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

Quality Management Committee Meeting

Monday, April 21, 2025, 12:30 p.m.

Meeting Location: Broward Regional Health Planning Council Conference Room

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2U5MDc5ZjItOGVhNy00MzQ3LWJmNzMtZGE0YjVhNDU1OGM5%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: 253 807 535 170
Passcode: W5un64Pm
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

This meeting is audio and video recorded.

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

Quorum for this meeting is 4

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 April 21, 2025
5. **ACTION:** Approval of Minutes from March 17, 2025 **(Handout A)**
6. Discussion Items:
    a. **Action**: Review PSRA Scorecard Template—provide recommended changes to the PSRA Committee **(Handout B)**
7. Old Business:
    a. **Data Request**: Health disparities along age in the care continuum. **(Handout C)**
8. New Business
    a. None

9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. To Be Determined
    b. **Next Meeting Date: May 19, 2025, 12:30 p.m**. via Microsoft Teams Videoconference and at BRHPC
13. Announcements
14. Adjournment

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

Please complete the 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.

April 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
		1	2 Oral Health Network 3:00PM-4:15PM	3 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	4	5
6	7	8 Behavioral Health Network 9:00AM-10:15AM Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	9	10 Membership/Council Development Committee Meeting (MCDC) 9:30AM – 11:30AM Location: BRHPC/MS Teams 	11	12
13	14	15 Support Services Network 9:00AM-10:15AM	16	17 Executive Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams PSRA/CEC Listening Tour Session #1 3:00PM-5:00PM	18	19
20	21 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22	23 Quality Network Meeting (CQM) 9:00AM-10:15AM	24 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams Medical Provider Network 2:30PM-3:45PM	25	26
27	28	29	30	27	28	

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.

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.**

April 2025

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

May 2025

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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

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Handout A

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting
Monday, March 17, 2025 – 12:30 PM
Meeting Location: Broward Regional Health Planning Council Conference Room and via Microsoft Teams

Microsoft Teams Meeting Information:
Join on your computer, mobile app, or room device: Click here to join the meeting
Meeting ID: 253 807 535 170 Passcode: W5un64Pm
Or call in (audio only): +1 469-998-5921 Phone Conference ID 226 656 416#

MINUTES
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

QMC Members Present: R. Jimenez, S. McLeod, V. Biggs, F. D'Amore
QMC Members Absent: B. Fortune-Evans (excused), J. De La Nuez,
Ryan White Part A Recipient Staff Present: J. Roy, T. Thompson, B. Miller
Ryan White Part B Recipient Staff Present:
Planning Council Support Staff Present: D. Liao, S Isidore, M. Lacroix, G. Berkeley-Martinez, J. Beal, D. Cestaro-Seifer, M. Rosiere
Guest Present: B. Mester, C. Williams, O. Desinor, J. Rogers, J. Shirley

1. **Call to Order, Welcome & Public Record Requirements**

   The *QMC Vice-Chair* called the meeting to order at **12:33 p.m.** The *QMC Vice-Chair* welcomed all meeting attendees who were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and the 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. The PCS staff led roll calls and introductions for the committee members, Recipient staff, PCS staff, and guests. Lastly, 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 **March 17, 2025**, Quality Management Committee meeting was proposed by **R. Jimenez**. This was seconded by **V. Biggs** and passed unanimously.

   The approval for the minutes of the **January 21, 2025**, Quality Management Committee meeting was proposed by **V. Biggs**. V. Biggs noted that during the January 21 meeting, Bisiola made a data request regarding health disparities according to age along the care continuum, and this should be noted in the minutes. The motion with the correction was seconded by **R. Jimenez** and passed unanimously.

   Motion #1: R. Jimenez, on behalf of QMC, made a motion to approve the March 17, 2025 Quality Management Committee agenda and seconded by V. Biggs. The motion was adopted unanimously.

   Motion #2: V. Biggs, on behalf of QMC, made a motion to approve the January 21, 2025 Quality Management Committee Minutes with corrections and seconded by R. Jimenez. The motion was adopted unanimously.

4. **Discussion Items**
   a. None.

5. **Old Business**
   a. Review the FY 24-25 Quality Management Committee Workplan **(Handout B)**
      S. Isidore reviewed the FY 24-25 Quality Management Committee Workplan and explained how the committee fulfilled all of its workplan objectives.
   b. Review the FY 24-25 Annual Clinical Quality Management Workplan **(Handout C)**
      D. Liao conducted a detailed overview of the workplan. She explained the nature and purpose of each workplan activity and discussed the completion

of these activities. D. Liao recapped the presentations given during the Provider Appreciation Week event from February 2025.
V. Biggs asked if there would be any Quality Improvement Projects focused on the 50+ and LGBTQ communities in the coming fiscal year. D. Liao answered that these populations can be considered if the agencies determine that they are in need. B. Miller added that the agencies can choose which demographics to prioritize based on the populations they serve.

6. **New Business**
   a. **Discussion:** Follow-Up on Quality Improvement Project Forum **(Handout D1, D2, D3)**
   D. Liao conducted an overview of the blinded QIP summaries and the Quality Awards Categories. Additionally, she explained how the winners were selected. The first eight awards were decided upon by the CQM team, while the last three awards were voted on by all of the event attendees.
   b. **Discussion:** Review FY 25-26 CQM Plan **(Handout E)**
   G. Martinez explained that the following items are reported to the Recipient Office and used to guide the CQM team in the coming fiscal year. V. Biggs asked which committee are included in the document. G. Martinez explained that this refers to SOC and QMC, the committees that most often request data. All questions and concerns were addressed.
   c. **Discussion:** Review FY 25-26 CQM Training Plan **(Handout F)**
   G. Martinez explained the nature, purpose, and importance of the CQM Training Plan. All questions and concerns were addressed.
   d. **Discussion:** Review FY 25-26 CQM Data Collection Plan **(Handout G)**
   G. Martinez explained the nature, purpose and importance of the CQM Data Collection Plan. She noted that the primary source of data used by the CQM staff is the HIV Human Services Support Services System (HIV HSSS), also known as Provide Enterprise (PE). All questions and concerns were addressed.
   e. **Discussion:** Review Ryan White Part A Health Outcomes and Indicators Data **(Handout H)**
   D. Liao conducted an overview of the Health Outcomes and Indicators data for Quarter 3 of FY 2024-2025. All of the data presented as analyzed based on data entered into Provider Enterprise. D. Liao noted that some of the indicators have been changed between the current and past fiscal years.

   V. Biggs asked whether newly diagnosed clients would be considered part of the numerator of the Oral Health outcomes and indicators. D. Liao and D. Cestaro-Seifer explained that they would. B. Miller and T. Thompson explained that the Recipient Office took such caveats into consideration when analyzing data.

V. Biggs asked if a client using Ryan White services a co-payment with HICP would they be included in the data. B. Miller and T. Thompson explained that all services billed to Ryan White are included in the data.

B. Mester noted that the numbers for the HICP indicator and outcome data may be skewed because clients who move from Ryan White providers to non-Ryan White providers will not be considered retained in care. B. Miller noted that this data is based on kept appointments.

V. Biggs asked if picking up prescriptions counted as keeping an appointment in PE. B. Miller answered affirmatively.

F. D'Amore asked what could be done to retain clients in Substance Abuse and Mental Health services. D. Liao recommended speaking to providers during network meetings and providing training to help their clients.

B. Miller recommended to the Vice-Chair that QMC do agenda item/data request to look at the utilization of mental health over time. T. Thompson noted that the data is not yet complete because the Recipient Office is still processing invoices. B. Miller explain the nomenclature differences between the Broward EMA, which uses the term "Mental Health" and HRSA, which uses the term "Trauma-Informed Mental Health". B. Miller and T. Thompson explained that the Broward EMA Mental Health services are trauma-informed, even though the term "Trauma-Informed" in not included in the title. V. Biggs requested that the SDMs be made available at the next meeting.

J. Shirley asked why the range of time between CIED certification and the client's first appointment was changed from one to three business days to only one business day. B. Miller answered that it was meant to be five business days. T. Thompson that requests for the statement of work have been sent out, but not yet completed. All first outcomes will be updated by April.

7. **Recipient Report**

B. Miller informed the committee that all SDMs are being reviewed by Broward County. First, there will be a client acknowledgement form to ensure that clients understand the clients. They will use the CMS 1500 form to streamline the process and remove undue burdens from the client experience. The providers will submit a CMS 1500 form.

V. Biggs noted that providers may prescribe something to the clients that is not included in the formulary, which increases wait-times and reduces access for clients. T.

Thompson answered that this can be temporarily overridden. There was an extensive discussion on the need to improve wait-times and access for clients within the scope of what is allowable under HRSA. All questions and concerns were addressed.

8. **Data Request**

   The committee motions to look at the utilization of services and mental health over time for FY 2024-2025. Separate mental health, trauma informed mental health, and integrated primary. This would satisfy the following workplan activity.

   Workplan Objective 2.1: Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.

   The motion was passed unanimously.

   Motion #3: V. Biggs, on behalf of QMC, made a motion to request data from the Recipient Office. The committee motions to look at the utilization of services and mental health over time for FY 2024-2025. Separate mental health, trauma informed mental health, and integrated primary. The motion was seconded by R. Jimenez and adopted unanimously.

   V. Biggs requested that PCS staff send the recommendation to PSRA to ensure that this is handled properly on scorecards and the data presentations in June.

9. **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.**

10. **Agenda Items/Tasks for Next Meeting**

    The next QMC meeting will be held on April 21, 2025, at 12:30PM at BRHPC.

11. **Announcements**
    - None.

12. **Adjournment**

    There being no further business, the meeting was adjourned at **2:24 p.m.**

QMC Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	21	C	17										
1	Biggs, V.	X	C	X										
2	D'Amore, F., V. Chair	X	C	X										
3	Fortune-Evans, B., Chair	X	C	E										
4	Jimenez, R.	X	C	X										
5	Julio De La Nuez	X	C	A										
6	McLeod, S.	X	C	X										
	Quorum = 4	6		4										

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**

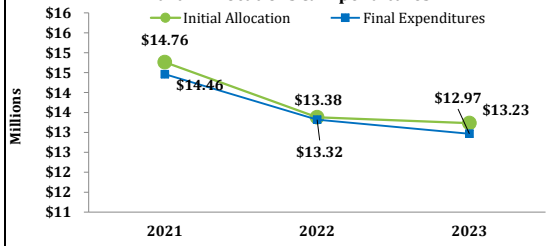
Quality Management Committee Minutes – March 17, 2025 Minutes prepared by PCS Staff

Handout B

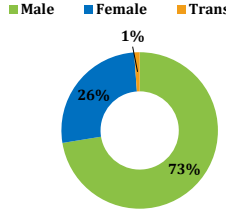
FY 2023-2024 Scorecard: Part A Overall

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Initial Allocation	MAI	Total	Final Expenditures	MAI	Total	% Change	Total	% Change
2023	**$13,232,535**	**$1,348,806**	**$14,581,341**	**$12,966,371**	**$1,309,430**	**$14,275,802**	**-2.1%**	**$16,902,904**	**1.4%**
2022	$13,381,126	$1,588,613	$14,969,739	$13,318,916	$1,266,388	$14,585,304	-7.4%	$16,677,576	6.1%
2021	$14,762,254	$1,852,107	$16,614,361	$14,462,115	$1,285,310	$15,747,425	18.7%	$15,724,848	-1.0%
2020	$12,941,919	$1,522,248	$14,464,167	$12,206,003	$1,059,092	$13,265,095	-3.5%	$15,886,455	-0.2%
2019	$12,824,894	$646,130	$13,471,024	$12,827,693	$918,893	$13,746,586	-1.6%	$15,924,940	-0.3%

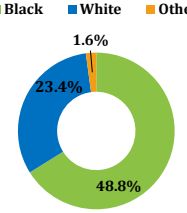
Part A Allocations & Expenditures



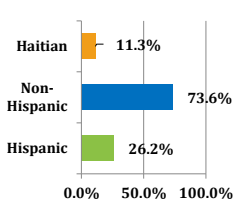
Gender



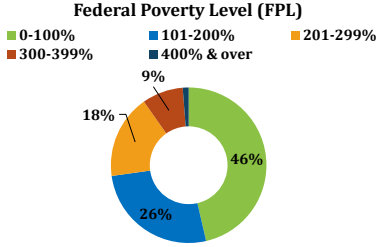
Race



Ethnicity



Federal Poverty Level (FPL)



**These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.*

Year	Total Clients	% Change	# New To Care (Med Visit)	% Change
2023	**8,479**	**3.73%**	873	**-3.8%**
2022	**8,174**	**1.20%**	906	

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	12	2

FPL*	#	%
0-100%	3,863	45.6%
101-200%	2,197	25.9%
201-299%	1,452	17.1%
300-399%	711	8.4%
400% & over	102	1.2%
Unknown	154	1.8%

**FPL is current for the end of the fiscal year.*

Insurance	#	%
Private	2,710	32.0%
Medicare Only	681	8.0%
Medicaid Only	761	9.0%
No Benefits	3,115	36.7%
Unknown	149	1.8%
Multiple Benefits*	1,063	12.5%

**Multiple Benefits include clients with overlapping benefits within the reporting period (ie. Client with Medicare and Medicaid).*

Gender	#	%
Male	6,143	72.4%
Female	2,240	26.4%
Transgender	96	1.1%
Unknown	0	0.0%

Race	#	%
Black (Non-Hispanic)	4,139	48.8%
White (Non-Hispanic)	1,986	23.4%
Other*	134	1.6%
Unknown	16	0.2%

**Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

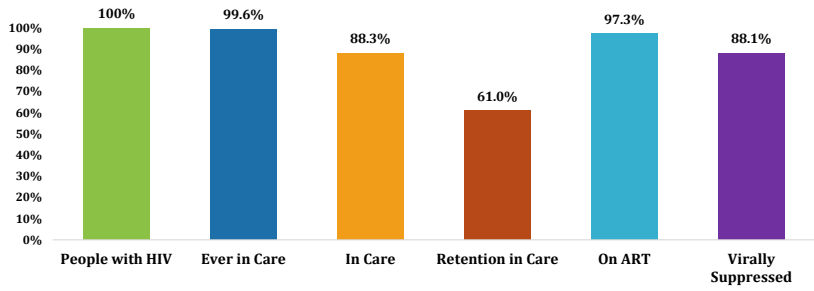
Ethnicity	#	%
Hispanic	2,224	26.2%
Non-Hispanic	6,241	73.6%
Haitian	954	11.3%

FY 2023-2024 Scorecard: Part A Overall

FY 23-24 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)

Care Continuum	Definition	#	%
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,479	100%
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	8,444	99.6%
In Care	Clients with HIV who had a medical care service within the reporting period.	7,484	88.3%
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,176	61.0%
On ART	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	8,254	97.3%
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	7,473	88.1%

**Medical Care Service: Medical care appointment, viral load or CD4 count test.*



FY 23-24 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation

All Clients Virally Suppressed	#	%
	7,473	88.1%
Gender	**#**	**%**
Male	5,453	73.0%
Female	1,940	26.0%
Transgender*	80	1.1%
Unknown	0	0.0%
Age	**#**	**%**
<18*	7	0.1%
18-28	391	5.2%
29-38	1,395	18.7%
39-48	1,401	18.7%
49-58	1,848	24.7%
59+	2,431	32.5%

Living Arrangements	#	%
Permanent	6,068	81.2%
Non-Permanent	1,386	18.5%
Institution*	19	0.3%

Race/Ethnicity	#	%
Black Non-Hispanic Male	1,956	26.2%
Black Non-Hispanic Female	1,527	20.4%
Black Non-Hispanic Transgender*	40	0.5%
Total Black Non-Hispanic	**3,523**	**47.1%**
White Non-Hispanic Male	1,639	21.9%
White Non-Hispanic Female	150	2.0%
White Non-Hispanic Transgender*	11	0.1%
Total White Non-Hispanic	**1,800**	**24.1%**
Hispanic Male	1,763	23.6%
Hispanic Female	247	3.3%
Hispanic Transgender*	26	0.3%
Total Hispanic	**2,036**	**27.2%**
Unknown Race/Ethnicity	**9**	**0.1%**
Total Other**	**105**	**1.4%**

Educational Level	#	%
<8th Grade	400	5.4%
8-12th Grade	4,534	60.7%
College	2,528	33.8%
Unknown	11	0.1%

Risk Factor	#	%
MSM	**3,719**	**49.8%**
Black MSM	807	10.8%
White MSM	1,431	19.1%
Hispanic MSM	1,403	18.8%
	#	**%**
Heterosexual	**1,045**	**14.0%**
Black Hetero	835	11.2%
White Hetero	74	1.0%
Hispanic Hetero	128	1.7%
	#	**%**
Hemophilia*	15	0.2%
IDU	97	1.3%
MSM/IDU	32	0.4%
Perinatal	81	1.1%
Transfusion*	27	0.4%
Unknown	2,457	32.9%

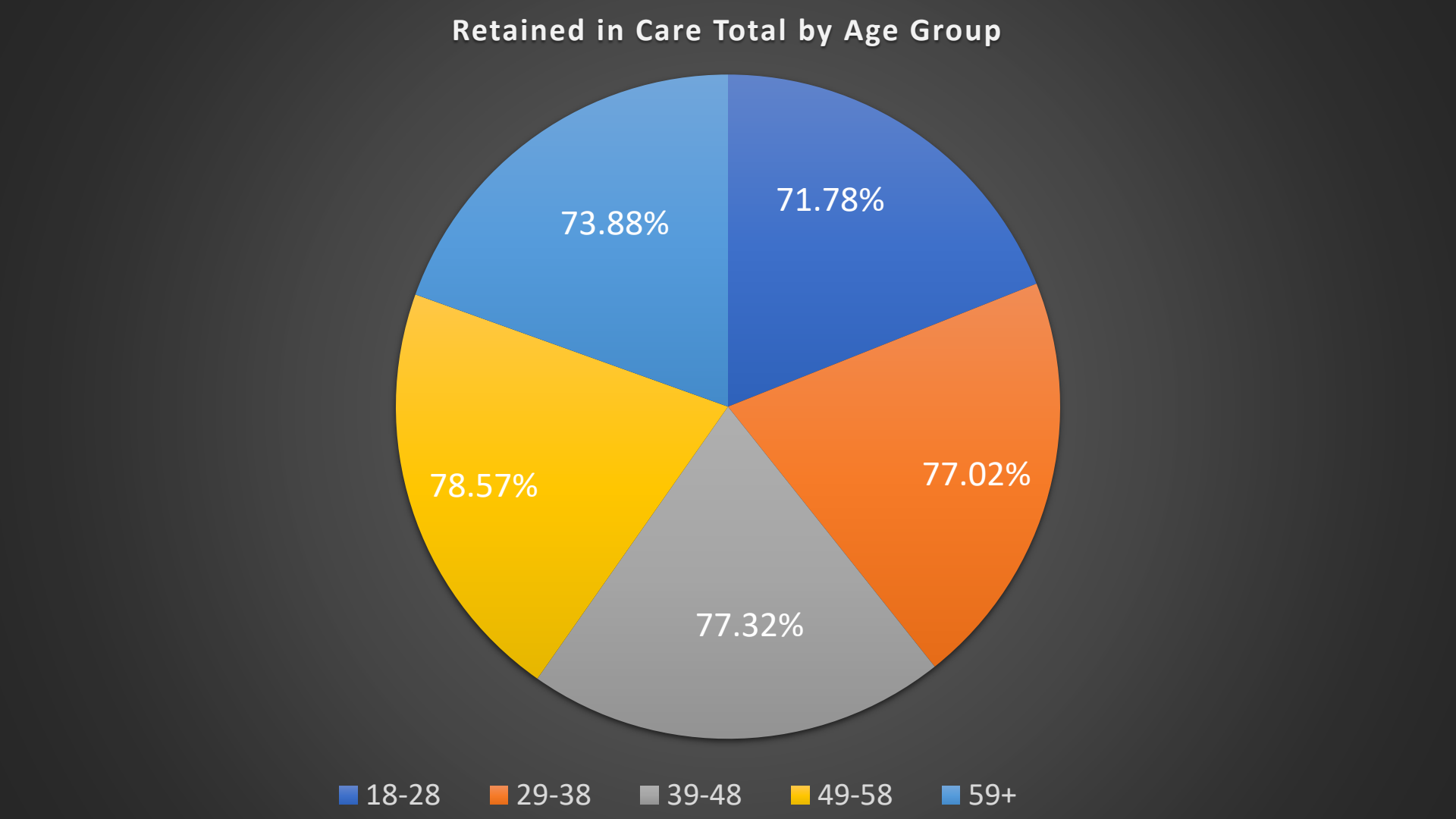
**Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.*

