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, June 5, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmY0MThlM2UtNWFhMC00MDg1LTlmMmMtMjUwZjU3NThlZTcz%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: 256 553 685 164
Passcode: df2wy9Zr
Chair: Jose Castillo • Vice Chair: Kendra Hayes

Purpose. The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

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 Item: Approval of Agenda for June 5, 2025
IV. Action Item: Approval of Minutes from May 1, 2025 **(Handout A)**
V. Public Comment

VI. Standard Committee Item(s): None.

VII. Discussion Items:

a. **Action Item:** Finalize recommendations for "How Best to Meet the Need Language" to Priority Setting and Resource Allocation Committee: Debbie Cestaro-Seifer, BRHPC Clinical Consultant **(Handout B)**
Work Plan Activity 1.3: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.

VIII. Old Business:

a. **Update:** Select new Date for the Priority Setting and Resource Allocation and System of Care Listening Tour Session #2 at Broward Regional Health Planning Council: PCS Staff **(Handout C)**

IX. New Business

a. **Discussion:** Tentative changes to the Minority AIDS Initiative Service Delivery Model (SDM): TBD
b. **Presentation:** HIV Care Continuum Data: Danielle Liao, CQM Planner **(Handout D)**
Work Plan Activity 1.2: Receive service utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.

X. Recipient Report

XI. Public Comment

XII. Announcements

XIII. Agenda Items for Next Meeting

a. To be Determined

XIV. Next Meeting Date: Thursday, July 3, 2025, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XV. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at the 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.

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie• Nan H. Rich • Tim Ryan •Hazelle P. Rogers• Michael Udine

Broward County Website

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

June 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	3 **Support Services Network** 9:00AM-10:15AM **Community Empowerment Committee Meeting (CEC)** 3:00PM– 5:00PM Location: BRHPC/MS Teams	4	5 **System of Care Committee Meeting (SOC)** 9:30AM – 11:30AM Location: BRHPC/MS Teams HIV Long-Term Survivors Awareness Day	6	7
8	9	10	11	12	13	14
15	16	17 Minority AIDS Initiative Subcommittee Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	18 **Quality Network Meeting (CQM)** 9:00AM-10:15AM Priority Setting and Resource Allocation Committee Meeting 12:00PM – 2:30PM Location: BRHPC/MS Teams Executive Committee Meeting 3:00PM – 5:00PM Location: BRHPC/MS Teams	19 JUNETEENTH FREEDOM DAY	20	21
22	23	24	25	26 HIV Planning Council Meeting 5:30PM – 7:30PM Locations: Broward Government Center/MS Teams	27 National HIV TESTING Day JUNE 27	28 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
29	30					

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

June 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.

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System of Care Committee Meeting

Thursday, May 1, 2025 - 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), K. Hayes (Vice Chair), J. De La Nuez, T. Pietrogallo, A. Murphy, F. D'Amore

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

Planning Council Staff Present: D. Cestaro-Seifer, M. Rosiere, M. Lacroix, S. Isidore, G. Martinez, J. Beal

Guests Present: J. Shirley, J. Hidalgo, J. Rivero, C. Williams, V. Biggs, J. Rogers, O. Desinor, T. Walker, M. Anyan

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

The SOC Chair called the meeting to order at **9:30A.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 May 1, 2025, agenda of the Systems of Care Committee meeting was proposed by F. D'Amore seconded by T. Pietrogallo and passed unanimously.

Motion #1: F. D'Amore on behalf of the SOC Committee, made a motion to approve the May 1, 2025, System of Care Committee agenda. The motion was seconded by T. Pietrogallo and adopted unanimously.

The approval for the minutes of the April 3, 2025 meeting was proposed by T. Pietrogallo seconded by J. De La Nuez passed unanimously.

Motion #2: T. Pietrogallo, on behalf of SOC, made a motion to approve the April 3, 2025 System of Care minutes. The motion was seconded by J. De La Nuez and passed 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.

Old Business

None.

New Business

a. **Update:** Priority Setting and Resource Allocation and System of Care Listening Tour Session #2, July 17, 2025, 6:00PM-8:00PM, at Broward Regional Health Planning Council

M. Lacroix, PCS staff, provided an overview of the updated “Voices of the Community” Listening Tour flyer. She shared that during the most recent HIVPC General Body meeting, members reflected on the success of the first Listening Tour session and explored strategies to increase consumer engagement. The General Body offered several suggestions for improving the flyer. Since the next session will be in partnership with the System of Care, their feedback on the revised flyer was considered especially important. M. Lacroix reviewed all the updates that were made, after which the committee and guests held a brief discussion.

F. D’Amore expressed her appreciation for the changes but recommended including incentives, such as offering gift cards to the first 10 attendees. G. Martinez, PCS staff, shared that PCS and the EHE office are currently discussing options for providing transportation support to consumers. V. Biggs raised a concern that the flyer does not explicitly state that the event is intended for Ryan White clients, which could impact its ability to reach the intended audience.

D. Cestaro-Seifer, CQM Consultant, noted that family members or others close to clients may wish to attend and share their perspectives. V. Biggs emphasized the need for providers to play a more active role in engaging clients, stating that meaningful change requires participation from all parties. She posed the question: how can we hold providers accountable for promoting the event? D. Cestaro-Seifer added that she and Dr. Beal, CQM Consultant, are actively addressing this concern and have been encouraging providers at network meetings to identify and invite one or two clients to attend.

