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: May 27, 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 05/27/2021
   b. Last Meeting Minutes 04/22/2021
4. **Public Comment (10 minutes)**
5. **Federal Legislative Report** – Handout A (Kareem Murphy)
6. **Consent Items**
   None.
7. **Discussion Items**
   None.
8. **New Business**
   I. **Needs Assessment/Community Input Presentation (Handouts B)**
   Work Plan Activity 1.1: Review data relevant to the PSRA process
   ACTION ITEM: Receive presentation on community input regarding the PSRA Process.

II. Part A Client Health Outcomes Presentation (Handouts C)
Work Plan Activity 1.1: Review data relevant to the PSRA process
ACTION ITEM: Review Part A Service Category Outcomes.

III. HIV Surveillance Epidemiologic Data Presentation (Handouts D)
Work Plan Activity 1.1: Review data relevant to the PSRA process
ACTION ITEM: Receive presentation on HIV surveillance data regarding the PSRA Process.

9. Committee Reports (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 4, 2021 *Chair: V. Biggs; V. Chair: A. Ruffner*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
The Committee received a presentation from the CQM Team, which outlined the Local Pharmaceutical Assistance Program (LPAP), Emergency Financial Assistance (EFA) & AIDS Drug Assistance Program (ADAP) services. Ryan White HIV/AIDS Program clients are certified and recertified twice a year through the Centralized Intake & Eligibility Determination Program for Part A and Part B services. HIV medications, which are primarily funded through the Part B Program, are covered for eligible Ryan White clients. Non-HIV medications, which are not on the ADAP formulary, can be accessed through LPAP. For clients that are ineligible for ADAP, the EFA service will cover HIV medications at Tier II. This is typically for Test & Treat clients.

HIVPC Program Manager provided an overview of the CEC ranking process. This presentation included the importance of CEC's role in the ranking process and the service categories to be ranked for FY2022-2023. The CEC is the first Committee to rank the Ryan White Part A service categories each fiscal year. CEC's recommendations will be given to the PSRA for consideration during their decision-making process prior to the Committee participating in rankings. Members reviewed the 13 Core Medical and 17 Support Services that are fundable under the Ryan White Program Part A and MAI. Broward's Part A Program funds seven (7) core medical and four (4) support service categories. Members were presented with community input data obtained through a Ryan White Program COVID-19 Assessment conducted for the state of Florida. Based on the results from respondents in Broward County, the most important Ryan White Service during COVID-19 was Health Insurance Premium and Cost Sharing. The second most important Ryan White Service for respondents was Oral Health. The Committee reviewed last year's CEC and PSRA rankings, then completed the FY2021-2022 CEC ranking process via alchemer.com.

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:**
June 1, 2021 at 3:00 p.m. Room: WebEx Videoconference

II. SYSTEM OF CARE COMMITTEE (SOC)

No Meeting Held *Chair: A. Ruffner; V. Chair: J. Rodriguez*

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:**
June 3, 2021 at 9:30 a.m. Room: WebEx Videoconference

III. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 13, 2021 *Chair: V. Foster; V. Chair: T. Moragne*

A. **Discussion Item:**
B. **Work Plan Item Update/Status Summary:**
MCDC Membership Strategy (Handout A): Individuals have been identified to fill the open job-based seats, however, PCS staff recommended that open consumer seats be filled first since the council is currently well under the HRSA mandated percentage of 33% unaffiliated consumers serving on the planning council.

Review HIVPC Demographics (Handout B): PCS staff highlighted the importance of representation of the epidemic on the council. The chair expressed the importance of communication with provider agencies about their potential role in engaging consumers and providing information on the planning council as much as possible. There was discussion around disseminating promotional materials to provider agencies to boost consumer recruitment.

Current Applicants, Interested Parties, and Appointments: There were no new applicants.

FY20 MCDC Work Plan (Handout C): The MCDC chair acknowledged that the committee was right on target with their work plan activities, it was decided that the Committee move forward with the same goals, objectives, and work plan activities. The approval of the FY 2021-2022 Membership/Council Development Committee was proposed by A. Cutright seconded by T. Moragne.

HIVPC Recruitment Video Dissemination Discussion: The committee was advised that the video has been shared on the official Broward County Facebook page. PCS

staff suggested broadcasting the video via radio and television advertisements. The committee agreed with this idea. PCS staff will work to review if there is funding in the budget for this and have this information ready for the next committee meeting. The chair suggested that the video be disseminated at committee members' respective places of employment as well as public libraries. Committee members also suggested the video be disseminated at some of the more frequented provider agencies.

Retention & Recruitment Plan (Handout D1-D2): The committee agreed that they have been working to implement the strategies as seen in the retention and recruitment plan and will continue to work to get promotional material out to the community by posting to county sites, HIVPC sites and linking with other agencies. PCS Staff suggested that committee members attend Broward DOH Prevention Planning Council Committee meetings to spread awareness about HIVPC and potentially recruit new members to the council. PCS staff advised committee members that they are in the final stages of approval for social media account access for the council to aid in outreach, engagement, and recruitment efforts. The Vice Chair stated that an issue with recruitment efforts might be that the committee is not well versed in marketing and suggested a collaboration with NSU to gain marketing insight.

HIVPC Recruitment Opportunity: The committee agreed that they should participate in the 2021 Wilson Manors Stonewall Pride Parade. There was some additional discussion around getting a HIVPC branded tent and tablecloth to improve visibility when attending community events. Committee members also suggested electronic distribution of palm cards with South Florida Gay News.

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:**
   July 8, 2021 at 9:30 a.m. Room: WebEx Videoconference

IV. QUALITY MANAGEMENT COMMITTEE (QMC)

No Meeting Held *Chair: B. Fortune-Evans Seat; V. Chair: D. Shamer*

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:**
June 21, 2021 at 12:00 p.m. Room: WebEx Videoconference

V. EXECUTIVE COMMITTEE

May 20, 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 May 27, 2021.

HIVPC Calendar: The Committee reviewed the June 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:**
June 17, 2021 at 11:30 a.m. Room: WebEx Videoconference

VI. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

May 20, 2021 *Chair: L. Robertson, Vice Chair: Vacant*

A. **Discussion Item:**

B. **Work Plan Item Update/Status Summary:**
Monthly Expenditures/Utilization Report: Part A service categories have expended 94% 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. Many of the category's funds were fully expended, with the exception of the AIDS Pharmaceutical Assistance category which was 59% expended, and the MAI Mental Health category which only utilized 50% of funding.

HIV Surveillance Epidemiological Data: A representative of the Florida Department of Health in Broward County (FDOH-BC) reviewed epidemiological data (Handout A on file). The representative highlighted the -2.0% change in HIV diagnosis from 2018 to 2019.

Needs Assessment/Community Input Presentation: The HIVPC Health Planner provided an overview of the most recently completed needs assessment (Handout B on file). The effort to elicit community feedback for this assessment included a

rapid survey that was disseminated electronically and focused on service utilization during the COVID-19 pandemic.

Part A Client Health Outcomes Presentation: A CQM Health Planner reviewed health outcomes along the Ryan White Part A continuum of care (Handout C on file).

Affordable Care Act (ACA) & Ryan White Part A Client Impact Presentation: *The* CQM Coordinator reviewed the impact of the ACA on Ryan White Part A Program. The presentation emphasized that expenditure data for Broward County's Ryan White Part A & MAI programs show no decrease in spending to coincide with the implementation of the ACA.

C. **Data Requests:**
   - A comparison of client service utilization during COVID-19 and service utilization during a standard fiscal year.

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

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

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

G. **Agenda Items for Next Meeting:**
   - COVID-19 Impact Report Presentation
   - How Best to Meet The Need
   - Community Empowerment Committee's Rankings of Part A Services
   - Priority Setting

H. **Next Meeting Date:**
June 17, 2021 at 9:00 a.m. via 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: June 24, 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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Meeting of the

Broward County HIV Health Services Planning Council

Thursday, April 22, 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, I. Wilson, J. Rodriguez, L. Robertson, M. Schweizer, R. Bhrangger, T. Moragne, V. Foster, V. Biggs, W. Marcoviche, Y. Arencibia

Members Absent: V. Lewis, R. Siclari

Members Excused: V. Moreno

Ryan White Part A Recipient Staff Present: K. Bostick, D. Cunningham, J. Bell, J. Gonzalez-Charlot, N. Walker, W. Cius, S. Scott, K. Giglioli, T. Thompson

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

Guests Present: T. Williams, A. Rodriguez, B. Mester, A. Gordon, J. Castillo, S. Mcshee, R. Shore, S. Cook, S. Quintero, E. Dsouza, K. Drummond, G. Downie, L. Giannetta, K. Murphy

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Agenda Item #1: Call to Order

The *HIVPC Chair* called the meeting to order at 9:32 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 April 22, 2021, HIV Planning Council meeting was proposed by *L. Robertson*, seconded by *Y. Arencibia*, and passed unanimously. The approval for the minutes of the March 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 April 22, 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 March 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. There were no public comments.

Agenda Item #5: Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy. *Mr. Murphy* noted that the Biden Administration had released its "skinny budget," which outlines the categorical funding for priority programs targeted at key areas. The request includes $670 million for funding across the HIV/AIDS prevention, treatment, and care continuum, an increase of $267 million. President Biden has emphasized the commitment to increasing access to treatment, expanding the use of PrEP, and ensuring equitable access. Agency-specific budgets mentioned by *Mr. Murphy* included $131.7 billion for Health and Human Services, $8.7 billion for the Centers for Disease Control and Prevention, $51 billion for National Institutes of Health, and $68.7 billion for Housing and Urban Development.

The request has been submitted to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education. The House is expected to mark up its FY 2022 Labor-HHS-Education appropriations bill in May and pending the passage of the request at other levels, Congress will pass its final appropriations bills by September 30, which marks the end of the federal fiscal year.

Agenda Item #6: Consent Items

The approval for the consent items was proposed by *T. Moragne*, seconded by *L. Robertson*, and passed unanimously.

Dr. Moragne, 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

Ad-Hoc Nominating Committee: The *HIVPC Chair* provided members with a brief overview of the ad-Hoc Nominating Committee. The purpose of the Nominating ad-Hoc is to establish a group to spearhead the FY2022-2024 election process activities. PCS staff provided members with a list of responsibilities for each leadership role. Members were encouraged to join the ad-Hoc, should they be interested in serving, but provided the caveat that members on the ad-Hoc would not be able to run for the HIVPC Chair or Vice Chair seat. The ad-Hoc will convene in June.

The approval for the formation of the Ad-Hoc Nominating Committee was proposed by *V. Biggs*, seconded by *L. Robertson*, and passed unanimously.

Mr. Biggs, on behalf of the Broward County HIV Health Services Planning Council, made a motion to approve the formation of the Ad-Hoc Nominating Committee. The motion was adopted unanimously.

Agenda Item #9: Committee Reports

I. Community Empowerment Committee – *April 6, 2021*
Chair: Vacant, Vice Chair: A. Ruffner

The report stands.

II. System of Care Committee – *April 1, 2021*
Chair: A. Ruffner, Vice Chair: J. Rodriguez

The report stands.

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

There was no meeting held in this month. The MCDC Chair announced that the HIVPC will be participating in the Florida AIDS Walk & Music Festival on Saturday, April 24th, and encouraged members to volunteer to assist with recruitment efforts.

IV. Quality Management Committee – *April 19, 2021*
Chair: Vacant, Vice Chair: B. Fortune-Evans

The report stands.

V. Priority Setting & Resource Allocation Committee – *April 15, 2021*
Chair: L. Robertson, Vice Chair: Vacant

The report stands.

VI. Executive Committee – *April 15, 2021*
Chair: R. Lopes, Vice Chair: C. Grant

The report stands.

Agenda Item #10: Recipient Reports

A. Part A: *K. Giglioli* announced that the Broward County Ryan White Part A Program had received a final notice of award from HRSA for the Ryan White Part A grant year 2021-2022. The final award amount was $15,724,848, which marked a $954,628 from the funding ceiling and a $56,346 reduction from the prior year's award. Broward County received one of the highest application scores within the program, with a final score of 98% with no weaknesses cited from the review panel. The HIVPC Chair reiterated that the reduced funding was attributed to shifting funding priorities to respond to the COVID-19 pandemic.

B. Part B: *J. Rodriguez*, the Part B Recipient, noted that the program expended over 98% of the Part B funding with only about $17,000 in unexpended funds. The program saw high utilization of the Emergency Financial Assistance service as clients required support in housing, medications, and mobile phone assistance. The AIDS Drug Assistance Program (ADAP) currently has 5,145 total clients enrolled and has processed 825 eligibility re-enrollments. ADAP's special open enrollment period has 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. The ADAP Program has been using enrollment appointments, pharmacy pick-ups, and case manager visits as opportunities to enroll clients into the marketplace to ensure that clients have access to other services, specialties, and emergency visit coverage. *B. Barnes* requested that the Part B Recipient include the number of clients that have entered

the marketplace since open enrollment on the following Part B report.

C. Part C: The Part C Program is in the last month of its fiscal year and anticipates expending its full allocation and entering the next fiscal year with no carryover. The Representative reported that they have met with the Part C Project Officer, and the Notice of Funding Opportunity for the FY2022 Competitive Application is out and is due June 21, 2021. There was some carryover funding from the COVID-19 award, in which the Part C Program was granted an extension to continue providing on-site security services for temperature checks.

