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, June 27, 2024 - 9:30 AM

Meeting at Broward Regional Health Planning Council and Microsoft Teams

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

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

Or call in (audio only)

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

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

This meeting is audio and video recorded.

Quorum for this meeting is 14

DRAFT AGENDA

ORDER OF BUSINESS

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 June 27, 2024
5. **ACTION:** Approval of Minutes from May 23, 2024 **(Handout A)**
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS**
8. **CONSENT ITEMS:** None
9. **OLD BUSINESS:** None

10. NEW BUSINESS:

a. Overview of forms 4A (Disclosure of Business Transaction, Relationship, or Interest) and 8B (Conflict of Interest) by Attorney Ron Honick, Assistant Broward County Attorney **(Handouts B1 and B2)**

b. Universal SDM by the Ryan White Part A Office **(Handout C1 and C2)**

c. Member of the Quarter Vote by the MCDC Chair/ PCS Staff **(Handout D)**

11. DISCUSSION ITEMS

12. COMMITTEE REPORTS

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

June 4, 2024

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the rankings of RWPA Core, Support, and MAI Service Categories. The committee voted to remove the July 2024 event and replace it with partnering with the Black AIDS Advisory Group's National HIV Testing Day event on June 22. The committee was updated on progress toward completing the FY2024-2025 work plan.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** July 2, 2024, at 3:00 PM at BRHPC and via Microsoft Teams Videoconference

b) **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
June 6, 2024

i. **Work Plan Item Update/Status Summary:** The committee reviewed the revised Universal SDM and voted to forward it to QMC. The committee received an update regarding the System Mapping project and discussed possible improvements to the system. The committee was updated on progress toward completing the FY2024-2025 work plan.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** September 5, 2024, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

c) **Membership/Council Development Committee (MCDC)**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
No meeting scheduled

i. **Work Plan Item Update/Status Summary:** None.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Review the results of the Member of the Quarter Vote.
vii. **Next Meeting date:** July 11, 2024, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

d) **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
June 17, 2024 - Cancelled

i. **Work Plan Item Update/Status Summary:** None.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Review the Universal SDM, Review of QMC & CQM Work plans, and System Mapping Update.
vii. **Next Meeting date:** July 15, 2024, at 12:30 PM at BRHPC and via Microsoft Teams Videoconference

e) **Executive Committee**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
June 20, 2024
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
ii. The Executive Committee reviewed and approved the agenda for the June 20th HIVPC meeting and the July 2024 calendar.
iii. **Data Requests:** None
iv. **Rationale for Recommendations:** None
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:** None
vii. **Agenda Items for Next Meeting:**
    a. Review and approve July 25, 2024, HIVPC Agenda, Meeting Materials, and Motions
    b. Review the August 2024 HIVPC Calendar
    c. Quarterly review of HIVPC reflectiveness
    d. Quarterly review of Committee work plan status to be presented by committee chairs
    e. **Next Meeting date:** July 18, 2024, at 3:00 PM at **Gilda's Club South Florida's Education Center,** 4850 W. Prospect Road, Fort Lauderdale, FL 33309 and via Microsoft Teams Videoconference

f) **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
June 20, 2024 & June 21, 2024 – Workshop Held

i. **Work Plan Item Update/Status Summary:** The committee reviewed the data presentations from the Ryan White funders and stakeholders, Integrated Planning Workgroup, PCS staff, and FL-DOH.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Allocations and Reallocations/Sweeps
vii. **Next Meeting date: July 18 and 19, 2024**, at 9:30 AM at **Gilda's Club South Florida's Education Center,** 4850 W. Prospect Road, Fort Lauderdale, FL 33309 and via Microsoft Teams Videoconference

13. RECIPIENT REPORTS

a) Part A **(Handout E)**
b) Part B
c) Part C
d) Part D
e) Part F
f) HOPWA
g) Prevention – Quarterly Update (April, **July**, October, January)

14. DATA REQUEST(S)
15. PUBLIC COMMENT
16. AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date: July 25, 2024, at 9:30 a.m. at BRHPC and via Microsoft Teams
b) Agenda Items for next meeting: To Be Determined

17. ANNOUNCEMENTS
18. 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.

June 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.					
2	3	4 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams Support Services Meeting 9:00 PM-10:15PM	5 HIV Long-Term Survivors Day	6 System of Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	7	8
9	10	11	12 Quality Meeting 9:00 PM-10:15PM	13	14	15 Stonewall Pride Parade and Street Festival
16	17 Quality Management Committee Meeting 11:30AM– 2:30PM Location: BRHPC/MS Teams	18	19	20 Executive Committee Meeting 10:00AM – 11:00AM Priority Setting & Resource Allocation Committee Meeting 11:00AM -5:00PM	21 Priority Setting & Resource Allocation Committee Meeting 11:00AM -5:00PM	22
23	24	25	26	27 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams National HIV Testing Day	28	29
30						

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**.

