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

MAI Ad-Hoc Committee Meeting

Tuesday, May 13, 2025 - 12:30 – 2:30 PM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Mark Schweizer • Vice Chair: Shawn Tinsley

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_Y2QzYmFkNTctYTEyYi00MTkyLWExYmYtOTgxNzU0YjU2MmRk%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 249 748 306 813
Passcode: Zvw54u

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
   a. Welcome from the Chair
   b. Meeting Ground Rules
   c. Statement of Sunshine
   d. Introductions & Abstentions
II. Moment of Silence
III. ACTION: Approval of May 13, 2025, Agenda
IV. ACTION: Approval of February 13, 2025, Minutes **(Handout A)**
V. Public Comment
VI. Discussion Items
VII. Unfinished Business
VIII. New Business
   a. **Data Request Presentation:** Year-to-date care continuum data breakdown: *Recipient Representative* **(Handout C)**
   b. **Presentation**: Needs Assessment Findings: *Debbie Cestaro-Seifer, BRHPC Needs Assessment Consultant* **(Handout B)**
IX. Recipient Report
X. Public Comment
XI. Agenda Items for Next Meeting

a. TBD

XII. Next Meeting Date: TBD, Location: BRHPC and via Microsoft Teams Video Conference

XIII. Announcements

XIV. 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.

May 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
				1 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	2 Medical Case Management Network 2:30PM-3:45PM	3
4	5	6 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	7	8	9	10
11	12	13 Minority AIDS Initiative Subcommittee Meeting 12:30PM – 2:30PM Locations: BRHPC/MS Teams	14	15 Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	16	17
18 HIV VACCINE AWARENESS DAY MAY 18th	19 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	20	21 Quality Network Meeting (CQM) 9:00AM-10:15AM	22 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	23	24
25	26	27	28	29	30	31 GET CARE BROWARD TREAT HIV | BEAT HIV

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

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

May 2025

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 HIV Health Service Planning Council 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
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

MAI Ad-Hoc Committee

Thursday, February 13, 2025 - 12:30 PM
LOCATION: Broward Regional Health Planning Council Meeting via Microsoft Teams
Chair: Dr. Mark Schweizer • Vice Chair: Shawn Tinsley
Join the meeting via phone: +1 469-998-5921 US Toll (access code: 378 156 152)

This meeting is audio and video recorded.

DRAFT MINUTES

MCDC Members Present: K. Hayes, J. Rodriguez, M. Schweizer, S. Tinsley, B. Mester

Members Absent: A. Machado, S. Tinsley

Ryan White Part A Recipient Staff Present: R. Pena, T. Thompson, B. Miller, G. James

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

Guests Present: C. Williams, J. Rogers, O. Desinor, N. Kellman

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

   The MAI Chair called the meeting to order at **12:35 P.M.** The MAI Chair welcomed all meeting attendees who were present. Attendees were notified that the MAI meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording 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 the MAI Chair, 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.

   There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the February 13, 2025 MAI Ad-Hoc Committee meeting was proposed by **B. Mester,** seconded by **K. Hayes** and passed unanimously.

   Motion #1: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the February 13, 2025, MAI Ad-Hoc Committee agenda as presented. The

motion was seconded by K. Hayes and adopted unanimously.

The approval for the minutes of the January 6, 2025 meeting was proposed by **B. Mester** seconded by **K. Hayes** and approved with no further corrections.

Motion #2: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the January 6, 2025, MAI Ad-Hoc Committee minutes as presented. The motion was seconded by K. Hayes and adopted unanimously.

4. Standard Committee Item

   None.

5. Discussion Items

   None.

6. Unfinished Business

   a. Action Item: Review of Population of Focus Demographical Data Part 1 from the Ryan White Part A Office **(Handout B)**

      i. The MAI Subcommittee requested additional data during the January 6, 2025 meeting that includes Black MSM under 30 and Non-Hispanic, Hispanic, and African American, Black, and Haitian Women

         1. Comparison Data: Outcomes between MAI and Part A
         2. New to care under MAI
         3. Breakdown by service category

   T. Thompson, Part A staff, delivered the MAI Data Report Presentation, providing additional context and addressing committee members' questions. For example, when M. Schweizer inquired about the overall viral suppression rate for the Ryan White Program, T. Thompson responded that it falls between 86% and 89%.

   During discussions on retention in care rates, the committee noted that the Haitian population had the lowest rates. O. Desinor asked if there was any insight into the reasons behind this trend. T. Thompson stated that there was no immediate answer but highlighted that this group currently has the highest rate of new-to-care cases. B. Miller, Part A staff, added that feedback from providers suggests that difficulty accepting the diagnosis often delays care-seeking, which can impact retention rates. Additionally, social determinants of health, such as access to care, play a role in these disparities.

   T. Thompson also pointed out a key observation: the Hispanic population demonstrated the highest viral suppression and retention in care rates, as well as the highest rate of private insurance. M. Schweizer concluded that the data presented was both informative and valuable.

7. Old Business
   None.
8. New Business

   a. Review of MAI SDMs **(Handouts C1 and C2)**

      Part A staff began the discussion on the MAI Service Delivery Models (SDM). The committee explored the best course of action following their review of the SDMs. T. Thompson suggested receiving a Needs Assessment Presentation, noting that this

year's Needs Assessment is currently in progress. He emphasized that once the committee receives the presentation, they will be better equipped to make informed recommendations.

T. Thompson also highlighted findings from the data request, indicating that the population with the highest rate of private insurance also had the highest viral suppression and retention in care rates. He suggested that one way the committee could contribute is by promoting insurance enrollment during the next open enrollment period.

B. Mester expressed that the committee should prioritize ensuring the quality of services clients receive before focusing on SDMs. Following the discussion, the committee moved to update the current data request, which the Part A office has partially fulfilled.

Motion #3: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to amend the current data request to state "The MAI Subcommittee requested data that includes care continuum data year to date breakdown". The motion was seconded by J. Rodriguez and adopted unanimously.

9. Recipient's Report

   None.

10. 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 raise other matters about HIV/AIDS services in Broward County.

    There were no public comments.

11. Agenda Items for Next Meeting
    a. Needs Assessment Findings Presentation
    b. New Data Request Presentation: The MAI Subcommittee requested data that includes care continuum data year to date breakdown.

    Next Meeting Date: To be determined. PCS staff will send a Doodle poll to schedule the date of the next meeting.

12. Announcements
    None.

13. Adjournment

    There being no further business, the meeting was adjourned at **1:48 P.M.**

MAI Sub-Committee Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	6	13											
1	Kendra Hayes	X	X											
2	Joshua Rodriguez	X	X											
3	Alondra Machado	E	A											
4	Mark Schweizer **(Chair)**	X	X											
5	Shawn Tinsley **(Vice-Chair)**	X	E											
6	Brad Mester	A	X											
	Quorum = 4	4	4											

Legend:

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

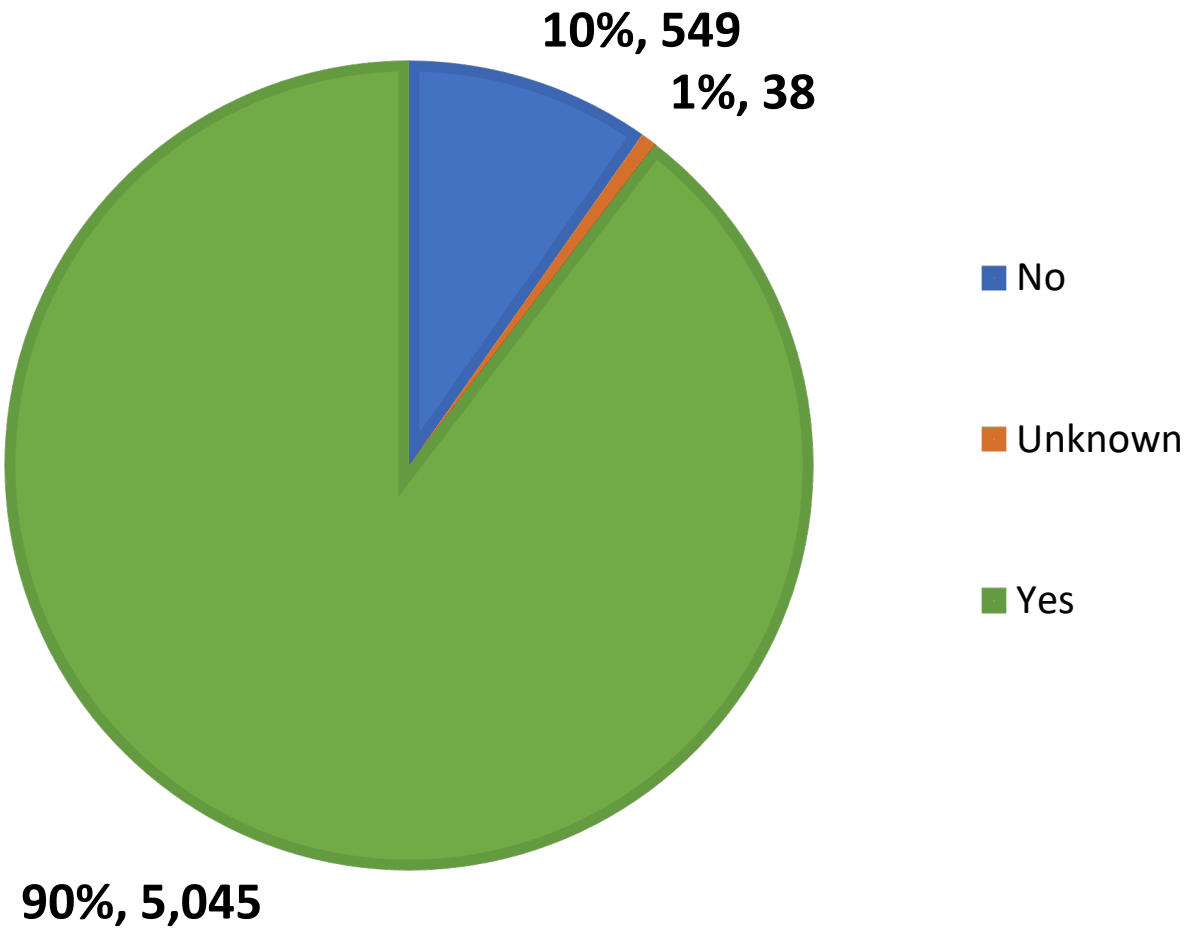
MAI Ad-Hoc Committee Meeting Minutes – February 13, 2025
Minutes prepared by PCS Staff.

