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

Priority Setting & Resource Allocation Committee Meeting

Thursday, May 19, 2022 - 9:00 AM
LOCATION: Broward Regional Health Planning Council

Chair: Brad Barnes • Vice Chair: Valery Moreno

This meeting is audio and video recorded.

Quorum for this meeting is 8

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 May 19, 2022
5. **ACTION:** Approval of Minutes from April 21, 2022
6. Standard Committee Items
   a. Monthly Expenditure/Utilization Report – by service category (Handout A)
7. New Business
   a. Action Item: Ryan White Part A Eligibility Review and Update.
   b. Action Item: Broward EHE Activities Presentation- Receive an overview of all EHE activities occurring in Broward County. (Handout B)
   Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.
   c. **Action Item**: HIV Surveillance Epidemiologic Data Presentation (Handout C)
   Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.
   d. **Action item**: Needs Assessment/ Community Input Presentation (Handout D)
   Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.

8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: June 16, 2022, at 9:00 a.m. **LOCATION: Broward Regional Health Planning Council**
    b. Next Meeting Agenda Items
        - Part A Client Health Outcomes Presentation
        - How Best to Meet The Need
        - PSRA FY21 Scorecards
        - Community Empowerment Committee Rankings
        - PSRA Presentation
        - Priority Setting
11. Announcements
12. 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.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

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(954) 561-9681 • FAX (954) 561-9685

Priority Setting and Resource Allocation Committee

Thursday, April 21, 2022- 9:00 AM
Meeting via WebEx

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), V. Moreno (PSRA Vice-Chair), B. Fortune-Evans, B. Mester, K. Schickowski, R. Lopes, C. Dumas, R. Jimenez, E. Dsouza, J. Rodriguez, M. Schweizer, L. Robertson.

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, W. Cius, T. Thompson, E. Reynosa, T. Currie.

PCS/CQM Present: G. Berkley-Martinez, T. Williams, W. Rolle B. Miller, J. Rohoman

Guests Present: J. Castillo, S. Matthews, S. Tinsley, K, Drummond, L. Jones.

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

   The PSRA Chair called the meeting to order at 9:00 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA 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 the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

   The approval for the agenda of the April 21, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by V. Moreno, and passed unanimously. The approval for the minutes of the March 17, 2022, meeting was proposed by L. Robertson, seconded by L. Robertson, and passed unanimously.

   Motion #1: Mr. Robertson, on behalf of PSRA, made a motion to approve the April 21, 2022, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

   Motion #2: Mr. Robertson, on behalf of PSRA, made a motion to approve the March

17, 2022, Priority Setting and Resource Allocation meeting. The motion was adopted unanimously.

4. Standard Committee Items

   A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through February of FY2021 (Handout A). Part A service categories have expended 99% of service category funding, and MAI funds have been 90% utilized. V. Moreno was concerned that there was a difference in the percent of funds expended for some service categories relative to the unexpended amount. A. Tareq advised the Committee that the percentages have been rounded to whole numbers, e.g., 99.9% is displayed as 100%. J. Rodriguez questioned whether provider unspent billables would be reduced to zero once unexpended funds have been expended. The Committee was advised that the column for provider unspent billables portrays services provided to consumers, which exceeds the contract cap and cannot be reimbursed. L. Robertson inquired as to what will happen to unexpended funds. The Committee was advised that these funds will part of the carry-over request for the next fiscal year. J. Rodriguez suggested including a column for unduplicated clients served for each service category. The Committee was advised that this information is provided with the PSRA Scorecards. The PSRA Chair commended the Recipient's Office and the PSRA Committee for their part in the PSRA process.

5. New Business

   The PSRA committee received other funders presentations including Ryan White Parts B, C, D, F/AETC, and HOPWA. The Part F Recipient reviewed the services provided through the Part F program, which covers the Community-Based Dental Partnership Program and the AIDS Education and Training Center (AETC) Program. It was noted that in FY2021, the program saw a total of 437 clients. The Part F Recipient noted that there was a decrease in the total number of clients at the start of the year due to COVID-10, however, there was an increase in newly diagnosed clients, young adults 18-39 and African American males. The Part F Recipient also noted that the primary barriers to care were limited funding, transportation and the large number of clients needing care. Some of the program success included community partnership, client outreach/engagement and the strong educational program.

   The Part B Recipient provided an overview of the services covered under the Part B Program. The Recipient noted that Clients having access to additional community resources posed a challenge to RWPB fiscally. Additionally, clients have been reluctant to utilize the on-line eligibility portal. Lastly, clients with prescriptions for 90-day medication supplies have not been adhering to recertification appointments. The Part B recipient also noted successes for the program during the previous fiscal year. The mail-order program is continuously growing with over 50% of clients utilizing these services. Additionally, the ADAP/RWPA Call center is operating efficiently to respond to client concerns. Lastly, the online portal is effective for clients who are more technologically advanced. C. dumas questioned what services were available to individuals under 18 years of age. The Committee was advised that the Part B program has not received referrals for clients under the age of eighteen. However, the Recipient will do some research and provide updates to the Committee later.

   The Ryan White Part C Program provides funding to local community-based organizations to support outpatient ambulatory health services and support services through early intervention service program grants. In the last fiscal year, the Part C Program serviced 804 unduplicated clients, 83% of whom were Non-Hispanic Black. The Part C Recipient noted gaps in care: the need for rental assistance & housing, food for the homeless population, and residential substance abuse services. The Part C Recipient also noted some success for the program throughout the last fiscal year, which included implementing test and treat to assist with the rapid engagement process and utilizing Part A funds to provide transportation services to clients to assist with access to care and retention in care. Lastly, the Part C Representative recommended

that there needs to be an increase in substance abuse services and the development of a coordinated emergency transitional housing model for individuals who are homeless and living with HIV. C. Dumas recommended the Part C Recipient partner with the HOPWA Recipient to develop a transitional housing program.

PSRA Committee members received an overview of the HOPWA Program detailing the services provided under the program. A total of 1852 clients utilized HOPWA services in FY2020, 761 of which received financial subsidies through the Tenant-Based Rental Vouchers (TBRV), Project-Based Rental Assistance (PBR), Short-Term Rent, Mortgage, and Utilities (STRMU), TEHV and Permanent Housing Placement (PHP) programs. The HOPWA Recipient noted availability and affordability, increased evictions, and mental and substance abuse care as significant barriers to services. There were also a few non-eligible clients who applied to the TBRV program. A notable trend for the HOPWA Program in the last fiscal year was an increase in inquiries from clients who lived outside of Florida; however, it was noted that HOPWA subsidies are not portable. Another notable trend for the HOPWA Program was an increase in homeless working-class individuals due to the high cost of the rent. A few successes of the HOPWA Program for the last fiscal year include improved housing stability and increased awareness of program participants of program rules resulting in faster access to benefits. The HOPWA Recipient provided the following recommendations to the Committee:

- Support the HOPWA Getting Back to Work Initiative
- Continuation of funding for mental health and substance abuse.
- Work to remove the stigma from mental health so that clients will be more comfortable accessing services.
- Finding flexible sources of funding for non-eligible clients

Lastly, the Part D Representative reviewed the services provided with this funding stream. A total of 676 clients utilized Part D services in FY2021. Notable trends for the Part D Program in the last fiscal year included newly diagnosed individuals with high viral loads who are pregnant. These individuals are typically young and naïve, have insurance issues, or migrate from other countries. Additionally, young adults are experiencing lower retention rates due to disbelief in diagnoses, noncompliance with medication regime, insurance issues, substance abuse, employment, housing issues, unplanned pregnancies, and lack of follow-up. The Part D Recipient also noted that elderly individuals are affected by other comorbidities, insurance issues while transitioning from Medicaid to Medicare, housing and transportation issues, inactivity, social isolation, and a decline in independence and cognitive abilities. The Part D Recipient mentioned several barriers to Part D care, including Lack of Mental Health services for Creole/Spanish speaking populations and lack of Substance Abuse Counseling for Creole/Spanish speaking populations. The Part D Recipient also highlighted the need for affordable housing, transportation, residential Substance Abuse Programs, and Outreach efforts to identify at-risk youth (PROACT, increase in RW Dental Providers and Prenatal Care Costs. A few challenges for the Part C program in the last fiscal year were affordable/accessible housing and transportation. However, the program did have many successes, including telehealth, increased mental health counseling, support groups, and collaboration with other Broward health Specialists. The program also noted 85% and 82% retention in care rates for adults and youth, respectively, and 92% and 78% Viral suppression rates for adults and youths.

