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

System of Care Committee Meeting

Thursday, January 2, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

Click here to join the meeting
https://teams.microsoft.com/l/meetup-join/19%3ameeting_Mzg0MGMzNTctZDJkOS00ZmQwLWIxMzctYmE3N2FkZWQwMjA0%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d
Meeting ID: 293 299 873 949
Passcode: CtiXEM

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
   a. Welcome from the Chair
   b. Meeting Ground Rules
   c. Statement of Sunshine
   d. Introductions & Abstentions

II. Moment of Silence

III. ACTION: Approval of Agenda for January 2, 2025

IV. ACTION: Approval of Minutes from September 5, 2024 **(Handout A)**

V. Public Comment

VI. Discussion Items
   a. **Action Item**: Review and update Annual Workplan for FY 2025-2026 **(Handout B)**
   b. **Action Item:** Review and approve Needs Assessment Questionnaire for Focus Group and Medical Practitioners questions **(Handout C)**

VII. Unfinished Business
   a. None.

VIII. New Business
   a. Review Committee Workplan FY 2024-2025 Progress **(Handout D)**
   b. Review Service Category System Mapping Presentation Part I from the Recipient Office **(Handout E)**

c. Strategies to Engage and Re-engage people with HIV/AIDS in the Broward EMA Ryan White Part A Program from PCS Staff **(Handout F)**
    i. *Activity 2.1: Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.*

IX. Recipient Report

X. Public Comment

XI. Announcements
- Memorial Event on January 9th; 4:30 pm: Honoring and celebrating the lives of HIVPC members who have transitioned; World AIDS Museum.

XII. Agenda Items for Next Meeting
a. Service Category System Mapping Presentation Part II

XIII. Next Meeting Date: February 6, 2025, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XIV. Adjournment

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

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

January 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 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	3	4
5	6 MAI Sub-Committee Meeting 2:00PM– 4:00PM Location: BRHPC/MS Teams	7 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	8 Oral Health 3:00PM-4:15PM	9 Membership/Council Development Meeting (MCDC) 9:30AM – 11:30PM Location: BRHPC/MS Teams Medical Provider 2:30PM-3:34PM In-person Workshop at BRHPC World AIDS Day Memorial Event for Past HIVPC Members	10	11
12	13	14 Behavioral Health 2:00PM-3:15PM	15	16 Priority Setting and Resource Allocation (PSRA) 9:30AM-12:30PM Location: BRHPC/MS Teams Executive Committee Meeting Location: BRHPC/MS Teams 12:45PM – 2:45PM	17	18
19	20  Martin Luther King Jr. Day	21 Quality Management Committee Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22 Quality Network Meeting (CQM) 9:00AM-10:15AM	23 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	24	25 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
26	27	28	29	30	21	

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

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

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

January 2025

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council for updates.

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING
COUNCIL
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

System of Care Committee Meeting

Thursday, September 5, 2024 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

SOC Members Present: J. Castillo (Chair), A. Murphy, F. D'Amore, K. Hayes (Vice Chair)

Members Absent: J. De La Nuez, T. Pietrogallo

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

Planning Council Staff Present: G. Martinez, M. Lacroix, S. Isidore

Guests Present: C. Richardson, S. Cook, J. Shirley, L. Nelson, J. Beal, S. McLeod, S. Tinsley, J. Rodriguez

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

The SOC Chair called the meeting to order at 9:37 a.m. The SOC Chair welcomed all meeting attendees who were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meets 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 SOC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

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 about HIV/AIDS and services in Broward County. There were no public comments.

Meeting Approvals

The approval for the **September 5, 2024,** agenda of the Systems of Care Committee meeting with amendments was proposed by F. A'more seconded by K. Hayes**,** and passed unanimously. The approval for the minutes of the **June 6, 2024,** meeting was proposed by F. D'Amore**,** seconded by A. Murphy, and approved with no further corrections.

Motion #1: F. D'amore, on behalf of the SOC Committee, made a motion to approve the September 5, 2024, System of Care Committee agenda. The motion was seconded by K. Hayes and adopted unanimously.

Motion #2: F. D'Amore, on behalf of the SOC Committee, made a motion to approve the June 6, 2024, System of Care Committee meeting minutes as presented. The motion was seconded by A. Murphy and adopted unanimously.

Public comment.

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

Standard Committee Items

None.

