**FORT LAUDERDALE/BROWARD EMA**
**BROWARD HIV HEALTH SERVICES PLANNING COUNCIL**
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

# Broward County HIV Health Services Planning Council Meeting

**Thursday, April 28, 2022 - 9:30 AM**
**Meeting via WebEx Videoconference**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

**Join the meeting via phone:** 1-408-418-9388 US Toll (access code: 132 007 3138)

***This meeting is audio and video recorded.***

Quorum for this meeting is 11

## DRAFT AGENDA

**ORDER OF BUSINESS**

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for April 28, 2022
5. **ACTION:** Approval of Minutes from March 24, 2022
6. Federal Legislative Report – Kareem Murphy
7. Consent Items
   a. Motion to approve Vince Foster from the Health Care Providers seat to the Part C Grantee seat.
   Justification: Mr. Foster's seat change fills an empty seat on the Council without affecting the unaffiliated consumer membership percentage.
   PROPOSED BY: MCDC
   b. Motion to approve Stephanie Magula to join the HIV Health Services Planning Council in the Mental Health and Substance Abuse Providers seat.
   Justification: Ms. Magula has years of experience as an HIV peer educator. She is advocate for the HIV community dedicated to helping those in need.
   Proposed By: MCDC
   c. Motion to approve Andrea Lanear to join the HIV Health Services Planning Council in the Non-affiliated Consumer seat.
   Justification: Ms. Lanear is a PWH who is committed to advocating for and serving the

HIV/AIDS community to improve the quality of life of those affected by HIV.
Proposed By: MCDC

d. Motion to approve Semi Spencer to join the HIV Health Services Planning Council in the Non-affiliated Consumer seat.
Justification: Mr. Spencer is a PWH who has a vested interest in serving the HIV/AIDS community to improve the quality of life of those affected by HIV. She was recently employed by BRHPC as the ACA Enrollment Coordinator
Proposed By: MCDC

e. Motion to approve Shawn Jackson to join the HIV Planning Council in the Hospital/Healthcare Planning Agencies seat.
Justification: Ms. Jackson is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed. She was recently employed by BRHPC as the ACA Enrollment Coordinator
Proposed By: MCDC

f. Motion to approve Shawn Jackson to join the Community Empowerment Committee.
Justification: Ms. Jackson is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed.
Proposed By: HIVPC Chair

g. Motion to approve Johanne Casseus to join the HIV Health Services Planning Council in the Health Care Provider seat.
Justification: Ms. Casseus has years of experience in disease process, prevention, and treatment of HIV as a healthcare worker.
Proposed By: MCDC

h. Motion to approve Johanne Casseus to join the Quality Management Committee.
Justification: Ms. Casseus has years of experience in disease process, prevention, and treatment of HIV as a healthcare worker.
Proposed By: QMC Chair

i. Motion to approve Natasha Markman to join the System of Care Committee.
Justification: Ms. Markman is a versatile leader proficient in handling diverse functions and offering 20+ years of experience in program development with a results-driven and innovative approach.
Proposed by: SOC Chair

j. Motion to approve Yusi Arencibia to join the Priority Setting and Resource Allocation Committee.
Justification: Ms. Arencibia is an inmate manager for BSO which puts her in a unique position to advocate for patient living with HIV//AIDS that are currently incarcerated or have been released back to the community.
Proposed by: PSRA Chair

8. Discussion Items

   a. **Action Item:** HIVPC & Committee Meetings – Discuss the possibility of transitioning back to in-person meetings with the option for WebEx Videoconference

9. New Business

   None.

10. Committee Reports

    a. Community Empowerment Committee (CEC)
    Chair: Vacant • Vice Chair: Andrew Ruffner
    April 5, 2022

       i. **Work Plan Item Update/Status Summary:**
       Committee members continued planning the HIVPC's Community Conversation

Series. PCS Staff reviewed the details of both Community Listening Sessions scheduled for April 12, 2022, and April 18, 2022. The April 12th session will discuss youth HIV awareness. Both listening sessions were promoted and shared with the entire HIV Planning Council and the listserv. Members would like council members to join the listening sessions to provide feedback from the event. One panelist is confirmed to speak at the April 12th event. S. Jackson (Chair) volunteered to facilitate the first session. R. Shore volunteered to facilitate the April 18th event. Members requested a "soft-agenda" to have an overview of the first session. CEC members suggested inviting event speakers to future meetings to solidify any details needed for the listening sessions.
Committee members also discussed the event's technical details. The PCS Staff will test run the filming technology for the event and coordinate with AHF for any available technical equipment. In addition, PCS Staff will attend the event to assist with the technical and audio programming as the event will be in person and live streamed through Zoom and Facebook. Members recommended that the HIV Planning Council recruitment video be shown at the beginning of every session.

PCS Staff provided the PSRA Service Category presentation. CEC members actively discussed the role that CEC plays in the service rankings. During the next meeting, members will receive a PSRA ranking presentation. D. Gunion inquired about the eligibility criteria for CIED. PCS Staff informed the members of the new eligibility criteria.

**ii. Data Requests:**
**iii. Rationale for Recommendations:**
**iv. Data Reports/ Data Review Updates:**
**v. Other Business Items:**
**vi. Agenda Items for Next Meeting:**
   a. CEC Listening Session
   b. PSRA Rankings Presentation
   c. FY2023-2024 CEC Rankings

vii. **Next Meeting date:** May 3, 2022, at 3:00 PM via WebEx Videoconference

b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Jose Castillo
April 7, 2022
Work Plan Item Update/Status Summary:

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

The Committee received a presentation from the HIVPC Health Planner on "Understanding Retention in Care." The presentation gave an overview of the HIV Care continuum, its importance, the status of retention in care, the impact of lower retention in care rates, retention in care measures, limitations in measuring retention in care, predictors of retention in care, barriers to retention in care, and facilitators of retention in care. The Committee was also provided with retention in care trend data over the last three fiscal years, 2018-2019, 2019-2020, and 2020-2021 drilled down by gender, race, ethnicity, age group, and mode of transmission. Lastly, the presentation provided information on some evidence-based interventions to improve retention in care. There was concern from the Committee about the additional data needed to improve retention in care rates. The Committee was advised that PCS Staff and Recipient staff will be working to aggregate data, develop, and implement interventions with the help of the Committee to address retention in care.

