



Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |   |                    |
|-------|---|--------------------|
| I.    | Call to Order   | Dr. Mary Jo Trepka |
| II.   | Introductions   | All                |
| III.  | Meeting Housekeeping  | Marlen Meizoso     |
| IV.   | Floor Open to the Public  | Rick Siclari       |
| V.    | Review/Approve Agenda   | All                |
| VI.   | Review/Approve Minutes of April 11, 2024                                      | All                |
| VII.  | Reports   |                    |
|       | • Recipients (Part A, Part B, ADAP, General Revenue)                          | All                |
|       | • Vacancies   | Marlen Meizoso     |
| VIII. | Standing Business   |                    |
|       | • None  |                    |
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|       | • Setting Priorities and Allocating Resource Process ( <b>Section 1</b> )     | All                |
|       | • Miami-Dade HIV Epi Profile Data, 2022 ( <b>Section 3</b> )                  | Dr. Robert Ladner  |
| X.    | Announcements and Open Discussion   | All                |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>                    | Rick Siclari       |
| XII.  | Adjournment   | Dr. Mary Jo Trepka |



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# Meeting Housekeeping- Care and Treatment

Updated April 8, 2024  
*Behavioral Science Research*



# Disclaimer & Code of Conduct

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- ❑ 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.

# Language Matters!

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In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



Remember **People First** Language . . .

*People* with HIV, *People* with substance use disorders, *People* who are homeless, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV**.

Please **do not** use these terms . . .

**Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .**

# General Housekeeping

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- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting

# Meeting Participation

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- Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- Raise your hand to be recognized by the Chair or added to the queue.
- Only members of the Committee vote on items.
- 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.

# Meeting Terminology

Meetings can be fast-paced and confusing!

Terms and acronyms you might hear at today's meeting are on the back of your Agenda.

Please raise your hand at any time if you need more information!



## Meeting Guide

Meetings can be fast-paced and confusing!  
These terms and acronyms can help you follow along.



Please raise your hand at any time if you need more information!

ADAP	AIDS Drug Assistance Program
BSR	Behavioral Science Research Corp. (aka, Staff)
EHE	Ending the HIV Epidemic: A Plan for America
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)
FDOH FDOH-MDC	Florida Department of Health in Miami-Dade County
FPL	Federal Poverty Level
HOPWA	Housing Opportunities for People with AIDS Program
HRSA	The Health Resources and Services Administration
IP	The Integrated HIV Prevention and Care Plan
MAI	Minority AIDS Initiative
NHAS	National HIV/AIDS Strategy
PE Miami Provide	Provide Enterprise <sup>®</sup> by Groupware Technologies (RWP client database system)
RWP RWHAP	Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)
The Partnership Planning Council PC	The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board
The Recipient The County OMB	The Miami-Dade County Office of Management and Budget.
TTRA	Test and Treat/Rapid Access

Scan the QR Code for additional acronyms and terminology -  
Get on Board Training: Understanding the Language of the Partnership



# Resources

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- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at [aidsnet.org/the-partnership/#caretreatment2](https://aidsnet.org/the-partnership/#caretreatment2) or scan the QR code on your agenda.

# RSVPs

## RSVP!

### Your RSVP Matters!

 **JOIN THE PARTNERSHIP!**



We use RSVPs to determine if there will be a quorum of members and to make sure we have enough materials for all attendees. Please click a link below to let us know which meetings you can or cannot attend. All replies are helpful!

Meeting dates and locations are subject to change. For details, please see the latest meeting calendars at [aidsnet.org/calendar](https://aidsnet.org/calendar).

Thank you for your time.

- [January 2024](#)
- [February 2024](#)
- [March 2024](#)
- [April 2024](#)
- [May 2024](#)
- [June 2024](#)
- [July 2024](#)
- [August 2024](#)
- [September 2024](#)
- [October 2024](#)
- [November 2024](#)
- [December 2024](#)

 **RETURN TO MENU**



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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 line for statements to be read into the record. No statements were received.”



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**Care and Treatment Committee Meeting  
 Care Resource Health Care Center, Midtown Miami  
 3510 Biscayne Blvd, 3<sup>rd</sup> Floor Executive Board Room  
 Miami, FL 33137**

**April 11, 2024 Minutes**

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	X	
2	Henriquez, Maria	X	
3	Mills, Vanessa	X	
4	Siclari, Rick	X	
5	Shmuels, Daniel		X
6	Shmuels, Diego		X
7	Trepka, Mary Jo	X	
8	Wall, Dan	X	
<b>Quorum: 4</b>			

Guests	
Brooks, Jimmie	
Fernandez, Chad	
Gonzalez, Tivisay	
Ingram, Trillion	
Leiva, German	
Kratofil, Keri	
Poblete, Karen	
Staff	
Hilton, Karen	Meizoso, Marlen
Ladner, Robert	

All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at <https://aidsnet.org/the-partnership#caretreatment2>.

**I. Call to Order**

*Dr. Mary Jo Trepka*

Dr. Mary Jo Trepka, the Chair, called the meeting to order at 10:18 a.m.

**II. Introductions**

*Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

**III. Meeting Housekeeping**

*Marlen Meizoso*

Marlen Meizoso reviewed the meeting housekeeping presentation.

**IV. Floor Open to the Public**

*Dr. Mary Jo Trepka*

Dr. Trepka 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.*

*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. Review/Approve Agenda**

*All*

The Committee reviewed the agenda that was distributed and posted in advance of the meeting. Rick Siclari was not present yet so any item with his name should be changed to Dr. Mary Jo Trepka until he arrives.

**Motion to accept the agenda, with the change as noted.**

**Moved: Dan Wall**

**Seconded: Vanessa Mills**

**Motion: Passed**

## **VI. Review/Approve Minutes of March 14, 2024**

*All*

The committee reviewed the minutes of March 14, 2024, and approved it as presented.

**Motion to accept the minutes from March 14, 2024, as presented.**

**Moved: Louvens Aime**

**Seconded: Dan Wall**

**Motion: Passed**

## **VII. Reports**

- *Part A*

*Dan Wall*

Dan Wall reviewed Ryan White Program (RWP) expenditures and clients served to date. As of the latest FY 2023 yearend report, the RWP has served 9,060 unduplicated clients, including 1,591 Minority AIDS Initiative (MAI) clients. This is more than last year's total. Final payments are still being processed. Part A has expended 87% of funds and MAI has expended 56% of funds. Some carryover is expected after all expenditures are reconciled, although this will be less than it has been in past years.

The Recipient has received the HRSA site visit report for the January 2024 visit. Some findings and recommendations include that Partnership membership does not reflect the epidemic (as reflected in FDOH epidemiology data); concerns about billable service activity related to training; the need for the Recipient to develop a more detailed grievance procedure; the need for planning council involvement in planning council staff support budgets; and the need for faster contract execution. Some improvement options were offered. HRSA complemented the data visualization provided by BSR CQM, the positive relationships reported between subrecipient providers and the Recipient, the dedicated Recipient and BSR staff, and the exceptional planning council website. The Recipient has 30 days to reply to the report.

Test and Treat/Rapid Access has enrolled 704 clients since the last report.

The Recipient attended an Ending the HIV Epidemic conference. The Recipient is working with the Quick Connect provider to establish a partnership with FDOH and the Gilead Frontlines of Communities in the United States (FOCUS) Program to station a linkage specialist at two Jackson

locations and the Baptist emergency room. There will also be an expanded media and an outreach campaign focusing on Liberty City and the Beach, concentrating on MSM of color between 18-39 years of age. In addition, a smart phone app called “Positive Peers” will be made available.

A member indicated that some clients are being fraudulently enrolled in Affordable Care Act insurance plans. Clients and/or medical case managers who encounter these fraudulent enrollments are advised to contact the state insurance commissioner.

- *Vacancies* *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancy report as of April. There are vacancies on all Committees and the Partnership. Currently there are eight vacancies in Care and Treatment. If anyone knows of candidates who may be interested in the work of the Committee, staff encourages these persons to be invited to a Committee meeting or training, or be directed to staff for further information.

There are two applicants for the Committee, Tivisay Gonzalez and German Leiva. Both applicants introduced themselves and expressed their interest in joining the Committee.

**Motion to recommend Tivisay Gonzalez and German Leiva as members of the Care and Treatment Committee.**

**Moved: Dan Wall**

**Seconded: Vanessa Mills**

**Motion: Passed**

### **VIII. Standing Business**

- *Service Definition Development Continued* *All*

The Committee reviewed the April version of the Service Definitions Development document. Of the five original services, only three remained, which were addressed as indicated below.

#### *Psychosocial Support*

Staff presented a revised service definition, based on the discussion at the last meeting. Areas of specific concern were highlighted and reviewed. The Committee recommended the following:

- Delete “reimbursement will be provided at a flat rate” because the Service Description states elsewhere that the Recipient will set the reimbursement rates;
- Add “(individual client counseling only)” ...to client progress; and
- Strike the rest of the sentence, “and ...supervisor as applicable”.

The Committee made no additional recommended changes and made a motion to accept the document with the changes noted.

**Motion to approve the Psychosocial Service Definition as amended.**

**Moved: Dan Wall**

**Seconded: German Leiva**

**Motion: Passed**

### Housing

Staff had drafted a model Housing Service Definition based on the Ending the HIV Epidemic (EHE) Housing Services description and the HRSA Policy Clarification Notice (PCN) #16-02 which was discussed and reviewed at the last meeting. Members clarified the definition of participation in other housing assistance programs (“receiving assistance from”), and with no other changes to the document, the Committee moved to accept the Housing Service Definition as amended.

**Motion to approve the Housing Service Definition as amended.**

**Moved: Dan Wall**

**Seconded: German Leiva**

**Motion: Passed**

### Non-Medical Case Management

The Committee discussed Non-Medical Case Management Service Definition and reviewed an updated infographic of the difference between medical and non-medical case management functions when Peers are employed. HRSA wants non-medical case management available at non-traditional sites, and will not accept this service as an expanded Peer activity. Billing data for various activities for peers and medical case managers were reviewed. While the parameters provided under non-medical case management under PCN #16-02 seem to duplicate most of the services provided under medical case management, except for adherence counseling, if clients have the option to select to see either a medical or non-medical case management this would eliminate the duplication because they would select one or the other. HRSA had indicated that for clients who are virally suppressed, they would not need go to a medical case manager when that level of services is not warranted.

**Motion to adopt the HRSA PCN#16-02 definition on the Service Definition Development document as the service definition for Non-Medical Case Management.**

**Moved: Dan Wall**

**Seconded: Rick Siclari**

**Motion: Passed**

### Bundling

The Committee considered a final clarification of the configuration of the required bundling of Outpatient/Ambulatory Health Services (OAHS) with Medical Case Management (MCM) and Mental Health (MH). Based on prior discussions, staff provided an infographic of all case management-related and mental health-related services that could be bundled with OAHS. The Committee indicated they also wanted to include Medical Transportation with Medical Case Management, which is the current active bundle. The Committee did not want to add Psychosocial Support and Non-Medical Case Management to allow for nontraditional providers to apply for the next RFP. The Committee moved to add Medical Transportation as part of the new bundle. Although Medical Transportation and Mental Health Services are required elements of the OAHS bundle, they may be offered independently as well.

**Motion to add Medical Transportation to the upcoming RFP bundle of Outpatient Ambulatory Health Services with Medical Case Management and Mental Health Services.**

**Moved: Dan Wall**

**Seconded: Rick Siclari**

**Motion: Passed**

Since the meeting end time was near, the Committee made a motion to extend the meeting by 15

minutes.

**Motion to extend the meeting by 15 minutes.**

**Moved: Vanessa Mills**

**Seconded: Maria Henriquez**

**Motion: Passed**

**IX. New Business**

- *IDEA Exchange: T-Sharp Study*

*All*

Chad Fernandez and Jimmie Brooks provided a presentation on the T-Sharp Study being conducted by the IDEA Exchange. The IDEA Exchange offers status-neutral syringe exchange services to persons who inject drugs, in a non-stigmatizing setting, as a harm reduction outreach activity. Contact information was also shared for any providers who wish to refer clients to the study.

**X. Announcements and Open Discussion**

*All*

Mrs. Meizoso announced the Needs Assessment starts next month and is scheduled through August. This year it may extend into September and must conclude by October.

HRSA and CDC have issued a “Dear Colleague” letter announcing the rise of congenital syphilis. Attendees were asked to share the letter widely. It will also be shared with the Medical Care Subcommittee.

**XI. Next Meeting**

*Rick Siclari*

The next meeting is scheduled for Thursday, May 9, 2024, at Care Resource from 10:00 a.m. to 1:00 p.m.

**XII. Adjournment**

*Dr. Mary Jo Trepka*

With business concluded, Dr. Trepka thanked Care Resource for their hospitality, members for their work at today’s meeting, and adjourned the meeting at 12:14 p.m.





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|       | <ul style="list-style-type: none"> <li>• None</li> </ul>   |  |
| IX.   | New Business   |  |
|       | <ul style="list-style-type: none"> <li>• Planning Council Responsibilities and Needs Assessment (<b>Section 2</b>)</li> <li>• Setting Priorities and Allocating Resource Process (<b>Section 1</b>)</li> <li>• Miami-Dade HIV Epi Profile Data, 2022 (<b>Section 3</b>)</li> </ul> | Marlen Meizoso<br>All<br>Dr. Robert Ladner |
| X.    | Announcements and Open Discussion  | All  |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>   | Rick Siclari                               |
| XII.  | Adjournment  | Dr. Mary Jo Trepka                         |



*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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MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2024

Ryan White Part A  
Ryan White MAI

SERVICE CATEGORIES

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

**Support Services**

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
	4	48	4	20
	174	5,493	136	1,699
	7,719	105,513	3,542	8,573
	57	671	32	120
	601	10,163	438	2,730
	1,857	30,706	1,109	4,547
	0	23	0	10
	146	21,605	122	1,339
	101	6,418	97	1,018
	31	797	10	89
	39	770	33	240
	243	5,433	10	74
<b>TOTALS:</b>	10,972	187,640		

Total unduplicated clients (month):

4,192

Total unduplicated clients (YTD):

9,060

See page 4 for  
Service Unit  
Definitions

**RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**February 2024**

**FUNDING SOURCE(S) INCLUDED:**

**Ryan White Part A**

**SERVICE CATEGORIES**

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

**Support Services**

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	4	48	4	20
	174	5,493	136	1,699
	6,733	94,218	3,182	8,311
	51	614	28	101
	601	10,163	438	2,730
	1,698	27,562	1,055	4,381
	0	22	0	9
	146	21,605	122	1,339
	101	6,288	97	1,008
	31	797	10	89
	32	722	26	199
	243	5,433	10	74
<b>TOTALS:</b>	9,814	172,965		

**Total unduplicated clients (month):**

3,902

**Total unduplicated clients (YTD):**

8,960

**RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**February 2024**

**FUNDING SOURCE(S) INCLUDED:**

**Ryan White MAI**

**SERVICE CATEGORIES**

**Core Medical Services**

- Medical Case Management
- Mental Health Services
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

**Support Services**

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	986	11,295	481	1,076
	6	57	4	19
	159	3,144	112	802
	0	1	0	1
	0	130	0	38
	7	48	7	41
<b>TOTALS:</b>	1,158	14,675		
<b>Total unduplicated clients (month):</b>	<u>584</u>			
<b>Total unduplicated clients (YTD):</b>	<u>1,591</u>			

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
<b>Core Medical Services</b>	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
<b>Support Services</b>	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

**RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)**  
**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33**  
**FORMULA AND SUPPLEMENTAL FUNDING**

Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19

This report includes YTD paid reimbursements for FY 2023 Part A service months up to February 2024, as of 5/7/2024. The Recipient is currently in the closeout period for FY 2023. The amounts reported for Direct Services are final; there are no pending subrecipient invoices to process. However, the total grant expenditures are still pending; the Recipient is still processing final administrative expenditures.

Project #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,452,284.00	FORMULA	FY 2023 Award
Grant Award Amount Supplemental	8,484,983.00	SUPPLEMENTAL	<u>\$24,937,267</u>
Carryover Award FY'22 Formula	723,098.00	CARRYOVER	
<b>Total Award</b>	<b>\$ 25,660,365.00</b>		

**Note:**  
The recipient has reached its Formula minimum expenditures threshold of 95%.

Priority Order

**CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER**

**DIRECT SERVICES:**

Core Medical Services	Allocations	Carryover (C/O) Allocations
3 AIDS Pharmaceutical Assistance	3,455.00	
8 Health Insurance Services	358,700.00	
2 Medical Case Management	5,979,259.00	
9 Mental Health Therapy/Counseling	61,770.00	
6 Oral Health Care	3,701,975.00	
5 Outpatient/Ambulatory Health Svcs	7,940,909.00	
12 Substance Abuse - Outpatient	6,628.00	
<b>CORE Services Totals:</b>	<b>18,052,696.00</b>	

Support Services	Allocations	Carryover Allocations
4 Emergency Financial Assistance	0.00	
7 Food Bank	1,979,244.00	723,098.00
13 Medical Transportation	196,319.00	
15 Other Professional Services	97,449.00	
14 Outreach Services	149,281.00	
10 Substance Abuse - Residential	1,568,552.00	
<b>SUPPORT Services Totals:</b>	<b>3,990,845.00</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)	22,043,541.00	

**DIRECT SERVICES TOTAL:** \$ **22,766,639.00**

Total Core Allocation	18,052,696.00
Target at least 80% core service allocation	17,634,832.80
<b>Current Difference (Short) / Over</b>	<b>\$ 417,863.20</b>
<b>Recipient Admin. (GC, GTL, BSR Staff)</b>	<b>\$ 2,293,726.00</b>
<b>Quality Management</b>	<b>\$ 600,000.00</b> 2,893,726.00
<b>(+) Unobligated Funds / (-) Over Obligated:</b>	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ -      \$ -      25,660,365.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75%      **81.90%**      **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5%      **2.41%**      **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10%      **9.20%**      **Within Limit**

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	1,109.57	
5606920000	Health Insurance Services	324,143.01	
5606870000	Medical Case Management	5,864,806.80	
5606860000	Mental Health Therapy/Counseling	56,046.25	
5606900000	Oral Health Care	3,631,549.00	
5606610000	Outpatient/Ambulatory Health Svcs	7,848,156.83	
5606910000	Substance Abuse - Outpatient	1,410.00	
<b>CORE Services Totals:</b>		<b>17,727,221.46</b>	

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	1,979,131.90	723,098.00
5606460000	Medical Transportation	191,280.78	
5606890000	Other Professional Services	71,730.00	
5606950000	Outreach Services	117,183.05	
5606930000	Substance Abuse - Residential	1,358,250.00	
<b>SUPPORT Services Totals:</b>		<b>3,717,575.73</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)		21,444,797.19	

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ **22,167,895.19**      **97.37%**

**Formula Expenditure %**      **95.04%**      ✓

5606710000	Recipient Administration	1,775,377.71	
5606880000	Quality Management	600,000.00	2,375,377.71

**Grant Unexpended Balance**      **FY 2023 Award**      **Carryover**  
 1,117,092.10      1,117,092.10      -      1,117,092.10

**Total Grant Expenditures & %**      \$ **24,543,272.90**      **95.65%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75%      **82.66%**      **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5%      **2.41%**      **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10%      **7.12%**      **Within Limit**



**RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)  
 EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33  
 MINORITY AIDS INITIATIVE (MAI) FUNDING**

**Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19**

This report includes YTD paid reimbursements for FY 2023 Part A service months up to February 2024, as of 5/7/2024. The Recipient is currently in the closeout period for FY 2023. The amounts reported for Direct Services are final; there are no pending subrecipient invoices to process. However, the total grant expenditures are still pending; the Recipient is still processing final administrative expenditures.

PROJECT #: BURW3302	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,621,581.00	MAI
Carryover Award FY'22 MAI	980,218.00	MAI_CARRYOVER
<b>Total Award</b>	<b>\$ 3,601,799.00</b>	

Priority Order

**CONTRACT ALLOCATIONS**

**DIRECT SERVICES:**

Core Medical Services	Allocations	Carryover (C/O) Allocations
AIDS Pharmaceutical Assistance		
Health Insurance Services		
1 Medical Case Management	578,218.00	490,109.00
4 Mental Health Therapy/Counseling	18,960.00	
Oral Health Care		
5 Outpatient/Ambulatory Health Svcs	1,031,538.00	490,109.00
8 Substance Abuse - Outpatient	8,058.00	
<b>CORE Services Totals:</b>	<b>1,636,774.00</b>	<b>980,218.00</b>

**Support Services**

Support Services	Allocations	Carryover Allocations
6 Emergency Financial Assistance	0.00	
Food Bank		
9 Medical Transportation	7,628.00	
Other Professional Services		
10 Outreach Services	39,816.00	
Substance Abuse - Residential		
<b>SUPPORT Services Totals:</b>	<b>47,444.00</b>	
<b>FY 2023 Award (not including C/O)</b>	<b>1,684,218.00</b>	

**DIRECT SERVICES TOTAL: \$ 2,664,436.00**

Total Core Allocation	1,636,774.00
Target at least 80% core service allocation	1,347,374.40
<b>Current Difference (Short) / Over</b>	<b>\$ 289,399.60</b>

**Recipient Admin. (OMB-GC) \$ 262,158.00**

**Quality Management \$ 100,000.00 362,158.00 \$ 3,026,594.00**

**(+) Unobligated Funds / (-) Over Obligated:**

Unobligated Funds (MAI)	\$ 575,205.00	
Unobligated Funds (Carry Over)	\$ -	575,205.00 3,601,799.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% **97.18%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **3.81%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **10.00%** **Within Limit**

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	271,004.75	374,265.45
5606860000	Mental Health Therapy/Counseling	3,380.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	501,602.91	439,048.67
5606910000	Substance Abuse - Outpatient	30.00	
<b>CORE Services Totals:</b>		<b>776,017.66</b>	<b>813,314.12</b>

**Support Services**

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	7,616.40	
5606890000	Other Professional Services		
5606950000	Outreach Services	36,498.00	
5606930000	Substance Abuse - Residential		
<b>SUPPORT Services Totals:</b>		<b>44,114.40</b>	
<b>FY 2023 Award (not including C/O)</b>		<b>820,132.06</b>	

**TOTAL EXPENDITURES DIRECT SVCS & %: \$ 1,633,446.18 61.31%**

**Recipient Administration 133,074.10**

**Quality Management 100,000.00 233,074.10**

**Grant Unexpended Balance**  
**FY 2023 Award 1,568,374.84**  
**Carryover 166,903.88**  
 1,735,278.72

**Total Grant Expenditures & % (Including C/O): \$ 1,866,520.28 51.82%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **94.62%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **3.81%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **5.08%** **Within Limit**

**RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY  
FOR THE PERIOD OF:

**March 2024**

**FUNDING SOURCE(S) INCLUDED:**

Ryan White Part A  
Ryan White MAI

**FY 2024  
(started  
3/1/2024)**

**SERVICE CATEGORIES**

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)  
Health Insurance Premium and Cost Sharing Assistance  
Medical Case Management  
Mental Health Services  
Oral Health Care  
Outpatient Ambulatory Health Services

**Support Services**

Food Bank/Home Delivered Meals  
Medical Transportation  
Other Professional Services  
Outreach Services  
Substance Abuse Services (residential)

	<b>Service Units</b>		<b>Unduplicated Client Count</b>	
	<b><u>Monthly</u></b>	<b><u>Year-to-date</u></b>	<b><u>Monthly</u></b>	<b><u>Year-to-date</u></b>
	4	4	3	3
	1	1	1	1
	8,277	8,277	4,046	4,046
	58	58	31	31
	789	789	616	616
	1,814	1,814	1,089	1,089
	892	892	330	330
	726	726	310	310
	44	44	20	20
	36	36	30	30
	343	343	14	14
<b>TOTALS:</b>	12,984	12,984		