Discussion Item

a. Review and Approve Provider System Mapping Presentation Template
   J. Castillo explained the purpose of this item. S. Isidore performed an overview of the system mapping presentation template that will be recommended to providers.

   F. D'amore expressed concern that the presentation looks confusing. K. Hayes asked whether this presentation is mandatory. M. Lacroix explained that the presentation template is a recommendation to providers and can be changed to be simpler and more accessible.

   L. Nelson asked if providers will have technical assistance. G. Martinez and B. Miller answered that PCS staff and the Part A Office would provide technical assistance.

   J. Castillo explained that it is estimated that one or two agencies will give their presentations at a time and that all agencies are expected to complete a presentation by the end of the year.

   Motion #3: K. Hayes, on behalf of the SOC Committee, made a motion to approve the Provider System Mapping Presentation Template. The motion was seconded by F. D'Amore and adopted unanimously.

Old Business

None.

New Business

a. Health Outcomes in the HIV Care Continuum Presentation

   M. Lacroix conducted the presentation.

K. Hayes asked what barriers there are to patients achieving viral suppression. B. Miller and T. Thompson answered: lack of access to care, medical assistance, and housing, among other things. She also stated that difficulty adhering to treatment and coping with stress are also factors.

K. Hayes asked what is being done for Black Non-Hispanic consumers. B. Millers explained that provider Qis are focusing interventions on this population and keeping an eye on the influx of Haitian clients who may be resistant to receiving care.

K. Hayes asked what is being for clients who are 50+ years old. M. Biller and T. Thompson explained that HRSA is putting more focus on clients who are aging with HIV. S. Tinsley noted that when people reach 50 years of age, they tend to go to the doctor more often than younger people.

Recipient Report

T. Thompson: The Retention in Care data is inaccurate and has been recalculated to 82% total. Other EMAs had the same issues for the Retention in Care measures.

Data Requests

None.

Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to raise other matters of HIV/AIDS and services in Broward County.

Agenda Items for Next Meeting

Next Meeting Date and Location: The next SOC meeting will be held on October 3, 2024; at 9:30 am at Broward Regional Health Planning Council.

Announcements

- K. Hayes: This weekend is TransCon. F. D'amore will be the keynote speaker. The event will be held at the Pride Center 10-6, September 7th.
- T. Thompson: The RFP has been released.
- L. Nelson: HIV Prevention, Stigma Reduction Treatment Facilities. Window is September 15. https://www.hptn096

Adjournment

There being no further business, the meeting was adjourned at 10:39 a.m.

Attendance CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	4	C	7	4	2	6	C	C	5	C			
1	Chrispin, E.	C	C	A	A	R								
2	Pietrogallo, T.	C	C	X	X	X	X	C	C	A	C			
3	Castillo, J. Chair	C	C	X	X	X	X	C	C	X	C			
4	D'Amore, F.	C	C	X	X	X	X	C	C	X	C			
5	Murphy, H.A.	C	C	X	X	X	X	C	C	X	C			
6	Hayes, K., V. Chair	C	C	X	E	X	X	C	C	X	C			
7	Biggs, V.	C	Z											
8	De La Nuez, J.	N	N	N	N	A	E	C	C	A	C			
	Quorum = 4			5	4	5	5			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**

System of Care Committee Meeting Minutes – June 6, 2024

Minutes prepared by PCS Staff

HANDOUT B

System of Care Committee Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2026, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care for Part A eligible clients.

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training and presentation on most recent needs assessment.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process. Provide recommendations for future needs assessment based on presentation.												
1.2 Receive service utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan 2017-2021 Strategy 2.2.a).												
1.3 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Review HBTMTN language and make revision-based recommendations from the Recipient, health outcomes data, and needs assessment. Recommended revisions will be forwarded to PSRA committee and Recipient Office.												

Objective 2: Ensure that retention in care issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.	SOC, QMC, PCS Team	Increase access to care and improve health outcomes	Review a system map of services and recommend ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Recipient Office. (Integrated Plan 2022-2026, Strategy 2.1.3)												
2.2 Identify barriers and faciliators to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data/needs assessments to identify areas of need relative to retention in care and viral load suppression.												

Objective 3: Conduct annual review of quality improvement projects

3.1 Receive presentations on Quality Improvement Projects (QIPs) among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												

Objective 4: Conduct annual review of service delivery models

4.1 Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Review service delivery models and provide recommendations for updates to QMC as needed.												