Handout B

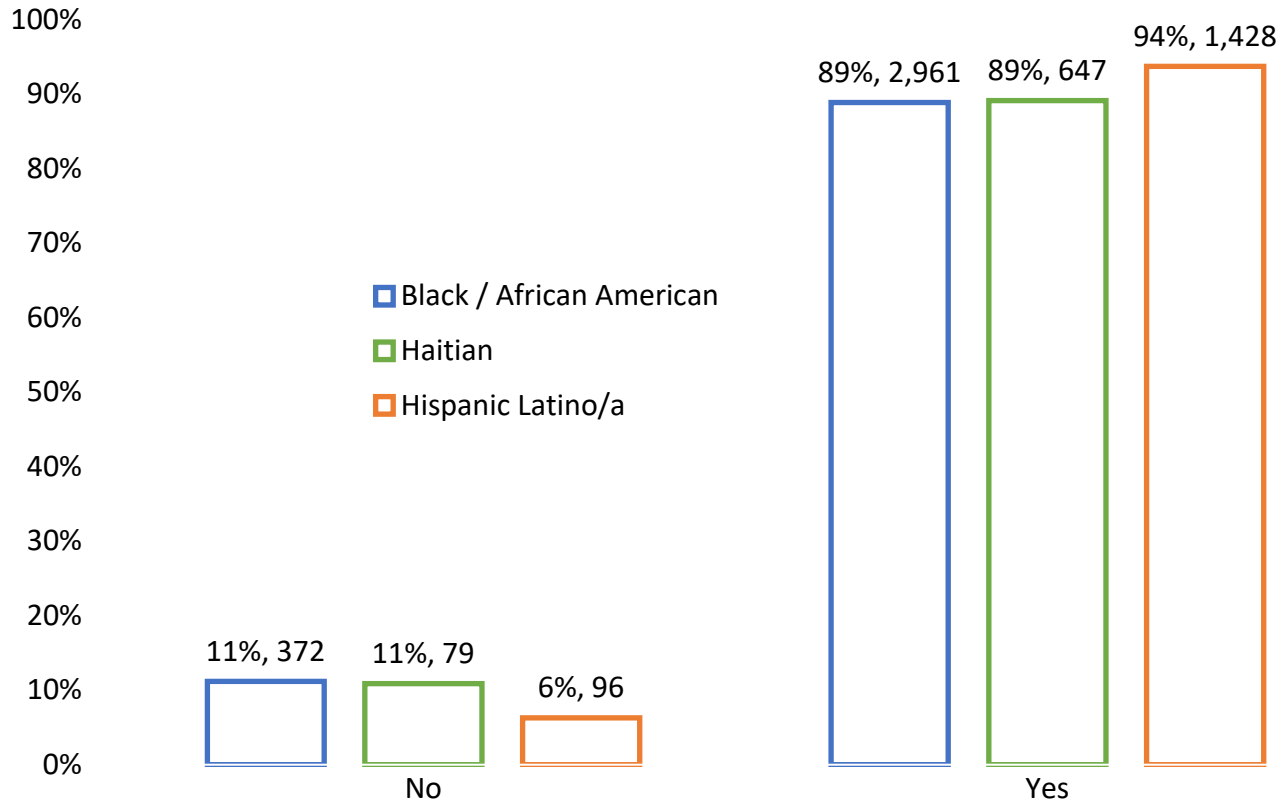
MAI Data Presentation

Presented by Broward County
Ryan White Part A Office

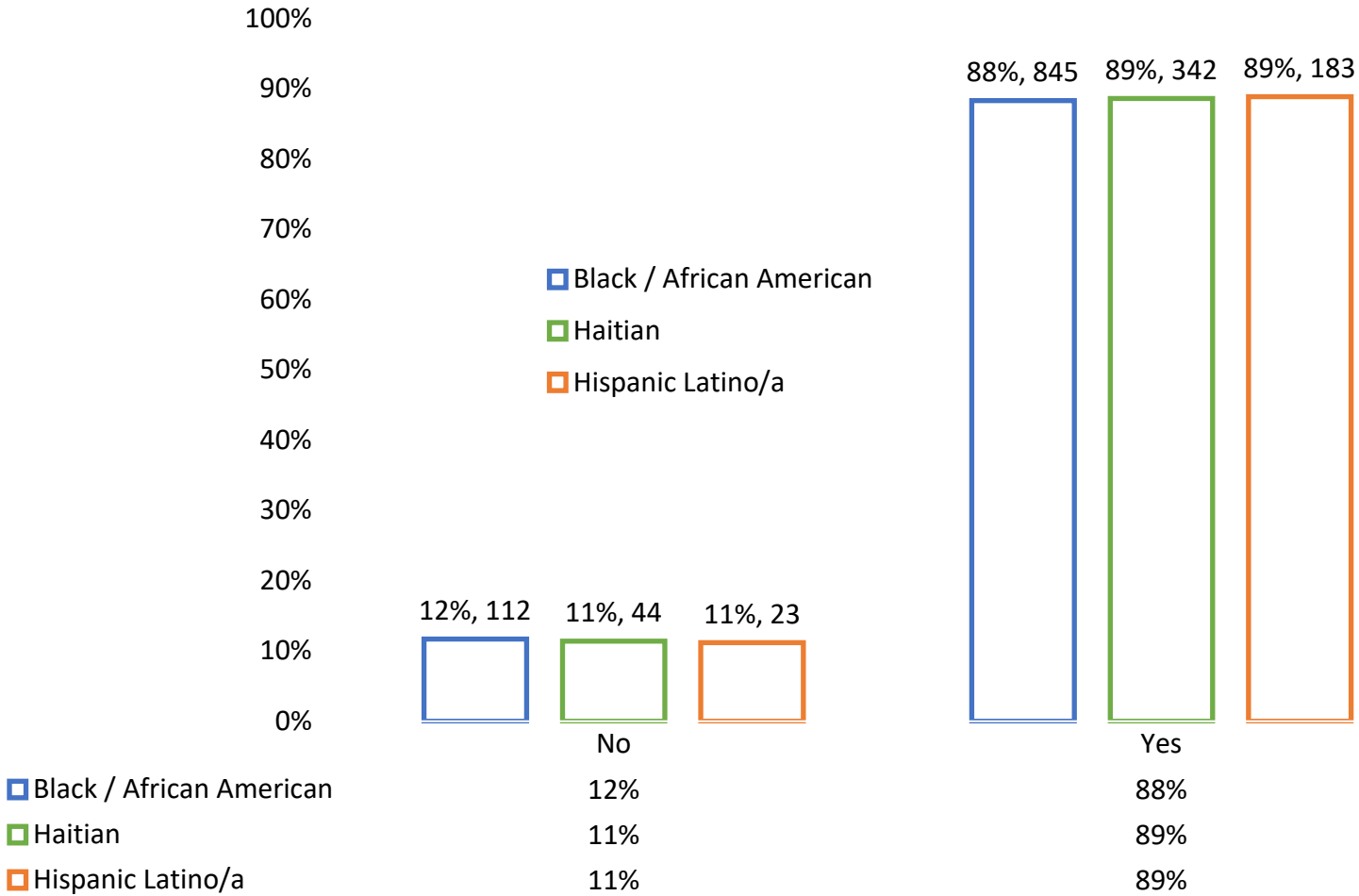
Viral Suppression Rate of MAI Population



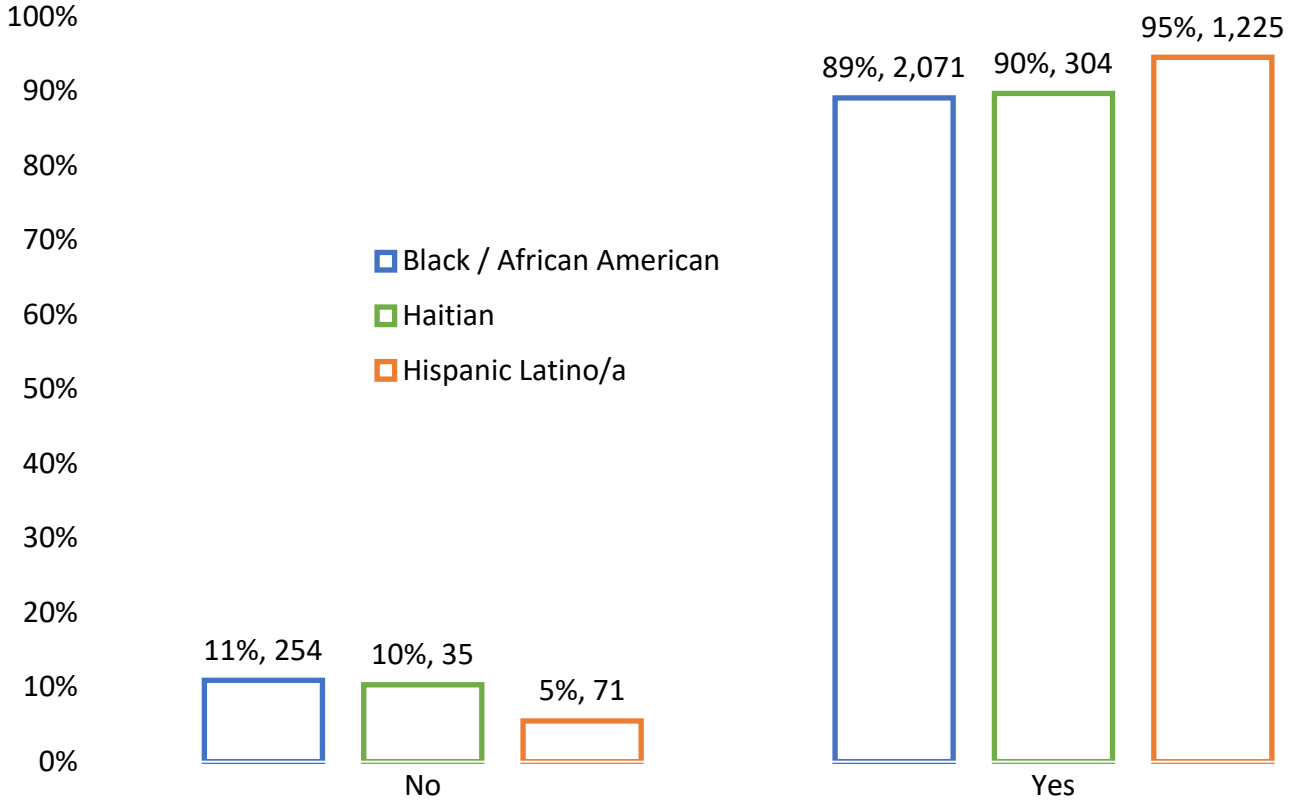
Viral Suppression by Race / Ethnicity



	No	Yes
Black / African American	11%	89%
Haitian	11%	89%
Hispanic Latino/a	6%	94%

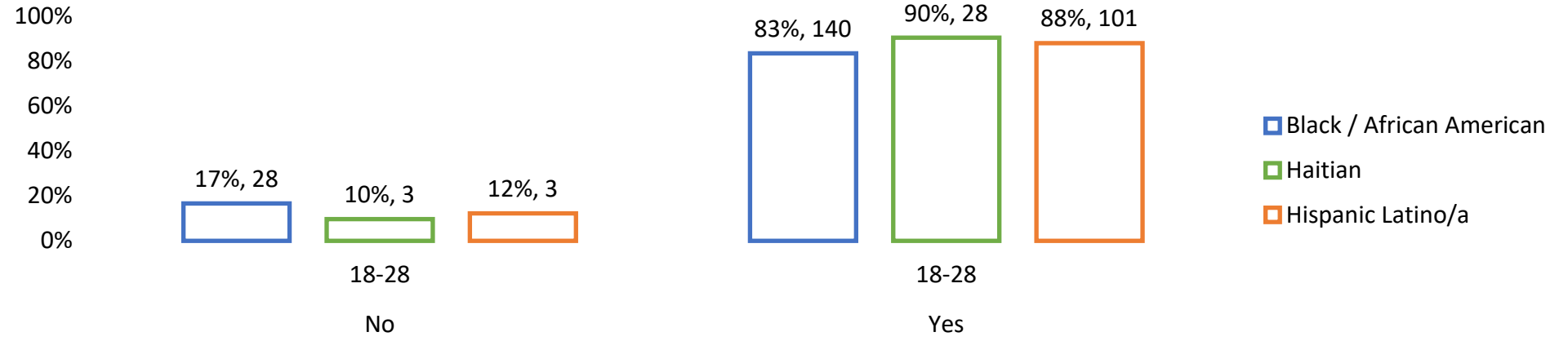

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Black / African American
Haitian
Hispanic Latino/a
12%, 112
11%, 44
11%, 23
88%, 845
89%, 342
89%, 183
No
Yes
Black / African American 12% 88%
Haitian 11% 89%
Hispanic Latino/a 11% 89%

