

## **The Florida Senate** Local Funding Initiative Request **Fiscal Year 2020-2021**

LFIR # 1009

- **Project Title** HIV Test and Treat Program 1. 2. **Senate Sponsor** Oscar Braynon
- 3. Date of Request 09/24/2019

#### 4. **Project/Program Description**

The Test and Treat Program will provide same day linkage to HIV medical treatment and supportive services (i.e. counseling, case management) for an individual that is newly diagnosed or was previously diagnosed with HIV but has fallen out of care. At the initial appointment with the medical provider, anti-retroviral medications will be dispensed in order to begin treatment immediately

State Agency to receive requested funds Department of Health 5.

○ Yes ● No State Agency contacted?

#### Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	000
Total State Funds Requested	1,000,000

Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project) 7.

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %

#### Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? Yes O No

If yes, indicate nonrecurring amount per year.

1,000,000



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### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth		
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	To supplement the purchase of anti-retroviral medications specifically prescribed for Test and Treat clients.	1,000,000
Consultants/Contracted Services/Study		
Fixed Capital Construc		
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	1,000,000	



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### 11. Program Performance

### a. What specific purpose or goal will be achieved by the funds requested?

The Ryan White Part A Program and the Florida Department of Health (FDOH) in Broward County are in the second year of implementing the Integrated HIV Prevention and Care Plan with the goals to reduce new infections, increase access to care and improve health outcomes, reduce HIV related health disparities and health inequities and achieve a more coordinated response to the local epidemic. The Test and Treat program is one initiative that helps to address each of those stated goals. Also, FDOH has incorporated Test and Treat as a key component in its prevention strategy to reduce rates of new infections in Broward and statewide. Further, as noted in the President's State of the Union speech (January 2019) the federal government is in the planning phase of the Ending the HIV Epidemic initiative which will include the expansion of rapid engagement (i.e. Test and Treat) – signaling that implementation of this model will continue in other locales that are disproportionately impacted by HIV

#### b. What activities and services will be provided to meet the intended purpose of these funds?

Broward County is 2nd in the nation in new infections (20,661 total HIV+ in Broward, DOH 2017). Test and Treat prioritizes individuals that are newly diagnosed or who were previously diagnosed but are not currently on medication. Once identified, the client is rapidly (same day) linked to care with a medical provider who dispenses anti-retroviral drugs. These funds will pay for the medications that are prescribed to these clients. This model of early medication therapy leads to improved treatment adherence, retention and outcomes and further result in suppressed viral loads. Viral load suppression renders the virus undetectable and non-transmissible which ultimately leads to a decrease in new infections.

#### c. What direct services will be provided to citizens by the appropriation project?

This appropriation request will be used to supplement the purchase of anti-retroviral medications specifically prescribed for Test and Treat clients. Test and Treat covers the cost of medications prior to an individual being eligible for coverage under benefit assistance programs such as the AIDS Drugs Assistance Program, etc.

### d. Who is the target population served by this project? How many individuals are expected to be served?

Newly diagnosed, previously diagnosed, fallen out of care individuals with HIV. We expect to serve more than 800+ individuals per Fiscal Year.

### e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected outcome is that rapid linkage and early medication will lead to improved treatment adherence, retention and outcomes and further result in suppressed viral loads which render the virus undetectable and untransmittable. The outcome will be measured through routine lab work.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

No penalties are recommended. The goal of the program is to link individuals to care and initiate anti-retroviral therapy in order to achieve viral suppression.



d. Phone Number

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# 12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A		iship between the owners of the		ne entity.
Re	equestor Contact	Information		
a.	First Name	Leonard	Last Name	Jones
b.	Organization	Broward County Board of County C	Commissioner	-S
c.	E-mail Address	ljones@broward.org		
d.	Phone Number	(954)357-5390	Ext.	
<b>D</b> -	ainiant Cantast	Information		
	ecipient Contact		Commissioner	
	Organization	Broward County Board of County C	Jommissioner	5
b.	Municipality and	County Broward		
C.	Organization Typ	De		
	O For-profit E	ntity		
	O Non-Profit &	501(c) (3)		
	O Non-Profit 5	501(c) (4)		
	<ul> <li>Local Entity</li> </ul>	,		
	O University o	or College		
	Other (plea	se specify)		
d.	First Name	Leonard	Last Name	Jones
e.	E-mail Address	jones@broward.org		
f.	Phone Number	(954)357-5390		
	obbyist Contact I			
	Name	None		
b.	Firm Name	None		
C.	E-mail Address			

Ext.