June 2024

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via 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:	Unless otherwise noted on the calendar, all meetings are held at:	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	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	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.	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.	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.

FORT LAUDERDALE/BROWARD EMA

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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020

(954) 561-9681 • FAX (954) 561-9685

Broward County HIV Health Services Planning Council Meeting

Tuesday, May 23, 2024 - 9:30 AM

Meeting at Broward Regional Health Planning Council and via Microsoft

DRAFT MINUTES

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

Members Absent: I. Wilson, K. Hayes, R. Jimenez

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

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

Guests Present: M. Casini, K. Whyte, C. Richardson, A. Abdool, S. McLeod, T. Benjamin, J. Lucius, E. Pearson

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

   The HIVPC Vice-Chair, V. Biggs, called the meeting to order at 9:35 a.m. The HIVPC Vice-Chair welcomed all meeting attendees who 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 allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   No public comments were made.

3. **Meeting Approvals:**

   The approval for the agenda of the May 23, 2024, HIVPC meeting was proposed by L. Robertson, seconded by F. D'Amore, and passed unanimously. The approval for the minutes of the March 28, 2024, meeting was proposed by B. Barnes, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the April 25, 2024, meeting was proposed by B. Mester, seconded by B. Barnes, and passed unanimously.

   Motion #1: L. Robertson, on behalf of HIVPC, made a motion to approve the May 23, 2024, HIV Health Services Planning Council Agenda. The motion was seconded by F. D'Amore and adopted unanimously.

   Motion #2: B. Barnes, on behalf of HIVPC, made a motion to approve the March 28, 2024, HIV Health Services Planning Council Minutes, which was tabled during the April meeting to correct attendance. The motion was seconded by L. Robertson and passed unanimously.

   Motion #3: B. Mester, on behalf of HIVPC, made a motion to approve the April 25, 2024, HIV Health Services Planning Council Minutes. The motion was seconded by B. Barnes and passed unanimously.

4. **Federal Legislative Report:**

   Attorney Marty Cassini, Broward County Intergovernmental Affairs Office conducted a report regarding several recent legislative actions passed by the county, state, and federal governments that would affect Ryan White services. S. Tinsley requested that the county apply for more emergency food funds for food relief to South Florida. B. Barnes requested that M. Cassini monitor updates on the Farm Bill. All concerns were addressed.

5. **Standard Committee Items:** None

6. **Consent Items:**

   Motion #4: Motions made by the committee chairs under consent items were approved unanimously by the HIVPC.

   a. **Action Item: Review and approve the HIVPC membership application for Julio De La Nuez**– PROPOSED by: Membership/Council Development Committee Chair. Approved unanimously.
      Justification: Mr. De La Nuez is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed. Mr. De La Nuez's application was reviewed by MCDC and sent to HIVPC for approval.
      Seat: Affected Communities/Unaffiliated Seat.
   b. **Action Item: Review and approve the PSRA Membership for Jose Castillio** – PROPOSED by: Priority Setting and Resource Allocation.
      Justification: Mr. Castillio is an active member of the HIVPC who serves as the Chair of System of Care. His request to join the PSRA Committee was approved by the PSRA Chair.
   c. **Action Item: Review and approve the PSRA Membership for S. Tinsley** – PROPOSED by: Priority Setting and Resource Allocation.

Justification: Ms. Tinsley is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed. She proudly serves on multiple committees to champion the cause of ending the HIV epidemic. Outside of the HIV Planning Council, her passion for ending HIV has enabled her to start multiple non-profit organizations. Her request to join the PSRA Committee was approved by the PSRA Chair.

7. **Old Business:** None

8. **New Business:**

   a. Presentation: Priority Setting & Resource Allocation Process
   M. Lacroix, Planning Council Support Health Planner provided an overview of the PSRA process. E. Dudelazak requested clarification on the "PWH" term. It was explained by J. Rodriquez, Health Department representative that the PWH term (people with HIV) is a standard that is used on a national, state, and local level.

