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, January 23, 2025 - 9:30 AM

Meeting at Broward Regional Health Planning Council and Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTgzNDBjZmEtYzllOS00YzA4LThjMjktOGVjYTI2MTJmOGEz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Meeting ID: 223 679 016 307 | Passcode: 9Af8tf

Or call in (audio only)

+1 561-437-3349 - Phone Conference ID: 869 406 955#

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

This meeting is audio and video recorded.

Quorum for this meeting is 14

DRAFT AGENDA

ORDER OF BUSINESS

CALL TO ORDER/ESTABLISHMENT OF QUORUM
WELCOME FROM THE CHAIR

a) Meeting Ground Rules
b) Statement of Sunshine
c) Introductions & Abstentions
d) Moment of Silence

PUBLIC COMMENT

ACTION: Approval of Agenda for January 23, 2025

ACTION: Approval of Minutes for December 4, 2024 **(Handout A)**

FEDERAL LEGISLATIVE REPORT– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office

STANDARD COMMITTEE ITEMS

CONSENT ITEMS

a. Action Item: Motion to approve the HIVPC membership application for Pranav Madadi **(Handout B)**
Justification: Pranav Madadi is a prominent advocate for the youth community. As the

CEO of HAYA, his non-profit organization, he has played an active role in numerous HIV/AIDS awareness events, focusing on educating young people and reducing the stigma surrounding the disease.
Seat: Non-elected Community Leader

b. Action Item: Motion to approve the HIVPC Recruitment and Retention Plan **(Handout C)**

Justification: The Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council has a strong representation of people living with HIV/AIDS, vulnerable populations throughout our Eligible Metropolitan Area, experts in the field of HIV Disease, and HRSA-required categories of representation.
PROPOSED BY: Membership/Council Development Committee

c. Motion to approve the Priority Setting & Resource Allocations Policies & Procedures **(Handout D)**
Justification: The PSRA Committed revised its 2015 Policies and Procedures to reflect the current By-Laws and HRSA Policy Clarification Notice 16-02.
PROPOSED BY: Priority Setting and Resource Allocation Committee

d. Motion to approve the FY2025-2026 System of Care Work Plan **(Handout E)**
Justification: The work plan was approved by the System of Care during its January 2, 2025, meeting.
PROPOSED BY: SOC Committee Chair

e. Motion to approve the FY2025-2026 Community Empowerment Committee Work Plan **(Handout F)**
Justification: The work plan was approved by the Community Empowerment Committee during its January 7, 2025, meeting.
PROPOSED BY: CEC Committee Chair

f. Motion to approve the FY2025-2026 Membership/Council Development Committee Work Plan **(Handout G)**
Justification: The work plan was approved by the Membership/Council Development Committee during its January 9, 2025, meeting.
PROPOSED BY: MCDC Committee Vice-Chair

g. Motion to approve the FY2025-2026 Priority Setting & Resource Allocation Committee Work Plan **(Handout H)**
Justification: The work plan was approved by the Priority Setting & Resource Allocation Committee during its November 21, 2024, meeting.
PROPOSED BY: PSRA Committee Chair

h. Motion to approve the FY2025-2026 Executive Committee Work Plan **(Handout I)**
Justification: The work plan was approved by the Executive Committee during its January 16, 2025, meeting.
PROPOSED BY: Executive Committee Chair

i. Motion to approve the FY2025-2026 Quality Management Committee Work Plan **(Handout J)**
Justification: The work plan was approved by the Quality Management Committee during its January 21, 2025, meeting.

PROPOSED BY: QMC Committee Chair

DISCUSSION ITEMS:

a. Action Item: Assessment of the Administrative Mechanism 2023-2024: Presentation by PCS Staff **(Handout K1 and K2)**
Justification: Planning Councils are required to conduct an annual assessment of the efficiency of the administrative mechanism (Ryan White Part A Recipient) in rapidly allocating funds to the areas of greatest need within the eligible area.
Proposed by: Priority Setting and Resource Allocation Committee

OLD BUSINESS: None

NEW BUSINESS:

b. Broward County Boards Ethics, Sunshine Law, and Public Records: Presentation by Ron Honick, Esq., Assistant County Attorney **(Handout L)**
c. Announcement from HIVPC Chair: HRSA Administrative Reverse Site Visit in Rockville, MD; August 6-8, 2025. **(Handout M)**

COMMITTEE REPORTS

a) **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Irvin Wilson
January 7, 2025

i. **Work Plan Item Update/Status Summary:** Voted and approved Work Plan for FY2025-2026. Planned Activities for FY2025-2026.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** February 4, 2025, at 3:00 PM at BRHPC and via Microsoft Teams Videoconference

b) **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
January 2, 2025.

i. **Work Plan Item Update/Status Summary:** The Work Plan for FY2025-2026 was approved. The service categories completed through the initial data request in November include Outpatient/Ambulatory Health Services, Non-Medical Case Management, and Medical Case Management.
ii. **Data Requests:** Remaining service and support service categories for the committee's System Mapping Project.
iii. **Rationale for Recommendations:** None
iv. **Data Reports/Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** February 6, 2025, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

c) **Membership/Council Development Committee (MCDC)**
Chair: Vacant • Vice Chair: Dr. Timothy Moragne
January 9, 2025

i. **Work Plan Item Update/Status Summary:** The Work Plan for FY2025-2026 was approved. The Recruitment & Retention Plan was reviewed and approved. The results of the Member of the Quarter for Q3 were reviewed, and an application for HIVPC, submitted by P. Madadi, was approved.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** April 10, 2025, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

d) **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
January 21, 2025

i. **Work Plan Item Update/Status Summary:** The committee approved the Work Plan for FY2025-2026. The committee was presented with strategies to engage and re-engage people with HIV/AIDS in the Broward EMA Ryan White Part A Program. Additionally, the Part A Office delivered a presentation on disparities along the care continuum for LGBTQ+ and heterosexual populations.
ii. **Data Requests:** Completed data request: Disparities Along the Care Continuum For LGBTQ+ and Heterosexual Populations
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** February 25, 2025, at 11:30AM-4:30PM, at Anne Kolb Nature Center (751 Sheridan St, Hollywood FL, 33019)

e) **Executive Committee**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
January 16, 2025
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:** The committee approved the Work Plan for FY2025-2026. Additionally, discussions included the need to reinstate the ad-hoc By-Laws Committee, appoint a new Chair for the Membership/Council Development Committee, and review and approve the recruitment plan developed by MCDC, among other topics.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:**

a. Review and approve February 27, 2025, HIVPC Agenda, Meeting Materials, and Motions
b. Review the February 2025 HIVPC Calendar
c. **Next Meeting date:** February 20, 2025, at 12:45 PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

f) **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
January 16, 2025

i. **Work Plan Item Update/Status Summary:** The committee revised and approved the PSRA Policies & Procedures. The committee received a presentation on the Assessment of the Administrative Mechanism for FY2023-2024.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** TBD.
vii. **Next Meeting date:** February 20, 2025, at 9:30 AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

RECIPIENT REPORTS

a) Part A **(Handout N)**
b) Part B **(Handout O1 and O2)**
c) Part C
d) Part D
e) Part F **(Handout P)**
f) HOPWA
g) Prevention – Quarterly Update (April, July, October, January) **(Handout Q)**

DATA REQUEST(S)

PUBLIC COMMENT

AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date: February 27, 2025, at 9:30 a.m. at BRHPC and via Microsoft Teams
b) Agenda Items for next meeting: To Be Determined

ANNOUNCEMENTS

- **Member of the Quarter 3 (September 1, 2024 – November 30, 2024)**

ADJOURNMENT

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

Please complete your 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.

January 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
			1 	2 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	3	4
5	6 MAI Sub-Committee Meeting 2:00PM– 4:00PM Location: BRHPC/MS Teams	7 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	8 Oral Health 3:00PM-4:15PM	9 Membership/Council Development Meeting (MCDC) 9:30AM – 11:30PM Location: BRHPC/MS Teams Medical Provider 2:30PM-3:34PM In-person Workshop at BRHPC  World AIDS Day Memorial Event for Past HIVPC Members	10	11
12	13	14 Behavioral Health 2:00PM-3:15PM	15	16 Priority Setting and Resource Allocation (PSRA) 9:30AM-12:30PM Location: BRHPC/MS Teams Executive Committee Meeting Location: BRHPC/MS Teams 12:45PM – 2:45PM	17	18
19	20 	21 Quality Management Committee Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22 Quality Network Meeting (CQM) 9:00AM-10:15AM	23 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	24	25 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
26	27	28	29	30	21	

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in RED are canceled. Meetings in BLUE are for the HIV Planning Council Committees. Meetings in GREEN are for the Provider Network.
Holidays and meetings outside of the HIV Planning Council are in BLACK.

Version 04/28/21 Information on this calendar is subject to change.

January 2025

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TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

February 2025

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						1
2	3	4 Community Empowerment Committee Meeting (CEC 3:00PM– 5:00PM Location: BRHPC/MS Teams	5	6 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	7 Medical Case Management 2:30PM-3:45PM	8
9	10	11	12	13	14 Happy Valentine's Day	15
16	17 Happy Presidents Day	18	19	20 Priority Setting and Resource Allocation (PSRA) 9:30AM-12:30PM Location: BRHPC/MS Teams Executive Committee Meeting Location: BRHPC/MS Teams 12:45PM – 2:45PM	21	22
23	24	25 Provider Appreciation Week Begins: Part A Updates & Quality Improvement Project(QIP) Presentations	26 Quality Network Meeting (CQM) 9:00AM-10:15AM	27 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	28 HIV IS NOT A CRIME AWARENESS DAY	

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HANDOUT A

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

Broward County HIV Health Services Planning Council Meeting

Wednesday, December 4, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, V. Foster, J. Castillo, B. Fortune-Evans, B. Mester, F. D'Amore, W. Marcoviche, S. Tinsley, D. Shamer, A. Cutright, E. Davis, J. Rodriguez, K. Creary, J. De La Nunez, A. Machado, E. Dsouza, T. Moragne, E. Dudelzak

Members Absent: R. Jimenez, I. Wilson, L. Lewis, A. Cutright (excused), K. Hayes, M. Schweizer (excused)

Ryan White Part A Recipient Staff Present: G. James, B. Miller, R. Pena, W. Cius, C. Evans, R. Baker, J. Roy, T. Thompson

Planning Council Support Staff Present: G. Berkley-Martinez, M. Lacroix, D. Liao, S. Isidore

Guests Present: R. Hadley, A. Occelien, K. Whyte, G. Moxey, V. Valderama, P. Falco, S. Hafley, J. Shirley

1. **Call to Order, Welcome from the Chair & Public Record Requirements:**
   The HIVPC Chair called the meeting to order at 9:36 a.m. and welcomed all attendees. The Chair noted that the meeting operates under Florida's "Government-in-the-Sunshine Law," which includes meeting reporting requirements and the recording of minutes. Additionally, attendees were informed that while acknowledgment of HIV status is not required, any disclosure would be subject to public record. PCS conducted a roll call of Council members, Ryan White Part A recipient staff, PCS/CQM staff, and guests, followed by a moment of silence.
2. **Public Comment:**
   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   No public comments were made.

3. **Meeting Approvals:**

   The approval for the agenda of the December 4, 2024, HIVPC meeting was proposed by V. Biggs, seconded by V. Foster, and passed unanimously. The approval for the minutes of the October 24, 2024, meeting was proposed by V. Biggs, seconded by V. Foster, and passed unanimously.

   Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the December 4, 2024, HIV Health Services Planning Council Agenda. The motion was seconded by V. Foster and adopted unanimously.

   Motion #2: V. Biggs, on behalf of HIVPC, made a motion to approve the October 24, 2024, HIV Health Services Planning Council Minutes. The motion was seconded by V. Foster. G. James made two corrections: S. Cook is with the Part B Office and T. Fender is with the Part A Office. The motion with the corrections was passed unanimously.

4. **Federal Legislative Report**: None

5. **Standard Committee Items:** None

6. **Consent Items:**
   a) None
7. **Discussion Items:** Reallocation/Sweeps – Cycle Two

   PROPOSED BY: Priority Setting and Resource Allocation Committee

   SECONDED BY: Priority Setting and Resource Allocation Committee

   Part A Core Services: Sweep From

   1. Motion to reallocate $56,2600 from AIDS Pharmaceutical Assistance
      Justification: Providers offered to return funds.
      The motion was passed unanimously.
   2. Motion to reallocate $11,000 for Oral Health Care (Routine)
      Justification: Underutilization in this service category.
      G. James corrected the motion by stating that the service category is Oral Health Care (Specialty). The motion passed unanimously with one abstention (T. Morange). G. James retracted his correction. T. Morange motioned to revert the motion back to Oral Health Care (Routine). V. Biggs seconded the motion, and it was passed unanimously. T. Morange did not abstain from the corrected motion.

      Motion #3: T. Morange, on behalf of HIVPC, made a motion to revert the previous motion back to Oral Health Care (Routine) and sweep $11,000 from that service category. The motion was seconded by V. Biggs and adopted unanimously.

   3. Motion to reallocate $13,000 for Oral Health Care (Specialty)
      Justification: Underutilization in this service category.
      The motion was passed unanimously with one abstention (T. Morange).

4. Motion to reallocate $88,270 for Medical Case Management (Disease Case Management) FY2024-2025
   Justification: Underutilization in this service category and provider offered to return.
   The motion was passed unanimously.

   G. James noted a discrepancy between the funding amount listed in the meeting packet and the handout, with the latter listing $86,270.

   Motion #4: V. Biggs, on behalf of HIVPC, made a motion to correct the previous motion by decreasing the funding amount by $2,000. The motion was seconded by V. Foster and adopted unanimously.
5. Motion to reallocate $46,000 for Mental Health Trauma-Informed FY2024-2025.
   Justification: Underutilization in this service category.
   The motion was passed unanimously.
6. Motion to reallocate $225,000 for Medical Nutrition Therapy FY2024-2025.
   Justification: Underutilization in this service category and provider offered to return funds.
   The motion was passed unanimously with two abstentions (B. Barnes, J. Castillo).
7. Motion to reallocate $14,000 for Substance Abuse-Outpatient FY2024-2025.
   Justification: Underutilization in this service category.
   The motion was passed unanimously.

Part A Support Services: Sweep From

1. Motion to reallocate $75,000 for Non-Medical Case Management (Case Management) FY2024-2025.
   Justification: Underutilization in this service category.
   The motion was passed unanimously.
2. Motion to reallocate $107,466 Food Services (Food Voucher) FY2024-2025.
   The motion was passed unanimously with two abstentions (J. Castillo and B. Barnes).
3. Motion to reallocate $25,000 for Emergency Financial Assistance
   Justification: Provider offered to return funds.
   The motion was passed unanimously.

Motion to approve **<u>total sweep</u> from $659,336 Total Part A Funds FY2024-2025.**
Motion #5: V. Biggs, on behalf of HIVPC, made a motion to approve the total sweep from $659,336 Total Part A Funds for FY 2024-2025. The motion was seconded by B. Mester and adopted unanimously.

Part A Core Services: Sweep To

1. Motion to sweep in $335,000 Ambulatory-Integrated Primary Care and

Behavioral Health Services FY2024-2025.
Justification: Requested funds in this service category.
The motion was passed unanimously.

2. Motion to sweep in $75,000 Oral Health Care (Routine) FY2024-2025.
Justification: Requested funds in this service category.
The motion was passed unanimously.

3. Motion to sweep in $37,600 Medical Case Management (Disease Case Management) FY2024-2025.
The motion was passed unanimously.

Part A Support Services: Sweep To

1. Motion to sweep in $186,736 Non-Medical Case Management (Case Management) FY2024-2025.
Justification: Provider requested funds in this service category.
The motion was passed unanimously.

2. Motion to sweep in $25,000 Emergency Financial Assistance FY2024-2025.
Justification: Provider requested funds in this service category.
The motion was passed unanimously.

Motion to approve total sweep **in** of **$659,336 Total Part A Fund FY2024-2025.**

Motion #6: T. Morange, on behalf of HIVPC, made a motion to approve the total sweep to $659,336 Total Part A Funds for FY 2024-2025. The motion was seconded by V. Biggs and adopted unanimously.

Part A MAI Funding Core Services: Sweep From

1. Motion to sweep in $75,000 MAI Substance Abuse-Outpatient FY2024-2025.
Justification: Underutilization in this service category.
The motion was passed unanimously with one abstention (L. Robertson).

Motion #7: S. Tinsley, on behalf of HIVPC, made a motion to approve the total sweep from $75,000 Total Part A MAI Funds for FY 2024-2025. The motion was seconded by V. Biggs and adopted unanimously.