M. Rosiere remarked that while not everything needs to be included on the flyer, the group should keep in mind that there are fewer than 12 months left to gather input and secure approval for the 2027 Integrated Plan. She recalled previous efforts where organizations

were asked to post flyers on their doors and inquired about potential incentives, referencing a past SFAN evening event that included a gift raffle.

B. Miller, Part A Office, noted that the event has been promoted during monthly provider calls and that providers have shared this information with their clients. However, she acknowledged that the timing of the first Listening Session may not have been convenient for everyone. J. Roy, Part A Office, added that she has been in direct contact with lead case management directors, encouraging them to spread the word and identify clients who could benefit from attending.

Following the discussion, it was noted that all suggestions would be taken into consideration.

b. **Presentation:** HIV Needs Assessment 2024-2025
    a. *Work Plan Activity 1.1: Receive Needs Assessment training and presentation on the most recent needs assessment.*

D. Cestaro-Seifer, CQM Consultant, delivered a presentation to the committee on the 2024–2025 HIV Needs Assessment. The presentation prompted thoughtful questions and an engaging discussion among committee members and guests.

V. Biggs highlighted a common concern among providers—the fear of losing clients when making referrals outside their organization. He noted that while some providers have Medical Case Managers (MCMs), they may lack primary care services, creating a fragmented Ryan White system. He also emphasized that although certain subspecialists may have a Memorandum of Understanding (MOU) with a Ryan White provider, many of these subspecialists are not subrecipients themselves. If larger medical providers outside the Ryan White network are not being included, valuable information and service opportunities are being missed. D. Cestaro-Seifer acknowledged this as a significant issue currently being discussed in medical network meetings.

J. Shirley asked whether it is the responsibility of the subspecialists to build their own referral networks. D. Cestaro-Seifer agreed, but explained that some providers struggle to locate specific subspecialists. This very issue was discussed at the most recent medical network meeting. G. Martinez added that the most needed subspecialists currently include orthopedics, pulmonology, neurology, rheumatology, ophthalmology, gastroenterology (GI), and podiatry.

Dr. Beal, CQM Consultant, commented on the challenges of securing MOUs with subspecialists, especially in busy practices. When one agency manages to establish an agreement, it typically applies only to the specific practitioner, not the entire provider network. Additionally, Part A does not appear to have the authority to negotiate MOUs that cover all Part A providers collectively. As a result, the CQM team is encouraging providers attending quarterly meetings to share their lists of available subspecialists and consider developing their own MOUs. However, this is a complex and demanding task, as each agency operates under different rules and processes. Dr. Beal stressed that addressing this issue is critical, particularly as the HIV population ages and requires more comprehensive, specialized care. It will take a collective effort across the system of care to meet these needs.

J. Roy emphasized that engaging nontraditional and external medical providers is a key responsibility of the Community Planner, Wismy Cius. She explained that the position—funded through both Ryan White Part A and EHE—was created specifically to connect with providers outside the existing system of care. Wismy has been diligently working to build these relationships, which requires time, trust, and consistent engagement. She commended Wismy's efforts in developing strong partnerships with these providers.

Following the presentation and discussion, the committee expressed their appreciation to Debbie Cestaro-Seifer for her valuable and insightful presentation.

Discussion Item

a. **Action Item:** Make recommendations for "How Best to Meet the Need" Language to Priority Setting and Resource Allocation Committee
Work Plan Activity 1.3: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.

G. Martinez, PCS Staff, initiated the discussion on "How Best to Meet the Need." She explained that the purpose of having Debbie present the Needs Assessment earlier was to assist the System of Care Committee in developing additional recommendations for the upcoming 2026–2027 fiscal year. She noted that the current table displayed includes the recommendations previously submitted by the System of Care to the Priority Setting and Resource Allocation (PSRA) Committee last year. A new feature of this table is a column showing the current status or outcomes of those past recommendations. Historical recommendations are also included for reference. G. Martinez emphasized that the committee's new recommendations should be informed by the Needs Assessment work presented by Debbie and Dr. Beal. She then opened the floor to the committee, asking if there were any outstanding items that members felt should be added for the new fiscal year.

Planning Council staff displayed the recommendation slides from the Needs Assessment presentation again. The Chair, J. Castillo, walked through each recommendation individually, stating that if the committee was in agreement, the recommendation would be added to the list for the upcoming fiscal year.

During the review, V. Biggs commented, I just wanted to mention while we're on this slide, I think I mentioned it earlier, but especially with addressing the lower the viral load specifically in our black and African Americans Haitian community, you know, we still deal with a lot of medical mistrust in our community and I think there's got to be a way we need to start addressing that as well as what I may or may not know is for those patients who are not virally suppressed, do we know how much gets reported back to DIS to be involved in those cases?
T. Thompson, Part A Office, responded that currently, the only information reported to DIS is when clients fall out of care. W. Cius, Part A Office, added that case management under EHE refers clients to DIS only when they miss a medical appointment and after three unsuccessful attempts have been made to reach them.

J. Hidalgo asked for clarification regarding the recommendation to "recognize community referral options that facilitate secure housing for clients," noting that she was unsure how to implement it. D. Cestaro-Seifer suggested possibly changing the term "recognize" to "identify."

J. Shirley requested an explanation of what “streamline recertification” means. D. Cestaro-Seifer explained that it refers to providing training or education and noted that this recommendation could be reworded. Dr. Beal suggested changing “streamline recertification” to “Provide education and hands on experience.” For example, clients could be asked to do a teach-back to confirm their understanding of the skill that was taught.

