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 6, 2024 - 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 June 6, 2024
IV. ACTION: Approval of Minutes from May 2, 2023 **(Handout A)**
V. Public Comment
VI. Unfinished Business
   a. None.
VII. New Business
   a. Action Item: Review Service Delivery Models:
      i. Universal SDM **(Handouts B1, B2)**
   b. Discussion: System Mapping Update
   c. Discussion: Review SOC FY2024-2025 Workplan **(Handout C)**
VIII. Recipient Report
IX. Public Comment

X. Agenda Items for Next Meeting

a. TBD

XI. Next Meeting Date: September 5, 2024, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XII. Announcements

***PSRA Data Workshop June 20th and 21st; 11am-5pm**
Holy Cross Health, Dorothy Mangurian Comprehensive Women's Center, Education Rooms 1 & 2**;** 1000 Northeast 56th Street, Ft Lauderdale
***June 22nd CEC Partnership with BAAG**; National HIV Testing Day Outreach @ the Old Dillard Museum 9am-2pm (Volunteers Needed)

XIII. 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.

June 2024

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 http://www.brhpc.org for updates.					
2	3	4 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams Support Services Meeting 9:00 PM-10:15PM	5 HIV Long-Term Survivors Day	6 System of Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	7	8
9	10	11	12 Quality Meeting 9:00 PM-10:15PM	13	14	15 Stonewall Pride Parade and Street Festival
16	17 Quality Management Committee Meeting 11:30AM– 2:30PM Location: BRHPC/MS Teams	18	19	20 Executive Committee Meeting 10:00 AM- 11:00 AM Priority Setting & Resource Allocation Committee Meeting 11:00AM -5:00PM	21 Priority Setting & Resource Allocation Committee Meeting 11:00AM -5:00PM	22 CEC Partnership with BAAG National HIV Testing Day Outreach @ the Old Dillard Museum 9am-2pm
23	24	25	26	27 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams National HIV Testing Day	28	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.

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 2024

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 http://www.brhpc.org 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:	Unless otherwise noted on the calendar, all meetings are held at:	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	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	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.	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.	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, May 2, 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), T. Pietrogallo, A. Murphy, F. D'Amore, K. Hayes

Members Absent: Julio De La Nuez

Ryan White Part A Recipient Staff Present: T. Thompson, Q. Cowan, B. Miller, J. Roy, R. Pena, W. Cius, J. Batres, S. Cook, J. Hidalgo, K. Atrigenio

Planning Council Staff Present: G. Martinez, D. Liao, M. Patel, M. Lacroix

Guests Present: S, McLeod, K. Whyte, N. Burrell, M. Barrett, N. Lewis, O. Desinor, P. Falco, B. Baker, J. Beal, D. Cestaro-Seifer

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

The SOC Chair called the meeting to order at 9:35 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 **May 2, 2024,** agenda of the Systems of Care Committee meeting with amendments was proposed by **A. Murphy** seconded by **F. D'Amore,** and passed unanimously. The

approval for the minutes of the **April 4, 2024,** meeting was proposed by **K. Hayes,** seconded by **F. D'Amore**, and approved with no further corrections.

Motion #1: F. A. Murphy, on behalf of the SOC Committee, made a motion to approve the May 2, 2024, System of Care Committee agenda. The motion was seconded by F. D'Amore and adopted unanimously.

Motion #2: K. Hayes, on behalf of the SOC Committee, made a motion to approve the April 4, 2024, System of Care Committee meeting minutes as presented. The motion was seconded by F. D'Amore and adopted unanimously.

Public comment.

None.

Standard Committee Items

None.

Old Business

None.

New Business

a. Planning Council Needs Assessment Requirement– Presentation by PCS Team
   M. Patel presented the information and addressed all concerns.
b. Overview FY 2023-2024 Broward County Needs Assessment Activities – Presentation by Jeffrey Beal, MD; Debbie Cestaro-Seifer, MS, RN, NC-BC, CTP; BRHPC Consultants
   D. Cestaro-Seifer and J. Beal presented the information and addressed all concerns.
c. How Best to Meet the Need Review for FY2025-2026
   G. Martinez presented the information and addressed all concerns.
d. Review Service Delivery Models
    a. Health Insurance Continuation Program (HICP)
       B. Miller presented the information and addressed all concerns.
    b. Integrated Primary Care and Behavioral Health (IPCBH)
       T. Thompson presented the information and addressed all concerns.

