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, February 24, 2022 - 9:30 AM
Meeting via WebEx Videoconference
Chair: Dr. Réquel Lopes • Vice Chair: Vacant

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 February 24, 2022
5. **ACTION:** Approval of Minutes from January 27, 2022
6. Federal Legislative Report – Kareem Murphy
7. Consent Items (Handout A1 A5)
   a. Motion to approve FY22 CEC Work Plan
      Justification: The work plan has been approved by the Community Empowerment Committee.
      Proposed by: CEC
   b. Motion to approve FY22 SOC Work Plan
      Justification: The work plan has been approved by the System of Care Committee.
      Proposed by: SOC
   c. Motion to approve FY22 QMC Work Plan
      Justification: The work plan has been approved by the Quality Management Committee.
      Proposed by: QMC
   d. Motion to approve FY22 PSRA Work Plan
      Justification: The work plan has been approved by the Priority Setting and Resource

Allocation Committee.
Proposed by: PSRA Committee

e. Motion to approve FY22 Executive Committee Work Plan
Justification: The work plan has been approved by the Executive Committee.
Proposed by: Executive Committee

8. Discussion Items
None.

9. New Business

a. HIVPC Self-Assessment Survey- Receive the results of the FY21-22 HIVPC Self-Assessment Survey. (Handout B)

b. Annual HIVPC Member Retreat- Receive an overview of the outcome of the Annual HIVPC Member Retreat.

10. Committee Reports

a. Community Empowerment Committee (CEC)
Chair: Von Biggs • Vice Chair: Andrew Ruffner
February 1, 2022

i. **Work Plan Item Update/Status Summary:**
Members continued the CEC Listening Session discussion, brainstorming ideas for their first listening session in April. The listening session will address goals on the upcoming FY22 work plan. Members discussed the possibility of having either an audio or video session. PCS Staff informed members that it is the committee's preference, to design and implement of the listening session. PCS Staff also informed the committee that the listening sessions could be streamed lived and then posted on all the social media platforms for any persons to view later. PCS Staff confirmed that the sessions could be hosted in conference rooms at Broward Regional Health Planning Council (BRHPC) if listening session are hosted in person.
Members reviewed the progress made in the CEC Workplan for FY21 by discussing the activities that were completed and not completed. Staff shared that the listening sessions could address the unaccomplished workplan items for the upcoming FY22 work plan. Additionally, 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:**
a. CEC Listening Sessions
b. Review HIVPC Recruitment materials
c. PSRA Service Category Presentation

vii. **Next Meeting date:** March 1, 2022, at 3:00 PM via WebEx Videoconference

b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Vacant
February 3, 2022
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
c. T. Pietrogallo, the CEO of The Poverello Center, gave a brief overview of the outcome of the SBIRT at the Food Pantry. Poverello serves approximately 2765 Ryan White Part A clients, of which 708 clients were screened as a part of the SBIRT Program. The results found that 45.04% of clients screened were at risk

for substance abuse, 51.08% at risk for depression, 37.66% of clients who smoke and had a readiness for change, 91.975 of clients screened were at risk for food insecurity, and 68.02% of clients screen were willing to continue discussions. Additionally, Poverello staff had increased satisfaction with performing work duties. The presenter also highlighted challenges with the program, such as a long waitlist for clients referred to substance abuse and mental health providers. After some discussion, the Committee agreed that they would like to receive additional information on other SBIRT activities within the Ryan White Part a Program.

The Committee reviewed the progress made towards the FY2021-2022 work plan activities. The overall progress of SOC was diminished due to the number of meetings canceled due to a lack of quorum. PCS staff advised the Committee that there have been suggestions made to the SOC Chair about the focus of the SOC and ways of moving forward. At this time, a plan of action has been being devised to optimize the work of SOC for the next fiscal year.

Lastly, the Committee reviewed the FY2022-2022 work plan. After some discussion, the Committee voted to approve to FY22-23 SOC work plan.

ii. Data Requests:
iii. Rationale for Recommendations:
iv. Data Reports/ Data Review Updates:
v. Other Business Items:
vi. Agenda Items for Next Meeting:
   a. HIV Care Continuum Presentation.
   b. FY21-22/22-23 Quality Improvement Presentation
vii. **Next Meeting date:** March 3, 2022, at 9:30 AM via WebEx Videoconference

d. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
No Meeting Held

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

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:** April 14, 2022, at 9:30 AM via WebEx Videoconference

e. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: David Shamer
February 14, 2022

i. Work Plan Item Update/Status Summary:
The CQM Health Planner discussed the 2021 Provider Appreciation Week's success, which was Monday, January 31 through Friday, February 4, 2022. On average, each event throughout the week had 35 participants. The event started with Ryan White Part status updates from Part A, B, C, D, and F, along with an update from the Ending HIV Epidemic. The following day included Dr. Elisa Diaz from the AIDS Education & Training Center Program presenting a workshop on reaching populations of focus. B. Miller conducted a stress management workshop for participants and announced Quality Awards for the agencies that showed improvement in the EMA and increased viral suppression/retention in 2021. Lastly, Sonya Brown-Boyne from AIDS Education & Training Center Program facilitated a workshop on how providers prioritize their mental health while servicing Ryan White clients. The CQM Support Staff sent out an evaluation survey to all the event participants to receive feedback about Provider Appreciation Week.

Additionally, CQM Support Staff presented their plans to conduct an individual

Quality Improvement Project for the upcoming fiscal year. The aim is to increase the systemwide retention in care (RIC) category in the HIV Care Continuum by 2% by the end of the 2022-2023 fiscal year. Specifically, the project aims to 1) identify barriers that agencies face in connecting with and retaining these subpopulations: Black/African American, Hispanic/Latinx, Transgender, Women, 18-28, 2) help agencies formulate a Quality Improvement project tailored to influence retention rates, and 3) indirectly increase ARV prescriptions and viral suppression rates. To do so, the CQM Support Staff will use the Quality Network's QIPs to affect the retention rate of the Broward EMA. Every agency's QIP will be tailored to directly or indirectly affect the CQM QIP's goal.

During the presentation, the CQM Support Staff showed an example of a retention rate increase projection using FY2021-2022 quarter three (Q3) data. For Q3, the average retention rate for all 12 agencies was 81.87%. The CQM Support Staff made a disclaimer stating that the average retention rate for the EMA will most likely change when the annual data is analyzed. During the example, it was stated that if each agency has a retention increase of at least 2%, the average RIC of the whole EMA will increase from 81.8% to 84.5%. For the CQM QIP, the project timeline will consist of multiple Plan-Do-Study-Act (PDSA) cycles, with a final report due in April 2023. Provide Enterprise will also be used as a data collection tool to analyze the data submitted by each agency and evaluate their progress. The information and project updates will be shared with the Recipient staff, the Quality Management Committee, and the System of Care Committees. The CQM Support Staff will use process and impact evaluation to analyze the data from the HIV Care Continuum to assess the success of the CQM QIP. The next steps of the QIP include analyzing the annual data of the FY2021-2022 and prepping the Quality Network for their new QIP for the upcoming fiscal year.

R. Jimenez asked the CQM Support Staff how retention will be measured for clients during the QIP. Specifically, R. Jimenez asked how retention would be measured for a test-and-treat client who, for example, had an appointment in November but did not have 90 days in between their next appointment before data was pulled to analyze results. The CQM Support Staff stated that the client would still be counted. However, they would be counted in the next quarter and annual data pull. N. Walker also discussed that retention data for test-and-treat clients are pulled separately if the Quality team wants to investigate their data more closely. B. Fortune-Evans asked the CQM Support Staff when data would be collected during the project. The CQM Support Staff stated that they would collect QIP data while pulling data for the quarterly and annual performance measurement reports.

The CQM Support Staff presented the new work plan for the 2022-2023 fiscal year. They discussed that the update to the work plan includes goal 6, which is for the CQM Support Staff to develop a QIP for the fiscal year. The committee voted unanimously to approve the FY2022-2023 work plan.

Laslty, N. Walker provided an update on EHE activities. He discussed that the second year of the EHE had an increase of agencies that spent their allocated money for food services and transportation services. For the third year, they are currently awaiting the final award notice. There is intent to expand services and address barriers for care in Broward County. N. Walker also stated that the Recipient office wants to continue funding disease case management, medical transportation, and food services. Additionally, they want to address housing issues with rental assistance. N. Walker discussed wanting to bring non-medical case managers into the EHE process to provide more services for clients. The Recipient's Office is working on an agreement for a phone application to increase

client engagement with their health care. V. Hornsey oversees the process so clients can have access to message boards to communicate and share updates on their moods and health status

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:** March 21, 2022, at 12:30 PM via WebEx Videoconference

f. Executive Committee
Chair: Dr. Réquel Lopes • Vice Chair: Vacant
February 17, 2022
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
The Executive Committee reviewed the HIV Planning Council agenda for the 2/24/2022 meeting. The Committee voted to approve the agenda as presented.

The Committee also reviewed the March 2022 HIV Planning Council calendar of activities. There was one amendment to the calendar. V. Biggs recommended to add the Florida AIDS Walk to the calendar scheduled on March 19, 2022.

Members also discussed the possibility of transitioning back to face-to-face meetings. There are no updates for transitioning back to in-person meetings. V. Biggs would like to administer a survey for Planning Council members for their preference of in-person meetings or to continue virtually. PCS Staff advised members that this was a survey question on the HIVPC Self-Assessment survey, less than half of the Planning Council completed the survey. Members would also like to review the COVID-19 infection and vaccination rates in Broward County in the next Executive meeting.