6. Recipient's Report

The Recipient reported that amendments are still being reviewed, which they communicated to all service providers. The Recipient also reported receiving final Provider invoices.

7. Public Comment

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

8. Agenda Items for Next Meeting

   The next PSRA meeting will be held on May 19, 2022, at 9:00 a.m. via WebEx Videoconference.

   Next Meeting Agenda Items

   - Broward EHE Activities Presentation
   - HIV Surveillance Epidemiological Data Presentation
   - Needs Assessment/Community Input Presentation
   - Part A Client Health Outcomes Presentation

9. Announcements
   There were no announcements for this meeting.

10. Adjournment

    There being no further business, the meeting was adjourned at 11:05 a.m.

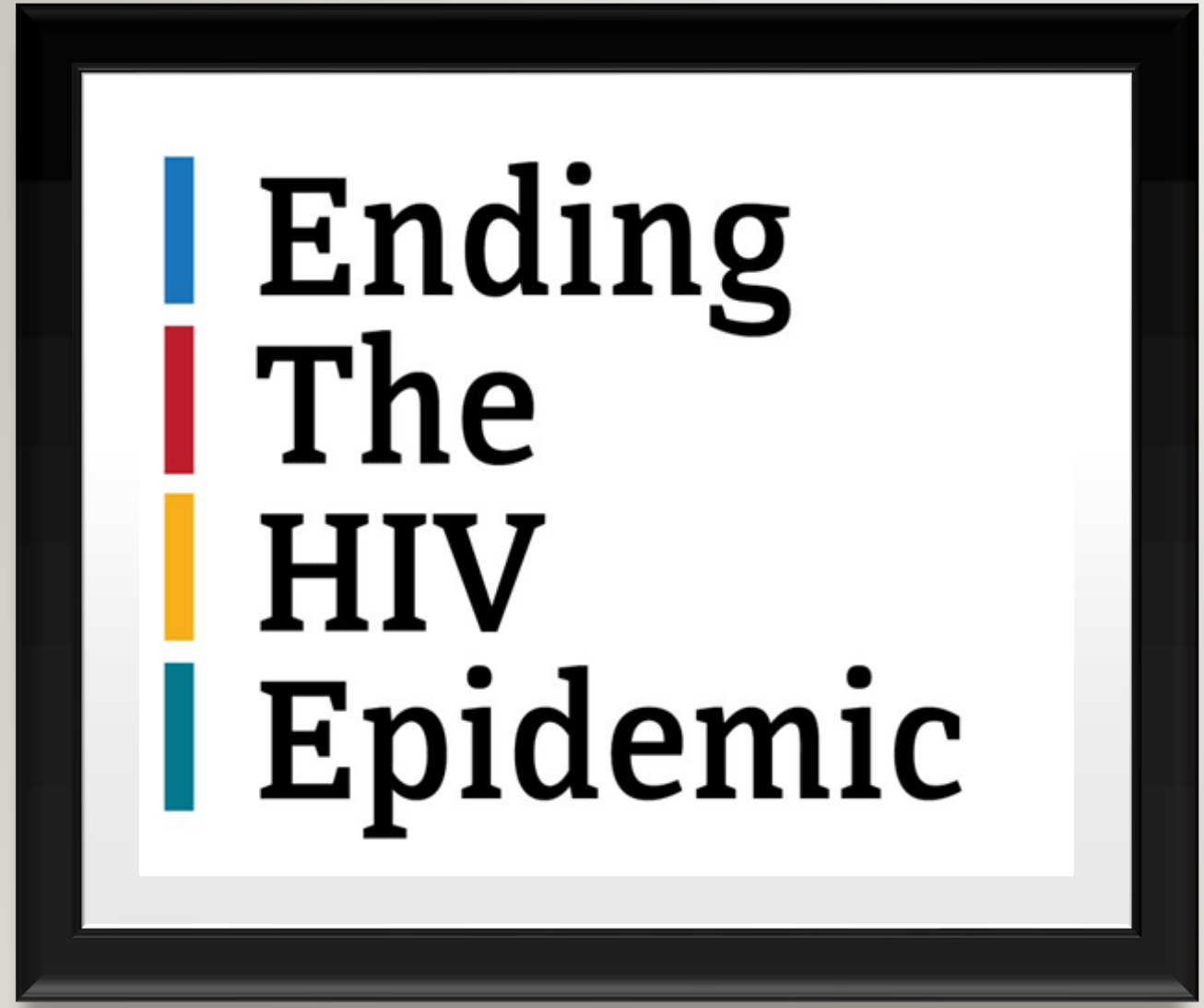
PSRA Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	20	17	17	21									
0	1	0	**1**	Barnes, B., Chair	X	X	X	X									
0	0	0	**2**	Fortune-Evans, B.	X	X	X	X									
0	0	0	**3**	Lopes, R.	X	X	X	X									
0	0	0	**4**	Mester, B.	X	X	X	X									
0	0	1	**5**	Moreno, V., V Chair	X	A	X	X									
0	1	0	**6**	Robertson, L.	X	X	X	X									
0	0	0	**7**	Schickowski, K.	X	X	X	X									
0	0	2	**8**	Schweizer, M.	A	X	A	X									
1	1	0		Shamer, D.	X	X	Z-03/14										
0	0	0	**9**	Dsouza, E.	X	X	X	X									
0	1	0	**10**	Dumas, C.	X	X	X	X									
0	0	1	**11**	Rodriguez, J.	N-1/27	A	E	X									
0	0	0	**12**	Jimenez, R.	X	X	X	X									
				Quorum = 7	11	11	10	12	0	0	0	0	0	0	0	0	

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

Priority Setting and Resource Allocation Committee Meeting Minutes – April 21, 2022
Minutes prepared by PCS Staff

HANDOUT B



BROWARD ELIGIBLE METROPOLITAN AREA (EMA)

RYAN WHITE PART A

Presented by:

Wismy Cius

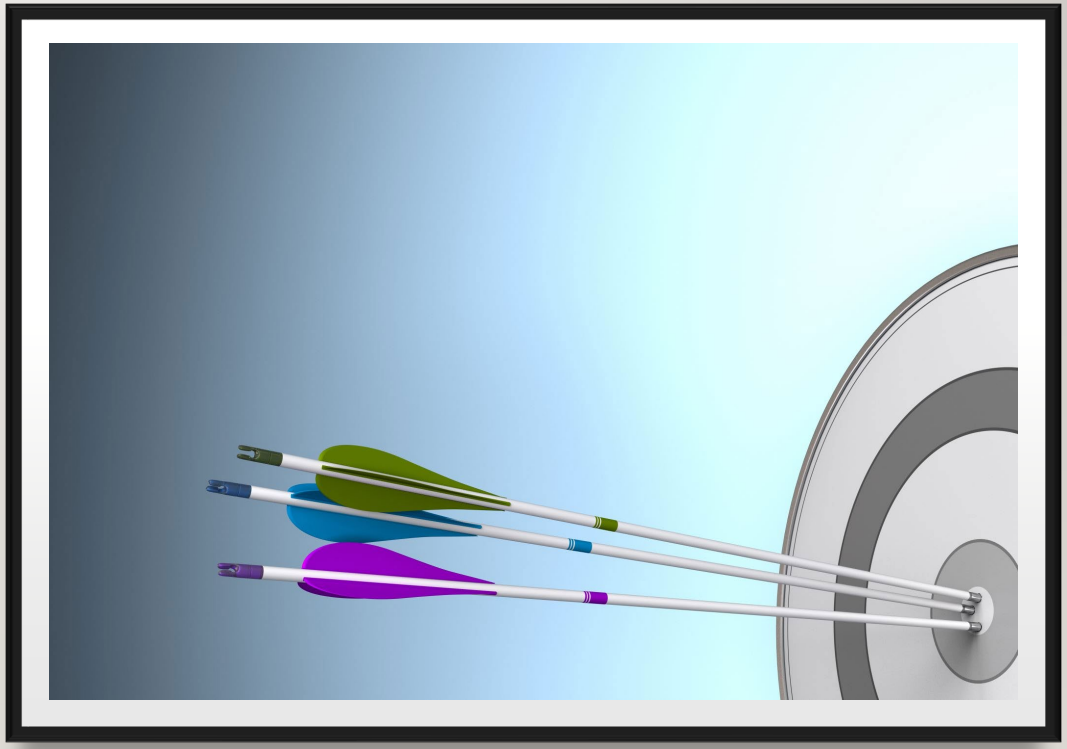
Program Project Coordinator

Ending the HIV Epidemic (EHE)

