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 25, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

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

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. **CALL TO ORDER/ESTABLISHMENT OF QUORUM**
2. **WELCOME FROM THE CHAIR**
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. **PUBLIC COMMENT**
4. **ACTION:** Approval of Agenda for January 25, 2024
5. **ACTION:** Approval of Minutes from December 5, 2023 (Handout A)
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS**
8. None
9. **CONSENT ITEMS**
   a) **Motion to approve the FY2024 Community Empowerment Committee Work Plan** (Handout B)

   Justification: The work plan was approved by the Community Empowerment Committee during its January 9, 2024, meeting.

   Proposed by: CEC Committee Chair

   b) **Motion to approve the FY2024 Membership/Council Development Committee**

Work Plan (Handout C)

Justification: The work plan was approved by the Membership/Council Development Committee during its January 11, 2024, meeting.

PROPOSED BY: MCDC Committee Chair

c) **Motion to approve the FY2024 Quality Management Committee Work Plan** (Handout D)

Justification: The work plan was approved by the Quality Management Committee during its January 16, 2024, meeting.

PROPOSED BY: QMC Committee Chair

d) **Motion to approve the FY2024 Executive Committee Work Plan** (Handout E)

Justification: The work plan was approved by the Executive Committee during its January 18, 2024, meeting.

PROPOSED BY: Executive Committee Chair

e) **Motion to approve the FY2022-2023 Assessment of the Administrative Mechanism** (Handout F)

Justification: The **Assessment of the Administrative Mechanism** *was approved by the PSRA Committee during its January 18, 2024, meeting. The administrative mechanism (Broward County Ryan White Part A Office) functioned effectively and efficiently from March 1, 2022, through February 28, 2023.*

PROPOSED BY: PSRA Committee Chair

f) **Motion to approve revisions to the HIV Health Services Planning Council By-Laws** (Handout G)

Justification: The **HIVPC By-Laws** *were updated and approved by the Executive Committee during its January 18, 2024, meeting.*

PROPOSED BY: Executive Committee Chair

10. DISCUSSION ITEMS

a) **Service Delivery Model (SDM) Presentation** (Handout H)

i. **Motion to approve the Legal Assistance –; SDM Request for Approval Form** (Handout H 1)

Justification: *The Oral Health Care - Service Delivery Model was reviewed and approved with recommendations by the Quality Management Committee during its January 16, 2024, meeting.*

PROPOSED BY: Quality Management Committee Chair

ii. **Motion to approve the Oral Health Care –SDM Request for Approval Form** (Handout H2)

Justification: *The Oral Health Care - Service Delivery Model was reviewed and approved with recommendations by the Quality Management Committee during its January 16, 2024, meeting.*

PROPOSED BY: Quality Management Committee Chair

iii. **Motion to approve the Mental Health- Trauma-Informed –**SDM Request for Approval Form (Handout H3)

Justification: *The Oral Health Care - Service Delivery Model was reviewed and approved with recommendations by the Quality Management Committee during its January 16, 2024, meeting.*

PROPOSED BY: Quality Management Committee Chair

iv. **Motion to approve the Substance Abuse- Outpatient –**SDM Request for Approval Form (Handout H4)

Justification: *The Oral Health Care - Service Delivery Model was reviewed and approved with recommendations by the Quality Management Committee during its January 16, 2024, meeting.*

11. OLD BUSINESS

a) FY2023 HIVPC Retreat Update (Handout I)

12. NEW BUSINESS

a) **Action Item:** Receive the results of the HIVPC Chair and Vice Chair election for the FY 2024-2026 cycle.

PROPOSED BY: Ad-Hoc Nominating Committee

13. COMMITTEE REPORTS

a. Community Empowerment Committee (CEC)
Chair: Shawn Jackson • Vice Chair: Irvin Wilson

January 9, 2024

i. **Work Plan Item Update/Status Summary:** Members discussed and finalized the facilitated town hall listening session, “Stigma Smashers” on January 31, 2024. The event will be held at the L.A. Lee YMCA/Mizell Community Center from 6 pm-8 pm. Members reviewed FY2023-2024 workplan activities and approved the FY 2024-2025 workplan. Lastly, members continued discussing ideas for other 2024-2025 CEC Community Conversations.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:** TBD
vii. **Next Meeting date:** February 6, 2024, at 3:00 PM at BRHPC and via WebEx Videoconference

b. System of Care Committee (SOC)
Chair: Jose Castillo • Vice Chair: Kendra Hayes
January 2024- No Meeting Held

i. **Work Plan Item Update/Status Summary:**
ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** February 1, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
January 11, 2024

i. **Work Plan Item Update/Status Summary:**
MCDC reviewed the membership seat status to ensure mandated seats are filled. Reviewed demographics and identified populations that are over or underrepresented to ensure HIVPC is representative and reflective of the HIV Epidemic. Members reviewed FY2023-2024 workplan activities and approved the FY 2024-2025 workplan.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:**

iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 11, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

d. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
January 16, 2024

i. **Work Plan Item Update/Status Summary:**
Members reviewed FY2023-2024 QMC workplan activities and approved the FY 2024-2025 QMC workplan; Reviewed the progress of the Clinical Quality Management program and provided recommendations and feedback. QMC also reviewed the following Service Delivery Models: Oral Health Care, Mental Health-Trauma-Informed, Legal Assistance, and Substance Abuse- Outpatient.

ii. **Data Requests:** None
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** February 20, 2024, at 12:30 PM at BRHPC and via WebEx Videoconference

e. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
January 18, 2024
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
The committee completed its Standard Committee Items: Reviewed and Approved January 25, 2024, HIVPC Agenda, Meeting Materials, and Motions, and reviewed the February 2024 HIVPC Calendar. Discussion items included: a review of the agenda for the HIVPC Retreat on February 22, 2024, at the Westin Fort Lauderdale; the Chair of MCDC, V. Foster provided an update on the Council's membership status, its reflectiveness with the HIV population for Broward County. The Chair of the Ad-Hoc By-Laws committee, B. Barnes, presented updates to the By-Laws 1), the number of committees members can serve on, 2). The number of providers that can serve on the HIVPC. 3). Term Limits- Moving from policies and procedures to our by-laws; and 4). Update to Article VIII, Section 10 – Integrated Work Group to include the EHE Advisory Body. Members also reviewed FY2023-2024 workplan activities and approved the FY 2024-2025 workplan.