The Committee reviewed the progress made towards the FY2021-2022 work plan activities. The Committee was able to identify workplans activities that have already been completed this fiscal year. PCS staff will update the work plan to reflect these accomplishments. Additionally, the Committee reviewed the FY2022-2023 work plan. After some discussion, the Committee voted to approve the FY22-23 Executive work plan.

The committee reviewed the Committee Work Plans for the other standing committees. There were no amendments to the work plans.

Lastly, the committee discussed having joint collaborative meetings with the South Florida AIDS Network (SFAN). Members did not see a need to have collaborative meetings with SFAN and suggested that they join the scheduled PSRA Committee meetings. The Committee voted unanimously to approve the motion to extend a formal open invitation to SFAN to attend PSRA Committee meetings in lieu of a joint meeting.

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:** March 17, 2022, at 11:30 AM via WebEx Videoconference

g. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno
February 17, 2022

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

The Part A Recipient reviewed expenditures and utilization through January of FY2021. Part A service categories have expended 88% of service category funding at this point in the fiscal year, and MAI funds have been 87% utilized. The PSRA Chair questioned the utilization for Medical Case management at 58% and AIDS Pharmaceutical Assistance at 63%. The Recipient advised that they would review and provide an update. There was some discussion and B. Mester suggested that the Recipient provide the Committee with data on unbillable services due to contract caps to provide more accurate projected expenditures. B. Mester proposed the motion to add a column to the monthly expenditures/utilization report to include the services that are unbillable due to contract cap; B. Barnes seconded the motion. After some discussion, the Committee voted to approve the motion with five rejections.

The Committee reviewed the progress made towards the FY2021-2022 work plan activities. The Committee completed all their work plan goals. The PCS Health Planner presented the Committee with their FY2022-2023 work plan for approval. The Committee was advised that there were no changes with the work plan as it follows the PSRA timeline. After some discussion, the Committee agreed that they needed to review and approve the FY2022-2022 PSRA Timeline before they could approve the FY2022-2023 PSRA Work Plan. The Committee reviewed the FY2022-2023 PSRA Timeline. The PCS Health Planner gave a line-by-line overview of the timeline and activities. After some discussion, the Committee agreed to approve the timeline with the recommendation to move item 3 from the June 2022 meeting to the April 2022 meeting.

Lastly, the Committee voted to approve the FY2022-2023 PSRA Workplan. After some discussion, there was a recommendation for members to receive an updated version with larger font.

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:** March 17, 2022, at 9:00 AM via WebEx Videoconference

h. Ad-Hoc Nominating Committee
Chair: Brad Barnes
February 8, 2022.
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
Committee members reviewed and discussed this past election's process and procedures. Members discussed topics that could have impacted the election process and suggested new ideas to aid the upcoming nominating committee. Topics that were discussed were the timeline for the presentation of the candidates, the interview process for each candidate, the question-and-answer session, positive/negative feedback on the election process, and any final thoughts of the overall election process experience. Each member provided their thoughts and feedback. All members agreed that the HIVPC should duplicate the revised process for the next election season.
Committee Members would like to receive feedback from planning council members and suggested completing this with a survey. The motion to create an Election Process Feedback Survey for HIV Planning Council Members was proposed, seconded, and passed unanimously.

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:** None

11. Recipient Reports
    a. Part A
    b. Part B (Handout C)
    c. Part C
    d. Part D
    e. Part F
    f. HOPWA
    g. Prevention – Quarterly Update (April, July, October, January) (Handout D)
12. Public Comment
13. Agenda Items for Next Meeting
    a. Next Meeting Date: March 24, 2022, at 9:30 a.m. via WebEx
    b. Agenda Items for next meeting
        - Assessment of the Administrative Mechanism Survey
        - PSRA Presentation
        - Monitor EHE Plan progress
        - Review Council Demographics
        - Member Appreciation
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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(954) 561-9681 • FAX (954) 561-9685

HIV Health Services Planning Council

Thursday, January 27, 2022 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

HIVPC Members Present: L. Robertson (PSRA Chair), B. Barnes, D. Shamer, V. Moreno, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, I Wilson, A. Ruffner. Y. Arencibia, M. Schweizer, R. Jimenez, J. Castillo, S. Jackson, C. Dumas

Members Excused: R. Lopes (HIVPC Chair), B. Fortune-Evans, J Rodriguez, E. Dsouza

Ryan White Part A Recipient Staff Present: D. Cunningham, K. Giglioli, N. Walker, S. Scott, T. Thompson

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

Guests Present: A. Lanear, K. Kish, S. Cook, B. Mester, K. Thomas, K. Murphy, Q. Cowan, J. Hill, S. Magula

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

   The PSRA Chair called the meeting to order at 9:32 a.m. The PRSA 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 January 27, 2022, HIVPC meeting was proposed by V. Foster, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the December 2, 2021, meeting as presented, meeting was proposed by V. Biggs, seconded by V. Foster, and passed

unanimously.

Motion #1: Mr. Foster, on behalf of HIVPC, made a motion to approve the January 27, 2022, 2021, HIV Health Services Planning Council agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the December 2, 2021, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.

4. Federal Legislative Report

   A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota). Mr. Murphy noted that House/Senate remains on hold in advancing appropriations bills. The current temporary funding bill (Continuing Resolution) expires on February 18, leaving little (time for congressional leaders to wrap up work on the complete set of Fiscal Year (FY) 2022 appropriations bills. The pending totals in the House and Senate bills from last fall, in theory, remain. The Senate included modest but significant increases in the Ryan White care continuum. Parts A and B combined total $2.005 billion, and ADAP would receive $900.3 million. It also includes $190 million for the Ending the Epidemic program. HOPWA is slated for $450 million in the Transportation-Housing and Urban Development bill. The House bills contained larger increases across the continuum.

   He also noted that it is unclear precisely when Congress will complete work on the fiscal year. However, there is growing speculation that Congress will pass a full-year continuing resolution. That would clear the deck to consider the 2023 bills and to fully consider President Biden's 2023 budget request.

   Lastly, the House's Build Back Better framework includes $150 million for the Ryan White continuum in FY 2022 funding. It is unclear whether those investments will be included in any Senate version of the bill. It is also unclear if the Senate will restart consideration of its version.

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

6. Consent Items

   The Council voted to approve the consent items as presented. The motion to approve the consent items was proposed by PSRA Chair, L. Robertson, seconded by V. Biggs, and passed unanimously

   Motion #3: The PSRA Chair, Mr. Robertson, on behalf of the HIVPC, made a motion to approve the consent items as presented. The motion passed unanimously.

7. Discussion Items

   The Part A Recipient's Office provided an overview of the recommended reallocations for FY2021-2022. After some discussion, the members voted on the proposed "sweeps" for fiscal year 2021-2022.

   Motion #4: PSRA Committee made a motion to reallocate $441,270 from Oral Health Care for FY2021-2022. V. Foster seconded the motion. The motion was adopted unanimously.

   Motion #5: PSRA Committee made a motion to reallocate $21,580 from Mental Health- Trauma Informed for FY2021-2022. V. Foster seconded

the motion. The motion was adopted with two abstentions.

Motion #6: PSRA Committee made a motion to reallocate $24,754 from Substance Abuse Outpatient for FY2021-2022. J. Castillo seconded the motion, The motion was adopted with one abstention.

Motion #7: PSRA Committee made a motion to reallocate $571,347 from Total Part A Funds for FY2021-2022. R. Jimenez seconded the motion. The motion was adopted unanimously.

Motion #8: PSRA Committee made a motion to reallocate $322,604 to Outpatient Ambulatory health Services for FY2021-2022. Y. Arencibia seconded the motion. The motion was adopted unanimously.

Motion #9: PSRA Committee made a motion to reallocate $160, 730 to AIDS Pharmaceutical Assistance for FY2021-2022. V. Foster seconded the motion. The motion was adopted with one rejection and two abstentions.

Motion #10: PSRA Committee made a motion to reallocate $88,000 to Medical Case Management- Disease case Management for FY2021-2022. V. Biggs seconded the motion. The motion was adopted unanimously.

Motion #11: PSRA Committee made a motion to reallocate $3,000 from FY20-21 MAI Carryover and unallocated funding to MAI Core and Support Services for FY2021-2022. Y. Arencibia seconded this motion. The motion was adopted unanimously.

Motion #13: PSRA Committee made a motion to reallocate $3,000 to MAI-Medical Case Management FY2021-2022. J. Castillo seconded the motion. The motion was adopted with one abstention.

The Council received an update on the Broward County HIV Integrated Care Plan from the Director of the HIV Planning Council and Quality Management. Dr. Martinez noted that the Planning Council confirmed its three representatives for the Integrated Plan Workgroup. They are L. Robertson, R. Bhrangger and T. Pietrogallo. PCS Staff is currently preparing a draft of the goals and objectives for the work plan in preparation for the workgroup meeting tentatively scheduled for Spring 2022 (March or April). In addition, there are a series of Integrated Panning Webinars being hosted by the CDC. The most recent webinar on January 20, geared towards community engagement and the integrated plan, was well attended by members of the workgroup. The next webinar, a learning series with other jurisdictions, is scheduled for Monday, January 31, 2022. Dr. Martinez also noted a state meeting being held today that is focused on preparing the statewide statement of need. The meeting is being held in Tampa, and representatives from Part A, B, and HIV Prevention are in attendance. Lastly, the Funders Collaborative meeting will be held on Monday, January 31, 2022. It will include representatives from Part A, B, C, D, F, HOPWA, and AETC. Attendees will be provided with an overview of the integrated plan and future data requests from all the funders.

