Fort Lauderdale/Broward County EMA
Broward County HIV Health Services Planning Council
An advisory board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100 • Hollywood, Florida 33020 954-561-9681 • FAX 954-561-9685

Broward County HIV Health Services Planning Council Meeting

AGENDA

Date: April 22, 2021 at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Dr. Réquel Lopes **Vice Chair:** Claudette Grant

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

HIVPC Purpose: To provide planning, promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs cost-effectively, reduce inefficiencies, and develop HIV-related health plans.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 04/22/2021
   b. Last Meeting Minutes 03/25/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – Handout A (Kareem Murphy)
6. **Consent Items**
   I. **Motion to approve Vonn Biggs to join the Community Empowerment Committee**
   Justification: Mr. Biggs works as a CEID Peer Specialist with Broward Regional Health Planning Council. He has experience serving on boards and a strong desire to help the community.
   PROPOSED BY: CEC Chair
   II. **Motion to approve Von Biggs to join the System of Care Committee**
   Justification: Mr. Biggs works as a CEID Peer Specialist with Broward Regional Health Planning Council. He has experience serving on boards and a strong desire to help the community.

PROPOSED BY: SOC Chair

III. **Motion to approve FY2021 CQM Work Plan (Handout B)**
Justification: The work plan has been approved by the Quality Management Committee.
PROPOSED BY: QMC Committee

IV. **Motion to approve FY2021 CEC Work Plan (Handout C)**
Justification: The work plan has been approved by the Community Empowerment Committee.
PROPOSED BY: CEC Committee

V. **Motion to approve FY2021 SOC Work Plan (Handout D)**
Justification: The work plan has been approved by the System of Care Committee.
PROPOSED BY: SOC Committee

7. Discussion Items

8. New Business

I. **Ad-Hoc Nominating Committee (Handout E)**
ACTION ITEM: Establish the ad-Hoc and call for members to join.

9. Committee Reports (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

April 6, 2021 *Chair: Vacant Seat; V. Chair: A. Ruffner*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
Committee members reviewed their progress from the FY2020 SOC Work Plan, discussed what changes should be made to the work plan for FY2021, and voted to approve the FY2021 SOC Work Plan. The Committee reviewed their progress from the FY2020 CEC Work Plan and discussed what changes should be made to the draft work plan for FY2021. PCS staff read through the objectives and activities to outline progress, and the Committee deeply assessed the proposed work plan. It was recommended that only completed activities be represented by a blue shaded box and an 'X.'

Lastly, PCS Support Staff provided an overview of the Ryan White Part A funded services in Broward County. Committee members were educated on the many services that the Part A program provides and discussed criteria for those services. The presentation detailed primary medical care and essential support services available to people living with HIV (PLWH) who are uninsured or underinsured. Members inquired about eligibility requirements, qualifications for Centralized Intake and Eligibility Determination (CIED) case management, and entities responsible for deciding which services are funded in Broward's EMA.

C. **Data Requests:**
None.
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**
- *Service Utilization Presentation by CQM Support Staff*
- *PSRA Process/CEC's Role Overview*
- *CEC's Ranking*

H. **Next Meeting Date:**
May 4, 2021 at 3:00 p.m. Room: WebEx Videoconference

II. SYSTEM OF CARE COMMITTEE (SOC)

April 1, 2021 *Chair: A. Ruffner; V. Chair: J. Rodriguez*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Committee members reviewed their progress from the FY2020 SOC Work Plan, discussed what changes should be made to the work plan for FY2021, and voted to approve the FY2021 SOC Work Plan.

CQM Support Staff provided an overview of the most recent Service Delivery Models (SDM) completed by the Part A Program and CQM Team. The most recent SDMs, which the HIV Planning Council recently approved, included changes to the Disease Case Management SDM, Centralized Intake and Eligibility Determination SDM, Non-Medical Case Management, and Integrated Primary Care & Behavioral Health SDM. The summary provided a comparison between the language from the previous and newest version of each SDM. Members and guests discussed the scope of services and the key features that identified within each SDM.

J. Rodriguez, the Part B Recipient, presented Ending the HIV Epidemic (EHE) preliminary findings based on community engagement. The needs assessment, completed by the Florida Department of Health – Broward County, utilized focus groups, community sessions, and informant interviews. Recommendations included more community involvement in the EHE planning process would allow for more opportunities to fill in gaps and increase community buy-in.

Lastly, the Broward County Ryan White Part A Office provided an overview of Ending the HIV Epidemic (EHE) from a federal perspective and the EHE activities slated to be implemented on a local level by the RWPA Office. The RWPA Office has created an SDM for each service category to guide providers in the service provision and expectations from the Part A Program. They will utilize a module in Provide Enterprise designed to manage EHE data in addition to a component to allow providers to bill for EHE services. The presentation concluded with an examination of the services that will be funded under Broward's EHE. The RWPA Office will fund Disease Case Management, Food Services, Medical Transportation, and Disease Intervention Specialist service for eligible individuals within the EMA.

C. **Data Requests:**
None.

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
- *How Best to Meet the Needs Recommendations*

H. **Next Meeting Date:**
May 6, 2021 at 9:30 a.m. Room: WebEx Videoconference

III. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No Meeting Held *Chair: V. Foster; V. Chair: T. Moragne*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
C. **Data Requests:**
None.
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
May 13, 2021 at 9:30 a.m. Room: WebEx Videoconference

IV. QUALITY MANAGEMENT COMMITTEE (QMC)

April 19, 2021 *Chair: Vacant Seat; V. Chair: B. Fortune-Evans*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
CQM Work Plan Progress Review: The FY2020 Clinical Quality Management (CQM) Work Plan was reviewed (Handout A on file). The Committee approved Service Delivery Models for Non-Medical Case Management, Central Intake and Eligibility Determination, Disease Case Management, and Integrated Primary Care & Behavioral Health in March. Also in March, CQM Support Staff planned trainings for the Medical Provider Network and the Behavioral Health Network. Training for the Medical Provider Network on long-acting ARVs was provided in April.

Quality Improvement Project (QIP) Overview: CQM Support Staff reviewed the QIPs completed by the Quality Network in FY2020 (Handout B on file). Members asked about methods for improving adherence and viral load suppression.

Ryan White Part A Data Review: FY2020 Quarter 4: QMC received a presentation on Ryan White Part A data (Handout C on file). The

Committee discussed Continuum of Care data as well as service category Outcomes & Indicators.

