Fort Lauderdale/Broward County EMA
Broward County HIV Health Services Planning Council
An advisory board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100 • Hollywood, Florida 33020 954-561-9681 • FAX 954-561-9685

System of Care Committee Meeting

AGENDA

Date: April 1, 2021 at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Andrew Ruffner; **Vice Chair:** Joshua Rodriguez

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

SOC Purpose: To evaluate the system of care and its impact on people living with HIV and receiving Part A services in the Broward County EMA.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 04/01/2021
   b. Last Meeting Minutes 02/04/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   None.
6. **Unfinished Business**
   I. **FY2021-2022 System of Care Committee Work Plan (Continued) (Handout A)**
   Action Item: Review the FY2020 SOC Work Plan and discuss edits for the FY2021 SOC Work Plan.
7. **Meeting Activities/New Business**
   I. **Service Delivery Model (SDM) Discussion (Handout B1-B4)**
   Action Item: Discuss the changes that have been made to the Disease Case Management SDM, Centralized Intake and Eligibility Determination SDM, Non-Medical

Case Management SDM, and the Integrated Primary Care & Behavioral Health SDM by CQM Support Staff.

II. **Ending the HIV Epidemic (EHE) Needs Assessment Findings (Handout C)**
Action Item: Review EHE preliminary findings based on community engagement completed by the FL Department of Health-Broward County.

III. **Ending the HIV Epidemic (EHE) Eligible Metropolitan Area (EMA) Presentation (Handout D)**
Action Item: Review the EHE presentation by the Ryan White Part A Office detailing EHE services in Broward County.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

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

a. Next Meeting Date: May 6, 2021 at 9:30 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

11. **Announcements**

12. **Adjournment**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

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

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.

Revised 7/24/14

Meeting of the
System of Care Committee

Thursday, February 4, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

SOC Members Present: A. Ruffner (Committee Chair), J. Rodriguez (Committee Vice-Chair), H. B. Katz, T. Pietrogallo

Members Absent: D. Shamer

Members Excused: E. Chrispin

Ryan White Part A Recipient Staff Present: K. Giglioli, W. Cius, G. James, T. Thompson, S. Scott, N. Walker

Planning Council Support Staff Present: D. Cestaro-Seifer, G. Martinez, V. Oratien, N. Duong, F. Ukpai, W. Saint-Fleur

Guests Present: S. Cook, B. Mester

Agenda Item #1: Call to Order, Welcome & Public Record Requirements

The *SOC Chair* called the meeting to order at 9:38 a.m. The *SOC Chair* welcomed all meeting attendees that were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *SOC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

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 Item #2: Meeting Approvals

The approval for the agenda of the February 4, 2021 System of Care Committee meeting was proposed by *J. Rodriguez*, seconded by *H.B. Katz*, and passed unanimously. The approval for the minutes of the October 1, 2020 meeting was proposed by *T. Pietrogallo*, seconded by *J. Rodriguez*, and approved with no further corrections.

Mr. Rodriguez, on behalf of SOC, made a motion to approve the February 4, 2021 System of Care Committee agenda as presented. The motion was adopted unanimously.

Mr. Pietrogallo, on behalf of SOC, made a motion to approve the October 1, 2020, System of Care Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #3: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #4: Meeting Activities/New Business

Mr. Biggs shared his experience of receiving care from the Ryan White HIV AIDS Program (RWHAP) in Broward County with the Committee. While his overall experience of the RWHAP has been positive, recent interactions have detracted from that. Mr. Biggs discussed his recent difficulties with the gatekeepers at agencies. He described argumentative and cold experiences with agency representatives. Mr. Biggs also noted that novices might have more challenges navigating the Part A Program. *Mr. Biggs* noted that the RWHAP could be very confusing, especially for newly diagnosed individuals. It would be beneficial for some community members to have more of a hand-holding experience. Members and guests discussed the system's setup and potential methods to address this need.

SOC discussed using navigators to assist consumers through the system and the potential cost as a limiting factor. Members also discussed requiring a visit with a Case Manager upon entry into care. Mr. Biggs noted the repetitive nature of entering into care among the different RWHAP Programs. It can be confusing or frustrating for new clients to complete similar paperwork and surveying for each Part of their care. Additionally, clients are often confused about the differences between Part A and Part B or which services they qualify to utilize. Finally, SOC discussed whether there was a difference in the needs of clients who are new to care and clients reentering care. Returning to care can be difficult for clients and can indicate a broken relationship between the client and the care provider.

The *SOC Chair* emphasized the need for consumer and frontline worker voices on the Committee. Members were encouraged to invite community members who can speak to the experience of accessing and providing care.

Ms. Debbie Cestaro-Seifer provided an overview of the secret shopper initiative previously completed by the Part A Program (Handout A on file). Members and guests discussed the importance of the client's perception of care. The Chair requested that SOC discuss this presentation further at its March meeting.

ACTION ITEM: Members will review Handout A and consider key takeaways to be discussed at the March 4, 2021 SOC meeting.

A request was made that if a flow chart for clients moving through the system exists, it be shared with the Committee. The Recipients of Part A & B noted that a flowchart would be challenging to map out because it would have to be tailored to each client's needs. Members emphasized the complexity of the RWHAP, with one stating that the most effective way for clients to navigate through this system is with knowledgeable guides who can help individuals move through it.

FY2021-2022 System of Care Committee Work Plan: The SOC Work Plan was tabled until the March meeting in the interest of time. At the March meeting, the Committee will review their progress FY2020 and determine what changes should be made to the work plan for FY2021.

Agenda Item #5: Recipient Report

The Recipient's Office is collecting fiscal information from Providers. However, due to administrative issues caused by the pandemic, the process is taking longer than usual. The Recipient will be reaching out to HRSA regarding its stance on carryover penalties. Renewal letters will be sent to

the Broward Board of County Commissioners on Feb 23rd, after renewal letters have been sent to agencies on February 18th or 19th. The Community Rightful Center is now the MAI service provider and will be represented at the March HIVPC meeting to make a presentation. The Recipient's Quality Team is working with Clinical Quality Management to complete Service Delivery Models and continue Quality Initiatives. Monitoring will likely be virtual again this year. Neil Walker is the Ending the HIV Epidemic (EHE) lead and will have program information available in the coming weeks.

Mr. Walker added that a formalized grievance process is available to address consumer issues. If any client feels he/she/they are not making progress with an agency, please reach out to the Recipient's Office directly. The Recipient takes pride in responding to client issues. Mr. Walker can be contacted at the following phone numbers regarding provider concerns:

Mr. Neil Walker: 954-357-7809
Main Office: 954-357-5390

Agenda Item #6: 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 Item #7: Member Tasks

Members will review Handout A and discuss perspectives and key takeaways from the information.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next SOC meeting will be held on March 4, 2021, at 9:30 a.m. via WebEx Videoconference.

Agenda Items for Next Meeting:

- FY2021 Work Plan
- Customer Health Experiences Initiative Discussion
- Needs Assessment Presentation

Agenda Item #11: Announcements

- Broward Regional Health Planning Council: The Health Insurance Premium Assistance Program has a special enrollment period open from February 15, 2021 through May 15, 2021. Part A clients are encouraged to enroll and obtain insurance as well as premium payment. From the ADAP perspective, the Florida Department of Health saw an increased number of ACA enrollments, but not a substantial one. It is very important to discuss this with clients because there are benefits to clients to having insurance.
- Poverello: The Recipient has lifted its restrictions on the number of clients' food pantry visits.
- World AIDS Museum and Educational Center: The Community Dialogue Series continues with an event on Tuesday, February 9th at 7:00 p.m. The event is called, "Discovery at the CDC – The Sandy Ford Story." More information can be accessed at this link.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 11:33 a.m.

SOC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	4											
0	0	0	**1**	Chrispin, E.		E											
1	1	0	**2**	Katz, H.B.		X											
0	1	0	**3**	Pietrogallo, T.		X											
0	0	0	**4**	Rodriguez, J. *Vice Chair*		X											
0	0	0	**5**	Ruffner, A. *Chair*		X											
0	0	1	**6**	Shamer, D.		A											
				Quorum = 4	0	4	0	0	0	0	0	0	0	0	0	0	

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**

HANDOUT A

FY 2020-21 System of Care Committee Work Plan

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 2021, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients

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

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training	Ongoing	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.						
1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments	Ongoing	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.		X				X
1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care	Ongoing	PCS 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 Strategy 2.2.a)		X				
1.4 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 Strategy 3.1.a)						

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

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Identify needs resulting from disparities in HIV-related service availability.	Ongoing	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need along the RWPA Care Continuum						
2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum.	Ongoing	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.**						
2.3 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						
2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review.	As Needed	SOC	Collaboration with QMC to lessen disparities along the contiuum	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies						
2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum.	As Needed	SOC/PCS Team	Collaboration with experts to lessen disparities along the continuum	Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum						
2.6 Present findings to QMC for potential updates to service delivery models (SDM).	As Needed	SOC	Utilize findings to improve RWPA system of care	Recommend service delivery model updates based on data and recommendations						

HANDOUT B1

Broward County Ryan White Part A Program

Central Intake and Eligibility Determination (CIED) Service Delivery Model

Summary of Recommended Changes

(Last Updated October 23, 2014)

CHANGES MADE THROUGHOUT THE CIED SDM

- Instead of having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" section.
- Eligibility Verification, Target Population, Client Intake, Service Caps, Access to Primary Medical Care, Retention in Primary Medical Care, Documentation, Continuous Quality Improvement, Payor of Last Resort, Responsibilities of Staff, Professional Requirements and Training sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO CIED DEFINITIONS

Description of Change	Justification
Language change in local definition.	New language more accurately describes activities conducted in CIED.

CHANGES MADE TO CIED OUTCOMES AND INDICATORS

Description of Change	Justification
Outcome 1 is now, "Increase access, retention, and medical adherence to primary medical care."	Standardization among new Service Delivery Models.
Indicator 1.2 has been added: "80% of clients will not experience a lapse in Ryan White Part A eligibility."	Increasing process efficiency.
Outcome 2 has been removed: "Provide access to benefits for which client is eligible."	This activity is detailed in the Assessment section of the Service Delivery Model.
Removal of columns, "Inputs," "Strategies," and "Data Source."	Fields offer unclear information in data collection of outcomes.
Columns now titled, "Outcomes," "Indicators," and "Measure."	Standardization among new Service Delivery Models.

CHANGES MADE TO CIED STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Standards 1 & 2 were combined into *Standard 1*.	Client eligibility profile standards were merged to increase efficiency in the Service Delivery Model.
Standard 4 has been expanded to *Standards 5 & 6.*	This provides more detail regarding provider standards.
Standards 5 & 6 were combined into *Standard 4*.	Increasing efficiency in the Service Delivery Model.
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.
Standard 7 including methods of communication between clients and providers was added.	This outlines the different options for client engagement.

Standard 8 indicating an online recertification option was added.	This indicates the availability of the online Ryan White Part A Client Recertification Portal.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, and state, local, and federal standards.
- Services must be provided at centralized offices and with staff stationed at Ryan White Part A core medical and support service sites.
- Clients must be oriented to the Broward Ryan White Part A system of care. This activity was added to encourage clients' use of available services and improve engagement & retention in care.
- Community Outreach through an annual marketing plan was added to improve community knowledge of the Ryan White Part A Program and available services.

HANDOUT B2

Broward County Ryan White Part A Program

Disease Case Management (DCM) Service Delivery Model

Summary of Recommended Changes

(Last Updated March 23, 2017)

CHANGES MADE THROUGHOUT THE DCM SDM

- Rather than having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" and "Assessment and Individual Care Plan" Sections.
- Access to Service, Eligibility Verification, Client Intake, Service Provision, Case Closure, Access to Primary Medical Care, Documentation, Continuous Quality Improvement, Physical Plant Safety, Payer of Last Resort, and Professional Requirements sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO DCM DEFINITIONS

Description of Change	Justification
Addition of HRSA Definition.	Standardization among Service Delivery Models and a reference to national HRSA guidance for the service category.
Language change in local definition.	New language more accurately describes Ryan White Part A Legal Services offered in Broward.

CHANGES MADE TO DCM OUTCOMES AND INDICATORS

Description of Change	Justification
Removal of columns "Inputs" and "strategies".	Fields offer unclear information in data collection of outcomes.
Columns now titled "Outcomes", "Indicators", and "Measure".	Standardization among new Service Delivery Models.
Outcome 1 was updated to increased access, retention, and adherence to primary medical care.	Language in the Broward Outcomes and Indicators have been updated.
Indicator 1.1 was updated to 85% of clients achieve (1) or more action plan goals by the target resolution date.	Setting DCM goals with patients is an important process in helping clients to become successful in making health improvements. Goals should be person-centered, measurable, time sensitive, attainable and reflect a coordinated approach to care.
Indicator 1.2 was updated to 90% of clients are retained in primary medical care.	Indicator supports outcome to increase client access, retention and adherence to primary medical care.

CHANGES MADE TO DCM STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.