Male Viral Suppression Rate

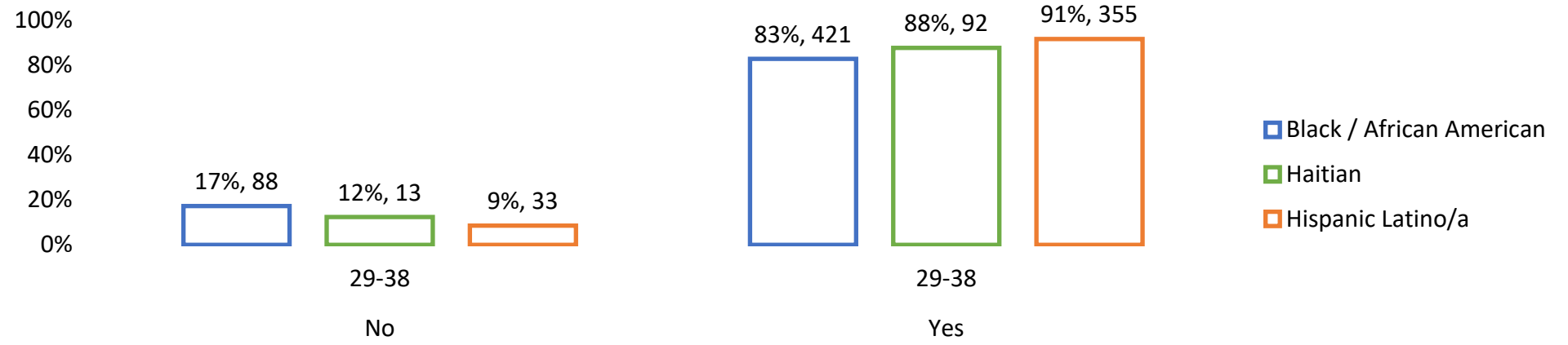


	No	Yes
Black / African American	11%	89%
Haitian	10%	90%
Hispanic Latino/a	5%	95%

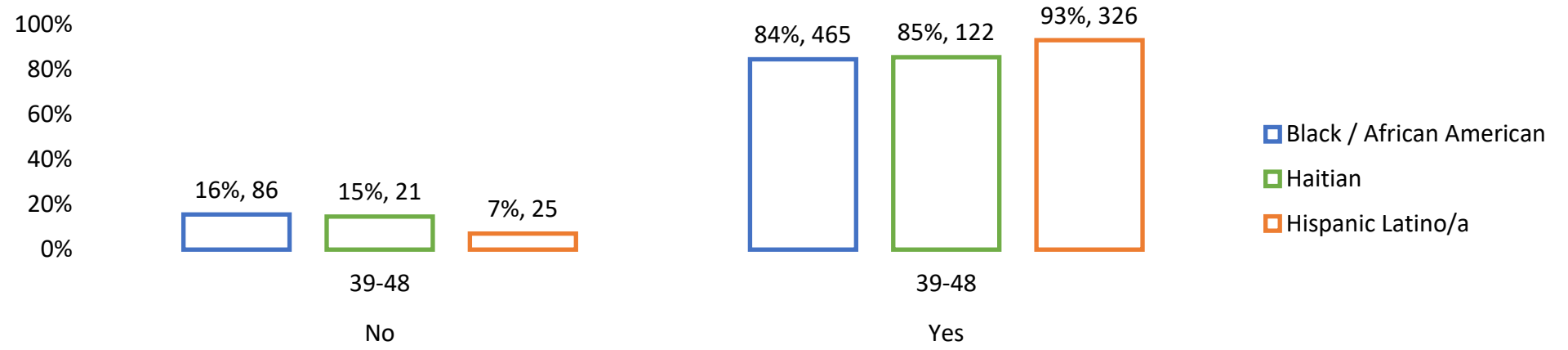
Viral Suppression Rate 18 -28



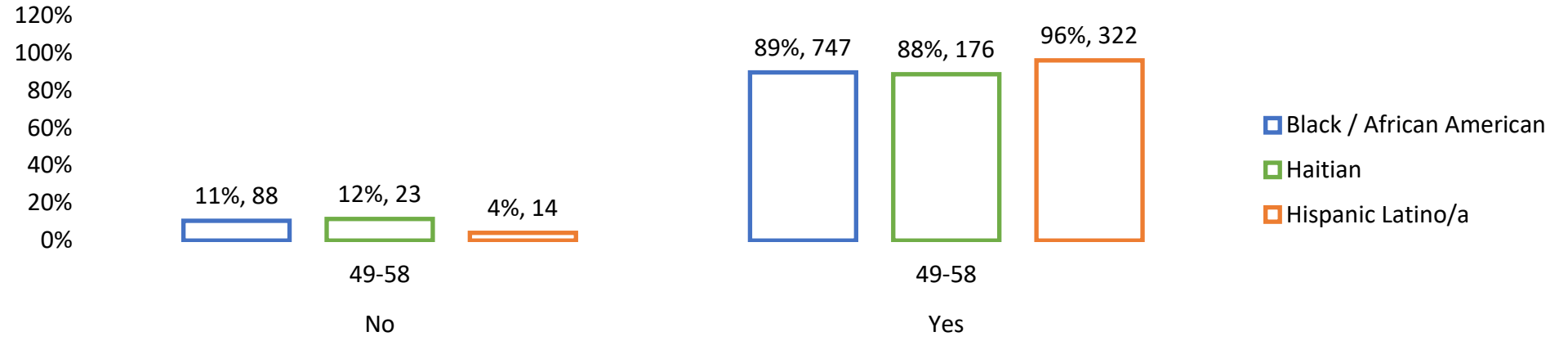
Viral Suppression Rate 29 - 38



