MIAMI-DADE HIV/AIDS PARTNERSHIP

NEEDS ASSESSMENTMENT

2026

As of July 9, 2026

2121 Ponce de Leon Blvd.,
Ste. 240
Coral Gables, FL 33134

MIAMI-DADE HIV/AIDS PARTNERSHIP

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings.

DISCLAIMER

Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami Dade HIV/AIDS Partnership. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2026 award totaling $26,539,912as of May 12, 2026, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

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10. Agenda and Minutes

SCHEDULE OF MEETINGS

Needs Assessment Topics

Subject to Change

June 11, 2026 10 AM-1 PM

Planning Council Responsibilities
Priority Setting and Reallocation Process
Epi Profile
Care Continuum

July 9, 2026 10 AM-1 PM

Demographics
Co-Occurring Conditions
Other Funding and Dashboard Cards

August 13, 2026 10 AM-1 PM

Unmet Need
Projections
HRSA PCN#16-02 and Local Service Excerpts

September 10, 2026 10 AM-12 PM

Priority Setting
Special Directives
Resource Allocations

HOUSEKEEPING

SECTION 1

MIAMI-DADE
HIV/AIDS PARTNERSHIP

Meeting Housekeeping Care and Treatment Committee

Created by *Behavioral Science Research*

Updated July 2026

Disclaimer & Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.
- Members serve the interest of the Miami-Dade HIV community as a whole, not private or personal interests
- Member shall treat all persons, issues, and business fairly.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Meeting Participation

Everyone has a role to play!

- Only Care and Treatment members vote at today's meeting.
- All attendees may address the board as time allows and at the discretion of the Chair.
- Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
  - Raise your hand to be recognized by the Chair or added to the queue during discussions.
  - Avoid repeating points previously addressed.
- Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

About the Partnership

- The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition Roundtable.
- The Care and Treatment Committee is one of six Standing Committees of the Partnership.
- All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- See staff after the meeting for additional details.

Language Matters!

Words can be stigmatizing or empowering.

Please consider how we refer to people:
People with HIV, ***People*** with substance use disorders, ***People*** who are unhoused, etc.

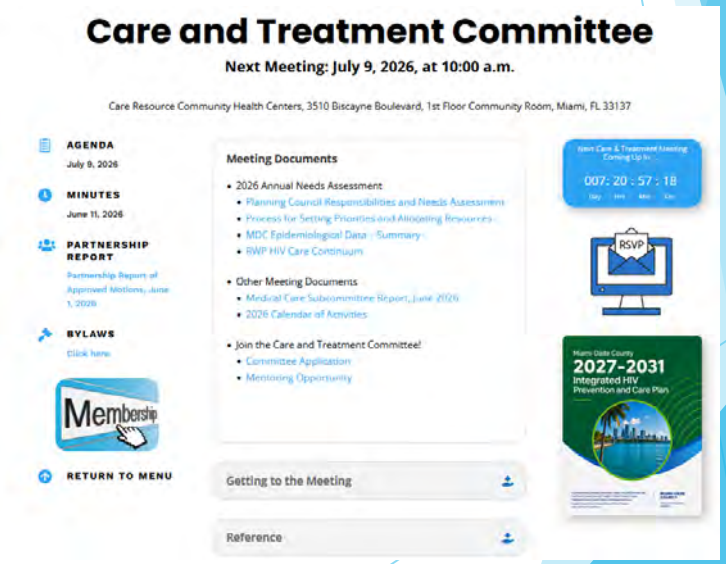
Please **do not** use these terms when referring to people:
Dirty. Clean. Full-blown AIDS. Victim.

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

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

Resources

- 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.
- Find today's presentation and supporting documents at www.partnershipmiami.org or by scanning the QR code on your agenda.



NEEDS ASSESSMENT PREPARATION

SECTION 2

Planning Council Responsibilities AND Needs Assessment

June 11, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Needs Assessment

Dates and Book Location

Needs Assessment Dates

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

June 11, 2026

July 9, 2026

August 13, 2026

September 10, 2026

Book Location

https://partnershipmiami.org/the-partnership-2/#needsassessment1

Needs Assessment

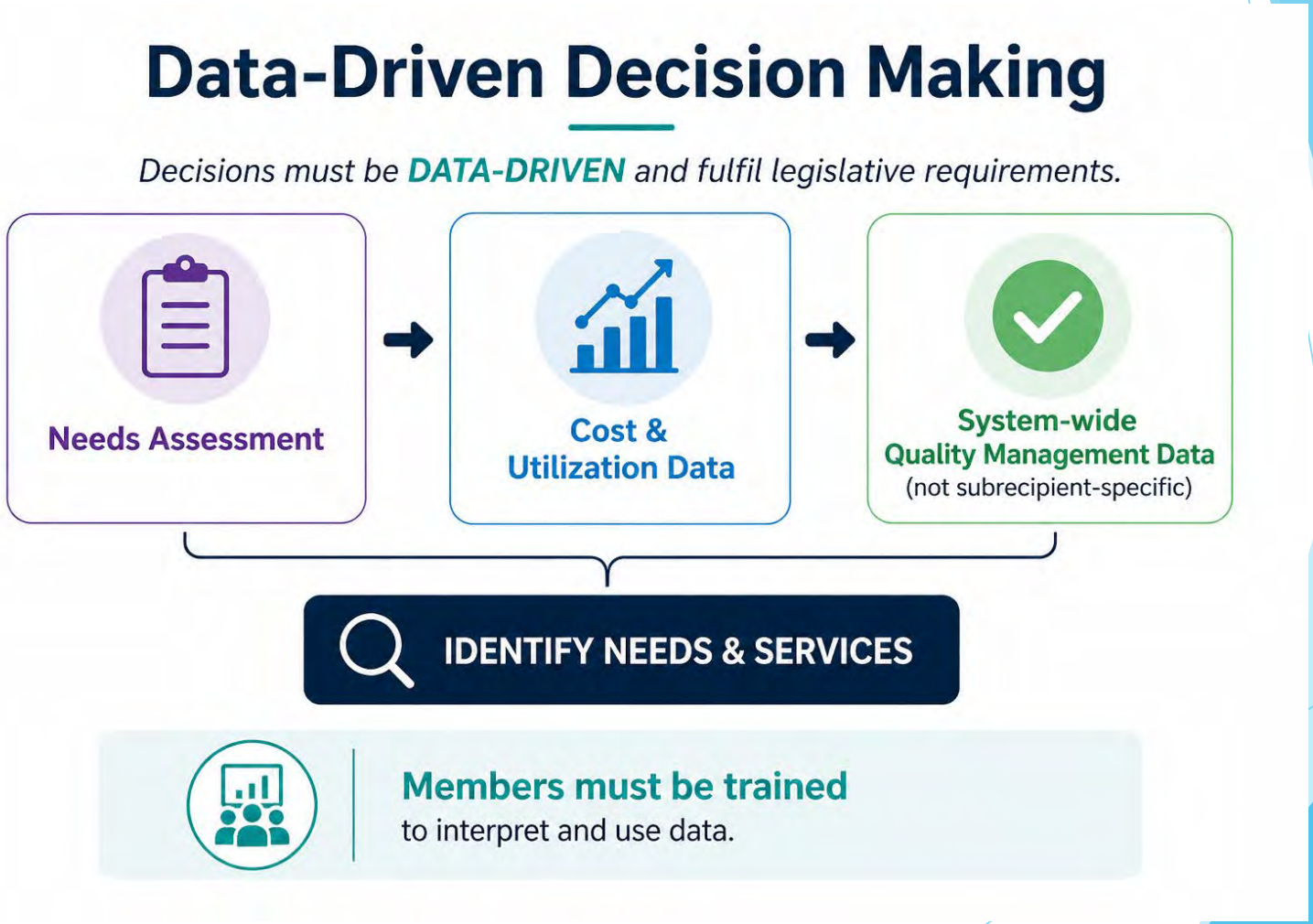
Responsibilities and Expectations

Responsibilities

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

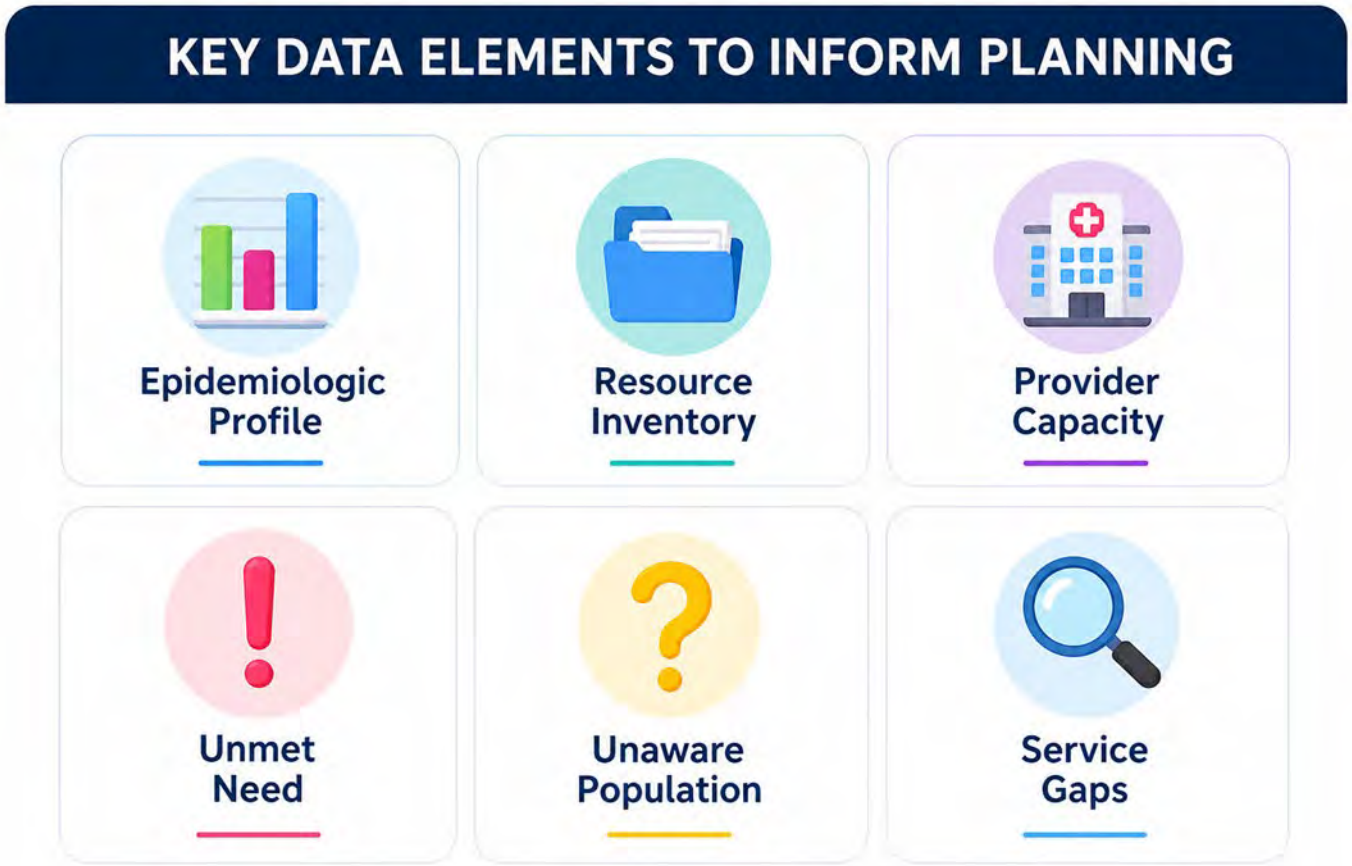
HRSA Expectations



Needs Assessment

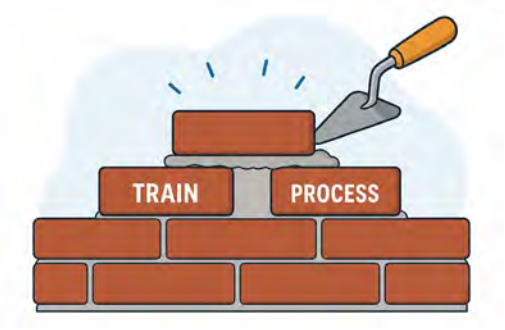
Components

Components of a Ryan White Needs Assessment



Data sources: DOH Surveillance Ryan White Data Surveys Other Funding

Steps for PSRA (**P**riority **S**etting and **R**esource **A**llocation)



Data Reviewed

Directives Developed

Priorities Set

Allocations Made

Planning Council Responsibilities: **Developing Directives**

🎯 Guide the Recipient in addressing service needs, priorities, and gaps

⚙️ Define service approaches (use/non-use, access, location)

💲 May impact costs

🔢 Limited in number

📌 Required for implementation in procurement, contracting, and service planning

Planning Council Responsibilities: **Setting Priorities**

🎯 Rank service categories based on community need

⚖️ Use a fair, data-driven process (manage conflicts of interest)

📊 Consider key data:

- Utilization
- Epidemiology
- Unmet need

🔄 Remain relatively stable year to year

📌 All categories must be prioritized (HRSA requirement)

Core Medical and Support Services

Core vs Support Services (PCN 16-02)

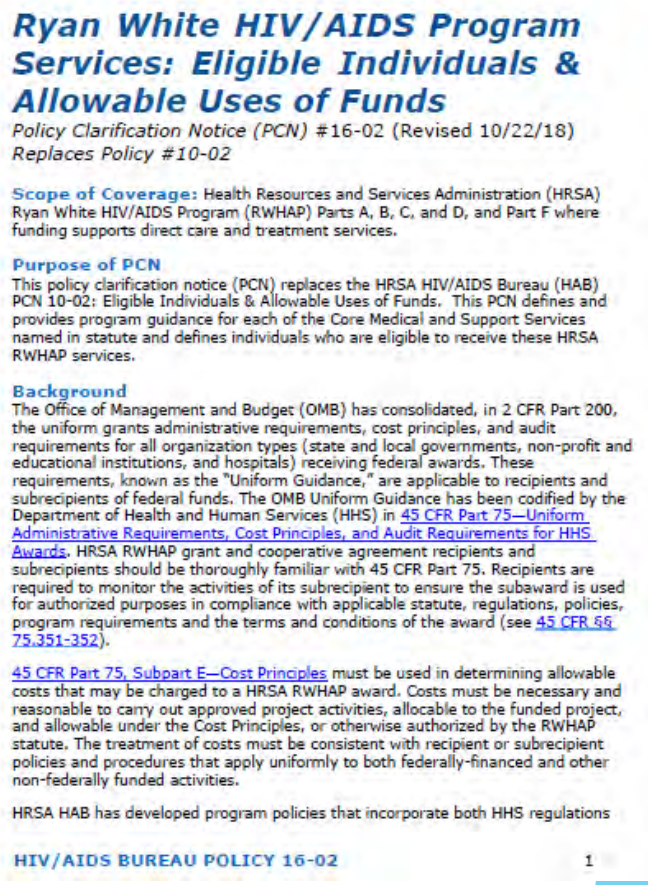
CORE SERVICES

- ADAP Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium & Cost Sharing
- Home & Community-Based Services
- Home Health Care
- Hospice
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory
- Substance Abuse Outpatient

SUPPORT SERVICES

- Child Care
- Emergency Financial Assistance
- Food Bank/Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Mgmt
- Legal/Permanency Services
- Outreach
- Psychosocial Support
- Referral Services
- Respite Care
- Substance Abuse (Residential)

≥75% Core | ≤25% Support | Must link to positive medical outcomes



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

HIV/AIDS BUREAU POLICY 16-02 1

Planning Council Responsibilities: **Resource Allocations Restrictions**

Core Services

Minimum 75% of total funding

Required by HRSA (unless waiver granted)

Support Services

Funded with remaining allocation

Must support positive medical outcomes(HIV-related clinical outcomes)

Planning Council Responsibilities: **Resource Allocations**

💲 Allocate funding across service categories

⚖️ Not tied to priority ranking

📊 Consider key factors:

- Cost per client
- Other funding sources
- Expected new clients

📌 Higher costs may require greater funding, even for lower-ranked services

Planning Council Responsibilities: **Resource Allocations and Managing Conflicts**

⚠️ DISCLOSE

- Complete Form 8B

🚫 DO NOT PARTICIPATE

- No discussion or voting

🚪 EXIT ROOM

- Return after vote

Needs Assessment

Budgets

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2023 EXPENDITURES	FY 2023 %	FY 2025 RECOMMENDED ALLOCATION [1]	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	$1,109.37	0.01%		0.00%
EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%		0.00%
FOOD BANK*/HOME DELIVERED MEALS [S]	$2,702,229.90	12.19%		0.00%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$324,143.01	1.46%		0.00%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$5,864,806.80	26.46%		0.00%
MEDICAL TRANSPORTATION [S]	$191,280.78	0.86%		0.00%
MENTAL HEALTH SERVICES [C]	$56,046.25	0.25%		0.00%
ORAL HEALTH CARE [C]	$3,631,549.00	16.38%		0.00%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$71,730.00	0.32%		0.00%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$7,848,136.83	35.40%		0.00%
OUTREACH SERVICES [S]	$117,183.05	0.53%		0.00%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	$1,410.00	0.01%		0.00%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$1,358,250.00	6.13%		0.00%

Sample Budget Sheet

Budget Development Options

One (1) Budget:
1. Ceiling (allowable threshold)

OR

Two (2) Budgets:
1. Flat, and
2. Ceiling (allowable threshold).

OR

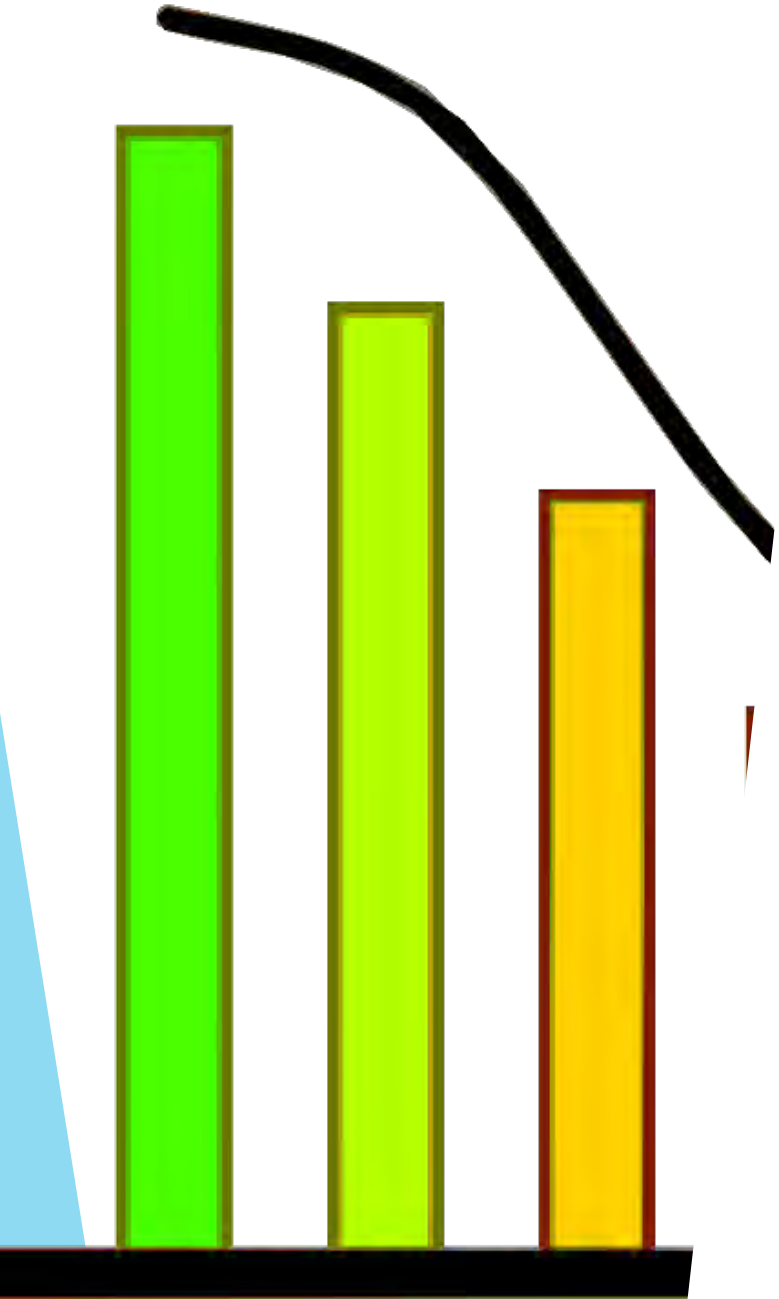
Three (3) Budgets:
1. Flat,
2. Decreased (determine % of decrease), and
3. Ceiling (allowable threshold).

Needs Assessment

Sample Data and Uses

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.



Epi Data

Number of people living with a disease.

Epidemiologic Profile

- Describes the HIV Epidemic in the Miami-Dade service area.
- Focuses on the social and demographic groups most affected by HIV transmission.
- 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

Prevalence

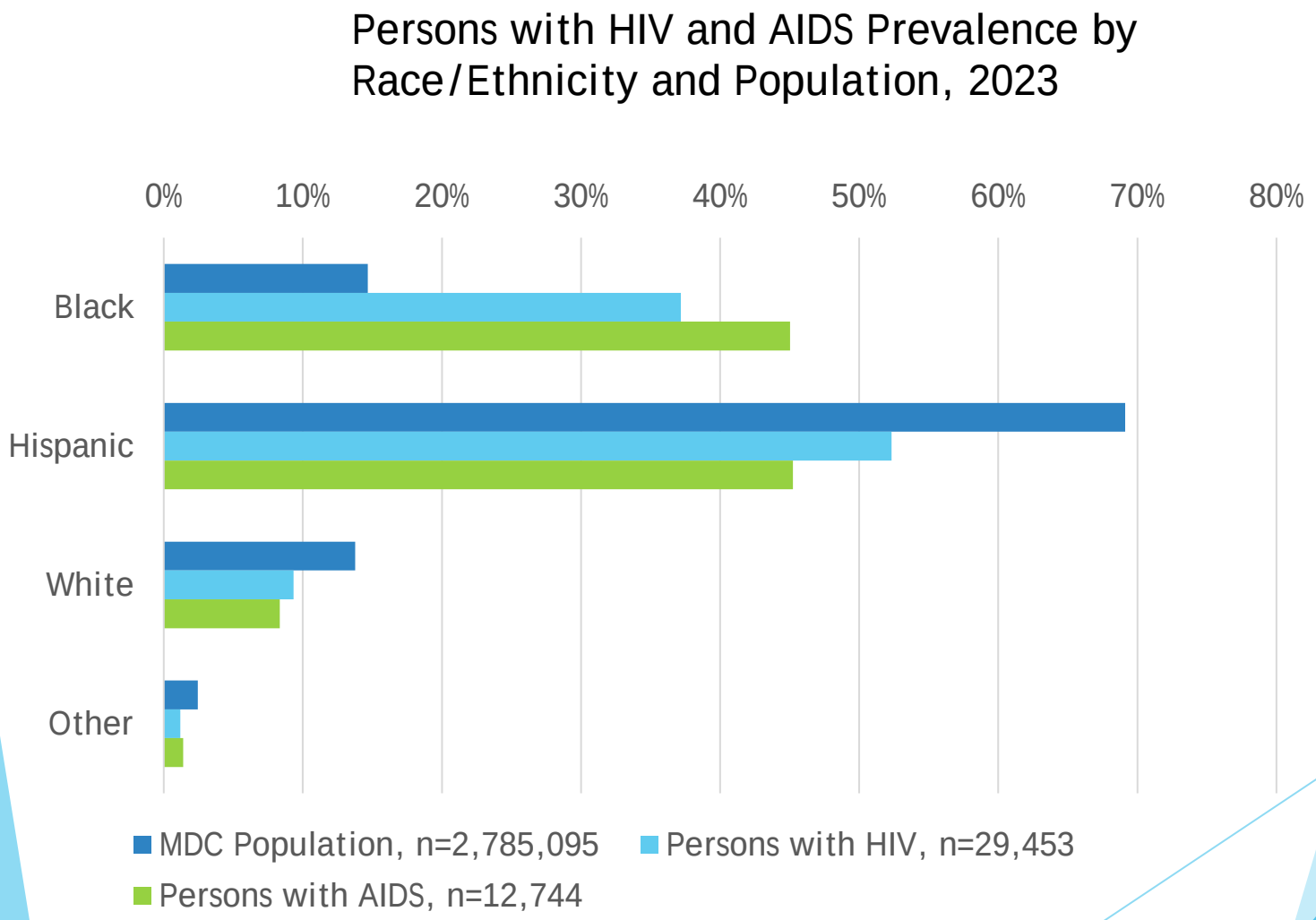
- Total Cases
- Snapshot in time

Incidence

- New Cases
- Over a period

2024 Epi=data for calendar year 2024, as of June 2025.

Sample EPI Data Using a Bar Graph

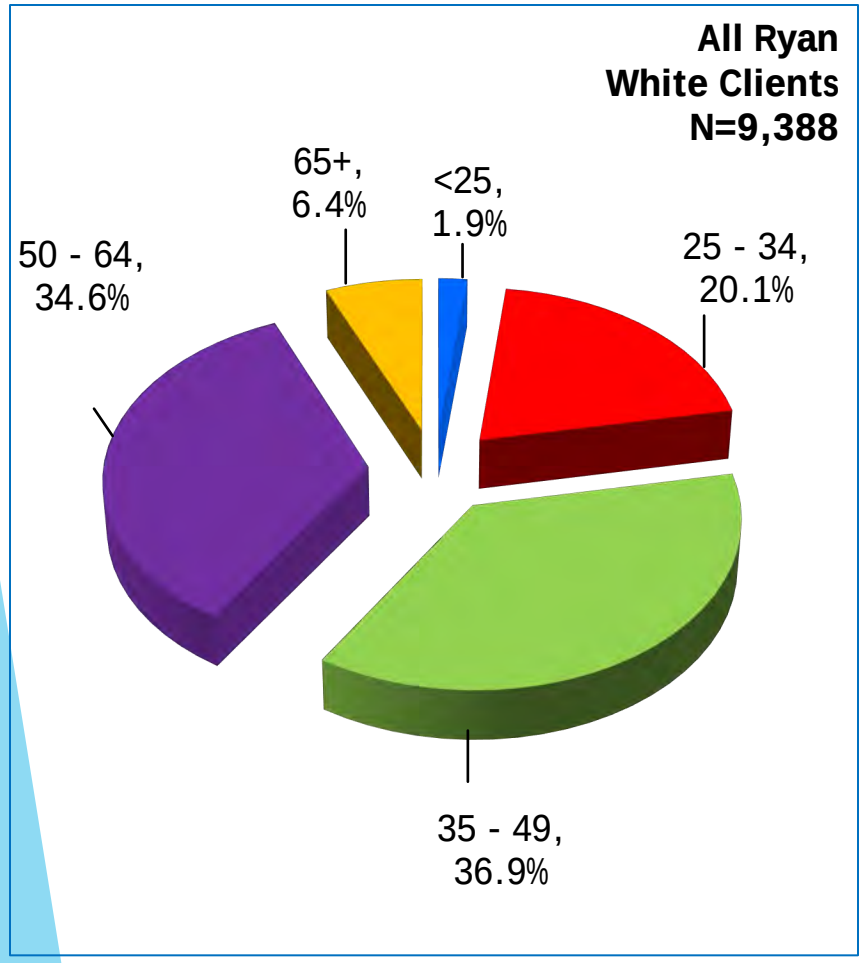


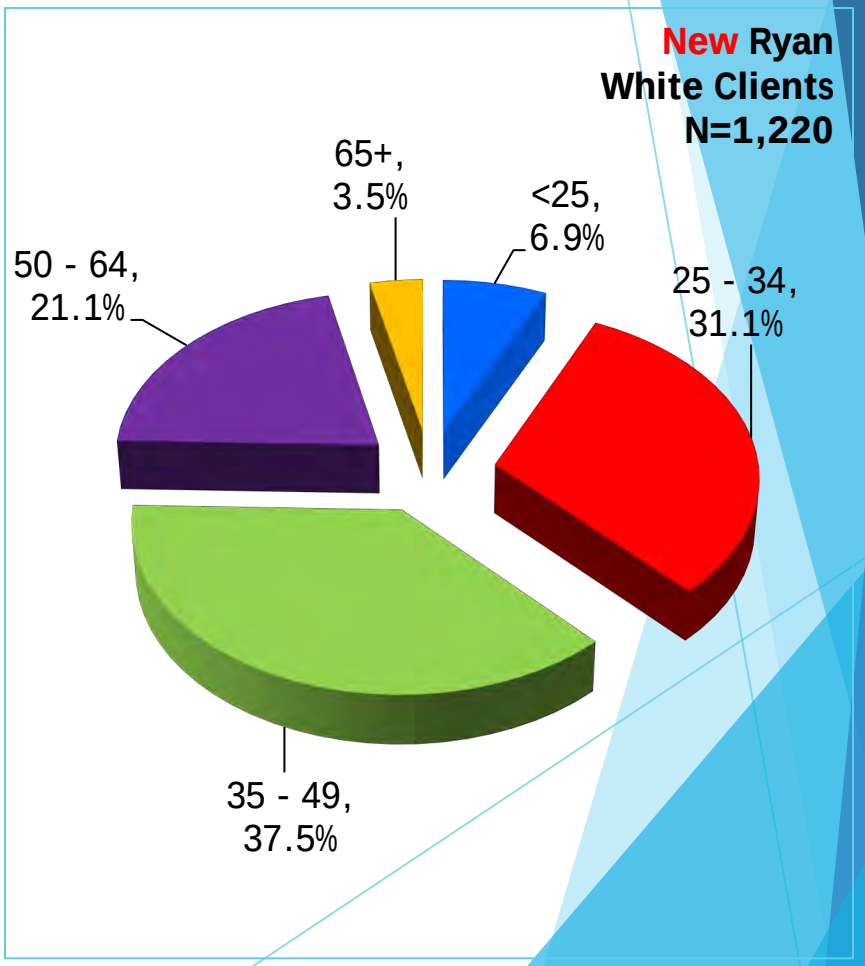
Demographics

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

Sample Demographics Using a Pie Chart

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2024





Dashboard Cards

Tool to visualize utilization and other funding data.

Sample Utilization Using a Chart

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

SERVICE CATEGORIES	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Ryan White Program TOTAL	9,031	8,127	8,411	8,590	9,060	9,316
AIDS Pharmaceutical Assistance (Local)	605	185	183	157	20	5
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	715	735	712	1,130	1,339	911
Health Insurance Premium & Cost Sharing Assist	1,335	1,125	1,255	1,440	1,699	1,926
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,116	7,378	7,842	8,085	8,573	8,842
Medical Transportation Services	720	94	645	743	1,018	1,010
Mental Health Services	274	95	121	107	120	136
Oral Health Care	3,170	1,711	2,237	2,577	2,730	2,843
Other Professional Services - Legal Services	66	48	44	103	89	76
Outpatient/Ambulatory Health Services	5,317	4,281	4,422	4,540	4,547	4,577
Outreach Services	472	130	116	158	240	282
Substance Abuse Services Outpatient	55	0	17	22	10	9
Substance Abuse Services (Residential)	95	70	66	72	74	88

Sample Dashboard Card Using Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2019	$22,984,844.87	0.250%
FY 2020	$17,660,128.37	0.300%
FY 2021	$19,018,258.46	0.020%
FY 2022	$22,372,383.35	0.020%
FY 2023	$23,801,341.37	0.005%
FY 2024	$23,557,202.81	0.007%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
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%
FY 2023	$3,455.00	$1,109.57	32.11%
FY 2024	$7,679.00	$1,691.22	22.02%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
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%
FY 2023	3	$3,455.00	$1,109.57	32.11%
FY 2024	8	$7,679.00	$1,691.22	22.02%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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
FY 2023	N/A	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A	N/A

Notes:

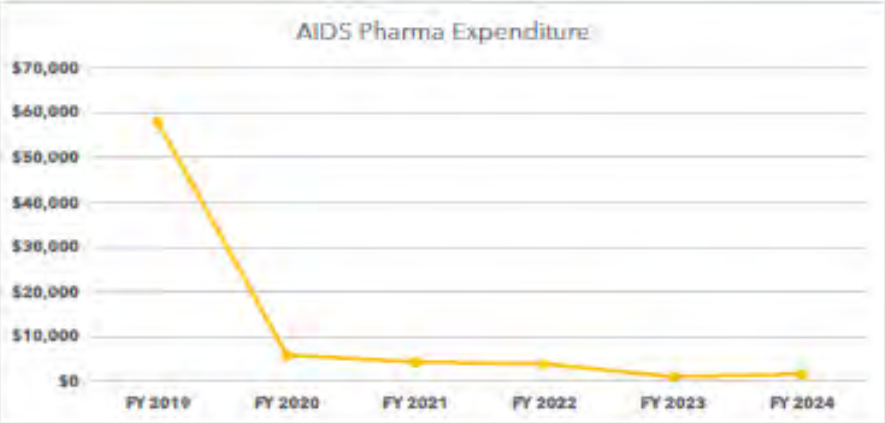
While expenditures rose slightly this last year, overall for FY 2024 the total client client services is the lowest ever. The downward trend continues since most clients access the ADAP program for this service.

Sample Dashboard Card Using Graph and Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Service Program

Limitations: 400% FPL



Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2019	9,031	605	6.7%	$57,843	$96
FY 2020	8,127	185	2.3%	$5,993	$32
FY 2021	8,420	183	2.2%	$4,379	$24
FY 2022	8,590	156	1.8%	$3,954	$25
FY 2023	9,060	20	0.2%	$1,110	$56
FY 2024	9,316	5	0.05%	$1,691	$338

Sample Other Funding Streams Using a Chart

Other Funding Streams 2024

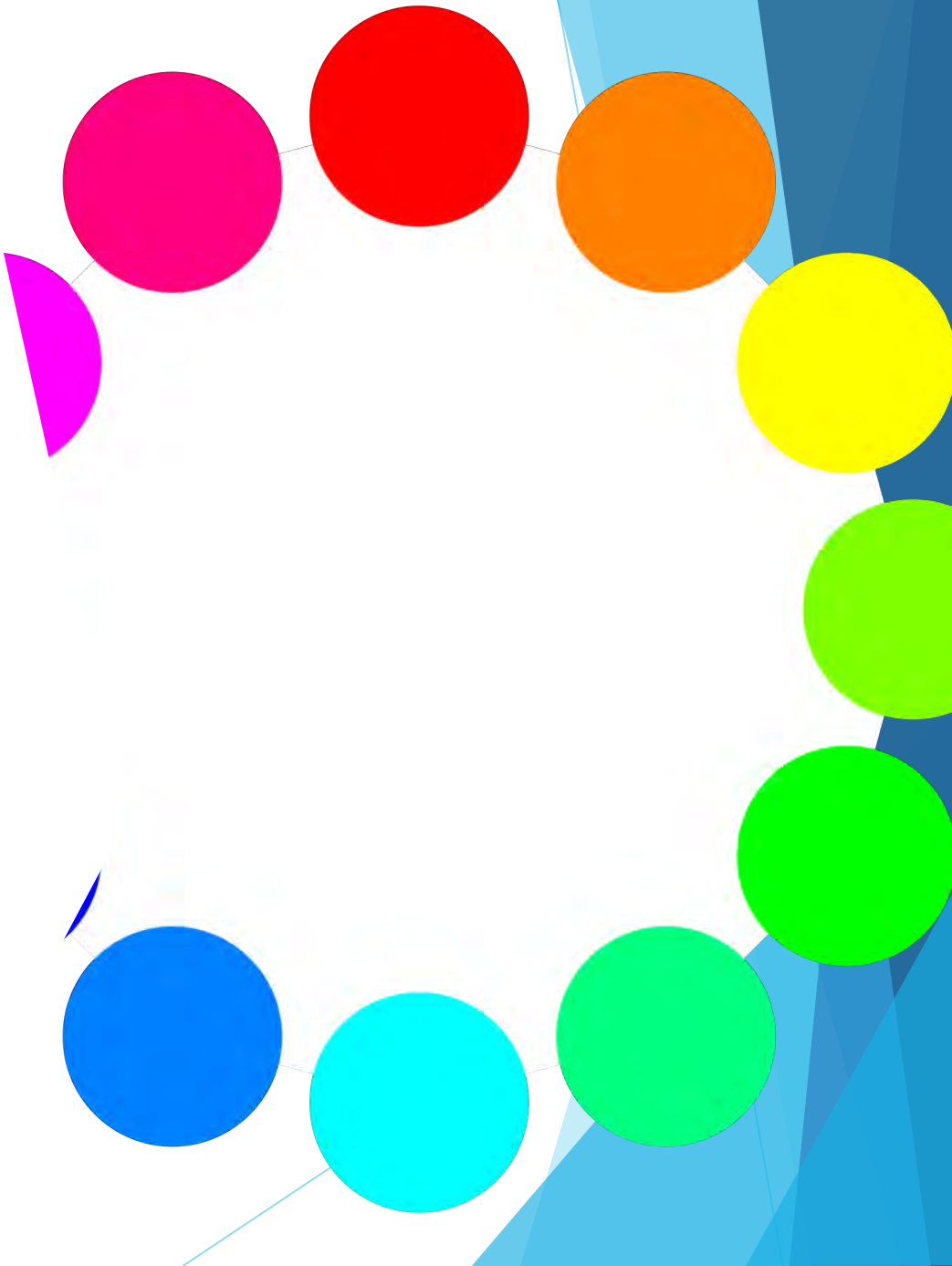
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$20,127,184	4,672	$4,308
2	General Revenue	$313,605	323	$971
3	Medicaid	$117,295,422	6,878	$17,054
4	Part C	$33,225	N/A	N/A

Other Funding Streams 2025

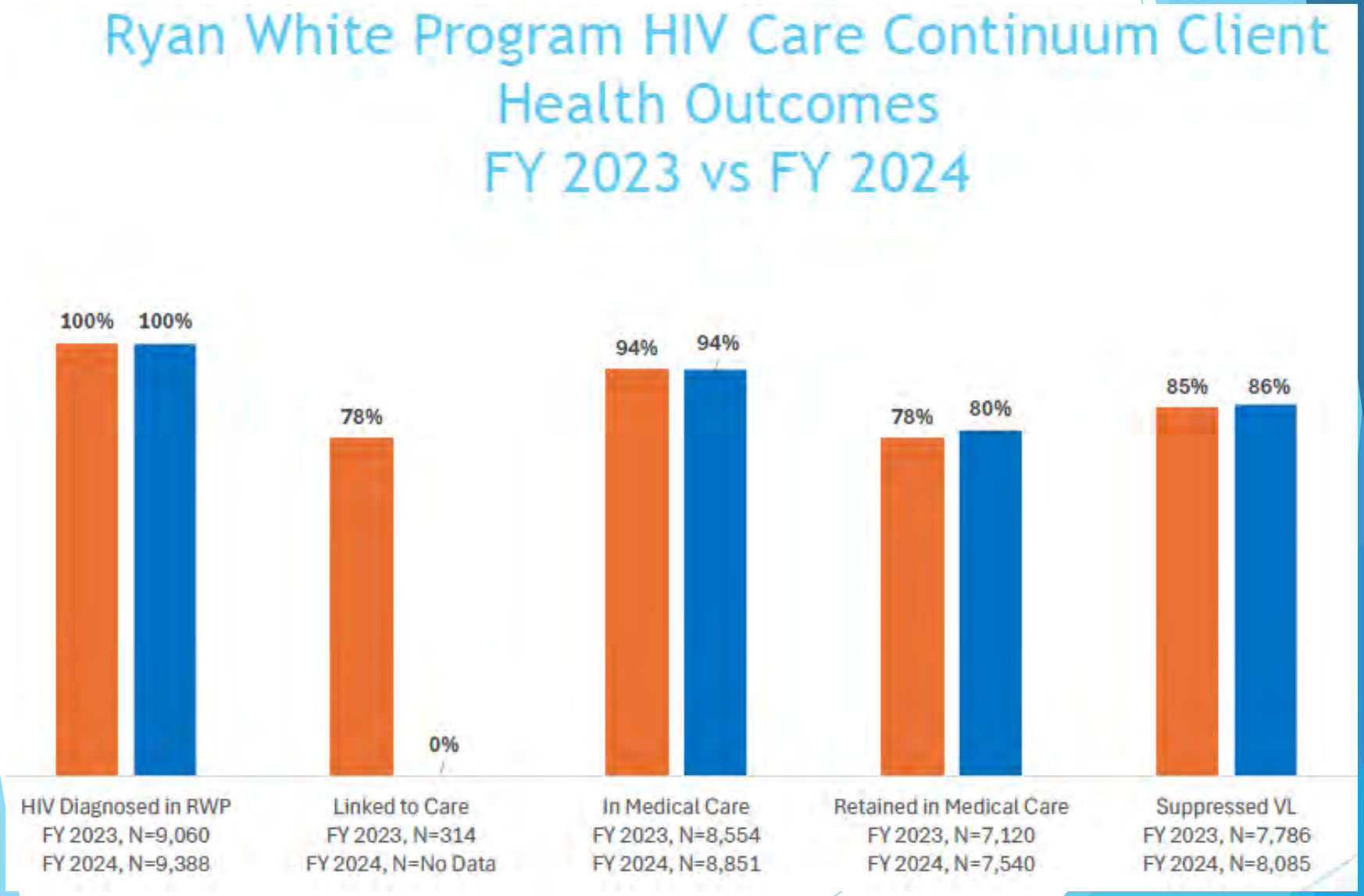
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$15,278,371	4,864	$3,141
2	General Revenue	$95,195	160	$595
3	Medicaid	$99,541,969	6,720	$14,813
4	Part C	$36,186	N/A	N/A

Care Continuum

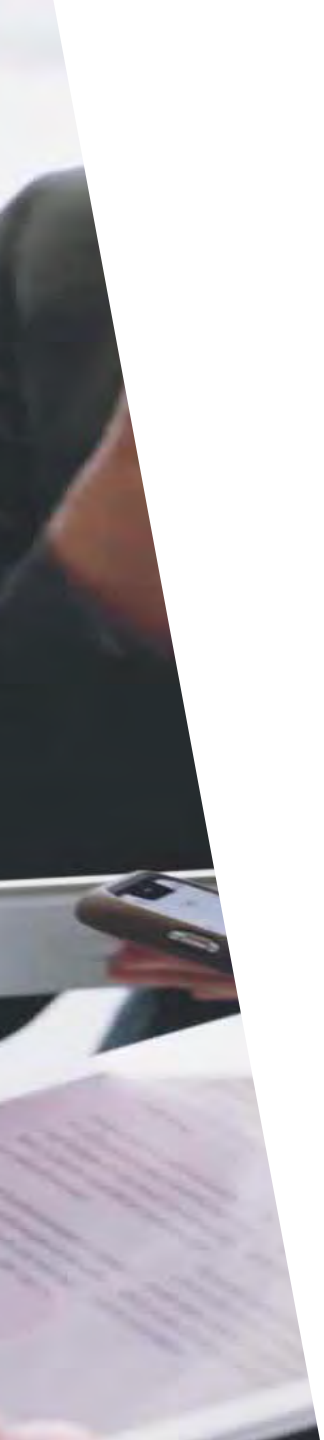
Model that outlines the steps/stages that people with HIV go through from diagnosis to viral suppression.



Sample HIV Care Continuum Using a Bar Graph



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?

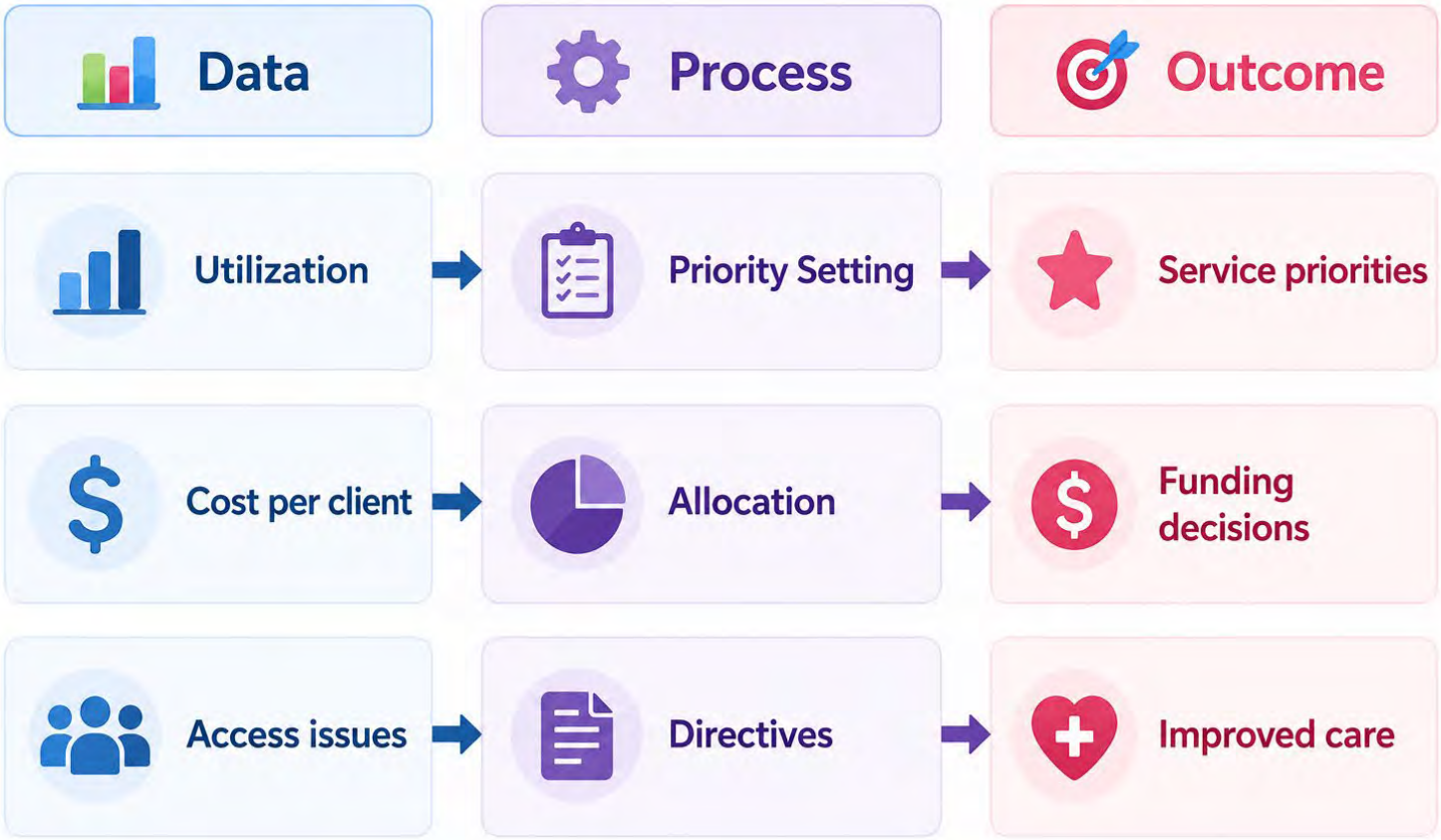
Resource Allocation

- 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?

How do we connect the data?



Key Takeaways

Data drives decisions

Fair, conflict-free processes matter

Goal: improve outcomes for people with HIV

MIAMI-DADE HIV/AIDS PARTNERSHIP

2026 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 June to September. The results of the needs assessment process including priorities and allocations will be included in the Ryan White Program's updates report to HRSA due in the Fall. Individuals living with HIV, 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 three 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.

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 https://partnershipmiami.org/the-partnership-2/#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, 2020-2024;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 2025 (March 1, 2025 – February 28, 2026);
- FY 2025 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;
- Survey results; 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 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 2027 (March 1, 2027-February 29, 2028), 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 2027 (March 1, 2027-February 29, 2028), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.

EPI DATA

SECTION 3

Miami-Dade County Epidemiological Data Summary

Selections from 2020-2024

Presented June 11, 2026

Epidemiological data source: Florida Department of Health.
All data is subject to change.
Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

HIV and AIDS Incidence

Understanding Incidence and Prevalence

Key Terms for Interpreting HIV Data

Incidence and prevalence are two important measures used to understand the impact of HIV in our community. They answer different questions and are used for different purposes.