Removal of previous *Standard 12, Standard 18,* and *Standard 20*.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Combination of previous *Standard 1, Standard 2, Standard 3, Standard 4, Standard 5, Standard 6, and Standard 7* to *Standard 1* in the new DCM SDM.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 1 is now the completion of a CHA with each client by the provider within 14 days of their initial visit.	DCM Network members requested to have a comprehensive health assessment placed in PE to support the work they do.
Combination of previous *Standard 8, Standard 9, Standard 13,* and *Standard 14* to *Standard 2* in the new DCM SDM.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 2 is now the development of an ICP within 30 days of completing the initial CHA.	Timeline for ICP completion was shortened to be in alignment with State of Florida Medical Case Management standards.
Combination of previous *Standard 10* and *Standard 11* to *Standard 3 in the new DCM SDM.*	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 3 is now the completion of a reassessment every six months after the completion of the initial CHA.	Addition of CHA requires modifications to support the use of the CHA by medical case managers.
Standard 4 is now the client's assessment and reassessment using the Acuity Scale.	New management levels require specific medical case management-client points of contact.
Standard 5 is now contact with the provider at the frequency specified by the client's management level in the Acuity Scale.	This is a best practice of the Disease Case Management Services and was not previously reflected in the Disease Case Management service standards.
Combination of previous *Standard 15* and *Standard 16* to *Standard 6* in the new DCM SDM.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 6 is now conducting healthcare monitoring as specified by the ICP.	This is a best practice of the Disease Case Management Services and was not previously reflected in the Disease Case Management service standards.
Standard 7 (previously *Standard 19*) is now coordinating medically appropriate levels of medical and support services to assist clients in meeting ICP goals and retention in care.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 8 (previously *Standard 17*) is now conducting adherence counseling to support treatment regimens and medical care.	Language in the previous standards were reallocated to other standards in the new Disease Case Management SDM.
Standard 9 (previously *Standard 21*) now stipulates that assistance must be documented in client file within three business days.	Ensures documentation of Disease Case Management services provided.
Standard 10 (previously *Standard 22*) now stipulates that providers will follow up with clients	This is a best practice of the Disease Case Management Services and was not previously

in two business days of the client's requested communication.	reflected in the Disease Case Management service standards.
Standard 11 (previously *Standard 23*) now stipulates that documentation must support the client's management level in accordance with the Acuity Scale.	New management levels require specific details of management services and the alignment of the services with components of disease case management such as referral, follow-up and reassessments. Medical chart reviews safeguards performance of best practices in supporting clients at the four levels of case management.
Standard 12 is now scheduling and holding client case management conferences in accordance with the client's management level as outlined in the Acuity Scale.	New management levels require delineation of client case management conferences that support client progress towards health outcome goals.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, and state, local, and federal standards.
- Key service component language is now more concise.

CHANGES MADE TO ASSESSMENT AND INDIVIDUAL CARE PLAN

- Assessment process and components are more clearly defined; the DCM Assessment Model flow chart was also added (Appendix A).
- Language has been added to detail the components of client individual care plans.
- Addition of a Comprehensive Health Assessment (CBA) that is conducted at the time of referral and is updated annually or more frequently when patients experience unmet needs and/or new physical and behavioral health conditions.
- Addition of an Acuity Scale that is informed by the Comprehensive DCM Assessment. The acuity scale ratings provide Disease Case Managers with client contact and service parameters to assist in working with clients to development their Individual Care Plan or ICP that is focused on chronic disease management needs.
    - The Acuity Scale point range is 24-96 points that categorize four levels of DCM.
    - Level 1 is the HIV self-management level where the client is able to manage their medications without any assistance and completes all scheduled medical appointments. The client who is at Level 1 is virally suppressed.
    - Level 4 is the level of highest need. Clients at Level 4 require intensive management and are in need of wrap around services and assistance with medication adherence and medical appointment adherence.

- Level 2 is Basic Management and clients receiving this level of DCM service are medically stable and need minimal assistance to manage their HIV.
- Clients is Level 3 are virally suppressed. Clients receiving Level 3 services require Moderate Assistance and they are at risk of becoming medically unstable without DCM assistance. Clients at Level 3 have documented viral loads or they are at risk for becoming detectable.

HANDOUT B3

Broward County Ryan White Part A Program

Integrated Primary Care & Behavioral Health (IPCBH) Service Delivery Model

Summary of Recommended Changes

(Last Updated February 9, 2018)

CHANGES MADE THROUGHOUT THE IPCBH SDM

- Instead of having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" section.
- Eligibility Verification, Target Population, Client Intake, Service Caps, Access to Primary Medical Care, Retention in Primary Medical Care, Documentation, Continuous Quality Improvement, Payor of Last Resort, Responsibilities of Staff, Professional Requirements and Training sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO IPCBH DEFINITIONS

Description of Change	Justification
Update to HRSA Definition.	HRSA Definition for Outpatient Ambulatory Health Services updated to reflect most recent definition.
Language change in Local Definition.	New language more accurately describes activities conducted in Integrated Primary Care & Behavioral Health.

CHANGES MADE TO IPCBH OUTCOMES AND INDICATORS

Description of Change	Justification
Removal of Columns, "Inputs," "Strategies," and "Data Source."	Fields offer unclear information in data collection of outcomes.
Columns now titled, "Outcomes," "Indicators," and "Measure."	Standardization among new Service Delivery Models.
Outcome 1 is now, "Increased access, retention, and adherence to primary medical care."	Standardization among new Service Delivery Models.
Indicators 1.1 is now, "85% of clients are retained in Integrated Primary Care and Behavioral Health services."	Changed from 95% of clients are prescribed antiretroviral therapy, which was an indicator that was being met routinely for all clients in the EMA and the strengthening of the Test and Treat Program to focus on client connection to IPCBH services and the ultimate goal of viral suppression. PWH connected to medical care are more likely to be virally suppressed per the literature.
Indicators 1.2 has been updated.	Increase from 85% to 90% to "move the needle on viral suppression" to occur within 6 months of starting antiretroviral (ARV) medication. PWH are more likely to experience better health and quality of life including fewer co-morbidities if they attain and maintain viral suppression. This indicator is also in alignment with HRSA's End the HIV Epidemic (EHE) initiative.

CHANGES MADE TO IPCBH STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.
Standards have been separated into "Primary Medical Care Standards of Service Delivery" and "Behavioral Health Standards for Service Delivery."	Integrated Primary Care Standards and Behavioral Health Standards are displayed separately for improved clarity.
Standard 1 has been updated.	This standard was updated to person-first language.
Standards 2-14 have been combined into *Standard 2* of the Primary Medical Care Standards of Service Delivery.	Laboratory testing standards have been outlined in the Key Service Components and Activities section of the Service Delivery Model.
Standard 5 of the Primary Medical Care Standards of Service Delivery was added.	Clients often forget clinical appointments especially when there may be stigma attached to the service as there often is with Behavioral Health and the word "Counseling." Reminding patients about their appointments cannot be overemphasized as an important intervention to support client follow through.
Standard 16 of the Primary Medical Care Standards of Service Delivery was added.	This standard was included in addition to improve client oral health care outcomes.
Standard 23 requiring an annual Tuberculosis test was removed.	Laboratory testing standards have been outlined in the Key Service Components and Activities section of the Service Delivery Model.
Standard 27 which states that clients attend 2 or more medical visits annually has been removed.	This is reflected in *Standard 2* of the Primary Medical Care Standards of Service Delivery.
Standards 30, 31, & 35 regarding Care Assessments have been removed.	These standards are now outlined under Key Service Components & Activities.
Standards 6-8 of the Behavioral Health Standards for Service Delivery were added.	These standards provide standards for documenting Behavioral Health Service Delivery in client charts.
Clients complete a Patient Health Questionnaire (PHQ-9) at every primary medical care visit.	In the 2017 version, clinical screening tools were to be administered as indicated. Research demonstrates that PWH are most likely to experience at least one episode of depression during their lifetime. This added standard supports early detection and treatment of depression in PWH.
Clients whose score on the PHQ-9 is greater than 11 are referred to Behavioral Health Services.	Mild depression is defined by a score of 5-p on the PHQ-9. Moderate depression is defined by a score of 10-14 and 15-19 moderately severe with 20-27 indicating severe depression. Mild depression does not warrant an Assessment, but does require monitoring by the primary care provider. A score over 11 warrants immediate referral to a Behavioral Health Specialist for an Assessment to rule out major depressive disorder.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, and state, local, and federal standards.
- Modifications were made to primary medical care and behavioral health services to that ensure the services align with evidence-based practices documented in the U.S. Department of Health and Human Services (HHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.
- The development of a Behavioral Health Treatment Plan was described and the minimal components of the treatment plan outlined with the request for measurable goals and objectives. Guidelines for the Behavioral Health Treatment Plan review were updated as well.
- Referral processes for behavioral health services and specialists were expanded to highlight the importance of behavioral and mental health assessments and treatment for PWH.
- Medical Care Comprehensive Assessment was updated to align treatment and care services with most current HHS treatment guidelines and U.S. Preventative Services Taskforce Recommendations (USPSTF).
- Updates to screening requirements were made to support the integration of behavioral and mental health, nutritional and vision and hearing health. Minimum screening standards were specified as the execution of the following measures:
    - clinical depression (PHQ-9 at a minimum)
    - Nutritional health screening
    - Psychosocial screening, including alcohol and substance use, domestic violence and housing status
    - Tobacco use screening
    - Vision and hearing screenings as indicated by need and/or transition to age-friendly health services
- Behavioral Health Treatment Plan Review is added to the Service and justified with a more comprehensive description of minimum requirements to support the integration of behavioral and mental health with medical care. Components of the Treatment Plan and the expectations of the Treatment Plan Review process are delineated.

HANDOUT B4

Broward County Ryan White Part A Program

Non-Medical Case Management (NMCM) Service Delivery Model

Summary of Recommended Changes

(Last Updated September 24, 2020)

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- Language has been added to underscore the utilization of 30% of all NMCM personnel funds provided under the RW Part A Program for Peer Counseling services
- Support of clients in achieving and maintaining viral suppression was added

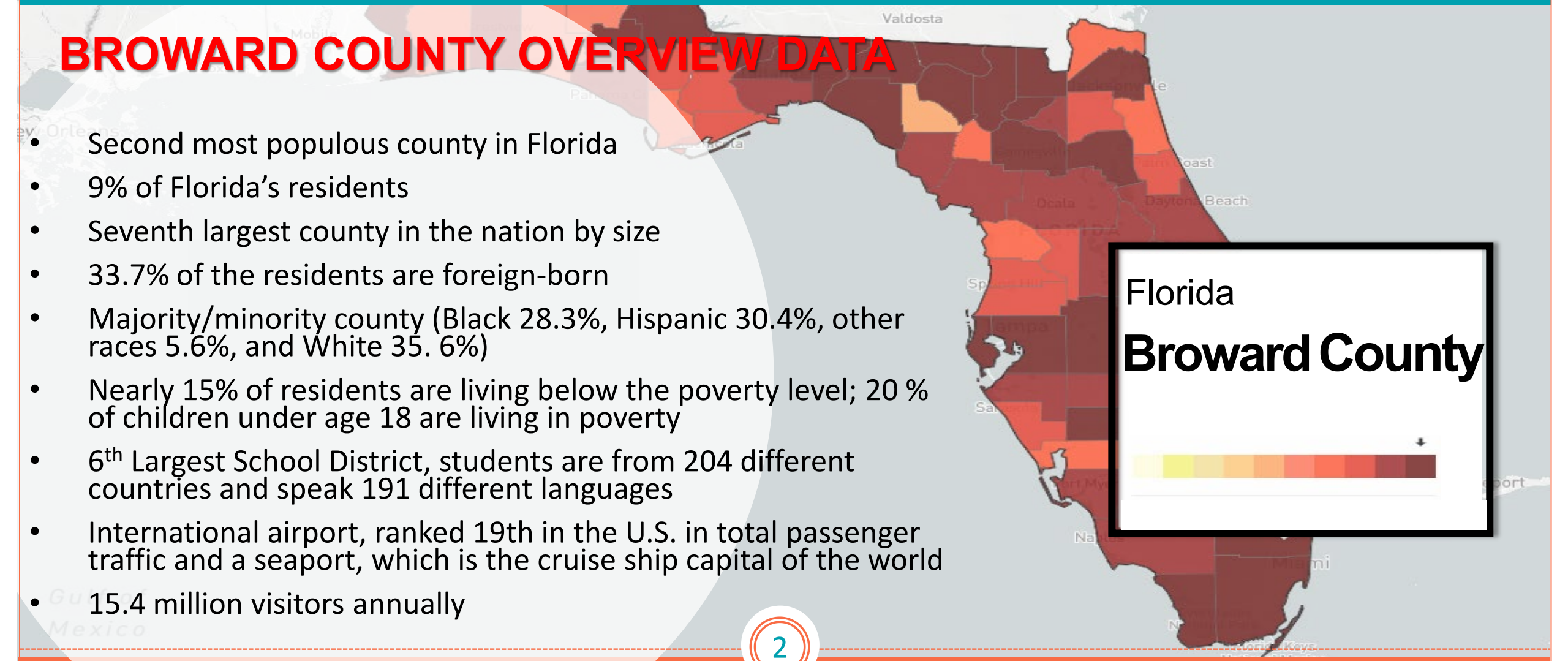
HANDOUT C

Florida's Ending the HIV Epidemic Plan

At-A-Glance

BROWARD COUNTY OVERVIEW DATA

- Second most populous county in Florida
- 9% of Florida's residents
- Seventh largest county in the nation by size
- 33.7% of the residents are foreign-born
- Majority/minority county (Black 28.3%, Hispanic 30.4%, other races 5.6%, and White 35. 6%)
- Nearly 15% of residents are living below the poverty level; 20 % of children under age 18 are living in poverty
- 6th Largest School District, students are from 204 different countries and speak 191 different languages
- International airport, ranked 19th in the U.S. in total passenger traffic and a seaport, which is the cruise ship capital of the world
- 15.4 million visitors annually