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. The transition to telehealth has decreased the Program's 'no-show' rate tremendously, ensuring that clients can see doctors without service interruption. The Representative announced that Keith Wells now serves as the Interim Project Manager for the Part D Program. The Program recently held a drive-thru baby shower for their Targeted Outreach for Pregnant Women Act (TOPWA) program, which received an anonymous donation used to assist with the purchase of essential items for first-time mothers. Lastly, the Part D Program is seeking a full-time Nutritionist to join the onsite staff at the Children's Diagnostic & Treatment Center. Interested individuals can find the job posting on browardhealth.org.

E. Part F: There was no update for the Part F Program. The program continues to be in full operation.

F. HOPWA: The HOPWA representative announced that the City of Broward County completed its Requests for Proposal (RFP) process in March. The Community Service Board (CSB) reviewed eligible applications and made its recommendations for HOPWA funds for the FY2021-2022. The total HOPWA allocations for all housing and non-housing support services was $6,708,391. Out of the $6.7 million, the CSB allocated an additional $200,000 to reopen the tenet-based rental voucher program. The HOPWA Program will create a waiting list in Provide Enterprise to track eligible clients beginning the fiscal year. For additional information on how to get on the waiting list, individuals can contact the HOPWA Housing Case Management providers at:

- SunServe at 954-764-5150
- Care Resource at 954-567-7141

The representative noted that the CSB recommendation had not been finalized but will be taken to the commission in June to be finalized. Once finalized, an official public notice of the final allocations will be announced. Lastly, it was reported that the bill passed by the Biden Administration for $41,000,000 to stabilize housing for low-income HIV+ clients might be put out for grant proposal. This will be dependent upon the CARES Act funds received by the City and how those funds were appropriated. The representative will provide updates at subsequent meetings.

G. Prevention: The Prevention report included updates to the clients being served under the Test & Treat Program, clients receiving PrEP services, and outreach activities. The Representative announced that contracts have now been fully executed and include the Ending the HIV Epidemic program; services have started, and individuals can begin receiving care. It was noted that there is an initiative that will cover copayments and deductibles for individuals who want to get on PrEP but have private insurance and may not be able to afford the service. The Prevention Program is now funded under the PS18-1802 funding announcement, which will be used to address social determinants of health and provide opportunities for more community engagement where individuals can learn their status and, if positive, link them to care as soon as possible.

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 Florida Department of Health in Broward County (FLDOH-BC) has 10 sites that individuals can visit to receive their COVID-19 vaccination. The sites are open from 8:00 a.m. – 4:00 p.m. The sites are currently being underutilized and FLDOH-BC wants the community to know that the sites are operational. Those sites are:

    - Tradewinds Park – 3600 W Sample Rd, Coconut Creek, FL 33073
    - Tree Tops Park – 3900 SW 100th Ave, Davie, FL 33328
    - Markham Park – 16001 W State Rd 84, Sunrise, FL 33326
    - Snyder Park – 3299 SW 4th Ave, Fort Lauderdale, FL 33315
    - Coral Springs/Pompano Citi Center – 1955 N Federal Hwy, Pompano Beach, FL 33062
    - T.Y. Park – 3300 N Park Rd, Hollywood, FL 33021
    - Delevoe Park – 2520 NW 6th St, Fort Lauderdale, FL 33311
    - Quiet Waters Park – 401 Powerline Rd, Deerfield Beach, FL 33442

  Additionally, FLDOH-BC is providing vaccinations to organizations of 50 or more. Interested entities should contact FLDOH-BC.

- The World AIDS Museum (WAM) is participating in the 2021 Florida AIDS Walk & Music Festival. R. Lopes encouraged Council/Committee members to staff the table for the event and emphasized the importance of interfacing with community members at community events such as this.

Agenda Item #13: Adjournment

There being no further business, the meeting was adjourned at 10:22 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	22									
0	0	0	**1**	Arencibia, Y.	X	X	E	X									
0	1	1	**2**	Barnes, B.	A	X	X	X									
1	1	0	**3**	Bhrangger, R.	X	X	X	X									
0	1	0	**4**	Biggs, V.	N - 3/25			X									
0	0	0	**5**	Cutright, A.	X	X	X	X									
0	0	1	**6**	Fortune-Evans, B.	A	X	X	X									
0	0	0	**7**	Foster, V.	X	X	X	X									
0	0	0	**8**	Grant, C.	X	X	X	X									
0	0	0		Holness, Dale V.C. (Mayor)	X	X	X	X									
1	1	1	**9**	Katz, H.B.	A	X	X	X									
1	1	3	**10**	Lewis, V.	A	X	A	A									
0	0	0	**11**	Lopes, R. *Chair*	X	X	X	X									
1	1	0	**12**	Marcoviche, W.	X	X	X	X									
0	0	0	**13**	Moragne, T.	X	X	X	X									
0	0	0	**14**	Moreno, V.	X	X	X	E									
0	1	1	**15**	Robertson, L.	X	A	X	X									
0	0	1	**16**	Rodriguez, J.	A	X	X	X									
0	0	0	**17**	Ruffner, A.	X	X	X	X									
0	0	1	**18**	Schweizer, M.	A	X	X	X									
1	1	1	**19**	Shamer, D.	A	X	X	X									
0	0	2	**20**	Siclari, R.	A	X	X	A									
0	0	1	**21**	Wilson, I.	X	X	A	X									
				Quorum = 12	13	20	18	19	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: May 25, 2021

Federal Funding Update

Skinny Budget
President Biden is expected to release is full budget on Thursday, May 27. Last month, the White House released the "skinny" budget for the upcoming fiscal year. As previously reported to the Council, that was not a detailed budget (this is usually the case with new Presidents). The "skinny" budget 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 June. 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.

Delays in further consideration of an infrastructure package threaten to push back that timetable to the period where they normally focus on appropriations. This could make for a very busy work period during the late summer and early fall. With the impact of the pandemic waning, there might be more capacity for members to navigate the growing workload.

HANDOUT B

2020-2021 BRHPC Broward County HIV Community Needs Assessment Findings

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of May 20, 2021

Introduction

This presentation assesses data from the following projects:

I. 2020-2021 Broward County EMA RW Part A Program Integrated Assessment Project

II. Ryan White Program COVID-19 Needs Assessment - Broward County, Florida

- This information highlights the strengths and weaknesses of the RW Part A Program as well as possible gaps in the provision of care.

- These projects were coordinated by Broward Regional Health Planning Council, Needs Assessment Contractor.

- Consumers are defined as active Ryan White Part A clients.

2020-2021 Broward County EMA Ryan White Part A Program Integrated Assessment Project

A QUALITATIVE ASSESSMENT TO ADDRESS PROGRAM BARRIERS, WEAKNESSES AND CHALLENGES WHILE ENHANCING PROGRAM ACHIEVEMENTS.

HIVPC
Broward County HIV Health Services Planning Council

Summary of the Project

Objective: The aim of this project was to assess the strengths and weaknesses of RW Part A Programs.

Methodology: Broward County EMA RW Part A Program in collaboration with Debbie Cestaro-Seifer, a Consultant for Broward Regional Health Planning Council, designed and conducted a total of eight semi-structured focus groups with consumers and key informants.

Results: Medical and support services provided by RW Part A Program is highly valued among consumers and providers. However, there are several challenges with oral health services, age and gender-specific specialty care, customer service, transportation, access to information as well as those issues induced or aggravated by COVID-19.

Conclusion: Data shows that while the services provided by RW Part A programs is beneficial to consumers there is still some work to be done to design a system of care that has its structure built on interagency communication, interservice networking, and meaningful collaborations to enhance the HIV care continuum in Broward County.

RW Part A Consumer Focus Group

CLIENT DEMOGRAPHICS, SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT.

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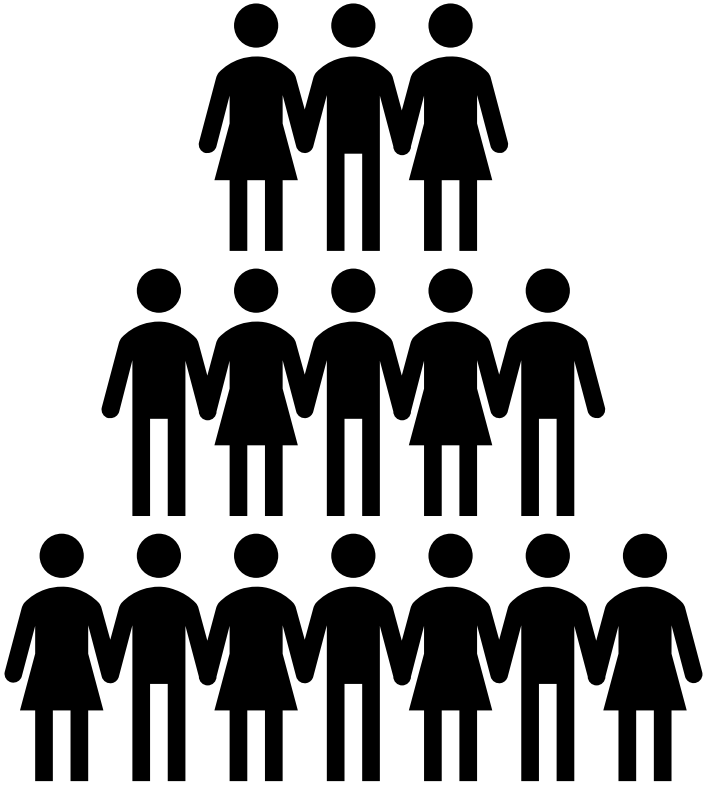
Broward County HIV Health Services Planning Council

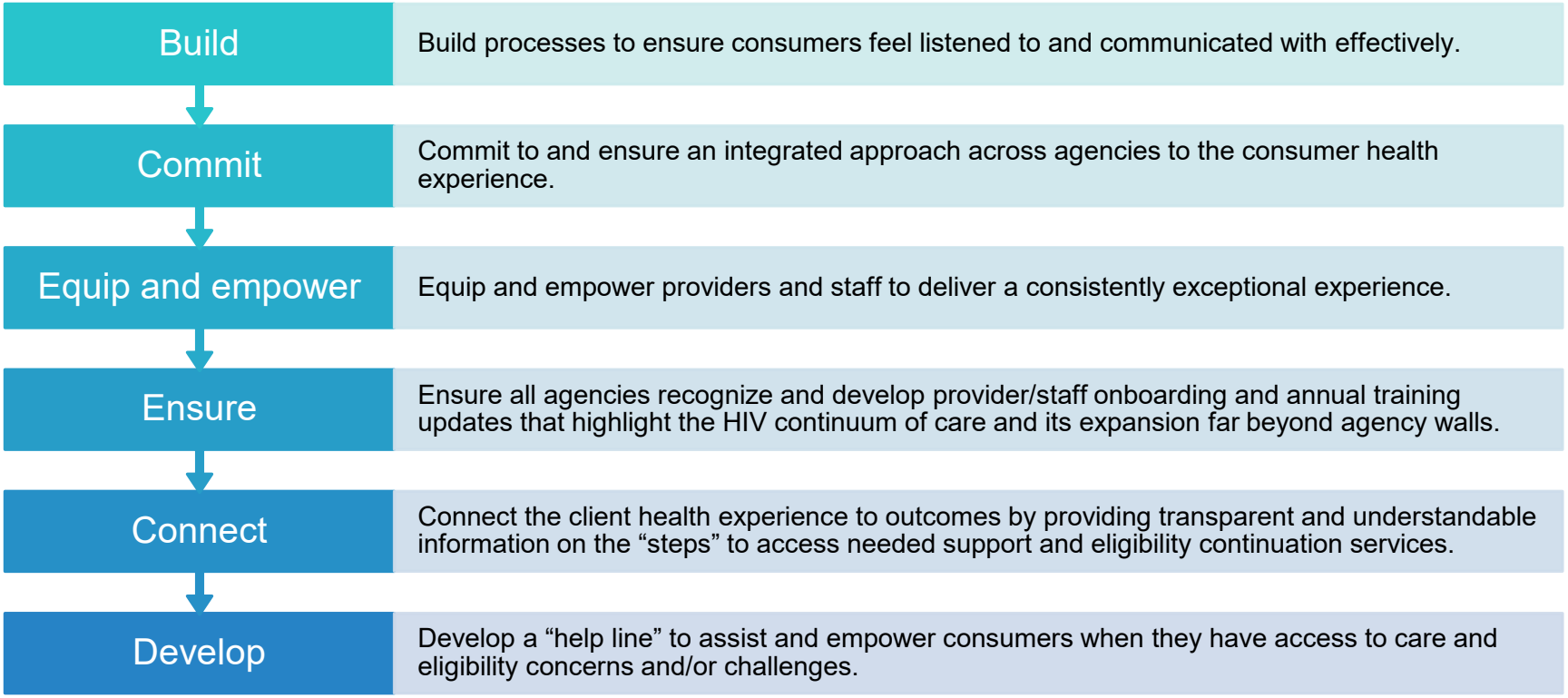


Demographics

- A total of 11 consumers were interviewed across four focus group sessions.
  - 73% male and 27% female
  - 18% black and 82% white
  - 87.5% of the male participants engaged in male-to-male sexual contact (MMSC).
  - Age range was 34 to 62 years of age with the average age being 51.1 years

Key Findings

1. Consumers place high value and confidence in Broward Part A Medical Services.
2. Support services are highly valued by clients.
3. Oral Health services were difficult to access and service satisfaction was very low as reported by over 70% of consumers.
4. Negative Customer Service experiences.
5. The Broward EMA does not adequately address generational and gender-specific specialty care.
6. Consumers do not know what to do when they cannot access a needed service.



Recommendations for Improvement

RW Part A Key Informant Discussion Group

PROVIDER DEMOGRAPHICS, SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR IMPROVEMENT.