CQM Performance Measures Overview: The Committee reviewed performance measures as related to the FY2021 goal of closing the gap between linkage and retention in care (Handout D on file). Meeting attendees discussed retention from the perspectives of clients and providers.

C. **Data Requests:**
None.
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
May 17, 2021 at 12:00 p.m. Room: WebEx Videoconference

V. EXECUTIVE COMMITTEE

April 15, 2021 *Chair: R. Lopes; V. Chair: C. Grant*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda for April 22, 2021.

HIVPC Calendar: The Committee reviewed and updated the May HIV Planning Council calendar.

C. **Data Requests:**
None.
D. **Rationale for Recommendations:**
None.
E. **Data Reports/ Data Review Updates:**
None.
F. **Other Business Items:**
None.
G. **Agenda Items for Next Meeting:**
H. **Next Meeting Date:**
May 20, 2021 at 11:30 a.m. Room: WebEx Videoconference

VI. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

April 15, 2021 *Chair: L. Robertson; V. Chair: Vacant Seat*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**

Monthly Expenditures/Utilization Report: At this point in the fiscal year, Part A service categories have expended 91% of their service category funding, and MAI funds have been 70% utilized. Mr. Tareq provided a line-by-line breakdown of expenditures and utilization to date. Although many of the category's funds were fully expended, there are still outstanding invoices; therefore, members should expect an increase in spending for the few categories with high unexpended amounts.

Ryan White Funder and Stakeholder Presentations: The Part B Recipient provided an overview of the services covered under the Part B Program. The Recipient noted that medical transportation services are currently not being utilized. Since the start of the pandemic, all-day bus pass waivers have been suspended by the County; however, individuals are able to use the bus system free of charge. The Part B Recipient clarified that Medicaid clients are not eligible for this service since they have medical transportation services available to them through Medicaid. There was a total of 6,370 unduplicated clients that utilized Part B services in FY2020.

The Part C Recipient noted that telehealth was widely used to provide some clients with care and treatment during FY2020. In the last fiscal year, the Part C Program serviced 824 unduplicated clients, 84% of whom were Non-Hispanic Black. The Part C Recipient noted gaps in care imposed by the pandemic, hindered clients from accessing services, and contributed to delays in referrals to non-essential services.

The Part D Representative reviewed the services provided with this stream of funding. A total of 618 Part D clients utilize Ryan White services. The Part D Recipient mentioned several barriers to Part D care, including linkage to residential substance abuse programs, lack of mental health services for Haitian/Creole and Spanish speaking populations, and lack of affordable housing. Some notable trends for the Part D Program were noted as newly diagnosed clients who were pregnant, had high viral loads, young clients with insurance issues, and clients migrating from other countries.

The Part F Recipient reviewed the services provided through the Part F program, which covers the Community-Based Dental Partnership Program and the AIDS Education and Training Center (AETC) Program. It was noted that in FY2020, the program saw a total of 460 clients, 159 of whom were new. This was a 20% decrease in service utilization due to the impact of COVID-19. The Part F Recipient noted that the primary barriers reported by clients were transportation, housing, and food insecurity which was addressed through linkage to community partners.

The HOPWA Recipient detailed the services provided under the program. A total of 2,143 clients utilized HOPWA services in FY2019. The HOPWA Recipient noted availability and affordability as significant barriers to services. The COVID-19 pandemic created a greater need for housing services that went beyond CARES Act funding. A notable trend for the HOPWA Program in the last fiscal year was an increase in inquiries from clients who lived outside of the state of Florida; however, it was noted that HOPWA subsidies are not portable.

C. **Data Requests:**

- A comparison of client service utilization during COVID-19 and service utilization during a standard fiscal year.
- A cost-savings analysis to highlight the benefits of enrolling Ryan White clients into Affordable Care Act health insurance plans to analyze its impact on service categories**.**

D. **Rationale for Recommendations:**
None.

E. **Data Reports/ Data Review Updates:**
None.

F. **Other Business Items:**
None.

G. **Agenda Items for Next Meeting:**
- HIV Surveillance Epidemiological Data Presentation
- Needs Assessment /Community Input Presentation
- Part A Client Health Outcomes Presentation

H. **Next Meeting Date:**
May 20, 2021 at 9:00 a.m. Room: WebEx Videoconference

10. Recipient Reports

a. Part A

b. Part B

c. Part C

d. Part D

e. Part F

f. HOPWA

g. Prevention – Quarterly Update (April, July, October, January)

11. Unfinished Business
None.

12. Public Comment (10 minutes)

13. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: May 27, 2021 at 9:30 a.m.

14. **Request for Data**

15. **Announcements**

16. **Adjournment**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS, PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website (http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Meeting of the

Broward County HIV Health Services Planning Council

Thursday, March 25, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

HIVPC Members Present: R. Lopes (HIVPC Chair), C. Grant (HIVPC Vice-Chair), A. Cutright, A. Ruffner, B. Fortune-Evans, B. Barnes, Comm. D. Holness, D. Shamer, H.B. Katz, J. Rodriguez, L. Robertson, M. Schweizer, R. Siclari, R. Bhrangger, T. Moragne, V. Moreno, V. Foster, V. Biggs, W. Marcoviche

Members Absent: I. Wilson, V. Lewis, Y. Arencibia

Ryan White Part A Recipient Staff Present: K. Bostick, D. Cunningham, G. James, J. Gonzalez-Charlot, N. Walker, W. Cius

Planning Council Support Staff Present: F. Ukpai, G. Martinez, V. Oratien, W. Saint-Fleur

Guests Present: A. Rodriguez, B. Mester, K. Drummond, K. Kirkland-Mobley, Q. Cowan, R. Louis, R. Shore, S. Cook, S. Quintero, S. Williams

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Agenda Item #1: Call to Order

The *HIVPC Chair* called the meeting to order at 9:33 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The *HIVPC Chair* welcomed all meeting attendees that were present. Attendees were notified that the Exec. meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *HIVPC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the March 25, 2021, HIV Planning Council meeting was proposed by *L. Robertson*, seconded by *C. Grant*, and passed unanimously. The approval for the minutes of the February 25, 2021 meeting was proposed by *D. Shamer*, seconded by *L. Robertson*, and approved with no further corrections.