Dr. Beal also corrected a recommendation listed under “standardize job description for peers and number of peers,” stating it should instead read “increase the number…”

Dr. Beal reflected on the first Listening Session held in April, noting that it primarily became an agency-focused session, though valuable information was still gathered. He expressed interest in hearing the committee’s thoughts on whether agencies should be present during these sessions. He added that, at minimum, having someone available in the room to provide one-on-one support to participants in crisis would be beneficial. Drawing from past experience running focus groups, he explained that some individuals may need to be pulled aside to address urgent concerns privately. Dr. Beal then opened the floor for discussion.

T. Pietrogallo responded, he doesn’t think that they should be involved because there's different steps to the process of listening and acting on issues, and if you're really just listening then you don't need the response from the agency at the moment. You need to hear what people are saying and they may not feel comfortable in front of the provider that they have or someone else in the room, listening to what their issue might be.

D. Cestaro-Seifer agreed, noting that the issue may be related to safety. For example, if a participant sees their medical case manager in the room, they may hesitate to share something personal or difficult, resulting in yet another missed opportunity for open and honest dialogue.

Following the discussion, a motion was put forward.

Motion #3: A. Murphy, on behalf of SOC, made a motion to accept all the recommendations and corrections to the “How Best to Meet the Need Language” The motion was seconded by K. Hayes and passed unanimously.

Recipient Report

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. There was no public comment.

Agenda Items for Next Meeting

II. To be Determined
III. Next Meeting Date and Location: The next SOC meeting will be held on June 5, 2025; at 9:30 am at Broward Regional Health Planning Council.

Announcements

- Ujima Men's Collective **Man Up Festival**: **Saturday, May 3, 2025**, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- HIVPOSSIBLE & SOS ***A Salute to Percussions: Music to Soothe the Soul & Heal the Community*****,** featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. **Saturday, May 10, 2025**, from 2:00 PM to 6:00 PM at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!
- **Poverello Center Updates:**
    - **Snack & Shop:** Held every Tuesday
    - **Live Music:** Every Thursday
    - **Mobile Unit Services:** Available on Fridays, offering syringe exchange
    - **Women's Support Group:** Every third Monday of the month
    - **Men's Support Group:** Every third Wednesday of the month
- June 1st Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.

Adjournment

There being no further business, the meeting was adjourned at **11.16AM.**

Attendance CY 2025

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

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

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE PRIORITIES/NEED LANGUAGE"
Recommendations by the System of Care Committee to the
Priority Setting Resource Allocation Committee for FY 2026-2027
Approved during the 5/1/2025 SOC Meeting

Recommendations At-A-Glance

All Services

1. Address higher viral loads among various demographic groups, including individuals of Black/African Americans, Haitian descent, and Youth/adolescents (18-28 yrs old)
2. Increase on-demand telehealth adoption and training for clients and providers, including NMCM/MCM
3. Increase consumer utilization of patient portals
4. Require Peer Specialists to attend quarterly Support Network meetings with salary reimbursement for participation
5. Standardize job descriptions for Peer Specialists and increase the number of employed Peer Specialists
6. Track MCM turnover rates in the RW Part A system of care and suggest interventions to improve MCM retention.
7. The Recipient office should regularly provide updates in the form of data and reports to show evidence of compliance in executing these recommendations
8. Consider establishing an on-demand healthcare team to meet the needs of urgent Medical Practitioner, MCM, NMCM, Behavioral Health, and Peer client needs
9. Develop a planned collaborative process for RWPA Medical Practitioners' access to subspecialty care services
10. Partner with Broward 211 to provide education on RWPA and EHE services in Broward County and to provide RWPA contracted entities with education on 211 Broward services

Outpatient Ambulatory Health Services (OAHS) /Integrated Primary Care and Behavioral Health

1. Mandate quarterly network meetings for MCMs, Practitioners, and Mental Health specialists with salary reimbursement for participation
2. Inform Practitioners when their client declines accepting ACA so they can address the issue
3. Refer all clients who struggle with retention in care or attaining viral load suppression to EHE services

Mental Health Services

1. Mandate Mental Health specialists to attend quarterly Behavioral Health network meetings with salary reimbursement for participation
2. Increase access to Mental Health services (i.e., offer tele-mental health services and or meet with clients in the field)

Medical Case Management Services

1. Mandate MCMs to attend quarterly MCM network meetings with salary reimbursement for participation
2. For clients failing to achieve undetectable viral load (UD VL), increase MCM attendance at medical practitioner visits and increase MCM out-of-office interactions or tele-MCM visits, when appropriate.

Substance Abuse Outpatient Services

1. Increase client access to Substance Abuse services (i.e., offer on-demand tele-mental health services)

Non-Medical Case Management

1. Identify community referral options that facilitate secure housing for clients
3. Identify housing obstacles that negatively impact retention in care to help clients consistently access and engage with their healthcare service providers.
4. Educate clients to increase awareness of EHE housing assistance

Non-Medical Case Management (CIED)

1. Conduct education sessions for clients on the recertification and co-pay processes.
2. Determine which clients are eligible for ACA services and assist them with completing their applications as necessary
3. Increase clients' awareness of Medicare enrollment timing and provide client guidance for enrollment in the program

*Note: *Bolded items indicate a change from a previous recommendation to an actionable intervention aimed at enhancing client health outcomes.*