B. Miller, the CQM Health Planner, provided the Committee with an overview of the FY21 Quality Improvement Projects (QIP). E. Chrispin questioned how agencies determined their baseline and goals for the fiscal year for their projects. The

Committee was advised that agencies have discretion with determining the length of their QIPs. As such, agencies will retrieve data from Provide Enterprise (PE) at the start of their project and use that as their baseline. Then, they will set a potentially attainable goal within the period they have allotted for their project

The Committee was also scheduled to receive a presentation from CQM Support Staff on their plans to conduct an individual Quality Improvement Project for FY22. However, the Committee agreed to table this presentation for the May meeting.

**ii. Data Requests:**
**iii. Rationale for Recommendations:**
**iv. Data Reports/ Data Review Updates:**
**v. Other Business Items:**
**vi. Agenda Items for Next Meeting:**

a. Needs Assessment/ Community Input Presentation
b. Part A Client Health Outcomes Presentation
c. FY22 CQM Support Staff Quality Improvement Project
d. SOC Work Plan Review

vii. **Next Meeting date:** May 5, 2022, at 9:30 AM via WebEx Videoconference

c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
April 14, 2022

i. **Work Plan Item Update/Status Summary:**
The Committee reviewed the MCDC Membership Strategy. There are currently 21 members, 14% of which are unaffiliated consumers which is well below the HRSA mandate of 33%. PCS Staff also discussed the open job-based seats that are occupied and vacant. The Committee discussed ideas that could help increase recruitment and retention. PCS Staff informed the Committee that more HIVPC-informational banners are being distributed to provider agencies. The HIVPC Demographics were also discussed. The Committee reviewed and approved pending HIVPC applications and seat changes.

Committee Members also received an update on HIVPC social media. Posts are scheduled weekly across each social media account. There has been one new HIVPC recruit using social media. PCS Staff encouraged members to like and share the social media pages to increase followers.

Additionally, members reviewed and approved new HIVPC recruitment materials. PCS Staff made edits to the promotional materials and included a QR code that directs persons to the county's website with the provider's locations and contact information. Another QR code has the link for the HIVPC Membership Application.

Committee members also discussed developing a system to recognize Member of the Year. This award will be presented during the February 2023 membership retreat. During the next meeting, members will brainstorm criteria for nominations. In the past, members were recognized for their hard work and dedication to the Planning Council and Committees.

Lastly, members reviewed the FY22 work plan, and PCS Staff discussed the changes to this work plan. The Committee voted to approve the FY 2022-2023 workplan as presented.

**ii. Data Requests:**
**iii. Rationale for Recommendations:**
**iv. Data Reports/ Data Review Updates:**

v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** July 14, 2022, at 9:30 AM; Location: TBA

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant
April 18, 2022

i. **Work Plan Item Update/Status Summary:** CQM Support Staff reviewed the progress made in beginning the new FY2022-2023 CQM Annual Work Plan. B. Miller stated that the current work plan is up to date for April. The CQM Support Staff will continue to update the deliverables as they work through the new workplan. CQM Support Staff also reviewed the FY21-22 Quarter 4 data report with the Committee. The presentation gave an overview of the HIV Care continuum for the Broward EMA for Q4. The Broward EMA has the highest rates of clients in care (87.8%) and virally suppressed (87.3%) but comes in third for retention (64.6%). The data also identified notable trends across the continuum by gender, race, and age. Lastly, the Committee was provided with an overview of the Broward Outcomes and Indicators which explores how each service category in the Broward Ryan White EMA is doing

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** May 16, 2022, at 12:30 PM; Location: TBA

e. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
April 21, 2022
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
The Executive Committee reviewed and approved the HIV Planning Council agenda for the 4/28/2022 meeting. The Committee also reviewed and approved the May 2022 HIV Planning Council calendar of activities.

The Committee continued the conversation to convene an ad-Hoc Memorandum of Understanding (MOU) committee. It was recommended that the ad-Hoc Bylaw Committee and ad-Hoc Memorandum committee join to accomplish both Bylaw and MOU. The ad-hoc MOU committee has three persons signed up, and ad-Hoc Bylaws committee having two persons signed up. Together that would be a total of five persons which will allow for the first meeting to take place. The Chair appointed Brad Barnes as the chair of the ad-Hoc Committee. PCS staff will administer a survey to ad-Hoc members to identify the date for the first meeting.

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
a. FY2022 HIVPC & Committee Work Plan Progress Update
b. Integrated HIV Prevention and Care Plan progress update
c. EHE Plan progress update
vii. **Next Meeting date:** May 19, 2022, at 11:30 AM: Location: TBA

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Valery Moreno
April 21, 2022

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

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures, and utilization through February of FY2021 (Handout A). Part A service categories have expended 99% of service category funding, and MAI funds have been 90% utilized.

The PSRA committee received presentations from the recipients of Ryan White funding for Parts B, C, D, F/AETC, and HOPWA. A recording of the meeting FY23-24 PSRA Process. A summary of the presentations can be seen in Handout A.

**ii. Data Requests:**
**iii. Rationale for Recommendations:**
**iv. Data Reports/ Data Review Updates:**
**v. Other Business Items:**
**vi. Agenda Items for Next Meeting:**
a. Broward EHE Activities Presentation
b. HIV Surveillance Epidemiological Data Presentation
c. Needs Assessment/Community Input Presentation
d. Part A Client Health Outcomes Presentation

vii. **Next Meeting date:** May 19, 2022, at 9:00 AM; Location: TBA

11. Recipient Reports
    a. Part A
    b. Part B (Handout B)
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA
    g. Prevention – Quarterly Update (April, July, October, January) (Handout C)
12. Public Comment
13. Agenda Items for Next Meeting
    a. Next Meeting Date: May 26, 2022, at 9:30 a.m.; Location: TBA
    b. Agenda Items for next meeting
14. Announcements
15. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:*
*HIV Planning Council Website*

*Please complete you meeting evaluation.*
*Three Guiding Principles of the Broward County HIV Health Services Planning Council*
*• Linkage to Care • Retention in Care • Viral Load Suppression •*

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In

so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

# 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

# Frequently Used Terms

**Recipient:** Government department designated to administer Ryan white Part A funds and monitor contracts.

**Planning Council Support (PCS) Staff/'Staff':** Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

**Clinical Quality Management (CQM) Support Staff:** Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

**Provider/Sub-Recipient:** Agencies contracted to provide HIV Core and Support services to consumers.

**Consumer/Client/Patient:** A person who is an eligible recipient of services under the Ryan White Act.

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# HIV Health Services Planning Council

**Thursday, March 24, 2022 - 9:30 AM**
**Meeting via WebEx**

## DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), R. Lopes B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, Y. Arencibia, R. Jimenez, J. Castillo, S. Jackson, C. Dumas, J. Rodriguez, V. Biggs. V. Moreno

Members Excused: A. Ruffner, M. Schweizer, B. Fortune-Evans

Members Absent: E. Dsouza, I Wilson

Ryan White Part A Recipient Staff Present: K. Bostick, N. Walker, G. James, T. Thompson, W. Cius, J. Roy, S. Beebe, E. Reynosa

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, J. Rohoman, B. Miller.