9. **Discussion Items:**
   Health Insurance Continuation Program (HICP) Service Delivery Model (SDM) was reviewed by the Systems of Care Committee (SOC) during its May 2, 2024, meeting. SOC provided recommendations to the Quality Management Committee. Upon review, the SDMs were approved by the Quality Management Committee during its May 20, 2024, meeting.

   a. **Motion#5: to approve the Health Insurance Continuation Program Service Delivery Model**
   Justification: Health Insurance Continuation Program SDM.
   PROPOSED BY: B. Barnes
   SECONDED BY: B. Fortune-Evans
   Passed with twenty votes in favor and two votes against.
   b. **Motion #6: to approve the Integrated Primary Care and Behavioral Health Service Delivery Model SDM**
   Justification: Integrated Primary Care and Behavioral Health.
   PROPOSED BY: F. D'Amore
   SECONDED BY: M. Schweizer
   Passed unanimously
   c. **Motion #7: To approve the following motion, Food Services, made by PSRA on May 16, 2024.**
   To change Food Bank Services eligibility to 0 – 150% Federal Poverty Level (FPL). Reduce the food units from two units to one unit per month. The one unit can be food voucher or food bank – Client Choice. All Clients – payor of last resort requirements must be acknowledged by a non-medical case manager. Clients receiving Supplemental Nutrition Assistance Program (SNAP) – SNAP benefits greater than $250 per month are not eligible for Part A food services. Documentation of SNAP benefits application outcome must be documented in PE. This motion does not impact EHE food bank Services. Emergency three (3) units can be dispersed with the approval of a Case Manager.
   SECONDED BY: A. Cutright
   Passed with nineteenth votes in favor, one vote against, and two abstentions.

9. Committee Reports:

a. Community Empowerment Committee Workshop – May 7, 2024
Chair: Shawn Tinsley, Vice Chair: Irvin Wilson
The report stands.

b. System of Care Committee – May 2, 2024
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. Membership/Council Development Committee – No meeting schedule
Chair: V. Foster, Vice Chair: T. Moragne
The report stands.

d. Quality Management Committee – May 20, 2024
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands.

e. Priority Setting & Resource Allocation Committee – May 16, 2024
Chair: B. Barnes, Vice Chair: Vacant
The report stands.

f. Executive Committee – May 16, 2024
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands.

10. Recipient's Report:

a. Part A: The Part A Representative states that the Recipient Office will continue to Review Service Delivery Models – Universal SDM. The RFP Timeline will be released in August 2024. There will be an update on the April listening session with the possibility of using consultants later. There is now a date sharing agreement with EMA and PE
b. Part B: The Part B Representative provided a written report with Part B's expenditures for March 2024 and the ADAP April 2024 Report with Outcomes.
c. Part C: The Part C Representative provided a verbal report regarding the numbers of patients seen and the types of services they received.
d. Part D: The Part D Representative provided a written report that included the current number of enrolled HIV-positive patients and the overall viral suppression rate.
e. Part F: No Report.
f. HOPWA: No Report.
g. Prevention: Quarterly Update (April, July, October, January). Next report is scheduled for July.

11. Data Request(s):
B. Barnes requested clarification regarding voting for PSRA from the legal department. G. Martinez stated that the request was submitted to the Part A office.

12. Public Comment: None.

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

services in Broward County.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on June 27, 2024, at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through Microsoft Teams
b. Agenda Items for next meeting: B. Barnes: Updates on the Integrated Planning meeting. Other items to be determined.

14. Announcements:

- S. Tinsley – LLWP, Step & Mingle on June 8, 2024. Final Event of 2024. 2025 SOS Events are being worked on Addressing HIV Stigma and Isolation among the elderly and Veterans.
- W. Cius – Thanked the committee for its hard work for Food Services
  - Part A - Round table for Food Services – platform with other partners to create a guide on food services in Broward County – to link clients to other food services

15. <u>Adjournment:</u>

There being no further business, the meeting was adjourned at 12:13 p.m.

HIVPC Attendance for CY 2024

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

Legend:

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

HIV Health Services Planning Council Meeting Minutes – May 23, 2024
Minutes prepared by PCS Staff

Handout B1

FORM 4A DISCLOSURE OF BUSINESS TRANSACTION, RELATIONSHIP OR INTEREST

LAST NAME - FIRST NAME - MIDDLE INITIAL			OFFICE / POSITION HELD
MAILING ADDRESS			AGENCY OR ADVISORY BOARD
CITY	ZIP	COUNTY	ADDRESS OF AGENCY

HOW TO COMPLETE AND FILE THIS FORM:

Parts A and B of this form serve two different purposes. Part A is for advisory board members who wish to use an exemption in the ethics laws that is applicable only to advisory board members. Part B is for public officers and employees who wish to use a separate exemption that is applicable when the business entity involved is the sole source of supply within the political subdivision. In order to complete and file this form:

- **Fill out** Part A or Part B, as applicable.
- **Sign** and date the form on the reverse side.
- **File Part A** with the appointing body or person that will be waiving the restrictions of 112.313(3) or (7), Fla. Stat., prior to the waiver.
- **File Part B** with the governing body of the political subdivision in which the reporting person is serving, prior to the transaction.