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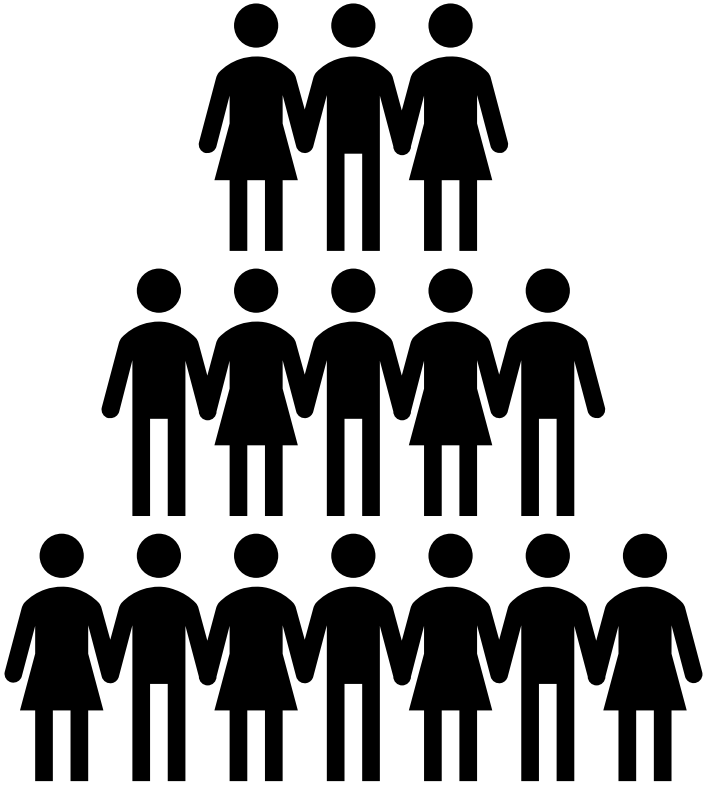
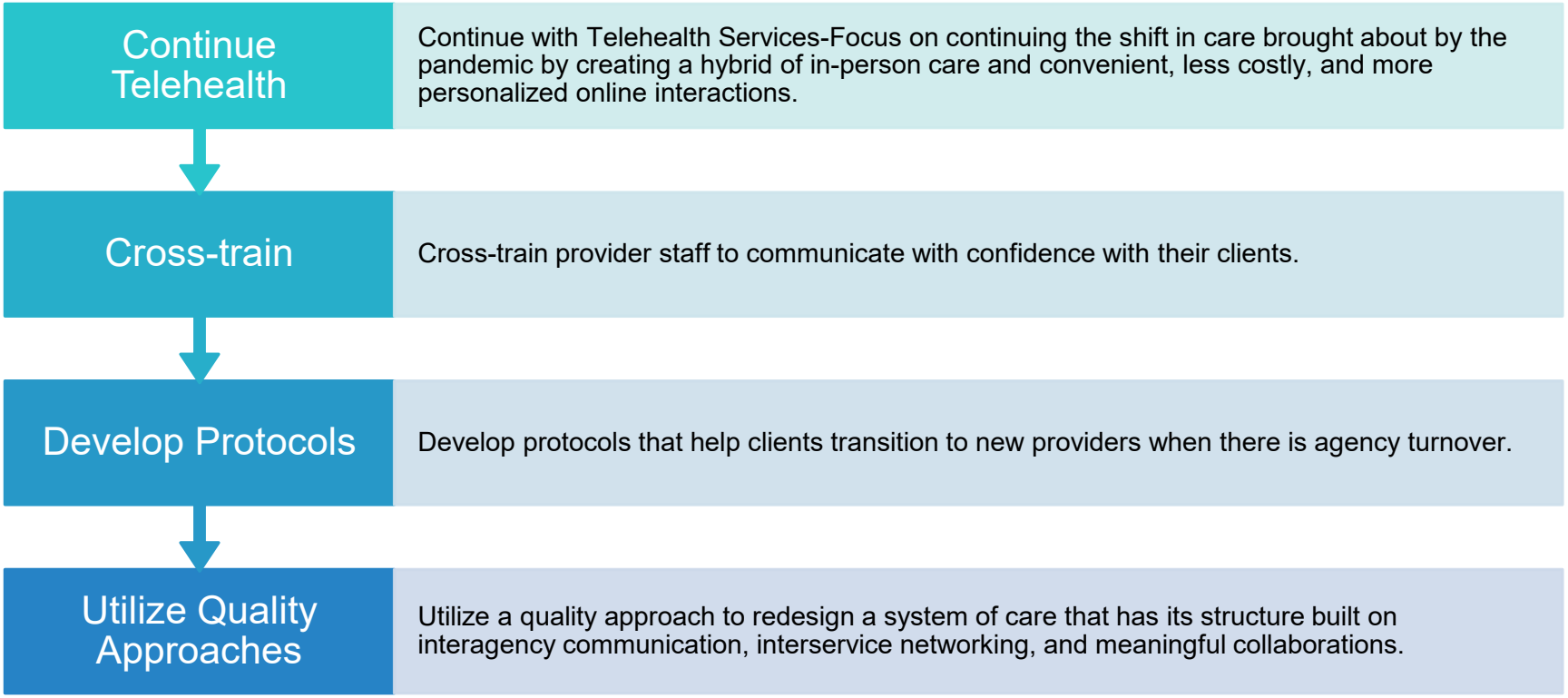


Demographics

- A total of 18 providers agreed to participate in the four sessions and 16 of those individuals attended one of the four focus group sessions.
  - Providers were from five (5) different RW Part A agencies and included non-medical case managers, disease case managers and eligibility specialists.
  - Length of service as a RW Part A provider ranged from one week to nine years.
  - Approximately 38% of the participants were bilingual, with four participants fluent in English and Haitian Creole and two participants fluent in English and Spanish.

Key Findings

1. Medical services, antiretroviral medications (ARV) and food services are extremely valuable to clients.
2. More transportation options are needed for clients to get to appointments.
3. An age-friendly system of care needs to be established for clients aging with HIV.
4. Enhance oral health services to ensure that all eligible clients can receive needed dental care in a timely manner.
5. Case management and counseling services are the “glue” for some patients to remain in HIV care, but because of stigma and confidentiality concerns, there are many clients who choose not to accept or utilize these services.



Recommendations for Improvement

Strengths of RW Part A Program

The following color legend applies to the information displayed on slides 13-16
Providers
Consumers
Consensus

Medical Services provided by RW A Program is above satisfactory.

- Ease in talking with medical providers.
- Assistance from the clinical team provides "top notch" medical care.
- More than 81% of the consumers reported that they were virally suppressed.
- These services assist clients with managing their HIV **properly**.

Food services, antiretroviral medications (ARV), non-medical case management and behavioral health counseling services are highly valued among consumers and providers

- "Everyone should have to talk with someone about HIV. I don't know where I would be today without counseling."
- Another participant stated, "they (Counselors) saved my life."
- Making "safe" home visits by meeting with clients in safe outdoor spaces near their homes have helped clients stay connected to medical care and maintain their eligibility. During the visits, the peers often brought food deliveries to ensure that they had food with their ARVs.
  - "Without the food, the medication won't work right."

Case management is described as the "glue" that connects clients to care.

- Relative to the Test and Treat Program, case managers stated that there is excellent communication and information sharing that helps connect new clients and clients reengaging to HIV treatment and care to case managers.
- These peers had medical services, case management, and counseling co-located all under one roof. – making services accessible.
- Most clients reported the importance of being eligible for food services and oral health.

Barriers to Care

Both consumers and providers reported challenges with oral health services

- Long waits (up to 5 mos.) for basic hygiene and non-emergency services (fillings and extractions).
- Customer service is unacceptable" and "troubling."
- Over 70% of consumers reported process to receive dental care is challenging to navigate and lacks transparency about the process.
- Appointment process was "difficult to navigate before COVID and now it is much worse."
- Consumers did not know what to do or who to call when they were having difficulty accessing needed dental care."
- Providers are concerned that there is no standardized review process in place if clients are denied care.

There is no system established to address age and gender-specific specialty care

- Older consumers brought attention to the lack of age-related health and insurance resources specifically those relating to:
  - Obtaining oral health care,
  - Technology support to assist with eligibility,
  - Navigation for all services incl. transportation
  - Food access,
  - Durable medical equipment,
  - Vision and hearing services,
  - Navigating insurance options
  - Age-friendly counseling & behavioral health.
- Specialty medical services were also included as an important service need by cisgender men and women participants and included requests for:
  - Gynecology services
  - Cardiology
  - Nutritional counseling
  - Men's health services

Customer service needs improvement

- Concern and some distress regarding the changes in personnel and staff during the pandemic. Staff and provider changes were the most difficult, especially during the pandemic.
- New clerical staff were disrespectful in-person and on the phone when consumers attempted to access services/resources.

Barriers to Care

Many of the challenges faced by consumers arose considering the COVID-19 pandemic

- Two (2) consumers said that they missed the days of going in-person to provider agencies to access resources and services.
- Extreme isolation experienced during the pandemic and that the experience of intense "loneliness" was and continues to be very difficult.
- Counseling services should have been more readily available during the pandemic. Several respondents noted that group counseling, in-person, and online counseling was not readily available for **all** clients.

Many of the challenges faced by providers arose considering the COVID-19 pandemic

- "Back log" in dental services since losing one provider in FY 2020 and the discontinuation of services for several months at the beginning of the pandemic.
- Clients had to be re-educated on the meaning and purpose of labs, the importance of ARV medication to reduce the amount of virus in the body and access to services and eligibility requirements. since they had not been seen in six months to a year due to COVID-19.
- "Older and younger clients [had] the most difficulty with the isolation brought on by the pandemic." In addition, it was reported that clients appeared more worried and stressed.
- Clients were not comfortable with the frequent provider changes/transitions that were brought on by the pandemic– namely behavioral health counselling services. This was because clients did not want to retell their stories and be vulnerable with a **new** case manager.
- Case managers stated that the pandemic caused a "great divide" among people who had access to phones, computers and the internet and those who did not."
- With the closing of public buildings like libraries, many consumers had no access to internet.
- "In the beginning of the epidemic no one wanted to go to get labs drawn either, but now most clients are back to coming in for labs."

Barriers to Care

Difficulty in accessing services and information about services

- Navigating support service access is a common challenge reported.
- There was no identified helpline or a live person to call and obtain assistance
- Long delays for specialty services such as women's health care, cardiology and vision care.
- Apprehension in contacting specialty providers because of poor service received in the past.

Transportation

- Need for more transportation;
- There is a shortage in the supply of bus passes and so persons who might need them are not able to get them;
- Consumers have difficulty navigating the bus system and frequently get lost;
- Consumers 60 years and older and have challenges in using the bus;
- The bus system does not permit comfortable or convenient travel in all weather types.

Ryan White Program COVID-19 Needs Assessment - Broward County, Florida

A QUANTITATIVE ASSESSMENT TO ADDRESS THE IMPACT OF THE COVID-19 PANDEMIC ON ACCESSING RW PART A SERVICES.

HIVPC
Broward County HIV Health Services Planning Council

Summary of the Project

Objective: The aim of this project was to measure the impact of the COVID-19 Pandemic on consumers' ability to access RW services.

Methodology: The survey was distributed statewide with responses from 109 Broward County RW consumers.

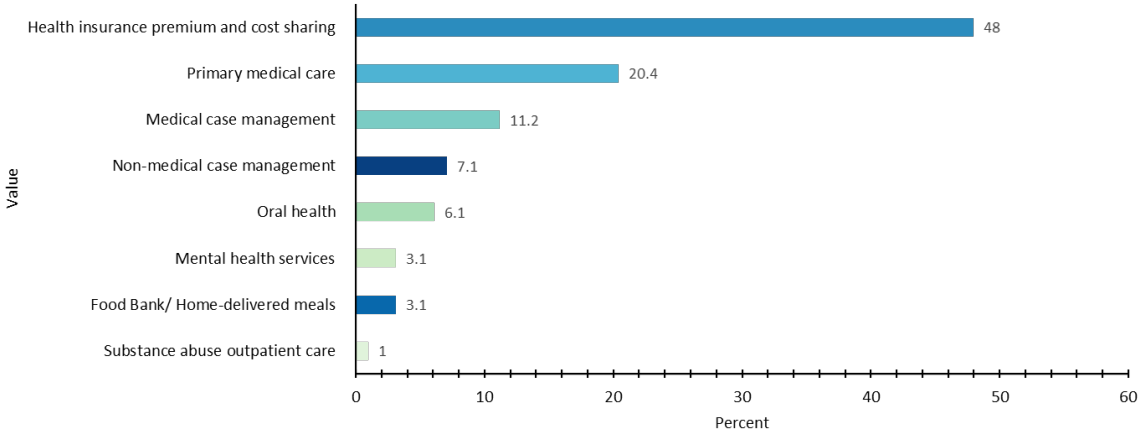
Results: There was a 91.7% completion rate of the distributed survey.

Conclusion: Ultimately, the results of this survey were able to highlight gaps in care that were either created or aggravated by the COVIID-19 Pandemic.