Guests Present: G. Beltran, N. Markman, S. Magula, B. Mester, K. Murphy, J. Shirley, J. Clark-Newkirk, R. Honick, R. Shore, L. Jones, V. Thomas, A. Abdool, Q. Cowan, K. Kirkland-Mobley.

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The PSRA Chair called the meeting to order at 9:31 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC 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 committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

   The approval for the agenda of the March 24, 2022, HIVPC meeting with additions to the consent items was proposed by B. Barnes, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the February

24, 2022, meeting as presented, meeting was proposed by Y. Arencibia, seconded by V. Biggs, and passed unanimously.

**Motion #1: Mr. Barnes, on behalf of HIVPC, made a motion to approve the March 24, 2022, HIV Health Services Planning Council agenda with additions to the consent items. The motion was adopted unanimously.**

**Motion #2: Ms. Arencibia, on behalf of HIVPC, made a motion to approve the February 24, 2022, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.**

4. Federal Legislative Report

   A written legislative report was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota). Mr. Murphy announced that Congress completed the FY2022 Appropriations bills. The package includes $513 million for the Ending the AIDS Epidemic initiative, which is $70 million above the previous year's level (spread across several federal agencies). Within that total is $247 million (HRSA) specifically for Community Health Centers to collaborate with Ryan White programs for PrEP for high-risk populations. Mr. Murphy also highlighted that the bill would include:

   - $450 million for the Housing Opportunities for Persons with AIDS Program (HOPWA) (a $20 million increase)
   - $18 million for the CDC's Eliminating Opioid-Related Infectious Diseases programs, which fund syringe services programs and other harm reduction services (a $5 million increase)
   - $1.114 billion for Ryan White Parts A & B
   - $900.3 million for ADAP
   - $56.9 million for Minority AIDS Initiative

   Lastly, Mr. Murphy noted that President Biden is expected to release his FY2023 budget request before the end of the month on or around March 28.

   B. Barnes noted that Provider agencies had received calls from clients regarding supplemental nutrition assistance program (SNAP) benefits. He questioned if there was any indication that SNAP befits would be reduced in the newly approved bill. Mr. Murphy advised the Council that this is a state-level issue. However, while he knows that there were no cuts to the program, he cannot verify if there were any increases. The appropriations bills did not include any major policy changes for the administration of SNAP. Mr. Murphy also noted that since the pandemic declaration has ended at the state level for many states, including Florida, this means that waivers regarding eligibility verification have also ended, which may have some impact on the administration of SNAP at the state level.

5. Standard Committee Items
   There were no standard committee items for this meeting.

6. Consent Items

   The following two motions from the Executive Committee were added to consent items:

   a. Motion for the Chair and Vice-Chair to write a letter to the Commissioner's office to allow quorum to be established in person and through virtual platform.

   b. Motion for the Chair and Vice-Chair to speak on the behalf of the Planning

Council to with the project officer and Grantee Office to make changes in the language to allow people living with HIV, regardless of affiliate or unaffiliate status, be counted towards the 33% membership in Planning Council.

The Council voted to approve the consent items with the addition of two items from the Executive Committee. The motion to approve the consent items was proposed by V. Biggs, seconded by J. Castillo, and passed unanimously

**Motion #3: Mr. Biggs, on behalf of the HIVPC, made a motion to approve the consent items including the two additional items from the Executive Committee. The motion passed unanimously.**

7. Discussion Items

   There were no discussion items for this meeting.

8. New Business

   The Council received an overview of the HIVPC demographics. The Council is currently at 21 members and 14% consumer membership. This percentage remains below the HRSA-mandated 33%. There are a few vacant job-based seats. However, PCS staff noted that recruits were identified and contacted. At this time, MCDC is focused on bringing unaffiliated consumers onto the HIV Planning Council. There are currently five (5) pending applications, including two (2) unaffiliated consumers, for review at the April MCDC meeting. Lastly, PCS staff noted that the Committees are under representative of female, black, white, and Hispanic consumers. There was some concern from the Council that all members are not aware of the role and responsibilities of each Committee. PCS Staff advised the Council that this information is provided in the member handbook as well as on the agenda for each committee meeting. PCS Staff briefly reviewed the goals of each Committee and advised that this information would also be shared with the Council via email.

   Lastly, PCS Staff 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.

9. Committee Reports

   a. **Community Empowerment Committee – March 1, 2022**
      *Chair: S. Jackson, Vice Chair: A. Ruffner*

      The report stands.

   b. **System of Care Committee – No meeting held**
      *Chair: A. Ruffner, Vice Chair: Vacant*

      The report stands.

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

      The report stands.

   d. **Quality Management Committee – March 21, 2022**
      *Chair: B. Fortune-Evans, Vice Chair: Vacant*

      The report stands.

e. **Priority Setting & Resource Allocation Committee – March 17, 2022**
*Chair: B. Barnes, Vice Chair: V. Moreno*
The report stands.

f. **Executive Committee – March 17, 2022**
*Chair: L. Robertson, Vice Chair: V. Biggs*

The report stands.

g. **Ad-Hoc Nominating Committee – No Meeting Held**
*Chair: B. Barnes*

PCS Staff reported the results from the Election feedback, which 17 Council members completed on March 18, 2022. Overall, positive feedback was received about the election process. Most participants strongly agreed that the Council should maintain the restructured election process for future elections. Most of the participants strongly agreed that the election was conducted fairly. Additional comments from participants include: "I could see in the future if there were multiple people beyond 2 filling the position where this will be very helpful", "hope that this can be the format for all future elections," and "I missed the Q&A session. However, I was involved in the ad-hoc committee so clearly understand the Q&A process and strongly agree that it was helpful."