**Total unduplicated clients (month):**

4,823

**Total unduplicated clients (YTD):**

4,823





Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |   |                    |
|-------|---|--------------------|
| I.    | Call to Order   | Dr. Mary Jo Trepka |
| II.   | Introductions   | All                |
| III.  | Meeting Housekeeping  | Marlen Meizoso     |
| IV.   | Floor Open to the Public  | Rick Siclari       |
| V.    | Review/Approve Agenda   | All                |
| VI.   | Review/Approve Minutes of April 11, 2024                                      | All                |
| VII.  | Reports   |                    |
|       | • Recipients (Part A, Part B, ADAP, General Revenue)                          | All                |
|       | • Vacancies   | Marlen Meizoso     |
| VIII. | Standing Business   |                    |
|       | • None  |                    |
| IX.   | New Business  |                    |
|       | • Planning Council Responsibilities and Needs Assessment ( <b>Section 2</b> ) | Marlen Meizoso     |
|       | • Setting Priorities and Allocating Resource Process ( <b>Section 1</b> )     | All                |
|       | • Miami-Dade HIV Epi Profile Data, 2022 ( <b>Section 3</b> )                  | Dr. Robert Ladner  |
| X.    | Announcements and Open Discussion   | All                |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>                    | Rick Siclari       |
| XII.  | Adjournment   | Dr. Mary Jo Trepka |



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

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



**Contract Name: 2023-2024 Miami Dade CHD RW  
 Consortia**

**Area Name: AREA 11A**  
**Month: February**  
**Year: 2023-2024**

Report generated on: 03/19/2024

<b>Contract Services</b>	<b>Expended Month</b>	<b># of Clients</b>	<b># of Service Units</b>	<b>Approved Budget</b>	<b>Expended Budget</b>	<b>Expended Y-T-D</b>	<b>Rate of Expend</b>
<b>Administrative Services</b>	February	0	0	\$125,915.00	\$5,404.36	\$91,941.21	73%
<b>Medical Case Management (including treatment adherence)</b>	February	86	11,835	\$120,000.00	\$13,610.25	\$104,224.50	87%
<b>Mental Health Services - Outpatient</b>	February	12	32	\$30,000.00	\$1,040.00	\$19,760.00	66%
<b>Emergency Financial Assistance</b>	February	123	201	\$845,780.00	\$26,763.55	\$404,583.26	48%
<b>Non-Medical Case Management Services</b>	February	30	30	\$273,970.00	\$7,744.01	\$199,454.23	73%
<b>Referral for Health Care/Supportive Services</b>	February	917	917	\$181,451.60	\$10,640.00	\$151,061.44	83%
<b>Clinical Quality Management</b>	February	0	0	\$68,508.03	\$292.45	\$26,645.09	39%
<b>Planning and Evaluation</b>	February	0	0	\$34,224.37	\$1,462.25	\$30,915.41	90%
<b>Totals</b>		<b>1168</b>	<b>13015</b>	<b>\$1,679,849.00</b>	<b>\$66,956.87</b>	<b>\$1,028,585.14</b>	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
-------------------	----------------	--------------	--------------------	-----------------	-----------------	----------------	----------------

**ADVANCE(S) INFORMATION:**

Total Advances	\$0.00
Previous Reductions	\$0.00
Current Reductions	\$0.00
Remaining Advances	\$0.00

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$1,028,585.14
Minus UNPAID Advances	\$0.00
Balance To Draw	\$651,263.86

Total Expenditures this period:	\$66,956.87
Less Advance Payback this period:	\$0.00

**AMOUNT OF FUNDS REQUESTED THIS REPORT: \$66,956.87**

*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



Scan to access meeting documents.



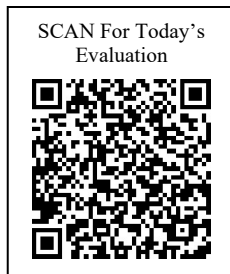
## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |   |                    |
|-------|---|--------------------|
| I.    | Call to Order   | Dr. Mary Jo Trepka |
| II.   | Introductions   | All                |
| III.  | Meeting Housekeeping  | Marlen Meizoso     |
| IV.   | Floor Open to the Public  | Rick Siclari       |
| V.    | Review/Approve Agenda   | All                |
| VI.   | Review/Approve Minutes of April 11, 2024                                      | All                |
| VII.  | Reports   |                    |
|       | • Recipients (Part A, Part B, ADAP, General Revenue)                          | All                |
|       | • Vacancies   | Marlen Meizoso     |
| VIII. | Standing Business   |                    |
|       | • None  |                    |
| IX.   | New Business  |                    |
|       | • Planning Council Responsibilities and Needs Assessment ( <b>Section 2</b> ) | Marlen Meizoso     |
|       | • Setting Priorities and Allocating Resource Process ( <b>Section 1</b> )     | All                |
|       | • Miami-Dade HIV Epi Profile Data, 2022 ( <b>Section 3</b> )                  | Dr. Robert Ladner  |
| X.    | Announcements and Open Discussion   | All                |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>                    | Rick Siclari       |
| XII.  | Adjournment   | Dr. Mary Jo Trepka |



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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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Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |  |  |
|-------|--|--|
| I.    | Call to Order  | Dr. Mary Jo Trepka                         |
| II.   | Introductions  | All  |
| III.  | Meeting Housekeeping   | Marlen Meizoso                             |
| IV.   | Floor Open to the Public   | Rick Siclari                               |
| V.    | Review/Approve Agenda  | All  |
| VI.   | Review/Approve Minutes of April 11, 2024   | All  |
| VII.  | Reports  |  |
|       | <ul style="list-style-type: none"> <li>Recipients (Part A, Part B, ADAP, General Revenue)</li> <li>Vacancies</li> </ul>  | All<br>Marlen Meizoso                      |
| VIII. | Standing Business  |  |
|       | <ul style="list-style-type: none"> <li>None</li> </ul>   |  |
| IX.   | New Business   |  |
|       | <ul style="list-style-type: none"> <li>Planning Council Responsibilities and Needs Assessment (<b>Section 2</b>)</li> <li>Setting Priorities and Allocating Resource Process (<b>Section 1</b>)</li> <li>Miami-Dade HIV Epi Profile Data, 2022 (<b>Section 3</b>)</li> </ul> | Marlen Meizoso<br>All<br>Dr. Robert Ladner |
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| XII.  | Adjournment  | Dr. Mary Jo Trepka                         |



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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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Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

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## Membership Report

April 24, 2024

### The Miami-Dade HIV/AIDS Partnership

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

### Opportunities for Ryan White Program Clients

**9** seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.  
(4 applicants pending appointment)

### Opportunities for General Membership

**9** seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:

Local Health Department Representative (applicant pending appointment)

Prevention Provider Representative (applicant pending appointment)

Representative with HIV and Hepatitis B or C

Other Federal HIV Program Grantee Representative (SAMHSA)

Substance Abuse Provider Representative

Mental Health Provider Agency Representative

Hospital or Healthcare Planning Representative

Federally Recognized Indian Tribe Representative

Miami-Dade County Public Schools Representative



### 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?

# MEMBERSHIP

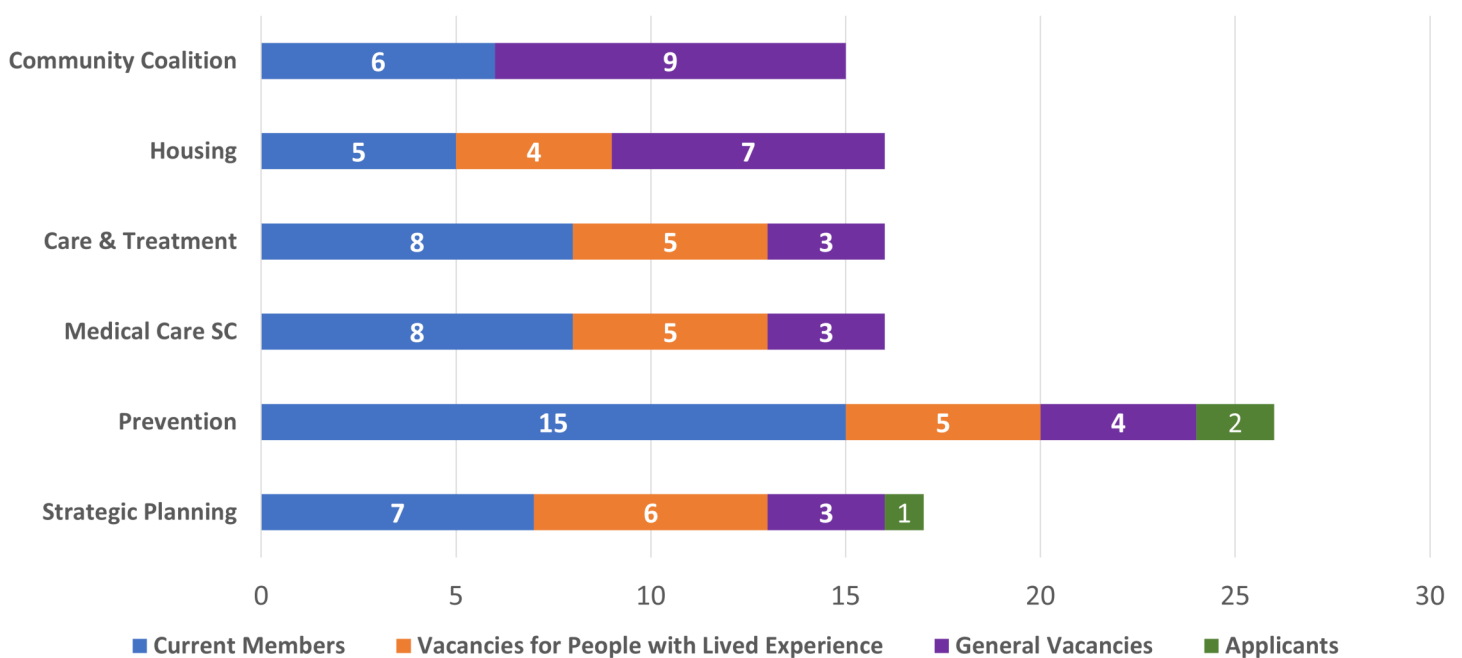
## Committees

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**
- ⌘ 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**
- ⌘ 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**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ 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 Roundtables with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ 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**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit [www.aidsnet.org/the-partnership/](http://www.aidsnet.org/the-partnership/) for the complete list of applications and details on Partnership and committee

Standing Committee and Subcommittee Membership







Scan to access meeting documents.



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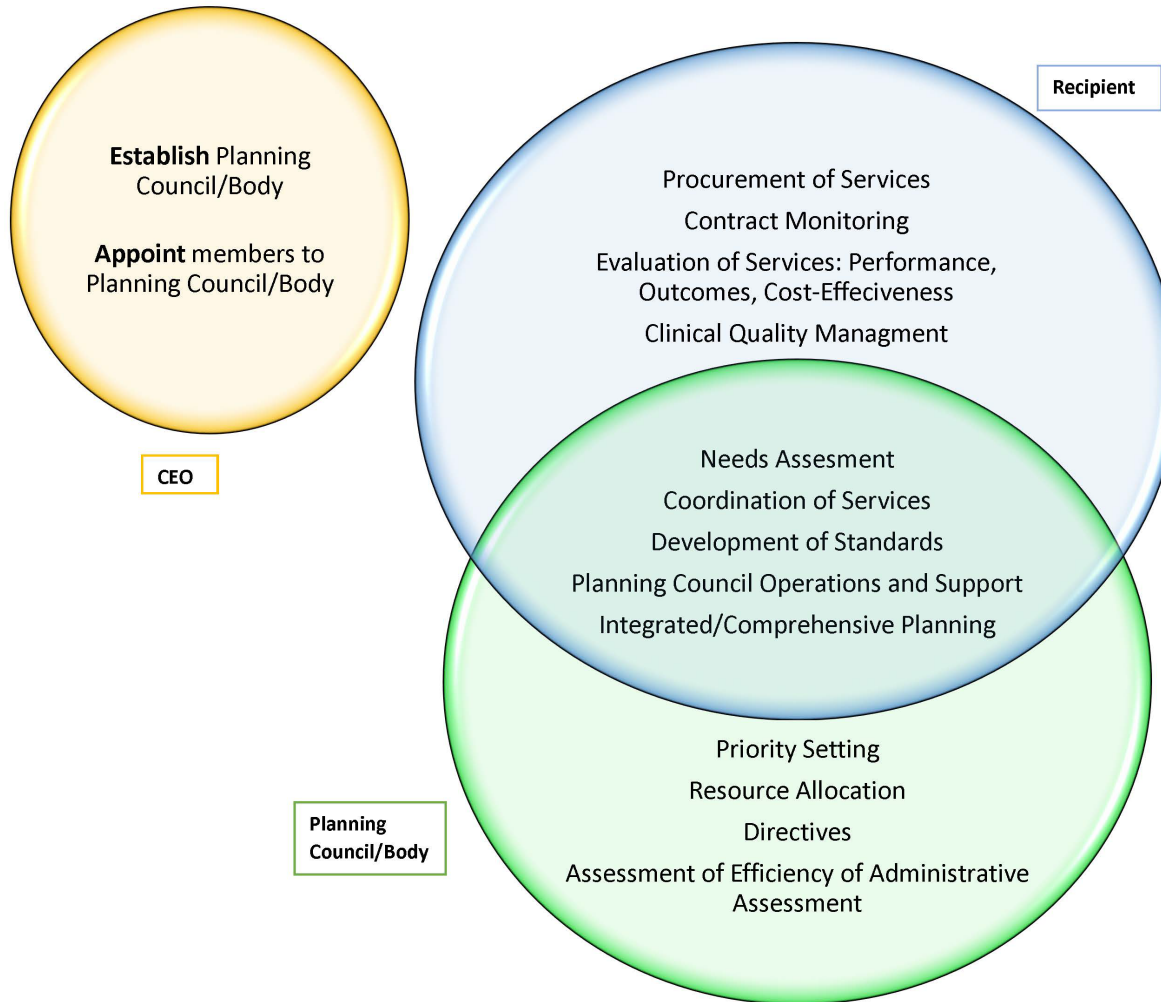
# Planning Council Responsibilities AND Needs Assessment

May 9, 2024

Presentation created by Behavioral Science Research Corp.



# Responsibilities



# HRSA

## Expectations

The planning council's (*Miami-Dade HIV/AIDS Partnership*) decisions about service priorities, service models, population emphases, and directives for the Recipient will be **data-based**.

Data used for decision making will include:

- ▶ Needs assessment and community input
- ▶ Service cost and utilization data
- ▶ System-wide (not subrecipient-specific) Quality Management data

The planning council will be trained and comfortable in reviewing, assessing, and using data.





# Planning Council Legislative Responsibilities

Determine the **population** of individuals with HIV/AIDS in the Miami-Dade County eligible metropolitan area (EMA) and **demographics and needs** particularly for those who know their HIV status and are **not receiving HIV-related services**; and address **disparities in access and services** among affected subpopulations and historically underserved communities.

# Components of a Ryan White Needs Assessment

**Epidemiological profile of HIV and AIDS cases and trends in Miami-Dade County.**

**A resource inventory of existing services.**

**A profile of provider capacity and capability - Availability, accessibility and appropriateness overall and for specific populations.**

**Estimate and assessment of unmet need- People with HIV who know their status but are not in care and People with HIV who do not know their status.**

**Estimate and assessment of people with HIV who are unaware of their status.**

**Assessment of service need gaps-Information about service needs of people with HIV and barriers to getting services.**



# Data Collection For This Year

- ▶ Surveillance (from Florida Department of Health in Miami-Dade)
- ▶ Ryan White Program demographic and utilization data (from the Provide Enterprise Miami system), as available
- ▶ Surveys
- ▶ Input from persons with HIV and
- ▶ Other funding information







# Needs Assessment Dates\*

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

May 9, 2024

June 13, 2024

July 11, 2024

August 8, 2024

\*September 12, 2024 (likely  
needed)

# Book Location

## Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessments drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

### 2024 Needs Assessment

Complete Needs Assessment Book (as of May 9, 2024)

- Needs Assessment Responsibilities for Planning Councils
- Needs Assessment Priority Setting Process
- HIV Epidemiology in Miami-Dade County, 2023 (FDOH-MDC)



- Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Complete Needs Assessment Book
- Process for Setting Priorities and Allocating Resources
- Needs Assessment Responsibilities
- 2024 Guide to Dashboard Cards

### Past Needs Assessments



[RETURN TO MENU](#)

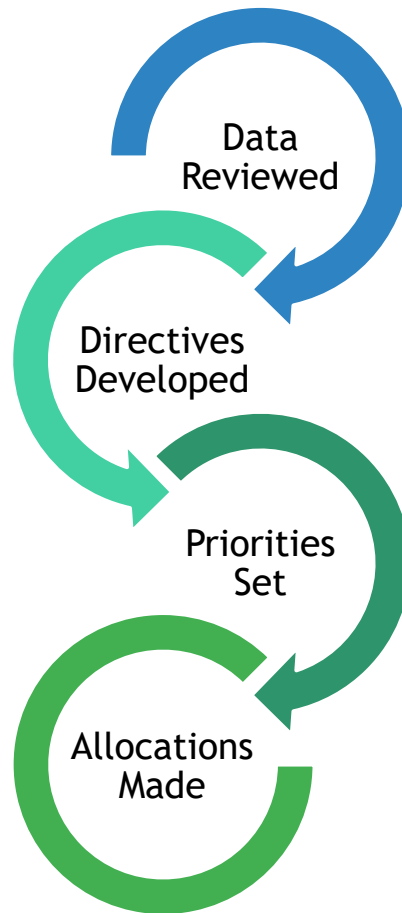
<https://aidsnet.org/the-partnership/#needsassessment1>

# Steps for 2024 Needs Assessment Priority Setting and Resource Allocation (PSRA)

- ▶ Train on responsibilities and data elements; additional training materials will be included in the electronic book.
- ▶ Agree on the process and adopt it by motion; this will provide the outline for items that will be covered.



# Steps for PSRA (Priority Setting and Resource Allocation)



# Planning Council Responsibilities: Developing Directives

- ▶ Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.
- ▶ Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific populations.
- ▶ May have cost implications.
- ▶ Usually only a small number are developed.
- ▶ Must be followed by Recipient in procurement, contracting, or other service planning.

# Planning Council Responsibilities: Setting Priorities

- ▶ Determine what service categories are most important for people living with HIV in Miami-Dade County and place them in priority order.
- ▶ Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest.
- ▶ Take into account data such as utilization, epidemiological, and unmet needs.
- ▶ Priorities tend to change only a little from year to year and are not tied to funding or to service providers.
- ▶ Per HRSA guidance, **all** service categories will be prioritized.



# Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)  
Replaces Policy #10-02

**Scope of Coverage:** Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

## Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

## Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

# Policy Clarification Notice #16-02

# Core Medical Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care



# Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The background features a collage of financial data. On the left, there is a pie chart with several segments in shades of blue, green, and brown. Below it is a calendar grid with months labeled 'oct', 'nov', and 'dec'. At the bottom left, a table contains numerical values. On the right side, there are overlapping blue geometric shapes in various shades, creating a modern, abstract design.

# Planning Council Responsibilities: Resource Allocations

- ▶ Decide how much money to allocate to each service category.
- ▶ Resource allocation is not tied to priorities; some lower-ranked service categories may receive disproportionate funding because they are expensive to provide.
- ▶ Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making.

# Planning Council Responsibilities: Resource Allocations and Managing Conflicts



Process should be fair, data-based and free of conflicts of interest.



*If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.*

# Planning Council Responsibilities: Resource Allocations Restrictions

## Core Services

- HRSA requires no less than 75% of funds be allocated to core services (unless the program has a waiver).

## Support Services

- Remaining funds may be allocated to support services.
- Funded support services need to be linked to positive medical outcomes which are outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2022 EXPENDITURES	FY 2022 %	FY 2024 RECOMMENDED ALLOCATION <sup>1</sup>	FY 2024 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$3,954.10	0.02%	\$	%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%	\$	%
FOOD BANK*/HOME DELIVERED MEALS [S]	\$2,540,864.00	12.07%	\$	%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE	\$297,151.61	1.41%	\$	%
MEDICAL TRANSPORTATION [S]	\$153,904.90	0.73%	\$	%
MENTAL HEALTH SERVICES [C]	\$63,570.00	0.30%	\$	%
ORAL HEALTH CARE [C]	\$3,273,644.50	15.55%	\$	%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$67,581.00	0.32%	\$	%
OUTREACH SERVICES [S]	\$8,063,884.64	38.30%	\$	%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$114,924.86	0.55%	\$	%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$4,401.00	0.02%	\$	%
	\$1,053,590.00	5.00%	\$	%

# Sample Budget Sheet



# Budget Development Options

Two (2) Budgets: Flat and Increase (up to allowable threshold)

OR

Three (3) Budgets: Flat, Decrease (determine %), and Increase (up to allowable threshold)



# Some Basic Points Regarding Data

- Different types of charts provide a visualization of the data.
- Sources of data should always be identified.
- Patterns in the data may have implications for the way we provide services in Miami-Dade County.
- **Data** should be used to make decisions.

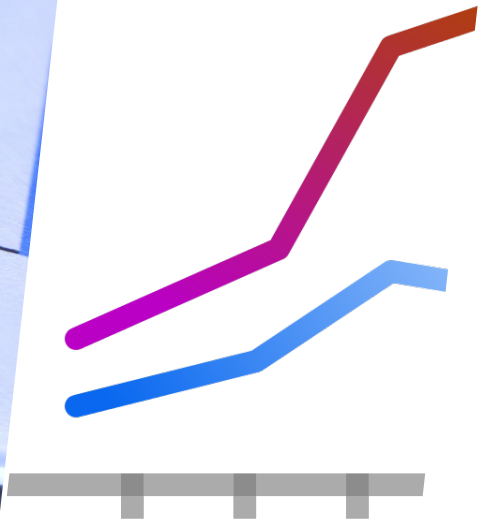


ities of Ionic Compounds\* aq = aqueous (dissolve in water)

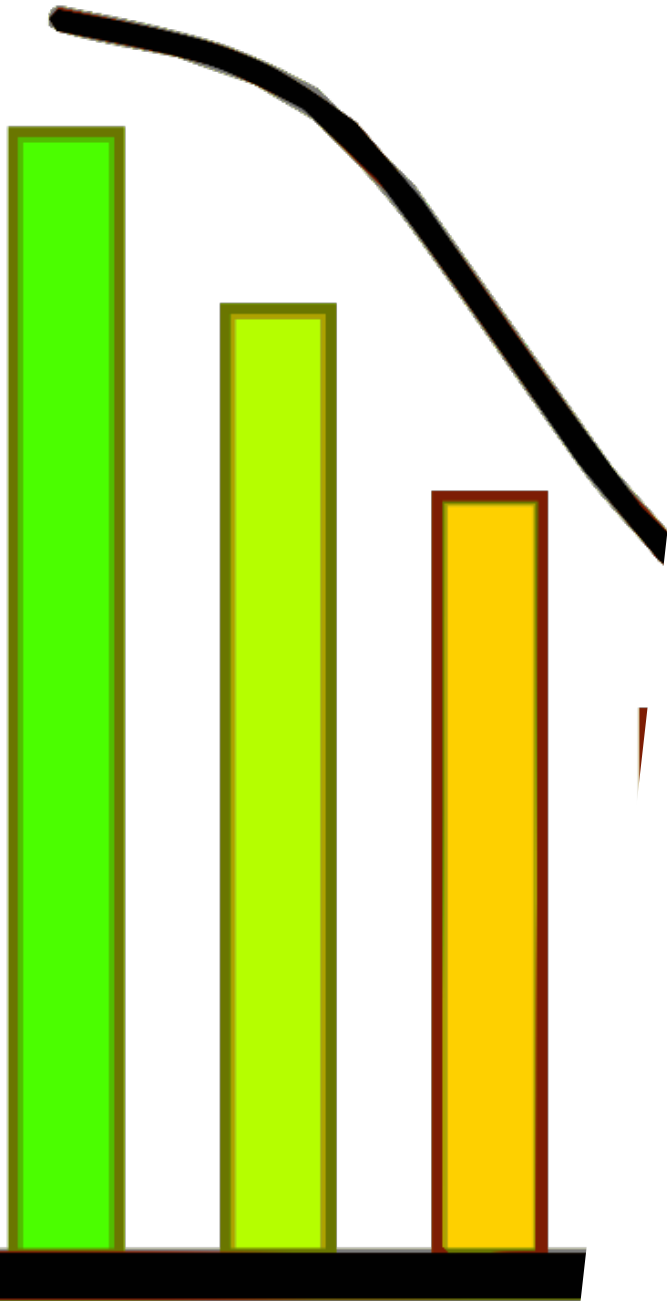
	Carbonate	Chlorate	Chloride	Fluoride	Hydrogen Carbonate	Hydroxide	Iodide	Nitrate	Nitrite
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# Sample Data and Chart Types







## Epi Data

Number of people living with a disease.