Handout C

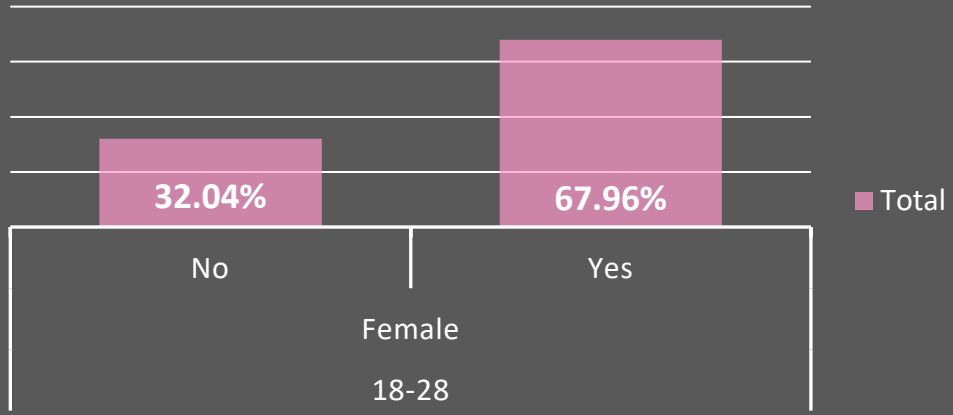
Data Presentation

Presented by Broward County
Ryan White Part A Office

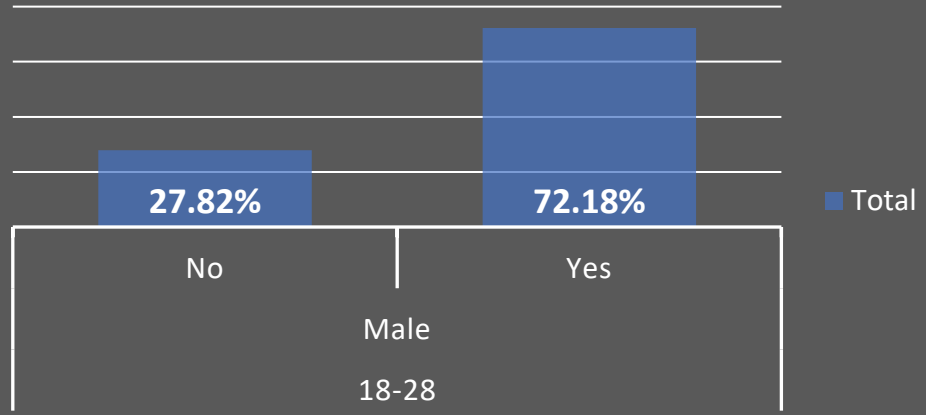
04.21.25


Retained in Care Total by Age Group
71.78%
77.02%
77.32%
78.57%
73.88%
18-28
29-38
39-48
49-58
59+

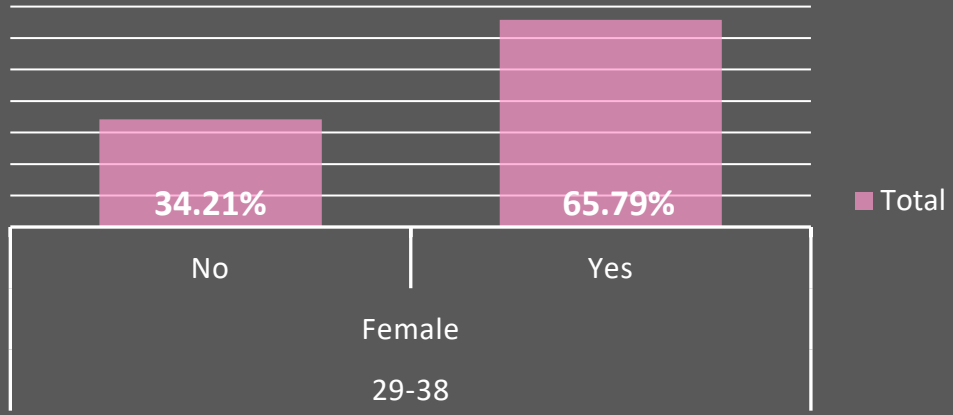
18 - 28 Female Retained in Care



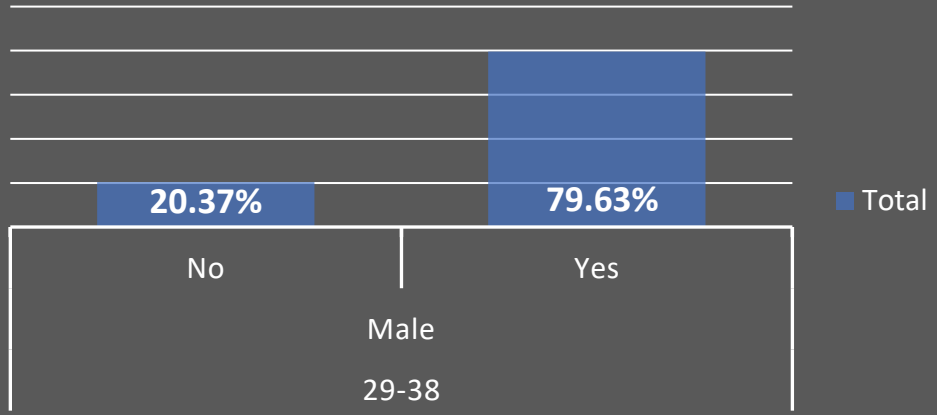
18 - 28 Male Retained in Care



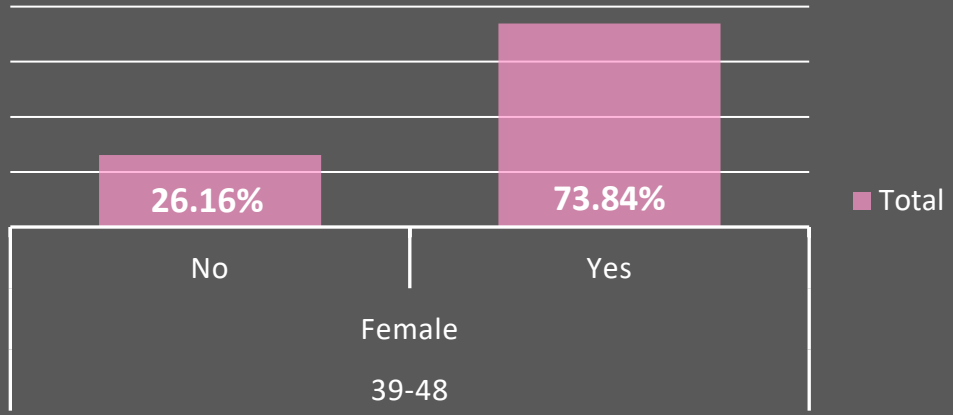
29 – 38 Female Retained in Care



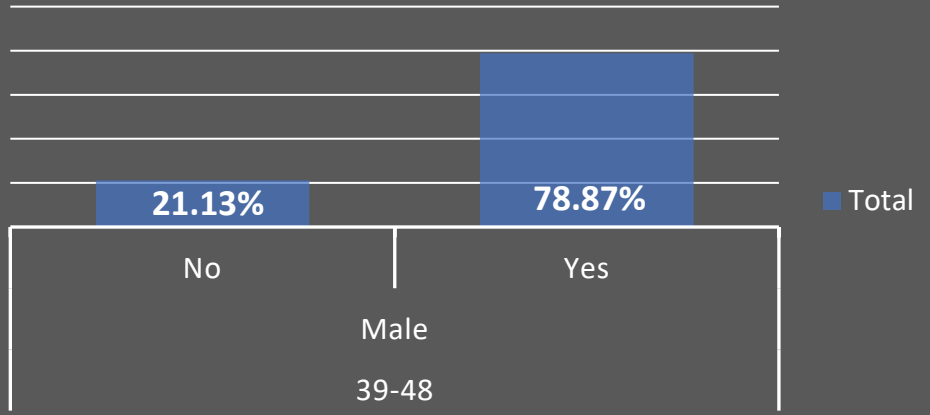
29 – 38 Male Retained in Care



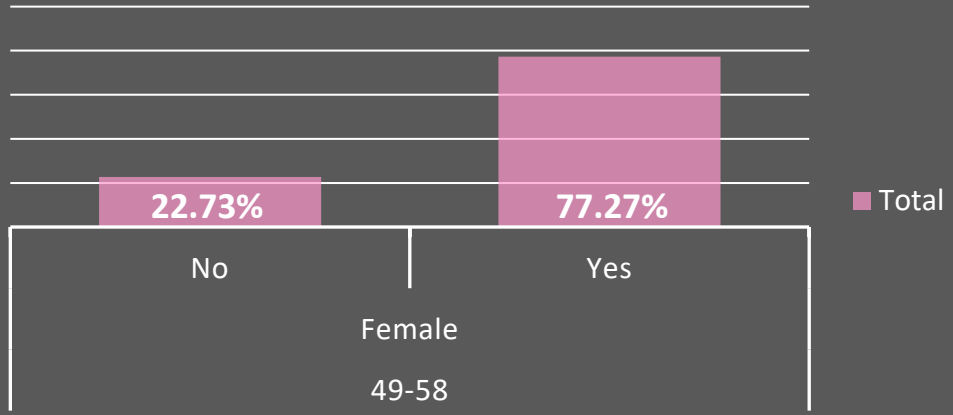
39 – 48 Female Retained in Care



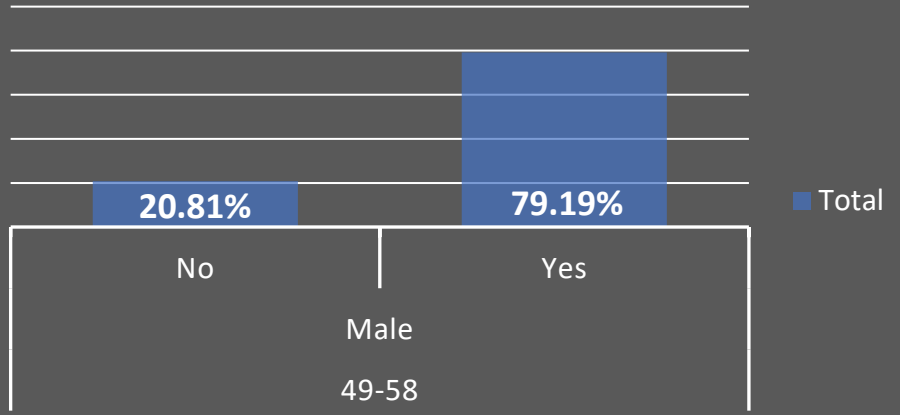
39 – 48 Male Retained in Care



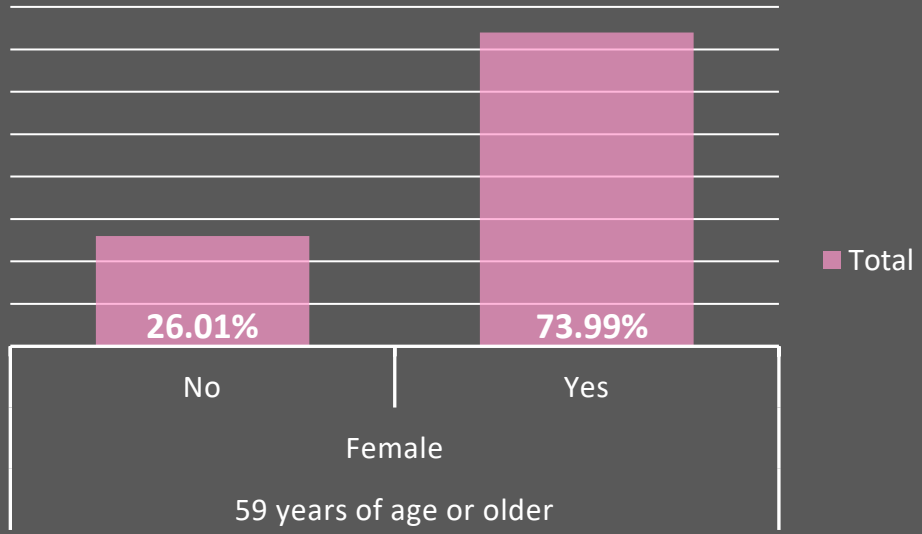
49 – 58 Female Retained in Care



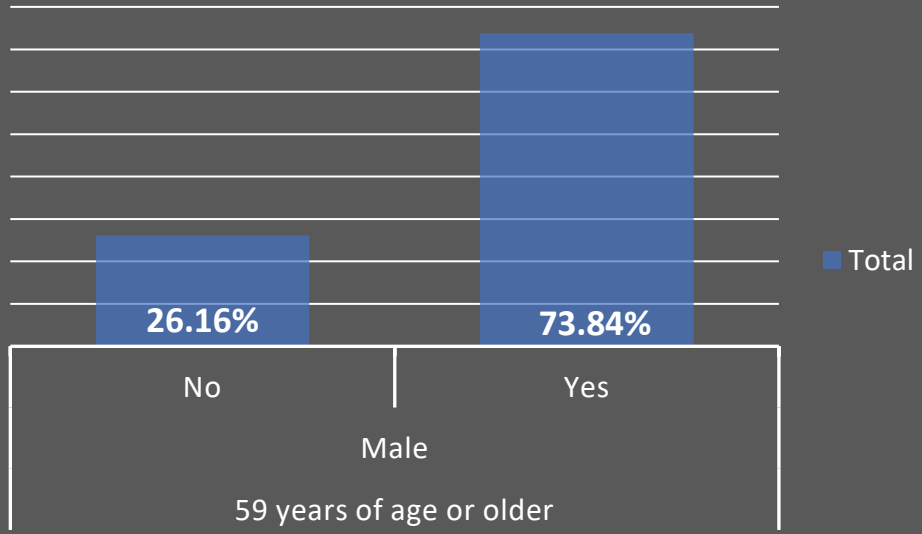
49 – 58 Male Retained in Care

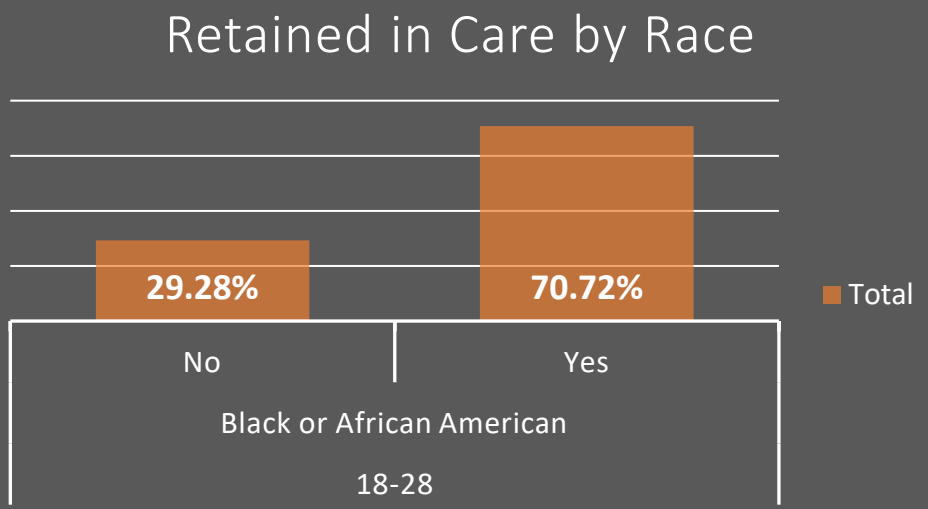


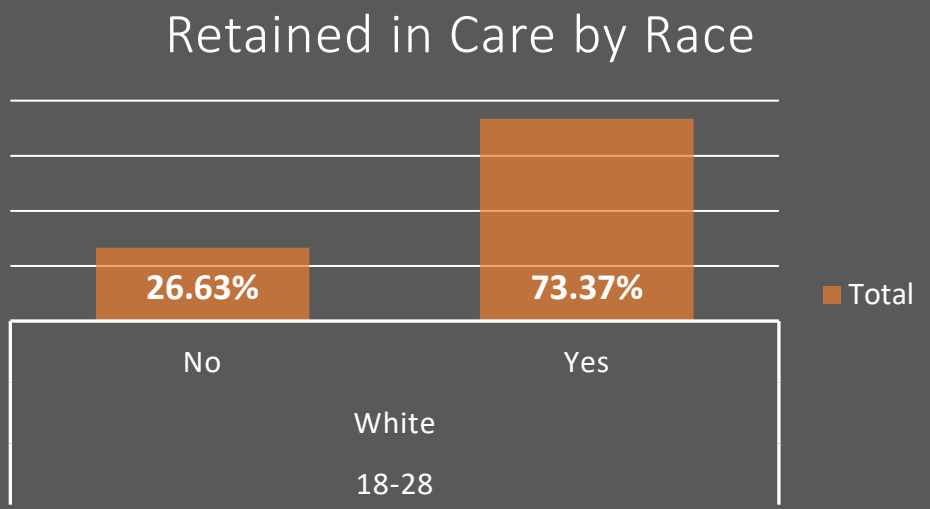
59 + Female Retained in Care

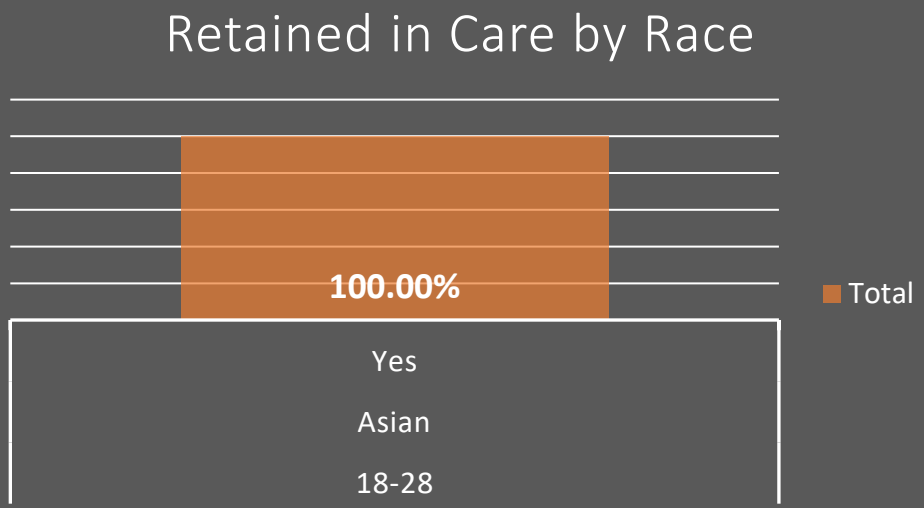


59 + Male Retained in Care

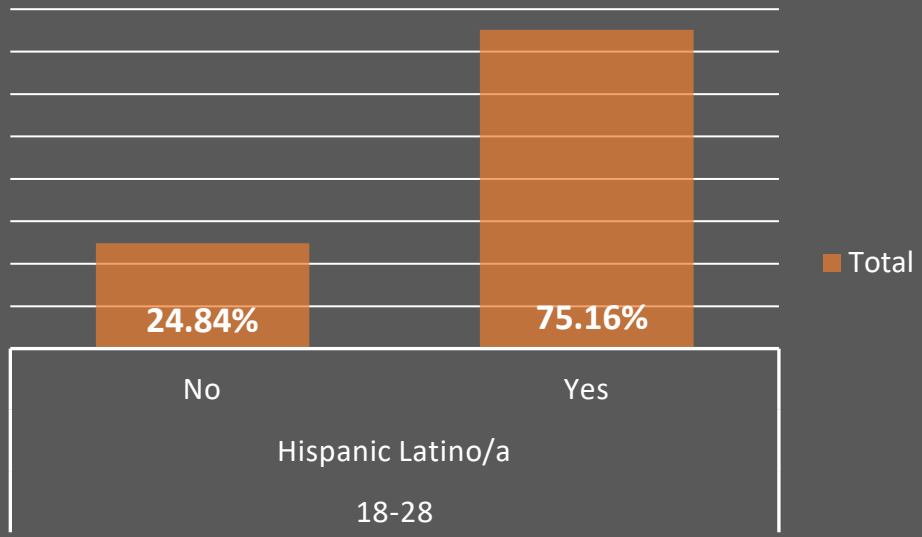



Retained in Care by Race
29.28%
70.72%
Total
No
Yes
Black or African American
18-28

