FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

System of Care Committee Meeting

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

Chair: Jose Castillo • Vice Chair: Kendra Hayes

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 September 5, 2024
IV. ACTION: Approval of Minutes from June 6, 2023 **(Handout A)**
V. Public Comment
VI. Discussion Item
   a. Review and Approve Provider System Mapping Presentation Template **(Handout B)**
VII. Unfinished Business
   a. None.
VIII. New Business
   a. Health Outcomes in the HIV Care Continuum Presentation **(Handout C)**
IX. Recipient Report
X. Public Comment
XI. Agenda Items for Next Meeting
   a. TBD

XII. Next Meeting Date: October 3, 2024, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XIII. Announcements

-

XIV. Adjournment

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

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

September 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.					
1	2 HAPPY LABOR DAY	3 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams Support Services Network Meeting (CQM) 9:00 AM-10:15AM	4	5 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	6	7
8	9	10 MAI Sub-Committee Meeting 9:30AM– 11:30AM Location: BRHPC/MS Teams	11	12	13	14
15	16 Quality Management Committee Meeting 11:30AM– 2:30PM Location: BRHPC/MS Teams	17	18 Quality Network Meeting (CQM) 9:00 AM-10:15AM	19 Aging Gracefully Event E. Pat Larkin Community Center 10:00AM-1:00PM	20 Executive Committee Meeting 12:45PM – 2:45PM	21
22	23	24	25	26 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	27 Health Insurance Integrated Planning Task Force Meeting 2:00PM – 3:30PM	28
29	30					

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

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.

September 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.

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									

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, 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

SOC Members Present: J. Castillo (Chair), T. Pietrogallo, A. Murphy, F. D'Amore, K. Hayes (Vice Chair)

Members Absent: Julio De La Nuez (Excused)

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

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

Guests Present: B. Mester, J. Shirley, J. Hidalgo, M. Bennet

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

The SOC Chair called the meeting to order at 9:37 a.m. The SOC Chair welcomed all meeting attendees who were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the SOC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

Public Comment

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

Meeting Approvals

The approval for the **June 6, 2024,** agenda of the Systems of Care Committee meeting with amendments was proposed by T. Pietrogallo seconded by F. D'Amore**,** and passed unanimously. The approval for the minutes of the **May 2, 2024,** meeting was proposed by F. D'Amore**,** seconded by A. Murphy, and approved with no further corrections.

Motion #1: T. Pietrogallo**, on behalf of the SOC Committee, made a motion to approve the June 6, 2024, System of Care Committee agenda. The motion was seconded by** F. D'Amore **and adopted unanimously.**

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

Public comment.

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

Standard Committee Items

None.

Old Business

None.

New Business

a. Action Item: Review the Universal Service Delivery Models (SDM)

R. Pena of the Ryan White Part A Office provided an overview of revisions to the Universal SDM. The Universal 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). It is implemented to support delivering high-quality services to individuals receiving Broward County RWHAP services. The revised areas include Referrals, Client Suspension, Client Expulsion, Reporting, Personnel Standards, and Network Meetings.
Recommendations:

1. Add who is responsible for making referrals.
2. Include a list of personnel & staff titles to know contacts.
3. Clarify how agencies are assigned to the networks.
4. Referral to "EHE" should be changed to "EHE-funded agency." The BCHSD EHE staff do not handle client referrals directly.

Motion #3: T. Pietrogallo**, on behalf of the SOC Committee, made a motion to approve the Universal SDM as presented and forward the SDM to QMC. The motion was seconded by** F. D'Amore **and adopted unanimously.**

b. Discussion: System Mapping Updates
D. Liao, CQM Health Planner, provided an update on the System Mapping project. The first program being mapped is the Centralized Intake and Eligibility Determination Program (CIED). The presentation included a detailed process map of how clients can go through the Ryan White Part A certification process. K. Hayes asked how homeless clients are redirected to receive care. Dr. J. Shirley, CIED Director, provided guidance.
V. Biggs recommended adding the referral to ADAP (AIDS Drug Assistance Program) and the notice of eligibility from Ryan White Part B. B. Mester asked about client reciprocity, which T.

