed**

Continued discussion regarding gender affirming care, reviewed a draft "Dear Colleague" letter, and will finalize the letter at their next meeting.

Revised the Allowable Medical Conditions list to include osteoarthritis and prostate cancer, since these are not listed. Prostate cancer would be added under the genitourinary category, and osteoarthritis would be added under the revised bone and joint disease (e.g., orthopedics/rheumatology) category. The Subcommittee made a motion for the additions to the allowable medical conditions list. The revisions are as indicated with this report.

Motion to add prostate cancer under genitourinary/gynecology/obstetrics specialty and osteoarthritis under bone and joint disease (e.g., orthopedics/rheumatology) as conditions to the allowable medical conditions list. (Attachment 2) Moved: Dan Wall

Second: Dr. Mary Jo Trepka

The next subcommittee meeting is scheduled for June 24, 2022.

VIII. New Business

Legal Services and Gender Affirming Care

Name changes for legal documents are an allowable activity under the legal services description per HRSA. The EMA needs to develop a policy and procedure that is fair. This issue has been raised since it is a barrier for transgender clients. Staff has been in communication with TransSOCIAL, a Trans and LGBTQIA+ provider who offers trainings to improves services. Ilenia Sanchez-Bryson from Legal Services indicated that legal name is a service already provided through another funding source, currently. ID documents are important to access benefits, gain employment and are important to have gender match ID. While the service is allowable, having it written out either in the service description or through a memo would help. Staff will come back with suggested language in writing for the next meeting.

Planning Council Responsibilities and Needs Assessment

Mrs. Meizoso presented the Planning Council Responsibilities and Needs Assessment presentation (copy on file). She reviewed the Committee's responsibilities and the requirement to use data throughout theprocess for priority setting, resource allocations, and in establishing directives. The diverse types of data points that will be presented throughout the process were also shared and reviewed.

2022 Needs Assessment

Mrs. Meizoso indicated that the needs assessment will be taking place June-September 2022 and is scheduled for the regular Care and Treatment meeting dates. Meetings will be three hours to accommodate all the materials that need to be reviewed. The results of the needs assessment will be folded into the required report to HRSA in the fall. HRSA reporting requirements may affect the needs assessment, but the Committee will be advised of any changes. Summary data will be presented at the

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Marlen Meizoso

Marlen Meizoso

Motion: Passed

All

meetings and full presentations will be posted online. It was requested that COVID-19 years be identified in the utilization data and that EHE funding is also presented.

IX. <u>Announcements</u>

Mrs. Meizoso indicated that it was especially important that members RSVP in advance to the meetings. Annual financial disclosure forms can be found in member packets and should be completed and returned at the end of the meeting. All financial disclosure forms are due by the end of June.

X. <u>Next Meeting</u>

The next meeting is scheduled for Thursday, June 2, 2021, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130 from 10 a.m. to 1 p.m.

XI. <u>Adjournment</u>

Motion to adjourn. Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

Dr. Shmuels adjourned the meeting at 11:41 a.m.



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RYAN WHITE PART A PROGRAM MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:	February 2022		Ryan White P		
SERVICE CATEGORIES		Servic	Service Units		ed Client Count
		Monthly	Year-to-date	<u>Monthly</u>	Year-to-date
Core Medical Services					
AIDS Pharmaceutical Assistance (LPAP/CPAP)		11	191	11	183
Health Insurance Premium and Cost Sharing Assistance		154	1,383	154	1,255
Medical Case Management		3,294	10,908	3,293	7,728
Mental Health Services		24	127	24	107
Oral Health Care		542	2,672	542	2,237
Outpatient Ambulatory Health Services		1,052	5,328	1,052	4,379
Substance Abuse Outpatient Care		0	13	0	13
Support Services					
Food Bank/Home Delivered Meals		426	1,090	426	712
	7,371 / \$90 per	33	664	33	635
Other Professional Services (OPS) hour = 1,0	081.90 units/	63	-679 -	22	44
Outreach Services		9	96	9	92
Substance Abuse Services (residential) (SAS-R)		11	_75_	11	66
	TOTALS:	5,619	23,226		
Total unduplicated clients (month):		4,165			
Total unduplicated clients (YTD):		8,363		AS-R: 968,310 / \$210	
NOTES:				er bed day = 611 units/bed	
1) The County is working with Groupware Technologies, LLC correct the noted errors in this report; and confirm the Year-to-totals for all services.				ays	
2) Total Unduplicated Clients Served Part A + MAI = 8,418 (Fl (Some clients received services under Part A and MAI; therefore Part A and MAI totals cannot be added together.)					

RYAN WHITE PART A PROGRAM MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:	February 2022	Ryan White MAI			
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		<u>Monthly</u>	Year-to-date	<u>Monthly</u>	<u>Year-to-date</u>
Core Medical Services					
Medical Case Management		400	1,380	399	994
Mental Health Services		4	17	4	14
Outpatient Ambulatory Health Services		52	470	52	429
Substance Abuse Outpatient Care		0	4	0	4
Support Services					
Medical Transportation		2	16	2	15
Outreach Services		5	26	5	25
	TOTALS:	463	1,913		
Total unduplicated clients (month):		441			
Total unduplicated clients (YTD):		1,304			

FY 2021 Part A FINAL

RYAN WHITE PART A GRANT AWARD (BU033101) FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE FORMULA AND SUPPLEMENTAL FUNDING Per Resolution # R-1192-20 AND R-246-20

PROJECT: BU033101 AWARD AMOUNTS ACTIVITIES Grant Award Amount Formula 15,689,960.00 FORMULA Grant Award Amount Supplemental SUPPLEMENTAL Award - W/out CO 7,877,731.00 \$23,829,409.00 Grant Award Amount FY'19 Supplemental 261,718.00 PY SUPPLEMENTAL Carryover Award FY'20 Formula CARRYOVER 709,256.00 24,538,665.00 otal Award Priority Ranking # CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS CURRENT CONTRACT EXPENDITURES DIRECT SERVICES: DIRECT SERVICES: Carryover Core Medical Services Allocations ACCOUNT Core Medical Services Expenditures Expenditures 8,647,718.00 2 **Outpatient/Ambulatory Health Svcs** 5606610000 Outpatient/Ambulatory Health Svcs 7,268,815.93 AIDS Pharmaceutical Assistance 83,595.00 5492120000 **AIDS Pharmaceutical Assistance** 4,379.02 9 4 Oral Health Care 3,108,975.00 5216100000 Oral Health Care 2,533,061.80 6 Health Insurance Services 442.447.00 5223550000 Health Insurance Services 298.950.41 3 Mental Health Therapy/Counseling 150,504.00 5114040000 Mental Health Therapy/Counseling 56,566.25 1 Medical Case Management 5,921,877.00 5211100000 Medical Case Management 5,094,347.45 Substance Abuse - Outpatient 44.128.00 18.399.244.00 5216120000 Substance Abuse - Outpatient 1.146.00 15.257.266.86 7 Carryover Support Services Support Services ACCOUNT Expenditures Expenditures Allocations 5 Food Bank 1,385,995.00 5492250000 Food Bank 629,522.40 709,256.00 1,338,778.40 Other Professional Services 154.449.00 5212100000 Other Professional Services 97,371.00 13 Medical Transportation 150.688.00 5602400000 Medical Transportation 98.584.06 10 11 Outreach Services 172,280.00 5224700000 **Outreach Services** 104,263.02 Substance Abuse - Residential 1,289,469.00 8 5224130000 Substance Abuse - Residential 968,310.00 12 **Emergency Financial Assistance** 0.00 3,152,881.00 5224300000 **Emergency Financial Assistance** 0.00 2,607,306.48 DIRECT SERVICES TOTAL: 21,552,125.00 TOTAL EXPENDITURES DIRECT SVCS & % : \$ 17,864,573.34 82.89% Total Core Allocation 18.399.244.00 Target at least 80% core service allocation 17,241,700.00 Current Difference (Short) / Over \$ 1,157,544.00 Formula Expenditure % 74.02% Recipient Admin. (OMB-GC, PC, GTL) \$ 2,382,940.00 **Recipient Administration** 1,994,014.38 **Quality Management** \$ 603.600.00 Quality Management 603.600.00 2.597.614.38 (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (Formula & Supp) \$ Grant Unexpended Balance 4,076,477.28 24,538,665.00 Unobligated Funds (Carry Over) 2.986.540.00 \$ Total Grant Expenditures & % \$ 20,462,187.72 83.39% Core medical % against Total Direct Service Expenditures (Not including C/O): Core medical % against Total Direct Service Allocation (Not including C/O): annot be under 75% annot be under 75% 85.37% Within Limit 88.94% Within Limit Quality Management % of Total Award (Not including C/O): Quality Management % of Total Award (Not including C/O): annot be over 5% 2.46% Within Limit Cannot be over 5% 2.53% Within Limit OMB-GC Administrative % of Total Award (Cannot include C/O): OMB-GC Administrative % of Total Award (Cannot include C/O): annot be over 10% Within Limit annot be over 10% 8.37% Within Limit

FY 2021 MAI FINAL

RYAN WHITE PART A GRANT AWARD (BU033101) FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE MINORITY AIDS INITIATIVE (MAI) FUNDING Per Resolution # R-1192-20 AND R-246-20