A laboratory setting with various glassware including test tubes and vials containing colored liquids (yellow, green, blue) on a white surface. The background is slightly blurred, focusing attention on the scientific equipment.

# Epidemiologic Profile

- ▶ Describes the HIV Epidemic in the Miami-Dade service area.
- ▶ Focuses on the social and demographic groups most affected by HIV and the behaviors that can transmit HIV.
- ▶ Data are provided by the Florida Department of Health
- ▶ Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those who are unaware of their HIV status.

# “Epi” Terms (new)



**Incidence** - the number of new 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 as of December 31 of the reference year.



**Incidence rate** - The frequency of new cases of a disease that occur per unit of population during a defined period of time - such as the rate of new HIV cases per 100,000 in Miami-Dade County as of December 31 of the reference year.

# “Epi” Terms (total)



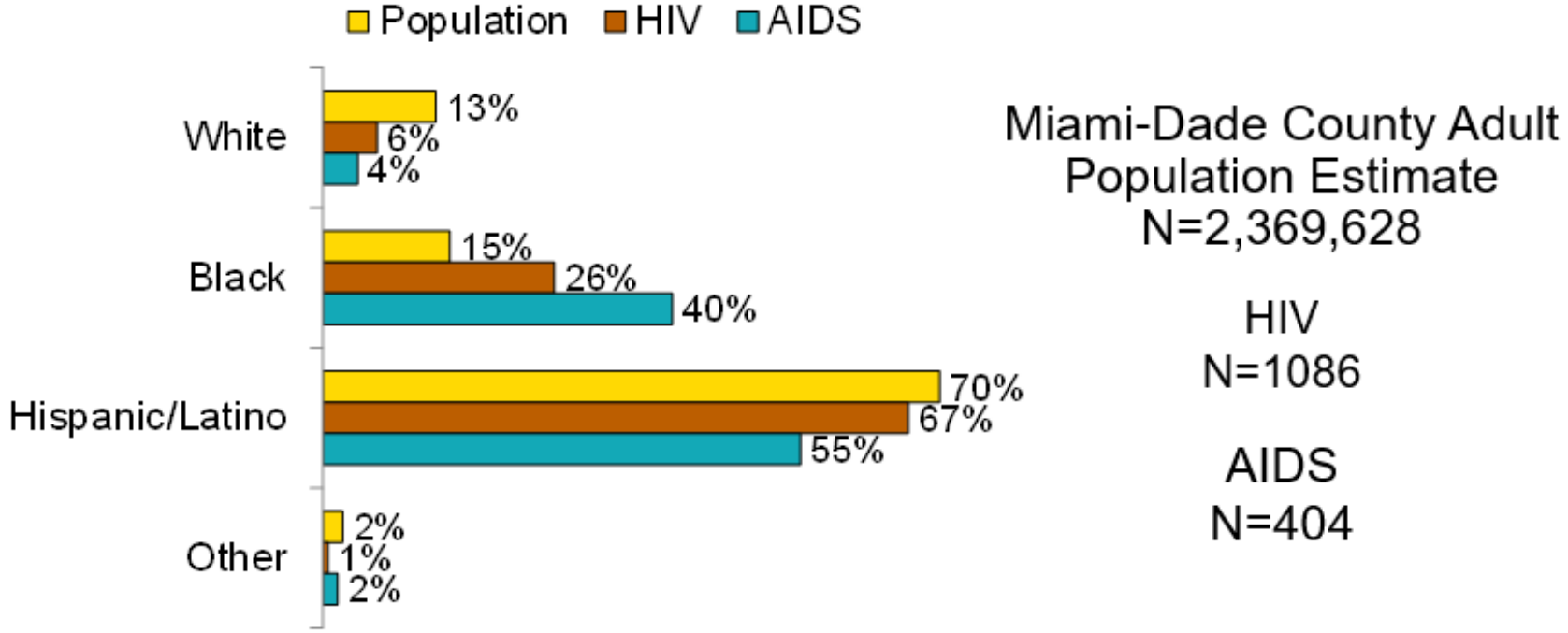
**Prevalence** - The total number of people in a defined population with a specific disease or condition at a given time - such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31 of the reference year.



**Prevalence rate** - The total or cumulative number of cases of a disease per unit of population as of a defined date - such as the rate of HIV cases per 100,000 population diagnosed in Miami-Dade County as of December 31 of the reference year.

# Sample EPI Data Using a Bar Graph

## Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2022, Miami-Dade County



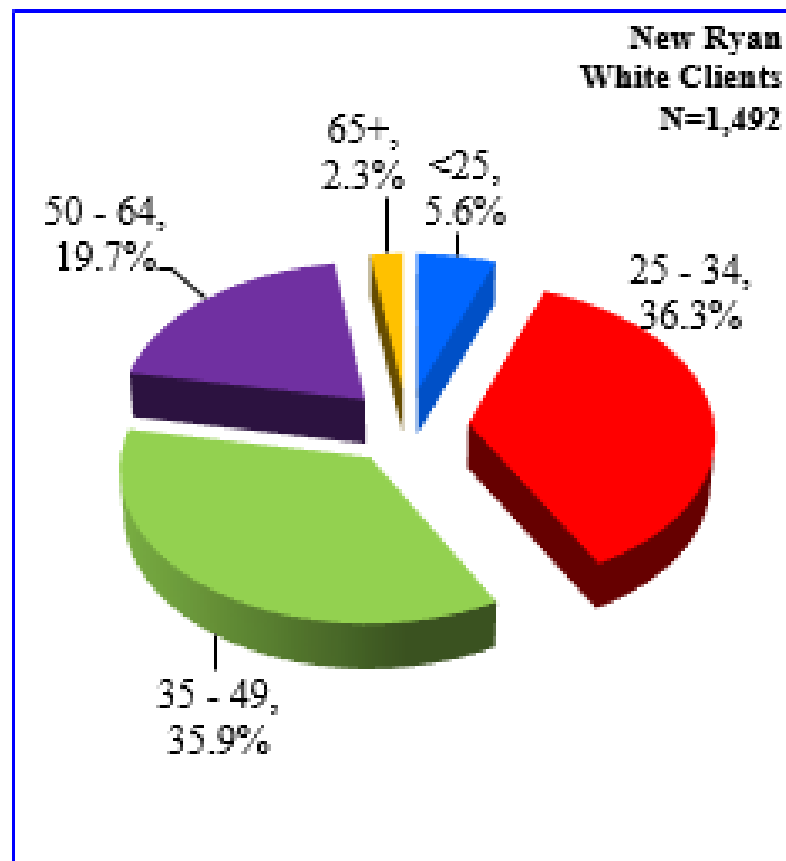
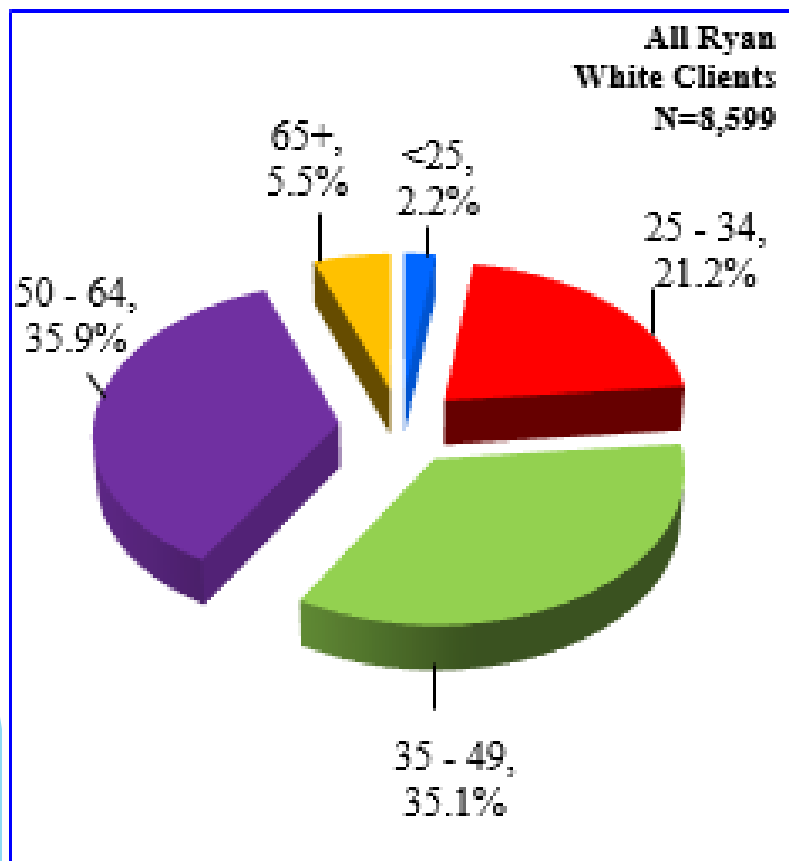


# Demographics

Statistical data relating to the population and particular groups within it.

# Sample Demographics Using a Pie Graph

## Age Distribution of New and Total Clients in Care Ryan White Program, FY 2022





# Service Utilization

A measure of expenditures and units of service across service categories.



# Sample Utilization Using a Chart

Total Number of Unduplicated Clients Served  
by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
RWP TOTAL	9,578	9,031	8,127	8,411	8,590
AIDS Pharmaceutical Assistance (Local)	697	605	185	183	157
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	701	715	735	712	1,130
Health Insurance Premium & Cost Sharing Assist	1,307	1,335	1,125	1,255	1,440
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,496	8,116	7,378	7,842	8,085
Medical Transportation Services	638	720	94	645	743
Mental Health Services	327	274	95	121	107
Oral Health Care	3,381	3,170	1,711	2,237	2,577
Other Professional Services - Legal Services	76	66	48	44	103
Outpatient/Ambulatory Health Services	5,447	5,317	4,281	4,422	4,540
Outreach Services	624	472	130	116	158
Substance Abuse Services Outpatient	115	55	0	17	22
Substance Abuse Services (Residential)	169	95	70	66	72

# Sample Utilization Using Text

## Medical Transportation (MTS)



- Utilization of Ryan White Program dollars for this service category has been increasing since FY 2021. FY 2022 expenditures are 56% higher than FY 2021 and are the highest in five years.
- EASY monthly pass accounted for 23% of the service, and ride shares (Uber/Lyft) accounted for 73%.

# Dashboard Cards

Tool to visualize utilization and other funding data.




**CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE**

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.39%
FY 2019	\$22,984,844.87	0.25%
FY 2020	\$17,660,128.37	0.03%
FY 2021	\$19,018,258.46	0.02%
FY 2022	\$22,372,383.35	0.02%

**Trend**  
Expenses and Clients



Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$237,000.00	\$86,209.75	36.38%
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%

Fiscal Year	Part A Final Allocation	Part A Final	% Spent	
FY 2018	4	\$137,000.00	\$81,547.76	59.52%
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%

Fiscal Year	MAI Final Allocation	MAI Final	% Spent	
FY 2018	3	\$100,000.00	\$4,661.97	4.66%
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A

**Service Program**

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	697	7.3%	\$86,210.00	\$123.69
FY 2019	9,031	605	6.7%	\$57,843.29	\$95.61
FY 2020	8,127	185	2.3%	\$5,993.21	\$32.40
FY 2021	8,420	183	2.2%	\$4,379.02	\$23.93
FY 2022	8,590	156	1.8%	\$3,954.10	\$25.35

**Other Funding Streams 2022**

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,384	4,587	\$6,179
2	General Revenue	\$262,520	547	\$480
3	Medicaid	\$109,082,428	5,435	\$20,070
4	Part C	\$25,492	N/A	N/A

**Other Funding Streams 2023**

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$26,005,586	4,589	\$5,667
2	General Revenue	\$351,172	446	\$787
3	Medicaid	\$112,742,680	6,121	\$18,419
4	Part C	\$30,873	N/A	N/A

**Notes:**

Expenditures continue on a downward trend because most clients access the ADAP program for this service.

Sample  
Dashboard Card  
Using Tables

# Other Funding

Non-Part A funding in the community  
for persons living with HIV.



# Sample Other Funding Streams Using a Chart

## AIDS Pharmaceutical Assistance (Prescription Drugs)

**Other Funding Streams 2022**

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,384	4,587	\$6,179
2	General Revenue	\$262,520	547	\$480
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**Other Funding Streams 2023**

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4	Part C	\$30,873	N/A	N/A

**Notes:**

Expenditures continue on a downward trend because most clients access the ADAP program for this service.

# Care Continuum

Model that outlines the steps/stages that people with HIV go through whose goal is viral suppression.\*

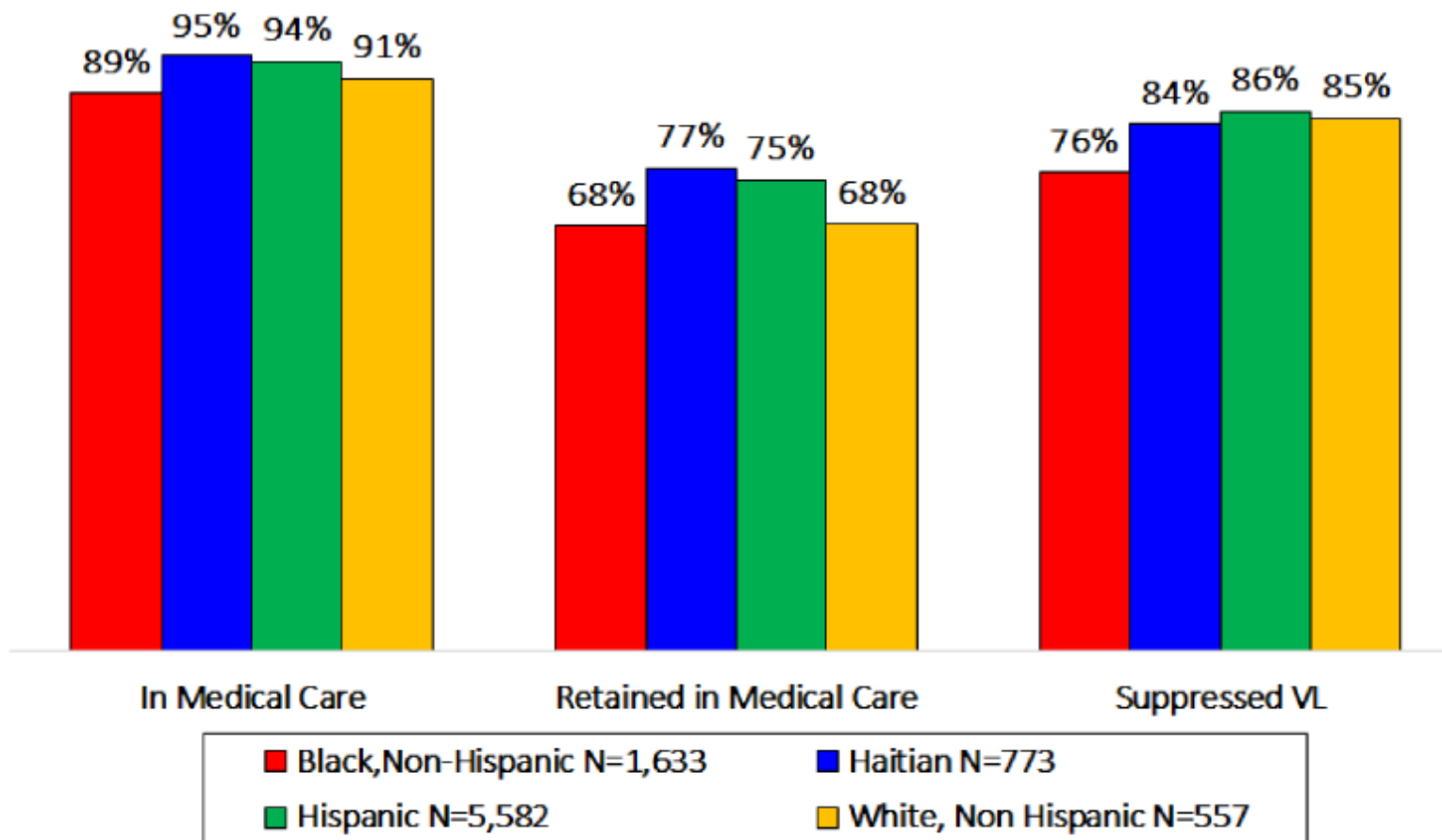
\*Ending the Epidemic





# Sample HIV Care Continuum Using a Bar Graph

## RYAN WHITE PROGRAM HIV CARE CONTINUUM BY RACE/ETHNICITY, FY 2022





# How do we connect the data?



Priorities

Address identified service needs or underserved groups



Allocations

Per client cost=  
estimate allocation



Directives

# Use of Service Utilization and Continuous Quality Improvement Data

## ▶ **Priority Setting**

What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

## ▶ **Resource Allocation**

How can we use cost per client data to determine funding allocations for anticipated new clients?

## ▶ **Developing Directives**

What access to care issues have been identified and how can these be addressed?



# Data Driven Decisions

**Think 3D!**



# But ultimately, it's about . . .



Using **data**, within established Ryan White program guidelines, to make informed **priority** and **funding** decisions to **improve service delivery** to people living with HIV in Miami-Dade County.

*Thank  
You*



Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |   |                    |
|-------|---|--------------------|
| I.    | Call to Order   | Dr. Mary Jo Trepka |
| II.   | Introductions   | All                |
| III.  | Meeting Housekeeping  | Marlen Meizoso     |
| IV.   | Floor Open to the Public  | Rick Siclari       |
| V.    | Review/Approve Agenda   | All                |
| VI.   | Review/Approve Minutes of April 11, 2024                                      | All                |
| VII.  | Reports   |                    |
|       | • Recipients (Part A, Part B, ADAP, General Revenue)                          | All                |
|       | • Vacancies   | Marlen Meizoso     |
| VIII. | Standing Business   |                    |
|       | • None  |                    |
| IX.   | New Business  |                    |
|       | • Planning Council Responsibilities and Needs Assessment ( <b>Section 2</b> ) | Marlen Meizoso     |
|       | • Setting Priorities and Allocating Resource Process ( <b>Section 1</b> )     | All                |
|       | • Miami-Dade HIV Epi Profile Data, 2022 ( <b>Section 3</b> )                  | Dr. Robert Ladner  |
| X.    | Announcements and Open Discussion   | All                |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>                    | Rick Siclari       |
| XII.  | Adjournment   | Dr. Mary Jo Trepka |



*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

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership/](https://instagram.com/hiv_partnership/)

## MIAMI-DADE HIV/AIDS PARTNERSHIP

### 2024 NEEDS ASSESSMENT

#### PROCESS FOR SETTING PRIORITIES AND ALLOCATING RESOURCES

The annual Priority Setting and Resource Allocation (PSRA) needs assessment process is a series of monthly Care and Treatment Committee meetings scheduled from May to September. The results of the needs assessment process including priorities and allocations will be included in the Ryan White Program's response to the HRSA Ryan White Program Notice of Funding Opportunities due in the Fall. Representatives of the affected community, community stakeholders, and service providers are urged to attend and participate.

#### STEP 1. TRAINING ON RESPONSIBILITIES

The committee will be trained in 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 a meeting focusing on unmet need.
- 2) Committee members and non-members in attendance will be encouraged to participate in discussion and consensus-building throughout the needs assessment process by offering relevant information and stating their opinions.
- 3) Results of the client satisfaction survey.
- 4) Results of a virtual or in-person community town-hall meetings.

#### STEP 4. DATA REVIEW

Staff Support will provide an overview of HIV epidemiology, Ryan White Program client demographics and service utilization, cost of services, unmet need and other data for Miami-Dade County in advance of the meetings, posting the information at [www.aidsnet.org/the-partnership/#needsassessment1](http://www.aidsnet.org/the-partnership/#needsassessment1), and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- The HIV Epidemiology in Miami-Dade County, 2022;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 2023 (March 1, 2023 – February 28, 2024);
- FY 2023 and current cost and funding allocations for existing Ryan White Program 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 definitions and 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.





*The committee will review Policy Clarification Notice (PCN) #16-02 Service Standards, make any local edits as applicable, and make a motion to approve the document.*

## 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 for Part A and MAI.

- 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 2025 (March 1, 2025-February 28, 2026), generating a flat funding budget using the current grant award and a prospective resource allocation budget using the grant ceiling total.



**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 returned 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 2025 (March 1, 2025-February 28, 2026), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.



Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
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# HIV Epidemiology In Miami-Dade County, 2022

## DEPARTMENT OF HEALTH

Kira Villamizar

HIV/AIDS Program Coordinator

Florida Department of Health



Data as of 6/30/2023

# Acronyms

 **HIV:** Human Immunodeficiency Virus








 **AIDS:** Acquired Immune Deficiency Syndrome

 **IDU:** Injection Drug Use

 **MMSC:** Male-to-Male Sexual Contact

 **MSM:** Men Who Have Sex with Men

# Acronyms, continued

-  **IDU:** Injection Drug Use
-  **MMSC:** Male-to-Male Sexual Contact
-  **MMSC/IDU:** Male-to-male sexual contact and injection drug use.
-  **MSM:** Men Who Have Sex with Men
-  **nPEP:** Non-Occupational Post-Exposure Prophylaxis
-  **PEP:** Post-Exposure Prophylaxis
-  **PrEP:** Pre-Exposure Prophylaxis

# Acronyms, continued

 **PWH:** Persons with HIV

 **PWID:** Persons Who Inject Drugs

 **STI:** Sexually Transmitted Infection

 **VL:** Viral Load

# Technical Notes

- ⚡ Data for 2020 and 2021 should be interpreted with caution due to the impact of a public health emergency on HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.
- ⚡ Unless otherwise noted, all data in this presentation are as of 6/30/2023.



# Technical Notes, continued

- ⦿ Each year, the HIV data for the previous calendar year and all prior years back to 1979 are finalized and frozen for reporting purposes on June 30. The frozen data are used in all data reports until the following June 30, when the continuously deduplicated HIV/AIDS data set will be finalized and frozen again.
- ⦿ Unless otherwise noted, population-related data (such as rates) are provided by FLHealthCHARTS as of 6/30/2023.