Thompson, RW Part A Representative, clarified. J. Castillo requested the creation of a Ryan White services handbook for CIED to give to clients after they certify. T. Thompson explained that a Handbook has been developed and is being vetted by the Communications Office.

c. Discussion: Review SOC FY2024-2025 Workplan
M. Lacroix, Health Planner, and Planning Council Support provided an overview of SOC's quarter-one activities (March, April, and May). The committee completed four of the nine activities slated for the fiscal year.

Recipient Report

None.

Data Requests

None.

Public Comment

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

Dr. J. Shirley encouraged participants who see clients with 50-400% Federal Poverty Level to educate and prepare clients eligible for ADAP-approved plans to apply through the American Exchange Insurance Benefits Manager in preparation for Open Enrollment. Clients tend to select the wrong health insurance plan due to a lack of knowledge and not working with the American Exchange Benefit Manager.

Agenda Items for Next Meeting

Next Meeting Date and Location: The next SOC meeting will be held on September 5, 2024; at 9:30 am at Broward Regional Health Planning Council.

Announcements

- **PSRA Data Workshop June 20th and 21st** at Holy Cross Health, Dorothy Mangurian Comprehensive W**o**men'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 9 am-2 pm (Volunteers Needed)

Adjournment

There being no further business, the meeting was adjourned at 10:53 a.m.

Attendance CY 2024

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

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

System of Care Committee Meeting Minutes – June 6, 2024

Minutes prepared by PCS Staff

SYSTEM MAPPING PRESENTATION

[INSERT AGENCY NAME]

OVERVIEW

[Please state the purpose and goals of your agency.

Insert Logo or Agency Photo

SERVICES PROVIDED

[Please list all services provided and include a brief description thereof.]

ELIGIBILITY STANDARDS

[Please list all eligbility standards for the services]

CLIENT DEMOGRAPHICS

Gender	Race	Ethnicity	Age

CLIENTS SERVED

Service Category	Number of Clients	Units of Service

REQUIRED DOCUMENTS

Service	Documents

AREAS OF CONCERN

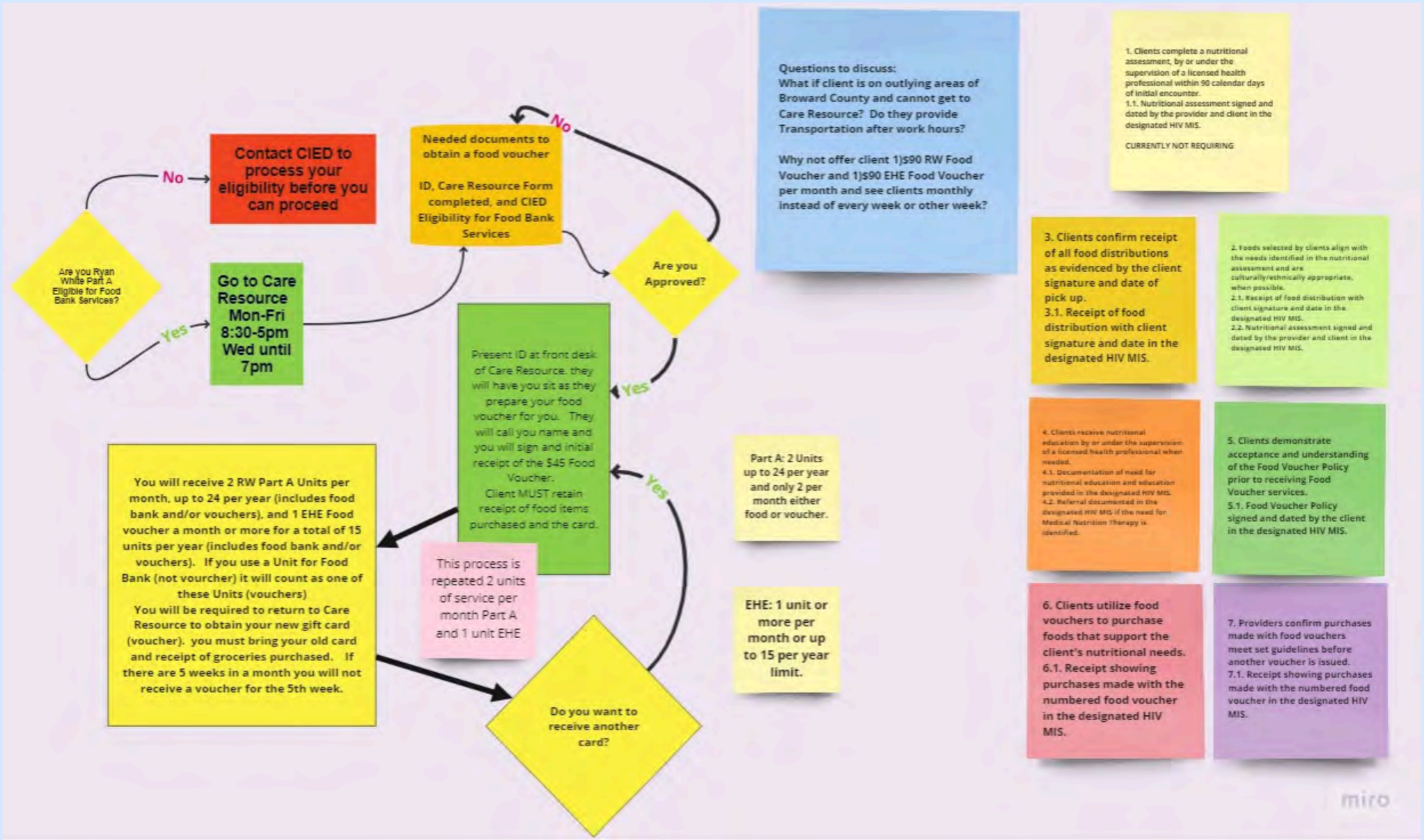
- [Needs that must be addressed]
- [Gaps in care]
- [Barriers to care]
- [Other]