PART A - DISCLOSURE OF TRANSACTION OR RELATIONSHIP CONCERNING ADVISORY BOARD MEMBER

WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain business relationships on the part of public officers and employees, including persons serving on advisory boards. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12), Florida Statutes, permits the appointing official or body to waive these requirements in a *particular instance* provided: (a) waiver by the appointing body must be upon a two-thirds affirmative vote of that body; or (b) waiver by the appointing person must be effected after a public hearing; *and* (c) in either case the advisory board member must fully disclose the transaction or relationship which would otherwise be prohibited by Subsections (3) of (7) of Section 112.313, Florida Statutes. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable* to an advisory board member.

PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:

   ( ) The reporting person;

   ( ) The spouse of the reporting person, whose name is _____; or

   ( ) A child of the reporting person, whose name is _____.

2. The particular transaction or relationship for which this waiver is sought involves [check applicable space]:

   ( ) Supplying the following realty, goods, and/or services: _____.

   ( ) Regulation of the business entity by the governmental agency served by the advisory board member.

3. The following business entity is doing business with or regulated by the governmental agency:

   _____.

4. The relationship of the undersigned advisory board member, or spouse or child of the advisory board member, to the business entity transacting this business is [check applicable spaces]:
   ( ) Officer; ( ) Partner; ( ) Associate; ( ) Sole proprietor; ( ) Stockholder; ( ) Director; ( ) Owner of in excess of 5% of the assets of capital stock in such business entity; ( ) Employee; ( ) Contractual relationship with the business entity; ( ) Other, please describe:

[CONTINUED ON REVERSE SIDE]

PART B - DISCLOSURE OF INTEREST IN SOLE SOURCE OF SUPPLY

WHO MUST COMPLETE THIS PART:

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain employment and business relationships on the part of public officers and employees. See Part III, Chapter 112, Florida Statutes, and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees" for more details on these prohibitions. However, Section 112.313(12)(e), Florida Statutes, provides an exemption from the above-mentioned restrictions in the event that the business entity involved is the only source of supply within the political subdivision of the officer or employee. In such cases the officer's or employee's interest in the business entity must be fully disclosed to the governing body of the political subdivision. This Part of Form 4A has been prescribed by the Commission on Ethics for such disclosure, *if and when applicable.*

PLEASE COMPLETE THE FOLLOWING:

1. The partnership, directorship, proprietorship, ownership of a material interest, position of officer, employment, or contractual relationship which would otherwise violate Subsection (3) or (7) of Section 112.313, Florida Statutes, is held by [please check applicable space(s)]:

   ( ) The reporting person;

   ( ) The spouse of the reporting person, whose name is _____; or

   ( ) A child of the reporting person, whose name is _____.

2. The following are the goods, realty, or services being supplied by a business entity with which the public officer or employee, or spouse or child of such officer or employee, is involved is:

   _____.

3. The business entity which is the only source of supply of the goods, realty, or services within the political subdivision is:

   _____
   (NAME OF ENTITY) (ADDRESS OF ENTITY)

4. The relationship of the undersigned public officer or employee, or spouse or child of such officer or employee, to the business entity named in Item 3 above is [check applicable spaces]:
   ( ) Officer; ( ) Partner; ( ) Associate; ( ) Sole proprietor; ( ) Stockholder; ( ) Director; ( ) Owner of in excess of 5% of the assets or capital stock in such business entity; ( ) Employee; ( ) Contractual relationship with the business entity; ( ) Other, please describe:

SIGNATURE

SIGNATURE	DATE SIGNED	DATE FILED

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES s. 112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED $10.000.

[CONTINUED FROM FIRST SIDE]

Handout B2

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE HIV Health Services Planning Council
MAILING ADDRESS	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: ☐ CITY ☐ COUNTY ☐ OTHER LOCAL AGENCY
CITY COUNTY	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED	MY POSITION IS: ☐ ELECTIVE ☐ APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also MUST ABSTAIN from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * * * * * * * * * * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * * * * * * * * * * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I,_____, hereby disclose that on_____, 20 ____ :

(a) A measure came or will come before my agency which (check one or more)

___ inured to my special private gain or loss;

___ inured to the special gain or loss of my business associate, _____ ;

___ inured to the special gain or loss of my relative,_____ ;

___ inured to the special gain or loss of _____ , by whom I am retained; or

___ inured to the special gain or loss of _____ , which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

_____ Date Filed

_____ Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED $10,000.

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

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Universal Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Introduction