# Technical Notes, continued

- 🎗️ HIV-Related deaths represent persons with an HIV diagnosis in the CDC's enhanced HIV/AIDS Reporting System (eHARS) who resided in Florida at death and whose underlying cause of death was HIV, regardless of whether their HIV status was reported in Florida.
- 🎗️ STI data are derived from the Surveillance Tools and Reporting System (STARS) and provided by the STD Prevention and Control Section as of 7/01/2023.


# Technical Notes, continued

- 🎗️ HIV diagnoses by year represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
- 🎗️ AIDS and HIV diagnoses by year are not mutually exclusive and cannot be added together.


# Technical Notes, continued

- 🎗️ HIV prevalence data represent PWH living in Florida through the end of the calendar year, regardless of where they were diagnosed.
- 🎗️ For diagnosis data over time, sub-geographical area data exclude Florida Department of Corrections (FDC) and Federal Correctional Institution (FCI) diagnoses. For prevalence data, area and county data include FDC and FCI data.




# Technical Notes, continued

-  Adult diagnoses represent people ages 13 years and older; pediatric diagnoses represent people under the age of 13 years.
- For data by year of diagnosis, age is by age at diagnosis.
  - For prevalence data, age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.

# Technical Notes, continued

 Unless noted, White and Black people are non-Hispanic/Latino, and Other (which may be omitted in some graphs due to small numbers) represents American Indian/Alaska Native, Asian/Pacific Islander, or multi-racial.

# Definitions of Mode of Exposure Categories

-  **Heterosexual:** Sexual contact between a male and female who received an HIV diagnosis or had a known HIV risk.
-  **Other Sexual Contact:** Other sexual contact resulting in a person acquiring HIV.
-  **Other Risk:** Includes recipients of clotting factor for hemophilia or other coagulation disorders, recipients of HIV-infected blood or blood components other than clotting factor or of HIV-infected tissue, perinatal and other pediatric risks, or other confirmed risks.

# Florida's Four Key Components Plan To Eliminate HIV Transmission and Reduce HIV-Related Deaths

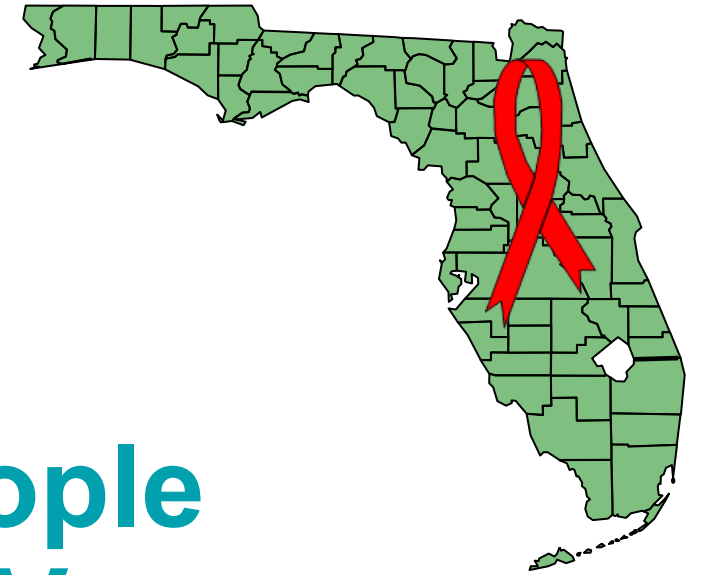
- 🎗️ Implement routine HIV and STI screening in health care settings and priority testing in non-health care settings.
- 🎗️ Provide rapid access to treatment and ensure retention in care (Test and Treat).



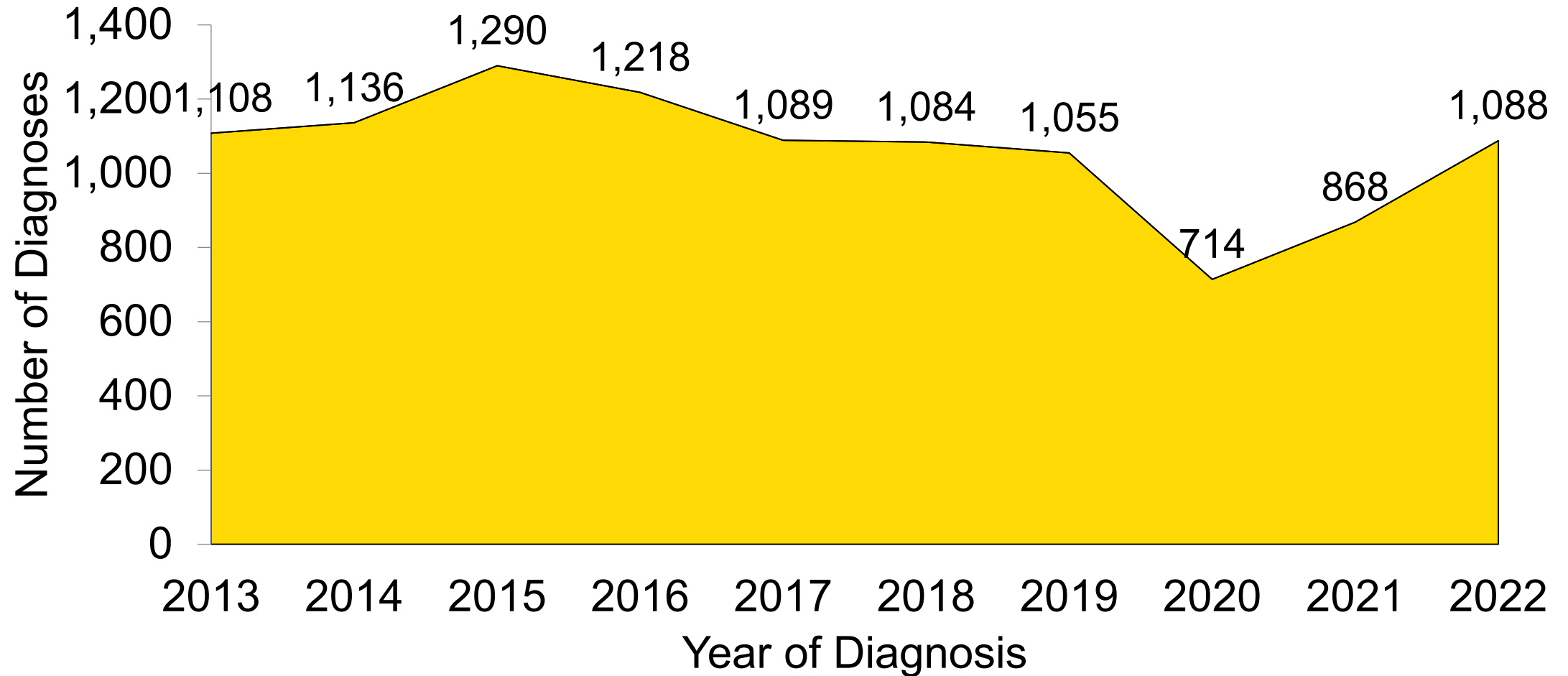
## Florida's Four Key Components Plan To Eliminate HIV Transmission and Reduce HIV-Related Deaths, Continued

- 🎗️ Improve and promote access to antiretroviral PrEP and nPEP.
- 🎗️ Increase HIV awareness and community response through outreach, engagement, and messaging.

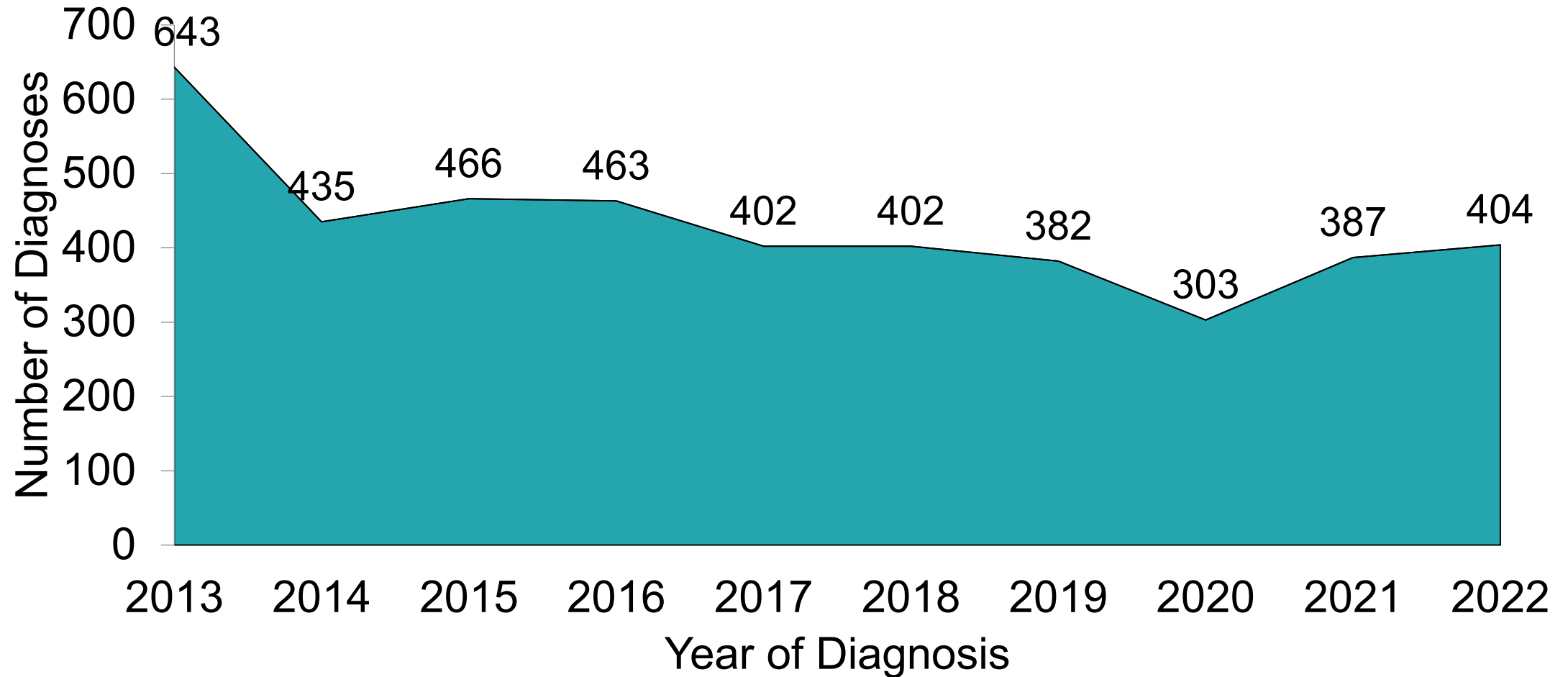
# Demographics of People Diagnosed with HIV



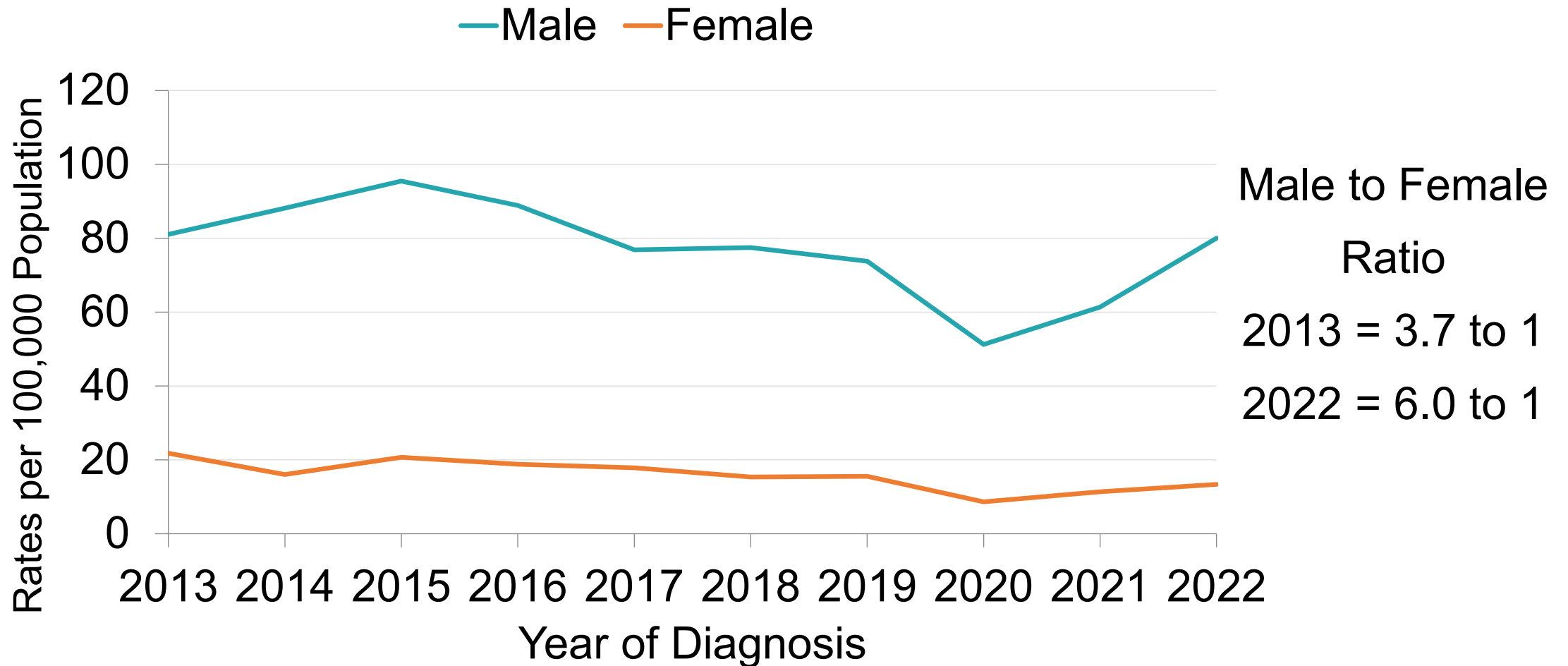
# Diagnoses of HIV, 2013–2022, Miami-Dade County



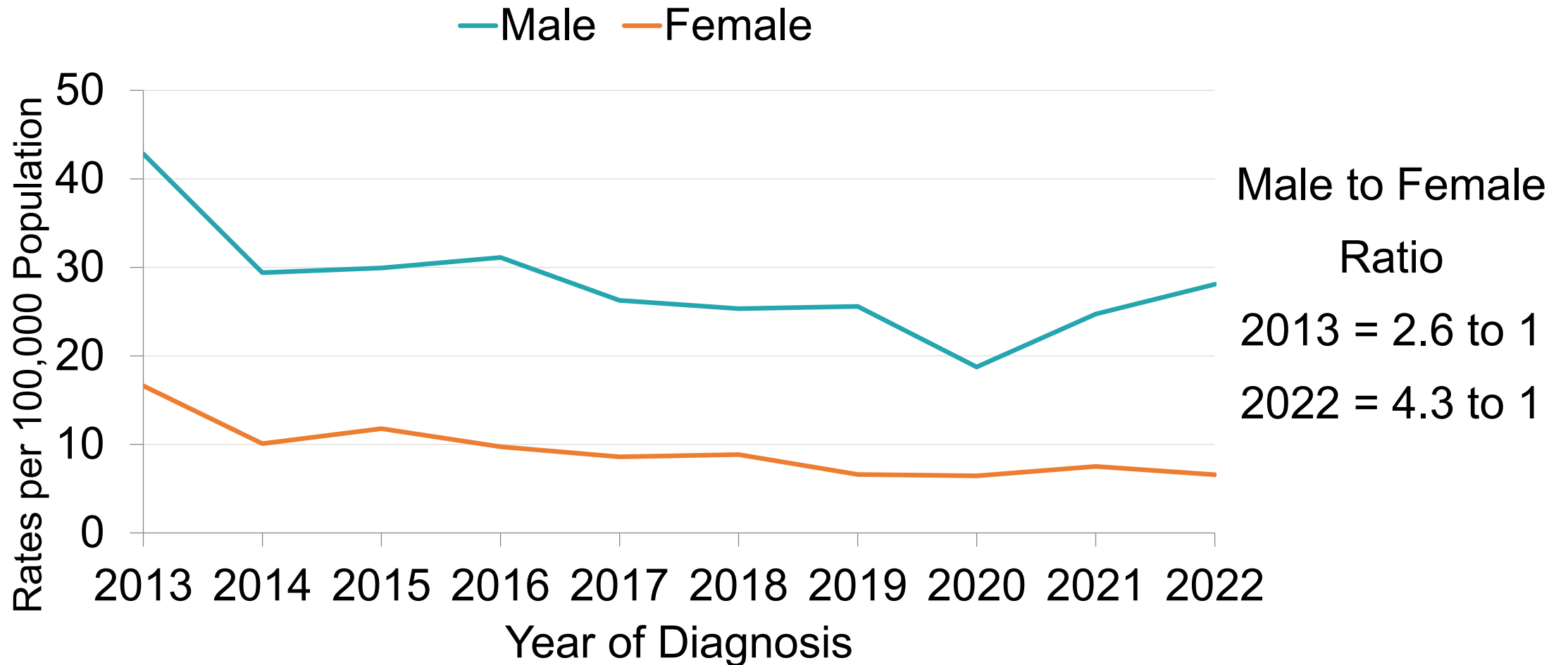
# Diagnoses of AIDS, 2013–2022, Miami-Dade County



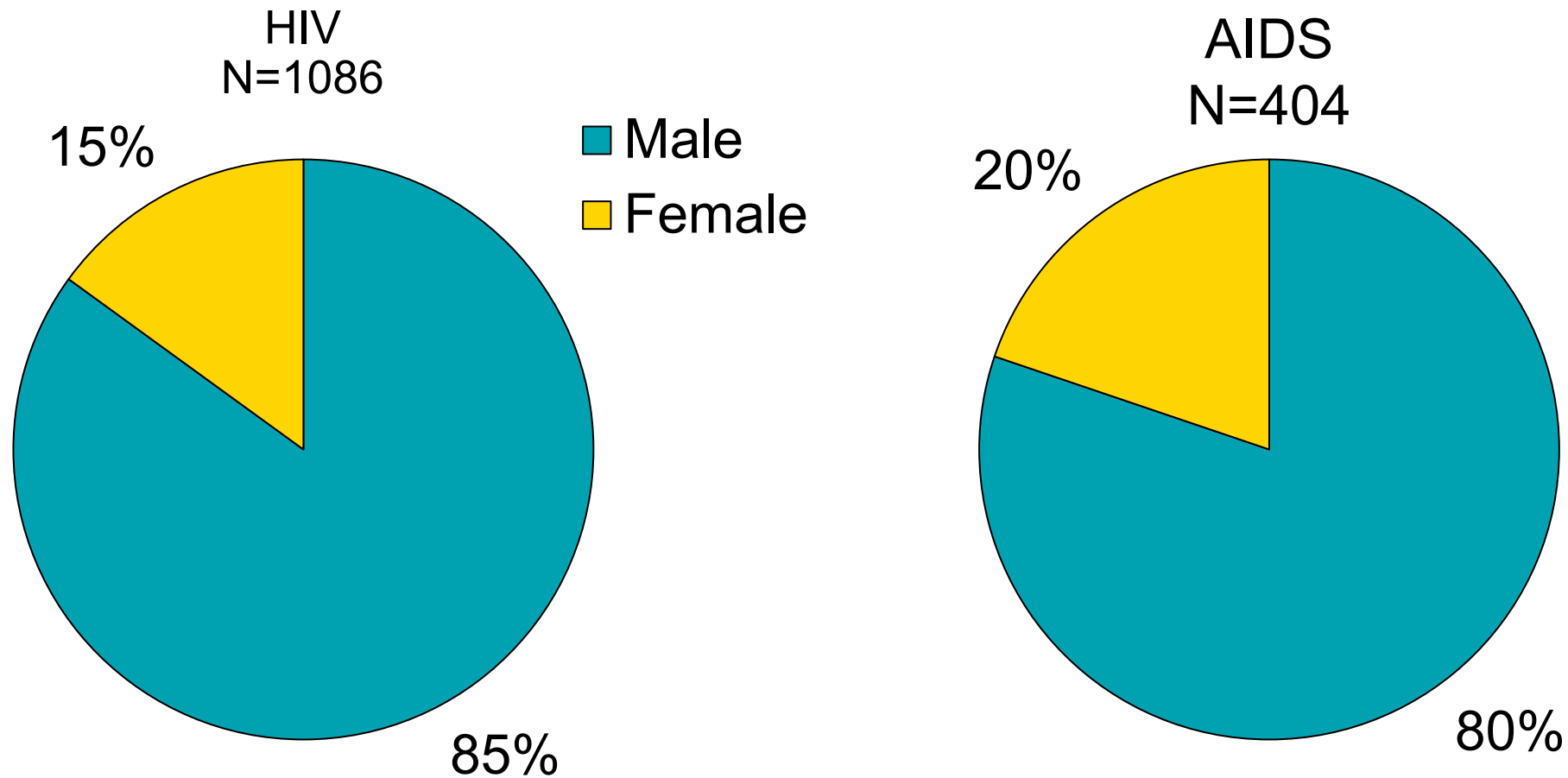
# Adult HIV Diagnosis Rates by Sex, 2013–2022, Miami-Dade County



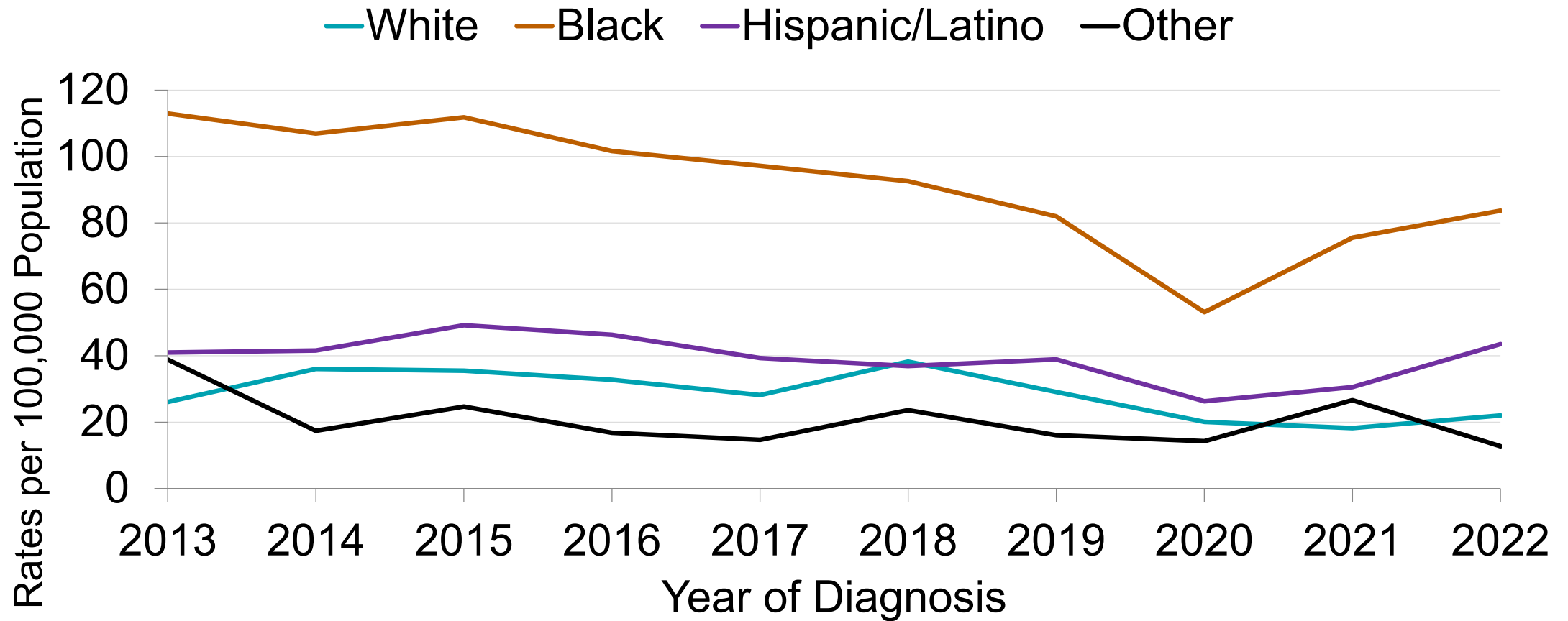
# Adult AIDS Diagnosis Rates by Sex, 2013–2022, Miami-Dade County