PERFORMANCE GOALS

- [Desired outcomes]
- [Improvements to care]
- [Improvements in efficiency]
- [Other]

FLOW CHART

[Use a flow chart to demonstrate client services. See below as an example.]



CONTACT INFORMATION

[NAME]
[PHONE]
[EMAIL]
[WEBSITE]

ANY QUESTIONS?

THANK YOU

HANDOUT C

Broward EMA Ryan White Part A Program

Health Outcomes Presentation

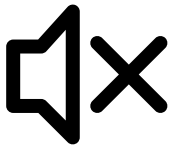
Priority Setting & Resource Allocation Committee Meeting

June 21, 2024

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

PRESENTED BY
DANIELLE LIAO, MPH

Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise

Identify Yourself

State your name and agency when speaking

Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification

Raise Your Hand

The “raise hand” option will notify the presenter of any questions that may arise

Ask Questions

Please save questions until the end of each slide

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 three months 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

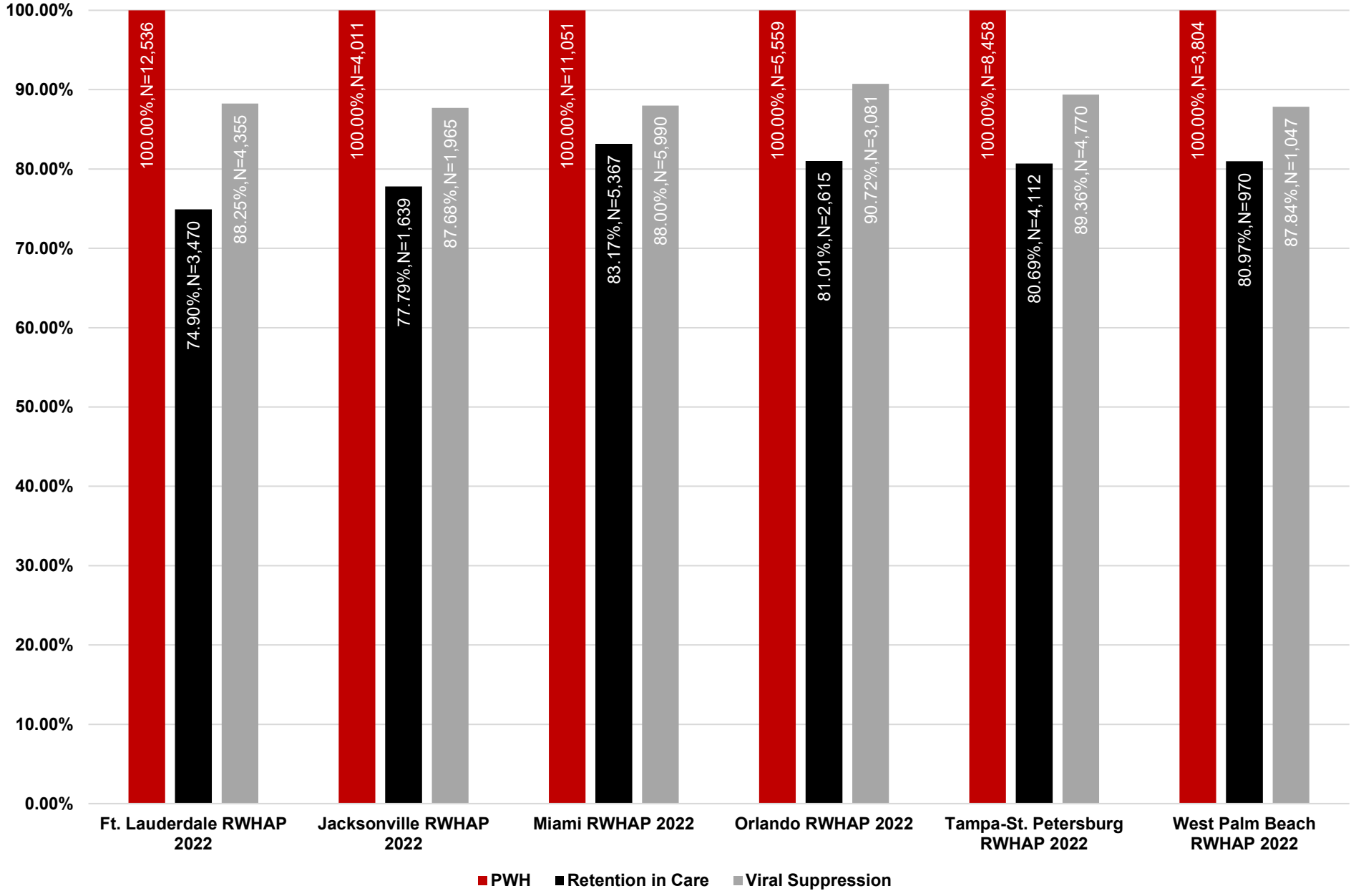
- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical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

FY 23 -24 Annual Data Review

The purpose of this presentation is to review specific data for fiscal year 2023-2024 and discuss opportunities for improvement.