ii. **Data Requests:** None
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
- Standard Committee Items

vii. **Next Meeting date:** February 15, 2024, at 12:45 PM at BRHPC and via WebEx Videoconference

f. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Vacant
January 18, 2024

i. **Work Plan Item Update/Status Summary:**
The committee completed its Standard Committee Item: Ryan White Part A Office Monthly Expenditure/Utilization Report – by service category. Reviewed the committee's progress with completing the FY2023-2024 PSRA Workplan activities. THE FY 2024-2025 Workplan will be prepared for approval during February's

meeting. The PCS staff presented the results of the Assessment of the Administrative Mechanism Report (Ryan White Part A Office). Members discussed the Affordable Care Act (ACA) Enrollment to create an action plan. During the February meeting, community members will be invited to present current methods to assist clients with accessing ACA Insurance.

ii. **Data Requests:** None
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
- Merged PSRA Timeline and fiscal year workplan for approval.
- Presentations on current methods to assist clients with accessing ACA Insurance

vii. **Next Meeting date:** February 15, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

g. Ad-Hoc Term Limits
Chair: Brad Barnes • Vice Chair: Vacant
January 17, 2024 - No meeting Held

i. **Work Plan Item Update/Status Summary:**
ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** TBD

h. Ad-Hoc Nominations
Chair: Brad Barnes • Vice Chair: Vacant
January 2024- No Meeting Held

viii. **Work Plan Item Update/Status Summary:**
ix. **Data Requests:**
x. **Rationale for Recommendations:**
xi. **Data Reports/ Data Review Updates:**
xii. **Other Business Items:**
xiii. **Agenda Items for Next Meeting:**
xiv. **Next Meeting date:** TBD

14. Recipient Reports

a. Part A (Handout J)
b. Part B (Handout K1, K2, K3)
c. Part C
d. Part D
e. Part F
f. HOPWA (Handout L1, L2)
g. Prevention – Quarterly Update (April, July, October, January)

15. Public Comment

16. Data Requests

17. Agenda Items for Next Meeting

a. Next Meeting Date: March 28, 2024, at 9:30 a.m. at BRHPC and via WebEx
b. Agenda Items for next meeting: To Be Determined

18. Announcements

19. 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.

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Torey Alston • Nan H. Rich • Tim Ryan • Jared Moskowitz • Michael Udine • Robert McKinzie • Hazelle P. Rogers

Broward County Website

HANDOUT C

February 2024

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 http://www.brhpc.org for updates.					
				1 **System of Committee Meeting** **9:30AM – 11:30AM**	2 **South Florida AIDS Network Meeting (SFAN)** **9:30AM** **Disease Case Management Network Meeting** **2:30PM-3:15PM**	3
4	5	6 **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/WebEx**	7 **Black HIV/AIDS Awareness Day**	8	9	10
11	12	13	14	15 **Priority Setting & Resource Allocation Committee Meeting** **9:30AM -12:30PM** **Executive Committee Meeting** **12:45PM – 2:45PM** *** **BCHPPC -1:00pm-3:00pm** **DOH-Broward's Tobacco Room**	16	17
18	19	20 **Quality Management Committee Meeting** **11:30AM– 2:30PM** **Location: BRHPC/WebEx**	21 **Quality Network Meeting** **9:00 AM – 10:15 AM**	22 **HIVPC Annual Retreat** **8:30AM – 3:00PM** **Location: The Westin Ft Lauderdale 400 Corporate Drive**	23	24
25	26	27	28	29		

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

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.

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.

February 2024

Broward HIV Health Services Planning Council Calendar

Allevents listed on thiscalendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings willbe heldvia WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

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.

HANDOUT A

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

Tuesday, December 5, 2023 - 9:30AM
Meeting at Ujima Men's Collective and via WebEx

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, A. Cutright, V. Foster, T. Moragne, J. Castillo, J. Rodriguez, B. Fortune-Evans, R. Jimenez, K. Hayes, E. Dudelzak, B. Mester, J. Casseus, F. D'Amore, W. Marcoviche, D. Shamer, S. Jackson – Tinsley, E. Dsouza, M. Schweizer,

Members Absent: E. Davis, J. Wright, J. Wynn, F. D'Amore, I Wilson, A. Machado, J. Casseus

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

Planning Council Support Staff Present: G. Berkley-Martinez, M. Patel, N. Del Valle, D. Liao

Guests Present: S. Cook, T. Bratcher, Y. Arencibia, T. Vertus, R. Pierre, C. Gonzalez

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

The HIVPC Chair called the meeting to order at 9:39 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment:

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

3. Meeting Approvals:

The approval for the agenda of the December 5, 2023, HIVPC meeting was proposed by V. Biggs, seconded by V. Foster, and passed unanimously. The approval for the minutes of the October 26, 2023, meeting was proposed by V. Foster, seconded by V. Biggs, and passed unanimously.

Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the December 5, 2023, HIV Health Services Planning Council Agenda. The motion was seconded by V. Foster and adopted unanimously.

Motion #2: V. Foster, on behalf of HIVPC, made a motion to approve the October 26, 2023, HIV Health Services Planning Council Minutes. The motion was seconded by V. Biggs and passed unanimously.

4. Federal Legislative Report:

No Report.

5. Consent Items:

Under Consent Items:

Motion #3: The Membership Committee motioned to reinstate Yusimir Arencibia (a former HIVPC member) to the PWHA Recently Released from Jail or Prison for their representative seat. The motion was seconded by V. Biggs and passed unanimously by the HIVPC.

6. Discussion Items:

Council members voted on the following reallocations/sweeps motions from Core & Support Services as proposed by the PSRA Committee and SDMs as proposed by QMC:

Reallocation/Sweeps <u>from</u> Core & Support Services

- **Motion #4: The PSRA Committee made a motion to reallocate $80,000 from AIDS Pharmaceutical Assistance for FY 2023-2024. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion #5: The PSRA Committee made a motion to reallocate $22,706 from Medical Case Management – Disease Case Management for FY2023-2024. The motion was seconded by V. Foster and adopted unanimously.**

- **Motion #6: The PSRA Committee made a motion to reallocate $135,407 from Health Insurance Premium & Cost Sharing Assistance for FY2023-2024. The motion was seconded by J. Castillo and passed unanimously with one opposing vote from V. Biggs.**

- **Motion #7: The PSRA Committee made a motion to reallocate $298,536 from Substance Abuse- Outpatient for FY2023-2024. The motion was seconded by T. Moragne and adopted unanimously.**