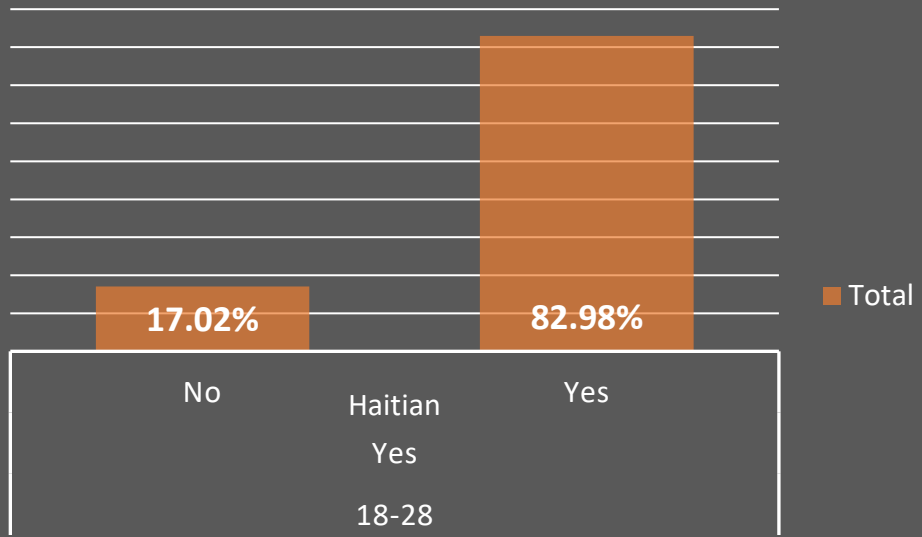

Retained in Care by Race
26.63%
73.37%
Total
No
Yes
White
18-28


Retained in Care by Race
100.00%
Total
Yes
Asian
18-28

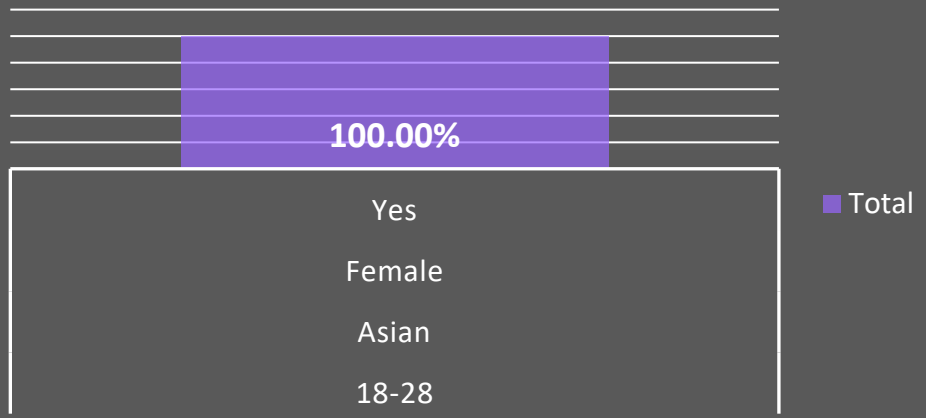
Retained in Care by Ethnicity



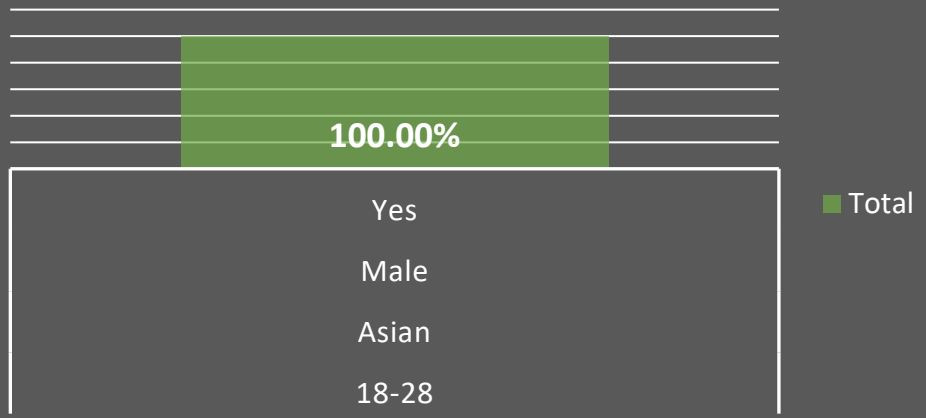
Retained in Care by Ethnicity



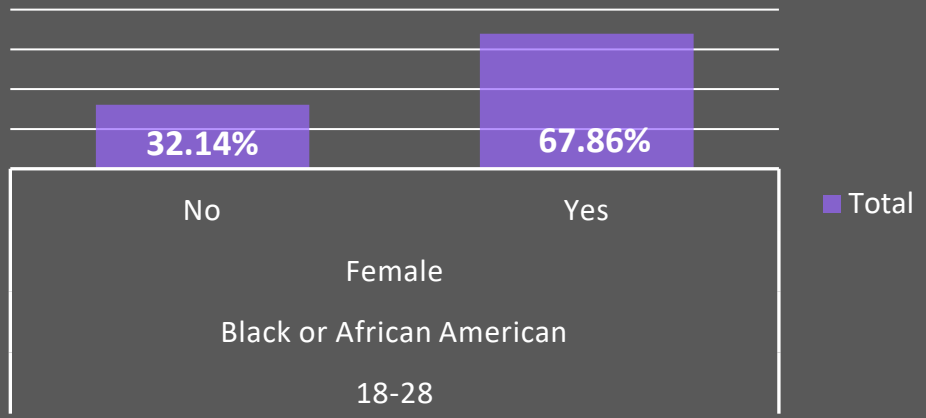
18 – 28 Retained in Care



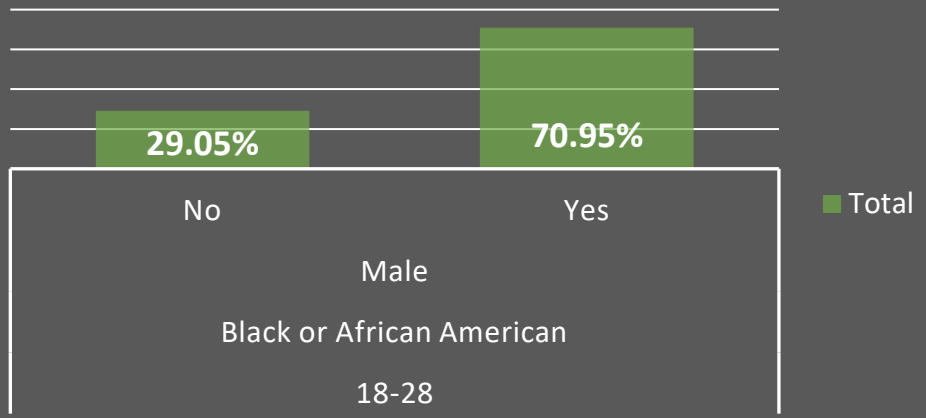
18 – 28 Retained in Care



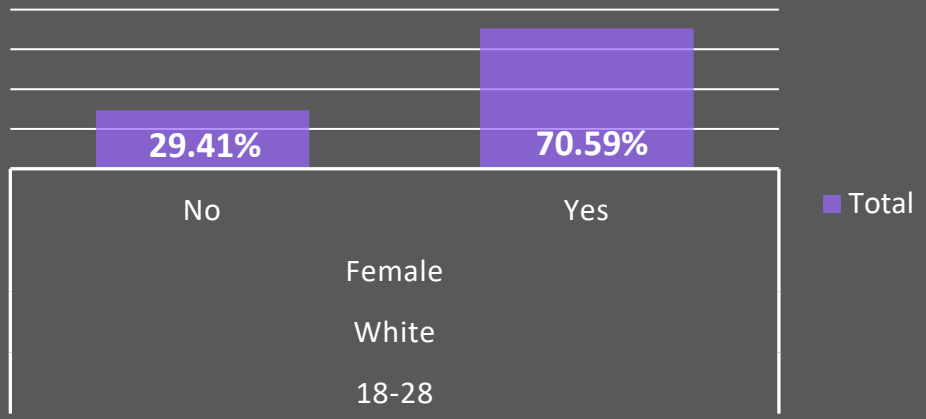
18 – 28 Retained in Care



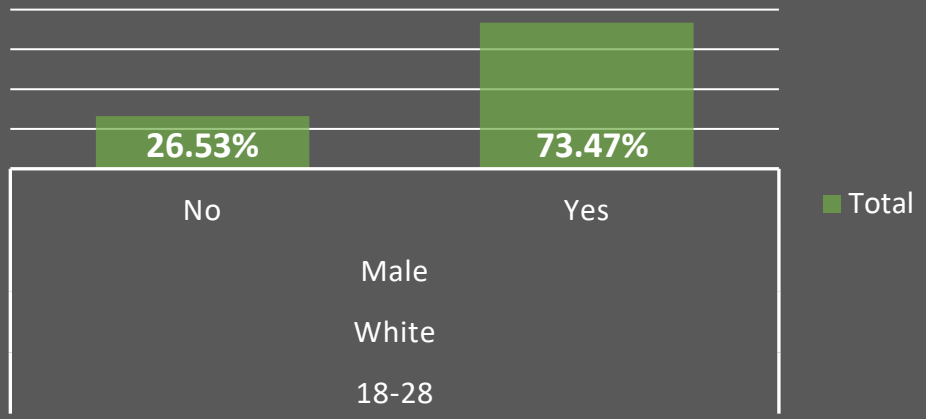
18 – 28 Retained in Care



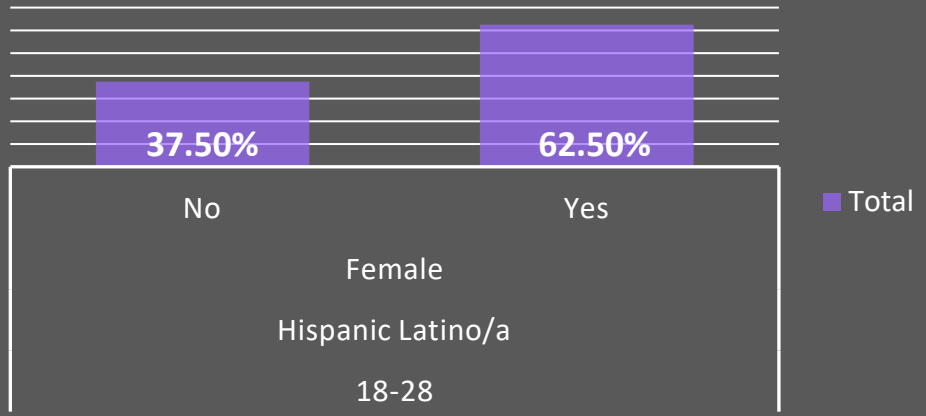
18 – 28 Retained in Care



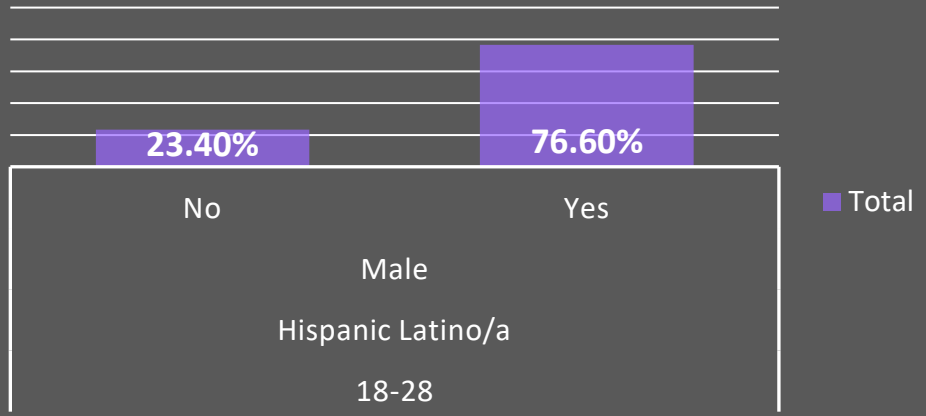
18 – 28 Retained in Care



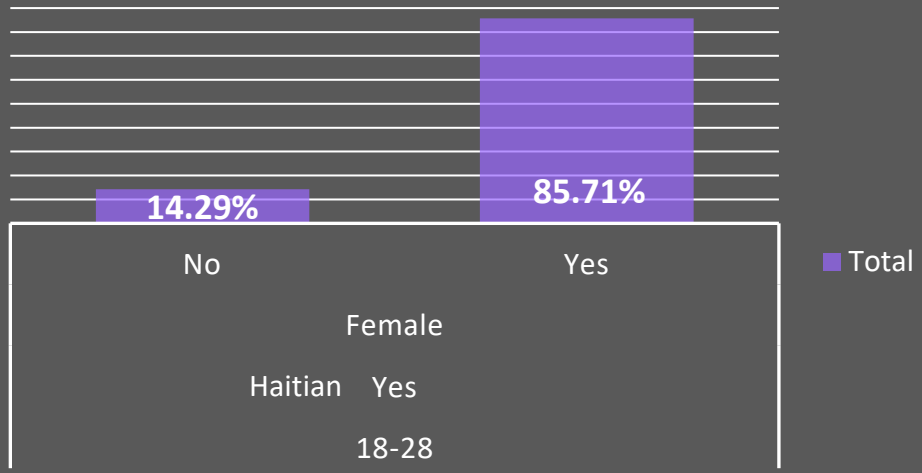
18 – 28 Retained in Care



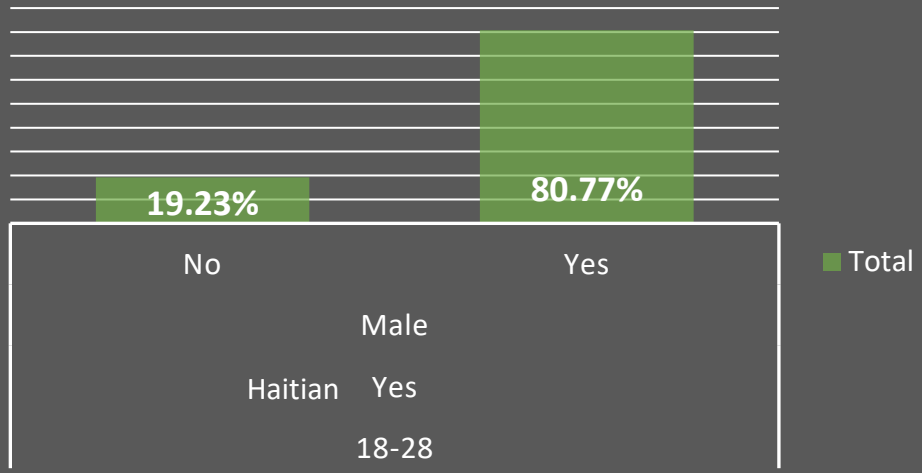
18 – 28 Retained in Care

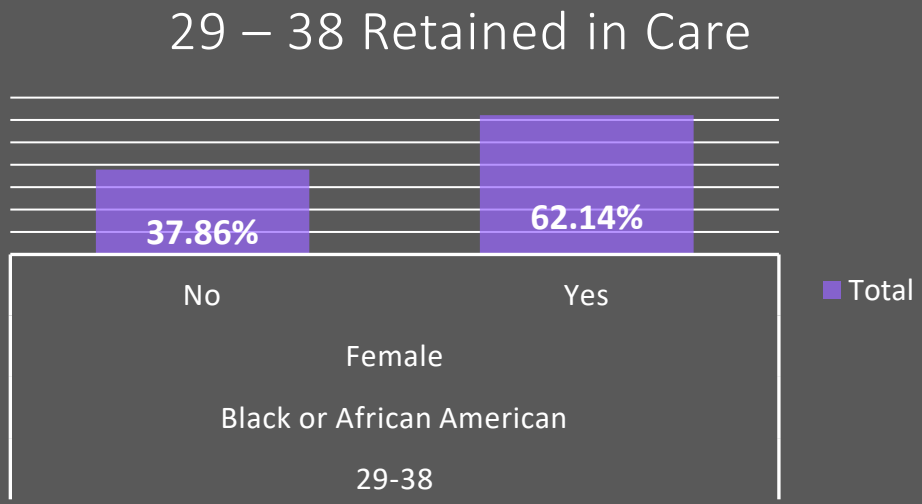


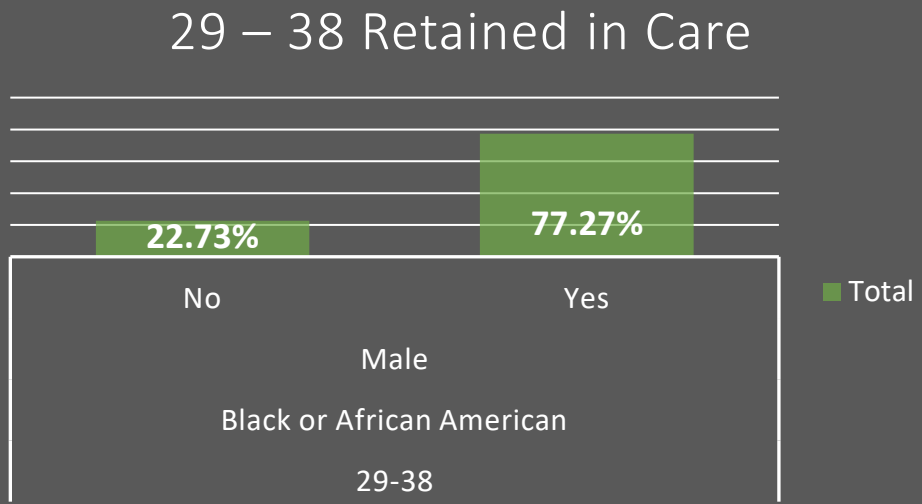
18 – 28 Retained in Care

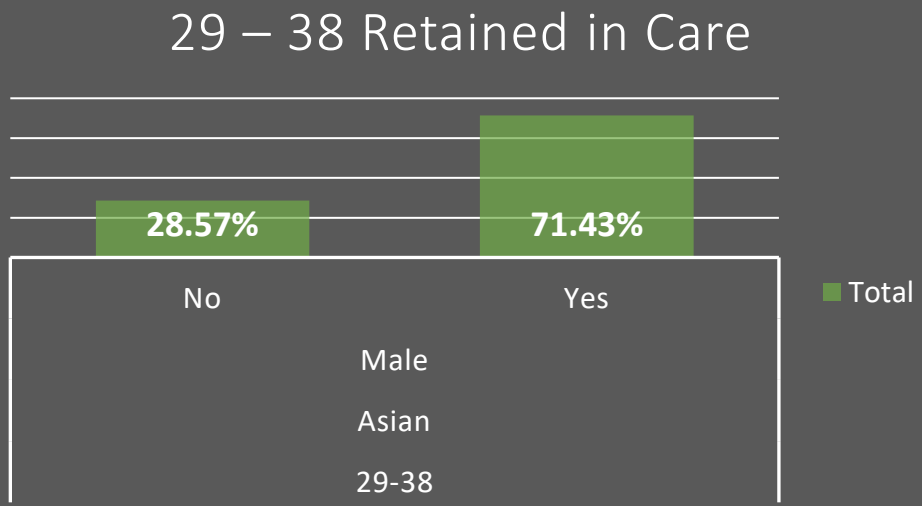


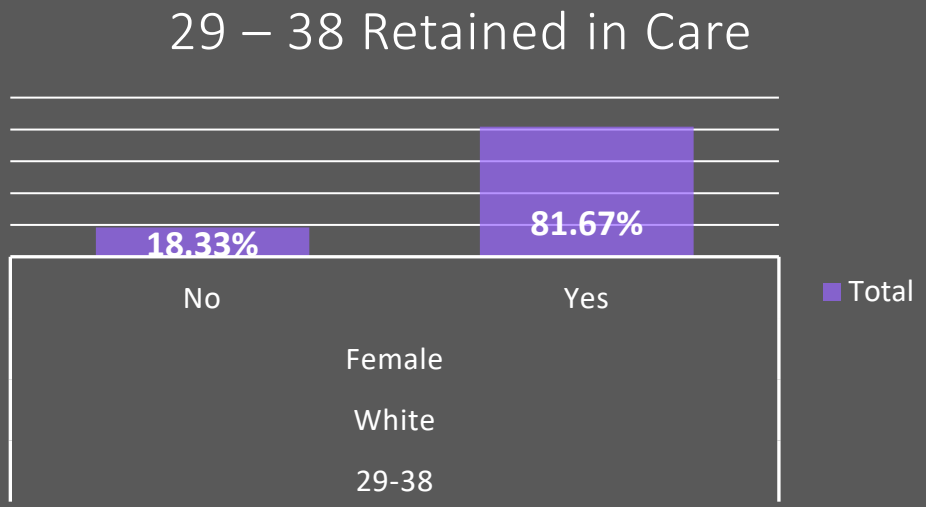
18 – 28 Retained in Care

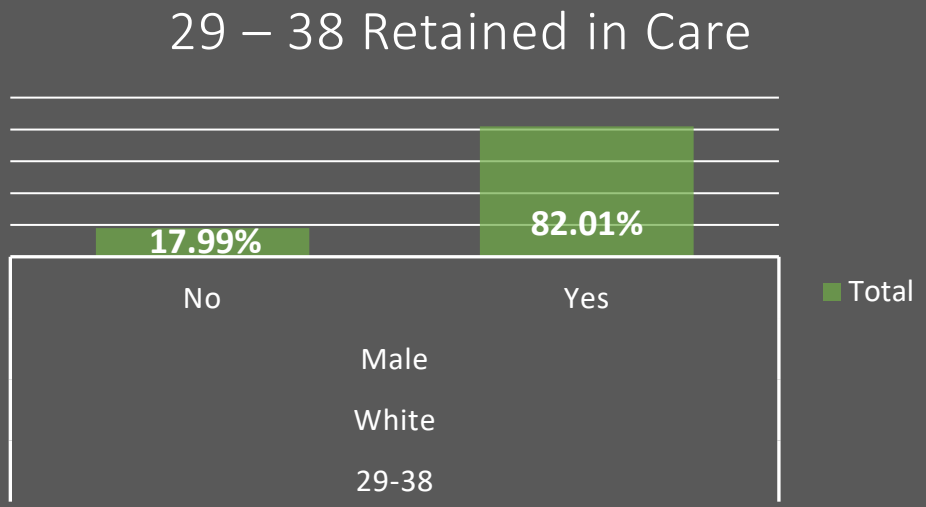


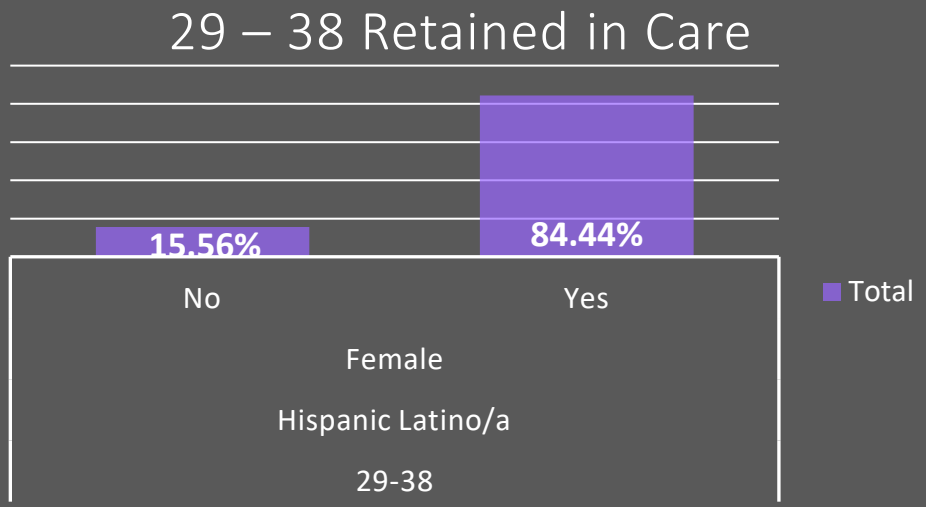

29 – 38 Retained in Care
37.86%
62.14%
No
Yes
Female
Black or African American
29-38
Total