Part A MAI Funding Support Services: Sweep To

2. Motion to sweep in $75,000 MAI Non-Medical Case Management (Case Management) FY2024-2025.
Justification: Overutilization in this service category.
The motion was passed unanimously with one abstention (L. Robertson).

Motion to approve **total sweep in $75,000 Total Part A & MAI Funds FY2024-2025.**

Motion #8: V. Biggs, on behalf of HIVPC, made a motion to approve the total sweep from $75,000 Total Part A MAI Funds for FY 2024-2025. The motion was seconded by S. Tinsley and adopted unanimously.

8. Old Business:

a) None

9. New Business:

a) None

9. Committee Reports:

a. Community Empowerment Committee – November 5, 2024
Chair: Shawn Tinsley, Vice Chair: Irvin Wilson
The report stands.

b. System of Care Committee – No Meeting Scheduled
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. Membership/Council Development Committee (meets Quarterly) – October 10, 2024.
Chair: V. Foster, Vice Chair: T. Moragne
The report stands.

d. Quality Management Committee – No Meeting Scheduled.
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands. The Chair states that the committee is looking forward to the year, and that members need to make sure they attend meetings. She also noted that members be mindful that the date has changed from January 20 to January 21 due to Martin Luther King Jr. Day.

e. Priority Setting & Resource Allocation Committee Workshops– No Meeting Scheduled
Chair: B. Barnes, Vice Chair: Vacant
The report stands. That chair states that last year was the committee's first attempt at conducting a two-day data presentation. Next year, the committee plans to conduct a three-day data three data presentation on June 18th, 19th, and 20th. The committee is also planning two additional listening tours. They are trying to reach clients and non-clients from affected communities.

f. Executive Committee – October 17, 2024 – Meeting Canceled Due to Lack of Quorum
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands. The chair thanked the committee members for their diligent work over the year.

K. Creary asked why she was removed from PSRA. B. Barnes explained that she was removed because she has been marked absent from three

consecutive meetings.

10. **Recipient's Report:**

    a. **Part A:** J. Roy announced that the Recipient Office will be holding a World AIDS Day Proclamation on December 10, 2024 to highlight their efforts in the community. T. Thompson provided several updates to the council. The Recipient Office is in the last week of applicant interviews. Open enrollment is ongoing and the office will be following up with clients through the month of December. T. Thompson is planning to create a flow chart to explain how the Service Delivery Models review process works, and he expects to complete it by February or March.
    b. **Part B:** There is a report in the meeting packet.
    c. **Part C:** No report.
    d. **Part D**: No report.
    e. **Part F:** The Part F representative is not available. There is a report in the meeting packet.
    f. **HOPWA:** No report. There is currently no representative from HOPWA on the Planning Council, as the previous representative has retired.
    g. **Prevention:**

11. **Data Request(s):** None.

T. Thompson said the current data requests might be ready for January. B. Fortune-Evans noted that QMC cannot meet until the data request is complete. T. Thompson confirmed that QMC's data request is complete.

B. Barnes noted that clients who are undocumented might be concerned about the upcoming administration, and so hopes to develop something to encourage those clients to continue seeking care. The council held a discussion regarding a clear, consistent message to send to clients. J. Roy said Part A's communication specialist will work on the language and share it with the Planning Council. G. James noted that the statement must be reviewed by Marty Cassini and/or the legal department. J. Roy requested a clear directive and language recommendations from the Planning Council.

B. Miller stated that there are many restrictions for undocumented migrants in the state of Florida. While there is a request that the government office ensure they can accommodate this population, there is legislation that goes above their jurisdiction. She suggested that the committees hold additional conversations regarding this issue. B. Barnes clarified that his intent is not to lobby, but only to ensure that clients do not fall out of care. B. Miller clarified that HRSA guidelines state that clients cannot be turned away based on their immigration status

Motion #9: B. Mester, on behalf of HIVPC, made a motion to draft language to confirm to the public that services will continue for undocumented migrants unless prohibited by the federal government. The motion was seconded by S. Tinsley. B. Barnes requested that the motion be amended to specify that it relates to HIV-specific services in Broward County and B. Mester accepted the amendment. The motion with the amendment was adopted unanimously.

12. Public Comment: None.

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on January 23, 2025, at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through Microsoft Teams
b. Agenda Items for next meeting: To be determined.

14. Announcements:

- L. Robertson: V. Biggs won the Unsung Heroes Award.
- World AIDS Day Proclamation December 10th; Board of County
- Commissioners Chambers, 10:00 AM at the Governmental Building;115 S Andrews Ave, Fort Lauderdale, FL 33301
- World AIDS Day Part A Office tabling event on December 10th at the Lobby of the Broward County Human Services Department Governmental Building; 115 S Andrews Ave, Fort Lauderdale, FL 33301; 10 AM to 2 PM (may extend to 4 PM). Council members are encouraged to volunteer.
- World AIDS Day Memorial event on January 9th; 4:30 PM. Honoring and celebrating the lives of HIVPC members who have transitioned; World AIDS Museum at 1350 E Sunrise Blvd, Fort Lauderdale.
- L. Robertson: Ujima Kwanzaa event on December 12, 2024 from 6:30 to 8:30 PM at the L.A. Lee YMCA/Mizell Community Center, 1409 Sistrunk Boulevard.
- L. Robertson: Members must attend meetings because meetings cannot be held if quorum is not met. V. Foster told the council members to check their emails and respond to PCS staff.
- B. Barnes: 90% of clients are enrolled in Blue Cross and they have a community center near Sawgrass Malls, which refers clients to specialists. The center is staffed with nurses and hosts additional activities. The services are free of charge.

15. Adjournment:

There being no further business, the meeting was adjourned at 10:54 a.m.

HIVPC Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	25	22	28	25	23	27	25	C	C	24	C	4	
	1	Barnes, B.	X	X	X	X	X	X	X	C	C	X	C	X	
	2	Bhrangger, R.	X	X	X	X	X	X	X	C	C	X	C	X	
	3	Biggs, V., V.Chair	X	X	A	X	X	X	X	C	C	X	C	X	
	4	Castillo, J.	X	E	X	X	X	X	X	C	C	X	C	X	
	5	Cutright, A.	A	X	X	X	X	X	X	C	C	X	C	E	
	6	D'Amore, F.	X	X	X	X	X	X	X	C	C	X	C	X	
	7	Davis, E.	A	X	A	X	X	X	X	C	C	X	C	X	
	8	Dsouza, E.	X	A	X	X	X	A	X	C	C	A	C	X	
	9	Dudelzak, E.	X	X	A	X	X	X	X	C	C	A	C	X	
	10	Fortune-Evans, B.	X	X	X	X	X	X	X	C	C	X	C	X	
	11	Foster, V.	X	X	X	X	X	X	X	C	C	E	C	X	
	12	Hayes, K.	X	X	X	X	A	X	X	C	C	A	C	X	
	13	Jackson-Tinsley, S.	X	X	X	X	X	X	X	C	C	X	C	X	
	14	Jimenez, R.	X	X	X	X	A	X	E	C	C	X	C	X	
	15	Machado, A.	A	A	X	X	X	A	X	C	C	X	C	X	
	15	Marcoviche, W.	X	E	X	X	X	X	X	C	C	X	C	X	
	17	Mester, B.	X	X	X	X	X	X	X	C	C	X	C	X	
	18	Moragne, T.	A	X	X	X	X	X	X	C	C	A	C	X	
	19	Robertson, L., Chair	X	X	X	X	X	X	X	C	C	X	C	X	
	20	Rodriguez, J.	X	X	X	A	X	X	X	C	C	X	C	X	
	21	Schweizer, M.	X	X	X	X	X	X	X	C	C	E	C	E	
	22	Shamer, D.	X	E	A	X	X	X	X	C	C	X	C	X	
	23	Wilson, I.	X	X	X	X	A	X	X	C	C	A	C	A	
	24	Creary, K.			N			X	A	C	C	X	C	X	
	25	De La Nuez, J.			N			X	E	C	C	X	C	X	
	26	Lewis, L.										A	C	A	
		Wright, J.	A	A	A	A	R								
		Wynn, J.	A	A	A	A	R								
		Casseus, J.	A	A	A	A	R								
		Quorum = 14	19	18	20	22	20	23	23	C	C	18	C		

Legend:	
1 - 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 Service Planning Council Event Attedance: March 1, 2024 - February 28, 2025

HIVPC ByLaws: Article IV, Section 13, Subsection H

Count	Planning Council Member	Events													
		AIDS Walk: 03/09/2024	**Listening Session: 4/24/2024**	**Ujima/s Man Up Festival: 5/4/2024**	**Stonewall PRIDE Parade/Street Festival: 06/15/2024**	**National HIV Testing Day: 6/22/2024**	**Aging Gracefully: 09/19/2024**	**Health Fair/Membership Drive: 11/02/2024**	**WAD Tabling with RWPA Office: 12/10/2024**	**WAD Celebration of Companions: 01/09/2024**					
1	Barnes, B.		Listening Session: 4/24/2024							WAD Celebration of Companions: 01/09/2024					
2	Bhrangger, R.					National HIV Testing Day: 6/22/2024	Aging Gracefully: 09/19/2024	Health Fair/Membership Drive: 11/02/2024		WAD Celebration of Companions: 01/09/2024					
3	Biggs, V., V.Chair		Listening Session: 4/24/2024						WAD Tabling RWPA Office: 12/10/2024						
4	Castillo, J.								WAD Tabling RWPA Office: 12/10/2024	WAD Celebration of Companions: 01/09/2024					
5	Cutright, A.														
6	D'Amore, F.		Listening Session: 4/24/2024						WAD Tabling RWPA Office: 12/10/2024						
7	Davis, E.		Listening Session: 4/24/2024	Ujima/s Man Up Festival: 5/4/2024		National HIV Testing Day: 6/22/2024	Health Fair/Membership Drive: 11/02/2024		WAD Tabling RWPA Office: 12/10/2024						
8	Dudelzak, E.			Ujima/s Man Up Festival: 5/4/2024		National HIV Testing Day: 6/22/2024				WAD Celebration of Companions: 01/09/2024					
9	Fortune-Evans, B.		Listening Session: 4/24/2024						WAD Tabling RWPA Office: 12/10/2024						
10	Hayes, K.	AIDS Walk: 03/09/2024	Listening Session: 4/24/2024					Health Fair/Membership Drive: 11/02/2024	WAD Tabling RWPA Office: 12/10/2024	WAD Celebration of Companions: 01/09/2024					
11	Jackson-Tinsley, S.	AIDS Walk: 03/09/2024	Listening Session: 4/24/2024				Aging Gracefully: 09/19/2024	Health Fair/Membership Drive: 11/02/2024	WAD Tabling RWPA Office: 12/10/2024	WAD Celebration of Companions: 01/09/2024					
12	Jimenez, R.														
13	Machado, A.														

14	Marcoviche, W.					National HIV Testing Day: 6/22/2024	Aging Gracefully: 09/19/2024	Health Fair/Membership Drive: 11/02/2024		WAD Celebration of Companions: 01/09/2024					
15	Mester, B.														
16	Moragne, T.			Ujima/s Man Up Festival: 5/4/2024					WAD Tabling RWPA Office: 12/10/2024	WAD Celebration of Companions: 01/09/2024					
17	Robertson, L., Chair						Aging Gracefully: 09/19/2024	Health Fair/Membership Drive: 11/02/2024	WAD Tabling RWPA Office: 12/10/2024						
18	Rodriguez, J.														
19	Schweizer, M.									WAD Celebration of Companions: 01/09/2024					
20	Wilson, I.														
21	Creary, K.		Listening Session: 4/24/2024												
22	De La Nuez, J.														
23	Lewis, L. (New as of 09/05/2024)	*Newly Appointed 09/05/2024*													
Planning Council Committee Only Members															
	Shore, R.						Aging Gracefully: 09/19/2024	Health Fair/Membership Drive: 11/02/2024							
	Murphy, A.														
	Pietrogallo, T.														
	Herb, F.														
	McLeod, S.						Aging Gracefully: 09/19/2024								
Pending/Past Planning Council Members															
	Hadley, R (Pending Appointment)						Aging Gracefully: 09/19/2024								
	Dsouza, E. (Resigned as of 11.19.24)														
	Foster, V. (Resigned as if 01.03.2025)	AIDS Walk: 03/09/2024	Listening Session: 4/24/2024	Ujima/s Man Up Festival: 5/4/2024	Stonewall PRIDE Parade/Street Festival: 06/15/2024										
	Shamer, D. (Resigned as of 01.09.2025)		Listening Session: 4/24/2024												

HANDOUT B

Broward County HIV Health Services Planning Council

HIVPC MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL 33020 - Tel: 954-561-9681/ Fax: 954-561-9685

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Note: This application expires six (6) months from date of submission.
Mail, fax, or email your completed application to:

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681

Approved 3.14.19

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL 33020 - Tel: 954 561 9681 / Fax: 954 561 9685

Contact and Demographic Information

This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:

First Name: Pranav **Last Name:** Madadi

Home Address: [redacted] **Home Phone:** N/A

City, State, Zip Code: [redacted] **Cell Phone:** [redacted]

Employer (if applicable): N/A **Occupation/Title:** Student

Business Address: N/A **Business Phone:** N/A

City, State, Zip Code: N/A **Fax:** N/A

Home Email: [redacted] **Business Email:** pmadadi@hayaf.org

Year of Birth: 2003 (yyyy)

- **I prefer to receive phone calls and messages at:** ☐ Home ☐ Work ■ Cell
- **I prefer to receive mail at:** ■ Home ■ Work
- **I prefer to receive email at:** ☐ Home ■ Work
- **I prefer to receive HIVPC documents:** ■ Electronically (via email) ☐ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):**

  ■ Male ☐ Female ☐ Decline to state
- **What is the current gender you identify with? (check all that apply):**

  ■ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)

  ☐ Unknown ☐ Decline to state
- **Race (check all that apply):** ☐White ☐Black ■Asian ☐Native Hawaiian/Pacific Islander

  ☐American Indian/Alaska Native ☐Other (Specify)_____
- **Ethnicity (check one):**

  ☐Hispanic/Latino ■Non-Hispanic ☐Other (Specify)_____
- **Hispanic Subgroup (check one if any):**

  ☐Mexican ☐Puerto Rican ☐Cuban ☐Other (Specify)
- **Asian Subgroup (check one if any):**

  ■Asian Indian ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other (Specify)
- **Native Hawaiian/Pacific Islander Subgroup (check one):**

❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ❑Yes ■No
- **Do you self-identify as HIV positive?*** ❑ Yes, and I am open about my status ■ No ❑ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ I don't know/Unsure
❑ I do not wish to disclose

- **Do you receive Ryan White Part A services?** ❑ Yes ■ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old
❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

❑ Through a service provider/agency
❑Email
■Online/Facebook/Twitter
❑Friend/HIVPC member (HIVPC Member name):. _____

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Categories of Membership (check all that apply)

- ☐ Health care providers, including federally qualified health centers
- ■ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ☐ Social service providers (including housing and homeless-services providers)
- ☐ Mental health providers
- ☐ Substance abuse providers
- ☐ Local public health agencies
- ☐ Hospital planning agencies or health care planning agencies
- ☐ Affected communities (people living with HIV/AIDS and underserved communities)
- ☐ PLWHA Recently Released from Jail or Prison or their representatives
- ■ Non-elected community leaders
- ☐ Members of a Federally recognized Indian tribe
- ☐ Individuals co-infected with Hepatitis B or C
- ☐ State Medicaid agency
- ☐ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ☐ RWHAP Part C grantees
- ☐ RWHAP Part D grantees
- ☐ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ☐ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ☐ Federally funded HIV prevention program grantees
- ☐ Veterans Health Administration representative

Committee Assessment

All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.

1 **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

5 **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

4 **Quality Management Committee (QMC):** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

3 **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.

2 **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

General Information

Describe the strengths, skills, and resources you have.

I am a college student who can provide a voice for the Youth community
I have been involved in several HIV-related events through my nonprofit HAYA
which aims to spread awareness & decrease stigma about HIV/AIDS in the Youth community

Approved 3.14.19

Fort Lauderdale / Broward County EMA
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200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681/ Fax: 954-561-9685

Describe your interest in becoming a member of the HIV Planning Council.
I would like to be more involved in the Broward HIV/AIDS community & I see the HIV Planning Council as an amazing way to stay connected & engaged with that specific community. Also, I would like to provide a voice for the Youth in the county.

Describe how HIV/AIDS has impacted your life, either personally or professionally.
Personally. I have had cousins in India diagnosed with HIV which had progressed to AIDS leading to a very unfortunate end. I see talking about HIV & decreasing the stigma as my personal mission.