# Adult HIV and AIDS Diagnoses By Sex, 2022, Miami-Dade County

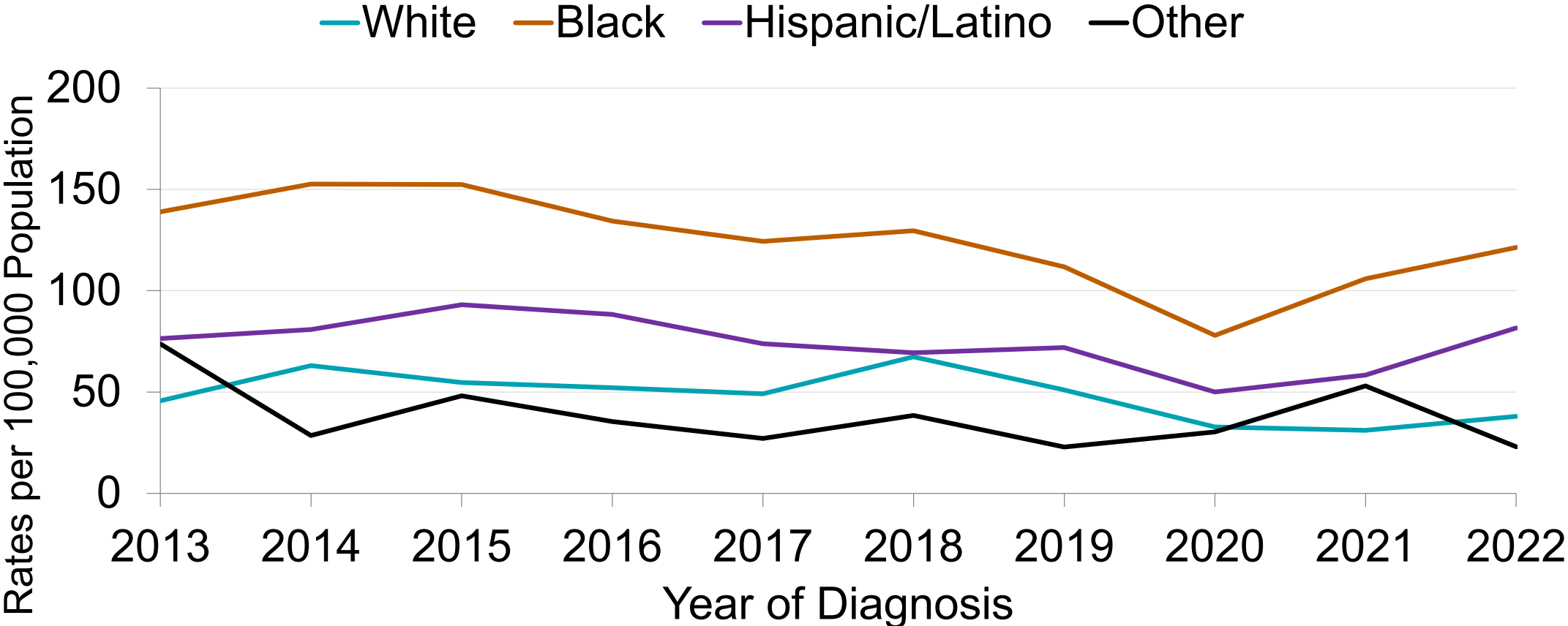


# Adult HIV Diagnosis Rates By Race or Ethnicity, 2013–2022, Miami-Dade County

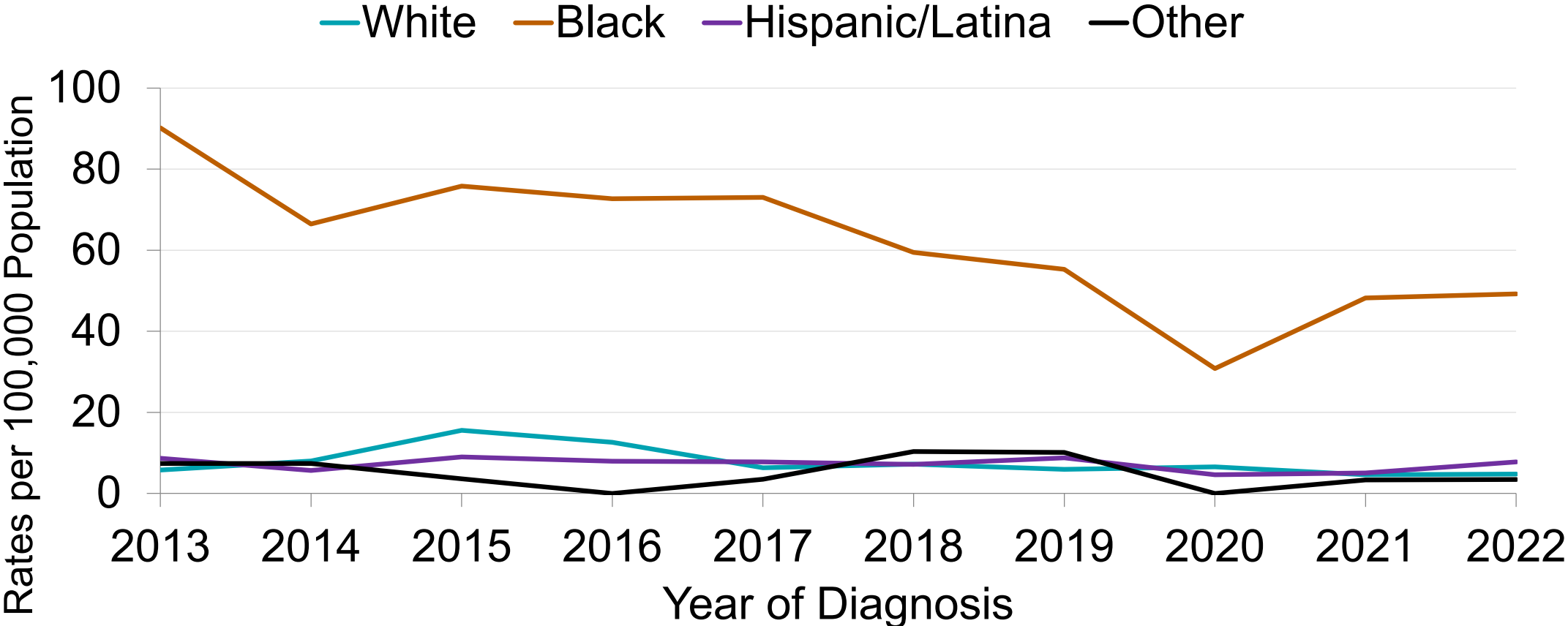




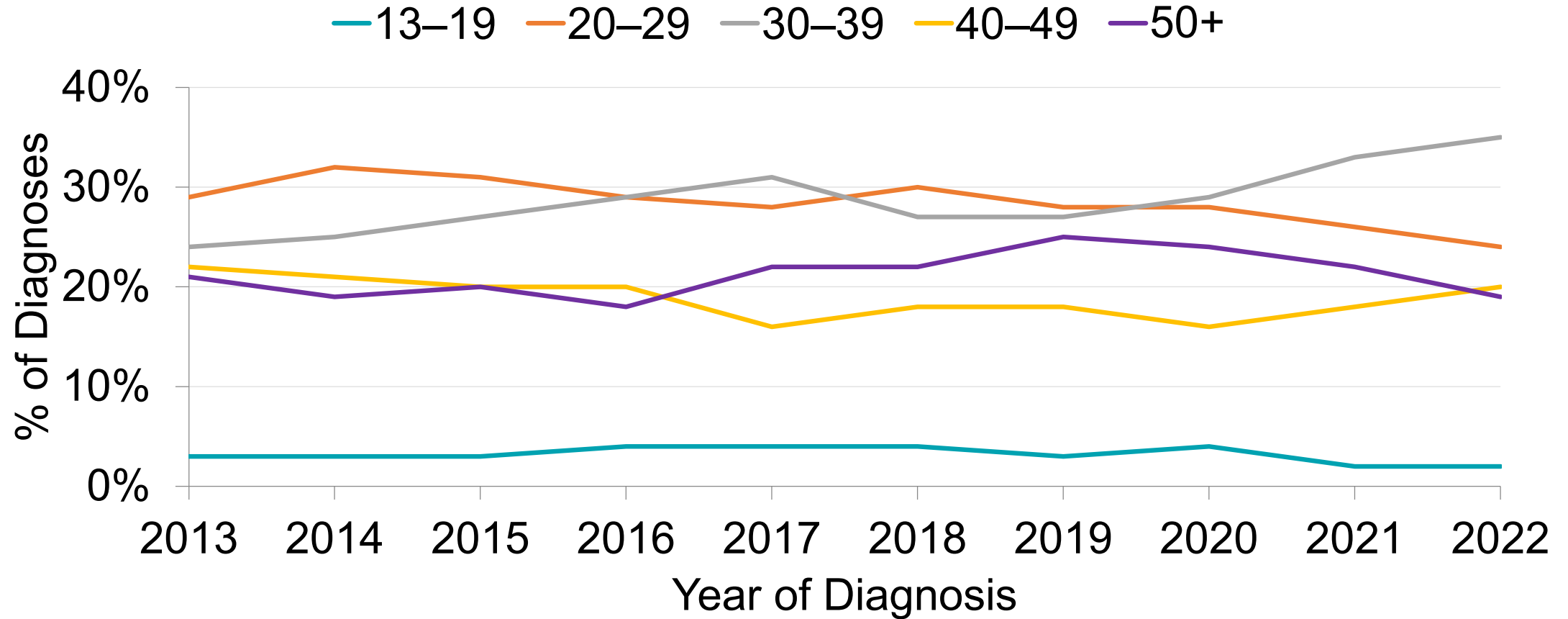
# Adult Male HIV Diagnosis Rates By Race or Ethnicity, 2013–2022, Miami-Dade County



# Adult Female HIV Diagnosis Rates By Race or Ethnicity, 2013–2022, Miami-Dade County

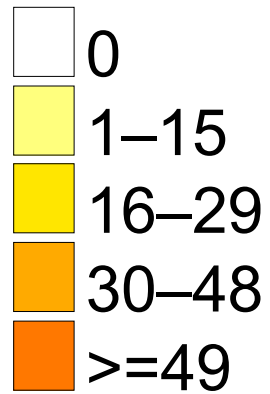


# Adult HIV Diagnoses by Age At Diagnosis, 2013–2022, Miami-Dade County

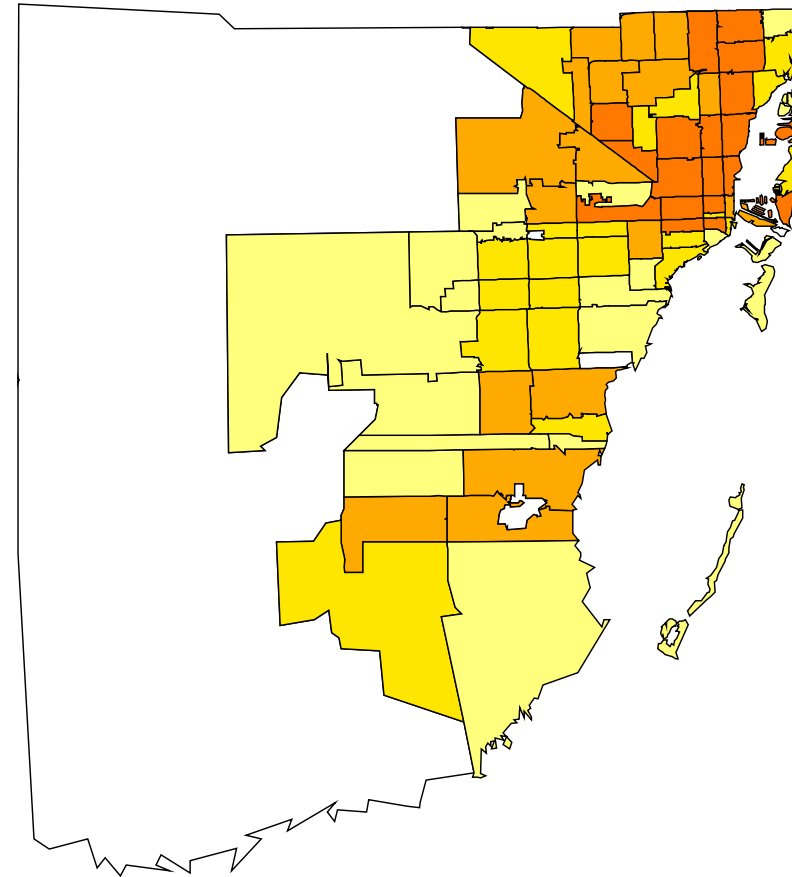


# Adult HIV Diagnoses by ZIP Code of Residence At Diagnosis, 2020–2022, Miami-Dade County

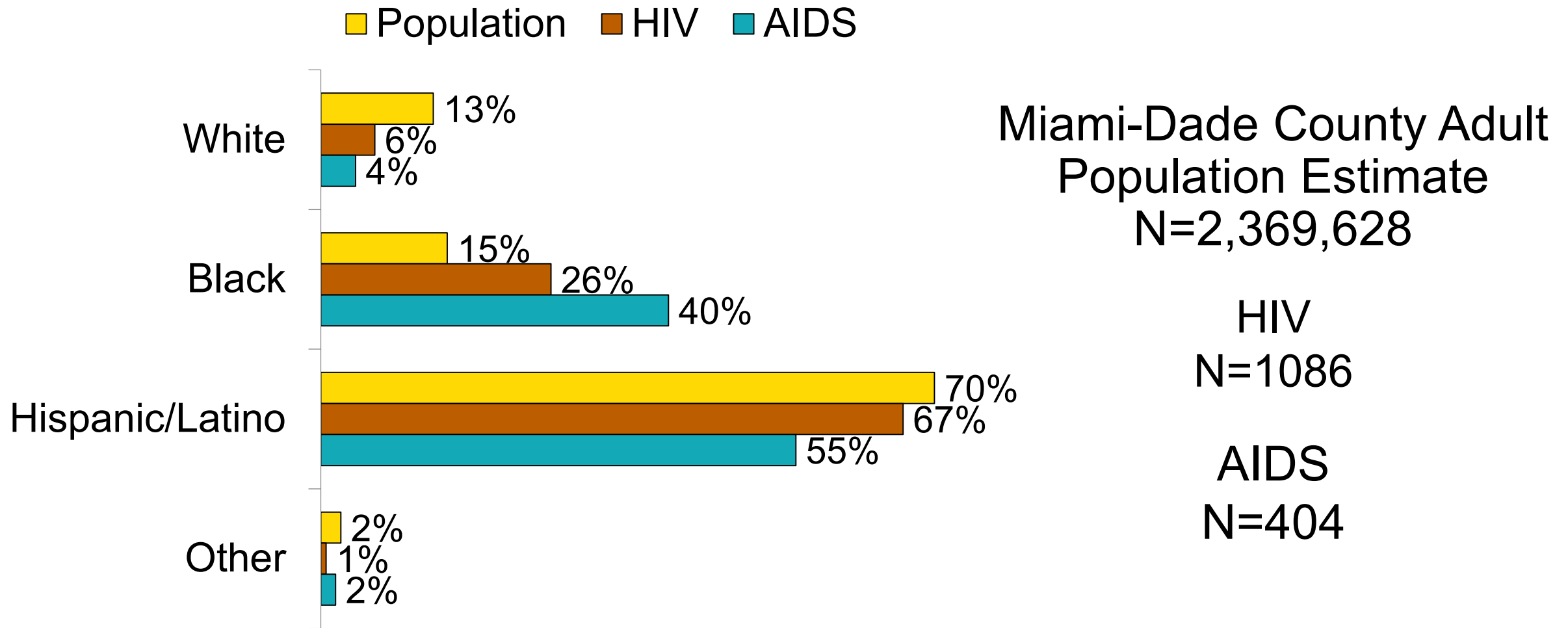
## Adult HIV Diagnoses



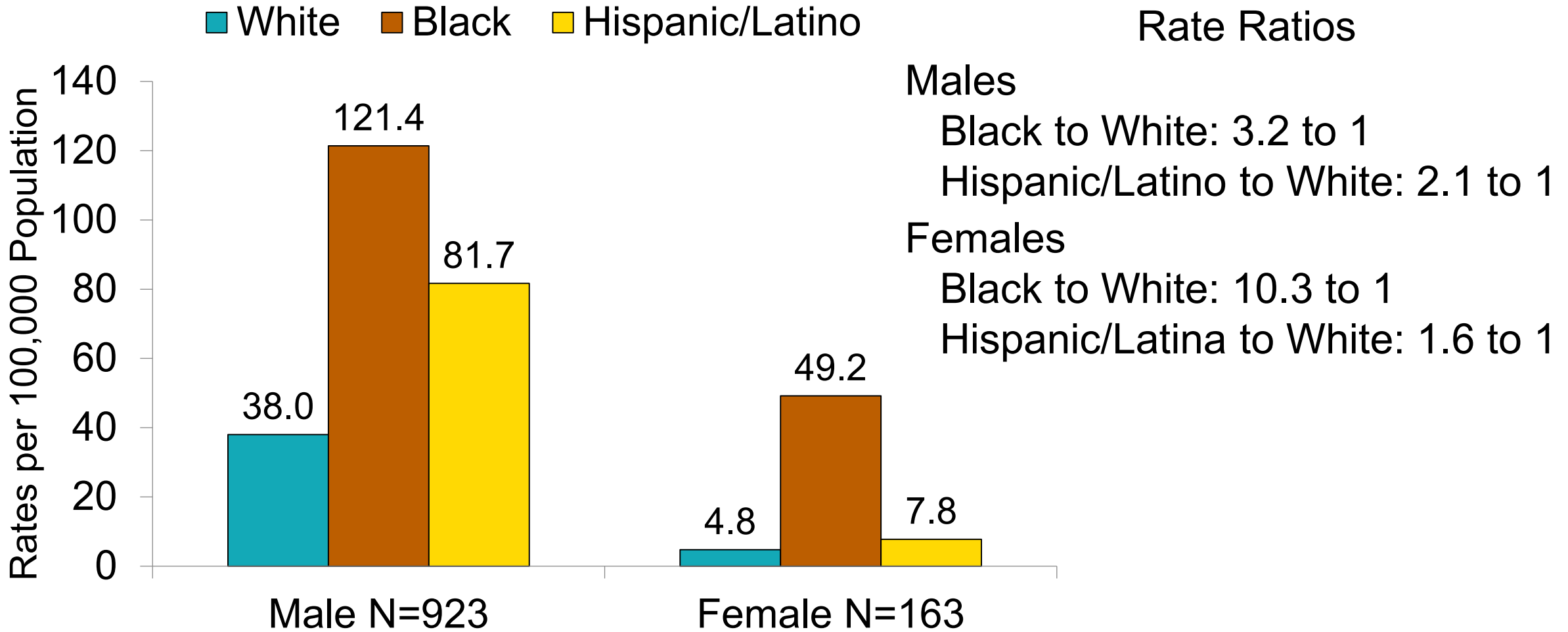
N=2,616



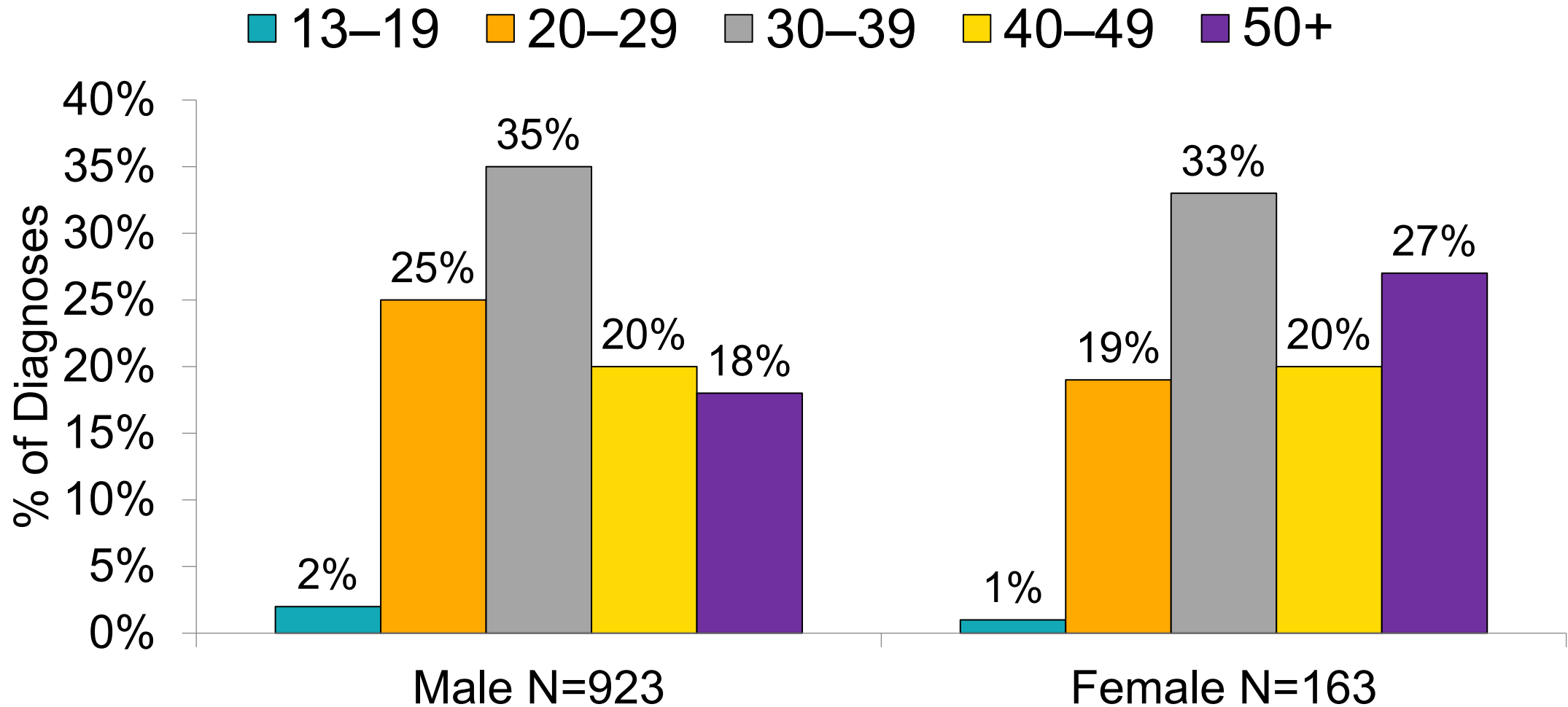
# Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2022, Miami-Dade County