INCIDENCE

What it is:

The number of **new** HIV infections in a specific period of time.

What it tells us:

Incidence shows the risk of getting HIV and helps us understand how quickly new infections are occurring.

Example:

In 2024, 1,027 people were **newly diagnosed** with HIV in Miami-Dade County. This is the **incidence** for 2024.

Why it matters:

Incidence helps guide prevention efforts by showing where and for whom new infections are happening.

PREVALENCE

What it is:

The total number of people living with HIV (both new and existing cases) at a specific point in time.

What it tells us:

Prevalence shows the overall burden of HIV in the population and the need for ongoing care and support services.

Example:

At the end of 2024, 30,074 people were living with HIV in Miami-Dade County. This is the **prevalence** for 2024.

Why it matters:

Prevalence helps plan and allocate resources for treatment, care, and support services.

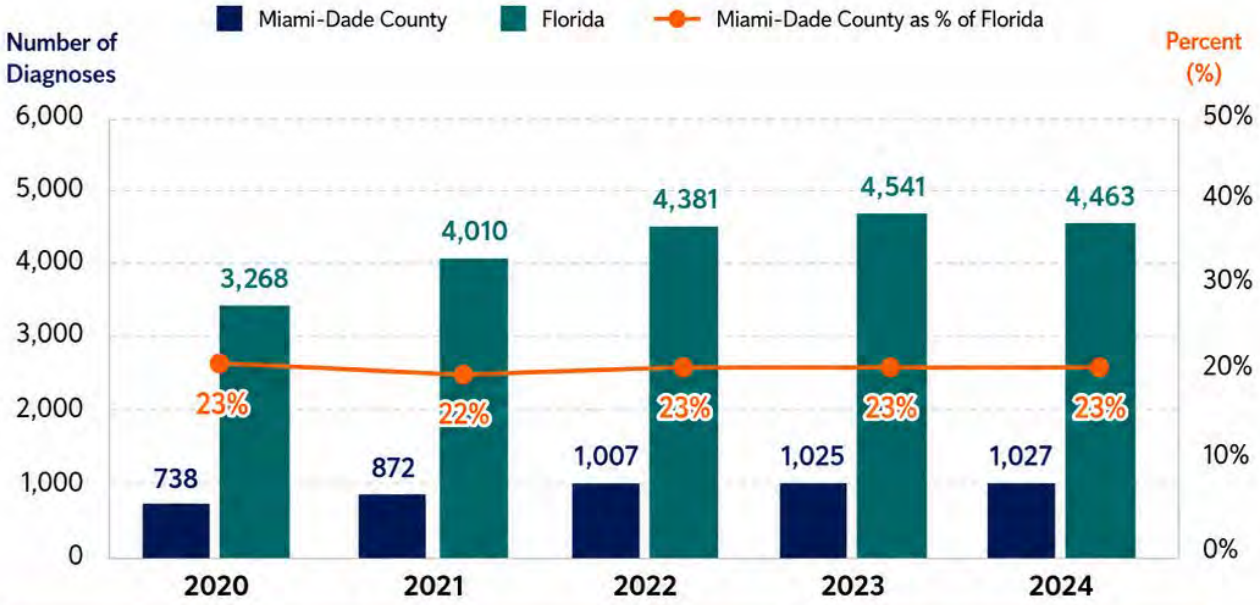
In summary: Incidence tells us how many **new** cases are occurring. | **Prevalence** tells us how many people are **living** with HIV.

HIV Diagnoses

2020–2024 (Miami-Dade County and Florida)

New HIV diagnoses in Miami-Dade County remained stable in 2024 and continue to represent 23% of all diagnoses in Florida.

Number of New HIV Diagnoses



	2020	2021	2022	2023	2024
Miami-Dade County	738	872	1,007	1,025	1,027
Florida	3,268	4,010	4,381	4,541	4,463
% of Florida from MDC	23%	22%	23%	23%	23%

Key Takeaways

New HIV diagnoses in Miami-Dade County increased 39% from 2020 to 2024 (738 to 1,027).

Florida diagnoses decreased 2% from 2023 to 2024 (4,541 to 4,463).

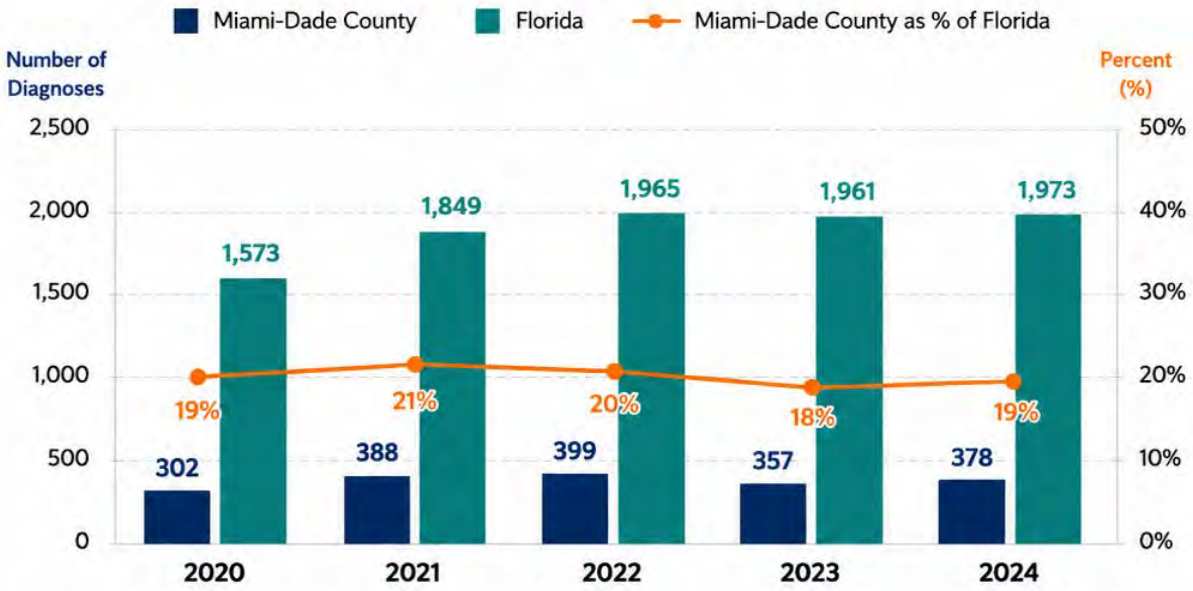
Miami-Dade County consistently accounts for 23% of all new HIV diagnoses in Florida.

AIDS Diagnoses

2020–2024 (Miami-Dade County and Florida)

AIDS diagnoses in Miami-Dade County remained relatively stable in 2024 and continue to represent 19% of all diagnoses in Florida.

Number of New AIDS Diagnoses



	2020	2021	2022	2023	2024
Miami-Dade County	302	388	399	357	378
Florida	1,573	1,849	1,965	1,961	1,973
% of Florida from MDC	19%	21%	20%	18%	19%

Key Takeaways

AIDS diagnoses in Miami-Dade County increased 25% from 2020 to 2024 (302 to 378).

Florida AIDS diagnoses increased 25% from 2020 to 2024 (1,573 to 1,973).

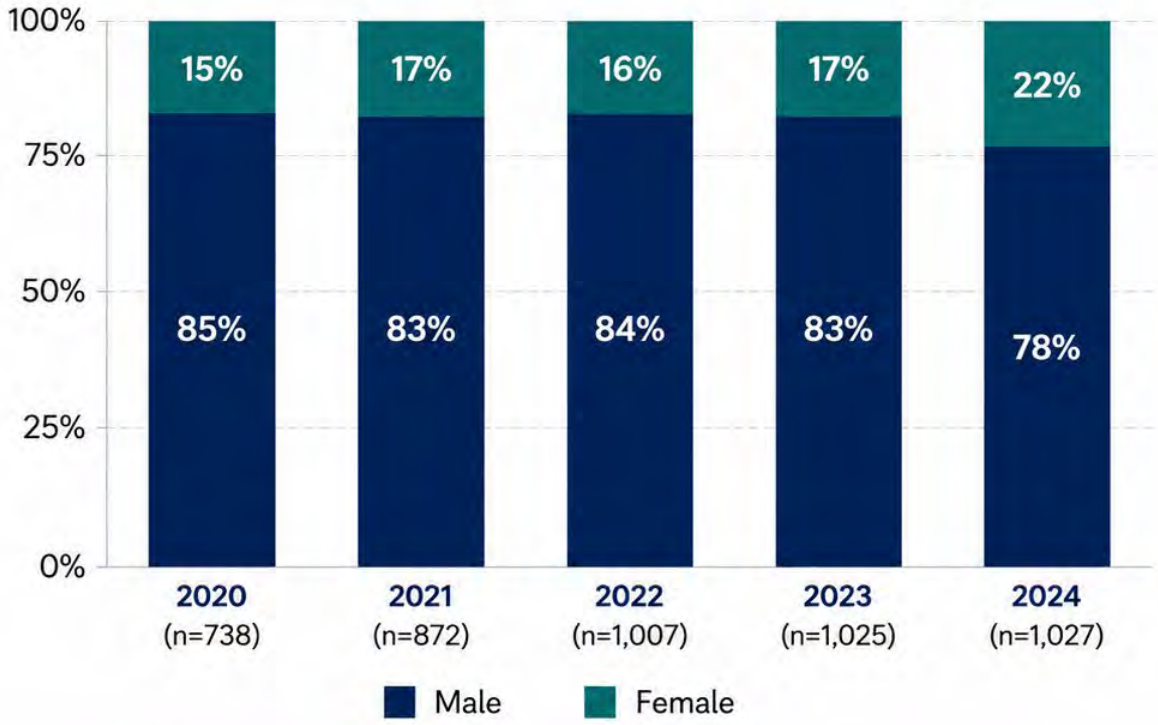
Miami-Dade County consistently accounts for 19% of all new AIDS diagnoses in Florida.

HIV Diagnoses by Sex

2020–2024

Men continue to represent the majority of new HIV diagnoses, though the share among women increased to 22% in 2024.

Percent of New HIV Diagnoses by Sex



Key Takeaways

The proportion of diagnoses among women increased from 15% in 2020 to 22% in 2024.

Men continue to represent 78% of new HIV diagnoses in 2024.

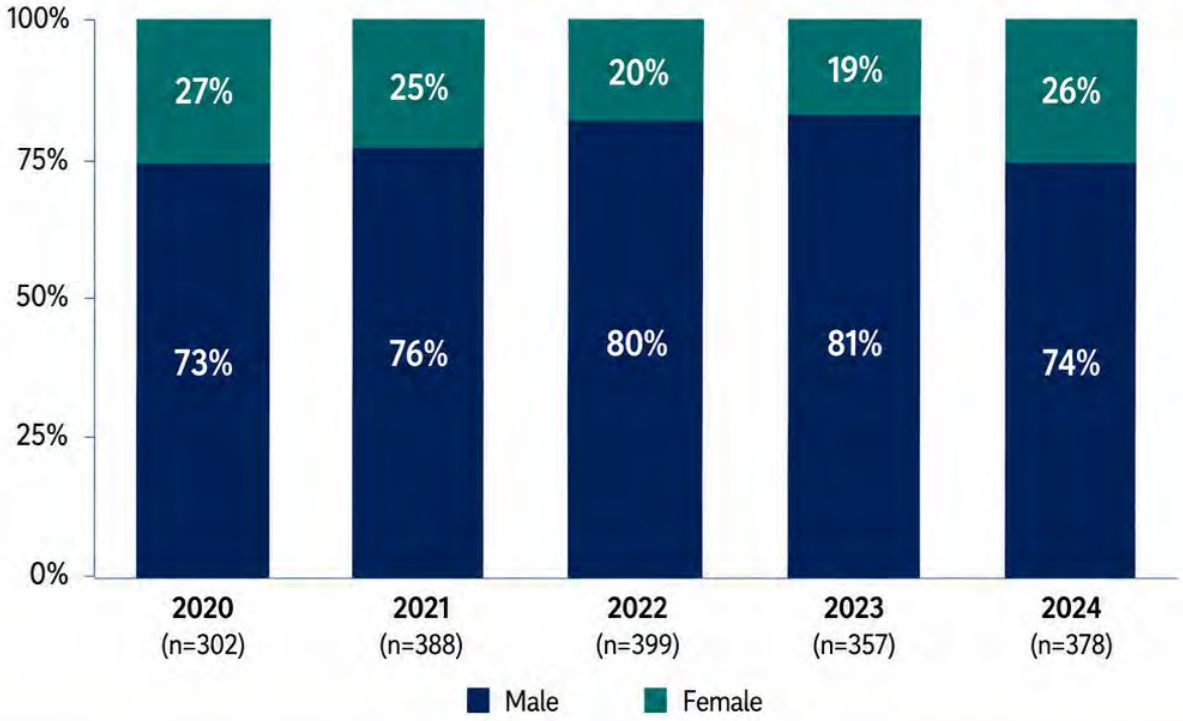
Ongoing focus on prevention, testing, and linkage for women remains important.

AIDS Diagnoses by Sex

2020–2024 (Miami-Dade County)

Men continue to represent the majority of new AIDS diagnoses, though the share among women increased to 26% in 2024.

Percent of New AIDS Diagnoses by Sex



Key Takeaways

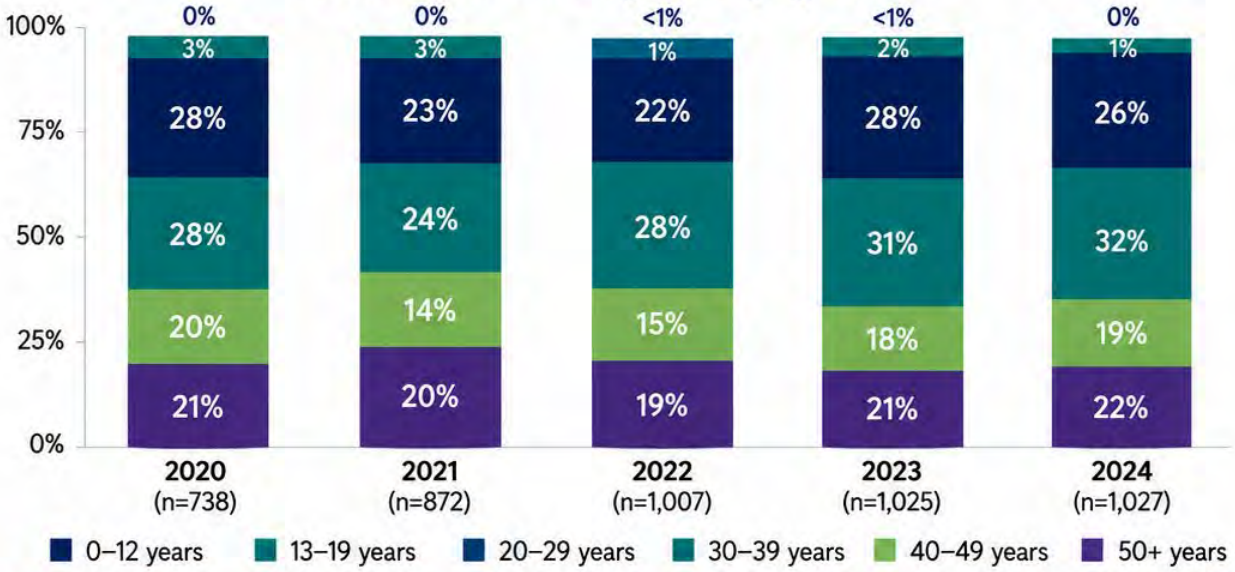
- Men accounted for 74% of new AIDS diagnoses in 2024.
- The proportion of diagnoses among women increased from 19% in 2023 to 26% in 2024.
- Continued efforts to reach men with testing, linkage, and retention services remain essential.

HIV Diagnosis by Age of Diagnosis

2020–2024 (Miami-Dade County)

Young adults ages 20–39 accounted for over half (58%) of all new HIV diagnoses in 2024.

Percent of New HIV Diagnoses by Age Group



Number of New HIV Diagnoses	2020 (n=738)	2021 (n=872)	2022 (n=1,007)	2023 (n=1,025)	2024 (n=1,027)
Ages 20–39 (%)	56%	47%	50%	59%	58%

Key Takeaways

In 2024, 58% of new HIV diagnoses were among young adults ages 20–39.

Diagnoses among persons ages 30–39 increased from 24% in 2021 to 32% in 2024.

The proportion of diagnoses among youth (13–19) remains low (1% in 2024).

HIV Incidence 2023 and 2024 Comparison

HIV Diagnosis by Race, Ethnicity, and Sex

2023 and 2024 (Miami-Dade County)

In 2024, Hispanics accounted for the largest share of new HIV diagnoses across sexes, while Black/African Americans represented a higher proportion among women.

Percent of New HIV Diagnoses

	2023 (n=1,025)		2024 (n=1,027)	
	Male n=847 (83%)	Female n=178 (17%)	Male n=800 (78%)	Female n=227 (22%)
Hispanic	53%	6%	51%	7%
Black/African American	24%	11%	21%	14%
White	5%	1%	5%	1%
AI/AN, A/PI, Multi-race*	1%	0%	1%	<1%
Total	83%	17%	78%	22%

*American Indian/Alaska Native, Asian/Pacific Islander, and Multi-race

Key Takeaways

Hispanics represented the 58% of new HIV diagnoses in 2024 (combined sexes).

Among women, the proportion of Black/African Americans increased from 11% in 2023 to 14% in 2024.

Men accounted for 78% of new HIV diagnoses in 2024, down slightly from 83% in 2023.

HIV Diagnosis by Transmission Categories

2023 and 2024 (Miami-Dade County)

Male-to-male sexual contact remains the most common mode of transmission, accounting for 59% of new HIV diagnoses in 2024.

Number and Percent of New HIV Diagnoses by Transmission Category

	2023 (n=1,025)		2024 (n=1,027)	
	Number	Percent	Number	Percent
Male-to-Male Sexual Contact (MMSC)	644	62.8%	606	59.0%
Injection Drug Use (IDU)	6	0.6%	2	0.2%
MMSC/IDU	3	0.3%	2	0.2%
Heterosexual	369	36.0%	417	40.6%
Perinatal	2	0.2%	0	0%
Other / No Identified Risk	1	0.1%	0	0%
Total	1,025	100%	1,027	100%

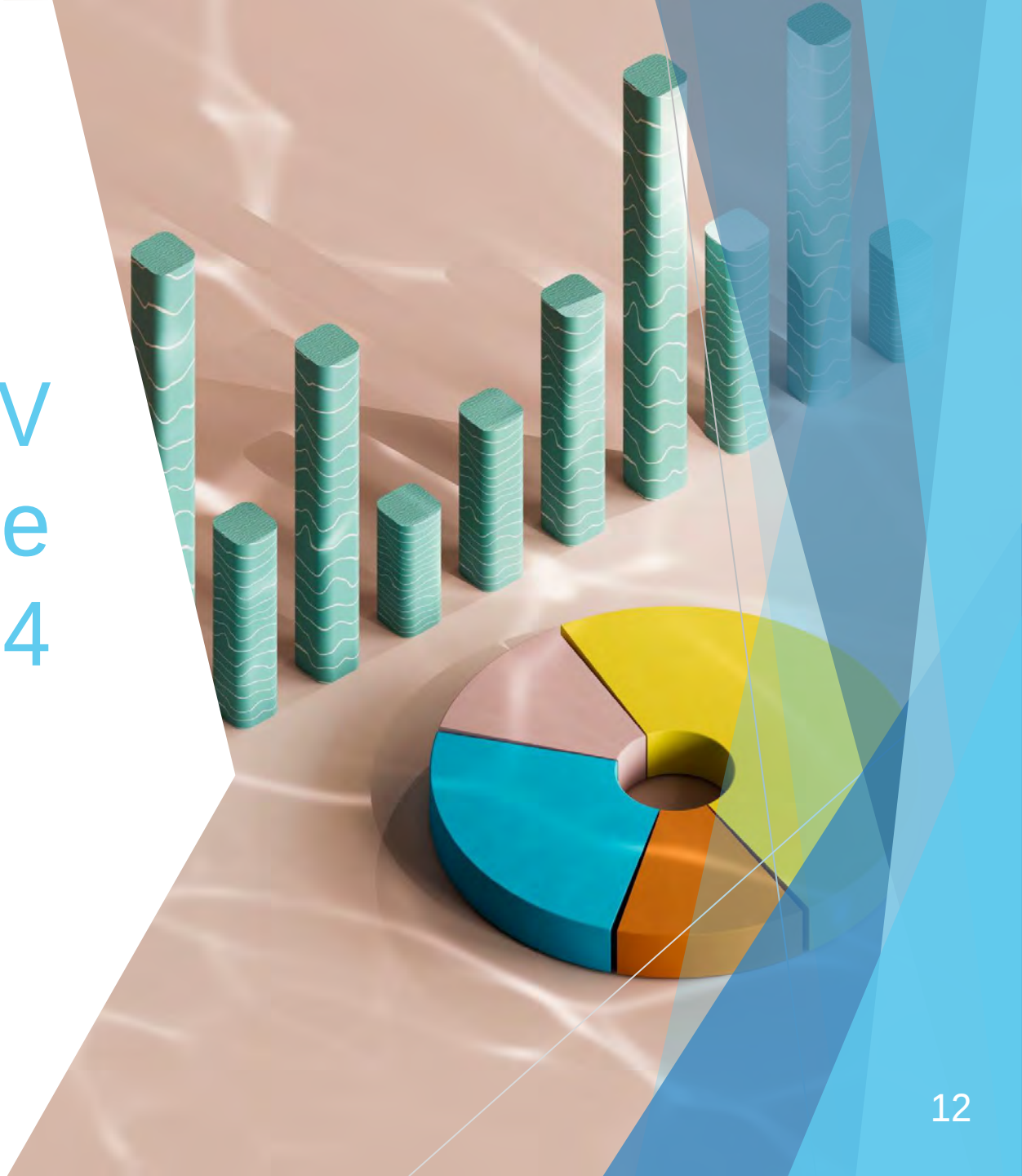
Key Takeaways

Male-to-male sexual contact accounted for 59% of new HIV diagnoses in 2024, down slightly from 62.8% in 2023.

Heterosexual contact accounted for 40.6% of diagnoses in 2024, an increase from 36.0% in 2023.

Diagnoses attributed to injection drug use (IDU) and MMSC/IDU remained low and decreased slightly from 2023 to 2024.

HIV Prevalence 2020-2024

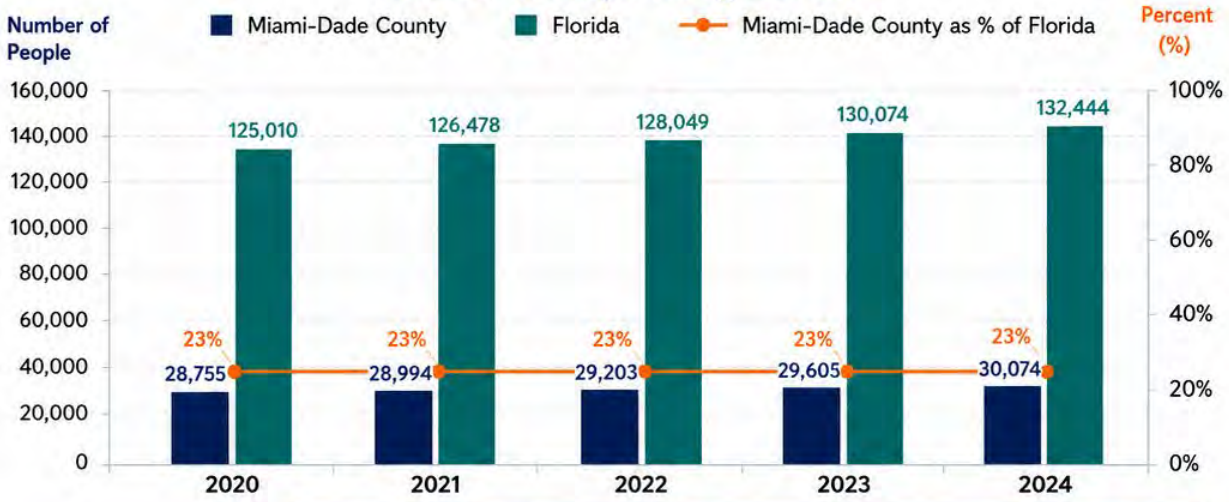


People Living with HIV: Miami-Dade County and Florida

2020–2024

The number of people living with HIV in Miami-Dade County and Florida continues to increase, with Miami-Dade accounting for 23% of all PLWH in Florida in 2024.

Number of People Living with HIV



	2020	2021	2022	2023	2024
Miami-Dade County	28,755	28,994	29,203	29,605	30,074
State of Florida	125,010	126,478	128,049	130,074	132,444
% of Florida from MDC	23%	23%	23%	23%	23%

Key Takeaways

In 2024, an estimated 30,074 people were living with HIV in Miami-Dade County, an increase of 5% since 2020.

The number of people living with HIV in Florida increased 6% from 125,010 in 2020 to 132,444 in 2024.

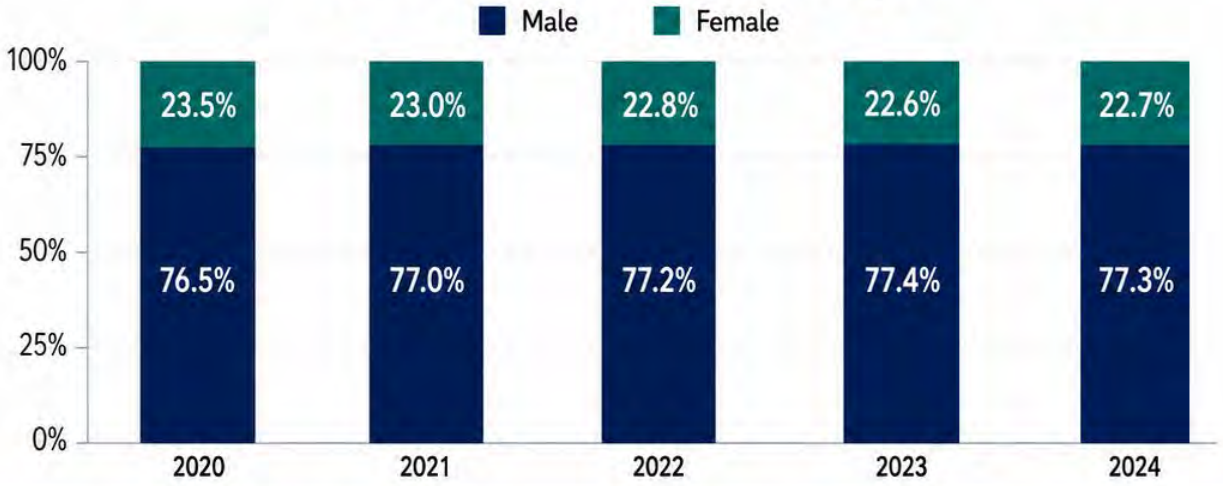
Miami-Dade County consistently accounted for about a quarter (23%) of all people living with HIV in Florida in 2024.

HIV Prevalence by Sex

2020–2024 (Miami-Dade County)

Men continue to represent the majority of people living with HIV in Miami-Dade County, accounting for 77.3% in 2024.

Percent of People Living with HIV by Sex



People Living with HIV	2020	2021	2022	2023	2024
Male, n (%)	21,990 (76.5%)	22,325 (77.0%)	22,573 (77.2%)	22,926 (77.4%)	23,231 (77.3%)
Female, n (%)	6,765 (23.5%)	6,669 (23.0%)	6,630 (22.8%)	6,679 (22.6%)	6,843 (22.7%)

Key Takeaways

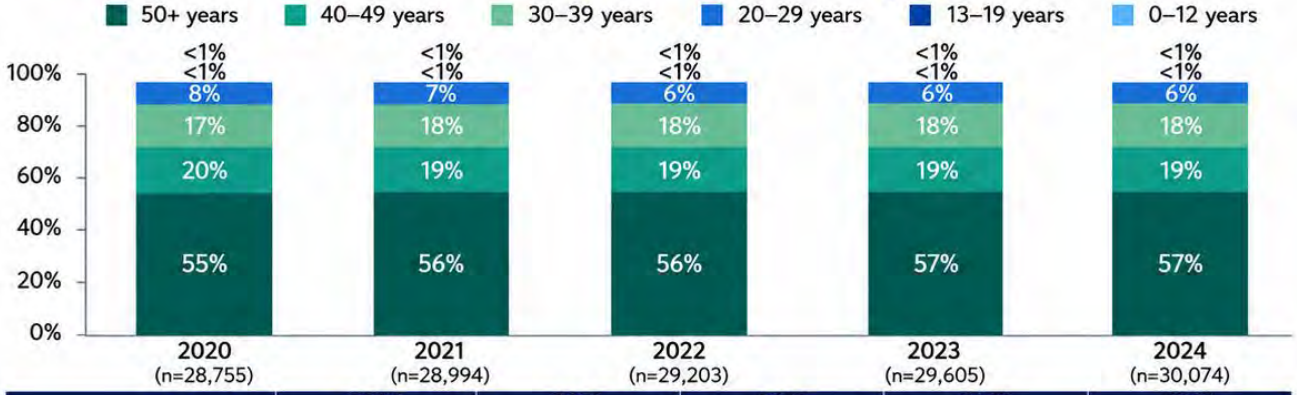
- Men accounted for 77.3% of all people living with HIV in Miami-Dade County in 2024, consistent with previous years.
- Women accounted for 22.7% of people living with HIV in 2024, similar to previous years.
- Ongoing efforts to engage both men and women in care and support services remain essential.

HIV Prevalence by Age

2020–2024 (Miami-Dade County)

More than half of people living with HIV in Miami-Dade County are age 50 or older each year from 2020 to 2024.

Percent of People Living with HIV by Age



	2020 (n=28,755)	2021 (n=28,994)	2022 (n=29,203)	2023 (n=29,605)	2024 (n=30,074)
50+ years	55%	56%	56%	57%	57%
40–49 years	20%	19%	19%	19%	19%
30–39 years	17%	18%	18%	18%	18%
20–29 years	8%	7%	6%	6%	6%
13–19 years	<1%	<1%	<1%	<1%	<1%
0–12 years	<1%	<1%	<1%	<1%	<1%

Key Takeaways

50+

In 2024, 57% of people living with HIV are age 50 or older, consistent with 2023.

The proportion of people living with HIV ages 13–19 and 0–12 remained <1% for all years.

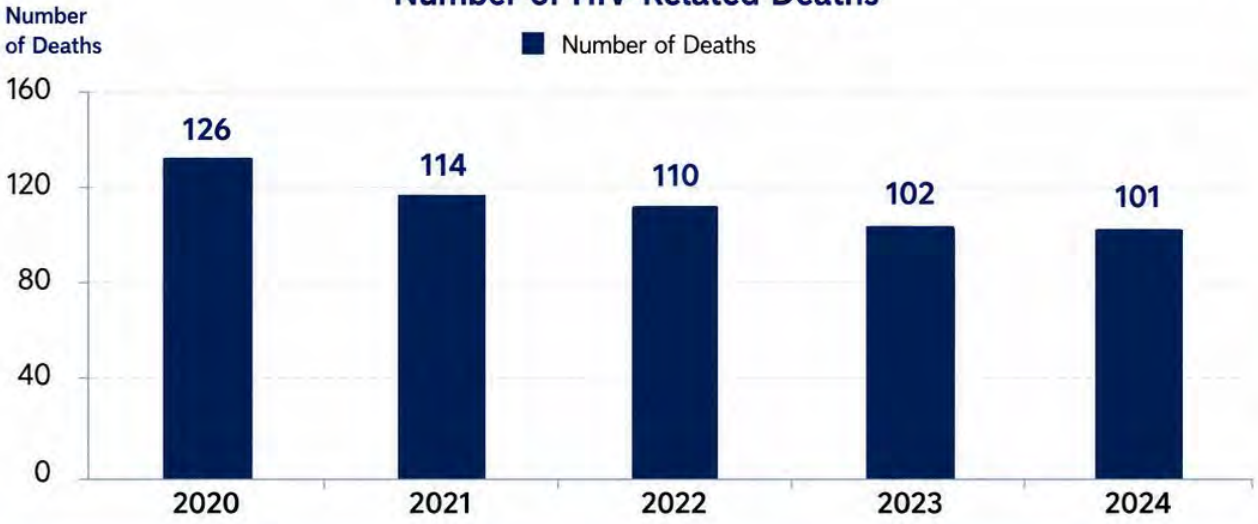
Younger age groups (0–39) continue to account for a smaller share of people living with HIV each year.

HIV-Related Deaths Among Persons with HIV

2020–2024 (Miami-Dade County)

The number of HIV-related deaths in Miami-Dade County has continued to decline, decreasing 20% from 2020 to 2024.

Number of HIV-Related Deaths



HIV-Related Deaths	2020	2021	2022	2023	2024
Number of Deaths	126	114	110	102	101
% Change from 2020	—	-10%	-13%	-19%	-20%

Key Takeaways

HIV-related deaths decreased 20% from 126 in 2020 to 101 in 2024.

The number of HIV-related deaths decreased each year during the five-year period.

Continued access to care, early diagnosis, and effective treatment remain critical to reducing HIV-related deaths in our community.

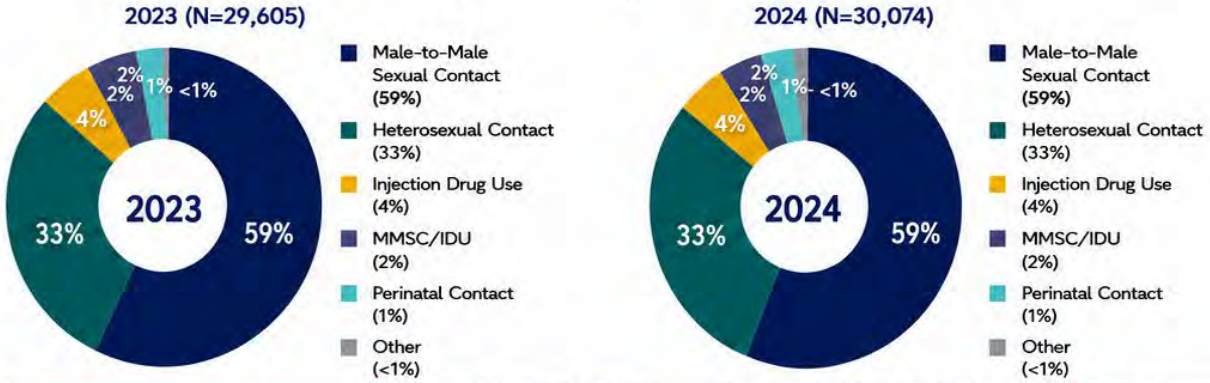
HIV Prevalence 2023 and 2024 Comparison

Persons with HIV by Transmission Category

2023 and 2024 (Miami-Dade County)

Among persons living with HIV in Miami-Dade County, male-to-male sexual contact continues to be the most common mode of transmission in both 2023 and 2024.

Persons Living with HIV by Transmission Category



Transmission Category	2023 (N=29,605)		2024 (N=30,074)		% Change 2023–2024
	Number	Percent	Number	Percent	
Male-to-Male Sexual Contact (MMSC)	17,581	59%	17,844	59%	+1.5%
Heterosexual Contact	9,857	33%	10,088	33%	+2.3%
Injection Drug Use (IDU)	1,215	4%	1,200	4%	-1.2%
MMSC/IDU	618	2%	608	2%	-1.6%
Perinatal Contact	303	1%	304	1%	+0.3%
Other	32	<1%	30	<1%	-6.3%
Total	**29,605**	**100%**	**30,074**	**100%**	**+1.6%**

Key Takeaways

Male-to-male sexual contact remains the leading mode of HIV transmission, accounting for 59% of persons living with HIV in both 2023 and 2024.

Heterosexual contact accounts for one in three (33%) persons living with HIV in both years.

Injection drug use, alone or in combination with male-to-male sexual contact, accounted for 6% of persons living with HIV in both 2023 and 2024.

HIV Prevalence by Race, Ethnicity and Sex

2023 and 2024 (Miami-Dade County)

Hispanic and Black/African American people continue to have the highest prevalence of HIV in Miami-Dade County in both 2023 and 2024.

Prevalence of HIV (Persons Living with HIV) by Race, Ethnicity and Sex

Race/Ethnicity	2023 (n=29,605)		2024 (n=30,074)	
	Male (n=22,900)	Female (n=6,705)	Male (n=23,258)	Female (n=6,816)
Hispanic	46%	6%	46%	6%
Black/African-American	22%	15%	22%	15%
White	8%	1%	8%	1%
AI/AN, A/PI, Multi-race*	1%	<1%	1%	<1%
Total	77%	23%	77%	23%

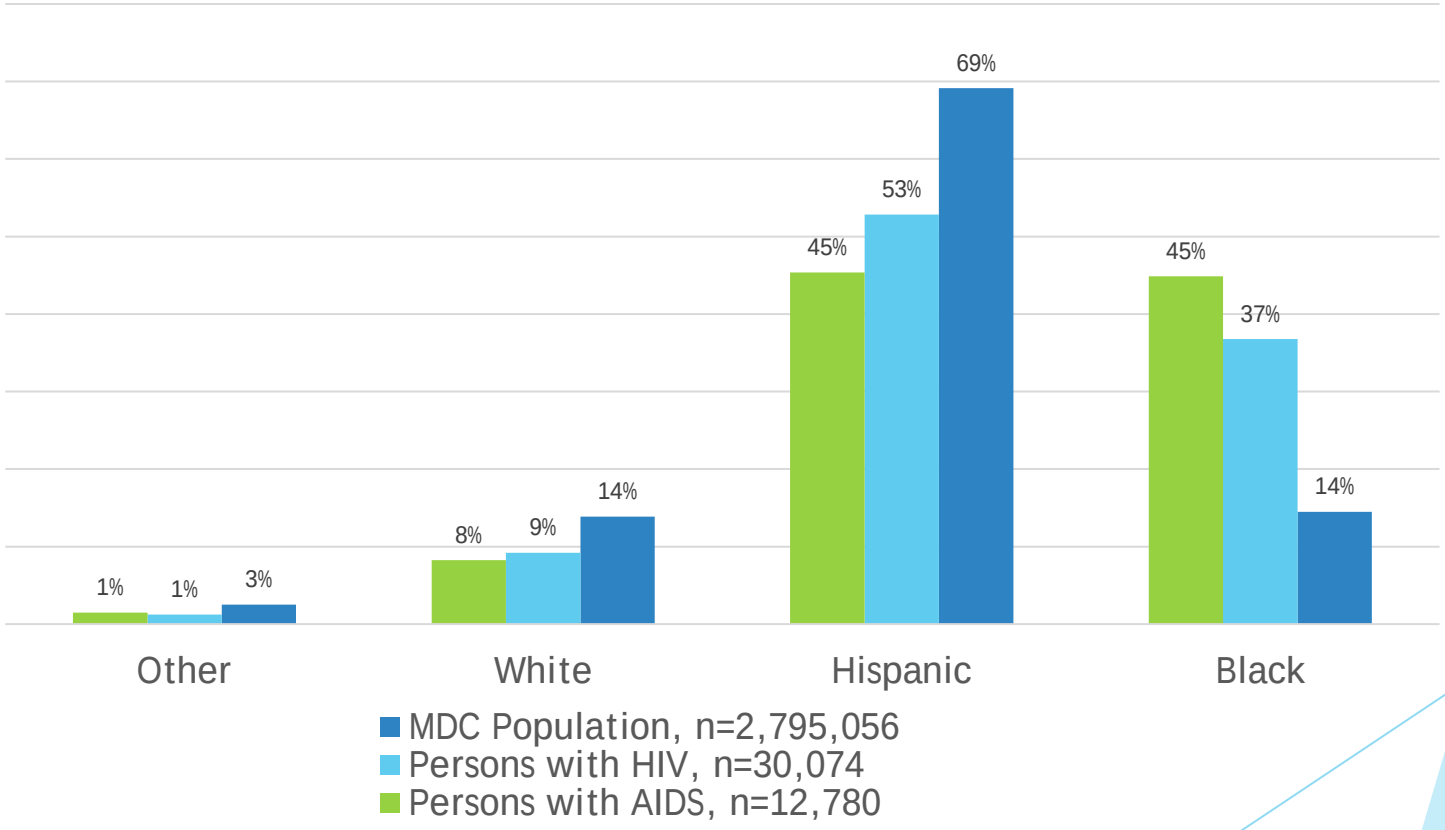
*American Indian/Alaska Native (AI/AN), Asian/Pacific Islander (A/PI), Multi-race

Key Takeaways

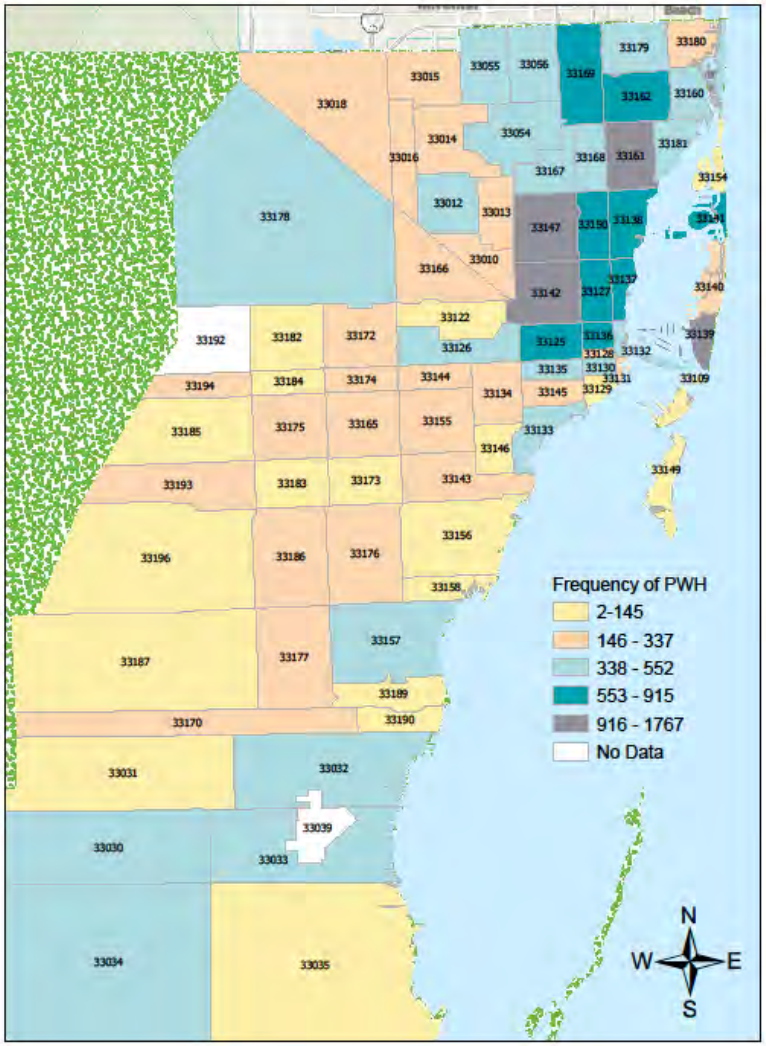
- Hispanic individuals represent 52% of males and 7% of females living with HIV in both 2023 and 2024.
- Black/African American individuals represent 22% of males and 15% of females living with HIV in both 2023 and 2024.
- White individuals represent 8% of males and 1% of females living with HIV in both 2023 and 2024.
- AI/AN, A/PI, and Multi-race populations represented a small proportion of persons living with HIV in both years.

2024 Snapshot: Population and Prevalence

Persons with HIV and AIDS Prevalence by Race/Ethnicity and Population, 2024



Frequency of Persons with HIV (PWH) by Zip Code, Miami-Dade County (2024)



Top Four Zip codes:
33139-Miami Beach
33142-Allapattah/Brownsville
33147-Liberty City
33161-North Miami

Key Takeaways

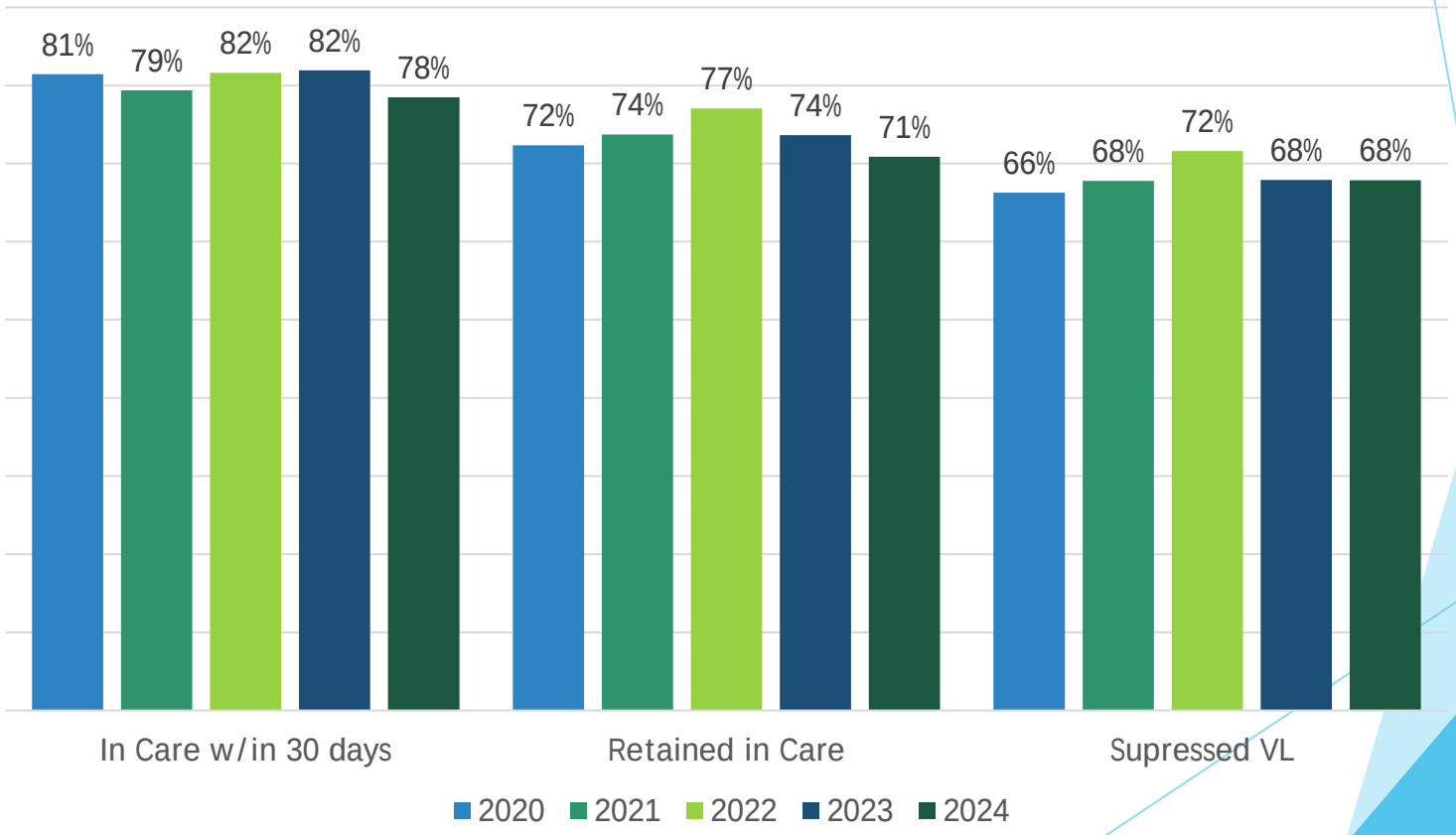
- HIV diagnoses in Miami-Dade County remained relatively **stable** from 2023 to 2024, while the overall number of people living with HIV continued to increase, reflecting improved survival and ongoing care needs.
- Miami-Dade County consistently accounted for approximately **23%** of all new HIV diagnoses and persons living with HIV in the State of Florida during 2020–2024.
- **Men** represented the majority of both new HIV diagnoses and persons living with HIV; however, the proportion among **women increased slightly** in several incidence and prevalence indicators.
- **Adults ages 20–39** accounted for the largest share of **new HIV diagnoses**, while the largest proportion of persons living with HIV were among **older** age groups, reflecting long-term survival and aging with HIV.
- Significant racial and ethnic disparities continue to exist, with **Black/African American** residents disproportionately represented among persons newly diagnosed with HIV and among persons living with HIV and AIDS compared to their share of the Miami-Dade County population.