ALL SERVICES

Recommended Language

Recommendations for FY2026-2027

1. Address higher viral loads among various demographic groups, including individuals of Black/African Americans, Haitian descent, and Youth/adolescents (18-28 yrs old)
2. Increase on-demand telehealth adoption and training for clients and providers, including NMCM/MCM
3. Increase consumer utilization of patient portals
4. Require Peer Specialists to attend quarterly Support Network meetings with salary reimbursement for participation
5. Standardize job descriptions for Peer Specialists and increase the number of employed Peer Specialists
6. Track MCM turnover rates in the RW Part A system of care and suggest interventions to improve MCM retention.
7. The Recipient office should regularly provide updates in the form of data and reports to show evidence of compliance in executing these recommendations
8. Consider establishing an on-demand healthcare team to meet the needs of urgent Medical Practitioner, MCM, NMCM, Behavioral Health, and Peer client needs
9. Develop a planned collaborative process for RWPA Medical Practitioners' access to subspecialty care services.
10. Partner with Broward 211 to provide education on RWPA and EHE services in Broward County and to provide RWPA contracted entities with education on 211 Broward services

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
Recommendations for FY2025-2026	
1. **Verify the accuracy of client data entered into the HIV Human Services Software System (Provide Enterprise).**	1. This is a requirement in the Universal SDM; providers were given ample notification during the last monitoring cycle. Failure to have up-to-date and accurate information in PE during the FY25-26 Monitoring cycle will result in corrective action plans (CAPs).
2. When an alert is noted in the HIV Human Services Software System (HSSS) (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS	2. This item was pursued; however, it is not possible to program it within PE. The Recipient office would have to pay to make it possible, and currently, there are conflicting priorities in the Statement of Works.
3. When an alert is noted in the HIV Human Services Software System (HSSS) (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS	3. Same issue as number two (2). However, we can reapproach this recommendation.
<u>Recommendations FY2024 and Previous Years</u>	
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).	1. The Recipient office is working on a client resource guide, but a video production for a visual tour may not be feasible at this moment.
2. Develop and ensure that all Part A Providers receive Educational	2. At the time, the county was actively supporting cultural

Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).	competency initiatives; however, these efforts have now been indefinitely tabled.
3. Ensure collaboration and knowledge sharing between Providers and Peers in delivering HIV treatment and care (2021-2022 Broward County HIV Community Needs Assessment).	3. The Recipient Office funds Peer Counseling as a service category under EHE. Peer counseling was always allowable under case management.
4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)	4. Providers are required to offer after-hours services, though the required number of hours remains unchanged.
5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs.	5. Providers are required to establish MOUs for service, though it is not currently a requirement to share with the Recipient office
6. Maintain client satisfaction with services by offering regular feedback opportunities, including surveys or focus groups, conducting annual customer service training for staff, and providing follow-up when necessary.	6. The Recipient Office and the HIVPC conduct surveys, listening sessions, and focus groups.
7. Develop collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.	7. Subrecipients coordinate and collaborate with Disease Intervention Specialists through the Broward County Health Department.
8. Enhance the emphasis on adherence and retention in medical care, inclusive of sub-populations not achieving viral load suppression, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age	8. We established disparities in care back in 2019/2020 and contracted with an MAI NMCM provider to facilitate services. Retention in Care (RIC) has been steadily increasing amongst vulnerable populations
9. Integrate care collaboration with members of the client's service providers.	9. Case Conferencing is an allowable taxonomy, and the recipient office encourages providers to utilize it.
10. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.	10. Reporting has been structured and changed over the last few years; however, most data is still by human entry.
11. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources	11. There is no significant update on this matter, and it remains uncertain whether it is permissible under contracts. At present, it is not a requirement.
12. Co-locate services where applicable, to facilitate a medical home for Part A clients.	12. No update on this.
13. Inform appropriate parties that coverage of services is contingent on available funds.	13. The Recipient Office includes payment contingent on funds in the contract.
14. Ensure that subrecipients have a plan to address payment of services when funds are low.	14. The Recipient Fiscal Team asks this question during monitoring of subrecipient agencies
15. Require providers to follow HHS guidelines for newly diagnosed clients who are not virally suppressed until virally suppressed.	15. Required activity outlined in universal standards and service delivery models

CORE MEDICAL SERVICES

Outpatient Ambulatory Health Services (OAHS)/ Integrated Primary Care and Behavioral Health

Services Criteria: (≤ 400%)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2026-2027

1. Mandate quarterly network meetings for MCMs, Practitioners, and Mental Health specialists with salary reimbursement for participation
2. Inform Practitioners when their client declines accepting ACA so they can address the issue
3. Refer all clients who struggle with retention in care or attaining viral load suppression to EHE services

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Educate clients about: a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day), b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ Affordable Care Act (ACA) Options.	1. The recipient office is working on this by coordinating with the State of Florida and changing reports/views in PE to show clients who may be eligible.
2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).	2. We have had a few educational sessions about Food and Medical Nutritional Therapy with providers.
3. Integrate Test and Treat along with behavioral health screenings into primary care to enhance access to OAHS, which may require increased funding for additional staffing and service provision.	3. PHQ2-PHQ9 are already required. Increased funding is not an option at the moment.
4. Integrate Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.	4. All those are covered under IPCBH.
5. Providers should assess clients, offer brief therapy, referring them to advanced care when necessary.	5. Current standard procedure
6. Integrate care provider collaboration with members of the client's treatment team outside of the organization.	6. Several providers collaborate, but the Recipient office can increase
7. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.	7. Unsure in this case what "shared" means. Service categories share similar outcomes
8. Require that Care Coordinators monitor the delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.	8. This is covered under case management if the client has accepted case management.
9. Provide after-hours services availability to include Crisis Intervention.	9. After-hours services are contractually required.

10. Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.	10. When a client is referred, follow-up is required
11. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).	11. Subrecipients received training on the recommended HIV and HCV topics a few years ago.
12. Incorporate prevention messages into the medical care of PWH/A: Undetectable=Untransmittable (U=U), or Treatment as Prevention	12. Current requirement under the standards of care.
13. Inform Disease Intervention Specialists (DIS) about clients who have stopped receiving care to confirm if they are out of care or relocated. Document communications between Part A service providers and DIS.	13. Current requirement in universal standards

AIDS PHARMACEUTICALS (LOCAL)

Services Criteria: (≤ 400%)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027
No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Include drugs used for Test and Treat.	1. Included in the service delivery model
2. Report clients who have fallen out of care to Disease Intervention Specialists to determine if clients are not in care or have moved to a different payer source.	2. Included in the service delivery model

ORAL HEALTH CARE (OHC)

Services Criteria: (≤ 400%)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027
No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Plan to accommodate the increased demand for services due to additional service locations.	1. Included in the service delivery model
2. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal	2. Included in the service delivery model

work, and root canals.	
3. Increase Oral Health Care collaboration with mental health providers.	3. Included in the service delivery model
4. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.	4. Included in the service delivery model

HEALTH INSURANCE CONTINUATION PROGRAM (HICP)

Criteria: (≤ 400% PL); first time only ≥ 50% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Establish a protocol to increase clients' access to HICP.	1. Current standard procedure
2. Develop materials for clients to use as quick references.	2. Current standard procedure
3. Maintain routinized payment systems to ensure timely payments of deductibles and co-payments.	3. Current standard procedure

MENTAL HEALTH SERVICES (MH)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

1. Mandate Mental Health specialists to attend quarterly Behavioral Health network meetings with salary reimbursement for participation
2. Increase access to Mental Health services (i.e., offer tele-mental health services and or meet with clients in the field)

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. **Inform the medical team about clients who missed mental health appointments to promptly reengage them in services. Ensure all communications with medical practitioners are thoroughly documented.**	1. Included in the service delivery model
2. Provide Trauma-Informed Mental Health Services, referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.	2. Included in the service delivery model
3. Provide after-hours availability to include Crisis Intervention.	3. Included in the service delivery model

MEDICAL CASE MANAGEMENT (MCM)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

1. Mandate MCMs to attend quarterly MCM network meetings with salary reimbursement for participation
2. For clients failing to achieve undetectable viral load (UDVL), increase MCM attendance at medical practitioner visits and increase MCM out-of-office interactions or tele-MCM visits, when appropriate.

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services.	1. Included in the service delivery model
2. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those about late enrollment penalties. *(CEC Community Conversations - Long Term Survivors Awareness Day, 2023)*	2. Included in the service delivery model
3. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.	3. Included in the service delivery model
4. Report changes in viral load status as clients progress through the program.	4. Included in the service delivery model

MEDICAL NUTRITION THERAPY (MNT)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Ensure that a licensed registered dietitian or other licensed nutrition professional provides a medically tailored menu and food choice development.	1. Included in the service delivery model
2. Ensure that diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes for clients.	2. Included in the service delivery model

3. Coordinate referrals with other service providers; conduct follow-ups with clients and provide feedback to prescribing clinicians on patients' progress	3. Included in the service delivery model

SUBSTANCE ABUSE – OUTPATIENT SERVICES

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

1. Increase client access to Substance Abuse services (i.e., offer on-demand tele-mental health services)

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).	1. Included in the service delivery model

SUPPORT SERVICES

Case Management (Non-Medical)
Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2026-2027

1. Identify community referral options that facilitate secure housing for clients.
2. Identify housing obstacles that negatively impact retention in care to help clients consistently access and engage with their healthcare services.
3. Educate clients to increase awareness of EHE housing assistance

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Educate clients about: a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before clients turn 65. *(CEC Community Conversations -Long Term Survivors Awareness Day, 2023),* b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ACA Options.	1. Included in the service delivery model
2. Implement the Test and Treat Program to increase linkage to care, retention in care, and viral load suppression.	2. Included in the service delivery model
3. Deliver specialized staff training to guarantee that clients	3. Included in the service delivery model

receive comprehensive information regarding the transition to insurance plans, encompassing medication collection, co-payments, network adherence, and other pertinent details.	
4. Offer client education to decrease fear and denial and encourage entry into primary medical care.	4. Included in the service delivery model
5. Educate clients on the importance of remaining in primary medical care.	5. Included in the service delivery model
6. Direct a minimum of 30% of the personnel funded for Non-Medical Case Management to be allocated to Peer positions.	6. Included in the service delivery model
7. Incorporate prevention messages into the medical care of PWH/A.	7. Included in the service delivery model
8. Educate consumers on their role in the case management process.	8. Included in the service delivery model
9. Provide initial/ongoing training and development for HIV peer workers.	9. Included in the service delivery model
10. Provide clients with a comprehensive summary of health care plan benefits, detailing both coverage and limitations.	10. Included in the service delivery model
11. Inform clients about the various types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).	11. Included in the service delivery model
12. Follow up with new clients within 90 days of certification to confirm their engagement in care.	12. Included in the service delivery model