Please list any experiences you have related to community decision making or planning bodies.
I currently serve as the CEO of my youth non-profit dedicated to the HIV youth which heavily involves decision making which impacts large groups of people & the need for efficient planning which I have experience with.

Please review and initial, indicating your acknowledgement of the following:

PM I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

PM I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

PM I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

PM I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

PM If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

PM I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

PM I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Pranav Madadi
Signature

12/5/2024
Date

The creation of this document is 100% funded by a federal Ryan White HIV/AIDS Part A grant received by Broward County and sub-granted in part to a consultant agency.

OUR
MISSION

"Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building."

FOR MORE
INFORMATION

Website: https://brhpc.org

Mailing Address:

200 Oakwood Lane, Suite 100

Hollywood, FL 33020

Phone: 954-561-9681

Fax: 954-561-9685

E-mail: hivpc@brhpc.org

This document was created by the Planning Council Support Staff, employed by Broward Regional Health Planning Council.

Active PCS personnel during reporting period:

Gritell C. B. Martinez, Ph.D., Director, Planning & Quality Management

Mandy Lacroix, MPH, CPH – Planning Council Health Planner

Shade-Ann Isidore– Planning Council Health Planner

Ryan White Part A HIV Health Services Planning Council
Recruitment and Retention Plan
FY2025-2026

PURPOSE

This Recruitment and Retention Plan is designed to ensure that the Broward County HIV Health Services Planning Council has a strong representation of people living with HIV/AIDS (PWHA), vulnerable populations throughout our Eligible Metropolitan Area, experts in the field of HIV Disease, and HRSA-required categories of representation.

POLICY

This Recruitment and Retention Plan shall be reviewed by the Membership/Council Development Committee on an annual basis. All amendments or revisions shall be discussed by the MCDC and approved by the full HIV Planning Council.

REPRESENTATION

The extent to which the planning council includes individuals from the legislatively defined membership categories. The planning council must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA). ***Consumers*** are Individuals "receiving HIV-related services" from Ryan White Part A providers include PWHA receiving services themselves and the parents and caregivers of minor children who are receiving such services. Consumer representatives count towards the 33 percent PWHA. Consumer representatives must be unaligned (not employed by a Ryan White Part A provider).

HRSA- required membership categories:

HRSA-Required Planning Council Membership Categories

- At least 33% are People with HIV/AIDS (PWH) who receive Part A-funded services.
- Health-care providers, including federally qualified health centers.
- Community-based organizations serving affected populations and AIDS service organizations.
- Social service providers (including housing and homeless service providers).
- Mental health providers.
- Substance abuse providers.
- Local public health agencies.
- Hospital planning agencies or health-care planning agencies.
- Affected communities, including individuals with HIV or AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.
- Non-elected community leaders.
- State Medicaid agency.

- State agency administering the Part B program.
- Ryan White grantees under Part C, Part D, and Part F.
- Grantees under other Federal HIV/AIDS programs (including HOPWA and HIV prevention programs).
- Formerly incarcerated PWH or their representatives.

MANDATED SEAT VACANCIES

The PCS staff will draft letters to leaders of organizations requesting a representative for the vacant HIVPC seat. PCS staff will contact the Ryan White Part A Office for assistance from the Broward County Chief Financial Officer (Mayor's Office).

REFLECTIVENESS

The extent to which the demographics of the planning council's membership look like the epidemic of HIV/AIDS in Broward County.

RECRUITMENT STRATEGY

Recruitment measures use a variety of outreach techniques to identify clients prepared to serve actively on the Planning Council. The MCDC Recruitment and Retention Plan is in line with the FY2025 -2026 HIVPC Marketing Plan, which focuses on achieving the following goals outlined in the table below.

Goal 1 Recruitment: Continue to increase the diversity and representation of council members.

Strategy	Resources	Responsible Parties
1.1. Recruit individuals who are PWH reflective of the epidemic, stakeholders, or affected by HIV or AIDS.	Community events, Agency outreach	Planning Council Members PCS Staff
1.2 Develop a recruitment page on the website, which includes a listing of seats that need to be filled.	Social Media Accounts	PCS Staff Membership/Council Development Committee
1.3 Assess the design and content of existing materials and recruitment efforts and provide recommendations to improve readability, accessibility, and engagement	Annual Review of Marketing Materials	PCS Staff Membership/Council Development Committee Community Empowerment
1.4 Maintain a current recruitment packet that includes: • HIV Statistics. • Membership applications. • Planning Council brochure.	HIVPC Marketing Folder	PCS Staff Membership/Council Development Committee

• Contact information. • A description of the roles and responsibilities of the Council and its members.		Community Empowerment Committee
1.5 Select Alternate times, venues, or virtual platforms for conducting planning council meetings	PC leadership and PC support staff will work together to create alternate dates, times, and virtual options for conducting PC and PC committee meetings to create opportunities for potential new PC members to attend and participate. Alternative meeting dates and virtual options will be broadly advertised to individuals with HIV who reside in the EMA.	PCS Staff Executive Committee
1.6 Encourage the involvement of PWH who are not planning council members[1].	Incorporate input from people with HIV who are not members, as only a small number of individuals with HIV are appointed members, and they cannot fully represent the entire client community. The HIVPC can more effectively enhance community and public input and recruitment opportunities. *(See*	PCS Staff HIVPC Members

[1] https://targethiv.org/sites/default/files/media/documents/2023-05/RWHAP_Part_A_Manual_2023.pdf

	page 30 of the HRSA HAB RWHAP Part A Manual)	
1.7 Conduct outreach to Case Managers and youth-oriented organizations with an emphasis on recruiting individuals in the 20-30 age range and non-aligned consumer members under 50.	HIVPC Marketing Folder Community Outreach Event Network Meetings	PCS Staff PCS Staff Membership/Council Development Committee Community Empowerment Committee

RETENTION STRATEGY

Retention measures are needed to help members stay engaged and participate fully, such as orientation and training, mentoring, and financial support for the costs of PC participation.

Goal 2: Retention- Increase the engagement of existing and potential planning council members.

Strategy	Resources/Outcomes	Responsible Parties
2.1 Provide a new member orientation.	New Member Orientation Presentation PC Bylaws Part A Manual PC Policy and Procedures New Member Handbook Information on other Ryan White Programs	PCS Staff. Membership/Council Development Committee. Executive Committee.
2.2 On-going member training	PCS Coordination	PCS Staff. Membership/Council Development Committee.
2.3 Develop professional development to train volunteers to	PCS Coordination	PCS Staff

participate in community events.		Membership/Council Development Committee
2.4 Provide membership appreciation.	Certificates or Plaques	PCS Staff Membership/Council Development Committee
2.5 Implement the HIVPC Mentorship Program to increase new members' knowledge of the HIV Planning Council and retain membership, the MCDC Committee will institute a mentoring program that established members may voluntarily participate in.	HIVPC MCDC Mentorship Policies and Procedures The Mentorship Program will: • Help new members feel welcome, learn individual member perspectives, and become comfortable with Planning Council processes and interactions. • Provide strong and informed feedback about the effect of Planning Council actions and decisions on Ryan White clients and people with HIV. • Ensure new members understand the background and context of discussions and actions. • Increase new members' knowledge of HIVPC. • Retain attendance and membership participation in Council meetings.	PCS Staff Membership/Council Development Committee Executive Committee
2.6 Provide financial support to unaffiliated consumers for the cost of PC participation	Documentation from unaffiliated consumers for reimbursement of actual allowable expenses: • Transportation mileage (state mileage rate allowance) • Broward County Transit expenses (Bus Passes)	PCS Staff

	• Taxi Services • Childcare service fees - reasonable costs associated with childcare services	

Goal 3: Increase Community Awareness/Education

Strategy	Resources	Responsible Parties
3.1Increase participation at external events	Community events	Planning Council members
3.2 Ensure meetings are operated under the Sunshine Laws.	County Ordinance	PCS Staff
3.3 Implement a capacity/leadership development for HIVPC members, applicants, and interested parties	PCS Coordination	PCS Staff Membership/Council Development Committee
3.4 Build a strong base for community involvement.	HIVPC flyers, PWH, Planning Council members, and providers. Community events Community Conversations Media Provider agencies HIV Prevention, Care, and Treatment Funders, Community Stakeholders, and other HIV Planning Bodies	Planning Council members PCS Staff
3.5 Increase education and public awareness about available services for consumers in the Broward/Fort Lauderdale EMA.	HIV Planning Council Website and social media Community events Incorporate virtual access for members and guests unable to attend in person.	PCS Staff Planning Council members

End of Document

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Priority Setting & Resource Allocation Committee

Policies and Procedures

The Priority Setting & Resource Allocation (PSRA) Committee prioritizes services and conducts funding allocations. **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established. **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.

Recommendations are submitted to the Broward County HIV Health Services Planning Council (Planning Council). All Council members are involved in the priority setting and resource allocation process, which adheres to Conflict of Interest policies outlined in the Council's By-Laws to prevent perceived conflicts of interest. The Committee may receive data on other Ryan Whites Parts, the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program and the Ending the HIV Epidemic (EHE) initiative. However, the PSRA Committee only sets priorities and allocates funds for the Ryan White Part A and Minority AIDS Initiative (MAI) Programs.

The Planning Council Chair appoints the PSRA Committee Chair and Vice Chair. Prospective community members of the PSRA Committee must complete a Standing Committee application for approval by the Committee Chair and the general body. Committee membership should reflect the local epidemic's demographics. The Committee will include Council members, Ryan White Consumers, frontline HIV workforce members, and community stakeholders to ensure collaboration and coordination across funding streams. People with HIV (PWH) and community members are encouraged to participate in all meetings. The Committee will meet as determined by the Council By-Laws.

The Committee will recommend language to the Planning Council on factors the Recipient should consider when disbursing grant funds to subrecipients. These factors include, but are not limited to, the documented needs of the local HIV-infected population, the service priorities of the local HIV-infected communities, and access to the system of care. The Committee will review any deviations in planned expenditures for possible reallocation and/or reprioritization. Unexpended amounts in any funding category may be reallocated by the Committee in two cycles, with the third reallocation conducted by the Recipient.

Priority and allocation recommendations shall be forwarded to the Planning Council and, if approved, to the Ryan White Part A Recipient. The Recipient Administrator shall submit the recommendations to the Division Director, who will forward them to the Broward County Board of County Commissioners for approval.

Prioritizing Services

The Committee prioritizes the following core and support services of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) as outlined in Policy Clarification Notice 16-02:

Core Services

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (Local)
3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
4. Medical Case Management (Disease)
5. Mental Health Services
6. Oral Health Care (Dental)
7. Substance Abuse Services – Outpatient
8. AIDS Drugs Assistance Program Treatments (ADAP)

9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services

1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

Allocation Process

Allocate Funding to Service Categories. The Committee shall first allocate funding to the core services followed by support services.

Estimate Client Need. The Committee shall estimate the number of clients needing each service category based on current service utilization, prevention and surveillance data, unmet medical needs (both aware and not in care), and service gap estimates. This involves determining current Part A service utilization by service category. Estimating the number of new clients needing services, including (a.) Estimating the number of eligible PWHs needing but not receiving services (service gaps and unmet needs). b. Estimating the number of eligible newly diagnosed PWH who will need services.

Other Funding. The Committee should review the availability of other funding sources and resources for similar services and estimate the number of clients likely to be served by these funds. This involves:

1. Estimating the number of clients to be served through other funding for similar services.
2. Subtracting the number of PWH likely to be served through an increase in available other funding.
3. Adding the number of PWHs estimated to need services due to decreases in other available funding.

Revised Allocation (Based on Actual HRSA Ryan White GrantAward)

The following process shall be used to revise allocations based on receiving the final Ryan White Part A grant award that is either greater than or less than the amount that the EMA requested.

Funding Increase: If a funding award exceeds the amount received in the previous year, service categories will be funded at the most recent fiscal year's final expenditure levels, if applicable. The Recipient will then use discretion to allocate any remaining increase to services based on the ranking of service categories and their needs.

Funding Shortages: In the event of funding shortages (i.e., level funding or less), core service categories will be funded at the prior year's final allocation level, minus un-obligated administrative and carryover funds. If this is not feasible or would result in a reduction of 15% or more from the previous year's final expenditure amount allocated to support services, the Recipient's office will convene the committee to revise funding allocations. Deviations in expenditures exceeding 10% in any funding category shall be reviewed by the Committee for possible reallocation, using the same processes outlined above.

Reallocation/Sweeps Process (Based on periodic review of service utilization)

The Committee shall review any deviations in planned expenditures exceeding 10% in any funding category at least twice yearly (bi-annually) for possible reallocation and/or reprioritization. The Recipient's Administrative entity may reallocate unexpended amounts less than 10% in any funding category.

Biannual reallocation: The following process shall be utilized for the biannual reallocation of resources: The Recipient should present the Committee with funding deviation estimates and explanations for the possible causes. Funding should be maintained within the service category. If maintaining the funding within the service category is not feasible, the funding should be moved in ranked order to the next highest-ranked category experiencing a shortfall. The Committee reserves the right to deviate from this process to address the emergent needs of underserved populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justifications for the changes.

Final Reallocation: To ensure complete expenditure of funds by the end of the fiscal year, the Committee authorizes the Recipient to move funds between categories within a service provider's contract. This authority is granted with the understanding that the reallocation process has already occurred, the amount involved is less than 10% of the funding award, and fewer than 120 days remain in the fiscal year.

Data Sources

The Committee participates in data-driven decision-making. Examples of data sources include, but are not limited to:

- PSRA Service Category Scorecards (utilization, expenditures, etc.)
- Community input (through listening sessions, focus groups, CEC rankings, community forums, Integrated Committee forums, etc.)
- Review the status of the Florida and Broward County Integrated HIV Prevention and Care Plans.
- Epidemiology (including incidence, prevalence, co-morbidities, etc.)
- HIV Needs Assessment
- Unmet Need / Early Identification of Individuals with HIV/AIDS (EIIHA)
- Community Empowerment Committee's (CEC)Ranking of Part A Services
- Ryan White, HIV Prevention, EHE, HOPWA funders Reports
- HIV AIDS Bureau (HAB) Health Performance Measures
- Affordable Care Act Updates
- Ryan White Program Services Report (RSR)
- Quality Management Part A Client Health Outcome and Quality Improvement Projects

System of Care Committee Work Plan FY2025-2026

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 2026, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care for Part A eligible clients.

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training and presentation on most recent needs assessment.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process. Provide recommendations for future needs assessment based on presentation.												
1.2 Receive service 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 2017-2021 Strategy 2.2.a).												
1.3 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Review HBTMTN language and make revision-based recommendations from the Recipient, health outcomes data, and needs assessment. Recommended revisions will be forwarded to PSRA committee and Recipient Office.												

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 Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.	SOC, QMC, PCS Team	Increase access to care and improve health outcomes	Review a system map of services and recommend ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Recipient Office. (Integrated Plan 2022-2026, Strategy 2.1.3)												
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/needs assessments to identify areas of need relative to retention in care and viral load suppression.												

Objective 3: Conduct annual review of quality improvement projects

3.1 Receive presentations on Quality Improvement Projects (QIPs) among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												

Objective 4: Conduct annual review of service delivery models

4.1 Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Review service delivery models and provide recommendations for updates to QMC as needed.												

HANDOUT F

Community Empowerment Committee (CEC) Work Plan FY2025-2026

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.

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 Recieve consumer/community feedback 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. 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.												
1.2 Receive presentation on Part A and MAI Service Categories	CEC/Staff	Increased knowledge of Ryan White Program Core and Support Services among CEC members	Receive presentation on Part A utilization and historical trends.												
1.3 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Rank Part A and MAI Service Categories by priority and send recommendations to PSRA as part of the PSRA process.												
1.4 Educate CEC members on HIVPC & Ryan White Part A.	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations or links to HRSA Ryan White Part A Webinars regarding topics of interest about the HIV Planning Council, Community Outreach, and Involvement.												

Objective 2: Promote education and awareness to affirm support for PWHA

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 and revise language and visuals of marketing materials surrounding stigma. 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 will distribute HIVPC and HIV-related information to its community listserv.												
2.3 Analyze survey/discussion results from each community event, outreach, training, or community forum.	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: BCHPPC, Latinos En Accion, SFAN).												

Objective 3: Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.Strategy 3.1.4 (2022-2026 Integrated Plan)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Develop and implement education and awareness strategies to increase HIV literacy	CEC	Increased awareness and utilization of services for PWH and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute stakeholder collaborations to address various HIV-related issues.												