Focus Group Questions

1. How long have you been receiving RW Part A HIV care in Broward/FLL? (Choose 1)
   a. Less than one year
   b. 1-2 years
   c. 3-4 years
   d. 5 years or more
   e. Pass

2. What state, country or territory did you live in when you were first diagnosed with HIV? (Word Cloud)

3. Do you have a cellphone?
   a. Yes
   b. No
   c. Pass

4. Are you able to receive and make video calls on your cell phone?
   a. Yes
   b. No
   c. Pass

5. Are you able to receive and send text messages on your cellphone?
   a. Yes
   b. No
   c. Pass

6. Do you have enough minutes to last the whole month on your cellphone?
   a. Yes
   b. No
   c. Pass

7. Did you set up a patient portal with your medical practitioner's office?
   a. Yes
   b. No. I don't know about patient portals.
   c. No. I was not comfortable in setting one up.
   d. No. It was not offered to me.

e. Pass

8. Did you set up a patient portal with your laboratory office?
    a. Yes
    b. No. I don't know about patient portals.
    c. No. I was not comfortable in setting one up.
    d. No. It was not offered to me
    e. Pass

9. Rank the **three most important services** you receive in the Broward RW Part A Program. (Ranking: 1,2,3)
    a. HIV medical care
    b. Medical case management
    c. Non-Medical Case Management
    d. Mental health
    e. Central Intake and Eligibility (CIED)
    f. Food services
    g. Medical nutrition services
    h. Substance use disorder treatment
    i. Legal services
    j. Oral Health (Dental)
    k. Other
    l. Pass

10. How often do you see your HIV medical provider? (Choose 1)
    a. Every 3 months
    b. Every 6 months
    c. Every 12 months
    d. Not currently seeing a medical provider
    e. Pass

11. Using the list below, what was your last viral load lab value? (Choose 1)
    a. Undetectable
    b. Less than 1000 copies
    c. 1001-100,000 copies
    d. Greater than 100,000 copies
    e. I do not know
    f. Pass

12. How often do you take your HIV medication? (Choose 1)
    a. 1 time a day by mouth
    b. 2 times a day by mouth
    c. 3 times a day by mouth
    d. I am taking injectable HIV medication
    e. Pass

13. How important is U=U (Undetectable = Untransmissible) to you? (0 = Not important and 5 = extremely important)

14. What barriers have you had in taking your HIV medication over the past 6 months? (Word Cloud)

15. What barriers have you experienced in taking your HIV medication over the past 6 months, what have they been? (Check all that apply)

    a. I have difficulty getting my HIV medication
    b. I feel depressed
    c. I forget to take my medication
    d. I don't have anyone to help me remember to take my medication
    e. I don't understand why I need to take HIV medication every day
    f. I am a caretaker for other people in my home (children, siblings or elderly parents)
    g. I use alcohol and other substances
    h. I don't live in one place
    i. I don't have a secure and/or safe living situation
    j. I don't have the privacy to take my HIV medication because I live with others.
    k. I don't feel like I need HIV medication
    l. I am tired of taking HIV medication
    m. I don't like the side effects from my HIV medication
    n. I have no barriers
    o. Pass

16. Barriers to getting my medication are … (check all that apply)
    a. Transportation
    b. Copay
    c. Pharmacy does not have medication available

d. Getting my prescription
e. Medical practitioner did not call-in refill
f. My living situation continues to change location
g. My job requires me to work all day
h. ADAP certification needed to be renewed
i. Ryan White certification needed to be renewed
j. I have no barriers
k. Other
l. Pass

17. What challenges do you have in going to see your dental provider? (open-ended question; free response)

18. Do you have at least one dental appointment every year?
    a. Yes
    b. No

19. Use a scale between 0 and 5, with 0 being extremely poor and 5 being extremely well to rate how you are treated when you receive care from your dental providers.