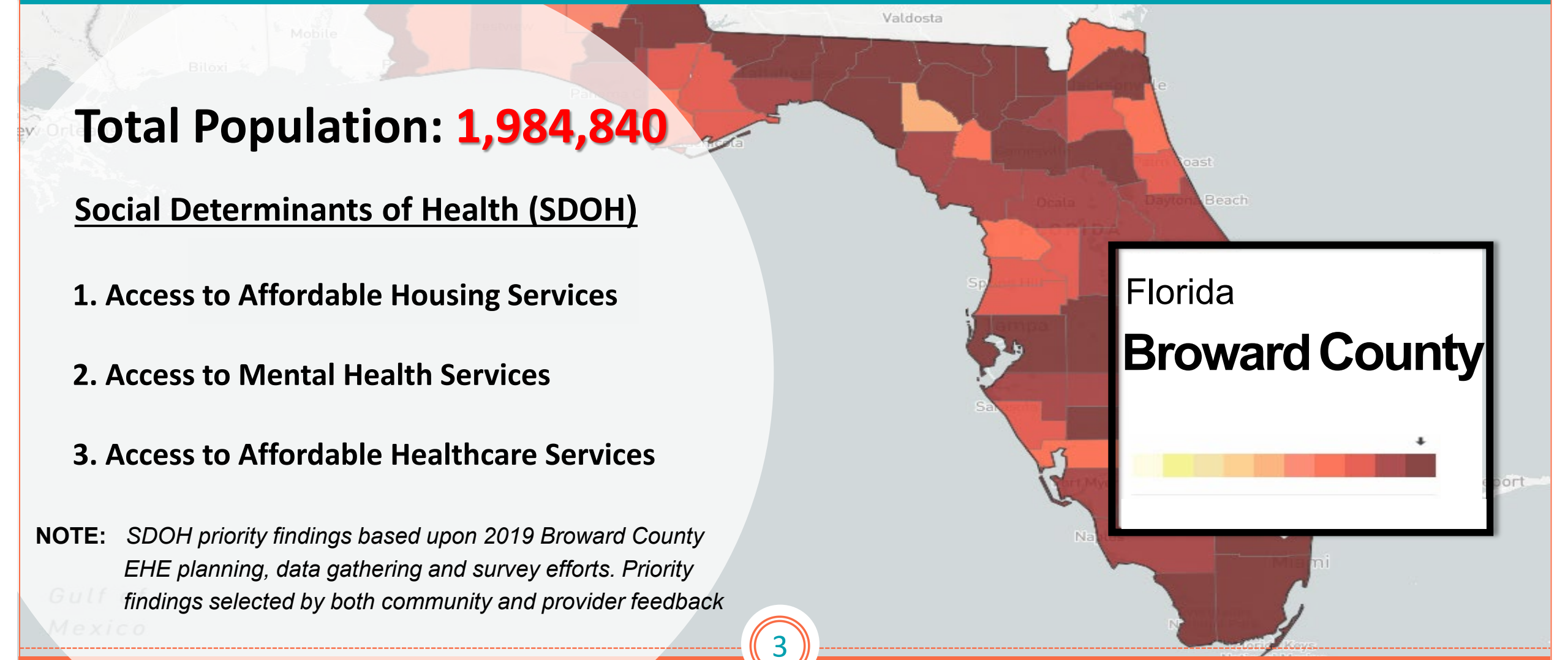
At-A-Glance

Total Population: 1,984,840

Social Determinants of Health (SDOH)

1. **Access to Affordable Housing Services**
2. **Access to Mental Health Services**
3. **Access to Affordable Healthcare Services**

NOTE: *SDOH priority findings based upon 2019 Broward County EHE planning, data gathering and survey efforts. Priority findings selected by both community and provider feedback*



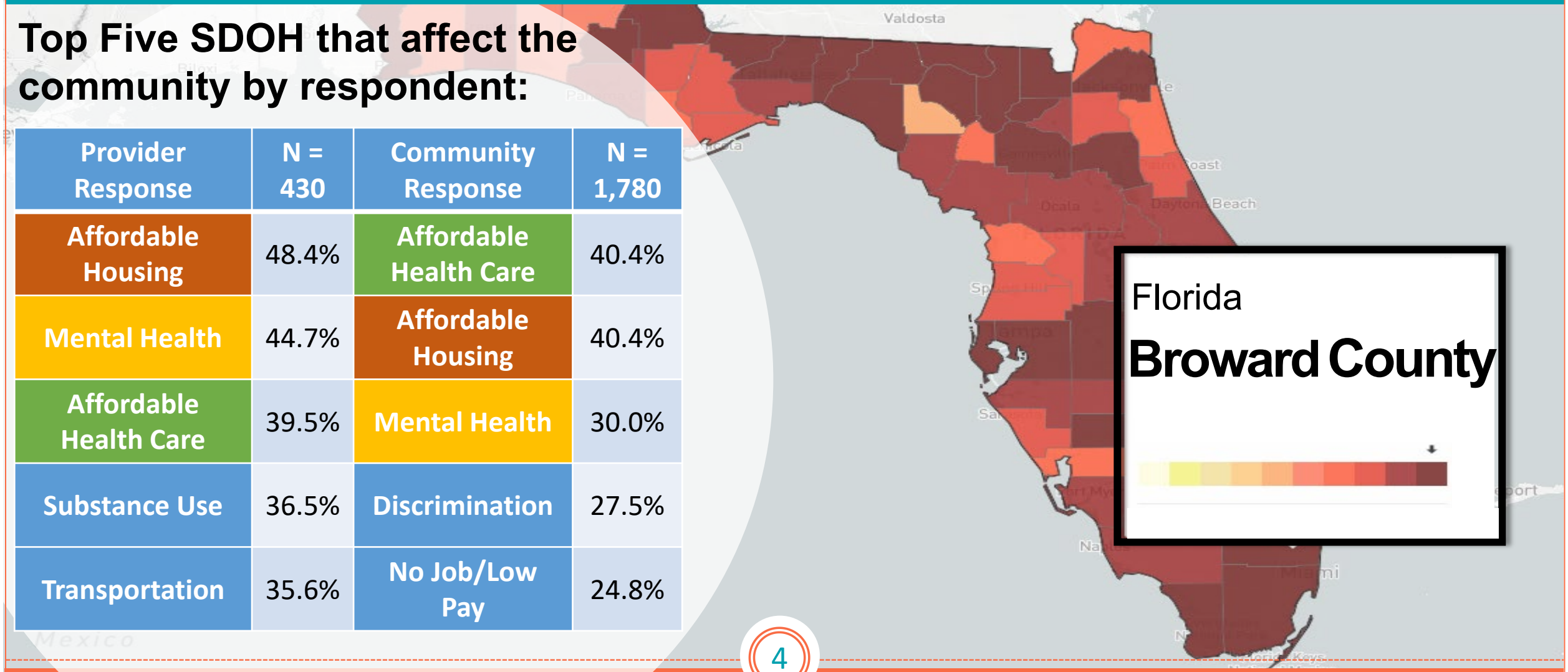
DRAFT

Revised 3/30/2021

At-A-Glance

Top Five SDOH that affect the community by respondent:

Provider Response	N = 430	Community Response	N = 1,780
Affordable Housing	48.4%	Affordable Health Care	40.4%
Mental Health	44.7%	Affordable Housing	40.4%
Affordable Health Care	39.5%	Mental Health	30.0%
Substance Use	36.5%	Discrimination	27.5%
Transportation	35.6%	No Job/Low Pay	24.8%



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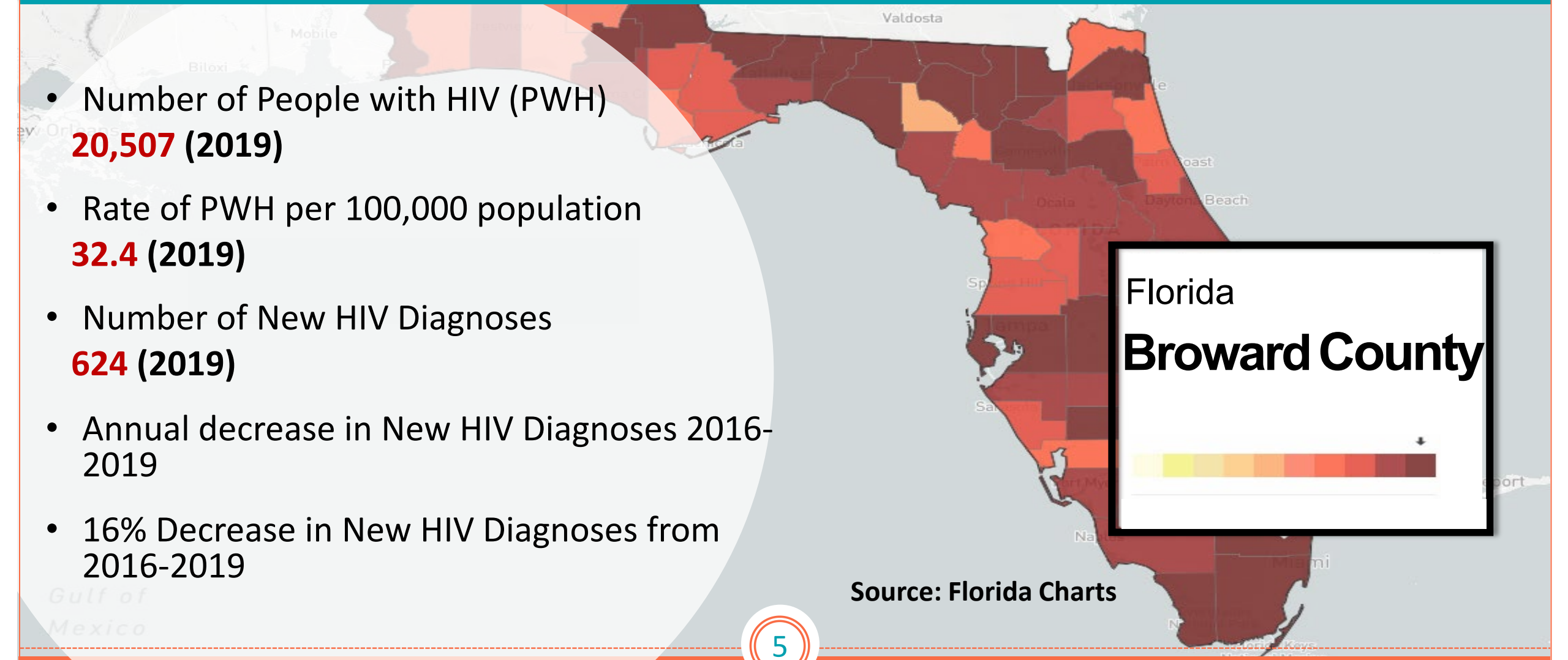
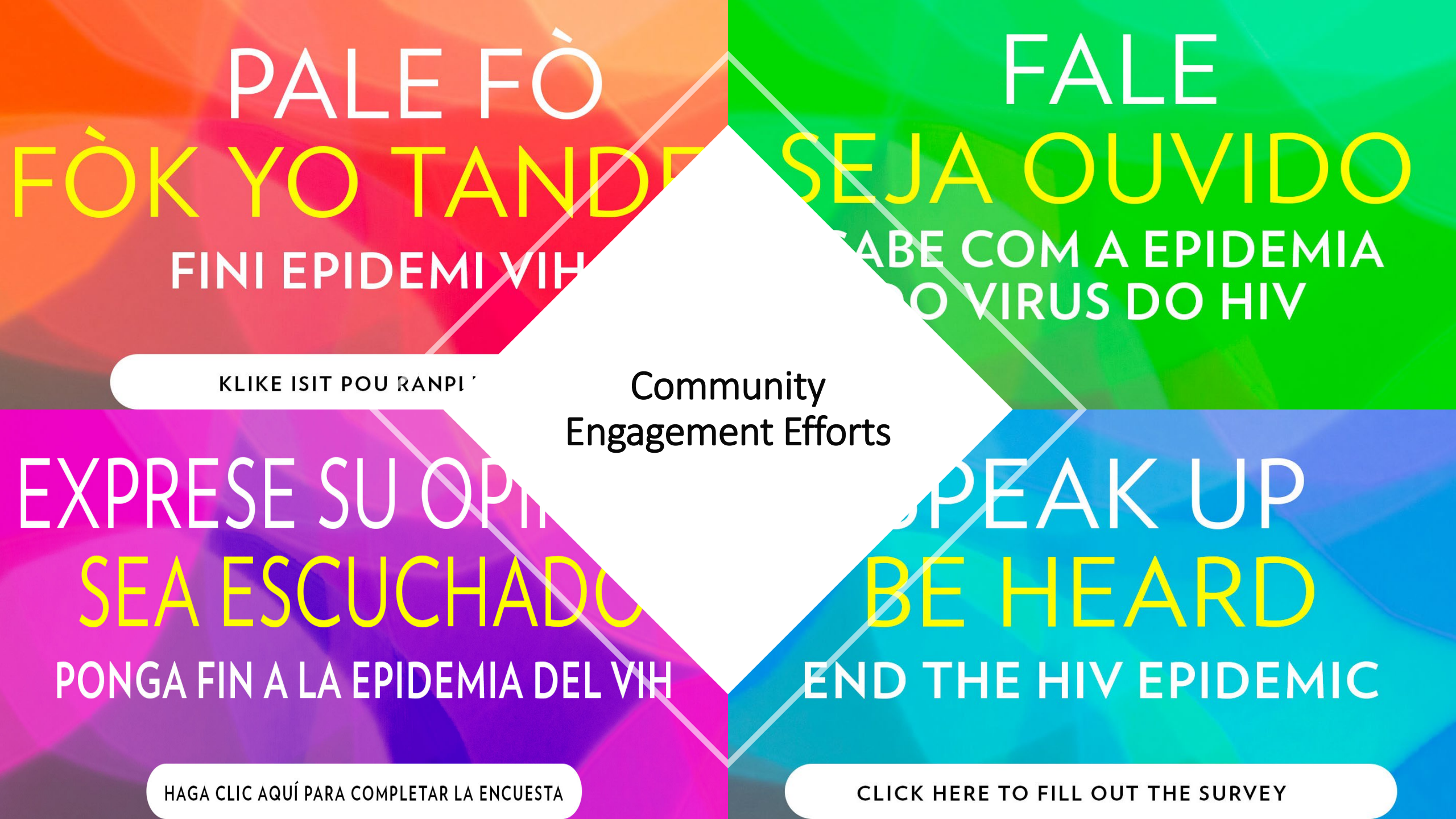
Revised 3/30/2021