10. Recipient's Report

a. **Part A:** K. Bostick, Deputy Director of the Broward County Human Services Department, updated the Council regarding youth membership. He advised that the HIV Planning Council does not require members to be registered voters; therefore, youth under 18 can be included into Planning Council membership. Mr. Bostick also updated the Council regarding in-person meetings that there is currently an executive order that is reviewed/updated every seven days that prohibits in person meetings.
S. Beebe, Assistant Director for the Community Partnerships Division, introduced the new Human Services Administrator for Healthcare Services, J. Roy, who has 20 years of experience working with people with HIV/AIDS and underserved communities at the local and national level.
The Part A Recipient reported that renewal letters were sent to all the Providers and amendments are being drafted and reviewed. Additionally, contract allocations are being communicated monthly during provider calls. The Recipient reported that final invoices are due on April 15 expecting that funds will be fully expended. The Recipient further reported that they are currently onboarding new staff within the Healthcare Services Department, which includes a Contracts Grant Administrator (CGA), and they are actively recruiting for an additional CGA, Administrative Assistant and Program Project Coordinator. Lastly, the Recipient reported that they attended the Florida AIDS Walk and had over 100 interactions with members and individuals from the community.
b. **Part B:** The Part B report stands as presented.
c. **Part C:** The Part C Representative reported that their Clinic had seen 346 clients for the month of March. This includes 10 new patients, four of which are newly diagnosed/new to care and six who a being re-engaged into care. The Part C Representative also noted that many of the newly diagnosed clients entered the system through their emergency room testing program (Point of Care Program). Additionally, they have a Focus program where individuals are tested for Hepatitis C and HSV.
d. **Part D**: The Part D representative reported that they submitted their RSR (Ryan White HIV/AIDS Program Services Report) with no errors on March 21, 2022. Additionally, CDTC will be opening an in-house pharmacy on

4/4/2022.

e. **Part F:** There was no Part F representative to provide a report.
f. **HOPWA:** There was no HOWPA report for this meeting.
g. **Prevention:** The next Prevention report is scheduled for April.

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.

12. Agenda Items for Next Meeting

The next HIVPC meeting will be held on April 28, 2022, at 9:30 a.m. via WebEx Videoconference.
Agenda Items for Next meeting:

- Ryan White Funder and Stakeholder Presentations (Part B, C, D, F, and HOPWA)
- Broward EHE Activities Presentation

13. Announcements

- The HIVPC Chair announced that an Ad-Hoc By-Laws Committee and Ad-Hoc MOU Committee are being convened. A minimum of 5 persons are needed on each Committee. Interested persons are being asked to contact PCS Staff.
- J. Shirley, BRHPC Project Director, COVID-19 Vaccine Outreach, announced the Community Based Workforce for COVID-19 Vaccine Outreach Program. It is a collaborative effort to engage community partners, mobilize community health workers and medical professionals across Broward County to educate individuals about the COVID-19 Vaccine to increase the vaccine uptake.
- Starting in April, the CEC will begin hosting its Community Conversations Series to uplift community voices. The first session will be held at the AHF Healthcare Center on 3rd Avenue on April 12th and will be focused on "Reaching Youth about HIV" and the potential barriers to HIV prevention and care for this demographic. The second session will be hosted in collaboration with the Arianna's Center on April 18th, 2022. The conversation will be on optimizing HIV prevention and Care for Transgender Adults. We invite persons to register for each session. If you would like to know more information, please reach out to Planning Council Support Staff. Additionally, the April 18th session will serve as a tabling opportunity for the HIVPC, so members interested in volunteering are asked to contact PCS staff.
- The Assessment of the Administrative Mechanism survey will be distributed to the HIVPC, RWHAP Providers and the Recipient on April 1, 2022
- PCS Staff thanked all the members who volunteered and came out to support the HIVPC at the Florida AIDS Walk and Music Festival. There was a good turnout, and the event returned 17 contact cards and one completed HIVPC application.
- The United States Conference on HIV/AIDS (USCHA) will be held in San Juan, Puerto Rico, October 8-11, 2022, at the Puerto Rico Convention Center. NMAC offers several scholarship opportunities to support attendance. In addition to general scholarships, there are several programmatic scholarships for youth, people living with HIV age 50 and older, long-term survivors, and social media fellows. The deadline to apply is June 3, 2022.

14. Adjournment

There being no further business, the meeting was adjourned at 10:49 a.m.

HIVPC Attendance for CY 2022

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date** | 27 | 24 | 24 | | | | | | | | | | |
| 0 | 0 | 0 | **1** | Arencibia, Y. | X | X | X | | | | | | | | | | |
| 0 | 1 | 0 | **2** | Barnes, B. | X | X | X | | | | | | | | | | |
| 1 | 1 | 0 | **3** | Bhrangger, R. | X | X | X | | | | | | | | | | |
| 0 | 1 | 0 | **4** | Biggs, V., V.Chair | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **5** | Cutright, A. | X | X | X | | | | | | | | | | |
| 0 | 1 | 0 | **6** | Dumas, C. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **7** | Fortune-Evans, B. | E | X | E | | | | | | | | | | |
| 0 | 0 | 0 | **8** | Foster, V. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | | Alston, Torey | | | | | | | | | | | | | |
| 0 | 0 | 0 | **9** | Lopes, R. | E | X | X | | | | | | | | | | |
| 1 | 1 | 0 | **10** | Marcoviche, W. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **11** | Moragne, T. | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **12** | Moreno, V. | X | E | X | | | | | | | | | | |
| 0 | 1 | 0 | **13** | Robertson, L., Chair | X | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **14** | Rodriguez, J. | E | X | X | | | | | | | | | | |
| 0 | 0 | 0 | **15** | Ruffner, A. | X | X | E | | | | | | | | | | |
| 0 | 0 | 0 | **16** | Schweizer, M. | X | X | E | | | | | | | | | | |
| 1 | 1 | 0 | | Shamer, D. | X | X | Z-03/14 | | | | | | | | | | |
| 0 | 0 | 0 | **17** | Wilson, I. | X | X | X | | | | | | | | | | |
| 1 | 1 | 0 | **18** | Jackson, S. | X | X | X | | | | | | | | | | |
| 0 | 1 | 0 | **19** | Castillo, J. | X | X | X | | | | | | | | | | |
| 0 | 0 | 1 | **20** | Dsouza, E. | E | X | A | | | | | | | | | | |
| 0 | 0 | 0 | **21** | Jimenez, R. | X | X | X | | | | | | | | | | |
| 3 | 9 | | | **Quorum = 12** | 18 | 21 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14% | 43% | | | | | | | | | | | | | | | | |