- **Motion #8: The PSRA Committee made a motion to reallocate $201,000 from Non-Medical Case Management for FY2023-2024. The motion was seconded by T. Moragne and adopted unanimously.**

- **Motion #9: The PSRA Committee made a motion to Reallocate/Sweep the total from Core & Support Services equaling $737,649. The motion was seconded by V. Foster and adopted unanimously.**

Reallocation/Sweeps <u>to</u> Core & Support Services

- **Motion #10: The PSRA Committee made a motion to reallocate $476,088 to Outpatient Ambulatory Health Services for FY2023-2024. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion #11: The PSRA Committee made a motion to reallocate $110,706 to AIDS Pharmaceutical Assistance for FY2023- 2024. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion #12: The PSRA Committee made a motion to reallocate $51,855 to Medical Case Management – Case Management (Disease Case Management) for FY2023-2024. The motion was seconded by J. Castillo and passed unanimously.**

- **Motion #13: The PSRA Committee made a motion to reallocate $99,000 to Non-Medical Case Management for FY2023-2024. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion #14: T. Moragne made a motion to Reallocate/Sweep the total to Core & Support Services equaling $737,649. The motion was seconded by V. Biggs and passed unanimously.**

Funding Source for total Reallocation/Sweeps from MAI Core & Support Services: FY2023-2024 Carry Over Funds = $333,077

Reallocation/Sweeps <u>to</u> Minority AIDS Initiative (MAI)* Core & Support Services

- **Motion #15: The PSRA Committee made a motion to reallocate $171,500 to MAI Medical Case Management for FY2023-2024. The motion was seconded by V. Biggs and passed unanimously with 2 abstentions.**

- **Motion #16: The PSRA Committee made a motion to reallocate 60,356 to MAI Substance Abuse- Outpatient for FY2023-2024. The motion was seconded by V. Biggs and passed unanimously with 2 abstentions.**

- **Motion #17: The PSRA Committee made a motion to reallocate Motion to reallocate $101,221 to MAI Non-Medical Case Management (CIED) for FY2023-2024. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion #16: V. Foster made a motion to Reallocate/Sweep the total to MAI Core & Support Services equaling $333,077.**

Voting on SDMs as presented by QMC:

- **Motion #17: The Quality Management Committee made a motion to approve the Food Services – Service Delivery Model as presented. The motion was seconded by V. Biggs and passed unanimously with one opposing vote from B. Barnes.**

- **Motion # 18: The Quality Management Committee made a motion to approve the Non-Medical Case Management – Service Delivery Model as presented. The motion was seconded by V. Biggs and passed unanimously.**

- **Motion # 19: The Quality Management Committee made a motion to approve the Medical Case Management – Service Delivery Model with modifications to Standard #5. The motion was seconded by V. Biggs and passed unanimously.**

7. Old Business:

None.

8. New Business:

For FY2024-2025 HIVPC Chair/Vice Chair Nominee Q&A session, V. Biggs and L. Robertson made brief speeches. The voting process has officially begun for both candidates.

9. Committee Reports:

a. Community Empowerment Committee Workshop – November 7, 2023
Chair: Shawn Jackson Vice Chair: Irvin Wilson
The report stands.

b. System of Care Committee – December 2023 – November 2, 2023
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. Membership/Council Development Committee – November 2023: No Meeting Scheduled
Chair: V. Foster, Vice Chair: T. Moragne

d. Quality Management Committee – November 20, 2023:
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands.

e. Priority Setting & Resource Allocation Committee – November 30, 2023

Chair: B. Barnes, Vice Chair: Vacant
The report stands.

f. **Executive Committee – November 30, 2023**
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands.

g. **Ad-Hoc By-Laws & MOU Committee, Ad-Hoc Nominations – December 2023: No Meeting Scheduled**
Chair: B. Barnes, Vice Chair: Vacant
The report stands.

10. Recipient's Report:

a. **Part A:** The Recipient Part A Office provided updates on ACA and training on PE. In January, Part A will also continue to review more SDMs.
b. **Part B:** Recipient provided a written report with Part B's expenditures for October 2023.
c. **Part C:** No Report
d. **Part D**: The Part D Representative provided a general report which included the current number of enrolled HIV positive patients and the overall viral suppression rate.
e. **Part F:** Nova Southeastern University continues to work with Care Resource to serve Ryan White clients with an added component of have students working with PREP Counselors.
f. **HOPWA:** No Report.
g. **Prevention:** Quarterly Update (April, July, October, January)

11. Public Comment:

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

12. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on January 25, 2023, at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through WebEx
b. Agenda Items for next meeting: **To Be Determined**

13. Announcements:

a. **G. Martinez** – announced more details with regards to HIVPC Retreat on February 22, 2024. Attendance for council/committee members is mandatory.
b. **L. Robertson** – announced the Kwanzaa Celebration by Ujima's Men Collective: Responsible for Ourselves on Thursday, December 28, 2023, at the HotSpots Art Gallery in Wilton Manors, FL

14. <u>Adjournment:</u>

There being no further business, the meeting was adjourned at 11:59 p.m.

HIVPC Attendance for CY 2023

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	26	23	23	27	25	22	27	24	28	26	23	5	
1	1	Barnes, B.	A	X	X	X	X	C	X	X	X	X	C	X	
0	2	Bhrangger, R.	X	X	X	X	X	C	X	X	X	X	C	X	
2	3	Biggs, V., V.Chair	X	X	A	X	A	C	X	X	X	X	C	X	
0	4	Cutright, A.	X	X	X	X	X	C	X	X	X	X	C	X	
0	5	Fortune-Evans, B.	X	X	X	E	X	C	X	E	X	X	C	X	
0	6	Foster, V.	X	X	X	X	X	C	X	X	X	X	C	X	
	7	Machado, A.									N, A	X	C	A	
0	8	Marcoviche, W.	X	X	X	X	X	C	X	E	X	X	C	X	
1	9	Moragne, T.	X	X	X	X	X	C	X	A	X	X	C	X	
0	10	Robertson, L., Chair	X	X	X	X	X	C	X	X	X	X	C	X	
0	11	Rodriguez, J.	X	X	X	X	X	C	X	X	X	X	C	X	
3	12	Ruffner, A.	A	X	X	A	X	C	A	X	X	Z- Resigned			
3	13	Schweizer, M.			X	A	X	C	X	A	X	A	C	X	
1	14	Wilson, I.	X	X	X	X	X	C	X	X	X	X	C	A	
1	15	Jackson-Tinsley, S.	X	X	X	X	X	C	X	X	X	A	C	X	
1	16	Castillo, J.	X	X	X	A	X	C	X	X	X	X	C	X	
3	17	Dsouza, E.	X	X	X	A	X	C	X	A	X	A	C	X	
1	18	Jimenez, R.	X	A	X	X	X	C	X	X	X	X	C	X	
	19	Mester, B.				N, X	X	C	A	X	X	X	C	X	
	20	Hayes, K.				N, X	X	C	X	X	X	X	C	X	
	21	Dudelzak, E.				N, X	E	C	X	X	X	X	C	X	
	22	Wright, J.				N, A	A	C	A	A	X	A	C	A	
7	23	Casseus, J.	A	A	A	X	A	C	A	A	X	X	C	A	
	24	Davis, E.									N, X	A	C	A	
	25	D'Amore, F.									N, X	X	C	A	
	26	Wynn, J.									N, X	A	C	A	
	27	Shamer, D.									N, X	X	C	X	
		Quorum = 12	14	13	16	16	18		18	15	26	20		19	