Case Management (Non-Medical)
CENTRALIZED INTAKE AND ELIGIBILITY DETERMINATION (CIED)

Services Criteria: HIV+ Broward County Resident (All Clients)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2026-2027

1. Conduct education sessions for clients on the recertification and co-pay processes
2. Determine which clients are eligible for ACA services and assist them with completing their applications as necessary
3. Increase client's awareness of Medicare enrollment timing and provide client guidance for enrollment in the program

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Inform clients aged 64 to begin preparing to transition to Medicare and directs them to create an online account at www.ssa.gov	1. Current standard procedure
2. Guide clients for Ryan White Part A/B dual eligibility determination due to the (reciprocity and NOE process).	2. Current standard procedure
3. Ensure the locations and service hours target historically underserved populations that HIV disproportionately impacts.	3. CIED staff are based at eleven (11) RW agencies located within underserved areas.
4. Maintain collaborative agreements with treatment adherence	4. CIED has MOUs with eight (8) RW agencies, which house

programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.	CIED staff
5. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and include the following: a. Client rights and responsibilities, b. Names of providers complete with addresses and phone numbers, and c. Grievance procedures.	5. CIED will distribute client handbooks once received from the Recipient Office. The CIED consent form includes client rights and responsibilities, a directory of providers with full contact details, and grievance procedures.
6. Always offer a dedicated live operator phone line during normal business hours.	6. This feature is accessible through the Broward Regional Health Planning Council at **954-566-1417**.
7. Ensure that the intake data collected for clients categorized as unspecified is sufficiently comprehensive to fully utilize gender-related classifications within PE.	7. Current standard procedure: I*tem is updated in accordance with **Executive Order 14168**, issued on January 20, 2025. (Unspecified terminology recommended by QMC during the during the 3/20/2025 meeting.)*

EMERGENCY FINANCIAL ASSISTANCE

Services Criteria: (≤ 400% FPL)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2026-2027

No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Include drugs used for Test and Treat.	1. Included in the EFA service delivery model
2. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients	2. Included in the EFA service delivery model

FOOD SERVICES

Services Criteria: (FPL as of 10/1/2023)

The FPL for Food Bank Services to 0 – 200 FPL with 2 units per month

The FPL for Food Bank Services to 201 – 300 FPL with 1 unit per month

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2026-2027

No recommended language for FY2026-2027

Previous Recommendations	Recipient Response Recommendations for FY2026-2027 Status as of 04.28.2025
1. Develop detailed information about the eligibility criteria for food services for medical providers, clinical teams, and case managers.	1. Included in the service delivery model
2. Enhance collaboration with the client's primary care physicians and nutrition counselors to ensure that the client's nutritional requirements are adequately addressed.	2. Included in the service delivery model
3. Conduct workshops and training sessions aimed at enhancing clients' understanding of healthy eating and nutrition in relation to their health management.	3. Included in the service delivery model

LEGAL SERVICES

Services Criteria: (≤ 400% FPL)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2026-2027

No recommended language for FY2026-2027

PSRA/SOC Listening Tour Session #2 Date

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You are the organizer of the group event.

2 hours

United States, New York, New York City (GMT-4)

Following the May PSRA meeting, the committee discussed rescheduling the Listening Tour Session #2 to accommodate the Data Presentation workshops in July. Please select the date that works...

More

Availabilities

yes | if need be | cannot attend | pending

Participants	AUG 12 TUE 6:00 PM - 8:00 PM 2 h	AUG 13 WED 6:00 PM - 8:00 PM 2 h	AUG 14 THU 6:00 PM - 8:00 PM 2 h
	9	5	7
HIVPC You Edit Pro	✓	✓	✓
Alondra Machado	✓	✗	✗
Von Biggs	✗	✓	✓
Bisiola Fortune Evans	✗	✗	✓
Lorenzo Robertson	✓	✗	✗
Rafael Jimenez	✗	✗	✓
Jessica Roy	✓	✗	✗
Shawm Tinsley	✓	✓	✗
brad mester	✓	✗	✗
Jeffrey Beal, M.D.	✓	✓	✓
Brad Barnes	✗	✗	✓
Mark Schweizer	✓	✓	✓
Jose Castillo	✓	✗	✗

Broward EMA Ryan White Part A Program

Health Outcomes Presentation

System of Care Committee Meeting

June 5, 2025

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

PRESENTED BY
DANIELLE LIAO, MPH

HIV Care Continuum Definitions

- **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 90 days apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.