Florida Department of Health Continuum of Care

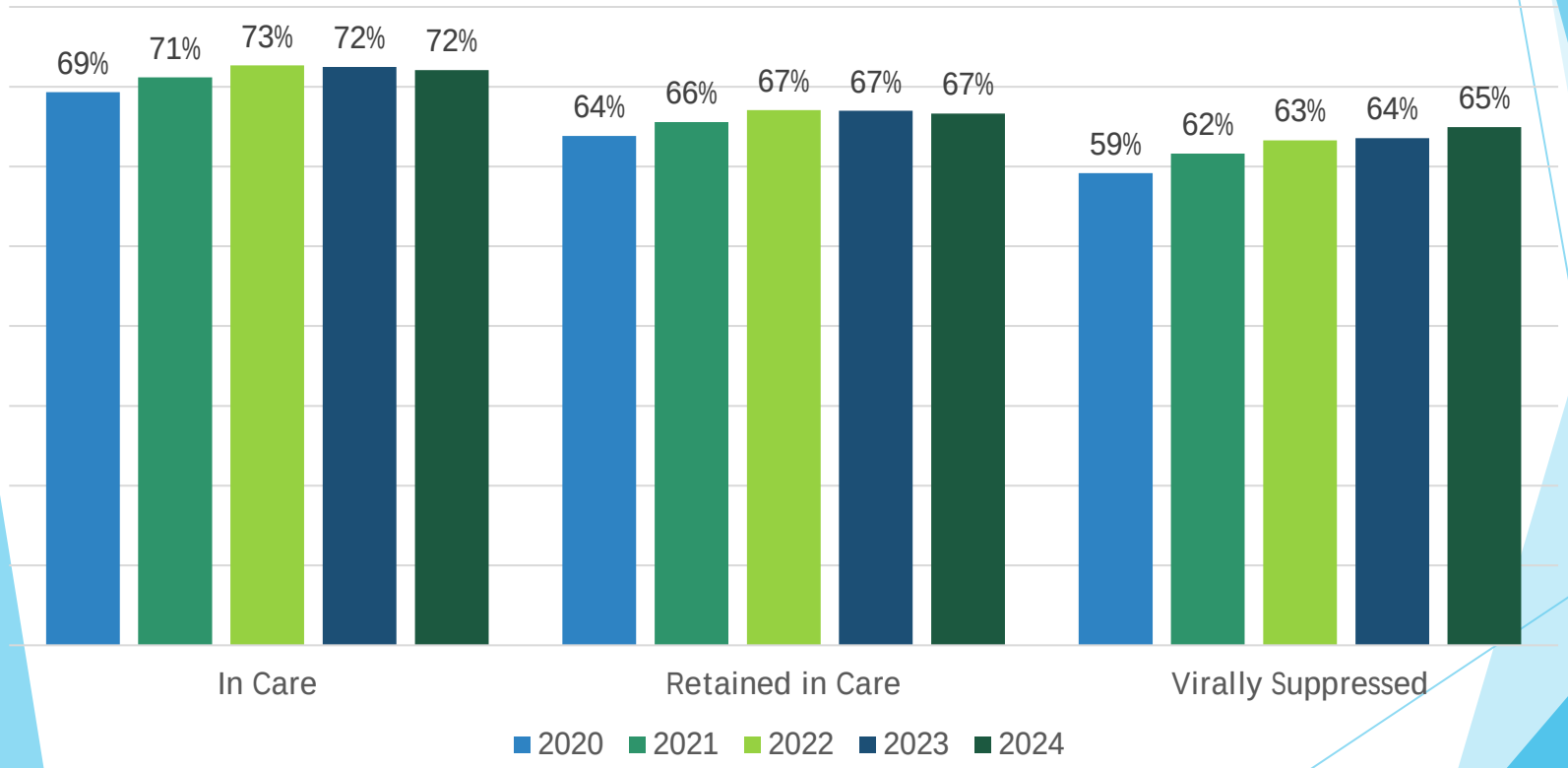
Continuum of Care Definitions

- **People with HIV**
  The number of people living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2025.
- **HIV Diagnoses**
  People whose HIV diagnosis occurred during the period specified, data as of 6/30/2025.
- **In Care**
  People with HIV with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from 1/1/2024 through 3/31/2025, data as of 6/30/2025.
- **Retained in Care**
  People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2024 through 6/30/2025, data as of 6/30/2025.
- **Suppressed Viral Load**
  People with HIV with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2024 through 3/31/2025, data as of 6/30/2025.
- **In Care with Suppressed Viral Load**
  People with HIV with at least one documented VL or CD4 lab, medical visit, or prescription; for the period from 1/1/2024 through 3/31/2025; who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.
- **Retained in Care with Suppressed Viral Load**
  People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions; at least three months apart, from 1/1/2024 through 6/30/2025; and who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.

HIV Diagnosis: Continuum of Care in Miami-Dade County 2020-2024



Persons with HIV: Continuum of Care in Miami-Dade County 2020-2024



Ryan White Program HIV Care Continuum Fiscal Year 2025

(3/1/25-2/28/26)

June 11, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimers

- Based on data from Groupware Technology's Provide Enterprise-Miami database.
- Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts may differ from those of other reports that are generated using differing methodologies.

Health Resources and Services Administration (HRSA) HIV Care Continuum

Ryan White Program HIV Care Continuum Definitions

RWP CLIENT

Ryan White Program clients who received at least one Ryan White Part A or MAI-funded service in the fiscal year (**FY 2025: 3/1/2025–2/28/2026**).

LINKED TO CARE

Newly-diagnosed persons with HIV, who were linked to HIV medical care anywhere in Miami-Dade County. Data from the Florida Dept. of Health (FDOH) Early Identification of Individuals with HIV/AIDS (EIHHA) calendar year of reference.

IN MEDICAL CARE

Active Ryan White Program clients receiving one or more medical visits with any Ryan White Program provider with prescribing privileges, viral load test, or medical visit co-pay, during the 12-month reporting period.

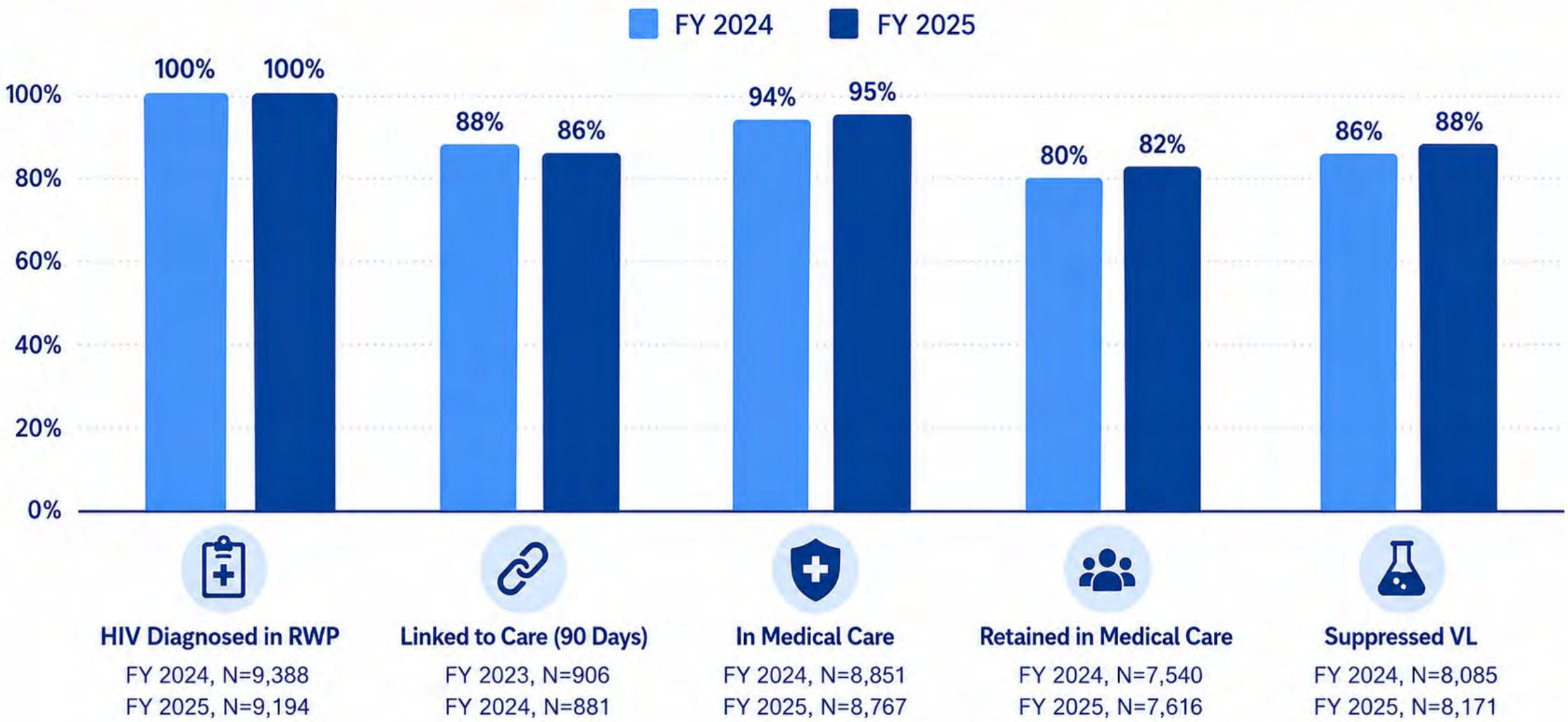
RETAINED IN MEDICAL CARE

Active Ryan White Program clients receiving two or more billed medical visits with a Ryan White Program provider, or viral load test, medical visit copay, at least 90 days apart, during the 12-month reporting period (FY 2025).

SUPPRESSED VIRAL LOAD

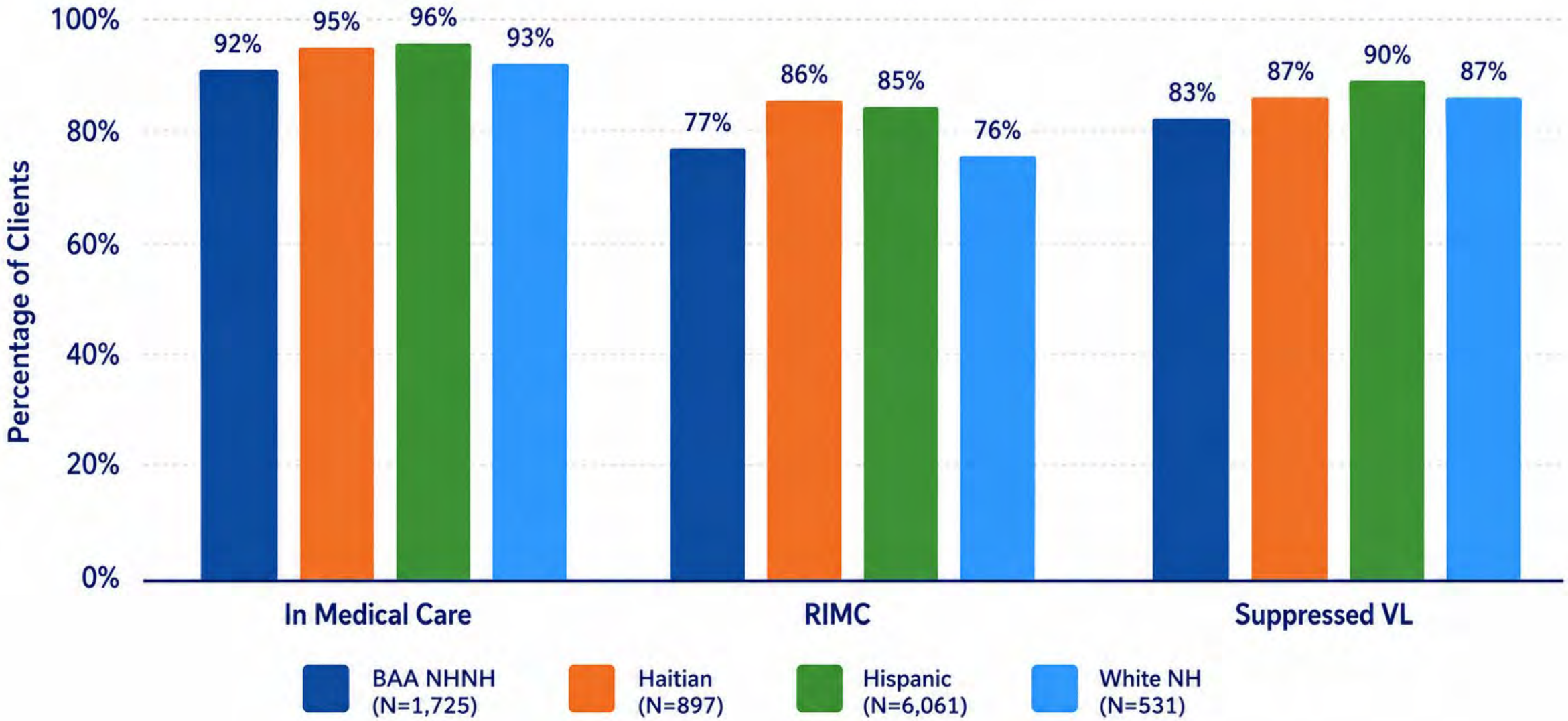
Active Ryan White Program clients with a documented suppressed viral load (<200 copies/mL) in the most recently reported lab test.

Ryan White Program HIV Care Continuum Client Health Outcomes FY 2024 vs FY 2025

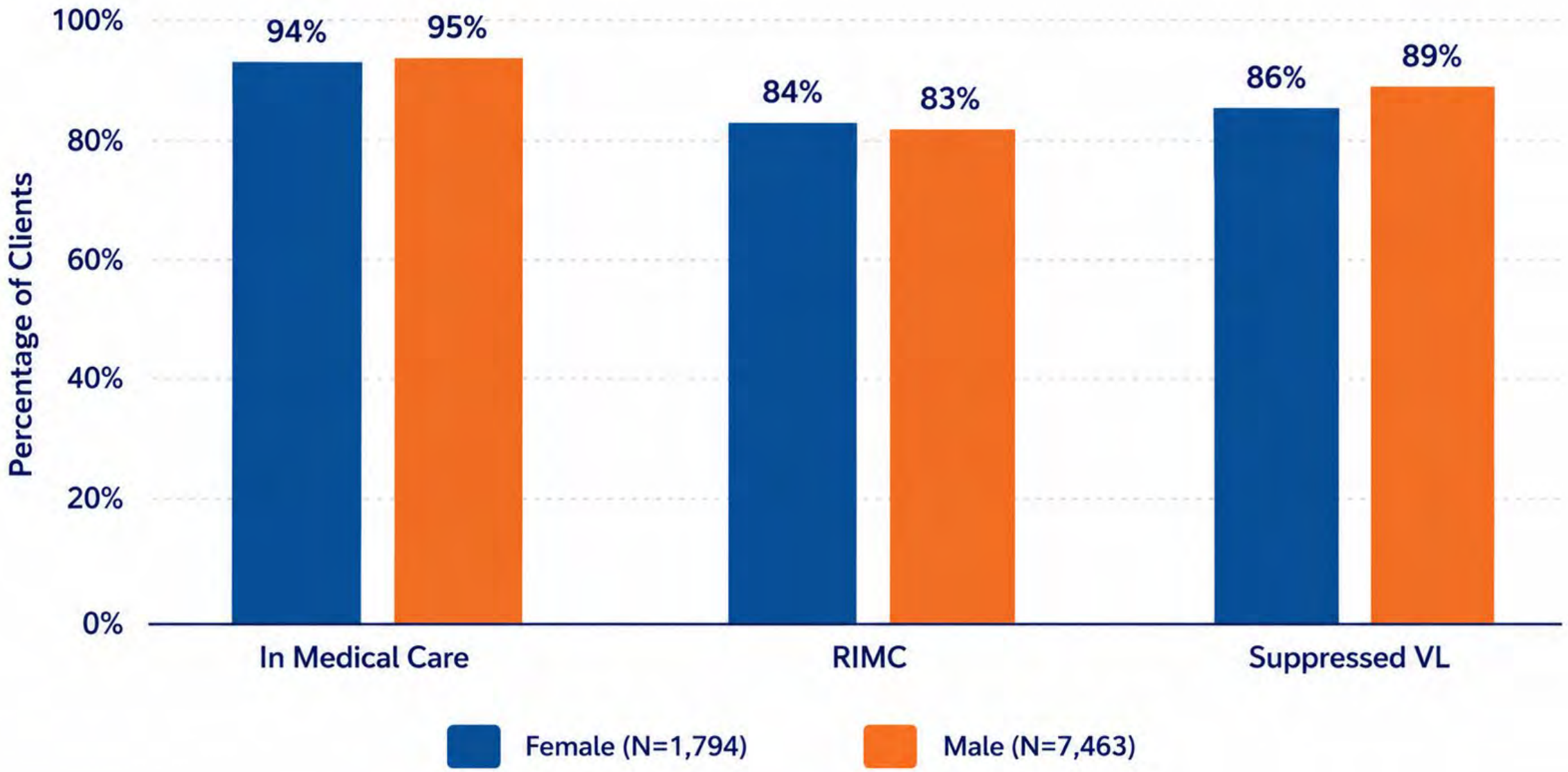


* Data are from 2024 Integrated Epidemiological Profiles, Miami-Dade County

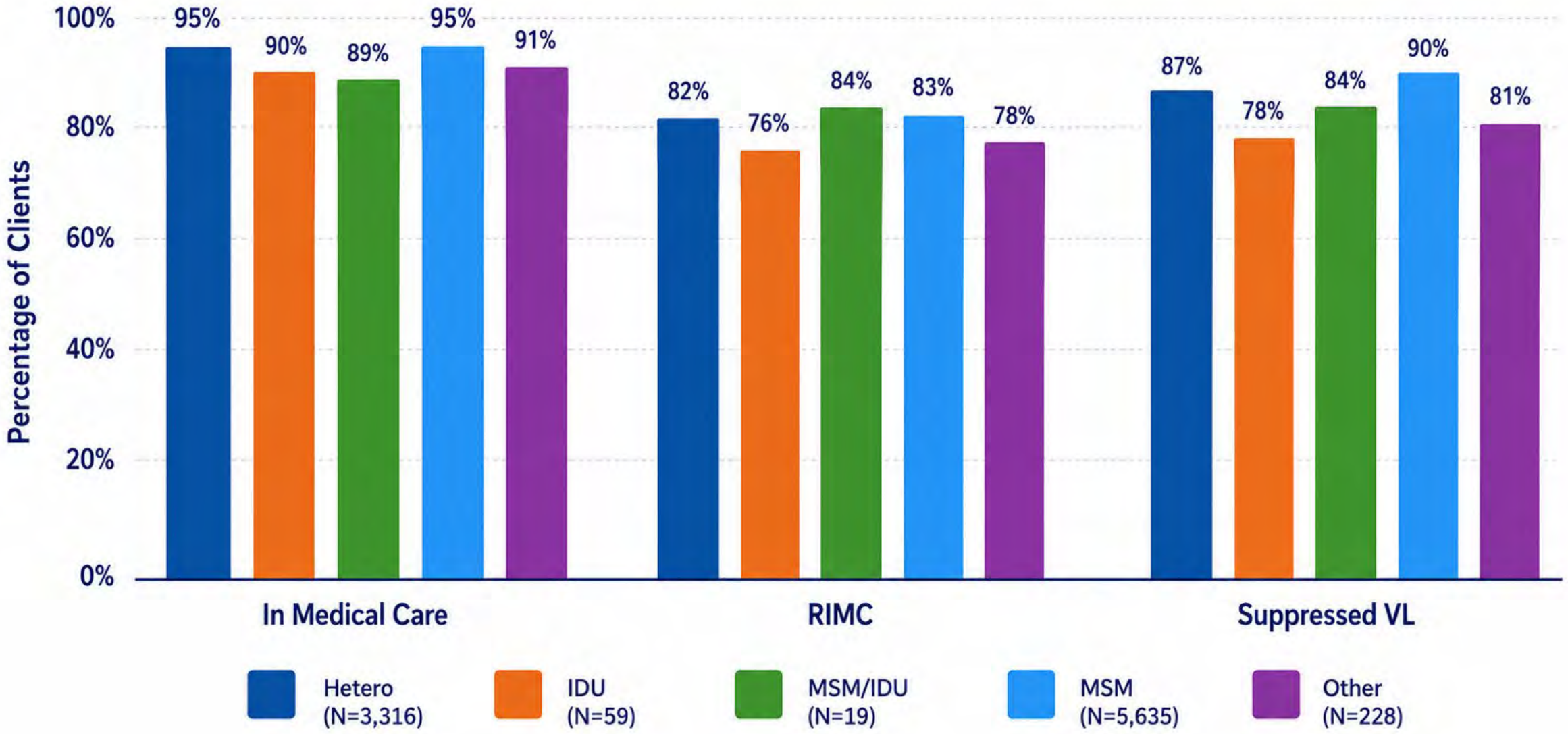
Ryan White Program HIV Care Continuum by Race/Ethnicity, FY 2025



Ryan White Program HIV Care Continuum by Sex, FY 2025



Ryan White Program HIV Care Continuum by Initial Exposure, FY 2025



SERVICE DEMOGRAPHICS

SECTION 4

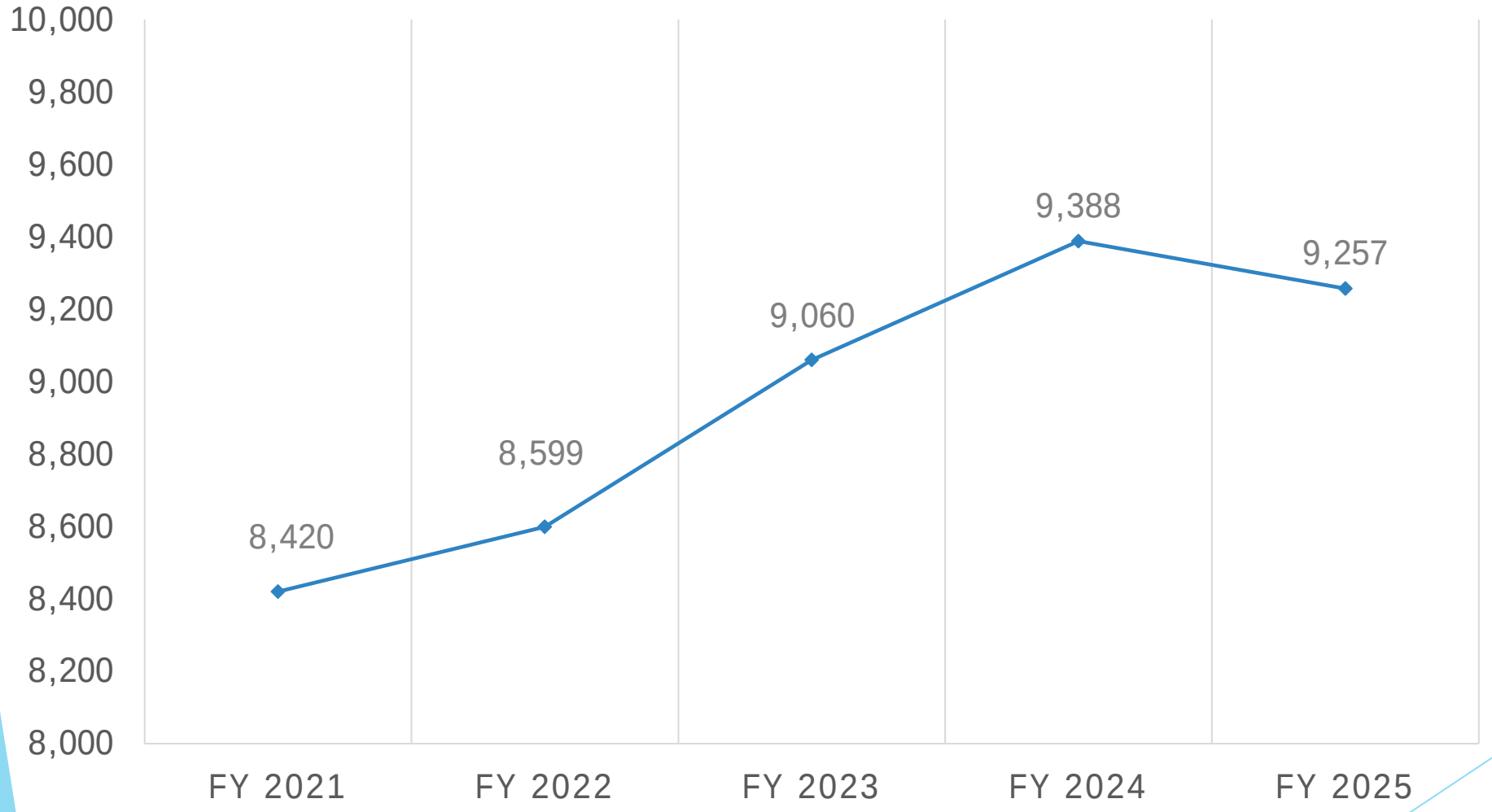
Ryan White Program Demographic Data Fiscal Year 2025

(3/1/25-2/28/26)

July 9, 2026

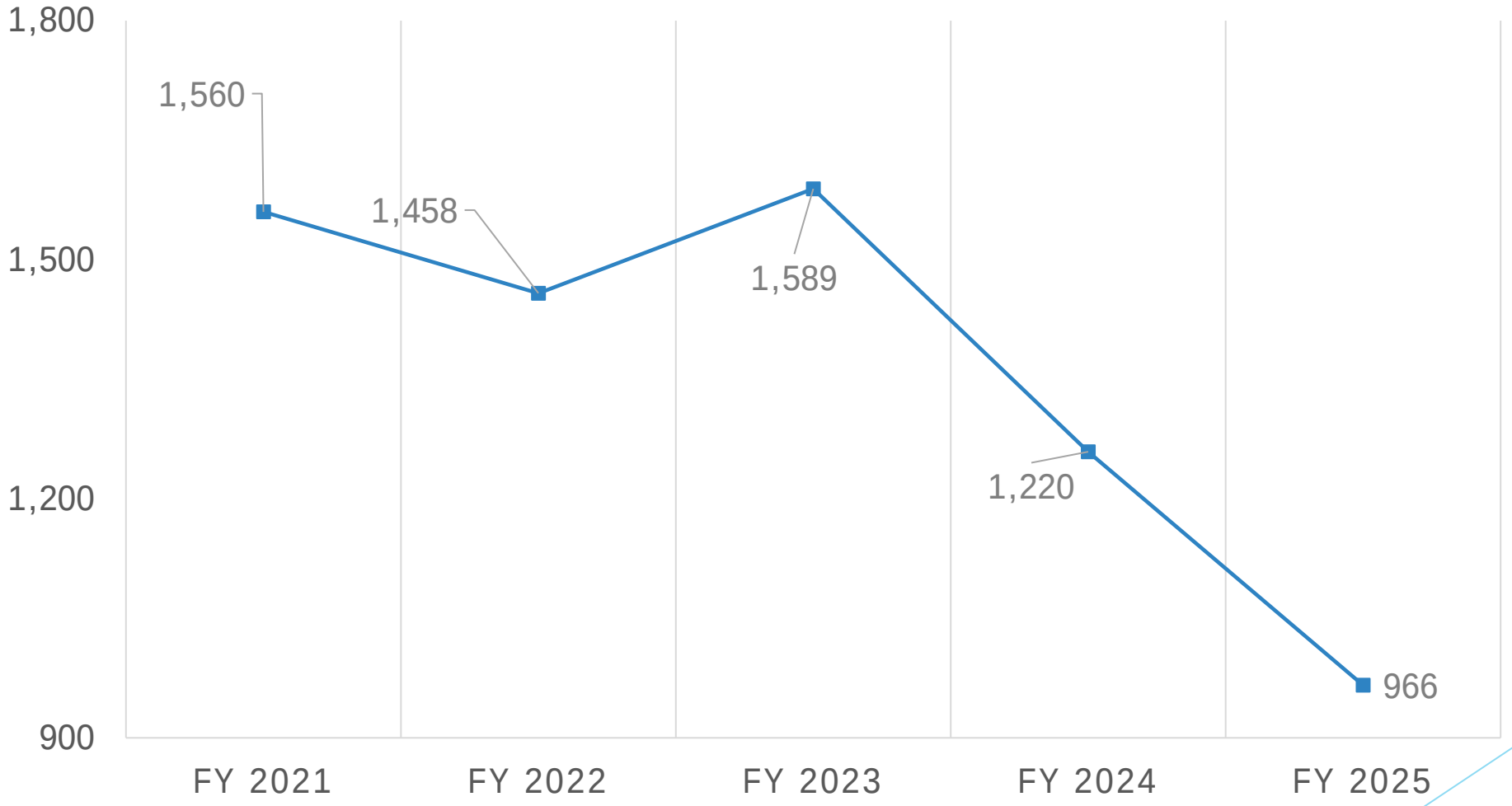
Presentation created by Behavioral Science Research Corp.

Total Number of Unduplicated Clients Between FY 2021 and FY 2025

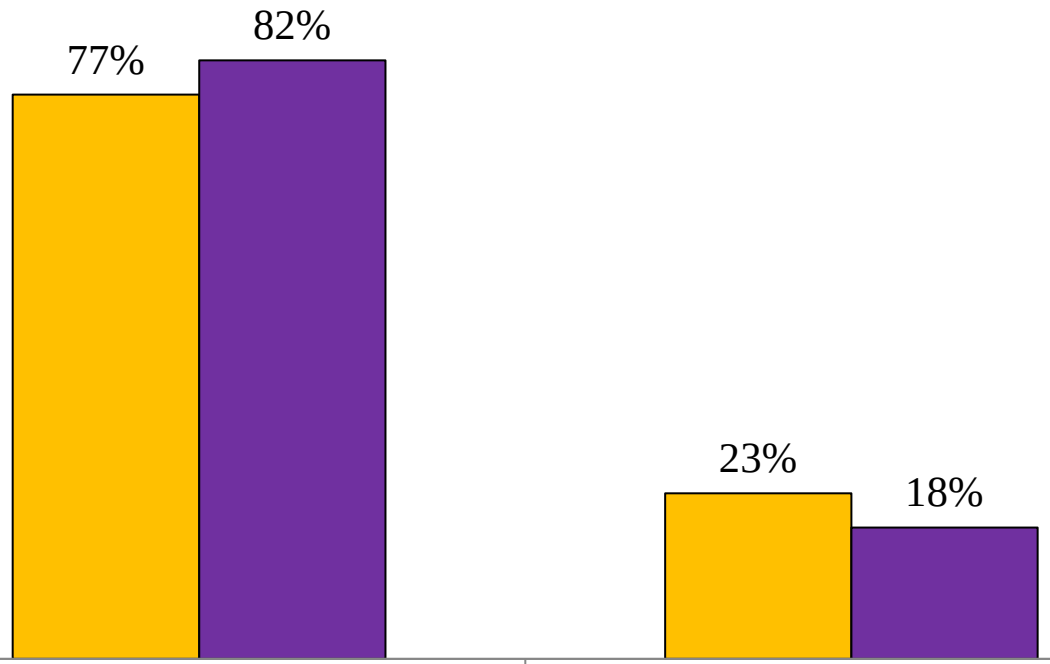


Note: Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts may differ from those of other reports that are generated using differing methodologies.

Number of New Clients Served
Ryan White Program, FY 2021-2025

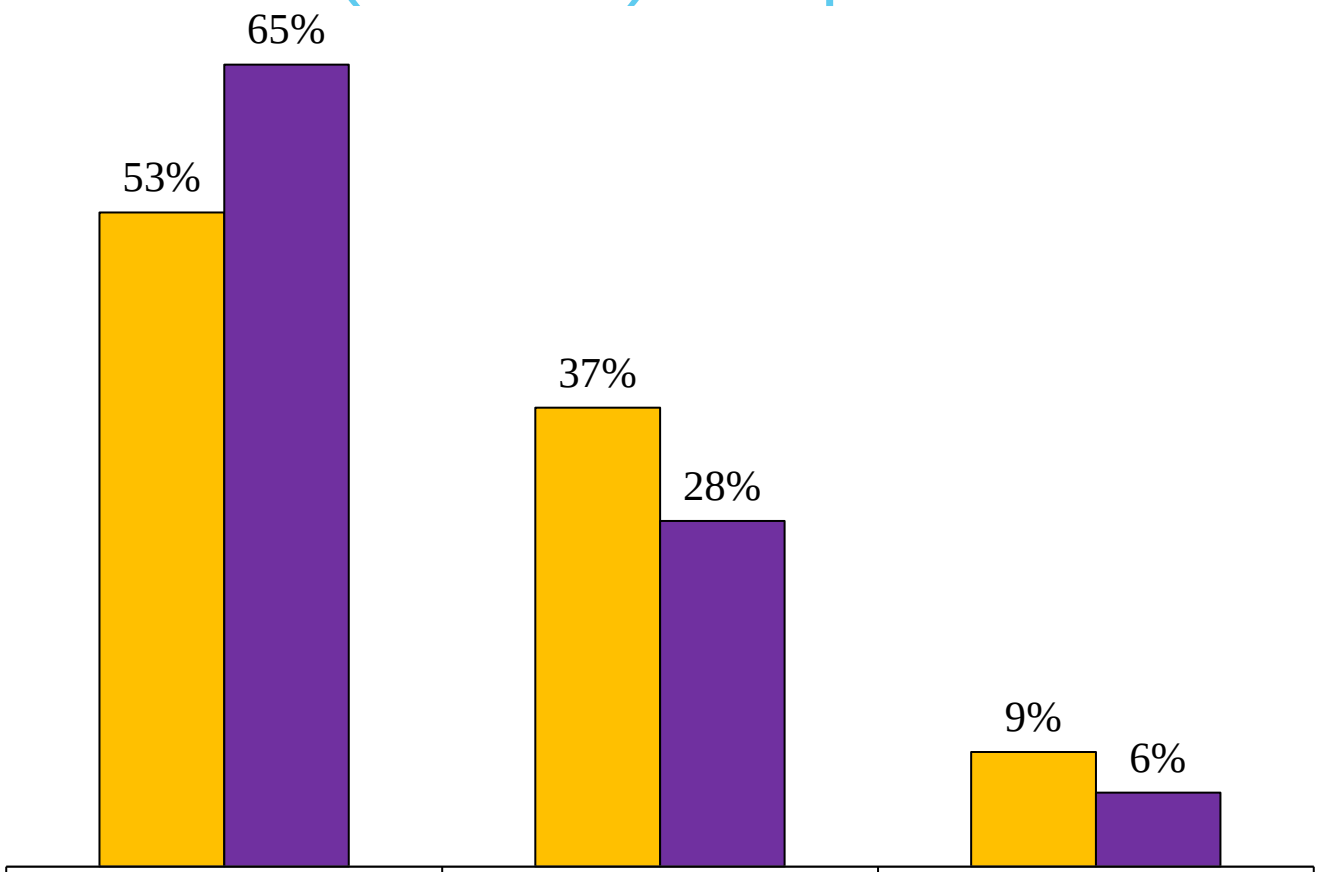


Miami-Dade Ryan White Program (FY 2025) and FDOH Prevalence (CY 2024)Comparison



	Male	Female
Miami-Dade FDOH Prevalence Data (N=30,074)	77%	23%
Miami-Dade RWHAP (N=9,257)	82%	18%

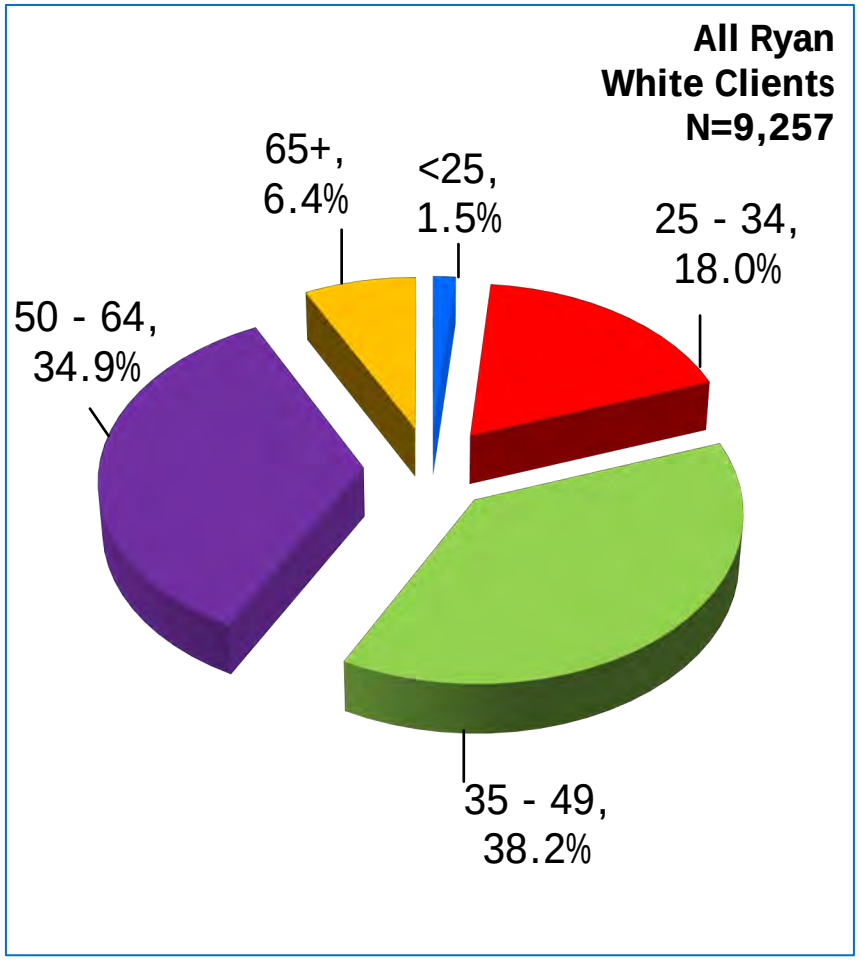
Miami-Dade Ryan White Program (FY 2025) and FDOH Prevalence (CY 2024) Comparison

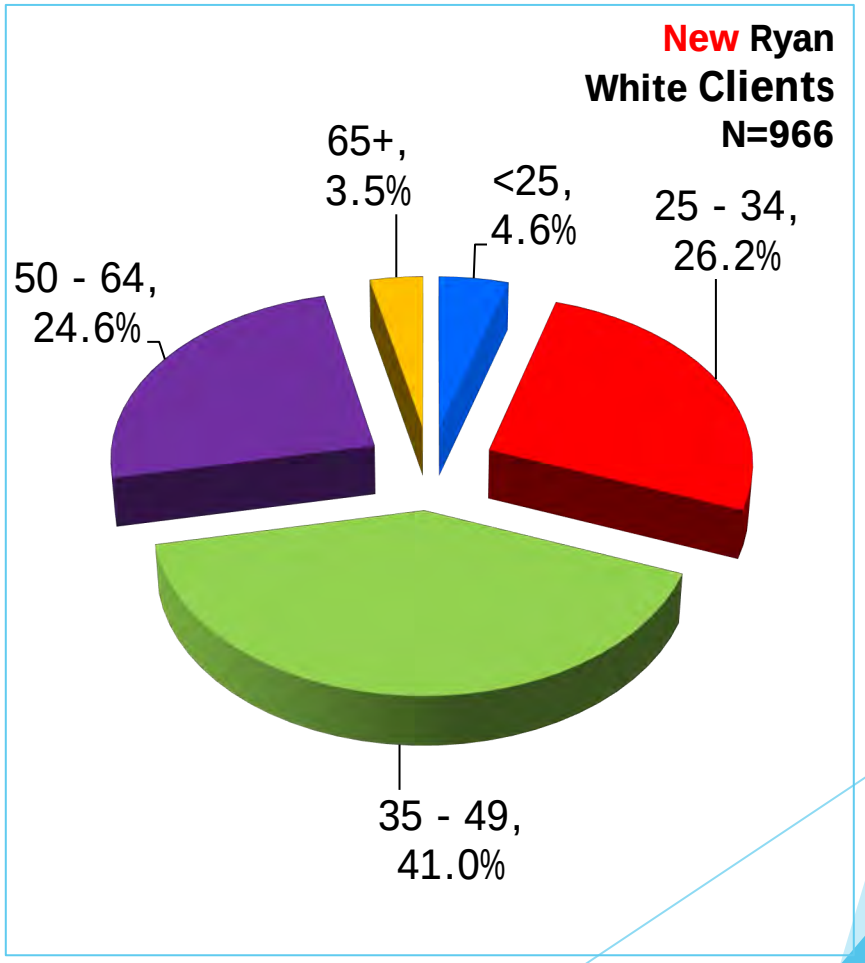


	Hispanic	Black Non-Hispanic	White Non-Hispanic
Miami-Dade FDOH Prevalence Data (N=30,074)	53%	37%	9%
Miami-Dade RWHAP (N=9,257)	65%	28%	6%

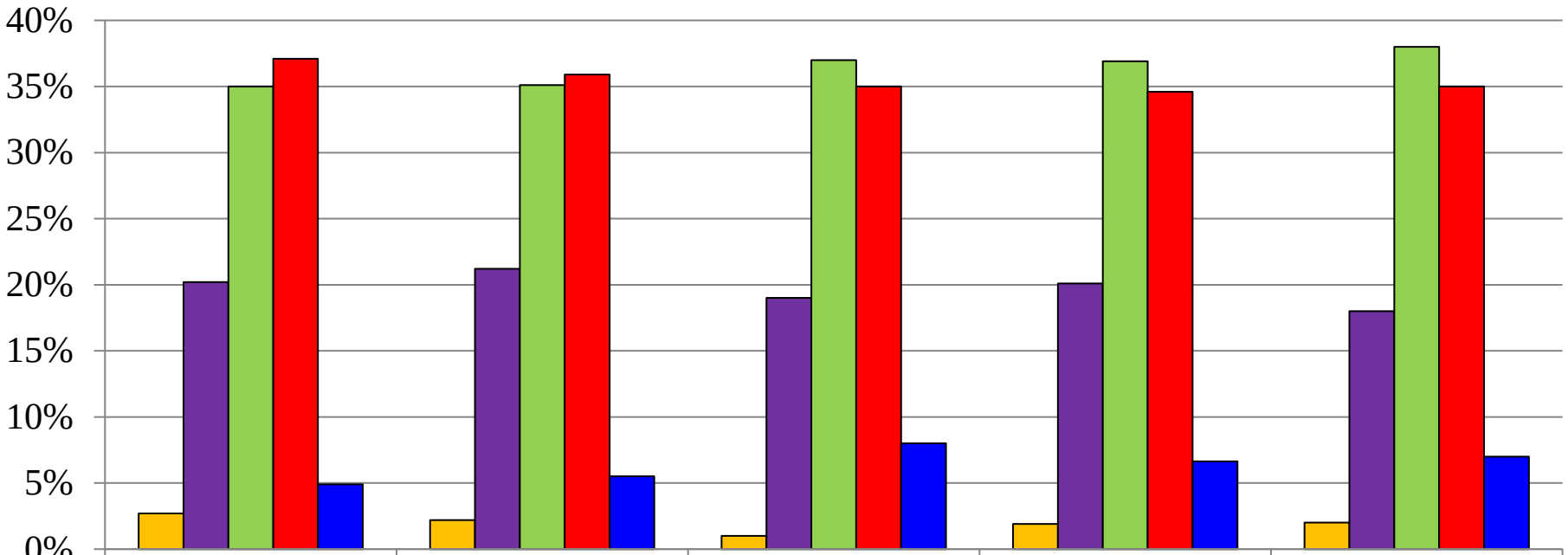
AGE

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2025





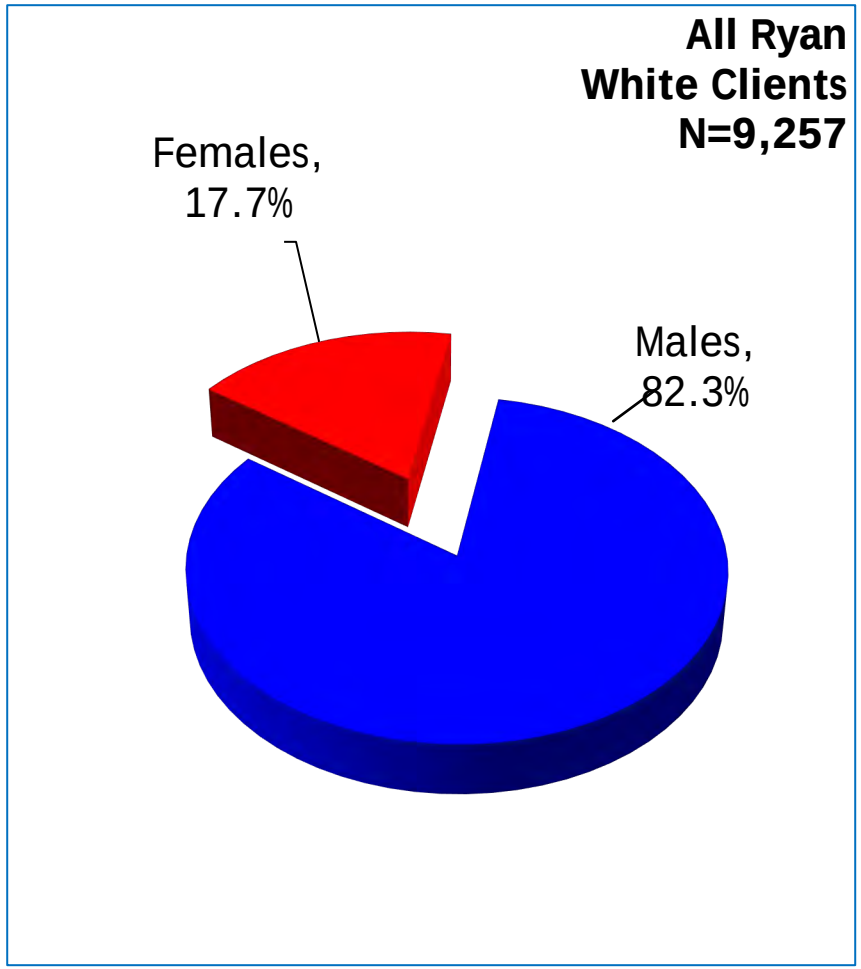
Clients by Age Group
Ryan White Program, FY 2021-2025