HIV Prevalence and Diagnoses

- Number of People with HIV (PWH)
  20,507 (2019)
- Rate of PWH per 100,000 population
  32.4 (2019)
- Number of New HIV Diagnoses
  624 (2019)
- Annual decrease in New HIV Diagnoses 2016-2019
- 16% Decrease in New HIV Diagnoses from 2016-2019



Source: Florida Charts


PALE FÒ
FÒK YO TANDE
FINI EPIDEMI VIH
KLIKE ISIT POU RANPLI
FALE
SEJA OUVIDO
ABE COM A EPIDEMIA
O VIRUS DO HIV
Community
Engagement Efforts
EXPRESE SU OPI
SEA ESCUCHADO
PONGA FIN A LA EPIDEMIA DEL VIH
HAGA CLIC AQUÍ PARA COMPLETAR LA ENCUESTA
PEAK UP
BE HEARD
END THE HIV EPIDEMIC
CLICK HERE TO FILL OUT THE SURVEY

Survey

❖**Survey: 2,210 Surveys Conducted**

1,780 Community Surveys

430 Provider Surveys

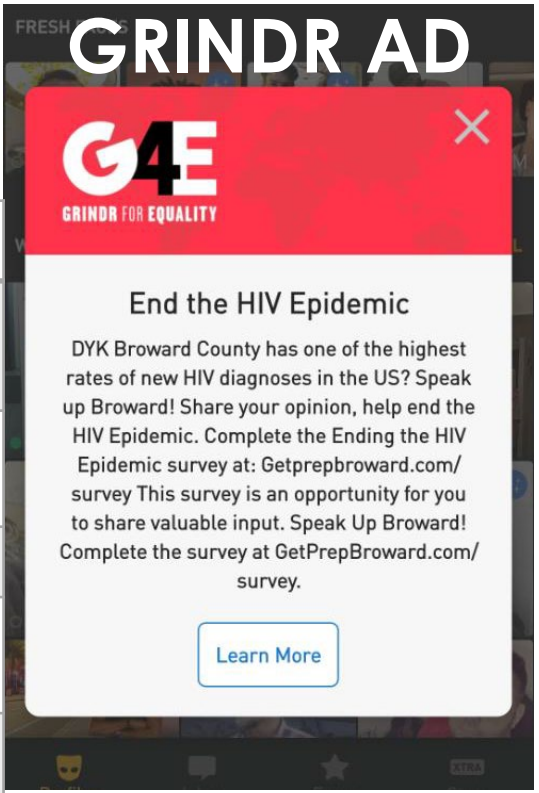
Survey Development And Marketing

Survey Development: Sept-Oct 2019

- Input gathered; community and provider surveys drafted; field tested with ADAP clients, members of BCHPPC, and community
- Revisions prior to launch in English, Spanish, Creole, and Portuguese

Survey Marketing

Media Campaign	Sources: to reach priority populations and broader audiences
Newspapers (full-page color ads)	Sun-Sentinel, El Sentinel, South Florida Gay News, Westside Gazette, AcheiUSA Brazilian News, Caribbean National Weekly, Gazeta Brazilian News
Radio	WHYI-FM (Y100), WEDR-FM/WHQT-FM (Black/Caribbean), WZTU-FM (Spanish), WLQY 1320/WSRF 1580 (Creole)
Social Media	Twitter, Facebook, NextDoor
Phone Apps	Grindr (11/13): Grindr for Equality created a free ad pop-up link for 24 hours *(data/results pending)*
Press Release	*The Florida Department of Health in Miami-Dade and Broward Counties Seek Community Involvement on "Ending the HIV Epidemic: A Plan for America" Initiative (10/21)*



Survey Implementation

Survey Implementation: 10/18/2019 - 10/2/2020

- www.getprepbroward.com
- Listserv promo
- Posters/flyers w/QR code
- Surveys distributed through community outreach by DOH-Broward Staff on tablets or paper copies in four languages
- Survey link posted on DOH-Broward contracted providers' websites

Survey Business Outreach

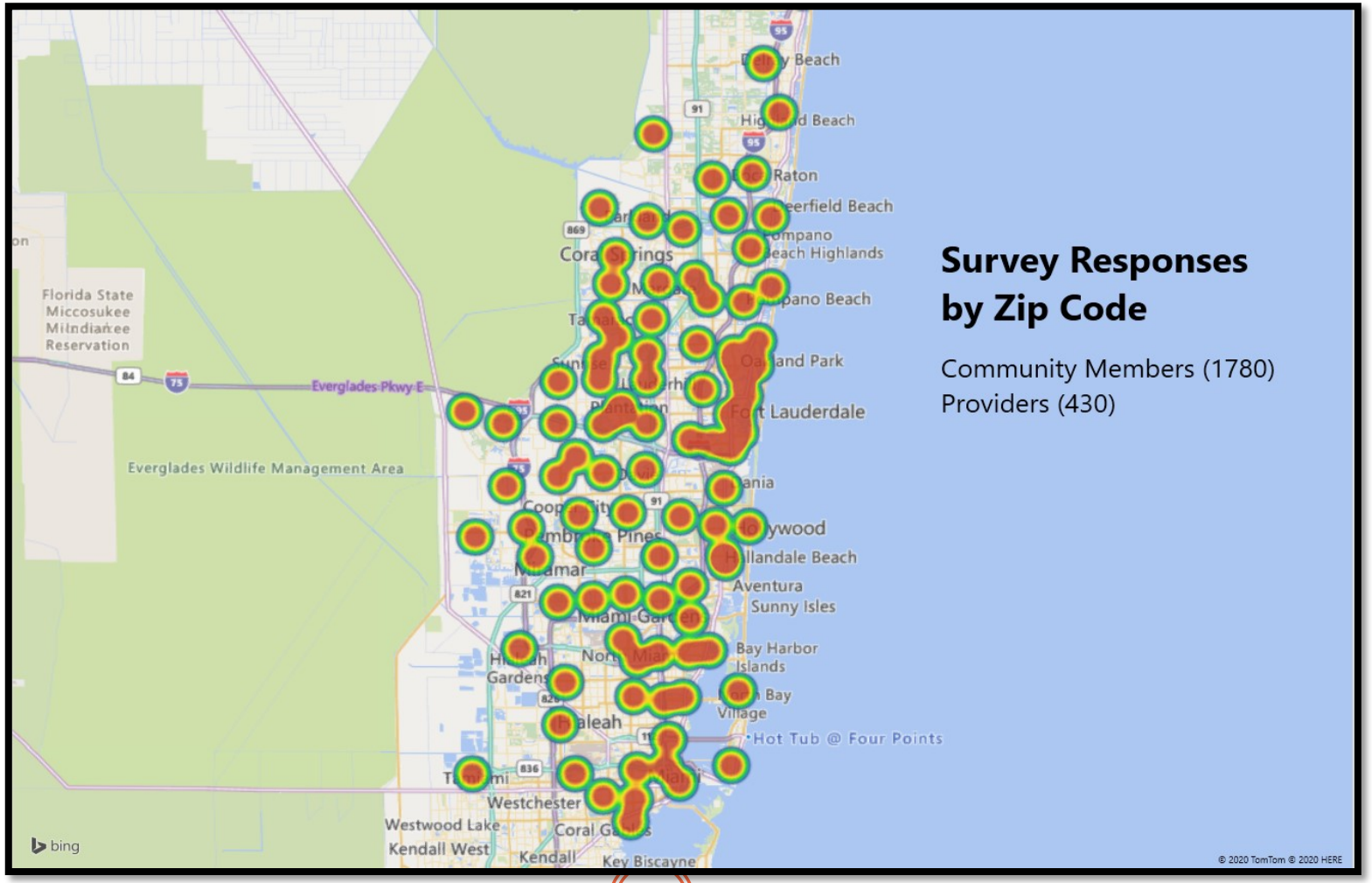
Zip Code	Number of Businesses
33311	118
33023	51
33024	32
33025	29
33029	1
33313	92
33319	7
33305	12
33304	35
33316	4
33315	1
33312	2
33314	5

Zip Code	Number of Businesses
33317	7
33328	1
33321	1
33020	21
33334	19
33308	3
33062	3
33060	18
33069	18
33068	1
33065	3
33351	3
33309	28
TOTAL	**515**

Survey Street Outreach

- Bus Stations
- Homeless Shelters
- Train Stations
- Lauderhill Mall and other malls
- Sistrunk Blvd.
- Oakland Park Flea Market
- Fort Lauderdale Beach
- Hollywood Boardwalk
- Wilton Drive
- Other Neighborhoods
- Faith Based Institutions
- Venues where substance users congregate

Survey Geographic Penetration



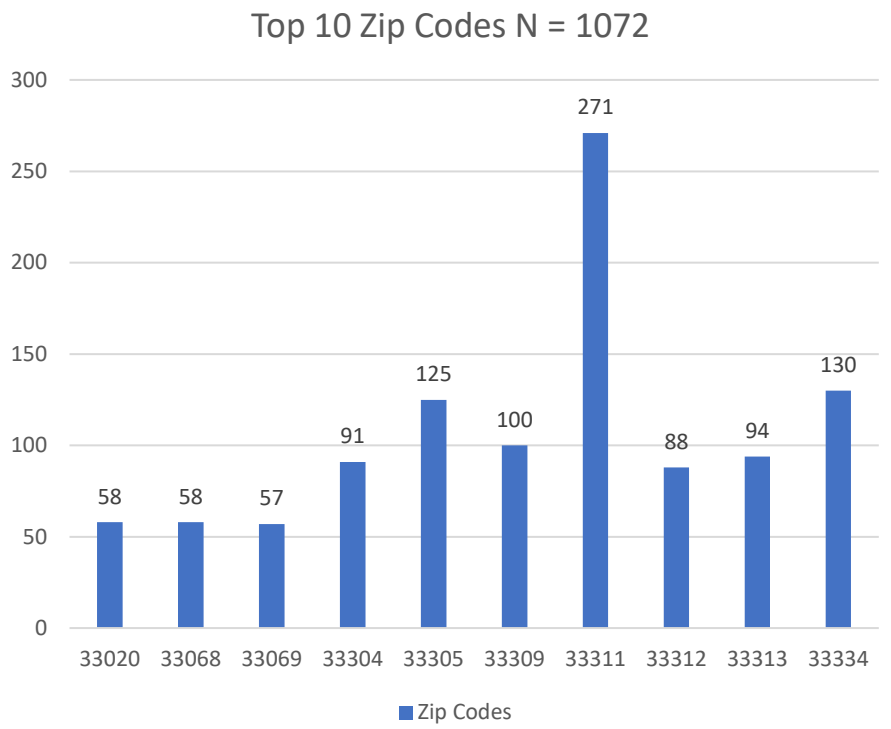
Survey Zip Code Distribution

PWH, Living in Area 010 by County
By Zip code with 3 or more cases, as of 06/30/2020

Zip Code	Total
33020	577
33068	428
33069	713
33304	983
33305	1057
33309	1159
33311	2851
33312	785
33313	1046
33334	1340

*As of 6/30/2020 Data provided by HIV Section – Surveillance Unit

Survey Distribution by Top 10 Zip Codes



Survey Respondent Type

Community Respondent		
	N	%Total
Community Member	1780	100.00%

Provider Respondent		
Type of Provider	N	% Total
Community-Based Organization/Non-Profit	226	52.6%
Other	98	22.8%
Department of Health (DOH) Employee	86	20.0%
Planning Council Member/Advisory Board Member	20	4.7%
Total	430	100.0%

Survey Respondent Demographics

Community Demographic Respondent		
	N	%Total
Gender		
Male	1034	58.1%
Female	702	39.4%
Transgender (M to F)	8	0.4%
Transgender (F to M)	10	0.6%
Non-Binary	11	0.6%
Non-Conforming	9	0.5%
Other*	6	0.3%
Race/Ethnicity		
Non-Hispanic White	505	28.4%
Non-Hispanic Black	706	39.7%
Hispanic	439	24.7%
Asian	14	0.8%
American Indian/Alaskan Native	7	0.4%
Native Hawaiian/Pacific Islander	1	0.1%
Mixed/More than one race	44	2.5%
Other*	25	1.4%

Community Demographic Respondent		
	N	%Total
Age		
13-19	186	10.4%
20-29	288	16.2%
30-39	360	20.2%
40-49	313	17.6%
50-59	363	20.4%
60+	270	15.2%
Total	1780	100.0%

In comparison to the provider demographic summary table, the community demographic summary table shows that the majority of community members were male (58.1%), Non-Hispanic Black (39.7%), between ages 30-39 (20.2%) and 50-59 (20.4%).