**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** | |

*HIV Health Services Planning Council Meeting Minutes – March 24, 2022*
*Minutes prepared by PCS Staff*

# HANDOUT A

| HIV FUNDER | FY21 APPROX FUNDING | SERVICES OFFERED | ELIGIBILITY CRITERIA | FY2021 SERVICE UTILIZATION | TRENDS |
|---|---|---|---|---|---|
| Part B | $1,161,929 | •Emergency Financial Assistance<br>•Health Insurance Continuation Program -Medication Copayment/Insurance Premium<br>•Home and Community-Based Health Services<br>•Home Delivered Meals<br>•Nutritional Supplements<br>•Medical Transportation Services (Bus Passes)<br>•Substance Abuse Services- Detox & Residential | Resident of Broward County with HIV, no other source or oral health care from private insurance or Medicaid/Medicare and meet the FPL requirement of 400% or below | •Emergency Financial Assistance (696)<br>•Health Insurance Continuation Program - Medication Copayment/Insurance Premium (76)<br>•Medical Nutriotional Therapy (14)<br>•Home Delivered Meals (2)<br>•Non-Medical Case Management (5220)<br>•Medical Transportation Services (Bus Passes) (182)<br>•Substance Abuse Services- Detox & Residential (16) | |
| Part C | $875,925 | •Outpatient Ambulatory health services<br>•HIV counselling, testing, and linkage to care referrals to specialists<br>•Case management<br>•Risk reduction and adherence counseling | •HIV Positive for all services expect (HIV counselling and testing.<br>•Broward County resident<br>•0 to 400% of FPL | 804 | 804 unduplicated clients, 83% of whom were Non-Hispanic Black. |
| Part D | •$2,016,919<br>•SMART Ride- $179,005<br>•CMS HIV- $185,195<br>•TOPWA- $170,000 | •HIV/Primary medical care to infants, children, youth, women living with HIV in Broward County<br>•Supportive services to persons living with HIV and their uninfected family members living in the house | •HIV Positive women, infant, child, youth, and males under 25.<br>•Broward County resident | 676 | •newly diagnosed individuals with high viral loads who are pregnant, young and naïve, have insurance issues or have migrated from other countries.<br>•young adults are experiencing lower retention in care rates due to disbelief in diagnoses, noncompliance with medication regime, insurance issues, substance abuse, employment and housing issues, unplanned pregnancies, and lack of follow up.<br>•Elderly individuals are affected by other comorbidities, insurance issues while transitioning from Medicaid to Medicare, housing and transportation issues, inactivity, social isolation and a decline in independence and cognitive abilities |
| Part F | $219,920 | · Comprehensive Oral Health Care | Resident of Broward County with HIV, no<br>other source or oral health care from private insurance or Medicaid/Medicare | 437 (226 New to care) | •Increase in newly diagnosed<br>•Young Adults (18-38)<br>•African-American Males<br>•Overall Viral Suppression Rate 95%<br>•Reduced # of clients at start of year due to Covid -19 |
| HOPWA | $7,114,059 | •Tenant Based Rental Vouchers (TBRV)<br>•Housing Case Managment<br>•Non-Housing Support Services- Legal Aid<br>•Permanent Housing Placement (PHP)<br>•Short-term Rent, Mortage and Utilities (STRMU)<br>•Facility Based Housing (FAC)<br>•Project Based Rental (PBR) Assistance | •HIV Positive<br>•Broward County resident, Lawful US resident<br>•Incume with FPL guidelines | 1852- 761 of which received financial subsidies through the Tenant Based Rental Vouchers (TBRV), Project Base Rental Assistance (PBR), Short-Term Rent, Mortgage and Utilities (STRMU), TEHV and Permanent Housing Placement (PHP) programs | •Increase in inquiries from clients who lived outside of the state of Florida; however, it was noted that HOPWA subsidies are not potable.<br>•Increase inworking class individuals who are homeless due to the high cost of rent |

| BARRIERS/CHALLENGES | SUCCESSES | RECOMMENDATIONS |
|---|---|---|
| •Clients having access to additional community resources posed a challenge to RWPB fiscally.<br>•Clients have been reluctant to utilize the on-line eligibility portal.<br>•Clients with prescriptions for 90-day medication supplies have not been adhering to recertification appointments | •The mail-order program is continuously growing with over 50% of client utilizing these services.<br>•ADAP/RWPA Call center is operating efficiently to respond to client concerns.<br>•The online portal is effective for clients who are more technologically advanced | |
| •Rental Assisstance and housing<br>•Food for homeless population. Substance Abuse-residential | •Implementing test and treat to assist with rapid engagement process<br>•Utilization of Part A funds to Provide transportation services to clients to assist with access to care and retention in care | •Increase in substance abuse services<br>•Development of a coordination emergency transitional housing model for individuals who are homeless and living with HIV |
| •Lack of Mental Health services for Creole/Spanish Speaking populations<br>•Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations<br>•Affordable housing<br>•Transportation<br>•Residential Substance Abuse Programs<br>•Outreach efforts to identify at risk youth (PROACT)<br>•Increase RW Dental Providers<br>•Prenatal Care Cost | •Use of telehealth<br>•Increase in mental health counseling, support groups, collaboration with other Broward health Specialists.<br>•85% and 82% retention in care rates for adults and youth respectively.<br>•92% and 78$ Viral suppression rates for adults and youths respectively. | •Increase mental health services in different languages |
| •Limited funding<br>•Transportation<br>•Large number of clients needing care | •Community partnership<br>•Client outreach/engagement<br>•Strong educational program | |
| •availability and affordability<br>•increased evictions,<br>•mental and substance abuse care<br>•a few non-eligible clients who applied to the TBRV program. | •Improved housing stability.<br>•Increased awareness of program participants of program rules resulting in faster access to benefits. | •Support the HOPWA Getting Back to Work Initiative<br>•Continuation of funding for mental health and substance abuse.<br>•Work to remove the stigma from mental health so that clients will be more comfortable accessing services.<br>•Finding flexible source of funding for non-eligible clients |