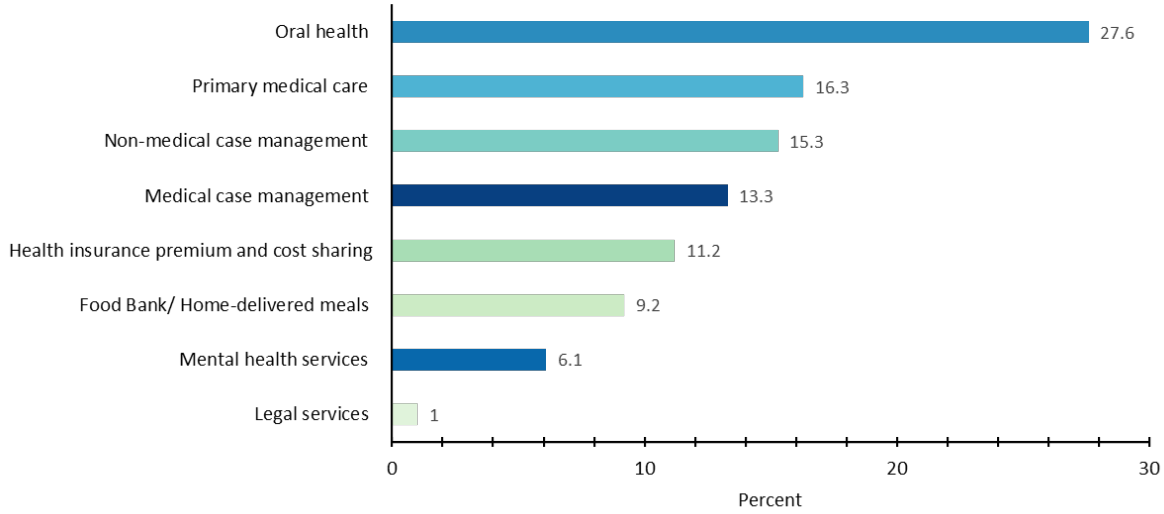
Key Findings

- Consumers reported that the most important Ryan White service to them at present is health insurance premium and cost sharing. This is followed closely by oral health services, primary medical care, and medical and non-medical case management.

Most Important RW Services



Second Most Important RW Services

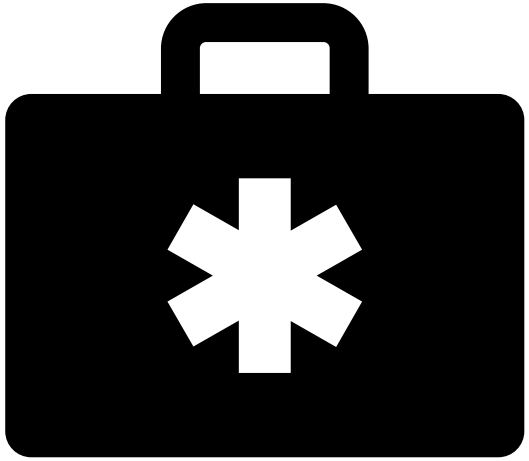


Key Findings

- ≥50% of consumers reported that they were not affected across all the following categories:
  - Medical care
    - 94 consumers reported contact with their medical provider.
    - 9 have not being in contact; 6 were due to a lack of necessity and 1 was because of a new diagnosis.
    - Communication was maintained primarily via telephone (57) and other virtual means such as telehealth (43), email (7), and text message (4) and to an extent in person (54).
    - Most consumers indicated that they are eager to resume fully in-person visits because of various issues with telehealth appointments; mainly lack of resources (internet and Wi-Fi-enabled devices).

Key Findings

- Mental health or substance abuse counseling
  - 44 consumers reported receiving mental health or substance abuse counseling.
  - The pandemic did not affect access to these services for 21 persons.
  - It made access to care easier than before for 8 individuals.
  - However, 15 consumers expressed that they had difficulty accessing theses services because of the pandemic.



Key Findings

- Case Management
  - 57 consumers reported having a case manager.
  - 49 out of the 57 consumers were able to maintain contact with their case manager after the start of the pandemic.
  - The remaining 8 lost contact after the start of the pandemic.
  - Communication was maintained primarily via telephone (45), and other virtual means such as text message (18), email (9) and telehealth (1) and to an extent in person (31).
  - Many consumers either have not yet used telehealth or have used it but are looking forward to going back to ‘normal’ due to lack of resources (internet and Wi-Fi-enabled devices).

Key Findings

- HIV Prescriptions
  - Most consumers had no problems getting their ARVs and did so in person either at an ADAP pharmacy (27%) or some other pharmacy (33%). The remainder of clients (54%) received their medication through delivery by either the pharmacy or mail.
  - Problems with getting HIV medications arose mainly due to issues with prescriptions, lack of transportation, inefficient communication, lost of eligibility, issues with delivery and fear of contracting the COVID-19 virus.
- Medication Administration
  - There were virtually no issues with clients administering their HIV medications as prescribed with majority never missing a dose.

Key Findings

- ≤31.7% of consumers indicated that it was harder to access resources such as primary medical care, mental health or substance abuse counseling, and assistance from a case manager.
- They cited reasons such as lack of necessity, fear of contracting COVID-19, and issues with using telehealth for why they hadn't utilized these services since the start of the pandemic.
- Since the start of the pandemic more consumers have expressed that it is easier to get and keep up with their ARVs (19.6%, 12.9%) than those who have described the process as harder (7.8%, 3%).

Key Findings

- Data indicated that several consumers experienced a decline in their psychosocial status after the start of the pandemic. They reported feeling more anxious, stressed, sad and/or lonely.
- Although low, a few persons reported having difficulty paying for and being at risk of losing housing as well as an inability to purchase food for consumption.
- 71% consumers were employed in some capacity before the start of the pandemic.
- However, the employment of 49% of the consumers was negatively affected by the pandemic either by reduced hours or complete job loss.
- These factors possibly negatively impact the health of PLWH, causing them to miss appointments, skip medications etc.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT C

BROWARD EMA RYAN WHITE PART A PROGRAM HEALTH OUTCOMES

Broward County HIV Health Services Planning Council – May 27, 2021

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

HIV Care Continuum Definitions

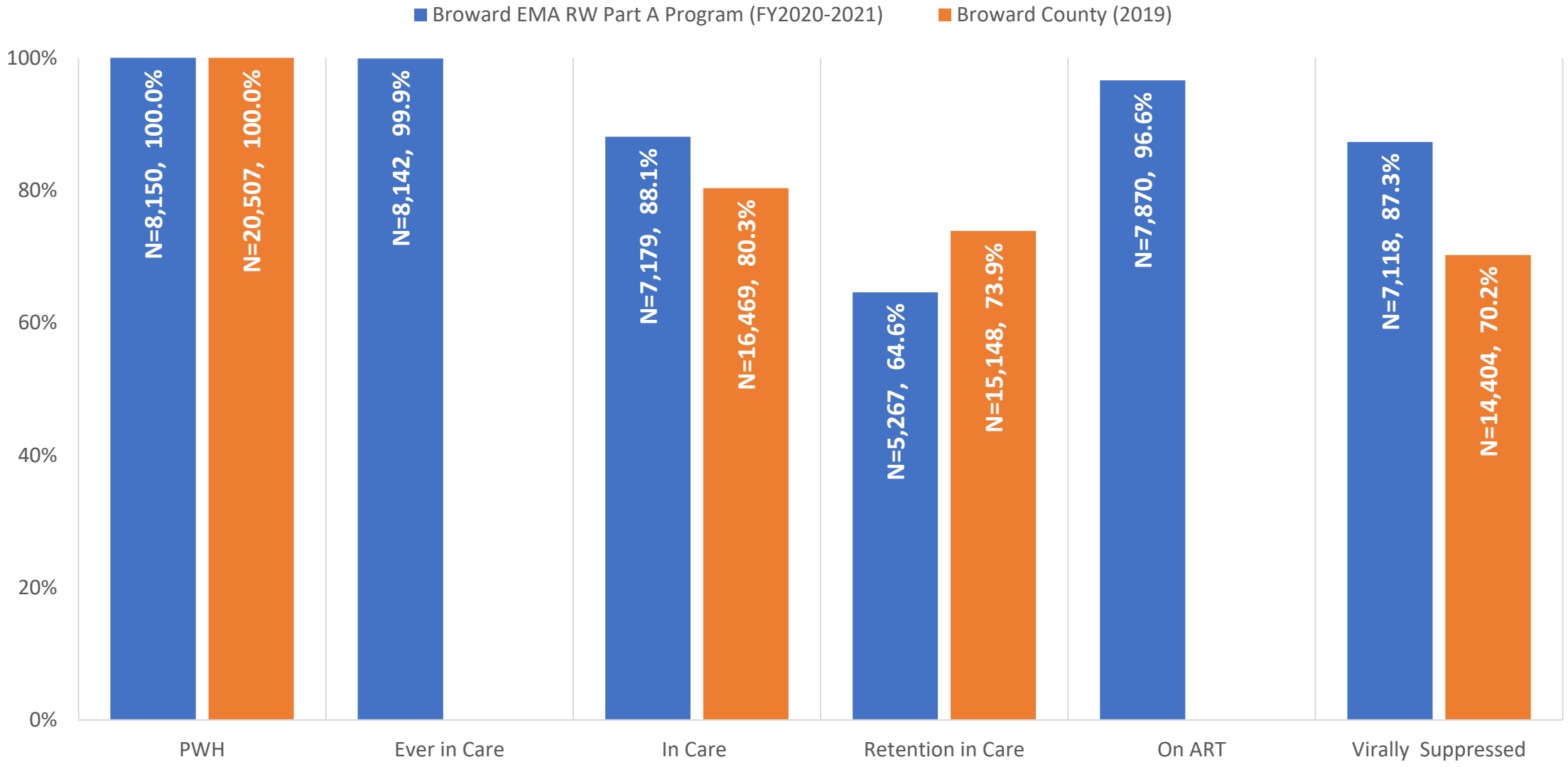
- **People with HIV (PWH):** Clients who have HIV and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care**: PWH who ever had a medical care service documented.
- **In Care:** PWH who had a medical care service within the reporting period.
- **Retention in Care:** PWH who had two or more medical care services at least three months apart in the reporting period.
- **On Antiretroviral Therapy (ART):** PWH who have a documented ART at any time during the reporting period within HIV history records.
- **Virally Suppressed:** PWH with most recent viral load less than 200 copies/mL, as of end of the reporting period.

*****Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.

DATA CONSIDERATIONS

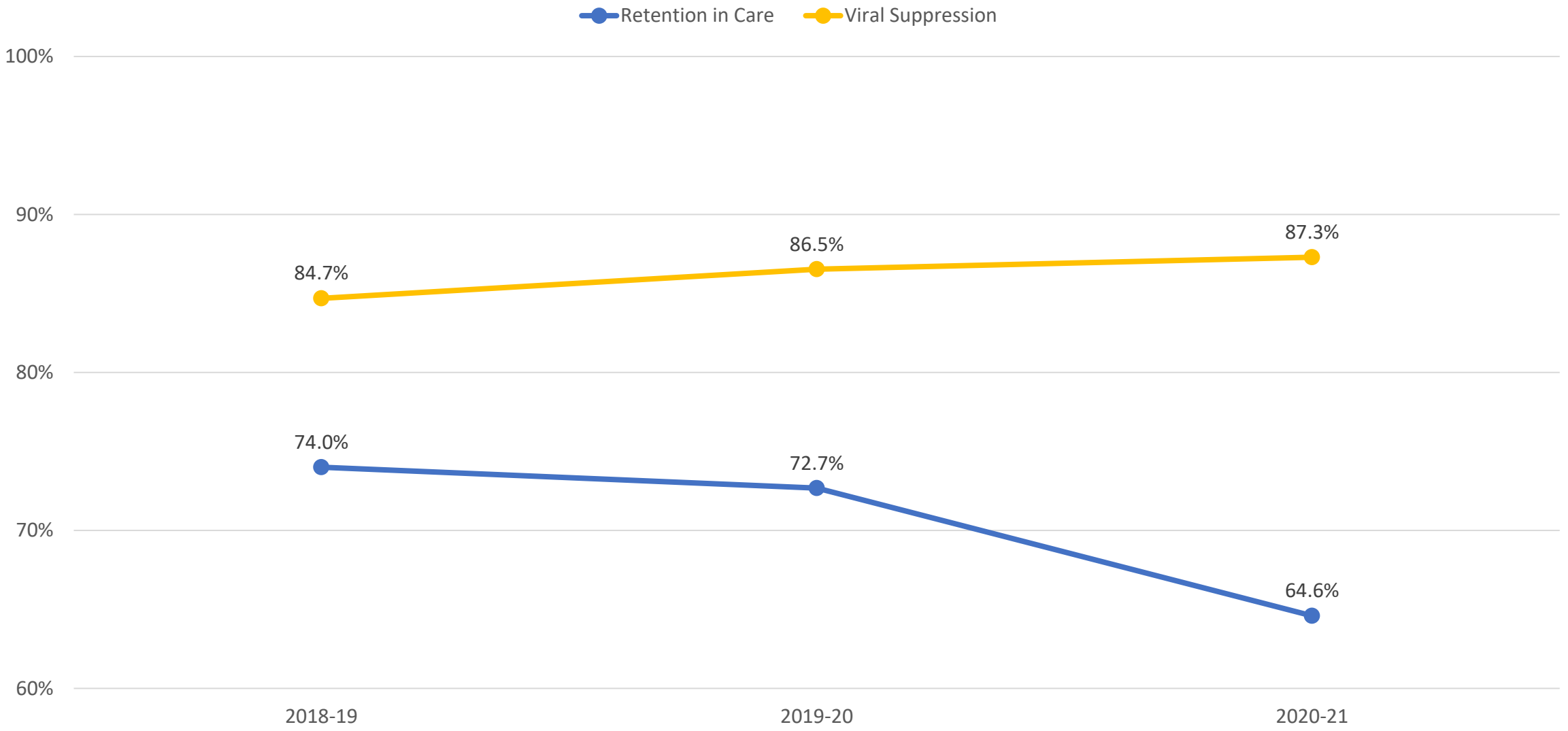
- Reporting period for Broward EMA Ryan White Part A Program: Fiscal Year 2020-2021(March 1, 2020 – February 28, 2021)
- Broward County data is provided from FL Department of Health
  - Measures for **Persons with HIV** are through 6/30/2020
  - Measures for **Retention in Care** are from 1/1/2019 through 6/30/2020
  - Measures for **In Care** and Viral Suppression are from 1/1/2019 through 3/31/2020
  - FL Department of Health data source did not include measures for **Ever in Care** and **On Antiretroviral Therapy (ART)**