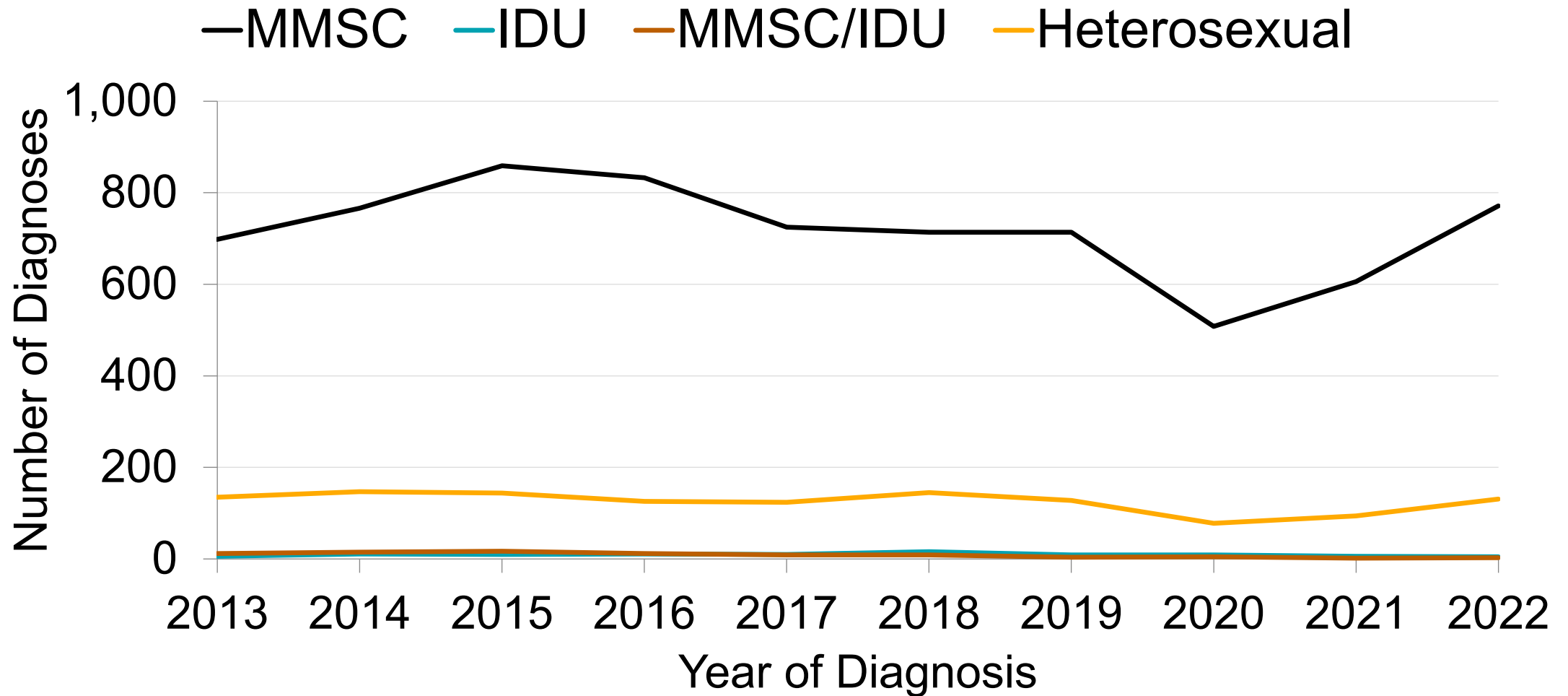
# Adult HIV Diagnosis Rates by Sex And Race or Ethnicity, 2022, Miami-Dade County



# Adult HIV Diagnoses By Sex and Age at Diagnosis, 2022, Miami-Dade County

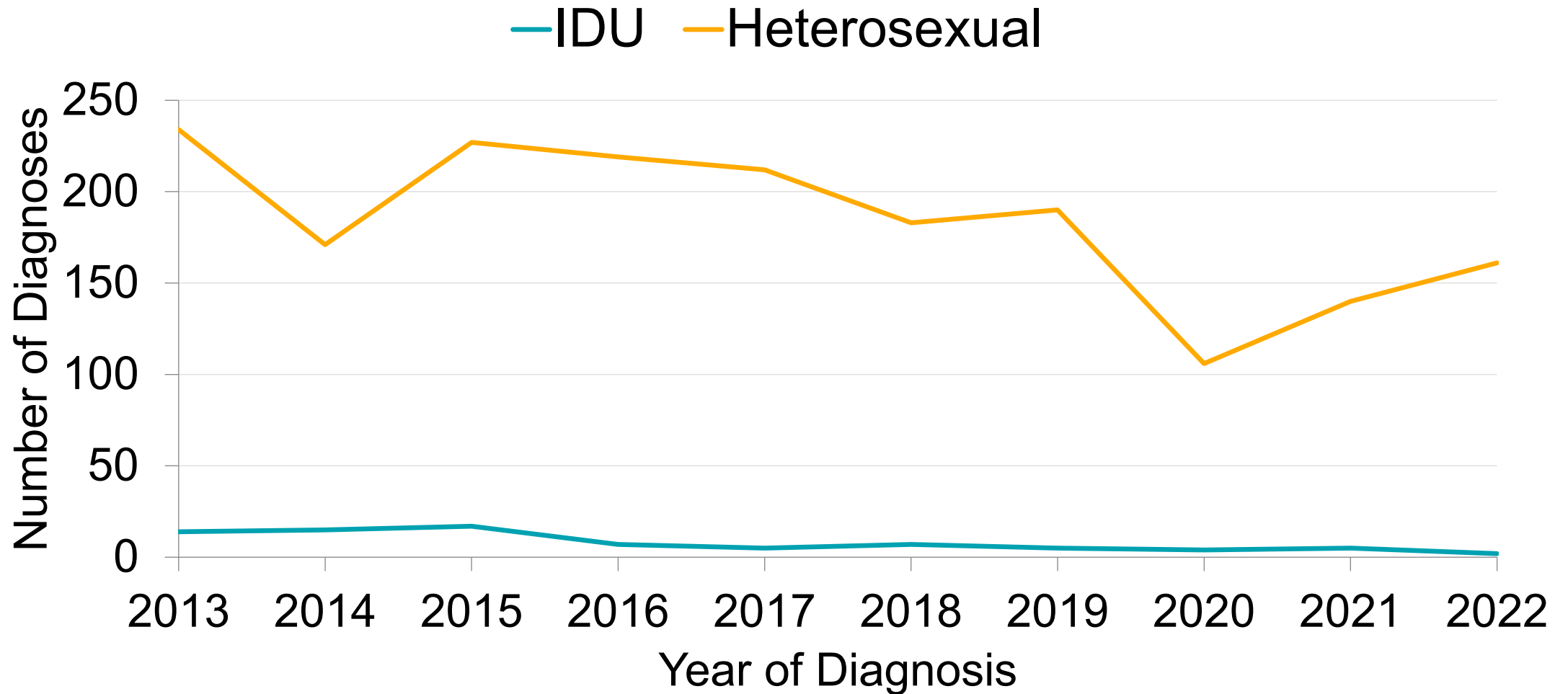


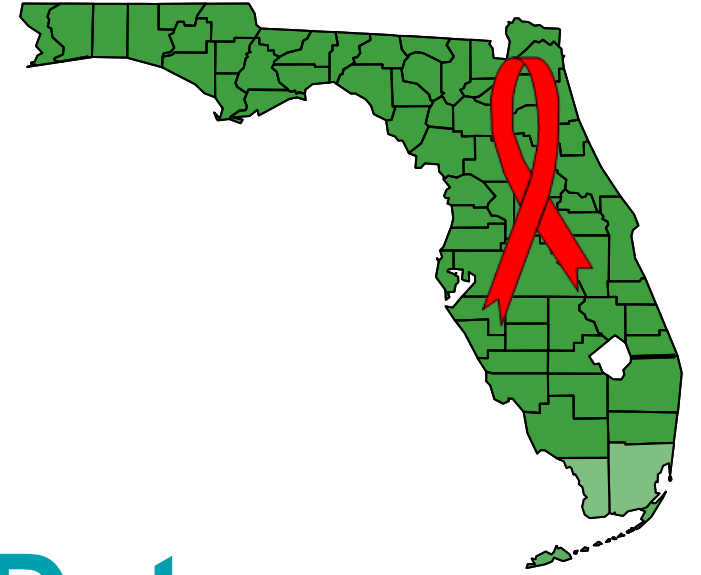
# Adult Male HIV Diagnoses by Mode of Exposure, 2013–2022, Miami-Dade County





# Adult Female HIV Diagnoses by Mode of Exposure, 2013–2022, Miami-Dade County



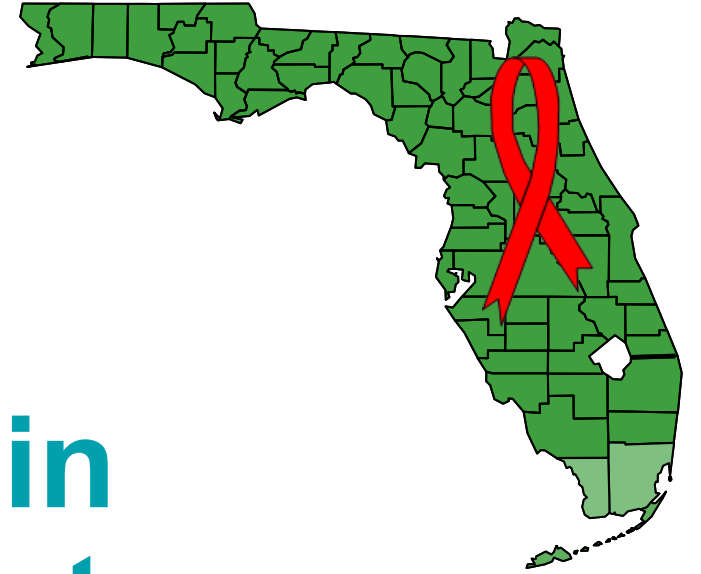


# HIV Co-morbidity Data

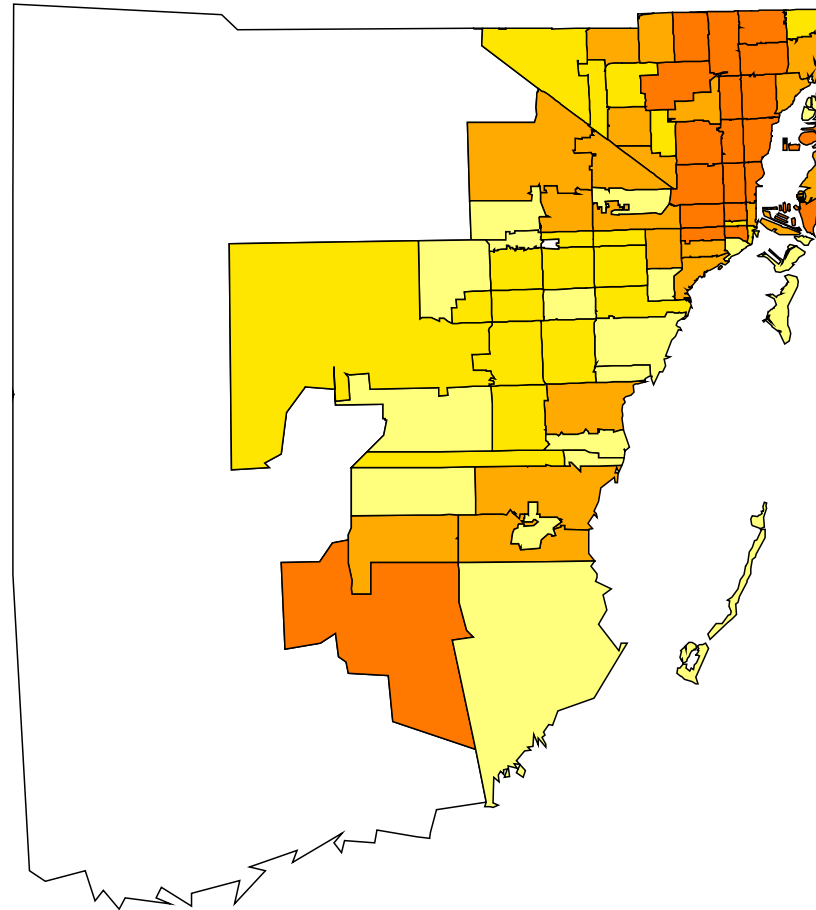
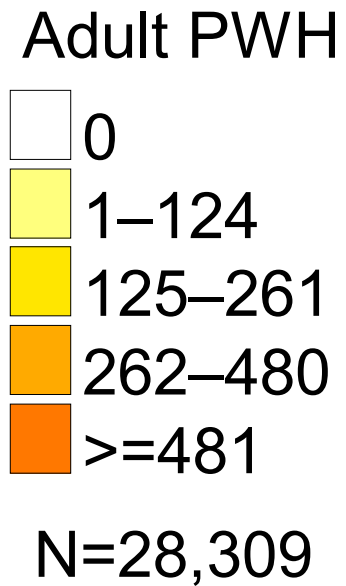
# PWH with a Co-occurring Diagnosis of an STI by Type and Year of STI Report, 2018–2022, Miami-Dade County

Year of STI Report	HIV/ Early Syphilis <sup>1</sup>	HIV/ Chlamydia	HIV/ Gonorrhea
<b>2018</b>	934	804	814
<b>2019</b>	1,005	964	1,042
<b>2020</b>	1,104	844	962
<b>2021</b>	1,255	1,210	1,197
<b>2022</b>	1,242	1,234	1,272
<b>Percentage Change</b>	33%	53%	56%

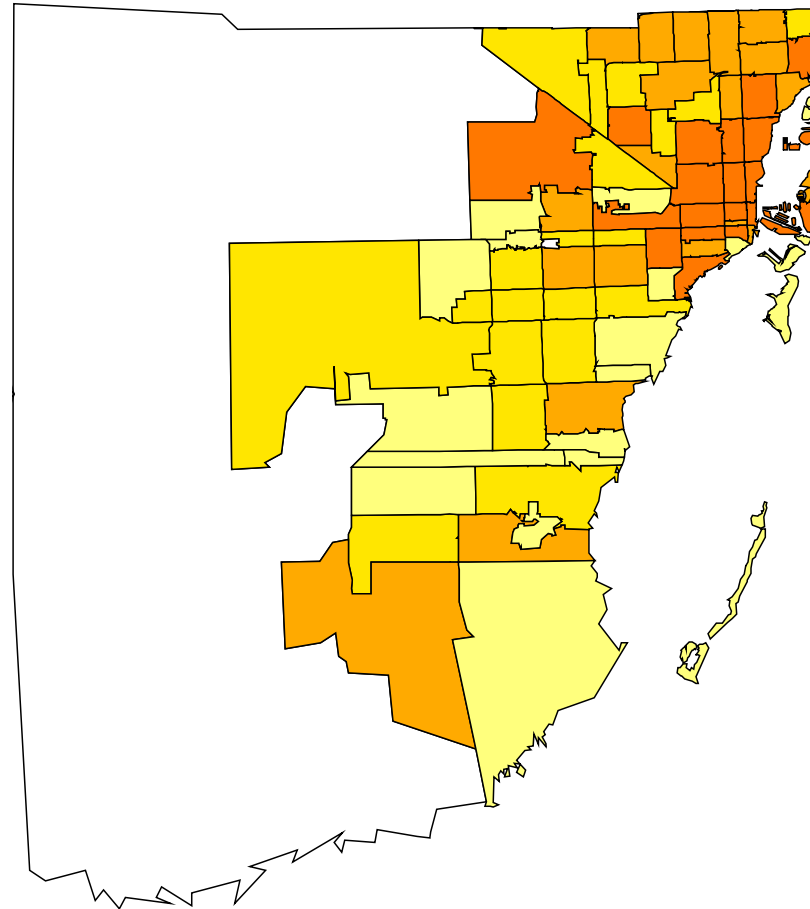
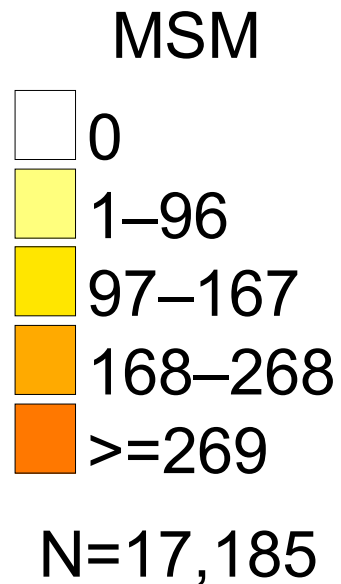
# HIV Prevalence in Miami-Dade County



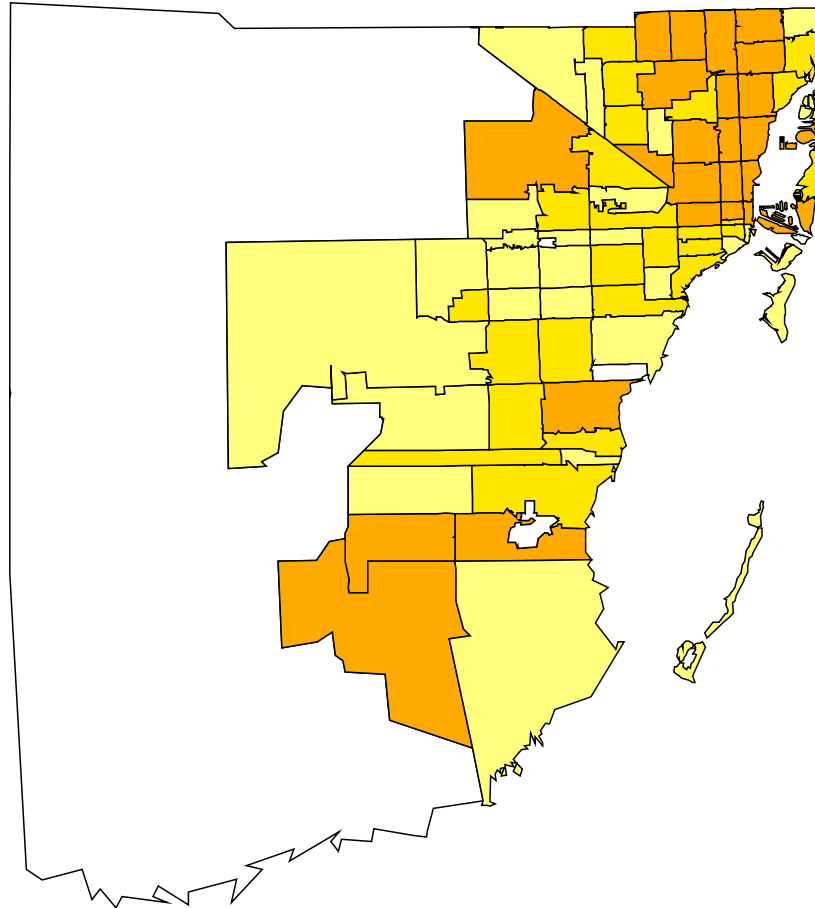
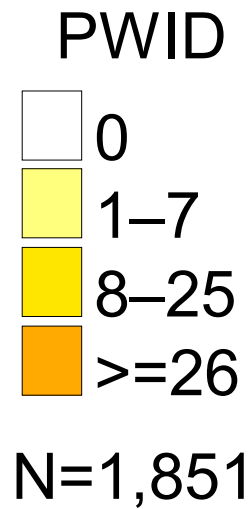
# Adult PWH by ZIP Code of Residence,<sup>1</sup> 2022 Living in Miami-Dade County



# MSM<sup>1</sup> with HIV by ZIP Code of Residence,<sup>2</sup> 2022 Living in Miami-Dade County

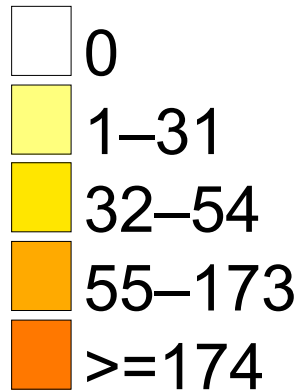


# PWID<sup>1</sup> with HIV by ZIP Code of Residence,<sup>2</sup> 2022 Living in Miami-Dade County

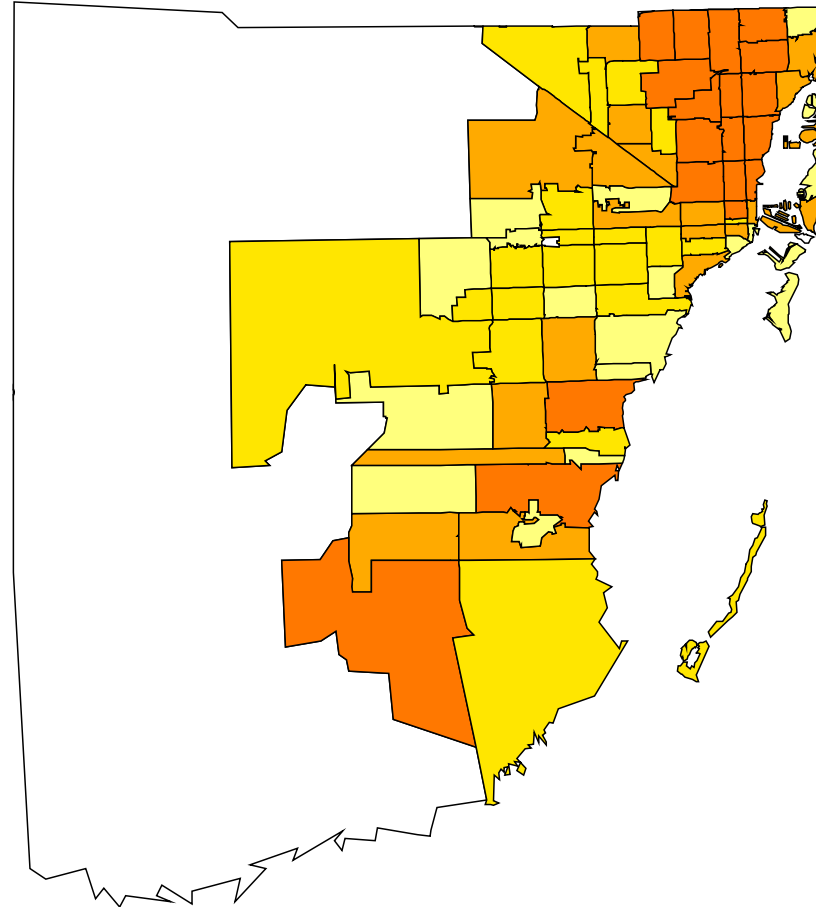


# Persons with Heterosexual Contact with HIV by ZIP Code of Residence,<sup>1</sup> 2022, Living in Miami-Dade County

## Heterosexual Contact



N=9,433

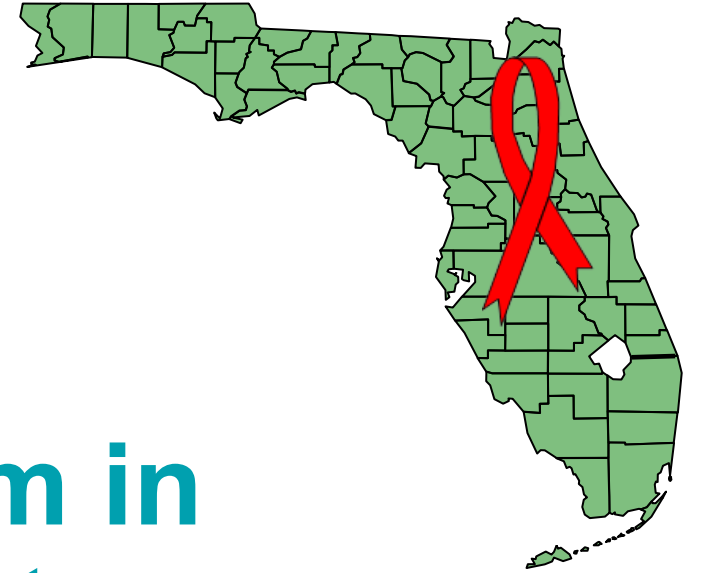







# Adults with HIV, 2022, Living in Miami-Dade County

		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	2,474	8%	281	<1%	2,755	9%
	Black	6,436	22%	4,430	15%	10,866	37%
	Hispanic/Latino	12,942	45%	1,828	6%	14,770	51%
	Other	263	<1%	75	<1%	338	1%
Age Group	13-19	37	<1%	16	<1%	53	<1%
	20-29	1,456	5%	315	1%	1,771	6%
	30-39	4,239	14%	871	3%	5,110	17%
	40-49	4,108	14%	1,309	4%	5,417	18%
	50+	12,275	42%	4,103	14%	16,378	57%
Mode of Exposure	MMSC	16,785	58%	0	<1%	16,785	58%
	IDU	763	2%	524	1%	1,286	4%
	MMSC/IDU	612	2%	0	<1%	612	2%
	Heterosexual Contact	3,700	12%	5,906	20%	9,606	33%
	Other Sexual Contact	117	<1%	3	<1%	120	<1%
	Other risk	138	<1%	182	<1%	320	1%