8. New Business

   The Council received the results of the FY22-24 HIVPC Chair/Vice-Chair Elections. The HIVPC Health Planner called the votes into the record as detailed into the table below. R. Bhrangger gave the final tally and announced the FY22-24 HIVPC Chair, L. Robertson and Vice Chair, V. Biggs.

Member Name	HIVPC Chair	HIVPC Vice Chair
Arencibia, Yusimir	Lorenzo Robertson	Von Biggs
Barnes, Brad	Lorenzo Robertson	Von Biggs
Bhrangger, Ronald	Von Biggs	Lorenzo Robertson
Biggs, Von	Von Biggs	Lorenzo Robertson
Cutright, Aaron	Lorenzo Robertson	Von Biggs
Fortune-Evans, Bisiola	Lorenzo Robertson	Von Biggs
Foster, Vincent	Lorenzo Robertson	Von Biggs
Lopes, Requel	Lorenzo Robertson	Von Biggs
Marcoviche, William	Von Biggs	Lorenzo Robertson
Moragne, Timothy	Lorenzo Robertson	Von Biggs
Moreno, Valery	Lorenzo Robertson	Von Biggs
Robertson, Lorenzo	Lorenzo Robertson	Von Biggs
Rodriguez, Joshua	Lorenzo Robertson	Von Biggs
Ruffner, Andy	Lorenzo Robertson	Von Biggs
Schweizer, Mark	Lorenzo Robertson	Lorenzo Robertson
Shamer, David	Lorenzo Robertson	Von Biggs
Wilson, Irving	Lorenzo Robertson	Von Biggs
Jimenez, Rafael	Lorenzo Robertson	Von Biggs
Castillo, Jose	Lorenzo Robertson	Von Biggs
Jackson, Shawn	Von Biggs	Lorenzo Robertson
Dsouza, Eveline	Lorenzo Robertson	Von Biggs
Dumas, Chris	Von Biggs	Lorenzo Robertson
	Von Biggs- 5	Von Biggs- 16
	Lorenzo Robertson - 17	Lorenzo Robertson - 6

9. Committee Reports

a. Community Empowerment Committee – January 4, 2022
Chair: V. Biggs, Vice Chair: A. Ruffner

The report stands.

b. System of Care Committee – January 6. 2022
Chair: A. Ruffner, Vice Chair: J. Rodriguez

The report stands.

c. Membership/Council Development Committee – No Meeting Held

Chair: V. Foster, Vice Chair: T. Moragne

The report stands. The MCDC chair urged members to attend meetings and expressed disappointment that the January 13, 2022, meeting was cancelled due to lack of quorum.

d. Quality Management Committee – January 24, 2022
Chair: B. Fortune-Evans, Vice Chair: D. Shamer

The report stands.

e. Priority Setting & Resource Allocation Committee – January 17, 2022
Chair: L. Robertson, Vice Chair: Vacant
The report stands.

f. Executive Committee – January 17, 2022
Chair: R. Lopes, Vice Chair:

The report stands.

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

The report stands.

10. Recipient's Report

    a. **Part A:** There was no Part A report for this meeting.
    b. **Part B:** The Part B report stands as presented.
    c. **Part C:** There was no Part C representative to provide a report.
    d. **Part D**: There was no Part D representative to provide a report.
    e. **Part F:** The Part F representative reported that they are continuing their collaboration with Care Resource Community Health Centers, Inc., to provide Oral Health services to consumers. For CY2021, they provide services to 487 clients under RWHAPF. The RWHAPF provides care to clients based solely on HIV status. Lastly, they reported that they would be expanding the program to Miami- Dade County.
    f. **HOPWA:** The HOWPA representative was unavailable for this meeting. However, a written report was provided. The Council was advised to forward any questions about the report to PCS staff.
    g. **Prevention:** There was no prevention representative to provide a report.

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 February 24, 2022, at 9:30 a.m. via WebEx Videoconference.
    Agenda Items for Next meeting:

    - Approve FY2022-2023 Committee Work Plans
    - HIVPC Self- Assessment Survey Presentation

13. Announcements

    - The family and friends of the late long serving HIVPC Member and HIV/AIDS advocate, H. B. Katz are inviting Council members to assist with planning a memorial service in his honor.
    - The HIVPC Health Planner reminded Council members to complete the Annual HIVPC Self-Assessment Survey. The deadline to complete it has been extended to February 4th, 2022, at 5:00 p.m.
    - The Annual HIVPC Member Retreat is scheduled for February 10, 2022, 9a.m – 3 p.m. Council members are being encouraged to attend as there is an exciting and engaging series of events planned.

14. Adjournment

    There being no further business, the meeting was adjourned at 10:43 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												
0	0	0	**1**	Arencibia, Y.	X												
0	1	0	**2**	Barnes, B.	X												
1	1	0	**3**	Bhrangger, R.	X												
0	1	0	**4**	Biggs, V.	X												
0	0	0	**5**	Cutright, A.	X												
0	1	0	**6**	Dumas, C.	X												
0	0	0	**7**	Fortune-Evans, B.	E												
0	0	0	**8**	Foster, V.	X												
0	0	0		Alston, Torey													
0	0	0	**9**	Lopes, R. *Chair*	E												
1	1	0	**10**	Marcoviche, W.	X												
0	0	0	**11**	Moragne, T.	X												
0	0	0	**12**	Moreno, V.	X												
0	1	0	**13**	Robertson, L.	X												
0	0	0	**14**	Rodriguez, J.	E												
0	0	0	**15**	Ruffner, A.	X												
0	0	0	**16**	Schweizer, M.	X												
1	1	0	**17**	Shamer, D.	X												
0	0	0	**18**	Wilson, I.	X												
1	1	0	**19**	Jackson, S.	X												
0	1	0	**20**	Castillo, J.	X												
0	0	0	**21**	Dsouza, E.	E												
0	0	0	**22**	Jimenez, R.	X												
	9			**Quorum = 12**	18	0	0	0	0	0	0	0	0	0	0	0	

Legend:

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

HIV Health Services Planning Council Meeting Minutes – January 27, 2022
Minutes prepared by PCS Staff

HANDOUT A1

Community Empowerment Committee Work Plan

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

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing by participating in at least 4 community events.	**Baseline**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**
	4	4				

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

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

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

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

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

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

HANDOUT A2

System of Care Committee Work Plan

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

GOAL: By February 2023, Identify the inventory of resources available for service delivery for PLWHA in Broward County to increase rentention in care for Part A eligible clients.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	
	65%	90%								

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a).												
1.4 Analyze HIV surveillance laboratory data on an ongoing basis.	PCS/CQM Team	Develop strategies to link or relink these identified individuals to medical care.	Evaluate HIV surveillance laboratory data to identify persons diagnosed with HIV who are not in care (based on absence of laboratory monitoring data)												
1.5 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a).												

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)** as needed/recommended.	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												
2.2 Identify barriers and faciliators to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need relative to retention in care.												
2.3 Collaborate with community partners to address issues with retention in care on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**												
2.4 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.												
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.												

HANDOUT A3

Broward EMA CQM Annual Work Plan FY 2022-2023

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.														
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X		X	CQM Staff, QMC, Quality Network	
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network	
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X		X	CQM Staff, QMC, Networks	
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.														
1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks	
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.										X	X		CQM Staff, QMC	
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff, QMC	
4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.		X	X	X				X	X		X	X	CQM Staff, Quality Network	
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X	X	X	X	X	X	X	X	X	X	X	X	CQM Staff	
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.														
1. Distribute the annual CQM Program Report.		X											CQM Staff	
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff	
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.	X			X			X			X			CQM Staff	
4. Provide routine CQM Program updates to the HIVPC.	X			X			X			X			CQM Staff	
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.											X		CQM Staff	
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.														
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X			X			X			X		X	CQM Staff, QMC	
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.				X			X			X		X	CQM Staff, QMC, Networks	
3. Conduct surveys of all meetings and make suggested improvements.				X			X			X		X	CQM Staff	
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.	X			X									CQM Staff	
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff	
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.														
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.	X			X			X			X		X	CQM Staff, Recipient Staff	
2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.	X											X	CQM Staff, Recipient Staff	
Goal 6: Develop a CQM Quality Improvement Project														
1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff	
2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.		X		X		X		X		X		X	CQM Staff, Recipient Staff	
3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP				X			X			X		X	CQM Staff	
4. Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC				X			X			X		X	CQM Staff, Recipient Staff, QMC	
X = goal for objective completion														
= in progress														
= completed														
= planned														

HANDOUT A4

Priority Setting/Resource Allocations Committee Work Plan

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

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA												
1.2 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.												
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.4 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.5 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning													

Objective 2: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training annually.	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.												
3.2 Assessment of the Administrative Mechanism recommendations annually.	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.												