HIV Care Continuum Definitions

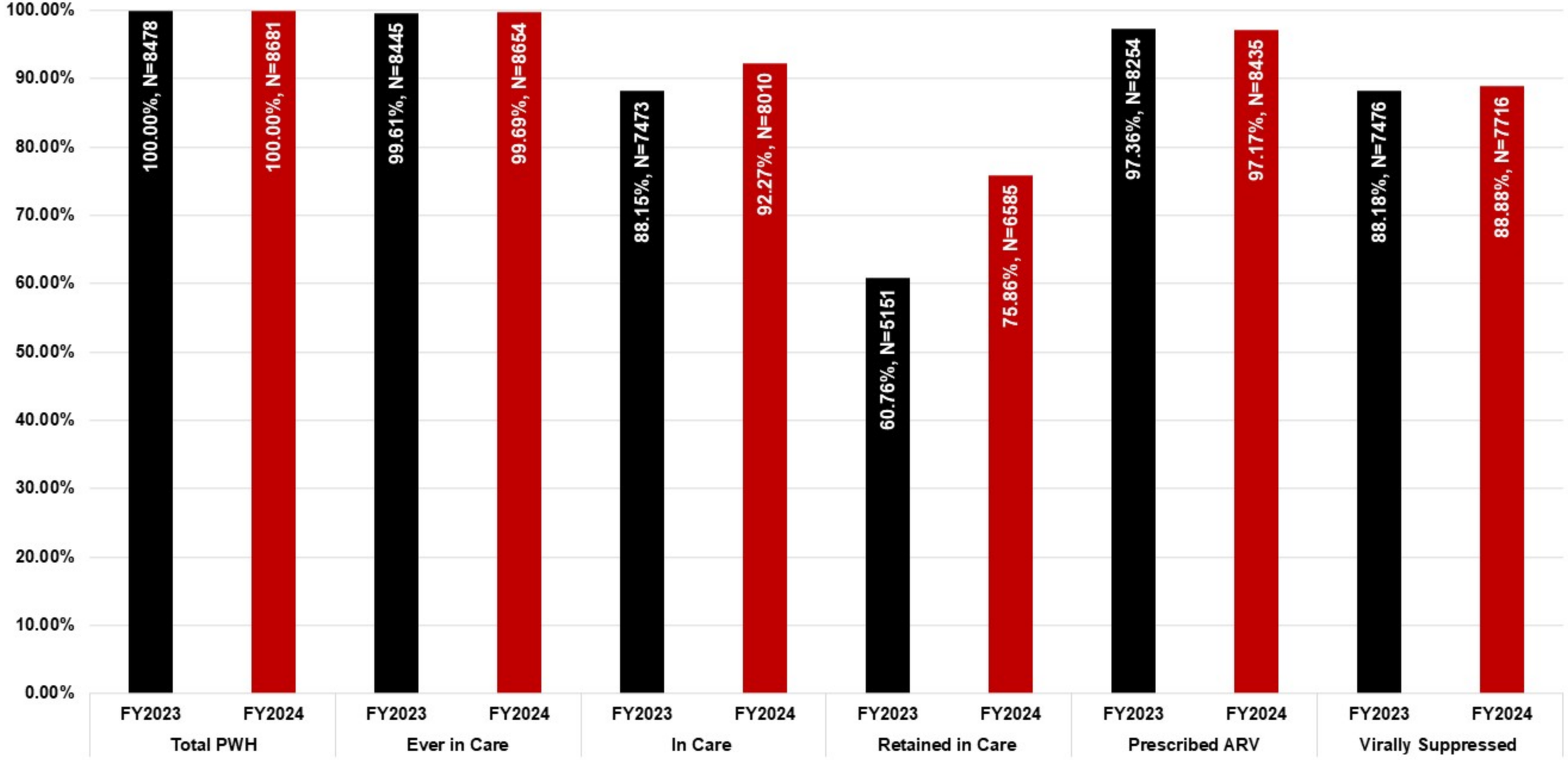
- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.

FY 24-25 Annual Data Review

The purpose of this presentation is to review specific data for fiscal year 2024-2025 and discuss opportunities for improvement.

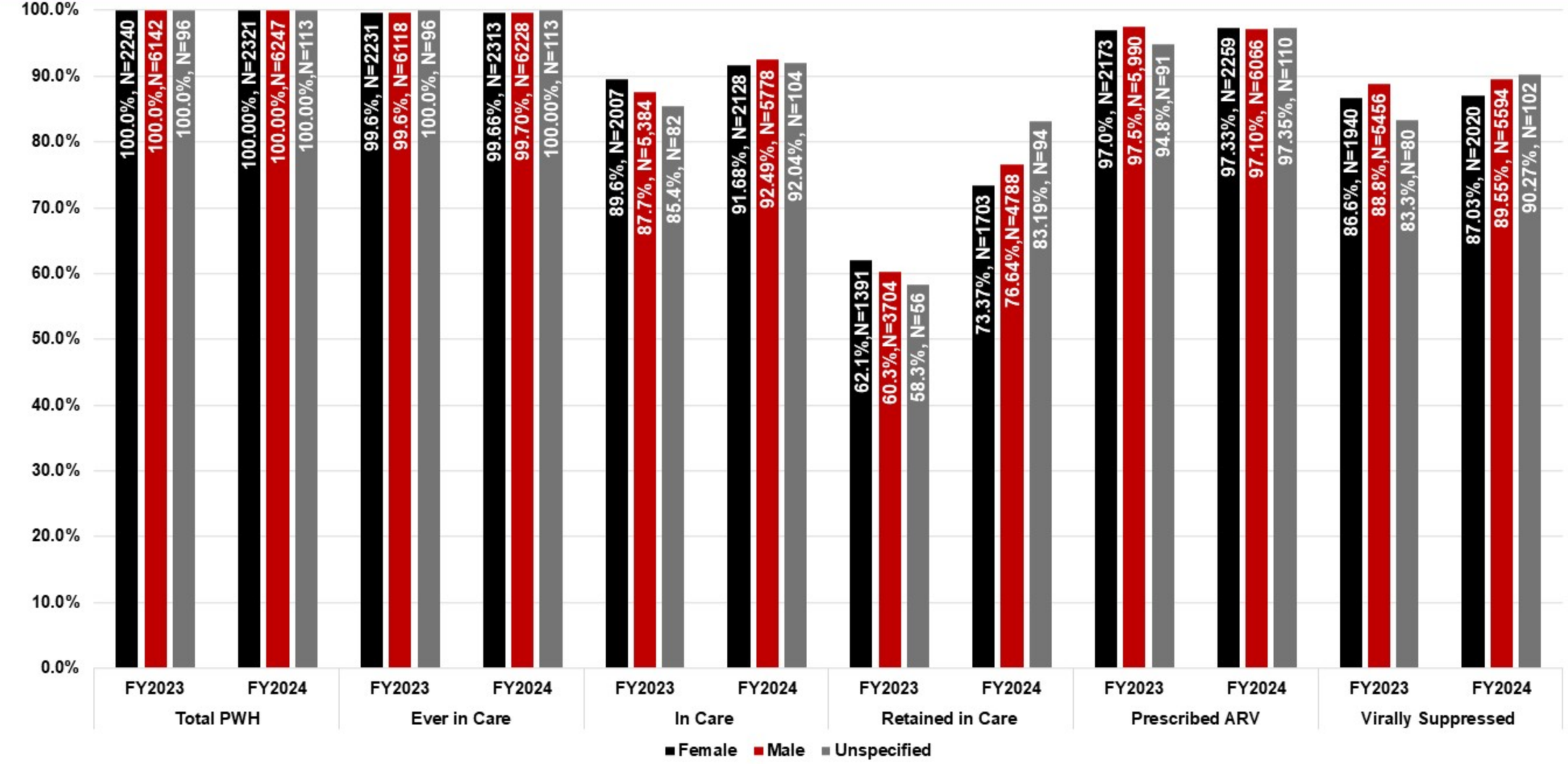
Data presented is based off information entered in Provide Enterprise.