Legend:

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

HANDOUT B

Community Empowerment Committee (CEC) Work Plan FY2024-2025

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.

Target	Q1	Q2	Q3	Q4
4 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 Engage consumers in townhalls/listening sessions at minimum, biannually.	CEC/Staff/Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.												
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data.												
1.3 Educate CEC members on HIVPC & Ryan White Part A.	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.												
1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences at minimum, biannually.	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicapble. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.												

Objective 2: Promote education and awareness to affirm support for 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 Team will distribute HIVPC and HIV-related information to its community listserv.												
2.3 Analyze survey results for each community event, including outreach, trainings and community forums on an ongoing basis.	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives.												
2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: 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 that incorporate results from feedback mechanisms to increase HIV literacy	CEC	Increased awareness and utilization of services for PHW and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute a countywide summit for stakeholder collaborations to address various HIV-related issues including misconceptions and HIV-related Stigma.												

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	Incorporate programs from the organization, Meaningful Involvement of People with HIV/AIDS (MIPA) in Broward; Partner with 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.												

Abbreviations: BCHPPC (Broward County HIV Prevention Planning Council); SFAN (South Florida AIDS Network); PCS (Planning Council Support Staff); T/GNC Transgender and gender nonconforming

HANDOUT C

Membership/Council Development Committee Work Plan FY2024-2025

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 PLWHA. Passionately engage 100 Community Members and recruit 7 members to the HIVPC.

Baseline	Target	Q1		Q2		Q3		Q4	

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	Ensure HIVPC reflects epidemic	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	Ensure compliance	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	Public awareness	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.												
1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders as necessary.	Staff/MCDC	Increased community awareness	Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondence and distribution of marketing materials.												

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 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.												
2.2 Complete tasks outlined in Recruitment & Retention Plan on an ongoing basis.	MCDC	Recruitment & Retention of new HIVPC and Committee members	Complete tasks outlined in Recruitment & Retention Plan.												
2.3 Develop recruitment and website materials as needed.	Staff	Strategic recruitment of new members	Develop marketing materials as needed.												
2.4 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: Recruitment & Engagement Efforts.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 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.												
3.2 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.												
3.3 Develop engagement opportunities for the HIVPC in the community on an ongoing basis.	MCDC	Increased community awareness	Create opportunities for HIVPC to engage and recruit community members.												
3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members as needed.	MCDC	Strategic recruitment of new members	Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees.												

Objective 4: Planning Council Development and Committee Collaboration.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Collaborate with other Committees of the HIVPC to participate in activities as needed.	MCDC	Cross-Committee Collaboration	Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration.												
4.2 Recognize 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.												
4.3 Conduct ongoing member training quarterly or as needed.	MCDC/Executive Committee/Staff	Capacity building	Conduct member trainings based on MCDC Training Plan to further educate HIVPC members.												
4.4 Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed.	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.												
4.5 Offer mentorship program as necessary on an ongoing basis.	MCDC	Capacity building	Develop 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.												
4.6 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.												

HANDOUT D

Quality Management Committee (QMC) Work Plan FY2024-2025

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 2025, 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.	Baseline	Target	Q1	Q2	Q3	Q4

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, minutes, 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 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. Disease Case Management - DCM 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)												
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.												

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												

HANDOUT E

Executive Committee Work Plan FY2024-2025

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".

	Baseline	Target	Q1	Q2	Q3	Q4
GOAL: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2024.						

Objective 1: Oversee Planning Council Operations.

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

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup to monitor the **2022-2026 Prevention and Care Integrated Plan quarterly**.	Executive/Integrated Workgroup	EMA Goals are addressed	Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed.												
2.2 Monitor Ending the HIV Epidemic Plan progress quarterly.	Part A Recipient/Part B Representative	EMA Goals are addressed	Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan.												

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

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

FY2022-2023 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

March 1, 2022 – February 28, 2023

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 18, 2024

1

PURPOSE

- The Assessment of the Part A Administrative Mechanism (Broward County Ryan White Part A Office) for FY 2022-2023 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."

2

Topics Covered

1) The Procurement Process
2) Contracting
3) Reimbursement of Subrecipients
4) Use of Funds
5) Engagement with the HIVPC

3

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

- The HIVPC is required to complete the assessment annually.
- The HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available.
- The results of the assessment will be used to improve the administration of Ryan White Part-A funds locally.

4

Participation

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	16 (80%)	20
Recipient	1 (100%)	1
Providers	11 (92%)	12
	28	34

5

Service Category	Agencies
Outpatient Ambulatory Health Services	5 (45.5%)
AIDS Pharmaceutical Assistance	2 (18.2%)
Oral Health Care	3 (27.3%)
Health Insurance Continuation Program (HICP)	1 (9.1%)
Medical Case Management	5 (45.5%)
Mental Health Services	3 (27.3%)
Substance Abuse- Outpatient Care	1 (9.1%)
Non-Medical Case Management Central Intake & Eligibility Determination (CIED)	1 (9.1%)
Non-Medical Case Management	6 (54.5%)
Food Services	2 (18.2%)
Legal Services	1 (9.1%)

Ryan White Services Represented

6

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.

Notice of Grant Award (NGA):

- 81.3% (13) believed the Recipient was diligent in providing the HIVPC with effective communication about the federal NGA.
- 87.6% (14) responded that funding information and updates were provided in a timely manner.