Mr. Robertson, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the March 25, 2021, HIVPC agenda as presented. The motion was adopted unanimously.

Mr. Shamer, on behalf of the Broward County HIV Health Services Planning Council, made a

motion to approve the February 25, 2021, HIVPC meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. *R. Shore* requested a point of clarification regarding who receives meeting notices and reminders for Planning Council and Committee meetings and requested that meeting information be accessible to members of the community to ensure participation. *Broward County District 9 Commissioner Dale Holness* expressed his gratitude for the work that the HIV Planning Council has been doing for the HIV community.

Agenda Item #5: Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by *Kareem Murphy*. There have been no substantive updates since the last federal legislative report.

During the last report, *Mr. Murphy* noted the new Biden Administration had advanced a "skinny budget" highlighting priority programs for 30 key areas. It has not been indicated where the HIV/AIDS services continuum will fit within the list of priorities; however, stakeholders anticipate that the final budget submission will include a minimum level-funding for Fiscal Year (FY) 2022. The White House has released the American Rescue Plan Act of 2021 (the legislative package designed to fund the response to the COVID-19 pandemic), though few details about the actual budget are known. The plan does not include additional funding for the treatment and care continuum for Ryan White but does cite financial support for COVID response and disease surveillance.

House Representative Barbara Lee has circulated a letter among House colleagues that is addressed to the President and Vice President and calls on increased investment in the HIV/AIDS continuum. The letter has been largely supported by the Congressional Black Caucus and the Congressional Hispanic Caucus.

Lastly, *Mr. Murphy* acknowledged his awareness of some of the challenges several Part A grantees (including the Part A Recipient for the Broward EMA) faces regarding the spend-down of FY 2021 funds due to the COVID-19 pandemic. The concerns have been flagged for the incoming Health and Human Services administration, with hopes of resolve to prevent penalties for grantees for the upcoming awards.

Agenda Item #6: Consent Items

The approval for the consent items was proposed by *B. Barnes*, seconded by *V. Foster*, and passed unanimously.

Mr. Barnes, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the consent items as presented. The motion was adopted unanimously.

Agenda Item #7: Discussion Items

There were no discussion items on the agenda for this meeting.

Agenda Item #8: Meeting Activities/New Business

The *PSRA Chair* examined the requirements and expectations for the PSRA Process, which included the purpose of PSRA, what to expect, the 4-month timeline of meetings, the allocations process flow

chart, and the data-based decision-making. Members reviewed the key participants, funders, and stakeholders that are essential contributors to the process, emphasizing that final review and approval of all priorities, allocations, and how best to meet the need language would occur with the HIV Planning Council.

The Committee then received a presentation from a new Ryan White Part A (RWPA) provider agency. Community Rightful Center provided an in-depth organizational overview and discussed the Ryan White MAI case management services that will be funded by the Broward County Ryan White Part A Program for HIV+ residents. Other services offered through the Community Rightful Center are HIV testing and counseling, targeted case management, mental health counseling, substance abuse counseling, employment training, and placement services for the disabled and homemaker services for the homebound. The agency's purpose is to enhance the lives of socio-economically disenfranchised clients and their families through universal access to healthcare, case management, social and employment services. Through community outreach, the Community Rightful Center hopes to engage more clients into care in Broward County.

The Broward County Ryan White Part A Office provided an overview of Ending the HIV Epidemic (EHE) from a federal perspective and the EHE activities slated to be implemented on a local level by the RWPA Office. *W. Cius, the Program Project Coordinator for the Ending the HIV Epidemic Initiative at the Broward County Ryan White Part A Office*, presented national EHE information to include the aim of the initiative, phase efforts, and key EHE initiative strategies. *Mr. Cius* noted that Broward County had been identified as one of the seven counties in Florida as a priority Phase 1 county. Phase I of the initiative focuses on a rapid infusion of additional resources, expertise, and technology into the 57 geographic focus areas. Ending the HIV Epidemic: A Plan for America is working to reduce new HIV transmissions by 75 percent by 2025 and by 90 percent by 2030. To achieve its goal, the initiative focuses on four key strategies under the following four pillars: diagnose, treat, prevent, and respond. *Mr. Cius* outlined each strategy and emphasized that Phase 2 of the initiative will be more widely disseminated into other jurisdictions across the nation. In Phase 3 of the initiative, efforts will involve providing care and treatment and intensive case management to keep the number of new HIV infections below 3,000 per year.

Neil Walker, the Interim Program Project Coordinator at the Broward County Ryan White Part A Office, outlined the EHE efforts that will be achieved in Broward County through the RWPA. *Mr. Walker* provided the historical context of what has taken place locally with EHE. It was noted that the RWPA office received 13.8% of the funding amount applied for and an adjustment in services to be implemented occurred. *Mr. Walker* stated that a training curriculum had been developed, and providers and community stakeholders will be trained for EHE services. Service Delivery Models (SDM) for EHE services have also been developed. The RWPA Office has created an SDM for each service category to guide providers in the service provision and expectations from the Part A Program. Lastly, the RWPA Office will utilize a module in Provide Enterprise designed to manage EHE data in addition to a component to allow providers to bill for EHE services.

The RWPA recently received Year 2 funding which marked an $800,000 increase in funding for EHE services in the Broward Eligible Metropolitan Area (EMA). *Mr. Walker* examined the services that will be funded under EHE. The RWPA Office utilized needs assessment data, highly detectable viral load study data, epidemiological data, and RWPA data to determine which services to fund under EHE. Through EHE, the RWPA Office will fund Disease Case Management, Food Services, Medical Transportation, and Disease Intervention Specialist service for eligible individuals within the EMA. Although the RWPA Office funds services under the same service categories, under EHE, the nature of the services differs. It was specified that although RWPA's focus for EHE is on Pillar 2, the Treat pillar, collaborative efforts between both Part A and the Department of Health will allow for all four pillars of the EHE plan to be achieved. *Mr. Walker* discussed client eligibility, direct service providers and outlined the next steps for the EHE program and what is to be expected in Year 2. Planning Council members and guests engaged in a question and answer segment and provided feedback on

service implementation within the EMA. Members and guests viewed the final edit of the HIVPC Recruitment video, which was edited by Ken Williams, an HIV advocate and Technical Assistance consultant.