# HIV Care Continuum in Miami-Dade County



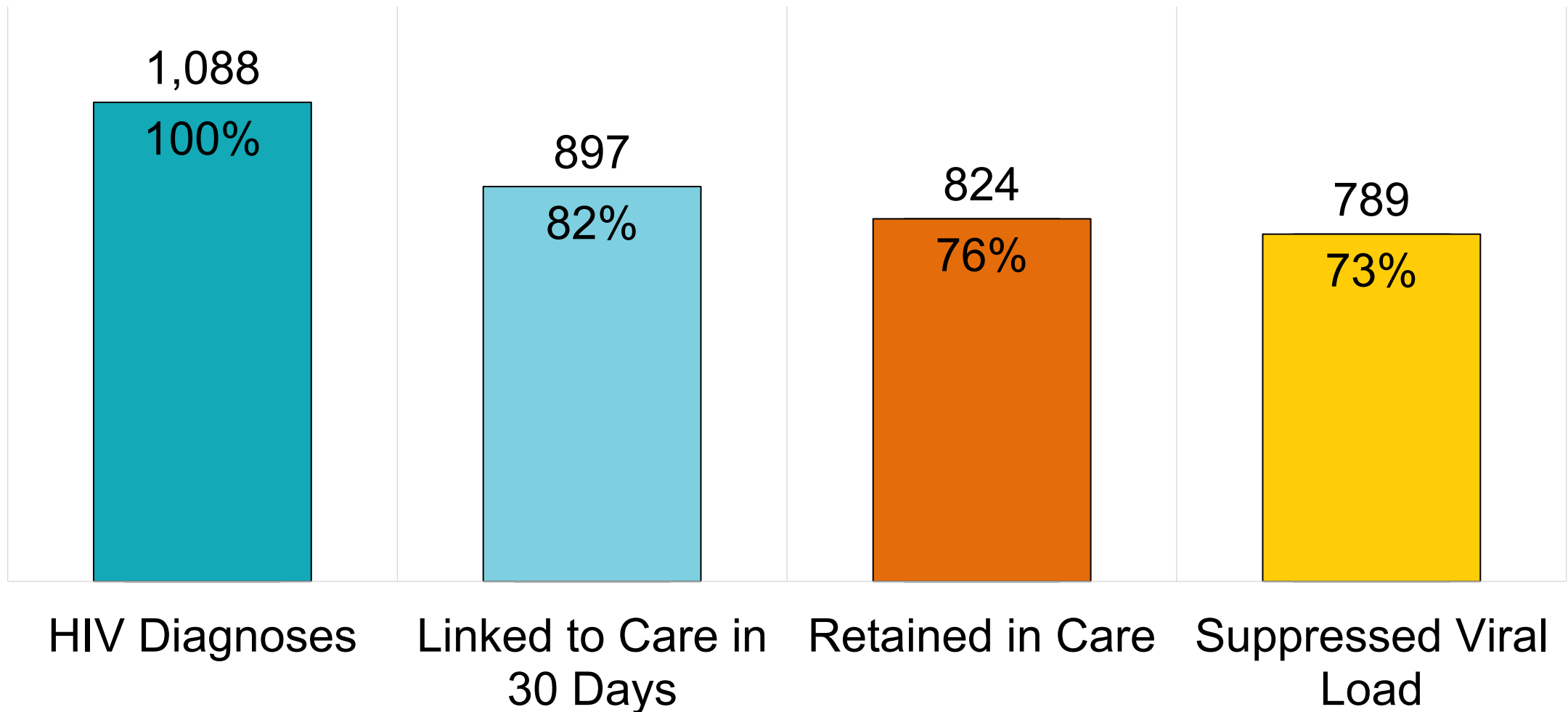
# HIV Care Continuum Definitions

-  **PWH:** Persons with HIV living in Florida at the end of 2022.
-  **In Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2022 through 3/31/2023.
-  **Retained in Care:** PWH with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2022 through 6/30/2023.

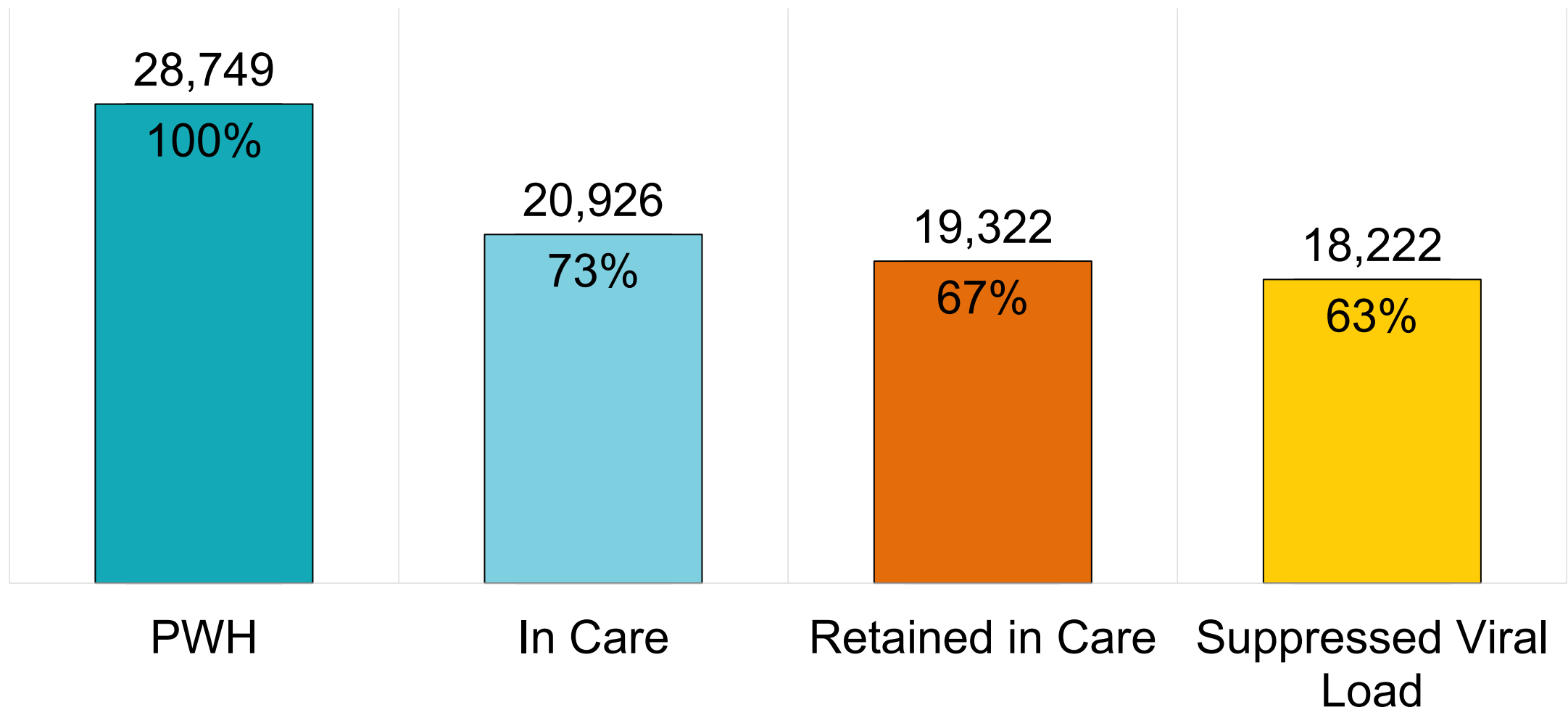
# HIV Care Continuum Definitions, continued

- Suppressed Viral Load:** PWH with a suppressed VL (<200 copies/mL) on their last VL lab from 1/1/2022 through 3/31/2023.
- Not in Care:** PWH with no documented VL or CD4 lab, medical visit or prescription from 1/1/2022 through 3/31/2023.
- Linked to Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription following their first HIV diagnosis date.

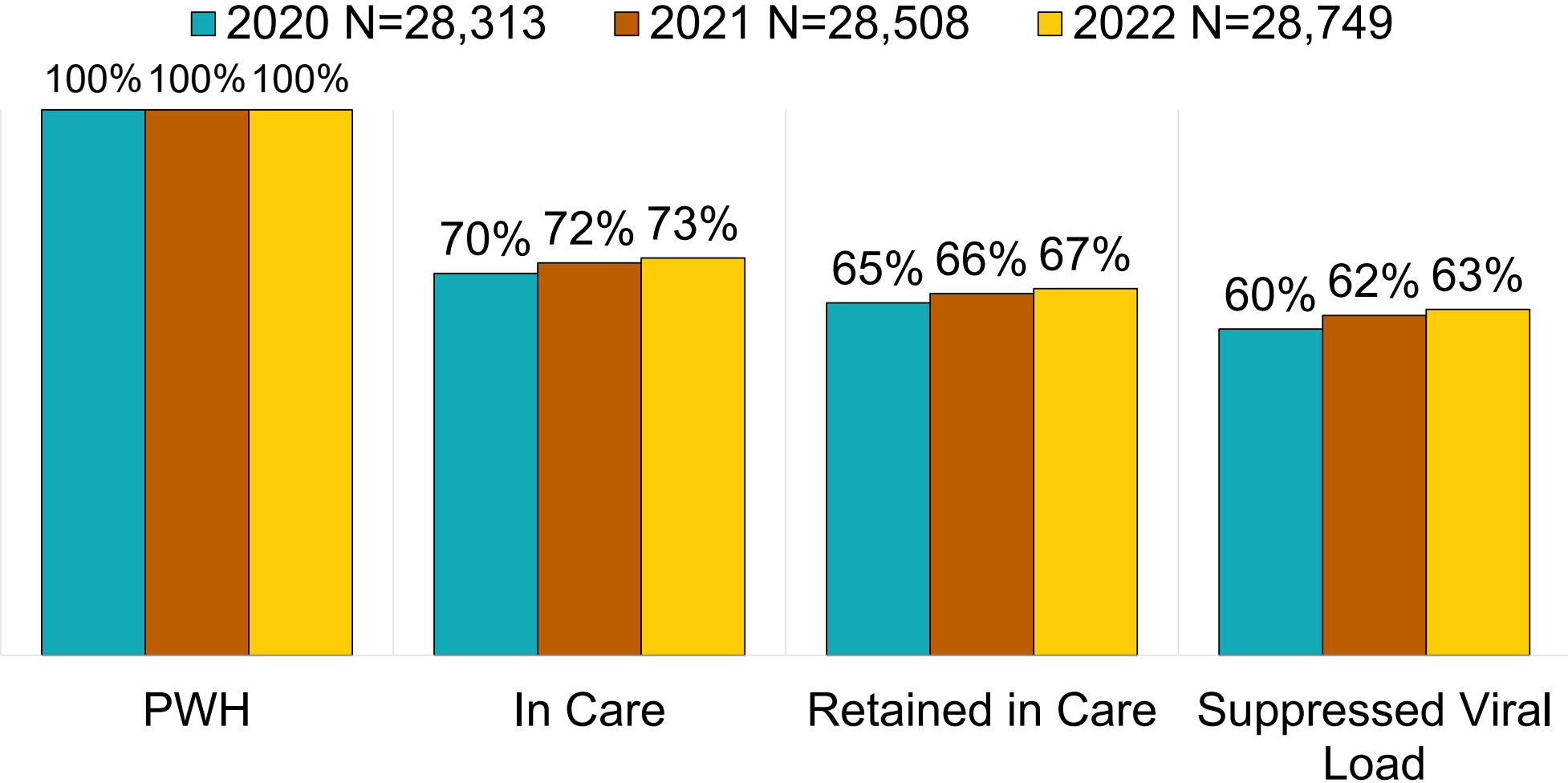
# Persons Who Received an HIV Diagnosis Along the HIV Care Continuum in 2022, Miami-Dade County



# PWH Along the HIV Care Continuum in 2022, Living in Miami-Dade County

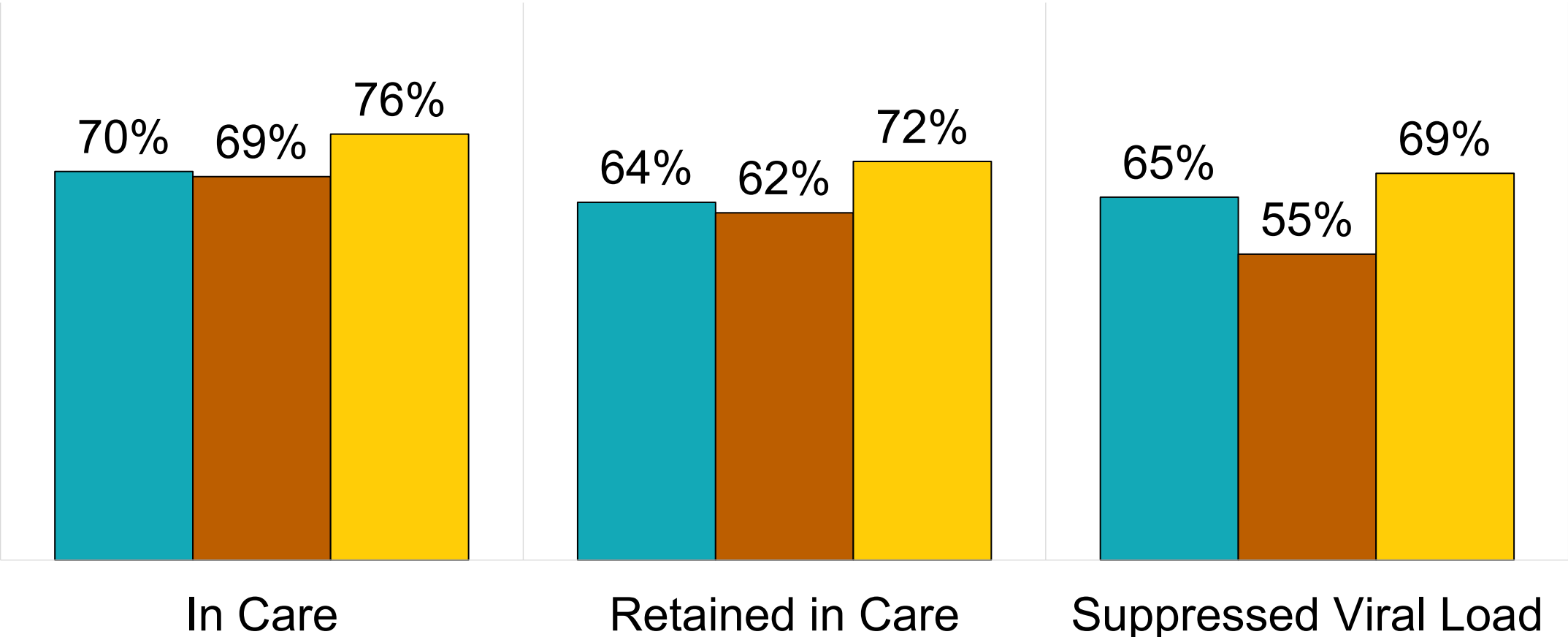


# PWH Along the HIV Care Continuum, 2020–2022, Living in Miami-Dade County



# PWH by Race or Ethnicity Along the HIV Care Continuum In 2022, Living in Miami-Dade County

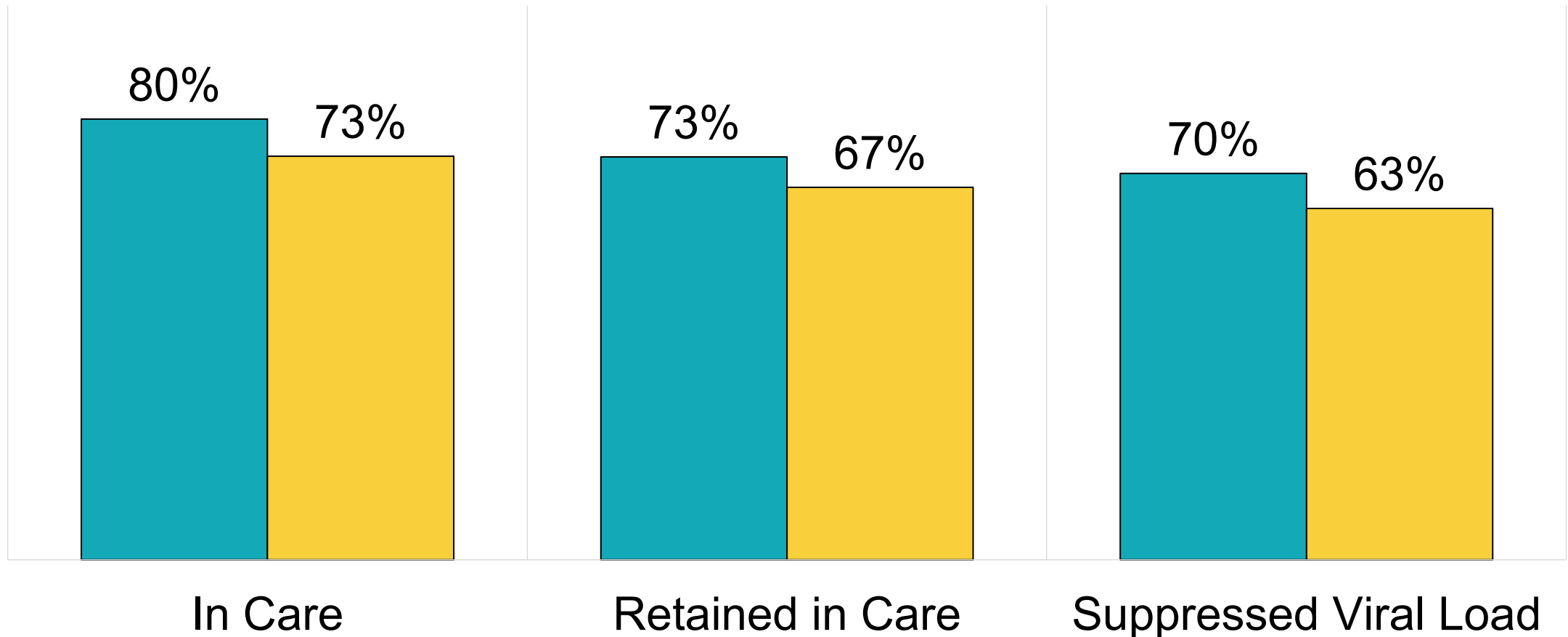
■ White N=2,755   ■ Black N=10,878   ■ Hispanic/Latino N=14,776





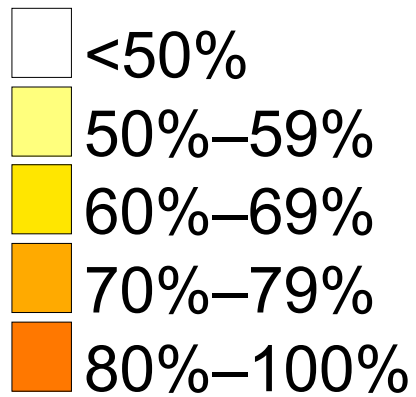
# PWH Along the HIV Care Continuum in 2022, Living in Florida Compared to Miami-Dade County