HANDOUT A5

Executive Committee Work Plan

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

GOAL: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2022.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	
	18	28								

Objective 1: Oversee Planning Council Operations.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey annually.	Executive	Improved Process	Review Committee activities, challenges, and completion of work plan achievements.												
1.2 Review the need for reinstating the ad-Hoc By-Laws Committee annually.	Executive/By-Laws	Improved By-Laws	Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair.												
1.3 Review and approve work plans for upcoming FY annually.	Executive	Identify goals and objectives for upcoming year	Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1.												
1.4 Monitor committee activities to ensure goals and objectives of work plans are met quarterly.	Executive	HIVPC and Committee goals are met	Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.												
1.5 Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly.	MCDC Chair/Vice Chair	HIVPC and Committee goals are met	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.												
1.6 Develop a recruitment tool annually.	Executive	HIVPC and Committee goals are met	At each meeting, Executive members will discuss potential new strategies for the HIVPC and develop a recruitment tool to be utilized by the Fort Lauderdale jurisdiction.												

Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan quarterly.	Executive/Integrated Workgroup	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.												
2.2 Monitor Ending the HIV Epidemic Plan progress quarterly.	Executive/Recipient/Part B Representative/FQHC Representative	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.												

Objective 3: Implement capacity/leadership development for Planning Council members and applicants.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Retreat annually.	Executive	HIVPC training/leadership	Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan.												
3.2 Leadership Training per Executive Training Plan.	Executive	HIVPC Leadership	Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc.												

Broward County HIV Health Services Planning Council Self Assessment Survey

HANDOUT B

FY2021-2022

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 February 24, 2022.

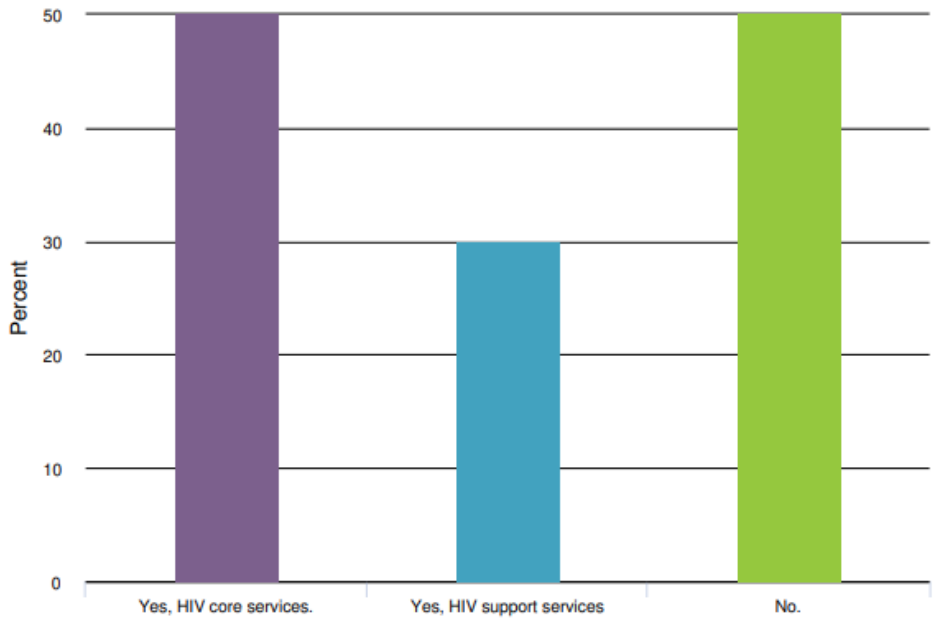
Goal and Outcomes

- This tool will be utilized by the HIVPC to identify key strengths and areas for improvement related to the effectiveness of an HIV planning body's:
  - Operating structure,
  - Policies and procedures,
  - Membership, and
  - Stakeholder/consumer engagement
- Intended Outcome: Clear, actionable findings and implications based on a confidential survey, and review shared back to the planning body to facilitate reflection and solutions development.

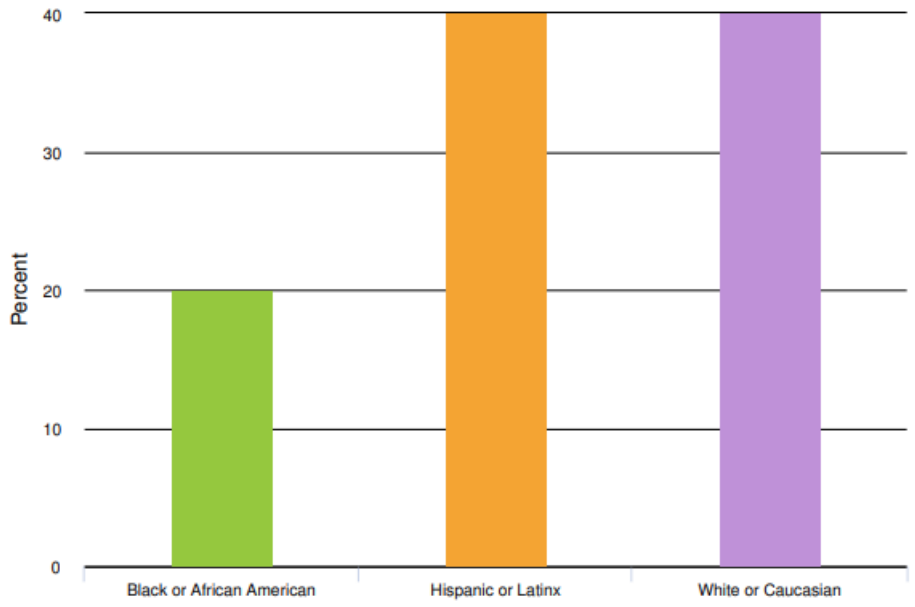
Response Rate

- 10 surveys were received out of a potential total of 22

Consumer Representation



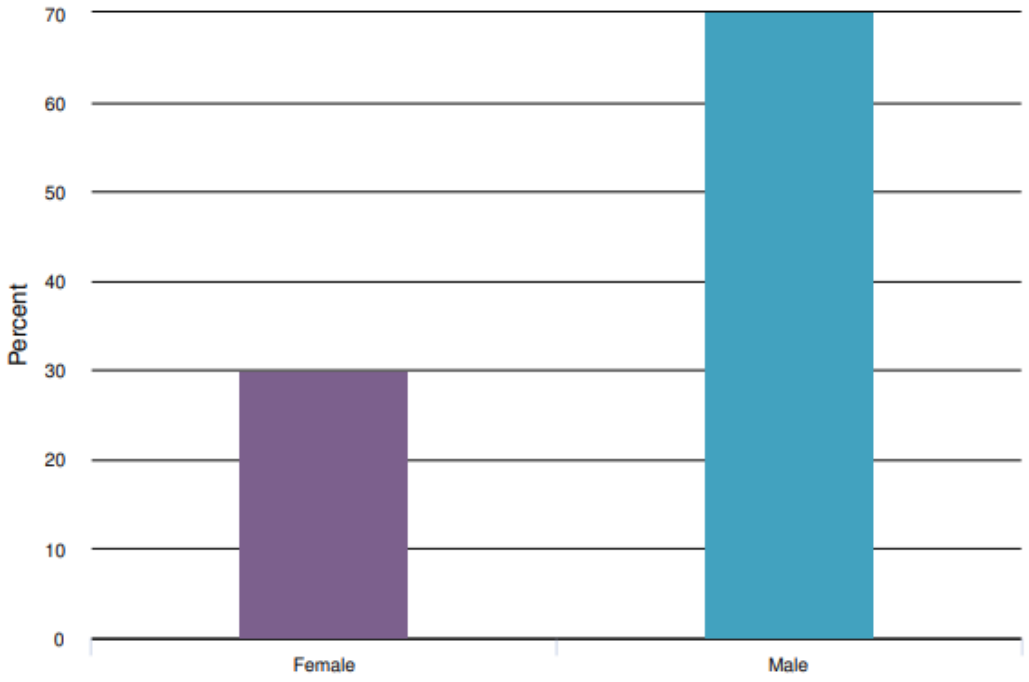
Value	Percent	Responses
Yes, HIV core services.	50.0%	5
Yes, HIV support services	30.0%	3
No.	50.0%	5



Value	Percent	Responses
Black or African American	20.0%	2
Hispanic or Latinx	40.0%	4
White or Caucasian	40.0%	4

Other - Write In	Count
Totals	0

Council Reflectiveness

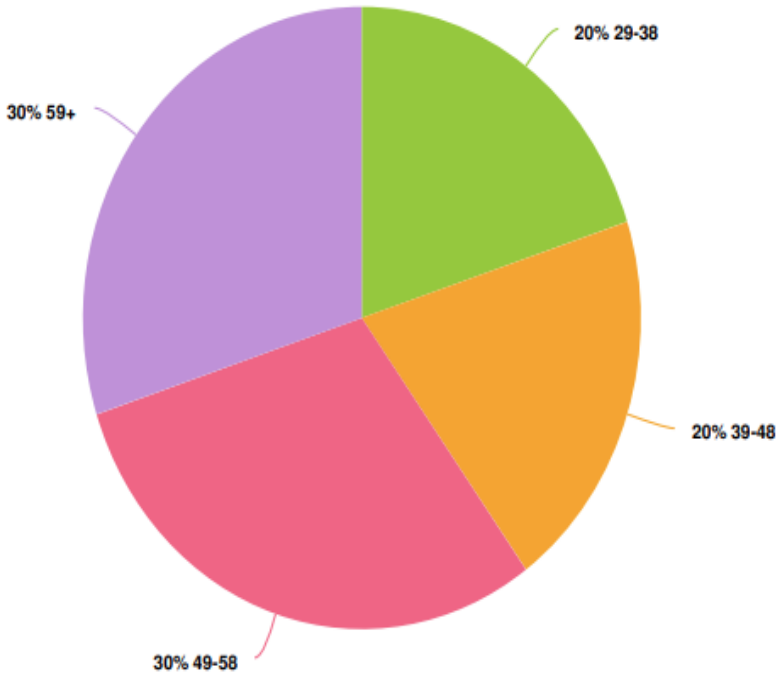


Value	Percent	Responses
Female	30.0%	3
Male	70.0%	7

Prefere to self-describe	Count
Totals	0

Council Reflectiveness

Council Reflectiveness



Value	Percent	Responses
29-38	20.0%	2
39-48	20.0%	2
49-58	30.0%	3
59+	30.0%	3

Totals: 10

Impact on the HIV Epidemic.