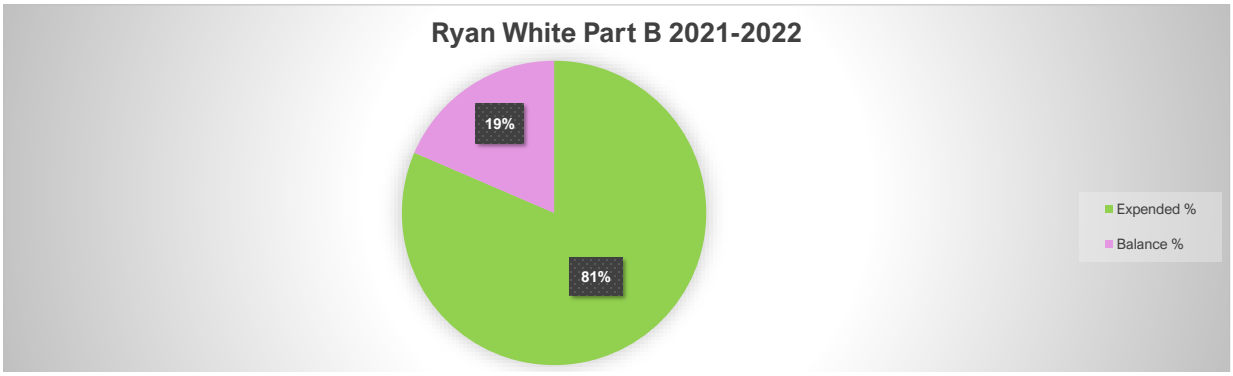
# Ryan White Part B

**HANDOUT B**

## PTC19: April 1, 2021 to March 31, 2022

### Expenditures for February 2022

| *Service Category* | *Allocated* | *Expended February 2022* | *Expended Year-to-Date* | *Expended %* | *Balance %* | *Balance* |
|---|---|---|---|---|---|---|
| **Administrative Services** | $ 85,369 | $ - | $ 85,369 | 100% | 0% | **$ -** |
| **Health Insurance Premium/Cost Sharing** | $ 167,750 | $ 15,557 | $ 127,212 | 76% | 24% | **$ 40,538.31** |
| **Home & Community Based Health** | $ 20,000 | $ 1,453 | $ 7,326 | 37% | 63% | **$ 12,674.10** |
| **Medical Nutritional Therapy** | $ 5,000 | $ 1,004 | $ 4,455 | 89% | 11% | **$ 545.24** |
| **Emergency Financial Assistance** | $ 280,654 | $ 84,458 | $ 196,141 | 70% | 30% | **$ 84,513.03** |
| **Home Delivered Meals** | $ 20,000 | $ 462 | $ 3,119 | 16% | 84% | **$ 16,881.50** |
| **Medical Transportation** | $ 135,476 | $ 26,510 | $ 108,276 | 80% | 20% | **$ 27,200.28** |
| **Non-Medical Case Management** | $ 354,770 | $ 25,635 | $ 335,908 | 95% | 5% | **$ 18,862.41** |
| **Residential Substance Abuse** | $ 36,500 | $ 22,025 | $ 35,885 | 98% | 2% | **$ 615.00** |
| **Clinical Quality Management** | $ 56,096 | $ 4,846 | $ 42,939 | 77% | 23% | **$ 13,156.84** |
| **Planning and Evaluation** | $ 314 | $ - | $ - | 0% | 100% | **$ 314.00** |
| **TOTALS** | **$ 1,161,929** | **$ 181,950** | **$ 946,628** | **81%** | **19%** | **$ 215,300.71** |




Serena R. Cook 954-412-7086

# HANDOUT B

| ADAP REPORT MARCH 2022 | |
|---|---|
| Total Enrolled | 5,164 |
| Total Virally Suppressed | 4,716 |
| Percentage of Virally Suppressed (91%) | 91% |
| | |
| ADAP Enrollments and Re-enrollments Processed | 987 |
| | |
| Enrolled in Mail Order Delivery | |
| Total Enrolled in Direct Dispense | 2,401 |
| | |
| Total Enrolled in Online Recertification | 1,628 |
| | |
| No Show Report | 19.45% |
| | |

# HANDOUT C

**HAPC Quarterly Update**

**AREA: 10 (Broward County)**
**HAPC: Joshua Rodriguez**
**Quarter:** January-March 2022

**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 2022:

| TOTAL NUMBER OF REFERRED TO TEST AND TREAT January 1st, 2022 - March 31st, 2022 | 292 | |
|---|---|---|
| **Total Enrolled:** | **275** | **94%** |
| **Newly diagnosed:** | 80 | 29% |
| **Previous positives:** | 195 | 71% |
| **Refused:** | **9** | **3%** |
| **Ineligible:** | **9** | |
| **Jail** | 0 | |
| **Out of Jurisdiction** | 8 | |
| **Negative** | 1 | |
| **Deceased** | 0 | |
| **Total on ART:** | **275** | **94%** |
| **Referred Awaiting Doctors Appointment:** | 4 | |
| **Total not on ART:** | 4 | **1%** |
| **Referred Unable to Locate Clients** | **13** | **4%** |
| **Navigation:** | 11/303 | 4% |

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 2022:

| R-PrEP Program Totals as of: | 6/1/2018 | 3/31/2022 |
|---|---|---|
| **TOTAL NUMBER R-PREP CLINICAL VISITS** | **6187** | |
| **Total Enrolled in PrEP Navigation:** | **4796** | **78%** |
| Private Insurance | 2166 | 45% |
| PAP Assistance | 2630 | 55% |
| **Ineligible for Navigation** | **1388** | **22%** |
| OOJ | 1359 | 98% |
| Walk Outs: | 29 | 2% |
| **CONTRAINDICATED POST ENROLLMENT:** | **161** | **3%** |
| HIV Positive | 4 | 2% |
| Laboratory | 157 | 98% |

- The table below displays the PrEP enrollments during Q1 2022:

| R-PrEP Program Totals as of: | 1/1/2022 | 3/31/2022 |
|---|---|---|
| **TOTAL NUMBER R-PREP CLINICAL VISITS** | **495** | |
| **Total Enrolled in PrEP Navigation:** | **355** | **72%** |
| Private Insurance | 174 | 49% |
| PAP Assistance | 181 | 51% |
| **Ineligible for Navigation** | **140** | **28%** |
| OOJ | 140 | 100% |
| Walk Outs: | 0 | 0% |
| **CONTRAINDICATED POST ENROLLMENT:** | **6** | **2%** |
| HIV Positive | 0 | 0% |
| Laboratory | 6 | 100% |

- There were **629** follow-up visits to BWC for lab work and PrEP prescription renewal between 1/1/2022 and 3/31/2022.