Agenda Item #9: Committee Reports

I. Community Empowerment Committee – *No Meeting Held*
Chair: Vacant, Vice Chair: A. Ruffner

There was no meeting held in this month.

II. System of Care Committee – *No Meeting Held*
Chair: A. Ruffner, Vice Chair: J. Rodriguez

There was no meeting held in this month.

III. Membership/Council Development Committee – *No Meeting Held*
Chair: V. Foster, Vice Chair: T. Moragne

There was no meeting held in this month.

IV. Quality Management Committee – *March 15, 2021*
Chair: Vacant, Vice Chair: B. Fortune-Evans

The report stands.

V. Priority Setting & Resource Allocation Committee – *March 18, 2021*
Chair: L. Robertson, Vice Chair: Vacant

The report stands.

VI. Executive Committee – *March 18, 2021*
Chair: R. Lopes, Vice Chair: C. Grant

The report stands.

Agenda Item #10: Recipient Reports

A. Part A: *N. Walker* thanked those who participated in the HRSA Ending the HIV Epidemic (EHE) site visit held March 2nd and March 3rd. *Mr. Walker* announced that their office had received a final notice of award from HRSA for the EHE program in the amount of $2,075,933, which marked an $830,622 increase from the Year 1 award. The Recipient is still awaiting the final notice of award for Part A but anticipates the full amount will be awarded by the month's end. Mr. Walker announced the staffing updates:

- Shackera Scott has been promoted to the Ryan White Contract Grants Administrator, Senior for the Health Care Services Section.
- Justin Bell will be joining the Part A Team as the Ryan White Contract Grants Administrator. Bell has previously served as the HIV Program Manager for Ryan White Part B.

Lastly, it was mentioned that the RWPA Office has been working on a COVID-19 vaccination awareness campaign targeted at underserved individuals in the Ryan White Part A system. The RWPA will develop video vignettes to capture these individuals' stories to empower the community to take part in getting vaccinated. More information regarding the vaccination campaign can be found on the Part A's social media accounts.

B. Part B: *J. Rodriguez*, the Part B Recipient, noted that the AIDS Drug Assistance Program's (ADAP) special open enrollment period had been extended until August 15th; interested parties can reach out to Broward Regional Health Planning Council to receive enrollment assistance. Any ADAP client over 100% of the federal poverty level and interested in enrolling into the marketplace can transition into one of the approved marketplace plans. Clients with health insurance historically have better health outcomes. Services covered under the approved plans include emergency visits and lab services. ADAP will be working with Ryan White Part A, the HIVPC, and Centralized Intake Eligibility & Determination (CIED) to ensure that as many clients are enrolled as possible.

C. Part C: The Part C Program has submitted their Ryan White HIV/AIDS Program Services Report (RSR), which is a client-level data reporting requirement that monitors the characteristics of Ryan White HIV/AIDS Program Parts recipients, providers, and clients served. *C. Grant*, the Part C Recipient, noted that the program is finalizing COVID-19 response data for submission to HRSA for the CARES Act. Part C did not spend down all their CARES Act funding. Part C has applied for an extension for COVID-19 award recipients who have been unable to spend down funding. This year, Part C has seen approximately 1,035 clients who have received services.

D. Part D: The Part D Program is still meeting with clients both in-person and via telehealth, limiting the number of individuals in the building at any given time. *Ms. Fortune-Evans, the Part D Recipient*, noted that clients are being referred to Broward Health for COVID-19 vaccination. Although there has been some apprehension regarding the COVID-19 vaccine, most Part D clients have been vaccinated. The Part D program has been ensuring that client needs are being met and utilizing CARES Act funds to assist with financial gaps to ensure clients are receiving necessary services.

E. Part F: There was no Part F representative present.

F. HOPWA: There was no HOPWA representative present.

G. Prevention: The Prevention report is scheduled for April 22, 2021.

Agenda Item #10: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #11: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #12: Announcements

- The World AIDS Museum (WAM) is hosting a photography exhibit titled Through the White Door. Through the White Door is a documentary photo exhibition by Smiley Pool portraying the interconnected human experience of families affected by HIV/AIDS. There will be an opening reception held on April 7th from 5:30-7:00 pm at the Galleria Mall at Fort Lauderdale. On April 8th, WAM will be holding the Youth HIV Awareness Day event produced by World AIDS Museum, Care Resource, Planned Parenthood, and SunServe at 3:30 p.m. Youth volunteers from each organization will be presenting a short informational piece about a specific topic relating to HIV and Youth. Then there will be an open discussion with the program participants. Links to both events can be found on WAM's social media accounts.

- *S. Quintero* with Janssen Pharmaceuticals announced that any provider agencies in need of free trial offer cards, which provide a 30-day supply of medications, can connect with a Janssen representative to receive those cards.

Agenda Item #13: Adjournment

There being no further business, the meeting was adjourned at 11:27 a.m.

HIVPC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	25	25										
0	0	1	**1**	Arencibia, Y.	X	X	A										
0	1	1	**2**	Barnes, B.	A	X	X										
1	1	0	**3**	Bhrangger, R.	X	X	X										
0	0	0	**4**	Cutright, A.	X	X	X										
0	0	1	**5**	Fortune-Evans, B.	A	X	X										
0	0	0	**6**	Foster, V.	X	X	X										
0	0	0	**7**	Grant, C.	X	X	X										
0	0	0		Holness, Dale V.C. (Mayor)	X	X	X										
1	1	1	**8**	Katz, H.B.	A	X	X										
1	1	**2**	**9**	Lewis, V.	A	X	A										
0	0	0	**10**	Lopes, R. *Chair*	X	X	X										
1	1	0	**11**	Marcoviche, W.	X	X	X										
0	0	0	**12**	Moragne, T.	X	X	X										
0	0	0	**13**	Moreno, V.	X	X	X										
0	1	1	**14**	Robertson, L.	X	A	X										
0	0	1	**15**	Rodriguez, J.	A	X	X										
0	0	0	**16**	Ruffner, A.	X	X	X										
0	0	1	**17**	Schweizer, M.	A	X	X										
1	1	1	**18**	Shamer, D.	A	X	X										
0	0	1	**19**	Siclari, R.	A	X	X										
0	0	1	**20**	Wilson, I.	X	X	A										
				Quorum = 11	13	20	18	0	0	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**R - removal letter**
CX - canceled due to quorum	

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: April 19, 2021

Federal Funding Update

Skinny Budget
President Biden released what insiders consider his "skinny" budget for the upcoming fiscal year. This is not a detailed budget, as is custom for newly elected presidents. The request includes $670 million for funding across the HIV/AIDS prevention, treatment, and care continuum, an increase of $267 million. In his budget message, the President emphasized the commitment to increasing access to treatment, expanding use of PrEP, and ensuring equitable access. Agency-level increases are as follows:

- $131.7 b for HHS, an increase of $25 billion or 23.5%
- $8.7 b for CDC, an increase of $1.6 billion or 22%
- $51 b for NIH, an increase of $9 billion or 21%
- $340 m for Title X Family Planning, an increase of $54 million or 19%
- $153 m for CDC's Social Determinant of Health Program, an increase of $150 m
- $68.7 billion for HUD, a $9 billion or 15% increase

Secretary Becerra presented the request last Thursday to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education.