20. What dental needs do you have that are not being met by your HIV dental providers? (Word cloud)

21. What challenges do you have in going to see your HIV medical provider? (open-ended question; free response)

22. In the past year has your HIV Practitioner (Doctor, Physician's Assistant, or Nurse Practitioner) talked with you about the following (Check all that apply)
    a. Normal or high blood pressure
    b. Normal or high blood fats (cholesterol and triglycerides)
    c. Normal or abnormal weight
    d. Normal or abnormal sugar levels
    e. Viral load and CD4 cell count
    f. Preventing sexually transmitted infections
    g. Vaccines to prevent flu, hepatitis B, Mpox, Covid-19
    h. Importance of exercise
    i. Pass

23. In the past year has your HIV Practitioner (Doctor, Physician's Assistant, or Nurse Practitioner) asked you questions about the following (Check all that apply)
    a. Depression
    b. Anxiety
    c. Memory
    d. Sexual health and sexual practices
    e. Unhealthy alcohol use and other substances
    f. Tobacco use
    g. Pass

24. Think back to your HIV medical Practitioner (Doctor, Physician's Assistant, or Nurse Practitioner) visits in the past year. Did your practitioner examine the following? (Check all that apply)
    a. Ears, nose and throat
    b. Heart and lungs with a stethoscope
    c. Abdomen (belly) with hands and a stethoscope
    d. Genitalia or private parts
    e. Rectum (bottom) with finger to inspect inside the opening
    f. Legs for swelling below the knees
    g. Skin from the head to the toes
    h. Breasts (females only)
    i. Pelvic exam (females only)
    j. Pass

25. Use a scale between 0 and 5, with 0 being extremely poor and 5 being extremely well to rate how you are treated when you receive HIV medical care from your **Medical Practitioner**.
26. What medical needs do you have that are not being met by your HIV **Medical Practitioner**? (word cloud)

27. Use a scale between 0 and 5 to rate how you are treated when you receive assistance from your Ryan White Part A **eligibility specialist (Central Intake Eligibility Determination (CIED).**
28. What needs do you have that are not being met by your Ryan White Part A **Eligibility Specialist? (word cloud)**

29. Use a scale between 0 and 5 to rate how you are treated when you receive assistance from your **Non-Medical Case Manager**.
30. What needs do you have that are not being met by your **Non-Medical Case Manager**? (word cloud)

31. If you have a Medical Case Manager, how are you treated when you receive assistance from your **Medical Case Manager**. (Scale)
32. If you have a Medical Case Manager, what needs do you have that are not being met by your **Medical Case Manager**? (word cloud)

33. If you have a **Peer Specialist**, use a scale between 0 and 5 to rate how you are treated when you receive assistance from your Peer Specialist.
34. If you have a Peer Specialist, what needs do you have that are not being met by your **Peer Specialist**? (word cloud)

35. If you have a **Mental Health Provider**, use a scale between 0 and 5 to rate how you are treated when you receive care from your mental health provider.
36. If you have a **Mental Health provider**, what needs do you have that are not being met by your Peer Specialist? (word cloud)

37. If you have a **Substance use treatment Provider**, use a scale between 0 and 5 to rate how you are treated when you receive care from your substance use treatment provider.

38. If you have a **Substance use treatment Provider**, what needs do you have that are not being met by your substance use treatment provider? (word cloud)

39. Name the one thing you like most about receiving Broward RW Part A treatment and care services? (Word Cloud)

40. If you could change one thing about the care you receive from the Broward RW Part A Program, what would it be? (open-ended question; free response)

41. How important is U=U (Undetectable = Untransmissible) to you?
0=Extremely unimportant 5= Extremely important

42. Think about people you know living with HIV in the community who are not regularly receiving HIV care. What barriers prevent them from getting their HIV treatment and care in the Broward RW Part A Program? (open-ended question; free response)

43. In your expert opinions, how might the Broward RW Part A Program help more people be virally suppressed or undetectable (open ended question with text block for free response comments)

44. Was there anything you wanted to discuss today that we didn't cover? (open-ended question; free response)

HANDOUT D

System of Care Committee Work Plan FY2024-2025																	
The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".																	
GOAL: By February 2024, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care for Part A eligible clients.				**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**					
Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.																	
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**		
1.1 Receive Needs Assessment training and presentation on most recent needs assessment.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process. Provide recommendations for future needs assessment based on presentation.			X	X										
1.2 Receive service utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan 2017-2021 Strategy 2.2.a).							X							
1.3 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Review HBTMTN language and make revision-based recommendations from the Recipient, health outcomes data, and needs assessment. Recommended revisions will be forwarded to PSRA committee and Recipient Office.			X											
Objective 2: Ensure that retention in care issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.																	
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**		
2.1 Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.	SOC, QMC, PCS Team	Increase access to care and improve health outcomes	Review a system map of services and recommend ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Recipient Office. (Integrated Plan 2022-2026, Strategy 2.1.3)														
2.2 Identify barriers and faciliators to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data/needs assessments to identify areas of need relative to retention in care and viral load suppression.				X										
Objective 3: Conduct annual review of quality improvement projects																	
3.1 Receive presentations on Quality Improvement Projects (QIPs) among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.		X												
Objective 4: Conduct annual review of service delivery models																	
4.1 Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Review service delivery models and provide recommendations for updates to QMC as needed.	X	X	X	X										