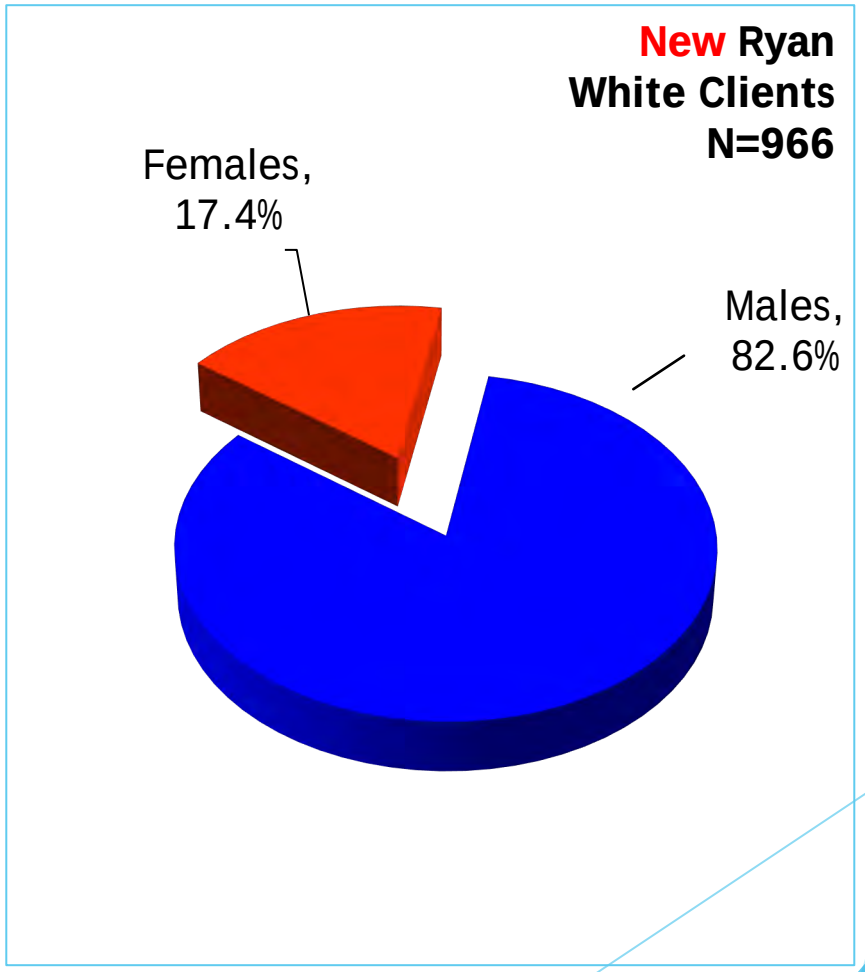


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<25	3%	2%	1%	2%	2%
25 - 34	20%	21%	19%	20%	18%
35 - 49	35%	35%	37%	37%	38%
50 - 64	37%	36%	35%	35%	35%
65+	5%	6%	8%	7%	7%

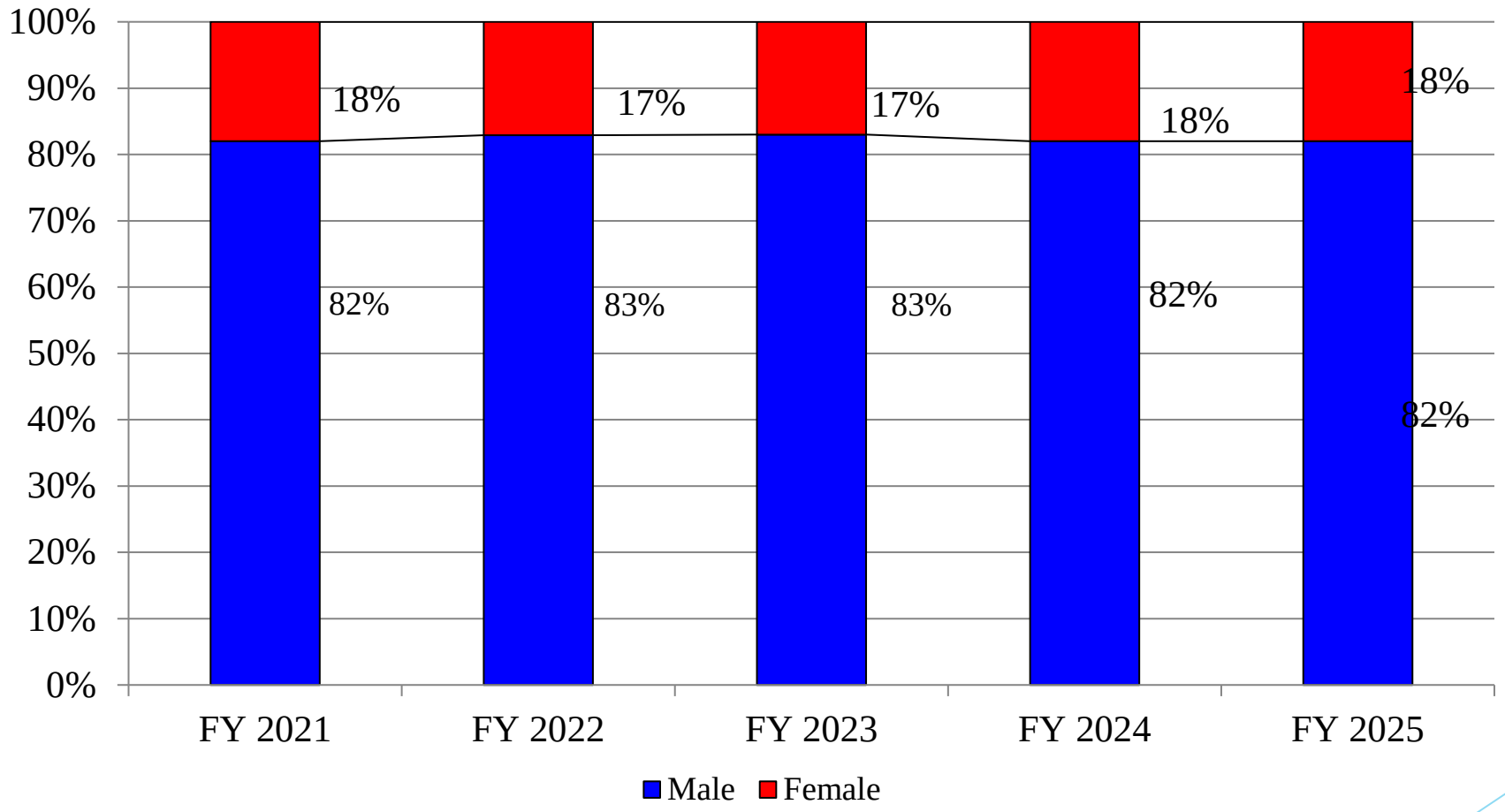
SEX

Sex Distribution of New and Total Clients in Care
Ryan White Program, FY 2025



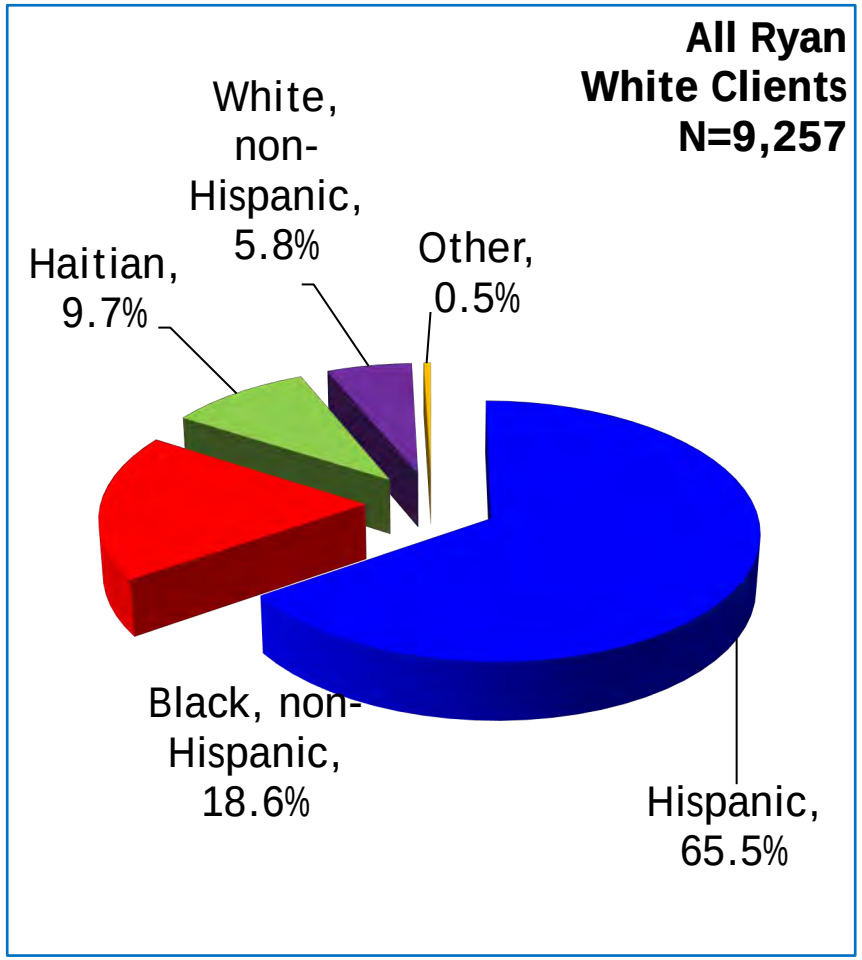


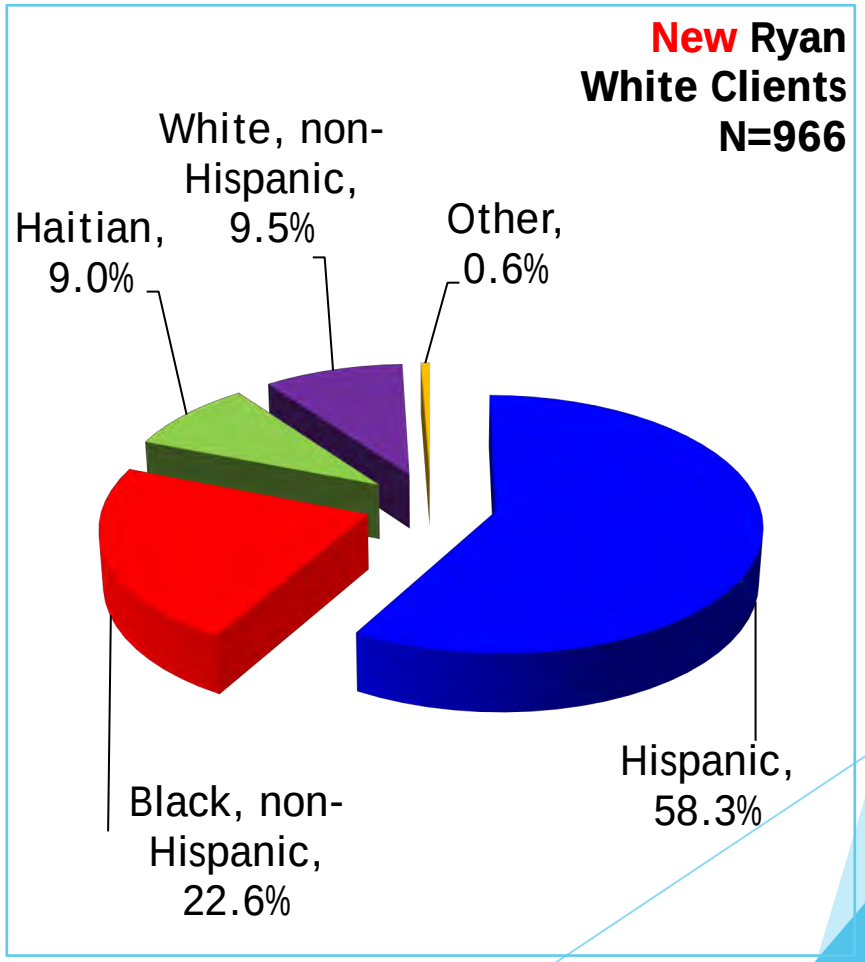
Sex of Clients in Care
Ryan White Program, FY 2021-2025



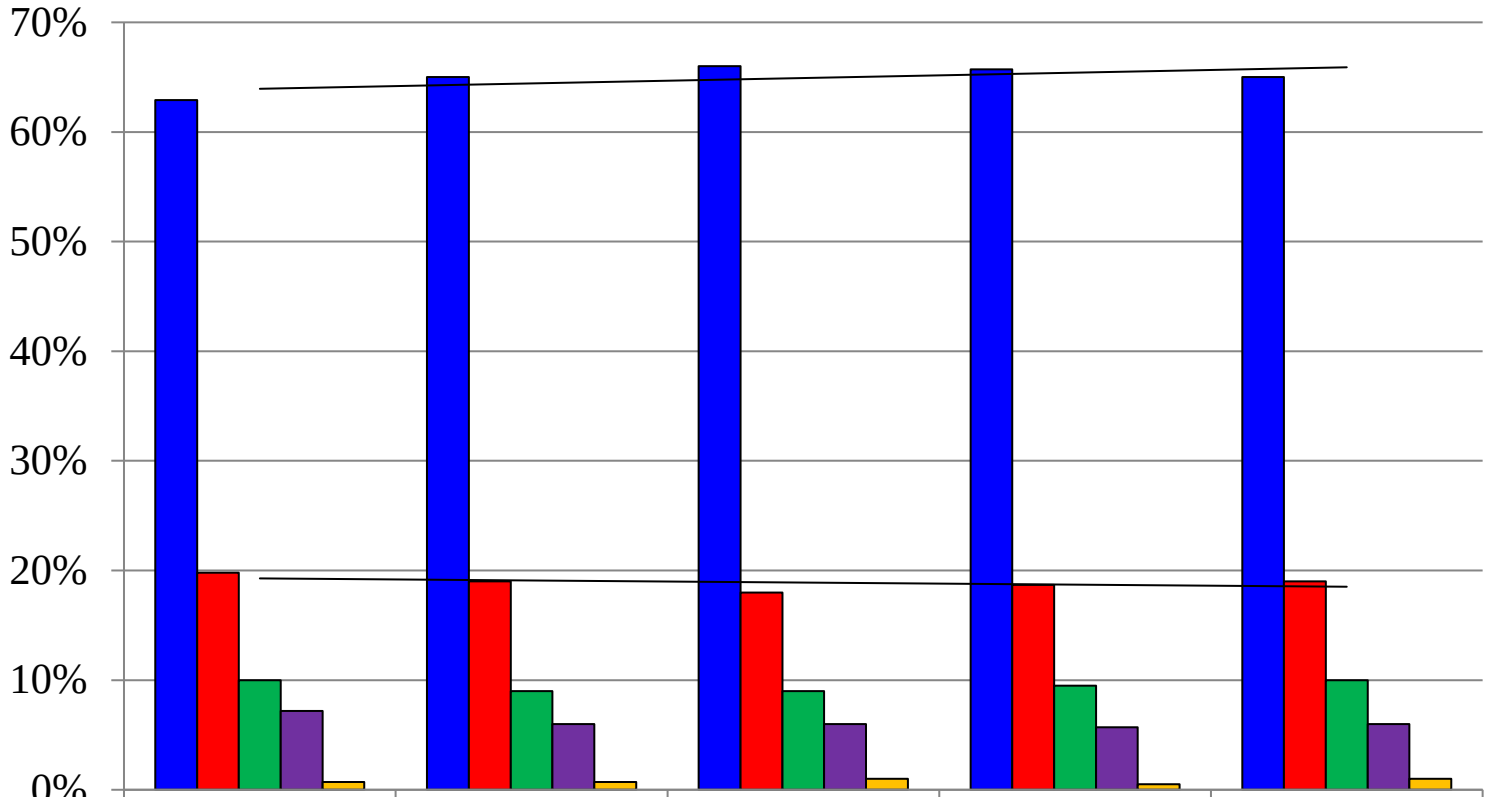
RACE/ETHNICITY

Race/Ethnicity Distribution of New and Total Clients in Care
Ryan White Program, FY 2025





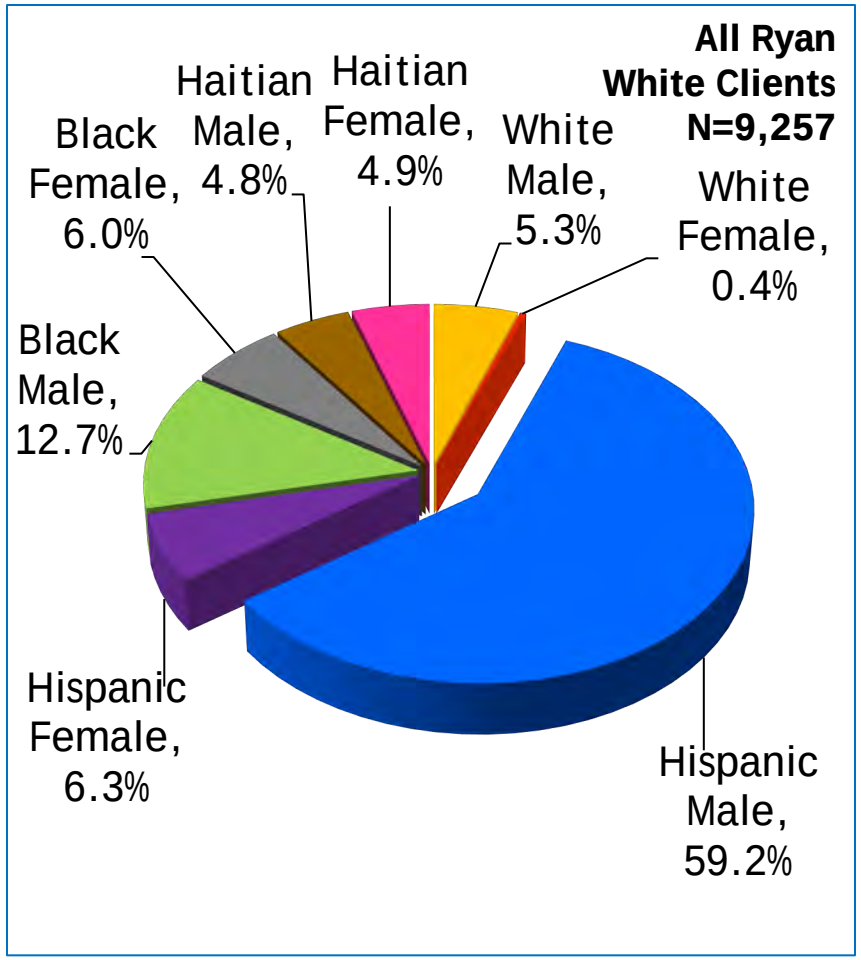
Race/Ethnicity of Clients in Care Ryan White Program, FY 2021-2025

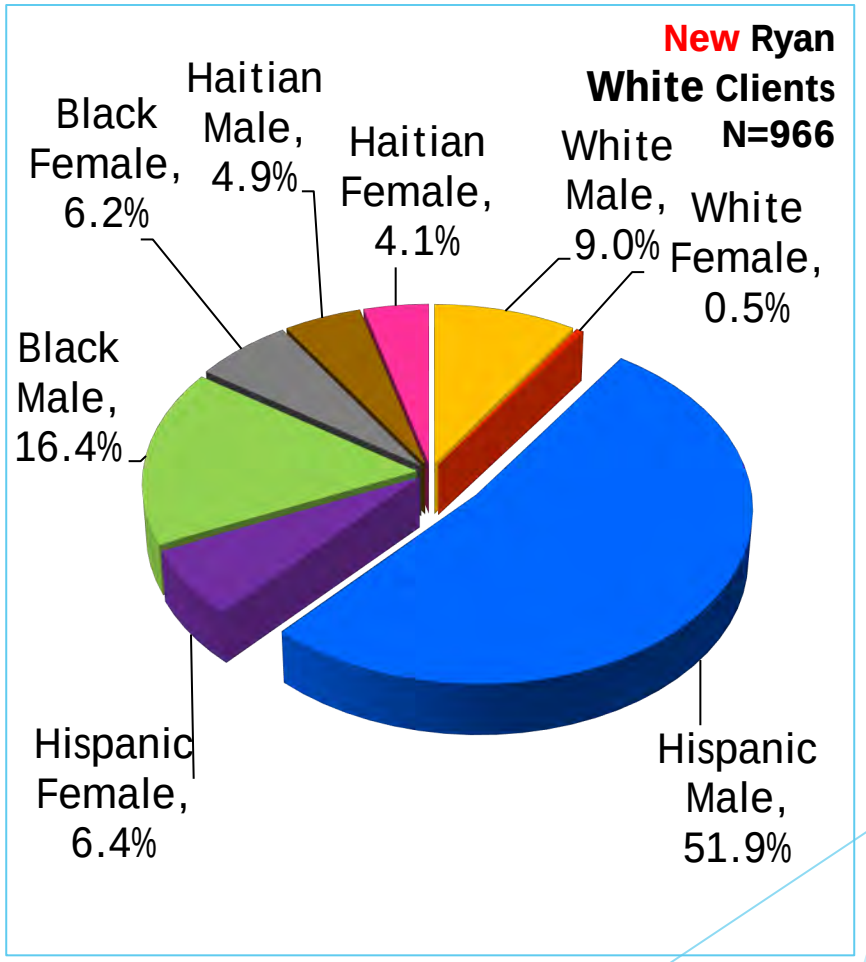


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Hispanic	63%	65%	66%	66%	65%
Black, non-Hispanic	20%	19%	18%	19%	19%
Haitian	10%	9%	9%	10%	10%
White, non-Hispanic	7%	6%	6%	6%	6%
Other	1%	1%	1%	1%	1%

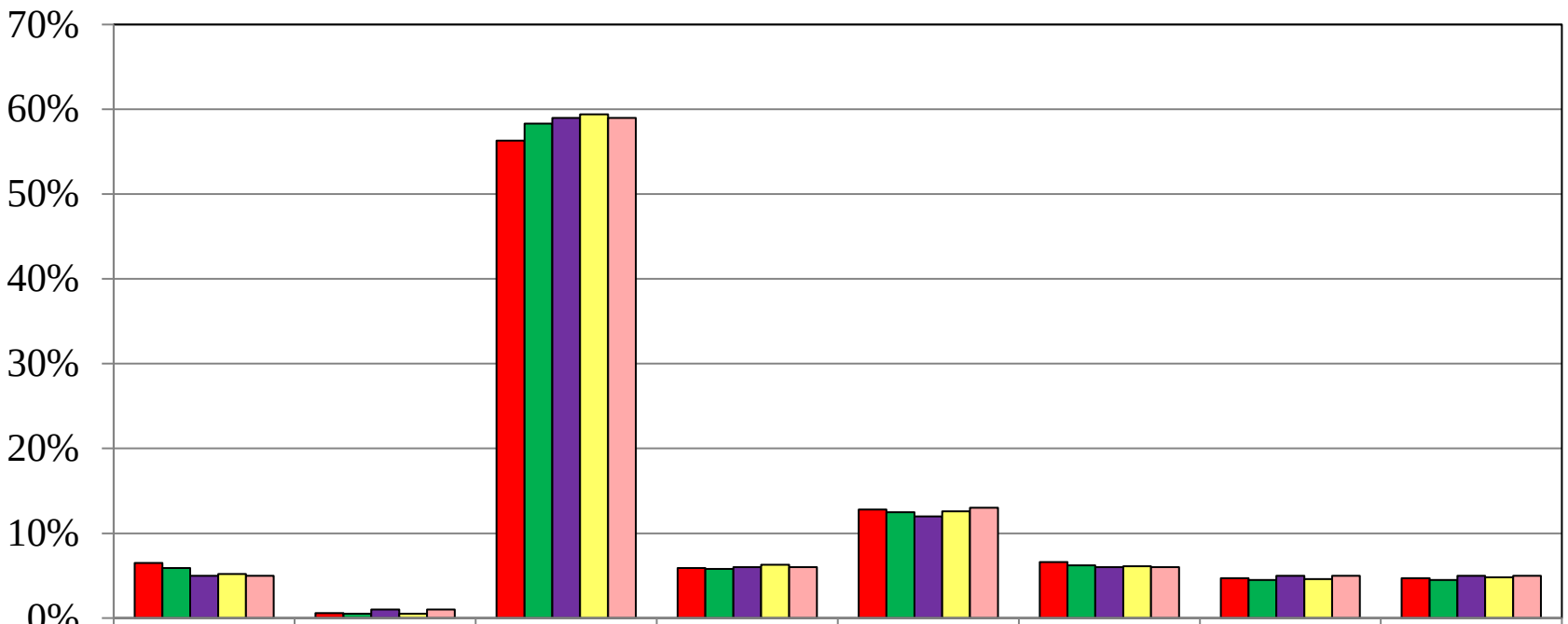
RACE/ETHNICITY AND SEX

Race/Ethnicity by Sex of New and Total Clients in Care Ryan White Program, FY 2025





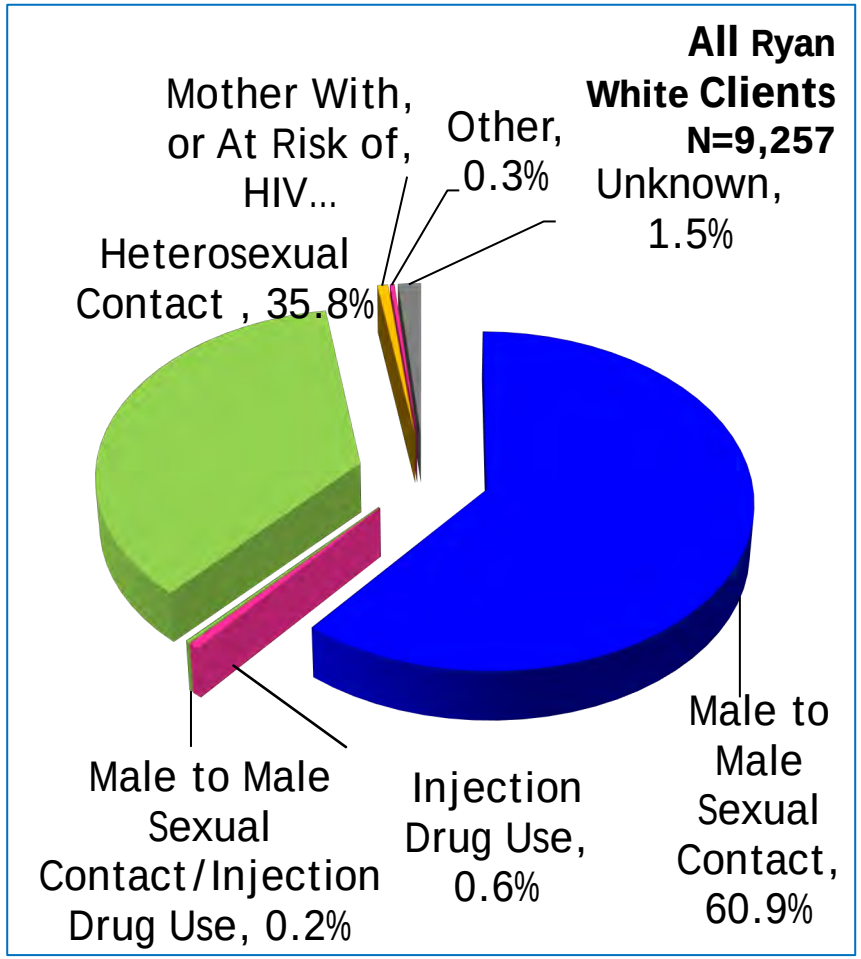
Race/Ethnicity of Clients in Care, by Sex
Ryan White Program, FY 2021-2025

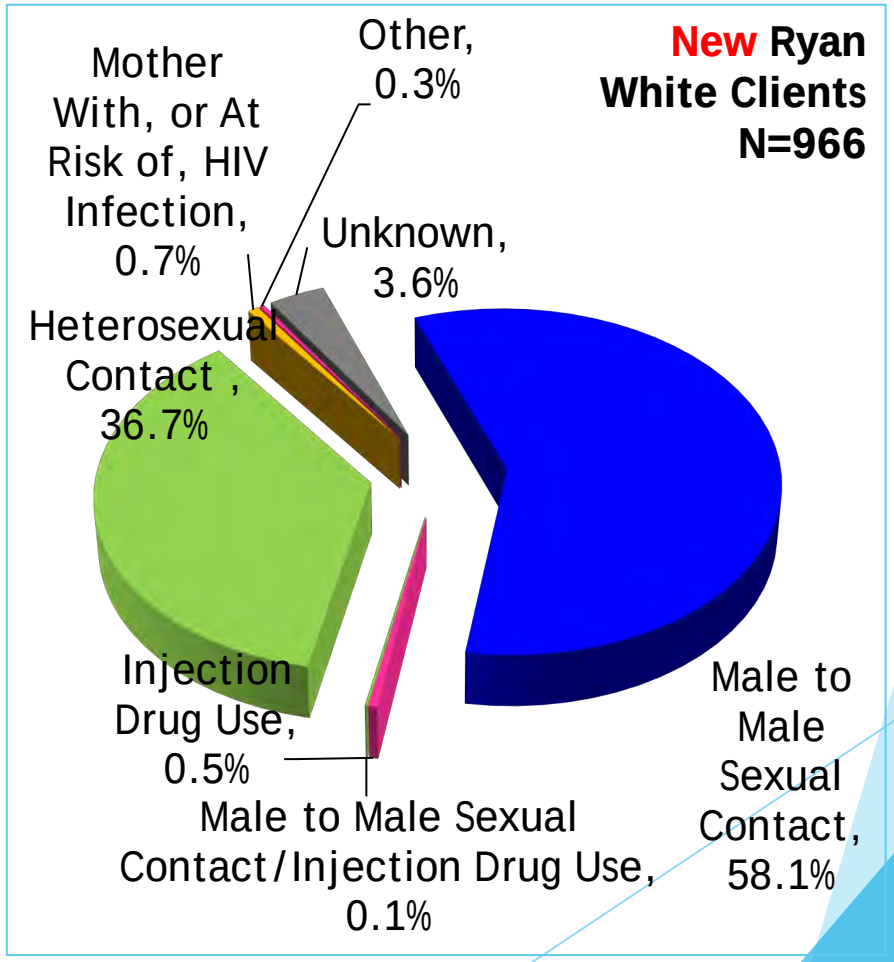


	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
FY 2021	7%	1%	56%	6%	13%	7%	5%	5%
FY 2022	6%	1%	58%	6%	13%	6%	5%	5%
FY 2023	5%	1%	59%	6%	12%	6%	5%	5%
FY 2024	5%	1%	59%	6%	13%	6%	5%	5%
FY 2025	5%	1%	59%	6%	13%	6%	5%	5%

PRIMARY MODE OF EXPOSURE

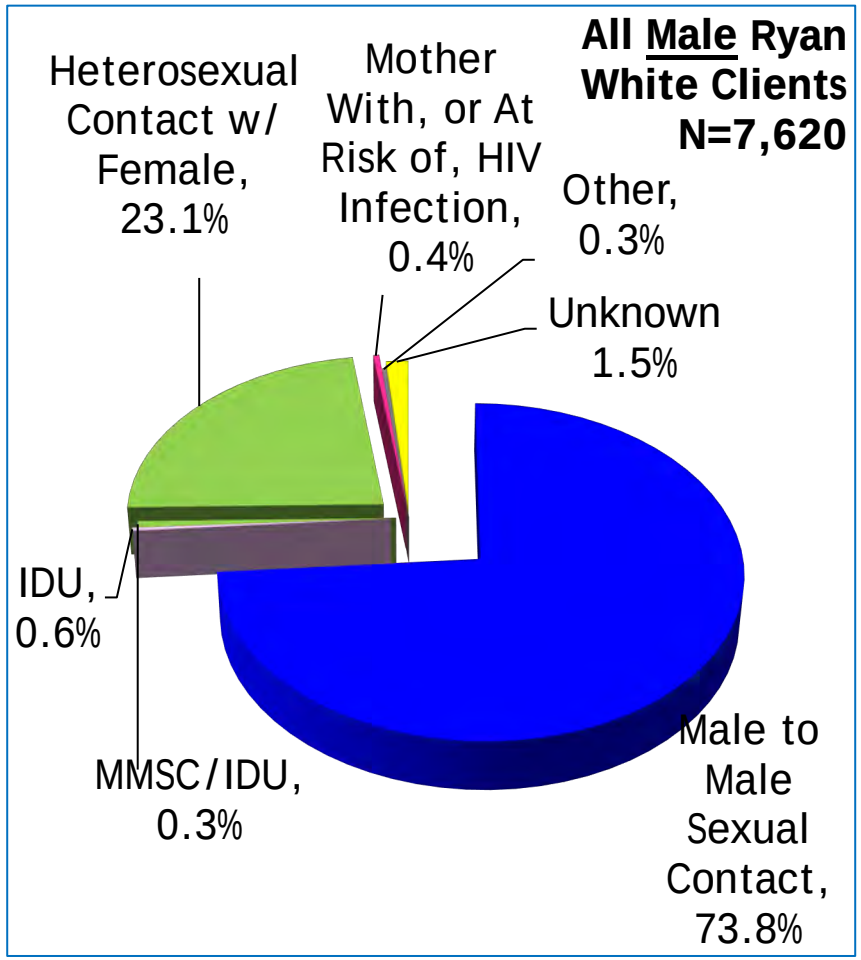
Primary Mode of Exposure
New and Total Clients in Care
Ryan White Program, FY 2025

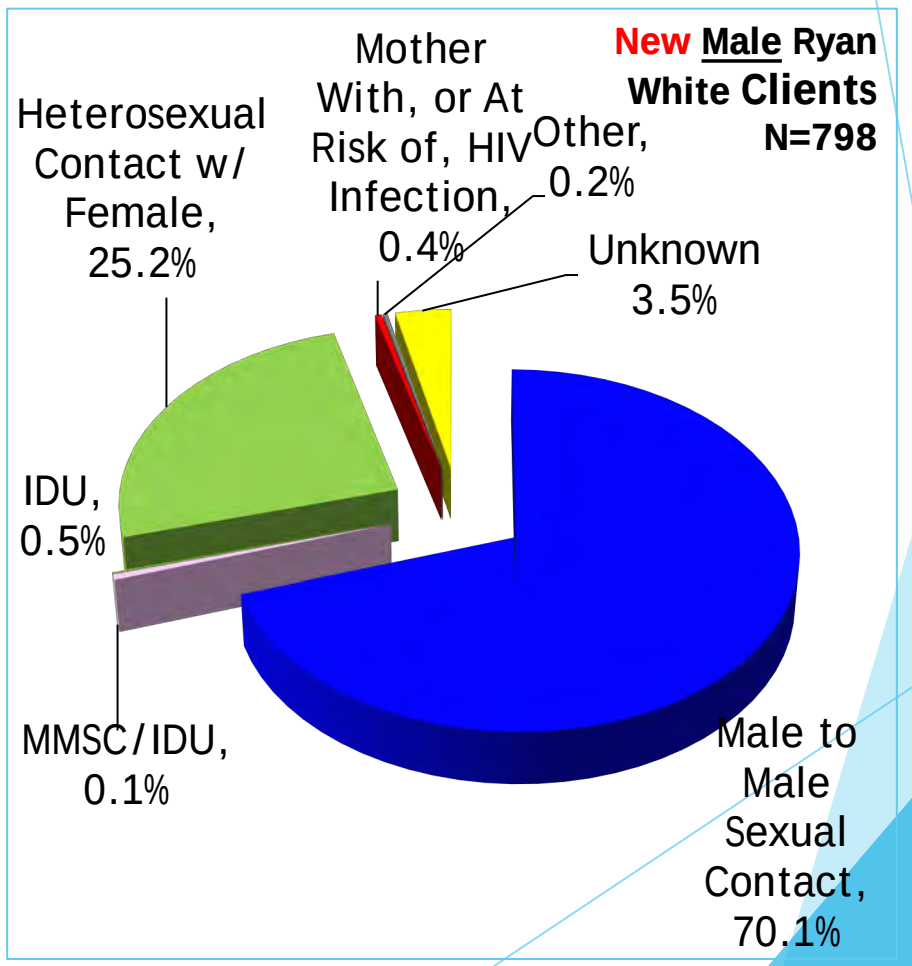




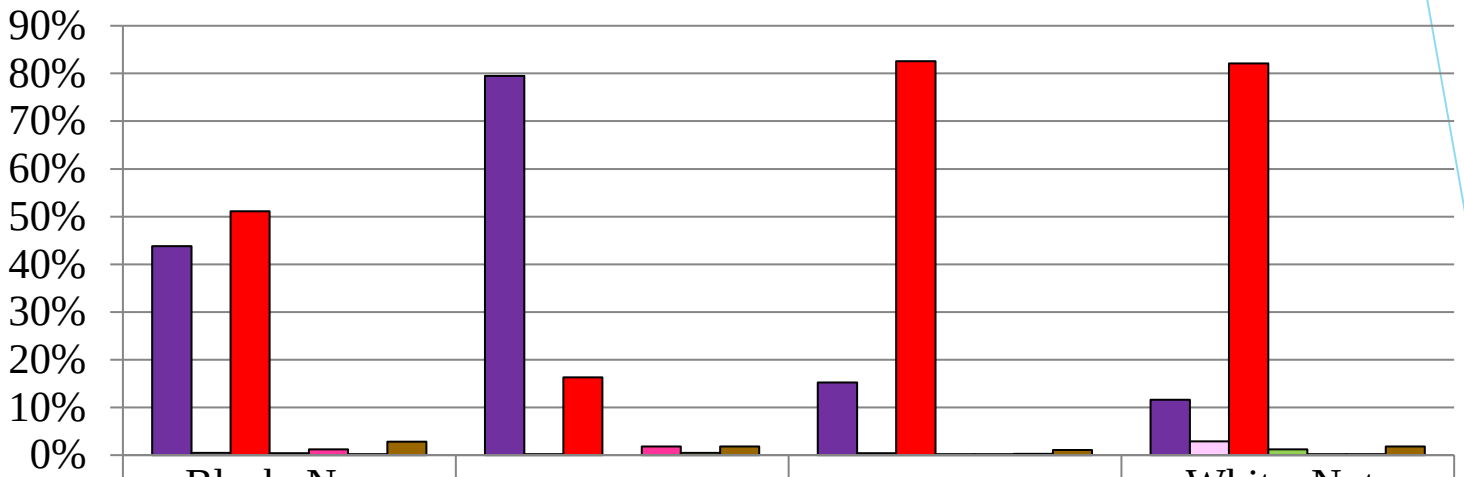
MALE PRIMARY EXPOSURE MODES

Primary Mode of Exposure
New and Total Males in Care
Ryan White Program, FY 2025



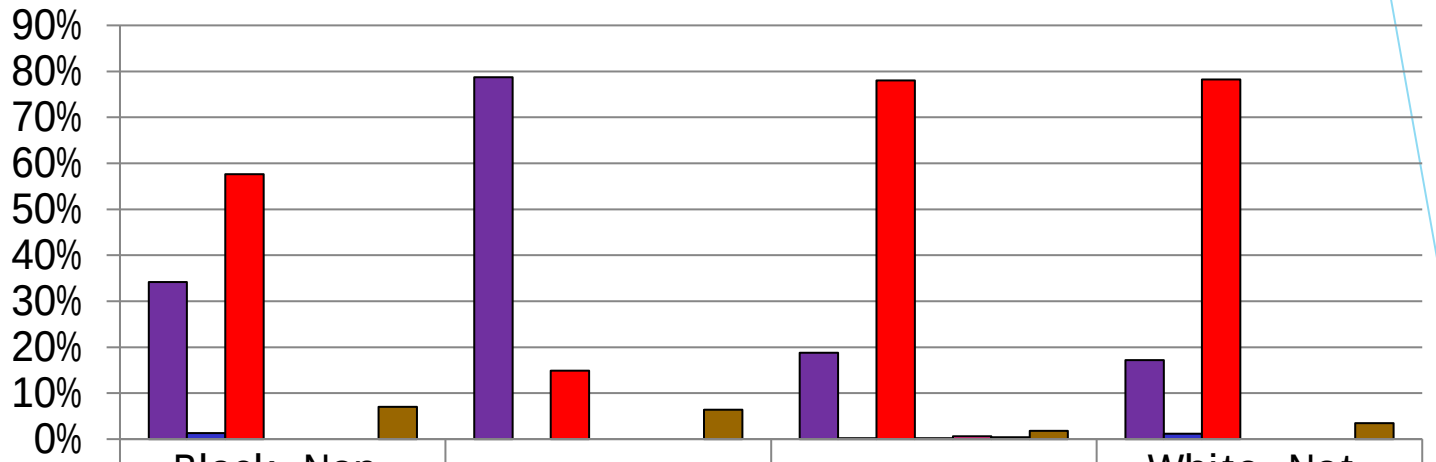


Primary Mode of Exposure by Race/Ethnicity
Males in Care
Ryan White Program, FY 2025



	Black, Non-Hispanic	Haitian	Hispanic	White, Not-Hispanic
Heterosexual	43.8%	79.5%	15.2%	11.6%
Injection Drug Use	0.5%	0.2%	0.4%	2.9%
Male to Male Sexual Contact	51.1%	16.3%	82.6%	82.1%
Male to Male Sexual Contact/IDU	0.4%	0.0%	0.2%	1.2%
Mother	1.2%	1.8%	0.2%	0.2%
Other	0.2%	0.5%	0.3%	0.2%
Unknown	2.8%	1.8%	1.1%	1.8%

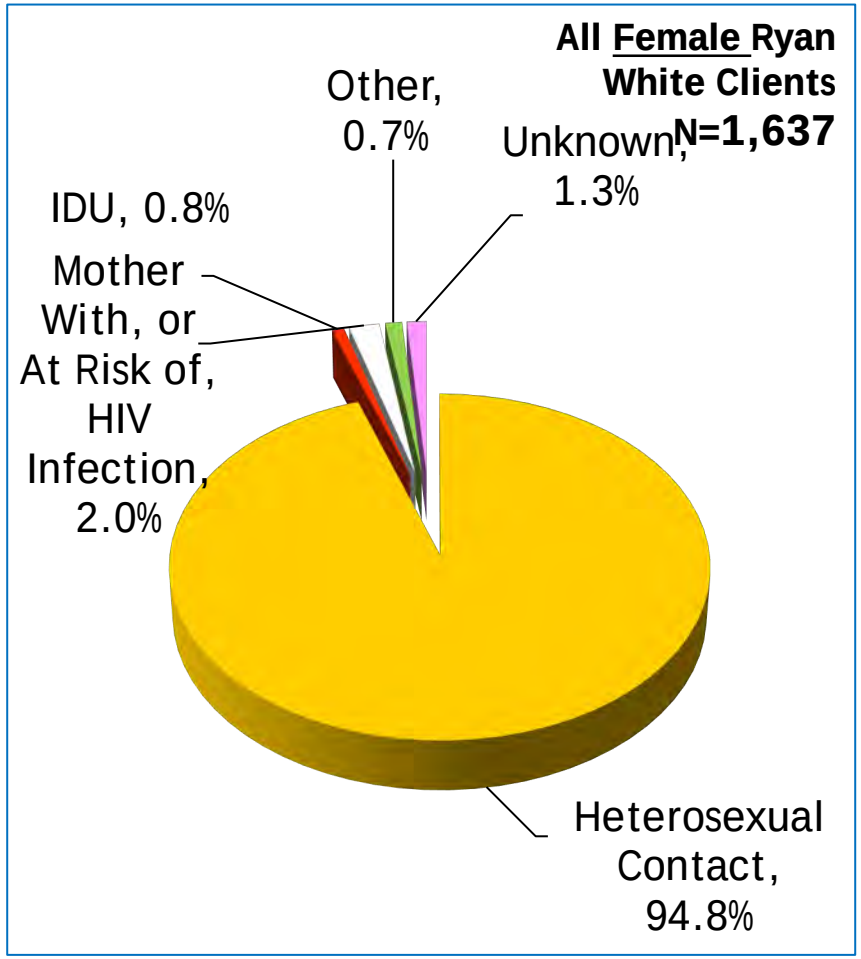
Primary Mode of Exposure by Race/Ethnicity
Males NEW in Care
Ryan White Program, FY 2025

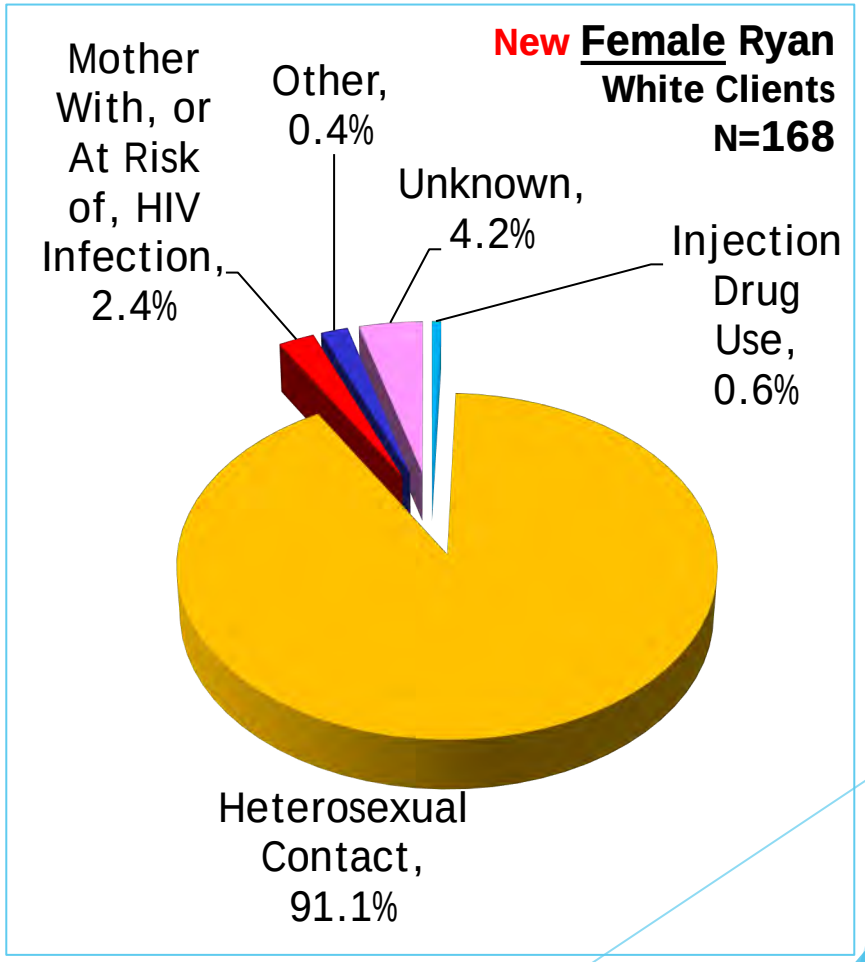


	Black, Non-Hispanic	Haitian	Hispanic	White, Not-Hispanic
Heterosexual	34.2%	78.7%	18.8%	17.2%
Injection Drug Use	1.3%	0.0%	0.2%	1.2%
Male to Male Sexual Contact	57.6%	14.9%	78.0%	78.2%
Male to Male Sexual Contact/IDU	0.0%	0.0%	0.2%	0.0%
Mother	0.0%	0.0%	0.6%	0.0%
Other	0.0%	0.0%	0.4%	0.0%
Unknown	7.0%	6.4%	1.8%	3.5%

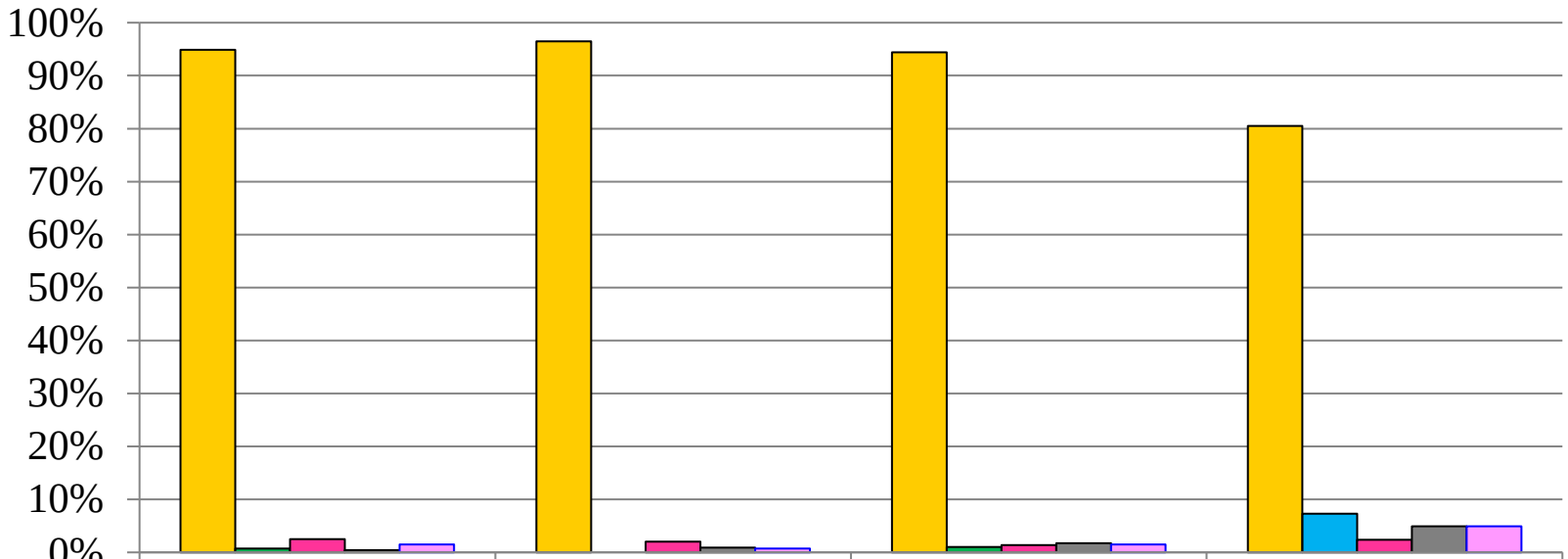
FEMALE PRIMARY EXPOSURE MODES

Primary Mode of Exposure
New and Total Females in Care
Ryan White Program, FY 2025