Motion #2: K. Hayes, on behalf of the SOC Committee, made a motion to approve Health Insurance Continuation Program and Integrated Primary Care and Behavioral Health SDMs as presented and forward both SDMs to QMC. The motion was seconded by T. Pietrogallo and adopted unanimously.

Recipient Report

T. Thompson explained the progress of the SDMs. All concerns were addressed.

Data Requests

None.

Public Comment

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

Agenda Items for Next Meeting

a. Next Meeting Date: Location: Broward Regional Health Planning Council
    a. Review Service Delivery Models
        i. Universal SDM
        ii. System Mapping Updates

Announcements

None.

Adjournment

There being no further business, the meeting was adjourned at 11:25 a.m.

Attendance CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	4	C	7	4	2								
2	1	Chrispin, E.	C	C	A	A	R								
0	2	Pietrogallo, T.	C	C	X	X	X								
0	3	Castillo, J. Chair	C	C	X	X	X								
0	4	D'Amore, F.	C	C	X	X	X								
0	5	Murphy, H.A.	C	C	X	X	X								
0	6	Hayes, K., V. Chair	C	C	X	E	X								
	7	Biggs, V.	C	Z											
	8	De La Nuez, J.	N	N	N	N	A								
		Quorum = 4			5	4	5								

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

Minutes prepared by PCS Staff

Handout B1

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

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Universal Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Introduction 2

II. Intake Procedure 2

Table 1. Intake Procedure Standards 2

III. Linkage and Retention 3

Table 2. Linkage and Retention Standards 4

IV. Personnel Standards 5

I. Introduction

The Universal Service Delivery Model (SDM) serves as a set of minimum requirements to be followed by providers of core medical and support services funded by the Broward County Ryan White HIV/AIDS Part A Program (RWHAP). The Universal SDM is implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services. The Universal SDM is approved by the Broward County HIV Health Planning Council, which is subject to change and may be revised at any time. In addition to the Universal SDM, Providers must adhere to applicable service category specific SDMs, Health Resources and Services Administration RWHAP legislation and policies, the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

Commented [MB1]: Update hyperlinks

II. Intake Procedure

Providers must follow a documented intake procedure to verify RWHAP client eligibility and collect documentation required to complete the client file. Providers must verify that all client information in the designated HIV Human Services Support Services (HSSS) is correct and current. The following items must be included in the intake procedure, at a minimum:

1. Verification of client eligibility in designated HIV HSSS prior to providing a service
2. Screening for other available funding streams for the provided service
3. Client receipt of provider's client rights and responsibilities and grievance policy annually
4. Client assessment of medical and support service needs, education on available HIV services, and how to access needed services
5. Completed release of confidential information and records forms for external provider referrals and/or disclosures with signature, as applicable

Providers must schedule a Centralized Intake and Eligibility Determination appointment using the designated HIV MIS for clients with expired eligibility or within 45 days of eligibility expiration.

Table 1. Intake Procedure Standards

Standard	Measure
1. Client eligibility is verified prior to providing a service.	1.1. Client eligibility is active in designated HIV HSSS prior to date of provided service.
2. Clients are screened for other available funding streams.	2.1. Documentation of screening for other available funding streams in client file.
3. Clients receive provider's client rights and responsibilities and grievance policy annually.	3.1. Documentation of client receipt, via signature, of provider's client rights and responsibilities and grievance policy in client file.
4. Provider completes assessment of medical and support service needs with clients.	4.1. Completed assessment in client file.
5. Clients receive education on available HIV services and how to access services.	5.1. Documentation of education provided in client file. 5.2. Referrals for identified service needs and referral communication documented in client file.