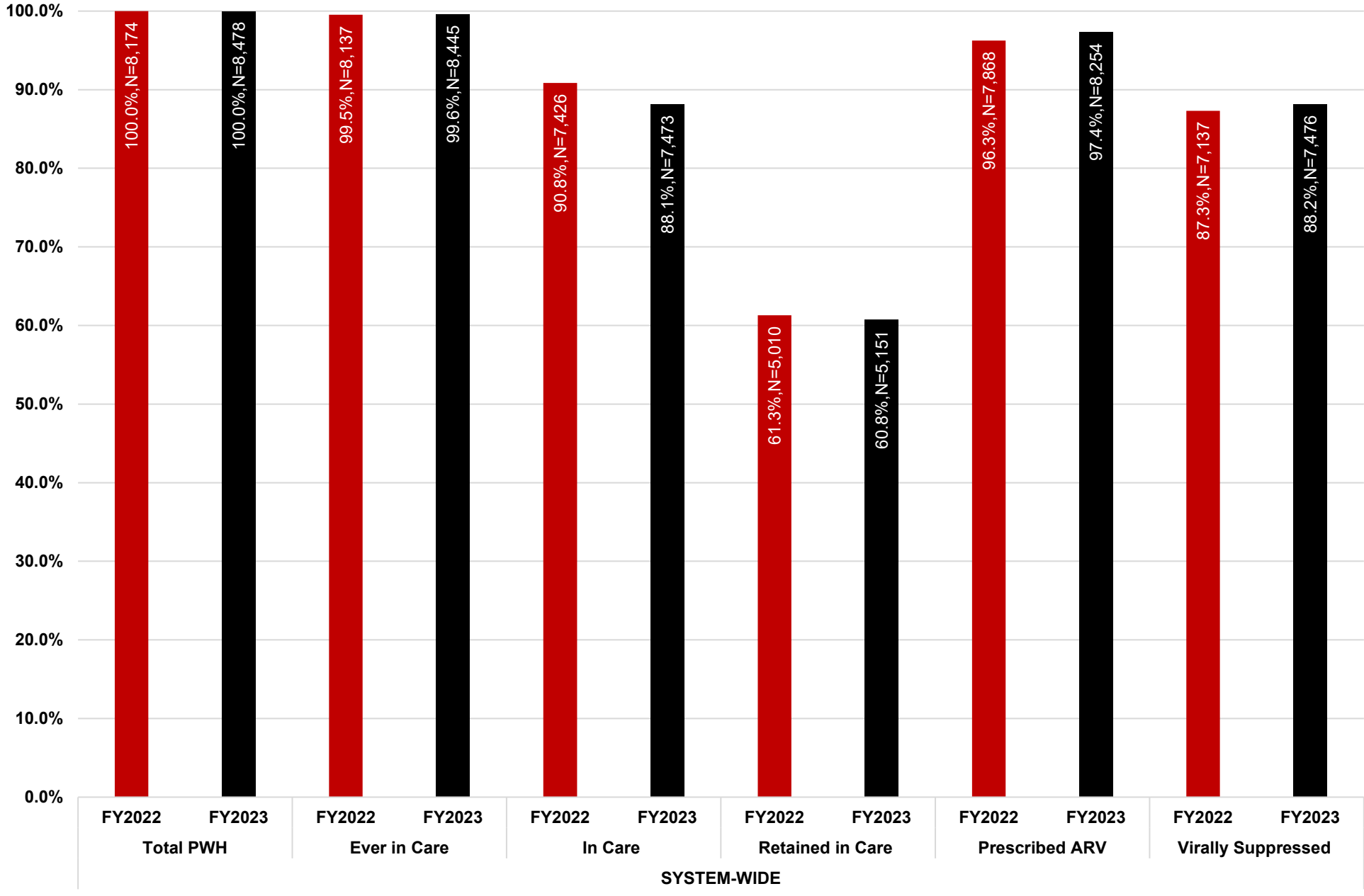
Data presented is based off information entered in Provide Enterprise.