Next Steps
The House is expected to mark up its FY 2022 Labor-HHS-Education appropriations bill sometime in May. It would then move to the full committee and then to the House floor. House passage could come sometime in June or July. The Senate Appropriations Committee has not yet announced a hearing schedule. Absent a continuing resolution, Congress must pass its appropriations bills by September 30 to avoid a government shutdown.

Broward EMA CQM Annual Work Plan FY 2021-2022

HANDOUT B

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.													
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X			CQM Staff, QMC, Quality Network
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X			CQM Staff, QMC, Networks
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.													
1. Review Service Delivery Models as part of the system-wide QIP and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.											X		CQM Staff, QMC
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X			CQM Staff, QMC
4. Ensure the development, implementation, and evaluation of at least one quality improvement project per agency during the fiscal year.	X			X			X			X			CQM Staff, Quality Network
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff
6. Provide technical assistance to providers as needed.	X			X			X			X			CQM Staff
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.													
1. Distribute the annual CQM Program Report.		X											CQM Staff
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.			X			X			X			X	CQM Staff
4. Provide routine CQM Program updates to the HIVPC.	X				X			X			X		CQM Staff
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.								X					CQM Staff
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.													
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.												X	CQM Staff, QMC
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.													CQM Staff, QMC, Networks
3. Conduct surveys of all meetings and make suggested improvements.						X						X	CQM Staff
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.				X									CQM Staff
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.													
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.													CQM Staff
2. Research best practices in obtaining consumer feedback about patient experience.													CQM Staff
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.													CQM Staff

X = goal for objective completion

= in progress

HANDOUT C

FY 2021-22 Community Empowerment Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing.

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Engage consumers in townhalls/listening sessions	At Minimum Bi-Annually	CEC/Staff/ Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.												
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA	Annually	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data												
1.3 Educate CEC members on HIVPC & Ryan White Part A	Monthly	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations regarding topics of interest about the HIV Planning Council, its Committees, and the Ryan White Part A Program.												
1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences	At Minimum Bi-Annually	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicapble. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.												

Objective 2: Promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend creation or revision of promotional literature to MCDC	As Needed	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC. Provide this information to MCDC to update or create promotional literature.												
2.2 Distribute promotional literature - physically and electronically - to the community	Ongoing	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv.												
2.3 Analyze survey results for each community event, including outreach, trainings and community forums	Ongoing	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives												
2.4 Partner with HIV stakeholders to engage in community events	Ongoing	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BTAN, Latinos En Accion, SFAN)												

Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment **(YEAR 1-5)**	Ongoing	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus												
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy (**YEAR 3**)	Ongoing	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA												

HANDOUT D

FY 2021-22 System of Care Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2021, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training	Ongoing	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments	Ongoing	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.												
1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care	Ongoing	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a)												
1.4 Develop How Best to Meet the Need (HBTMTN) language based on findings.	Annually	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a)												

Objective 2: Ensure that issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Identify needs resulting from disparities in HIV-related service availability.	Ongoing	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need along the RWPA Care Continuum												
2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum.	Ongoing	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**												
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers.	As Needed	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs												
2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review.	As Needed	SOC	Collaboration with QMC to lessen disparities along the contiuum	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies												
2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum.	As Needed	SOC/PCS Team	Collaboration with experts to lessen disparities along the continuum	Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum												
2.6 Present findings to QMC for potential updates to service delivery models (SDM).	As Needed	SOC	Utilize findings to improve RWPA system of care	Recommend service delivery model updates based on data and recommendations												

HIVPC CHAIR RESPONSIBILITIES

1. The Chair of the Council is responsible for demonstrating understanding of Robert's Rules of Order and the HIVPC Bylaws in order to conduct efficient meetings.

2. The Chair of the Council is responsible for chairing the meeting.

3. The Chair of the Council is responsible for coordinating with Planning Council Support (PCS) staff on preparations at least one (1) week before the scheduled meeting.

4. The Chair of the Council is responsible for working with a Planning Council Support (PCS) staff member to develop an agenda and agree on agenda items and needed materials.

5. The Chair of the Council may be responsible for preparing meeting materials to be submitted to Planning Council Support (PCS) staff prior to a scheduled meeting.

6. The Chair of the Council is responsible for communicating with Planning Council Support (PCS) staff if unable to attend and chair the meeting (should occur as soon as Chair is aware, he/she cannot attend).

7. The Chair of the Council is responsible for representing the HIV Planning Council at public or official events.

8. The Chair of the Council is responsible for ensuring that discussion follows the agenda and members vote on action items that need to be recommended to the Executive Committee and the full Planning Council.

9. The Chair of the Council is responsible for reviewing draft meeting minutes.

10. The Chair of the Council is responsible for communicating with PCS staff about needed follow up such as data requests.

11. The Chair of the Council is responsible for identifying membership needs and communicating them to PCS staff with an emphasis on ensuring community and PLWHA representation.

12. The Chair of the Council is responsible for recruiting non-Planning Council members for committee membership with help from the Membership/Council Development Committee.

13. The Chair of the Council is responsible for filling standing committee vacancies by appointing Planning Council members to serve in leadership positions.

14. The Chair of the Council is responsible for reviewing progress towards the HIVPC work plan and ensuring the Council is on task for achieving work plan goals.

15. Upon proper notice to the committee, the Chair of the Council is responsible for serving as acting chair of a committee when the committee Chair or Vice Chair is unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair is serving as acting committee chairs, they count towards quorum. This includes the Community Empowerment Committee, Membership/Council Development Committee, Quality Management Committee, Priority Setting & Resource Allocation Committee, Executive Committee, and System of Care Committee.