PROJECT: BU033102		AWARD AMOUNTS	ACTIVITIES							
Carryover Award FY'20 MAI										
Total Award	\$	2,701,483.00								
MAI CONTRAC	TALLO	OCATIONS			cu		TURES			
DIRECT SERVICES:					DIRECT SERVICES:		Carryover			
Core Medical Services		Allocations		ACCOUNT		Expenditures	Expenditures	460 769 06		
AIDS Pharmaceutical Assistance		1,302,733.00		5492120000	AIDS Pharmaceutical Assistance	300,103.33	94,002.75	400,708.00		
Oral Health Care										
		18,960.00		5223550000		3,672.50				
Medical Case Management		903,920.00		5211100000		650,165.00				
Substance Abuse - Outpatient		8,058.00	2,293,691.00	5216120000	Substance Abuse - Outpatient	210.00			1.114.815.56	
	_					_	Carryover		.,,	
		Allocations				Expenditures	Expenditures			
Other Professional Services				5212100000						
Medical Transportation		7,628.00				2,371.56				
		39,816.00				36,498.00			38,869,56	
Emergency Financial Assistance		0.00	47,444.00	5224300000		0.00			00,000.00	
DIRECT SERVICES TOTAL:			\$ 2,341,135.00	<	TOTAL EXPENDITURES DIRECT S	VCS & %:		1,153,685.12	49.28%	>
		0 000 004 00								
Total Core Allocation		2,293,691.00								
Target at least 80% core service allocation	<u> </u>	1,872,908.00								
Target at least 80% core service allocation Current Difference (Short) / Over	\$	1,872,908.00 420,783.00								
Target at least 80% core service allocation	\$ \$	1,872,908.00			Recipient Administration	231,793.34				
Target at least 80% core service allocation Current Difference (Short) / Over	•	1,872,908.00 420,783.00			Recipient Administration Quality Management	231,793.34 99,999.96		331,793.30		
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated:	\$ \$	1,872,908.00 420,783.00 260,348.00			Quality Management Grant Unexpended Balance			331,793.30		
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI)	\$ \$ \$	1,872,908.00 420,783.00 260,348.00	360,348.00	2,701,483.00	Quality Management Grant Unexpended Balance	99,999.96 1,216,004.58	e		54 00%	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated:	\$ \$	1,872,908.00 420,783.00 260,348.00	360,348.00		Quality Management Grant Unexpended Balance	99,999.96 1,216,004.58	\$	331,793.30 1,485,478.42	54.99%	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al	\$ \$ \$ \$	1,872,908.00 420,783.00 260,348.00 100,000.00 - - -			Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direct	99,999.96 1,216,004.58 uding C/O):		1,485,478.42		
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (Carry Over)	\$ \$ \$ \$	1,872,908.00 420,783.00 260,348.00 100,000.00 - -	360,348.00 Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl	99,999.96 1,216,004.58 uding C/O):			54.99%	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75% Quality Management % of Total Award (Not inc	\$ \$ \$ \$ Ilocatio	1,872,908.00 420,783.00 260,348.00 100,000.00 - - - on (Not including C/O): 97.97%	Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75% Quality Management % of Total Aw	99,999.96 1,216,004.58 uding C/O): :t Service Expenditures (Not in		1,485,478.42 96.33%	Within Limit	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75%	\$ \$ \$ \$ Ilocatio	1,872,908.00 420,783.00 260,348.00 100,000.00 - - - - 97.97%			Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75%	99,999.96 1,216,004.58 uding C/O): :t Service Expenditures (Not in		1,485,478.42		
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75% Quality Management % of Total Award (Not inc Cannot be over 5%	\$ \$ \$ Ilocatic	1,872,908.00 420,783.00 260,348.00 100,000.00 - - - on (Not including C/O): 97.97%	Within Limit Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75% Quality Management % of Total Aw Cannot be over 5% OMB-GC Administrative % of Total	99,999.96 1,216,004.58 uding C/O): et Service Expenditures (Not in ard (Not including C/O):		1,485,478.42 96.33% 3.84%	Within Limit Within Limit	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75% Quality Management % of Total Award (Not inc Cannot be over 5%	\$ \$ \$ Ilocatic	1.872.908.00 420,783.00 260,348.00 100,000.00 - - - - - - - - - - - - - - - - -	Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75% Quality Management % of Total Aw Cannot be over 5%	99,999.96 1,216,004.58 uding C/O): et Service Expenditures (Not in ard (Not including C/O):		1,485,478.42 96.33%	Within Limit	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75% Quality Management % of Total Award (Not inc Cannot be over 5%	\$ \$ \$ Ilocatic	1,872,908.00 420,783.00 260,348.00 100,000.00 - - - on (Not including C/O): 97.97%	Within Limit Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75% Quality Management % of Total Aw Cannot be over 5% OMB-GC Administrative % of Total	99,999.96 1,216,004.58 uding C/O): et Service Expenditures (Not in ard (Not including C/O):		1,485,478.42 96.33% 3.84%	Within Limit Within Limit	
Target at least 80% core service allocation Current Difference (Short) / Over Recipient Admin. (OMB-GC) Quality Management (+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (MAI) Unobligated Funds (MAI) Unobligated Funds (Carry Over) Core medical % against Total Direct Service Al Cannot be under 75% Quality Management % of Total Award (Not inc Cannot be over 5%	\$ \$ \$ Ilocatic	1,872,908.00 420,783.00 260,348.00 100,000.00 - - - on (Not including C/O): 97.97%	Within Limit Within Limit		Quality Management Grant Unexpended Balance Total Grant Expenditures & % (Incl Core medical % against Total Direc Cannot be under 75% Quality Management % of Total Aw Cannot be over 5% OMB-GC Administrative % of Total	99,999.96 1,216,004.58 uding C/O): et Service Expenditures (Not in ard (Not including C/O):		1,485,478.42 96.33% 3.84%	Within Limit Within Limit	
	Grant Award Amount MAI Carryover Award FY'20 MAI Total Award MAI CONTRAC DIRECT SERVICES: Core Medical Services Outpatient/Ambulatory Health Svcs AIDS Pharmaceutical Assistance Oral Health Care Health Insurance Services Mental Health Therapy/Counseling Medical Case Management Substance Abuse - Outpatient Support Services Food Bank Other Professional Services Medical Transportation Outreach Services Substance Abuse - Residential Emergency Financial Assistance DIRECT SERVICES TOTAL:	Grant Award Amount MAI Carryover Award FY'20 MAI Total Award S MAI CONTRACT ALLI DIRECT SERVICES: Core Medical Services Outpatient/Ambulatory Health Svcs AIDS Pharmaceutical Assistance Oral Health Care Health Insurance Services Mental Health Therapy/Counseling Medical Case Management Substance Abuse - Outpatient Support Services Food Bank Other Professional Services Medical Transportation Outreach Services Substance Abuse - Residential Emergency Financial Assistance DIRECT SERVICES TOTAL:	Grant Award Amount MAI Carryover Award FY'20 MAI 2,603,486.00 97,997.00 Total Award \$ 2,701,483.00 Image: Construct Services Allocations Outpatient/Ambulatory Health Svcs 1,362,753.00 AIDS Pharmaceutical Assistance 1,362,753.00 Oral Health Care 18,960.00 Health Insurance Services 18,960.00 Substance Abuse - Outpatient 903,920.00 Substance Abuse - Outpatient 8,058.00 Support Services Allocations Food Bank 7,628.00 Outrach Services 39,816.00 Substance Abuse - Residential 0.00 Emergency Financial Assistance 0.00 DIRECT SERVICES TOTAL: 39,816.00	Grant Award Amount MAI Carryover Award FY'20 MAI 2,603,486.00 97,997.00 MAI_CARRYOVER Total Award \$ 2,701,483.00 MAI_CARRYOVER Total Award \$ 2,701,483.00 MAI_CARRYOVER MAI CONTRACT ALLOCATIONS DIRECT SERVICES: Core Medical Services Allocations Outpatient/Ambulatory Health Svcs 1,362,753.00 AlDS Pharmaceutical Assistance Oral Health Care 1,362,753.00 AlDS Pharmaceutical Assistance Oral Health Care 1,362,753.00 2,293,691.00 Substance Abuse - Outpatient 903,920.00 2,293,691.00 Substance Abuse - Outpatient 8,058.00 2,293,691.00 Subport Services Allocations 7,628.00 Food Bank 000 7,628.00 000 Outreach Services 39,816.00 39,816.00 Substance Abuse - Residential 0.00 47,444.00	Grant Award Amount MAI Carryover Award FY'20 MAI 2,603,486.00 97,997.00 MAI MAI_CARRYOVER Total Award \$ 2,701,483.00 MAI CONTRACT ALLOCATIONS DIRECT SERVICES: Core Medical Services Core Medical Services Allocations Outpatient/Ambulatory Health Svcs 1,362,753.00 AIDS Pharmaceutical Assistance 521610000 Oral Health Care 18,960.00 Health Therapy/Counseling 18,960.00 Substance Abuse - Outpatient 903,920.00 Substance Abuse - Outpatient 8,058.00 Support Services Allocations Food Bank 5492250000 Outreact Services 39,816.00 Substance Abuse - Residential 39,816.00 Substance Abuse - Residential 222430000	Grant Award Amount MAI Carryover Award FY'20 MAI 2,603,486.00 MAI 97,997.00 MAI MAI_CARRYOVER Total Award \$ 2,701,483.00 Direct Curve DIRECT SERVICES: DIRECT SERVICES: DIRECT SERVICES: DIRECT SERVICES: Core Medical Services Allocations Outpatient/Ambulatory Health Svcs 1,362,753.00 AIDS Pharmaceutical Assistance 0,362,753.00 Allocations Stob6610000 Outpatient/Ambulatory Health Svcs Mental Health Threapy/Counseling 18,960.00 Medical Case Management 903,920.00 Stabstance Abuse - Outpatient Stabstance Abuse - Outpatient Support Services Allocations Food Bank Counce Abuse - Outpatient Stapport Services Medical Transportation 7,628.00 Medical Transportation Other Professional Services Stapport Services Substance Abuse - Residential Emergency Financial Assistance 0.00 47,444.00 Stapport Services Stapport Services	Grant Award Amount MAI Carryover Award FY'20 MAI 2,603,486.00 97,997.00 MAI MAI_CARRYOVER Total Award \$ 2,701,483.00 MAI S Current Contract Expenditures Direct Services Allocations Direct Services Expenditures Outpatient/Ambulatory Health Svcs 1,362,753.00 Outpatient/Ambulatory Health Svcs S60661000 Outpatient/Ambulatory Health Svcs 366,105.33 Allocations 560661000 Outpatient/Ambulatory Health Svcs 366,105.33 560661000 Outpatient/Ambulatory Health Svcs 366,105.33 Medical Case Management 903,920.00 S2,235,691.00 S216100000 Current Bervices Expenditures Support Services Allocations 7,628.00 S2,293,691.00 S216120000 Substance Abuse - Outpatient S0,68.00 2,293,691.00 Support Services Allocations 7,628.00 S00 dank S00 d	Grant Award Amount MAI Carryover Award FY'20 MAI 2,803,486.00 97,997.00 MAI 97,997.00 MAI MAI_CARRYOVER Total Award s 2,701,483.00 MAI DIRECT SERVICES: Current Contract <u>Expenditures</u> Carryover Outpatient/Ambulatory Health Svos 1,362,753.00 Allocations Carryover ADS Pharmaceutical Assistance Oral Health Care Health Insurance Services Allocations Carryover Carryover Substance Abuse - Outpatient 903,920.00 2,293,691.00 Stiltationol Medical Case Management 650,165.00 2,293,691.00 Substance Abuse - Outpatient and Substance Abuse - Outpatientiation Allocations Carryover Carryover Substance Abuse - Notices Allocations Carryover Carryover Carryover Substance Abuse - Notices Allocations Carryover Carryover Food Bank Outpatient/Ambulatory Health Threapy/Counseling Substance Abuse - Notices Stature Abuse - Notices Stature Abuse - Notices Carryover Substance Abuse - Notices Allocations Food Bank Stature Abuse - Residential Expenditures Carryover Substance Abuse - Notices Stature Abuse - Residential Emergency Financial Assistance Stature Abuse - Reside	Grant Award Amount MAI Carryover Award FY20 MAI 2,603,486.00 97,997.00 MAI 97,997.00 MAI 97,997.00 MAI 97,997.00 MAI AD_CARRYOVER Total Award S 2,701,483.00 CURRENT CONTRACT EXPENDITURES DRECT SERVICES: Curryover Carryover Core Medical Services Allocations Carryover Outpatient/Ambulatory Health Svcs 1,362,753.00 Allocations Carryover ADS Pharmaceutical Assistance Oral Health Care 1,362,753.00 Allocations Carryover Medical Care Management 903,920.00 521100000 Outpatient/Ambulatory Health Svcs 366,105.33 94,662.73 Substance Abuse - Outpatient 8,058.00 2,293,691.00 Substance Abuse - Outpatient 201.00 Substance Abuse - Outpatient 903,920.00 521100000 Merial Health Therapy/Counseling 3,672.50 Substance Abuse - Outpatient 8,058.00 2,293,691.00 521612000 Substance Abuse - Outpatient 201.00 Substance Abuse - Outpatient 93,951.00 52430000 Substance Abuse - Outpatient 210.00 Carryover Food Bank Other Professional Services 39,816.00 5224700000 Currees - Residential Soutstance A	Grant Award Amount MAI Carryover Award FY20 MAI 2,003,480.00 MAI 97,979.00 MAI 97,979.00 MAI 97,979.00 MAI 97,979.00 MAI 2,003,480.00 MAI 97,979.00 MAI 2,003,480.00 MAI 400,768.06 CURRENT CONTRACT EXPENDITURES DIRECT SERVICES: Carryover Audo Franceurical Assistance Oral Health Care Albo Ause - Outpatient Medical Care Substance Abuse - Outpatient 1,362,753.00 1,362,753.00 AUS Pharmaceurical Assistance Oral Health Care Services Mental Health Therapy/Counseling Substance Abuse - Outpatient 1,362,753.00 1,362,753.00 AUS Pharmaceurical Assistance Services Services Services Services Substance Abuse - Outpatient 460,768.06 460,768.06 Support Services Food Bank Other Professional Services Substance Abuse - Outpatient 1,862.00 2,293.691.00 2,293.691.00 511400000 Set 110000 Medical Case Management Set 110000 6519,152.00 Substance Abuse - Outpatient 3,672.50 201.000 460,768.06 Support Services Set 1100000 Medical Case Management Set 1100000 651120000 Substance Abuse - Outpatient 1,114,815.56 Cord Bank Other Professional Services Substance Abuse - Residential Expenditures Set 2200000 Food Bank Set 2100000 Set 280000 Other Ervices Set 2200000 Set 480.00 Set 2100000 3,648.00 Set 2100000 3,648.00 Set 2300000 3,648.00 Set 2300000 3,648.00 Set 23000000 3,848.05 3,869.56

RYAN WHITE PART A GRANT AWARD (BU033101) FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE FORMULA, SUPPLEMENTAL AND, MAI FUNDING Per Resolution # R-1192-20 AND R-246-20

FY 2021 Part A and MAI Combined FINAL

PROJECTS: BU033101 and BU033102 (MAI)	AWARD AMOUNTS	ACTIVITIES						
Grant Award Amount Formula	15,689,960.00	FORMULA						
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	Award - W/out CO					
Grant Award Amount FY'19 Supplemental		PY_SUPPLEMENTAL	\$26,432,895.00					
Carryover Award FY'20 Formula	709,256.00	CARRYOVER						
Grant Award Amount MAI	2,603,486.00	MAI						
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER						
Total Award	\$ 27,240,148.00							
CONTRACT ALLOCATIONS/ FO	RMULA & SUPPLEMENTAL AWA	ARDS		CUR		ITURES		
DIRECT SERVICES:				DIRECT SERVICES:		Carryover		
Core Medical Services	Allocations		ACCOUNT	Core Medical Services	Expenditures	Expenditures		
Outpatient/Ambulatory Health Svcs	10,010,471.00		5606610000	Outpatient/Ambulatory Health Svcs	7,634,921.26	94,662.73	7,729,583.99	
AIDS Pharmaceutical Assistance	83,595,00		5492120000	AIDS Pharmaceutical Assistance	4.379.02			
Oral Health Care	3,108,975.00		5216100000	Oral Health Care	2,533,061.80			
Health Insurance Services	442,447.00		5223550000	Health Insurance Services	298,950.41			
Mental Health Therapy/Counseling	169,464.00		5114040000	Mental Health Therapy/Counseling	60,238.75			
Medical Case Management	6,825,797.00		5211100000	Medical Case Management	5,744,512.45			
Substance Abuse - Outpatient	52,186.00	20,692,935.00	5216120000	Substance Abuse - Outpatient	1,356.00			16,372,082.
						Carryover		
Support Services	Allocations		ACCOUNT	Support Services	Expenditures	Expenditures		
Food Bank	1,385,995.00		5492250000	Food Bank	629,522.40	709,256.00	1,338,778.40	
Other Professional Services	154,449.00		5212100000	Other Professional Services	97,371.00			
Medical Transportation	158,316.00		5602400000	Medical Transportation	100,955.62			
Outreach Services	212,096.00		5224700000	Outreach Services	140,761.02			
Substance Abuse - Residential	1.289.469.00		5224130000	Substance Abuse - Residential	968.310.00			
	,,	2 200 225 00			900,310.00			0.040.470
Emergency Financial Assistance	0.00	3,200,325.00	5224300000	Emergency Financial Assistance	0.00			2,646,176.
DIRECT SERVICES TOTAL:	5	\$ 23,893,260.00	<	TOTAL EXPENDITURES DIRECT SVCS	\$ & % :	\$	19,018,258.46	79.60
Total Core Allocation	20,692,935.00							
Target at least 80% core service allocation	19,114,608.00							
Current Difference (Short) / Over	\$ 1,578,327.00			Formula Expenditure %	74.02%			
Recipient Admin. (OMB-GC, PC, GTL)	\$ 2,643,288.00			Recipient Administration	2,225,807.72			
Quality Management	\$ 703,600.00			Quality Management	703,599.96		2,929,407.68	
(+) Unobligated Funds / (-) Over Obligated:				Grant Unexpended Balance	5,292,481.86			
Unobligated Funds (Formula & Supp)	\$-			Grant Eligible Funds for Carryover	\$5,289,147.59			
Unobligated Funds (Carry Over)	\$-	3,346,888.00	27,240,148.0					
· · ·			•	Total Grant Expenditures & %		\$	21,947,666.14	80.57
Core medical % against Total Direct Service Alle				Core medical % against Total Direct S	ervice Expenditures (Not in	cluding C/O):		
Cannot be under 75%	89.21%	Within Limit		Cannot be under 75%			89.37%	Within Limit
Quality Management % of Total Award (Not incl Cannot be over 5%	luding C/O): 2.66%	Within Limit		Quality Management % of Total Awarc Cannot be over 5%	I (Not including C/O):		2.66%	Within Limit
	2.00,0						2.0070	
OMB-GC Administrative % of Total Award (Can Cannot be over 10%	not include C/O): 10.00%	Within Limit		OMB-GC Administrative % of Total Aw Cannot be over 10%	ard (Cannot include C/O):		8.42%	Within Limit