2022 Ryan White HIV/AIDS Program Clients, Retention and Viral Suppression Rates, Florida EMAs



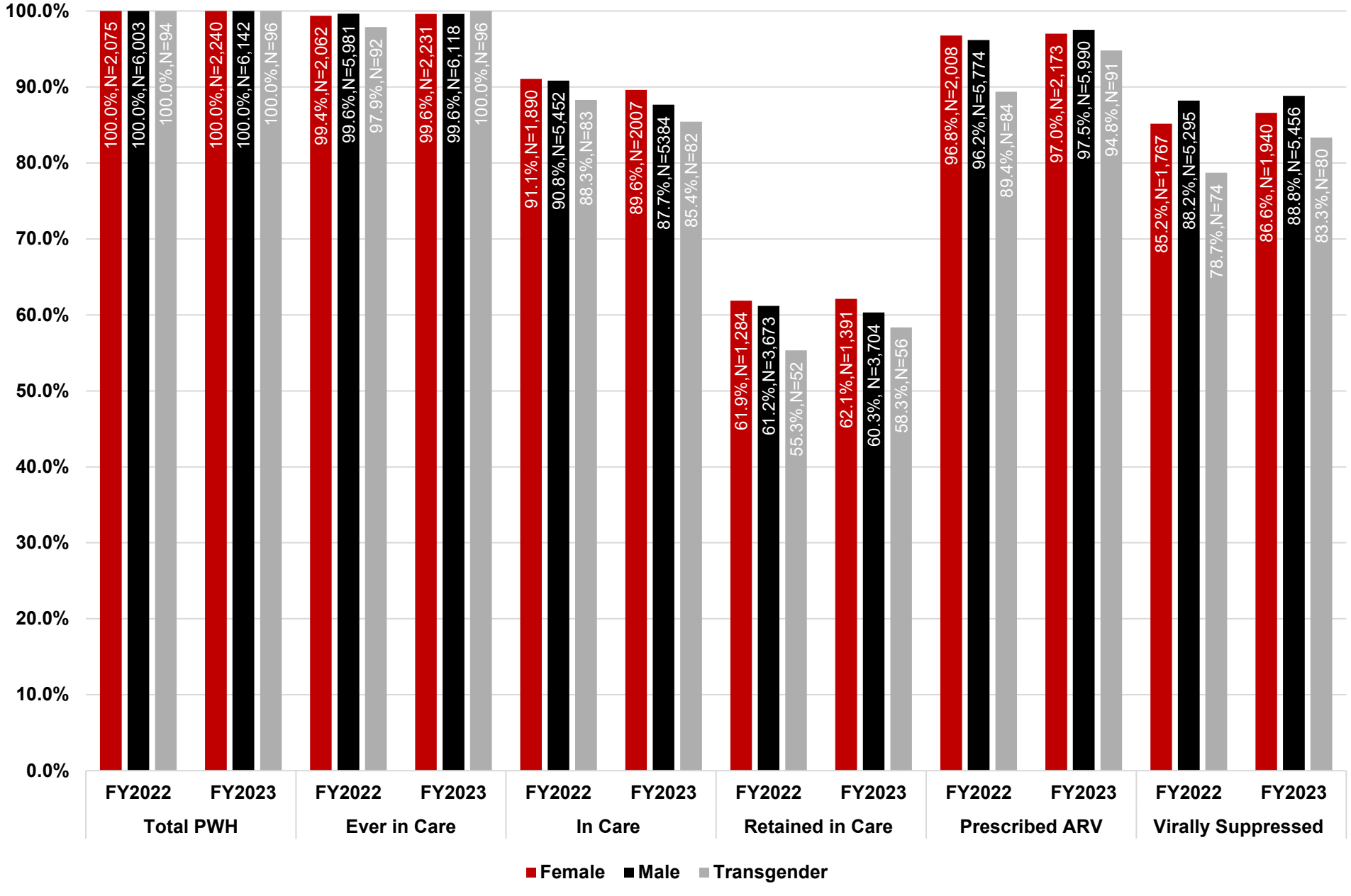
Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.