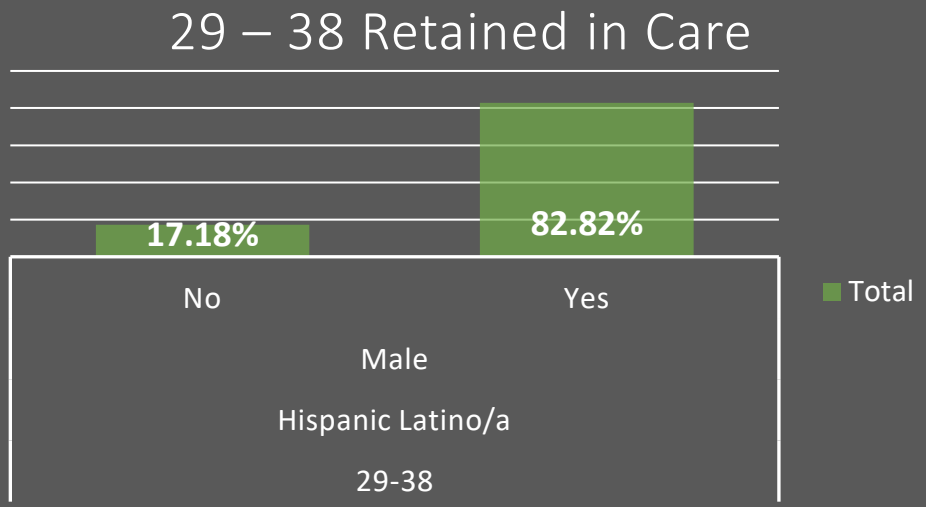

29 – 38 Retained in Care
22.73%
77.27%
No
Yes
Male
Black or African American
29-38
Total


29 – 38 Retained in Care
28.57%
71.43%
No
Yes
Male
Asian
29-38
Total

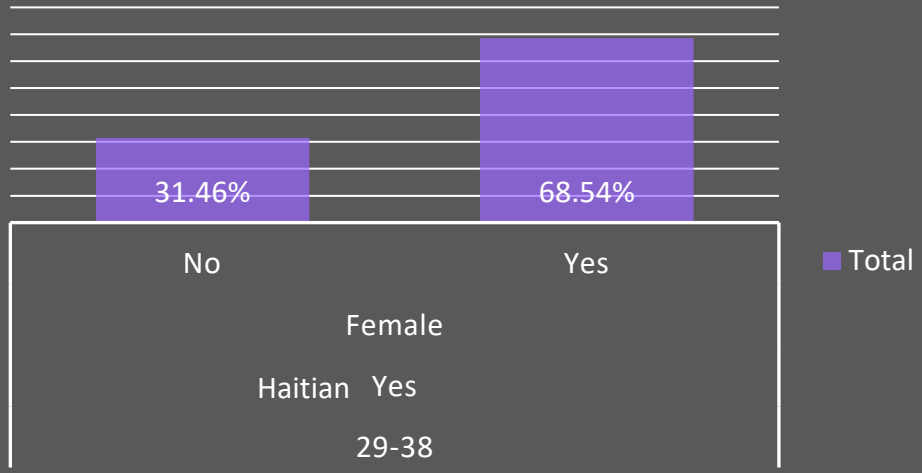

29 – 38 Retained in Care
18.33%
81.67%
No
Yes
Female
White
29-38
Total


29 – 38 Retained in Care
17.99%
82.01%
No
Yes
Male
White
29-38
Total

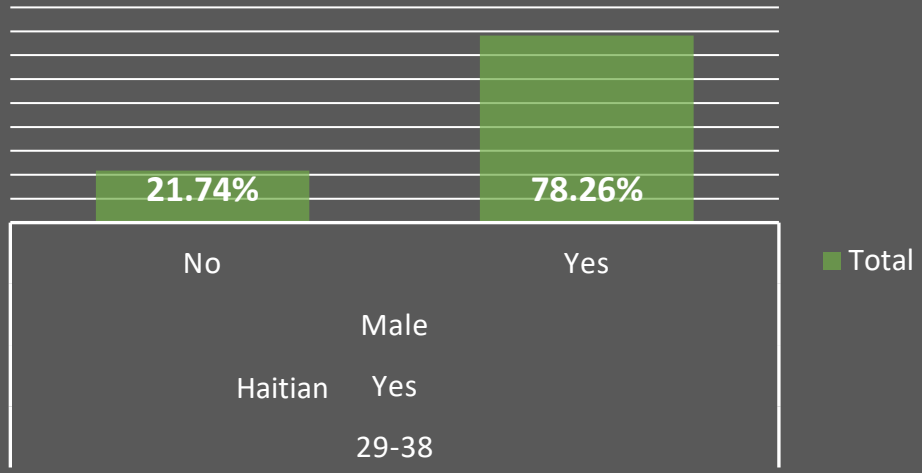

29 – 38 Retained in Care
15.56%
84.44%
No
Yes
Female
Hispanic Latino/a
29-38
Total

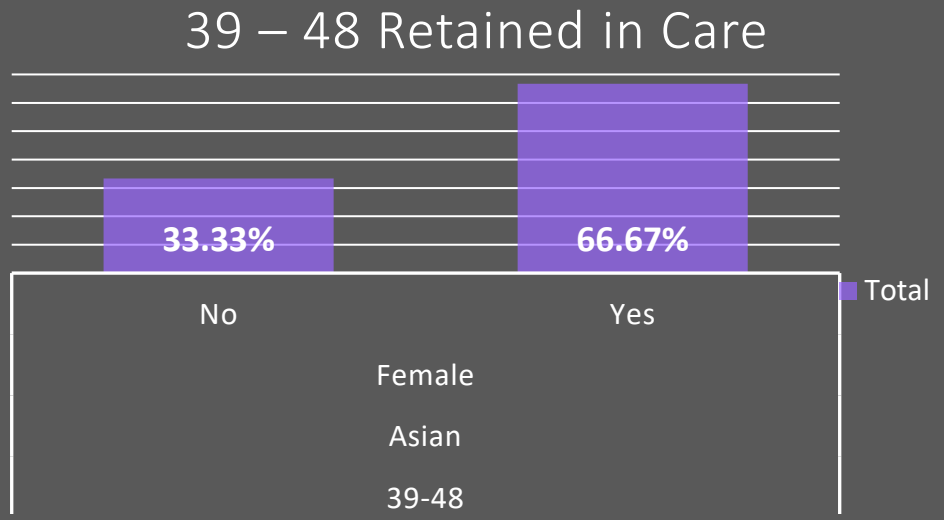

29 – 38 Retained in Care
17.18%
82.82%
No
Yes
Male
Hispanic Latino/a
29-38
Total

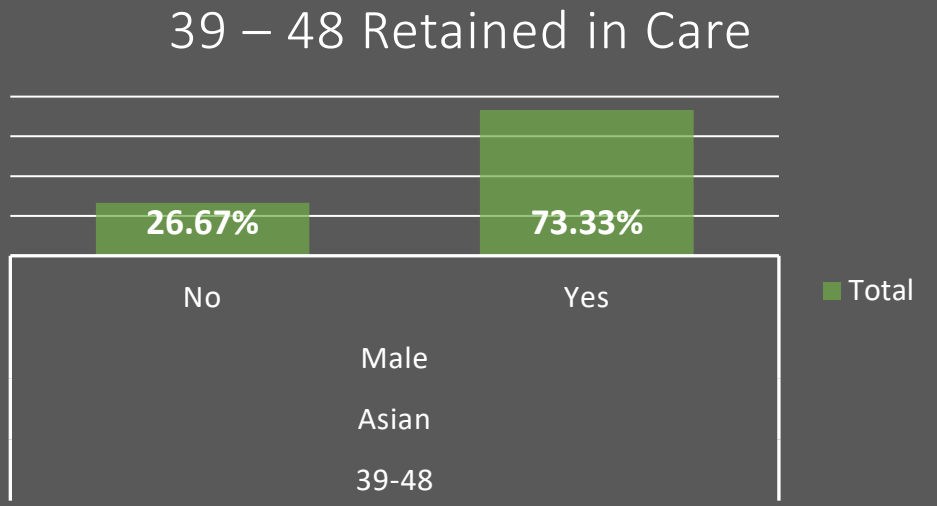
29 – 38 Retained in Care

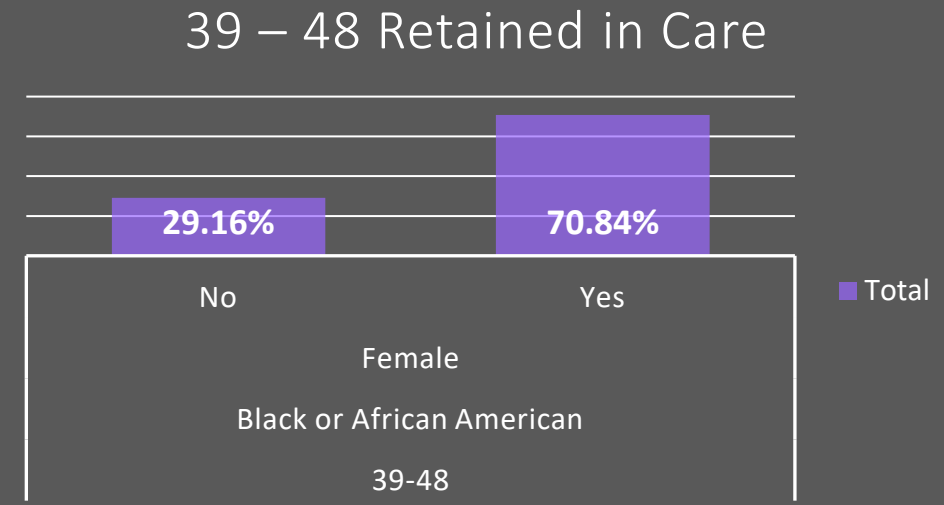


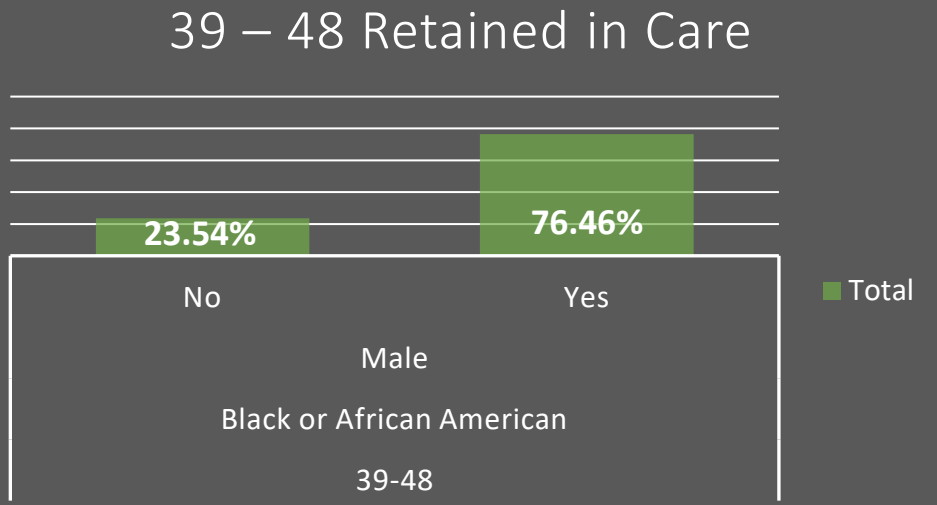
29 – 38 Retained in Care



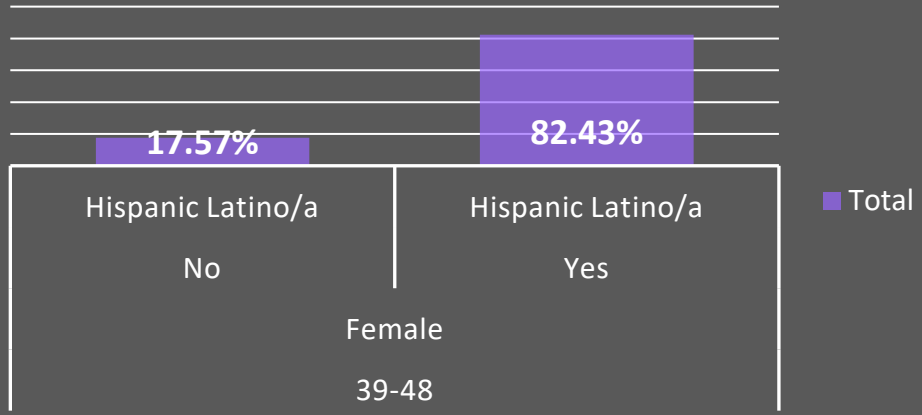

39 – 48 Retained in Care
33.33%
66.67%
No
Yes
Female
Asian
39-48
Total


39 – 48 Retained in Care
26.67%
73.33%
No
Yes
Male
Asian
39-48
Total

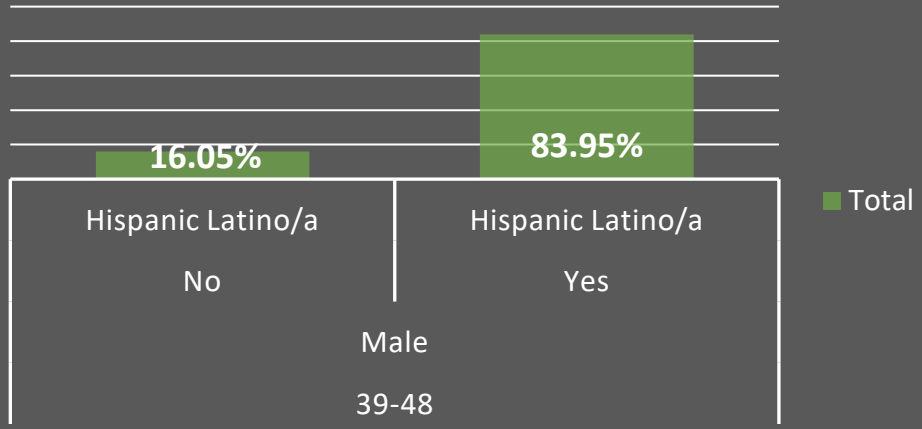

39 – 48 Retained in Care
29.16%
70.84%
No
Yes
Female
Black or African American
39-48
Total


39 – 48 Retained in Care
23.54%
76.46%
No
Yes
Male
Black or African American
39-48
Total