Objective 4: Create and promote public leadership opportunities for PWH. Strategy 3.3.1 (Integrated Plan 2022-2026)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services.	CEC	Increased PWH on advisory boards, consumer boards, and employed as Peers	Promote programs from the organizations, such as CHAT Target HIV; Meaningful Involvement of People with HIV/AIDS (MIPA); the National Minority AIDS Council's (NMAC) ELEVATE or ESCALATE Programs, or other community partners to address HIV stigma reduction, workforce recruitment, development, and advancement needs for PWH in populations 50+, Young Black Men, T/GNC, and Latinx.												

Membership/Council Development Committee Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development 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: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PWHA. Maintain efforts to recruit 7 members to the HIVPC annually.

Objective 1: Ensure HIVPC is representative and reflective.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly.	Staff/MCDC	Meet HRSA requirements	Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation.												
1.2 Review seat status and ensure mandated seats are filled quarterly.	Staff/MCDC	Meet HRSA requirements	Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats.												
1.3 Announce vacant positions at each Executive/HIVPC meeting as necessary.	MCDC Chair	Meet HRSA requirements	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.												

Objective 2: Member selection process and application procedure development.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Review and Revise HIVPC and Committee applications as needed.	MCDC/Staff	Ensure up-to-date language and current information is provided to Interested Parties	Review HIVPC and Committee applications and submitted applications to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications.												

Objective 3: Review and Ensure Compliance with Recruitment and Retention Plan

3.1 Review and update Recruitment & Retention Plan annually.	MCDC/Staff	Recruitment & Retention of new HIVPC and Committee members	Review previous year's Recruitment & Retention Plan and revise based on outcomes and new intitiatives/strategies.												
3.2 Complete tasks outlined in Recruitment & Retention Plan on an quarterly basis.	MCDC	Recruitment & Retention of new HIVPC and Committee members	Conduct quarterly review via MCDC's Work Plan.												
3.3 Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies on an ongoing basis.	MCDC/Staff	Cross-Committee Collaboration/ Recruitment & Retention of new HIVPC and Committee members	Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities.												

Objective 4: Recruitment & Engagement Efforts.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Hold Membership Drive annually.	MCDC/Staff	Increased community awareness	Conduct outreach at multiple provider agencies or other HIV stakeholders via tabling, games, and other engagement activities.												
4.2 Collaborate with HIV stakeholders to create engagement opportunities on an ongoing basis.	MCDC/HIVPC	Increased community awareness	Provide brief overviews of the HIVPC at HIV stakeholder events.												
4.3 Host ongoing orientations for prospective members/interested parties.	MCDC	Strategic recruitment of new members	Educate prospective members/interested parties on topics relevant to HIVPC membership.												
4.4 Develop recruitment and website materials as needed.	Staff	Strategic recruitment of new members	Develop and review existing marketing materials as needed.												

Objective 5: Planning Council Development and Committee Collaboration.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
5.1 Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.	MCDC	Cross-Committee Collaboration	Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration.												
5.2 Recognize Member of the Quarter quarterly and Member of the Year annually.	MCDC/HIVPC	Acknowledgement of Member Achievement	Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC.												
5.3 Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed, with the option to include current members.	MCDC & HIVPC Chair/Vice Chair	Educated HIVPC	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.												
5.4 Offer mentorship program as necessary on an ongoing basis.	MCDC	Capacity building	Implement a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law.												

Priority Setting/Resource Allocations Committee Work Plan FY2025-2026

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 and implement an annual integrated PSRA process using data with input from stakeholders and consumer forums.

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process												
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Service Category												
1.3 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 / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. Review 2024 Ryan White program services report (RSR) i. Review the status of the Florida and Broward Integrated Plan. j. Quality Management Part A client Health Outcome and QIP Presentation. k. 2024 Client Needs Assessment ***(Three-Day Session June 18-20)***												
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate three Townhall Meetings/Listening Sessions for the fiscal year.												
1.5 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 the SOC committee.												
1.6 Review Service Delivery Models from QMC.	PSRA/QMC	Data driven PSRA process	Review service delivery model from the QMC committee.												
1.7 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.8 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.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Review and Update PSRA Policy and Procedures	PSRA	Compliance with HRSA Guidelines	Review and update PSRA Policy and Procedures												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Presentation on 2024 ACA Activities	Recipient Office	Increase ACA enrollment by RWPA clients.	Receive information on the success/challenges of 2024 ACA process.												
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	MAI Ad-Hoc Committee	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program using reports by the MAI Subcommittee and other resources.												

Objective 3: 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 MechanismL Update and disemminate survets annually to the Part A Recipent Office, RWPA Subrecipient Agencies, and the HIVPC	Staff/ PSRA	Ensure compliance	Survey the efficiency of the RWPA Recipent												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Receive a presentation on the results of the assessment												

Executive Committee Work Plan FY2025-2026

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: Conduct the business of the Council, approve general body meeting agenda, conduct committee oversight, update policies, procedures, and assess recruitment, and retention.

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 Appoint Members of Nominating Committee for the FY 2026-2028 Cycle	Executive	Selection of New Chair and Vice-Chair	Appoint members of Nominating Committee for the FY 2026-2028 Election Cycle.												
1.4 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.												
1.5 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.												
1.6 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.												
1.7 Review and update the recruitment plan annually.	Executive/MCDC	HIVPC and Committee goals are met	Annually, the Executive members will review existing and update the HIVPC recruitment tool to be utilized by the Fort Lauderdale jurisdiction.												

Objective 2: Ensure that the Planning Council participates in integrated planning activties.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Appoint Planning Council members to serve on the Integrated Workgroup to monitor the **2022-2026 Prevention and Care Integrated Plan and prepare for the 2027-2031 Prevention and Care Integrated Plan**.	Executive/Integrated Workgroup	EMA Goals are addressed	Receive updates from the IPWG membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN, EHE, and BCHPPC as needed.												
2.2 Recieve quarterly updates on the activties of the Integrated Workgroup.	Appointed Member(s)	Meet HRSA required integrated activities	Provide quarterly update during the HIVPC General Body meeting.												

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Plan annual Planning Council Development training.	Executive	HIVPC training/leadership	Schedule a training for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Plan, Robert's Rules of Order.												
3.2 Conduct Leadership Training.	Executive	HIVPC Leadership	Conduct training for HIVPC with topics under Action Step 3.1.												

Quality Management Committee (QMC) Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the Quality Management 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 2026, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

Objective 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.	CQM Staff, QMC, Quality Network	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee.	CQM Staff, QMC, Quality Network	Increase access to care and improve health outcomes	Idenitify underserved populations (such as the 50+ community, people moving into Medicare, people moving into ACA, and the LGBTQ community) and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities.												

Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.	QMC,SOC, PCS, and CQM Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)												
2.2 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.	CQM Staff, QMC, Networks	Increase access to care and improve health outcomes	Perform annual review and make modifications when indicated on the following SDMs: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Medical Case Management - MCM e. Integrated Primary Care & Behavioral Health -IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy) j. Medical Nutrition Therapy												
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers.	QMC and SOC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients.												
2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals.	QMC	Completed annual QMC Workplan	Recommend improvement to QMC activities.												
2.5 Conduct quarterly reviews of the QMC Annual Workplan.	QMC	Track Progress of the QMC in completed activities	Assess progress on completing QMC activities.												

Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	QMC and CQM team	Identify goals and objectives for upcoming year	Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals												

LEGEND: "**X**" =Action Completed; **Blue** = Planned

FY2023-2024 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

March 1, 2023 – February 28, 2024
The full report, Handout K2, is included in your packet.

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented January 16, 2025

PURPOSE

- **The Assessment** of the Part A Administrative Mechanism (Broward County Ryan White Part A Office) for FY 2023-2024 **is to fulfill the federal mandate of the Ryan White Part A program**.

- This requirement is summarized in the HRSA/HAB Ryan White CARE Act Part A Manual:
  - "Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) requires planning councils to "assess the efficiency of the administrative mechanism in ***rapidly allocating funds to the areas of greatest need within the eligible area***, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."

Topics Covered in the Assessment Are

1) The Procurement Process
2) Contracting
3) Reimbursement of Subrecipients
4) Use of Funds, and
5) Recipient's Engagement with the Planning Council

HIVPC
Broward County HIV Health Services Planning Council

How Does the Assessment of the Administrative Mechanism Affects the HIVPC?

- The Planning Council **is required to complete the assessment annually**.
  - It evaluates how rapidly Part A funds are allocated and made available to provider agencies.
  - The results of the assessment will be used to **make recommendations to improve** the administrative processes of the Ryan White Part-A program.

Participation was completed by

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	13 (52%)	25
Recipient	1 (100%)	1
Providers	12 (100%)	12
Total	26 (68%)	38

Service Category	Agencies
Outpatient Ambulatory Health Services	4 (33.3%)
Minority AIDS Initiative (MAI) OAHS	1 (8.3%)
AIDS Pharmaceutical Assistance	2 (16.7%)
Oral Health Care	4 (33.3%)
Health Insurance Continuation Program (HICP)	1 (8.3%)
Medical Case Management	6 (50.0%)
Mental Health Services	2 (16.7%)
Non-Medical Case Management Central Intake & Eligibility Determination (CIED)	1 (8.3%)
MAI Non-Medical Case Management Services: CIED	2 (16.7%)
Non-Medical Case Management	6 (50.0%)
Food Bank Services	1 (8.3%)
Legal Services	1 (8.3%)
Food Bank (Food Vouchers)	1 (8.3%)
Emergency Financial Assistance	2 (16.7%)

Ryan White Services Represented in the Assessment are

HIVPC Survey Results

The HIVPC Survey focused on communication between the HIVPC and Recipient regarding the allocation and reallocation of funds, and HRSA policies which can affect funding.

The Results of the assessment show:

Efficiency:

- 53.8% (7) strongly agreed and 46.2% (6) agreed that the RW Part A HIVPC is effective as a planning body.

Training/Education:

- 76.9% (10) strongly agreed and 23.1% (3) agreed that they had received enough training/education to understand the structure and process of RW Part A HIVPC.

Communication:

1. How well the Ryan White Part A Office provided the Planning Council with funding information and updates:
   - Good – 30.8% (4)
   - Excellent – 69.2% (9)
2. Level of communication between the RWPA Office and the HIVPC in general:
   - Good - 30.8% (4)
   - Excellent - 69.2% (9)

Recipient Survey Results

The Part A Recipient's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication and technical assistance expenditures and allocations for FY 2023-2024.

- **Award Notification:** The Recipient informed providers of renewal letters and Contract Adjustments exercising the Option Period.
  - Award letters sent to funded agencies – mid-February 2023
  - Final Notification of Award – April 6, 2023
  - Funded agencies uploaded contracted into Provide Enterprise – mid-March 2023
    - Providers are required to enter budgets per service category; billing commences once budgets are approved
- **Due Date For Agencies To Submit Contract Documents:** Five days from receipt of executable contract.
- **Contracts Executed:** Various dated between March 1 - 20, 2023
- **Delays in Executing Contracts:**
  - Recipient: Draft delays involving contract staff and County Attorney.
  - Subrecipients: Execution errors; Bureaucratic processes at provider agencies.

Recipient Survey Results

Continued…

- **Policies Used to Guide the Payment of Invoices/Reimbursements:**
  - Broward County Department of Human Services, Community Partnership Electronic Invoice Processing Guide (Volume: HSCPD – FI104)

- **Provider Reimbursements:** The Recipient's office noted that the average turnaround time for reimbursements was 22-28 days.
  - *Submission for reimbursement started April 28, 2023*
  - *There were **no noted discrepancies** in provider reimbursement during FY2023.*

- **Delays in Provider Reimbursement:**
  - Incorrect invoicing and internal processing delays

- **Communication with provider agencies:**
  - The Recipient **maintained monthly communication with provider agencies to review utilization and expenditures.**
  - **They provided technical assistance to agencies** that were not on target to ensure complete reimbursements and optimal services for clients.
  - The Recipient also noted that it kept all agencies ***'fairly well informed'* and responded to questions and requests for information within *two days*.**
  - The Recipient conducted **annual programmatic and fiscal site visits;** Remedial or Corrective Action Plans were issued.

Provider / Subrecipients' Survey Results

The Provider's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication between the Recipient and Providers regarding utilization and expenditures, technical assistance and requestions for information and other questions.

- **Survey Completion:** The Provider survey was completed by 12 of Ryan White Part A's 12 funded providers, thus increasing the response rate from 92% to 100% compared to last year's submission of the assessment.
- **Notification of Award for FY23-24:** Most agencies were notified by February 2023.
- **Executed Contracts**: 3/1/23, 3/7/23, 3/8/23, 3/17/23, 3/25/23, 4/18/23, 5/1/23, 9/27/23, 2/27/24, 3/22/24, 5/1/24, 7/1/24
- **Satisfaction with the Timeliness of loading Contracts:**
  - Very Satisfied: 25% (3); Satisfied (6); Neutral 25% (3)
- **Provider Reimbursements:** Most providers received their **first reimbursement check** for FY2023 services **between April and May 2023**;
  - 16.7% (2) of respondents received reimbursement within 7 days,
  - 41.7% (5) within 8-14 days.
  - 8.3% (1) within 15-21 days.
  - 25.0% (3) within 36-42 days.
  - 8.3% (1) within 26-42 days.
- **Discrepancies in Reimbursement Checks:** There were none reported.

Provider Survey Results

Continued…

- **Obstacles contributing to the delay in reimbursements were:**
  - PE-related invoice errors
  - Delays on the recipient side due to staffing, scheduling, and other issues in Fiscal and Accounting.
- **Communication/Technical Assistance:**
  - 50.0% (6) of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures.
- **Overall Communication Rating:**
  - Fully well informed - 50.0% (6)
  - Fairly well informed - 41.7% (5)
  - Adequately informed - 8.3% (1)
- **91.7% (11) said that the Recipient responded to their Inquiries within One to two days –**
  - **The Recipients' Office rating in providing agencies with quality management, programmatic, fiscal, technical assistance, or training.**
    - Excellent – 41.7%
    - Good – 41.7%
    - Average – 5.6%, and
    - 11.1% Did not require technical assistance in FY23

Limitations

- The AEAM process faced competition from the County's request for funding proposals.
- Low survey responses from the Planning Council.

1. Timeliness of Processes
   - ❑ Streamline contract execution and reimbursement processes to ensure consistency across providers.
2. Communication Improvement
   - ❑ Provide written updates for all programmatic changes.
   - ❑ Improve data request fulfillment timelines.
   - ❑ Provide clearer fiscal assistance and guidance.
3. Enhance Participation
   - ❑ Increase consumer involvement in the planning process.
   - ❑ Address barriers to PWH participation through targeted outreach and support.
4. Technical Assistance
   - ❑ Conduct more frequent and tailored technical assistance sessions to address fiscal and programmatic challenges.
5. Data-Driven Decisions
   - ❑ Ensure data is available well in advance of decision-making processes, such as PSRA.

The following are recommendations based on the assessment

FY 2023-2024
CONCLUSIONS &
RECOMMENDATIONS

Findings reveal that

The Broward County Ryan White Part A administrative mechanism functioned effectively and efficiently from March 1, 2023, through February 29, 2024.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

Assessment of the Ryan White Program Recipient Administrative Mechanism

March 1, 2023 – February 29, 2024

Final Report

BROWARD COUNTY RYAN WHITE PART A HIV HEALTH SERVICES PLANNING COUNCIL

Broward Regional Health Planning Council
Planning Council Support Team
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Prepared: January 2024

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OUR MISSION

"Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building."

FOR MORE INFORMATION

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2023-2024 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

Legislative Mandate for the Assessment of the Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."*

The Administrative Mechanism

The term 'Administrative Mechanism' describes the process by which the Ryan White Part A Recipient manages contracts and reimburses providers for their services. Planning councils are required to assess this mechanism annually to ensure contracts are executed and providers are reimbursed efficiently and promptly. While the assessment is a council responsibility, the actual management of contracts and reimbursements falls solely on the Recipient[1].

Broward/Fort Lauderdale EMA

Broward County, Florida's second-largest metropolitan area, is home to 1.9 million residents. It qualifies as an Eligible Metropolitan Area (EMA) under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 due to its severe impact from the HIV epidemic. The Ryan White Part A Program has been active in Broward County since 1991. In Fiscal Year (FY) 2023, 8,479 unduplicated clients received Part A-funded core medical and support services, marking a 4% increase in service demand compared to FY2022. The EMA encompasses all 31 municipalities in Broward County, with Fort Lauderdale being the largest. The Fort Lauderdale/Broward EMA manages RWHAP Part A funding to support a comprehensive HIV Care Continuum, providing high-quality services for eligible HIV-positive residents. The EMA aims to maintain a robust system of HIV care, prioritizing core medical and support services to ensure optimal clinical outcomes for HIV-positive residents. The RWHAP funds received by the Broward EMA supported various service categories approved by the HIVPC.