The Universal Service Delivery Model (SDM) serves as a set of minimum requirements to be followed by providers of core medical and support services funded by the Broward County Ryan White HIV/AIDS Part A Program (RWHAP). The Universal SDM is implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services. The Universal SDM is approved by the Broward County HIV Health Planning Council, which is subject to change and may be revised at any time. In addition to the Universal SDM, Providers must adhere to applicable service category specific SDMs, Health Resources and Services Administration RWHAP legislation and policies, the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

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II. Intake Procedure

Providers must follow a documented intake procedure to verify RWHAP client eligibility and collect documentation required to complete the client file. Providers must verify that all client information in the designated HIV Human Services Support Services (HSSS) is correct and current. The following items must be included in the intake procedure, at a minimum:

1. Verification of client eligibility in designated HIV HSSS prior to providing a service
2. Screening for other available funding streams for the provided service
3. Client receipt of provider's client rights and responsibilities and grievance policy annually
4. Client assessment of medical and support service needs, education on available HIV services, and how to access needed services
5. Completed release of confidential information and records forms for external provider referrals and/or disclosures with signature, as applicable

Providers must schedule a Centralized Intake and Eligibility Determination appointment using the designated HIV MIS for clients with expired eligibility or within 45 days of eligibility expiration.

Table 1. Intake Procedure Standards

Standard	Measure
1. Client eligibility is verified prior to providing a service.	1.1. Client eligibility is active in designated HIV HSSS prior to date of provided service.
2. Clients are screened for other available funding streams.	2.1. Documentation of screening for other available funding streams in client file.
3. Clients receive provider's client rights and responsibilities and grievance policy annually.	3.1. Documentation of client receipt, via signature, of provider's client rights and responsibilities and grievance policy in client file.
4. Provider completes assessment of medical and support service needs with clients.	4.1. Completed assessment in client file.
5. Clients receive education on available HIV services and how to access services.	5.1. Documentation of education provided in client file. 5.2. Referrals for identified service needs and referral communication documented in client file.

Standard	Measure
6. Client/guardian signature on release of confidential information and record forms for external provider referrals and/or disclosures, as applicable.	6.1. Release of confidential information and record forms for referrals and/or disclosures signed by client/guardian in client file.

III. Linkage and Retention

All providers are responsible for assessing client retention in primary medical care and adherence to antiretroviral treatment (ART) and linking clients to needed services. Assessment of retention in primary medical care and adherence to ART should include, at minimum:

- Primary medical care appointments
- Viral load and CD4 laboratory test results
- Adherence to prescribed ART

Clients must visit their primary medical care physician at least once every six months. Clients who do not have a kept primary medical care appointment documented in the last six months must be immediately referred to primary medical care. Providers must document attempts in the client file.

Providers must ensure clients are prescribed and adherent to ART. Clients not prescribed ART must be immediately referred to a prescribing provider. Clients with ART adherence challenges must be immediately reviewed by a prescribing provider to assist them. Then, a prescribing provider may consult with RWHAP Medical Case Manager and pharmacist to assess and introduce patient-centered interventions. This may include, but not be limited to individualized care plans, collaborative decision-making, and patient emotional support, etc. An ART care plan may be developed to guide and support patients reaching their goals. Providers must document attempts in the client file. Providers can refer to the most recent updated U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

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Client viral load and CD4 laboratory tests must be completed and documented every six months. The provider must ensure each client file has current viral load and CD4 laboratory test results documented in the designated HIV HSSS. If a client file does not have current viral load and CD4 laboratory test results documented in the designated HIV HSSS, the provider must request updated results from the client and/or refer the client to a prescribing medical provider. Providers must document requests for laboratory test results and/or associated referrals in the client file.

Clients enrolled in Private Care may bring their Viral Load results to the CIED Office to be manually entered into the HIV HSSS.

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Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

Providers who submit mandatory referrals for Medical Case Management are responsible for initial follow up.

No-Shows

Providers must have a documented procedure for handling appointment no-shows and cancellations that ensures attempts are made to engage clients in care. Providers must also monitor and access data to assess trends in missed appointments to prevent gaps in HIV care. The provider must assess each client for the cause(s) of no-shows, initiate referrals, and/or provide resources needed to prevent future no-shows. The procedure must include how the provider identifies and tracks appointment no-shows and the process for responding to a no-show. If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV HSSS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program. All follow up and communication must be documented in the client file.