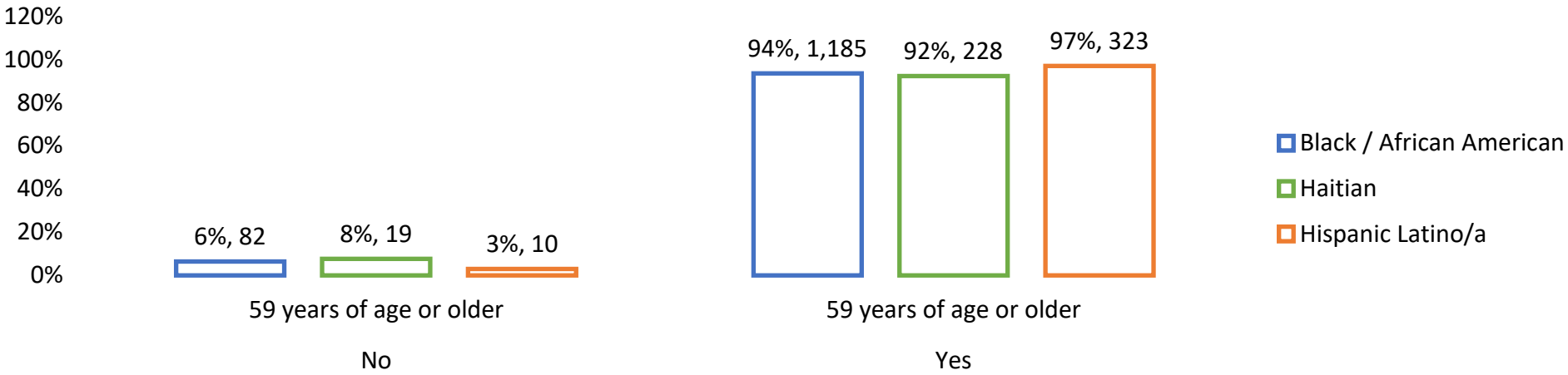
Viral Suppression Rate 39 - 48



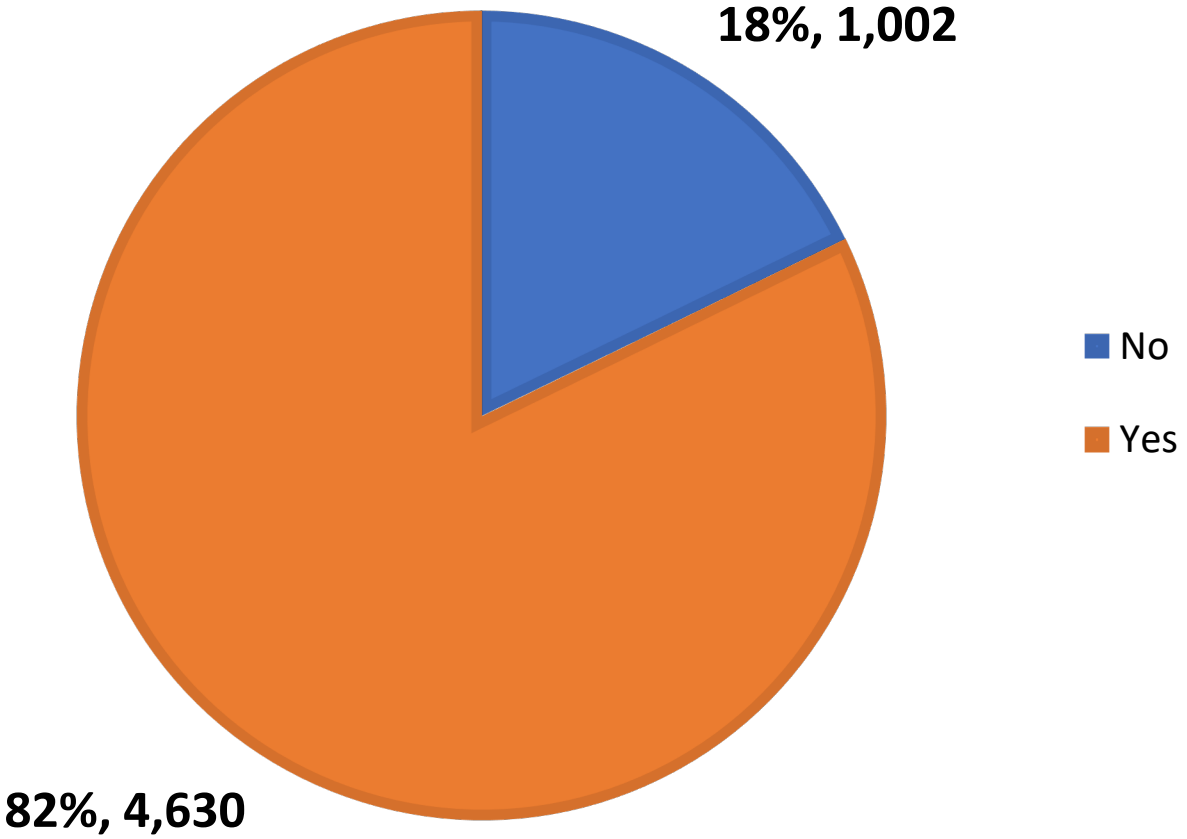
Viral Suppression Rate 49 - 58



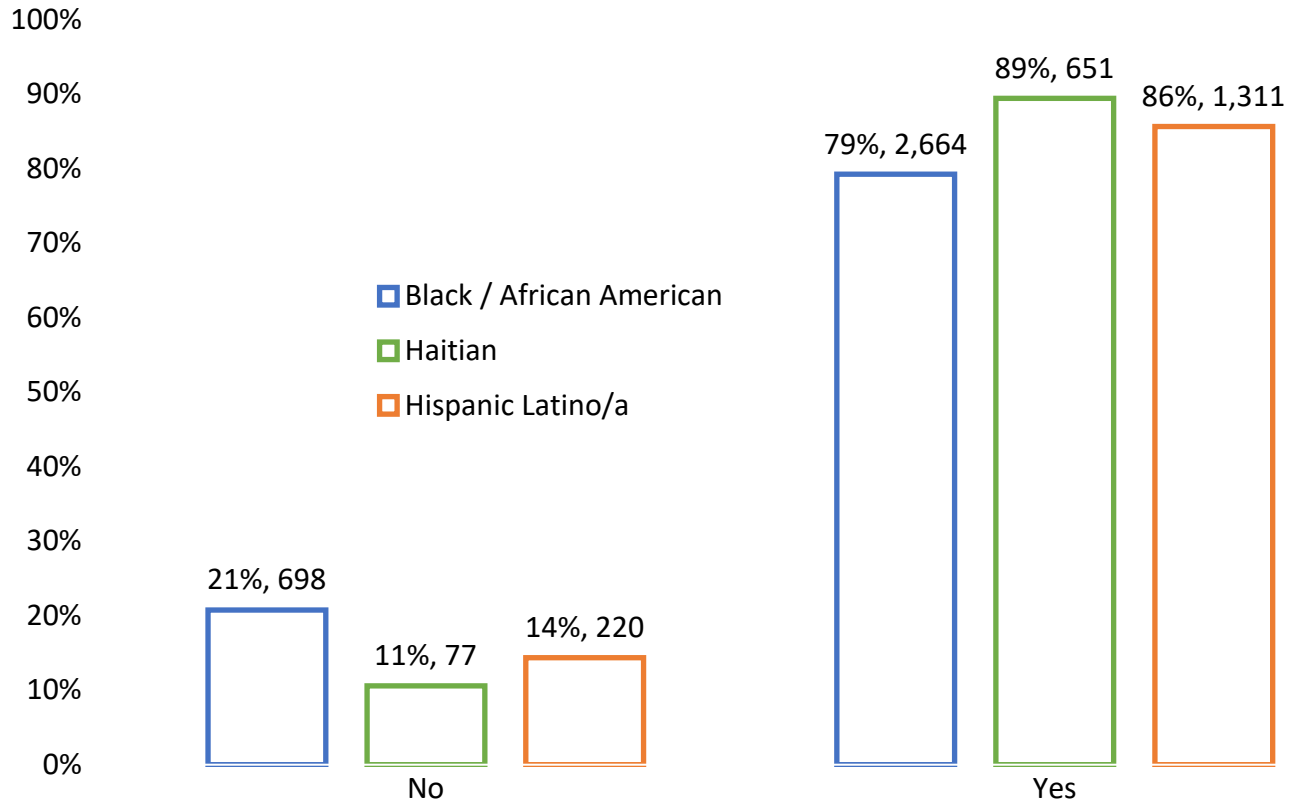
Viral Suppression Rate 59 +



Retention in Care Rate of MAI Population

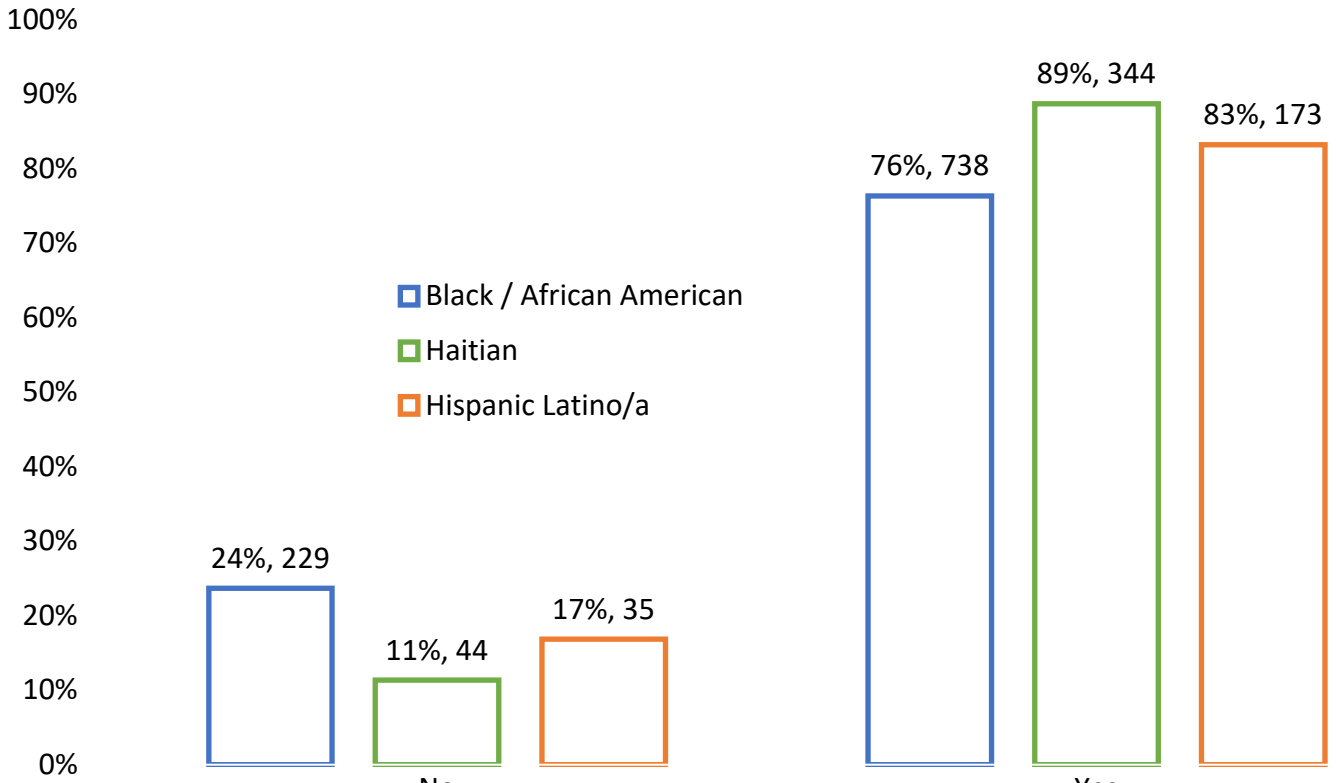