Printed on: 6/1/2022



10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

AGENDA

I.	Call to Order	Dr. Diego Shmuels		
II.	Meeting Housekeeping and Rules	Marlen Meizoso		
III.	Introductions	All		
IV.	Floor Open to the Public	Dr. Diego Shmuels		
V.	Review/Approve Agenda	All		
VI.	Review/Approve Minutes of May 5, 2022	All		
VII.	Reports			
	• Part A	Dan Wall		
	• Part B	David Goldberg		
	• ADAP	Dr. Javier Romero		
	General Revenue	Angela Machado		
	• Vacancy	Marlen Meizoso		
	• Report to Committees (reference only)	All		
VIII.	Standing Business			
	SFAN Jail Linkage Program	Louvens Fils-Aime		
	Legal Services Definition Edit	All		
IX.	New Business			
	Setting Priorities and Allocating Resource Process	All		
	• Summary of HIV Epi Profile Data, 2019-2020	Dr. Robert Ladner		
	• 2021 Ryan White Demographics	Dr. Robert Ladner		
X.	Announcements	Marlen Meizoso		
XI.	Next Meeting: July 7, 2022 at Main Library- Auditorium	Dr. Diego Shmuels		
XII.	Adjournment	Dr. Diego Shmuels		

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Provider Agency Name & Address FDOH in Miami-Dade County 1350 N.W. 14th St., Miami, 33125

Contract Name: 2021-2022 Miami CHD Consortia

Florida Department of Health Expenditure/Invoice Report **Program Name: Patient Care-Consortia** Area Name: AREA 11A



Month: March

Year: 2021-2022

Contract Services	Expended Month	# of Clients		Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	March	0	0	\$129,890.00	\$3,165.46	\$111,649.94	86%
Home Health Care	March	0	0	\$0.00	\$0.00	\$0.00	0%
Medical Case Management (including treatment adherence)	March	15	15	\$175,390.00	\$3,967.50	\$122,567.03	70%
Mental Health Services - Outpatient	March	12	43	\$35,000.00	\$1,397.50	\$22,053.50	63%
Outpatient Ambulatory Health Service	March	0	0	\$394,000.00	\$0.00	\$0.00	0%
Emergency Financial Assistance	March	15	15	\$800,160.00	\$48,189.50	\$596,089.79	74%
Medical Transportation Services	March	0	0	\$10,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	March	30	30	\$79,620.00	\$0.00	\$79,620.00	100%
Clinical Quality Management	March	0	0	\$87,602.00	\$6,541.74	\$55,217.78	63%
Planning and Evaluation	March	0	0	\$43,478.00	\$9,318.95	\$43,478.00	100%
Totals	6	72	103	\$1,755,140.00	\$72,580.65	<mark>\$1,030,676.04</mark>	

ontract Services		Expended Month C	# of Clients	# of Service Units	1.1.		Expended Budget	Expended Y-T-D	Rate of Expend
ADVANCE(S) INFORMAT	ION:					Total Cor	ntract Amount	\$1,755,140	00
Total Advances	\$0.00					Minus Ex	pended Y-T-D	\$1,030,676	.04
Previous Reductions	\$0.00					Minus UN	NPAID Advances	\$0.	.00
Current Reductions	\$0.00					Balance	To Draw	\$724,463	96
Remaining Advances	\$0.00	Total Expend	ditures th	is period:	\$72,580.65				
		Less Advance Pa	iyback th	is period:	\$0.00				
	AMOUNT	OF FUNDS REQUESTE	D THIS F	REPORT:	\$72,580.65				

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature & Title of Provider Agency Official

Date

Contract Manager Signature

Date

Contract Manager's Supervisor Signature

Date



10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

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Dec-22 Jan-23 Feb-23 Mar-23 FY22/23 >>

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Joseph A. Ladapo, M.D., Ph.D. State Surgeon General

Vision: To be the Healthiest State in the Nation

June 1, 2022

Average

Premium

\$910.22

\$1,091.04

\$1,187.79

\$1,198.30

\$1,192.98

			Ą	DAP Miami-Dade /	/ Summa	ry Report –	May 202	2	
FY 21/22	First Enrollments	6-mo. Re- Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395
FY21/22 >>	903	11,308	6,074	\$28,342,382.90	49,549	16,381	3.0	\$29,915,353.77	27,419
Apr-22	113	914	6,143	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429
May-22	114	808	6,205	\$2,428,021.98	4,295	1,385	3.1	\$2,844,770.69	2,374
Jun-22									
Jul-22									
Aug-22									
Sep-22									
Oct-22									
Nov-22									

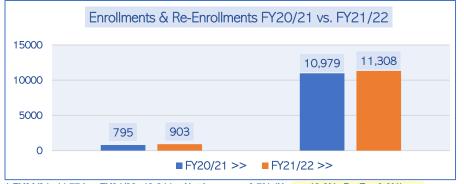
8,459

2,762

3.1

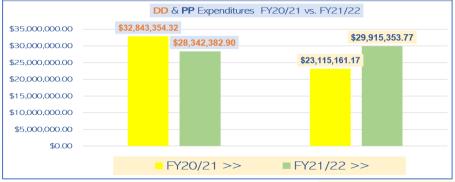
SOURCE: Provide - DATE: 06/01/22 - Subject to Review & Editing - * West Perrine Direct Dispense ~325 clients NOT INCLUDED. (Estimate - ~\$5 million/TBC).

\$4,763,017.82



^{*} FY20/21: 11,774 v. FY21/22: 12,211 > Net Increase: 3.7% (New: +13.6%; Re-E: +3.0%)

1,722



\$5,729,906.32

4,803

*FY20/21 \$55,958,515.49 v FY21/22 \$58,257,736.67. Net Increase: 4.1% (DD -13.7%; PP +29.4%)

PROGRAM UPDATE

227

- * Magellan RX PBM: for uninsured clients. Implementation: 4/1/22. Participating pharmacies: CVS Specialty Pharmacy (thru 9/30/22).
- * Cabenuva utilization @ ADAP Miami (06/01/22): 107 (1.7%) clients. Direct Dispense 55 (52%); Premium Plus 52 (48%)
- * ACA-MP Special Enrollment Period: APTC+=>100% FPL; <150 % FPL. Requirements apply.

For additional information: www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.aov





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General Revenue July 2021 - June 2022 HIV/AIDS Demographic Data for PHT/SFAN

	March-2022			Year To Date Data			
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units	
Ambulatory - Outpatient Care	644	1,296	227,577	999,011	1,697,185	5,574	
Drug Pharmaceuticals	106	218	53,165	428,594	686,738	2,084	
Home & Community Base Services	-		<u> </u>	410	2,000	6	
Home Health Care	<u> </u>			22,993	70,000	570	
Mental Health Services	15	16	9,801	57,752	82,010	388	
Nutrition Counseling	<u> </u>		<u> </u>	5,436	8,000	40	
Medical Case Management	974	2,212	156,673	852,329	1,583,682	8,713	
Non-Medical Case Management	366	373	44,291	368,399	541,533	2,853	
Other Support Services / Emergency Fin. Assistance	4_	4	8,882	119,806	362,000	65	
Transportation	126	137	6,637	44,065	77,156	892	
Referral for Health Care / Supportive Services	96	233	28,134	258,740	353,494	1,764	
Substance Abuse Residential	6	314	70,006	239,448	428,955	1,074	
Residential Care - Adult	15	767	32,981	135,837	204,035	3,159	
Nursing Home Care	5_	155	38,157	301,917	436,063	1,186	
Hospital Services	29	305	118,341	392,272	568,844	829	
	2,386	6,030	794,645	4,227,009.14	7,101,695	29,197	



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Membership Report May 2, 2022

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners

Opportunities for People with HIV

People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community. 9 available seats

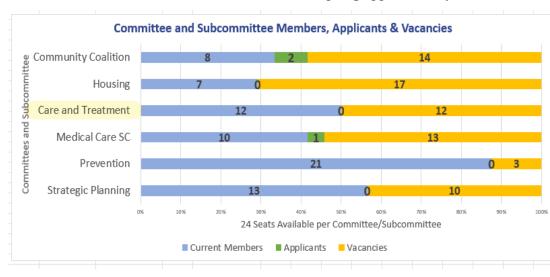
General Membership Opportunities

These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

> Representative Co-infected with Hepatitis B or C Hospital or Health Care Planning Agency Representative Other Federal HIV Program Grantee Representative (SAMHSA) Federally Recognized Indian Tribe Representative Mental Health Provider Representative Miami-Dade County Public Schools Representative Non-Elected Community Leader, not an HIV Provider

Partnership Committees

Committees are now accepting applications for new members.



People with HIV are encouraged to apply.



Scan the QR code with your phone's camera for membership applications!



Are you a Member?

Thank you for your service to people with HIV! Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County? Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County! People with HIV are encouraged to join!

- Allocate more than \$27 million in Ryan White Program funds with the Care and Treatment Committee
- 8 Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the Strategic Planning Committee
- **%** Recruit and train new Partnership members with the **Community Coalition**
- X Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the Housing Committee
- 8 Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the Medical Care Subcommittee
- 8 Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the Care and Treatment Committee

- **%** Share a meal and testimonials at Roundtable Luncheons with the **Community Coalition**
- 8 Develop and monitor the official HIV Prevention and Care Integrated Plan with the Strategic Planning Committee & Prevention Committee
- 8 Develop your leadership skills and be a committee leader with the Executive Committee
- 8 Oversee updates and changes to the Ryan White Prescription Drug Formulary with the Medical Care Subcommittee
- X Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the Prevention Committee & Strategic Planning Committee
- 8 Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.





Care and Treatment Thursday, June 2, 2022

10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

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Partnership Report to Committees and Subcommittee May 16, 2022 Meeting

Supporting documents related to motions in this report are available are online at <u>aidsnet.org/meeting-documents/</u>, or from staff at Behavioral Science Research Corp. (BSR).

For more information, please contact <u>hiv-aidsinfo@behavioralscience.com</u>.

The Partnership heard reports and approved the following motions:

- 1. Motion to adopt the outcome threshold of 75% for annual oral examinations.
- Motion to add codes D6058 (Abutment supported porcelain/ceramic crown), D6065 (Implant supported porcelain/ceramic crown), D6068 (Abutment supported retainer for porcelain/ ceramic Fixed Partial Denture), and D6075 (Implant supported retained for ceramic Fixed Partial Denture) to the Ryan White Oral Health Care Formulary, with restrictions as defined by the Recipient.
- 3. Motion to accept the revised Letter of Medical Necessity for Continuous Glucose Monitoring (CGM) Devices, as discussed.
- 4. Motion to add prostate cancer under Genitourinary/Gynecology/Obstetrics specialty; and osteoarthritis under Bone and Joint Disease (e.g., Orthopedics/Rheumatology), as medical conditions on the Allowable Medical Conditions list.
- 5. Motion to elect Jamie Marqués as Florida Comprehensive Planning Network (FCPN) Area 11a Prevention Committee Representative, and Dr. Angela Mooss as FCPN Area 11a Prevention Committee Alternate.

Meeting calendars are online:

- Partnership Website: <u>http://aidsnet.org/calendar/</u>, and
- County Website: <u>https://www8.miamidade.gov/global/calendar/global.page</u>

Please RSVP: Scan the QR Code to RSVP to June 2022 meetings, or contact us at (305) 445-1076, <u>cbontempo@behavioralscience.com</u>, or <u>marlen@behavioralscience.com</u>.





Care and Treatment Thursday, June 2, 2022

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South Florida AIDS Network Jail Linkage Program



Presented by Louvens Fils-Aime, MSW, MPH, CTTS Clinical Social Worker Jail Linkage Program Coordinator

Brief Overview

Introduction

Brief history

- Definition of linkage
- SFAN Jail Linkage
- Discharge planning
- Clinic days
- Court and release date



Introduction

* The Florida Department of Health (DOH), Bureau of HIV/AIDS has made a concerted effort for many years to implement programs in jails to identify and assist HIV inmates preparing to return to their local communities. More than 95% of incarcerated men and women will eventually return to their community, so it's important we provide HIV infected inmates with interventions that will help them return to society with optimal health.