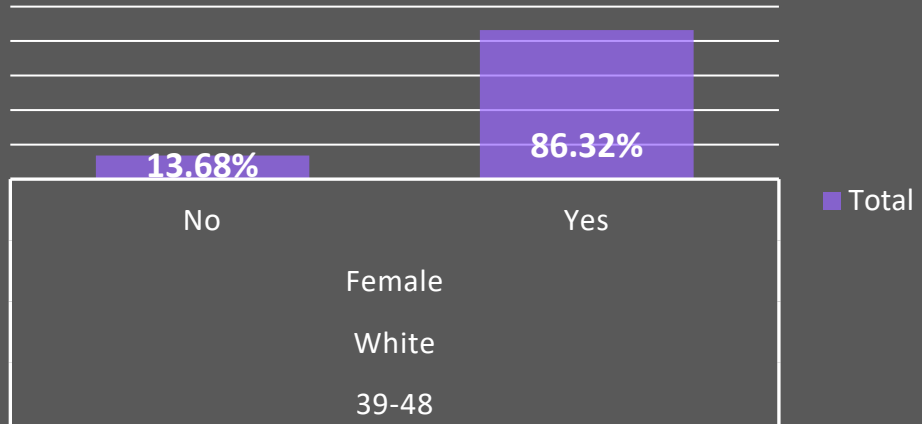
39 – 48 Retained in Care



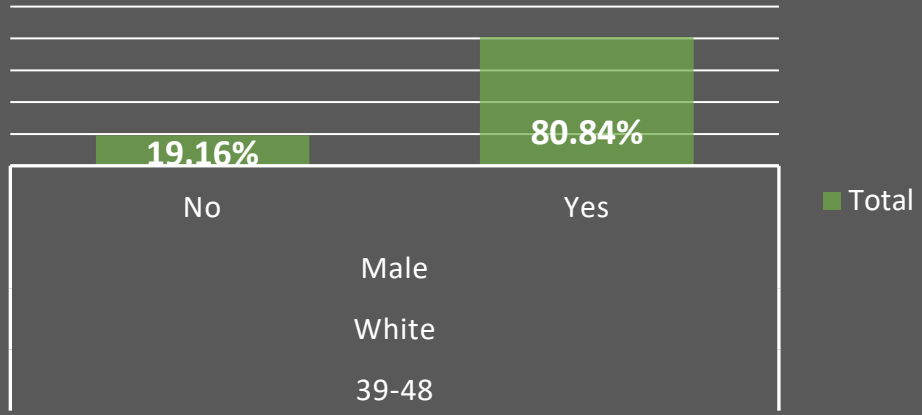
39 – 48 Retained in Care



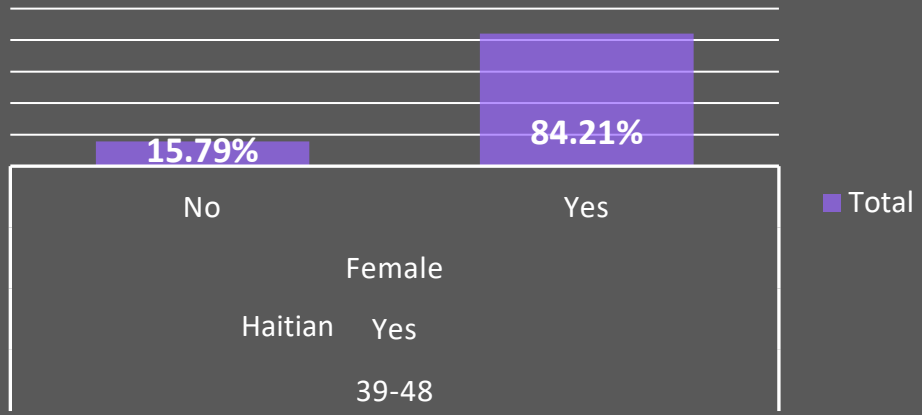
39 – 48 Retained in Care



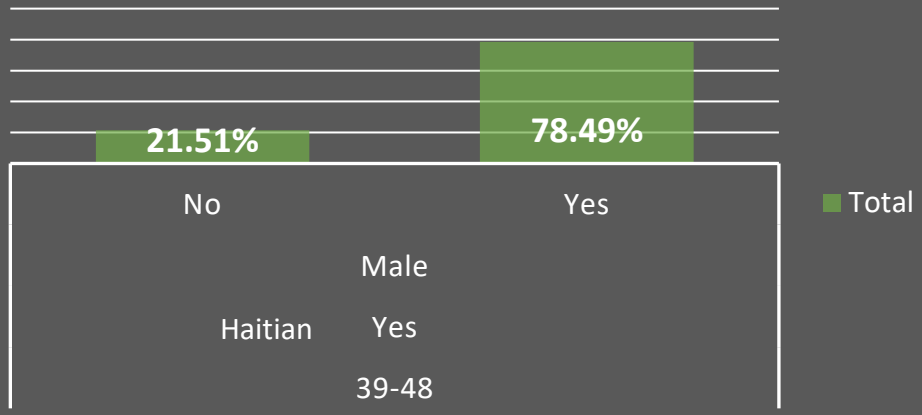
39 – 48 Retained in Care

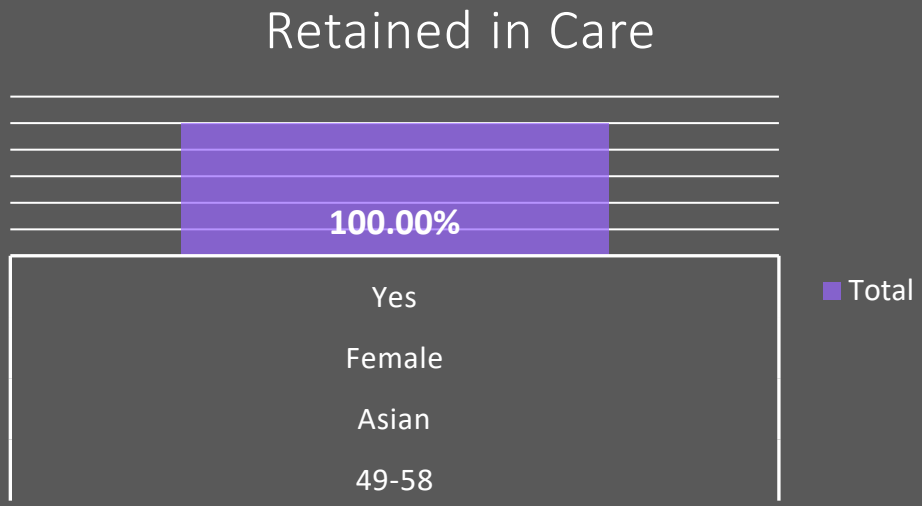


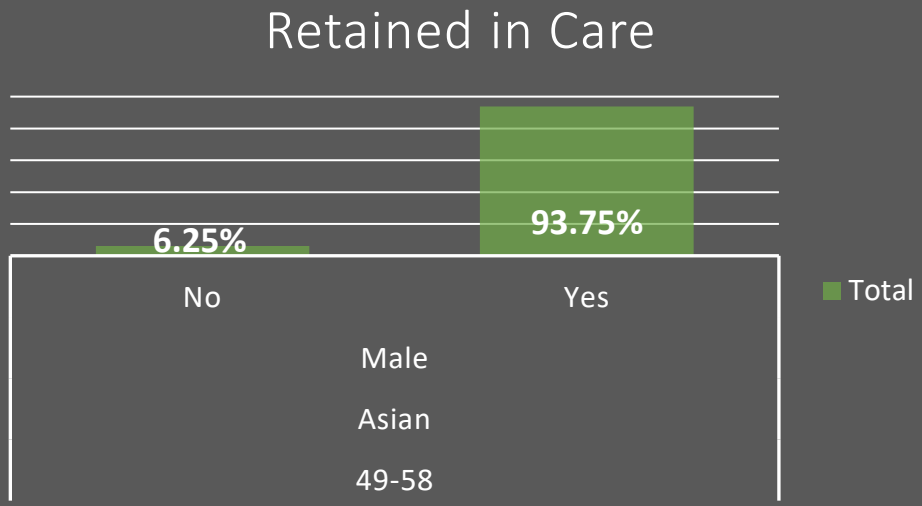
39 – 48 Retained in Care

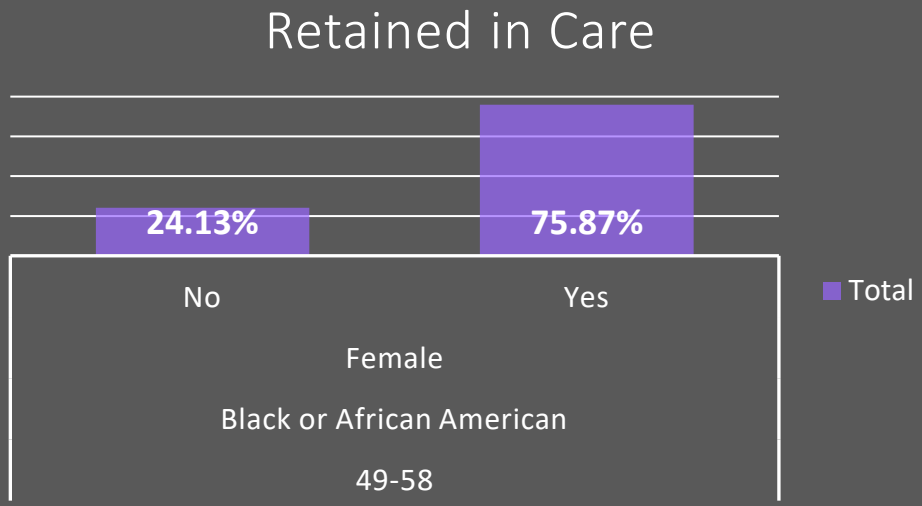


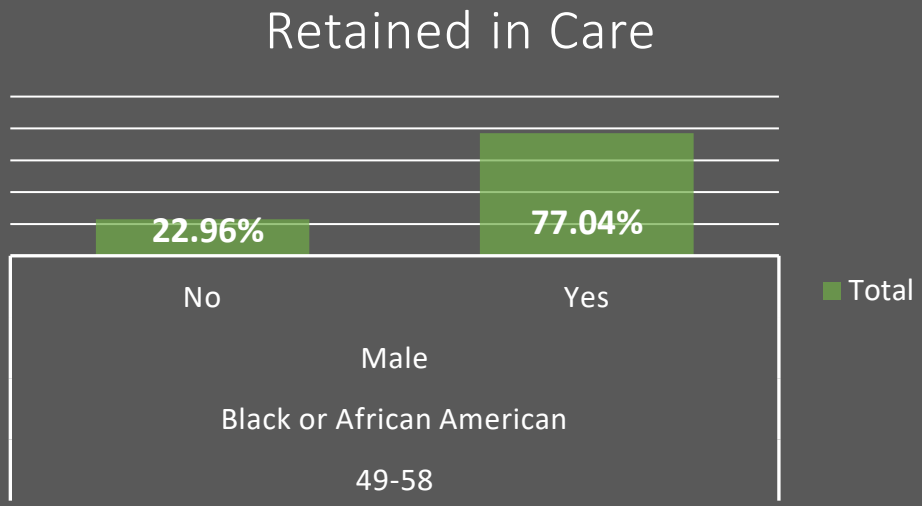
39 – 48 Retained in Care

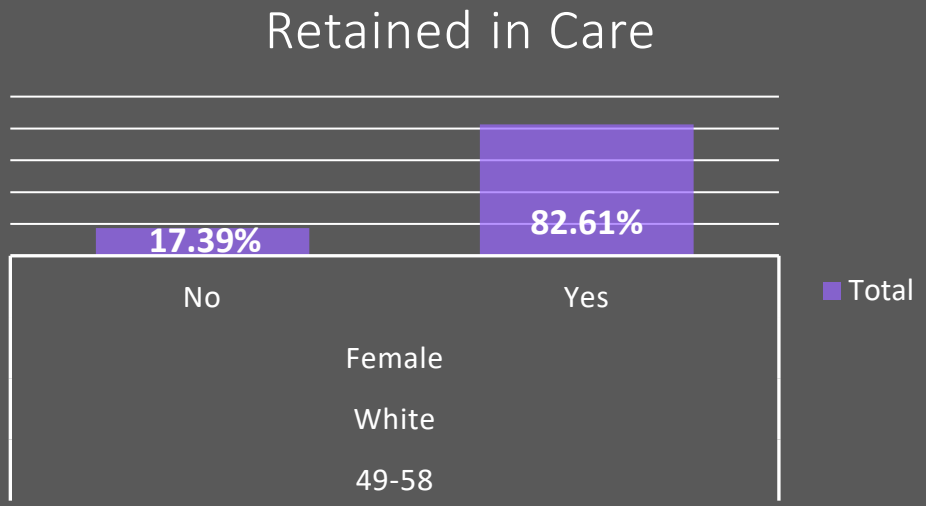


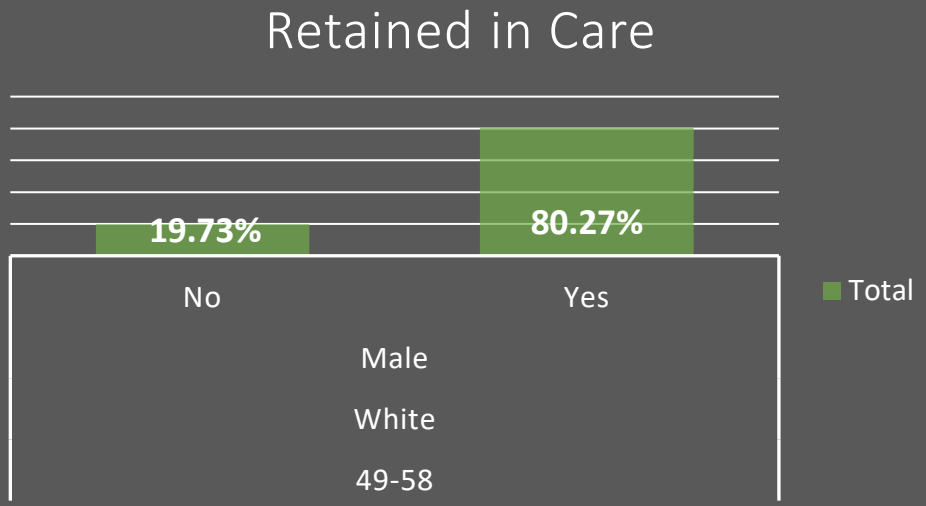

Retained in Care
100.00%
Yes
Female
Asian
49-58
Total

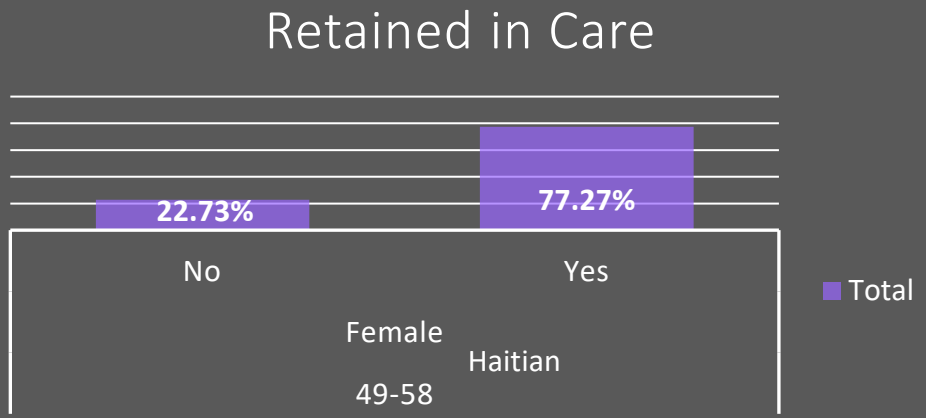

Retained in Care
6.25%
93.75%
No
Yes
Male
Asian
49-58
Total

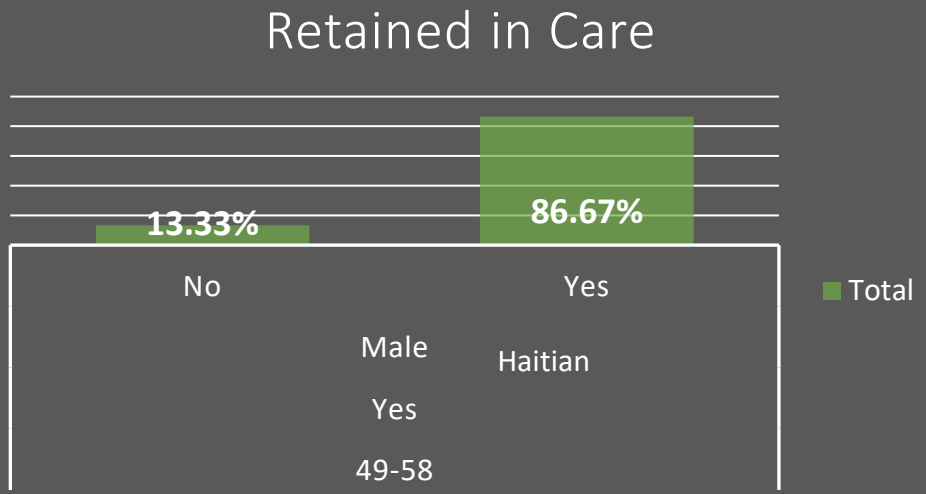

Retained in Care
24.13%
75.87%
No
Yes
Female
Black or African American
49-58
Total

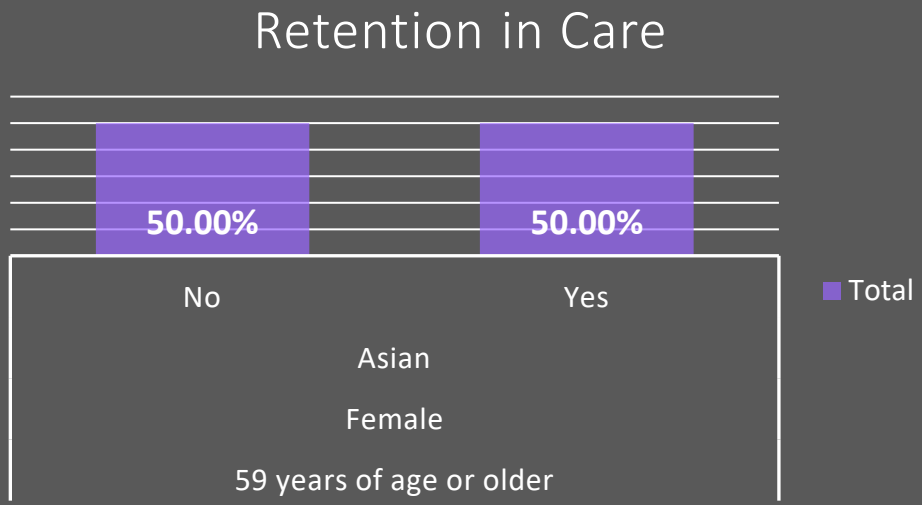

Retained in Care
22.96%
77.04%
No
Yes
Male
Black or African American
49-58
Total

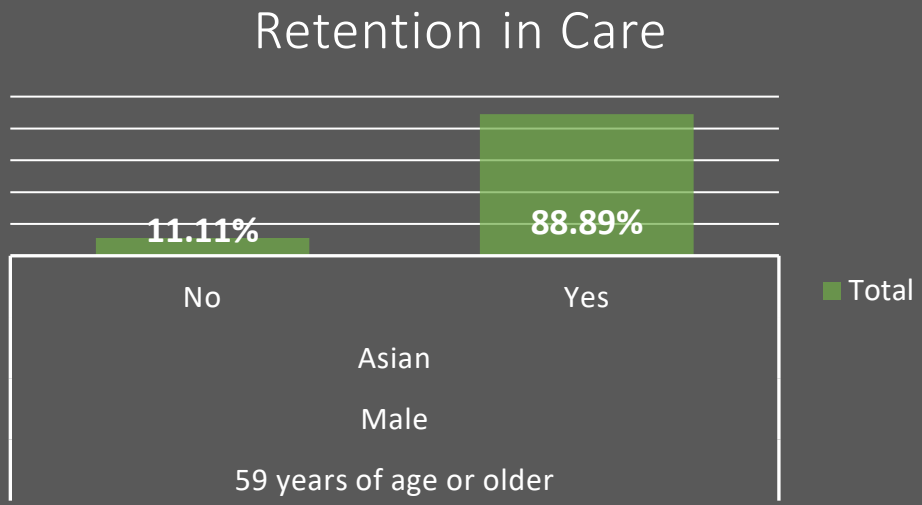

Retained in Care
17.39%
82.61%
No
Yes
Female
White
49-58
Total

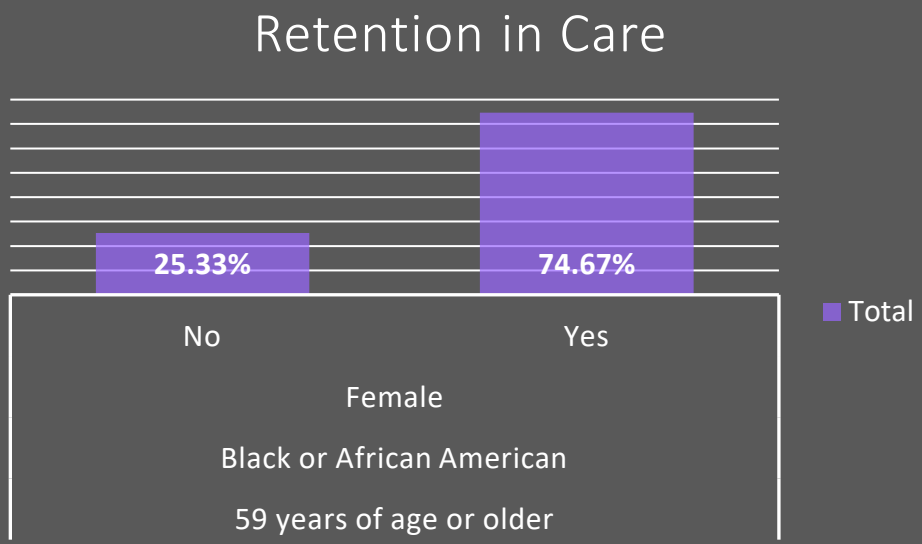

Retained in Care
19.73%
80.27%
No
Yes
Male
White
49-58
Total

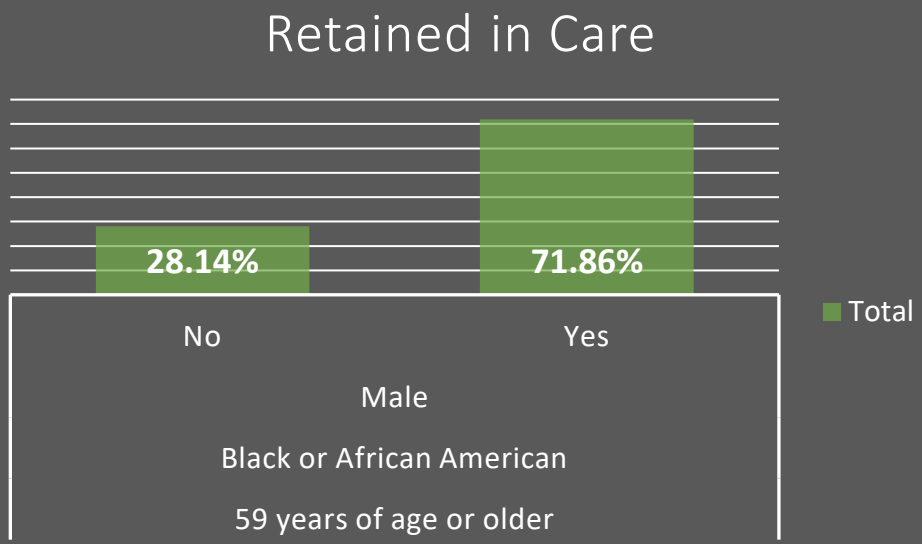

Retained in Care
22.73%
77.27%
No
Yes
Female
Haitian
49-58
Total

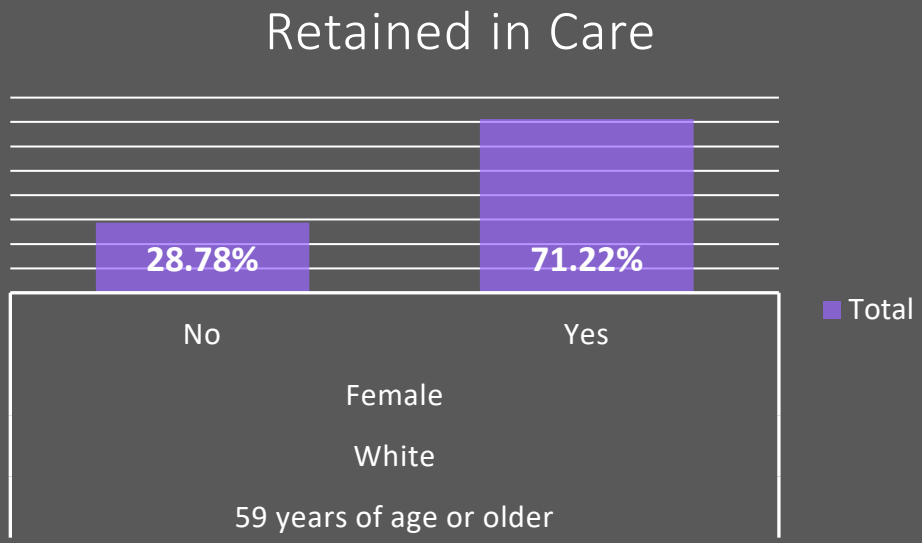

Retained in Care
13.33%
86.67%
No
Yes
Male
Haitian
Yes
49-58
Total

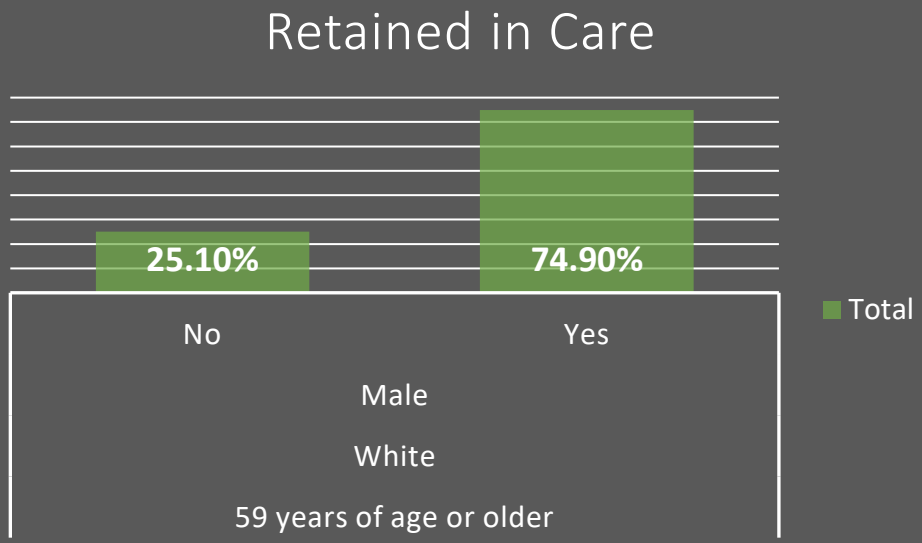

Retention in Care
50.00%
50.00%
No
Yes
Asian
Female
59 years of age or older
Total

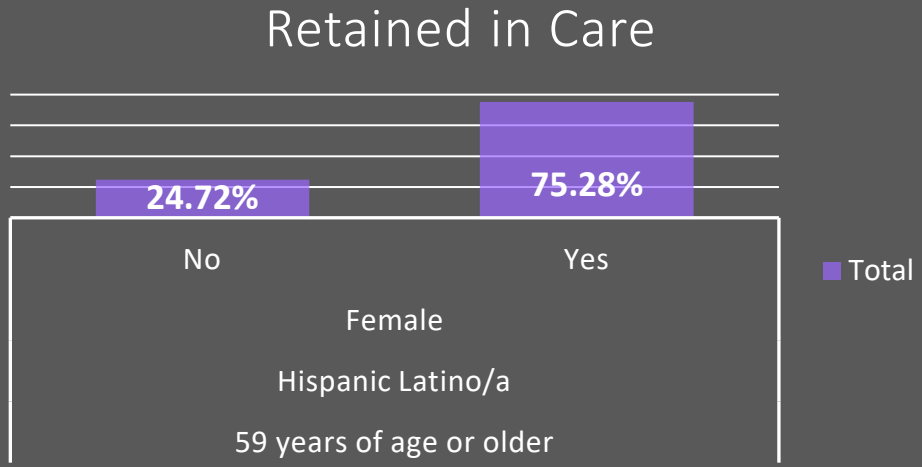

Retention in Care
11.11%
88.89%
No
Yes
Asian
Male
59 years of age or older
Total

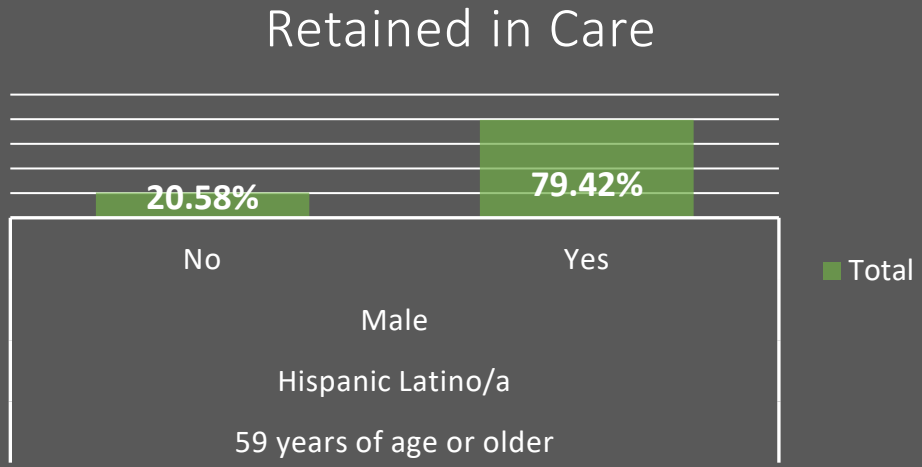

Retention in Care
25.33%
74.67%
No
Yes
Female
Black or African American
59 years of age or older
Total