Communication:

1. *How well the planning council received the information it requested on a timely basis to make informed decisions*:

- Good - 56.25% (9)
- Excellent - 25% (4)
- Fair - 18.75% (3)

2. Communication between the RWPA Office and the HIVPC

- Good' - 68.8% (11)
- Excellent - 12.5% (2)
- Fair – 6.1% (1)
- Unsure -12.5% (2)

7

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 2022-2023.

- **Award Notification:** The Recipient informed providers of funding and contracts through an electronic copy of the award letter.
  - Partial NGA by HRSA to Recipient – January
  - Notification to Providers – February
  - Executed Contracts – March 8-20, with one May 26th
    - The Recipient office noted that the legal process, staffing, unidentifiable signatures, requirement of new authorities, and re-execution contributed to delays in executing a provider contract.
  - Full NGA by HRSA – April
- **Provider Reimbursements:** The Recipient's office noted that the average turnaround time for reimbursements was between 15-21 days.
  - *There were **no noted discrepancies** in provider reimbursement during FY2022.*
- The Recipient noted that **delays in provider reimbursement** during FY2022 were due to
  - incorrect invoices caused by user errors or errors with PE.
  - Recipient office process delays due to staffing, scheduling, or other issues in Fiscal or Accounting.
- **Communication with provider agencies**
  - The Recipient maintained monthly communication with provider agencies to review utilization and expenditures.
  - The Recipient 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'*, responding to questions and requests for information within *two days*.

8

Provider 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 11 of Ryan White Part A's 12 funded providers, thus increasing the response rate from 58% to 92% compared to last year's submission of the AEAM.
- **Provider Reimbursements:** Most providers received their **first reimbursement check** for FY2022 services **between April and June**;
  - 18.2% (2) of respondents received reimbursement within 7 days,
  - 45.5% (5) within 22-28 days;
  - One (1) provider received reimbursement within 29-35 days, and another within 36-42 days.
- **Obstacles contributing to the delay in reimbursements.** The Recipient noted:
  - PE-related invoice errors
  - Delays on the recipient side due to staffing, scheduling, and other issues in Fiscal and Accounting.

9

Provider 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.

- **Communication/Technical Assistance:**
  - 72.7% (8) of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures,
  - 54.5% (3) achieved improved utilization and expenditures.
- **Overall Communication Rating:**
  - Fully well informed - 45.5% (5)
  - Fairly well informed - 36.4% (4)
  - Adequately informed -18.2% (2)
- **Recipient Response Rate to Providers' Inquiry:**
  - One to two days - 90.9% (10)
- **The Recipients' Office rating in providing agencies with quality management, programmatic, fiscal, technical assistance, or training.**
  - Excellent – 36.4%
  - Good – 33.3%
  - Average – 3%
  - Did not require technical assistance in FY22 - 27.3%

10

Limitations

- The inability to attain timely survey responses from some Provider Agencies caused a delay in completing the assessment report.
  - PCS Staff had to make several attempts at acquiring the information from agencies over several months.
  - **How PCS addressed the limitation:**
    - PCS Staff asked for further assistance from the Recipients' Office in contacting providers.
    - PCS Staff also extended the deadline to submit surveys from August 28, 2023, to October 3, 2023, which resulted in 11 surveys being completed.

11

FY 2022-2023
CONCLUSIONS &
RECOMMENDATIONS

Review or restructure the contracting process to alleviate the challenges associated with late billing.

Provide ongoing technical assistance on PE to reduce user error and improve service delivery for PWH in Broward County.

Educate the sub-recipients/provider agencies on the AEAM and its role in the process.

Include the survey completion as a future contractual requirement since the assessment is a legislative requirement of the Ryan White Part A Program.

12

Findings

The administrative mechanism functioned effectively and efficiently from March 1, 2022, through February 28, 2023.

13

QUESTIONS?

DISCUSSION

14

HANDOUT G

Ad-Hoc By-Laws Committee
Parking Lot Items

ARTICLE IV:

SECTION 7: Term Limits.

The Council will adhere to the March 14, 2023, resolution of the Board of County Commissioners of Broward County, pertaining to Term Limits and membership rotations based on the amended Section 12.109 of the Broward County Administrative Code. The Term Limits procedures are as follows:

1) The Council members shall each serve a three (3) year term, subject to the provisions of Section 1-233, Broward County Code. Council members shall not serve more than three (3) consecutive three-year terms.

2) Following any three (3) consecutive terms, a member is ineligible to serve for one (1) year, after which that individual may be reappointed to the Council by the County Commission.

3) The MCDC will recommend prospective members six months prior

to the end of each three-year term to the Council.

4) The Council will recommend prospective members for appointment four months prior to the end of each three-year term to the County Commission.

5) Each term begins on January 1 and ends on December 31

SECTION 11: Maximum Standing Committees Council Members May Join.

To be effective (and to avoid burnout), Council members should generally not serve on more than two committees. Limiting service to one or two committees can allow Council members to focus on an area and develop expertise that can further the work of the Council.

SECTION 13

I. Number of providers on the HIVPC General Body – There shall be a maximum of three (3) members from the same organization/provider.

ARTICLE VIII

SECTION 10**:** There shall be an Integrated Work Group

A. Membership.
The workgroup will be composed of the Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network (SFAN), the Broward County HIV Prevention Planning Council (BCHPPC**), and the Ending the HIV Epidemic Advisory Group,** with three members and one alternate representing their respective planning or advisory body, as applicable.

Approved by Executive Committee: January 18, 2024

HANDOUT H

1

Fiscal Year 2022-2023

Legal Services

Oral Health

Mental Health

Substance Abuse

2

Legal Services

- Indicator 1.1 will be removed due to no data in an extended period.
- Indicator 2.1 will now become indicator 1.1 on the SDM.
- The target percentage for the new indicator 1.1 will be increased from 80% to 90%.

3

Oral Health

- Indicator 1.1 will have a target percentage increase from 75% to 85%.
- Indicator 2.1 will have a target percentage increase from 75% to 95%.

4

Mental Health

- The language in the Mental health SDM will be updated from HIV MIS to HSSS which stands for Human Services Software System.

5

Substance Abuse Outpatient

- The language in the Substance Abuse Outpatient SDM will be updated from HIV MIS to HSSS which stands for Human Services Software System.

6

THANKS!

Do you have any questions?