History

- In 1999 the Department of Health started funding the Florida Department of Corrections, FDC, to service the HIV/AIDS population in the state corrections institutions.
- * Legislation passed in 2002
- * More than 95% of incarcerated men and women will eventually return to their communities



History cont'n

- * The Jail Linkage program (JLP) is a component of the Florida Department of Health HIV/AIDS Program.
- * Operates in 15 counties
- * Alachua, Broward, Collier, Duval Hillsborough, Lee
- Manatee, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, and Volusia



Definition of linkage

 Linkage can broadly be defined as active referrals and follow ups. The JLP links infected inmates to health services such as medical care, prenatal care, mental health, substance abuse as well as to social services such as support groups, transportation, and housing needs.



Discharge Planning

Inmates Interview questionnaire

- History of incarceration
- Medical and case management
- Substance Abuse/Mental Health
- Housing/Support System
- Work History/ Government benefits





Clinic Days

Detention Centers
 Immunology clinic
 ARV
 Labs
 STD testing







Unplanned release

- Majority of the patients are released unplanned
- Correction health services referral prior to court date
 - Serve as proof of income and residency
 - Photo ID (print their mugshot)
- Bridge medication
 - Hotline 305 585-6330





Planned released

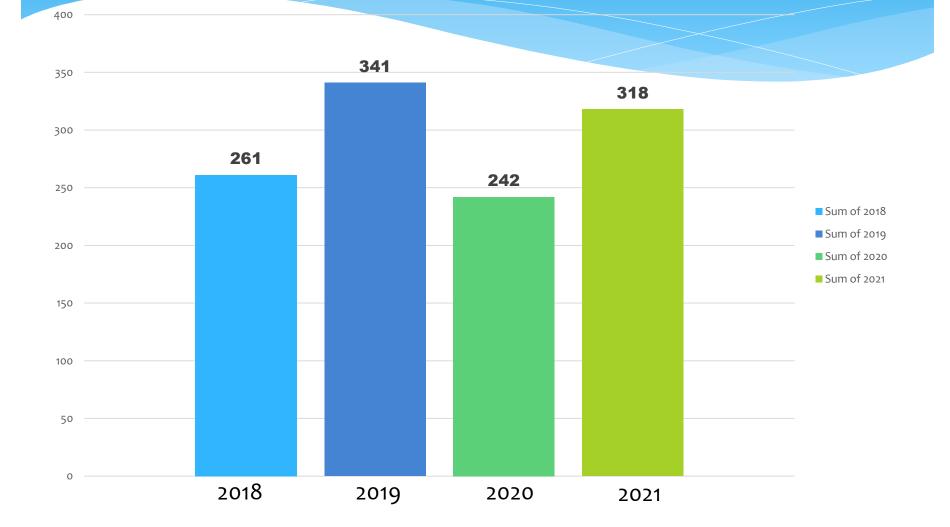
GR enrollment
 MCM and medical appointments
 30 day medication through GR







SFAN Jail Linkage Clients Encounter



Client Demographics

2021

Black/African American: 35%

Hispanic: 38%

White Non-Hispanic: 23%

Other: 4% Detectable VL: approx 23%

% Male: 98%

2022*

Black/African American: 50%

Hispanic: 50%

White Non-Hispanic: 0%

Other: 0%

Detectable VL: approx 20%

% Male: 100%

* From Jan-April 2022





Contact information

Louvens Fils-Aime, RCSWI, MSW, MPH, CTTS
SFAN Office phone number 305 585-5241
Fax 305 585-5112
Email: Ifilsaime@jhsmiami.org





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OTHER PROFESSIONAL SERVICES: LEGAL SERVICES AND PERMANENCY PLANNING

(Year <u>31-32</u> Service Priority: #13 for Part A only)

Other Professional Services (Legal Services and Permanency Planning) are support services. Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Locally, this service category is limited to the provision of Legal Services and Permanency Planning to people with HIV or AIDS who would not otherwise have access to these services, with the goal of maintaining clients in health care. Legal Services are available to eligible individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program, especially but not limited to assistance with access to benefits and health care-related services.

- A. Program Operation Requirements: Funds may be used to support and complement pro bono activities. All legal assistance under Ryan White Part A Program funding will be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this Agreement. Therefore, the service provider will assist eligible Ryan White Program clients with civil legal HIV-related issues which will benefit the overall health of the client and/or the Ryan White Program care delivery system in the following areas:
 - Collections/Finance issues related to unfair or illegal actions by collection agencies related to health care debt (e.g., bankruptcy due to health care debt).
 - Employment Discrimination Services issues related to discrimination while at work, unfair terminations, unfair promotion policies, or hostile work environment as related to HIV diagnosis or status.
 - Health Care Related Services issues related to ensuring that the client is treated in a fair manner, and issues relating to breach of confidentiality by divulging HIV status or other confidential medical/income information without client consent.
 - Health Insurance Services issues related to seeking, maintaining, and purchasing of private health insurance.
 - Government Benefit Services issues related to obtaining or retaining public benefits which the client has been denied and is eligible to receive, including but not limited to Social Security Disability and Supplemental Income Services

(SSDI and SSI) benefits, Unemployment Compensation, as well as welfare appeals, and similar public/government services.

- Name Change-issues related to updating legal name given at birth to match current gender identity required to access services such as government benefits and health insurance.
- Rights of the Recently Incarcerated Services issues related to a client's right to access and receive medical treatment upon release from a correctional institution.
- Adoption/Guardianship Services issues relating to preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Permanency Planning this component helps clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: the provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney. This sub-component includes preparation of advance directives, healthcare power of attorney, durable powers of attorney, and living wills.

IMPORTANT NOTES:

- Adoption/Guardianship is related to Permanency Planning under HRSA Policy Clarification Notice #16-02; however, for local tracking purposes, it has been identified as a separate billable component.
- Adoption/Guardianship and Permanency Planning activities do not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. Proper planning must occur prior to the death of the client (i.e., parent/guardian).

Providers should demonstrate experience in providing similar services and the ability to meet the multi-lingual needs of the HIV/AIDS community.

- **B. Rules for Reimbursement:** The unit of reimbursement for this service is *one hour* (*or fraction thereof*) of legal consultation and/or advocacy provided by an attorney or paralegal at a rate not to exceed \$90.00 per hour.
- C. Additional Rules for Reporting: Monthly activity reporting for this service will be on the basis of *one hour of legal consultation and/or advocacy* provided by an attorney or paralegal. Legal Services and Permanency Planning providers must submit an annual written assurance that: 1) Ryan White Program funds are being

used only for Legal Services and Permanency Planning directly necessitated by an individual's HIV status; 2) Ryan White Program funds are not used for any criminal defense or for class action suits unrelated to access to services eligible for Ryan White Program funding; and 3) the Ryan White Program was used as the payer of last resort.

- **D. Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service and must be updated annually. Providers must also document that program-eligible people with HIV (clients) receiving Ryan White Part A Program-funded Other Professional Services (Legal Services and Permanency Planning) are permanent residents of Miami-Dade County and have gross household incomes that do not exceed 400% of the 2021–2022 Federal Poverty Level (FPL).
- E. Additional Rules for Documentation: Client charts must include a description of how the Legal Service or Permanency Planning services are necessitated by the individual's HIV status, the provision of services, client eligibility (Ryan White Program In Network Referral or Out of Network Referral with supporting documentation), and the hours spent in the provision of such services.

Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program FY 202<u>+2</u> (Year 3<u>+2</u>) Service Delivery Manual Section I, Page 82 of 120 Effective March 1, 2024<u>2</u> (unless otherwise noted herein)<u>DRAFT</u>



Care and Treatment Thursday, June 2, 2022

10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

AGENDA

Dr. Diego Shmuels

1.		DI. Diego Similaris		
II.	Meeting Housekeeping and Rules	Marlen Meizoso		
III.	Introductions	All		
IV.	Floor Open to the Public	Dr. Diego Shmuels		
V.	Review/Approve Agenda	All		
VI.	Review/Approve Minutes of May 5, 2022	All		
VII.	Reports			
	• Part A	Dan Wall		
	• Part B	David Goldberg		
	• ADAP	Dr. Javier Romero		
	General Revenue	Angela Machado		
	• Vacancy	Marlen Meizoso		
	• Report to Committees (reference only)	All		
VIII.	Standing Business			
	SFAN Jail Linkage Program	Louvens Fils-Aime		
	Legal Services Definition Edit	All		
IX.	New Business			
	Setting Priorities and Allocating Resource Process	All		
	• Summary of HIV Epi Profile Data, 2019-2020	Dr. Robert Ladner		
	• 2021 Ryan White Demographics	Dr. Robert Ladner		
Х.	Announcements	Marlen Meizoso		
XI.	Next Meeting: July 7, 2022 at Main Library- Auditorium	Dr. Diego Shmuels		
XII.	Adjournment	Dr. Diego Shmuels		

XII. Adjournment

I

Call to Order

Please turn off or mute cellular devices - Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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Miami-Dade HIV/AIDS Partnership 2022 Needs Assessment Setting Priorities and Allocating Resources Process

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings scheduled for June 2, July 7, August 4, and September 1. The results of the needs assessment process including Priorities and Allocations will be included in Ryan White Program updates report to HRSA due in the Fall. Representatives of the affected community, community stakeholders, and service providers are urged to attend and participate.

The meeting schedule will follow the nine-step process described below.

Step 1. Training on Responsibilities

The committee will be trained on the responsibilities regarding the needs assessment and how to use data.

Step 2. Process Review

The committee will discuss and agree on the foundation of the process, including:

- Procedures for community input at meetings; and
- Review and, if necessary, revise established principles for setting priorities and allocations (e.g., priority on the poorest, priority on the sickest, etc.).

The committee's decisions at any meeting during this process will be made available to all participants at subsequent meetings through minutes of the meetings which will be posted online.

Step 3. Community Input

The Committee may receive input in four ways:

- 1) Written or phone comments from members of the affected community will be accepted and provided to the committee during their last meeting.
- 2) Committee members and non-members in attendance will be encouraged to participate in discussion and consensus-building by offering relevant information and stating their opinions. This input will be given during discussions of service categories, either during the general discussion before a motion is made, or during the discussion of the motion. We will use a queue to ensure orderly discussion. A Partnership Staff Support person may serve as a parliamentarian to ensure that the scheduled business is completed and that all parties are heard from, as time permits.
- 3) Community Input results gathered as part of the Integrated Plan and as part of discussions regarding HIV and aging
- 4) Results of the client satisfaction survey.

Step 4. Data Review

Staff Support will provide an overview of HIV/AIDS epidemiology, Ryan White Program client demographics and service utilization, cost of services, unmet need and other data for Miami-Dade County ahead of the meetings, posting the information on the <u>www.aidsnet,org</u> web site, and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- A comparative profile of the 2019 vs 2020 HIV/AIDS Epidemiology for Miami-Dade County;
- Data on persons presenting for HIV testing, the proportion who are HIV+ and their linkage to Ryan White Program care;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 31 (March 1, 2021 – February 28, 2022);
- Current cost and funding allocations for existing Ryan White Program services;
- FY 31 cost and funding allocations for services;
- Other funding streams that cover the same services as the Ryan White Program and the number of HIV-positive recipients;
- HIV Care Continuum data;
- Estimates of unmet need; and
- Other issues relating to specific services.

Procedures for examining services will include:

- Review of information pertaining to definition, cost and utilization of specific services at each meeting when services are discussed.
- Discussion and questions by committee members and others present to clarify and elicit additional information.

The committee will not make motions or take actions related to service priorities and funding allocations until after Step 4 has been completed.

Step 5. Service Categories

The committee will review and use needs assessment data as a basis for selecting service categories to be funded for the coming fiscal year. Currently funded service categories and demonstrated need will be reviewed to:

- Eliminate service categories for which no need is identified, focusing attention on the cost of the services and the impact that removing the services may have on the health of the affected community; and
- Identify and introduce new core and/or support service categories and seek to establish the basis of funding for these services, as needed.

Establishment of new categories must be based on data that demonstrate the extent of need and the lack of other funding sources or services to supply the area of need. *Persons seeking to introduce new services are responsible for providing data on need and potential utilization: it*

will not be sufficient to assert that a particular service is needed without providing concrete data on the magnitude of that need among persons living with HIV/AIDS and the absence of non-Ryan White funding to support service provision for that need. Responsibility for providing data in support of proposed new services rests with the proposer. The committee will vote on the proposed new service(s) following presentation and review of the pertinent data.

Step 6. Priority Ranking

The Committee will review needs assessment data once more. The Committee will follow the below process for establishing priority rankings of service categories.

- Members will complete a survey ranking services in order of importance prior to the final meeting;
- Guests will complete a survey ranking services in order of importance prior to the final meeting;
- Staff will tally the surveys and post the compiled services ranking of committee members and guests at the last meeting;
- The committee and others present will review this ranking, and based on discussion, make adjustments if necessary;
- The committee will come to a consensus on the final rank order of priorities, and will adopt them by formal motion.

Step 7. Directives

After full consideration of relevant data reviewed during the needs assessment process, the committee may direct the Recipient to address unmet (or under-delivered) service priorities and to address other issues defined during the process. These may, among other things, address access issues to services for special populations or special geographic areas.

Step 8. Allocation of Funds

The Committee will use the service priorities, established principles, and needs assessment data to allocate funds for Fiscal Year 33 (2023-2024), generating a flat funding budget using the current grant award and a prospective resource allocation budget using the grant ceiling total.

Conflicts of Interest

Care and Treatment Committee members who work for subrecipients ("providers") currently funded by the Ryan White Program may vote on funding recommendations affecting a service category in which their employers provide services under Ryan White, as long as the member's employer is not the sole subrecipient ("provider") in that service category. Members who are "conflicted" in this way must declare their conflicted status during the meeting prior to discussion and vote of the service category. The conflicted member will then leave the meeting and he or she will be contacted by staff to rejoin the meeting once the conflicted vote is concluded. They will be emailed Form 8B which will be completed and return to staff within 48 hours after the conclusion of the meeting. Copies of completed Form 8Bs will be included with the minutes of the meeting.