HIV Care Continuum Systemwide, Broward EMA, FY2022 and FY2023



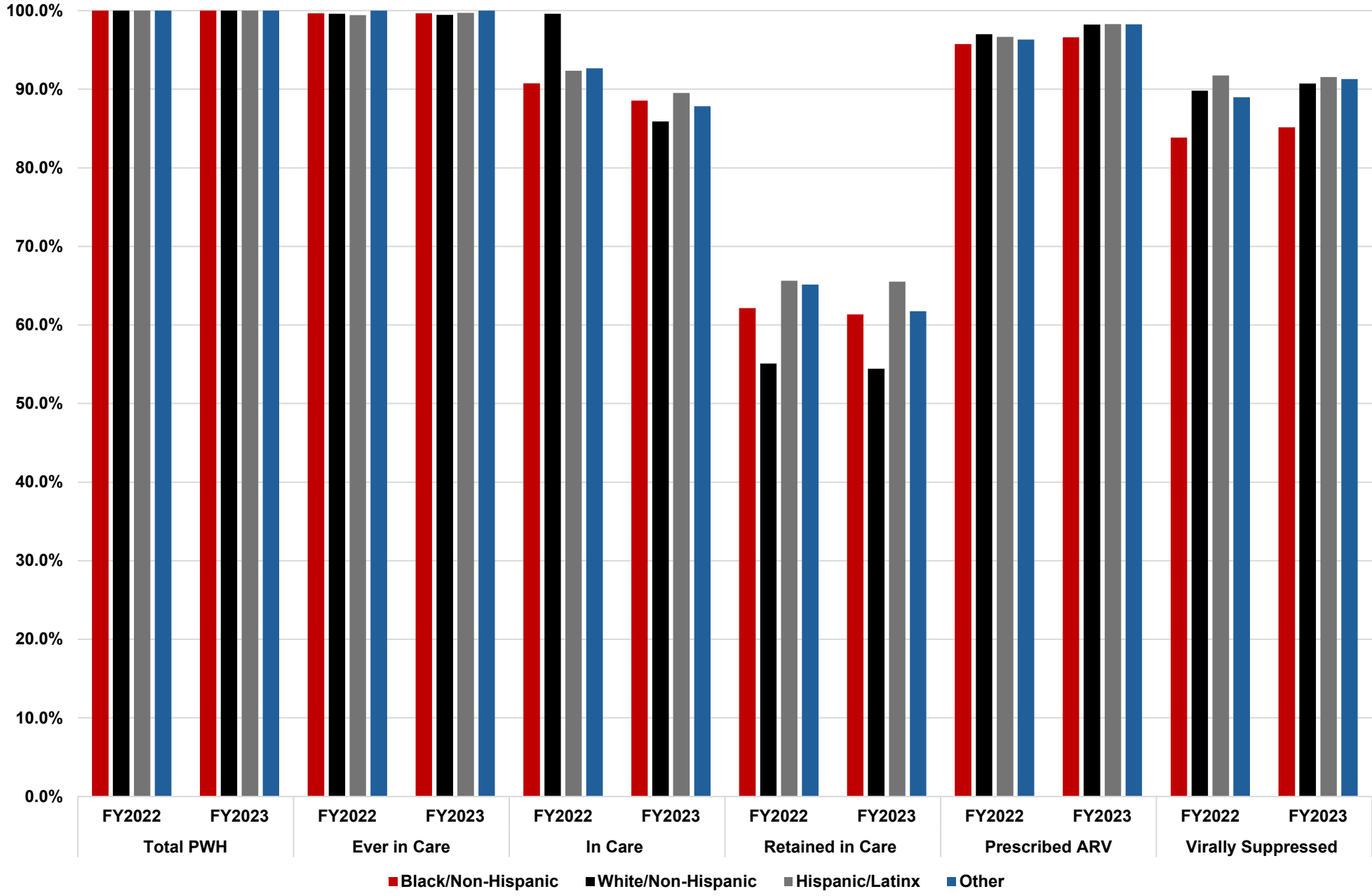
Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024