Human Services Department
COMMUNITY PARTNERSHIPS DIVISION / Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

OBJECTIVES

- *Overview of the Ending the HIV Epidemic: A Plan for America* a.k.a. EHE
- Overview of Broward EMA's EHE Initiative
  - Historical background
  - Population of Focus & Funded EHE Activities
  - Fiscal Year 2 EHE Service Delivery and Impact
  - Next Steps
  - Feedback – Comments - Questions



ENDING THE HIV EPIDEMIC (EHE)

OVERVIEW

- *Ending the HIV Epidemic: A Plan for America* (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is working to reduce new HIV transmissions by
  - 75 percent by 2025
  - 90 percent by 2030

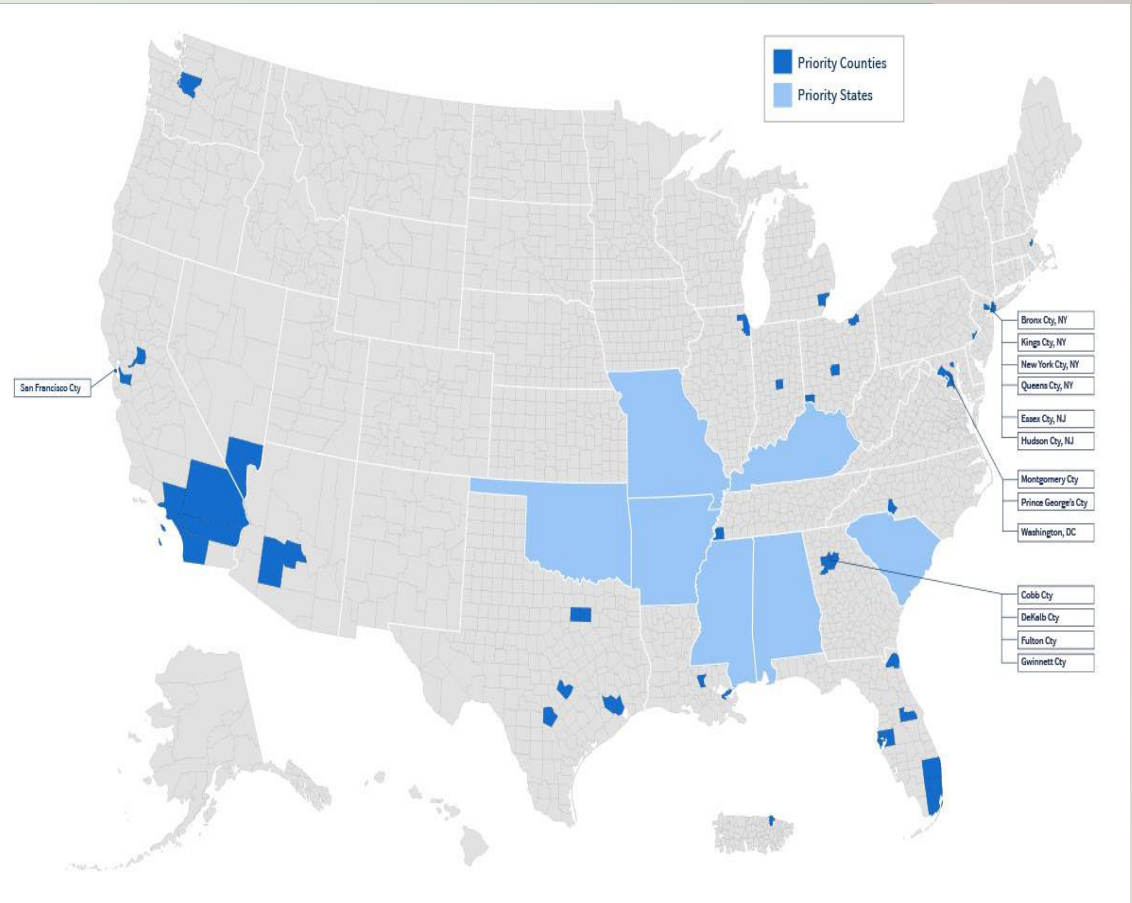
PRIORITY JURISDICTIONS

PHASE I

The Ending the HIV Epidemic initiative adopts a multiphases approach. Phase I of the initiative focuses efforts as followed:

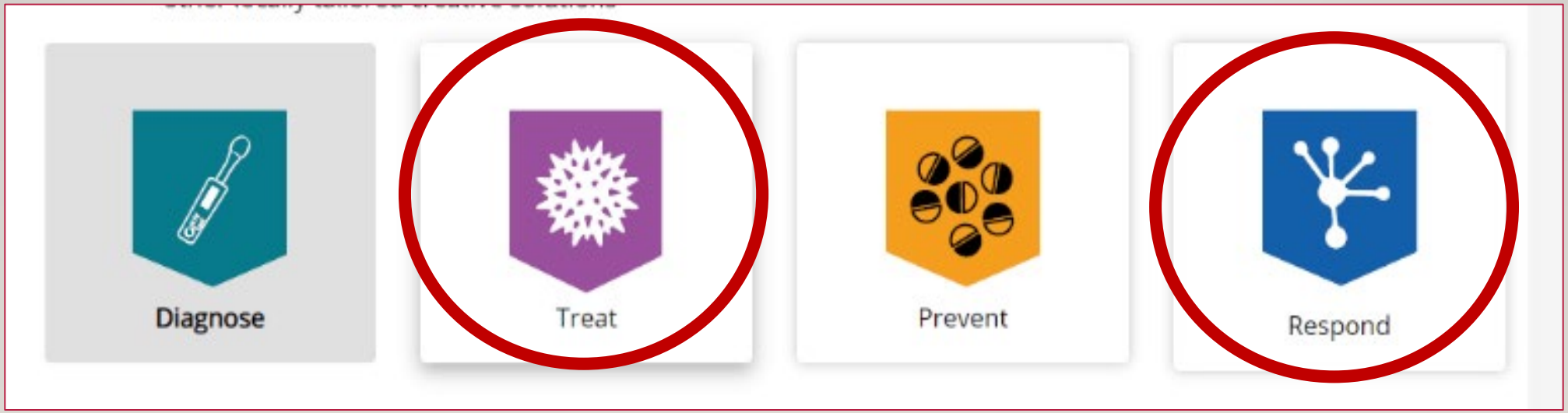
- Counties and territories where >50% of HIV diagnoses occurred in 2016 and 2017 (48 counties, Washington, DC, and San Juan, Puerto Rico)
- Jurisdictions with substantial number of HIV diagnoses in rural areas (including Florida)
- 57 Phase I jurisdictions
- 7 Counties in Florida identified as Priority Phase I Counties.

- To achieve the aforementioned goals, Phase I of the initiative focuses on a rapid infusion of additional resources, expertise, and technology into the 57 geographic focus areas.