**Other includes community members who identify their ethnicity as Haitian, Jamaican, Middle Eastern, or West Indian.*

Survey Respondent Demographics

Provider Demographic Summary		
	N	%Total
Gender		
Male	209	48.6%
Female	209	48.6%
Transgender (M to F)	7	1.6%
Transgender (F to M)	1	0.2%
Non-Binary	1	0.2%
Non-Conforming	1	0.2%
Other*	2	0.5%
Race/Ethnicity		
Non-Hispanic White	153	35.6%
Non-Hispanic Black	127	29.5%
Hispanic	125	29.1%
Asian	4	0.9%
American Indian/Alaskan Native	0	0.0%
Native Hawaiian/Pacific Islander	0	0.0%
Mixed/More than one race	17	4.0%
Other*	4	0.9%

Provider Demographic Summary		
Age	N	%Total
13-19	13	3.0%
20-29	50	11.6%
30-39	103	24.0%
40-49	85	19.8%
50-59	100	23.3%
60+	79	18.4%
Total	430	100.0%

The provider demographic summary table shows the demographic data of 430 providers. There was an even number of male and female providers (48.6%). Majority of the providers were Non-Hispanic White (35.6%) between ages 30-39 (24.0%) and 50-59 (23.3%).

**Other includes providers who identify their ethnicity as Haitian, Jamaican, or Middle Eastern.*

Surveys Results

Top 5 issues (barriers) that affect the community/you the most:

Provider Response	N = 430	Community Response	N = 1,780
Affordable Housing	48.4%	Affordable Health Care	40.4%
Mental Health	44.7%	Affordable Housing	40.4%
Affordable Health Care	39.5%	Mental Health	30.0%
Substance Use	36.5%	Discrimination	27.5%
Transportation	35.6%	No Job/Low Pay	24.8%

Affordable Housing, Affordable Health Care & Mental Health were in the top 3 for both Community Members & Providers.

Survey Results

Top barriers that Providers & Community said people face in:

- *Getting an **HIV Test*** – fear of the result, don't want others to know, not comfortable asking their doctor, don't think it's necessary
- *Starting **HIV Treatment & Adherence*** – don't want anyone to know, lack of affordable health care, don't know where to get treated, medication side effects
- *Starting & Adhering to **PrEP*** – don't know where to get PrEP, no money to pay for PrEP, don't want to take a daily pill, don't think PrEP is necessary for them, medication side effects

Survey Results

Key Findings/Themes:

- Access to **housing**, **health care**, **mental health** care, and **employment** are clearly needed in the community and would greatly improve the quality of life for priority populations.

Most common themes:

- Improving **access to care**
- Addressing **stigma**
- Lack of **education** about HIV in the community and among providers
- Promoting the **availability of resources**, including HIV testing, care and treatment, and prevention (PrEP)

Student Survey

- Broward County Public Schools survey updated for EHE
- High school students visiting sexual health services offices responded
- Survey conducted **Nov 5-22, 2019** (18 days) during an HIV and/or STI test
- **135 students in 7 public high schools** were asked:
  - *Q12: Do you think that HIV transmission is a big issue among students and youth in Broward?* ***93% reported YES, 7% reported NO***
  - *Q13: What ideas do you have for how to better educate students and youth about HIV risk behaviors and the virus?* ***Themes: increase education, increase condom access, increase HIV/STI testing***

Student Survey

Key Findings/Themes:

- **Expand HIV education** and awareness for youth and students
  - Common suggestions: improve sex ed/health classes, presentations, guest speakers, assemblies, summits, posters, peer education, social media, teen talks, etc.
- Increase **access to condoms and HIV/STI testing**
- Build upon current BCPS comprehensive sexual health curriculum
- Involving youth and students is vital to developing new and innovative strategies for future EHE planning activities

Key Informant Interviews

❖**Key Informant Interviews:** Forty (40) interviews were conducted with individuals representing the following:

- Law enforcement
- Pharmacies
- Food/nutritional services
- Racial equity and social justice
- Substance use
- Mental health treatment
- Medical care,
- LGBTQ & transgender programs/services
- Latinx organizations
- Ryan White Part A
- Department of Children & Family Services
- HIV Care & Treatment Continuum Services
- CBOs,
- Case management
- Legal services
- Public schools
- Hospitals
- Current/former DOH staff
- Planning/advisory board members
- Community members (youth, seniors, PWH, on PrEP, Latinx, Black

*Demographic of persons are ages 22 – 69; Black, LatinX, Multiracial; Gender Identity & Sexual Orientation varies

Key Informant Interviews

Key Findings/Themes:

- Provide basic **HIV education** and awareness (community and providers)
- Eliminate **barriers to health care** (including affordability, mobile)
- Implement effective **community education** campaigns
- Eliminate **HIV stigma** and discrimination (U=U messaging)
- Implement harm reduction programs (SEPs, innovation)
- Increase **access to PrEP**

Key Informant Interviews

Common concerns raised:

- Need safe, affordable **housing** (especially for priority populations)
- Increase HIV **education in schools**/with youth
- Increase support for transgender programs & community
- Opportunities to improve communication & collaboration with DOH (HIV/AIDS Program)
- Expand access to **routine HIV testing**
- Dismantle institutional racism and increase racial equity

Listening Session

- **Listening Session:** One (1) community event with twenty-one (21) participants consisting of:

  - HIV care and treatment continuum provider staff
  - Community stakeholders
  - Planning body groups membership
  - Staff from CBOs
  - HIV care orgs
  - MSM & transgender programs
  - Staff from CBOs
  - HIV care orgs
  - MSM & transgender programs
  - Latinx programs
  - Local healthcare facilities

Small brainstorm sessions/rounds at each table on priorities, strengths, challenges, strategies, and next steps to report back for larger group discussion

Listening Session

Key Findings/Themes:

- Increase **access points for PrEP** and make it accessible (PrEP-AP)
- Address **HIV stigma**
  - Adopt Undetectable=Untransmittable messaging
  - Advocacy to protect PWH (disclosure/criminalization laws)
- Increase **HIV education** in community and with providers
- Expand **routine HIV testing**
- Enhance **Test & Treat** model for rapid HIV care and treatment
- Implement harm reduction programs (SEPs)

Listening Session

Common concerns raised:

- Need for more community involvement
- Grassroots/homegrown programs need to be funded
- Opportunities to improve communication & collaboration with DOH (HIV/AIDS Program)
- Not enough people were involved – conduct more sessions & forums

Focus Groups

- **Focus Groups:** Five (5) focus groups conducted with Fifty (50) participants from priority populations:

  - Transgender Focus Group
  - LatinX Focus Group
  - MSM Focus Group
  - Black Heterosexual Females Focus Group
  - Children's Diagnostic & Treatment Center (CDTC) staff Focus Group

Focus Groups

"I want to live free without stigma."
-Focus group participant

Groups:	Transgender/ Gender-Nonconforming	Spanish-speaking (mostly MSM)	Men who have sex with Men (MSM)	Black Heterosexual Women	CDTC Team
Date	11/15/19	11/15/19	11/18/19	11/19/19	11/21/19
Location	World AIDS Museum	Latinos Salud	Equality Florida	L.A. Lee YMCA Family Center	CDTC
# of attendees	9	18	5	9	9
Top 5 Themes	Eliminate HIV Stigma (U=U)	Eliminate HIV Stigma (U=U)	Eliminate HIV Stigma (U=U)	Eliminate HIV Stigma (U=U)	Eliminate HIV Stigma (U=U)
	Improve Access to Care (PWH, PrEP, Testing)	PrEP/nPEP Ed. & Access	PrEP/nPEP Ed. & Access	Expand HIV Testing & PrEP Awareness	Expand routine HIV testing
	Need Safe Housing	Community/ Provider Ed.	Community/ Provider Ed.	Community/ Provider Ed.	Community/ Provider Ed.
	Support Trans-led Programs	Develop HIV Hotline	Eliminate Barriers to Care	Develop HIV Hotline	Eliminate Barriers to Care
	Resilience	Expand Outreach	VLS Incentives	Resilience	Expand Test & Treat

Focus Groups

Key Findings/Themes:

- Address **HIV stigma**
  - Adopt Undetectable=Untransmittable messaging
- Increase **HIV education** in community and with providers
- Expand **routine HIV testing**
- Enhance **Test & Treat** model for rapid HIV care and treatment
- Expand **access to PrEP**

Common concerns raised:

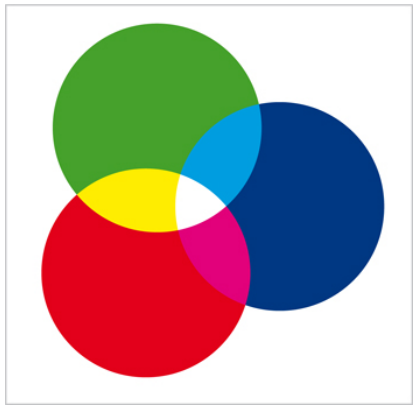
- Need for more community involvement
- Grassroots/homegrown programs need to be funded
- Conduct more focus groups to reach priority populations throughout the community

Community Presentations

❖ **Community Presentations:** Twenty-eight (28) community presentations conducted by DOH-Broward and/or EHE Consultant:

- Broward County HIV Prevention Planning Council (BCHPPC)
- Biomedical Advisory Group
- Men Who have Sex with Men Advisory Group
- Black Treatment Advocates Network (BTAN)
- Latinos en Acción Advisory Group
- Broward County Public Schools Student Advisory Meeting
- Perinatal Advisory Group
- Medical/Disease Case Management Network Meeting
- Integrated HIV Prevention & Care Workgroup
- HIV Health Services Planning Council (HIVPC)
- South Florida AIDS Network (SFAN)
- HIV Prevention Contracts Provider Meeting
- Coordinating Council of Broward
- Homeless Continuum of Care Advisory Board
- Healthcare Access Committee

Common Themes



- Eliminate HIV stigma
- Provide broad community & provider education
- Expansion of PrEP access
- Expansion of Test & Treat to ensure immediate linkage to care
- Addressing barriers to care, including health coverage, housing, mental health
- Expansion of HIV testing in healthcare and non-traditional settings
- Addressing structural racism and promoting racial equity
- Build resources and support on a local level to support grassroots programs

ENDING THE HIV EPIDEMIC PLAN

- 5-year plan
- Living document
- Will evolve with continued community engagement
- Contingent upon funding
- Implementation involves the whole Local Public Health System

Pillar 1: DIAGNOSE

Objective

Identify PWH as soon as possible after transmission

Strategies

1. Expand routine HIV testing in targeted health care settings
2. Expand targeted HIV testing of priority populations in non-health care settings
3. Develop and implement a social marketing campaign
4. Incorporate health equity into HIV testing
5. Create a seamless status-neutral HIV care continuum

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

a. Expand detailing to primary care physicians regarding routine HIV testing

b. Provide continuing education to healthcare professionals and students regarding routine HIV testing

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

c. Partner with Project Focus to recruit additional Emergency Departments to provide routine HIV testing

d. Partner with big box stores, retail pharmacies and Urgent Care Centers to offer routine HIV and STI testing in on-site clinics

e. Explore the provision of routine HIV testing in dental practices starting with a pilot at a university or college

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

f. Explore the provision of HIV testing in a mobile healthcare clinic

g. Partner with Broward Sheriff's Office (BSO) to provide routine HIV testing upon intake and/or in clinics in correctional facilities

h. Partner with substance abuse treatment providers to provide routine HIV testing on admission

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 1: Expand routine HIV testing in targeted health care settings

i. Partner with Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) to provide routine HIV testing

j. Partner with academic institutions to provide routine HIV and STI testing in student health clinics

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 2: Expand targeted HIV testing of priority populations in the non-health care setting

a. Use the social network strategy to identify and test persons at risk for HIV through peers and partners

b. Expand access to HIV testing through the provision of in-home test kits at community sites

c. Implement a pilot program for the provision of free in-home test kits via mail order

d. Partner with schools to expand the provision of HIV and STI testing for students

e. Explore the provision of incentives to increase HIV testing in priority populations