HIV Care Continuum Systemwide, Broward EMA, FY2023 and FY2024



Continuum of Care Report 03/1/2023 – 02/29/2024, 03/1/2024 - 02/28/2025

HIV Care Continuum Sex, Broward EMA, FY2023 and FY2024



Continuum of Care Report 03/1/2023 – 02/29/2024, 03/1/2024 - 02/28/2025

HIV Care Continuum Race/Ethnicity, Broward EMA, FY2023 and FY2024

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%
Race/Ethnicity	**FY2024 People Living With HIV**	**FY2024 Ever in Care**	**FY2024 In Care**	**FY2024 Retained in Care**	**FY2024 Prescribed ARV**	**FY2024 Virally Suppressed**
Black (Non-Hispanic) (N)	4,308	4,296	3,952	3,168	4,155	3,715
Black (Non-Hispanic) %	100.0%	99.7%	91.7%	73.5%	96.5%	86.2%
White (Non-Hispanic) (N)	1,956	1,945	1,787	1,465	1,919	1,774
White (Non-Hispanic) %	100.0%	99.4%	91.4%	74.9%	98.1%	90.7%
Hispanic/Latinx (N)	2,298	2,294	2,160	1,862	2,250	2,120
Hispanic/Latinx %	100.0%	99.8%	94.0%	81.0%	97.9%	92.3%
Other (N)	106	106	100	87	105	100
Other %	100.0%	100.0%	94.3%	82.1%	99.1%	94.3%

Continuum of Care Report 03/1/2023 – 02/29/2024, 03/1/2024 - 02/28/2025; Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander

HIV Care Continuum Age, Broward EMA, FY2023 and FY2024

Age Group	FY2023 People Living With HIV	FY2023 Ever in Care	FY2023 In Care	FY2023 Retained in Care	FY2023 Prescribed ARV	FY2023 Virally Suppressed
18-28 (N)	487	484	428	287	469	391
18-28 %	100.00%	99.38%	87.89%	58.93%	96.30%	80.29%
29-38 (N)	1,672	1,666	1,446	958	1,591	1,395
29-38 %	100.00%	99.64%	86.48%	57.30%	95.16%	83.43%
39-48 (N)	1,623	1,617	1,417	997	1,570	1,401
39-48 %	100.00%	99.63%	87.31%	61.43%	96.73%	86.32%
49-58 (N)	2,083	2,073	1,867	1,330	2,044	1,848
49-58 %	100.00%	99.52%	89.63%	63.85%	98.13%	88.72%
59+ (N)	2,603	2,595	2,306	1,576	2,572	2,434
59+ %	100.00%	99.69%	88.59%	60.55%	98.81%	93.51%
Age Group	**FY2024 People Living With HIV**	**FY2024 Ever in Care**	**FY2024 In Care**	**FY2024 Retained in Care**	**FY2024 Prescribed ARV**	**FY2024 Virally Suppressed**
18-28 (N)	493	491	463	352	460	411
18-28 %	100.00%	99.59%	93.91%	71.40%	93.31%	83.37%
29-38 (N)	1,696	1,693	1,573	1301	1,622	1,448
29-38 %	100.00%	99.82%	92.75%	76.71%	95.64%	85.38%
39-48 (N)	1,720	1,713	1,578	1324	1,647	1,477
39-48 %	100.00%	99.59%	91.74%	76.98%	95.76%	85.87%
49-58 (N)	2,020	2,012	1,875	1,584	1,984	1,814
49-58 %	100.00%	99.60%	92.82%	78.42%	98.22%	89.80%
59+ (N)	2,743	2,737	2,514	2,018	2,716	2,559
59+ %	100.00%	99.78%	91.65%	73.57%	99.02%	93.29%

Continuum of Care Report 03/1/2023 – 02/29/2024, 03/1/2024 - 02/28/2025

Any Questions?

Thank you!

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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