HANDOUT E

Broward Ryan White Part A Program

System Mapping
Provider Data Request

System of Care Committee

January 2, 2025

Presented by: Ryan White Part A Recipient Office

System Mapping Data Request

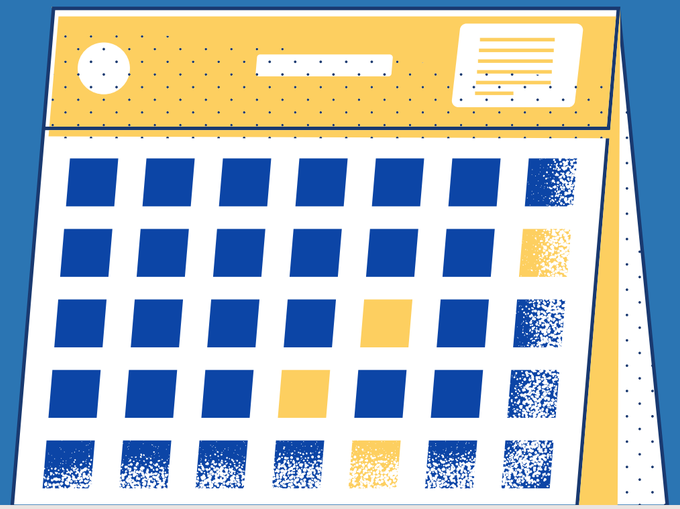
The purpose of this presentation is to discuss how Ryan White Part A clients enter the program and navigate the system of care. The information presented will be categorized by the following service categories:

1. Outpatient/Ambulatory Health Services
2. Non -Medical Case Management
3. Medical Case Management

BROWARD COUNTY FLORIDA

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

RYAN WHITE PART A SERVICES: AT A GLANCE



Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Some examples include, but are limited to:

- Preventive care and screening
- Prescription and management of medication therapy
- Treatment adherence

Non -Medical Case Management improves program access and retention in needed core medical and support services. This service can also assist clients trying to obtain other community resources. Additional examples include, but are not limited to:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Treatment adherence

Non -Medical Case Management is focused on improving client health outcomes by providing a range of client-centered activities. Some of these activities include, but are not limited to:

- Initial assessment of service needs
- Continuous client monitoring to assess the efficacy of the care plan
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments

BROWARD COUNTY FLORIDA

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

How are clients typically referred to Agencies from the Centralized Intake and Eligibility Determination (CIED) program?

Across the board, clients are typically referred to agencies for services after

- An onsite CIED appointment with a host agency
- Outreach events
- Test and Treat
- Emergency room visits

The Clients generally will be referred to each agency for Non - Medical Case Management services as a starting point. At this stage, the client and Case Manager would start collaborating on a service plan that works best for the client.

How are client “hand -offs” conducted at agencies?

In the case of onsite CIED appointments, hand-offs are conducted as warm hand-offs where the client is referred to the host agency staff to begin the triage process.

Triage involves on-boarding a client to the agency and registering the client as a new referral.

Typically, the triage process involves a Non-Medical Case Manager, Peer Navigator, Linkage Coordinator, and / or a Triage Specialist.

The basis for registering a client for a service depends on the agency. Most agencies will have the triage process set up initial appointments for services the client requests and are eligible for. In the case of warm hand-offs, if the provider is present, some agencies allow for a warm hand-off to another service in the same day.

What are the steps for a new client to care?

1. A new client will first have interaction with CIED via the previously mentioned routes.

2. Once eligibility is determined, clients will begin triage.

3. Triage will always involve initial onboarding with Non-Medical Case Management as a starting point.

4. After Triage a Client will have either been referred to another service the same day or scheduled as a new appointment depending on the availability of providers at each agency.

How do Agencies handle clients lost to care?

Clients are always contacted at least 3 times via various methods of contact including

- Phone Calls
- Text Messaging
- Email
- Emergency Contacts

If a Client is not responsive after all exhausted attempts, the Agency will refer the client to PROACT or FDOH DIS in order to locate the client and conduct a wellness check.

Which Documents do Agencies require to be filled out?