HIVPC VICE CHAIR RESPONSIBILITIES

1. The Vice Chair of the Council is responsible for coordinating with Planning Council Support (PCS) staff on preparations at least one (1) week before the scheduled meeting.

2. The Vice Chair of the Council is responsible for presiding over Planning Council meetings in the absence of the Council Chair.

3. Upon proper notice to the committee, the Vice Chair of the Council is responsible for serving as acting chair of a committee when the committee Chair or Vice Chair is unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair are serving as acting committee chairs, they count towards quorum. This includes the Community Empowerment Committee, Membership/Council Development Committee, Quality Management Committee, Priority Setting & Resource Allocation Committee, Executive Committee, and System of Care Committee.

Things to Remember for Persons Chairing an HIVPC meeting:

- The Chair of the Council and/or Committee is to remain objective and impartial as the Chair role changes from participant to facilitator.

- The Chair of the Council and/or Committee is to support all attendees' adherence to Robert's Rules of Order and the Council's Ground Rules at all times.
    - The Chair of the Council is to encourage and provide opportunity for all attendees to participate, ensuring that members speak one at a time and in the order of the queue.
    - The Chair of the Council and/or Committee is to assure that all members/guests are treated with equal respect and given equal time to state their views.

- The Chair of the Council and/or Committee may not vote on items that come up for a vote during meetings, however, the Chair of the Council and/or Committee may **vote last** in the event of a tie vote, during a roll call vote.

- The Chair of the Council and/or Committee is to ensure that he/she does not place his/her opinion above those of others or use the role of Chair to push his/her views.

- The Chair of the Council and/or Committee **should not** dominate the conversation.

- The Chair of the Council and/or Committee **should not** make motions.

- The Chair of the Council and/or Committee **should not** disrespect opposing views.

- The Chair of the Council and/or Committee **should not** put his/her priority in the spotlight.

- The Chair of the Council and/or Committee **should not** be insensitive to others or use an abrasive, bullying or intimidating style to convey ideas during discussion.

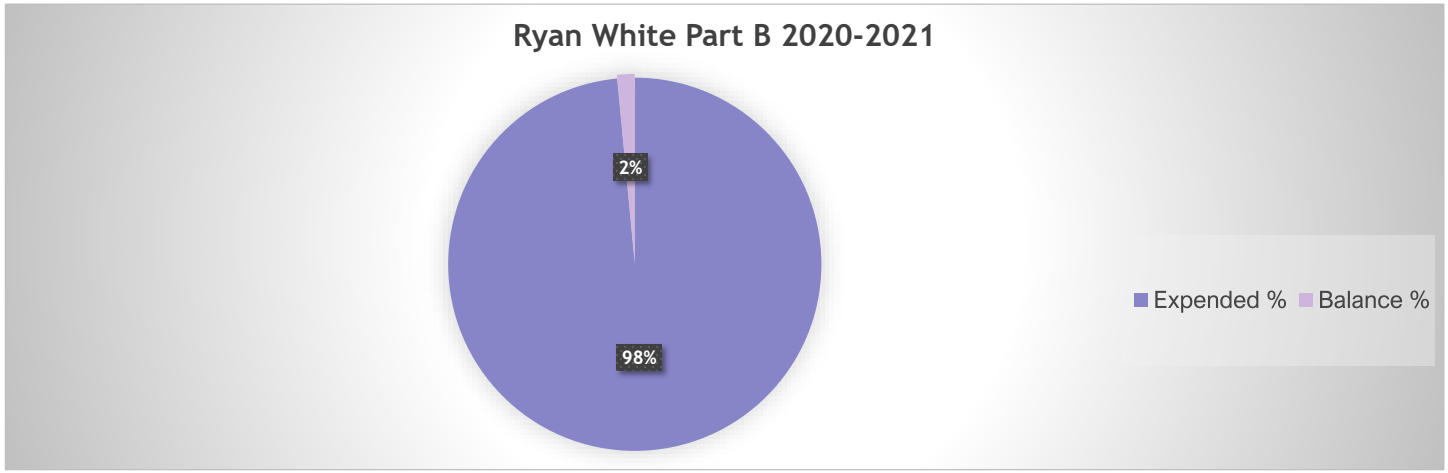
Ryan White Part B

PTC19: April 1, 2020 to March 31, 2021

Expenditures for March 2021

Service Category	Allocated	Expended March 2021	Expended this Year	Clients Served	Expended %	Balance %	Balance
Administrative Services	$ 75,535	$ -	$ 75,535		100%	0%	$ -
Health Insurance Premium/Cost Sharing	$ 101,319	$ 8,743	$ 100,305		99%	1%	$ 1,014.30
Home & Community Based Health	$ 20,352	$ 2,687	$ 19,560		96%	4%	$ 792.10
Medical Nutritional Therapy	$ 12,336	$ 773	$ 11,609		94%	6%	$ 727.11
Emergency Financial Assistance	$ 386,545	$ 196,254	$ 381,683		99%	1%	$ 4,862.05
Home Delivered Meals	$ 7,000	$ -	$ 5,406		77%	23%	$ 1,594.03
Medical Transportation	$ 45,476	$ 4,491	$ 45,476		100%	0%	$ -
Non-Medical Case Management	$ 321,770	$ 6,259	$ 321,770		100%	0%	$ -
Residential Substance Abuse	$ 133,500	$ 17,909	$ 124,964		94%	6%	$ 8,535.81
Clinical Quality Management	$ 58,096	$ -	$ 58,096		100%	0%	$ -
Planning and Evaluation			$ -				$ -
TOTALS	$ 1,161,929	$ 237,115	$ 1,144,404	0	98%	2%	$ 17,525.40

**Clients were served; however delayed invoicing impacted timely posting.



Serena R. Cook 954-412-7086

ADAP APRIL 2021

Total Enrolled	5,145
Total Virally Suppressed	4,725
Percentage of Virally Suppressed **(91.84%)**	92%
ADAP Enrollments and Re-enrollments Processed	825
Enrolled in Mail Order Delivery	1,694
Total Enrolled in Direct Dispense	3,124
Total Enrolled in Online Recertification	1,705
No Show Report	22.90%

AREA: 10 (Broward County)
HAPC: Joshua Rodriguez
Quarter: January-March 2021

What activities have you and/or your staff accomplished this quarter regarding the Four Key Components?