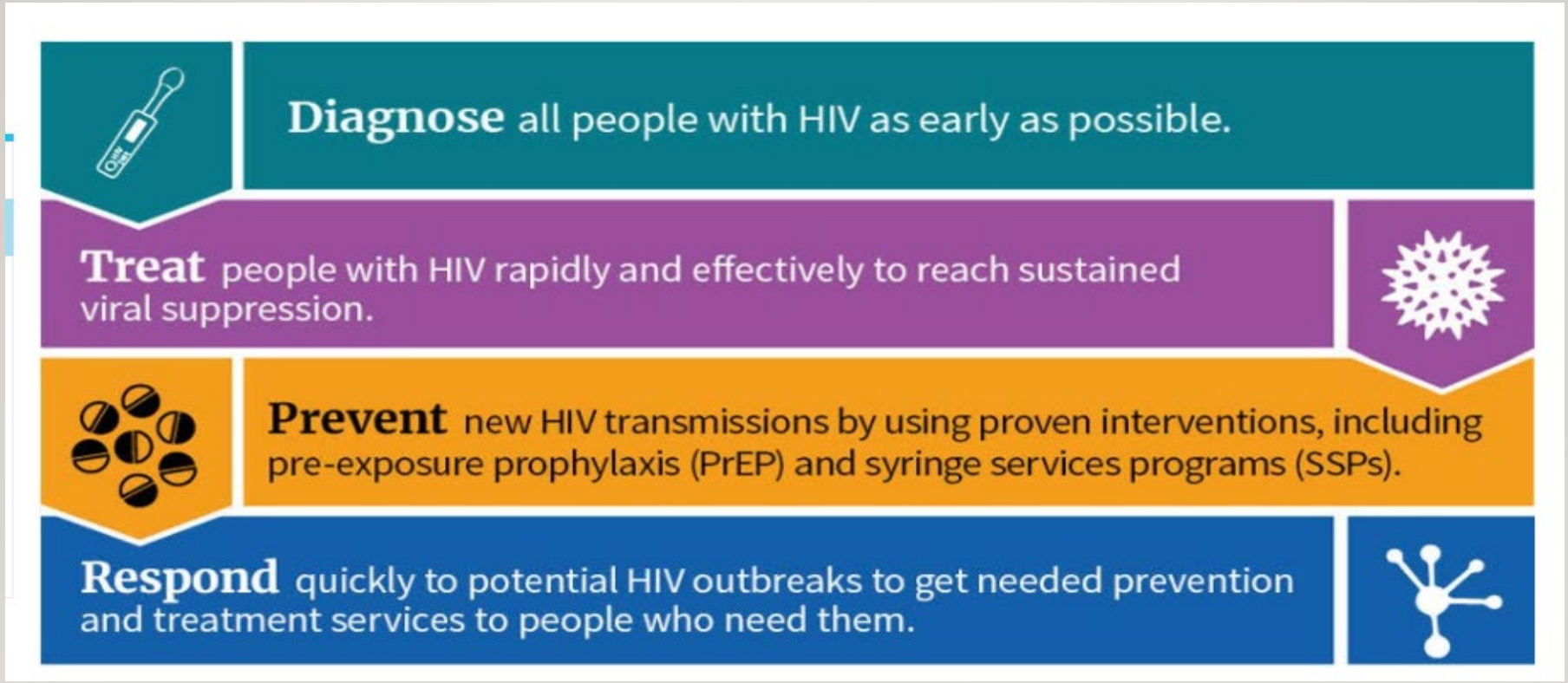


KEY EHE INITIATIVE STRATEGIES

To achieve the goal of reducing new HIV infections in the United States by 75% by 2025 and 90% by 2030, *Ending the HIV Epidemic: A Plan for America* focuses on four key strategies that together can end the HIV epidemic in the U.S.:

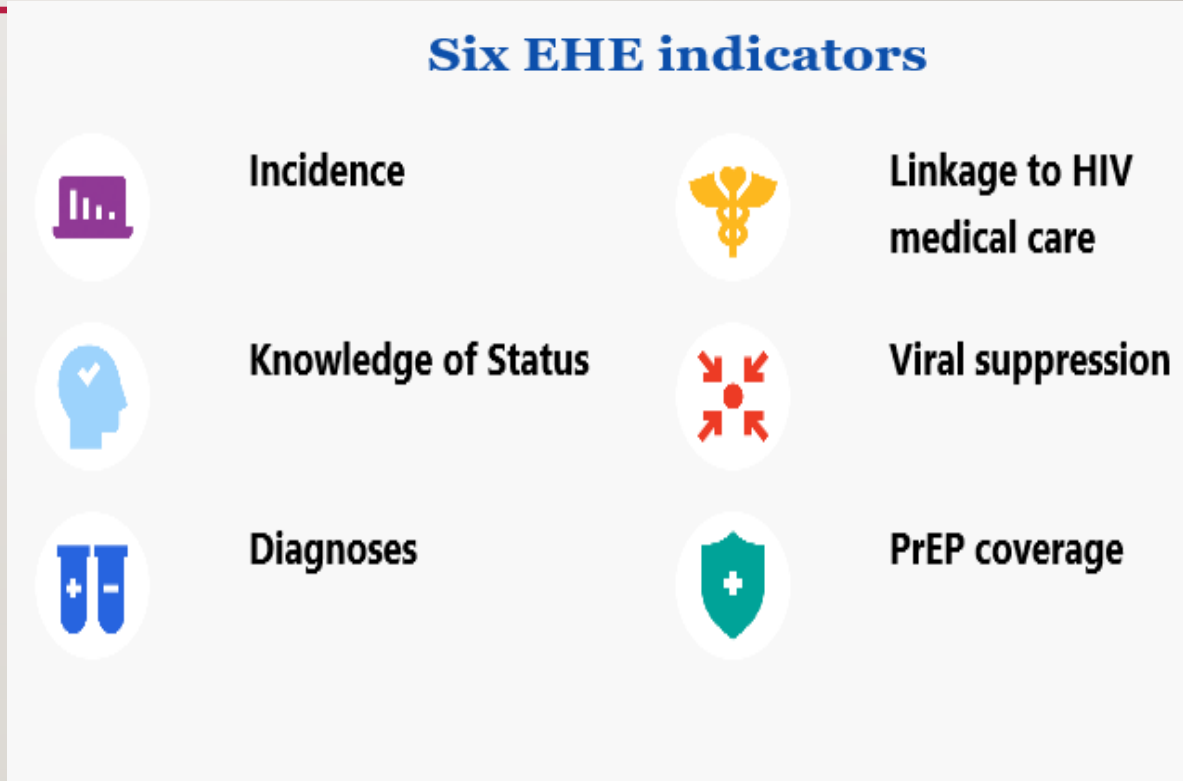


KEY EHE INITIATIVE STRATEGIES CONT…



EHE INDICATORS

- **America's HIV Epidemic Analysis Dashboard (AHEAD):** Data Visualization Tool used by EHE stakeholders for decision making to help reach the EHE Initiative goal.
- The EHE Dashboard, AHEAD, displays national and jurisdictional baseline and targets for each of the indicators.



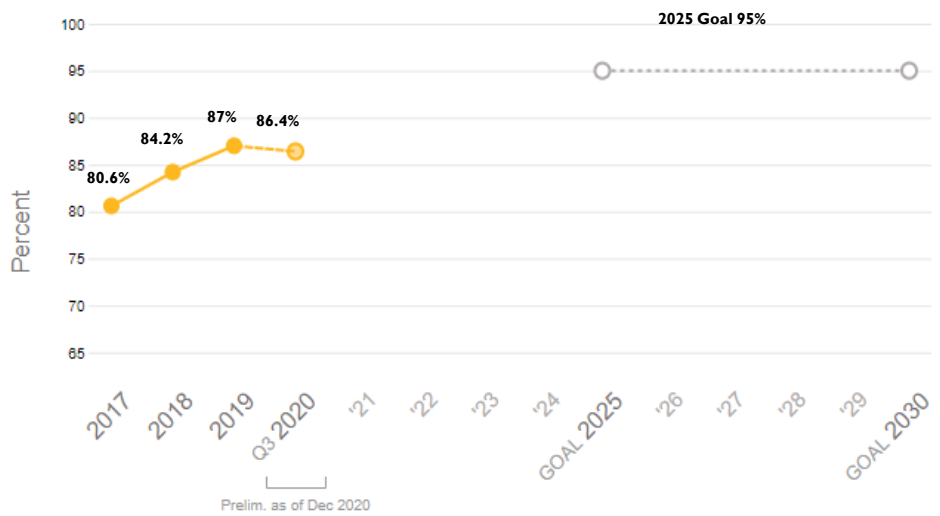
BROWARD EMA HIV INDICATORS

Viral Suppression

Viral suppression is the percentage of people living with diagnosed HIV infection who have an amount of HIV that is less than 200 copies per milliliter of blood, in a given year.

Linkage to HIV Medical Care

Linkage to HIV medical care is the percentage of people diagnosed with HIV in a given year who have received medical care for their HIV infection within one month of diagnosis.



BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Historical Events

Year1

- Grant Application & Award
- Broward EMA-EHE Year1 Work Plan
- Broward EMA EHE Service Delivery Model (SDM)
- EHE Training Curriculum Outline
- Contracts with EHE Service Providers
- EHE Modules in Provide Enterprise (PE)

Year2

- New Notice of Award
- Broward EMA-EHE Year2 Work Plan
- PE Training
- Service Implementation
- EHE Training
- EHE Provider Network Meeting

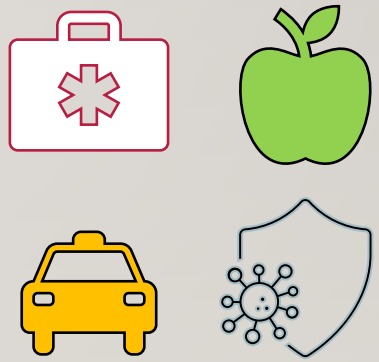
Year3

- EHE Services Continuum
- PL Cares Implementation
- EHE NMCM-Peers Implementation
- EHE Providers Trainings
- Community Engagement
- Service Implementation

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Funded Services

- EHE Disease Case Management (EHE-DCM)
- Food Services (Food Bank and Food Voucher)
- Medical Transportation Services
- Disease Intervention Specialist (DIS)
- Self-Sufficiency through Intensive Non-Medical Case Management and Peer Support
- Tele-Adherence and Engagement (PL Cares)



BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

EHE Service Delivery model

- **Target Population:**
  - Newly HIV Diagnosed Broward County residents
  - Previously HIV diagnosed individuals no longer in care
  - Previously HIV diagnosed individuals currently in care, but not virally suppressed

- **EHE Service Providers:** AHF, BCOM, Broward House, Care Resource, DOH in Broward, Latino Salud, NBHD, Poverello, SBHD
- **Intensive Care Team (ICT):** Multidisciplinary ICTs are led by a Disease Case Manager (DCM) and comprised of HIV Disease Intervention Specialists (DIS), food services staff, physicians, case managers, and other providers of RWHAP services.