Agencies have various forms that are required to be filled out and the total amount differs from each agency. The forms that are typically required in most of these agencies are as follows

- Client Locator Form
- Emergency Contact Form
- HIPAA Form
- Client Grievance Form
- Sliding Fee Form
- Consent Form
- Medical Release Form
- Proof of Income Form
- Registration Form

ANY QUESTIONS? THANK YOU!

BROWARD COUNTY FLORIDA

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

HANDOUT F

STRATEGIES TO ENGAGE AND RE-ENGAGE PEOPLE WITH HIV/AIDS IN THE BROWARD EMA RYAN WHITE PART A PROGRAM

Presented by: Shade-Ann Isidore

7 November 2024

SYSTEM OF CARE WORK PLAN

Objective 2: Ensure that retention in care issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activity 2.1: Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.

ACTION STEP: Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Recipient Office

***DESIRED OUTCOME*:** Increase access to care and improve health outcomes

Activity 2.2: Identify barriers and facilitators to retention in care for HIV-related services on an ongoing basis..

ACTION STEP: Utilize data/needs assessments to identify areas of need relative to retention in care and viral load suppression.

DESIRED OUTCOME: Increase knowledge of Broward County's Ryan White system of care

SCOPE OF THE ISSUE

- The Southern region within the United States (US) is considered an epicenter of the HIV epidemic, with the largest population of people with HIV (PWH) living in Florida.
- There are over 117,000 Floridians with HIV, ***with a disproportionate number of these individuals (45%) identifying as Black*** (27% White, 25% Hispanic/Latinx)
- In Florida, it is estimated that less than two-thirds of PWH have achieved viral suppression
- Data from Florida indicate that it takes longer for Black PWH to achieve viral suppression than White and Hispanic PWH during the first several years after HIV diagnosis

(Rich et al., 2024)

RELEVANT TERMINOLOGY

Total Clients: Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period

Ever in Care: HIV+ clients who ever had a medical care service documented.

In Care: HIV+ clients who had a medical care service within the reporting period.

Retained in Care: HIV+ clients who had two or more *medical care services at least three months apart in the reporting period

Virally Suppressed: HIV+ clients with most recent viral load less than 200

RELEVANT DATA

HIV Care Continuum Race/Ethnicity, Broward EMA, FY2022 and FY2023

Race/Ethnicity	FY2022 People Living With HIV	FY2022 Ever in Care	FY2022 In Care	FY2022 Retained in Care	FY2022 Prescribed ARV	FY2022 Virally Suppressed
Black (Non-Hispanic) (N)	3,953	3,940	3,587	2,457	3,785	3,314
Black (Non-Hispanic) %	100%	99.7%	90.7%	62.2%	95.8%	83.8%
White (Non-Hispanic) (N)	2,009	2,001	2,001	1,107	1,949	1,804
White (Non-Hispanic) %	100%	99.6%	99.6%	55.1%	97%	89.8%
Hispanic/Latinx (N)	2,094	2,082	1,934	1,374	2,024	1,921
Hispanic/Latinx %	100%	99.4%	92.4%	65.6%	96.7%	91.7%
Other (N)	109	109	101	71	105	97
Other %	100%	100%	92.7%	65.1%	96.3%	89%
Race/Ethnicity	**FY2023 People Living With HIV**	**FY2023 Ever in Care**	**FY2023 In Care**	**FY2023 Retained in Care**	**FY2023 Prescribed ARV**	**FY2023 Virally Suppressed**
Black (Non-Hispanic) (N)	4,138	4,124	3,664	2,539	3,997	3,524
Black (Non-Hispanic) %	100.0%	99.7%	88.5%	61.4%	96.6%	85.2%
White (Non-Hispanic) (N)	1,986	1,975	1,706	1,081	1,951	1,802
White (Non-Hispanic) %	100.0%	99.4%	85.9%	54.4%	98.2%	90.7%
Hispanic/Latinx (N)	2,224	2,218	1,991	1,457	2,186	2,036
Hispanic/Latinx %	100.0%	99.7%	89.5%	65.5%	98.3%	91.5%
Other (N)	115	115	101	71	113	105
Other %	100.0%	100.0%	87.8%	61.7%	98.3%	91.3%

Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024; Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander

(Liao, 2024)

RECIPIENT OFFICE UPDATE

- Corrections to data fields in the HIV HSS Provide Enterprise System

- Increased Retention in Care to 80%-82%

POPULATION OF FOCUS

- Subpopulations of focus are ***Black non-Hispanic/Latinx Heterosexual Cisgender males and females (BHMFs) and Hispanic/Latinx male-to-male sexual contact (MMSC).***

- Broward racial/ethnic minority residents continue to represent most new HIV infection rates, making up 80% of new HIV incident cases in CY2023.