Test and Treat

- The table below displays the Test and Treat enrollments in Q1 2021:

TOTAL NUMBER OF REFERRED TO TEST AND TREAT January 1st, 2021 - March 31st, 2021	341	
Total Enrolled:	**258**	**75%**
Newly diagnosed:	64	25%
Previous positives:	194	75%
Refused:	**8**	**3%**
Ineligible:	**22**	
Jail	4	
Out of Jurisdiction	15	
Negative	3	
Deceased	0	
Total on ART:	**258**	**76%**
Referred Awaiting Doctors Appointment:	19	
Total not on ART:	19	**6%**
Referred Unable to Locate Clients	**56**	**16%**
Navigation:	34/375	9%

- Ineligible and Navigation are not included in the Total Referred. Navigation Clients already have medication, but needs assistance navigating care. Ineligible Clients are either incarcerated, out of jurisdiction, found to be a false positive, or deceased.

Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post- exposure prophylaxis (nPEP)

- The following table displays a report of the individuals enrolled in the R-PrEP program from its inception to the end of Q1 2021:

R-PrEP Program Totals as of:	6/1/2018	4/1/2021
TOTAL NUMBER R-PREP CLINICAL VISITS	**4390**	
Total Enrolled in PrEP Navigation:	**3433**	**78%**
Private Insurance	1477	43%
PAP Assistance	1956	57%
Ineligible for Navigation	**954**	**22%**
Out of Jurisdiction	924	97%
Walk Outs:	30	3%
CONTRAINDICATED POST ENROLLMENT:	**144**	**4%**
HIV Positive	3	2%
Laboratory	141	98%

- The table below displays the PrEP enrollments in Q4 2020:

R-PrEP Program Totals as of:	1/1/2021	4/1/2021
TOTAL NUMBER R-PREP CLINICAL VISITS	**443**	
Total Enrolled in PrEP Navigation:	**356**	**80%**
Private Insurance	162	46%
PAP Assistance	194	54%
Ineligible for Navigation	**87**	**20%**
Out of Jurisdiction	87	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**3**	**1%**
HIV Positive	0	0%
Laboratory	3	100%

- There were 535 follow-up visits to BWC for lab work and PrEP prescription renewal between 1/1/2021 and 3/31/2021.

Perinatal Prevention

- The Perinatal program has case managed 22 Pregnant HIV + woman in 2021 and 11 from 2020 that are still pregnant. They are following 39 infants for testing, all of whom have tested negative at birth.

- There have been 3 congenital syphilis cases in 2021, among women whose syphilis was not diagnosed until near delivery and/or who entered the county immediately prior to delivery. There have been 3 syphilitic stillbirths.

- The Perinatal HIV Providers Network had three virtual meeting on 01/21/2021 and Dr Urbina from NYC presented on Difficult populations in HIV. The second meeting was held 02/18/2021 and the workplan for 2021 was discussed and disseminated and the third meeting was held 3/18/2021 and Dr Ana Puga presented on Breastfeeding and HIV.

- Perinatal staff appeared on Haitian radio to speak about COVID-19, Perinatal HIV, Immunization and the Flu a total 3 times for 2021.

- The CDC PHAP completed a summary document of prenatal care for HIV-positive women in Broward County, which shows that over 80% of women referred are Black, nearly 1 in 5 are Haitian-born, and that the average age of women referred has skewed younger each year from 2015 to 2019.

- The Perinatal staff visited virtually, by phone or in person 17 OBGYN offices in Broward County for 2021.

- The Perinatal Prevention program provided 1 Grand Rounds this year so far.

- Zero maternal child transmissions for 2019-2021 thus far.

Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings.

- Virtual HIV 500/501 Courses held:
    - HIV 500/501 on 1/13 and 1/14 with 8 attendees
    - HIV 501 Annual Update 1/22 with 3 attendees
    - HIV 500/501 on 3/17 and 3/18 with 9 attendees

- Rapid HIV Testing Technologies held:
    - Insti on 1/22 with 14 attendees
    - OraQuick on 1/22 with 11 attendees
    - Surecheck on 1/22 with 12 attendees

- Technical Assistance provided:
    - Christos Doctors Inn Walk in Healthcare: Routine HIV testing site inspection

- The following table displays the demographics of Broward County residents who requested In-Home HIV Test kits from GetPrEPBroward.com during Quarter 1. Broward's HIV In-home testing initiative began on May 26, 2020 and has shipped 816 test kits from 5/25/2020 to 4/1/2021.

Total Shipped	Jan-21		Feb-21		Mar-21	
281	100		137		44	
Gender						
M	31	31.0%	44	32.1%	19	43.2%
F	69	69.0%	93	67.9%	24	54.5%
Transgender	0	0.0%	0	0.0%	1	2.3%
Race/Ethnicity						
Black/ Non Hispanic	79	79.0%	90	65.7%	29	65.9%
White/ Non Hispanic	8	8.0%	10	7.3%	3	6.8%
Hispanic	4	4.0%	19	13.9%	7	15.9%
Asian/Haw Pac Islander	2	2.0%	4	2.9%	2	4.5%
American Indian/Alaskan Native	0	0.0%	0	0.0%	0	0.0%
Multiracial	3	3.0%	7	5.1%	2	4.5%
Other	4	4.0%	7	5.1%	1	2.3%
Country of Birth						
US	89	89.0%	128	93.4%	39	88.6%
Outside the US	11	11.0%	9	6.6%	5	11.4%
Age						
13-19	2	2.0%	3	2.2%	2	4.5%
20-29	22	22.0%	36	26.3%	14	31.8%
30-39	64	64.0%	78	56.9%	19	43.2%
40-49	11	11.0%	15	10.9%	8	18.2%
50-59	1	1.0%	3	2.2%	0	0.0%
60+	0	0.0%	2	1.5%	1	2.3%
Referred by agency						
yes	12	12.0%	22	16.1%	2	4.5%
no	88	88.0%	115	83.9%	42	95.5%
Testing History						
Never been tested	11	11.0%	16	11.7%	3	6.8%
More than 12 months	59	59.0%	77	56.2%	24	54.5%
Less than 12 months	24	24.0%	44	32.1%	17	38.6%

Community outreach and messaging

- 11 community events were hosted during Q1:
  - On 1/3/2021 MSM Sunday Funday Book Club met on Facebook and discussed *Eclectic Essence* by Lorenzo Robertson, with 358 attendees.