Richard Pena	Timothy Thompson	Brianne Miller
Quality Program Project Coordinator, EHE/RWA	Quality Program Project Coordinator Senior, RWA	Quality Program Project Coordinator, RWA
Ripena@broward.org	Timthompson@broward.org	Bmiller@broward.org
(954) 357-5393	(954)357-7811	(954)-357-7375

7

HANDOUT H1

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	01/16/24
Service Delivery Model	Legal Assistance
Status	Revision to Oral Health Care Service Model

Background/summary of service delivery model:

Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP

Preparation of:

- Healthcare power of attorney
- Durable powers of attorney
- Living wills

Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:

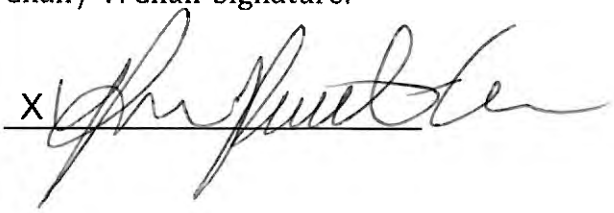
- Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney.
- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- To stay within HRSA guidelines, the HRSA definition was updated in the Service Delivery Model.
- By changing the Outcomes and Indicators for this service category, providers will be able to measure how they can support access to client retention in care and viral suppression.
- Indicator 1.1 was removed from the Broward Outcomes and Indicators because there was no data reported for this category. Indicator 1.2 will now replace Indicator 1.1.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
☒ Approved ☐ Denied Chair/ V. Chair Signature: X  Date: _____	

HIV Planning Council:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:

HANDOUT H2

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	01/16/24
Service Delivery Model	Oral Health Care
Status	Revision to Oral Health Care Service Model

Background/summary of service delivery model:

Oral health care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards.

Coordination and Referral of Oral Health Care Services

Providers must act as a liaison between clients and other oral health care service providers to obtain and share information to support an optimal level of patient care and service provision, including HIV treatment and care. Clients must receive immediate referrals for emergency treatment, including relief of pain or infection.

Oral Health Care Prevention & Early Intervention

Providers must emphasize prevention and early detection of oral disease by educating patients about preventive oral health care practices, including instruction in oral hygiene.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- To improve the standards of care for the Broward Outcomes and Indicators, Indicator 1.1 increased from 75% to 85% and Indicator 2.1 increased from 75% to 95%. These changes were based on the previous quarterly and annual Broward Outcomes and Indicators data.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
☒ Approved ☐ Denied Chair/ V. Chair Signature: X [signature] Date: 1/16/2024	

HIV Planning Council:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
☐ Approved ☐ Denied Chair/ V. Chair Signature:	

HANDOUT H3

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	01/16/24
Service Delivery Model	Mental Health
Status	Revision to Mental Health Service Model

Background/summary of service delivery model:

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Trauma-Informed Approach to Service Delivery

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders.

Assessment and Treatment Plan

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- There was a nomenclature change in the software system from HIV Management Information System (MIS) to Human Services Software System (HSSS).

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
☒ Approved ☐ Denied Chair/ V. Chair Signature: X Date: 11/16/2024	

HIV Planning Council:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:

HANDOUT H4

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	01/16/24
Service Delivery Model	Substance Abuse-Outpatient
Status	Revision to Substance Abuse-Outpatient Model

Background/summary of service delivery model:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

Outpatient Care

Outpatient substance abuse care treats ameliorate negative symptoms from SUDs and restores effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in early stages of change (as a "step down" from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided less than nine hours weekly.

Intensive Outpatient Services

Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity. At a minimum, intensive outpatient services provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in-person. Intensive outpatient services are provided from 9-19 hours weekly.

Day Treatment

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. Day treatment, at a minimum, meets the same treatment goals as described in Intensive Outpatient Services, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in-person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.

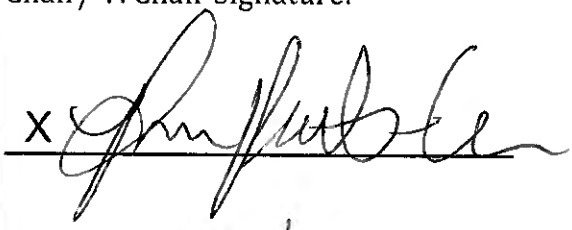
How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- There was a nomenclature change in the software system from HIV Management Information System (MIS) to Human Services Software System (HSSS).

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
☒ Approved	

☐ Approved ☐ Denied Chair/ V. Chair Signature: X  Date: 1/16/2024	

HANDOUT I

HIVPC

Broward County HIV Health Services Planning Council

2023-2024 HIVPC Retreat

Topics Include:

Navigating Roberts Rules of Order

Integrated Planning: Where are We?

Effective Leadership Styles

Effective Meeting Faciliation Skills

Effective Community & Member Engagement

Date: Thursday, February 22, 2024

Registration Time: 8:30am

Retreat Time: 9:00am to 3:00pm

IN-PERSON ATTENDANCE IS *MANDATORY*

Location: The Westin Fort Lauderdale

400 Corporate Drive

1

Service Delivery Model (SDM)

- MAI SDMs are currently being worked on in prep for March.
- We currently have HICP, Universal, CIED, MAI SDMs, Ambulatory left as SDMs for full review.
- We appreciate the planning councils feedback and review of the SDMs as we go through this endeavor.

2

Ryan White HIV/AIDS Program Services Report (RSR)

- Recipient report has been certified into the EHB.
- Provider reports will be available February 5th and have a due date as the first week of March.
- Initial instructional email to be dispensed this week.

3

Contract Updates

- All Ryan White/EHE provider amendments are being executed.
- These amendments clarify providers' obligations around **program income.**
- The Recipient's office is continuing to work with County Admin to develop a policy on Advanced Payment to providers who receive federal funds

4

Contract Updates Continued

- The recipient office is entering FY24-25 contracts in PE sooner than expected, allowing providers to enter budgets while the current fiscal year is being closed out.
- The recipient office is also amid analysis to conduct the final administrative sweep.

5

Questions?