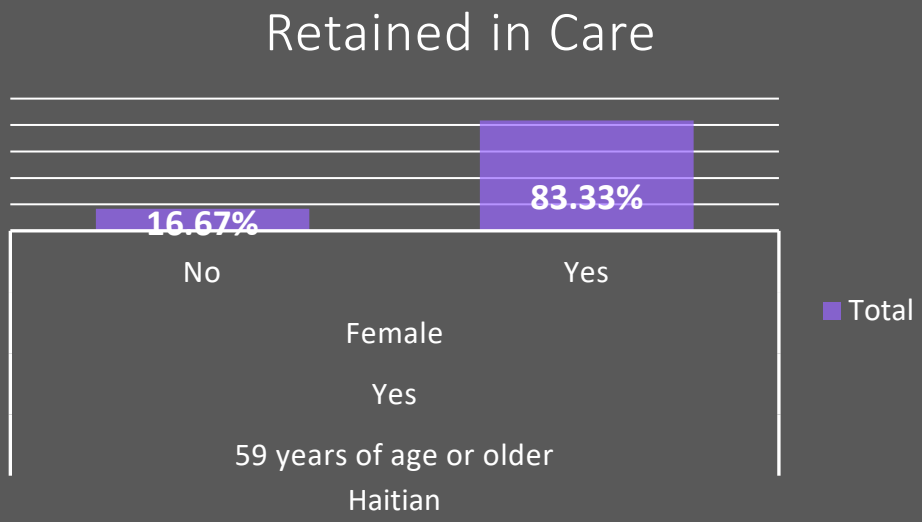

Retained in Care
28.14%
71.86%
No
Yes
Male
Black or African American
59 years of age or older
Total

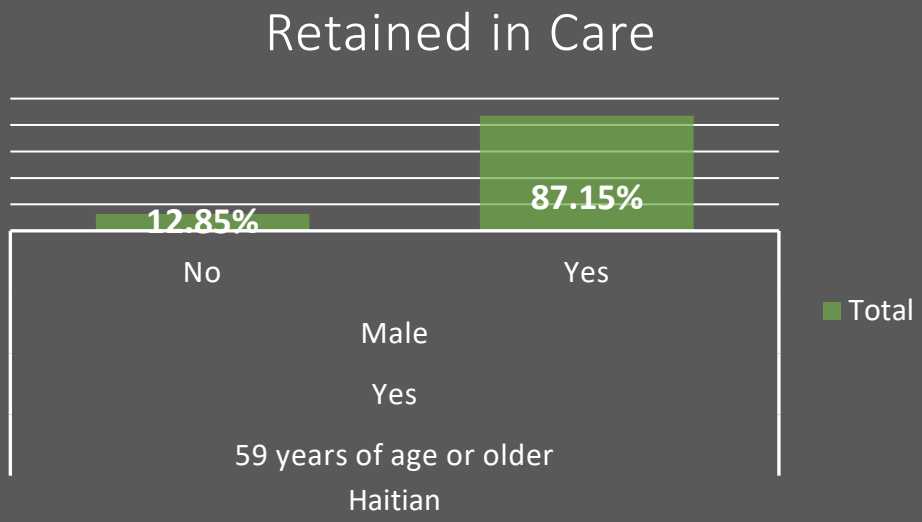

Retained in Care
28.78%
71.22%
No
Yes
Female
White
59 years of age or older
Total


Retained in Care
25.10%
74.90%
No
Yes
Male
White
59 years of age or older
Total

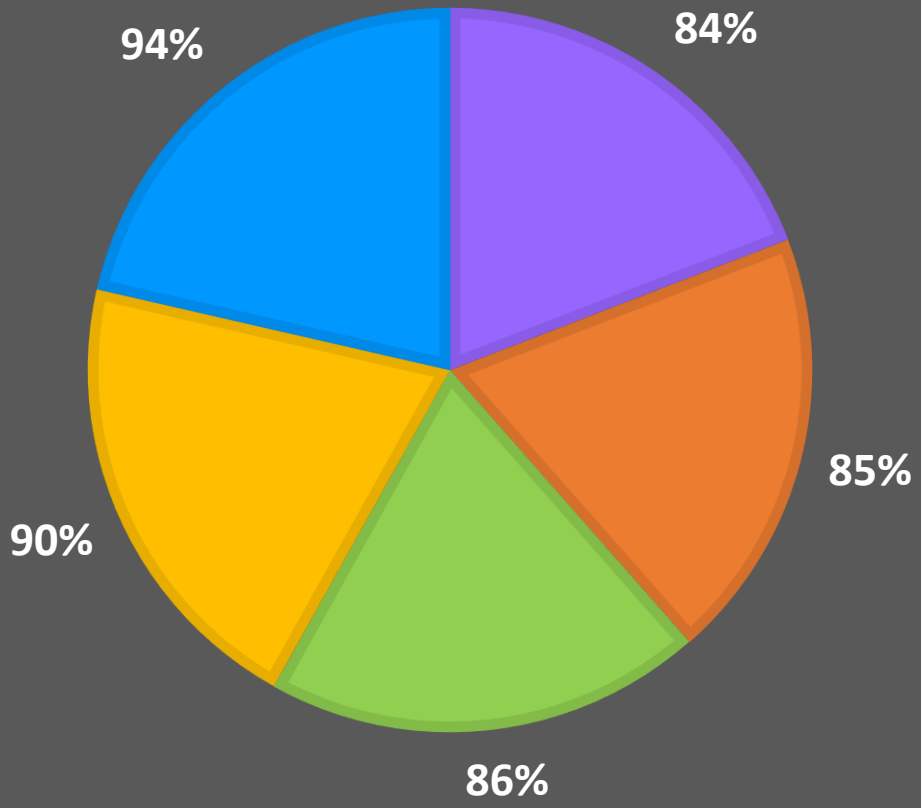

Retained in Care
24.72%
75.28%
No
Yes
Female
Hispanic Latino/a
59 years of age or older
Total


Retained in Care
20.58%
79.42%
No
Yes
Male
Hispanic Latino/a
59 years of age or older
Total

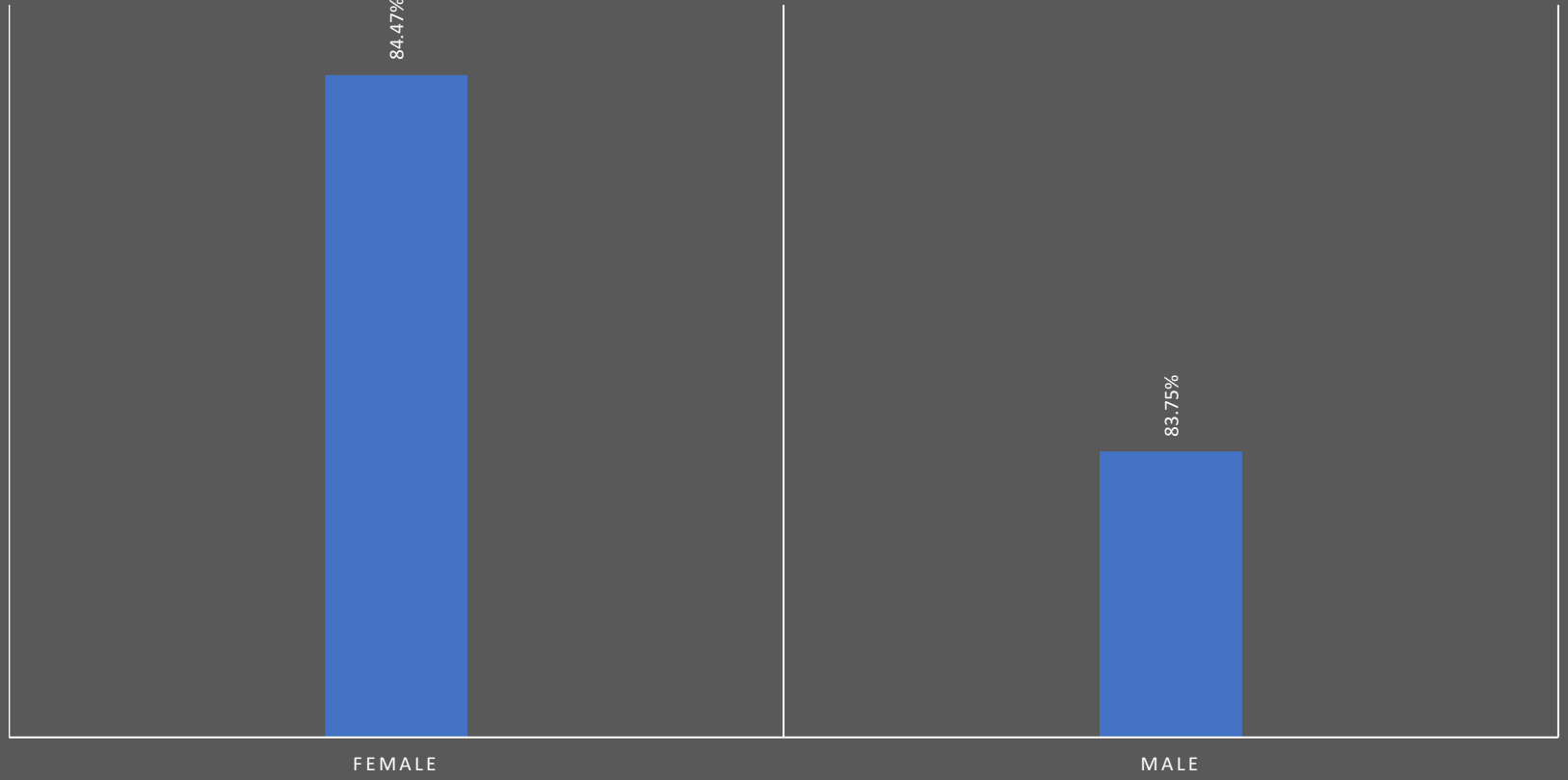

Retained in Care
16.67%
83.33%
No
Yes
Female
Yes
59 years of age or older
Haitian
Total


Retained in Care
12.85%
87.15%
No
Yes
Male
Yes
59 years of age or older
Haitian
Total