Standard	Measure
6. Client/guardian signature on release of confidential information and record forms for external provider referrals and/or disclosures, as applicable.	6.1. Release of confidential information and record forms for referrals and/or disclosures signed by client/guardian in client file.

III. Linkage and Retention

All providers are responsible for assessing client retention in primary medical care and adherence to antiretroviral treatment (ART) and linking clients to needed services. Assessment of retention in primary medical care and adherence to ART should include, at minimum:

- Primary medical care appointments
- Viral load and CD4 laboratory test results
- Adherence to prescribed ART

Clients must visit their primary medical care physician at least once every six months. Clients who do not have a kept primary medical care appointment documented in the last six months must be immediately referred to primary medical care. Providers must document attempts in the client file.

Providers must ensure clients are prescribed and adherent to ART. Clients not prescribed ART must be immediately referred to a prescribing provider. Clients with ART adherence challenges must be immediately reviewed by a prescribing provider to assist them. Then, a prescribing provider may consult with RWHAP Medical Case Manager and pharmacist to assess and introduce patient-centered interventions. This may include, but not be limited to individualized care plans, collaborative decision-making, and patient emotional support, etc. An ART care plan may be developed to guide and support patients reaching their goals. Providers must document attempts in the client file. Providers can refer to the most recent updated U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

Commented [MB2]: Update hyperlink

Client viral load and CD4 laboratory tests must be completed and documented every six months. The provider must ensure each client file has current viral load and CD4 laboratory test results documented in the designated HIV HSSS. If a client file does not have current viral load and CD4 laboratory test results documented in the designated HIV HSSS, the provider must request updated results from the client and/or refer the client to a prescribing medical provider. Providers must document requests for laboratory test results and/or associated referrals in the client file.

Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Formatted: Not Highlight

Commented [RP3]: FY 2023-2024 Needs Assessment recommendation.

Formatted: Not Highlight

Providers must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

No-Shows

Providers must have a documented procedure for handling appointment no-shows and cancellations that ensures attempts are made to engage clients in care. Providers must also monitor and access data to assess trends in missed appointments to prevent gaps in HIV care. The provider must assess each client for the cause(s) of no-shows, initiate referrals, and/or provide resources needed to prevent future no-shows. The procedure must include how the provider identifies and tracks appointment no-shows and the process for responding to a no-show. If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV HSSS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program. All follow up and communication must be documented in the client file.

Client Suspension Procedure

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

Case Closures

Providers must have a documented procedure for handling case closures. Case closures must be documented in the client file and must include, at minimum:

- Date and summary of case closure
- Reason for case closure
- Client transfer or referral to another agency or Ryan White Program, if applicable
- Supervisor signature on care closure summary

Client Expulsion Procedure

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 24 hours of the incident and before the expulsion is finalized. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

Examples of extreme circumstances include:

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

Commented [RP4]: FY 2023-2024 Needs Assessment recommendation. CDC standard for detectable viral load is 200 copies / ML. The recommendation referenced 24, the number has been adjusted to reflect official guidelines.

Formatted: Highlight

Formatted: Font: (Default) Times New Roman

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Commented [RP5]: After various incident reports filed by multiple providers, a recommendation to include a clause to redirect exceptionally complex cases to alternative care has been included in this SDM.

Commented [RP6]: The Chicago EMA Universal Service Delivery Standard highlights a safety policy in their section 7 of standards.

Formatted: Font: (Default) +Body (Times New Roman), 12 pt, Not Italic, Font color: Auto, Highlight

Commented [RP7]: For Comparison, the Boston EMA has a standard for Refusal of services where the measure in place is "Documentation of each client that has been refused a service with the rational for refusal". Additionally, there is a Protocol for incident reporting.