Step 9. Determination of Final Priorities and Allocations

The final priorities and allocations for Fiscal Year 33 (2023-2024), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.



Care and Treatment Thursday, June 2, 2022

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Summary of HIV Epidemiology Profile Data, 2019-2020

June 2, 2022

Data provided by the Florida Department of Health. Slides prepared by Behavioral Science Research Corporation







Miami-Dade County General Population

- In 2020 and 2021, women accounted for the largest gender group.
- Hispanics comprise 69% of those living in Miami-Dade.
- Individuals 60 year and older account for the largest age group in the County.
- Miami-Dade County is unique among EMAs in Florida and throughout the United States, because of:
- (1) its high concentration of people with HIV and high rates of new HIV infection, both among the highest in the United States;

and

 (2) the ethnic diversity of both its population and the people with HIV in care.









2022 NEEDS ASSESSMENT

PREVALENCE

<u>Total</u> number of people in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population – such as the total number of people diagnosed with HIV in Miami-Dade County (EMA) as of December 31 of the reference year.







A Snapshot of Prevalence in Miami-Dade County for 2020

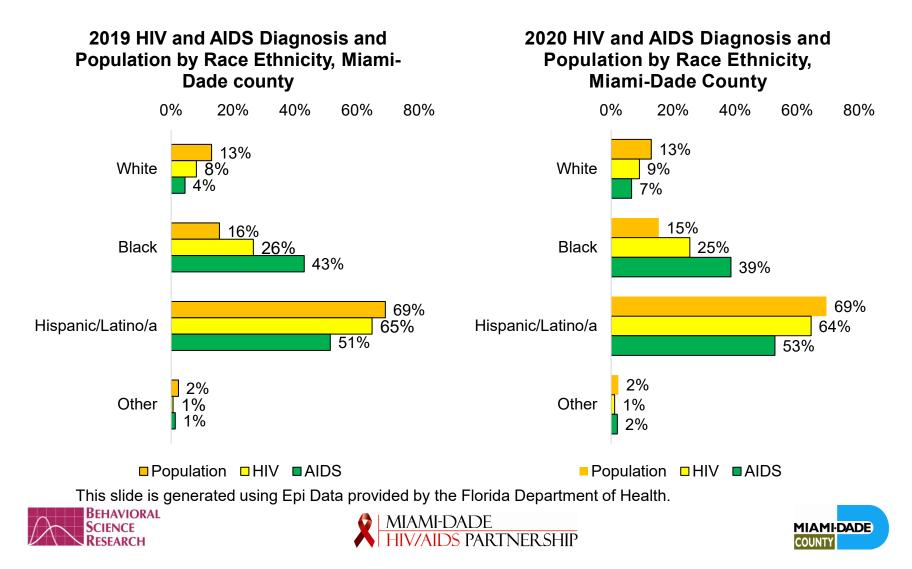
- 2020 was an anomaly year since it was the start of the COVID-19 pandemic
- Hispanics comprise 49% of those living with HIV
- **Transgender** account for less than 1% (0.3%) of those living with HIV
- The largest age group of those living with HIV are 50+ years old (57%)
- The largest exposure group is male to male sexual contact (MMSC) (56%)



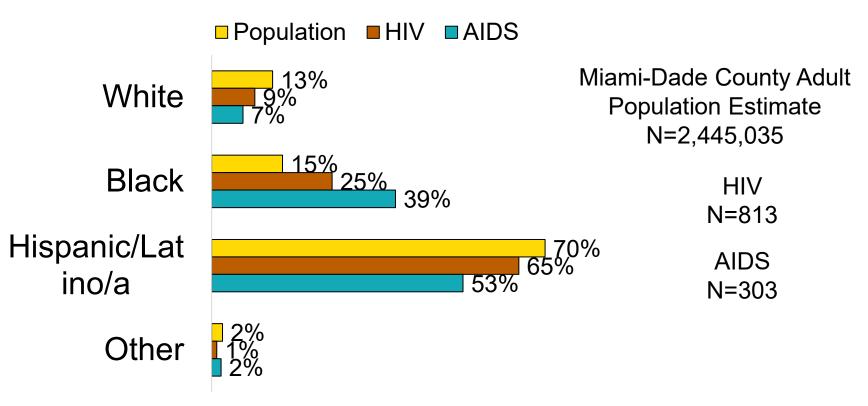




HIV and AIDS Diagnosis and Population by Race/Ethnicity Comparison



Adult HIV and AIDS Diagnoses and Population By Race or Ethnicity, 2020, Miami-Dade County



Rounding may cause percentages to total more or less than 100.







2022 NEEDS ASSESSMENT

Adults with HIV, 2020, Living in Miami-Dade County

		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	2,439	11.9%	287	4.3%	2,726	10.0%
	Black	6,407	31.1%	4,509	68.2%	10,916	40.1%
Ethr	Hispanic/Latino/a	11,470	55.7%	1,737	26.3%	13,207	48.6%
–	Other	260	1.3%	81	1.2%	341	1.3%
	13–19	47	0.2%	22	0.3%	69	0.3%
Group	20–29	1,419	6.9%	362	5.5%	1,781	6.6%
Ū	30–39	3,466	16.8%	905	13.7%	4,371	16.1%
Age	40–49	4,013	19.5%	1,381	20.9%	5,394	19.8%
	50+	11,631	56.5%	3,944	59.6%	15,575	57.3%
	MMSC	15,200	73.9%	0	0.0%	15,200	55.9%
of ure	IDU	805	3.9%	552	8.3%	1,357	5.0%
de o osui	MMSC/IDU	661	3.2%	0	0.0%	661	2.4%
Mode Exposu	Heterosexual Contact	3,690	17.9%	5,887	89.0%	9,576	35.2%
[—] Ш	Transgender Sexual Contact	74	0.4%	3	0.0%	77	0.3%
	Other risk	147	0.7%	172	2.6%	319	1.2%

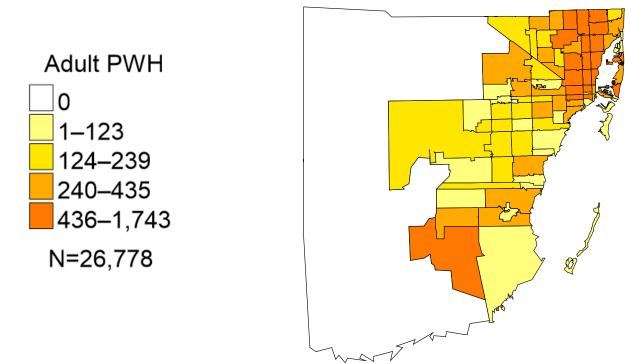
In 2020, there were 27,214 people with HIV in Miami-Dade County, 48% identified as Hispanic/Latinx, 40% Black/African American, and 1% other. Since 2016, Hispanics/Latinx have surpassed Blacks/African Americans in HIV prevalence (Miami-Dade). Males comprise 76% of the people in the EMA with HIV, and among these males, 74% were MMSC. Ninety-one (91) percent of the 8,127 RWP clients in care identified as a minority. According to the FDOH, 55% of people with HIV in the EMA were born outside of the United States, with the largest group identifying as coming from the Caribbean (30% from Haiti, Cuba, Puerto Rico, and Jamaica combined).







Adult PWH by ZIP Code of Residence,¹ 2020, Living in Miami-Dade County



¹Excludes homeless persons and persons with unknown ZIP codes.







2022 NEEDS ASSESSMENT

INCIDENCE

Number of <u>new</u> cases of a disease in a population during a defined period of time – such as the number of new HIV cases in Miami-Dade County.







A Snapshot of Incidence in Miami-Dade County in 2020

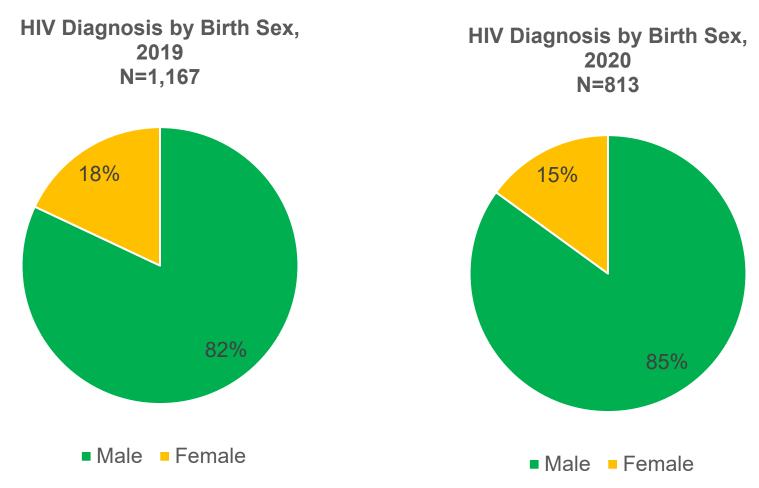
- HIV cases dropped 30% in 2020 from 2019
- AIDS cases dropped 20% in 2020 from 2019
- Men made up 85% of new diagnosis, among these the primary exposure was from male-to-male sexual contact.
- Gonorrhea cases (co-infected with HIV) have increased by 104% since 2016.
- Early syphilis cases (co-infected with HIV) have increased by 53% since 2016.







HIV Diagnosis by Birth Sex 2019 and 2020



This slide is generated using Epi Data provided by the Florida Department of Health.

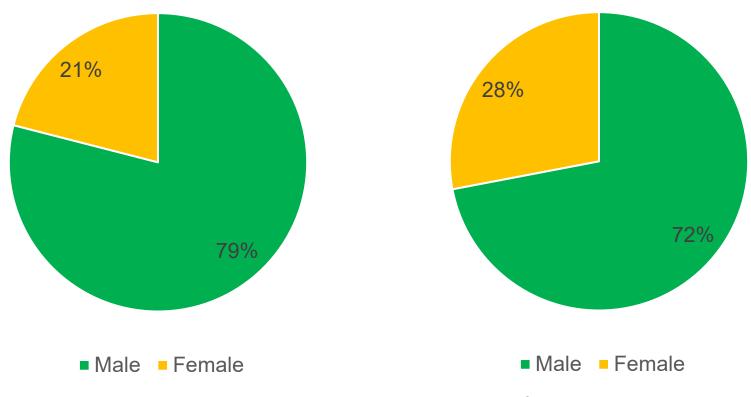






AIDS Diagnosis by Birth Sex 2019 and 2020

AIDS Diagnosis by Birth Sex, 2019 N=380 AIDS Diagnosis by Birth Sex, 2020 N=303



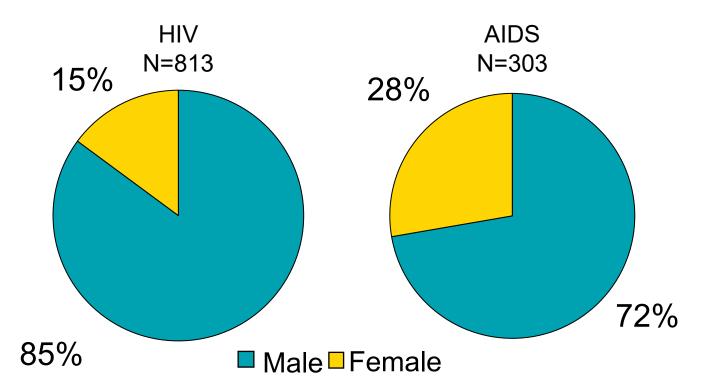
This slide is generated using Epi Data provided by the Florida Department of Health.







Adult HIV and AIDS Diagnoses By Sex at Birth, 2020, Miami-Dade County



The epidemic continues to be driven by men (85% of the new diagnoses in 2020), particularly through male-to-male sexual contact (MMSC), which accounts for 85% of the new male HIV diagnoses in 2020. Females accounted for 15% of the new HIV diagnoses, with 96% attributed to heterosexual contact and 4% to injection drug use (IDU).







Transgender Transmission, 2017-2020

HIV Incidence

HIV Prevalence

	Total	Transgender	Transgenders as % of Total
2017	1,164	0	0%
2018	1,190	7	0.6%
2019	1,167	6	0.5%
2020	813	4	0.5%

	Total	Transgender	Transgenders as % of Total
2017	27,198	78	0.3%
2018	27,268	77	0.3%
2019	27,245	82	0.3%
2020	27,214	82	0.3%

This slide is generated using Epi Data provided by the Florida Department of Health.