**Perinatal Prevention**

- The Perinatal program has case managed 32 Pregnant HIV + woman in 2022. They are following 20 infants for testing, all of whom have tested negative at birth, and one maternal-child transmission after delivery. We had two maternal-child transmissions for 2021.
- There have been 6 congenital syphilis cases in 2022, among women whose syphilis was not diagnosed until near delivery and/or who entered the county immediately prior to delivery. There have been zero syphilitic stillbirths.
- The Perinatal HIV Providers Network had 3 virtual meetings since 01/21/2022. We meet every third Thursday of the month from 9am to 11am.
- Perinatal staff appeared on Haitian radio to speak about COVID-19, Perinatal HIV, Immunization, and the Flu a total two times for 2022.
- The Perinatal staff visited virtually, by phone, or in person 70 OB/GYN offices in Broward County for 2022.
- The Perinatal Prevention program has not been able to provide any Grand Rounds this year so far.
- The 20th Perinatal HIV Symposium will be held virtually on Friday June 17, 2022. The FL AIDS Education and Training Center will provide three CEUs.
- The Perinatal Program was highlighted in the DOH Employee Wellness Newsletter called the BUZZ for December 2021.

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

- Virtual HIV 500/501 Courses held:
    - 500/501 course on 1/26 and 1/27 with 15 attendees
    - 500/501 course on 3/16 and 3/17 with 14 attendees

- Rapid HIV Testing Technologies held:
    - INSTI on 1/20 with 4 participants
    - Oraquick on 1/20 with 5 participants
    - SureCheck on 1/20 with 4 participants

- EIP-Capacity Building/Technical Assistance/Essential Support Services
    - Registered HIV Test Site Visits:
        - In February: AHF, Treatment Outreach Program
        - In March: Community Care Resource, Henderson Behavioral Health, South Florida Care Center, Midway Specialty Care Center, CAN Community Health, Broward Health, Cheer Health, Total Health, Midland Medical, Continental Wellness Center, Nancy J Cotterman, The Poverello Center, Arriana's Center, CDCT - Children's Diagnostic and Treatment Center, Treatment Outreach Program, BCOM - Broward Community and Family Health Centers, Ujima Men's Collective, Memorial, Care Resources, Broward House, High Impacto, Pride Center, IMG Helps, Independent Medical Group, and Latinos Salud
    - Technical Assistance provided –
        - In March: South Florida Care Center
    - Essential Support Service –
        - In January: CAN Community Health
        - In February: Care Resource, CAN Community Health

- The following table displays the demographics of Broward County residents who requested In-Home HIV Test kits from GetPrEPBroward.com during Quarter 4. Broward's HIV In-home testing initiative began on May 26, 2020 and has shipped 1310 test kits from 5/25/2020 to 3/31/2022, and 115 test kits from 1/1/2022 to 3/31/2022.

| | Jan-22 | | Feb-22 | | Mar-22 | |
|---|---|---|---|---|---|---|
| | 41 | | 35 | | 39 | |
| **Gender** | | | | | | |
| M | 20 | 48.8% | 14 | 40.0% | 12 | 30.8% |
| F | 20 | 48.8% | 21 | 60.0% | 26 | 66.7% |
| Transgender | 1 | 2.4% | 0 | 0.0% | 1 | 2.6% |
| **Race/Ethnicity** | | | | | | |
| BLK/ Non Hispanic | 21 | 51.2% | 20 | 57.1% | 21 | 53.8% |
| WHT/ Non Hispanic | 7 | 17.1% | 4 | 11.4% | 9 | 23.1% |
| Hispanic | 7 | 17.1% | 8 | 22.9% | 6 | 15.4% |
| Asian/Haw Pac Islander | 2 | 4.9% | 0 | 0.0% | 1 | 2.6% |
| AI/AN | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Multiracial | 1 | 2.4% | 3 | 8.6% | 2 | 5.1% |
| Other | 3 | 7.3% | 0 | 0.0% | 0 | 0.0% |
| **Country of Birth** | | | | | | |
| US | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Outside the US | 41 | 100.0% | 35 | 100.0% | 39 | 100.0% |
| **Age** | | | | | | |
| 13-19 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| 20-29 | 8 | 19.5% | 9 | 25.7% | 8 | 20.5% |
| 30-39 | 20 | 48.8% | 15 | 42.9% | 16 | 41.0% |
| 40-49 | 4 | 9.8% | 11 | 31.4% | 9 | 23.1% |
| 50-59 | 4 | 9.8% | 0 | 0.0% | 5 | 12.8% |
| 60+ | 5 | 12.2% | 0 | 0.0% | 1 | 2.6% |
| **Referred by agency** | | | | | | |
| yes | 1 | 2.4% | 6 | 17.1% | 1 | 2.6% |
| no | 40 | 97.6% | 29 | 82.9% | 38 | 97.4% |
| **Testing History** | | | | | | |
| Never been tested | 9 | 22.0% | 3 | 8.6% | 7 | 17.9% |
| More than 12 months | 12 | 29.3% | 27 | 77.1% | 22 | 56.4% |
| Less than 12 months | 20 | 48.8% | 5 | 14.3% | 10 | 25.6% |
| Unknown | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

- DOH Broward and non-contracted agencies distributed 443,750 condoms in the community during Q1.
- DOH Broward staff delivered 33 educational sessions in the community.
- DOH Broward staff made 550 visits to businesses participating in the Business Response to AIDS initiative.