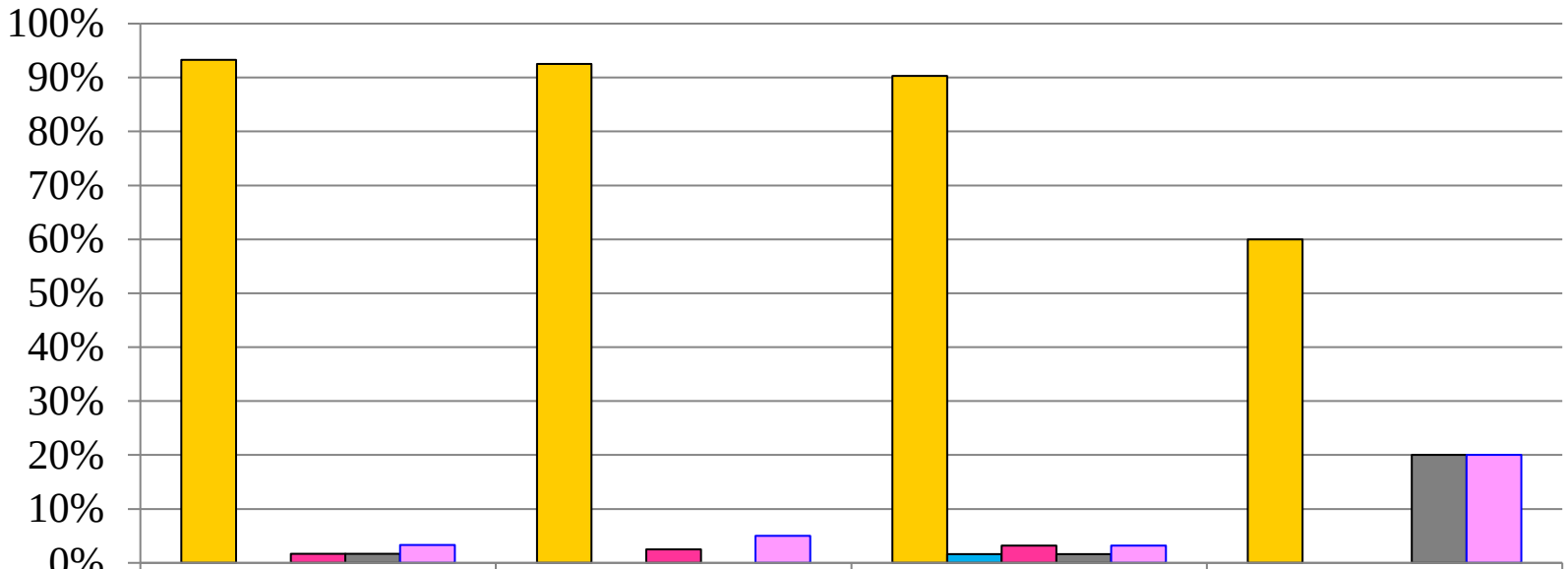


Primary Mode of Exposure by Race/Ethnicity
Females in Care
Ryan White Program, FY 2025



	Black, Non-Hispanic	Haitian	Hispanic	White, Non-Hispanic
Heterosexual	94.9%	96.5%	94.4%	80.5%
Injection Drug Use	0.7%	0.0%	1.0%	7.3%
Mother with or at risk	2.5%	2.0%	1.4%	2.4%
Other	0.4%	0.9%	1.7%	4.9%
Unknown	1.5%	0.7%	1.5%	4.9%

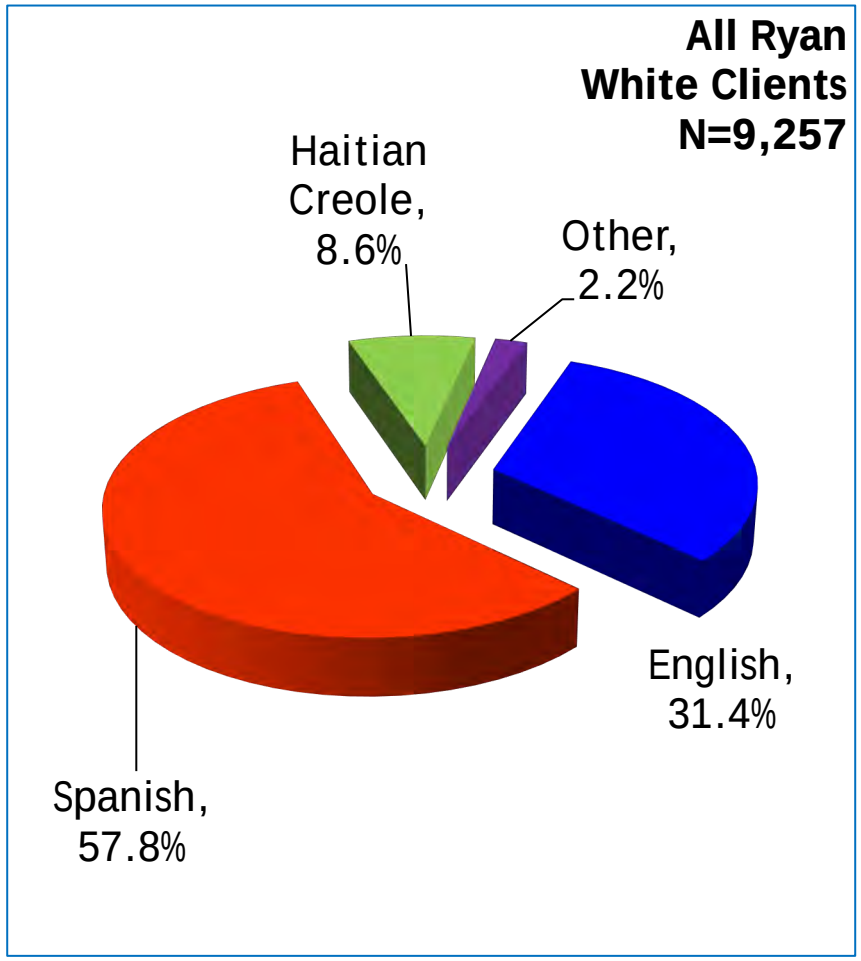
Primary Mode of Exposure by Race/Ethnicity
Females NEW in Care
Ryan White Program, FY 2025

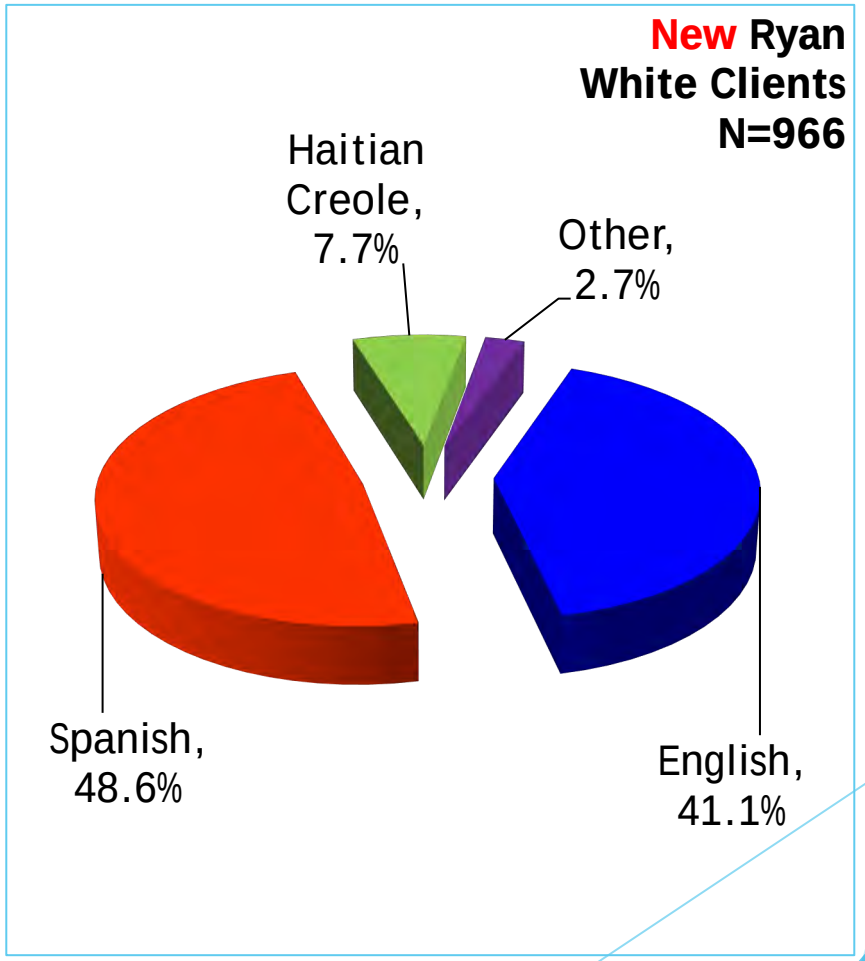


	Black, Non-Hispanic	Haitian	Hispanic	White, Non-Hispanic
Heterosexual	93.3%	92.5%	90.3%	60.0%
Injection Drug Use	0.0%	0.0%	1.6%	0.0%
Mother with or at risk	1.7%	2.5%	3.2%	0.0%
Other	1.7%	0.0%	1.6%	20.0%
Unknown	3.3%	5.0%	3.2%	20.0%

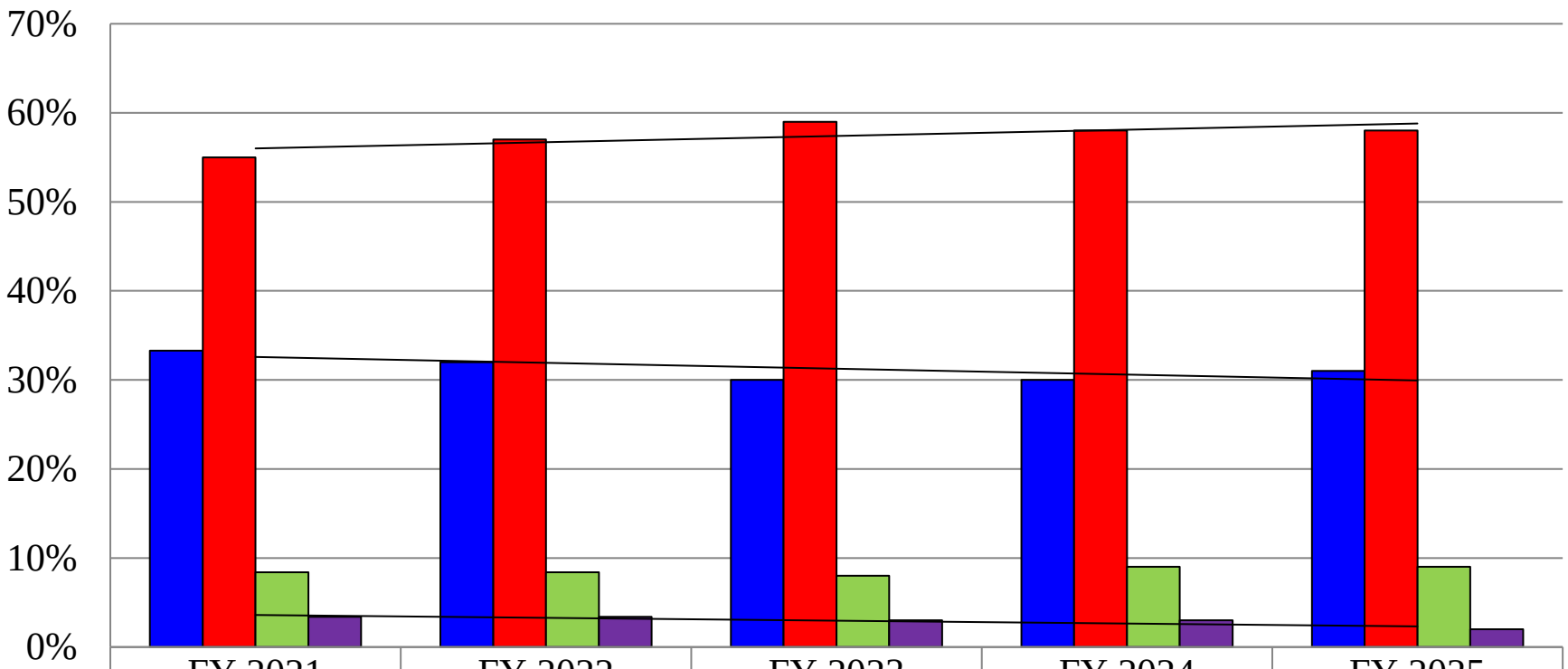
PRIMARY LANGUAGE

Primary Language of New and Total Clients in Care Ryan White Program, FY 2025



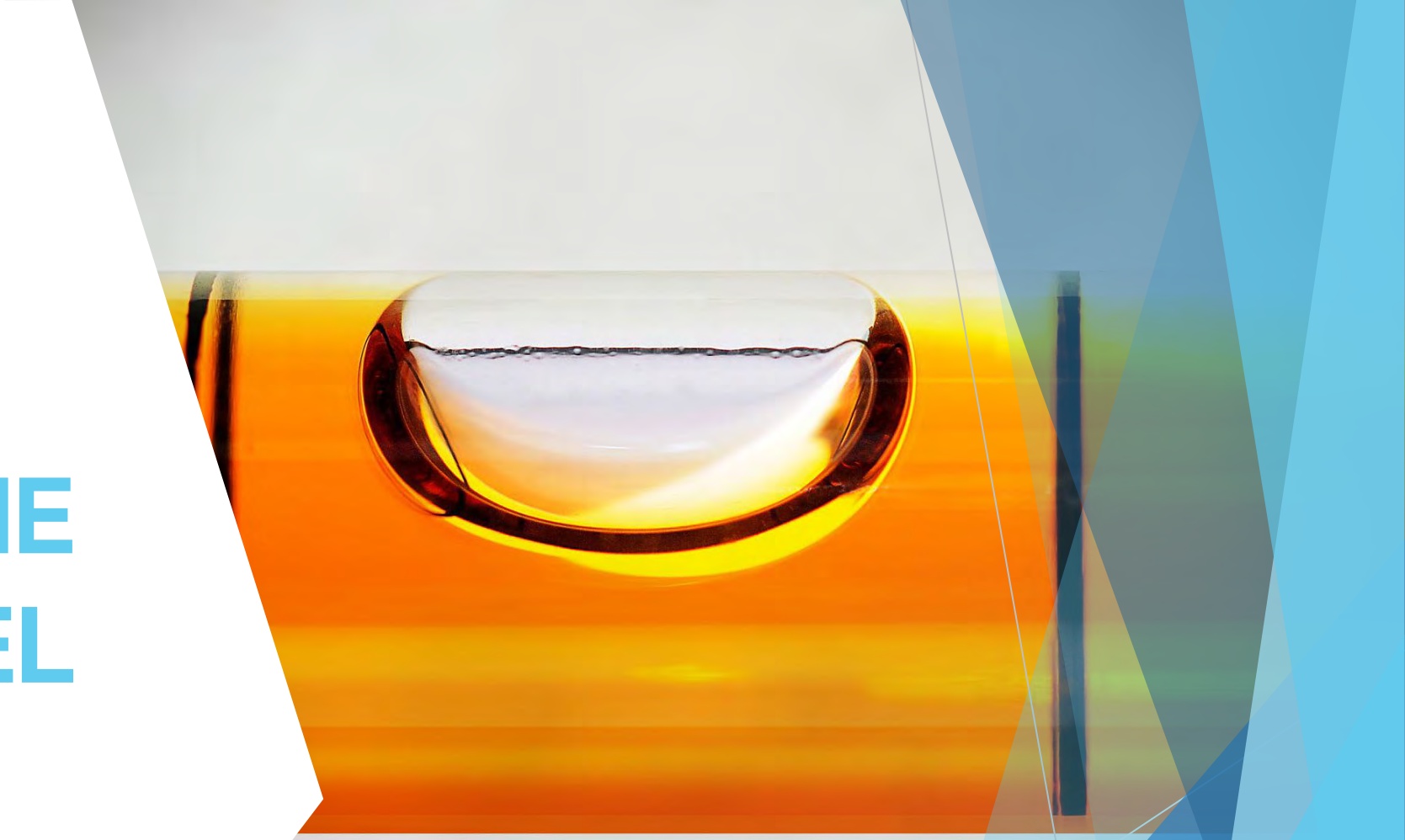


Primary Language of Clients in Care
Ryan White Program, FY 2021-2025

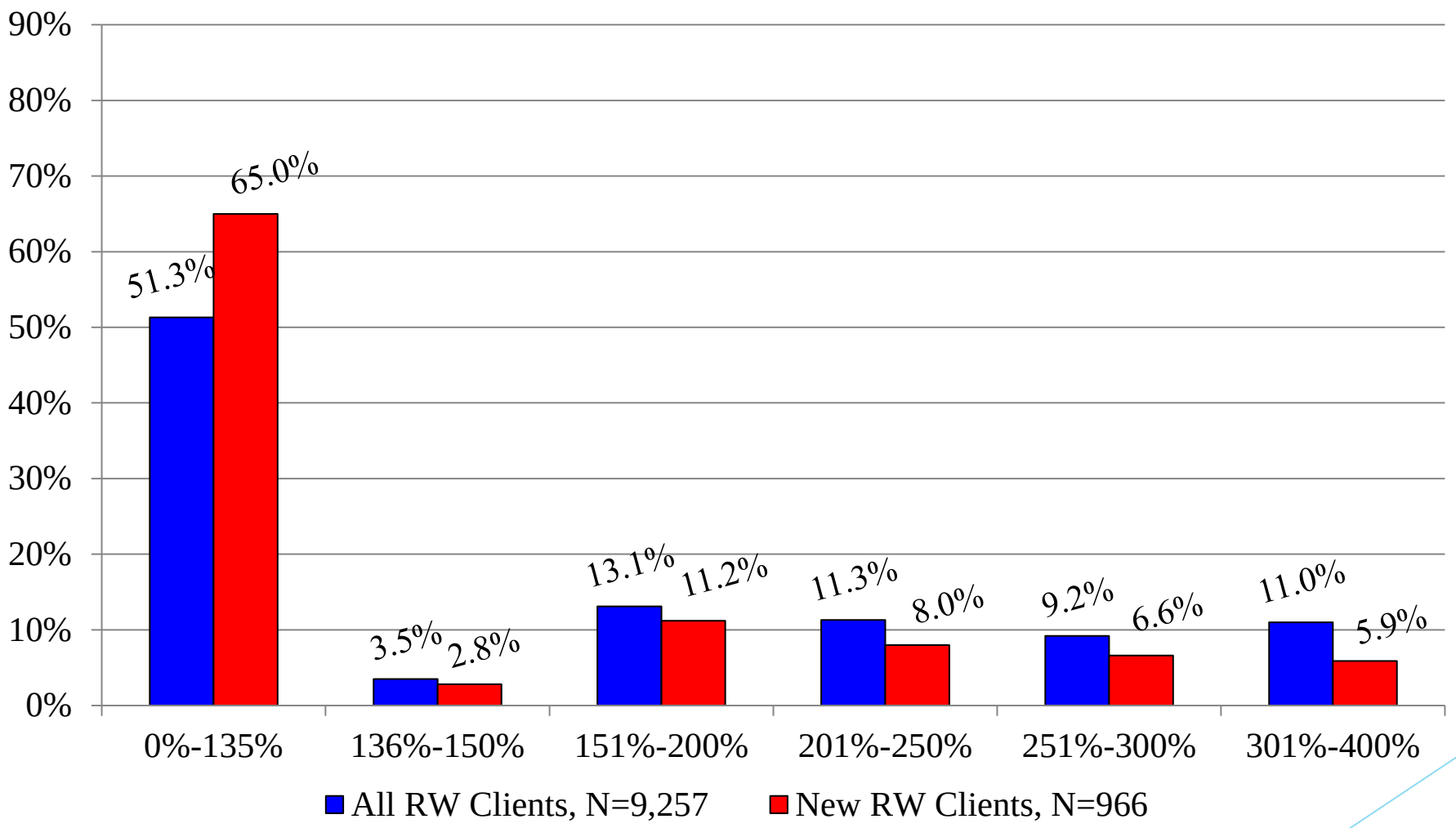


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
English	33%	32%	30%	30%	31%
Spanish	55%	57%	59%	58%	58%
Haitian Creole	8%	8%	8%	9%	9%
Other	3%	3%	3%	3%	2%

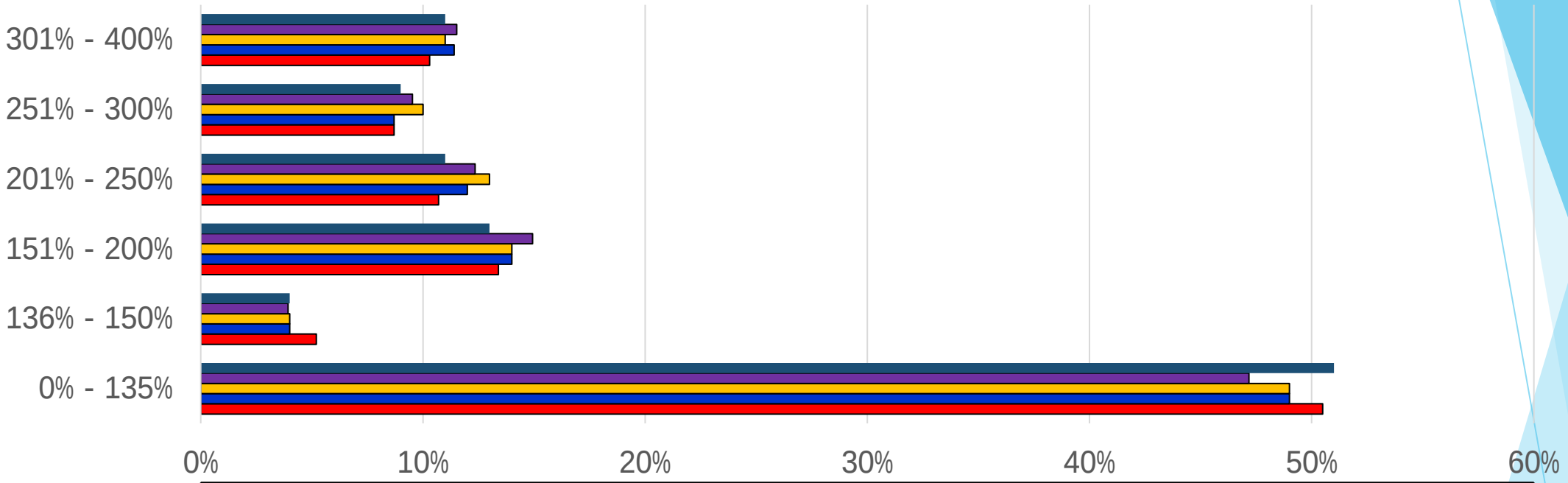
INCOME LEVEL



Income Level of New and Total Clients in Care Ryan White Program, FY 2025



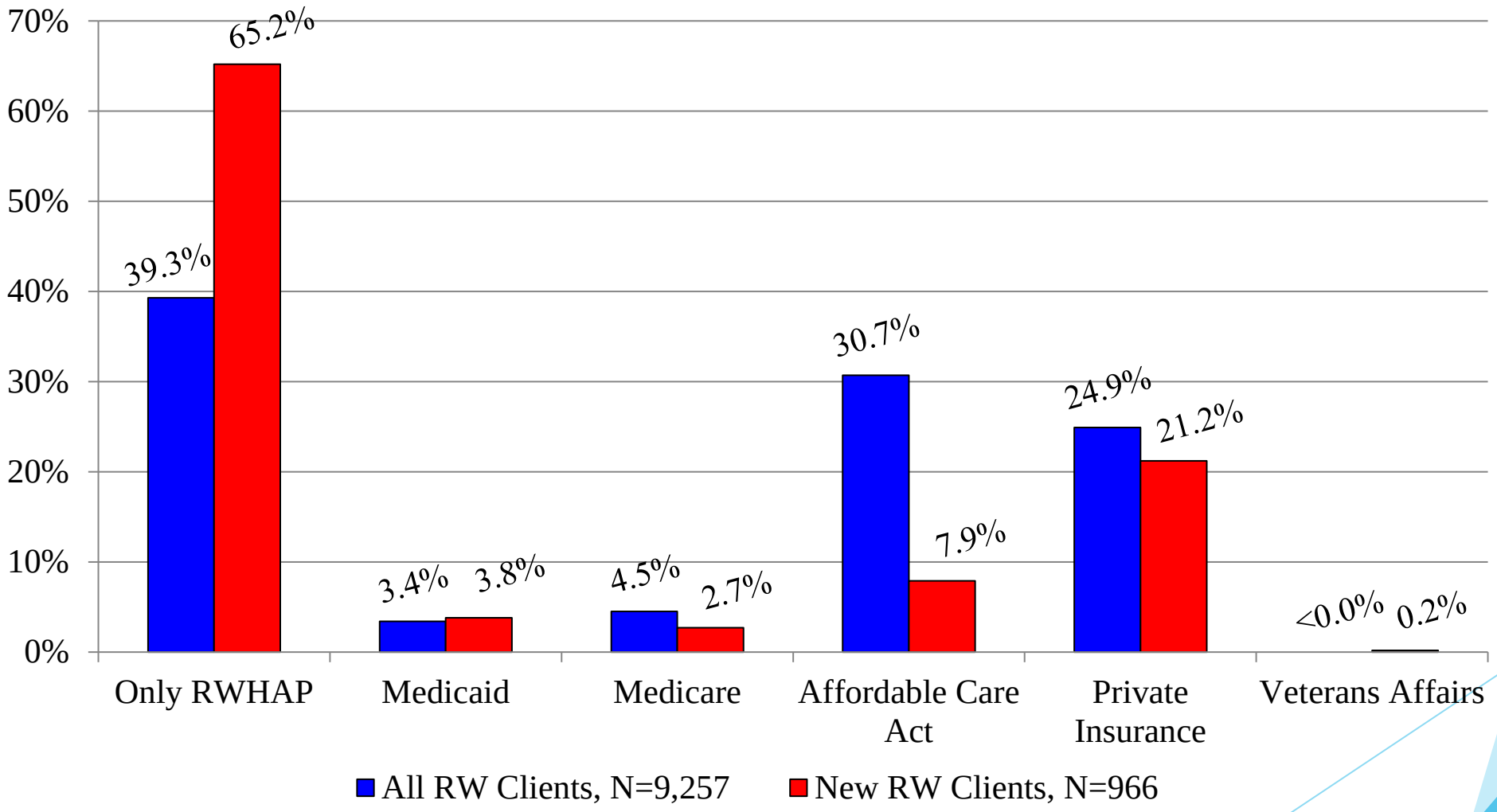
Income Level of Clients in Care
Ryan White Program, FY 2021-2025



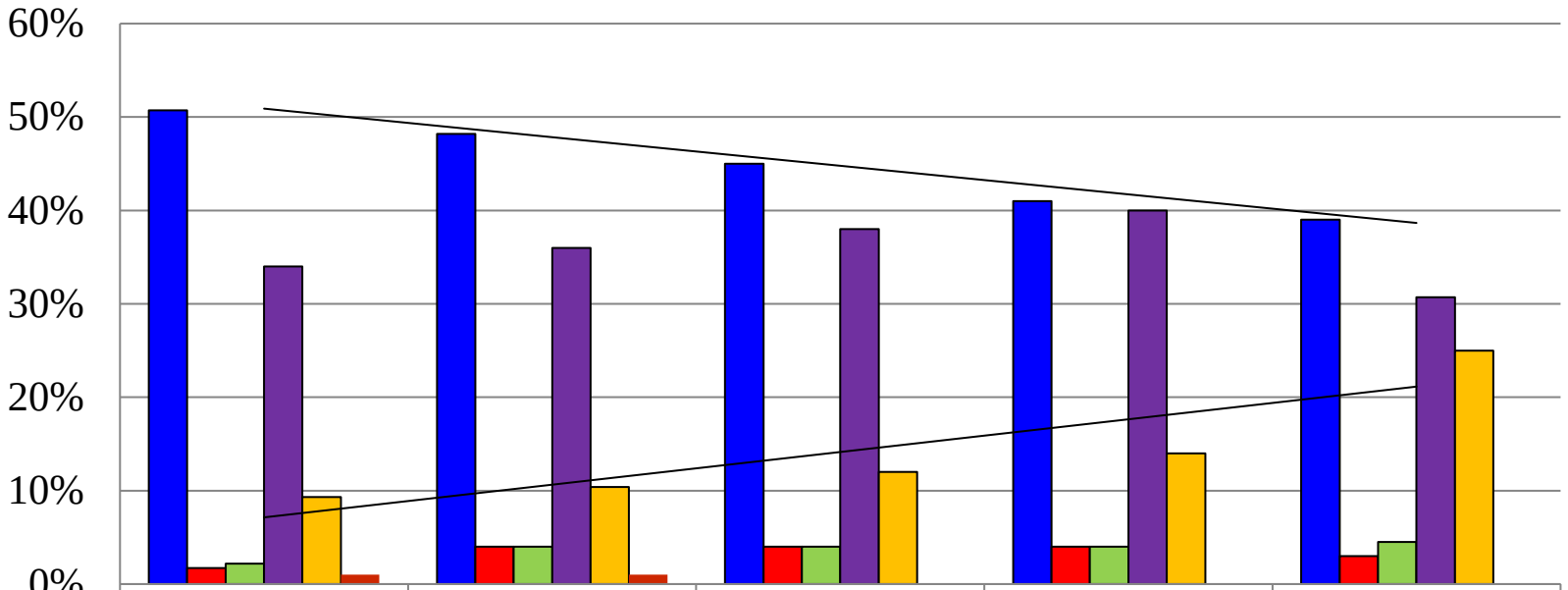
	0% - 135%	136% - 150%	151% - 200%	201% - 250%	251% - 300%	301% - 400%
FY 2025	51%	4%	13%	11%	9%	11%
FY 2024	47%	4%	15%	12%	10%	12%
FY 2023	49%	4%	14%	13%	10%	11%
FY 2022	49%	4%	14%	12%	9%	11%
FY 2021	51%	5%	13%	11%	9%	10%

INSURANCE COVERAGE

Insurance Coverage of New and Total Clients in Care
Ryan White Program, FY 2025



Insurance Coverage of Clients in Care
Ryan White Program, FY 2021-2025



	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Only RWHAP	51%	48%	45%	41%	39%
Medicaid	2%	4%	4%	4%	3%
Medicare	2%	4%	4%	4%	5%
ACA	34%	36%	38%	40%	31%
Private Ins	9%	10%	12%	14%	25%
VA	1%	1%	0%	0%	0%

Ryan White Program Co-Occurring Conditions Fiscal Year 2025

(3/1/25-2/28/26)

July 9, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimers

- Based on data from Groupware Technology's Provide Enterprise-Miami database.

- Note: Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts and service costs may differ from those of other reports that are generated using differing methodologies.

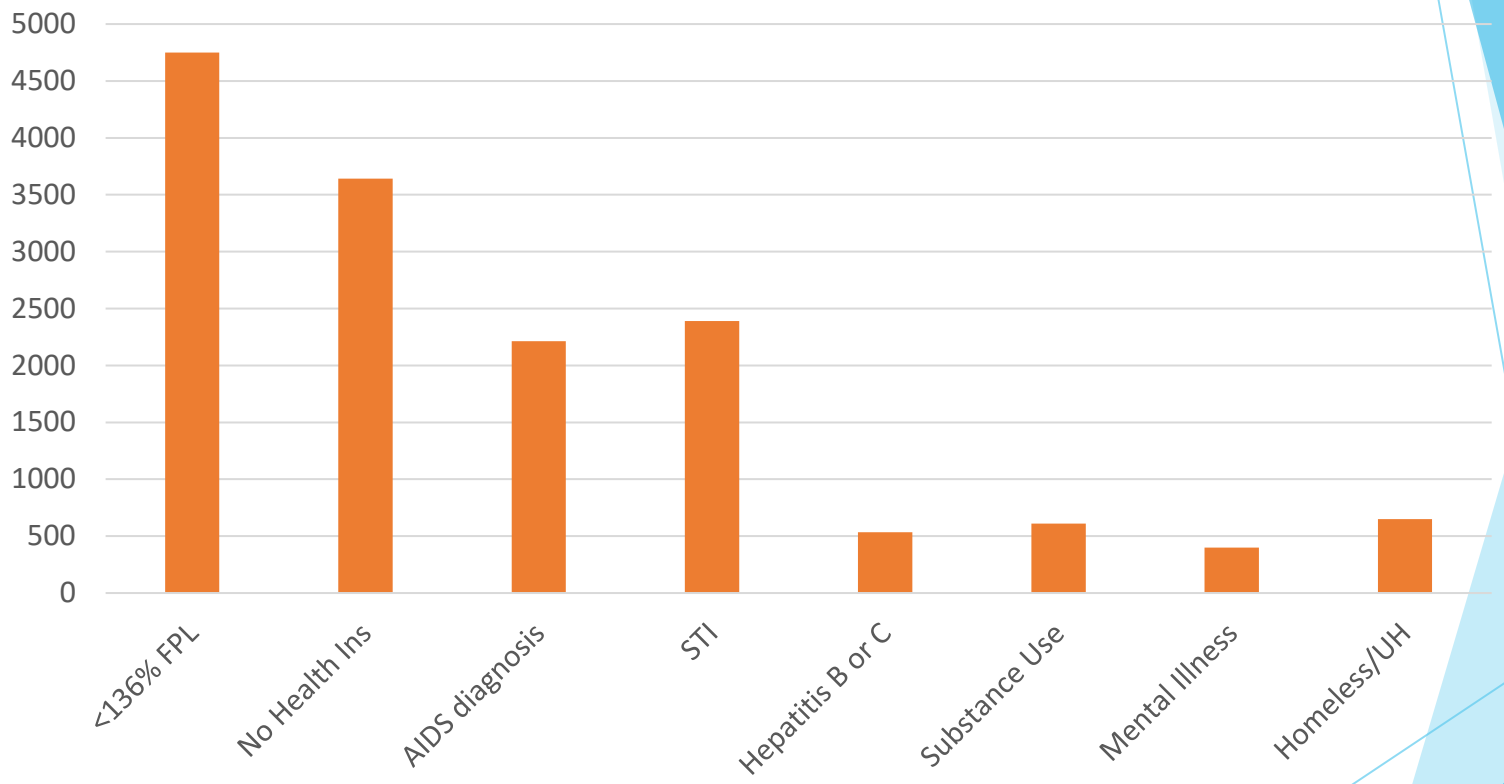
Definition of Terms

<136% FPL	Ryan White Program (RWP) clients with an income at or below 136% of the federal poverty level (FPL).
AIDS Dx	RWP clients with an AIDS diagnosis at any point in time.
No Health Insurance	RWP clients with no other forms of health insurance, including Medicare, Medicaid, VA benefits, private health insurance (including ACA), or employer-paid insurance
Mental Illness	RWP clients who received mental health counseling (through MHS or OAHS) and/or psychiatric services through OAHS in the designated fiscal year.
Substance Use Disorder	RWP clients with self-reported drug use in the past 12 months, currently report using injection drugs, have received RWP substance use disorder treatment in the designated fiscal year, or who attend AA/NA meetings.
Hepatitis B or C	RWP clients who have had a positive Hepatitis B or Hepatitis C lab test result within the last three (3) fiscal years.
STI	RWP clients who had a positive lab test result for either Syphilis, Gonorrhea, or Chlamydia during the designated fiscal year.
Homeless/ Unstably Housed	RWP clients who reported having non-permanent housing (homeless, transient, or transition) and/or answered the question “With whom are you living?” with either “I am homeless” or “I live in a group home/shelter” during the designated fiscal year.
WoCA	Women of Child-Bearing Age—RWP female clients between the ages of 15 and 44.
VL	Viral Load
COC	Co-Occurring Conditions
ACA	Affordable Care Act

Group Parameters

- The are seven (6) Special Need Groups that the Miami-Dade County RWP looks at:
  - Substance Users
  - Black/African-American (BAA) males
  - Black/African-American (BAA) females
  - Women of Childbearing Age (WoCA)
  - Haitian males and females
  - Latino males
- The are eight (8) co-occurring conditions (COC) of interest to the Miami Dade County RWP:
  - Poverty (<136% of FPL)
  - No other forms of health insurance/coverage
  - AIDS diagnosis
  - Positive test for an STI (chlamydia, gonorrhea, and/or syphilis)
  - Positive test for Hepatitis B or C within past three years
  - Substance use
  - Mental illness
  - Being homeless or unstably housed.

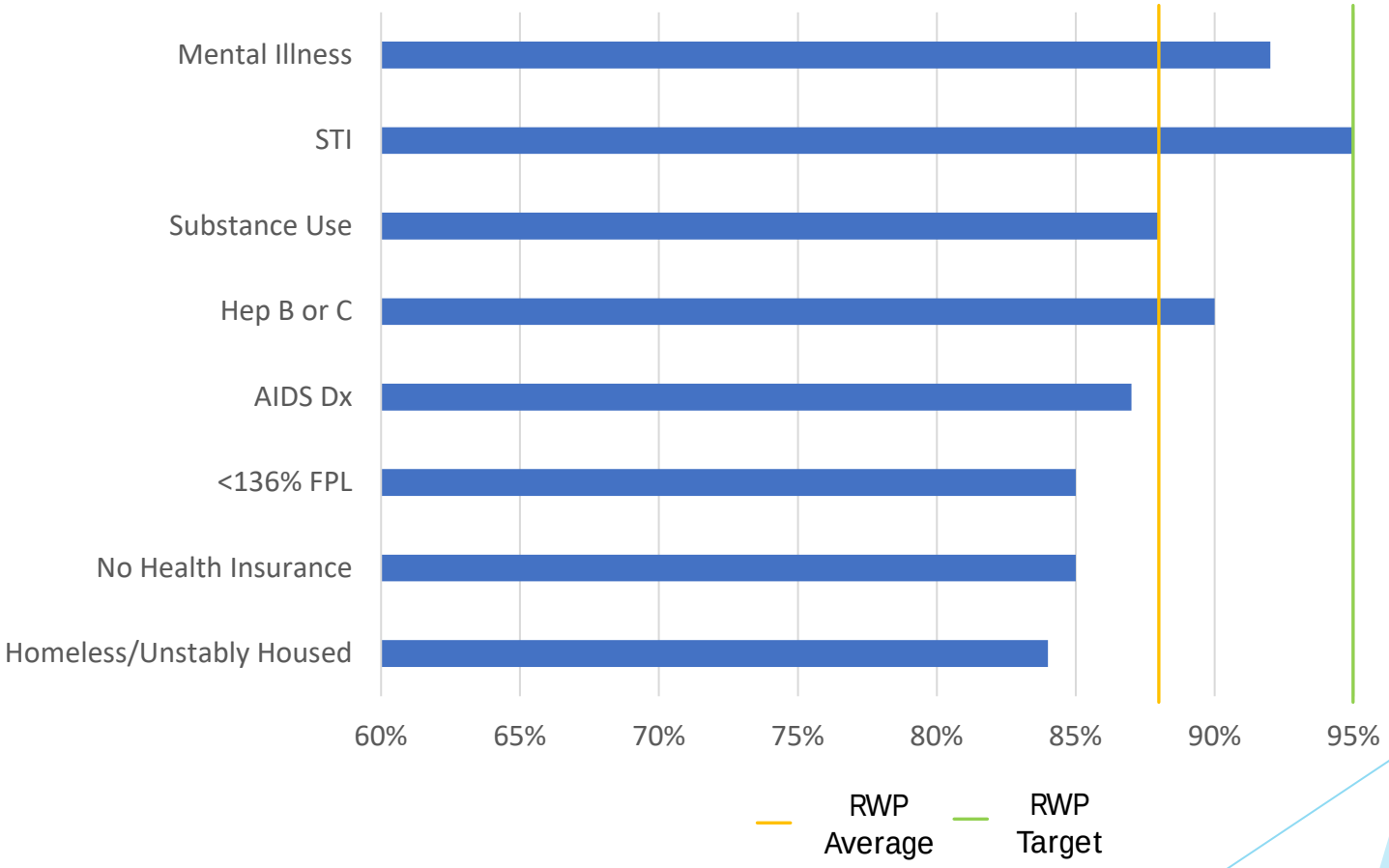
Total Clients by Co-Occurring Condition, FY 2025



Treatment Costs by Co-Occurring Conditions

Co-Occurring Condition	FY 2025 RWP Clients w/ Co-Occurring Condition		Total Tx Cost (from PE Billed Service Detail Data)	Avg. Tx Cost per Client
	# of RW clients with COC	% of RW clients		
All RWP Clients	9,257	100%	$25,406,724	$2,745
<136% FPL	4,750	51%	$14,909,750	$3,139
No Health Ins.	3,642	39%	$12,843,344	$3,526
STI	2,390	26%	$8,045,773	$3,366
AIDS diagnosis	2,212	24%	$6,140,904	$2,776
Homeless/UH	649	7%	$2,827,615	$4,357
Substance Use	611	7%	$2,686,486	$4,397
Hepatitis B or C	533	6%	$1,720,802	$3,229
Mental Illness	399	4%	$2,186,976	$5,481

VL Suppression % by Co-Occurring Condition, FY 2025



Incidence of Co-Occurring Conditions among Special Need Populations

SPECIAL NEEDS GROUPS	Total N	<136% FPL	No Health Ins.	Any AIDS Dx	STI	Hep B or C	Subs. Use	Mental Illness	Homeless/ Unstably Housed	VL Supp % of Special Needs Groups
Total RWP Clients	9,257 100%									88%
Latino Males	5,476 59%									90%
Black Males	1,173 13%									84%
Black Females	552 6%									82%
Haitians	897 10%									87%
WoCA, Age 15-44	508 5%									81%
Substance Users	611 7%									88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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Latino Males	5,476 59%	2,498 46%								90%
Black Males	1,173 13%	745 64%								84%
Black Females	552 6%	350 63%								82%
Haitians	897 10%	504 56%								87%
WoCA, Age 15-44	508 5%	311 61%								81%
Substance Users	611 7%	395 65%								88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

Incidence of Co-Occurring Conditions among Special Need Populations

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Latino Males	5,476 59%	2,498 46%	1,940 35%							90%
Black Males	1,173 13%	745 64%	567 48%							84%
Black Females	552 6%	350 63%	228 41%							82%
Haitians	897 10%	504 56%	404 45%							87%
WoCA, Age 15-44	508 5%	311 61%	277 55%							81%
Substance Users	611 7%	395 65%	309 51%							88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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Black Males	1,173 13%	745 64%	567 48%	309 26%						84%
Black Females	552 6%	350 63%	228 41%	210 38%						82%
Haitians	897 10%	504 56%	404 45%	367 41%						87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%						81%
Substance Users	611 7%	395 65%	309 51%	122 20%						88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

Incidence of Co-Occurring Conditions among Special Need Populations

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Black Males	1,173 13%	745 64%	567 48%	309 26%	354 30%					84%
Black Females	552 6%	350 63%	228 41%	210 38%	38 7%					82%
Haitians	897 10%	504 56%	404 45%	367 41%	65 7%					87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%	41 8%					81%
Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%					88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

Incidence of Co-Occurring Conditions among Special Need Populations

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WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%	41 8%	13 3%				81%
Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%	55 9%				88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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Latino Males	5,476 59%	2,498 46%	1,940 35%	1,062 19%	1,770 32%	307 6%	324 6%			90%
Black Males	1,173 13%	745 64%	567 48%	309 26%	354 30%	93 8%	162 14%			84%
Black Females	552 6%	350 63%	228 41%	210 38%	38 7%	19 3%	33 6%			82%
Haitians	897 10%	504 56%	404 45%	367 41%	65 7%	51 6%	18 2%			87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%	41 8%	13 3%	34 7%			81%
Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%	55 9%	611 100%			88%
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Incidence of Co-Occurring Conditions among Special Need Populations

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Latino Males	5,476 59%	2,498 46%	1,940 35%	1,062 19%	1,770 32%	307 6%	324 6%	155 3%		90%
Black Males	1,173 13%	745 64%	567 48%	309 26%	354 30%	93 8%	162 14%	64 5%		84%
Black Females	552 6%	350 63%	228 41%	210 38%	38 7%	19 3%	33 6%	42 8%		82%
Haitians	897 10%	504 56%	404 45%	367 41%	65 7%	51 6%	18 2%	72 8%		87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%	41 8%	13 3%	34 7%	39 8%		81%
Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%	55 9%	611 100%	66 11%		88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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Haitians	897 10%	504 56%	404 45%	367 41%	65 7%	51 6%	18 2%	72 8%	47 5%	87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%	41 8%	13 3%	34 7%	39 8%	39 8%	81%
Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%	55 9%	611 100%	66 11%	185 30%	88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

Summary of Findings

- Special Need Groups (SNG):
  - Latino Males (VL suppression 90%) represented the SNG with the highest VL suppression rate, higher than the overall RWP average.
    - Accounted for 59% of the total RWP population.
  - WoCA (Age 15-44) had the lowest VL suppression rate (81%).
- Co-Occurring Conditions (COC):
  - Clients with Sexually Transmitted Infections (STI) showed the highest VL suppression rate (95%).
  - Clients with Hepatitis B or C and clients with Mental Illness also had higher average VL suppression rates than the RWP average.
  - Clients who were Homeless/Unstably Housed had the lowest VL suppression rate (84%).
  - Clients with Mental Illness, Substance Use, and Homelessness/Unstable Housing COCs showed the highest annual costs per client, $5,481, $4,397, and $4,357 respectively.