Client Suspension Procedure

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

Case Closures

Providers must have a documented procedure for handling case closures. Case closures must be documented in the client file and must include, at minimum:

- Date and summary of case closure
- Reason for case closure
- Client transfer or referral to another agency or Ryan White Program, if applicable
- Supervisor signature on care closure summary

Client Expulsion Procedure

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 24 hours of the incident and before the expulsion is finalized. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

Examples of extreme circumstances include,

- Assault with objects or deadly weapons

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Commented [RP5]: FY 2023-2024 Needs Assessment recommendation. CDC standard for detectable viral load is 200 copies / ML. The recommendation referenced 24, the number has been adjusted to reflect official guidelines.
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- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

Table 2. Linkage and Retention Standards

Standard	Measure
1. Clients are assessed for retention in primary medical care.	1.1. Last kept primary medical care appointment in client file. 1.2. Documented attempts to link client to primary medical care in client file.
2. Clients are assessed for ART adherence challenges.	2.1. Documentation of ART adherence assessment in client file. 2.2. Referrals and referral communication documented in client file.
3. Clients have current viral load and CD4 laboratory results documented in the designated HIV HSSS every six months.	3.1. Viral load and CD4 laboratory results documented in client file. 3.2. Documented attempts to obtain viral load and CD4 laboratory results.
4. Clients who are not virally suppressed are referred to Case Management and/or other needed support services	4.1. Viral load and CD4 laboratory results documented in client file. 4.2. Documented attempts to link client to a prescribing medical provider/Medical Case Management service in client file.
5. Referrals are made in the designated HIV HSSS~~MIS~~ within one business day of client encounter.	5.1. Referrals in designated HIV HSSS~~MIS~~. 5.2. Referral communication documented in client file.
6. Provider follows documented procedure for handling appointment no-shows and cancellations.	6.1. No-show follow up and communication documentation in client file.
7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition.~~Case closures meet minimum documentation requirements.~~	7.1. Closed cases include documentation stating the reason for closure and a closure summary. 7.2. Supervisor signs off on closure summary indicating approval. 7.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. ~~7.1.~~7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.~~Case closure documentation in client file.~~

Commented [RP7]: After various incident reports filed by multiple providers, a recommendation to include a clause to redirect exceptionally complex cases to alternative care has been included in this SDM.

Commented [RP8]: The Chicago EMA Universal Service Delivery Standard highlights a safety policy in their section 7 of standards.

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IV. Personnel Standards

Providers must adhere to the required minimum credentials outlined in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers. Providers must have a standardized orientation and training process to ensure staff have the knowledge and skills to provide services. Newly hired employees must have introductory HIV training within three months of hire.

Providers must notify the recipient office in writing of any staffing changes or title changes related to the contracted services within 5 business days of staffing or title change.

Network Meetings

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question. The CQM Team will notify each Provider/Agency on network meetings that are appropriate for attendance.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

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Handout C2

SDM Presentation

Presented by Broward County
Ryan White Part A Office

Fiscal Year 2024-2025

Universal
Service Delivery Model

Universal

- **The Universal Service Delivery Model applies to all service categories in the Broward County Ryan White Program. The standards listed in this document are derived from the HRSA National Monitoring standards for Ryan White Part A recipients, and Broward County EMA internally developed standards tailored to the specific needs of the program.**

HRSA Guidelines

- **Under RWHAP Part A, the national monitoring standards list key components to be applied to all services, these key components are reflected in the current version of Broward County's RWHAP Universal SDM.**

Linkage & Retention

- **After receiving feedback from the latest System of Care Meeting, a clause has been added to the linkage and retention section III.**
- **The clause allows for clients enrolled in private care to bring their Viral Load results to the CIED office to be manually entered in the HIV HSSS.**

Clients enrolled in Private Care may bring their Viral Load results to the CIED Office to be manually entered into the HIV HSSS.

Referrals

- **The language under the "Referrals" section of the SDM have been updated to include a mandatory medical case management referral for clients who do not achieve an undetectable viral load within 4 months of ARV treatment and do not show an adequate trend toward a UD VL.**
- **For clients returning to care with a VL of 200 copies/ML or more the same policy would apply.**
- **This was a FY 2023-2024 Needs Assessment Recommendation.**
- **The VL Measure of 200 copies/ML or more was modified from 24 copies/ML or more to reflect the CDC standards for reporting when measuring Viral Load Suppression.**

Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Providers must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

Post System of Care Meeting Feedback

Providers who submit mandatory referrals for Medical Case Management are responsible for initial follow up.

Suspension

- **A suspension procedure has been added to ensure that program guidelines are followed as set fourth by the EMA.**

Client Suspension Procedure

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

Expulsion

- **A safety protocol has been added to the Universal SDM to help provider staff, safely navigate through extreme circumstances should they arise.**
- **Similar approaches have been used in Universal Service Standard material in the Boston and Chicago EMAs.**

Client Expulsion Procedure

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 24 hours of the incident and before the expulsion is finalized. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

Examples of extreme circumstances include.