HIV Care Continuum, Broward EMA Ryan White Part A Program and Broward County



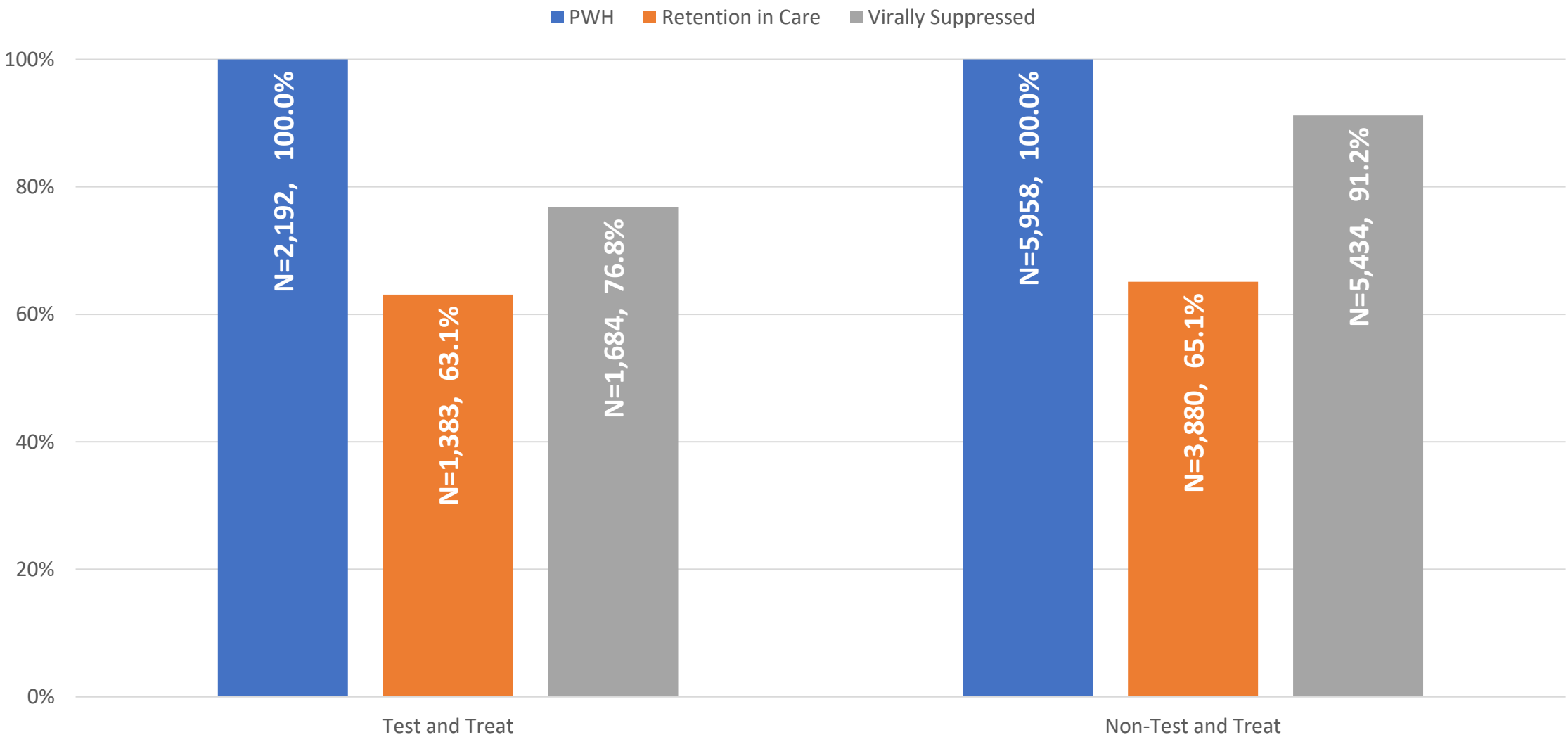
Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010*

Broward EMA RW Part A Program HIV Care Continuum, Viral Suppression and Retention in Care by Fiscal Year



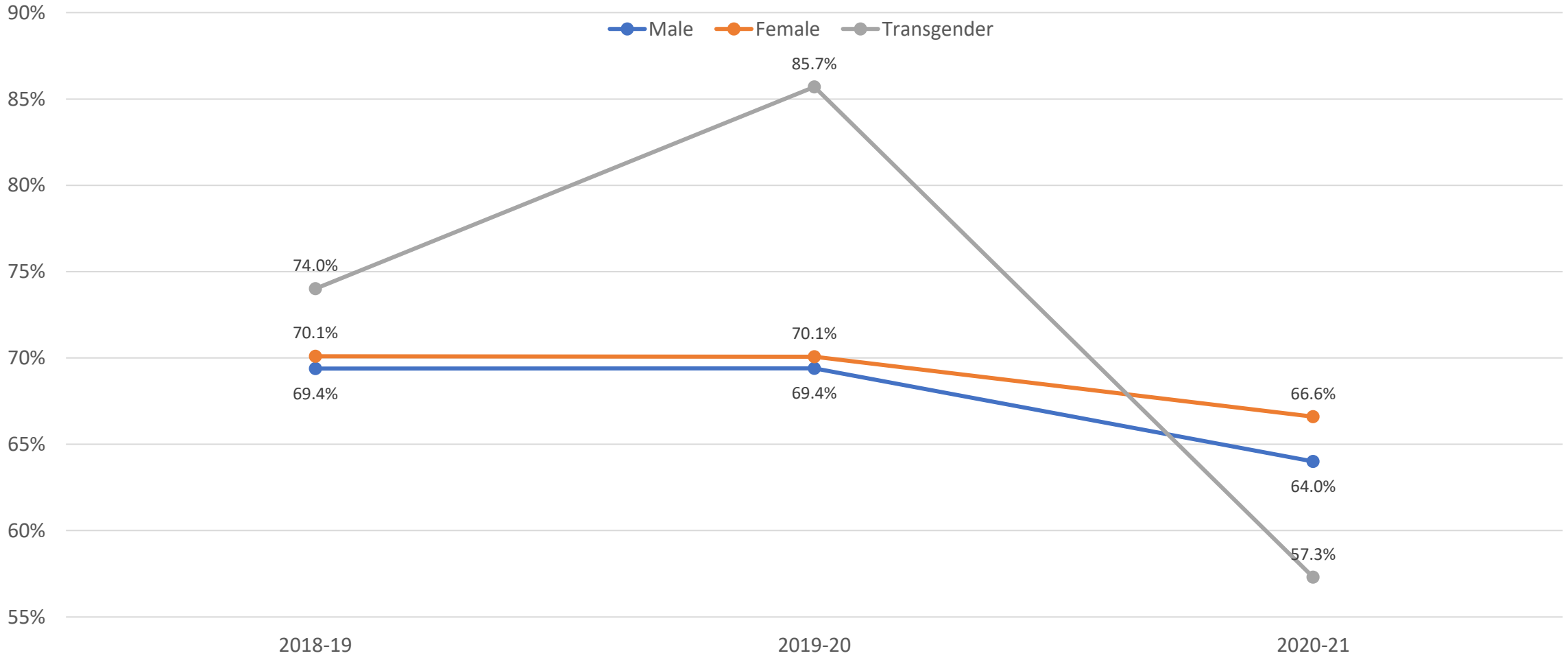
Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

Broward EMA RW Part A Program HIV Care Continuum, Viral Suppression and Retention in Care, Test and Treat and Non-Test and Treat Clients for FY2020-2021



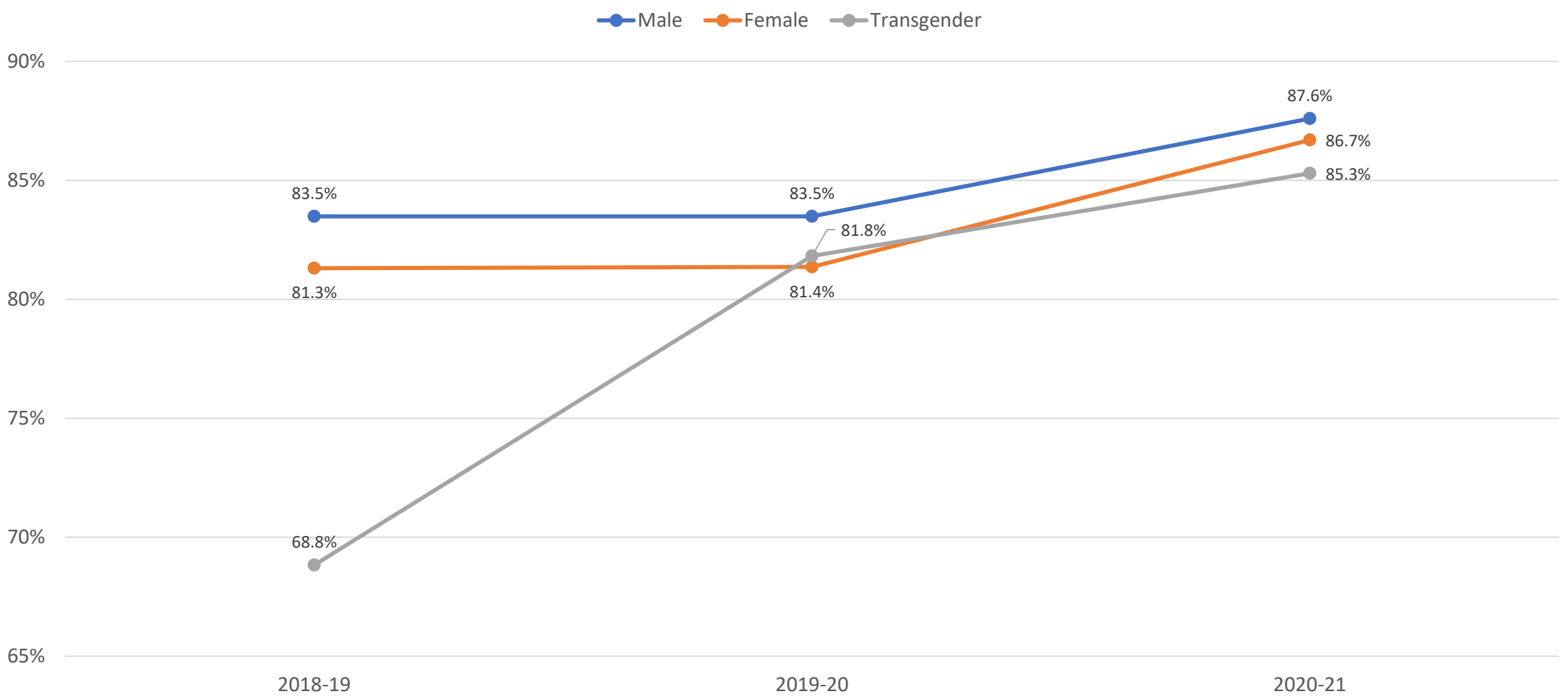
Data Source: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021)*

Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Gender



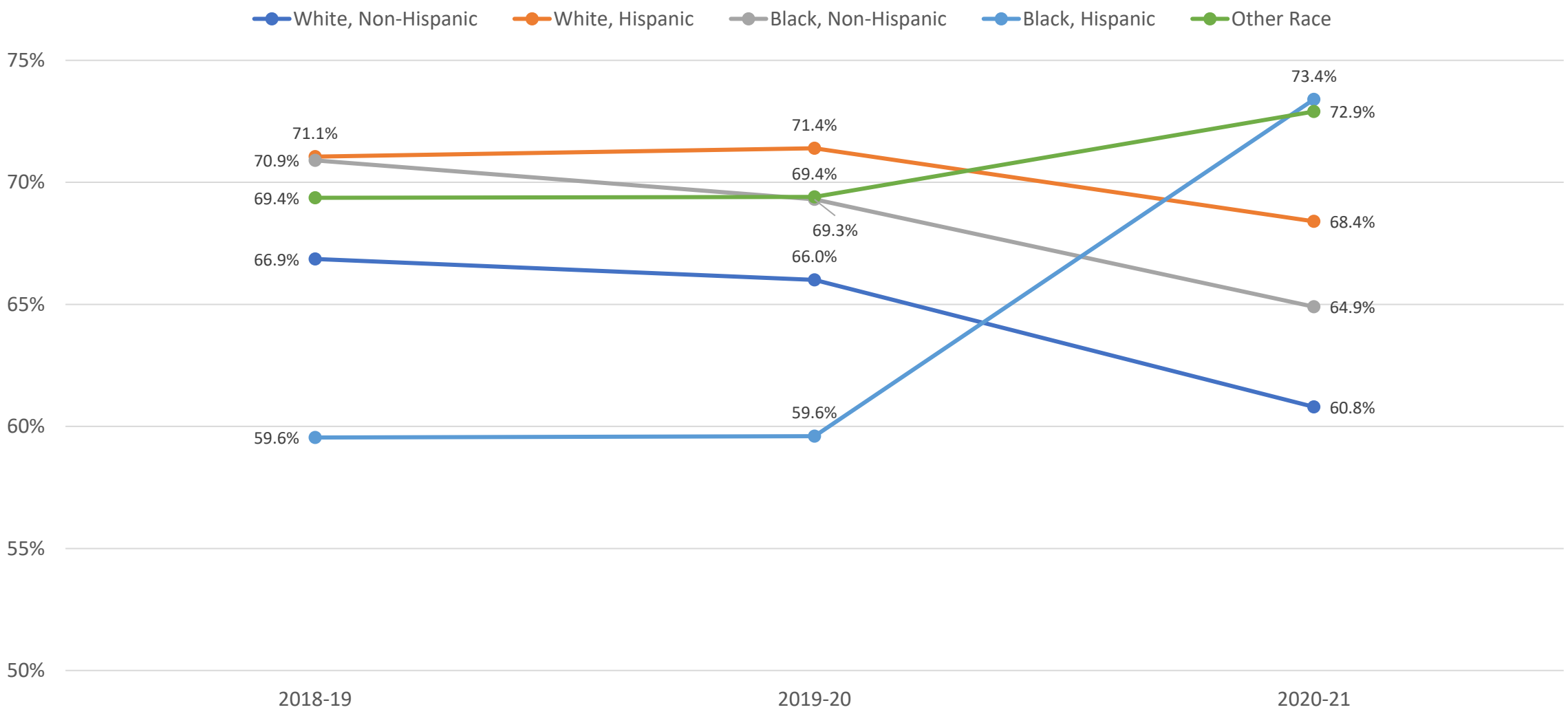
Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Gender



Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

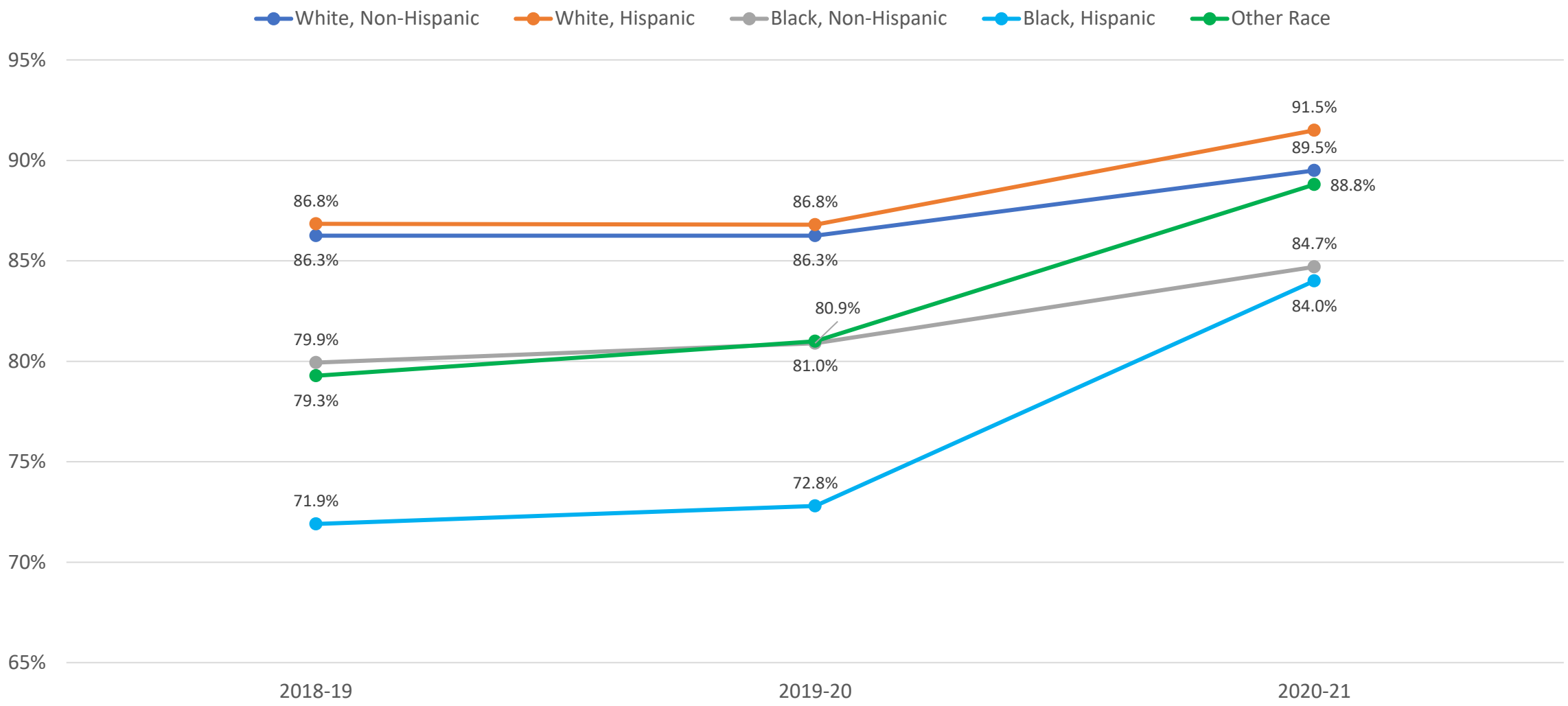
Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Race/Ethnicity



Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

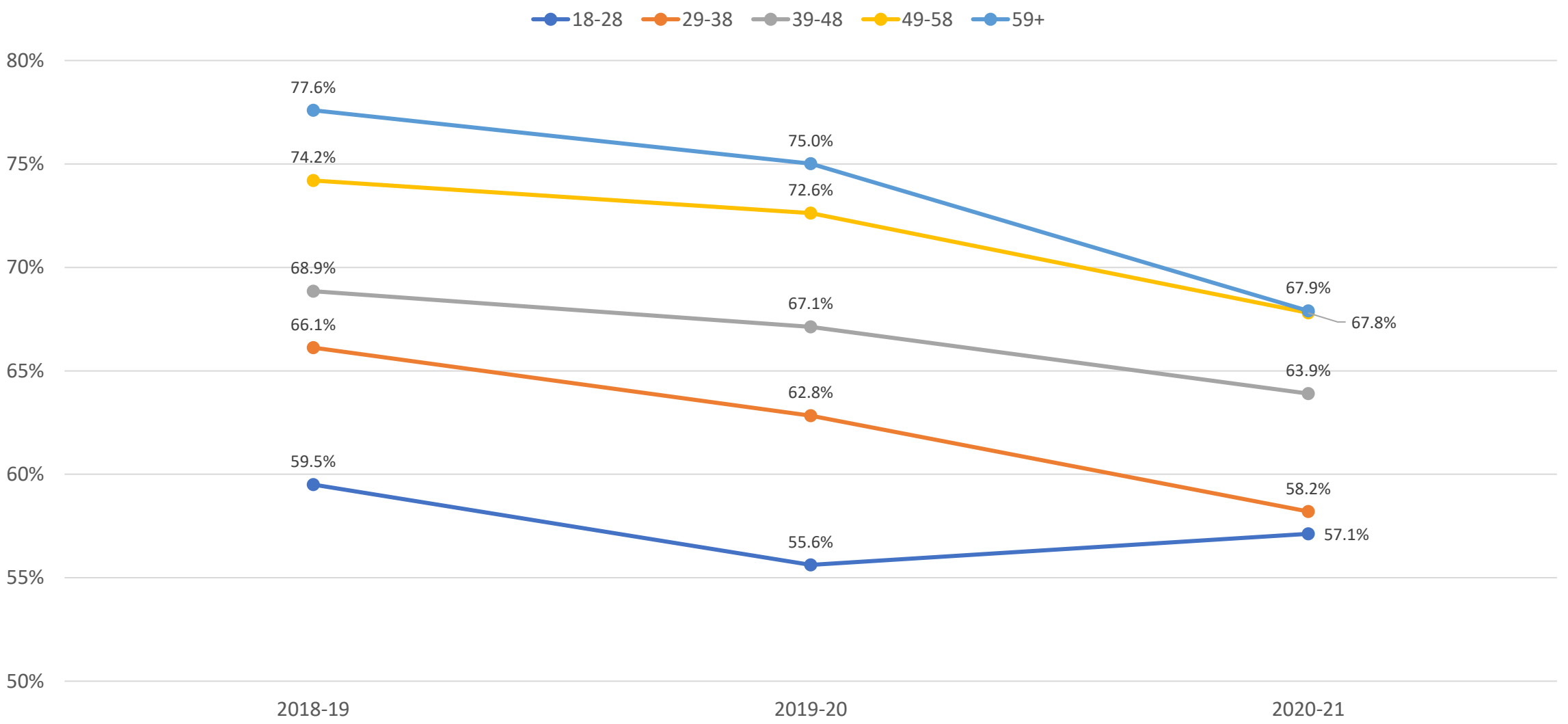
Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Race/Ethnicity



Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

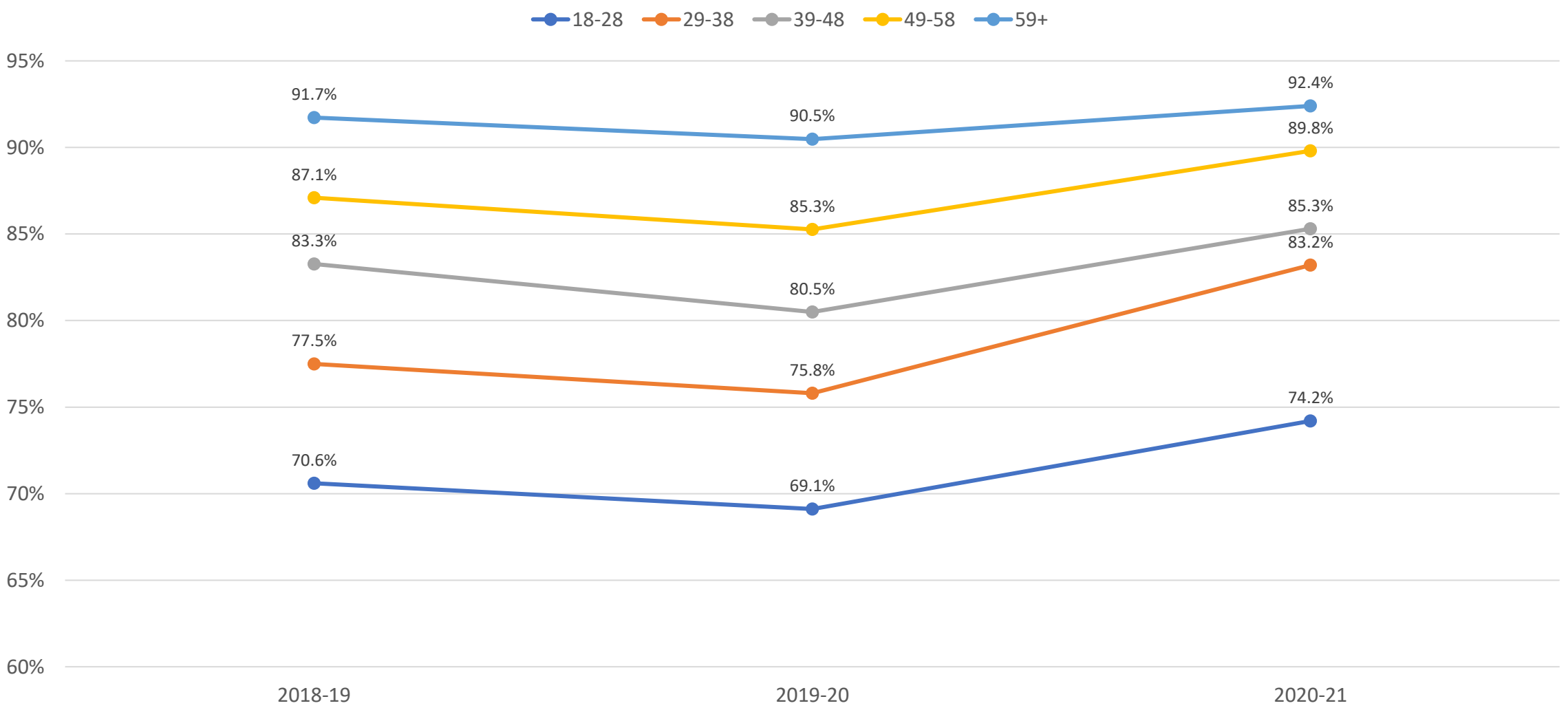
Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Age Group