- Representation of various communities on the council e.g., LGBTQ.
- Years of experiencing working with PWH.
- Ability to include both provider perspectives and patient input in the decision-making process
- Ability to connect various communities of PWH with the services they need based on my position as a Ryan White provider- Latin American communities, women, children, infants and youth, inmates
- Perspective from other HIV funders on how to improve the system of care and prevention efforts.

HIVPC
Broward County HIV Health Services Planning Council

Impact on the HIV Epidemic.

- Education/Access to Information
- Awareness
- Community outreach/ Information dissemination
- Identifying and addressing disparities
- Prioritizing funds/Allocating funds to meet the needs of PWH
- Access to care/ Providing medical providers to accommodate client needs.
- Delivering quality services and programs

Broward HIVPC Areas for Improvement

- Education on the roles of PCS staff, Recipient Staff and Planning Council members.
- Consumer and youth recruitment
- Member retention, engagement and involvement (including active participation at community outreach events)
- Stay on task
- Increase retention in care and viral load suppression for youth; reduce new HIV diagnoses

Role of the HIVPC

- Priority setting and resource allocation
- Community involvement; specifically, PWH
- Connecting and educating PWH about the services and resources available.
- Removing barriers to care.
- Identifying areas of greatest need.
- Reduce new HIV infections.
- Deliver quality HIV services and programs; develop standards of care

Understanding of the Relationship, Scope, Role, and Responsibilities of the HIVPC vs those of the Recipient

- The HIVPC assists the recipient in managing the care and funding for Ryan White patients.
- HIVPC is responsible for the framework and allocation while the recipient is responsible for providing services
- HIVPC deals directly with consumers and providers of Broward County RWPA
- The HIVPC is responsible for ensuring that Broward County has funds and services for recipients. Recipients are responsible for prevention and compliance with care
- The HIVPC is responsible for ensuring that Broward County has funds and services for recipients. Recipients are responsible for prevention and compliance with care.
- The Grantee is responsible for distributing the funds according to priorities and allocations set by the council. Establish grievance procedures to address funding related decisions. Ensure delivery of services. Enforce payer of last resort. Monitor the contracts, prepare Ryan White Part A grant and reallocate funds with the approval of the planning council to ensure all funds are spent and used efficiently
- It is not important to understand; the role, scope and responsibilities are dictated by HRSA.

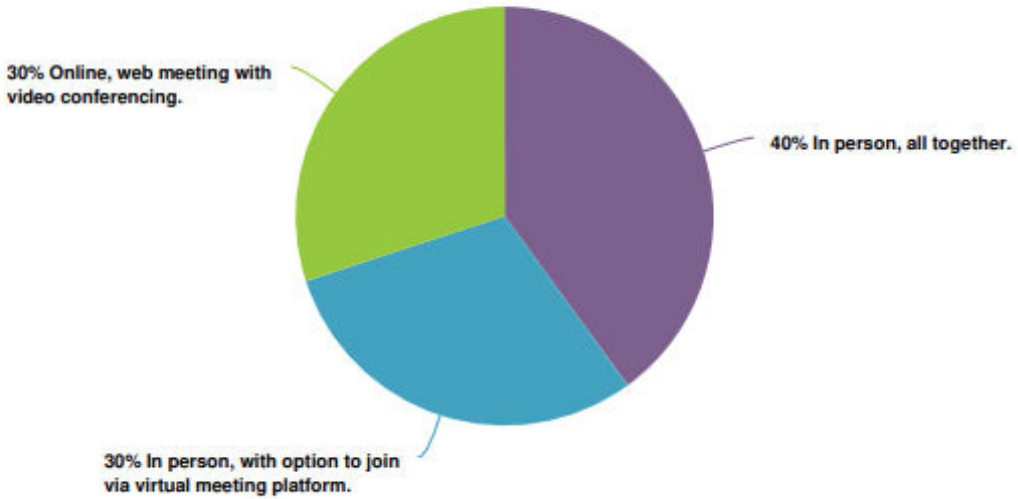
How has the HIVPC addressed issues or new priorities impacting PWH over the last 12 months into its activities?

- Managing and coordinating with clients their necessities and providing information and education via public meetings and via web.
- Open discussion about the current issues impacting PWH
- The council has not addressed the issues regarding CVOID-19 but they were kept informed of the challenges to provide services during the pandemic. Service providers moved very quickly and did a great job creating innovations to provide care and keep staff and clients safe. A lot of work still needs to be done relating to health equity and racial disparities

Value	Percent	Responses
There are no barriers that interfere with efficient council meetings.	60.0%	6
There is too much on the agenda for some items and not enough time for others.	10.0%	1
There are too many tangents.	10.0%	1
Speakers talk over one another.	20.0%	2
Meetings are dominated by a few voices.	30.0%	3
Lack of participation from meeting attendees	30.0%	3
Other - Write In	10.0%	1

Other - Write In	Count
New Staff	1
Totals	1

Barriers to Meeting Efficiency

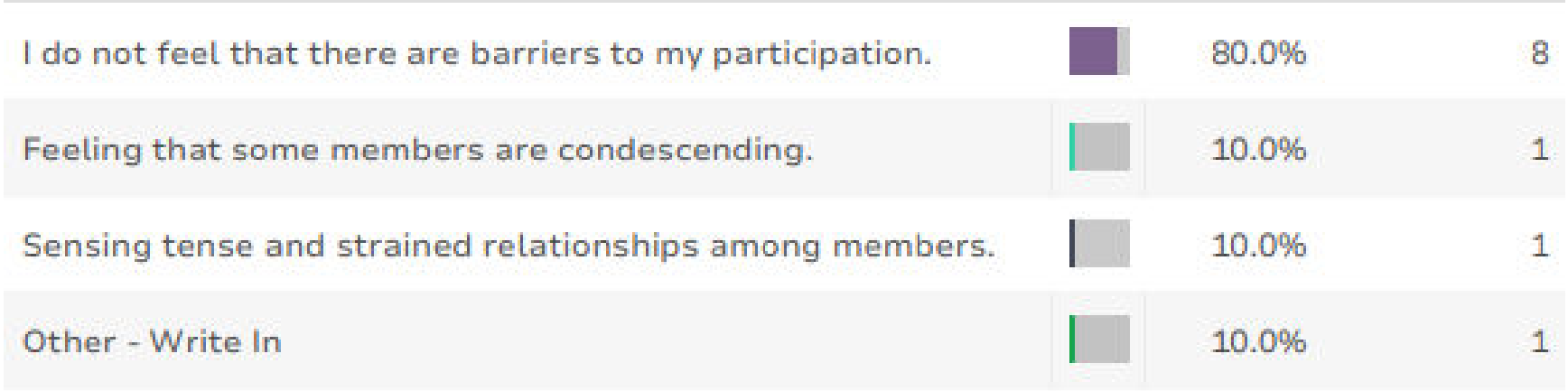


HIVPC Meetings- Post COVID-19

Value	Percent	Responses
In person, all together.	40.0%	4
In person, with option to join via virtual meeting platform.	30.0%	3
Online, web meeting with video conferencing.	30.0%	3
	Totals: 10	

Other - Write In	Count
Totals	0

Barriers to Participation in Planning Council Meetings.



I do not feel that there are barriers to my participation.	80.0%	8
Feeling that some members are condescending.	10.0%	1
Sensing tense and strained relationships among members.	10.0%	1
Other - Write In	10.0%	1

What would you change about the HIVPC meetings to remove barriers to participation?

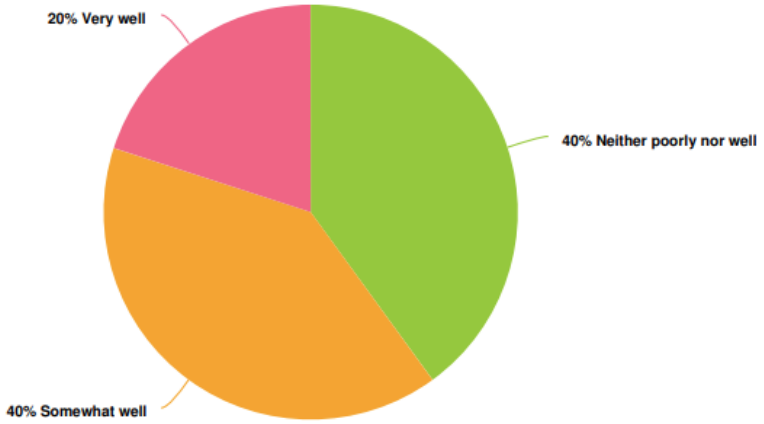
More relaxed/less rigid meeting format; have more round table discussions to check in with each member and hear their input.

Continue virtual meetings

There are long term members who are more outspoken making it difficult for others to want to participate in meetings.