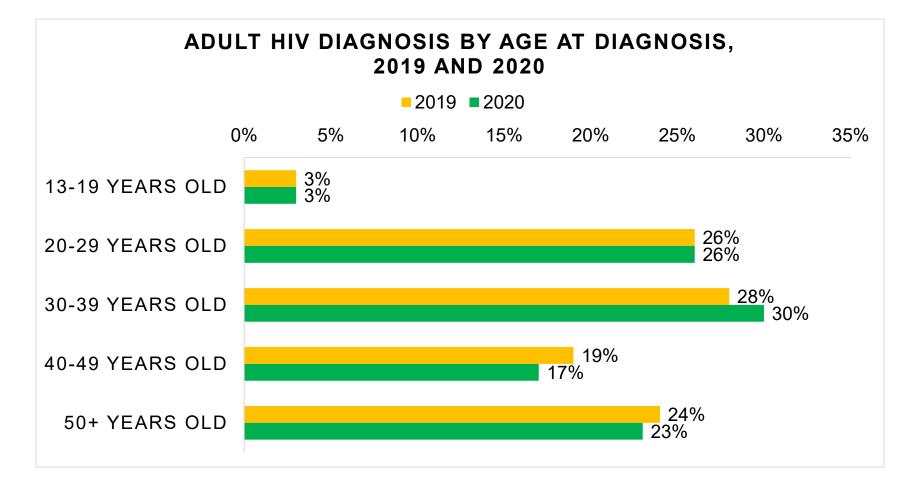








Adult HIV by Age at Diagnosis Comparison 2019 and 2020



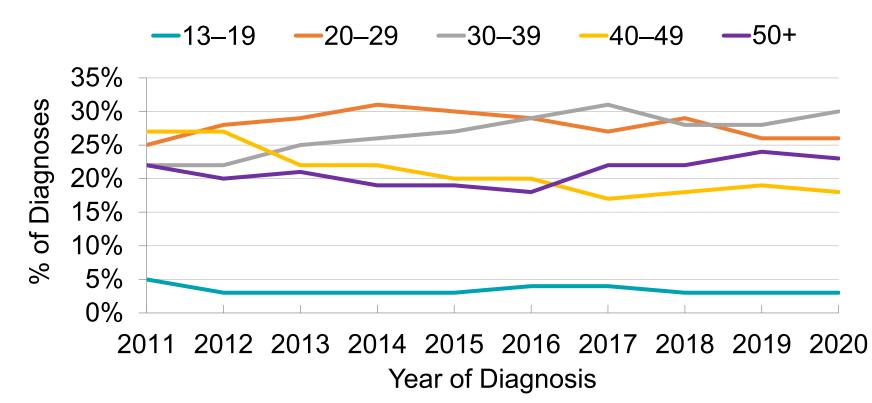
This slide is generated using Epi Data provided by the Florida Department of Health.







Adult HIV Diagnoses by Age At Diagnosis, 2011–2020, Miami-Dade County



The epidemic continues to be driven by men (85% of the new diagnoses in 2020), particularly through male-to-male sexual contact (MMSC), which accounts for 85% of the new male HIV diagnoses in 2020. Females accounted for 15% of the new HIV diagnoses, with 96% attributed to heterosexual contact and 4% to injection drug use (IDU).







HIV and Co-occurring Conditions

For over 10 years, the Miami-Dade County EMA has had the highest new infection rates in the State of Florida for syphilis, chlamydia, and gonorrhea. Nearly 7% of RWP clients served in FY 2020 are co-infected with STIs, including 9% of the Hispanic MMSC clients, 17% of Blacks/African Americans, and 4% of Haitians served. STI rates among people with HIV are driven by Male-to-Male Sexual Contact (MMSC) activity.







Co-occurring Conditions: Hepatitis B, Hepatitis C, and Tuberculosis with HIV, 2020

Co-occurring Condition with HIV	2019	2020	% change
Hepatitis B	44	56	27%
Hepatitis C	61	82	34%
Tuberculosis	15	7	-53%

This slide is generated using Epi Data provided by the Florida Department of Health.







PWH with a Co-occurring Diagnosis of an STI by Type and Year of STI Report, 2016–2020, Miami-Dade County

Year of STI Report	HIV/ Early Syphilis ¹	HIV/ Chlamydia	HIV/ Gonorrhea
2016	716	485	467
2017	724	611	595
2018	928	803	806
2019	1,000	955	1,034
2020	1,096	837	953
Percentage Change	53%	73%	104%

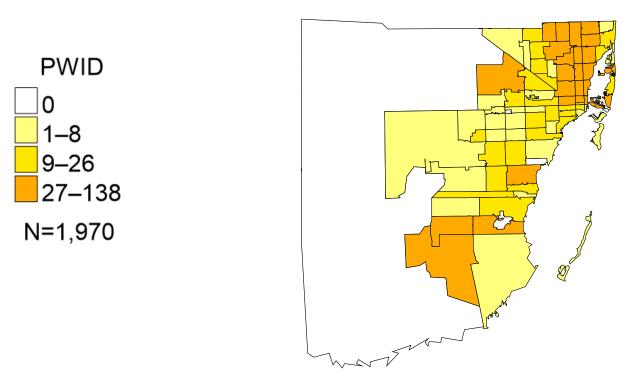
¹Primary, secondary and early non-primary, non-secondary syphilis.







PWID¹ with HIV by ZIP Code of Residence,² 2020, Living in Miami-Dade County



¹Data includes MSM/PWID. ²Excludes homeless persons and persons with unknown ZIP codes.









Questions?









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Ryan White Program Demographic Data Fiscal Year 31 (3/1/2021 thru 2/28/2022)