**Community outreach and messaging**

14 community events were held during Q1 2022:

- On 2/4/22 in observation of National Black HIV/AIDS Awareness Day, DOH Broward HIV Prevention partnered with Kanis Beauty Supply/ Konpa Barber Shop located in Miramar, Florida for the yearly Pop-Up station where DOH Broward set up a table to increase HIV/AIDS awareness. During this event the community was provided prevention materials including PrEP cards, condom usage 101 pamphlets, locations, and information on where to get tested. A total of 50 individuals were provided with condoms, PrEP education, and marketing materials, as well as free in-Home HIV test kits.
- On 2/4/22 in observation of National Black HIV/AIDS Awareness Day, DOH Broward HIV Prevention partnered with Community Care Resources in Hallandale Beach, Florida. This is a community agency that provides HIV/STD/STI Testing and Screenings. The clinic is located next to an IHOP, Dollar store, and Cheetah therefore attracts a steady flow of foot traffic. DOH Broward served 54 individuals and provided incentives and prevention materials including PrEP cards, condom usage 101 pamphlets, locations, and information on where to get tested. A total of 50 individuals were provided with condoms, PrEP education, and marketing materials.
- On 2/4/22 in observation of National Black HIV/AIDS Awareness Day, DOH Broward HIV Prevention partnered with Shot's Liquor and L&K Barber shop located in Lauderhill, Florida for a Pop-Up station where DOH Broward set up a table to increase HIV/AIDS awareness. During this event the community was provided prevention materials including PrEP cards, condom usage 101 pamphlets, locations, and information on where to get tested. A total of 56 individuals were provided with condoms, PrEP education, and marketing materials, as well as free in-Home HIV test kits.
- On 2/14/22 in observation of National Black HIV/AIDS Awareness Day, the HIV Prevention MSM Advisory Group of Broward hosted a virtual program for its members and community. The event was hosted by HIV Advocate Miss Mikey (Michael Lamb). He has been educating community regarding HIV/ STDs for over 10 years. The guest speaker was John Buckley, the founder and VP of CAOBA. After he spoke, he showed a film of Black and Brown MSM men who reside in south Florida.
- On 2/18/22, DOH Broward HIV Prevention participated in Finally Friday, a local family-friendly event taking place in the priority area of Sistrunk. The event features presentations about the CRA, food trucks, vendors, art, music, live entertainment, and interactive kids' activities. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 150 individuals were provided with condoms, PrEP education, and marketing materials.
- On 2/18/22, DOH Broward HIV Prevention participated in Kijiji Moja, an annual Black History Month event taking place in the priority area of Sistrunk. Kijiji Moja means "one village" in Swahili. The event helps communities and families unite through storytelling, song, dance, and other live entertainment. The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 86 individuals were provided with condoms, PrEP education and marketing materials.
- On 2/20/22, DOH Broward HIV Prevention set up a table at the National Championship of Flag football. This event drew over 600 people from not only South Florida, but across these United States. In between attendees received promotional items and PrEP education.

- On 2/23/22, The Pride Center hosted The Black Excellence Celebration in partnership with DOH Broward HIV Prevention and other community organizations. This event was dedicated to Bishop SF Makalani MaHee and featured several community members and local organizations paying homage to historical Black leaders. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of PrEP. A total of 50 individuals were provided with condoms, PrEP education and GetPrEPBroward marketing materials.
- On 3/11/22 Broward, Palm Beach, and Miami Dade DOH participated in the South Florida Sing for a Cure gospel concert as part of the National Week of Prayer for the Healing of AIDS. The primary purpose was to mobilize faith-based communities, and highlight the contributions and impact that Pastors and their congregations make in areas of HIV prevention, testing, direct service, advocacy, and community engagement. 447 community members were reached.
- On 3/18/22, DOH Broward staff set up a table at Carter Park Jamz, a free community event held the third Friday of every month during the summer. The event is composed of live entertainment, food trucks and community resources outreach. The Florida Department of Health Broward County provides HIV awareness, prevention methods such as male and female condom demonstrations, education, and promotional incentive items. 100 people were served.
- On 3/19/22, DOH Broward staff attended the 2022 Florida AIDS Walk, a 5k walk and concert at Ft. Lauderdale Beach Park. During this event DOH staff reached 160 people with information, condoms, and promotional items.
- On 3/19/22, DOH Broward staff attended Survivors stroll, a Hosanna 4 Youth event that takes place every year. It is an event to raise awareness and support those affected by sexual assault and abuse. Along with other vendors, DOH Broward was invited to put up a table and raise community awareness about HIV prevention. A total of 56 individuals were served.
- On 3/20/22 DOH Broward cosponsored Community Social Impact, a community health event at Lakeshore Park in Miramar. The event featured fitness demos, health screenings, and HIV testing alongside games and sports, music, and giveaways. DOH Broward staff served 29 community members.
- On 3/31/22 DOH Broward partnered with TransInclusive Group for a Transgender Day of Visibility event. The event was held at Hamburger Mary's in Wilton Manors, and featured motivational speeches, drag performance, poetry, and other performance art by transgender people. DOH Broward served 34 community members with education, prevention materials, incentives, and at-home HIV test kits.

**Accomplishments or challenges**

**Accomplishments:**

- We continue to enroll newly and previously diagnosed clients to the test and treat program given them same day access to care and ARVs initiation. We have reduced wait times to less than 30 minutes in our walk in Sexual Health contracted clinics where clients can get tested, treated for STIs, and access same day PrEP and nPEP.

**Challenges:**

- Not enough funding to do radio and television to promote linkage to care, prevention, U=U, PrEP, STI and HIV Testing messaging.

## 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:**6**

- MedX Medical Center, 220 SW 84th Ave Plantation, 33324
- Medix Urgent Care Cente,r 3829 Hollywood Blvd, Ste A, Hollywood, 33021
- Breath of Life Medical Center, 5090 Coconut Creek Pkwy, Margate, 33063
- Vidamax Medical Center, 6109 Pembroke Rd, Hollywood, 33023
- Vidamax Medical Center, 2040 Washington St, Hollywood, 33020
- AMCA Medical Center, 1610 Sheridan St, Hollywood, 33020

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

## PrEP DATA

### Number of PrEP Detailing

| | | |
|---|---|---|
| One-on-one provider/office detailing visits: **218**<br>Providers at Practices: **393** | 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: 205 |
| Outreach & Education Staff: 0 | DOH Clinical Staff: N/A | Other: 290 |

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