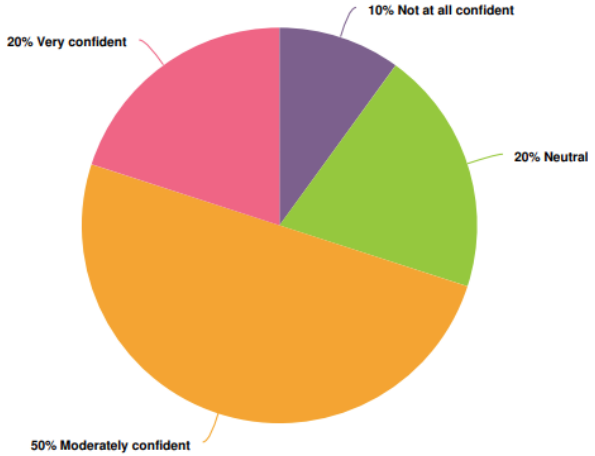
Potential Training/Skill Building Opportunities

- Legalities behind the role of the HIVPC
- Planning during Covid
- Community outreach



Value	Percent	Responses
Neither poorly nor well	40.0%	4
Somewhat well	40.0%	4
Very well	20.0%	2

Totals: 10



Value	Percent	Responses
Not at all confident	10.0%	1
Neutral	20.0%	2
Moderately confident	50.0%	5
Very confident	20.0%	2

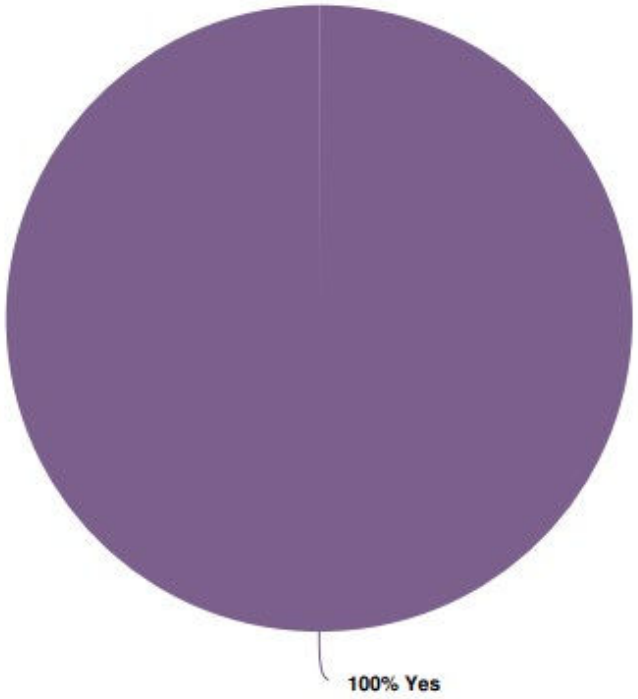
Totals: 10

Member Understanding of HIVPC Mission and New Member Recruitment

Value	Percent	Responses
Community Empowerment Committee	30.0%	3
System of Care Committee.	10.0%	1
Membership/Council Development Committee.	30.0%	3
Quality Management Committee.	20.0%	2
Priority Setting and Resource Allocation Committee.	30.0%	3
Executive Committee	40.0%	4
Other/Ad-Hoc:	30.0%	3

HIVPC Committee Distribution

Member Retention



Value	Percent	Responses
Yes	100.0%	10
		Totals: 10

What Skills or Personal/Professional Experiences are missing from the current HIVPC Membership

Consumer and provider involvement

One on one mentoring

Voices from youth, sex workers, transgender, IDU and homeless communities

The ability to do virtual and in office meetings.

Strong technical ability.

Accessibility of outreach/recruitment information to the public.	40.0%	4
Lack of broad outreach/recruitment efforts.	40.0%	4
Confusion/lack of understanding about what the [planning body] is.	20.0%	2
Confusion/lack of understanding about expectations and responsibilities for members.	30.0%	3
Confusion about the application process (timeline, etc.)	10.0%	1
Time commitment for members.	70.0%	7
Confusion about whether someone is eligible to apply.	10.0%	1
Other - Write In	10.0%	1

Other - Write In	Count
Time: how long it takes to come onto a committee or PC	1
Totals	1

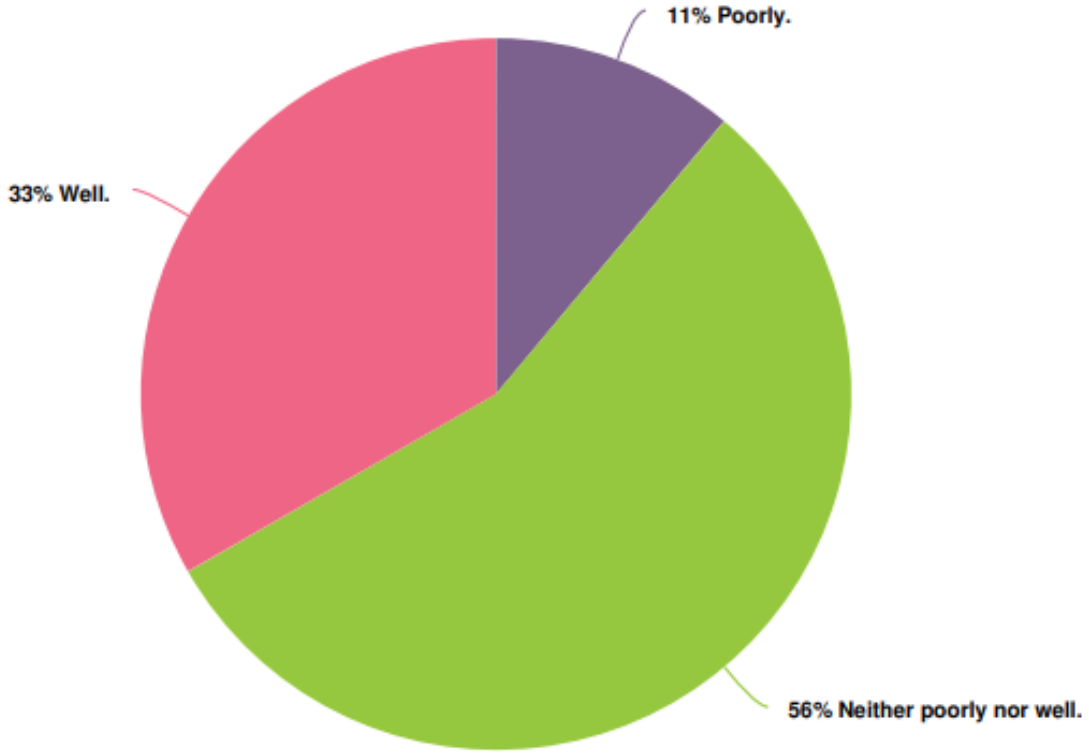
Barriers to New Member Recruitment

Conduct adequate needs assessments with impacted communities.		88.9%	8
Use data to support decision-making.		100.0%	9
Communicate effectively with the communities impacted.		44.4%	4
Communicate effectively with other partners (i.e., state and local health organizations,etc)		66.7%	6
Reflect the demographics of the communities most affected by HIV.		55.6%	5
Address disparities linked to social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism.		66.7%	6
Monitor and evaluate achievement of Integrated HIV Prevention and Care Plan objectives.		77.8%	7
Evaluate the effectiveness of the council's own HIV planning activities.		88.9%	8
Assess the efficient administration of HIV funding in the state.		44.4%	4

Planning Council Duties

State Health Department.	33.3%	3
Ryan White Part A recipient(s).	44.4%	4
Ryan White Part B recipient.	33.3%	3
Other city/county health departments.	33.3%	3
Community- and clinic-based providers of HIV prevention.	66.7%	6
Other planning bodies in the region/state.	44.4%	4
The HIVPC does not need to improve communication/collaboration with external stakeholders.	22.2%	2

Communication and Collaboration



Incorporating Community Voices

Telehealth funding/policies.	44.4%	4
Housing Loss.	22.2%	2
Comorbidities of COVID-19 and HIV.	33.3%	3
Isolation/mental Health.	33.3%	3
Income loss due to pandemic.	11.1%	1
COVID vaccine education and uptake.	22.2%	2
HIV self-testing.	22.2%	2
Not yet, but the HIVPC has planned to address these impacts soon.	22.2%	2
Other - Write In	22.2%	2

Current and Future Impacts of COVID19

Integrated HIV Prevention and Care Plan

- 77.8% Somewhat familiar with the objectives of the Integrated HIV Prevention and Care Plan while only 22.2% very familiar

Conclusion

- As the PCS Team continues to guide the HIVPC and its Committees through virtual meetings, steps will be taken to improve the member experience.
- The PCS Team strives to assist Chairs & Vice-Chairs in holding productive and efficient meetings throughout the fiscal year.
- The PCS will collaborate with the MCDC and Executive Committees to work diligently to create/update training and recruitment plans to address members' concerns, as highlighted with the results of this survey.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