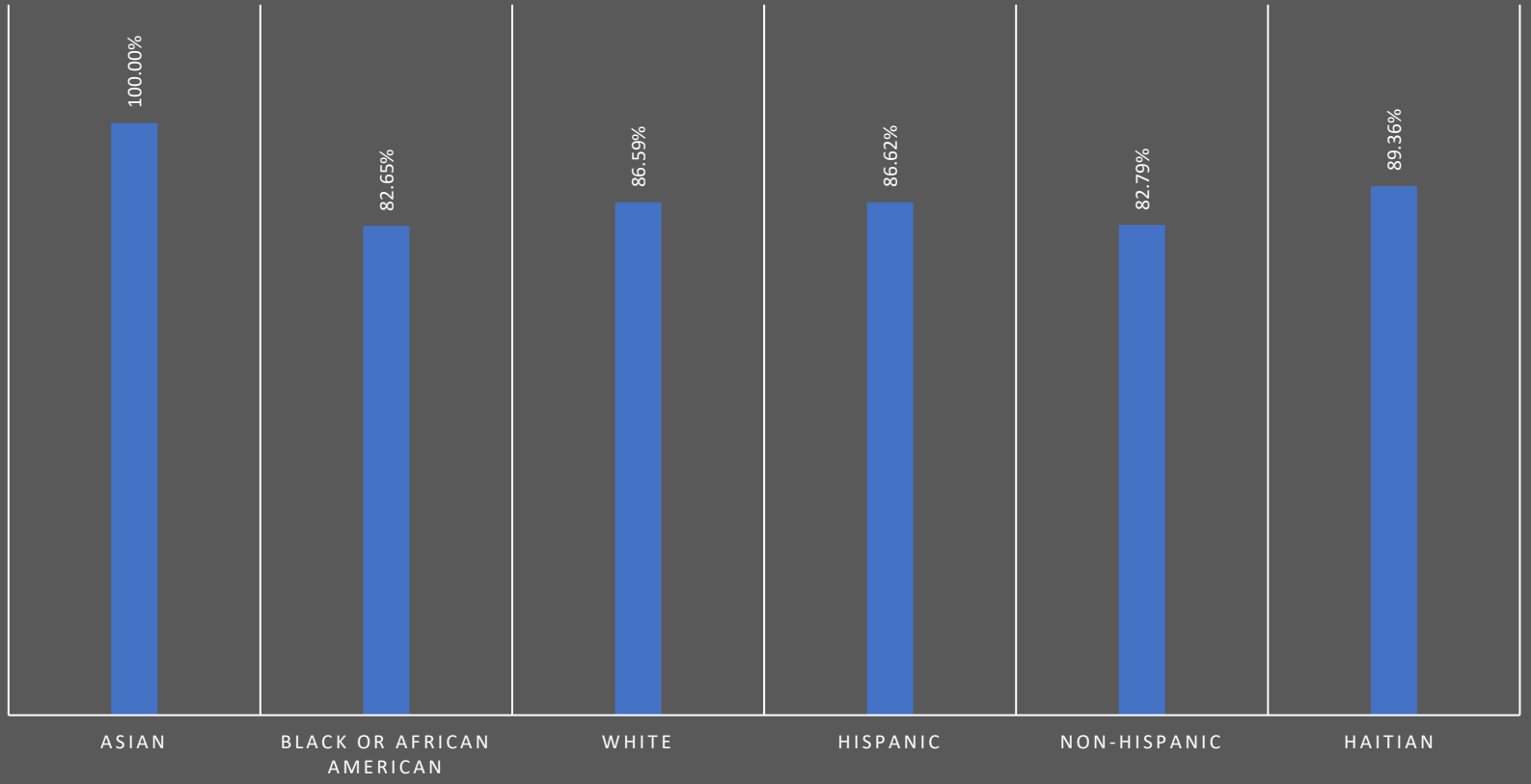
Viral Suppression rates by Age groups



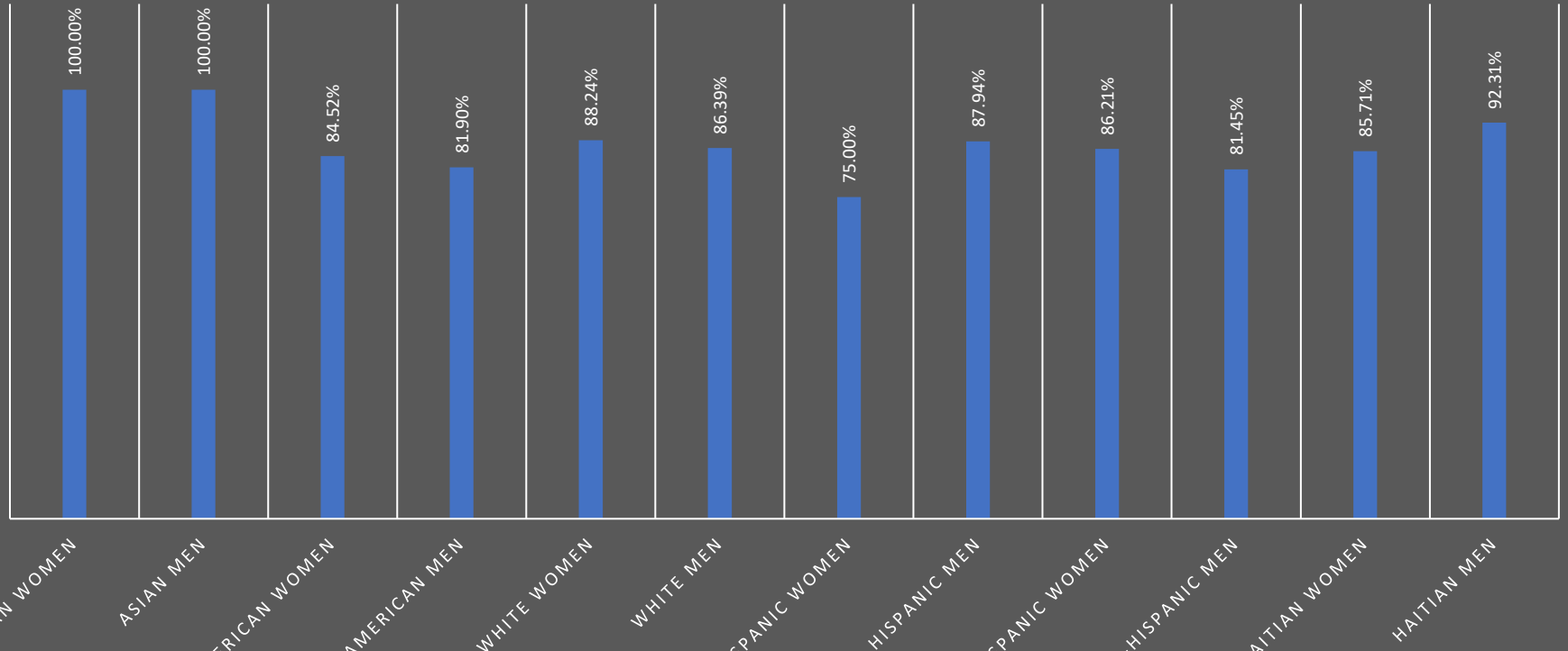
18-28 GENDER TOTAL VIRAL SUPPRESSION



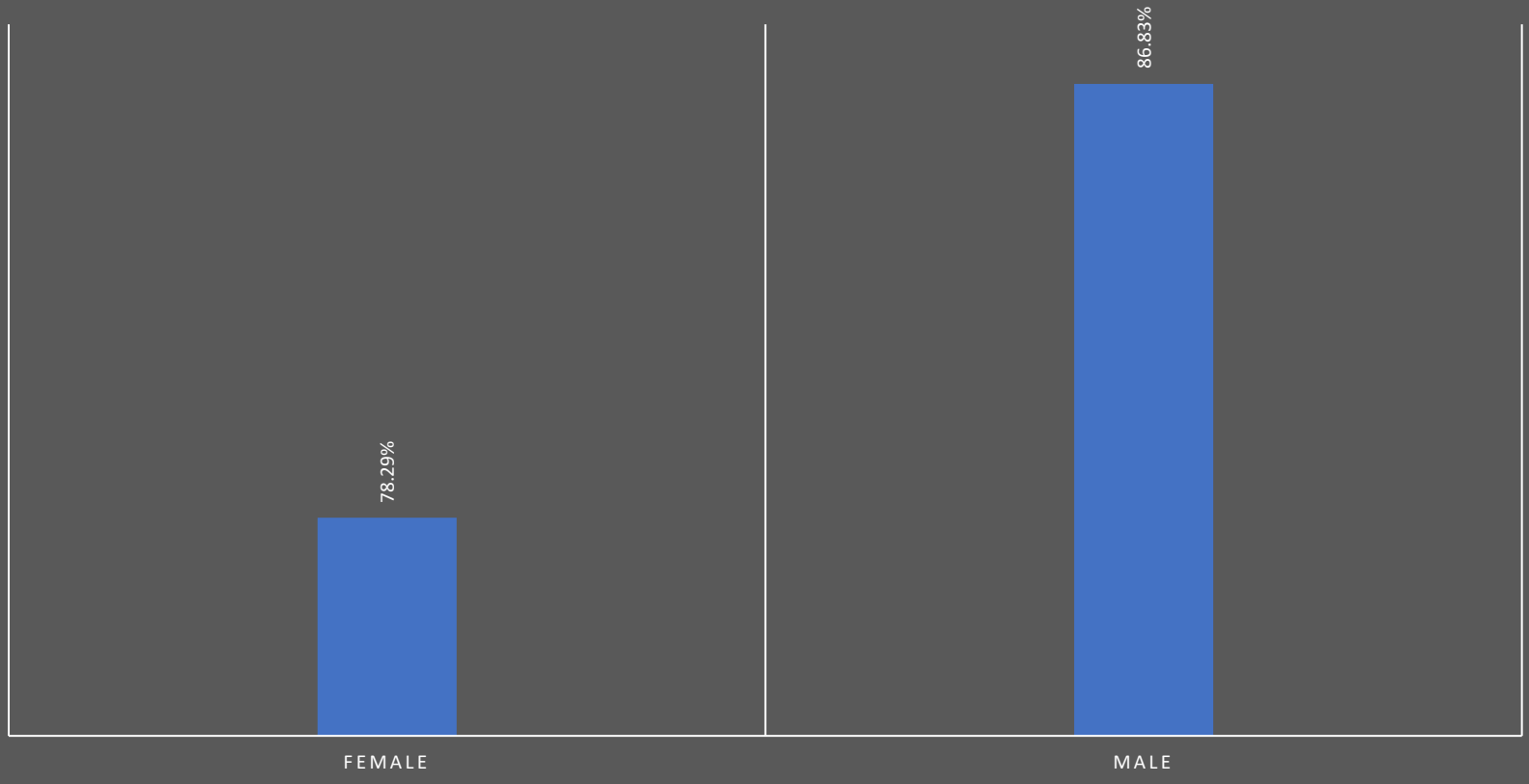
18-28 VIRAL SUPPRESSION RACE ETHNICITY



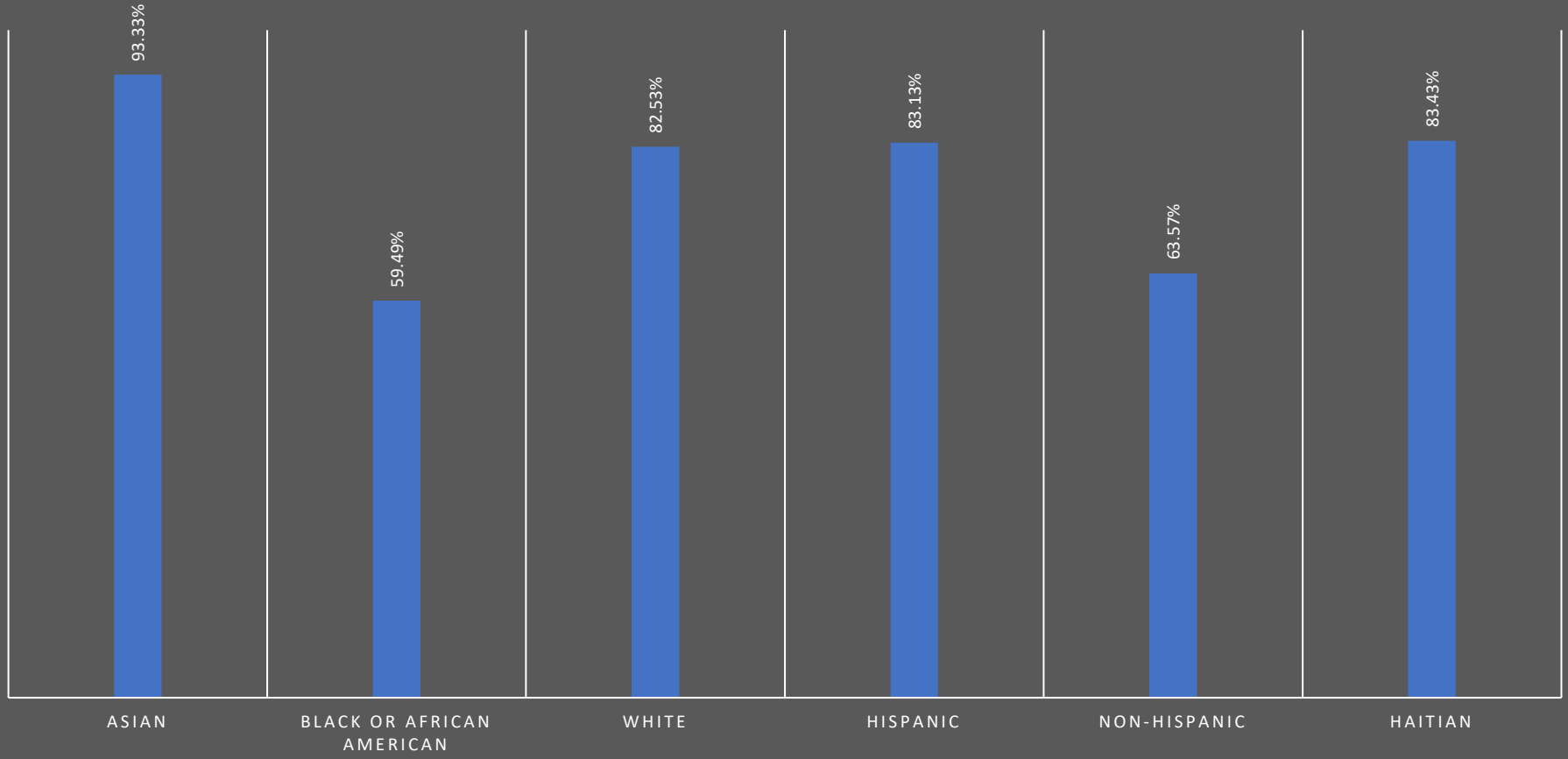
18-28 VIRAL SUPPRESSION RACE ETHNICITY GENDER