OTHER FUNDING AND DASHBOARD CARDS

SECTION 5

Miami-Dade County
Medicaid HIV/AIDS Demographic Information
FY 2022-FY 2025

Total Medicaid HIV/AIDS Clients

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,912	17.7%	2,657	24.6%	4,569	42.3%	2,029	18.0%	2,749	24.4%	4,778	42.5%	1,739	17.7%	2,390	24.3%	4,129	42.0%
Hispanic	2,122	19.6%	1,110	10.3%	3,232	29.9%	2,002	17.8%	1,195	10.6%	3,197	28.4%	1,250	12.7%	630	6.4%	1,880	19.1%
Not Determined	1,227	11.4%	775	7.2%	2,002	18.5%	1,326	11.8%	832	7.4%	2,158	19.2%	1,310	13.3%	829	8.4%	2,139	21.8%
Other	223	2.1%	115	1.1%	338	3.1%	245	2.2%	135	1.2%	380	3.4%	370	3.8%	334	3.4%	704	7.2%
Other (*less than 15 count)		0.0%		0.0%	16	0.1%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	457	4.2%	191	1.8%	648	6.0%	485	4.3%	236	2.1%	721	6.4%	612	6.2%	355	3.6%	967	9.8%
TOTAL	5,941	55.0%	4,848	44.9%	**10,805**	100.0%	6,087	54.1%	5,147	45.8%	**11,248**	100.0%	5,281	53.7%	4,538	46.1%	**9,834**	100.0%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2022-2023												FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,784	17.2%	2,508	24.2%	4,292	41.4%	1,902	17.6%	2,594	24.0%	4,496	41.7%	1,623	17.3%	2,238	23.8%	3,861	41.1%
Hispanic	2,088	20.2%	1,059	10.2%	3,147	30.4%	1,965	18.2%	1,146	10.6%	3,111	28.8%	1,232	13.1%	609	6.5%	1,841	19.6%
Not Determined	1,197	11.6%	753	7.3%	1,950	18.8%	1,301	12.1%	801	7.4%	2,102	19.5%	1,281	13.6%	798	8.5%	2,079	22.2%
Other	218	2.1%	104	1.0%	322	3.1%	238	2.2%	125	1.2%	363	3.4%	355	3.8%	303	3.2%	658	7.0%
Other * (counts less than 15)		0.0%		0.0%	16	0.2%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	450	4.3%	184	1.8%	634	6.1%	479	4.4%	223	2.1%	702	6.5%	597	6.4%	334	3.6%	931	9.9%
TOTAL	5,737	55.4%	4,608	44.5%	**10,361**	100.0%	5,885	54.6%	4,889	45.3%	**10,788**	100.0%	5,088	54.2%	4,282	45.6%	**9,385**	100.0%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	128	27.8%	149	32.4%	277	60.2%	127	28.3%	155	34.5%	282	62.8%	116	25.8%	152	33.9%	268	59.7%
Hispanic	34	7.4%	51	11.1%	85	18.5%	37	8.2%	49	10.9%	86	19.2%	18	4.0%	21	4.7%	39	8.7%
Not Determined	30	6.5%	22	4.8%	52	11.3%	25	5.6%	31	6.9%	56	12.5%	29	6.5%	31	6.9%	60	13.4%
Other		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	31	6.9%	46	10.2%
Other (*less than 15 count)		0.0%		0.0%	30	6.5%		0.0%		0.0%	36	8.0%		0.0%		0.0%	0	0.0%
White		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	21	4.7%	36	8.0%
TOTAL	192	41.7%	222	48.3%	**444**	96.5%	189	42.1%	235	52.3%	**460**	102.4%	193	43.0%	256	57.0%	**449**	100.0%

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,895.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
07	INTERMEDIATE CARE	90	$ 3,716,070.65
12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,425	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
21	HOME HEALTH XOVER	246	$ 38,666.92
22	EPSDT SCREENING	189	$ 15,856.86
24	CHILD VISUAL SERVICES	28	$ 4,207.24
27	ADULT VISUAL SERVICES	452	$ 47,957.91
29	CASE MANAGEMENT-CMS	185	$ 894,408.40
31	NURSE PRACTITIONER SERV	345	$ 122,667.45
32	OTHER XOVER PRACTITIONE	670	$ 68,775.63
33	HOSPICE	50	$ 1,067,089.13
34	COMMUNITY MENTAL HLTH S	1,440	$ 3,927,211.68
35	HCB-AGING	487	$ 2,272,778.24
36	HCB-DEVELOPMENTAL SERVI	107	$ 4,316,632.32
37	HCB-AIDS	177	$ 631,373.70
39	PREPAID HEALTH PLAN	1,567	$ 578,790.65
43	PRIVATE DUTY NURSING SE	35	$ 1,304,181.19
44	PHYSICAL THERAPY SERVIC	192	$ 164,443.65
45	SPEECH THERAPY SERVICES	17	$ 69,971.02
46	OCCUPATIONAL THERAPY SE	17	$ 61,487.06
49	FEDERALLY QUALIFIED CEN	1,197	$ 243,196.72
53	CLINIC SERVICES	32	$ 5,303.32
56	CASE MANAGEMENT-ADULT M	305	$ 697,933.06
59	TSFC-COMMUNITY MENTAL H	91	$ 214,566.64
62	PHYSICIAN ASSISTANT SER	828	$ 84,055.96
64	SCHOOL BASED SERVICES	17	$ 1,381.49
65	DIALYSIS CENTER	47	$ 746,718.20
67	BRAIN & SPINAL CORD INJU	17	$ 680,738.00
71	ASSISTIVE CARE SERVICES	97	$ 1,270,415.91
72	HEALTHY START WAIVER	83	$ 24,674.00
81	ADULT DAY CARE	62	$ 726,994.70
95	APPLIED BEHAVIORAL ANALYSIS	35	$ 987,247.35
-	OTHER	154	$ 2,267,566.18
	Total	**9,834**	**$ 153,044,481.22**

2026 WICY+ Survey

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	Part C	**$ 466,081.00**	**6,646**						39	$ 80,288.00	1,161	$ 321,152.00	5,446
Emergency Financial Assistance	Part B	**$ 360,689.73**	**1,318**					$ 1,527.05	3	$ 92,207.52	241	$ 266,955.16	1,074
	General Revenue	**$ 76,446.28**	**27**					$ 6,921.04	3	$ 14,274.15	5	$ 55,251.09	19
Food Bank	Part D	**$ 9,567.48**	**361**	$ 1,011.92	12	$ 1,096.24	13	$ 6,190.52	80	$ 1,268.81	256	$ -	0
	General Revenue	**$ 39,037.50**	**211**					$ 410.00	5	$ 16,017.50	74	$ 22,610.00	132
Health Education	Part C	**$ 507,649.02**	**2,490**							$ 116,478.79	549	$ 378,023.23	1,941
	Part D	**$ 54,434.26**	**503**	$ 13,299.53	77	$ 2,245.38	13	$ 13,381.61	83	$ 25,507.75	330	$ -	0
	Other	**$ -**	**50**								8		42
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	ADAP	**$ 55,861,518.34**	**3,116**					$ 268,909.75	15	$ 7,905,946.59	441	$ 47,686,662.00	2,660
Home and Community-Based Health Services	General Revenue	**$ 12,027.50**	**11**					$ -	-	$ 196.34	2	$ 11,831.16	9
Home Delivered Meals	Other	**$ -**	**4**								2		2
Home Health Care	General Revenue	**$ 130,249.25**	**17**					$ -	-	$ 25,452.00	3	$ 104,797.25	14
Hospital Services	General Revenue	**$ 1,050,008.19**	**177**					$ 8,734.90	1	$ 465,509.10	45	$ 575,764.19	131
Housing	General Revenue	**$ 195,384.00**	**34**					$ -	-	$ 24,370.00	5	$ 171,014.00	29
	HOPWA	**$ 13,982,892.00**	**764**										
Linguistic Services	Part D	**$ 8,141.61**	**110**	$ 4,294.39	36	$ 477.15	4	$ 1,846.81	17	$ 1,523.26	53		
Medical Case Management, including Treatment Adherence	Part B	**$ 129,064.50**	**766**					$ 414.00	4	47,968.00	282	80,682.50	480
	Part C	**$ 203,290.20**	**432**					$ 272.15	1.00	$ 53,944.17	122	$ 114,349.88	309
	Part D	**$ 74,485.46**	**253**	$ 34,789.62	78	$ 5,798.27	13	$ 33,897.57	81	$ -	81		
	General Revenue	**$ 10,333.65**	**1,860**					$ 186.40	39	$ 3,095.82	527	$ 7,051.43	1,294
	Other	**$ -**	**84**						3		16		65
Medical Nutrition Therapy	Part C	**$ 19,498.00**	**-**										
	Part D	**$ 70,714.00**	**228**			$ 17,678.50	12	$ 53,035.50	45		171		
	General Revenue	**$ 5,491.96**	**31**					$ 146.66	1	$ 1,069.06	7	$ 4,276.24	23
	Other	**$ -**	**2**										2
Medical Transportation	Part D	**$ 15,260.06**	**156**	$ 1,485.84	9	$ 165.09	1	$ 5,809.20	38	$ 7,799.92	108		
	General Revenue	**$ 105,800.69**	**386**					$ 538.19	8	$ 31,328.58	132	$ 73,933.92	246
Mental Health Services	Part C	**$ 40,766.00**	**624**					$ 82.18	6	$ 8,473.68	148	$ 32,210.13	470
	Part D	**$ 156,902.30**	**233**	$ 42,223.66	42	$ 12,063.90	12	$ 56,022.93	60	$ 46,591.81	119	$ -	0
	General Revenue	**$ 74,993.77**	**211**					$ 417.54	1	$ 16,914.50	61	$ 57,661.73	149
	Other	**$ 893,026.74**	**198**					$ 13,530.71	3	$ 126,286.61	28	$ 753,209.42	167
Non-Medical Case Management Services	Part C	**$ 86,249.78**	**1,994**					$ 519.06	12	$ 30,927.08	715	$ 54,803.65	1267
	Part D	**$ 110,110.83**	**251**	$ 16,360.71	20	$ 3,272.14	4	$ 41,049.18	56	$ 49,428.79	171		
	General Revenue	**$ 24,402.07**	**2,304**					$ 314.54	45	$ 4,773.48	592	$ 19,314.05	1,667
	Other	**$ 404,000.00**	**50**							$ 80,800.00	8	$ 323,200.00	42
Nursing Home Services	General Revenue	**$ 545,889.63**	**7**					$ -	-	$ 198,216.33	2	$ 347,673.30	5

2026 WICY+ Survey

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Oral Health Care	Part C	**$ 134,986.00**	**N/A**										
	General Revenue	**$ 12,855.00**	**14**					$ -	-	$ 2,173.00	4	$ 10,682.00	10
	Other	**$ 402,758.81**	**169**							$ 83,411.59	35	$ 319,347.22	134
Outpatient/Ambulatory Health Services	Part C	**$ 992,567.32**	**3,442**					$ 2,734.00	13.00	$ 218,332.98	1,027	514759.34	2402
	Part D	**$ 685,978.31**	**786**	$ 85,711.02	77	$ 14,470.69	13	$ 89,357.03	83	$ 496,439.56	613		
	General Revenue	**$ 788,275.05**	**1,782**					$ 9,970.63	31	$ 301,186.60	493	$ 477,117.82	1,258
	Other	**$ 1,618,919.70**	**2,143**					$ 5,804.68	10	$ 217,790.47	244	$ 1,395,324.55	1,889
Outreach Services	Part C	**$ 65,491.00**	**2,346**							$ 13,098.00	493	$ 52,393.00	1,853
	Part D	**$ 125,132.27**	**116**					$ 121,970.79	113	$ 3,161.48	3		
	Other	**$ 404,000.00**	**50**							$ 80,800.00	8	$ 323,200.00	42
Prescription Drugs (AIDS Pharmaceutical Assistance)	ADAP	**$ 14,362,870.58**	**5,295**					$ 263,115.85	97	$ 2,997,350.71	1,105	$ 11,102,404.02	4,093
	Part C	**$ 31,298.00**	**-**										
	General Revenue	**$ 243,115.51**	**158**					$ 1,851.59	1	$ 42,405.38	52	$ 198,858.54	105
	Other	**$ 5,200.00**	**2**									$ 5,200.00	2
Psychosocial Support Services	Part D	**$ 24,253.20**	**60**	$ 11,318.16	28	$ 1,212.66	3	$ 11,722.38	29				
	General Revenue	**$ 58,827.01**	**16**							$ 44,306.25	10	$ 14,520.76	6
Referral for Health Care and Supportive Services	Other	**$ 404,000.00**	**2,608**						4	$ 80,800.00	189	$ 323,200.00	1,136
	General Revenue	**$ 23,073.57**	**454**					$ 314.54	4	$ 4,350.51	122	$ 18,408.52	328
Risk Reduction	Part C	**$ 65,491.00**	**2,346**							$ 13,098.00	493	$ 52,393.00	1,853
	Part D	**$ 54,434.26**	**396**	$ 502.74	1	$ 6,032.90	12	$ 22,390.87	53	$ 25,507.75	330		
Specialty Patient Navigation	Part C	**$ 63,128.44**	**508**					$ 994.15	8	$ 62,134.29	500		
Substance Abuse Outpatient Care	General Revenue	**$ 47,066.24**	**7**							$ 26,342.97	4	$ 20,723.27	3
	Other	**$ -**	**8**										8
Substance Abuse Services (residential)	General Revenue	**$ 316,875.72**	**15**							$ 316,875.72	15		

Miami-Dade Medicaid HIV/AIDS Program

Details on a Funding Source for Dashboard

July 9, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Terms and Data

Terms Used in This Presentation

Medicaid - A joint federal and state program that provides health coverage to millions of low-income Americans, including children, pregnant women, the elderly, and people with disabilities. HIV/AIDS Medicaid is a subset of those clients who are living with HIV.

Ryan White Program - Part A/Minority AIDS Initiative (MAI) funding.

Fiscal year (FY) - Annual program range, e.g., Ryan White Program year is March 1 to end of February of the following year; Medicaid is July 1 to June 30 of the following year.

Calendar year (CY) - Annual program range that runs January to December of the reference year.

Living with HIV - Florida Department of Health total for prevalence, those living with HIV in the County for reference year, reported as of 6/30/25.

Miami-Dade County Medicaid HIV/AIDS Expenditures FY 2024-25

Located in Tab 5 of the 2026 Needs Assessment book.

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,896.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
07	INTERMEDIATE CARE	90	$ 3,716,070.65
12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,425	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
21	HOME HEALTH XOVER	246	$ 38,666.92
22	EPSDT SCREENING	189	$ 15,856.86
24	CHILD VISUAL SERVICES	28	$ 4,207.24
27	ADULT VISUAL SERVICES	452	$ 47,957.91
29	CASE MANAGEMENT-CMS	185	$ 894,408.40
31	NURSE PRACTITIONER SERV	345	$ 122,667.45
32	OTHER XOVER PRACTITIONE	670	$ 68,775.63
33	HOSPICE	50	$ 1,067,089.13
34	COMMUNITY MENTAL HLTH S	1,440	$ 3,927,211.68
35	HCB-AGING	487	$ 2,272,778.24
36	HCB-DEVELOPMENTAL SERVI	107	$ 4,316,632.32
37	HCB-AIDS	177	$ 631,373.70
39	PREPAID HEALTH PLAN	1,567	$ 578,790.65
43	PRIVATE DUTY NURSING SE	35	$ 1,304,181.19
44	PHYSICAL THERAPY SERVIC	192	$ 164,443.65
45	SPEECH THERAPY SERVICES	17	$ 69,971.02
46	OCCUPATIONAL THERAPY SE	17	$ 61,487.06
49	FEDERALLY QUALIFIED CEN	1,197	$ 243,196.72
53	CLINIC SERVICES	32	$ 5,303.32
56	CASE MANAGEMENT-ADULT M	305	$ 697,933.06
59	TSFC-COMMUNITY MENTAL H	91	$ 214,566.64
62	PHYSICIAN ASSISTANT SER	828	$ 84,055.96
64	SCHOOL BASED SERVICES	17	$ 1,381.49
65	DIALYSIS CENTER	47	$ 746,718.20
67	BRAIN & SPINAL CORD INJU	17	$ 680,738.00
71	ASSISTIVE CARE SERVICES	97	$ 1,270,415.91
72	HEALTHY START WAIVER	83	$ 24,674.00
81	ADULT DAY CARE	62	$ 726,994.70
95	APPLIED BEHAVIORAL ANALYSIS	35	$ 987,247.35
-	OTHER	154	$ 2,267,566.18
	Total	9,834	$ 153,044,481.22

Miami-Dade County Medicaid HIV/AIDS Demographics FY 2022-23 to FY 2024-25

Located in Tab 5 of 2026 Needs Assessment book.

Miami-Dade County
Medicaid HIV/AIDS Demographic Information
FY 2022-FY 2025

Total Medicaid HIV/AIDS Clients

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,912	17.7%	2,657	24.6%	4,569	42.3%	2,029	18.0%	2,749	24.4%	4,778	42.5%	1,739	17.7%	2,390	24.3%	4,129	42.0%
Hispanic	2,122	19.6%	1,110	10.3%	3,232	29.9%	2,002	17.8%	1,195	10.6%	3,197	28.4%	1,250	12.7%	630	6.4%	1,880	19.1%
Not Determined	1,227	11.4%	775	7.2%	2,002	18.5%	1,326	11.8%	832	7.4%	2,158	19.2%	1,310	13.3%	829	8.4%	2,139	21.8%
Other	223	2.1%	115	1.1%	338	3.1%	245	2.2%	135	1.2%	380	3.4%	370	3.8%	334	3.4%	704	7.2%
Other (*less than 15 count)		0.0%		0.0%	16	0.1%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	457	4.2%	191	1.8%	648	6.0%	485	4.3%	236	2.1%	721	6.4%	612	6.2%	355	3.6%	967	9.8%
TOTAL	5,941	55.0%	4,848	44.9%	**10,805**	100.0%	6,087	54.1%	5,147	45.8%	**11,248**	100.0%	5,281	53.7%	4,538	46.1%	**9,834**	100.0%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2022-2023												FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,784	17.2%	2,508	24.2%	4,292	41.4%	1,902	17.6%	2,594	24.0%	4,496	41.7%	1,623	17.3%	2,238	23.8%	3,861	41.1%
Hispanic	2,088	20.2%	1,059	10.2%	3,147	30.4%	1,965	18.2%	1,146	10.6%	3,111	28.8%	1,232	13.1%	609	6.5%	1,841	19.6%
Not Determined	1,197	11.6%	753	7.3%	1,950	18.8%	1,301	12.1%	801	7.4%	2,102	19.5%	1,281	13.6%	798	8.5%	2,079	22.2%
Other	218	2.1%	104	1.0%	322	3.1%	238	2.2%	125	1.2%	363	3.4%	355	3.8%	303	3.2%	658	7.0%
Other * (counts less than 15)		0.0%		0.0%	16	0.2%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	450	4.3%	184	1.8%	634	6.1%	479	4.4%	223	2.1%	702	6.5%	597	6.4%	334	3.6%	931	9.9%
TOTAL	5,737	55.4%	4,608	44.5%	**10,361**	100.0%	5,885	54.6%	4,889	45.3%	**10,788**	100.0%	5,088	54.2%	4,282	45.6%	**9,385**	100.0%

Medicaid HIV/AIDS Clients less than 18 year old

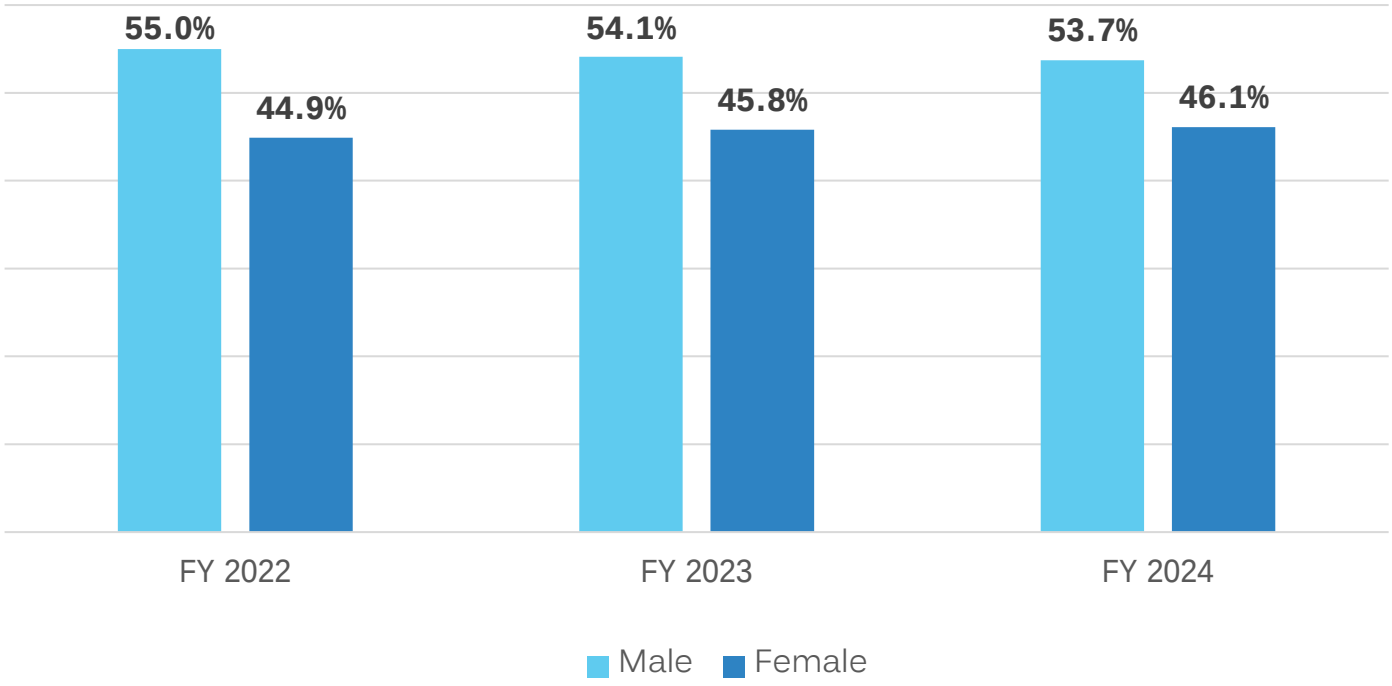
	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	128	27.8%	149	32.4%	277	60.2%	127	28.3%	155	34.5%	282	62.8%	116	25.8%	152	33.9%	268	59.7%
Hispanic	34	7.4%	51	11.1%	85	18.5%	37	8.2%	49	10.9%	86	19.2%	18	4.0%	21	4.7%	39	8.7%
Not Determined	30	6.5%	22	4.8%	52	11.3%	25	5.6%	31	6.9%	56	12.5%	29	6.5%	31	6.9%	60	13.4%
Other		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	31	6.9%	46	10.2%
Other (*less than 15 count)		0.0%		0.0%	30	6.5%		0.0%		0.0%	36	8.0%		0.0%		0.0%	0	0.0%
White		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	21	4.7%	36	8.0%
TOTAL	192	41.7%	222	48.3%	**444**	96.5%	189	42.1%	235	52.3%	**460**	102.4%	193	43.0%	256	57.0%	**449**	100.0%

Medicaid Overview

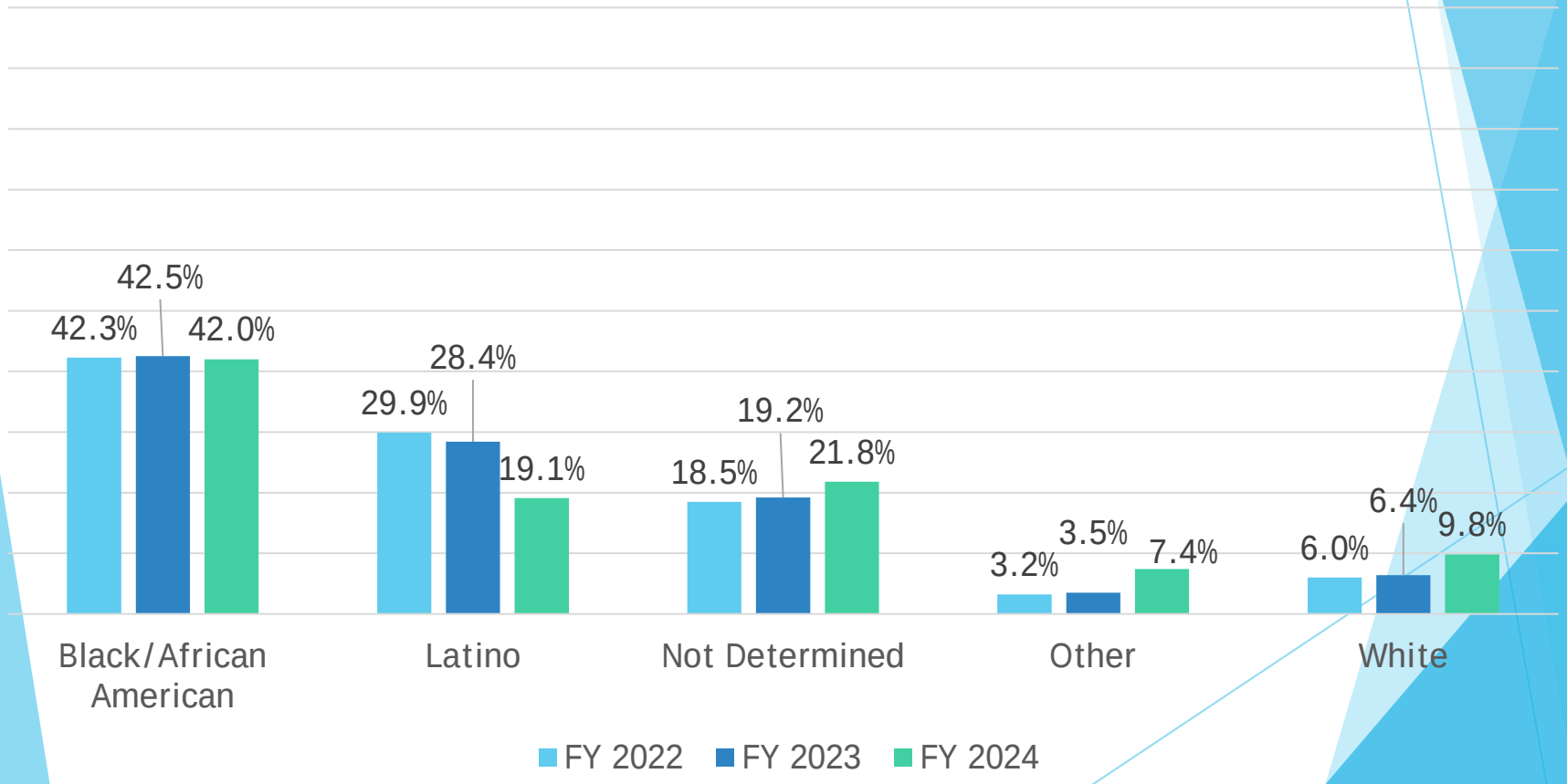
Miami-Dade County
Medicaid HIV/AIDS Expenses and Clients
FY 2022 through FY 2024

	FY 2022	FY 2023	FY 2024
Expenses	$429,525,001.62	$363,957,239.75	$153,044,481.22
Clients Served	10,805	11,248	9,834
Average annual cost per client	$39,752.43	$32,357.51	$15,562.79

Miami-Dade County
Total Medicaid Clients by Sex
FY 2022-FY 2024

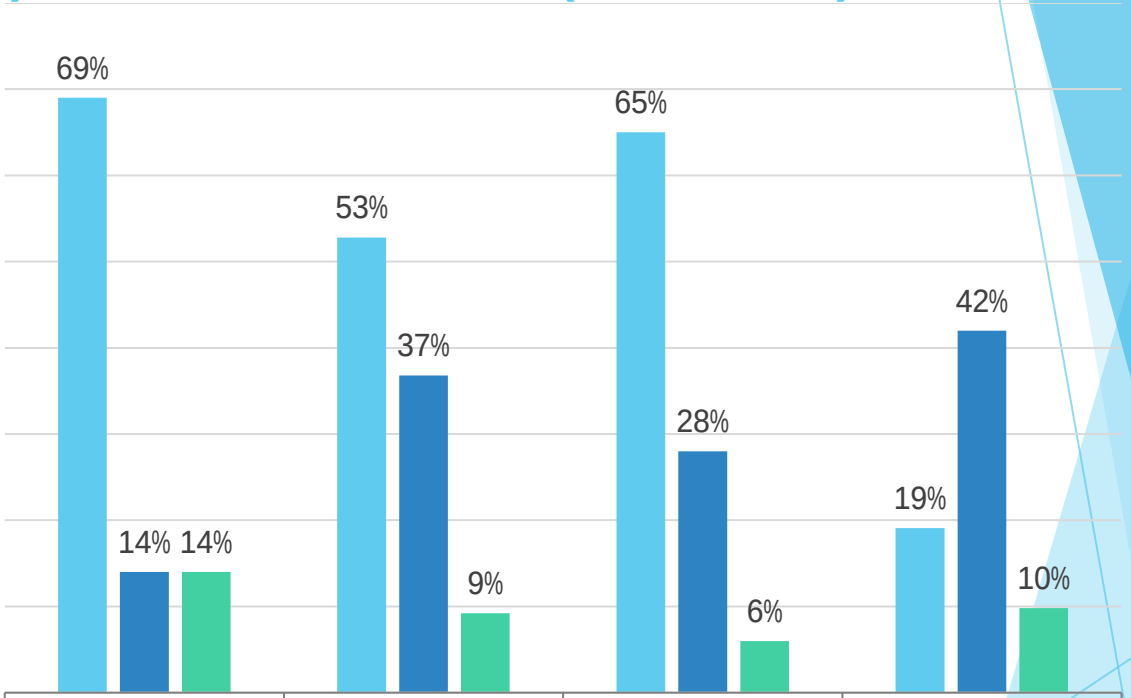


Miami-Dade County Total Medicaid Clients by Race/Ethnicity FY 2022- FY 2024



Comparison: Miami-Dade County Population (CY 2025), Ryan White Program (FY 2025), FDOH Prevalence (CY 2024), and Medicaid (FY 2024)

Miami-Dade County



	Population, n=2,795,056	Persons with HIV, n=30,074	Ryan White Program, n=9,388	HIV/AIDS Medicaid, n=9,834
Latino	69%	53%	65%	19%
Black, Non-Latino	14%	37%	28%	42%
White, Non-Latino	14%	9%	6%	10%

Ryan White Needs Assessment Dashboard Cards Overview

Trends, Dollars, and Utilization for All Direct Service Categories

July 9, 2026

Presentation created by Behavioral Science Research Corp.

Behavioral Science Research

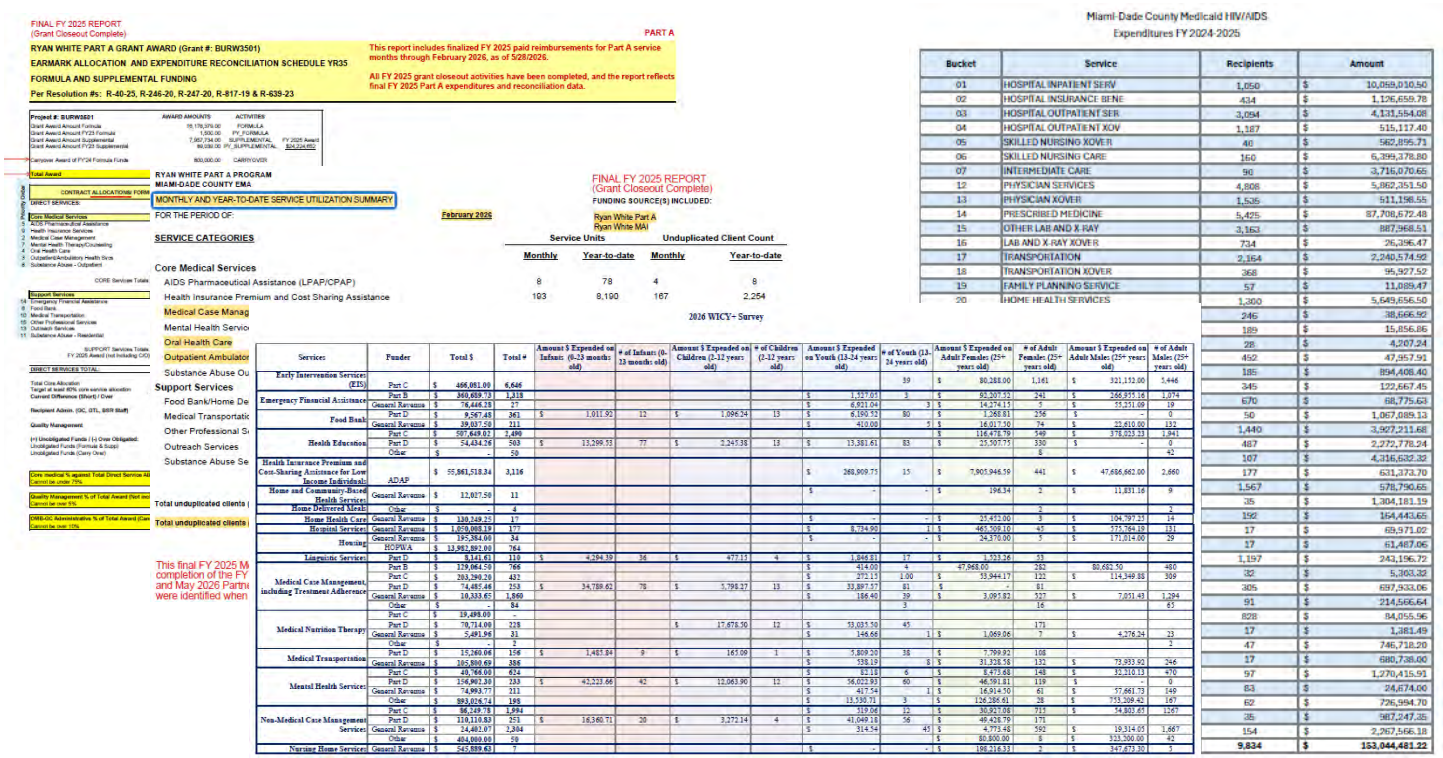
Miami-Dade HIV/AIDS Partnership

Miami-Dade County

The Why?

- Over the course of the Needs Assessment and priority setting meetings, we present a lot of data on service categories.
- By the time we get to the prioritization and allocation discussions, it can be very confusing.
- Dashboard Cards summarize critical data for each service category, from historical trends in utilization to expenditures and funding from other funding sources.
- Dashboard Card summaries are intended to guide your data-based decisions when setting priorities and estimating funding needs.

Combination of Several Data Sources



FINAL FY 2025 REPORT
(Grant Closeout Complete)

PART A

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes finalized FY 2025 paid reimbursements for Part A service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 Part A expenditures and reconciliation data.

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: February 2026

FINAL FY 2025 REPORT
(Grant Closeout Complete)

FUNDING SOURCE(S) INCLUDED:
Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Manag				
Mental Health Servic				
Oral Health Care				
Outpatient Ambulator				
Substance Abuse Ou				
Support Services				
Food Bank/Home De				
Medical Transportatic				
Other Professional S				
Outreach Services				
Substance Abuse Se				

2026 WICY- Survey

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,895.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
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12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,475	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
		246	$ 38,666.92
		189	$ 15,856.86
		28	$ 4,207.24
		452	$ 47,957.91
		185	$ 894,408.40
		345	$ 122,667.45
		670	$ 68,775.63
		50	$ 1,067,089.13
		1,440	$ 3,927,211.68
		487	$ 2,272,778.24
		107	$ 4,316,632.32
		177	$ 631,373.70
		1,567	$ 578,790.65
		35	$ 1,304,181.19
		192	$ 154,443.65
		17	$ 69,971.02
		17	$ 61,487.06
		1,157	$ 243,196.72
		32	$ 5,363.32
		305	$ 697,933.06
		91	$ 214,566.64
		828	$ 84,055.96
		17	$ 1,381.49
		47	$ 746,718.20
		17	$ 680,738.00
		97	$ 1,270,415.91
		83	$ 24,674.00
		62	$ 726,994.70
		35	$ 987,247.35
		154	$ 2,267,566.18
		9,834	**$ 153,044,481.22**

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	Part C	$ 466,081.09	6,646						39	$ 80,288.00	1,161	$ 321,192.00	5,446
	Part B	$ 360,659.73	1,318					$ 1,327.05	3	$ 93,207.52	241	$ 266,955.16	1,074
Emergency Financial Assistance	General Revenue	$ 76,446.28	27					$ 6,921.04	3	$ 14,274.15	5	$ 55,251.09	19
	Part D	$ 9,567.48	361	$ 1,011.92	12	$ 1,096.24	13	$ 6,190.72	80	$ 1,268.81	256	$ -	0
Food Bank	General Revenue	$ 39,937.50	211					$ 410.00	5	$ 16,017.50	74	$ 23,510.00	132
	Part C	$ 507,649.02	2,490							$ 116,475.79	549	$ 378,023.23	1,941
Health Education	Part D	$ 54,434.26	503	$ 13,299.55	77	$ 2,245.38	13	$ 13,381.61	83	$ 25,507.75	330	$ -	0
	Other	$ -	50								8		42
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	ADAP	$ 55,861,518.34	3,116					$ 268,909.75	15	$ 7,905,946.59	441	$ 47,686,662.00	2,660
Home and Community-Based Health Services	General Revenue	$ 12,807.50	11					$ -	-	$ 196.34	2	$ 11,831.16	9
Home Delivered Meals	Other	$ -	4								2		2
Home Health Care	General Revenue	$ 330,249.25	17					$ -	-	$ 25,472.00	3	$ 304,797.25	14
Hospital Services	General Revenue	$ 1,070,003.19	177					$ 8,734.90	1	$ 465,509.10	45	$ 575,764.19	131
Housing	General Revenue	$ 195,354.00	34					$ -	-	$ 24,378.00	5	$ 171,014.00	29
	HOPWA	$ 12,962,892.00	764										
Linguistic Services	Part D	$ 8,141.61	110	$ 4,294.39	36	$ 477.15	4	$ 1,846.81	17	$ 1,523.26	53		
	Part B	$ 129,964.59	766					$ 414.00	4	$ 47,968.00	282	$ 80,682.50	480
	Part C	$ 283,290.20	432					$ 272.15	1.00	$ 53,944.17	122	$ 114,349.88	309
Medical Case Management, including Treatment Adherence	Part D	$ 74,485.46	253	$ 34,789.62	79	$ 5,798.27	13	$ 33,897.57	81	$ -	81		
	General Revenue	$ 10,333.65	1,860					$ 186.40	39	$ 3,097.82	527	$ 7,051.43	1,294
	Other	$ -	84						3		16		65
	Part C	$ 19,498.00	-										
	Part D	$ 70,714.00	228			$ 17,678.50	12	$ 53,035.50	45		171		
Medical Nutrition Therapy	General Revenue	$ 5,491.96	31					$ 146.66	1	$ 1,069.06	7	$ 4,276.24	23
	Other	$ -	2										2
	Part D	$ 15,260.06	156	$ 1,465.84	9	$ 165.09	1	$ 5,809.20	38	$ 7,799.92	108		
Medical Transportation	General Revenue	$ 165,880.69	386					$ 538.19	8	$ 31,238.58	132	$ 73,893.92	246
	Part C	$ 49,766.00	624					$ 82.18	6	$ 8,473.68	148	$ 32,210.13	470
Mental Health Services	Part D	$ 156,902.30	233	$ 42,223.66	42	$ 12,063.90	12	$ 56,022.93	60	$ 46,591.81	119	$ -	0
	General Revenue	$ 74,993.77	211					$ 427.54	1	$ 16,914.50	61	$ 57,651.73	149
	Other	$ 893,826.74	195					$ 13,530.71	3	$ 126,286.61	28	$ 753,309.42	167
	Part C	$ 86,249.78	1,994					$ 319.06	12	$ 30,927.08	715	$ 54,803.65	1267
Non-Medical Case Management Services	Part D	$ 310,110.83	253	$ 16,360.71	20	$ 3,272.14	4	$ 41,049.16	56	$ 48,428.79	171		
	General Revenue	$ 24,401.07	2,384					$ 314.54	43	$ 4,773.48	592	$ 19,314.05	1,667
	Other	$ 404,000.00	59							$ 80,800.00	8	$ 323,200.00	42
Nursing Home Services	General Revenue	$ 545,899.63	7					$ -	-	$ 198,218.33	2	$ 347,673.30	5

This final FY 2025 M
completion of the FY
and May 2026 Partne
were identified when

Located in Tab 5 of the 2025 Needs Assessment Book.

Other Ryan White Program Parts: What do they do?

Miami-Dade **County providers** represent four of the five Ryan White Program parts (A-F):

Part A: Core **and** support services provided throughout the Eligible Metropolitan Area (EMA) of **Miami-Dade** County administered by the Miami-Dade County Office of Management and Budget ("the Recipient")

Part B: **Services** provided through the State of Florida and the AIDS Drug Assistance Program (ADAP)

Part C: **Local Miami-Dade** Community-Based Early Intervention Services

Part D: Miami-Dade County services to Women, Infants, Children and Youth (WICY)

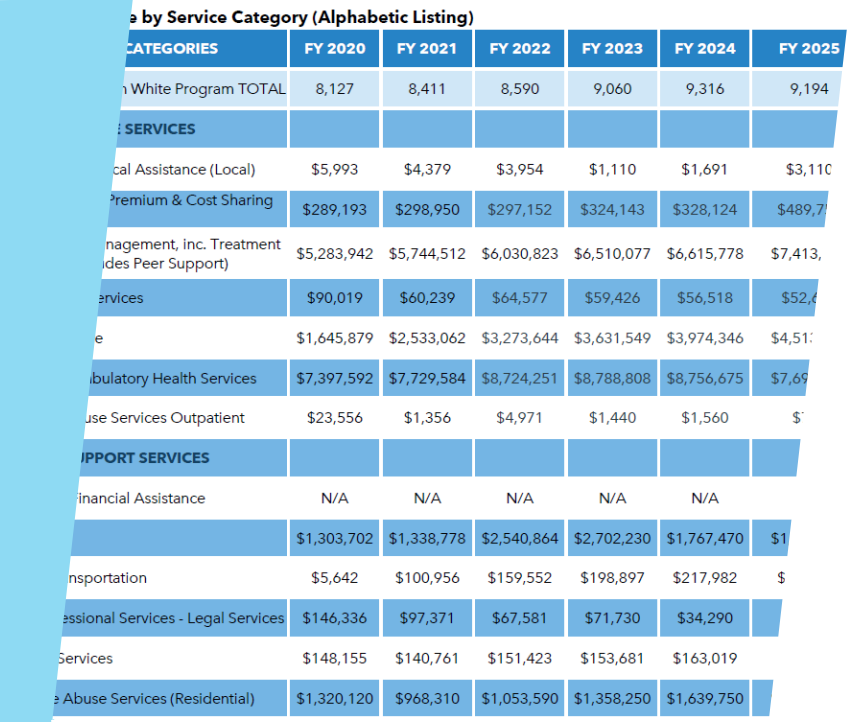
Ryan White Program Needs Assessment Dashboard Cards

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Expenditures	$17,660,128	$19,018,258	$22,372,383	$23,801,341	$23,557,203	$23,594,690
Total Unduplicated Clients	8,127	8,411	8,590	9,060	9,316	9,194
Total Average Cost/Client	$2,173	$2,261	$2,604	$2,627	$2,529	$2,566

We will break down each item located on the cards and explain the data points.

We **will** start at the top of the form and move down.

The data in this presentation are for illustration only.



e by Service Category (Alphabetic Listing)

CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
SERVICES						
cal Assistance (Local)	$5,993	$4,379	$3,954	$1,110	$1,691	$3,110
Premium & Cost Sharing	$289,193	$298,950	$297,152	$324,143	$328,124	$489,7
nagement, inc. Treatment des Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,
ervices	$90,019	$60,239	$64,577	$59,426	$56,518	$52,(
e	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,51
bulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,69
use Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$
PPORT SERVICES						
inancial Assistance	N/A	N/A	N/A	N/A	N/A	
	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1
nsportation	$5,642	$100,956	$159,552	$198,897	$217,982	$
essional Services - Legal Services	$146,336	$97,371	$67,581	$71,730	$34,290	
Services	$148,155	$140,761	$151,423	$153,681	$163,019	
e Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	

Unduplicated Clients Served by Service Category (Alphabetic listing)

ATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
White Program TOTAL	8,127	8,411	8,590	9,060	9,316
l Assistance (Local)	185	183	157	20	5
al Assistance	N/A	N/A	N/A	N/A	N/A
	735	712	1,130	1,339	911
remium & Cost Sharing	1,125	1,255	1,440	1,699	1,92
nagement, inc. Treatment des Peer Support)	7,378	7,842	8,085	8,573	8,8
rtation Services	94	645	743	1,018	1,(
ervices	95	121	107	120	1
e	1,711	2,237	2,577	2,730	2
nal Services - Legal Services	48	44	103	89	
bulatory Health Services	4,281	4,422	4,540	4,547	
ces	130	116	158	240	
se Services Outpatient	0	17	22	10	
se Services (Residential)	70	66	72	74	

Summary Slides

The first four pages are overall summaries of **expenditures** and **client utilization**, across several Ryan White Program fiscal years, for all direct service categories

Organization of Services-Alphabetic

- AIDS Pharmaceutical Assistance
- Emergency Financial Assistance
- Food Bank
- Health Insurance Premium & Cost Sharing Assist
- Medical Case Management, inc. Treatment Adherence (includes Peer Support)
- Medical Transportation Services
- Mental Health Services
- Oral health Care
- Other Professional Services-Legal Services and Permanency Planning
- Outpatient/Ambulatory Health Services
- Outreach Services
- Substance Abuse Outpatient
- Substance Abuse Services (Residential)

CORE SERVICE: MEDICAL CASE MANAGEMENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	29.92%
FY 2021	$19,018,258.46	30.21%
FY 2022	$22,372,383.35	26.96%
FY 2023	$23,801,341.37	27.35%
FY 2024	$23,557,202.81	28.08%
FY 2025	$23,594,690.18	31.42%

Dashboard Cards cover the **six years from FY 2020 (3/1/2020-2/28/2021)** to **FY 2025 (3/1/2025-2/28/2026).**

This top section indicates if a service is a **core** or **support** service.

The table details the final expenditures for all direct services for the Ryan White Program.

The **Category Expense as %** column indicates what percent of the total Ryan White Program direct service expenditures are accounted for by this service category.

Fiscal Year	Total Final Allocation	Final Expenditure	% Spent
FY 2020	$6,901,831.00	$5,283,941.69	76.56%
FY 2021	$6,825,797.00	$5,744,512.45	84.16%
FY 2022	$7,130,657.00	$6,030,822.85	84.58%
FY 2023	$7,047,586.00	$6,510,077.00	92.37%
FY 2024	$7,075,147.00	$6,615,778.20	93.51%
FY 2025	$7,654,519.00	$7,413,360.25	96.85%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	1	$5,745,493.00	$4,932,874.00	85.86%
FY 2021	1	$5,921,877.00	$5,094,347.45	86.03%
FY 2022	1	$6,226,737.00	$5,414,520.00	86.96%
FY 2023	2	$5,979,259.00	$5,864,806.80	98.09%
FY 2024	1	$6,063,727.00	$5,826,068.45	96.08%
FY 2025	2	$6,377,000.00	$6,313,337.80	99.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

This table provides historical information for the last six years.

- Table at the top: Combined Part A and MAI data, where applicable.
- Second table: Part A data alone.
- Third table: MAI data alone.

The service category data are sorted by the Fiscal Year, and show the priority Ranking, the Final Allocation designated for the service, the end-of-year Final Expenditure, and percent of the allocation spent at the end of the fiscal year (% Spent). If the service was not funded in that year, data are designated with "N/A."

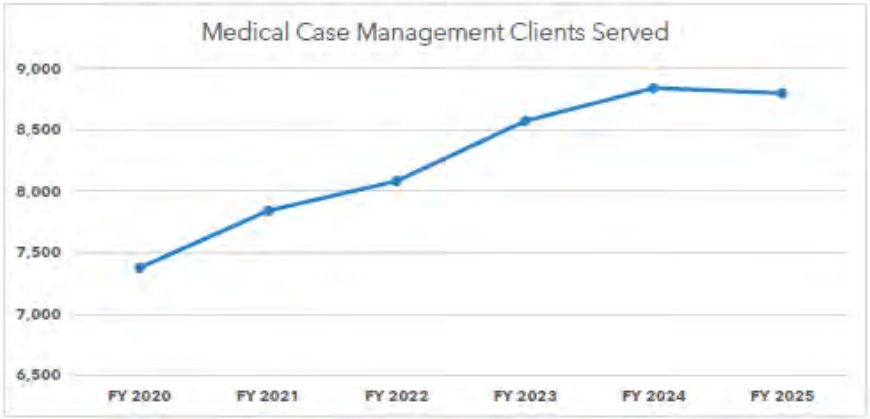
Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

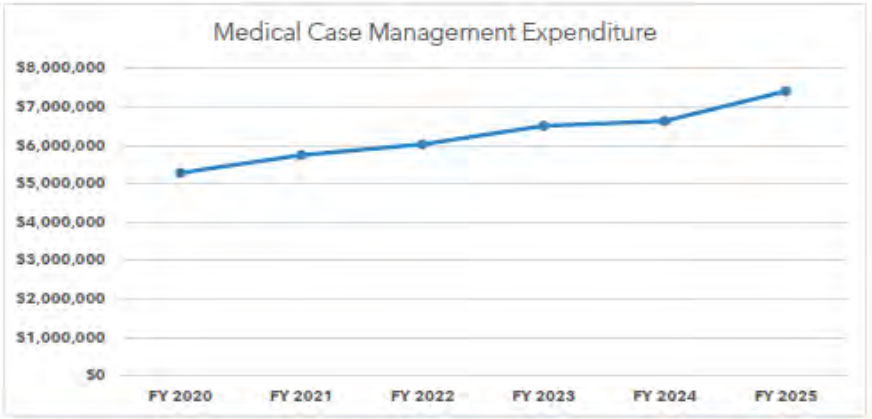
Notes:

While slightly fewer clients were served, overall 95.7% of Ryan White clients accessed this service and FY 25 had the highest expenditure rate.