Formatted: Default Paragraph Font, Font: (Default) +Body (Times New Roman), Not Bold, Font color: Auto, Highlight

Formatted: Normal, Left, Space After: 0 pt

Table 2. Linkage and Retention Standards

Standard	Measure
1. Clients are assessed for retention in primary medical care.	1.1. Last kept primary medical care appointment in client file. 1.2. Documented attempts to link client to primary medical care in client file.
2. Clients are assessed for ART adherence challenges.	2.1. Documentation of ART adherence assessment in client file. 2.2. Referrals and referral communication documented in client file.
3. Clients have current viral load and CD4 laboratory results documented in the designated HIV HSSS every six months.	3.1. Viral load and CD4 laboratory results documented in client file. 3.2. Documented attempts to obtain viral load and CD4 laboratory results.
4. Clients who are not virally suppressed are referred to Case Management and/or other needed support services	4.1. Viral load and CD4 laboratory results documented in client file. 4.2. Documented attempts to link client to a prescribing medical provider/Medical Case Management service in client file.
5. Referrals are made in the designated HIV HSSS~~MIS~~ within one business day of client encounter.	5.1. Referrals in designated HIV HSSS~~MIS~~. 5.2. Referral communication documented in client file.
6. Provider follows documented procedure for handling appointment no-shows and cancellations.	6.1. No-show follow up and communication documentation in client file.
7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition. ~~Case closures meet minimum documentation requirements.~~	7.1. Closed cases include documentation stating the reason for closure and a closure summary. 7.2. Supervisor signs off on closure summary indicating approval. 7.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. ~~7.1.~~7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS. ~~Case closure documentation in client file.~~

IV. Personnel Standards

Providers must adhere to the required minimum credentials outlined in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers. Providers must have a standardized orientation and training process

Formatted: Font: Not Italic

Formatted: Font: Not Italic

Formatted: Font: (Default) Times New Roman

Formatted: Table Paragraph, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers, Tab stops: 0.43", Left

Commented [RP8]: Updated language based on updated Non Medical and Medical Case management services SDMs.

Formatted: Font: (Default) +Body (Times New Roman), 12 pt

Commented [MB9]: Update hyperlink

to ensure staff have the knowledge and skills to provide services. Newly hired employees must have introductory HIV training within three months of hire.

Providers must notify the recipient office in writing of any staffing changes related to the contracted services within 5 business days of staffing change.

Network Meetings

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

Formatted: Highlight

Commented [RP10]: This was included to maintain a more up to date provider contact list.

Formatted: Highlight

Formatted: Font: Bold, Highlight

Formatted: Space After: 0 pt, Tab stops: -1", Left + -0.5", Left + 0.04", Left + 0.35", Left + 1.5", Left + 2", Left + 2.5", Left + 3", Left + 3.5", Left + 4", Left + 4.5", Left + 5", Left + 5.5", Left + 6", Left + 6.5", Left + 7", Left + 7.5", Left + 8", Left + 8.5", Left + 9", Left + 9.5", Left + 10", Left + 10.5", Left + 11", Left + 11.5", Left + 12", Left + 12.5", Left + 13", Left

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Handout B2

SDM
Presentation

Presented by Broward County
Ryan White Part A Office

Fiscal Year 2024-2025

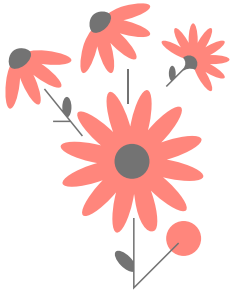
Universal
Service Delivery Model

Universal

- The Universal Service Delivery Model applies to all service categories in the Broward County Ryan White Program. The standards listed in this document are derived from the HRSA National Monitoring standards for Ryan White Part A recipients, and Broward County EMA internally developed standards tailored to the specific needs of the program.