■ Florida N=124,577    ■ Miami-Dade County N=28,749

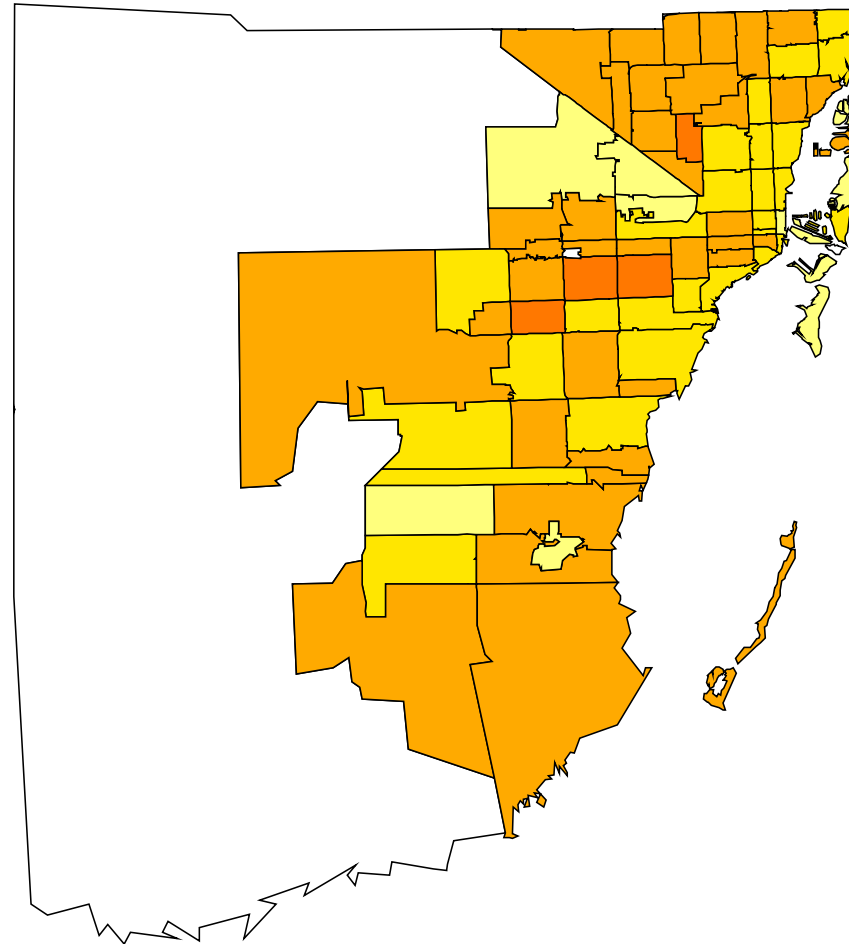


# Percentage of PWH Who Were Retained in Care by ZIP Code of Residence<sup>1</sup> in 2022, Living in Miami-Dade County

## Retained in Care

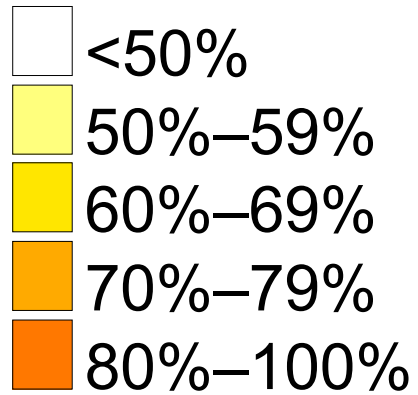


Overall 68%

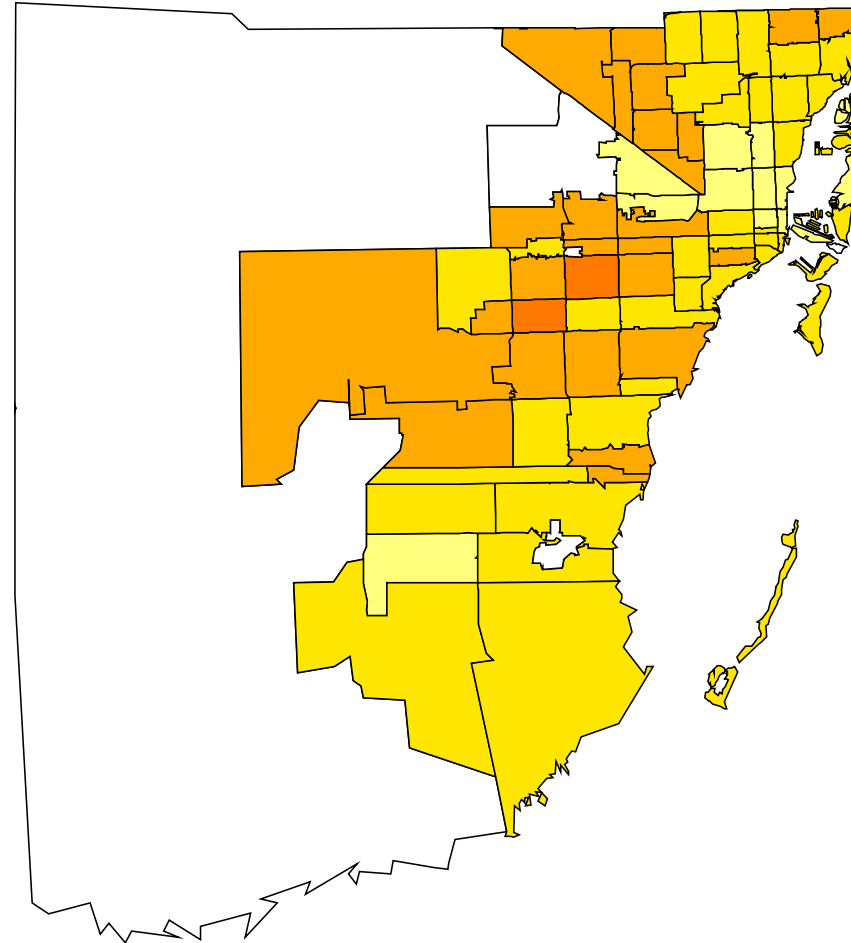


# Percentage of PWH Who Had a Suppressed VL by ZIP Code of Residence,<sup>1</sup> 2022, Living in Miami-Dade County

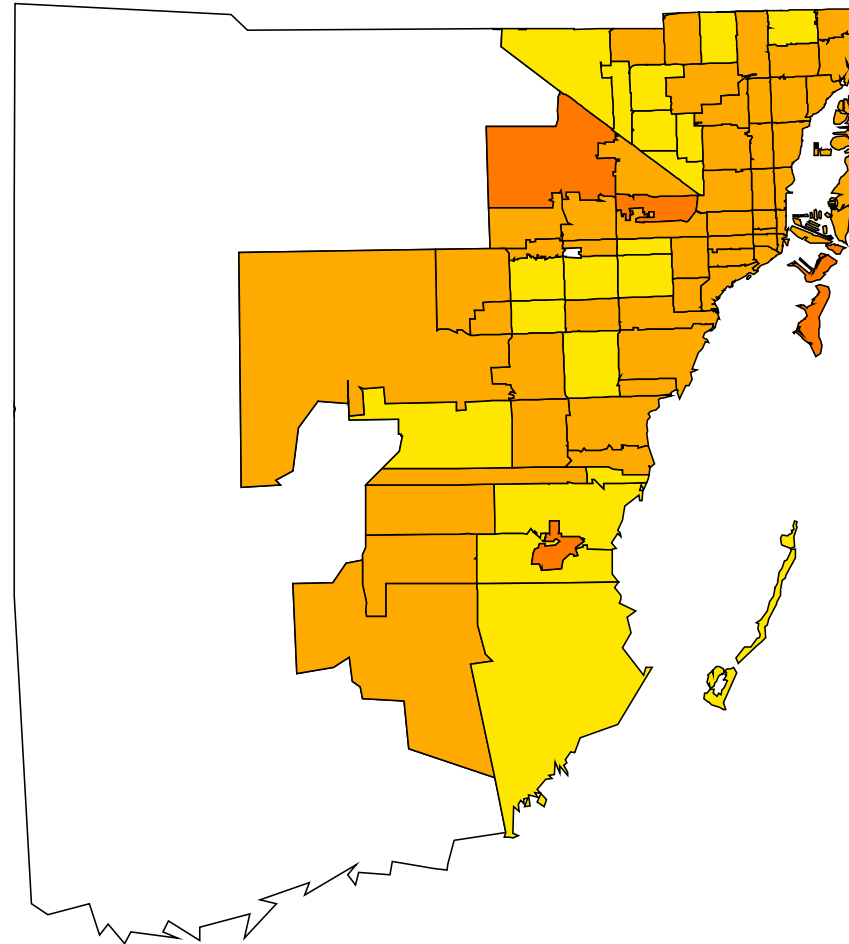
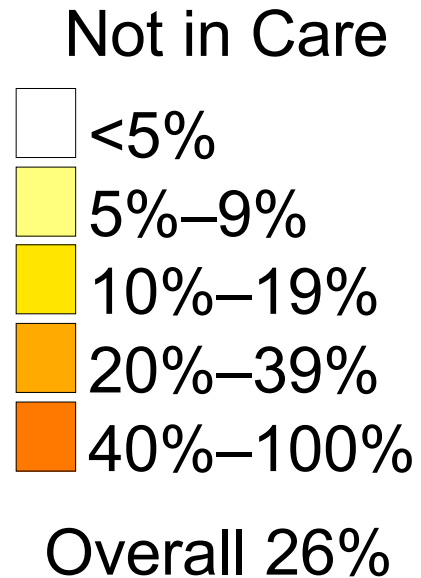
## Suppressed VL



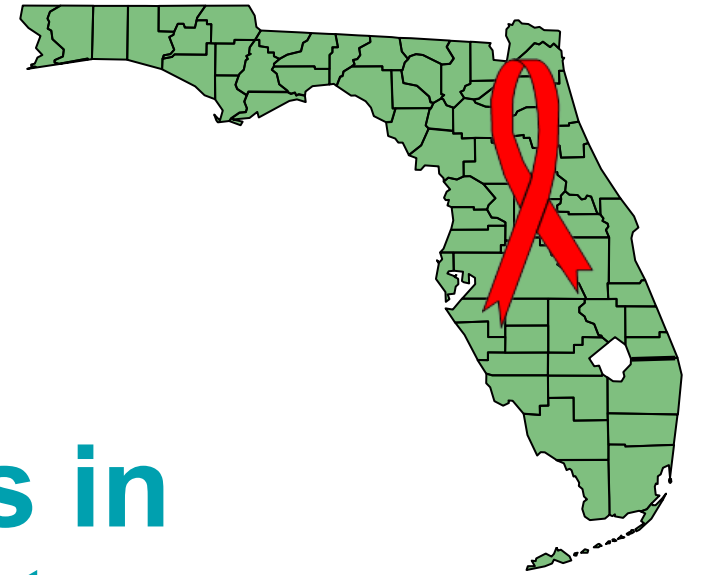
Overall 64%



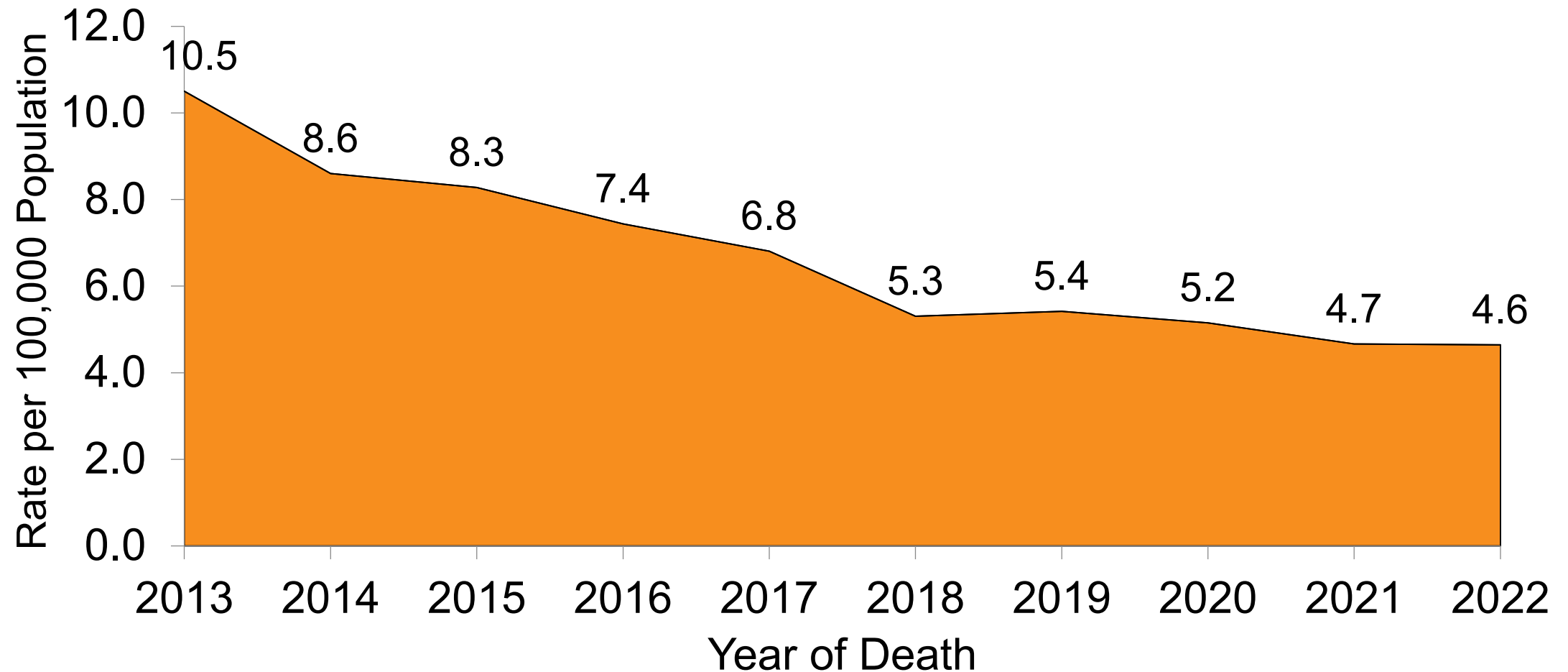
# Percentage of PWH Who Were Not in Care by ZIP Code of Residence<sup>1</sup> in 2022, Living in Miami-Dade County



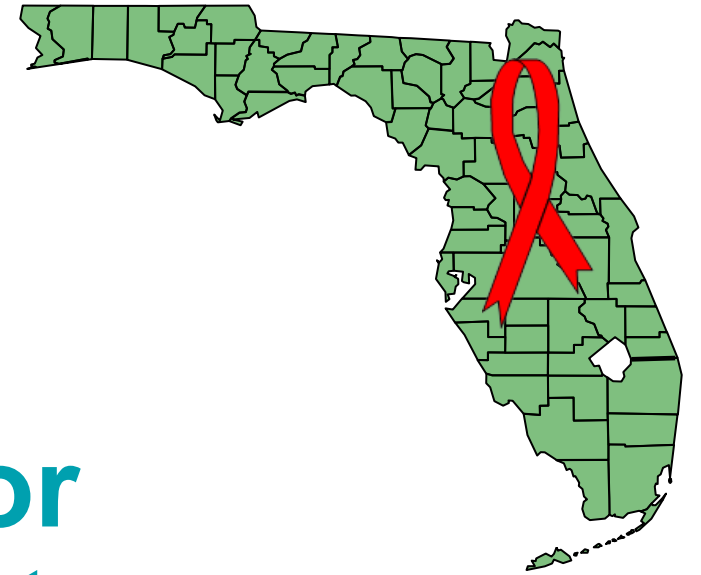
# HIV-Related Deaths in Miami-Dade County



# Rate of HIV-Related Deaths 2013–2022, Miami-Dade County



# HIV Prevention for Miami-Dade County

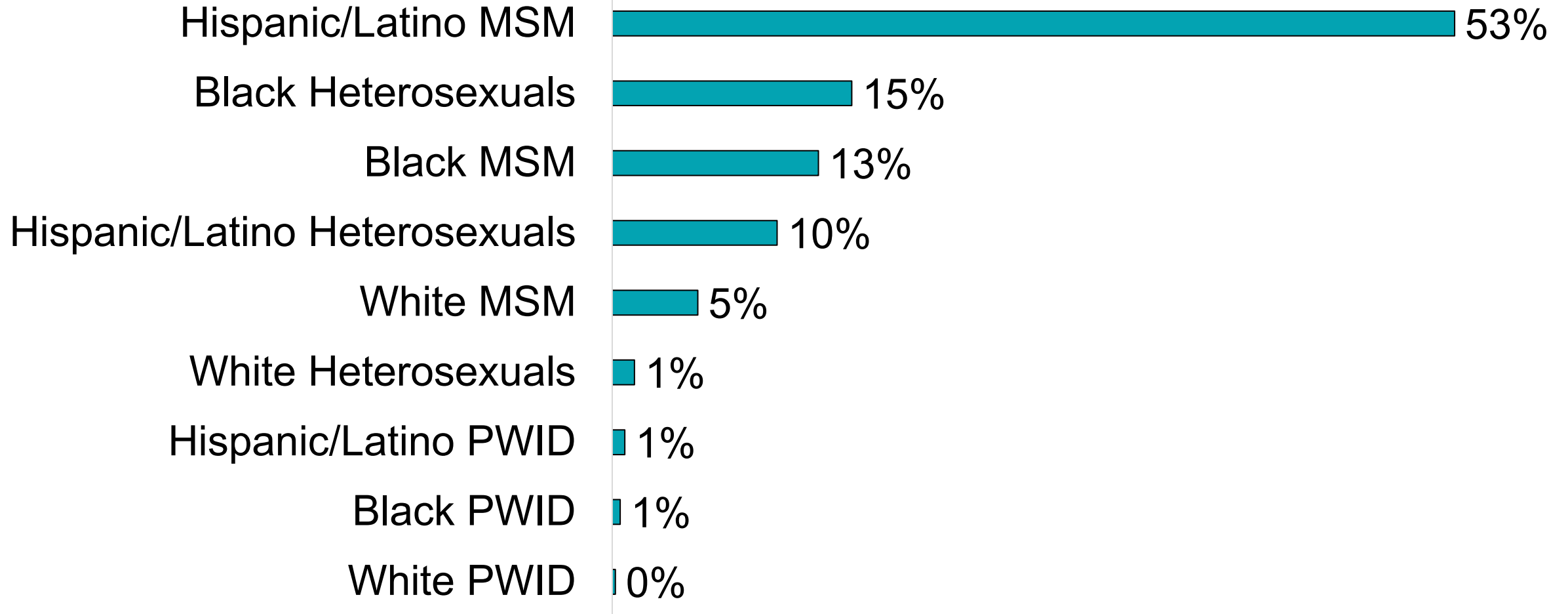


## Priority Populations for Primary HIV Prevention

- 🦋 These data were calculated from HIV diagnoses 2020–2022 and represent the proportion of each race or mode of exposure group to the total diagnoses.
- 🦋 These data are used to identify and prioritize testing, PrEP and other HIV prevention services to those at greatest risk for acquiring HIV in Florida.



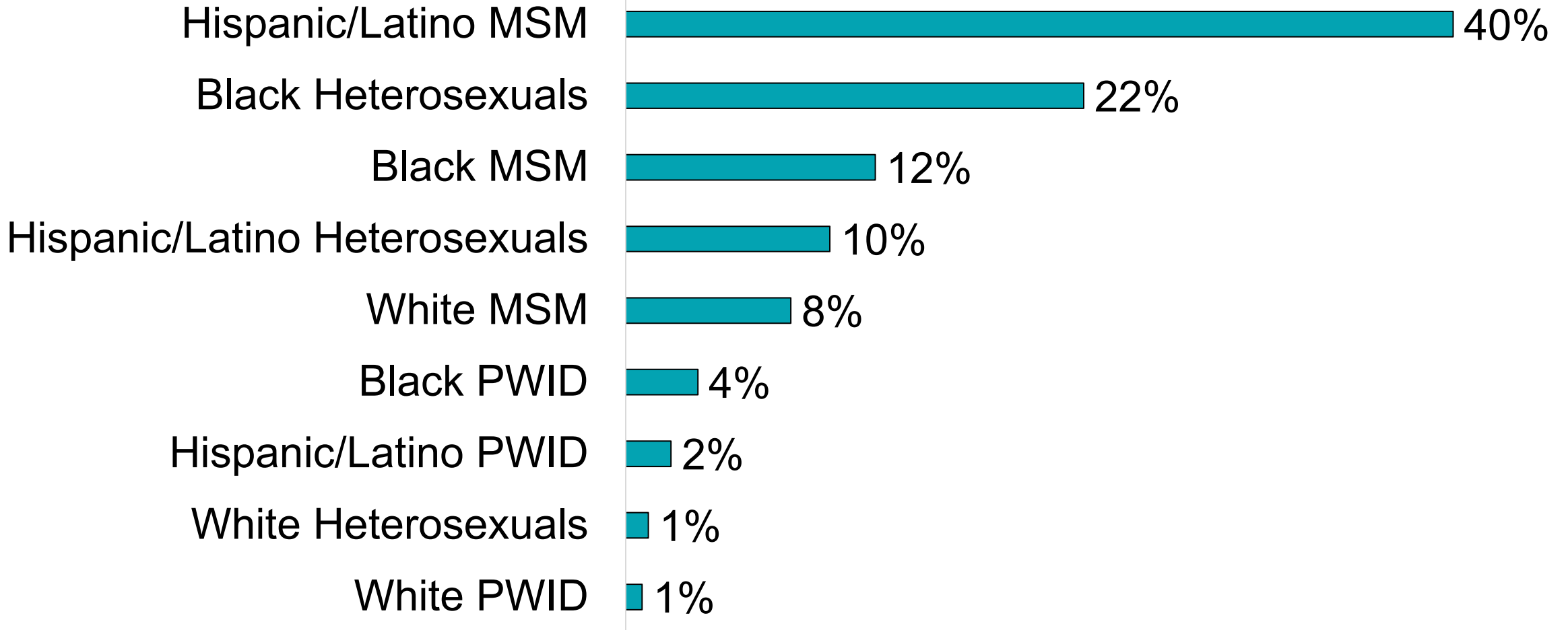
# Priority Populations for Primary HIV Prevention in 2022, Miami-Dade County



## Priority Populations for Prevention for PWH

- ⦿ These data were calculated from PWH living in Florida at year-end 2022 and represent the proportion of each race or mode of exposure group to the total PWH.
- ⦿ These data are used to prevent further transmission of HIV for those already diagnosed with HIV by providing linkage to care and other services to improve health outcomes and viral suppression to those who need it.

# Priority Prevention Populations for PWH In 2022, Living in Miami-Dade County



## HIV Testing

Everyone between the ages of 13 and 64 should get tested for HIV at least once. Persons at [increased risk](#) for HIV should get tested at least annually. Visit [knowyourhivstatus.com](http://knowyourhivstatus.com) for testing options in your area or to order a free at-home testing kit.

[Florida law](#) (section 384.31, Florida Statutes) requires all pregnant women to be tested for HIV and other STIs at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if their HIV status is unknown.

## PrEP

PrEP medication, taken as directed, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk. To find a PrEP provider who can help you decide if PrEP is right for you, visit [prelocator.org](http://prelocator.org).

## Antiretroviral Therapy (ART)

For PWH, starting ART as soon as possible improves health outcomes and quality of life by reducing viral load and the risk of disease progression. People living with HIV who take antiretroviral medication as prescribed and achieve and maintain an undetectable viral load cannot transmit HIV to their sexual partners. ART is recommended for all PWH, regardless of how long they have had HIV or how well they feel. To find a care provider or to learn more about the resources available to PWH, visit [floridaaids.org](http://floridaaids.org).

## Florida HIV/AIDS Hotline

1-800-352-2437 English  
1-800-545-7432 Spanish  
1-800-243-7101 Haitian Creole  
1-888-503-7118 Hearing/Speech Impaired  
211bigbend.org/flhivaidshotline  
Text 'FLHIV' or 'flhiv' to 898211

For more information, email  
[DiseaseControl@flhealth.gov](mailto:DiseaseControl@flhealth.gov)

# Some Useful Links

Department of Health HIV/AIDS Section  
[floridaaids.org](http://floridaaids.org)

Department of Health, FLHeathCHARTS  
[FLHealthCHARTS.gov: Home](http://FLHealthCHARTS.gov: Home)

Ending the HIV Epidemic (EHE) Dashboard  
<https://www.flhealthcharts.gov/EHE/rdPage.aspx?rdReport=Overview>

CDC HIV Surveillance Reports (State and Metro Data)  
[cdc.gov/hiv/library/reports/hiv-surveillance.html](http://cdc.gov/hiv/library/reports/hiv-surveillance.html)

CDC's Morbidity and Mortality Weekly Report (Special Articles on Diseases, Including HIV)  
[cdc.gov/mmwr](http://cdc.gov/mmwr)

U.S. Census Data (Available by State and County)  
[census.gov](http://census.gov)

World Health Organization: [who.int/data/gho/data/themes/hiv-aids](http://who.int/data/gho/data/themes/hiv-aids)

# Florida HIV/AIDS Surveillance Data Miami-Dade County Contact

**Anthoni Llau**

Florida Department of Health in  
Miami-Dade County

Phone: 305-470-6984

Email: [Anthoni.Llau@flhealth.gov](mailto:Anthoni.Llau@flhealth.gov)

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

[flhealthcharts.com/charts/CommunicableDiseases/default.aspx](http://flhealthcharts.com/charts/CommunicableDiseases/default.aspx)

**DEPARTMENT OF HEALTH**

**Thank you!**





Scan to access meeting documents.



## Care and Treatment Thursday, May 9, 2024

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami  
3510 Biscayne Blvd, 1st Floor, Community Room  
Miami, FL 33137

### AGENDA

- |       |   |                    |
|-------|---|--------------------|
| I.    | Call to Order   | Dr. Mary Jo Trepka |
| II.   | Introductions   | All                |
| III.  | Meeting Housekeeping  | Marlen Meizoso     |
| IV.   | Floor Open to the Public  | Rick Siclari       |
| V.    | Review/Approve Agenda   | All                |
| VI.   | Review/Approve Minutes of April 11, 2024                                      | All                |
| VII.  | Reports   |                    |
|       | • Recipients (Part A, Part B, ADAP, General Revenue)                          | All                |
|       | • Vacancies   | Marlen Meizoso     |
| VIII. | Standing Business   |                    |
|       | • None  |                    |
| IX.   | New Business  |                    |
|       | • Planning Council Responsibilities and Needs Assessment ( <b>Section 2</b> ) | Marlen Meizoso     |
|       | • Setting Priorities and Allocating Resource Process ( <b>Section 1</b> )     | All                |
|       | • Miami-Dade HIV Epi Profile Data, 2022 ( <b>Section 3</b> )                  | Dr. Robert Ladner  |
| X.    | Announcements and Open Discussion   | All                |
| XI.   | Next Meeting: <b>June 13, 2024</b> at <b>Care Resource</b>                    | Rick Siclari       |
| XII.  | Adjournment   | Dr. Mary Jo Trepka |



*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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SCAN For Today's  
Evaluation



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