Retention in Care Rate by Race / Ethnicity



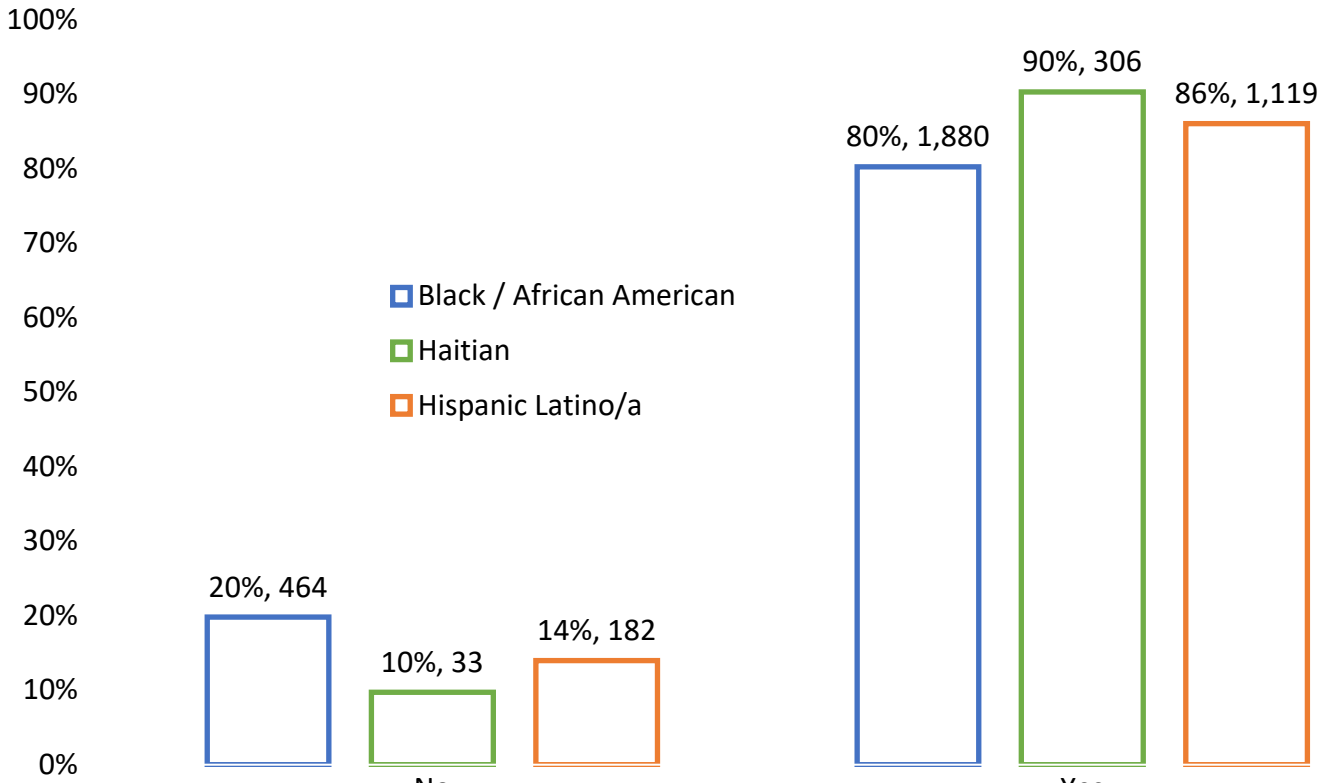
	No	Yes
Black / African American	21%	79%
Haitian	11%	89%
Hispanic Latino/a	14%	86%

Female Retention in Care Rate



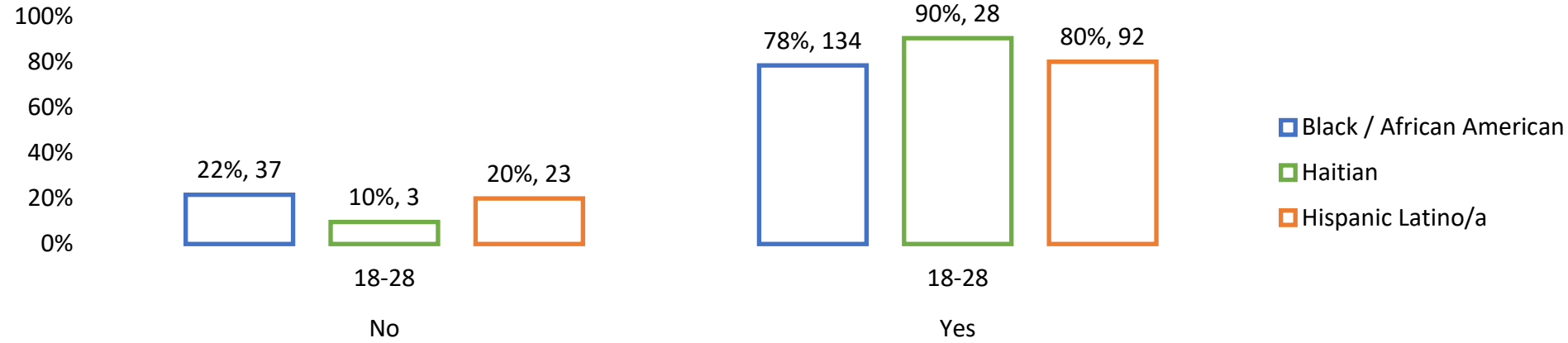
	No	Yes
Black / African American	24%	76%
Haitian	11%	89%
Hispanic Latino/a	17%	83%