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Accomplishments

- ✓ 600 individuals engaged by DIS
- ✓ 147 individuals enrolled in EHE DCM
  - ✓ 125 of the 147 were retained in care
  - ✓ 91 of the 147 achieved viral load suppression
- ✓ 451 individuals received rides through EHE Medical Transportation
- ✓ 736 individuals received supplemental food through EHE Food Services

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

NEXT STEPS

- Continued service implementation
- Additional community engagement activities
- Continued collaboration with other local funders
- Ongoing communication between recipient's office and EHE providers via monthly meetings and the quarterly EHE Network Meeting
- Program evaluation

QUESTIONS

CONTACT INFORMATION

Wismy Cius	Viktoriia Hornsey	Glenroy James
Program Project Coordinator, EHE	Program Project Coordinator, EHE	Contract Grant Administrator
wcius@broward.org	vhornsey@broward.org	gjames@broward.org
954-357-5384	954-357-5772	954-357-8231

USEFUL RESOURCES

- **EHE AHEAD Website**
  - https://ahead.hiv.gov/locations/broward-county (Broward Info)
  - https://ahead.hiv.gov/ (overall info)
- **HIV.gov/EHE Website**
  - https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview
- **Broward EHE Service Delivery Model (SDM)**
  - https://www.broward.org/HumanServices/CommunityPartnerships/Documents/RW%20Ending%20the%20HIV%20Epidemic%20SDM%20Final%2010.13.20.pdf

THANK YOU!

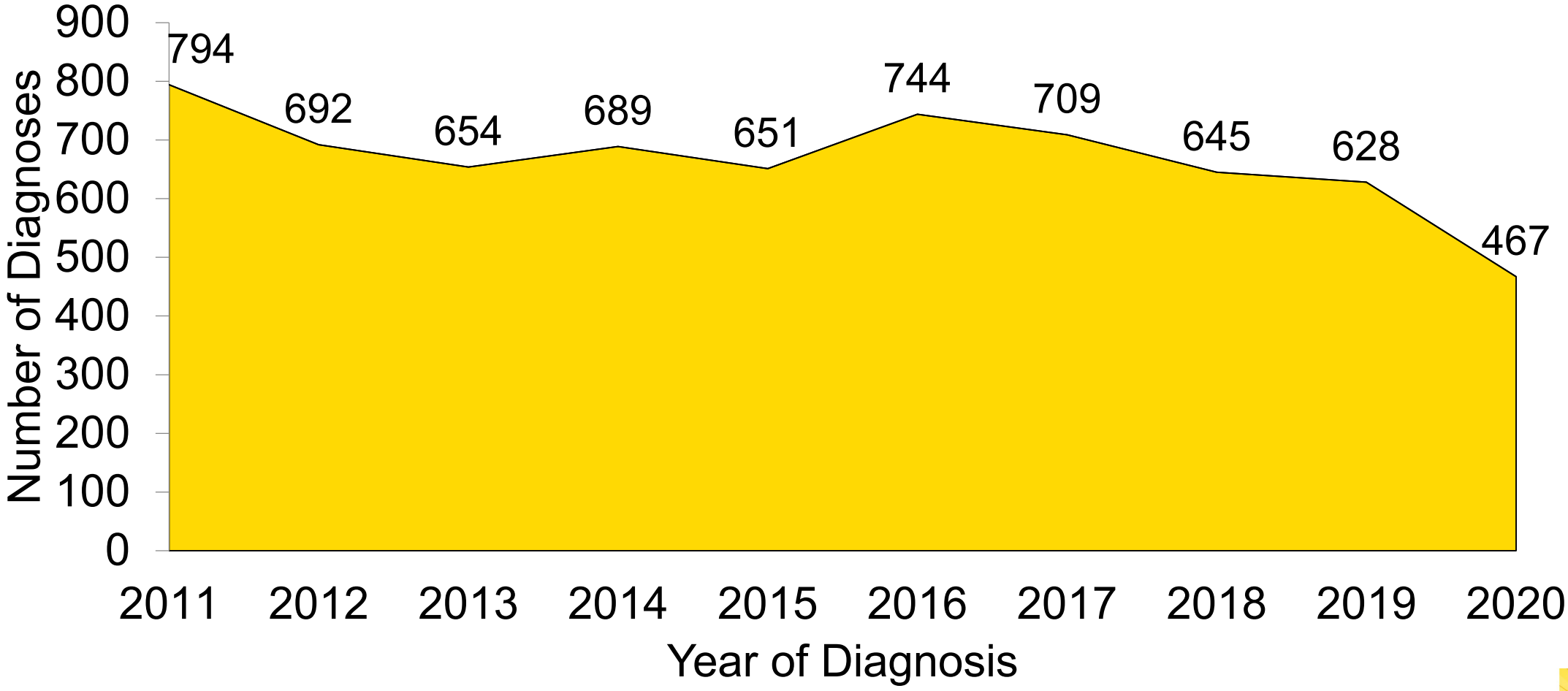
HANDOUT C

HIV Epidemiology In Broward County, 2020

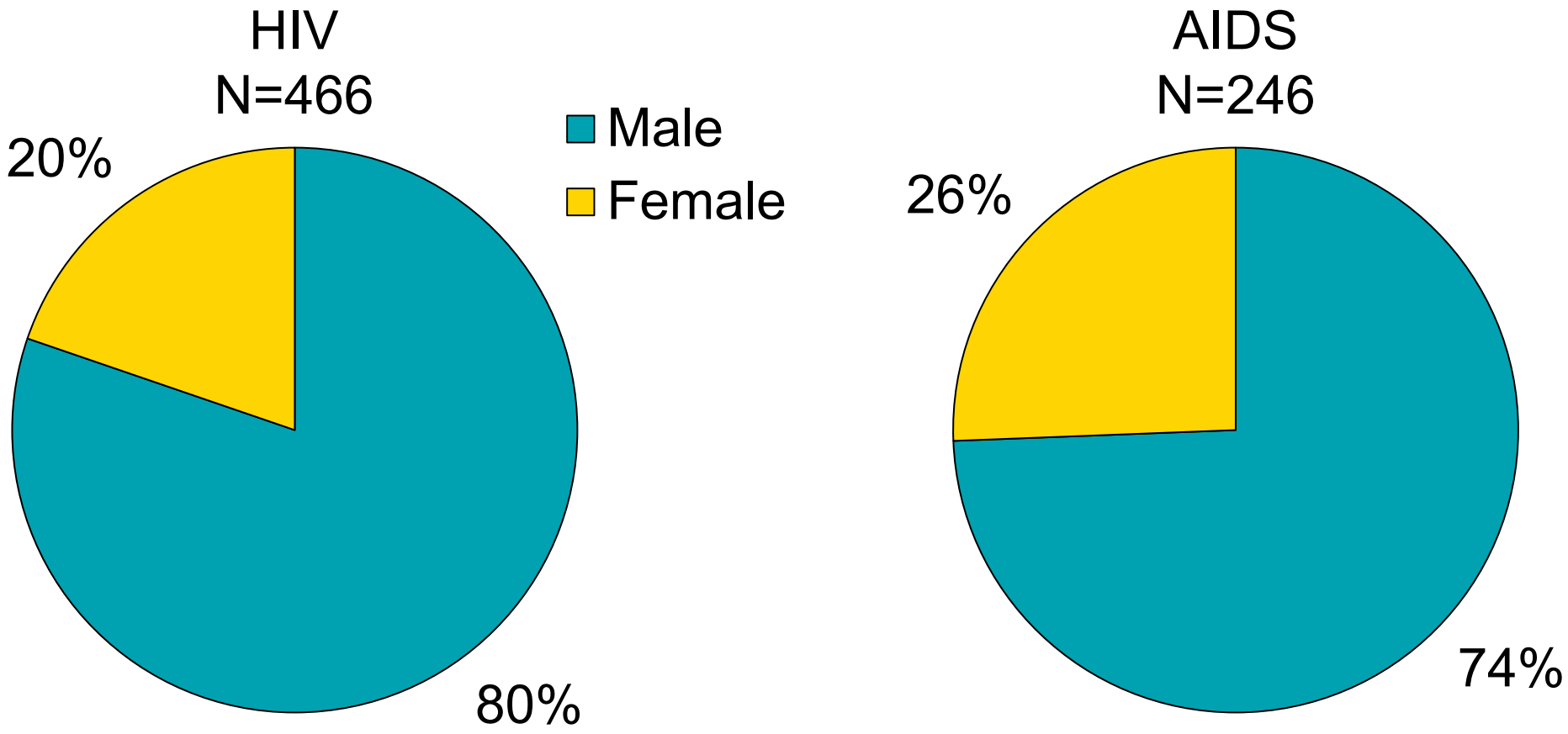
Joshua Rodriguez
HIV/AIDS Program Coordinator
Florida Department of Health