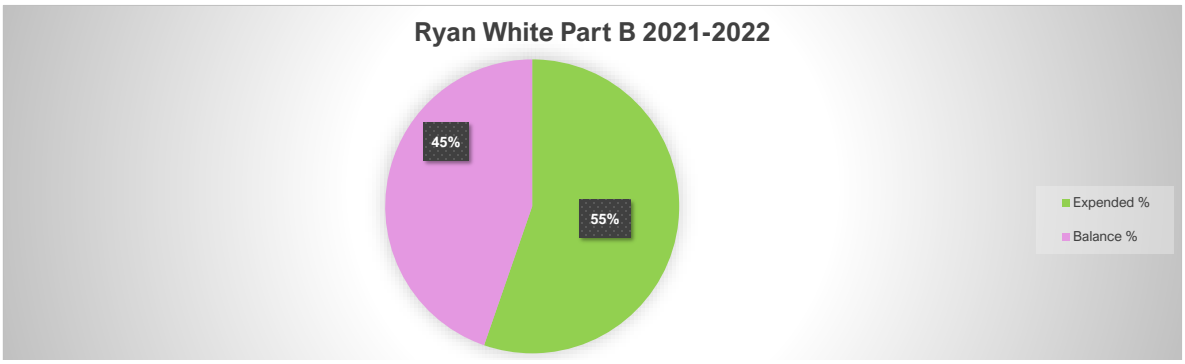
HANDOUT C

Ryan White Part B

PTC19: April 1, 2021 to March 31, 2022

Expenditures for December 2021

Service Category	*Allocated*	*Expended December 2021*	*Expended Year-to-Date*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,369	$ 6,101	$ 79,495	93%	7%	**$ 5,874.30**
Health Insurance Premium/Cost Sharing	$ 167,750	$ 16,407	$ 88,974	53%	47%	**$ 78,775.52**
Home & Community Based Health	$ 30,000	$ 150	$ 5,695	19%	81%	**$ 24,304.60**
Medical Nutritional Therapy	$ 10,000	$ 1,830	$ 3,451	35%	65%	**$ 6,548.93**
Emergency Financial Assistance	$ 150,654	$ 428	$ 38,093	25%	75%	**$ 112,561.04**
Home Delivered Meals	$ 30,000	$ 578	$ 2,195	7%	93%	**$ 27,805.50**
Medical Transportation	$ 135,476	$ 12,259	$ 70,893	52%	48%	**$ 64,583.26**
Non-Medical Case Management	$ 321,770	$ 32,458	$ 308,359	96%	4%	**$ 13,410.87**
Residential Substance Abuse	$ 166,500	$ -	$ 13,860	8%	92%	**$ 152,640.00**
Clinical Quality Management	$ 58,096	$ 2,278	$ 31,651	54%	46%	**$ 26,444.61**
Planning and Evaluation	$ 6,314	$ -	$ -	0%	100%	**$ 6,314.00**
TOTALS	**$ 1,161,929**	**$ 72,489**	**$ 642,666**	**55%**	**45%**	**$ 519,262.63**



Serena R. Cook 954-412-7086

HANDOUT C

ADAP REPORT JANUARY 2022	
Total Enrolled	5,048
Total Virally Suppressed	4,640
Percentage of Virally Suppressed (91%)	92%
ADAP Enrollments and Re-enrollments Processed	792
Enrolled in Mail Order Delivery	1,681
Total Enrolled in Direct Dispense	3,124
Total Enrolled in Online Recertification	1,705
No Show Report	23.04%

City of Fort Lauderdale

HOWPA FY21-22 Summary - 1st Quarter

From: 10/01/2021 thru 12/31/2021

Program FY 21-22	Budget	Approx Expensed	Count
Permanent Housing Placement (PHP)	$269,352.00	$32,055.61	10
Short Term Rent Mortage Utility Assistance (STRMU)	$485,500.00	$69,622.13	36
Tenant Base Rental Voucher (TBRV)	$2,607,064.00	$496,648.63	151
Project / Facility Based (PBR / FAC)	$2,514,580.00	$680,376.67	175
Temporary Emergency Hotel Voucher (TEHV)	$61,895.00	$12,897.00	7
Housing Case Management (HCM)	$590,000.00	$187,128.99	395
Legal Aid	$180,000.00	$72,565.97	67
FY 21-22 TOTAL	$6,708,391.00	$1,551,295.00	841

From: 03/17/2020 thru 12/31/2021

Program CARES Act	Budget	Approx Expensed	Count
Short Term Rent Mortage Utility Assistance (STRMU)	$618,068.00	$359,197.08	96
Temporary Emergency Hotel Voucher (TEHV)	$180,286.00	$170,646.38	40
Facility Based (FAC)	$174,826.00	$51,167.91	N/A
CARES ACT TOTAL	$973,180.00	$581,011.37	136

TOTAL	$7,681,571.00	$2,132,306.37	977

HOPWA Eligibility:

1. Client must have HIV/AIDs diagnosis;
2. Income Eligible (Total Household Income is below 80% of area median income)
3. Reside in Broward County for 6 consecutive months.
4. HOPWA CARES Act - All the above + COVID 19 related

How to apply for HOPWA Housing Assistance:

Contact SunServe or Care Resource (Housing Case Managers)

- **SunServe:** ***954-764-5150*** **- 2312 Wilton Drive, Wilton Manors, FL**
- **Care Resource:** ***954-567-7141*** **- 601 W Oakland Park Blvd, Fort Lauderdale, FL**

HOPWA Non-Housing Legal Aid

- **Contact Sunserve or Careresource for Legal Aid referral**

HOPWA decisions are made by the Community Service Board (CSB). These meetings are open to the public and providers. Meeting are held 2nd Monday of each month; 4:00pm at City of Fort Lauderdale; City Hall, Commission Chambers – 100 N Andrews Avenue, Fort Lauderdale, FL.

https://www.fortlauderdale.gov/government/CSB

HANDOUT D

HAPC Quarterly Update

AREA: 10 (Broward County)
HAPC: Joshua Rodriguez
Quarter: October-December 2021

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

Test and Treat

- The table below displays the Test and Treat enrollments in Q3 2021:

TOTAL NUMBER OF REFERRED TO TEST AND TREAT October 1st, 2021 - December 31th, 2021	271	
Total Enrolled:	**241**	**89%**
Newly diagnosed:	74	31%
Previous positives:	167	69%
Refused:	**12**	**4%**
Ineligible:	**7**	**3%**
Jail	0	
Out of Jurisdiction	5	
Negative	2	
Deceased	0	
Total on ART:	**241**	**89%**
Referred Awaiting Doctors Appointment:	7	
Total not on ART:	7	**3%**
Referred Unable to Locate Clients	**11**	**4%**
Navigation:	4/275	1%

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 Q4 2021:

R-PrEP Program Totals as of:	6/1/2018	1/1/2022
TOTAL NUMBER R-PREP CLINICAL VISITS	**5707**	
Total Enrolled in PrEP Navigation:	**4448**	**78%**
Private Insurance	1990	45%
PAP Assistance	2458	55%
Ineligible for Navigation	**1256**	**22%**
OOJ	1227	98%
Walk Outs:	29	2%
CONTRAINDICATED POST ENROLLMENT:	**164**	**4%**
HIV Positive	4	2%
Laboratory	160	98%

- The table below displays the PrEP enrollments during Q4 2021:

R-PrEP Program Totals as of:	10/1/2021	1/1/2022
TOTAL NUMBER R-PREP CLINICAL VISITS	**460**	
Total Enrolled in PrEP Navigation:	**347**	**75%**
Private Insurance	160	46%
PAP Assistance	187	54%
Ineligible for Navigation	**113**	**25%**
OOJ	113	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**10**	**3%**
HIV Positive	0	0%
Laboratory	10	100%

- There were 589 follow-up visits to BWC for lab work and PrEP prescription renewal between 10/1/2021 and 12/31/2021.

Perinatal Prevention

- The Perinatal program has case managed 106 Pregnant HIV + woman in 2021. They are following 57 infants for testing, all of whom have tested negative at birth and one maternal child transmission after delivery. We had one maternal child transmission for 2021.
- There have been 13 congenital syphilis cases in 2021, among women whose syphilis was not diagnosed until near delivery and/or who entered the county immediately prior to delivery. There have been 3 syphilitic stillbirths.
- The Perinatal HIV Providers Network had 12 virtual meetings since 01/21/2021. 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 eight times for 2021.
- The Perinatal staff visited virtually, by phone, or in person 125 OB/GYN offices in Broward County for 2021.
- The Perinatal Prevention program provided four Grand Rounds this year so far.
- The 19th Perinatal HIV Symposium was held Friday November 19, 2021 virtually and 76 attended. The FL AIDS Education and Training Center will provided 3 CEUs.
- The NACCHO Exchange Volume 20, Issue 3 Summer – 2021 newsletter wrote a piece on our Perinatal Program called "Established an Incident Command Structure (ICS) to respond to Public Health Treats'.

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

- Virtual HIV 500/501 Courses held:
  - 500/501 course on 11/9-11/10 with 10 attendees
  - 500/501 update on 11/8 with 69 attendees

- Rapid HIV Testing Technologies held:
  - INSTI on 11/19 with 7 participants
  - Oraquick on 11/19 with 16 participants
  - SureCheck on 11/19 with 6 participants
  - On-demand SureCheck training on 11/30 for 1 participant

- EIP-Capacity Building/Technical Assistance/Essential Support Services:
  - EHE Contract Monitoring –
    - In December: AIDS Healthcare Foundation, Latinos Salud
  - HIP Contract Monitoring –
    - In October: High Impacto, Broward House
    - In December: Children's Diagnostic and Treatment Center
  - Technical Assistance provided –
    - In October: IMG Helps, Inc., High Impacto
    - In November: Cheer Health, Memorial Hospital
    - In December: Memorial Hospital
  - Registered HIV Test Site Visits –

- In October – AIDS Healthcare Foundation, Independent Medical Group, Allied Health Organization, Advanced Health, Care for You, Community Care Resources, Broward House, Carewell Mobile, South Florida Care Center, Inc. , Advanced Health and Community Service, Essential Health and Wellness Center, Midway Specialty Care Center
- In November- Care Resource, CFS Med Spa, Henderson Behavioral Health, Nancy J. Cotterman, Pride Center, Ujima Men's Health Collective, Children's Diagnostic and Treatment Center, Continental Wellness Center, Christos Doctors Inn Walk In Health Care LLC, Independent Medical Group, Broward Health , Midland Cares
- In December – IMG Helps, Inc.