- Outpatient Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Oral Health Care
- Health Insurance Continuation Program
- Medical Nutrition Therapy
- Mental Health Services
- Medical Case Management*/Disease Case Management
- Substance Abuse Outpatient Care
- Non-medical Case Management Services (Centralized Intake and Eligibility Determination (CIED))
- Emergency Financial Assistance
- Food Bank
- Legal Services

[1] Part A Manual (hrsa.gov)

Frequently Used Acronyms

- **AEAM** - Assessment of the Efficiency of the Administrative Mechanism
- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council
- **HRSA** – Health Resources and Services Administration of the U.S. Department of Health and Human Services
- **MAI** - Minority AIDS Initiative
- **NGA** – Notice of Grant Award
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PWH**- People Living with HIV
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

2023-2024 ASSESSMENT METHODOLOGY

Methodology

The methodology for the FY 2023-2024 AEAM for the Broward/Fort Lauderdale Eligible Metropolitan Area (EMA) was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and Transitional Grant Areas (TGAs) across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward County HIV Health Services Planning Council (HIVPC) ensures that an Assessment of the Administrative Mechanism is completed annually. Planning Council Support Staff (PCS) worked with the committee to review survey responses and develop or modify the surveys provided to the Part A Recipient, HIVPC Members, and Part A Providers.

Period Assessed

March 1, 2023-February 29, 2024

Timeline

ACTIVITY	*PROPOSED DATE*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	October 16, 2024
Distribute surveys to HIVPC, Recipient Staff, and funded providers.	October 31, 2024
Deadline to submit completed surveys.	December 13, 2024
Results of the Assessment of the Administrative Mechanism Report presented to PSRA and the HIVPC.	January 16, 2025 January 23, 2025
Assessment of the Administrative Mechanism Report due to Recipient.	February 28, 2025
Quarterly update report (if necessary)	March 31 June 30 September 30 December 31

Data Collection Process

PCS staff utilized the following components to complete the assessment:

a. Surveys through Alchemer.com

b. Data Collection/Analysis

c. Production of a Final Report

Data Collection/Analysis

The primary data collection method was electronic surveys for the HIVPC members, the Recipient Office, and Subrecipients/providers. The survey of providers (subrecipients) revealed their experiences related to procurement, contracting, and reimbursement. The survey consisted of multiple-choice, a rating scale, and a few open-ended questions. The HIVPC survey focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies, which can affect funding. The Recipient survey included questions regarding award notification, executed contract dates, average reimbursement time, and communication and technical assistance. Surveys were distributed electronically via Alchemer from October 31, 2023, through December 13, 2024. *Note: See the Appendix for master copies of the three surveys.*

As per the RWHAP Part A Manual, topics covered in the AEAM surveys included:

- **The procurement process** – outreach to potential new service providers (officially known as "subrecipients"), dissemination of the Request for Proposal (RFP), number of applications received and funded, the review process including the use of external review panels, and the composition of that panel, and criteria used in the selection of subrecipients as service providers.
- **Contracting** – the time between the Notice of Grant Award to the Recipient and completion of fully executed subcontracts with providers.
- **Reimbursement of subrecipients** – the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider as well as obstacles to timely reimbursement.
- **Use of funds** – whether contracting and expenditure of RWHAP Part A funds are consistent with allocations made by the planning council and the proportion of formula and supplemental RWHAP Part A funds that are expended by the end of the program year.
- **Engagement with the HIVPC in the planning process** –how well the Recipient and council work together to carry out shared and coordinated planning tasks, to meet legislative requirements, the extent to which the HIVPC received the data needed for sound decision-making, and evidence of success in maintaining and strengthening the system of HIV care, to desired performance and standards and clinical outcomes are reached.

The following table represents the total number of individual participants, their respective affiliations, and the methodology used to gather data:

PARTICIPANT	# OF POTENTIAL PARTICIPANTS	# OF PARTICIPANTS COMPLETED SURVEY	SURVEY ADMINISTRATION
HIVPC Members	25	13(52%)	Alchemer.com
Recipient Office	01	01 (100%	
RWPA Subrecipients/Providers	12	12 (100%)	
Total	**38**	**25 (82%)**	

NOTE: The planning council will not be involved in how the administrative agency monitors providers, as this is the Recipient's sole responsibility. [RWHAP Part A Manual, Section VII; p 77].

Limitations

This fiscal year, the AEAM process faced competition from the County's request for funding proposals. The Recipient Office's assistance in contacting subrecipients resulted in a 100% survey submission rate. However, there was a challenge with low survey responses from the planning council, with only 13 out of 25 members completing the survey.

Receiving feedback from provider agencies is critical in the AEAM process, as these sub-recipient/provider agencies have intimate knowledge and can track the timing of notice awards, contracts, and fund distribution from the Part A Recipient. According to the Ryan White Part A Manual, "Grantees (Recipients) are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements."

The HIV Planning Council's feedback on the assessment of the administrative mechanism is essential for maintaining an effective and responsive Ryan White Part A program that meets the community's needs efficiently and transparently. The feedback process promotes accountability and transparency within the program. Through its diverse community members, the council ensures that the recipient is held accountable for managing funds and contracts efficiently, building community trust. Regular assessments and feedback allow for continuous improvement of administrative processes, helping the program adapt to changing needs and challenges and ultimately enhancing the quality of care provided to PWH.

Final Report and Quarterly Updates

The 2023-2024 AEAM report will be submitted to the Recipient by February 28, 2025. Planning Council Support Staff will present the final copy of the report to the PSRA committee and HIVPC during the January 2025 meetings. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates. If the HIVPC requires additional information such as provider follow-up surveys, quarterly reporting will provide and include this component.

QUANTITATIVE AND QUALITATIVE RESULTS

This report summarizes the findings from three key surveys conducted for the FY 2023-2024 Assessment of the Administrative Mechanism (AAM) under the Ryan White Part A program in Broward County. These surveys include the Provider Survey, HIVPC Survey, and Recipient Survey. The data highlights administrative processes, communication effectiveness, and areas for improvement.

Provider Survey Results

Completion Rate: 100% (12 respondents)

Key Findings:

1. Service Provision:
    - Agencies reported providing a range of services including outpatient/ambulatory health services (33.3%) & oral health (33.3%), medical case management (50%), and food bank services (8.3%).
2. Experience and Timeliness:
    - 75% (9) of agencies have been Ryan White Part A providers for 16+ years.
    - Notification of funding varied, with some agencies informed as early as February 15, 2023, while others as late as May 2023.
    - 50% (6) of agencies were satisfied with the timeliness of contract uploads in Provide Enterprise.
3. Reimbursement Process:
    - 16.7% (2) were reimbursed within 7 days; 41.7% (5) of providers reported reimbursement within 8-14 days, while 25% (3) experienced delays up to 22-28 days.
    - No discrepancies in reimbursement checks were reported.
4. Communication:
    - 50% (6) felt the Recipient's Office kept them fully informed; 41.7% (5) felt fairly well informed; while 8.3% (1) were adequately informed.
    - 58.3% (7) agencies indicated that the Recipient's Office contacted them to review utilization or expenditure.
    - 50%(6) noted that the Recipient Office responded to questions and requests within one day; 41.7% (5) received responses within two days.
    - Suggestions for improvement included providing written updates for all programmatic changes.
5. Technical Assistance:
    - Most providers rated the Recipient's Office's programmatic, fiscal, and quality management technical assistance as excellent or good.

Recipient Survey Results

Completion Rate: 100% (1 respondent)

Key Findings:

1. Grant Management:
    - Providers received renewal letters in mid-February 2023, and contracts were uploaded in March 2023.
    - Final Notice of Award was received on April 6, 2023.
2. Contract Execution:
    - Contracts were fully executed between March 8, 2023, through March 20, 2023.
    - Execution delays were attributed to bureaucratic processes and provider errors.
3. Reimbursement:
    - Providers were first able to submit invoices on April 28, 2023, with reimbursement typically occurring within 22-28 days.
4. Monitoring and Assistance:
    - Programmatic and fiscal monitoring included annual subrecipient site visits.

- Corrective action plans were issued when necessary, and monthly engagement with providers was maintained.

5. Expenditure and Allocation:
   - No unexpended formula or supplemental funds were reported.
   - Allocations included 5% for Recipient Administration, 1.6% for Planning Council Support, and 4.79% for Clinical Quality Management.

HIVPC Survey Results

Completion Rate: 92.3% (13 respondents)

Key Findings:

1. Council Performance:
   - 76.9% (10) rated the Planning Council's work as excellent; 23.1% (3) rated the work as good.
   - 53.8% (7) strongly agreed and 46.2% (6) agreed that the HIVPC was effective as a planning body.
2. Training and Education:
   - 76.9% (10) strongly agreed and 23.1% (3) agreed that sufficient training was provided to understand the Council's structure and processes.
3. Ryan White Part A Office Funding Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
   - One respondent noted that the RWPA office is "always and willing to work with the Planning Council"
4. Ryan White Part A Office Federal Notice of Awards Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
5. Priority Setting and Resource Allocation (PSRA):
   - 53.8% (7) rated the PSRA process as excellent; 38.5% (5) rated the PSRA process as good.
   - Suggestions for improvement included earlier data analysis reviews, enhanced consumer involvement, and perceived barriers.
6. Participation of Persons Living with HIV (PWH):
   - 69.2% (9) rated PWH participation as good, with membership efforts noted for improvement.
7. Responsiveness and Communication:
   - 46.2% (6) rated the Recipient's responsiveness as excellent, although data request delays were noted.
   - 69.2% (9) rated communication between the Recipient's Office and HIVPC as excellent.

FY 2023-2024 RECOMMENDATIONS & CONCLUSION

Recommendations

Based on the findings, the following recommendations are proposed:

1. Timeliness of Processes:
   - Streamline contract execution and reimbursement processes to ensure consistency across providers.
2. Communication Improvements:
   - Provide written updates for all programmatic changes.
   - Improve data request fulfillment timelines.
3. Enhance Participation:
   - Increase consumer involvement in the planning process.
   - Address barriers to PWH participation through targeted outreach and support.
4. Technical Assistance:

- Conduct more frequent and tailored technical assistance sessions to address fiscal and programmatic challenges.

5. Data-Driven Decisions:
    - Ensure data is available well in advance of decision-making processes, such as the PSRA.

Conclusion

Provider responses indicate overall satisfaction with the procurement process. The HIVPC responses reflect satisfaction with the quality of communication and timely resolutions to issues. Contracts were renewed in time for the new fiscal year. Most invoices were paid within 30 days, as outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (Sections 1-51.6), which guides provider payments and reimbursements.

Challenges during this time were primarily user/technical issues with Provide Enterprise and internal staffing, scheduling, and other Fiscal and Accounting issues. The Recipient employed technical assistance to resolve identified technical, fiscal, and programmatic concerns.

AEAM Status: The administrative mechanism functioned effectively and efficiently from March 1, 2023, through February 29, 2024.

APPENDICES

Appendix A – HIVPC Member Survey

The HIVPC survey was distributed via email, which contained a link to Alchemer for HIVPC members to complete the survey.
Background Information

1) Your Name*
_____

2) In general, how would you rate the work of the Planning Council during Fiscal Year 2023 (March 1, 2023 - February 29, 2024? *
[ ] Excellent
[ ] Good
[ ] Average
[ ] Fair
[ ] Poor
[ ] Comments: _____

3) In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

4) I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

5) Rate how well the Ryan White Part A Office provided the Planning Council with funding information and updates during FY2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

6) Rate how well the Ryan White Part A Office informed the Planning Council of federal notice of award (s) for Fiscal Year 2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent

[ ] Comments:: _____

7) How would you rate Planning Council's FY 2023 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category?*
( ) Excellent
( ) Good
( ) Average
( ) Fair
( ) Poor
( ) I am not familiar enough to rate it

8) Do you have any suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes?*
_____
_____
_____
_____

9) Rate the level of participation by Persons Living with HIV (PWH) in the planning process*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

10)
How would you rate the responsiveness of the Ryan White Part A Office in providing the information requested by the planning council for making informed decisions?
*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

11) How would you rate the level of communication between the Ryan White Part A Office and the Planning Council?*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

12) What other comments do you have on the Planning Council's work? Feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council's work. Please type N/A if you have no further comments.*

Appendix B – Recipient Survey

Contracts

1) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*

_____

2) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

3) If yes, how did that affect the procurement process?

_____
_____
_____
_____

4) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*

_____

5) On what date were award letters sent to funded agencies for FY2023?*

_____

6) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

7) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*

_____
_____
_____
_____

8) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *

_____
_____
_____
_____

9) What was the due date for agencies to submit contract documents for processing?*

_____

10) Describe any Recipient obstacles contributing to delay in executing provider contracts.*

_____
_____
_____

_____

11) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Contracts

12) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*
_____

13) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

14) If yes, how did that affect the procurement process?
_____
_____
_____
_____

15) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*
_____

16) On what date were award letters sent to funded agencies for FY2023?*
_____

17) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

18) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*
_____
_____
_____
_____

19) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *
_____
_____
_____
_____

20) What was the due date for agencies to submit contract documents for processing?*
_____

21) Describe any Recipient obstacles contributing to delay in executing provider contracts.*
_____
_____
_____
_____

22) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Service Provider Reimbursements

23) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?
_____1

24) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.
_____1

25) When (month/date) were providers first able to submit invoices for reimbursement in FY2023?*
_____

26) Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?*
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

27) List/describe any obstacle contributing to the delay in reimbursement to providers.*
_____
_____
_____
_____

28) Have there ever been discrepancies in reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

29) If yes, how were those discrepancies resolved?*
_____
_____

_____
_____

30) Over the past year (FY2023-2024), has the Recipients' Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?*
( ) Yes
( ) No

31) If yes, did the Recipient's office provide feedback or solutions to help agencies get back to target utilization and expenditures? Please explain
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

32) What is the policy regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?

33) In your experience during FY2023-2024, how would you rate the communication between the Recipient's Office and funded agencies?*
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Comments:: _____

34) How would you rate the Recipients' timeliness in responding to questions and requests for information over the past year?*
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Comments:: _____

35) How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training during FY2023-2024?*
[ ] Excellent
[ ] Good
[ ] Average
[ ] Poor
[ ] Very Poor
[ ] Comments:: _____

36) In the last fiscal year (FY2023), how many Programmatic site visits did each service provider receive? (Please give range and average)*
_____

37) In the last fiscal year (FY 2023), how many fiscal site visits did each service provider receive? (Please give range and average)*

_____

38) What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.)?*

_____
_____
_____
_____

39) In addition to the monitoring, what other technical assistance is provided?*

_____
_____
_____
_____

40) What percentage of the overall award for the last fiscal year was used for Recipient Administration, Planning Council Support, and Clinical Quality Management?*
Recipient Administration: _____
Planning Council Support: _____
Clinical Quality Management: _____

Procurement and Allocation

41) What percent of formula funds were unexpended at the end of FY 2023? Please explain.*

_____
_____
_____
_____

42) What percent of supplemental funds were unexpended at the end of FY2023? Please explain.*

_____
_____
_____
_____

43) Please provide a final expenditure report for FY2023.*
_____1

44) Please provide a final allocation report for FY2023.*
_____1

45) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2023 (including contract information), as well as the categories for which each provider is contacted.*
_____1

Appendix C – Provider Survey

The Provider survey was distributed via email, which contained a link to Alchemer for the funded Providers to complete the survey.