Pillar 1: DIAGNOSE

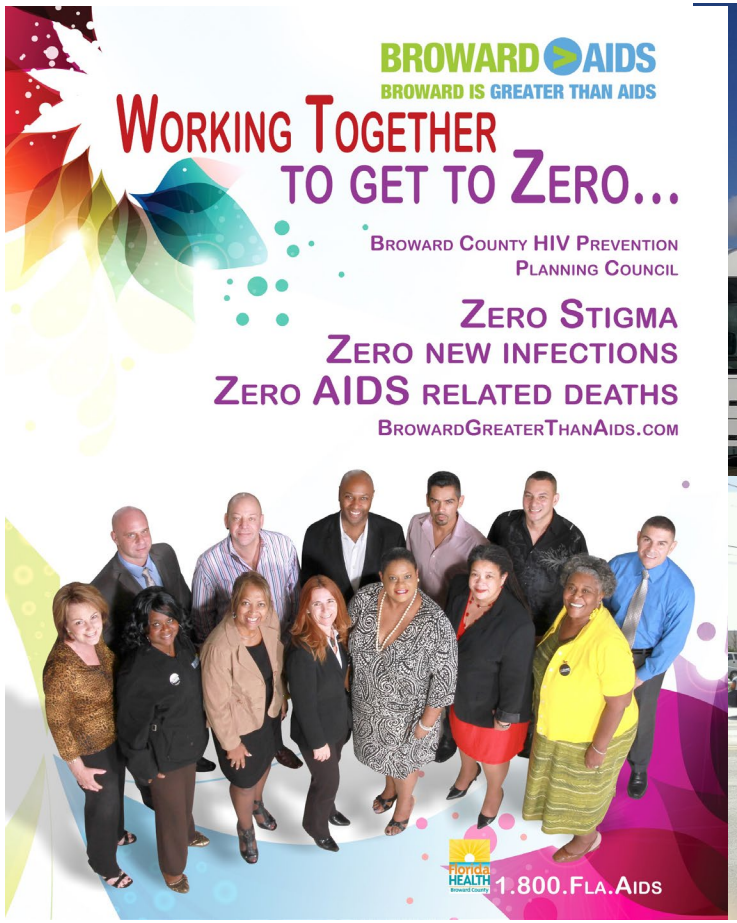
Key Approved Activities

STRATEGY 3: Develop and implement a social marketing campaign

a. Develop and implement a community-driven campaign to decrease stigma and fear around HIV testing

b. Develop and implement a community-driven campaign to educate the community on the importance of knowing your HIV status and where to obtain an HIV test

Pillar 1: DIAGNOSE



Florida HEALTH

Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 4: Incorporate health equity into HIV testing

a. Provide Racial Equity Institute (REI) training to all registered HIV testing counselors

b. Provide cultural competence training to all registered HIV testing counselors to better serve the LGBTQ+ community

c. Provide capacity building and technical assistance to grassroots organizations who serve priority populations

d. Provide mini-grants to grassroots organizations who serve priority populations

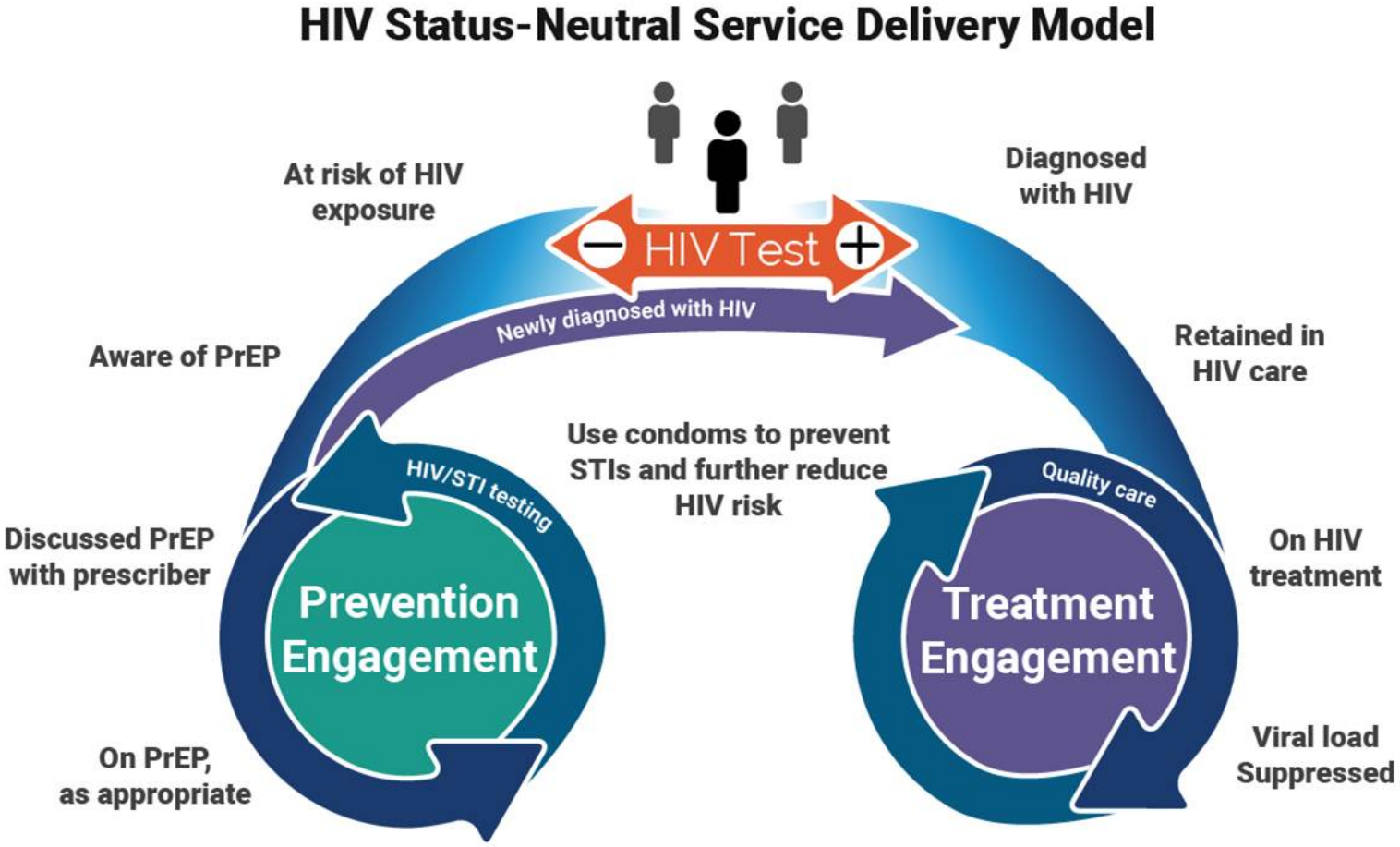
Pillar 1: DIAGNOSE

Key Approved Activities

STRATEGY 5: Create a seamless status-neutral HIV care continuum

a. Collaborate with community partners to conduct a SWOT analysis of the Broward County HIV care continuum

Pillar 1: DIAGNOSE



Pillar 2: TREAT

Objective

Ensure PWH receive ongoing care and treatment

Strategies

1. Expand access to Test and Treat services in HIV primary care
2. Incorporate health equity into HIV care and treatment
3. Expand access to safe/affordable housing opportunities for PWH
4. Increase retention in care and treatment and viral suppression

Pillar 2: TREAT

Key Approved Activities

STRATEGY 1: Expand access to Test and Treat services in HIV primary care

a. Expand hours of operation at public HIV primary care providers including evenings and weekends

b. Expand the network of Test and Treat providers in the private sector

c. Expand detailing to primary care physicians regarding Test and Treat

Pillar 2: TREAT

Key Approved Activities

STRATEGY 1: Expand access to Test and Treat services in HIV primary care

d. Partner with hospitals for rapid initiation of treatment during the hospital stay and appropriate discharge planning

e. Explore the provision of rapid initiation of treatment and HIV primary care in a mobile health care clinic

f. Utilize telemedicine to provide rapid initiation of treatment and HIV primary care

Pillar 2: TREAT

Key Approved Activities

STRATEGY 2: Incorporate health equity into HIV care and treatment

a. Provide Racial Equity Institute (REI) training to all Ryan White Part A HIV primary care providers

b. Provide cultural competence training to all Ryan White Part A HIV primary care providers

c. Provide trauma informed care training for all Ryan White Part A HIV primary care providers

Pillar 2: TREAT

Key Approved Activities

STRATEGY 3: Expand access to safe/affordable housing opportunities for PWH

a. Increase communication and coordination across agencies that provide affordable housing opportunities

b. Identify and expand additional affordable housing opportunities in Broward County

Pillar 2: TREAT

Key Approved Activities

STRATEGY 4: Increase retention in care and treatment and viral suppression

a. Improve the provision of care coordination using multi-disciplinary teams including peers, coaches and navigators, to provide varying intensity services over the course of a lifetime to meet patients' needs

b. Explore the implementation of a pilot project to provide incentives for attaining and maintaining viral load suppression

Pillar 2: TREAT

Key Approved Activities

STRATEGY 4: Increase retention in care and treatment and viral suppression

c. Implement a social marketing campaign promoting the Undetectable=Untransmittable (U=U) strategy

d. Explore the expansion of our local resource and referral line to serve people living with HIV

e. Provide HIPAA compliant medical transportation

Pillar 3: PREVENT

Objective

Lower the rate of HIV transmissions diagnosed annually in Broward County

Strategies

1. Expand access to PrEP
2. Raise community awareness of PrEP through outreach and social marketing
3. Incorporate health equity into HIV prevention
4. Create a seamless status-neutral HIV care continuum

Pillar 3: PREVENT

Key Approved Activities

STRATEGY 1: Expand access to PrEP/nPEP

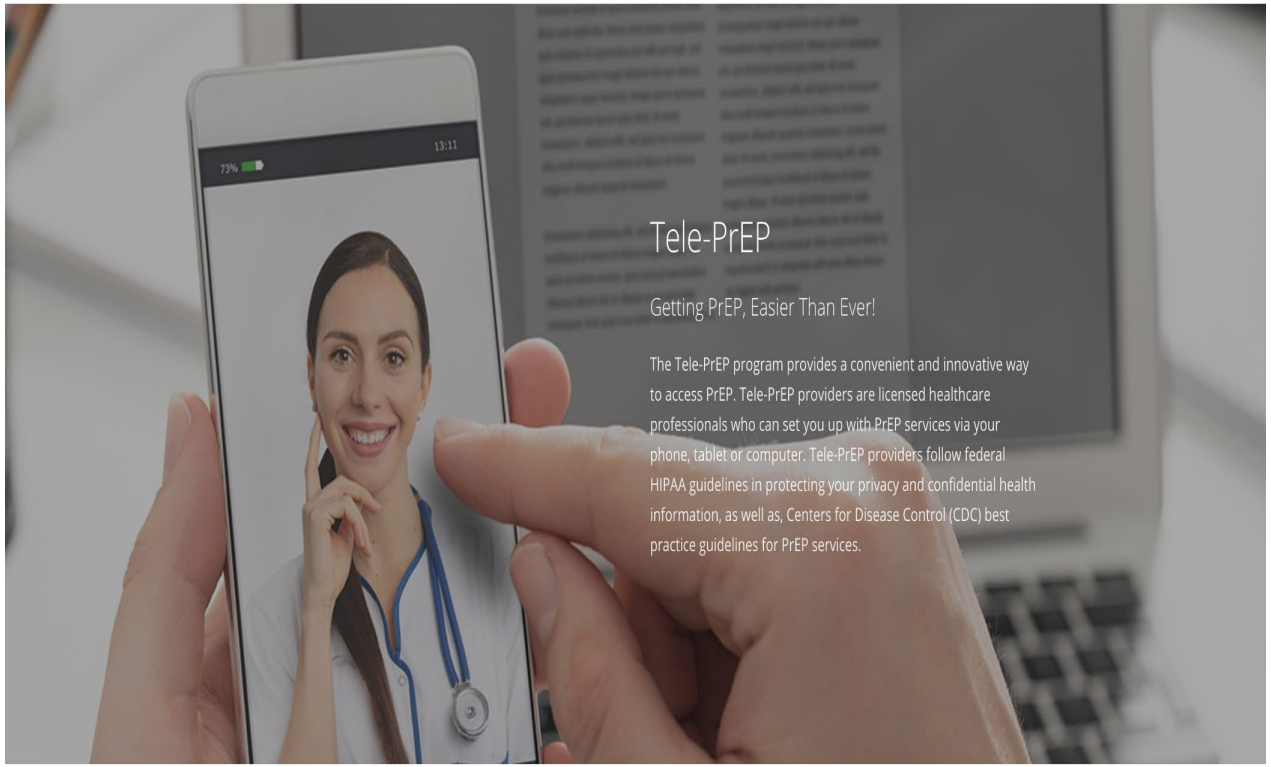
a. Expand hours of operation at public PrEP/nPEP providers including evenings and weekends

b. Use telemedicine to provide PrEP/nPEP

c. Explore the provision of PrEP/nPEP in a mobile healthcare clinic

d. Work with partners to provide PrEP/nPEP in conjunction with an SEP (if implemented)

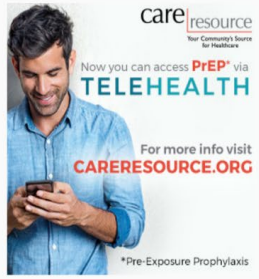
Pillar 3: PREVENT



GET PrEP
BROWARD

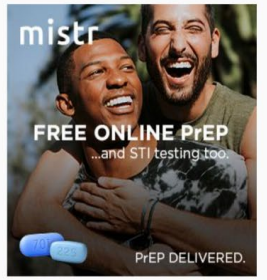
Tele-PrEP Providers

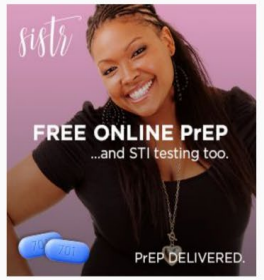
Please check out these Tele-PrEP providers listed in alphabetical order.