Presented June 2, 2022

Based on Data from Provide Enterprise generated 3/31/22

Prepared by Behavioral Science Research Corporation







Total Number of Clients Served Ryan White Program, FY 27 - FY 31



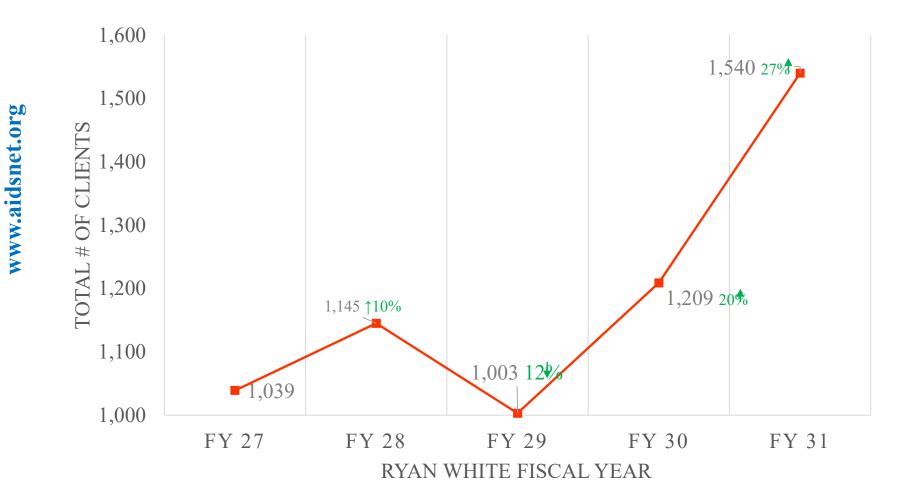
RYAN WHITE FISCAL YEAR







Number of New Clients Served Ryan White Program, FY 27 - FY 31

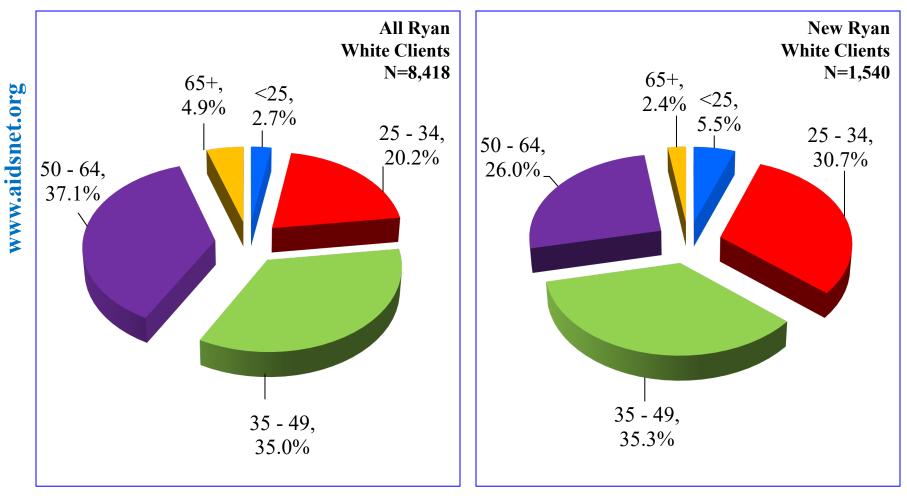








Age Distribution of New and Total Clients in Care Ryan White Program, FY 31

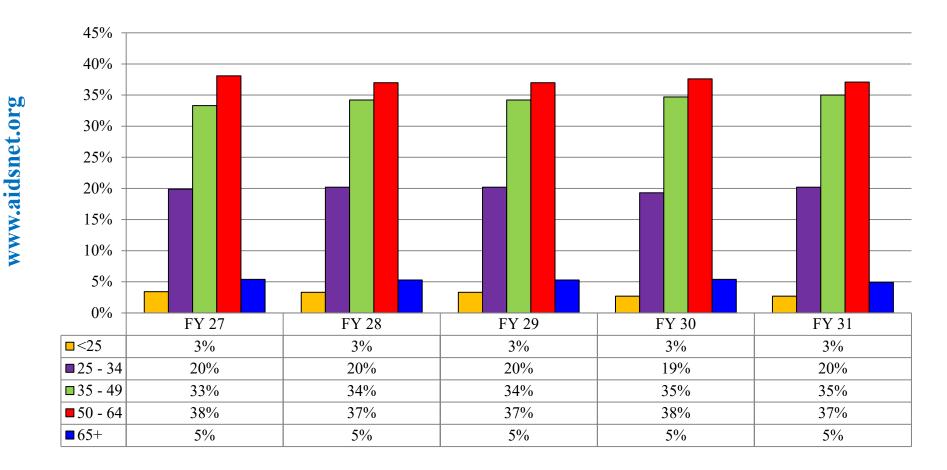








Clients By Age Group Ryan White Program, FY 27 - FY 31

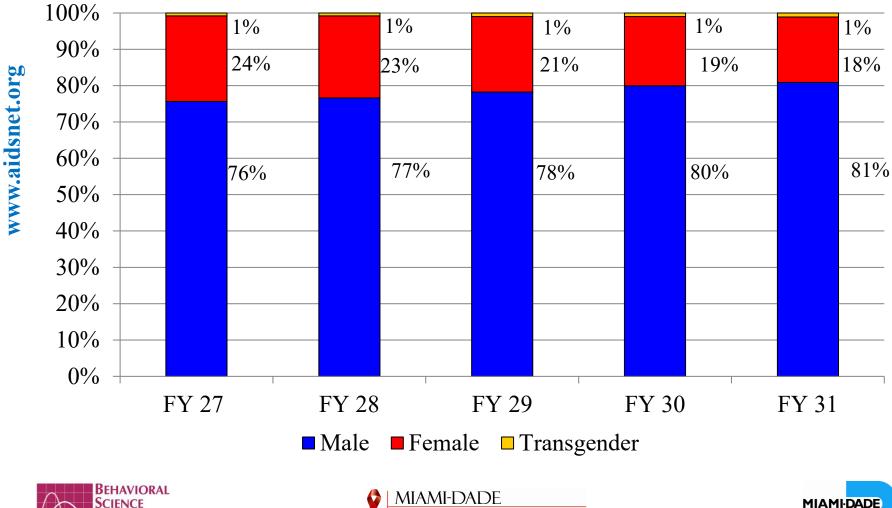








Gender of Clients In Care Ryan White Program, FY 27 - FY 31

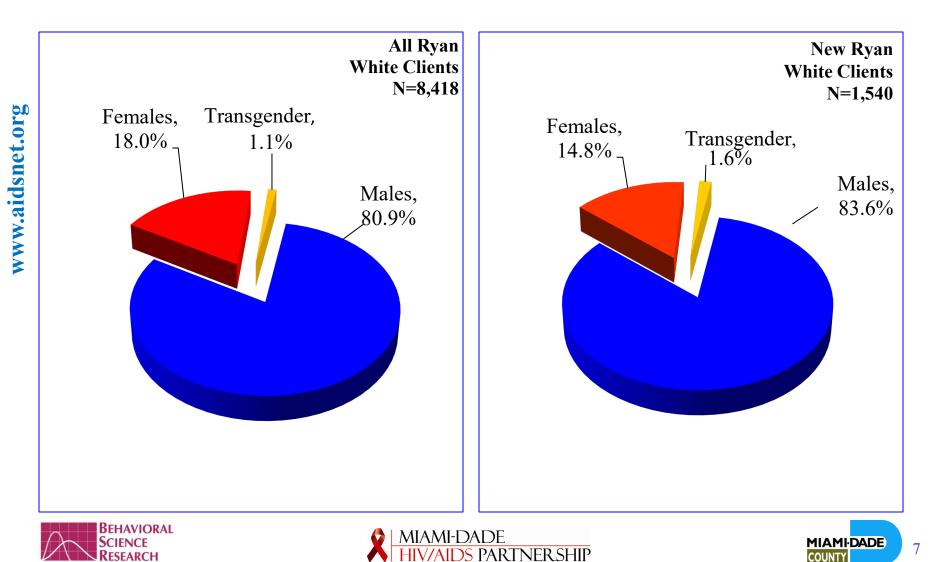




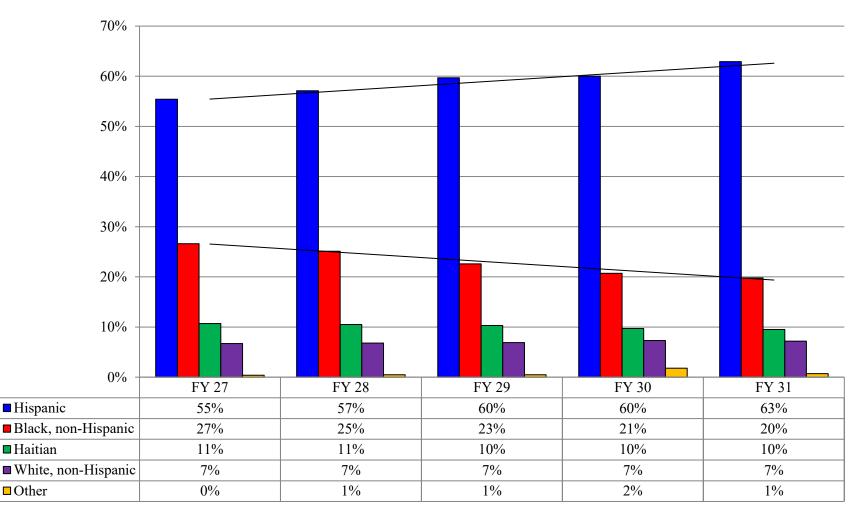
MIAMI-DADE HIV/AIDS PARTNERSHIP



Gender Distribution of New and Total Clients in Care Ryan White Program, FY 31



Race/Ethnicity of Clients in Care Ryan White Program, FY 27 - FY 31

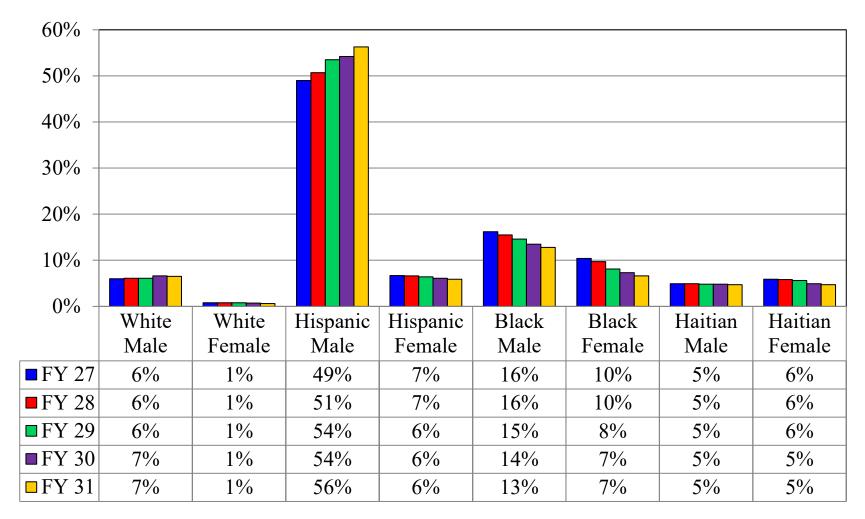








Race/Ethnicity of Clients in Care, by Gender Ryan White Program, FY 27 - FY 31

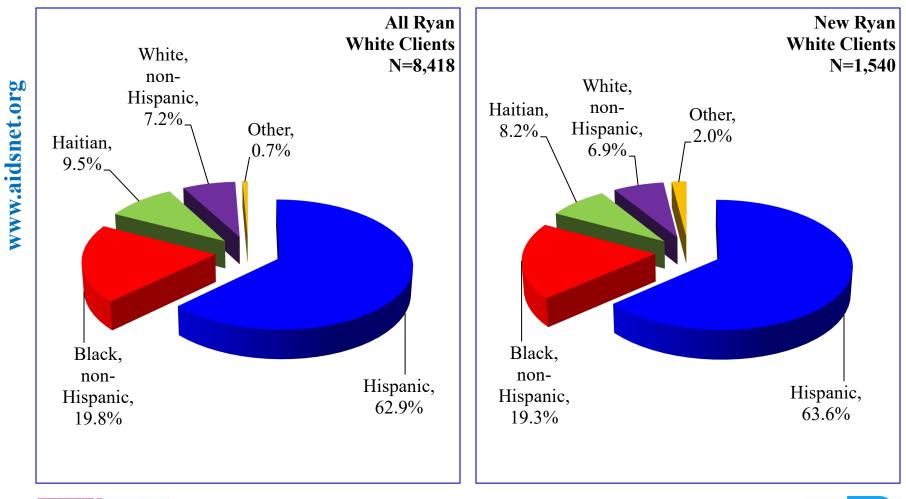








Race/Ethnicity Distribution of New and Total Clients in Care Ryan White Program, FY 31

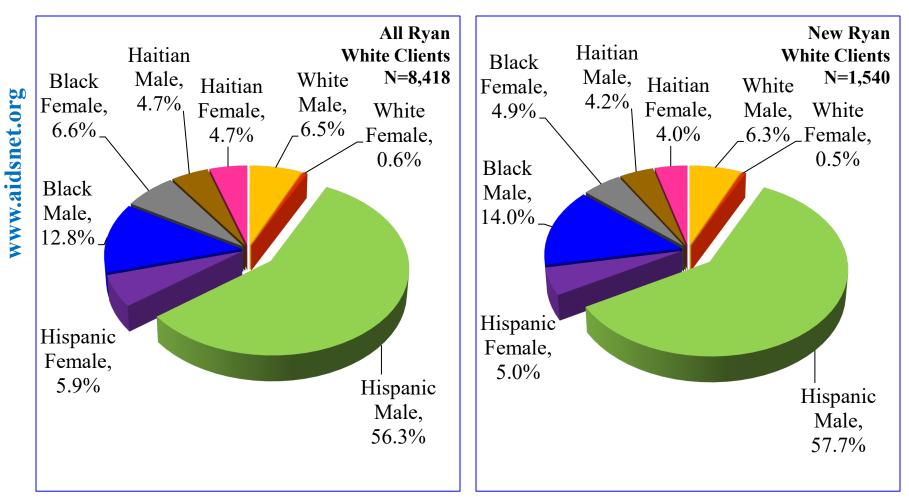








Race/Ethnicity by Gender of New and Total Clients in Care Ryan White Program, FY 31









Race/Ethnicity of Transgender Clients RWP FY 31

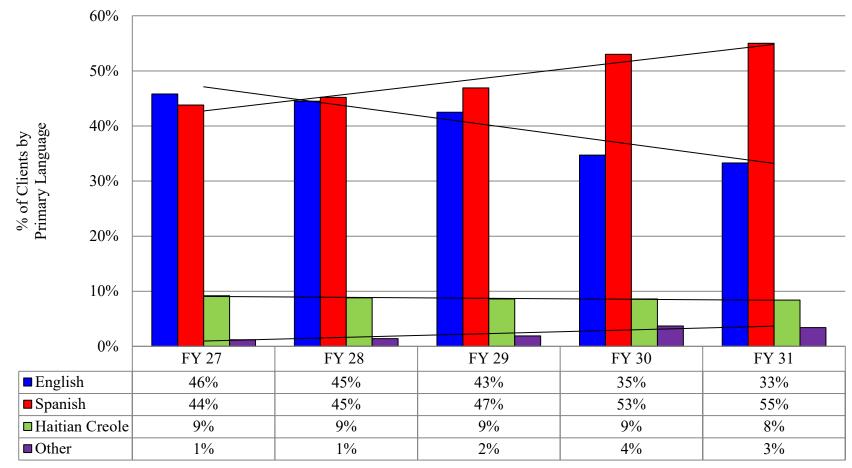
	Established N=8,418	Black/African American	Haitian	Hispanic	White
org	Transgender MtF	30	1	55	6
www.aidsnet.org	Transgender FtM	0	0	1	0
MM	Total	30	1	56	6
-	New	Black/African	Haitian	Hispanic	White
	N=1,540	American			
			0	14	3
	N=1,540 Transgender	American		•	







Primary Language of Clients in Care Ryan White Program, FY 27 - FY 31



Ryan White FY 27 - 31

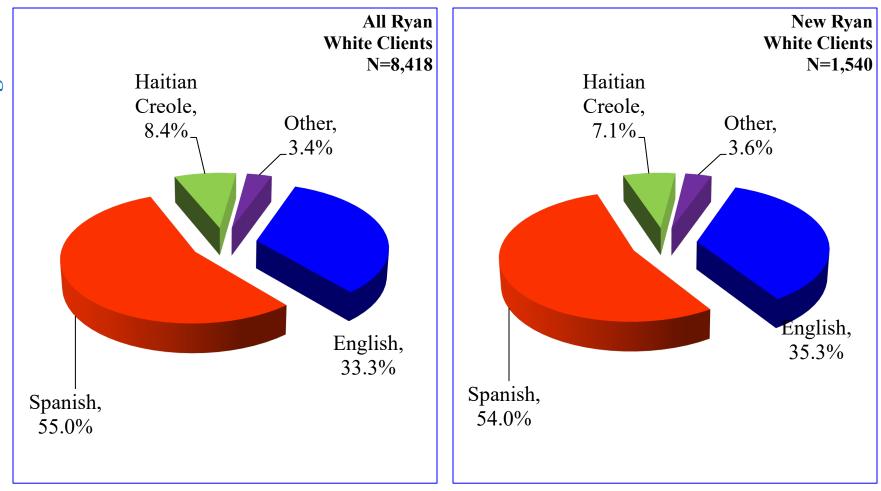


www.aidsnet.org





Primary Language of New and Total Clients in Care Ryan White Program, FY 31



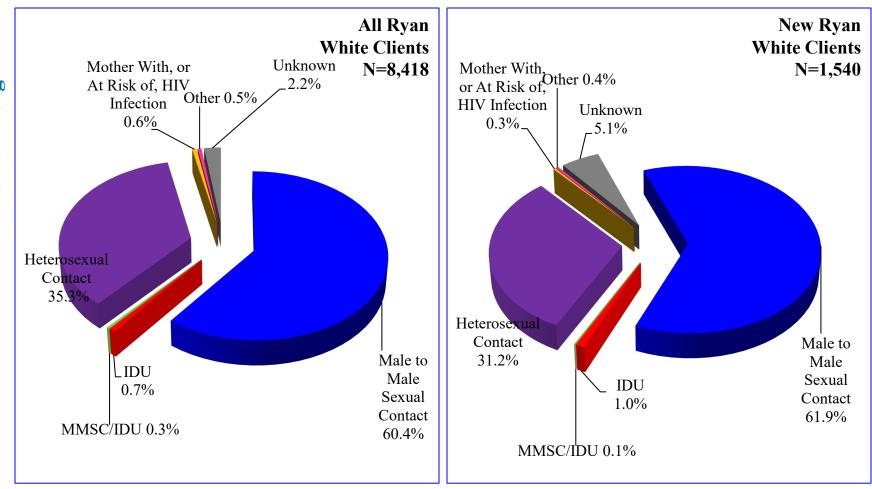






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Primary Mode of Exposure of New and Total Clients In Care Ryan White Program, FY 31



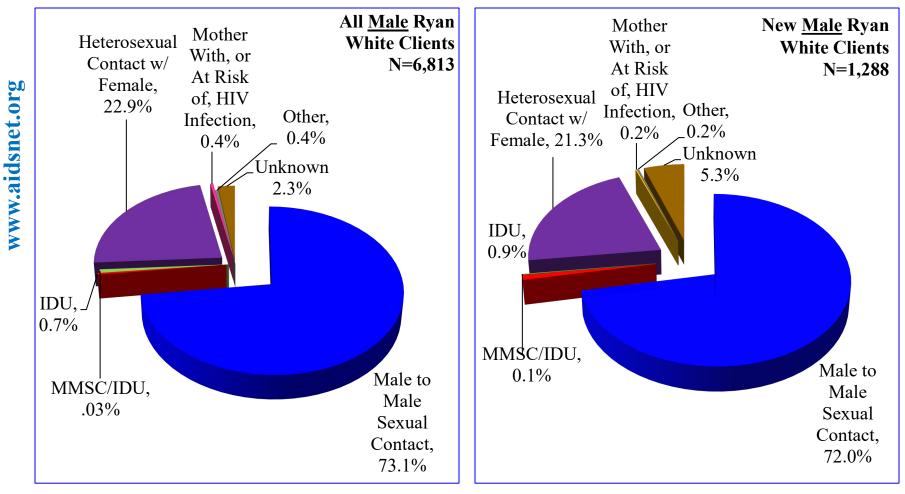






www.aidsnet.org

Primary Mode of Exposure New and Total <u>Males</u> in Care Ryan White Program, FY 31

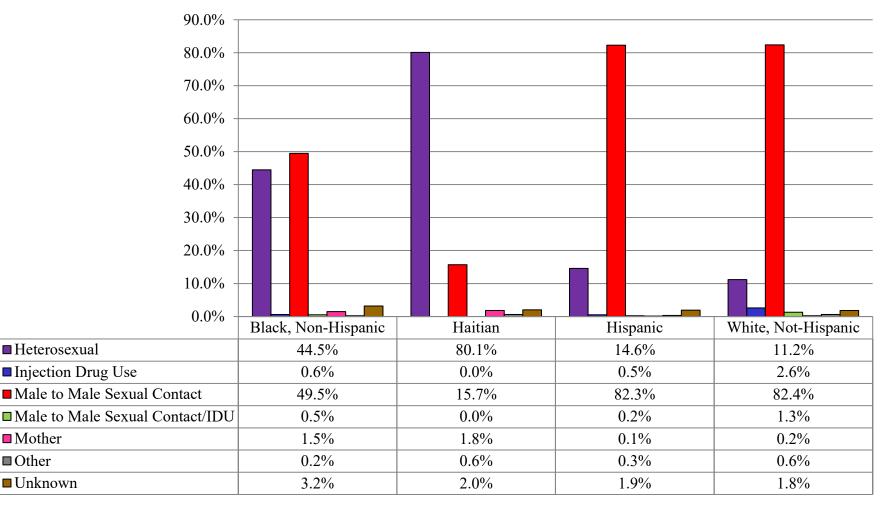








Primary Mode of Exposure by Race/Ethnicity Males in Care, **Ryan White Program, FY 31**