Provider Information

1) Please provide the following contact information: *
Name: _____
Job Title: _____
Agency: _____
Phone Number: _____
Email: _____

2) My agency is contracted to provide the following Ryan White Part A service(s) (select all that apply): *
[ ] Outpatient /Ambulatory Health Services (OAHS)
[ ] Minority AIDS Initiative (MAI) OAHS
[ ] AIDS Pharmaceutical Assistance
[ ] Oral Health Care
[ ] Health Insurance Continuation Program (HICP)
[ ] Medical Case Management
[ ] Mental Health Services
[ ] MAI Mental Health Services
[ ] MAI Substance Abuse Outpatient Care
[ ] Substance Abuse Outpatient Care
[ ] Non-Medical Case Management Services: Centralized Intake and Eligibility Determination (CIED)
[ ] MAI Non-Medical Case Management Services: CIED
[ ] Non-Medical Case Management Services
[ ] Food Bank Services
[ ] Legal Services
[ ] MAI Medical Case Management
[ ] Medical Nutrition Therapy
[ ] Food Bank (Food Vouchers)
[ ] Emergency Financial Assistance

3) How long has your agency been a Ryan White Part A provider? *
( ) This is my agency's first year as a provider
( ) 2-3 years
( ) 4-9 years
( ) 10-15 years
( ) 16+ years

Contracts

4) For the fiscal year (beginning March 1, 2023 to February 29, 2024), on approximately what date was your agency notified that you would be receiving funding for the new fiscal year?
_____

5) How were you notified of your award? Please select all that apply.*
( ) Award Letter (hard copy)
( ) Award Letter (electronic/e-mail)

( ) Other - Write In: _____

6) Approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise? *
_____

7) Approximately what date did you receive a fully executed contract for Part A services? *
_____

8) How satisfied are you with the timeliness of the contract loading process in Provide Enterprise for Ryan White Part A subrecipients? *
( ) Very Satisfied
( ) Satisfied
( ) Neutral
( ) Dissatisfied
( ) Very Dissatisfied

9) Please explain if "Dissatisfied" or "Very Dissatisfied" with the contract loading process.
_____
_____
_____
_____

10) What additional comments do you have about the contractual process?
_____
_____
_____
_____

Service Provider Reimbursements

11) Over the past year (FY2023-2024), what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check? *
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

12) When (month/date) did your agency receive your first reimbursement check for FY2023 services? *
_____

13) Have there ever been discrepancies in your reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

14) If yes, how were those discrepancies resolved? *
_____

_____
_____
_____

15) Over the past year (FY2023-2024), has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures? *
( ) Yes
( ) No

16) Did the Recipient offer feedback or solutions to assist your agency in meeting target utilization and expenditure goals? *
[ ] Yes
[ ] No
[ ] Other - Write In: _____

17) What additional comments do you have about the reimbursement process? *
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

18) In your experience during the FY2023-2024 period, how would you rate the communication between your agency and the Recipients' Office? *
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Other - Write In: _____

19) How would you rate the Recipients' Office in responding to questions and requests for information during the FY2023-2024 period? *
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Other - Write In: _____

20) How would you rate the Ryan White Part A Office in providing your agency with (1) Programmatic, (2) Fiscal, (3) Quality Management technical assistance (TA) or training during FY 2023 (this may include recommendations from the site visit or a special technical assistance training)? *

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY23	N/A Requests for TA during FY23 have not been met	N/A (No site visits/TA during FY23)
Programmatic TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Fiscal TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Quality Management TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

21) Additional comments regarding the communication / technical support of the Ryan White Part A Office.

_____
_____
_____
_____

References

Assessing the Efficiency of the Administrative Mechanism: An Introduction

Part A Manual

Ryan White HIV/AIDS Program Part A Planning Council Primer

END OF REPORT

HANDOUT L

SUNSHINE LAW, PUBLIC RECORDS & ETHICS FOR COUNTY BOARDS

Presented by the Office of the Broward County Attorney

TOPICS

Sunshine

Public Records

Ethics

- Gifts
- Conflicts of Interest
- Voting Conflicts
- Lobbying

Public Meetings

THE SUNSHINE LAW

FLORIDA'S SUNSHINE LAW

- Florida has one of the strongest public meetings laws in the country.
- The public has a right to attend meetings of government bodies where official actions are taken or public business is transacted or discussed.
- County boards are subject to the Sunshine Law.

SUNSHINE LAW MEETING REQUIREMENTS

01

The meeting must be open to the public.

02

Reasonable notice of the meeting must be given.

03

Minutes must be taken and promptly recorded.

SUNSHINE LAW KEY POINT

Board members must **not** discuss Board business outside of a publicly noticed Board meeting that is open to the public.

WHEN THE SUNSHINE LAW APPLIES

A meeting is *any* two-way communication, by any means, even indirectly.

It's still a meeting even if no vote is taken.

Meetings can be informal.

Even if there is no quorum present, the discussion is still considered a meeting.

If what is being discussed could foreseeably come before the board for action, the discussion must comply with the Sunshine Law.

CONSEQUENCES OF SUNSHINE LAW VIOLATIONS

- Deprives the public of its right to know what government is doing and undermines the public trust.
- Board actions taken in violation of the Sunshine Law can be invalidated.
- Can subject the County to lawsuits and cost taxpayer money.
- Violations are punishable by fines and even jail time.

SUNSHINE LAW VIOLATION?

Several board members use Google Docs to draft a report for their board to approve at the next meeting.

VIOLATION

Affordable Housing Advisory Committee members speak at a public forum about affordable housing hosted by a community group.

VIOLATION

SUNSHINE LAW & SOCIAL INTERACTION

By chance, two members of the same board see one another at the grocery store and talk about a close vote on a controversial issue at their last meeting. Sunshine violation?

VIOLATION

Even though the vote took place in the past, it is foreseeable that the issue (or a similar one) could come before the board again.

Two members of the same board are at the same holiday party and talk about the great season the Miami Dolphins are having. Sunshine violation?

NO VIOLATION

Board members can attend the same social events but should not discuss Board business outside the Sunshine.

AVOID LETTING CASUAL CONVERSATIONS BECOME SUNSHINE LAW VIOLATIONS

A. Michelle, a member of the Advisory Board for Individuals with Disabilities ("ABID"), is at the store buying flashlights and batteries to prepare for an approaching hurricane. She runs into John, a fellow ABID member, at the store and says hello.

B. During their conversation, John tells Michelle that he is buying hurricane supplies for neighbors who have disabilities and cannot shop for such supplies themselves.

C. Michelle praises John for his thoughtfulness and suggests that at the next ABID meeting they bring up the issue of asking Broward County to provide hurricane supply kits for individuals with disabilities.

Sunshine Law violation? If yes, at which point, A, B, or C?

AVOID LETTING CASUAL CONVERSATIONS BECOME SUNSHINE LAW VIOLATIONS

A. Michelle, a member of the Advisory Board for Individuals with Disabilities ("ABID"), is at the store buying flashlights and batteries to prepare for an approaching hurricane. She runs into John, a fellow ABID member, at the store and says hello.

B. During their conversation, John tells Michelle that he is buying hurricane supplies for neighbors who have disabilities and cannot shop for such supplies themselves.

C. Michelle praises John for his thoughtfulness and suggests that at the next ABID meeting they bring up the issue of asking Broward County to provide hurricane supply kits for individuals with disabilities.

When in doubt, wait for the meeting.

SUNSHINE LAW & SOCIAL MEDIA

Two members of a board belong to a Facebook group solely dedicated to knitting.

NO VIOLATION

Animal Care Advisory Board member "Likes" another member's post about spay/neuter programs.

VIOLATION

AVOID THESE SUNSHINE LAW MISTAKES

- Do not e-mail fellow board members about board business.
- Do not ask your Board Coordinator or another person to pass along information to another board member about board business.
- Do not use "Reply All" to respond to e-mails sent to all members of your board.
- Board Coordinators should use "Blind Copy" when e-mailing all members of a board.

AVOID SIDE CONVERSATIONS DURING BOARD MEETINGS

Comments made at a board meeting aren't "in the Sunshine" unless everyone can hear them.

Even if a side conversation isn't about board matters, it appears suspect to the public and press.

The board members having the side conversation are either breaking the law or they aren't focused on the meeting.

SUNSHINE LAW WRAP-UP

- Complying with the Sunshine Law can sometimes be inconvenient.
- Given the public's right to know and potential consequences for Sunshine violations, it's always best to play it safe.
- The best approach is for board members to not discuss board-related topics outside a meeting that complies with the Sunshine Law.
- If Sunshine issues arise, please discuss with them with your Board Coordinator and Board Counsel as early as possible.

PUBLIC RECORDS

BOARD MEMBERS MUST FOLLOW FLORIDA PUBLIC RECORDS LAW

- As with Florida's public meetings law, its public records law is among the most comprehensive in the country.
- There is a presumption that all state and local government records are open for personal inspection and copying by any person.
- Exemptions can be adopted by state law, with a super-majority vote of the legislature.
- Violations of public records laws can lead to serious consequences.

WHAT ARE PUBLIC RECORDS?

- Documents
- Papers
- Letters
- Maps
- Books
- Tapes
- Photographs
- Films
- Sound Recordings
- Software

Other material, regardless of the physical form, characteristics, or means of transmission made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency

PUBLIC RECORDS: BASICS FOR BOARD MEMBERS

Retain all records related to board matters.

When your board term is complete, give records in your possession to board staff.

You do not need to keep copies of agendas, reports, minutes, and other documents prepared by board staff – these will be maintained by staff.

Personal notes for your own recollection that are not shared with others are not public records and do not need to be retained.

If you have questions about which records must be retained, check with the Board Coordinator or Board Counsel.

KEEP E-MAILS ABOUT BOARD BUSINESS

- Any board-related e-mail you send or receive is likely a public record and it must be retained.
- Set up a separate e-mail account that you use only for board matters, if possible.
- If a separate e-mail account is not possible, use folders to keep County messages in a designated folder.
- The key to determining if something is a public record is the content of the message – not the account used to send it or the medium in which it exists.

SOCIAL MEDIA

Social media posts about board matters must also be maintained as public records.

The County uses software to retain such posts on **official County social media accounts**.

Individual board members who post on social media about County board matters **must maintain their own records**.

Failure to properly maintain records can result in lawsuits costing taxpayer money, fines, and even jail time for knowing violations.

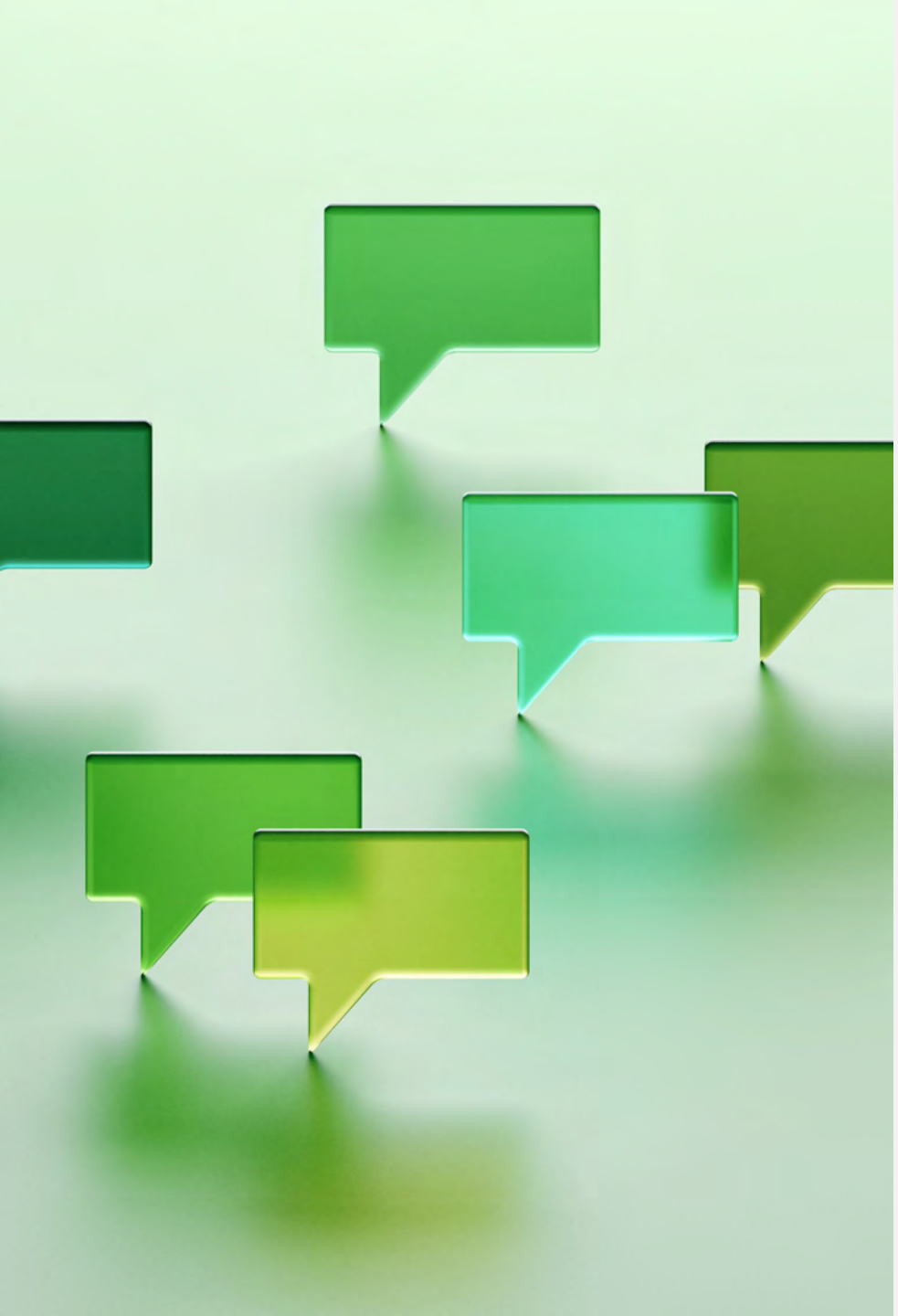
WHAT TO DO IF YOU RECEIVE A PUBLIC RECORDS REQUEST

Immediately notify your Board Coordinator if you receive a Public Records Request.

The Board Coordinator will work with County staff and the County Attorney's Office to respond to the request.

Please do not provide records on your own to the requester without first checking with your Board Coordinator.

Public records may contain exempt or confidential information that must be redacted.



TEXT MESSAGES

Text messages about board matters are public records even if sent from a personal device.

Limit text messages to transitory messages. Examples of transitory messages include:

- Reminders about scheduled meetings or appointments
- Most telephone messages
- Announcements of board events

Text messages sent or received about board matters should be forwarded to the e-mail account you use for board business for retention.

Texting about board matters on personal devices can subject all your texts, even those about private matters, to court review if the County receives a request for your text messages.

Gifts

Conflicts of Interest

Voting Conflicts

Lobbying

ETHICS

GIFTS

County board members are subject to gift restrictions in both state law and the County Code of Ordinances.

Like other ethics laws, gift law analysis can be complicated and depends on the specific facts of each individual situation.

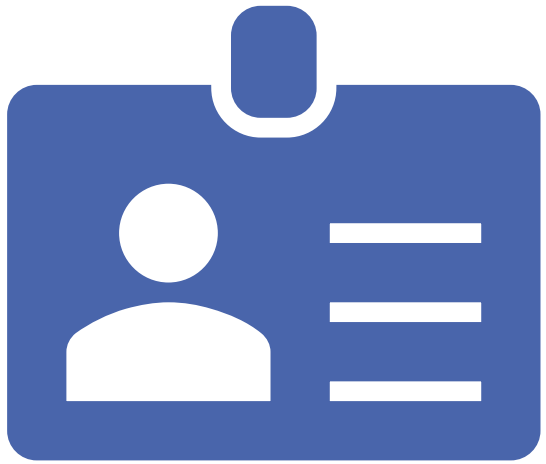
Please check with your Board Coordinator or Board Counsel with any gift questions.

WHAT IS A GIFT?

Something received, directly or indirectly, that has **value**, for which the recipient does not give equal or greater consideration within 90 days.

KEY QUESTION FOR GIFTS:

WHO IS THE DONOR?



BOARD MEMBERS MAY NOT ACCEPT GIFTS FROM THESE DONORS

Contractor

Any person or entity currently under contract with the County. Excludes governmental entities.

Vendor

Current and past (two years) suppliers of goods or services to the County, or entities that have responded to County procurement in the past two years.

Lobbyist

Generally, a person who is registered with the County as a lobbyist.

Principal of a lobbyist

Generally, a person, company, or organization that retains a lobbyist.