A **Notes** section may be provided below the allocations and expenditures table to provide additional important context for the data in the table.

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	7,378	90.8%	$5,283,942	$716
FY 2021	8,420	7,842	93.1%	$5,744,512	$733
FY 2022	8,590	8,085	94.1%	$6,030,823	$746
FY 2023	9,060	8,573	94.6%	$6,510,077	$759
FY 2024	9,316	8,842	94.9%	$6,635,939	$751
FY 2025	9,194	8,799	95.7%	$7,413,360	$843

Service Program Information details any limitations on services (for instance, variations in eligibility based on the Federal Poverty Level).

Trend graphs of clients and expenses for each service category are included above the table.

The table that follows provides historical data for six years, including:

- Total number of **Ryan White Program (RWP) Clients** served in the year,
- The number of RWP **Clients Served** in the category and the percent of the total RWP clients that number represents (**Served as % RWP Clients**),
- **The expenditures** for this service category, and
- The average cost per client (**Avg Per Client).**

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,946	1,895	$6
2	Medicaid	$1,159,478	494	$2,347
3	Part B	$111,527	652	$171
4	Part C	$163,238	423	$386
5	Part D	$97,312	140	$695

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,334	1,860	$6
2	Medicaid	$1,592,341	490	$3,250
3	Part B	$129,065	766	$168
4	Part C	$203,290	1,432	$142
5	Part D	$74,485	253	$294

The final table on the Dashboard Cards reports information on other non-Part A RWP funding streams that mirror the service category, including data from 2025 and 2026.

Data in this table are limited to information provided by the other funding sources that responded to our inquiries, and only reflect services directed toward persons with HIV/AIDS.

If applicable, the table shows the non-Part A funding source (**Funder**), the amount spend by the funder on persons with HIV/AIDS (**Expended**), number of clients serviced (**Number of Clients**), and the average cost per client (**Cost per Client**).

How Dashboard Cards Will Help You Make Data-Based Decisions

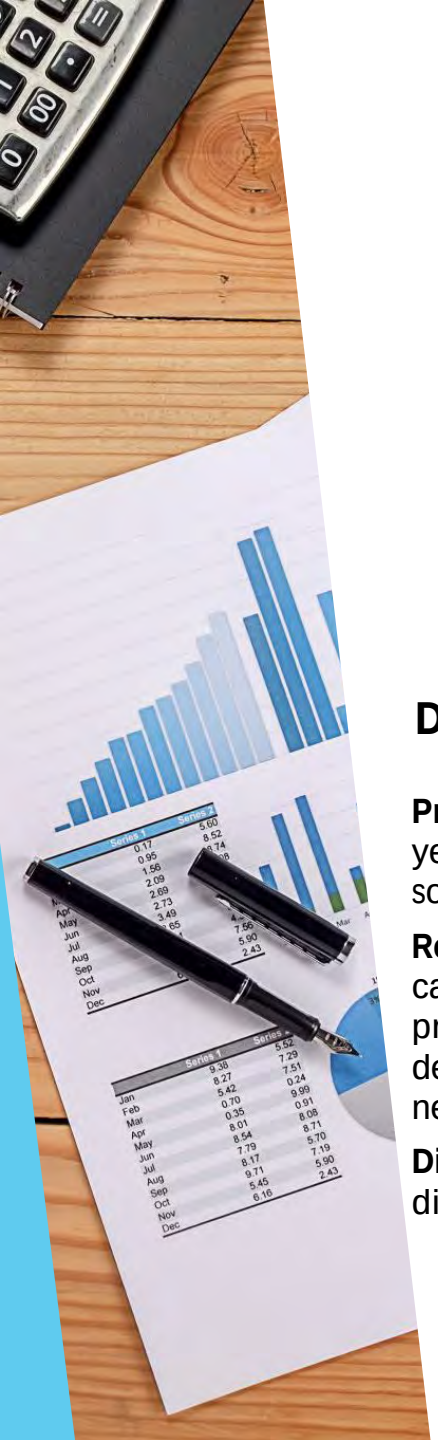
Dashboard Card data should be used to determine allocation of funds, assess if other funding streams are emerging to pay for the service, and to estimate needs.

With Dashboard Cards, you can easily see how trends in service utilization are developing for specific services, and you can confidently estimate service-specific expenditures.

Examples:

If 1**00** clients are expected to access the AIDS Pharmaceutical service category in FY 2027, at a yearly cost of **$40 per client,** the service category estimated allocation would need to be **$4,000**.

If the estimated yearly cost per client is $3,000 for FY 2025, and we serve an estimated **9,100 clients in 2025,** the program needed **$27.3 million.** Therefore, if we instead serve **9,900 clients in 2027**, the program would require **$29.7 million**.



When to Use Dashboard Cards

During Needs Assessment:

Priority Setting – Consider prior year's priorities and what other sources fund similar services.

Resource Allocation – Use calculations (like those on the previous slide) to make data-driven decisions on projected resource needs.

Directives – To inform specific directives for the Recipient.

Throughout the Year:

Refer to the data during reallocations(Sweeps) throughout the year.

2026

RYAN WHITE PROGRAM NEEDS ASSESSMENT DASHBOARD CARDS

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Expenditures	$17,660,128	$19,018,258	$22,372,383	$23,801,341	$23,557,203	$23,594,690
Total Unduplicated Clients	8,127	8,411	8,590	9,060	9,316	9,194
Total Average Cost/Client	$2,173	$2,261	$2,604	$2,627	$2,529	$2,566

PREPARED BY: Behavioral Science Research

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

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
AIDS Pharmaceutical Assistance (Local)	185	183	157	20	5	8
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	735	712	1,130	1,339	911	822
Health Insurance Premium & Cost Sharing Assist	1,125	1,255	1,440	1,699	1,926	2,254
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	7,378	7,842	8,085	8,573	8,842	8,799
Medical Transportation Services	94	645	743	1,018	1,010	1,137
Mental Health Services	95	121	107	120	136	124
Oral Health Care	1,711	2,237	2,577	2,730	2,843	2,833
Other Professional Services - Legal Services and Permanency Planning	48	44	103	89	76	51
Outpatient/Ambulatory Health Services	4,281	4,422	4,540	4,547	4,577	4,220
Outreach Services	130	116	158	240	282	236
Substance Abuse Services Outpatient	0	17	22	10	9	4
Substance Abuse Services (Residential)	70	66	72	74	88	87

Service Category Sorted by Total Number of Unduplicated Clients in FY 2025

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	7,378	7,842	8,085	8,573	8,842	8,799
Outpatient/Ambulatory Health Services	4,281	4,422	4,540	4,547	4,577	4,220
Oral Health Care	1,711	2,237	2,577	2,730	2,843	2,833
Health Insurance Premium & Cost Sharing Assist	1,125	1,255	1,440	1,699	1,926	2,254
Medical Transportation Services	94	645	743	1,018	1,010	1,137
Food Bank	735	712	1,130	1,339	911	822
Outreach Services	130	116	158	240	282	236
Mental Health Services	95	121	107	120	136	124
Substance Abuse Services (Residential)	70	66	72	74	88	87
Other Professional Services - Legal Services and Permanency Planning	48	44	103	89	76	51
AIDS Pharmaceutical Assistance (Local)	185	183	157	20	5	8
Substance Abuse Services Outpatient	0	17	22	10	9	4
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A

Total Expenditure by Service Category (Alphabetic Listing)

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
CORE SERVICES						
AIDS Pharmaceutical Assistance (Local)	$5,993	$4,379	$3,954	$1,110	$1,691	$3,110
Health Insurance Premium & Cost Sharing Assistance	$289,193	$298,950	$297,152	$324,143	$328,124	$489,755
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,360
Mental Health Services	$90,019	$60,239	$64,577	$59,426	$56,518	$52,618
Oral Health Care	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,513,801
Outpatient/Ambulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,694,609
Substance Abuse Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$780
SUPPORT SERVICES						
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1,488,717
Medical Transportation	$5,642	$100,956	$159,552	$198,897	$217,982	$236,510
Other Professional Services - Legal Services and Permanency Planning	$146,336	$97,371	$67,581	$71,730	$34,290	$17,559
Outreach Services	$148,155	$140,761	$151,423	$153,681	$163,019	$161,871
Substance Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	$1,522,000

Service Category Sorted by FY 2025 Expenditure

SERVICES CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
CORE SERVICES						
Outpatient/Ambulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,694,609
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,360
Oral Health Care	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,513,801
Health Insurance Premium & Cost Sharing Assistance	$289,193	$298,950	$297,152	$324,143	$328,124	$489,755
Mental Health Services	$90,019	$60,239	$64,577	$59,426	$56,518	$52,618
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Substance Abuse Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$780
SUPPORT SERVICES						
Food Bank	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1,488,717
Substance Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	$1,522,000
Medical Transportation	$5,642	$100,956	$159,552	$198,897	$217,982	$236,510
Outreach Services	$148,155	$140,761	$151,423	$153,681	$163,019	$161,871
Other Professional Services - Legal Services and Permanency Planning	$146,336	$97,371	$67,581	$71,730	$34,290	$17,559
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.300%
FY 2021	$19,018,258.46	0.020%
FY 2022	$22,372,383.35	0.020%
FY 2023	$23,801,341.37	0.005%
FY 2024	$23,557,202.81	0.007%
FY 2025	$23,594,690.18	0.013%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
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%
FY 2023	$3,455.00	$1,109.57	32.11%
FY 2024	$7,679.00	$1,691.22	22.02%
FY 2025	$5,744.00	$3,110.33	54.15%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
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%
FY 2023	3	$3,455.00	$1,109.57	32.11%
FY 2024	8	$7,679.00	$1,691.22	22.02%
FY 2025	5	$5,744.00	$3,110.33	54.15%

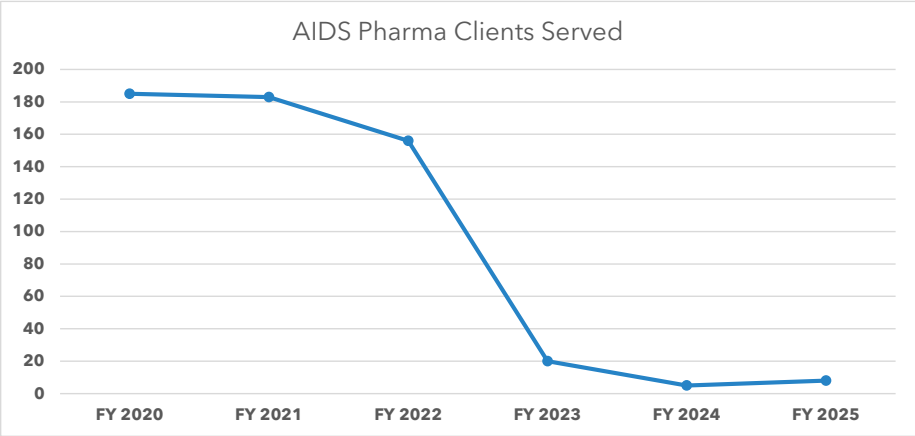
Notes:

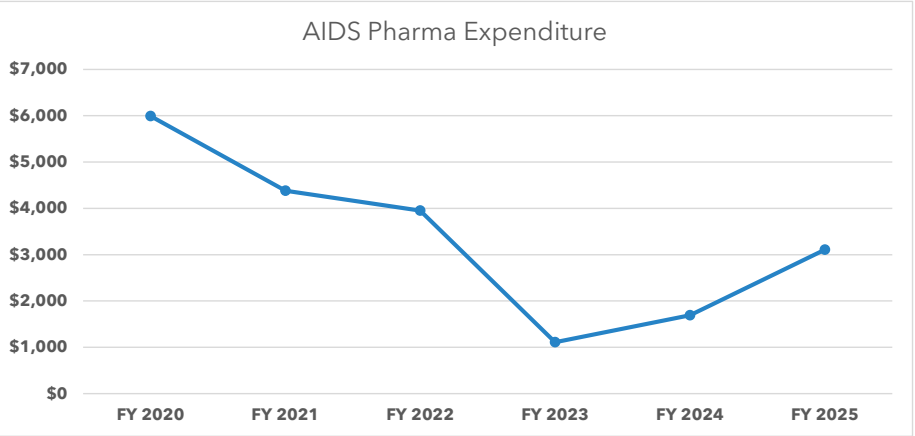
FY 2025 total clients continue to decline and the continued uncertainty with ADAP issues maybe of concern in 2027.

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	185	2.3%	$5,993	$32
FY 2021	8,420	183	2.17%	$4,379	$24
FY 2022	8,590	156	1.8%	$3,954	$25
FY 2023	9,060	20	0.22%	$1,110	$56
FY 2024	9,316	5	0.05%	$1,691	$338
FY 2025	9,194	8	0.09%	$3,110	$389

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$15,278,371	4,864	$3,141
2	General Revenue	$95,195	160	$595
3	Medicaid	$99,541,969	6,720	$14,813
4	Part C	$36,186	N/A	N/A

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$14,362,871	5,295	$2,713
2	General Revenue	$243,116	158	$1,539
3	Medicaid	$87,708,672	5,425	$16,167
4	Part C	$31,298	N/A	N/A
4	Other	$5,200	2	$2,600

SUPPORT SERVICE: EMERGENCY FINANCIAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0%
FY 2021	$19,018,258.46	0%
FY 2022	$22,372,383.35	0%
FY 2023	$23,801,341.37	0%
FY 2024	$23,557,202.81	0%
FY 2025	$23,594,690.18	0%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A
FY 2025	N/A	N/A	N/A

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	12	N/A	N/A	N/A
FY 2021	12	N/A	N/A	N/A
FY 2022	11	N/A	N/A	N/A
FY 2023	4	N/A	N/A	N/A
FY 2024	12	N/A	N/A	N/A
FY 2025	14	N/A	N/A	N/A

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	7	N/A	N/A	N/A
FY 2021	7	N/A	N/A	N/A
FY 2022	7	N/A	N/A	N/A
FY 2023	6	N/A	N/A	N/A
FY 2024	5	N/A	N/A	N/A
FY 2025	8	N/A	N/A	N/A

Notes:

No expenditures have been made in this category, since Test and Treat Rapid Access (TTRA) funds have not been exhausted by the Department of Health.

SUPPORT SERVICE: EMERGENCY FINANCIAL ASSISTANCE

Service Program

Limitations: 400% FPL; limited to prescriptions drugs if TTRA funds are depleted.

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	NA	NA	NA	NA
FY 2021	8,420	NA	NA	NA	NA
FY 2022	8,590	NA	NA	NA	NA
FY 2023	9,060	NA	NA	NA	NA
FY 2024	9,316	NA	NA	NA	NA
FY 2025	9,194	NA	NA	NA	NA

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$175,086	178	$984
2	Part B	$496,232	879	$565
3	Part C	$132,293	78	$1,696

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$76,446	27	$2,831
2	Part B	$360,690	1318	$274

SUPPORT SERVICE: FOOD BANK

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	7.38%
FY 2021	$19,018,258.46	7.04%
FY 2022	$22,372,383.35	11.36%
FY 2023	$23,801,341.37	11.35%
FY 2024	$23,557,202.81	7.50%
FY 2025	$23,594,690.18	6.31%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	8	$1,303,799.00	$1,303,702.40	99.99%
FY 2021	5	$1,385,995.00	$1,338,778.40	96.59%
FY 2022	8	$2,660,108.00	$2,540,864.00	95.52%
FY 2023	7	$2,702,342.00	$2,702,229.90	100.00%
FY 2024	5	$1,767,742.00	$1,767,470.45	99.98%
FY 2025	6	$1,488,861.00	$1,488,717.20	99.99%

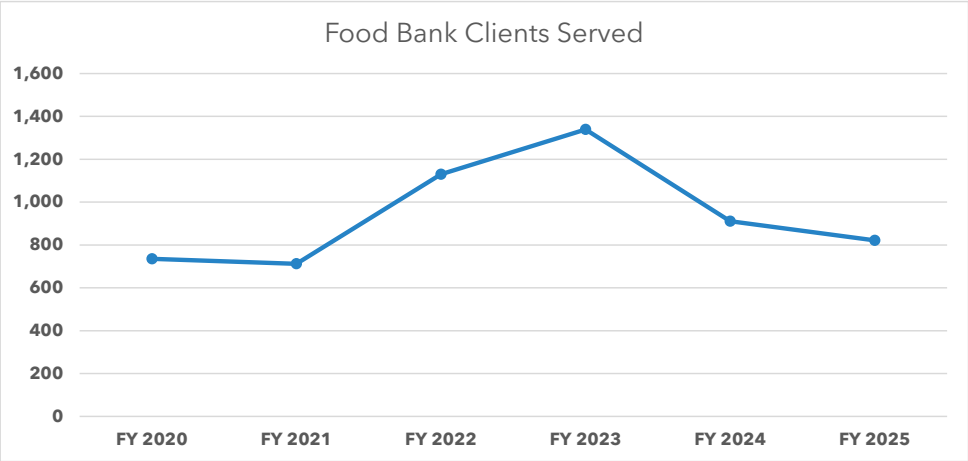
Notes:

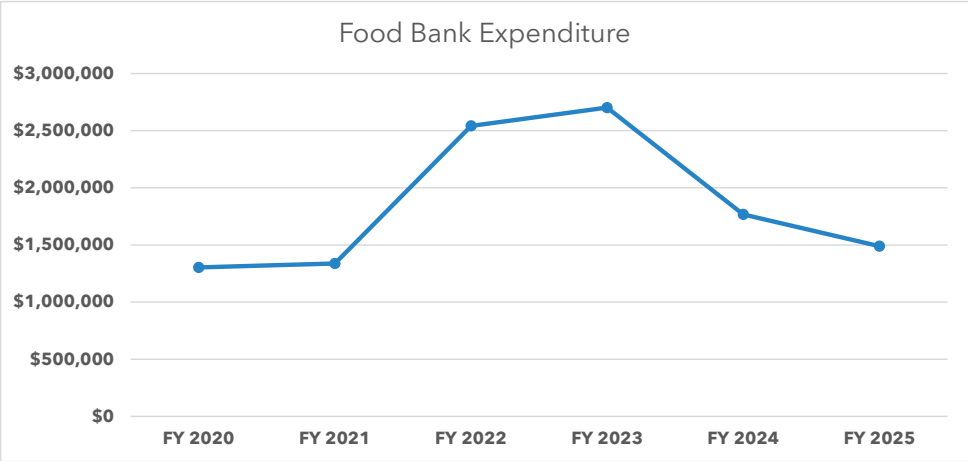
FY 2025 expenditures and clients served continue to decrease from FY 2024 with limitation of FPL; clients at 251-400% FPL are accessing Part B assistance.

SUPPORT SERVICE: FOOD BANK

Service Program

Limitations: 250% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	735	9.0%	$1,303,702	$1,774
FY 2021	8,420	712	8.5%	$1,338,778	$1,880
FY 2022	8,590	1,130	13.2%	$2,540,864	$2,249
FY 2023	9,060	1,339	14.8%	$2,702,230	$2,018
FY 2024	9,316	911	9.8%	$1,767,470	$1,940
FY 2025	9,194	822	8.9%	$1,488,717	$1,811

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per Client
1	General Revenue	$38,085	318	$120
2	Other	$16,485	336	$49
3	Part D	$11,231	271	$41

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per Client
1	General Revenue	$39,038	211	$185
2	Part D	$9,567	361	$27

CORE SERVICE: HEALTH INSURANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	1.64%
FY 2021	$19,018,258.46	1.57%
FY 2022	$22,372,383.35	1.33%
FY 2023	$23,801,341.37	1.36%
FY 2024	$23,557,202.81	1.39%
FY 2025	$23,594,690.18	2.08%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	5	$459,450.00	$289,193.00	62.94%
FY 2021	6	$442,447.00	$298,950.41	67.57%
FY 2022	6	$595,700.00	$297,151.61	49.88%
FY 2023	8	$358,700.00	$324,143.01	90.37%
FY 2024	6	$328,454.00	$328,123.61	99.90%
FY 2025	9	$490,526.00	$489,755.12	99.84%

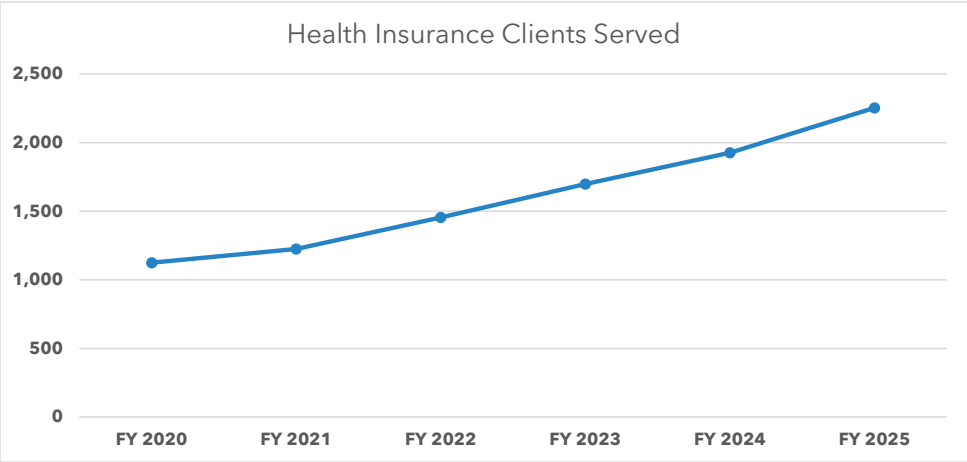
Notes:

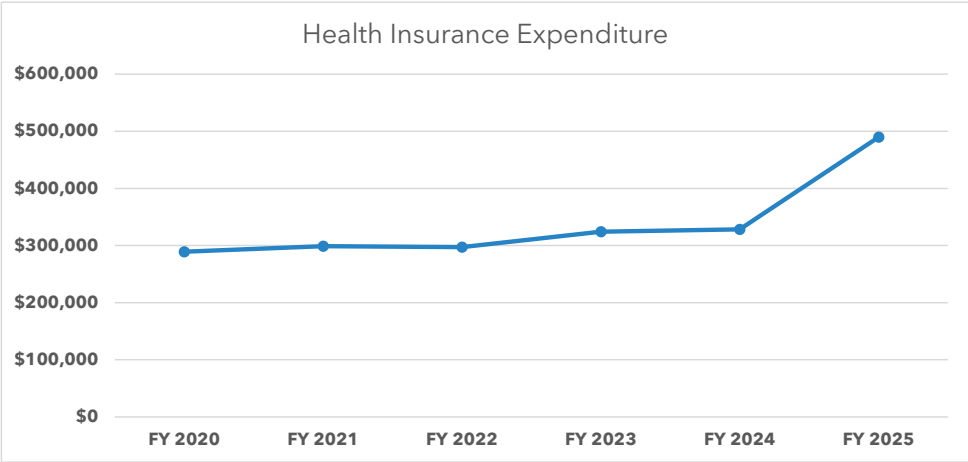
FY 2025 reflects the highest expenditures and clients in the last six years with the AIDS Drug Assistance Program (ADAP) program paying for ADAP eligible clients' premiums. But with the ADAP changes at the start of 2026, there will be a marked decrease in the number of clients served in this category.

CORE SERVICE: HEALTH INSURANCE

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	1,125	13.8%	$289,193	$257
FY 2021	8,420	1,225	14.5%	$298,950	$244
FY 2022	8,590	1,454	16.9%	$297,152	$204
FY 2023	9,060	1,699	18.8%	$324,143	$191
FY 2024	9,316	1,926	20.7%	$328,124	$170
FY 2025	9,194	2,254	24.5%	$489,755	$217

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$57,729,746	3,705	$15,582
2	Medicaid	$167,336,187	12,639	$13,240

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$55,861,518	3,116	$17,927
2	Medicaid	$578,791	1,567	$369

CORE SERVICE: MEDICAL CASE MANAGEMENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	29.92%
FY 2021	$19,018,258.46	30.21%
FY 2022	$22,372,383.35	26.96%
FY 2023	$23,801,341.37	27.35%
FY 2024	$23,557,202.81	28.08%
FY 2025	$23,594,690.18	31.42%

Fiscal Year	Total Final Allocation	Final Expenditure	% Spent
FY 2020	$6,901,831.00	$5,283,941.69	76.56%
FY 2021	$6,825,797.00	$5,744,512.45	84.16%
FY 2022	$7,130,657.00	$6,030,822.85	84.58%
FY 2023	$7,047,586.00	$6,510,077.00	92.37%
FY 2024	$7,075,147.00	$6,615,778.20	93.51%
FY 2025	$7,654,519.00	$7,413,360.25	96.85%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	1	$5,745,493.00	$4,932,874.00	85.86%
FY 2021	1	$5,921,877.00	$5,094,347.45	86.03%
FY 2022	1	$6,226,737.00	$5,414,520.00	86.96%
FY 2023	2	$5,979,259.00	$5,864,806.80	98.09%
FY 2024	1	$6,063,727.00	$5,826,068.45	96.08%
FY 2025	2	$6,377,000.00	$6,313,337.80	99.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

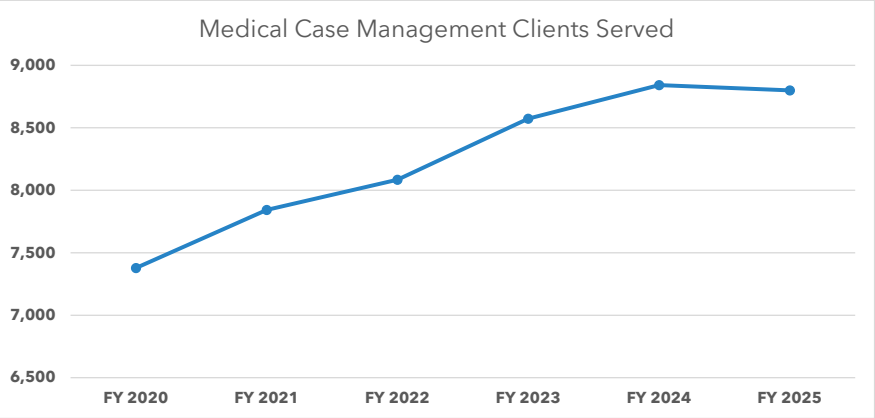
Notes:

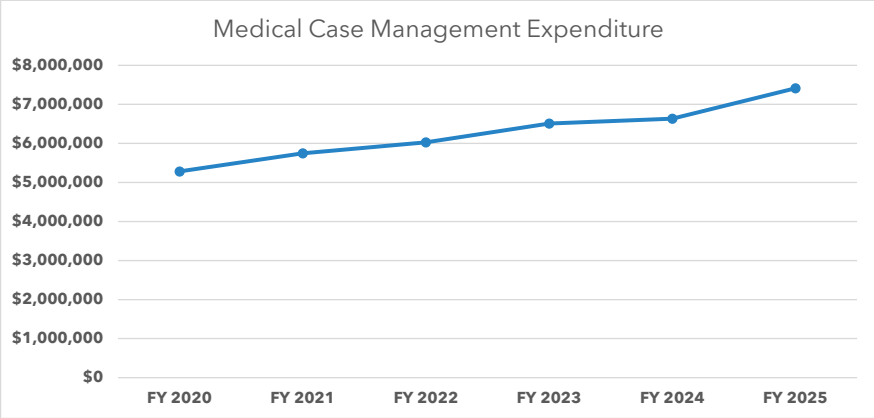
While slightly fewer clients were served, overall 95.7% of Ryan White clients accessed this service and FY 2025 had the highest expenditures in six years.

CORE SERVICE: MEDICAL CASE MANAGEMENT

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	7,378	90.8%	$5,283,942	$716
FY 2021	8,420	7,842	93.1%	$5,744,512	$733
FY 2022	8,590	8,085	94.1%	$6,030,823	$746
FY 2023	9,060	8,573	94.6%	$6,510,077	$759
FY 2024	9,316	8,842	94.9%	$6,635,939	$751
FY 2025	9,194	8,799	95.7%	$7,413,360	$843

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,946	1,895	$6
2	Medicaid	$1,159,478	494	$2,347
3	Part B	$111,527	652	$171
4	Part C	$163,238	423	$386
5	Part D	$97,312	140	$695

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,334	1,860	$6
2	Medicaid	$1,592,341	490	$3,250
3	Part B	$129,065	766	$168
4	Part C	$203,290	1,432	$142
5	Part D	$74,485	253	$294

SUPPORT SERVICE: MEDICAL TRANSPORTATION

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.03%
FY 2021	$19,018,258.46	0.53%
FY 2022	$22,372,383.35	0.71%
FY 2023	$23,801,341.37	0.84%
FY 2024	$23,557,202.81	0.93%
FY 2025	$23,594,690.18	1.00%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$158,277.00	$5,641.90	3.56%
FY 2021	$158,316.00	$100,955.62	63.77%
FY 2022	$217,540.00	$159,552.49	73.34%
FY 2023	$203,947.00	$198,897.18	97.52%
FY 2024	$269,582.00	$217,981.99	80.86%
FY 2025	$237,516.00	$236,510.24	99.58%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	10	$150,649.00	$5,641.90	3.75%
FY 2021	10	$150,688.00	$98,584.06	65.42%
FY 2022	10	$209,912.00	$153,904.90	73.32%
FY 2023	13	$196,319.00	$191,280.78	97.43%
FY 2024	13	$253,654.00	$205,493.46	81.01%
FY 2025	10	$222,888.00	$222,229.06	99.70%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	4	$7,628.00	$0.00	0.00%
FY 2021	4	$7,628.00	$2,371.56	31.09%
FY 2022	4	$7,628.00	$5,647.59	74.04%
FY 2023	9	$7,628.00	$7,616.40	99.85%
FY 2024	13	$15,928.00	$12,488.53	78.41%
FY 2025	7	$14,628.00	$14,281.18	97.63%

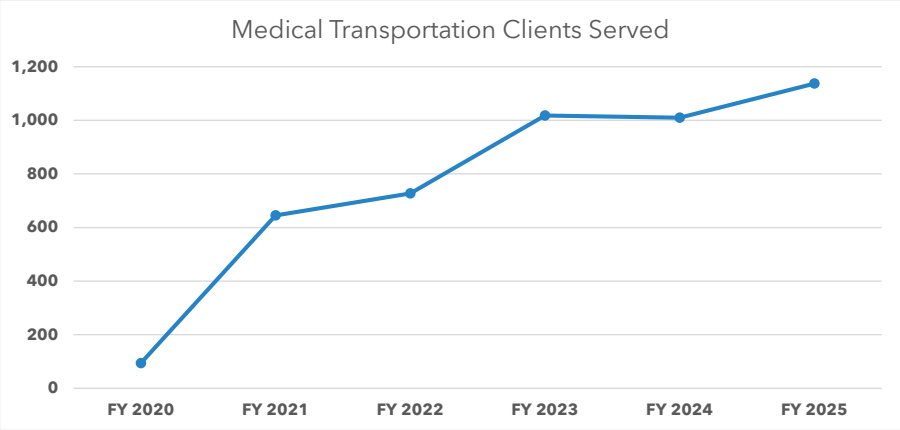
Notes:

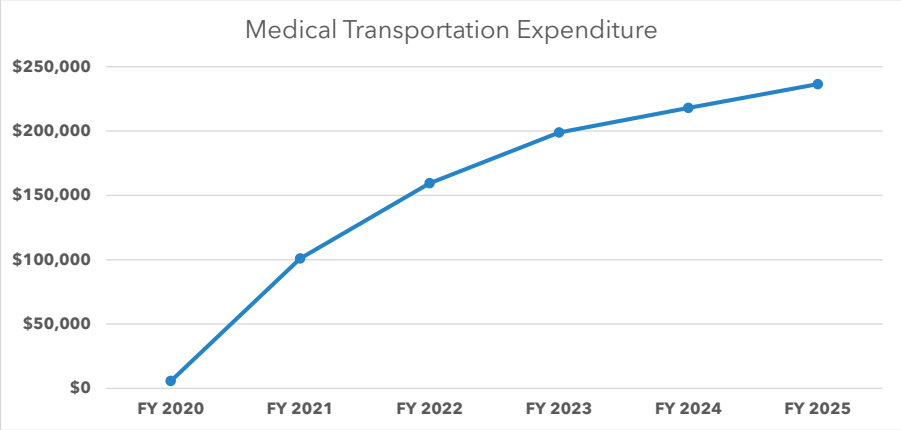
Medical transportation clients and expenditures for FY 2025 are highest in the last six years.

SUPPORT SERVICE: MEDICAL TRANSPORTATION

Service Program

Limitations: 400% FPL; public transit passes or ride-share options





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	94	1.2%	$5,642	$60
FY 2021	8,420	645	7.7%	$100,956	$157
FY 2022	8,590	727	8.5%	$159,552	$219
FY 2023	9,060	1,018	11.2%	$198,897	$195
FY 2024	9,316	1,010	10.8%	$217,982	$216
FY 2025	9,194	1,137	12.4%	$236,510	$208

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$78,502	318	$247
2	Medicaid	$2,370,394	3,426	$692
3	Part C	$137,526	315	$437
4	Part D	$17,666	190	$93

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$105,801	386	$274
2	Medicaid	$2,336,502	2,532	$923
3	Part D	$15,260	156	$98

CORE SERVICE: MENTAL HEATLH

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.51%
FY 2021	$19,018,258.46	0.32%
FY 2022	$22,372,383.35	0.29%
FY 2023	$23,801,341.37	0.25%
FY 2024	$23,557,202.81	0.24%
FY 2025	$23,594,690.18	0.22%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$142,217.00	$90,019.31	63.30%
FY 2021	$169,464.00	$60,238.75	35.55%
FY 2022	$161,654.00	$64,577.50	39.95%
FY 2023	$80,730.00	$59,426.25	73.61%
FY 2024	$88,461.00	$56,517.50	63.89%
FY 2025	$73,263.00	$52,617.50	71.82%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	4	$123,257.00	$82,435.31	66.88%
FY 2021	3	$150,504.00	$56,566.25	37.58%
FY 2022	3	$142,694.00	$63,570.00	44.55%
FY 2023	9	$61,770.00	$56,046.25	90.73%
FY 2024	3	$69,501.00	$53,527.50	77.02%
FY 2025	7	$54,303.00	$52,617.50	96.90%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	3	$18,960.00	$7,584.00	40.00%
FY 2021	3	$18,960.00	$3,672.50	19.37%
FY 2022	3	$18,960.00	$1,007.50	5.31%
FY 2023	4	$18,960.00	$3,380.00	17.83%
FY 2024	3	$18,960.00	$2,990.00	15.77%
FY 2025	6	$18,960.00	$0.00	0.00%

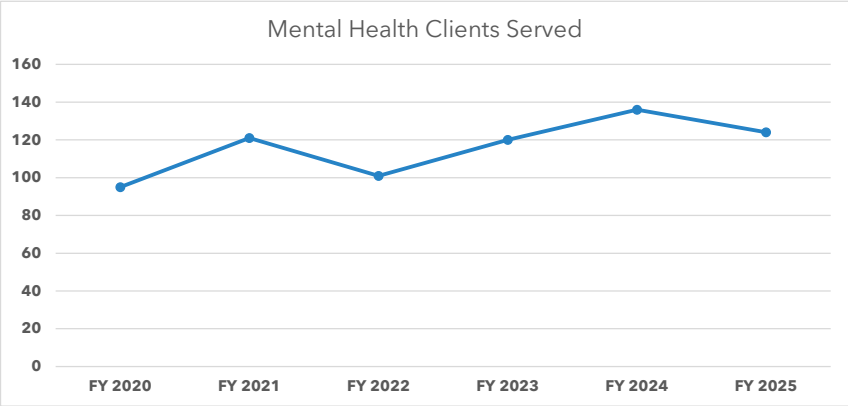
Notes:

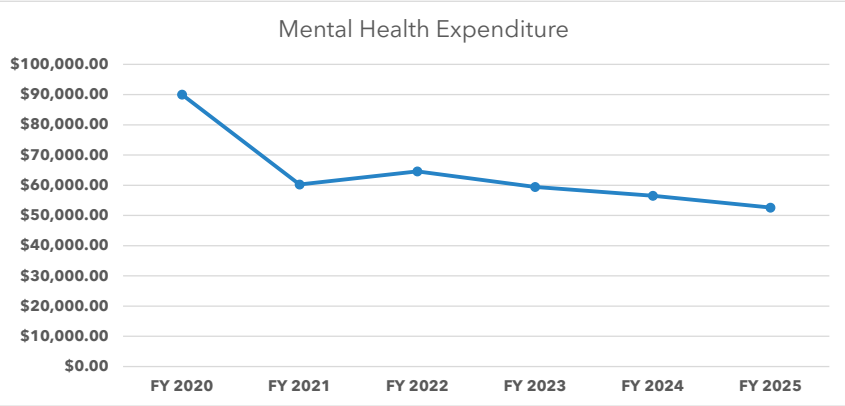
Client utilization has decreased to FY 2023 levels, and expenditures are the lowest in the last six years.

CORE SERVICE: MENTAL HEATLH

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	95	1.2%	$90,019.31	$948
FY 2021	8,420	121	1.4%	$60,238.75	$498
FY 2022	8,590	101	1.2%	$64,577.50	$639
FY 2023	9,060	120	1.3%	$59,426.00	$495
FY 2024	9,316	136	1.5%	$56,517.50	$416
FY 2025	9,194	124	1.3%	$52,618.00	$424

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$73,351	177	$414
2	Medicaid	$3,967,662	1,568	$2,530
3	Other	$1,114,204	243	$4,585
4	Part B	$25,000	226	$111
5	Part C	$35,235	643	$55
6	Part D	$157,060	202	$778

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$74,994	211	$355
2	Medicaid	$4,141,778	1,531	$2,705
3	Other	$893,027	198	$4,510
4	Part C	$197,668	857	$231

CORE SERVICE: ORAL HEALTH CARE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	9.32%
FY 2021	$19,018,258.46	13.32%
FY 2022	$22,372,383.35	14.63%
FY 2023	$23,801,341.37	0.00%
FY 2024	$23,557,202.81	16.87%
FY 2025	$23,594,690.18	19.13%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	6	$2,888,975.00	$1,645,878.57	56.97%
FY 2021	4	$3,108,975.00	$2,533,061.80	81.48%
FY 2022	5	$3,864,445.00	$3,273,644.50	84.71%
FY 2023	6	$3,701,975.00	$3,631,549.00	98.10%
FY 2024	4	$4,082,857.00	$3,974,346.00	97.34%
FY 2025	4	$4,631,775.00	$4,513,801.00	97.45%

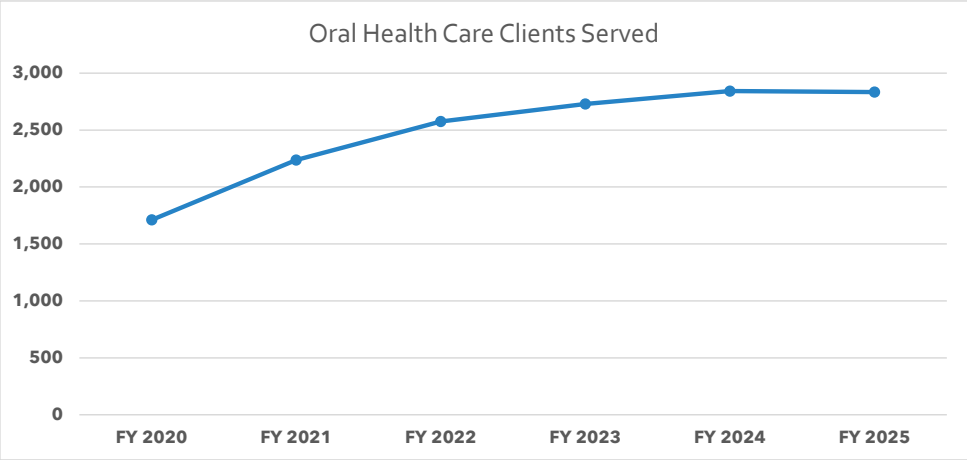
Notes:

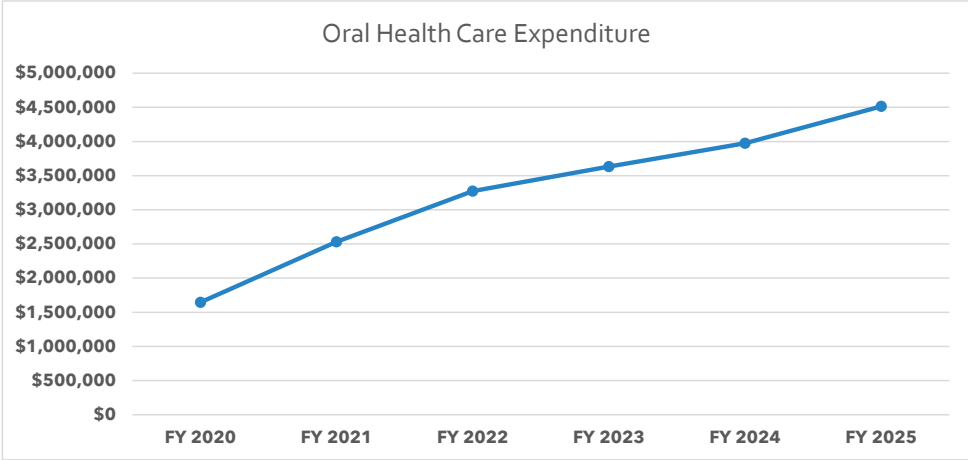
Client utilization is similar to FY 2024 levels but expenditures have increased substantially.

CORE SERVICE: ORAL HEALTH CARE

Service Program

Limitations: 400% FPL; annual $6,500 cap reinstated





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	1,711	21.1%	$1,645,879	$962
FY 2021	8,420	2,237	26.6%	$2,533,062	$1,132
FY 2022	8,590	2,575	30.0%	$3,273,645	$1,271
FY 2023	9,060	2,730	30.1%	$3,631,549	$1,330
FY 2024	9,316	2,843	30.5%	$3,974,346	$1,398
FY 2025	9,194	2,833	30.8%	$4,513,801	$1,593

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$7,061	39	$181
2	Other	$364,257	167	$2,181
3	Part C	$228,544	458	$499

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$12,855	14	$918
2	Other	$402,759	169	$2,383
3	Part C	$134,986	N/A	N/A

SUPPORT SERVICE: OTHER PROFESSIONAL SERVICES-LEGAL SERVICES AND PERMANENCY PLANNING

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.83%
FY 2021	$19,018,258.46	0.51%
FY 2022	$22,372,383.35	0.30%
FY 2023	$23,801,341.37	0.30%
FY 2024	$23,557,202.81	0.15%
FY 2025	$23,594,690.18	0.07%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	13	$154,449.00	$146,335.50	94.75%
FY 2021	13	$154,449.00	$97,371.00	63.04%
FY 2022	13	$154,449.00	$67,581.00	43.76%
FY 2023	15	$97,449.00	$71,730.00	73.61%
FY 2024	15	$40,274.00	$34,290.00	85.14%
FY 2025	15	$18,700.00	$17,559.00	93.90%

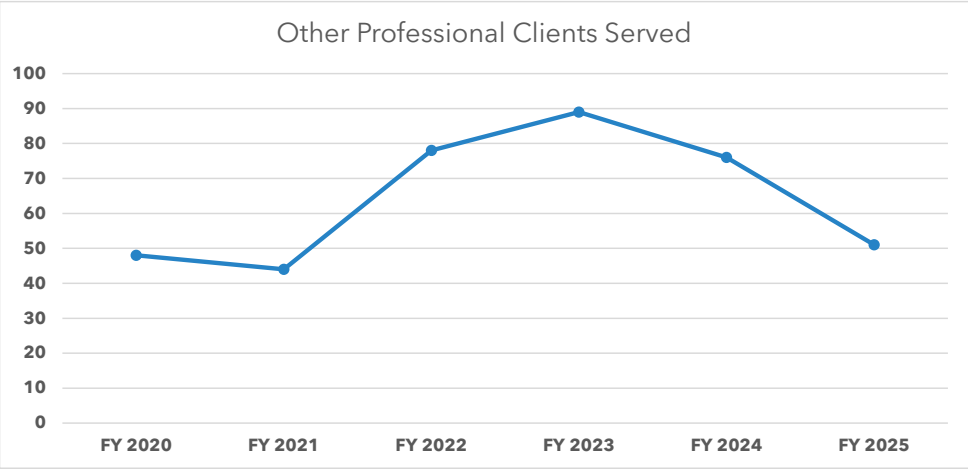
Notes:

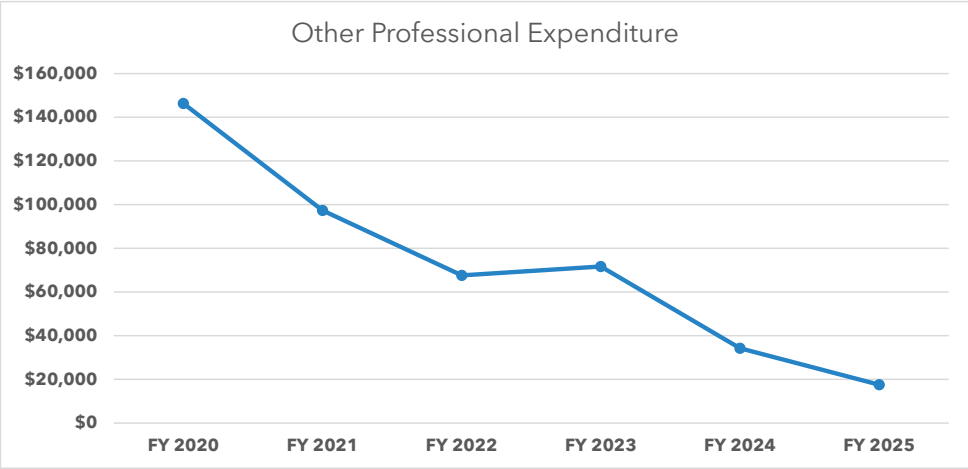
Client utilization and expenditures in FY 2025 continue to drop, with expenditures at the lowest level in six years.