Male Retention in Care Rate

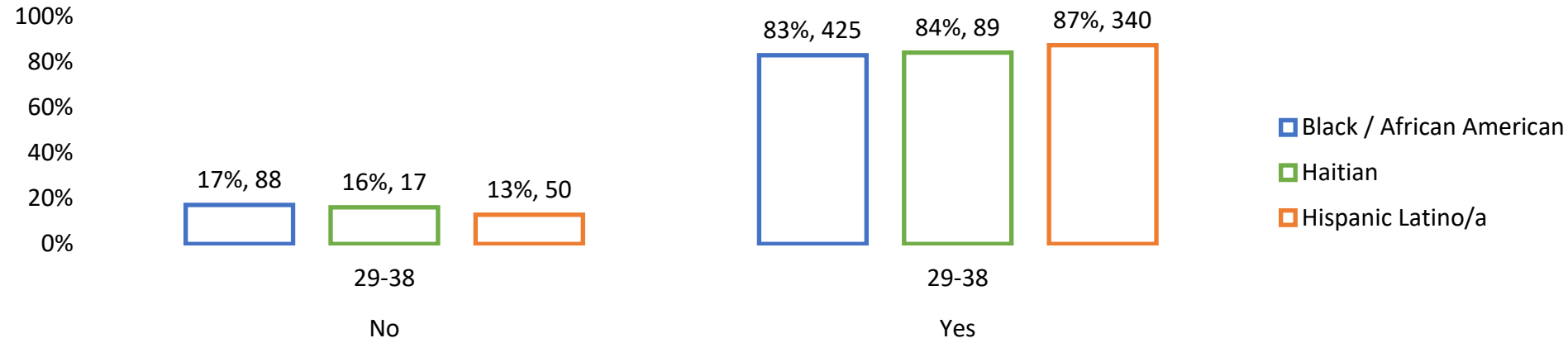


	No	Yes
Black / African American	20%	80%
Haitian	10%	90%
Hispanic Latino/a	14%	86%

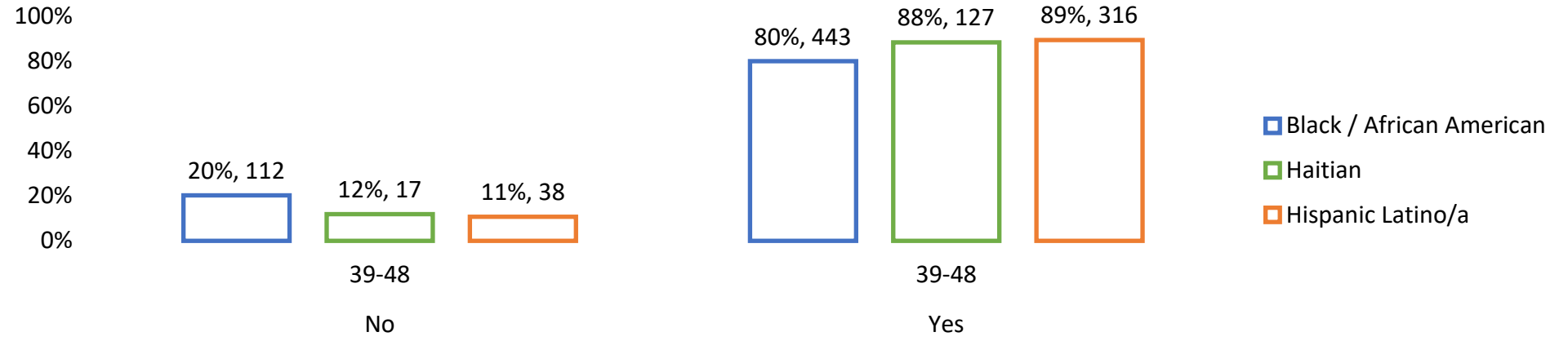
18 – 28 Retention Rate



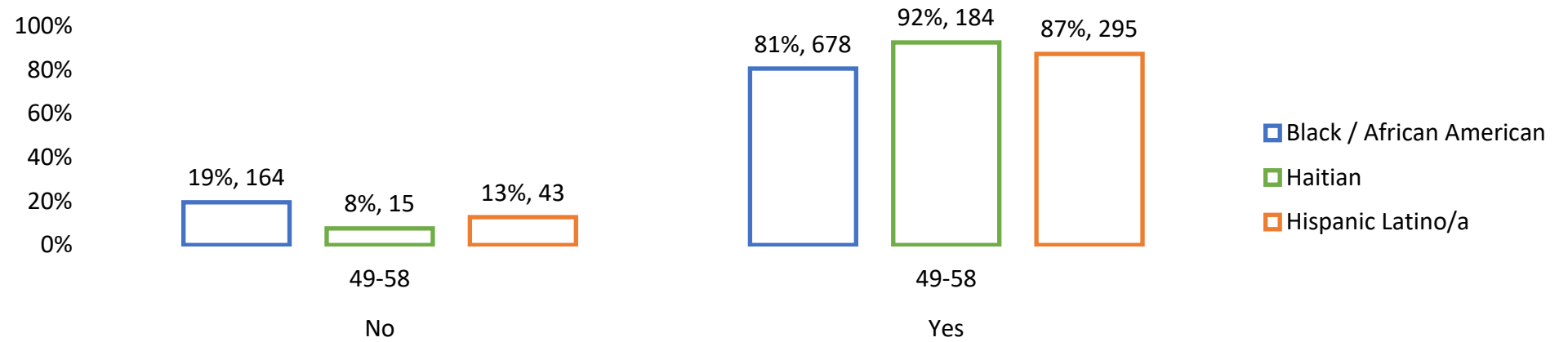
29 – 38 Retention Rate



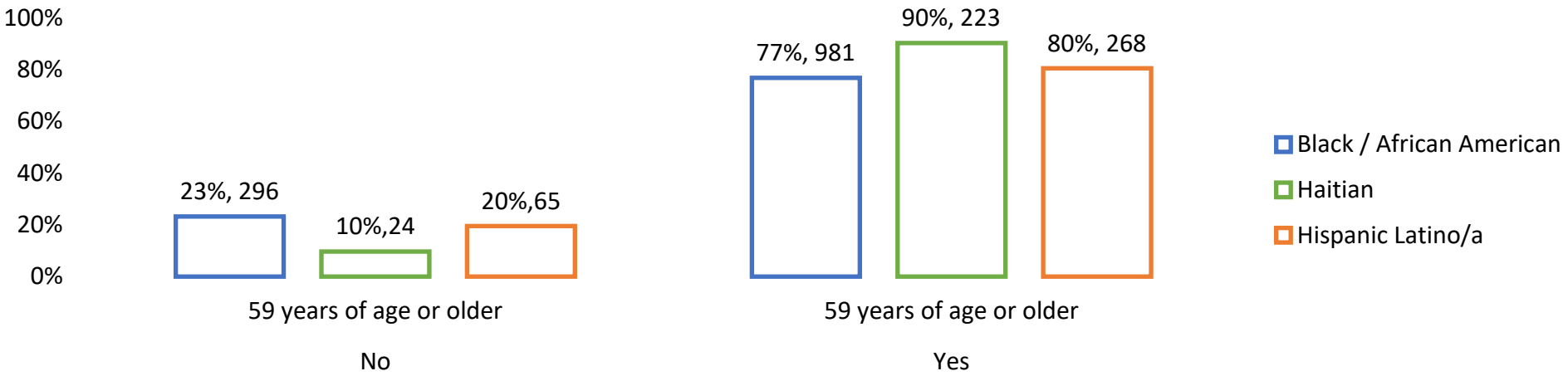
39 – 48 Retention Rate



49 – 58 Retention Rate



59 + Retention Rate



THANKS!