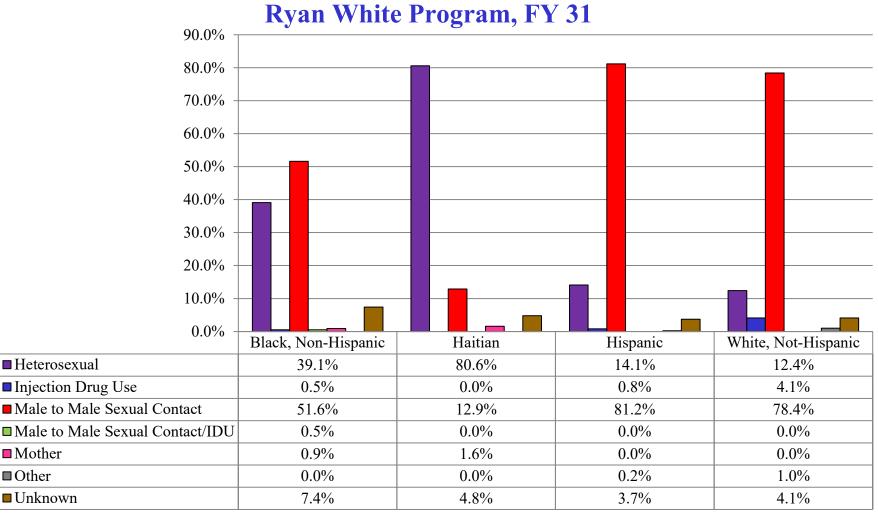


■ Other





Primary Mode of Exposure by Race/Ethnicity Males NEW to Care,





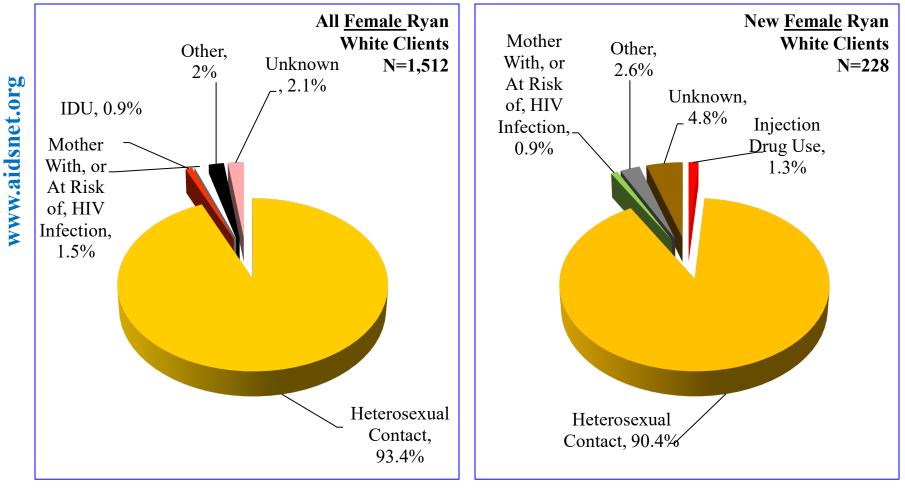
■ Mother

■ Other





Primary Mode of Exposure New and Total <u>Females</u> in Care Ryan White Program, FY 31

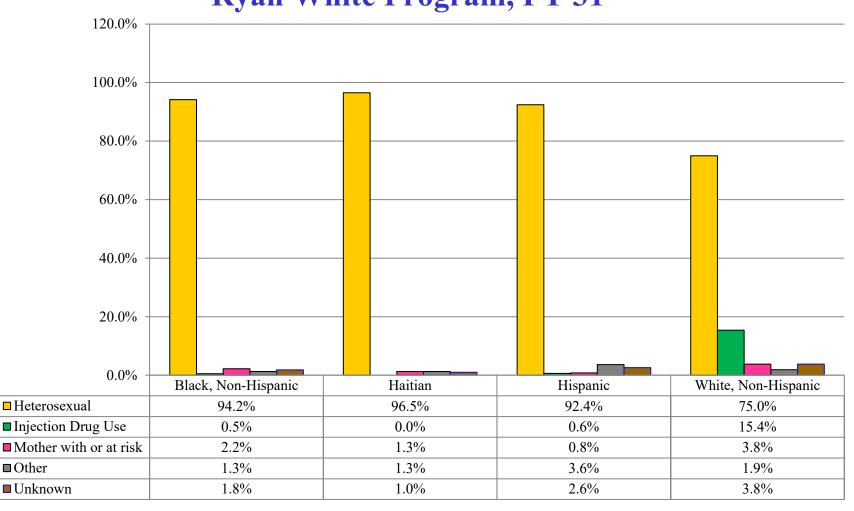




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Primary Mode of Exposure by Race/Ethnicity <u>Females</u> in Care Ryan White Program, FY 31

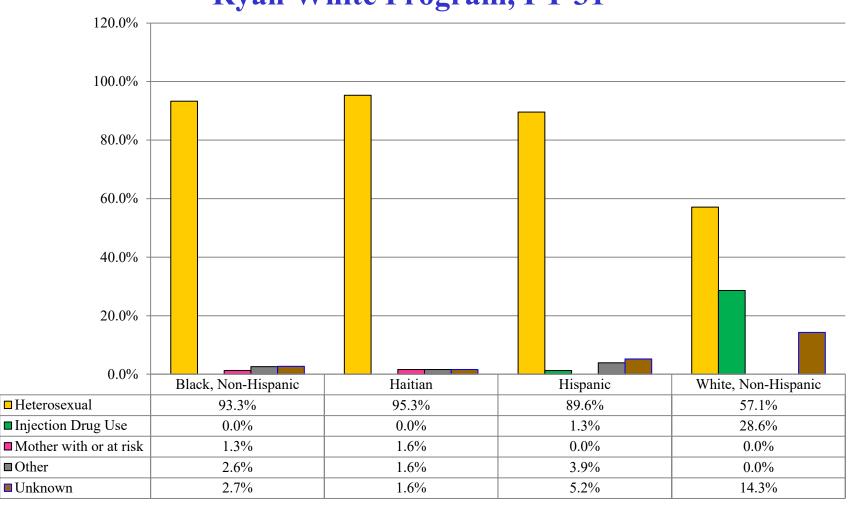








Primary Mode of Exposure by Race/Ethnicity <u>Females</u> NEW in Care Ryan White Program, FY 31

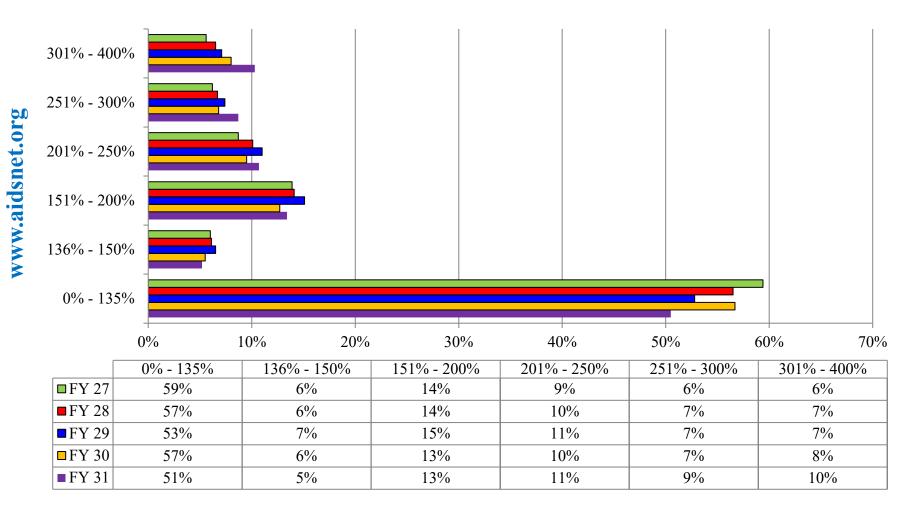








Income Level of Clients in Care Ryan White Program, FY 27 - FY 31

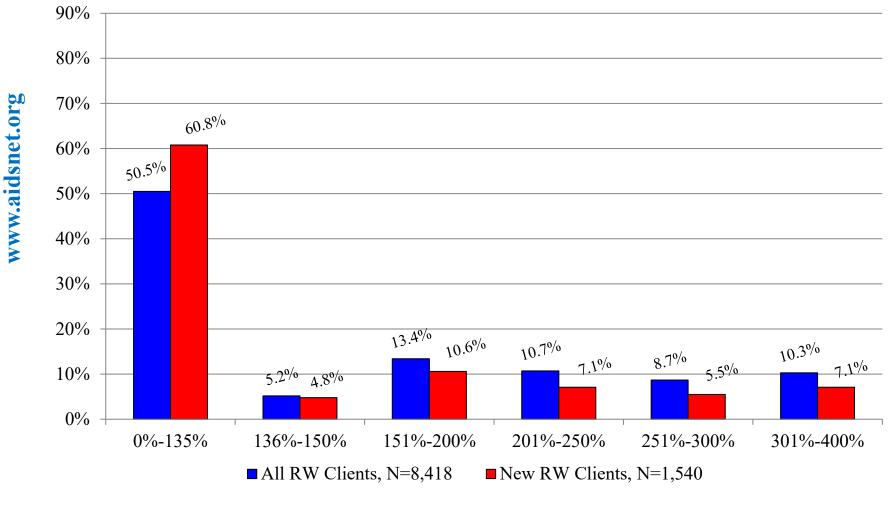








Income Level of New and Total Clients in Care Ryan White Program, FY 31

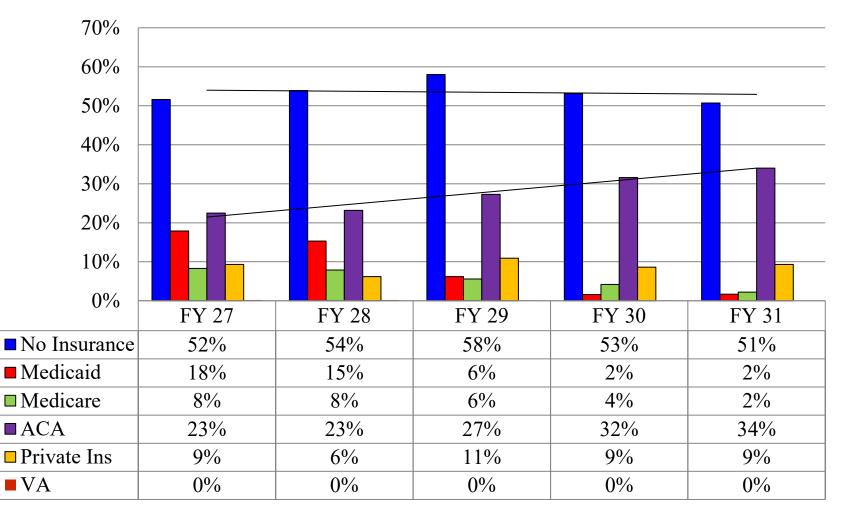








Insurance Coverage of Clients in Care Ryan White Program, FY 27 - FY 31

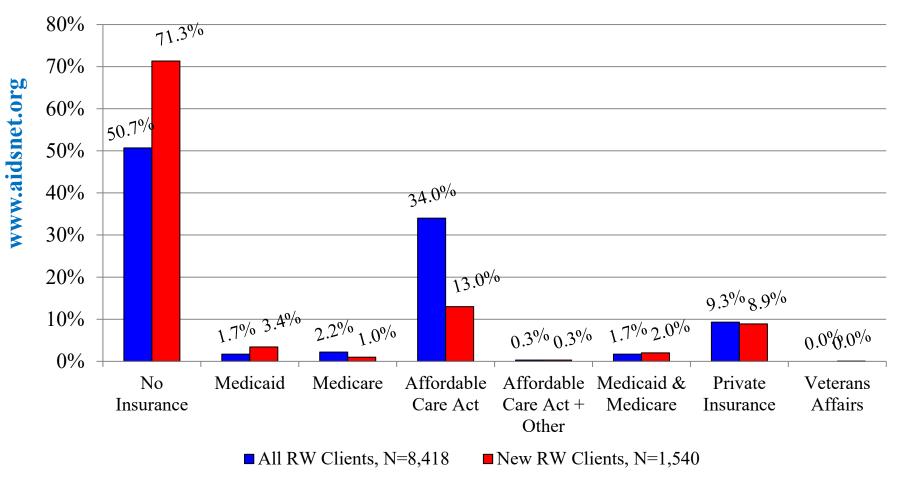








Insurance Coverage of New and Total Clients in Care Ryan White Program, FY 31









Thank you for your attention!

Any questions?









10:00 a.m. - 1:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium Miami, FL 33130

AGENDA

I.	Call to Order	Dr. Diego Shmuels	
II.	Meeting Housekeeping and Rules	Marlen Meizoso	
III.	Introductions	All	
IV.	Floor Open to the Public	Dr. Diego Shmuels	
V.	Review/Approve Agenda	All	
VI.	Review/Approve Minutes of May 5, 2022	All	
VII.	Reports		
	• Part A	Dan Wall	
	• Part B	David Goldberg	
	• ADAP	Dr. Javier Romero	
	General Revenue	Angela Machado	
	• Vacancy	Marlen Meizoso	
	• Report to Committees (reference only)	All	
VIII.	Standing Business		
	SFAN Jail Linkage Program	Louvens Fils-Aime	
	Legal Services Definition Edit	All	
IX.	New Business		
	Setting Priorities and Allocating Resource Process	All	
	• Summary of HIV Epi Profile Data, 2019-2020	Dr. Robert Ladner	
	• 2021 Ryan White Demographics	Dr. Robert Ladner	
X.	Announcements	Marlen Meizoso	
XI.	Next Meeting: July 7, 2022 at Main Library- Auditorium	Dr. Diego Shmuels	
XII.	Adjournment	Dr. Diego Shmuels	

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com



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