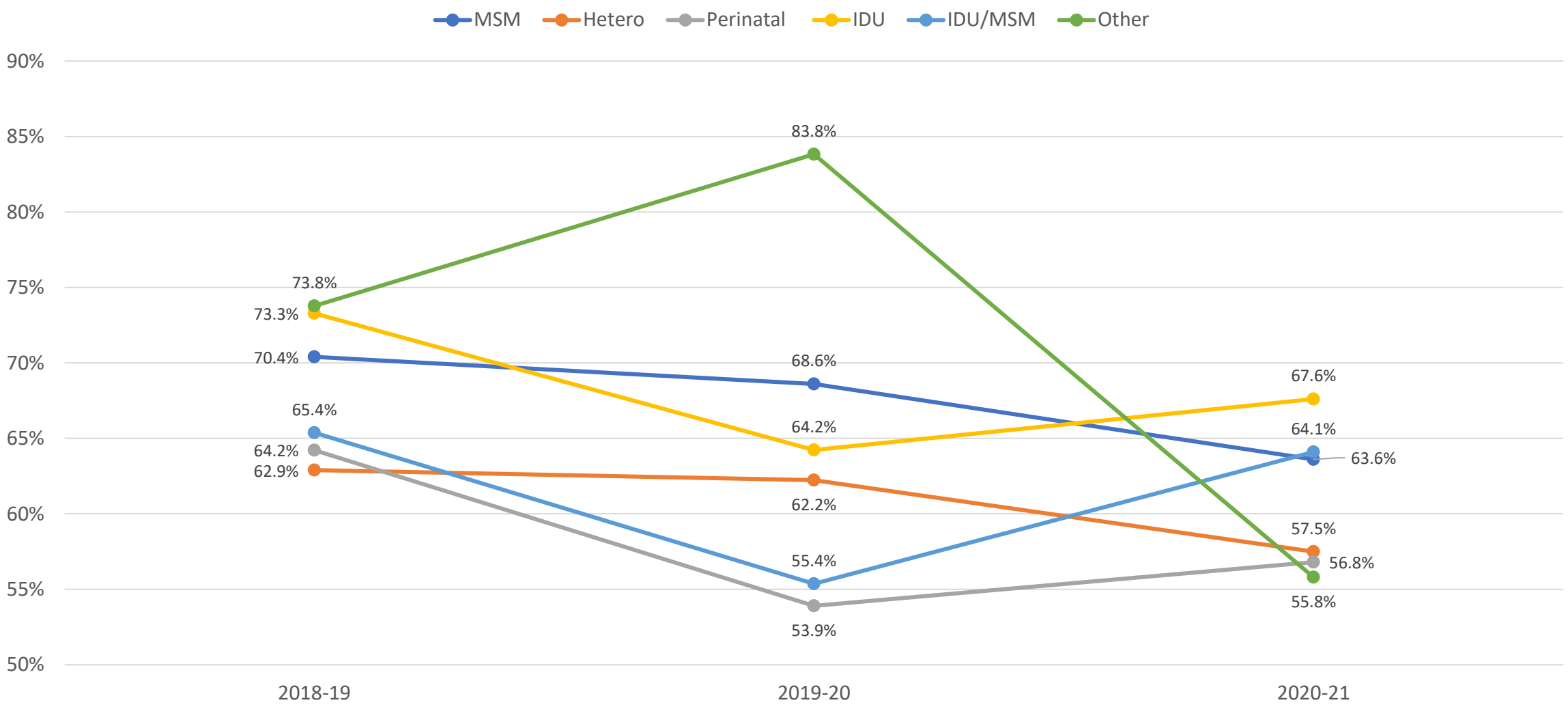
Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Age Group



Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

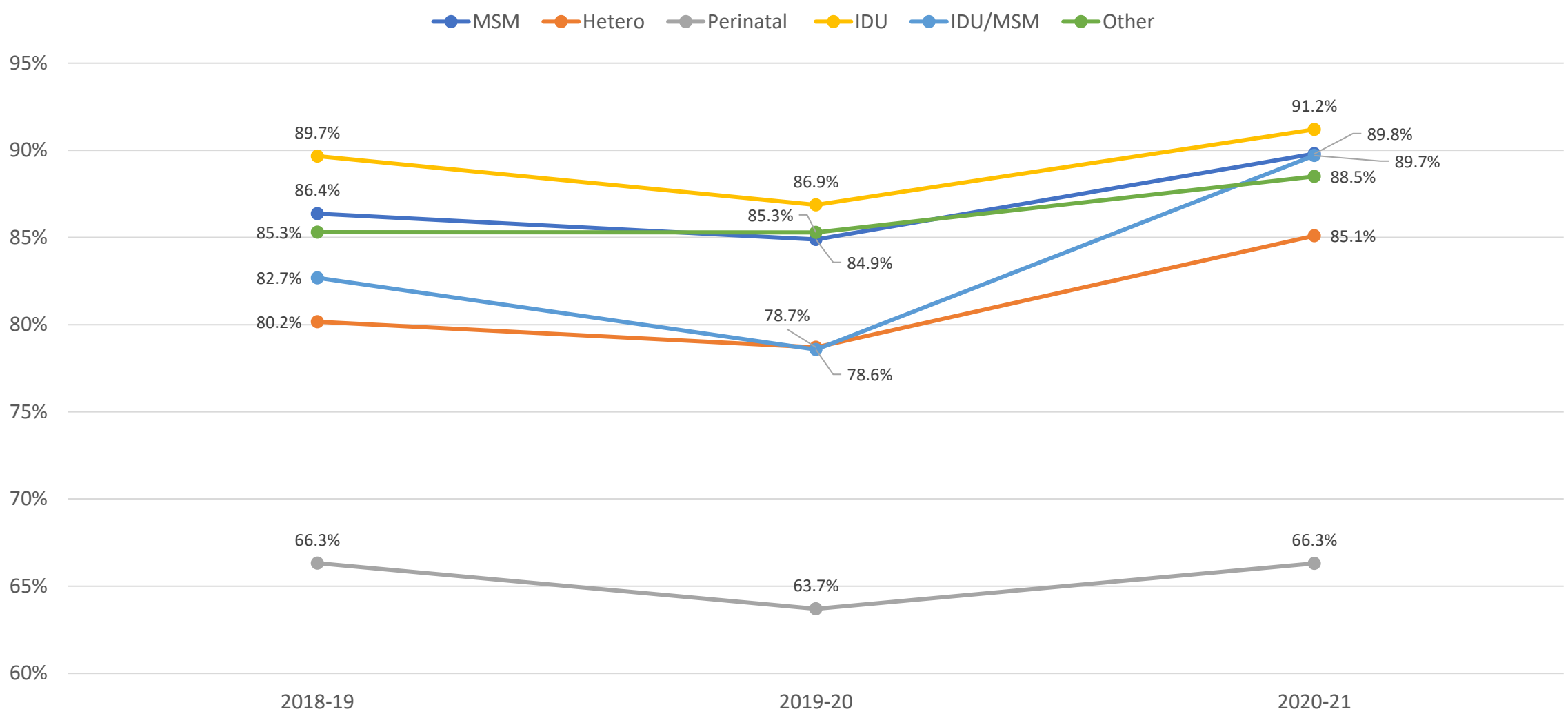
Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Retention in Care – Mode of Transmission



***Other Mode of Transmission** = Hemophilia and Transfusion*

***Data Sources:** Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

Broward EMA RW Part A Program HIV Care Continuum by Fiscal Year, Viral Suppression – Mode of Transmission



Other Mode of Transmission = *Hemophilia and Transfusion*

Data Sources: *Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/01/2020-2/28/2021); Continuum of HIV Care, 2019; Broward EMA HIV Continuum of Care Report (3/01/2019-2/28/2020); Continuum of HIV Care, 2018; Broward EMA HIV Continuum of Care Report (3/01/2018-2/28/2019); Continuum of HIV Care, 2017; Broward EMA HIV Continuum of Care Report (3/01/2017-2/28/2018); Continuum of HIV Care, 2016; Broward EMA HIV Continuum of Care Report (3/01/2016-2/28/2017)*

FY2020-2021 Broward EMA RW Part A Program HIV Care Continuum Notable Trends

- Clients who identified as transgender were 6.7%-9.3% less likely to be retained in care than male and female clients. There were no remarkable differences in viral suppression rates among all genders.
- Clients who identified as White non-Hispanic were 4.1%-12.6% less likely to be retained in care than all other races/ethnicities. Black Hispanic clients were 0.7%-7.5% less likely to be virally suppressed than all other races/ethnicities.
- Clients aged 18-28 were 1.1%-10.8% less likely to be retained in care and were 9.0%-18.2% less likely to be virally suppressed than all other age groups.
    - Viral suppression increases by age group; the older the population the more likely to be virally suppressed.
- Clients who reported other transmission were 1.0%-11.8% less likely to be retained in care than all other modes of transmission. Clients who reported perinatal transmission were 18.8%-24.9% less likely to be virally suppressed than all other modes of transmission.

Considerations:

- Part A and ADAP approving 60-day refills on medications
- ADAP suspending the requirement of clients needing updated viral load and CD4 labs to get their medications. Clients not considered retained in care, but they are still on ART.
- Small number of total clients (Transgender, Black Hispanic, Other race, Perinatal and Other mode of transmission)

Other transmission = hemophilia and transfusion
Other race = Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

Questions?

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

HANDOUT D

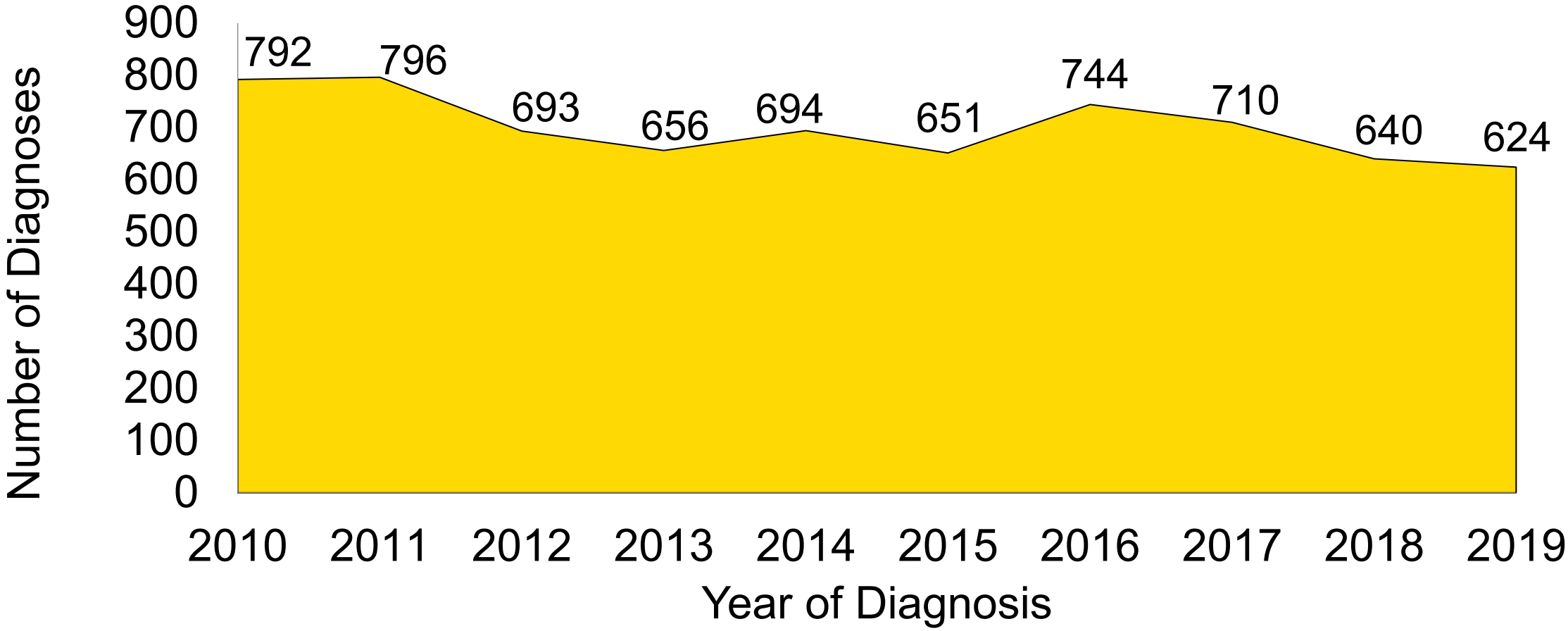
Department of Health

Epidemiology of HIV in Broward County, 2019

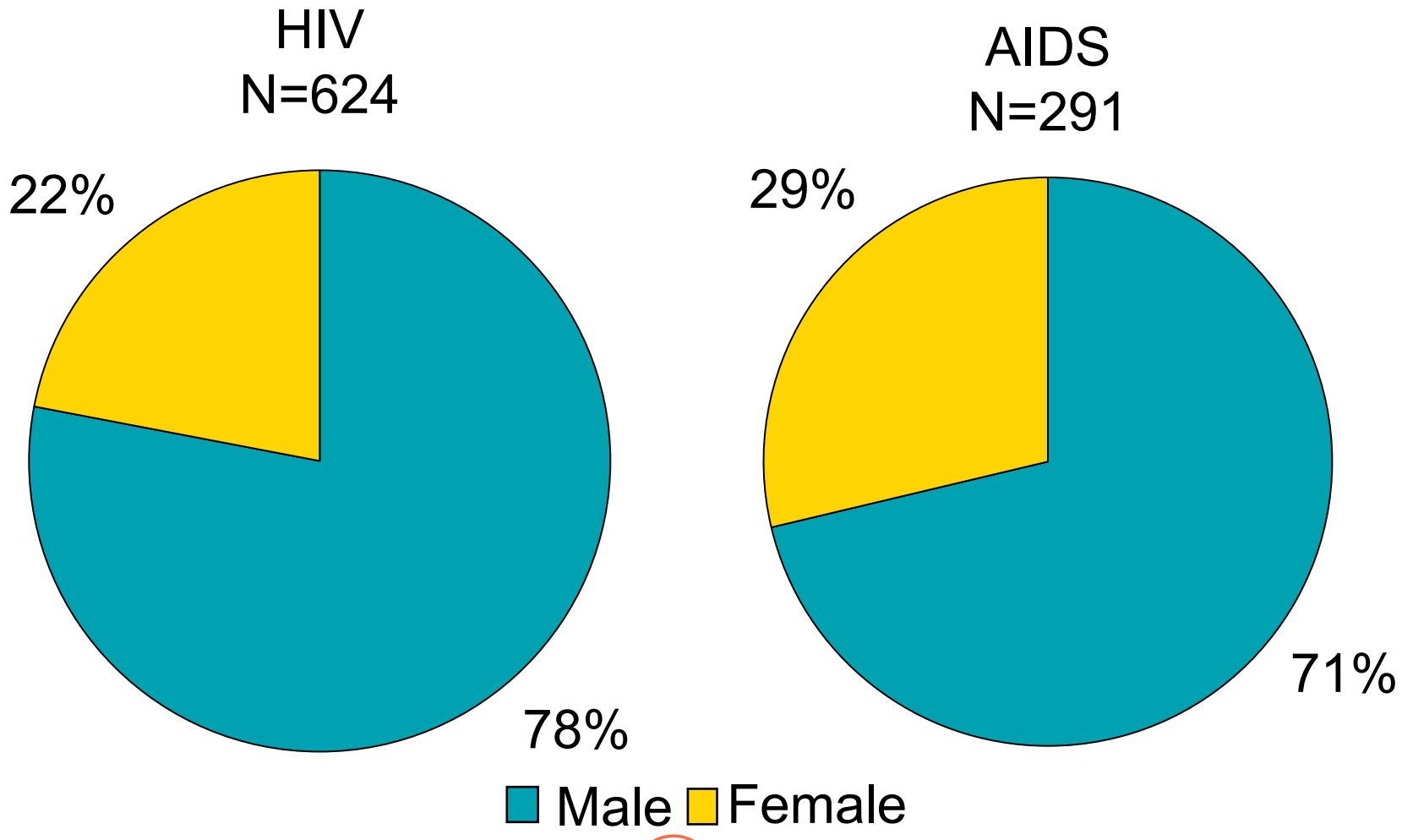
Florida Department of Health
HIV/AIDS Section
Data as of 6/30/2019