Do you have any questions?

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

Handout C

Minority AIDS Initiative (MAI): BROWARD RYAN WHITE PART A EMA NEEDS ASSESSMENT 2024-2025 OVERVIEW

Debbie Cestaro-Seifer, MS, RN & Jeffrey Beal, MD, AAHIVS
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of Tuesday, May 13, 2025

Needs Assessment 2024-2025

Project Aim

Assess the various services offered by the Broward Ryan White Part A EMA and measure/learn how well the services enhance the ability of clients to become sustainably virally suppressed.

Needs Assessment 2024-2025

Intentional Approach with Attainable Outcomes

OUR GOAL: Propose recommendations to the Broward RW Part A EMA to enhance the efficiency of disease case management, peer support, and medical services, to enable 95% of clients to attain sustainable viral suppression or undetectability by 2025.

HIVPC
Broward County HIV Health Services Planning Council

Key Needs Assessment Activities

- **Activity 1**: Conduct Client Focus Groups
- **Activity 2**: Review Subrecipient Medical Case Management (MCM) and Peer Job Descriptions
- **Activity 3**: MCM and Medical Provider-Focused Needs Assessment Activities
- **Activity 4**: Interviews with Collaborative Community Partners and Programs

HIVPC
Broward County HIV Health Services Planning Council

Needs Assessment 2024-2025 Data Informed: Quantitative and Qualitative

Recommendations Based on Quantitative Data

- Address lower viral loads among Black/African Americans, Haitian, and Youth/adolescent (18-28 yrs old)
- Include PEERS in quarterly network meetings
- MCMs, Practitioners, and Mental Health specialists need to attend quarterly network meetings

HIVPC
Broward County HIV Health Services Planning Council

Needs Assessment 2024-2025 Data Informed: Quantitative and Qualitative

- On January 8, 2025, a 90-minute focus group took place from 1:00 to 2:30 pm at Poverello (food bank).
- The session featured a varied group of 15 clients, showcasing a mix of races and genders, who utilized food services provided by Broward RW Part A.
- All individuals reported they were virally suppressed; however, this information was not independently verified by the consultants.
- Aside from one participant, the group was willing to participate in the focus group using a blended aggregate polling platform while also familiarizing themselves with iPads. Open-ended discussion questions followed several polling inquiries, and during the last 15 minutes of the session.

Conduct Client Focus Groups

Consumers identified specific barriers preventing access to Broward RW Part A services, including:

- Shame and stigma
- Lack of awareness about available services
- Excessive paperwork and bureaucracy
- Challenges with affordable housing
- Difficulty in reaching service providers

Consumer – Improving RW Part A Services

The participants identified key strategies to improve/expand case management services to better support viral suppression:

- Simplify the co-pay process
- Increase consumer utilization of patient portals
- Resolve consumer confusion between medical case management and nonmedical case management
- Provide gas cards for transportation
- Offer online recertification
- Create/locate more affordable housing options for people with HIV living in Broward County

Consumer – Ongoing Obstacles

- Emotions of embarrassment and social stigma
- Lack of awareness about accessible services
- Burdensome documentation and bureaucratic obstacles
- Problems related to safe and affordable housing
- Difficulties in reaching out to service providers

Medical Practitioner and MCM – Service Delivery

- Focus on issues related to timely access to housing, mental health services, and support for substance abuse.
- Work on alleviating the lack of subspecialty care providers.
- Connect with service providers who have specialized training or experience with underserved communities.
- Establish formal processes to assist patients in accessing care and managing HIV independently. The first 12 months are a critical time for supporting clients who are new to HIV treatment and care, as well as those returning to care.

Medical Practitioner and MCM – Patient Outcomes

- Analyze HIV Care Continuum Data by Agency Sites – look for and share best practices
- Use innovative strategies to address the challenges clients have in staying connected to care and attaining viral suppression, including home visits and age-specific support groups
- Have regular conversations with patients about viral suppression and kept and missed appointments
- Provide a team-oriented approach to the issues of aging

Medical Practitioner and MCM – Patient Satisfaction

- Ensure a welcoming environment from the front door to the back door of each agency
- Consider patient home/work locales in selecting the Primary Medical Home
- Lead the support service team to provide a safety net of coordinated services that help patients stay connected to HIV care

Collaborative Community Partners/Programs- Patient Satisfaction

- Tackle the high turnover rate among MCMs and accelerate training and involvement in efforts to support clients to attain sustained viral suppression or undetectable status
- Enlist additional PEERS to join the care team throughout the entire RW Part A network
- Ensure that peers have uniform job descriptions across all Part A subrecipient organizations
- Evaluate the effectiveness of incentives in improving essential aspects of care.

Enhancing Health Outcomes for People Significantly Impacted by HIV- the MAI Charge

Needs Assessment 2024-2025 Recommendations

Improve Health Outcomes for Clients and Increase Client Satisfaction

Tailored Approaches

- Provide training and resources to all Part A subrecipient organizations regarding the **provision of person-centered HIV care.** Advise and support these organizations in creating programs that motivate clients to participate in care.
- Design and implement a quality improvement initiative that mandates all Part A agencies to **establish a measurable understanding of trauma,** which is a crucial step toward becoming a trauma-informed organization.

Needs Assessment 2024-2025 Recommendations

Enhance Client Health Outcomes and Client Satisfaction

A Tailored Approach

- **Explore, develop, and implement** the concept of “walk-in” HIV care along with “on-demand” HIV telehealth services to guarantee that all qualifying clients in Broward County can receive Part A medical and essential support services.

Needs Assessment 2024-2025 Recommendations

Improve Client Health Outcomes and Client Satisfaction

Tailored Approaches

- In Broward County, MCM and staff turnover pose major challenges to engagement in HIV care.
- Offer training to equip new staff and teams, including peers, nonmedical case managers, and medical case managers, to effectively support clients in reaching viral suppression.
- Create a stronger community engagement and communication framework to ensure more community members can obtain accurate information regarding HIV treatment and care, potentially alleviating fear among our most vulnerable populations.

Needs Assessment 2024-2025 Recommendations

Enhance Client Health Outcomes and Client Satisfaction

Tailored Approaches

- Engage with faith-based organizations and unconventional entities like salons and barbershops to build relationships founded on knowledge, teamwork, empowerment, and collaboration.
- Implement evidence-based and evidence-informed approaches to encourage community involvement, inviting community members to share their expertise on improving consumer understanding and empowerment in managing HIV.
- Partner with non-RW providers to raise awareness among private providers about RW Programs and promote public-private partnerships within the Broward community.

Needs Assessment 2024-2025 Recommendations

Enhance Client Health Outcomes and Client Satisfaction

Tailored Approaches

- Follow the care pathways of new and returning patient trends to identify care gaps
- Standardize the job description for PEERS and the number of PEERS
- Improve client access to Mental Health and Substance Abuse services
- Streamline recertification and co-pay processes
- Promote employment and financial literacy programs to improve health equity

Final Recommendation Talk to Consumers- All Consumers!

Clients who receive RW Part A services in Broward have valuable insights about the services they do and do not use. **It's essential that everyone's voice is heard.**

Address consumer complaints promptly by adhering to a resolution process rooted in **best practices**.

Make sure that a support individual, such as an eligibility specialist, case manager, or peer counselor, is available after each focus group or interview with a consumer to **assist them with their needs.**

Communicate both the strengths and weaknesses of the Broward RW Part A Program to Network members who are actively involved in serving clients. **This is how we can improve.**

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

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

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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.