INDEPENDENT MEDICAL GROUP

Midland™
MEDICAL





HIGH IMPACTO
Tele-PrEP Services

Providers who would like to be considered for listing on this webpage, please contact us here

Pillar 3: PREVENT

Key Approved Activities

STRATEGY 1: Expand access to PrEP/nPEP

e. Partner with big box stores and retail pharmacies to offer PrEP/nPEP in onsite clinics

f. Expand detailing to primary care physicians to recruit additional PrEP/nPEP prescribers

g. Address the financial barriers to PrEP/nPEP initiation and retention

Pillar 3: PREVENT

Key Approved Activities

STRATEGY 2: Raise community awareness of PrEP through outreach and social marketing

a. Expand street outreach regarding PrEP/nPEP
b. Develop a community-driven campaign to educate the community on PrEP/nPEP, available resources to access PrEP/nPEP, and decrease stigma

Pillar 3: PREVENT

CHECK OUT PrEP
ONE PILL
A DAY TO
PREVENT HIV

GET PrEP
BROWARD
TEST | TREAT | BEAT HIV
Florida HEALTH

BrowardGreaterThanAIDS.com

Florida HEALTH

Pillar 3: PREVENT

Pillar 3: PREVENT

Key Approved Activities

STRATEGY 3: Incorporate health equity into HIV prevention

a. Provide Racial Equity Institute (REI) training to DOH-Broward contracted PrEP provider

b. Provide cultural competence training to DOH-Broward contracted PrEP provider

c. Provide capacity building and technical assistance to grassroots organizations who serve priority populations

d. Provide mini-grants to grassroots organizations who serve priority populations

Pillar 3: PREVENT

Key Approved Activities

STRATEGY 4: Create a seamless status-neutral HIV care continuum

a. Collaborate with community partners to conduct a SWOT analysis of the Broward County HIV care continuum

Pillar 4: RESPOND

Objective

Identify where HIV transmission is occurring by using molecular surveillance to rapidly engage individuals at higher risk for HIV and reengage PWH in care

Strategies

1. Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed
2. Explore supporting HIV modernization activities that impact state laws, i.e. HIV decriminalization

Pillar 4: RESPOND

Key Approved Activities

STRATEGY 1: Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed

a. Conduct physician detailing to encourage genotype testing

Pillar 4: RESPOND

Key Approved Activities

STRATEGY 2: Explore supporting HIV modernization activities that impact state laws, i.e. HIV decriminalization

a. Provide education to community stakeholders, organizations, and elected officials about U = U & Treatment as Prevention to support HIV modernization activities that impact state laws, i.e. HIV decriminalization

Continued Community Engagement

❖ **Continued EHE Engagement & Communication plan data-gathering methodology:**

- Four (4) large at-risk focus groups conducted
- Four (4) small at-risk focus groups conducted
- Three (3) community sessions conducted
- Ten (10) key informant interviews conducted
- Four (4) small professional focus groups conducted

Participants included HIV care and treatment continuum providers and priority populations, MSM, Transgender, Latin MSM, Minority youth/adolescents; Black heterosexual women, Bi-sexual minority women, Black heterosexual men

Continued Community Engagement

❖ **Total 159 individuals or organizations engaged from July – September 2020**

- AIDS Servicing Organization
- Youth Advocate
- Health Centers
- Hospitals
- Faith-Based Organizations
- Museums
- Human Trafficking and Homeless Coalition
- Community At-Large (non-affiliated with any organization)
- HIV care and treatment continuum providers
- community HIV planning group membership
- Broward Community College (BCC) students
- Broward County School District students
- Priority Populations (MSM, Transgender, Latin MSM, Minority youth/adolescents; Black heterosexual women, Bi-sexual minority women, Black heterosexual men)

Continued Community Engagement

Key Findings/Themes: Community Sessions and Focus Groups

- Increase physician competencies re: HIV, PrEP and nPEP
- HIV stigmatization
- Increase physician and staff cultural competency and more effective patient engagement
- Expand school- based HIV prevention education
- Provide accurate PrEP and nPEP information
- Expand access to PrEP and nPEP via telehealth
- Address the Social Determinants of Health
- Provide alternative HIV testing means to reduce stigma
- Implement an innovative PrEP mass marketing campaign

Continued Community Engagement

Key Findings/Themes: Provider Interviews and Focus Groups

- Increase physician competencies re: HIV, PrEP and nPEP
- HIV stigmatization
- Increase physician and staff cultural competency and more effective patient engagement
- Facilitate access to PrEP nPEP
- Improve DOH-Broward branding and collaboration
- Expand access to PrEP and nPEP via telehealth
- Create one-stop health centers
- Increase access to HIV information and services in the western part of the County
- Increase sexual health and PrEP education
- Increase health fairs and community education

Continued Community Engagement

Common Key Findings/Themes: Community and Provider Engagement

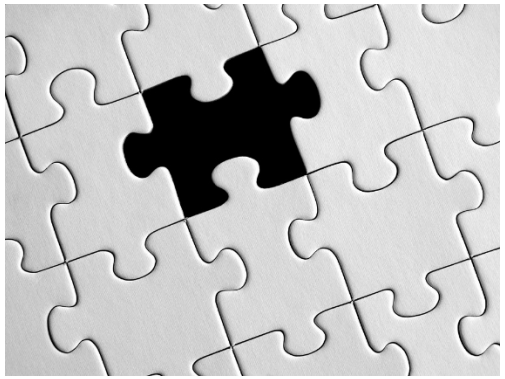
- Increase physician competencies re: HIV, PrEP and nPEP
- HIV stigmatization
- Increase physician and staff cultural competency and more effective patient engagement
- Facilitate access to PrEP nPEP
- Expand access to PrEP and nPEP via telehealth

Gaps in Analysis

Addressing the Gaps:

- Continue to **increase community engagement** to reach broader geographic areas of Broward (South, West, North) and more priority populations

- More **community involvement** in the EHE planning process will allow for more opportunities to support filling in gaps and get buy-in



Populations Engaged

Engaged

- Youth/Adolescents
- Transgender
- Hispanic/LatinX Heterosexual Men/Women
- Hispanic/Latino MSM
- Black MSM
- Black Heterosexual Women
- Faith Based Organizations
- Aging Population
- Homeless Community

Additional Engagement Needed

- Black Heterosexual Men
- Young Black MSM
- Young Hispanic MSM

Existing Partners Re-engaged

- Broward House
- CenterLink LGBT Centers
- Equality Florida
- Midway Specialty Care Center
- Care Resource
- Urban League of Broward
- Midland Medical Center
- Broward County Public Schools
- Midland Medical Center
- CAN Community Center
- Latino Salud
- CAN Community Center
- Ryan White Program Office
- CVS Health
- Broward Health
- Broward College
- Broward Regional Health Planning Council
- Walgreens
- South Florida Wellness Network
- World AIDS Museum
- TranSocial
- Pride Center
- High Impacto
- AIDS Healthcare Foundation
- Poverello Live Well Center
- Legal Aid Service of Broward
- Memorial Physician Group
- Fort Lauderdale Police Department
- Broward Sherriff's Office
- Arianna's Center
- Ujima Men Collective
- Independent Medical Group
- Holy Cross Hospital Medical Group
- Broward Community & Family Health Centers
- CLEAR
- YMCA of Broward
- Healthy Mothers, Healthy Babies
- Henderson Behavioral Health
- Hispanic Unity of Florida
- Light of the World Clinic
- Nova Southeastern University
- Planned Parenthood
- Publicly funded HIV testing sites
- Broward Schools
- United Way of Broward County
- Urban League of Broward County
- US Veterans Administration

New Partners/Stakeholders Engaged

- Aging and Disability Resource Center
- American Cancer Society
- Broward Behavioral Health Coalition
- Broward Workshop
- Career Source Broward
- ChildNet
- Children's Services Council
- Community Foundation of Broward
- Department of Children & Families
- Early Learning Coalition of Broward
- Greater Fort Lauderdale Alliance/Six Pillars
- Health Foundation of South Florida
- Jewish Federation of Broward County
- South Florida Regional Planning Council

Contractual dollars in the community :

$1,497,000.00

76% of Broward's EHE Funding

Contact Information

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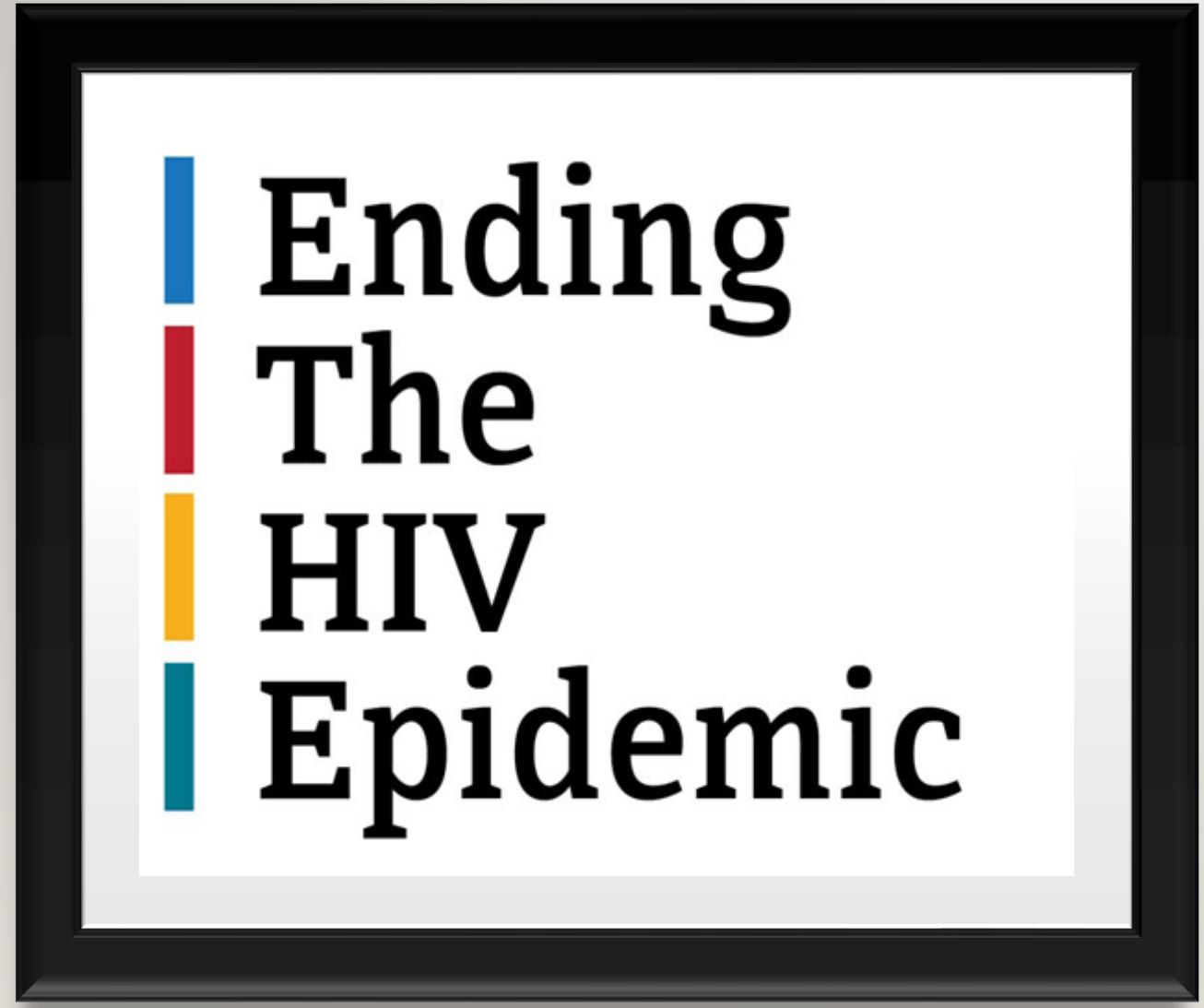
HANDOUT D



BROWARD ELIGIBLE METROPOLITAN AREA (EMA)

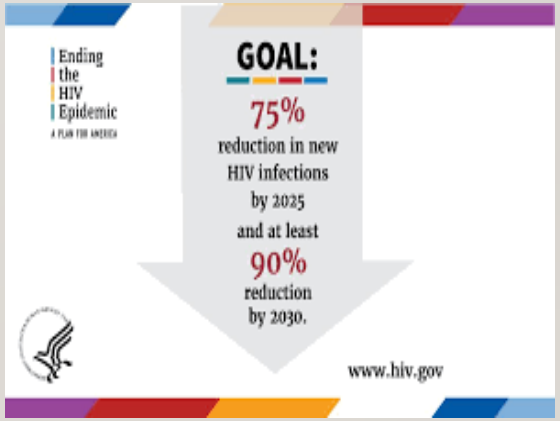
- Presented by Neil Walker and Wismy Cius

WHAT IS *ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA*?

- *Ending the HIV Epidemic: A Plan for America* (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal.