HRSA Guidelines

- **Under RWHAP Part A, the national monitoring standards list key components to be applied to all services, these key components are reflected in the current version of Broward County's RWHAP Universal SDM.**



Referrals

- **The language under the "Referrals" section of the SDM have been updated to include a mandatory medical case management referral for clients who do not achieve an undetectable viral load within 4 months of ARV treatment and do not show an adequate trend toward an UD VL.**
- **For clients returning to care with a VL of 20 copies/ML or more the same policy would apply.**
- **This was a FY 2023-2024 Needs Assessment Recommendation.**
- **The VL Measure of 200 copies/ML or more was modified from 24 copies/ML or more to reflect the CDC standards for reporting when measuring UD VL.**

Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Providers must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

Suspension

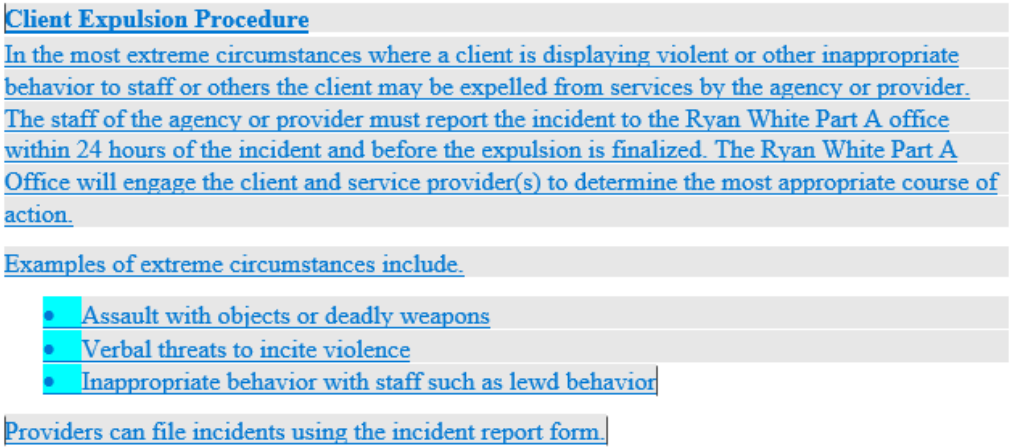
- **A suspension procedure has been added to ensure that program guidelines are followed as set fourth by the EMA.**

Client Suspension Procedure

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

Expulsion

- A safety protocol has been added to the Universal SDM to help provider staff, safely navigate through extreme circumstances should they arise.
- Similar approaches have been used in Universal Service Standard material in the Boston and Chicago EMAs.



Client Expulsion Procedure

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 24 hours of the incident and before the expulsion is finalized. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

Examples of extreme circumstances include.

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

Reporting

- **The language updated regarding reporting specifically includes the change from HIV MIS to HIV HSSS to reflect the current standard language used when referring to a program's reporting system.**
- **Language regarding closing a client's case & appropriate documentation has also been updated to reflect the changes that were approved on the Medical Case Management SDM.**

5. Referrals are made in the designated HIV HSSS~~MIS~~ within one business day of client encounter.	5.1. Referrals in designated HIV HSSS~~MIS~~. 5.2. Referral communication documented in client file.
7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition. ~~Case closures meet minimum documentation requirements.~~	7.1. Closed cases include documentation stating the reason for closure and a closure summary. 7.2. Supervisor signs off on closure summary indicating approval. 7.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. ~~7.1.~~7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS. ~~Case closure documentation in client file.~~

Personnel Standards

- **Language requiring provider staff to notify the Recipient office of any staffing changes related to contracted services within 5 business days of staffing change has been put in place to ensure that proper communication is maintained throughout the program year.**

Providers must notify the recipient office in writing of any staffing changes related to the contracted services within 5 business days of staffing change.

Network Meetings

- **As recommended in the Fiscal Year 2023 – 2024 Needs Assessment, a policy regarding network meetings will include language that states all network meetings must be attended by providers with a minimum of 1 representative.**

Network Meetings

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

Resources

1) Boston Public Health Commission. (n.d.-a). FY 2023 service standards Ryan White Part A boston ema. FY 2023 Service Standards Ryan White Part A Boston EMA. https://www.boston.gov/sites/default/files/file/2023/03/FY 23 Ryan White Service Standards.pdf