GIFTS FROM PROHIBITED DONORS

County board members shall not accept, directly or indirectly, anything of value from:

- Registered **lobbyists**
- A **principal** or **employer** of a **lobbyist**
- **Vendors** or **Contractors**

GIFTS FROM NON-PROHIBITED DONORS

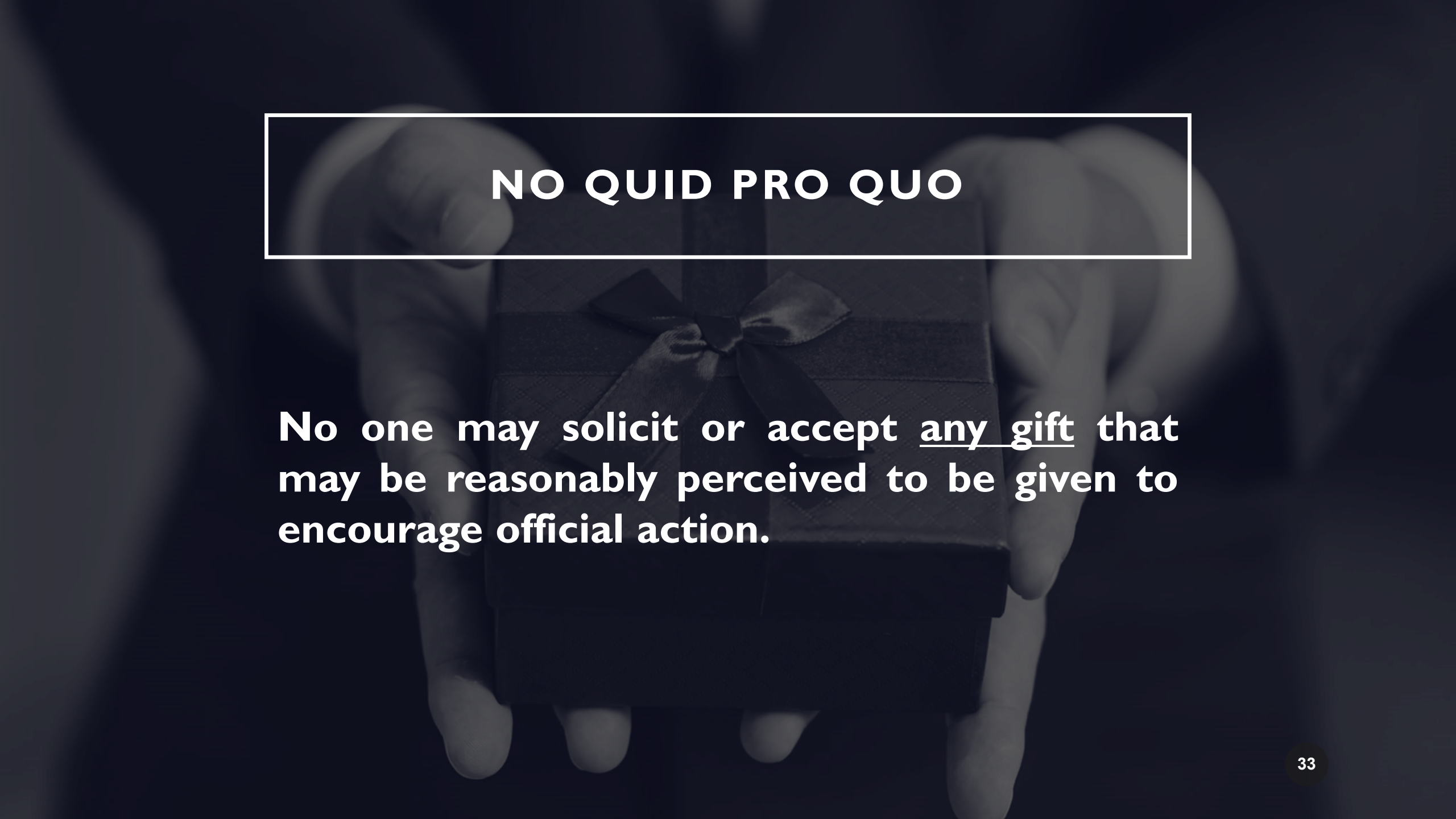
If the donor is not a County contractor, vendor, lobbyist, or principal of a lobbyist, County board members may accept:

- Official Capacity **Up to $50**
- Personal Capacity **No Limit***

*Those who file Financial Disclosures must report gifts above $100.

How do you know if someone is a contractor, vendor, lobbyist, or principal/employer of a lobbyist?

Check with your Board Coordinator or Board Counsel



NO QUID PRO QUO

No one may solicit or accept <u>any gift</u> that may be reasonably perceived to be given to encourage official action.

GIFT LAW CONSIDERATIONS

Except for quid pro quo, you can always accept a gift – the question is whether you will have to pay for it and/or disclose it.

Many factors can affect whether accepting a gift will lead to a reimbursement or reporting obligation.

Once you accept an item, you have 90 days to return it or pay for it if you are not legally allowed to accept the item from that donor.

For event tickets, check BEFORE going to the event. If you cannot accept the tickets from the donor, your only option is to pay for them.

CONFLICTS OF INTEREST

DOING BUSINESS WITH YOUR OWN AGENCY IS PROHIBITED

Generally, board members, their families, and companies in which they have an ownership interest cannot do business with their agency.

For purely advisory boards, the agency is the County in general.

For boards with decision-making authority, the agency is the board.

Board members should check with their Board Coordinator or Board Counsel if they believe they may be affected by this prohibition.

CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIPS

Generally, board members cannot have an employment or contractual relationship:

With a business or agency that is regulated by or is doing business with your agency, or

That will create continuing or frequently recurring conflict between your private interests and public duties.

CONFLICTING RELATIONSHIP DEFINITIONS

Agency

- Purely advisory boards = the County Commission
- Decision-making boards = the board itself

Doing Business

- A contract for goods or services or leasing, renting, or selling real estate
- Generally, does not include agreements between governmental entities (some exceptions)

Lawyers are presumed to have contractual relationships with all clients of their law firms.

Ask your Board Coordinator or Board Counsel if you think you may have a conflicting employment or contractual relationship.

ANALYZING CONFLICTING RELATIONSHIPS

- Analyzing conflicting employment or contractual relationships is specific to each individual situation.
- You may still serve on a board even if you have a conflicting employment or contractual relationship.
- The conflicting relationship must be disclosed using Form 4A and the County Commission may waive the conflict with a 2/3 vote.
- Other exemptions may apply, so please check with Board Counsel if you believe you might have a conflicting employment or contractual relationship.
- **Please notify your board coordinator and counsel if there is a change in your employment situation.**

KEEP YOUR BOARD COORDINATOR INFORMED ABOUT YOUR JOB OR BUSINESS INTERESTS

Please make sure your Board Coordinator has your current employment information.

Tell your Board Coordinator if you start a new job or business or take on a new client.

Talk to your Board Coordinator or Board Counsel if your company or a family member seeks a contract with the County.

Ask Board Coordinator or Board Counsel whether a particular action is permissible.

"No public officer, employee of an agency, or local government attorney shall corruptly use or attempt to use his or her official position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit, or exemption for himself, herself, or others."

MISUSE OF POSITION IS PROHIBITED

VOTING CONFLICTS

BOARD MEMBERS MUST NOT VOTE ON MATTERS WHICH INURE TO THE "SPECIAL PRIVATE GAIN OR LOSS" OF:

- Themselves
- A principal by whom they are retained
- Parent company or subsidiary of their principal
- Their family members
- Their business associates

VOTING CONFLICT DEFINITIONS

Principal By Whom Retained

- Employer
- Client
- Parent /subsidiary/sibling organization of one's client or employer

Family members

- Father/mother
- Son /daughter
- Brother/sister
- Father-in-law/mother-in-law
- Husband/wife
- Son-in-law/daughter-in-law

WHAT IS A BUSINESS ASSOCIATE?

- Any person or entity carrying on a business enterprise with a public officer, employee, or candidate.
- Includes partners, joint ventures, co-owners of property, or shareholders of stock (when shares are not publicly traded).
- Must be for commercial purposes.
- Example:
  - Friends who own a beach house and only use it themselves for recreation are not business associates
  - Same friends, same beach house, but they also rent it out to paying guests, they ARE business associates

SPECIAL PRIVATE GAIN OR LOSS

The gain or loss must be economic in nature.

A "special private gain or loss" is different from matters affecting the general public or large classes of individuals.

Example 1

County Commissioners may vote on the property tax rates each year, even though it impacts them financially. It affects everybody, so it's not a special private gain or loss.

Example 2

A County Commissioner most likely cannot vote on a land use plan amendment that affects their own property (unless their property was proportionally very small compared to the total property affected).

SPECIAL VOTING CONFLICT LAW FOR COUNTY BOARDS

Board members who are also employees of a public entities must not vote on items affecting their public employer. (An elected official is not considered an employee.)

Board members who serve as an officer or on the board of directors of a private entity must not vote on items affecting that private entity.

VOTING ABSTENTION PROCEDURE

Complete and submit voting conflict form to Board Coordinator before meeting if possible.

Board coordinator will distribute the form to board members as soon as possible.

The board member must announce the nature of the conflict at the meeting before the item is considered.

The board member abstains from voting on the item.

The board member submits voting conflict form within 15 days of the meeting (if not already submitted).

The conflict form must be incorporated into the minutes and read publicly at the next board meeting.

BOARD MEMBERS ARE OBLIGATED TO VOTE

If you are present at a meeting where an official decision or action will be taken, state law requires that you vote unless there is a possible conflict of interest.

If you have an actual voting conflict, you **must** abstain from voting.

If you have an apparent conflict, you **may** abstain from voting.

HOW TO KNOW IF YOU HAVE A VOTING CONFLICT

Voting conflicts depend on the facts of each individual situation.

Please Board Coordinator or Board Counsel as soon as you are aware of the potential conflict.

Please keep us updated on your employment, business, and nonprofit affiliations.

LOBBYING

LOBBYING

- Board members are prohibited from **lobbying for compensation** the county staff who provide support services to their board while they serve on the board and for two years after leaving the board.
- Violations can lead to removal from the board and fines.
- Analysis of this issue is specific to individual situations.
- Please check with your Board Coordinator or Board Counsel with questions about lobbying.

QUESTIONS?

HANDOUT M

HRSA REVERSE SITE VISIT

PURPOSE

The HIV/AIDS Bureau's Division of Metropolitan HIV/AIDS Programs will be holding an Administrative Reverse Site Visit (ARSV).

The ARSV is a format in which a group of recipients come to HRSA vs HRSA staff going to individual recipient sites.

The purpose of the ARSV is to provide technical assistance on the Ryan White HIV/AIDS Program (RWHAP) Part Aas well as updates on new or revised federal and RWHAP policies. These meetings are held the opposite years of the NRWC and are designed to continue or build upon what was accomplished during the conference

WHEN

August 6-8, 2025

WHERE

5600 Fishers Lane, Rockville, MD

HANDOUT N

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

RWA & EHE RFP

- Offer letters have gone out, waiting on providers to accept.
- Still in the Cone of Silence.
- Potential new providers for several service categories.

HRSA Awards

- We have received an initial award amount for Part A & EHE.
- The preliminary award is a not the entire amount, the recipient office will update the planning council when additional award amounts are received.

Data Requests

- Data requests must be specific and if possible tie into the workplan for the subcommittee.
- Reasonings must be given for the intent of the data and why the data is needed.
- Recipient quality staff is willing to help draft the data requests as needed.
- The data request must be submitted by PCS staff.

Questions?

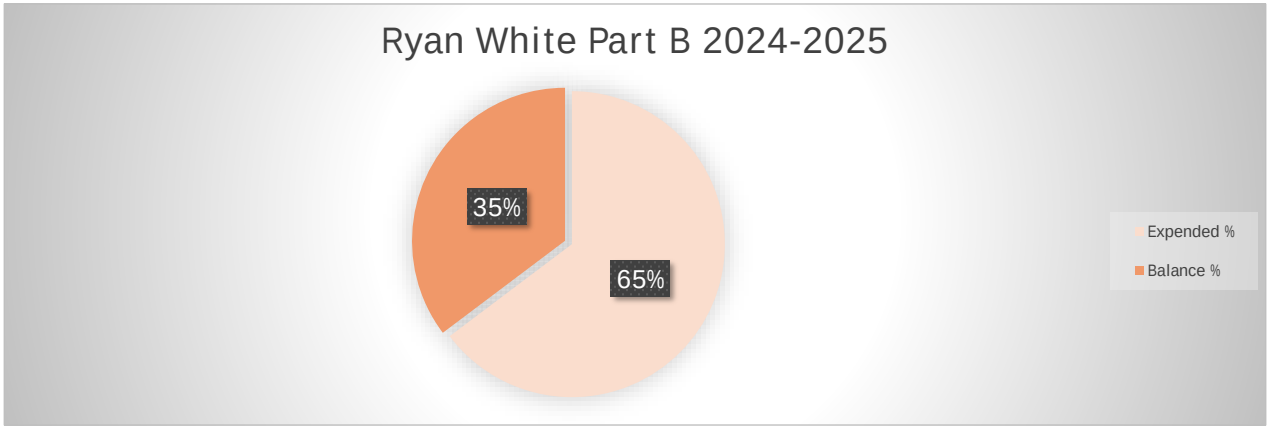
Ryan White Part B

PTC25: April 1, 2024 to March 31, 2025

HANDOUT O1

Expenditures for November 2024

Service Category	*Allocated*	*Expended November 2024 2024*	*Expended YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 70,825	$ 1,765	$ 34,798	49%	51%	$ 36,026.62
Health Insurance Premium/Cost Sharing	$ 187,750	$ 22,489	$ 115,609	62%	38%	$ 72,140.82
Home & Community Based Health	$ 20,000	$ 1,161	$ 4,354	22%	78%	$ 15,645.55
Medical Nutritional Therapy	$ 20,000	$ 2,882	$ 19,154	96%	4%	$ 845.76
Emergency Financial Assistance	$ 235,654	$ 7,045	$ 193,390	82%	18%	$ 42,264.33
Home Delivered Meals	$ 10,000	$ -	$ 819	8%	92%	$ 9,181.00
Medical Transportation	$ 100,476	$ -	$ 31,828	32%	68%	$ 68,648.32
Non-Medical Case Management	$ 227,628	$ 5,234	$ 110,219	48%	52%	$ 117,409.05
Referral For Health Care/Support Services	$ 95,000	$ 15,154	$ 78,787	83%	17%	$ 16,212.89
Residential Substance Abuse	$ 136,500	$ -	$ 135,400	99%	1%	$ 1,100.40
Clinical Quality Management	$ 58,096	$ 15,400	$ 27,730	48%	52%	$ 30,366.27
Planning and Evaluation	$ -	$ -	$ -			$ -
TOTALS	$ 1,161,929	$ 71,130	$ 752,088	65%	35%	$ 409,841.01



ADAP REPORT DECEMBER 2024

Enrollment December 2024

Total Enrolled December 2024	6134
ADAP Enrollments and Re-enrollments processed	628
New Clients (new to PE)	55*
Assessments completed using RWPA NOE	119

Viral Suppression December 2024

Total Virally Suppressed at 6 months	5283
Percentage of Virally Suppressed	92.49%
% Uninsured Virally Suppressed at 6 months	87.48%
% Insured Virally Suppressed at 6 months	96.69%

Missed Original Appointment Report December 2024

Missed Original Appointment Report	31%
Missed Original Appointment Report Last Month	34%

*The 55 new clients include both those who have recently been diagnosed and those who were already in care but faced hardships such as: losing Medicaid, losing employment, relocating, or becoming unable to afford premiums or copays.

Recipient Report - Part F

Ryan White Part F is in the second year of a five-year funding. NSU continues to partner with Care Resource to provide oral health care at the Oakland Park site.

Oral health care is eligible on a sliding fee scale for those not eligible for Ryan White Part A.

AREA: 10 (Broward County)
HAPC: Joshua Rodriguez
Quarter: October-December 2024

HANDOUT Q

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 Q4 2024:

	Quarter beginning	10/1/2024
	n	%
Referred	**172**	
Newly HIV Positive	36	21%
Reengagement	136	79%
unspecified*	0	0%
Enrolled	**171**	**99%**
Newly HIV Positive	36	100%
Reengagement	135	99%
Refused	1	1%
Unable to Locate	0	0%
Pending	0	0%
Ineligible	**20**	
Jail	19	
Out of Jurisdiction	0	
Negative	1	
Deceased	0	
Navigation	2	
Already in care	8	
Avg Days from Referral to Enrollment	0.25	
<1 day	165	96%
2 to 3 Days	1	1%
4 to 7 Days	2	1%
8+ days	3	2%

Ineligible, Navigation, and Already in Care are not included in the Total Referred. Navigation Clients already have medication, but need 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 table below displays the PrEP enrollments from its inception in June 2018 to the end of Q4 2024:

Program through	12/31/2024	
TOTAL NUMBER R-PREP CLINICAL VISITS	**12309**	
Total Enrolled in PrEP Navigation:	**10034**	**82%**
Private Insurance	5193	52%
PAP Assistance	4841	48%
Ineligible for Navigation	**2275**	**18%**
OOJ	2275	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**174**	**2%**
HIV Positive	14	8%
Laboratory	160	92%

- The following table displays a report of the individuals enrolled in the R-PrEP program during Q4 2024:

Quarter beginning	10/1/2024	
TOTAL NUMBER R-PREP CLINICAL VISITS	**517**	
Total Enrolled in PrEP Navigation:	**432**	**84%**
Private Insurance	259	60%
PAP Assistance	173	40%
Ineligible for Navigation	**85**	**16%**
OOJ	85	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**1**	**0%**
HIV Positive	0	0%
Laboratory	1	100%

- Among enrolled/in-jurisdiction clients, there were **1133** follow-up visits to BWC for lab work and PrEP prescription renewal between 10/1/2024 and 12/31/2024.