6

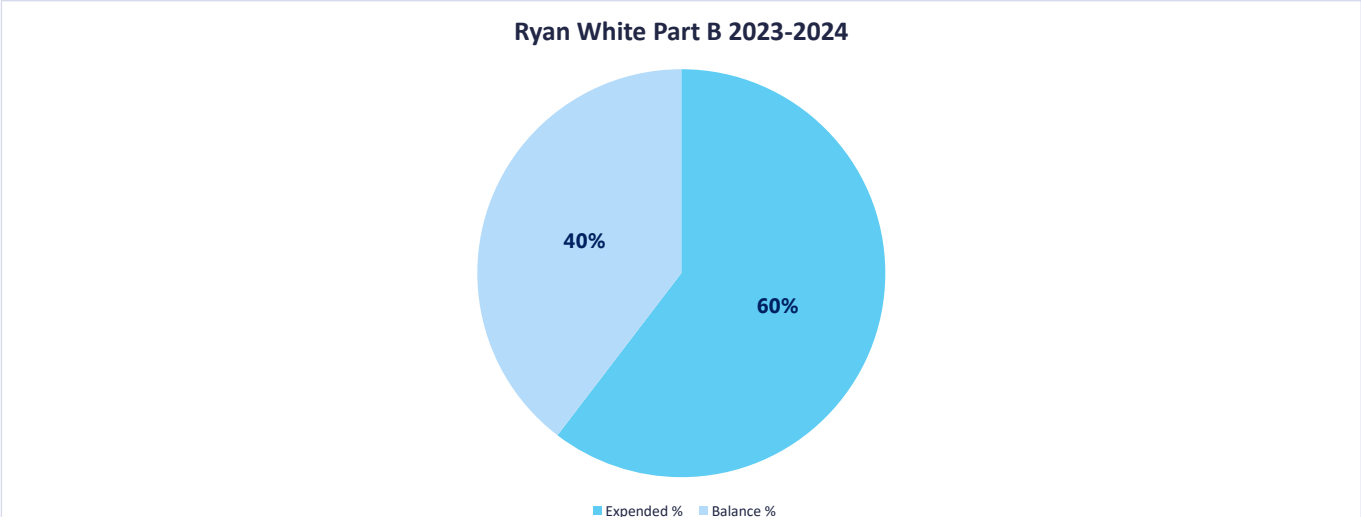
HANDOUT K1

Ryan White Part B

PTC24: April 1, 2023 to March 31, 2024

Expenditures for November 2023

Service Category	Allocated	Expended November 2023	Expended to Date	Expended %	Balance %	Balance
Administrative Services	$ 85,825	$ 7,587	$ 73,298	85%	15%	$ 12,527.49
Health Insurance Premium/Cost Sharing	$ 167,750	$ 21,212	$ 119,896	71%	29%	$ 47,853.87
Home & Community Based Health	$ 20,000	$ 653	$ 5,717	29%	71%	$ 14,282.90
Medical Nutritional Therapy	$ 30,000	$ 2,546	$ 15,459	52%	48%	$ 14,540.83
Emergency Financial Assistance	$ 185,654	$ 9,737	$ 113,275	61%	39%	$ 72,379.23
Home Delivered Meals	$ 20,000	$ 84	$ 1,355	7%	93%	$ 18,645.50
Medical Transportation	$ 125,476	$ 13,782	$ 65,860	52%	48%	$ 59,616.00
Non-Medical Case Management	$ 346,770	$ 40,852	$ 252,258	73%	27%	$ 94,511.87
Residential Substance Abuse	$ 116,500	$ -	$ 22,975	20%	80%	$ 93,525.00
Clinical Quality Management	$ 58,096	$ 3,852	$ 29,994	52%	48%	$ 28,101.65
Planning and Evaluation	$ 5,858	$ -	$ 1,575	27%	73%	$ 4,283.35
TOTALS	**$ 1,161,929**	**$ 100,305**	**$ 701,661**	**60%**	**40%**	**$ 460,267.69**



ADAP QUARTERLY REPORT	OUTCOMES
ELIGIBLITY DATA	
Total **CORE** Eligibility Client Assessments	1354
Total Clients Enrolled	1476
New Clients Enrolled	158
Re-enrollments	1318
Clients Enrolled Via Central Office	93
Average Cycle Time	36.8
Clients Served Per PAS Per Day	4.8
Number of Appointments Served	1436
No Show Percentage	36
VIRAL LOAD SUPPRESSION DATA	
Virally Suppressed (Total Clients %)	92.20
Virally Suppressed (Insured %)	96.40
Virally Suppressed (Uninsured %)	87.30
Virally Suppressed (at 6 months %)	93.40
CALL CENTER DATA	
Total Monthly Calls	3720
Daily Calls	65
Daily Calls Per Agent	32.5
Abandonment Rate (%)	5.7
Average Talk Time	2.53
Average Cycle Time	4.09

HANDOUT K3

RYAN WHITE PART B QUARTERLY DEMOGRAPHIC REPORT	TOTAL CLIENTS SERVED
EFA01 - EMERGENCY FINANCIAL ASSISTANCE; RENT	**7**
Black or African-American	
Female	1
Male	3
Hispanic	
Male	1
White (non-Hispanic)	
Female	1
Male	1
EFA02 - EMERGENCY FINANCIAL ASSISTANCE; UTILITIES	**10**
Black or African-American	
Female	3
Male	1
Hispanic	
Female	1
Male	3
White (non-Hispanic)	
Male	2
EFA99 - EMERGENCY FINANCIAL ASSISTANCE UNSPECIFIED	**273**
Asian	
Female	1
Male	2
Black or African-American	
Female	59
Male	60
Hispanic	
Female	8
Male	39
Transgender MtF	1
Not Specified	
Female	14
Male	19
Pacific Islander	
Male	1
White (non-Hispanic)	
Female	5
Male	64
EIS01 - EARLY INTERVENTION; CLIENT SESSION	**34**
Black or African-American	
Female	4
Male	9
Hispanic	
Male	4
More than one race	
Male	1
Not Specified	

Female	2
Male	8
White (non-Hispanic)	
Male	6
FBM01 - HOME DELIVERED MEALS	**1**
Black or African-American	
Male	1
H0010 - ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOX (RESIDENTIAL ADDICTION PROGRAM)	**13**
HCB99 - HOME & COMMUNITY BASED SERVICES UNSPECIFIED	**9**
Black or African-American	
Female	2
Male	3
Transgender MtF	2
White (non-Hispanic)	
Male	2
HI001 - HEALTH INSURANCE PREMIUM PAYMENT	**13**
Black or African-American	
Female	1
Male	4
Hispanic	
Male	1
Not Specified	
Male	3
White (non-Hispanic)	
Male	4
HI002 - HEALTH INSURANCE CO-PAY PAYMENT	**26**
Black or African-American	
Female	4
Male	1
Hispanic	
Male	5
Not Specified	
Female	3
White (non-Hispanic)	
Male	13
HI003 - HEALTH INSURANCE DEDUCTIBLE PAYMENT	**1**
White (non-Hispanic)	
Male	1
MNT02 - NUTRITIONAL SUPPLEMENTS	**42**
Black or African-American	
Female	7
Male	22
Hispanic	
Female	3
Male	3
Not Specified	
Male	1
Other	
Male	3