SUPPORT SERVICE: OTHER PROFESSIONAL SERVICES-LEGAL SERVICES AND PERMANENCY PLANNING

Service Program

Limitations: 400 % FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	48	0.6%	$146,336	$3,049
FY 2021	8,420	44	0.5%	$97,371	$2,213
FY 2022	8,590	78	0.9%	$67,581	$866
FY 2023	9,060	89	1.0%	$71,730	$806
FY 2024	9,316	76	0.8%	$34,290	$451
FY 2025	9,194	51	0.6%	$17,559	$344

CORE SERVICE: OUTPATIENT/AMBULATORY HEALTH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	41.89%
FY 2021	$19,018,258.46	40.64%
FY 2022	$22,372,383.35	39.00%
FY 2023	$23,801,341.37	36.93%
FY 2024	$23,557,202.81	37.17%
FY 2025	$23,594,690.18	32.61%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$10,153,862.00	$7,397,591.74	72.85%
FY 2021	$10,010,471.00	$7,729,583.99	77.21%
FY 2022	$10,652,424.00	$8,724,251.44	81.90%
FY 2023	$9,462,556.00	$8,788,808.41	92.88%
FY 2024	$9,757,911.00	$8,756,674.98	89.74%
FY 2025	$8,727,482.00	$7,694,608.52	88.17%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final	% Spent
FY 2020	2	$8,661,870.00	$6,911,704.73	79.79%
FY 2021	2	$8,647,718.00	$7,268,815.93	84.05%
FY 2022	2	$9,295,763.00	$8,063,884.64	86.75%
FY 2023	5	$7,940,909.00	$7,848,156.83	98.83%
FY 2024	2	$8,020,778.00	$7,820,124.65	97.50%
FY 2025	3	$7,007,729.00	$6,971,950.08	99.49%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	2	$1,491,992.00	$485,887.01	32.57%
FY 2021	2	$1,362,753.00	$460,768.06	33.81%
FY 2022	2	$1,356,661.00	$660,366.80	48.68%
FY 2023	5	$1,521,647.00	$940,651.58	61.82%
FY 2024	2	$1,737,133.00	$936,550.33	53.91%
FY 2025	3	$1,719,753.00	$722,658.44	42.02%

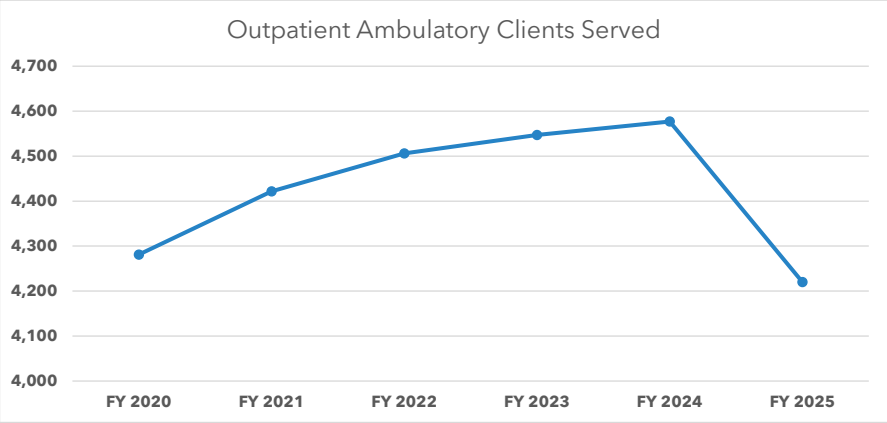
Notes:

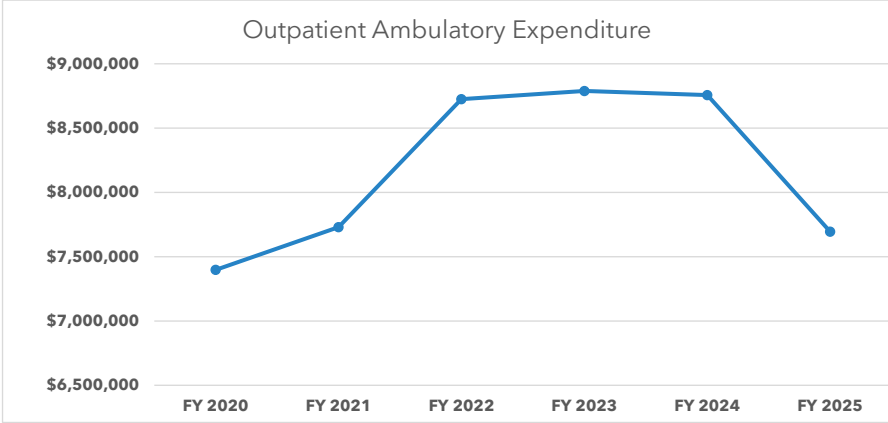
There has been a marked decrease in clients served and expenditures in FY 2025.

CORE SERVICE: OUTPATIENT/AMBULATORY HEALTH SERVICES

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	4,281	52.7%	$7,397,592	$1,728
FY 2021	8,420	4,422	52.5%	$7,729,584	$1,748
FY 2022	8,590	4,506	52.5%	$8,724,251	$1,936
FY 2023	9,060	4,547	50.2%	$8,788,808	$1,933
FY 2024	9,316	4,577	49.1%	$8,756,675	$1,913
FY 2025	9,194	4,220	45.9%	$7,694,609	$1,823

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$914,929	3,678	$249
2	Medicaid	$14,773,258	19,500	$758
3	Other	$1,280,170	2,077	$616
4	Part C	$1,215,944	3,597	$338
5	Part D	$743,233	1,267	$587

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$788,275	1,782	$442
2	Medicaid	$12,458,586	17,563	$709
3	Other	$1,618,920	2,143	$755
4	Part C	$992,567	3,442	$288
5	Part D	$685,978	786	$873

SUPPORT SERVICE: OUTREACH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.84%
FY 2021	$19,018,258.46	0.74%
FY 2022	$22,372,383.35	0.68%
FY 2023	$23,801,341.37	0.65%
FY 2024	$23,557,202.81	0.69%
FY 2025	$23,594,690.18	0.69%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$304,512.00	$148,154.86	48.65%
FY 2021	$212,096.00	$140,761.02	66.37%
FY 2022	$217,902.00	$151,422.86	69.49%
FY 2023	$189,097.00	$153,681.05	81.27%
FY 2024	$188,848.00	$163,018.86	86.32%
FY 2025	$180,477.00	$161,871.02	89.69%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	11	$264,696.00	$118,293.86	44.69%
FY 2021	11	$172,280.00	$104,263.02	60.52%
FY 2022	12	$178,086.00	$114,924.86	64.53%
FY 2023	14	$149,281.00	$117,183.05	78.50%
FY 2024	14	$149,032.00	$123,202.86	82.67%
FY 2025	13	$140,661.00	$122,055.02	86.77%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	5	$39,816.00	$29,861.00	75.00%
FY 2021	5	$39,816.00	$36,498.00	91.67%
FY 2022	6	$39,816.00	$36,498.00	91.67%
FY 2023	10	$39,816.00	$36,498.00	91.67%
FY 2024	7	$39,816.00	$39,816.00	100.00%
FY 2025	4	$39,816.00	$39,816.00	100.00%

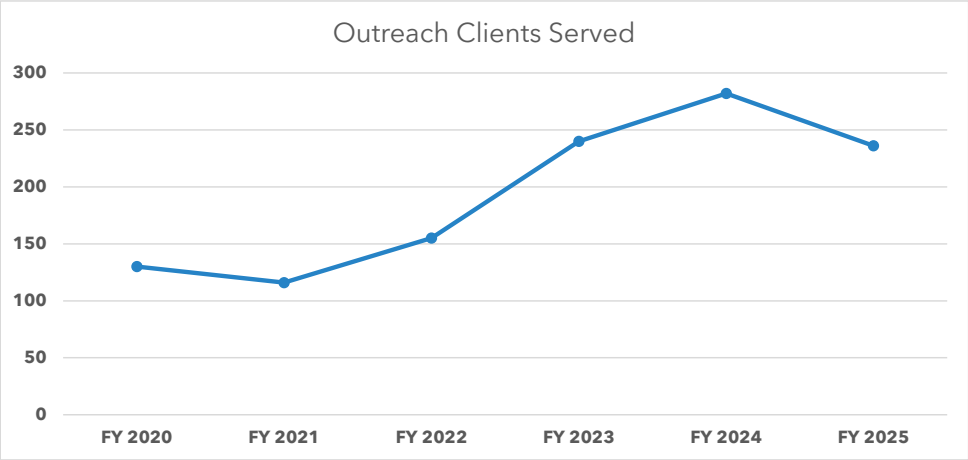
Notes:

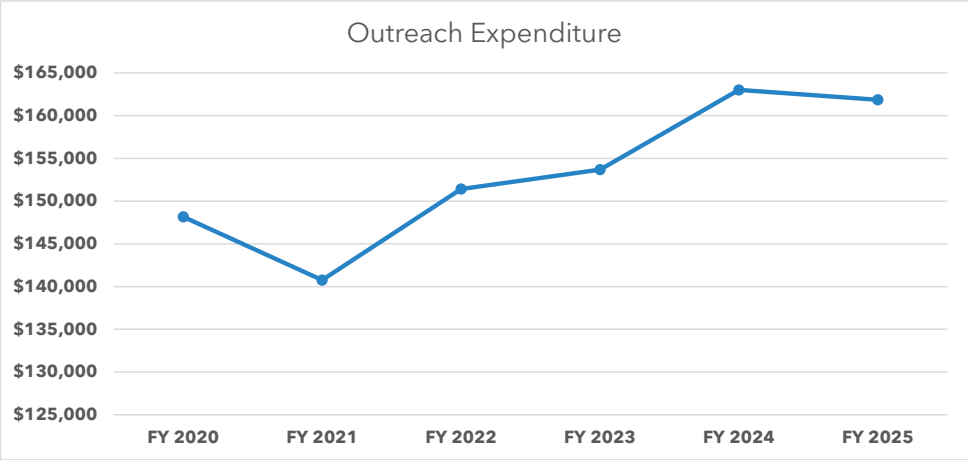
The number of clients served has dropped to FY 2023 levels.

SUPPORT SERVICE: OUTREACH SERVICES

Service Program

Limitations: NA





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	130	1.6%	$148,155	$1,140
FY 2021	8,420	116	1.4%	$140,761	$1,213
FY 2022	8,590	155	1.8%	$151,423	$977
FY 2023	9,060	240	2.6%	$153,681	$640
FY 2024	9,316	282	3.0%	$163,019	$578
FY 2025	9,194	236	2.6%	$161,871	$686

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per client
1	Part C	$80,462	4,248	$19
2	Part D	$58,883	5	$11,777

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per client
1	Other	$404,000	50	$8,080
2	Part C	$65,491	2,346	$28
3	Part D	$125,132	116	$1,079

CORE SERVICE: SUBSTANCE ABUSE OUTPATIENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.130%
FY 2021	$19,018,258.46	0.010%
FY 2022	$22,372,383.35	0.000%
FY 2023	$23,801,341.37	0.000%
FY 2024	$23,557,202.81	0.007%
FY 2025	$23,594,690.18	0.003%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$52,186.00	$23,556.19	45.14%
FY 2021	$52,186.00	$1,356.00	2.60%
FY 2022	$53,526.00	$4,971.00	9.29%
FY 2023	$14,686.00	$1,440.00	9.81%
FY 2024	$17,499.00	$1,560.00	8.91%
FY 2025	$11,058.00	$780.00	7.05%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	7	$44,128.00	$19,527.19	44.25%
FY 2021	7	$44,128.00	$1,146.00	2.60%
FY 2022	9	$45,468.00	$4,401.00	9.68%
FY 2023	12	$6,628.00	$1,410.00	21.27%
FY 2024	9	$9,441.00	$1,440.00	15.25%
FY 2025	8	$3,000.00	$780.00	26.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	4	$8,058.00	$4,029.00	50.00%
FY 2021	4	$8,058.00	$210.00	2.61%
FY 2022	4	$8,058.00	$570.00	7.07%
FY 2023	8	$8,058.00	$30.00	0.37%
FY 2024	6	$8,058.00	$120.00	1.49%
FY 2025	5	$8,058.00	$0.00	0.00%

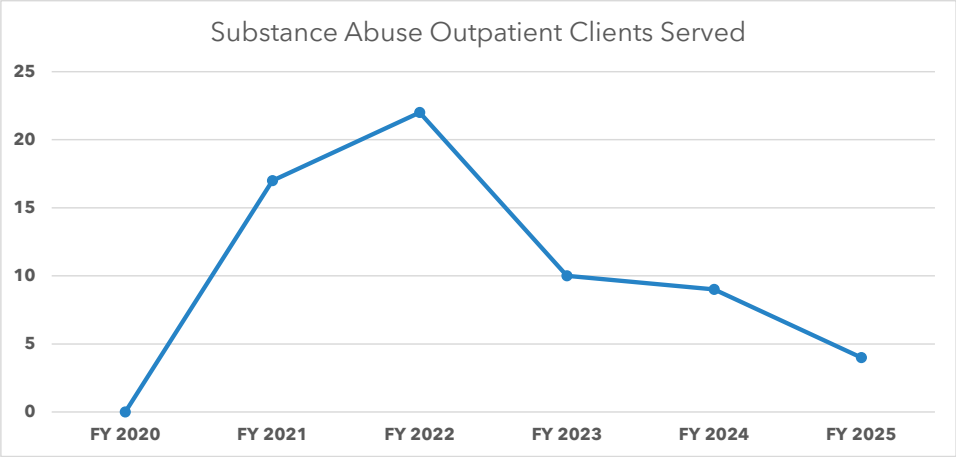
Notes:

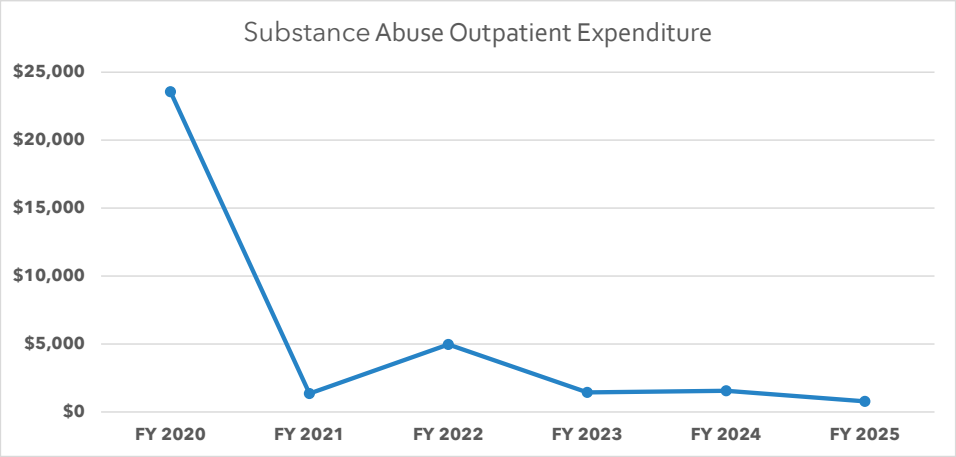
Expenditures have been steadily declining with lowest client and expenditure levels in FY 2025.

CORE SERVICE: SUBSTANCE ABUSE OUTPATIENT

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	N/A	0.00%	$23,556	N/A
FY 2021	8,420	17	0.20%	$1,356	$80
FY 2022	8,590	22	0.26%	$4,971	$226
FY 2023	9,060	10	0.11%	$1,440	$144
FY 2024	9,316	9	0.10%	$1,560	$173
FY 2025	9,194	4	0.04%	$780	$195

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$11,880	3	$3,960
2	Other	N/A	7	N/A
3	Part C	$873	2	$437

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$47,066	7	$6,724
2	Other	N/A	8	N/A

SUPPORT SERVICE: SUBSTANCE ABUSE RESIDENTIAL

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	7.48%
FY 2021	$19,018,258.46	5.09%
FY 2022	$22,372,383.35	4.71%
FY 2023	$23,801,341.37	0.00%
FY 2024	$23,557,202.81	6.96%
FY 2025	$23,594,690.18	6.45%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$1,773,744.00	$1,320,120.00	74.43%
FY 2021	$1,289,469.00	$968,310.00	75.09%
FY 2022	$1,538,406.00	$1,053,590.00	68.49%
FY 2023	$1,568,552.00	$1,358,250.00	86.59%
FY 2024	$1,731,750.00	$1,639,750.00	94.69%
FY 2025	$1,611,000.00	$1,522,000.00	94.48%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	9	$1,773,744.00	$1,320,120.00	74.43%
FY 2021	8	$1,289,469.00	$968,310.00	75.09%
FY 2022	7	$1,538,406.00	$1,053,590.00	68.49%
FY 2023	10	$1,568,552.00	$1,358,250.00	86.59%
FY 2024	7	$1,731,750.00	$1,639,750.00	94.69%
FY 2025	11	$1,611,000.00	$1,522,000.00	94.48%

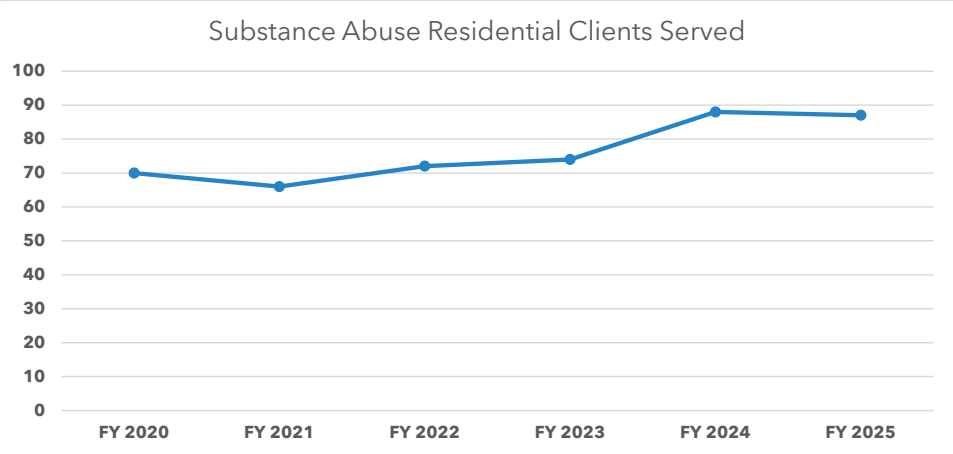
Notes:

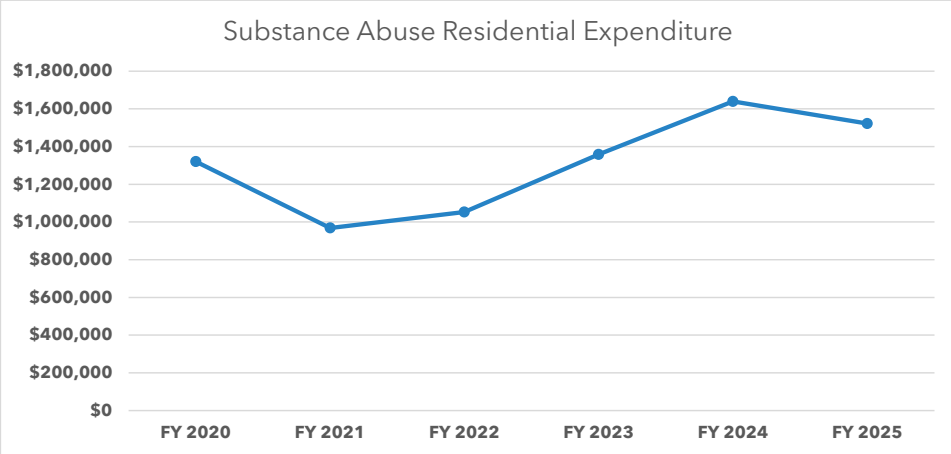
FY 2025 client utilization and expenditures are similar to FY 2024 levels.

SUPPORT SERVICE: SUBSTANCE ABUSE RESIDENTIAL

Service Program

Limitations: 400% FPL: 180 day within 12-month period max.





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	70	0.86%	$1,320,120	$18,859
FY 2021	8,420	66	0.78%	$968,310	$14,671
FY 2022	8,590	72	0.84%	$1,053,590	$14,633
FY 2023	9,060	74	0.82%	$1,358,250	$18,355
FY 2024	9,316	88	0.94%	$1,639,750	$18,634
FY 2025	9,194	87	0.95%	$1,522,000	$17,494

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$233,293	13	$17,946

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$316,876	15	$21,125

FINAL EXPENDITURES/ UTILIZATION AND NEXT YEAR BUDGET WORKSHEETS

SECTION 8

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

FINAL FY 2025 REPORT
(Grant Closeout Complete)

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF: **February 2026**

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Management	6,792	120,153	3,009	8,799
Mental Health Services	15	590	6	124
Oral Health Care	418	11,031	319	2,833
Outpatient Ambulatory Health Services	1,520	30,218	922	4,220
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	448	7,171	218	1,137
Other Professional Services	0	195	0	51
Outreach Services	26	463	18	236
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	10,257	196,032		

Total unduplicated clients (month): 3,886

Total unduplicated clients (YTD): 9,194

This final FY 2025 Monthly and Year-to-Date Service Utilization Summary for services through February 2026 is being provided following completion of the FY 2025 grant closeout review process. Reports for the same service period were previously shared during the April 2026 and May 2026 Partnership meetings. The current report, generated on May 28, 2026, reflects finalized utilization data and no changes were identified when compared to the data previously shared on May 11, 2026.

REPORT COMPILED ON: 05/28/2026

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 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Management	4,245	101,023	1,922	8,503
Mental Health Services	15	590	6	124
Oral Health Care	418	11,031	319	2,833
Outpatient Ambulatory Health Services	1,228	27,608	736	4,065
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	446	6,915	216	1,103
Other Professional Services	0	195	0	51
Outreach Services	17	414	12	207
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	7,407	173,987		

Total unduplicated clients (month): 2,913

Total unduplicated clients (YTD): 9,089

REPORT COMPILED ON: 05/28/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	2,547	19,130	1,269	2,171
Outpatient Ambulatory Health Services	292	2,610	226	731
Support Services				
Medical Transportation	2	256	2	65
Outreach Services	9	49	6	30
TOTALS:	2,850	22,045		

Total unduplicated clients (month): 1,400

Total unduplicated clients (YTD): 2,454

REPORT COMPILED ON: 05/28/2026

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
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
Support Services	
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.

FINAL FY 2025 REPORT
(Grant Closeout Complete)

PART A

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes finalized FY 2025 paid reimbursements for Part A service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 Part A expenditures and reconciliation data.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,176,379.00	FORMULA	
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA	
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL	FY 2025 Award
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL	$24,224,652
Carryover Award of FY'24 Formula Funds	800,000.00	CARRYOVER	
Total Award	**$ 25,024,652.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
5	AIDS Pharmaceutical Assistance	5,744.00	
9	Health Insurance Services	490,526.00	
2	Medical Case Management	6,377,000.00	
7	Mental Health Therapy/Counseling	54,303.00	
4	Oral Health Care	4,631,775.00	
3	Outpatient/Ambulatory Health Svcs	7,007,729.00	
8	Substance Abuse - Outpatient	3,000.00	
	CORE Services Totals:	18,570,077.00	

	Support Services	Allocations	Carryover Allocations
14	Emergency Financial Assistance	0.00	
6	Food Bank	848,861.00	640,000.00
10	Medical Transportation	62,888.00	160,000.00
15	Other Professional Services	18,700.00	
13	Outreach Services	140,661.00	
11	Substance Abuse - Residential	1,611,000.00	
	SUPPORT Services Totals:	2,682,110.00	800,000.00
	FY 2025 Award (not including C/O)	21,252,187.00	

DIRECT SERVICES TOTAL:	**$**	**22,052,187.00**
Total Core Allocation		18,570,077.00
Target at least 80% core service allocation		17,001,749.60
Current Difference (Short) / Over	**$**	**1,568,327.40**
Recipient Admin. (GC, GTL, BSR Staff)	**$**	**2,368,904.00**
Quality Management	**$**	**603,561.00**
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	**$**	**-**
Unobligated Funds (Carry Over)	**$**	**-**

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	**87.38%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.49%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.78%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	3,110.33	
5606920000	Health Insurance Services	489,755.12	
5606870000	Medical Case Management	6,313,337.80	
5606860000	Mental Health Therapy/Counseling	52,617.50	
5606900000	Oral Health Care	4,513,801.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,971,950.08	
5606910000	Substance Abuse - Outpatient	780.00	
	CORE Services Totals:	18,345,351.83	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	848,717.20	640,000.00	1,488,717.20
5606460000	Medical Transportation	62,229.06	160,000.00	222,229.06
5606890000	Other Professional Services	17,559.00		
5606950000	Outreach Services	122,055.02		
5606930000	Substance Abuse - Residential	1,522,000.00		
	SUPPORT Services Totals:	2,572,560.28	800,000.00	
	FY 2025 Award (not including C/O)	20,917,912.11		

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 21,717,912.11**	**98.48%**
Formula Expenditure %		**97.61%**		
5606710000	**Recipient Administration**	**2,317,213.43**	**97.82%**	
5606880000	**Quality Management**	**602,153.97**		2,919,367.40
Grant Unexpended Balance		**FY 2025 Award** **387,372.49**	**Carryover** **(0.00)**	387,372.49
Total Grant Expenditures & %			**$ 24,637,279.51**	**98.45%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**87.70%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.49%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.57%** **Within Limit**

Printed On: 5/28/2026

FINAL FY 2025 REPORT
(Grant Closeout Complete)

MAI

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes finalized FY 2025 paid reimbursements for MAI service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 MAI expenditures and reconciliation data.

PROJECT #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,563,697.00	MAI
Carryover Award of FY'24 MAI Funds	1,539,152.00	MAI_CARRYOVER
Total Award	**$ 4,102,849.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00	5606870000	Medical Case Management	792,192.45	307,830.00	1,100,022.45
6	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
3	Outpatient/Ambulatory Health Svcs	873,094.63	846,658.37	1,719,753.00	5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	717,453.98	722,658.44
5	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	1,869,801.63	1,154,488.37	3,024,290		CORE Services Totals:	797,396.91	1,025,283.98	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
8	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
7	Medical Transportation	14,628.00			5606460000	Medical Transportation	14,281.18		
	Other Professional Services				5606890000	Other Professional Services			
4	Outreach Services	39,816.00			5606950000	Outreach Services	39,816.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	54,444.00	0.00			SUPPORT Services Totals:	54,097.18	0.00	
	FY 2025 Award (not inlcuding C/O)	1,924,245.63				FY 2025 Award (not inlcuding C/O)	851,494.09		
	Carryover Award		1,154,488.37						
	DIRECT SERVICES TOTAL:		**$ 3,078,734.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 1,876,778.07**	**60.96%**
	Total Core Allocation	1,869,801.63							
	Target at least 80% core service allocation	1,539,396.50							
	Current Difference (Short) / Over	**$ 330,405.13**							
	Recipient Admin. (OMB-GC)	**$ 256,369.00**			5606710000	**Recipient Administration**	**229,726.70**	**89.61%**	
	Quality Management	**$ 100,000.00**	356,369.00	$ 3,435,103.00	5606880000	**Quality Management**	**100,000.00**		329,726.70
						Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
	(+) Unobligated Funds / (-) Over Obligated:						**1,382,476.21**	**513,868.02**	1,896,344.23
	Unobligated Funds (MAI)	**$ 283,082.37**							
	Unobligated Funds (Carry Over)	**$ 384,663.63**	667,746.00	4,102,849.00		**Total Grant Expenditures & % (Including C/O):**		**$ 2,206,504.77**	**53.78%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.17%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**93.65%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**8.96%**	**Within Limit**

Printed On: 5/28/2026

AGENDA AND MINUTES

SECTION 10

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

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	TBD
II.	Introductions	All
III.	Meeting Housekeeping	TBD
IV.	Floor Open to the Public	TBD
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 14, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	TBD
VIII.	Standing Business	
	• FCPN Update	All
	• Proposed Service Descriptions Protocol	All
IX.	New Business	
	• Planning Council Responsibilities and Needs Assessment	Marlen Meizoso
	• Needs Assessment PSRA Process Review and Approval	All
	• Miami-Dade County Epidemiological Data Selections 2020-2024	Marlen Meizoso
	• Miami-Dade County Ryan White Program Care Continuum FY 2025-26	Frank Gattorno
X.	Announcements and Open Discussion	All
	• New Member Orientation July 1, 2026	Marlen Meizoso
XI.	Next Meeting: **July 9, 2026** at **Care Resource**	TBD
XII.	Adjournment	TBD

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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Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd., 1st Floor, Community Room
Miami, FL 33137

May 14, 2026, Minutes

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	X	
2	Ingram, Trillion	X	
3	Henriquez, Maria	X	
4	Mills, Vanessa		X
5	Riley, James	X	
6	Santiago, Steven		X
7	Shmuels, Daniel	X	
8	Shmuels, Diego		X
Quorum: 4			

Guests	
Gonzalez, Yvette	
Singh, Hardeep	
Valle-Schwenk, Carla	
Staff	
Ladner, Robert	
Meizoso, Marlen	

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at https://partnershipmiami.org/the-partnership-2/#caretreatment2.

I. Call to Order *Dr. Steven Santiago*

Dr. Steven Santiago, Chair, welcomed everyone and reviewed the tasks of the day. He called the meeting to order at 10:12 a.m.

II. Introductions *All*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Steven Santiago*

Dr. Santiago reviewed the housekeeping presentation which detailed meeting participation reminders, use of people first language, meeting etiquette, and reminders of access to the meeting materials via the QR code on the agenda.

IV. Floor Open to the Public *Dr. Steven Santiago*

Dr. Santiago 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 and approved it as presented.

Motion to accept the agenda as discussed.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

VI. Review/Approve Minutes of March 12, 2026

The Committee reviewed the minutes of March 12, 2026, and motioned to accept them as presented.

Motion to accept the March 12, 2026, minutes as presented.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

VII. Reports

- **Part A** *Carla Valle-Schwenk*

Carla Valle-Schwenk indicated the Ryan White Program Part A/MAI Request for Proposal for services starting FY 2027 should be released soon, possibly by June. The submission process will be online. The final closeout for the year is being done, and final expenditures and utilization should be available for next month. The Recipient is also working on HRSA end-of-year reports.

Advocacy regarding the changes to ADAP is still underway. The new Fiscal Year for the state begins July 1. Clients can apply to the Gilead Patient Assistance Program for Biktarvy and the clinical reason to stay on the medication needs to be included on the application. ADAP is also looking to remove additional drugs from the formulary, including single regime tablets; and to offer only generic medications.

There were no Part B, ADAP, or General Revenue reports available for the meeting.

- **Vacancies** *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancy report from May 2026, highlighting the membership opportunities on the Partnership, committees, and subcommittee. She indicated that today's meeting was Vanessa Mills final meeting since she reached her term limit. Three applications have been

received for the Committee but only one applicant was in attendance. The other applicants will attend the June meeting. Yvette Gonzalez applied to the committee and has also applied for the Partnership. Ms. Gonzalez indicated her background and interest in the Committee and members voted on her membership.

Motion to recommend Yvette Gonzalez as a member of the Care and Treatment Committee.
Moved: Louvens Fils Aime Seconded: James Riley Motion: Passed

Staff also invited committee members to share membership opportunities among clients and invite them to a meeting or direct them to staff.

- **Medical Care Subcommittee Report** *Dr. Steven Santiago*

Dr. Santiago read the report from the Medical Care Subcommittee (MCSC).

The Medical Care Subcommittee:

- Elected Christhian Ysea as Chair and Dr. Lawrence Friedman as Vice Chair.

- Discussed activity planning to address work load, moved their meeting up a week to ensure quorum, and will return to addressing the systemic review of the allowable conditions at the next meeting.

- Continued efforts to address contingency planning in response to pending ADAP changes by reviewing utilization under Outpatient Ambulatory Health Services. Additional review will take place at the next meeting focusing on vaccines.

- Began discussion of the Ryan White Part A Prescription Drug Formulary and updates that were needed, including the removal of discontinued items, addition of new ARV Sulenca per formulary protocol, and edits to some medications. While the ADAP program has removed Biktarvy, it still appears on the Ryan White Formulary and must be removed since it would be cost prohibitive to provide the medication. Samples and the Patient Assistance Program should be used to access the medications. Additional review of the Formulary will take place at the next meeting.

Motion to remove Biktarvy from the Ryan White Part A Prescription Drug Formulary, retroactive to March 1, 2026.
Moved: Louvens Fils Aime Seconded: Dr. Daniel Shmuels Motion: Passed

MCSC members reviewed several items deferred from earlier in the year, including service descriptions they had initially started editing. Red-lined documents were presented, and staff advised some of the formatting changes may cause the drafts to look distorted. All formatting will be corrected in the final draft. The Subcommittee reviewed and accepted the edits to the mental health, substance abuse, and oral health service descriptions. The Committee combined the motions for mental health and substance abuse.

Motion to accept the FY 2026 Ryan White Program Mental Health Services Description and Substance Abuse Outpatient Care and Substance Abuse Services (Residential) Service Description as presented.
Moved: Maria Henriquez Seconded: Dr. Daniel Shmuels Motion: Passed

Motion to accept the FY 2026 Ryan White Oral Health Care Service Description as edited.
Moved: Trillion Ingram Seconded: James Riley Motion: Passed

Members reviewed service descriptions previously approved that needed correcting since they contained references to services and changes that will be available after the new RFP. The Subcommittee reviewed and accepted revisions to the Prescription Drugs and Outpatient Ambulatory Health Services Descriptions. The references highlighted in green will be updated upon receipt of the information.

Motion to accept the FY 2026 Ryan White Program AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program-LPAP) Service Description as presented.
Moved: Dr. Daniel Shmuels Seconded: Louvens Fils Aime Motion: Passed

Motion to accept the FY 2026 Ryan White Program Outpatient Ambulatory Health Services Description as discussed.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

The Subcommittee reviewed edits and suggested additional changes to the Oral Health Care Service Standards. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Oral Health Care Standards as discussed.
Moved: Dr. Daniel Shmuels Seconded: Yvette Gonzalez Motion: Passed

The Subcommittee reviewed edits to the Letter of Medical Necessity for Continuous Glucose Monitors including review of possible costs for specific devices. Instead of selecting a specific device, just the brand names will be listed and additional language on use of cost-effective options was included on the edits. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Letter of Medical Necessity for Continuous Glucose Monitors as discussed.
Moved: Dr. Daniel Shmuels Seconded: Louvens Fils-Aime Motion: Passed

As part of their annual work, the Subcommittee also reviewed FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services, and edited language for clarity.

Motion to accept the FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services as discussed.
Moved: Trillion Ingram Seconded: Dr. Daniel Shmuels Motion: Passed

The next MCSC meeting is scheduled for May 15, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

VIII. Standing Business

- **FCPN Nomination Care and Treatment Update** *All*

The Care and Treatment Committee is tasked with recommending two members to the Florida Comprehensive Planning Network (FCPN) Care and Treatment Division. FCPN works as the state's planning group for HIV services and meets periodically in person and holds workgroups online. The Committee approved Dr. Diego Shmuels as the FCPN Care and Treatment alternate when nominations were first requested in December. No other members volunteered for the Representative seat. Another request was made for nominations. Members were asked to think about participating and the item will be added to next month's agenda. Meanwhile, staff will forward the FCPN Bylaws to members to review responsibilities.

- **Special Projects Discussion** *All*

As part of the annual staff support budget process approved in 2024, committees and the subcommittee are being polled for any request for support of special projects above and beyond HRSA-mandated annual activities (needs assessment, comprehensive planning, PSRA, and efficiency of the administrative mechanism). Results of the special projects request will be shared with the Executive Committee. With the current challenges with the ADAP program, the Committee decided not to pursue a special project and instead to continue monitoring the impact of changes to ADAP.

- **Service Descriptions – Remaining Item**s *All*

Because of the work being done on contingency planning and other delays, some service descriptions need revision for FY 2026. Staff included drafts with some proposed edits for review, and members were advised that formatting in track changes appears distorted but will be corrected once the final version is approved. Service descriptions for emergency financial assistance, food bank, medical transportation, medical case management, outreach, and health insurance assistance were reviewed. No additional edits were suggested for medical transportation and food bank.

The following edits were recommended on the service descriptions:

- Emergency Financial Assistance: Biktarvy should be struck, and the notes section needs to be verified if it is still needed.
- Medical Case Management: Under staff training, the date should be July 1, 2026.
- Outreach: Change gender to sex on page 9; and under staff training, the date should be July 1, 2026.
- Health Insurance: It was suggested to use the YR 2025 service description language, update the dates, highlight the section that no longer applies for ADAP, and add a disclaimer about the

highlighted section indicating, “the following information below is inactive and included for reference only at this time”.

Motion to accept the FY 2026 Ryan White Program Emergency Financial Assistance Service Description as discussed.
Move: Trillion Ingram **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Food Bank Service Description as presented.
Move: Trillion Ingram **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Medical Transportation Service Description as presented.
Move: Yvette Gonzalez **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Medical Case Management, including Treatment Adherence Service Description as discussed.
Move: Louvens Fils Aime **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Outreach Service Description as presented.
Move: Yvette Gonzalez **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Health Insurance Service Description as discussed.
Move: James Rilery **Seconded: Trillion Ingram** **Motion: Passed**

IX. New Business

- **Proposed Service Description Protocol** *All*

Staff proposed an annual service description protocol to expedite the review process. The protocol details the purpose, frequency, responsibilities, and steps in the process. The Committee discussed the protocol and agreed it would be helpful. Instead of recommending descriptions, “with changes” or “with no changes,” it was suggested to make them, “with substantial changes” and “with no substantial changes”. Substantial changes do not include dates, footer updates, information in the header, or references to billing structures. A tracking sheet should also be included. A revised draft will be brought to the next meeting.

- **FY 2025-26 Carryover Request** *All*

The Committee reviewed the FY 2026-2027 Carryover request for Ryan White Part A and Minority AIDS Initiative (MAI) funding. At the time of the Committee's decisions, only estimated total funds were available so allocations were indicated as percentages.

Under MAI, the estimated carryover totals were allocated to the top two usage categories, Medical Case Management and Outpatient/Ambulatory Health Services, both of which may need additional funding.

Motion to allocate 50% of the FY 2026-27 Ryan White MAI carryover requests to Medical Case Management and 50% to Outpatient/Ambulatory Health Services.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**

Under Ryan White Part A, the total estimated carryover percent was placed into Food Bank whose allocation for FY 26 was about 35% of the total expended last year. Dr. Santiago had a conflict under Part A. He stated his conflict and left the room during the discussion and vote. Dr. Santiago was asked to complete Form 8B, which is included as an addendum to these minutes. Maria Henriquez volunteered to chair the meeting in Dr. Santiago's absence. Upon completion of the vote, Dr. Santiago returned to the meeting and resumed chairing.

Motion to allocate 100% of the FY 2026-27 Ryan White Part A Carryover request to Food Bank Services.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**
Abstained: Dr. Steven Santiago

- **Planning Council Responsibilities and Needs Assessment** *All*

Since time was running short, the Committee made a motion to defer this item to next month. The Committee was asked about budget development since this needs to be incorporated into planning. The Committee suggested only having one budget (non-compete ceiling total). This will help provide more time on the agenda to address other business items.

Motion to defer the Planning Council Responsibilities and Needs Assessment Presentation to next month.
Moved: James Riley **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

X. Announcements and Open Discussion *All*

Attendees were reminded that next Get on Board training course is on June 3, 2026, and registration for the event is accessible via the posted QR code.

XI. Next Meeting *Dr. Steven Santiago*

The next meeting is scheduled for Thursday, June 11, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment *Dr. Steven Santiago*

With business concluded, Dr. Santiago thanked everyone for participating, and adjourned the meeting at 11:36 a.m.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
Santiago, Steven	Miami-Dade HIV/AIDS Partnership-Care and Treatment Cmte
MAILING ADDRESS [redacted]	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: ☐ CITY ☑ COUNTY ☐ OTHER LOCAL AGENCY
CITY: Miami / COUNTY: Miami-Dade	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED: May 14, 2026	MY POSITION IS: ☑ ELECTIVE ☐ APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

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ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * * * * * * * * * * * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Steven Santiago, hereby disclose that on May 14, 20 26:

(a) A measure came or will come before my agency which (check one or more)

___ inured to my special private gain or loss;

___ inured to the special gain or loss of my business associate, _____;

___ inured to the special gain or loss of my relative, _____;

___ inured to the special gain or loss of _____, by whom I am retained; or

___ inured to the special gain or loss of Food for Life Network, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

The carryover allocation recommended for the FY 2026 food bank service category for which Food for Life Network is the sole provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

5/14/2026

Date Filed

[redacted]

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED $10,000.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, July 9, 2026

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. Steven Santiago
II.	Introductions	All
III.	Meeting Housekeeping	Dr. Steven Santiago
IV.	Floor Open to the Public	Dr. Diego Shmuels
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of June 11, 2026	All
VII.	Reports	
	• Recipients (Part A and ADAP)	All
	• Vacancies	Marlen Meizoso
	• Partnership Report (reference only)	Dr. Steven Santiago
VIII.	Standing Business	
	• FY 2026-27 Rapid Reallocation/Sweeps	All
IX.	New Business	
	• Miami-Dade County Ryan White Program Demographics FY 2025	Frank Gattorno
	• Miami-Dade County Ryan White Program FY 2025 Co-Occurring Conditions	Dr. Robert Ladner
	• Other Funding and Dashboard Cards	Marlen Meizoso
X.	Announcements and Open Discussion	All
	• July 22, 2026 New Member Orientation	
XI.	Next Meeting: **August 13, 2026** at **Care Resource**	Dr. Diego Shmuels
XII.	Adjournment	Dr. Steven Santiago

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

Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd., 1st Floor, Community Room
Miami, FL 33137

June 11, 2026, Minutes

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	X	
2	Gonzalez, Yvette	X	
3	Henriquez, Maria	X	
4	Ingram, Trillion		X
5	Riley, James	X	
6	Santiago, Steven		X
7	Shmuels, Daniel	X	
8	Shmuels, Diego		X
Quorum: 4			

Guests
Dale, Jackie
Gonzalez de Obando, Tivisay
Santiago, Grechen
Singh, Hardeep
Staff
Gattorno, Frank
Meizoso, Marlen

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at https://partnershipmiami.org/partnership/#caretreatment2.

I. Call to Order *Dr. Daniel Shmuels*

In the absence of both officers, Dr. Daniel Shmuels volunteered to chair the meeting. He welcomed everyone, reviewed the tasks of the day, and called the meeting to order at 10:20 a.m.

II. Introductions *All*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Daniel Shmuels*

Dr. Shmuels reviewed the housekeeping presentation which detailed meeting participation reminders, use of people first language, meeting etiquette, and reminders of access to the meeting materials via the QR code on the agenda.

IV. Floor Open to the Public *Dr. Daniel Shmuels*

Dr. Shmuels read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. 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. Two additions were requested. For all items marked TBD, Daniel Shmuels should be indicated as the lead. There was also a request for the addition of the Partnership Report after the Medical Care Subcommittee Report. The Committee approved the agenda with the updates and additions.

Motion to accept the agenda with the discussed changes.
Moved: James Riley Seconded: Yvette Gonzalez Motion: Passed

VI. Review/Approve Minutes of May 14, 2026

The Committee reviewed the minutes of May 14, 2026, and accepted them as presented.

Motion to accept the May 14, 2026, minutes as presented.
Moved: Louvens Fils Aime Seconded: Maria Henriquez Motion: Passed

VII. Reports

- **Part A** *Tivisay Gonzalez de Obando*

  Tivisay Gonzalez de Obando reviewed the final FY 2025 Ryan White Program Part A/MAI utilization and expenditure reports. The Ryan White Program served 9,316 clients which is slightly fewer clients than last year, though there was an increase in the number of MAI clients served. The carryover request and end of year reports were submitted to HRSA.

  Contracts for the current year for EHE, Part A, and MAI are being finalized and will start to go out within the next two weeks.

  The public outreach campaign continues.

  Recipient staff is preparing for the Ryan White Conference scheduled for August 3-7, 2026.

A member asked if an analysis of carryover has been carried out to show where underspending is taking place. Ms. Gonzalez de Obando indicated the information is available and can be shared with the Committee for the next meeting.

- **Other Reports**

There were no Part B, ADAP, or General Revenue reports available for the meeting.

- **Vacancies** *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancies on the Partnership and the Committee. The two applicants referenced last month were able to attend the meeting and introduced themselves. Jacqueline "Jackie" Dale, and Grechen Santiago provided information on their interest and background. Members decided to vote on their membership as a slate.

Motion to recommend Jackie Dale and Grechen Santiago as members of the Care and Treatment Committee.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**

Staff reviewed next steps for the new members and also invited committee members to share membership opportunities widely.

- **Medical Care Subcommittee Report** *Dr. Daniel Shmuels*

Dr. Shmuels read the report from the Medical Care Subcommittee (MCSC). The Medical Care Subcommittee:

- Heard updates on the Ryan White Program.
- Continued its review of documents crafted as a response to the HRSA "Dear Colleague" letter reviewing the Allowable Conditions list.
- Reviewed data on vaccine utilization under Outpatient/Ambulatory Health Services and discussed payor of last resort restrictions for ADAP clients.
- Discussed special projects and decided to continue current work on allowable conditions.
- Were informed that dental code D6095-repair of implant abutment, was discontinued, and has not been used recently.
- Cancelled their June meeting, since several members were not going to be able to attend.

The next MCSC meeting is scheduled for July 24, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

- **Partnership Report** *Marlen Meizoso*

Mrs. Meizoso reviewed the Partnership Report which was posted online and indicated the motions made at the June meeting.

VIII. Standing Business

- **FCPN Nomination Care and Treatment Update** *All*

The Care and Treatment Committee discussed the need to recommend an additional member to the Florida Comprehensive Planning Network (FCPN) Care and Treatment Division. FCPN works as the state's planning group for HIV services and meets periodically in person and holds workgroups online. Staff forwarded the Bylaws to members which detailed the rules that govern the FCPN. Members were queried for interest in serving as the member and Yvette Gonzalez volunteered. With no additional interest, Ms. Gonzalez was recommended.

Motion to recommend Yvette Gonzalez as the Care and Treatment member to FCPN.
Moved: James Riley Seconded: Louvens Fils Aime Motion: Passed

- **Proposed Service Description Protocol** *All*

Based on the discussions and review of the proposed Annual Service Description Protocol last month, edits were made and incorporated into the current draft. The protocol is intended to improve the service definition review and approval process. The Committee reviewed the edits which included a sample tracking sheet and language updates. No additional changes were recommended. The Committee made a motion to approve the document as presented.

Motion to accept the Proposed: Annual Service Description Review Protocol as presented.
Moved: Maria Henriquez Seconded: James Riley Motion: Passed

IX. New Business

- **Planning Council Responsibilities and Needs Assessment** *All*

Mrs. Meizoso reviewed the Planning Council Responsibilities and Needs Assessment presentation which serves as the foundation for the work that the Committee will engage in starting with today's meeting and ending in September. The Committee reviewed their responsibilities, timelines, expectations, and sample data that will be used throughout the process for priority setting, resource allocations, and in establishing directives, emphasizing that decisions must be data driven.

- **Needs Assessment PSRA Process Review and Approval** *All*

The Committee reviewed the document and took turns reading it out loud. The 2026 Needs Assessment Process for Setting Priorities and Allocating Resources document detailed the step-by-step process members will follow as part of the Annual Needs Assessment which culminates in priority setting and resource allocations (PSRA) of the grant ceiling budgets for the next fiscal year. The Committee made a motion to adopt the document as presented.

Motion to accept the 2026 Needs Assessment Process for Setting Priorities and Allocating Resources document.
Moved: James Riley **Seconded: Louvens Fils Aime** **Motion: Passed**

- **Miami-Dade County Epidemiological Data Selections 2020-2024** *Marlen Meizoso*

Mrs. Meizoso reviewed the Miami-Dade County Epidemiological Data Selections from 2020-2024 presentation based on Florida Department of Health data. The presentation highlighted HIV and AIDS incidence by sex, age, ethnic groups, and transmission categories, and HIV prevalence by sex, age, ethnic groups, and transmission categories; compared data to state totals; and highlighted HIV-related deaths, and the HIV Care Continuum.

- **Miami-Dade County Ryan White Program Care Continuum FY 2025-26** *Frank Gattorno*

Mr. Gattorno reviewed the 2025 Ryan White HIV Care Continuum. HIV Care Continuum client health outcomes continued to improve from FY 2024 to FY 2025. Retained in care rates rose from 80% to 82%, and viral suppression rates rose from 86% to 88%. Among race/ethnicity groups, Black/non-Hispanic have the lowest suppressed viral load rates (83%) while Hispanics have the highest (90%). By sex, men have slightly higher viral suppression rates (89%), compared to women (86%). Among exposure categories, rates for injection drug use (IDU) have the lowest viral suppression rates (78%).

X. Announcements and Open Discussion *All*

Attendees were reminded:

- The next New Member Orientation training will be on July 1, 2026, and registration for the event is accessible via the posted QR code or link.

- It is import to RSVP to the meeting for quorum and to prepare sufficient meeting materials during the Needs Assessment meetings. Rapid reallocation will be on the agenda for the July meeting.

- To complete the online evaluation of today's meeting using the projected QR code, staff will also send it via email. The evaluations assist with future planning.

There were no open discussion items.

XI. Next Meeting *Dr. Daniel Shmuels*

The next meeting is scheduled for Thursday, July 9, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment *Dr. Daniel Shmuels*

With business concluded, Dr. Shmuels thanked everyone for participating, and adjourned the meeting at 12:09 p.m.