HIV Care Continuum Gender, Broward EMA, FY2022 and FY2023



Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024

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



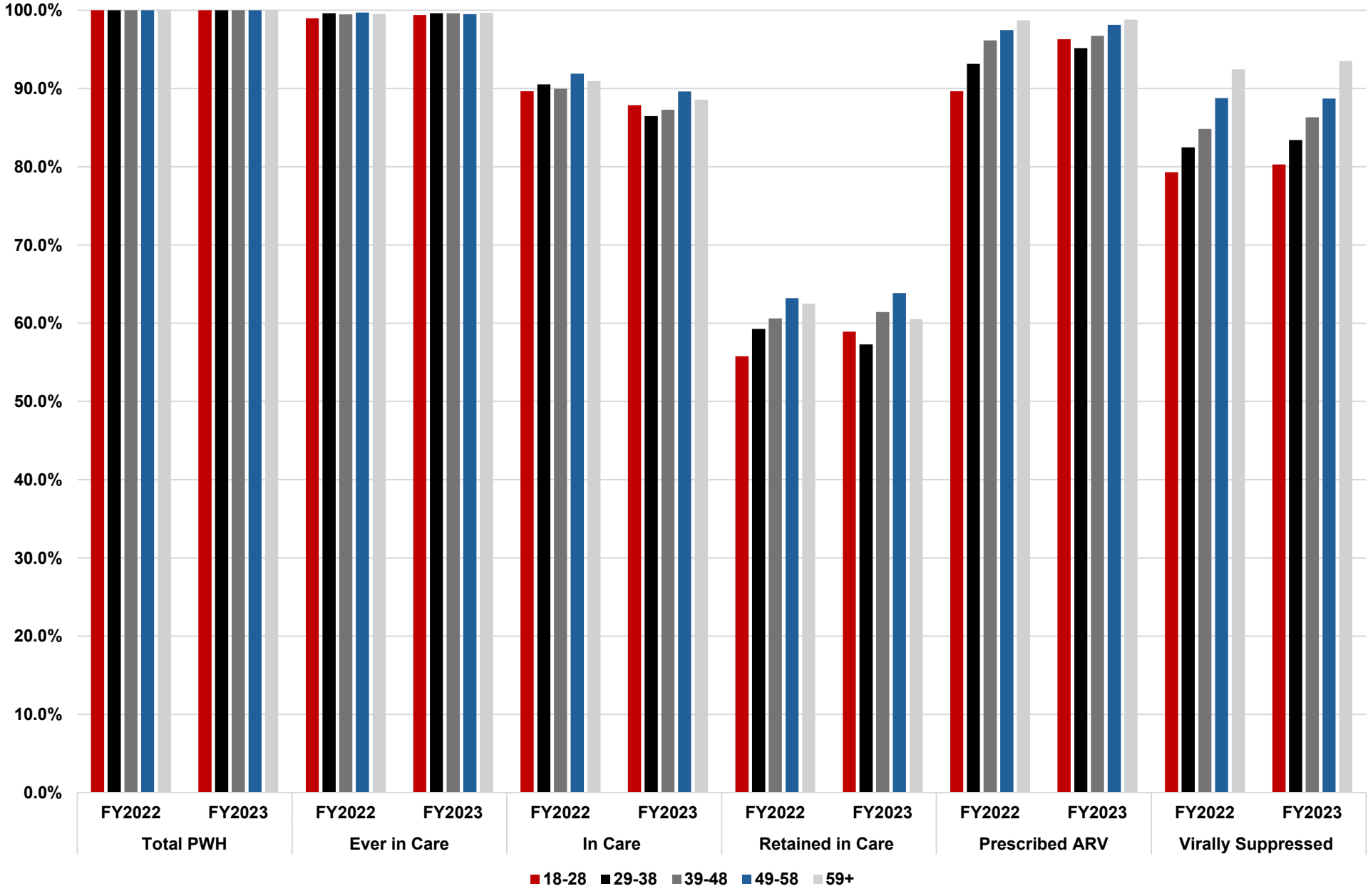
Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024; Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander

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

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

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

HIV Care Continuum Age, Broward EMA, FY2022 and FY2023



Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024

HIV Care Continuum Age, Broward EMA, FY2022 and FY2023

Age Group	FY2022 People Living With HIV	FY2022 Ever in Care	FY2022 In Care	FY2022 Retained in Care	FY2022 Prescribed ARV	FY2022 Virally Suppressed
18-28 (N)	488	493	442	275	442	391
18-28 %	100%	99%	89.7%	55.8%	89.7%	79.3%
29-38 (N)	1,564	1,558	1,416	927	1,457	1,290
29-38 %	100%	99.6%	90.5%	59.3%	93.2%	82.5%
39-48 (N)	1,557	1,549	1,401	944	1,497	1,321
39-48 %	100%	99.5%	90%	60.6%	96.1%	84.8%
49-58 (N)	2,137	2,131	1,964	1,351	2,083	2,383
49-58 %	100%	99.7%	91.9%	63.2%	97.5%	88.8%
59+ (N)	2,414	2,403	2,196	1,509	2,383	2,232
59+ %	100%	99.5%	91%	62.5%	98.7%	92.5%
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%

Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024

HIV Care Continuum:

Notable Data Trends

FY2022 &FY2023

- There were no notable changes in the reported systemwide data.

HIV Care Continuum: Notable Data Trends FY2022 &FY2023

Subpopulations:

- **Female clients** and **Male clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.
- **Transgender clients:** 3% retention rate increase
  - 4.6% viral suppression rate increase between the reporting periods

HIV Care Continuum:

Notable Data Trends

FY2022 &FY2023

Subpopulations:

- **Black (Non-Hispanic) ,White (Non-Hispanic), and Hispanic/Latinx clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.
- **Other***: 3.4% retention rate decrease

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

HIV Care Continuum: Notable Data Trends FY2022 &FY2023

- **Subpopulations:**
  - **18-28 age range:** 3.13% retention rate increase
  - **29-38 age**,**39-48 age, 49-58 age, and 59+ age range clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.

Any Questions?

Thank you!

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 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.