- On 2/7/2021 MSM Sunday Funday Book Club met on Facebook and discussed *Don't Call Us Dead* by Danez Smith, with 342 attendees.
- On 2/5/2020, in observation of National Black HIV/AIDS Awareness day DOH Broward partnered with several BRTA locations and conducted a Pop-Up station. DOH staff set up a table with pamphlets and HIV testing information and provided 25 free In-Home HIV test kits at each pop-up station, along with incentives and education materials. The BRTA locations were:
  - Total Klass Unisex Salon
  - Sensations plus tax service
  - Bojo's Seafood Restaurant
  - S & C SuperCuts
  - HTG Barbershop
  - Shoe Flats
  - Van's Car Wash
  - Platinum Cuts
- On 3/7/2021 MSM Sunday Funday Book Club met on Facebook and discussed *How to be Gay* by David Halperin, with 253 attendees.
- On 3/10/2021 BTAN Florida Chapters (Miami-Dade, Broward, Melbourne, & Big Bend) hosted a National Women and Girls' HIV/AIDS Awareness Day. The event included special guests: Leisha McKinley-Beach, Raniyah Copeland, & May Reign and included musical jam sessions, gift card giveaways, and a poetry reading. 96 people were in attendance. The recording can be located at https://www.facebook.com/BTANBigBend

- During Q1, the prevention team visited 412 BRTA Partners to distribute condoms and educational materials. Eight of these BRTA locations also hosted the pop-up events where in-home HIV test kits and education were provided.
- 374,950 condoms were distributed through BRTAs, non-contracted agencies, and by DOH Broward staff during Q1.
- 178 Observational Surveillance activities were conducted in Q1.
- 19 meeting of HIV prevention advisory groups with members of communities impacted by HIV were conducted.

Accomplishments or challenges

Accomplishments:

- Through access of the GoToTraining platform, the Early Intervention Team has resumed HIV Prevention Program trainings for HIV 500 and 501 courses, certifying over 150 counselors from October 2020 to March 2021

- Through access of the GoToTraining platform, the Early Intervention Team has resumed HIV Prevention Program trainings for rapid HIV testing trainings, issuing over 50 certificates of attendance from October 2020 to January 2021.

- During this quarter DOH-Broward funded 5 agencies under the EHE funding opportunity, the contract start date of which was March 2021. Two contracts were implemented to provide clinical provision of PrEP and nPEP services, one agency contracted to provide assistance for Broward residents to pay for PrEP and nPEP medical visit co-pays and lab fees, one agency to

provide HIV screenings in a mobile unit, and two agencies contracted to provide HIV Targeted Testing Using Incentives and Social Network Strategy.

- DOH-Broward was selected to receive funding from Broward County's Community Partnerships Division—through their EHE funding provided by HRSA—to conduct partner services and linkage activities to individuals newly diagnosed with HIV and individuals being reengaged into care.

- During this period DOH-Broward's clinic offered a hybrid TelePrEP program. This program reduced the clinics average client wait time for new PrEP intakes and follow ups by over 66%, decreasing from 90 minutes to under 30. Depending on the time of day, clients will receive their initial PrEP prescription the same day as their medical visit or the following day via free delivery or pick up. Clients have the option of their follow-up medical visits (not including labs) to take place in-person with the medical provider or via telehealth. DOH-Broward's PrEP Navigators engage clients for follow-up via phone to answer all questions and discuss details of their follow-up appointment.

Challenges:

- Quarterly rapid HIV test site visits have yet to resume, due to COVID. The Early Intervention Team intends to have an approved methodology of conducting these visits virtually with implementation by 2nd quarter.

- Engaging the community during a competing pandemic has been a challenge. Although BCHPPC meetings were held virtually, attendance has declined. Many Providers and community members focus went to COVID related activities. In addition, effectively engaging non-traditional community members in EHE activities has been challenging. Non-traditional community members are commonly identified while at community events and meetings, and due to the COVID pandemic, these outreach opportunities have decreased.

- Historically, physician detailing activities occurred in person. However, the COVID pandemic has limited the ability to engage Primary Care Physicians as many health care facilities prohibit individuals who are not seeking services from entering. Physician Detailing staff will use new strategies--such as engaging via email, printed material, and pre-recorded videos--to inform PCPs on HIV Prevention and Care best practices.

PrEP REPORTING

PrEP Support Services

Please indicate whether activities are carried out by DOH, and/or Community Partners.

PrEP Navigation

1. Who provides PrEP navigation services in your area?

☒ DOH Lead: Krystle Kirkland-Mobley (Broward CHD) ☐ Community Partner(s) ☐ None

2. Are there any gaps for PrEP navigation services in your area? If so, please elaborate.

N/A

PrEP Patient Assistance/Copay Programs Support

1. Who provides assistance with PrEP Patient Assistance Program/Copay paperwork/processes in your area?

☒ DOH Lead: Krystle Kirkland-Mobley (Broward CHD) ☐ Community Partner(s) ☐ None

2. Are there any gaps for PrEP Patient Assistance/Copay services in your area? If so, please elaborate.

N/A

DOH PrEP/nPEP Directory Update

Please click on the link, review the Department's PrEP/nPEP Directory and list any updates/changes for your area.
*Please make sure you have consent before adding any new private providers.

https://getprepbroward.com/directory

Please provide updates on any new PrEP/nPEP providers identified in your area during this quarter: N/A

For any new PrEP/nPEP providers identified, did you receive consent to have them listed on the Department's PrEP/nPEP Provider Directory? ☐Yes ☐ No ☒ N/A (No detailing due to COVID/staff reassignment)

PrEP DATA

Number of PrEP Detailing

One-on-one provider/office detailing visits: Providers at Practices: 0	Provider education (group), summits, meetings, institutes, etc.: 0	Educational materials to providers (toolkits, posters, etc.): 0

Number of PrEP Referrals

DIS: 0	Navigators: 0	Testing: 163
Outreach & Education Staff: 0	DOH Clinical Staff: N/A	Other: 280

Total Number of Referrals: Our current PrEP program monitoring system tracks the referral sources listed by self-report only; there are no associate referral forms.