(Broward County Epidemiology Data, 2023)

BARRIERS TO RETENTION IN CARE

META-SYNTHESIS

- Stigma and discrimination
- Fear of HIV Status disclosure
- Cultural norms/values and beliefs
- Socioeconomic factors
  - Cost of medication
  - Lack of insurance
- Lack of access to healthcare

(Hall et al., 2017)

2022 FOCUS GROUP FINDINGS

- Consumers have a deep desire to stay connected to their communities and social networks, however with continued ***stigmatization*** many have found themselves “alone and afraid”
- ***Challenging service experiences***, which not only interfered with their ability to obtain support and housing, but very often reinforced their lack of power, and re-traumatized them in the process
- A number of barriers exist to accessing services, leading to consumers’ feelings of hopelessness and ***disconnection from HIV treatment and care*** and from contact with significant others.
- Consumers who felt they had no recourse and a few expressed ***a conscious decision not to engage with supportive services systems any further***

(Cestaro-Seifer, 2022)

SOLUTIONS THAT WORK FOR CONSUMERS

2022 FOCUS GROUP FINDINGS

- Peers are an essential component of the HIV care delivery system with both consumers and service providers recognize their value and unique abilities to offer consumer comfort, hope, social support and person-centered mentoring that only a ***person with lived-experience*** can offer

- Consumers need ***support*** and advocacy in navigating the complex housing continuum and food, dental, legal, case management, and test and treat, and eligibility and recertification services.

- When consumers do receive person-centered, trauma-informed and cohesive and integrated services that include safe housing, individualized behavioral health services and ***peer navigation and support*** they report ***increased trust in themselves and the RW care system.***

(Cestaro-Seifer, 2022)

SOLUTIONS THAT WORK FOR CONSUMERS (CONT.)

2023-2024 NEEDS ASSESSMENT RELEVANT RECOMMENDATIONS & FINDINGS

- A trauma-informed care approach is needed in all the Part A organizations/agencies that provide services to youth in Broward and most youth should be referred to a MCM and peer so they can ***provide individual and group counseling, education, and social support.***

- Encourage MCM to utilize Peers specifically ***linking them with patients struggling to achieve UD VL status***

- Agencies do not see the value of Peer Navigators/Counselors. Peers are used for other jobs in the medical office setting.

- More Peers are needed across the Part A system of care.

(Cestaro-Seifer & Beal, 2024)

ROLE OF SYSTEM OF CARE

- During the PSRA process, pertinent recommendations can be added to the “How Best To Meet The Need Language” *SOC Work Plan 1.3*

REFERENCES

Cestaro-Seifer, D. & Broward EMA Ryan White Part A Program. (2022). Integrated Assessment Summary Report.

Cestaro-Seifer, D., RN, NC-BC, CTP, Beal, J., Broward Regional Health Planning Council, & Consultants, employed by Broward Regional Health Planning Council. (2024). Final Report BROWARD RYAN WHITE PART A NEEDS ASSESSMENT PROJECT REPORT 2023-2024. Broward Regional Health Planning Council. http://www.brhpc.org/programs/hiv-planning-council/

Hall, B. J., Sou, K. L., Beanland, R., Lacky, M., Tso, L. S., Ma, Q., Doherty, M., & Tucker, J. D. (2017). Barriers and Facilitators to Interventions Improving Retention in HIV Care: A Qualitative Evidence Meta-Synthesis. AIDS and behavior, 21(6), 1755–1767. https://doi.org/10.1007/s10461-016-1537-0

Liao, D. (2024). HIV care Continuum presentation at Priority Setting & Resource Allocation Committee meeting. In Priority Setting & Resource Allocation Committee Meeting.

Rich, S. N., Liu, Y., Fisk-Hoffman, R., Zheng, Y., Hu, H., Spencer, E. E., Cook, R. L., & Prosperi, M. (2024). Spatial and temporal analysis of HIV clinical outcomes in Florida reveals counties with persistent racial and ethnic disparities during 2012-2019. BMC public health, 24(1), 749. https://doi.org/10.1186/s12889-024-17944-w

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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