Data as of 6/30/2021

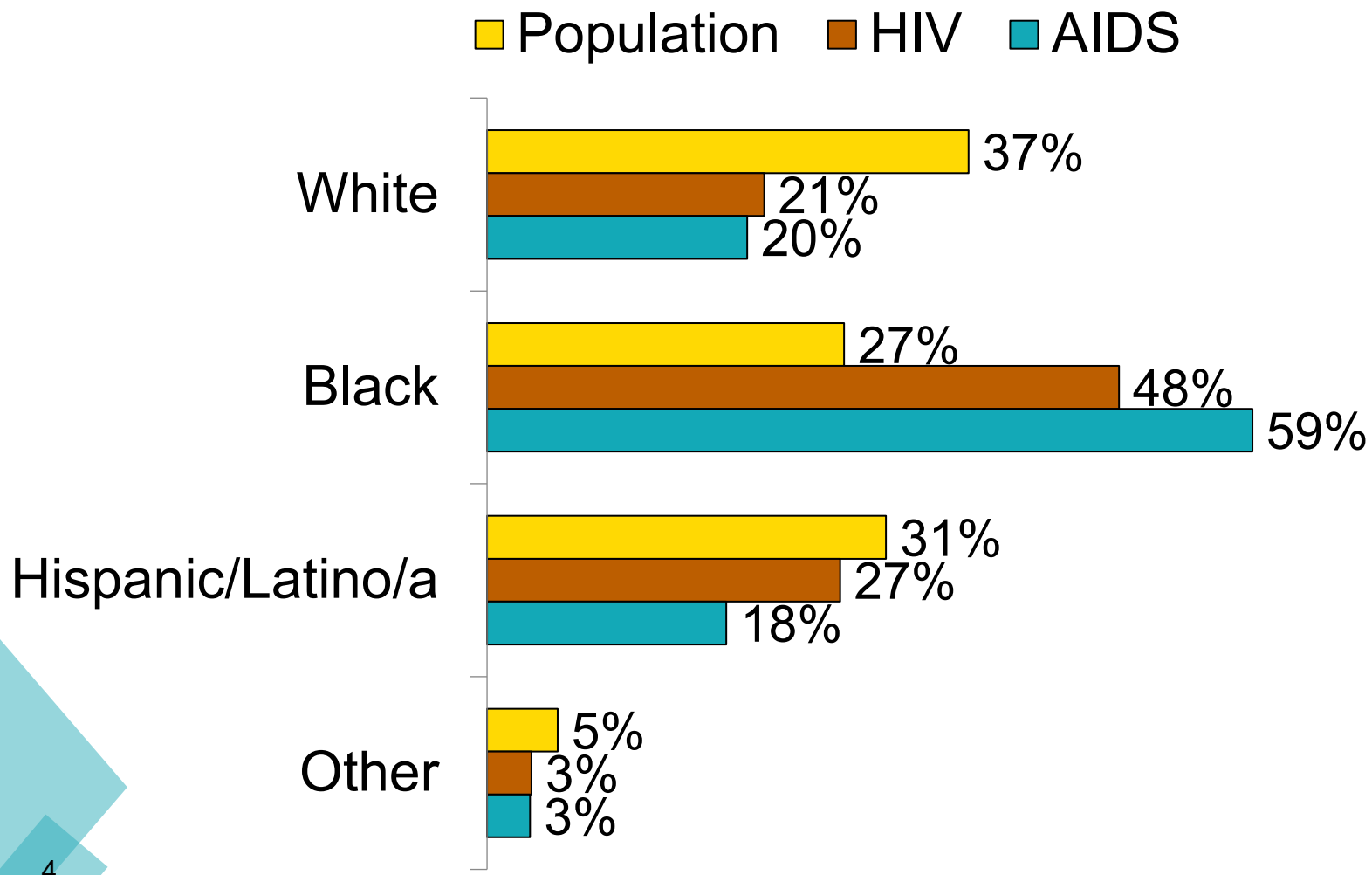
Diagnoses of HIV, 2011–2020, Broward County



Adult HIV and AIDS Diagnoses By Sex at Birth, 2020, Broward County



Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2020, Broward County



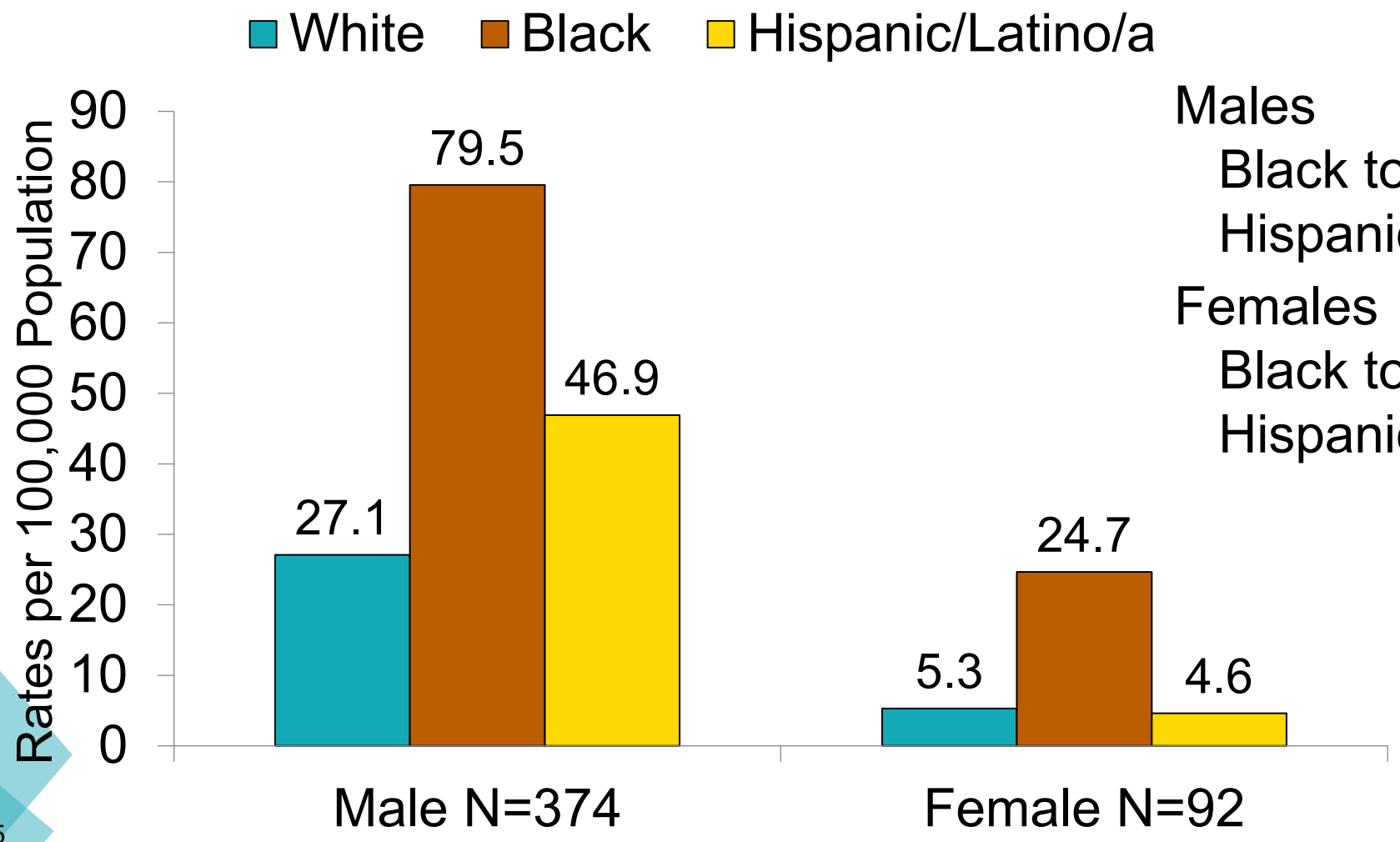
Broward County Adult Population Estimate
N=1,652,247

HIV
N=466

AIDS
N=246

Rounding may cause percentages to total more or less than 100.