- 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 1194 test kits from 5/25/2020 to 12/31/2021.

Total Shipped	**Oct-21**		**Nov-21**		**Dec-21**	
274	**131**		**126**		**17**	
Gender						
M	49	37.4%	60	47.6%	11	64.7%
F	79	60.3%	66	52.4%	6	35.3%
Transgender	*	#VALUE!	*	#VALUE!	*	#VALUE!
Race/Ethnicity						
BLK/ Non Hispanic	70	53.4%	69	54.8%	3	17.6%
WHT/ Non Hispanic	21	16.0%	15	11.9%	12	70.6%
Hispanic	21	16.0%	27	21.4%	1	5.9%
Asian/Haw Pac Islander	6	4.6%	2	1.6%	0	0.0%
AI/AN	0	0.0%	0	0.0%	0	0.0%
Multiracial	7	5.3%	6	4.8%	0	0.0%
Other	5	3.8%	7	5.6%	1	5.9%
Country of Birth						
US	115	87.8%	92	73.0%	0	0.0%
Outside the US	16	12.2%	34	27.0%	17	100.0%
Age						
13-19	7	5.3%	4	3.2%	1	5.9%
20-29	40	30.5%	54	42.9%	1	5.9%
30-39	66	50.4%	45	35.7%	3	17.6%
40-49	7	5.3%	14	11.1%	2	11.8%
50-59	8	6.1%	6	4.8%	3	17.6%
60+	2	1.5%	3	2.4%	7	41.2%
Referred by agency						
yes	9	6.9%	8	6.3%	0	0.0%
no	122	93.1%	118	93.7%	17	100.0%
Testing History						

Never been tested	19	14.5%	24	19.0%	4	23.5%
More than 12 months	69	52.7%	63	50.0%	7	41.2%
Less than 12 months	43	32.8%	39	31.0%	6	35.3%
Unknown	0	0.0%	0	0.0%	0	0.0%

Community outreach and messaging

16 community events were held during Q4:

- On 10/10/21 DOH partnered with BTAN at Afro Pride, a free community event with special emphasis on the Black LGBTQAA community. This is the first year it has taken place. The event is composed of live entertainment, food trucks, and community resources for outreach. BTAN Broward County provided HIV awareness, and prevention methods such as condoms, education, and promotional incentive items that promote BTAN and the need to have more individuals volunteer to assists people living with HIV. 52 people were served in specific partnership with BTAN, and 202 further individuals were served at a separate DOH table.
- On 10/13/21, In recognition of National Latinx AIDS Awareness Day (NLAAD), Latinos en Acción hosted the 2021 Hispanic HIV Leadership Awards. This year's Awards recognized five individuals who have given significant service and made distinguished contributions to raise HIV/AIDS awareness in the Latinx communities of Broward County. The event included a moment of silence, a HIV epidemiology presentation, a trivia game, and the Award Ceremony. A total of 43 individuals attended including community members, representatives from service providers, and DOH staff.
- On 10/15/21, DOH Broward staff attended Summer 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, educational and promotional incentive items. 174 people were served.
- On 10/15/21, High Impacto in partnership with Broward Family Dental Care, NLAAD and Las Orquideas hosted a free community health check event that included Prep referrals and linkage, Accu-check, HIV Rapid Testing and Blood Pressure checks. People whose HIV tests were non-reactive were referred to PrEP. During the event Department of Health HIV Prevention staff provided support to High Impacto by engaging with the community members with education on HIV awareness, prevention tools and information on in-Home HIV Test Kits. DOH staff served 60 community members.
- On 10/22-10/23/21, DOH Broward staff attended the Ujima Men's Collective Conference hosted at the Westin Hotel. The conference provided workshops and educational seminars specific to addressing the needs of African American same gender loving men to come together to educate and build a stronger community network to address issues of inequality, enlightenment for the greater community, safety and health concerns in their community. The conference included two days of educational workshops and seminars. The Florida Department of Health Broward County provided HIV awareness, prevention methods such as condom demonstrations, education, and promotional incentive items to 40 conference attendees.
- On 11/12/21, DOH staff attended Finally Friday on Sistrunk, a free community event held every month. The event is composed of live entertainment, food trucks and community resources outreach. The Florida Department of Health Broward County provided HIV awareness,

prevention methods such as male and female condom demonstrations, education, and promotional incentive items. DOH Broward staff served 200 people.

- On 11/20/21, in observance of Transgender Day of Remembrance DOH HIV Prevention staff attended the Memorial Walk and Program, that went from the Pride Center to the collective center in Wilton. There were speeches from Community Leaders, advocates, and allies.
- On 11/20 and 11/21/21, the DOH Broward HIV Prevention program took part in the 2-day festival of Fort Lauderdale Pride. Prevention staff participated in the Pride Parade, and provided prevention incentive items. After the walking parade, staff set up at three tents within the festival, to serve priority populations in the Trans Village, Afro Pride, and Main Stage areas. All tables provided prevention literature and promotional items. A total of 871 people were served.
- On 11/30/21, in observance of Transgender Day of Remembrance, THIA and other trans-led organizations came together to honor six people in the community for their service and representation of the Transgender Community. The night was filled with speeches an entertainment by local Drag Queens. Fifty-five individuals were served.
- On 12/1/21, the City of Wilton Manors held a Candlelight Vigil Walk World AIDS Day Celebration in honor and to remember those lost throughout the years to the HIV/AIDS epidemic. During this time DOH served in the capacity as a guest showing presence from the department. The event had community participation of over 100 people. The walk ended at the Pride Community Center where many community organizations were present. Stories and personal experiences of living with HIV were shared by several community members as well as singing and spoken word poetry. This event was held in Downtown Wilton Manors.
- On 12/1/21, the City of Fort Lauderdale hosted the Rock the Ribbon World AIDS Day Celebration, which featured the Gay Men's Chorus, proclamations from local officials, greetings from numerous community-based organizations. During this time DOH served in the capacity as a guest showing presence from the department. The event had a total of 71 people. This event was held at the Galleria Mall outside. The highlight of the event was the showing of pieces of the AIDS quilt.
- On 12/1/2021, DOH Broward participated in the South Broward Alumnae Chapter of Delta Sigma Theta Virtual Event in observance of World AIDS Day. Rania Mills discussed HIV testing, Cramita Goss provided an HIV 101 and discussed PrEP and resources. The panelists also consisted of Shakira Scott from Ryan White Part A Broward County who discussed HIV treatment.
- On 12/3/21, DOH staff participated in Light Up Sistrunk, an annual toy drive and health fair event, alongside more than a dozen other community organizations. The Florida Department of Health Broward County table provided information regarding HIV Prevention options such as Get PrEP Broward program and website information, we also provided male and female condom demonstrations, education, and promotional incentive items. DOH staff served approximately 515 people and distributed over 1500 toys.
- On 12/13/21, the MSM Advisory group hosted a virtual WAD Program to honor those who are thriving with HIV and are very active within the Advisory Group. Representatives from community organizations gave readings, poems, songs, and encouraging words concerning HIV/AIDS. The host of the day was National Icon in the Ballroom scene and Queer music star Nic London, and the guest speaker was National Leader and activist Morris Singletary of Atlanta, GA. The event drew 48 attendees.

- On 12/17/21, DOH staff attended Finally Friday on Sistrunk, a free community event held every month. The event is composed of live entertainment, food trucks and community resources outreach. The Florida Department of Health Broward County provided HIV awareness, prevention methods such as male and female condom demonstrations, education, and promotional incentive items. DOH Broward staff served 166 people.

Accomplishments or challenges

Accomplishments:

- Community Outreach opportunities has increased, and more partners have been open to traditional collaboration. This has allowed us to increase our community outreach and engagement efforts during this quarter.
- DOH Broward and non-contracted agencies distributed 205,250 condoms in the community during Q4.
- DOH Broward staff delivered 29 educational sessions in the community.
- DOH Broward staff made 500 visits to businesses participating in the Business Response to AIDS initiative.
- Attendance at the Broward County HIV Prevention Planning Council Meetings & advisory group meetings are increasing as more providers are shifting their efforts back to HIV prevention and treatment activities. 353 individuals participated in the advisory group meetings during this quarter.
- Get PrEP Broward website hits has increased. 6,621 hits were received during this quarter.

Challenges:

- With the new COVID variant, Physicians are back limiting access to medical offices to control exposures for their patients and staff. While we have created new strategies of engaging providers via teleconference, there's still gaps in engagement because providers primary focus and availability is limited.

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:**2**

- Compassionate Health & Wellness 7454 Royal Palm Blvd Margate 33063
- Rowan Tree Medical Center 3197 NE 18th Ter Fort Lauderdale 33306

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

PrEP DATA

Number of PrEP Detailing

One-on-one provider/office detailing visits: **16** Providers at Practices: **57**	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: 218
Outreach & Education Staff: 0	DOH Clinical Staff: N/A	Other: 242

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.