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

Reporting

- **The language updated regarding reporting specifically includes the change from HIV MIS to HIV HSSS to reflect the current standard language used when referring to a program's reporting system.**

  Language regarding closing a client's case & appropriate documentation has also been updated to reflect the changes that were approved on the Medical Case Management SDM.

5. Referrals are made in the designated HIV HSSS within one business day of client encounter.	5.1. Referrals in designated HIV HSSS. 5.2. Referral communication documented in client file.
6. Provider follows documented procedure for handling appointment no-shows and cancellations.	6.1. No-show follow up and communication documentation in client file.
7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition.	7.1. Closed cases include documentation stating the reason for closure and a closure summary. 7.2. Supervisor signs off on closure summary indicating approval. 7.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. 7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.

Personnel Standards

- **Language requiring provider staff to notify the Recipient office of any staffing or title changes related to contracted services within 5 business days of staffing or title change has been put in place to ensure that proper communication is maintained throughout the program year.**

Providers must notify the recipient office in writing of any staffing changes or title changes related to the contracted services within 5 business days of staffing or title change.

Network Meetings

- **As recommended in the Fiscal Year 2023 – 2024 Needs Assessment, a policy regarding network meetings will include language that states all network meetings must be attended by providers with a minimum of 1 representative. The CQM Team will determine which meetings are necessary for each Provider/Agency to attend.**

Network Meetings

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question. The CQM Team will notify each Provider/Agency on network meetings that are appropriate for attendance.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

Resources

1) Boston Public Health Commission. (n.d.-a). FY 2023 service standards Ryan White Part A boston ema. FY 2023 Service Standards Ryan White Part A Boston EMA. https://www.boston.gov/sites/default/files/file/2023/03/FY 23 Ryan White Service Standards.pdf

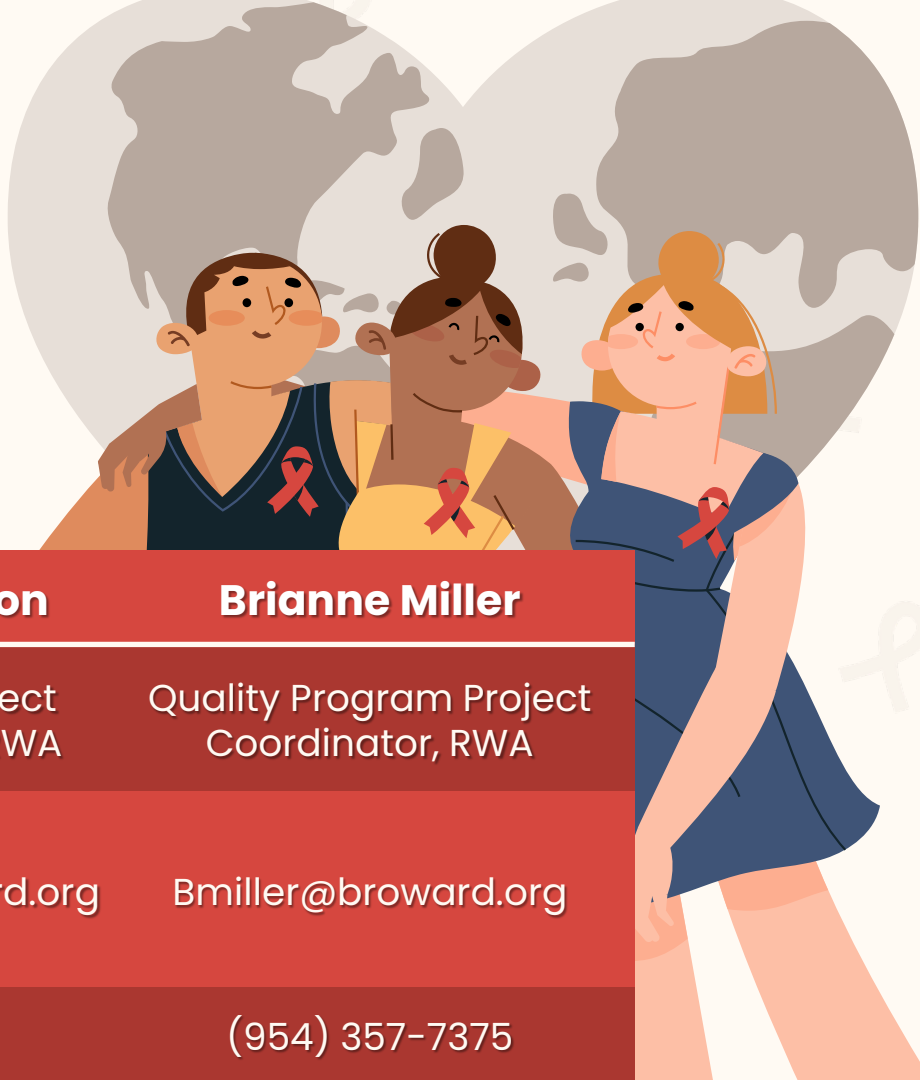
2) Centers for Disease Control and Prevention. (2023, August 9). HIV treatment as prevention. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/risk/art/index.html