Adult HIV Diagnosis Rates by Sex And Race or Ethnicity, 2020, Broward County



Rate Ratios

Males

Black to White: 2.9 to 1

Hispanic/Latino to White: 1.7 to 1

Females

Black to White: 4.6 to 1

Hispanic/Latina to White: 0.9 to 1

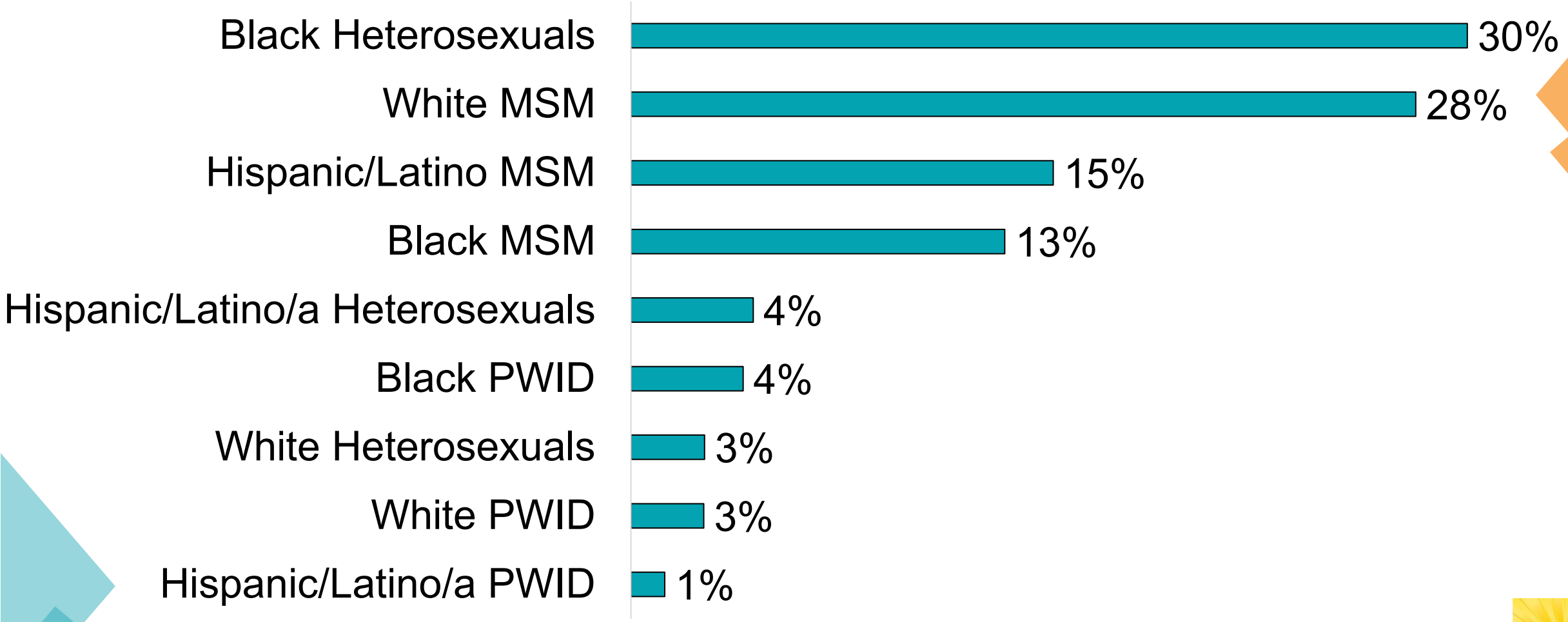
Adults with HIV, 2020, Living in Broward County

		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	5,988	38.9%	420	8.2%	6,408	31.2%
	Black	5,495	35.7%	4,048	79.0%	9,543	46.5%
	Hispanic/Latino/a	3,534	22.9%	538	10.5%	4,072	19.8%
	Other	389	2.5%	116	2.3%	505	2.5%
Age Group	13-19	33	0.2%	22	0.4%	55	0.3%
	20-29	934	6.1%	251	4.9%	1,185	5.8%
	30-39	2,268	14.7%	779	15.2%	3,047	14.8%
	40-49	2,639	17.1%	1,234	24.1%	3,873	18.9%
	50+	9,532	61.9%	2,836	55.4%	12,368	60.2%
Mode of Exposure	MMSC	11,036	71.6%	0	0.0%	11,036	53.8%
	IDU	576	3.7%	435	8.5%	1,011	4.9%
	MMSC/IDU	599	3.9%	0	0.0%	599	2.9%
	Heterosexual Contact	3,026	19.6%	4,531	88.5%	7,558	36.8%
	Transgender Sexual Contact	63	0.4%	3	0.1%	66	0.3%
	Other risk	106	0.7%	153	3.0%	259	1.3%

Rounding may cause percentages to total more or less than 100.

Florida HEALTH

Priority Prevention Populations for PWH In 2020, Living in Broward County



MSM=MMSC and MMSC/IDU diagnoses, and PWID=IDU and MMSC/IDU diagnoses; thus, the data are not mutually exclusive.

Rounding may cause percentages to total more or less than 100.

Florida HIV/AIDS Surveillance Data
Broward County Contact

Evariste Akpele
Florida Department of Health in
Broward County
Phone: 954-847-8036
Email: Evariste.Akpele@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30 for the previous calendar year. These are the same data used for FLHealth CHARTS and all grant-related data.
flhealthcharts.com/charts/CommunicableDiseases/default.aspx

Thank you!