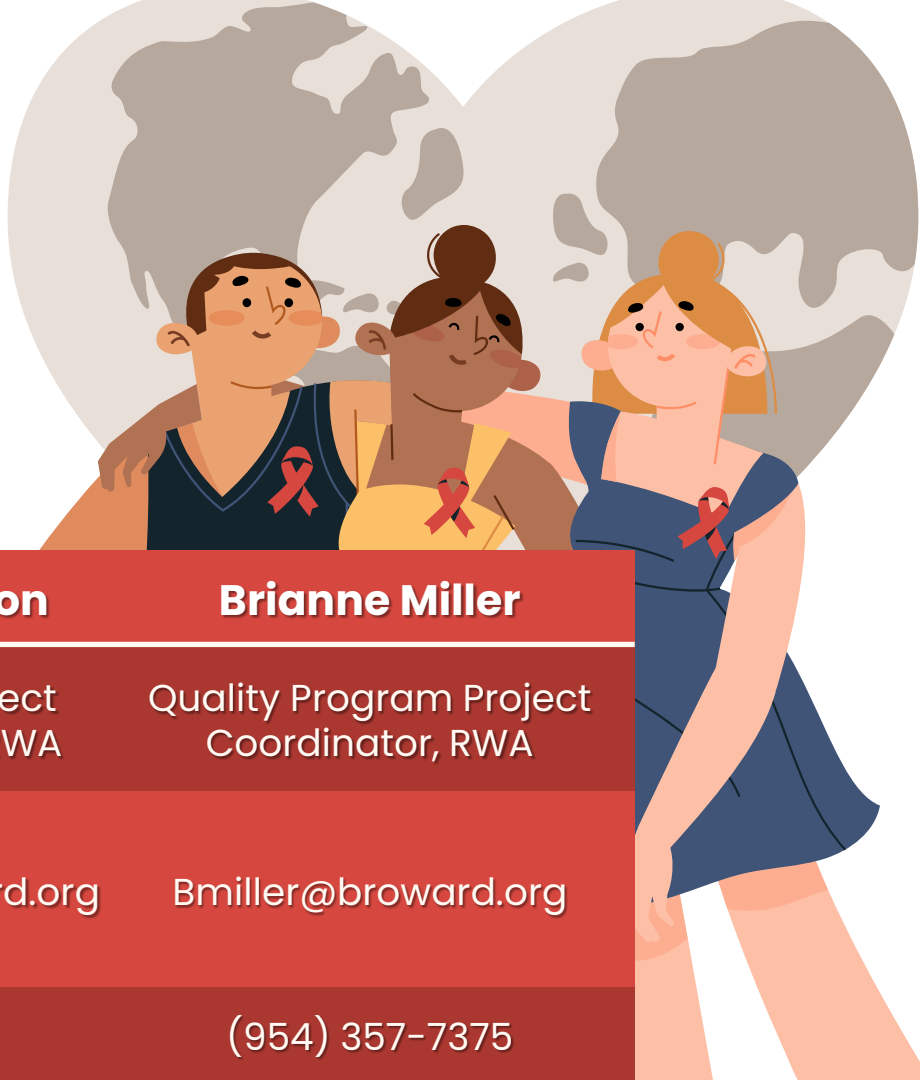
2) Centers for Disease Control and Prevention. (2023, August 9). HIV treatment as prevention. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/risk/art/index.html

3) Chicago Department of Public Health. (n.d.). Chicago. Chicago Eligible Metropolitan Area Ryan White Part A Standards of Care. https://www.chicago.gov/content/dam/city/depts/cdph/HIV_STI/2019 Chicago EMA Standards of Care- Final Approved CDPH PHIMC 8_13_19.pdf

4) U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau. (2023, March). Part A manual - Ryan White HIV/AIDS Program - HRSA. Ryan White HIV/AIDS Program Part A Manual. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/manual-part.pdf

THANKS!

Do you have any questions?



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

HANDOUT C

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									
1.2 Analyze 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	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan 2017-2021 Strategy 3.1.a).			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 Develop 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	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provided recommendations to the QMC and the Ryan White Part A 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 to identify areas of need relative to retention in care.												
2.3 Collaborate with community partners to address issues with retention in care on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. Ensure the receipt and integration of information from community partners.												
2.4 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.		X										
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.												
2.6 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									

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.