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

- HIV 500/501 Courses held:
  - 500/501 on **10/16/2024** and **10/17/2024** with **9** participants
  - 501 Update on **10/18/2024** with **28** participants
  - 500/501 on **11/6/2024** and **11/7/2024** with **6** participants
  - 501 Update on **11/14/2024** with **30** participants

- Rapid Testing Technologies held:
  - OraQuick on **11/20/2024** with **17** participants
  - SureCheck on **11/20/2024** with **18** participants

- DOH Broward and non-contracted agencies distributed **371,354** condoms in the community during Q4.
- DOH Broward staff delivered **30** Get PrEP Broward presentations reaching **244** community members. (**2** in October with **26** participants, **10** in November with **113** participants, **18** in December with **105** participants)
- DOH Broward staff conducted **30** PrEP Outreach Activities reaching **2854** community members. (**10** in October with **1041** participants, **9** in November with **836** participants, **11** in December with **977** participants)
- DOH Broward staff made **493** visits to businesses participating in the Business Response to AIDS (BRTA) initiative.
- A total of **30** free At Home Test Kits were shipped to community members who requested them via https://getprepbroward.com/home-testing-kit/ (**9** in October, **8** in November, and **13** in December).

Community outreach and messaging

23 events were held or attended in Q4: **6** in October, **10** in November, and **7** in December:

- On 10/17, Century Village hosted The Healthy Living Expo to assist the senior community. The event included numerous activities such as vendor tables, Alzheimer screenings, raffles, music, and entertainment. Several community-based organizations including Humana, ChenMed, and Quantum Laboratories Inc., were in attendance. At the event, HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources. Prevention staff also engaged event attendees in discussions about HIV transmission and testing, and numerous attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative, serving 63 community members.
- On 10/18, the HIV Prevention program participated in Carter Park Jamz an event that the city of Fort Lauderdale organized, featuring the Betty Padgett Band. DOH staff passed out incentives, condoms, and literature to 150 attendees. The Pride Center, a non-profit organization that offers HIV counseling and testing services, also attended the event. They were also passing out incentives condoms, and literature.
- On 10/19 Thrive Health Group hosted a free community health fair in Miramar. The event offered free health screenings and services including blood glucose and cholesterol testing, blood pressure screening, COVID-19 testing, HIV testing, flu vaccinations and childhood vaccination, educational workshops, and health insurance information. The event was sponsored by the City of Miramar and Commissioner Maxwell Chambers, among others. Vendors in attendance included: Care Resource, The

Wawa Foundation, AHF, SFCC, and the City of Miramar. The HIV Prevention table had 30 visitors who received educational materials and incentives.

- On 10/19, the Wellness Jamboree was held at Delevoe Park in Fort Lauderdale. Attendees were provided with a range of resources and activities designed to encourage healthier lifestyles. The event featured live entertainment, a bounce house for children, free plants for attendees, free lunch sponsored by WAWA and a bicycle giveaway. At the event the FDOH Broward HIV Prevention program provided education on PrEP as a preventative measure against HIV, highlighting its benefits and importance for those at higher risk. Prevention staff provided information on the importance of getting testing for HIV and knowing your status to 80 attendees. Broward health point supported the event by offering free HIV testing onsite, making it easy for attendees to get tested and learn about their status, and childhood vaccines were offered.
- On 10/22, Latinos en Accion Advisory Workgroup hosted a Hispanic Leadership awards ceremony to recognize individuals who have contributed to the support and advancement within the Hispanic community of Broward County. The event included vendor tables, music, and entertainment. Community-based organizations including SunServe, Gilead, United Church of Christ in Fort Lauderdale, the Pride Center, High Impacto, Arianna's Center, Arianna Inc. Consulting, and Ambient Mental Health, Inc. At the event, HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources to 14 community members. Prevention staff also engaged event attendees in discussions about HIV transmission and testing.
- On 10/25 and 10/26, the American College of Physicians hosted their annual Scientific meeting at The Westin Fort Lauderdale conference center. The event included numerous presentations and exhibits for providers to update them on disease risk detection and treatment. The conference included lectures from University of Miami, FIU, South Florida Critical Care Center, and other educational institutions. At the event, HIV Prevention staff provided tabling and distributed PrEP-related promotional items and educational pamphlets for providers to utilize in their practice. Prevention staff also engaged event attendees in discussions about the resources available at our local health department and were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the EHE Initiative to 130 local providers.
- On 11/2 the Broward Community Empowerment Committee hosted a Community Health fair at the Dorothy Mangurian Comprehensive Women's Center to share information on ACA enrollment, Ryan White services, HIV advocacy and community engagement. The event included vendor tabling, food distribution, and music. Vendors included AHF, Broward House, BCOM, Broward County HIV Health Services Planning Council, Pride Center, and Arianna's Center. At the event, FDOH Broward HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources. Prevention staff also engaged a total of 29 attendees in discussions about HIV transmission and testing, and attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the Business Response to AIDS initiative.
- On 11/6 the Broward Healthy Start Coalition hosted a Community Health Fair to commemorate the 8th Annual Homeless Symposium. The event included numerous activities such as vendor tables, free health screenings, food, and entertainment. Several community-based organizations, including Sunshine Health, Covenant House Florida, and BBHC Broward Behavioral Health Coalition, were in attendance. At the event, HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources. Prevention staff also engaged 87 event attendees in discussions about HIV transmission and testing, and numerous attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative.
- On 11/9, FDOH Broward's HIV prevention program participated in Lifestylez Community Health Expo at Samuel Delevoe Park in Fort Lauderdale. DOH staff passed out incentives, condoms, and literature to

100 individuals while speaking with them about PrEP and HIV prevention. Organizations including Afro Pride, AHF and many more provided services ranging from free HIV testing to haircuts to food.

- On 11/10 the Family and Community Engagement Office hosted it 4th Annual Family Fun Day, Together we Thrive, at Delevoe Park in Fort Lauderdale. Several vendors such as DOH Broward HIV Prevention, DOT, and DOH-FL Kid Care were in attendance. At the event, the HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources to 100 community members. Prevention staff also engaged event attendees in discussions about HIV transmission and testing, and numerous attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative.
- On 11/13 Hardrock Seminole Call Center hosted an employee health fair. The event featured preventative health initiatives including mental health services, insurance resources, and sexual health education. HIV Prevention staff shared educational resources on PrEP, encouraged individuals to get tested for HIV and STIs, and distributed incentives to promote awareness to 80 individuals. The collaborative effort created an impactful space to address health and wellness needs in the community.
- On 11/23, Our Father's Kingdom Ministry hosted a Community Health Fair and Family Fun Day for the local community at Veterans Park. The event included a turkey giveaway, free food, a bounce house and creative workshops, and health services including blood pressure and glucose screening, diabetes education, mental and behavioral health screenings, dental services for children and adults, vision screening, and HIV testing. Several community-based organizations including Community Medical Group, WIC, and the Healing Art Institute were in attendance, and OneBlood's bus was present for a blood drive. HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources and engaged 100 event attendees in discussions about HIV transmission and testing. Many attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative.
- On 11/12, HIV Prevention Staff attended Ujima Men's Collective community conversation, a panel discussion of individuals focused on legacies. Attendees enjoyed food and networking following the panel.
- On 11/14, a Prevention staff member attended the State of the Transgender Community Town Hall hosted by South Florida's Trans-led organizations including Transinclusive Group, Arianna's Center, and TransSOCIAL in Fort Lauderdale for the annual State of the Trans Community town hall and panel discussion. The moderated panel discussion featured conversations about transgender rights, resiliency, and the pursuit of equity through both retrospective and future strategy.
- On 11/20, a prevention staff member attended the Transgender Day of Remembrance March & Memorial hosted by SunServe. The march to Flippen Park was accompanied by a short speech and memorials for transgender community members lost to violence.
- On 11/26, a prevention staff member attended the 10th Annual Bishop SF Makalani-Mahee Transgender Equality Awards to honor South Florida's community advocates, organizations, and providers working to advance transgender equality. The event was well attended with several honorees awarded for their contribution within the community.
- On 12/5, High Impacto held an AIDS awareness event focused on resources for preventative care in the Latin community. The event included a presentation from Gilead about medications available for HIV treatment and prevention. The HIV prevention staff attended the presentation and discussed barriers that the Latin community may encounter including stigma, access to health care and costs. High Impacto provided resources and counseling to those in need as well as referrals to friends and family that may benefit from PrEP.
- On 12/6, the City of Fort Lauderdale hosted Light up Sistrunk 2025 in partnership with BAAG (Black Aids Advisory Group). Light Up Sistrunk is an annual community event designed to celebrate World AIDS Day and the vibrant spirit of the Sistrunk neighborhood. The Black Aids Advisory Group organized the health

fair and toy drive. The health fair provided valuable resources, free health services, Free HIV testing aimed at improving the wellbeing of the residents. BAAG involvement featured a strong focus on HIV prevention awareness, education, and prevention. The toy drive brought holiday joy to the families gifting 2,183 toys to children in the community.. AHF, Midland Medical Center, and Broward House provided testing at the event. Other vendors included BCOM, Gang Alternative, Be a Champion for AIDS, Property appraisers, Gilead, and other programs within the Department of Health. There was entertainment such as dancing, food trucks, pictures with Santa, and bicycle and tablets giveaways. In addition to the toy drive, the DOH Broward HIV Prevention team gave out 1500 incentives and condoms to the community and engaged 400 community members in conversation about HIV prevention.

- On 12/11, the HIV Leadership Academy Graduation celebrated the achievements of participants who completed the leadership academy. Held at the Worlds AIDS Museum in Fort Lauderdale, the event honored the graduates for their dedication to advancing HIV awareness. The program featured keynote speeches by Gilead, as well as testimonials from graduates who shared their journeys through the academy. The event concluded with the awarding of certificates and a networking session, encouraging ongoing collaboration and support for HIV-related initiatives. The HIV Leadership Academy Graduation served as both a celebration of accomplishments and a call to action for continued leadership in combating HIV. Thirteen graduates attended.
- On 12/12, The HIV prevention program participated in the Ujima Men's Collective Kwanzaa celebration at LA Lee YMCA. DOH staff passed out incentives, condoms, and literature and engaged with 15 attendees about PrEP and HIV prevention. There were many speakers there teaching the community about the background Kwanzaa.
- On 12/14, I Am Kingdom Ministries International hosted Joy Fest, a faith-based community event for the holidays. The event included numerous activities such as vendor tables, music performances, raffles, toy drive, and entertainment. Several community-based organizations, including Tax Guardian, Morning Day Community Solutions, and Project Micah, were in attendance. At the event, HIV Prevention staff provided tabling and distributed PrEP-related promotional items and safer sex resources. Prevention staff also engaged 105 event attendees in discussions about HIV transmission and testing, and attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative.
- On 12/14, Delta Sigma Theta sorority hosted their annual World AIDS Day event. The city of Pompano Beach sponsored the event. The event was targeted towards the homeless population and featured food, music, and mobile HIV testing. One of the event's speakers was an HIV Prevention staff member. Prevention staff also engaged 70 community members in discussions about HIV transmission and testing, and attendees were given information about the Broward Wellness Center, the mail-order HIV self-testing kit program, and the BRTA initiative.
- On 12/14, the First Baptiste Church Health & Wellness Fair hosted a community event in Lauderdale Lakes, providing a wide range of health-related resources. The event featured a mobile mammogram service (the MammoVan) and health screenings. Vendors provided insurance information, mental health, healthy eating, medical wellness, and senior-specific services. Additionally, food and music were available for the community. FDOH Broward HIV Prevention staff highlighted HIV prevention measures with a particular focus on PrEP, engaging with 61 event attendees.

Perinatal Program

- In calendar year 2024, the Perinatal Prevention program in Broward County completed the following:
- Received 85 HIV-positive pregnant women to case manage and ensure they are taking meds and receiving prenatal care.
- Seventy-Five babies have been born to HIV-positive women. To date all have at least one negative PCR. No MTC transmission.

- Held eleven HIV Providers Network meetings.
- There have been 15 congenital syphilis cases.
- Perinatal program staff participated in 8 grand rounds to hospitals and OB/GYNs.
- Perinatal program staff have participated in seven Haitian Radio PODS regarding HIV.
- The Perinatal program took part in Five community Baby Showers to educate on Perinatal HIV transmission and provide gifts to the pregnant women.
- The 24th and 25th Biannual Perinatal HIV Symposium were held: one in June 2024 and one in December 2024, in conjunction with the South Florida AIDS Education and Training Center. The symposia were held in person at DOH Broward and virtually. In December, 110 registered and 85 attended.

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: Quasia Cowan (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: Quasia Cowan (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: **34**

- Compassionate Health & Wellness 7454 Royal Palm Blvd Margate 33063
- OB/GYN by the Sea 265 Commercial Blvd LAUDERDALE BY THE SE 33308
- Plantation Gynecology/ Mark Grenitz 201 NW 82nd Ave, Suite 103 PLANTATION 33324
- DAURIS FIGUERAS 2625 Executive Park Drive WESTON 33331
- SHAWNETTE SADDLER 9750 NW 33rd Street CORAL SPRINGS 33065
- Broward Health Physician Group/Wesley Cheng 3896 N Federal Hwy LIGHTHOUSE POINT 33064
- Nubia Fonseca, MD 2771 Executive Park Drive, Suite 1 Weston 33331
- Nobhill Medical Center 8116 Wiles Rd. Coral Springs 33067
- Modern OBGYN Care 12600 Pembroke Road STE 302 Miramar 33027
- Total Family Urgent Care 1168 N. SR 7 Lauderhill 33313
- PCC of Tamarac 7166 Nobhill RD Tamarac 33321
- Southwest Medical Group 3640 N Federal Hwy STE 5 Lighthouse Point 33064
- My Care Medical 501 NW 179th Ave, Suite 101 Pembroke Pines 33029
- Medped Associates PA 1600 N State Rd 7 Ste. 300 Lauderhill 33313
- Vidamax Medical Center 6109 Pembroke Rd Hollywood 33023
- Alliance Direct Primary Care 2625 Executie Park Drive STE 3 Weston 33331
- Helix Urgent Care 525 S. Federal Hwy. Deerfield Beach 33441
- MedStation 3402 N. Andrews Ave. Pompano Beach 33064
- Chen Senior Medical Center 390 S. SR7 Hollywood 33023
- FAU Broward Clinical Practice 2100 E Sample Rd Lighthouse Point 33064
- Arena Medical Group 1500 E Hillsboro Blvd, Suite 207 Deerfield Beach 33441
- Unimed Health Care 1500 E. Hillsboro Blvd. Ste. 201 Deerfield Beach 33441
- Traditional Medicine Center 3898 W. Commercial Blvd. Tamarac 33309
- Chen Medical 27 N. SR. 7 Plantation 33317
- Memorial Physician Group 5647 Hollywood Blvd Hollywood 33021
- MAURICE FLOREAL, MD, PA 4100 S. HOSPITAL DRIVE SUITE 306 PLANTATION 33317
- Women's Health of South Broward 1951 SW 172 AVE, SUITE 203 MIRAMAR 33029
- Mohammed I. Baig, MD 4100 S. Hospital Dr. Suite 300 Plantation 33317
- Venetian Isle Medical OBGYN 3001 W. Hallandale beach Blvd. STE 200 Hallandale Beach 33009
- Jean Laventure, MD 4320 W Broward Blvd, Suite 3 Plantation 33317
- Barbara Martin 7166 Nobb Hill Rd. Tamarac 33321
- Gateway Medical 4513 NW 31st Ave. Oakland Park 33309
- FAU Lighthouse Point 2100 E Sample Road Lighthouse Point 33064
- MD VIP 7050 NW 4th ST Plantation 33317

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

PrEP DATA

Number of PrEP Detailing

One-on-one provider/office detailing visits:**362** Providers at Practices: **899**	Provider education (group), summits, meetings, institutes, etc.: 0	Educational materials to providers (toolkits, posters, etc.):

Number of PrEP Referrals

DIS: 147	Navigators: 0	Testing: **101**
Outreach & Education Staff: 0	DOH Clinical Staff: 0	Other: **416**

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.

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.

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.

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 the implementation of activities designed to improve patient 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.