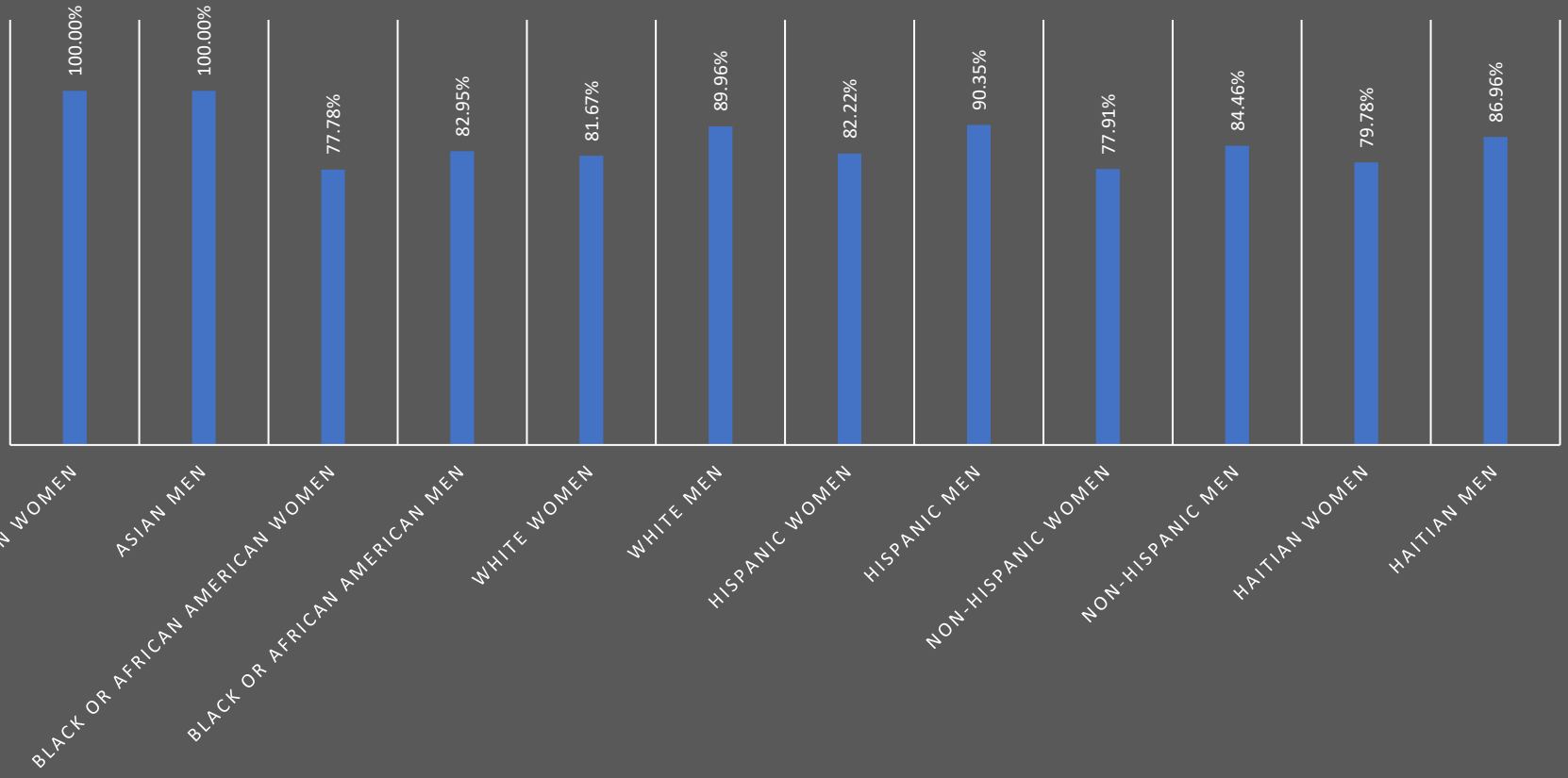
29-38 GENDER TOTAL VIRAL SUPPRESSION



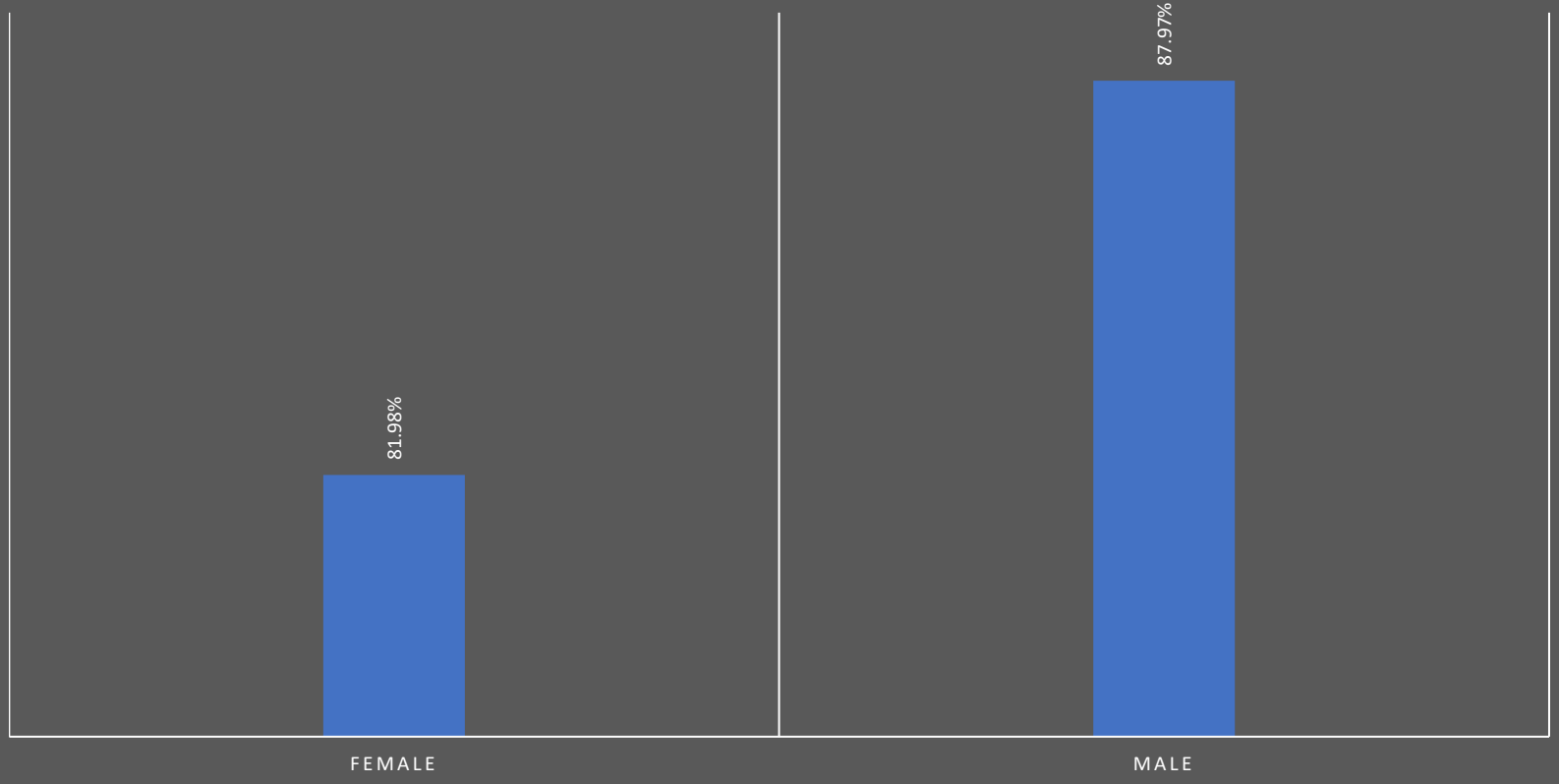
29-38 VIRAL SUPPRESSION RACE ETHNICITY



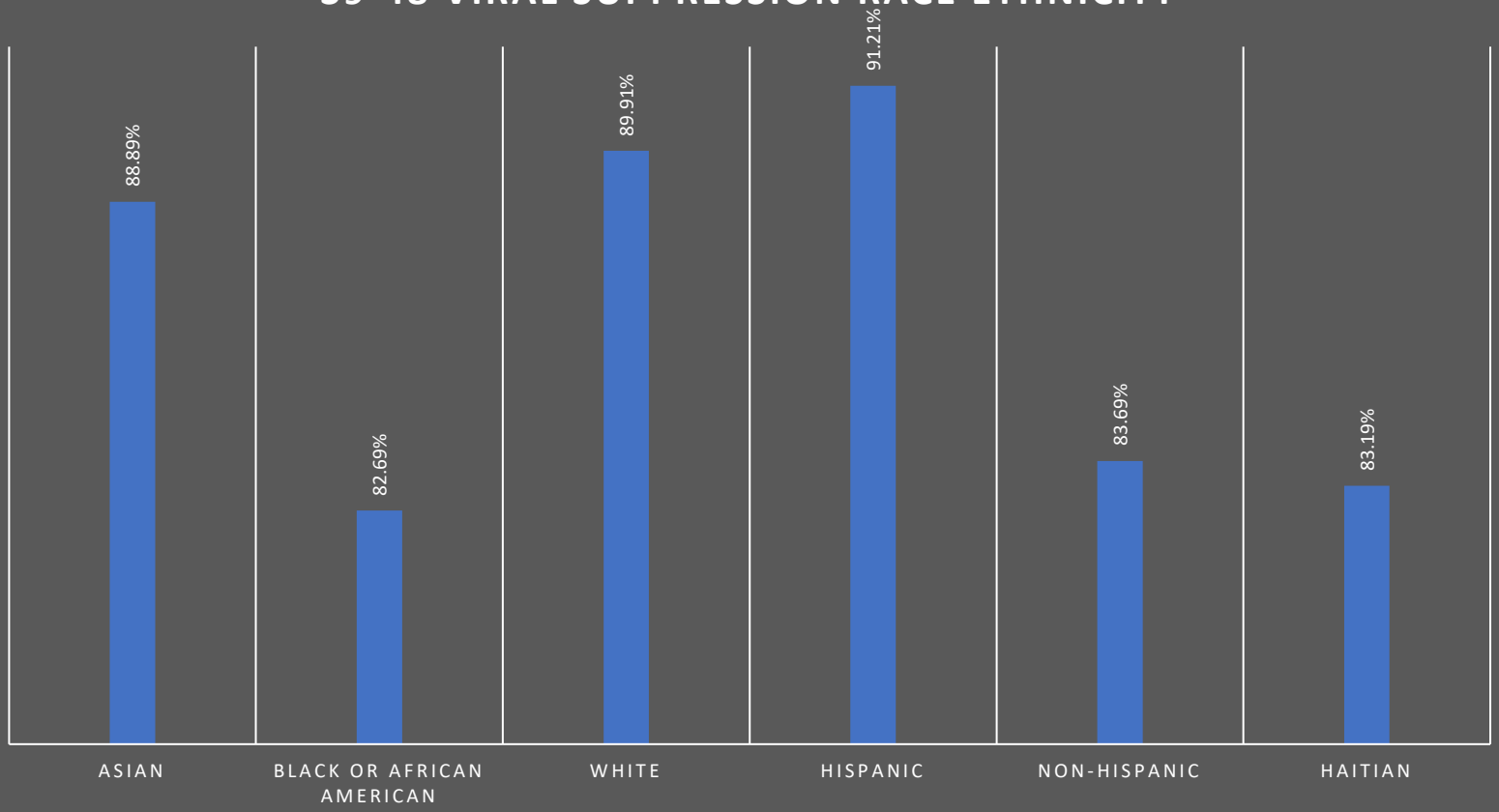
29-38 VIRAL SUPPRESSION RACE ETHNICITY



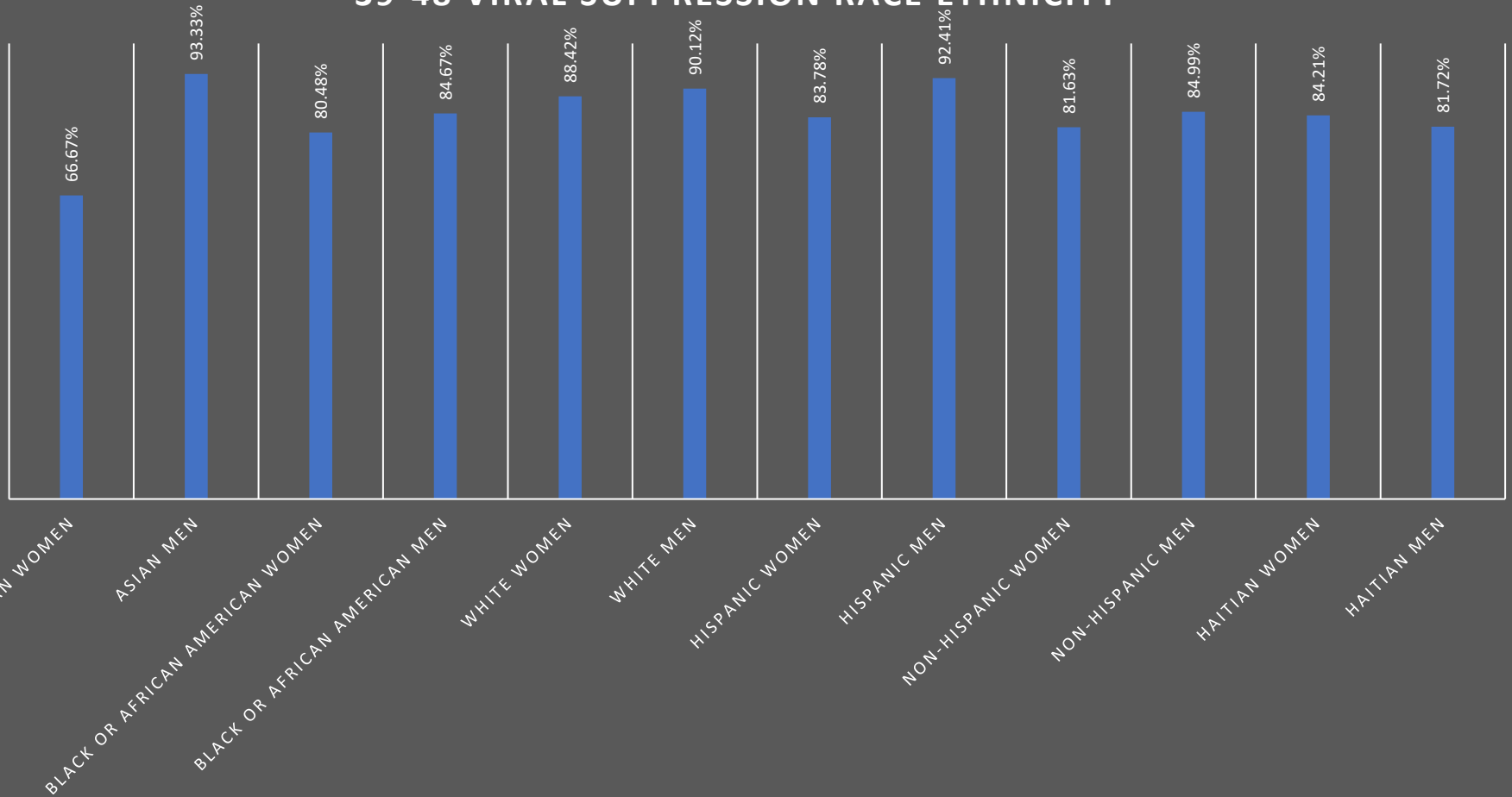
39-48 GENDER TOTAL VIRAL SUPPRESSION



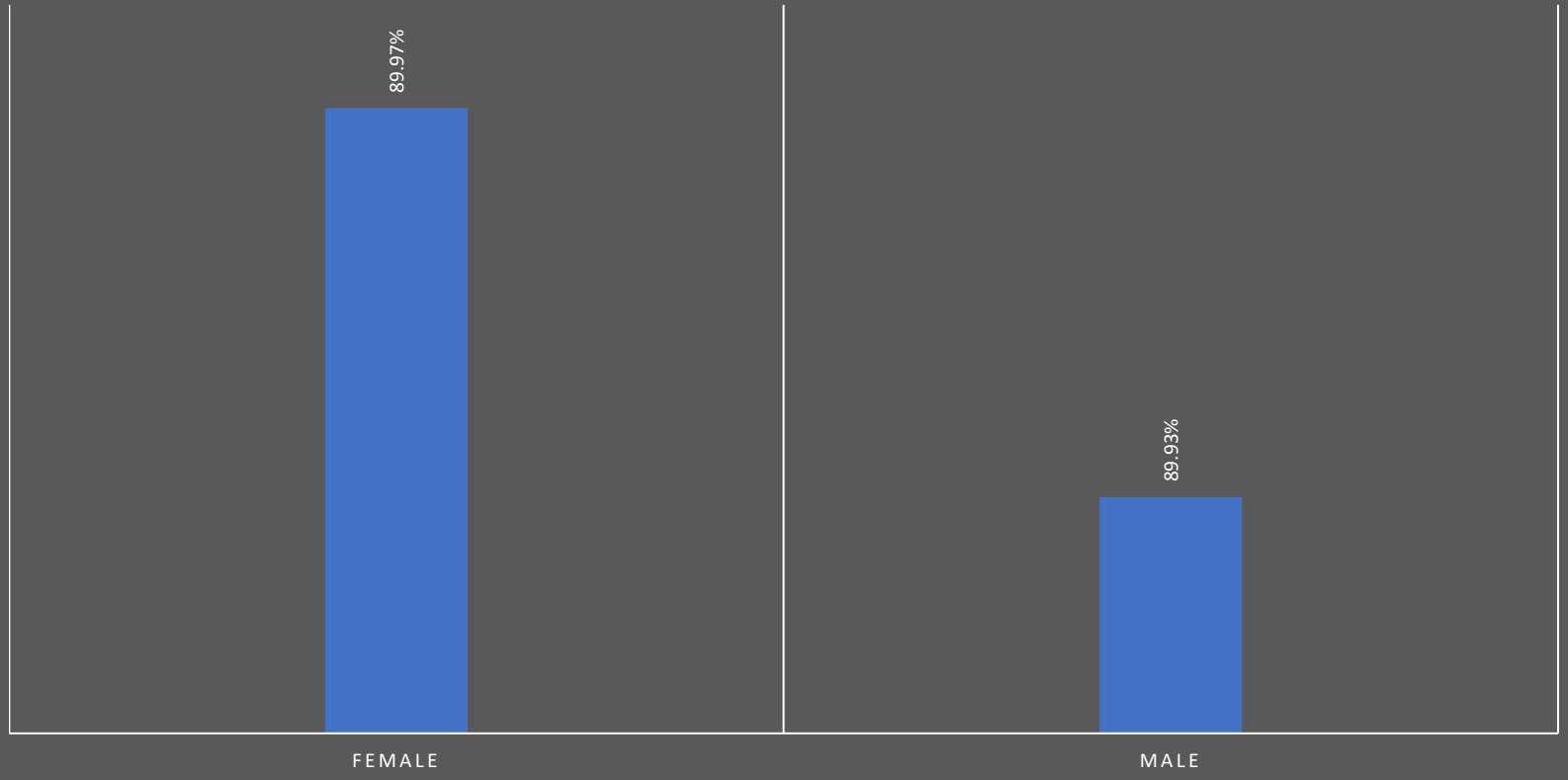
39-48 VIRAL SUPPRESSION RACE ETHNICITY



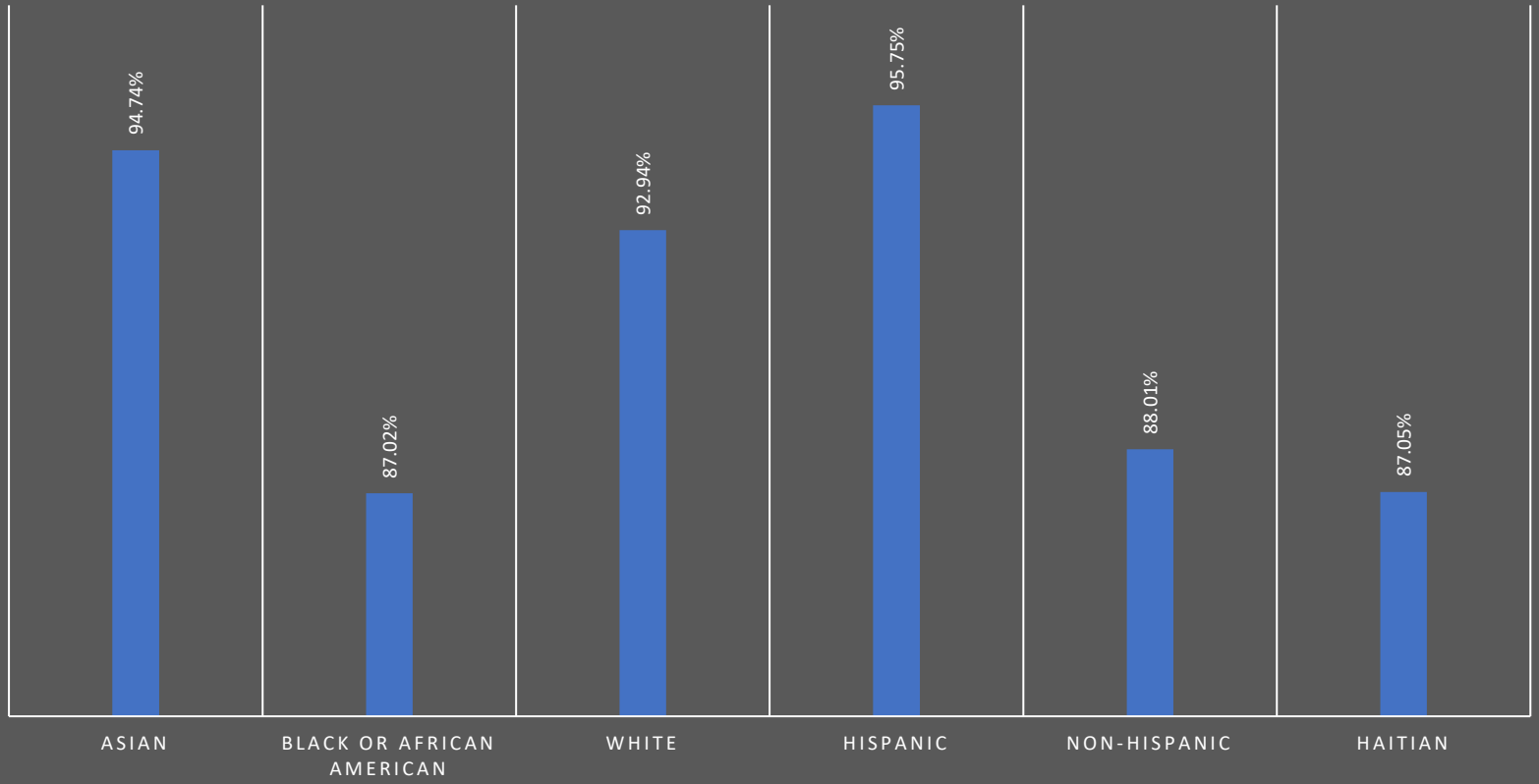
39-48 VIRAL SUPPRESSION RACE ETHNICITY



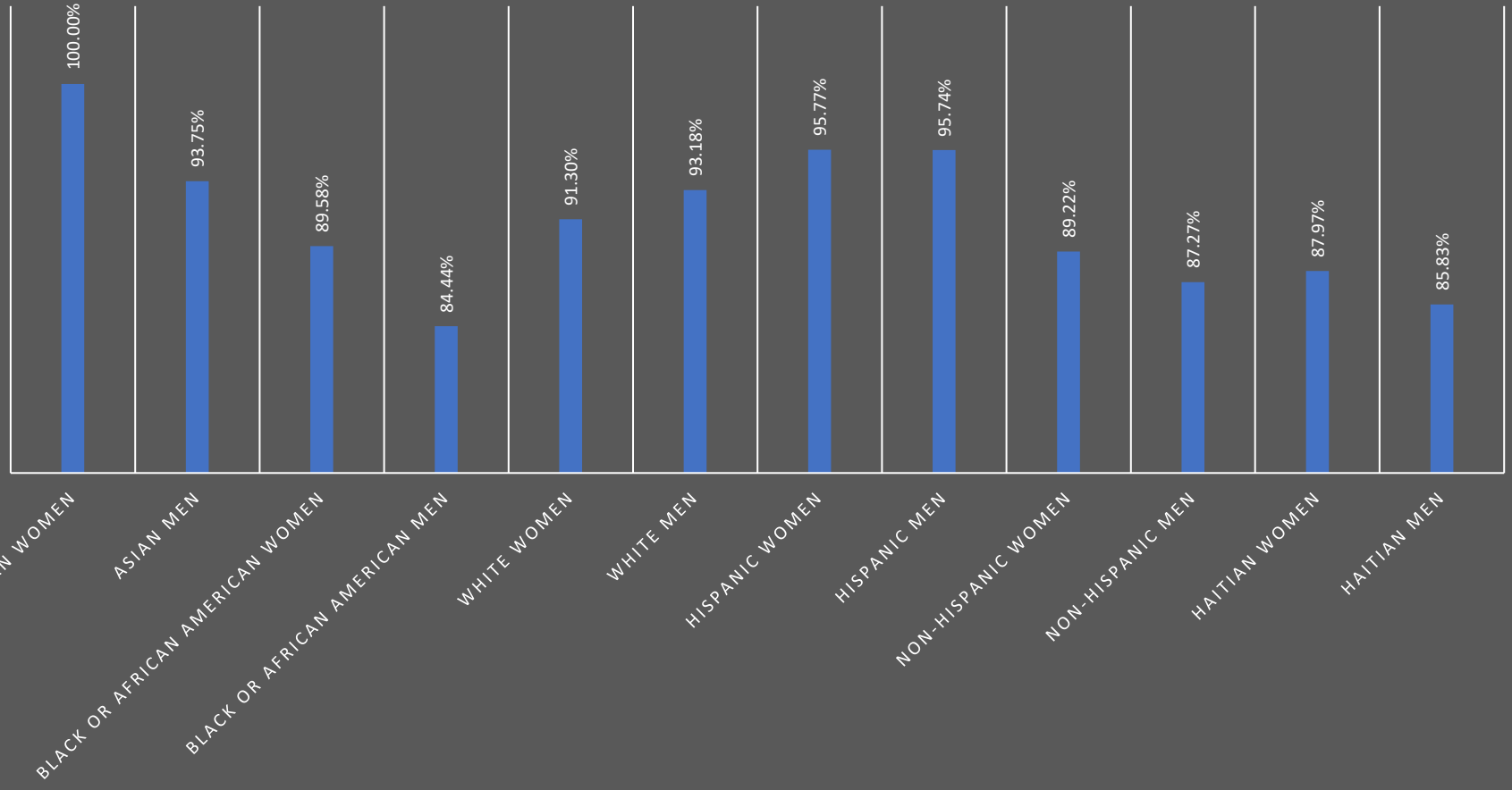
49-58 GENDER TOTAL VIRAL SUPPRESSION



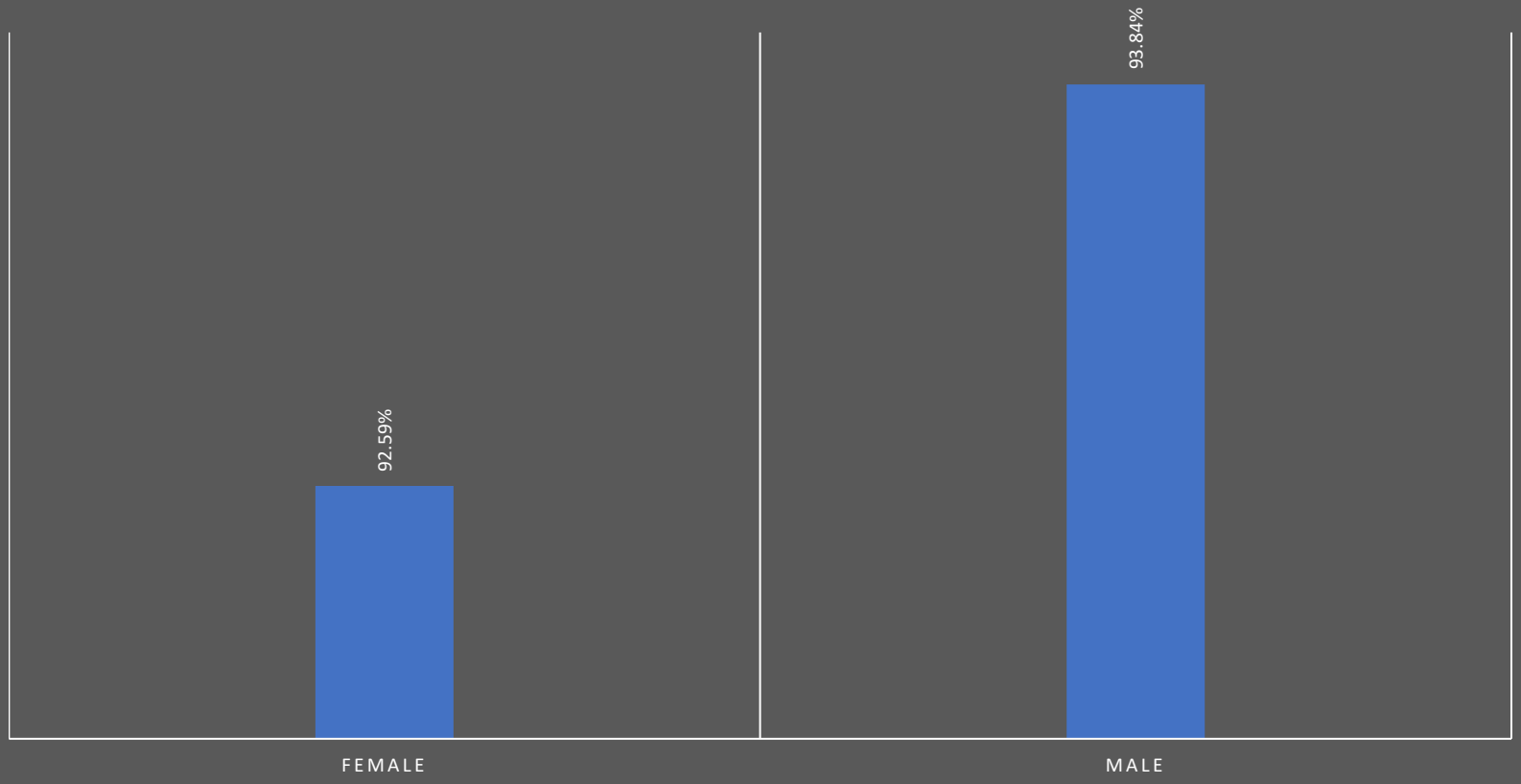
49-58 VIRAL SUPPRESSION RACE ETHNICITY



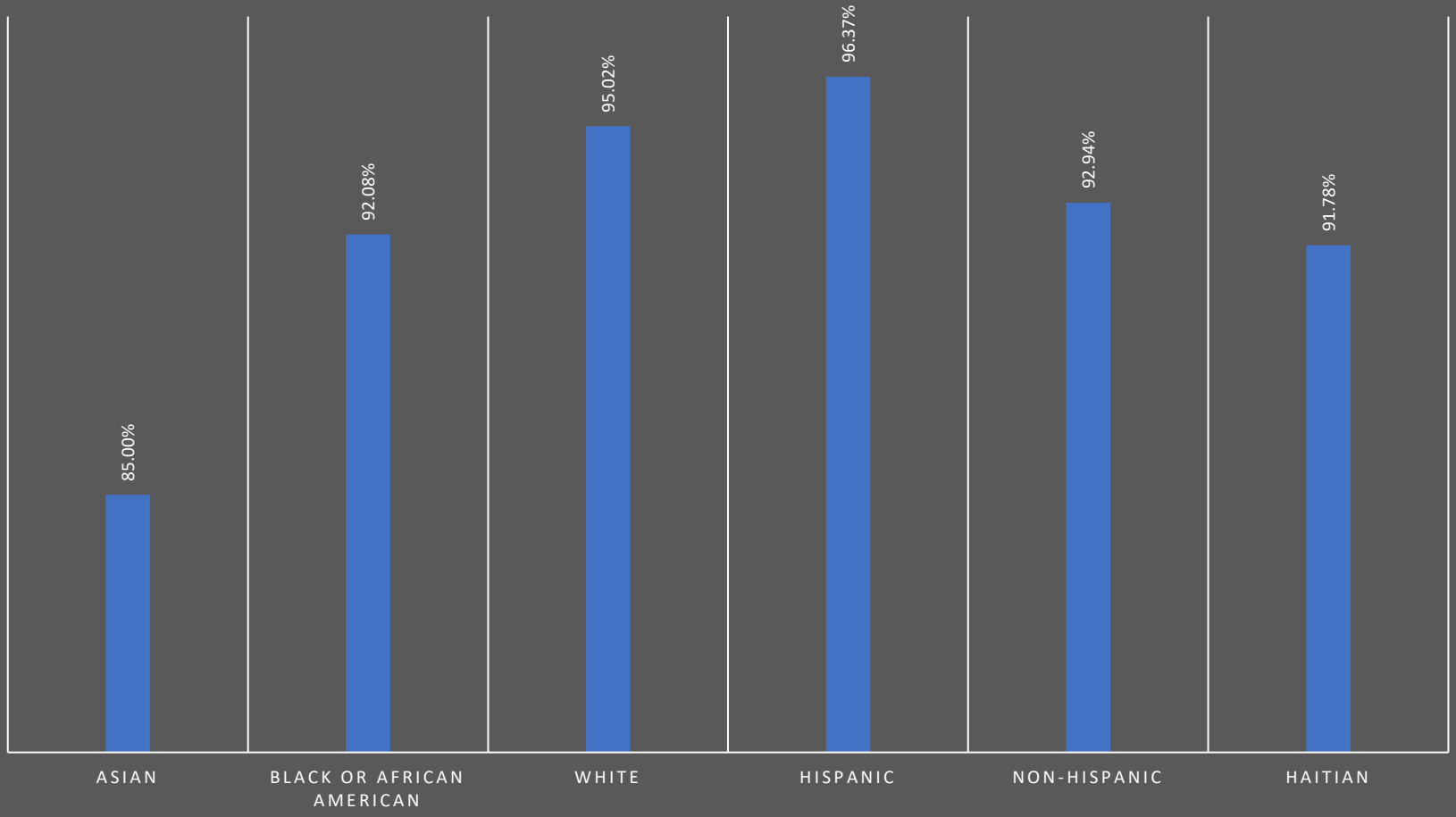
49-58 VIRAL SUPPRESSION RACE ETHNICITY



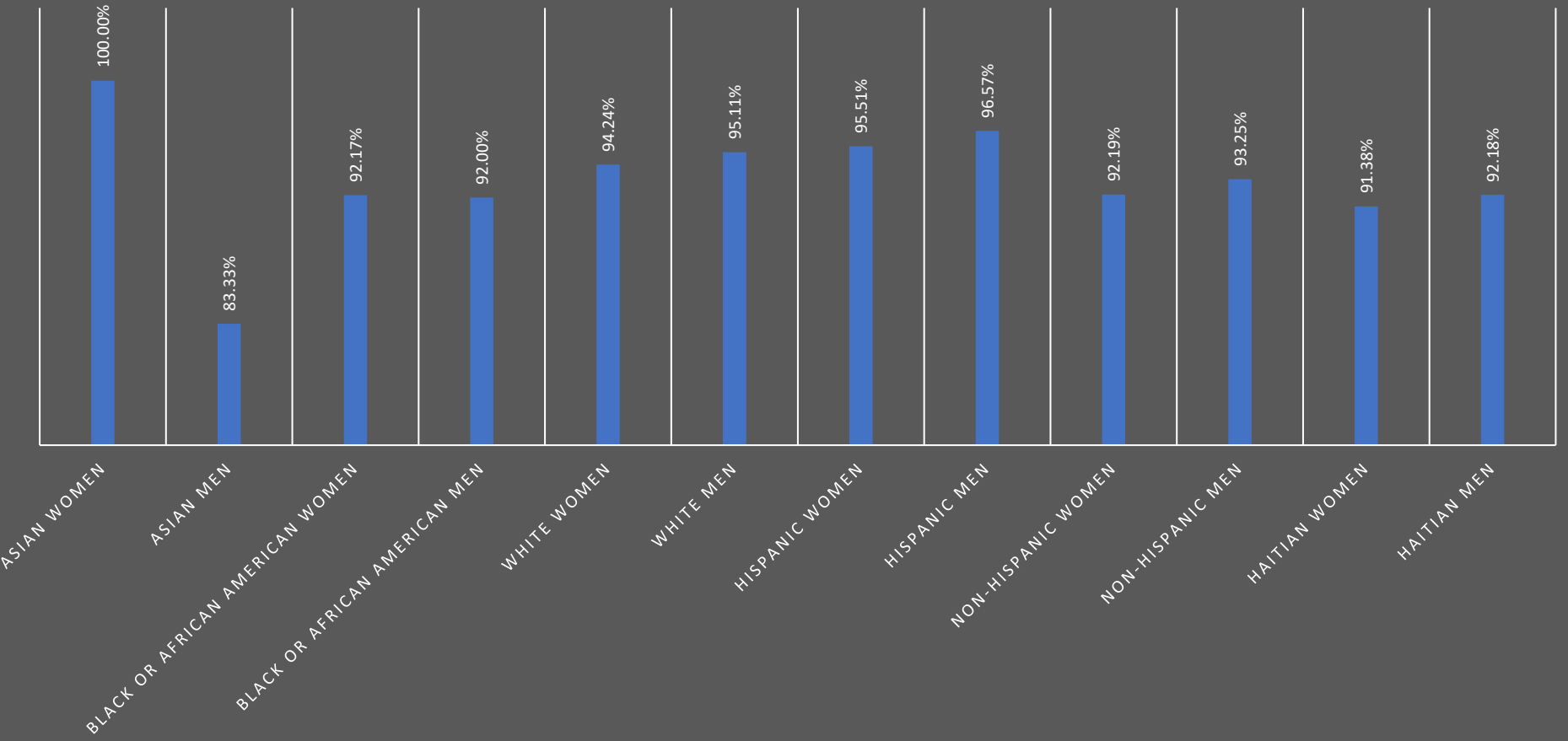
59+ GENDER TOTAL VIRAL SUPPRESSION



59+ VIRAL SUPPRESSION RACE ETHNICITY



59+ VIRAL SUPPRESSION RACE ETHNICITY



Observations and Caveats

- Information pulled from the Care Continuum Report for Fiscal Year 24-25. At the time of data pull not all invoices had been processed, however due to it being the end of the year, the impact should be minimal.
- 59+ is the largest demographic with some of the best suppression and some of the lowest Retention in Care. Possibility of not capturing information due to Medicare/Medicaid.
- Female Retention in Care and Viral Suppression on average seem to be trending downward.
- Asian demographic is a small N, shifts in percentages can be somewhat drastic.

THANKS!

Do you have any questions?

Timothy Thompson	Brianne Miller	Richard Pena
Quality Program Project Coordinator Senior, RWA	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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

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.