3) Chicago Department of Public Health. (n.d.). Chicago. Chicago Eligible Metropolitan Area Ryan White Part A Standards of Care. https://www.chicago.gov/content/dam/city/depts/cdph/HIV_STI/2019 Chicago EMA Standards of Care- Final Approved CDPH PHIMC 8_13_19.pdf

4) U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau. (2023, March). Part A manual - Ryan White HIV/AIDS Program - HRSA. Ryan White HIV/AIDS Program Part A Manual. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/manual-part.pdf

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

Handout D

NOMINATION FORM

Dear HIVPC Members,

The HIVPC needs your help! We want to recognize and reward our outstanding members for the tremendous amount of hard work they give to HIVPC. This form allows you to nominate a member to be recognized. Please nominate any three members who have made a positive impact on HIVPC. Together, we can honor excellence in the HIVPC.

Process: This vote will use the ranked choice voting system. Each member of the HIVPC will rank their top three preferred members based on how well they fit the listed criteria. The current vote will be based on members' performance during the past quarter.

To vote, first select your top choice.
Then select your second choice and third choice.

Rules:

- You cannot vote for yourself.
- You may only vote for each candidate one time.
- You must write clearly and legibly.
- Each vote must be accompanied by your signature.

Criteria: The nominee and nominator must be HIVPC members. Nominators should keep in mind the judging criteria below and write the nomination accordingly.

Attitude and Commitment

- Professional demeanor
- Conscientious, honest, hard-working
- Growth (knowledge of HIVPC workings, mentorship Buddy system)
- Serves as a role model to others.
- Length of Service
- Leadership History
- Significant Impact (shining star)

Communication

- Displays a helpful, cooperative, and positive attitude toward co-members.
- Consistently friendly and available to others
- Uses effective listening skills.
- Has a team player attitude?

Dedication

- Dedicated to fulfilling member responsibilities.
- Committee activities (number of committees involved)
- Consistently dependable and punctual in reporting to meetings
- Active involvement in committees, fund-raisers, fairs, trainings, and other activities
- Goes above and beyond the requirements of being a member.

VOTING SHEET

Please Print Clearly

#1) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

#2) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

#3) Nominee's Name

Date: _____

Submitted by: _____

Signature: _____

List of Planning Council Members

Barnes, Brad
Bhrangger, Ronald
Biggs, Von
Castillo, Jose
Creary, Karen
Cutright, Aaron
D'Amore, Franchesca
Davis, Elizabeth
De La Nuez, Julio
Dsouza, Eveline
Dudelzak, Eliza (Elisa)
Fortune-Evans, Bisiola
Foster, Vincent
Franks, Herb
Hayes, Kendra
Heywood, Carolina
Jackson-Tinsley, Shawn
Jimenez, Rafael
Machado, Alondra
Marcoviche, William
Mester, Brad
Moragne, Timothy
Muneton, Zulma
Murphy, Alex
Pietrogallo, Tim
Robertson, Lorenzo
Rodriguez, Joshua
Schweizer, Mark
Shamer, David
Shore, Rob
Wilson, Irving

Handout E

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Request for Proposals (RFP)

- The Recipient's Office is diligently working on the Ryan White Part A RFP.

- RFP is projected to launch in August 2024.

Service Delivery Models

- SDMs have been completed, today marks the approval of the final SDM, *Universal*.
- The County Admin is currently reviewing SDMs for the RFP.

Contracts

- We have received our Final RW Notice of Award.
- Letters have gone out to providers regarding sweep allocations.

Ending the HIV Epidemic (EHE)

- Phase II of EHE funding updates
- The Recipient Office EHE Senior Program Project Coordinator has resigned. We are actively looking to fill this role.

Ryan White Conference

- The Recipient Office is participating in assisting with the Clinical Quality Management (CQM) abstract presentation.

- The Recipient Office will also be doing its own presentation on Minority AIDS Initiative (MAI) initiatives at the conference.

Questions?

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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