HANDOUT D

2021-2022 BRHPC Broward County HIV Community Needs Assessment Findings

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Presented May 6, 2022

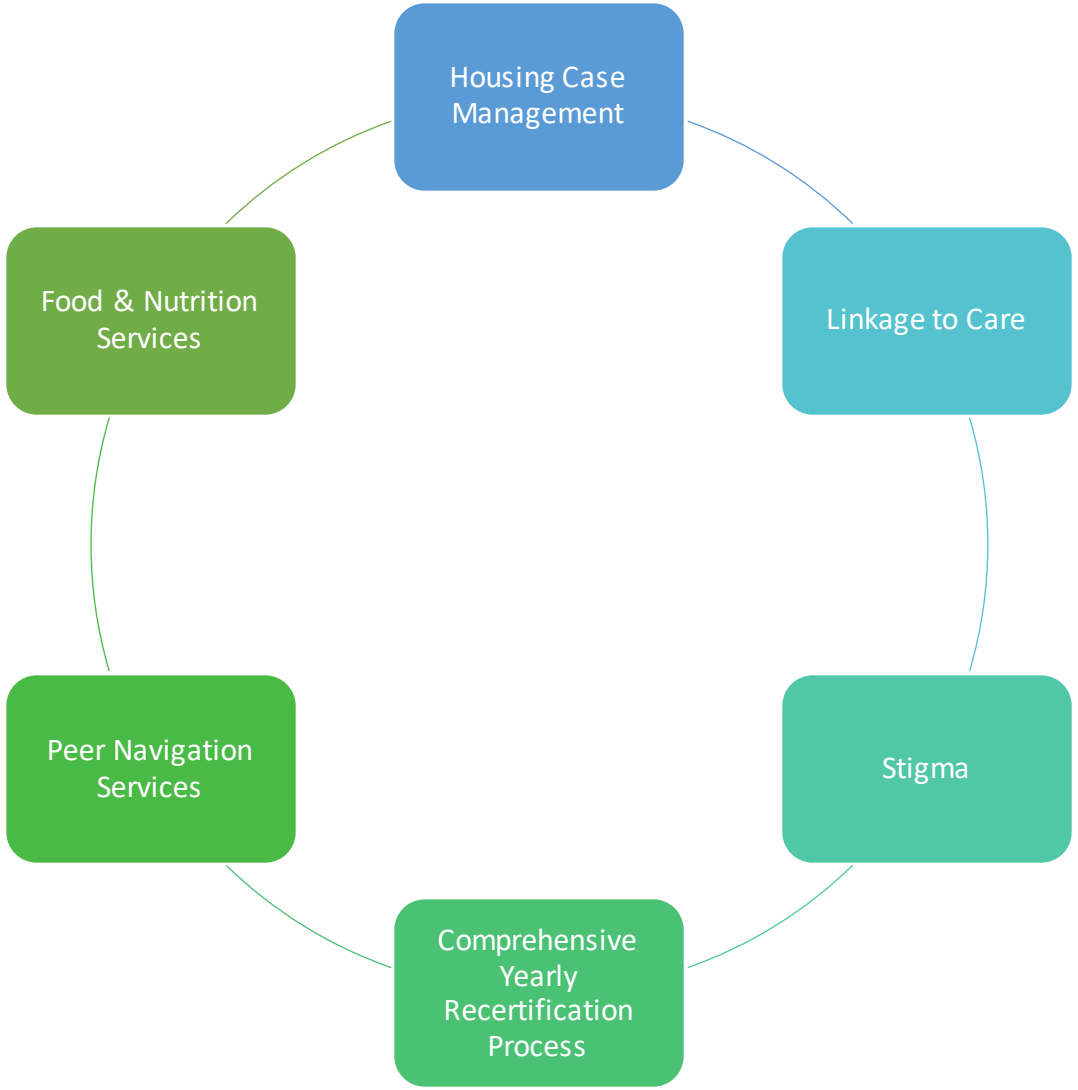
Presentation Overview

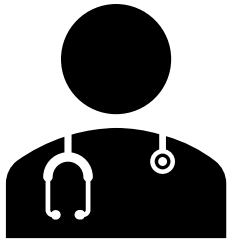
This presentation assesses data from the following projects:

I. Common Themes in Key Findings
    I. Key Findings/Recommendations
II. Broward Ryan White Part A: Subpopulation Needs
    I. Addressing the Needs & Barriers
    II. Recommendations for Continuum of Care

- This information highlights the strengths and weaknesses of the RW Part A Program, as well as possible gaps in the provision of care.
- These projects were coordinated by Broward Regional Health Planning Council, Needs Assessment Contractor.
- Consumers are defined as active Ryan White Part A clients.

Common Themes in Key Findings





Key Findings Consumer Focus Groups

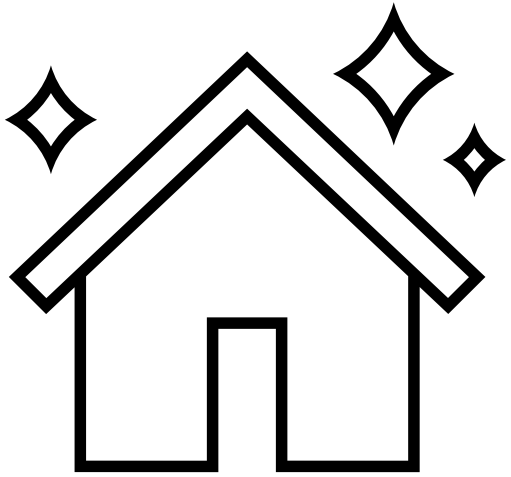
Housing

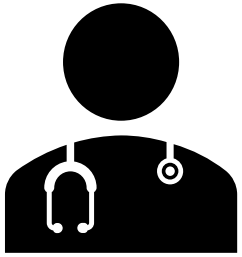
Barrier

Housing is a basic need and extremely stabilizing for persons with behavioral health conditions who are ready to begin treatment program.

Recommendations

Provide stable housing for persons with behavioral health conditions who are ready to begin treatment.





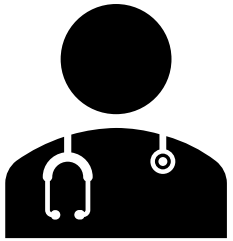
Key Findings Consumer Focus Groups
Linkage to Care (LTC)

Barrier

People Living with HIV (PWH) do not understand the full range of services.

Recommendations

1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a CHW or Peer when they are linked to treatment.
2. Create a system of care that is more "cohesive" i.e., one-stop shops.
3. Case managers should be more informed about HIV treatment and management and the various support services. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services.
4. Offer substance use treatment services to all consumers with an active substance use disorder.



Key Findings Consumer Focus Groups

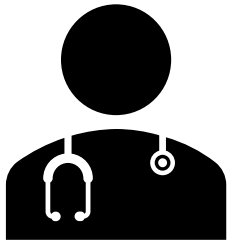
Stigma

Barrier

Many PLWH are fearful of stigma and have internalized stigma about people with HIV causing shame, self-doubt, and refusal to receive services, including, CM, DCM, and CIED.

Recommendations

- Unpack Community Stigma
- Develop More Educational Tools for the Community At-Large
- More Public Messaging in the Community
- Support a More Caring and Culturally Competent Workforce
- Develop a system of care that promotes concern for the emotional health of all its consumers, staff, and providers.



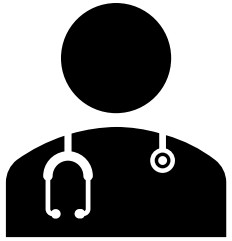
Key Findings Consumer Focus Groups
Comprehensive Yearly Recertification Process

Barrier

Limitations in access to eligibility services create barriers to PWH staying retained in care.

Recommendations

- Create a more coordinated eligibility and recertification system for RW Parts A and B.
- Create a universal eligibility system for the Broward EMA RW Part A Program.
- Develop a yearly recertification process and a “hybrid” process.



Key Findings Consumer Focus Groups
Peer Navigation Services

Barrier

Clients and providers that are not a good "match" can cause consumers not to return to care.

Recommendations

- Make effort to support a State of Florida Peer Certification process and have peer navigators at each agency.
- Create supportive, person-centered care experiences.
- Help consumers navigate RW Part A services with competent and helpful staff.
- More collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care.
- Innovative approach to build "trust, diversity, and equity" into service delivery models that uses a trauma informed approach to care.

Key Findings Consumer Focus Groups
Food Services & Nutrition

Barriers

The Provide Enterprise (PE) database creates challenges that negatively affect the delivery of food services, one of the most valued support services.

Recommendations

- Create more information about the food services eligibility for medical provider clinical team and case managers.
- Explain Food Services in depth to patients, including the 2 types: food bank/pantry vs. food voucher.
- Consumers want more access to nutritionists to assist with meal planning and food selection and nutrition that relates specifically to the side effects of treatment and co-morbidities.
- Provide more availability for nutritionists to assist in meal planning.
- Expand and improve the food bank and food voucher system.
- Improve the operability of Provide Enterprise (PE) to support food services.

Broward Ryan White Part A: Subpopulation Needs

The **Black (Non-Hispanic) subpopulation** in the HIV Care Continuum is one of concern. As of FY2021-2022, this subpopulation is less likely to be **in care** and **retained in care** than other races and ethnicities.

Black (Non-Hispanic) clients make up **approximately 48%** of the HIV Care Continuum. Although Black (Non-Hispanic) clients makes up **almost half** of the HIV Care Continuum, this subpopulation's **annual retention rate is 71.9% (N=2,834)** for FY2021-2022.

Of the **3,940 Black (Non-Hispanic) clients** for FY2021-2022:

- 41.5% identified as female,
- 57.2% identified as male,
- 71.8% identified as heterosexual,
- 25.6% identified as either homosexual, asexual, bisexual, or lesbian
- 70.2% reported education level between 8th and 12th grade,
- 77.9% reported permanent housing,
- 35.1% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.

Broward Ryan White Part A: Addressing the Needs & Barriers

Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A client's experience are necessary to address the lower retention and viral suppression rates among this subpopulation.

Additionally, developing tailored interventions to combat these barriers within the Broward EMA would be ideal to increase positive health outcomes.

Broward Ryan White Part A: Recommendations for Continuum of Care

The Quality team aims to address these issues by utilizing the Quality Network's Quality Improvement Projects (QIP) to identify barriers that affect these subpopulations: **Black (Non-Hispanic), Hispanic/Latinx, Transgender, Women, 18-28.** They will help each agency to formulate a QIP that is tailored to influence change and impact systemwide retention rates.

As the systemwide retention is impacted, the expectation is to see an indirect increase with the other service categories, prescribed ARV and Viral Suppression.

At the end of FY2022-2023, the Quality team will assess how well the QIP was implemented and whether the project can be adopted for the next fiscal year.