Diagnoses of HIV, 2010–2019, Broward County

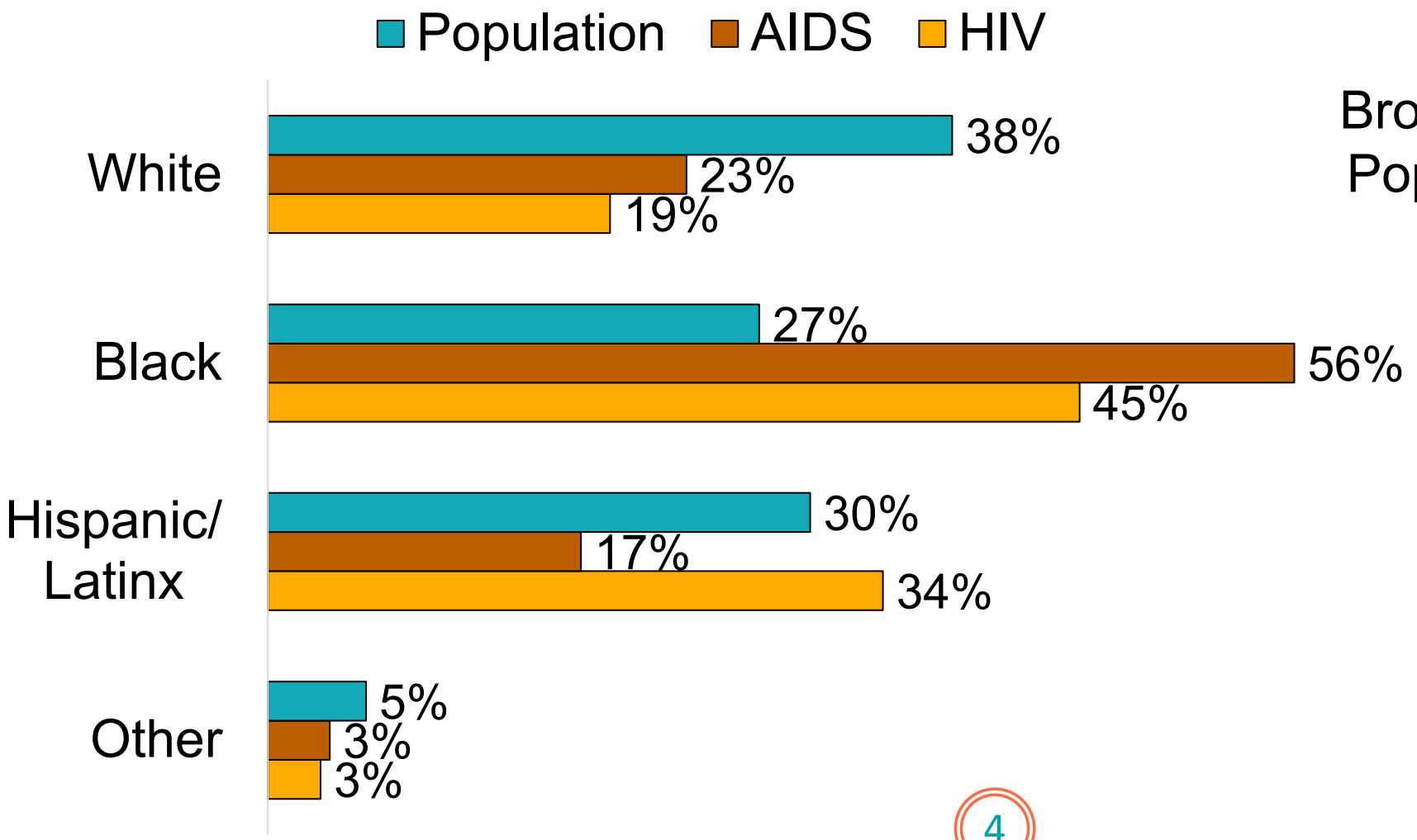
2018–2019 = -2% change; 2015–2019 = -4% change



Adult HIV and AIDS Cases by Sex at Birth, Diagnosed in 2019, Broward County



Percentage of Adult HIV and AIDS Diagnoses, and Population, by Race/Ethnicity, 2019, Broward County



Broward County Adult Population Estimates
N=1,634,734

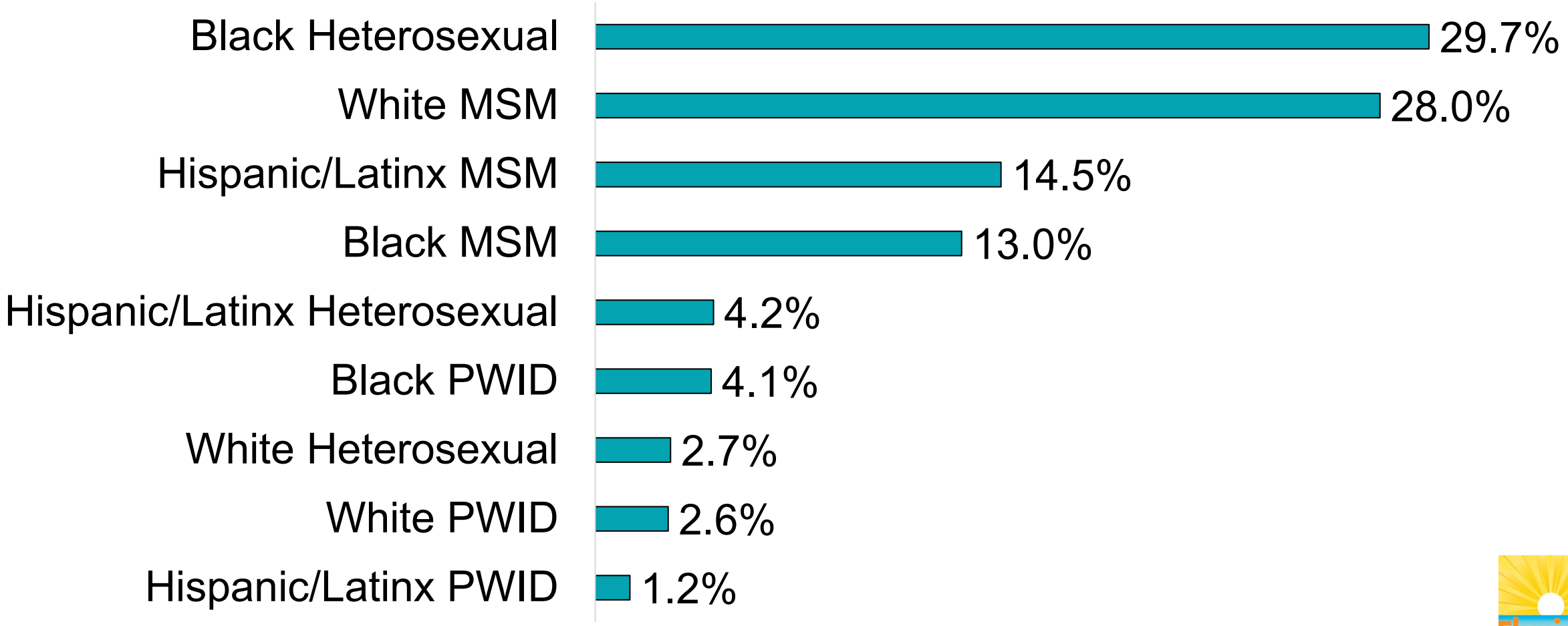
AIDS
N=291

HIV
N=624

Adults with HIV Living in Broward County, Year-End 2019

	Male(#)	(%)	Female(#)	(%)	Total(#)	(%)
Race/Ethnicity						
White	6,033	39.4%	439	8.5%	6,472	31.6%
Black	5,469	35.7%	4,095	79.0%	9,564	46.7%
Hispanic/Latinx	3,427	22.4%	530	10.2%	3,957	19.3%
Other	382	2.5%	117	2.3%	499	2.4%
Age Group						
13–19	42	0.3%	28	0.5%	70	0.3%
20–29	992	6.5%	285	5.5%	1,277	6.2%
30–39	2,240	14.6%	828	16.0%	3,068	15.0%
40–49	2,773	18.1%	1,289	24.9%	4,062	19.8%
50+	9,264	60.5%	2,751	53.1%	12,015	58.6%
Mode of Exposure						
MMSC	10,948	71.5%	0	0.0%	10,948	53.4%
IDU	592	3.9%	466	9.0%	1,057	5.2%
MMSC/IDU	598	3.9%	0	0.0%	598	2.9%
Heterosexual Contact	3,014	19.7%	4,566	88.1%	7,579	37.0%
Transgender Sexual Contact	56	0.4%	3	0.1%	59	0.3%
Other risk	104	0.7%	147	2.8%	251	1.2%
Total						
Total	15,311	100.0%	5,181	100.0%	20,492	100.0%

Broward County's Top Priority Populations[1]
Prevention for PWH, Living in Broward County, Year-End 2019



[1]MSM=MMSC & MMSC/IDU diagnoses, PWID=IDU & MMSC/IDU diagnoses, thus data not mutually exclusive.

Florida HIV/AIDS Surveillance
Data Contacts for Broward County

Evariste Akpele, HSPD
Broward County Health Department
Office: 954-847-8042
Email: Evariste.Akpele@flhealth.gov

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

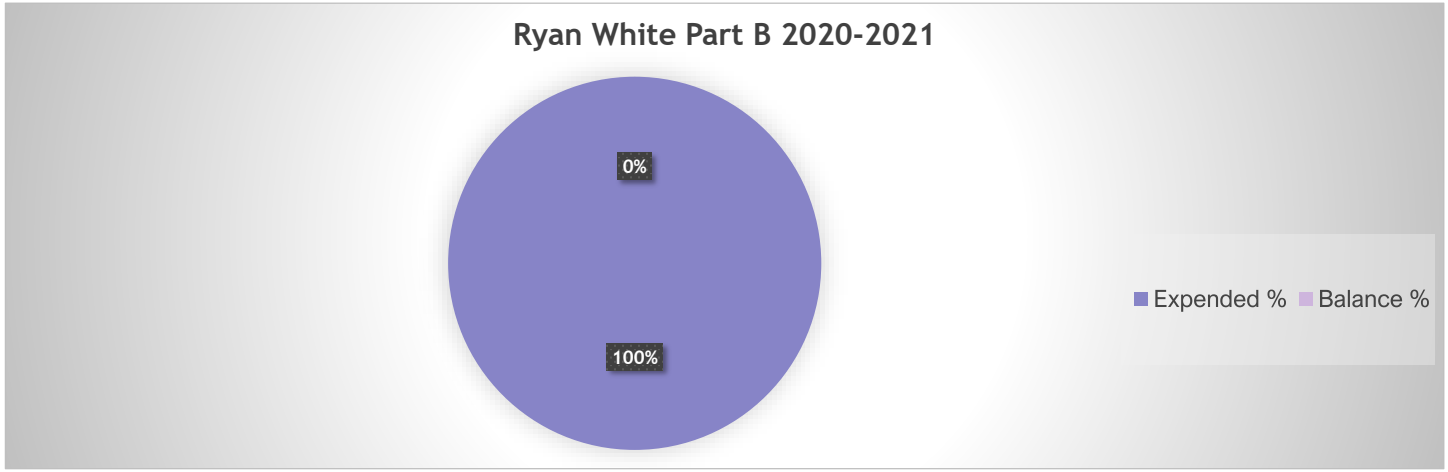
Ryan White Part B

PTC20: April 1, 2020 to March 31, 2021

FINAL - 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	$ -	$ 101,319		100%	0%	$ -
Home & Community Based Health	$ 20,352	$ -	$ 20,352		100%	0%	$ -
Medical Nutritional Therapy	$ 12,336	$ 727	$ 12,336		100%	0%	$ -
Emergency Financial Assistance	$ 386,545	$ -	$ 386,545		100%	0%	$ -
Home Delivered Meals	$ 7,000	$ -	$ 7,000		100%	0%	$ -
Medical Transportation	$ 45,476	$ -	$ 45,476		100%	0%	$ -
Non-Medical Case Management	$ 321,770	$ -	$ 321,770		100%	0%	$ -
Residential Substance Abuse	$ 133,500	$ 8,536	$ 133,500		100%	0%	$ -
Clinical Quality Management	$ 58,096	$ -	$ 58,096		100%	0%	$ -
Planning and Evaluation			$ -				$ -
TOTALS	$ 1,161,929	$ 9,263	$ 1,161,929	0	100%	0%	$ -

**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%