White (non-Hispanic)	
Male	3
MTR01 - MEDICAL TRANSPORTATION; BUS PASS; DAY	**85**
Black or African-American	
Female	17
Male	39
Hispanic	
Male	17
Not Specified	
Female	1
Male	2
Pacific Islander	
Male	1
White (non-Hispanic)	
Female	1
Male	7
MTR02 - MEDICAL TRANSPORTATION; BUS PASS; MONTH	**11**
Black or African-American	
Male	7
Hispanic	
Male	2
White (non-Hispanic)	
Male	2
MTR05 - MEDICAL TRANSPORTATION; GAS CARD	**81**
Black or African-American	
Female	17
Male	25
Hispanic	
Female	3
Male	10
Not Specified	
Male	2
Other	
Male	1
White (non-Hispanic)	
Female	2
Male	21
MTR99 - MEDICAL TRANSPORTATION; UNSPECIFIED	**43**
Black or African-American	
Female	13
Male	14
Hispanic	
Male	7
Not Specified	
Female	2
White (non-Hispanic)	
Female	1
Male	6
Grand Total Clients Served	**649**

HANDOUT L1

City of Fort Lauderdale

HOWPA Fiscal Year 2022-2023 Summary

Fiscal Year: 10/01/2022 thru 09/30/2023

Program	Annual Budget	Annual Expense	% Exp	Balance Amt	% Bal.	Client Served
Permanent Housing Placement (PHP)	$229,352.00	$226,249.81	99%	$3,102.19	1%	64
Short Term Rent Mortage Utility Assistance (STRMU)	$511,570.17	$511,570.17	100%	$0.00	0%	125
Tenant Base Rental Voucher (TBRV)	$2,549,175.33	$2,370,972.10	93%	$178,203.23	7%	173
Project / Facility Based (PBR / FAC)	$2,802,468.67	$2,728,255.05	97%	$74,213.62	3%	153
Temporary Emergency Hotel Voucher (TEHV)	$61,895.00	$60,218.79	97%	$1,676.21	3%	22
Housing Case Management (HCM)	$598,342.00	$597,566.49	100%	$775.51	0%	1115
Legal Aid	$196,782.99	$196,782.99	100%	$0.00	0%	196
TOTAL	$ 6,949,586.16	$6,691,615.40	96%	$257,970.76	4%	1848

HANDOUT L2

HOPWA Eligibility:

1. **Client must be diagnosed with HIV**
2. **Income Eligible (Total Household Income at or below 80% of area median income)**
3. **Lawfully reside in U.S.**
4. **Broward County resident for 6 consecutive months.**
5. **Not receiving housing assistance from other programs**

How to apply for HOPWA Housing Assistance:

Contact SunServe or Care Resource (Housing Case Managers)

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

HOPWA Non-Housing Legal Aid

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

HOPWA -RFQ for FY 2024/2025, with an option to renew for two (2) additional one(1) year periods, depending on funding availability.

City will be putting out a Request For Quotation (RFQ)

RFQ will go live on Feb 1st, 2024, Closes on March 1st 2024

Please sign up on City's Supplier Portal to apply for RFQ. Below is the Link.

https://www.fortlauderdale.gov/government/departments-a-h/finance/procurement-services

HOPWA funding recommandation are made by the Community Service Board (CSB) and approved by City Commision.

CSB meetings are held 2nd Monday of each month; 4:00pm at Development Services Dept of COFL - 700 NW 19th Ave, Fort Lauderdale, FL 33311.

CSB meetings are open to the public and providers. Below is link to meetings details on City webpage: Https://www.fortlauderdale.gov/government/CSB

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

City of Fort Lauderdale (HOPWA Grantee for Broward County)

Contact:

Eveline Dsouza: (954) 828-4775

Email: EDsouza@fortlauderdale.gov

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 a 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 respectfully, to respect time limits, to speak briefly and to the point, and to stay on the 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 if 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 that disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/2014; 1/24/2024.

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/2014; 1/24/2024.

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 dwerete sou keksyon oswapwopozisyon k'apfèt-la. Moun k'appale-a dweadrese 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. Manmnanpiblik la sèlman pouadrese a konsèy sourekonèsans souchèz la. Yo ka tonbe anbamenm lòd de kondwit ki te espere nan manm konsèy yo.

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

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

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

Revised 7/24/2014; 1/24/2024.

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: Benefits 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 Health Services 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
MMSC: Male-to-male-sexual contact
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

PWH: People with HIV

PWHA: People 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.

HIVPC ATTENDANCE POLICIES

BROWARD COUNTY CODE OF ORDINANCES
CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

GENERAL REQUIREMENT AND POLICIES

Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum

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Removal based on Attendance

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

Excused Absences

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

Non-excused absences

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

Requirements of Appointment

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

Quorum Rules

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

Appointees shall notify the board coordinator *at least two (2) business days prior* to the scheduled meeting date as to whether they will or will not attend the meeting. This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent where such failure results in the meeting being cancelled for lack of quorum.

HIVPC ATTENDANCE POLICIES

If a meeting is **scheduled and a sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting:

- Members present will be marked as attending.
- Members who telephone in, will be marked as attending.
- Members not present will be marked absent.
- Members, who did not confirm they were attending and attend, will be marked present.

If a meeting is **scheduled and a sufficient number of members to have quorum DID NOT CONFIRM** that they will be physically present at the meeting, **THE MEETING WILL BE CANCELLED PRIOR TO THE MEETING DATE**:

- Members who intended to telephone in, will be marked absent.
- Members, who did not confirm that they were attending, will be marked absent.
- Members who confirmed they would be attending will be marked *present* and it will be noted on the attendance sheet that the meeting was cancelled.

If a meeting is **scheduled and sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting, **BUT QUORUM WAS NOT PRESENT AT THE MEETING, THE MEETING WILL BE CANCELLED**:

- Members present will be marked as attending but it will be noted that the meeting was cancelled.
- Members not present will be marked absent.
- Members, who telephone in, will be absent.
- Members, who did not confirm that they were attending, and attend, will be marked present.
- Members who did not confirm that they were attending, and do not attend, will be marked absent.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1,5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12; Ord. No. 2014-08, § 1, 02-25-14)

End of Packet