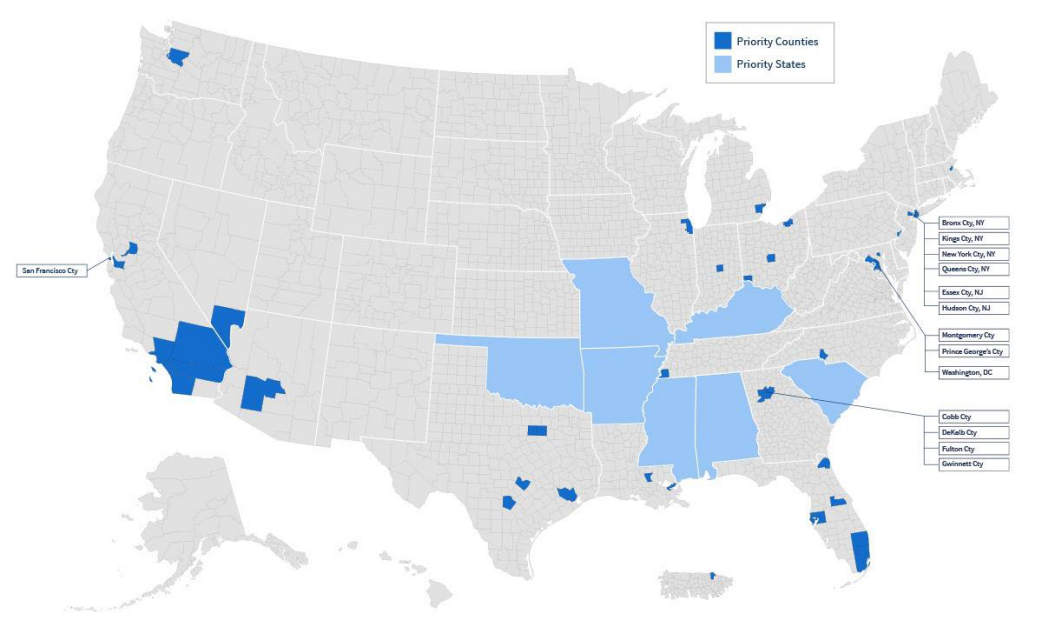
- *Ending the HIV Epidemic: A Plan for America* is working to reduce new HIV transmissions by 75 percent by 2025 and by 90 percent by 2030, averting more than 250,000 HIV infections in that span.

CDC HRSA IHS NIH USPHS SAMHSA HUD



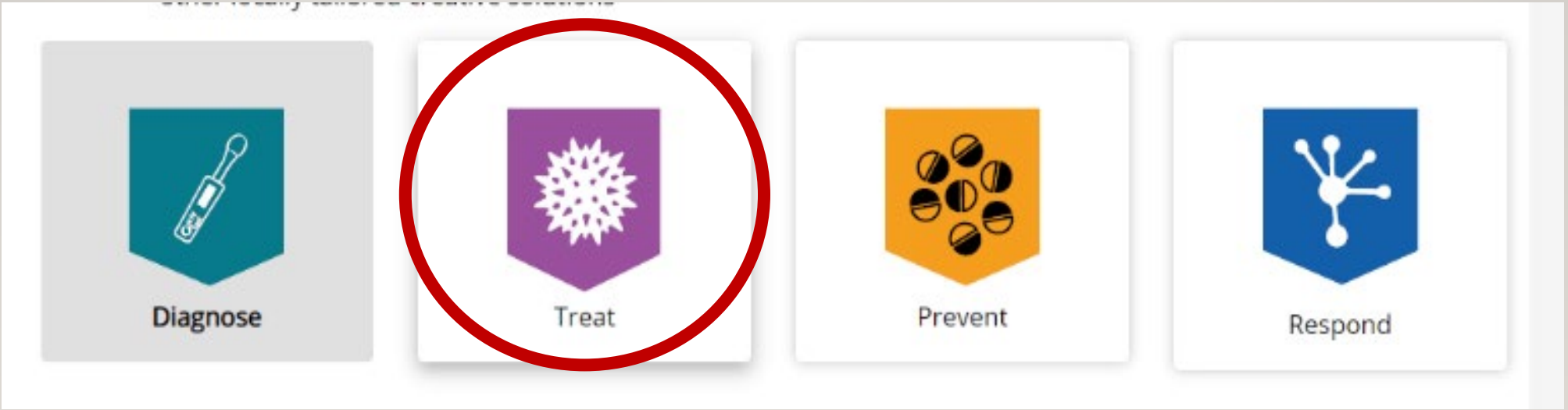
PRIORITY JURISDICTIONS: PHASE I

- The Ending the HIV Epidemic initiative focuses its Phase I efforts as followed:
  - In 48 counties, Washington, DC, and San Juan, Puerto Rico, where >50% of HIV diagnoses occurred in 2016 and 2017
  - In an additional seven states with a substantial number of HIV diagnoses in rural areas, bringing the total number of Phase I jurisdictions to 57.
  - Broward County is one of the 7 Counties in Florida identified as Priority Phase I Counties.
- To achieve the aforementioned goals, Phase I of the initiative focuses on a rapid infusion of additional resources, expertise, and technology into the 57 geographic focus areas.

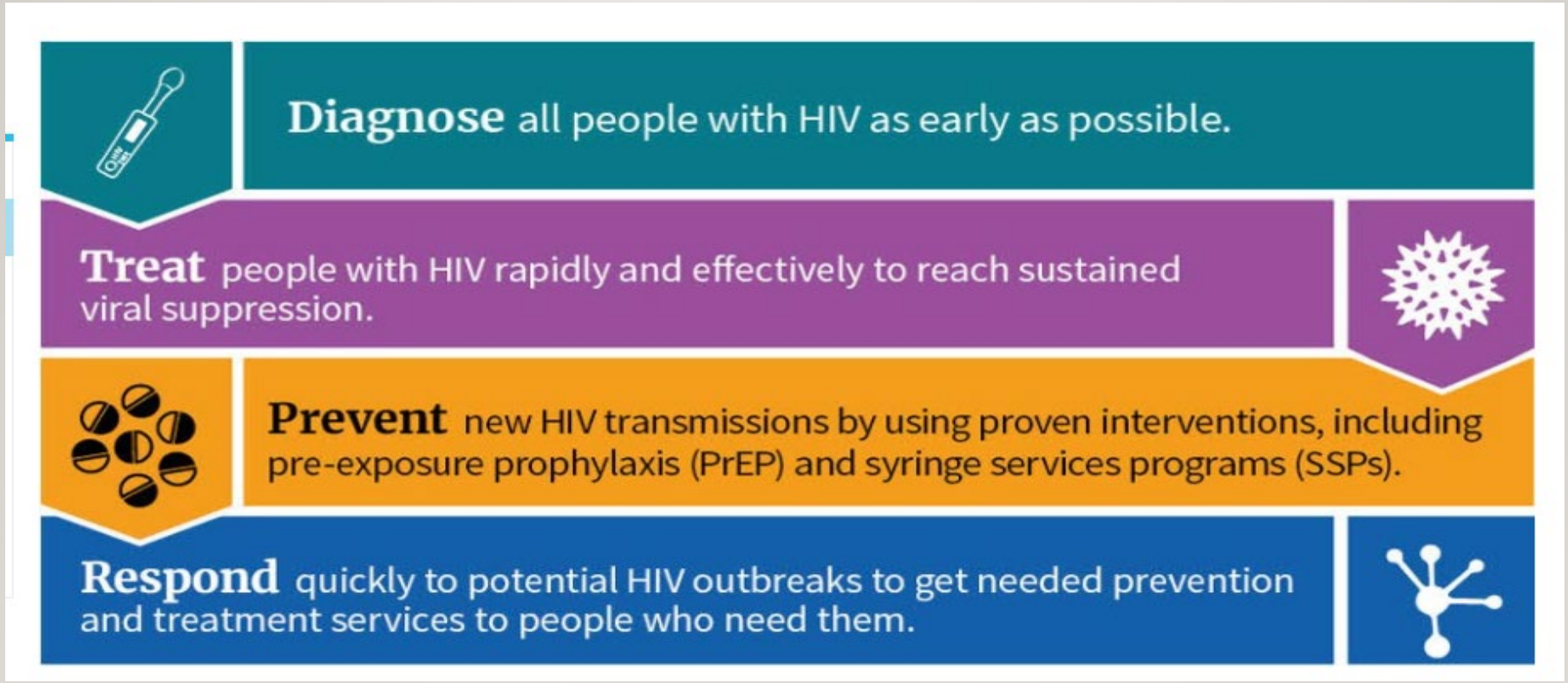


KEY EHE INITIATIVE STRATEGIES

To achieve the goal of reducing new HIV infections in the United States by 75% by 2025 and 90% by 2030, *Ending the HIV Epidemic: A Plan for America* focuses on four key strategies that together can end the HIV epidemic in the U.S.:

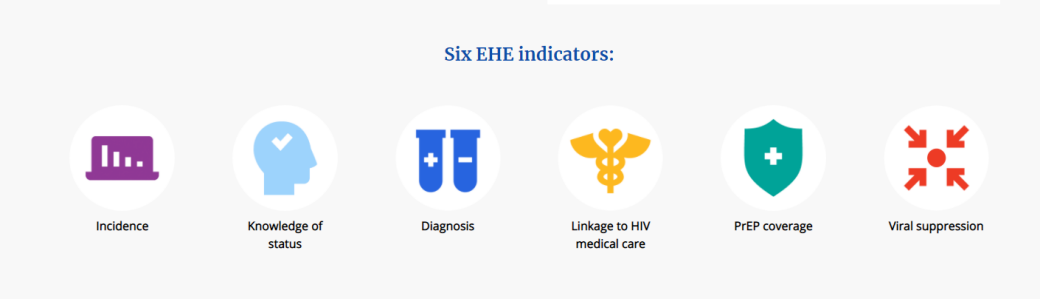


KEY EHE INITIATIVE STRATEGIES CONT…



AMERICA'S HIV EPIDEMIC ANALYSIS DASHBOARD (AHEAD)

WHAT IS AHEAD?

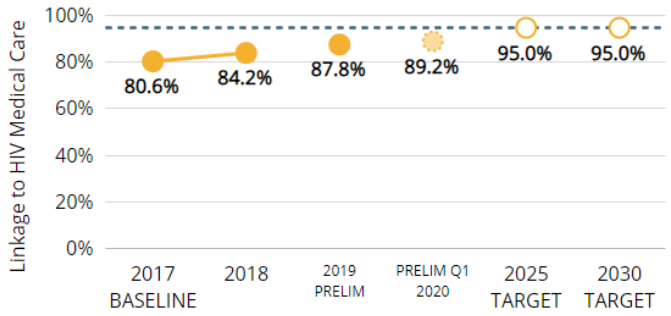


- The U.S. Department of Health and Human Services (HHS), through its Office of Infectious Disease and HIV/AIDS Policy (OIDP), has developed the **America's HIV Epidemic Analysis Dashboard (AHEAD),** a unique data visualization tool that will provide the federal government, Ending the HIV Epidemic jurisdictions, and stakeholders a site where validated data sources can be accessed for use in decision making to help reach the goal of the Ending the HIV Epidemic: A Plan for America (EHE) initiative.
- AHEAD currently displays baseline data, progress data, and indicator targets for the six indicators below. Using 2017 baseline data for the HIV indicators, AHEAD will enable users to monitor progress towards meeting targets.

AHEAD DASHBOARD INDICATORS

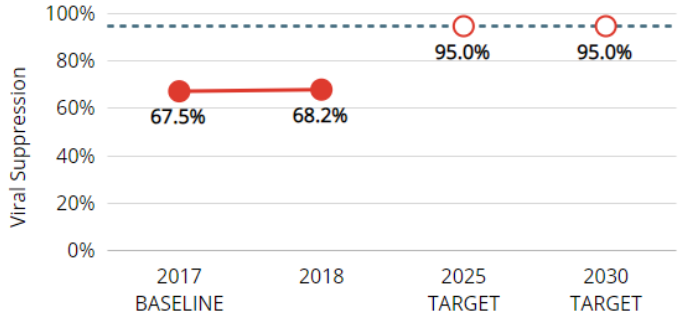
Linkage to HIV Medical Care

Linkage to HIV medical care is the percentage of people diagnosed with HIV in a given year who have received medical care for their HIV infection within one month of diagnosis.



Viral Suppression

Viral suppression is the percentage of people living with diagnosed HIV infection who have an amount of HIV that is less than 200 copies per milliliter of blood, in a given year.



BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Historical Events

- Notice of funding opportunity – August 2019
- Grant application submission – October 2019
  - Applied for $9 million
- Notice of award – February 2020
  - Received $1.2 million
- Work plan submission/approval – April 2020/September 2020
- Training curriculum outline finalized – September 2020
- Development of marketing materials – September 2020 & ongoing
- Service Delivery Model (SDM) finalized – October 2020
- Provide Enterprise (PE) updates – December 2020 & ongoing
- Notice of award – March 2021
  - Received $2 million

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Funded Services

- Disease Case Management (DCM)

  Establishes the Intensive Care Team (ICT) to provide intensive, coordinated healthcare interventions to assist clients in achieving retention in care and viral load suppression

- Food Services (Food Bank and Food Voucher)

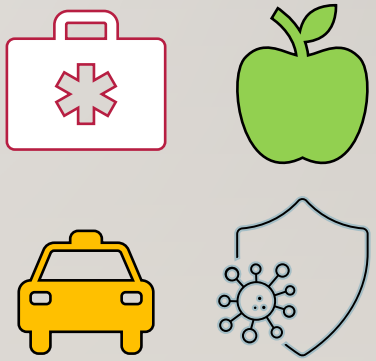
  Provides food service units to Part A clients that have reached the Part A service cap.

- Medical Transportation

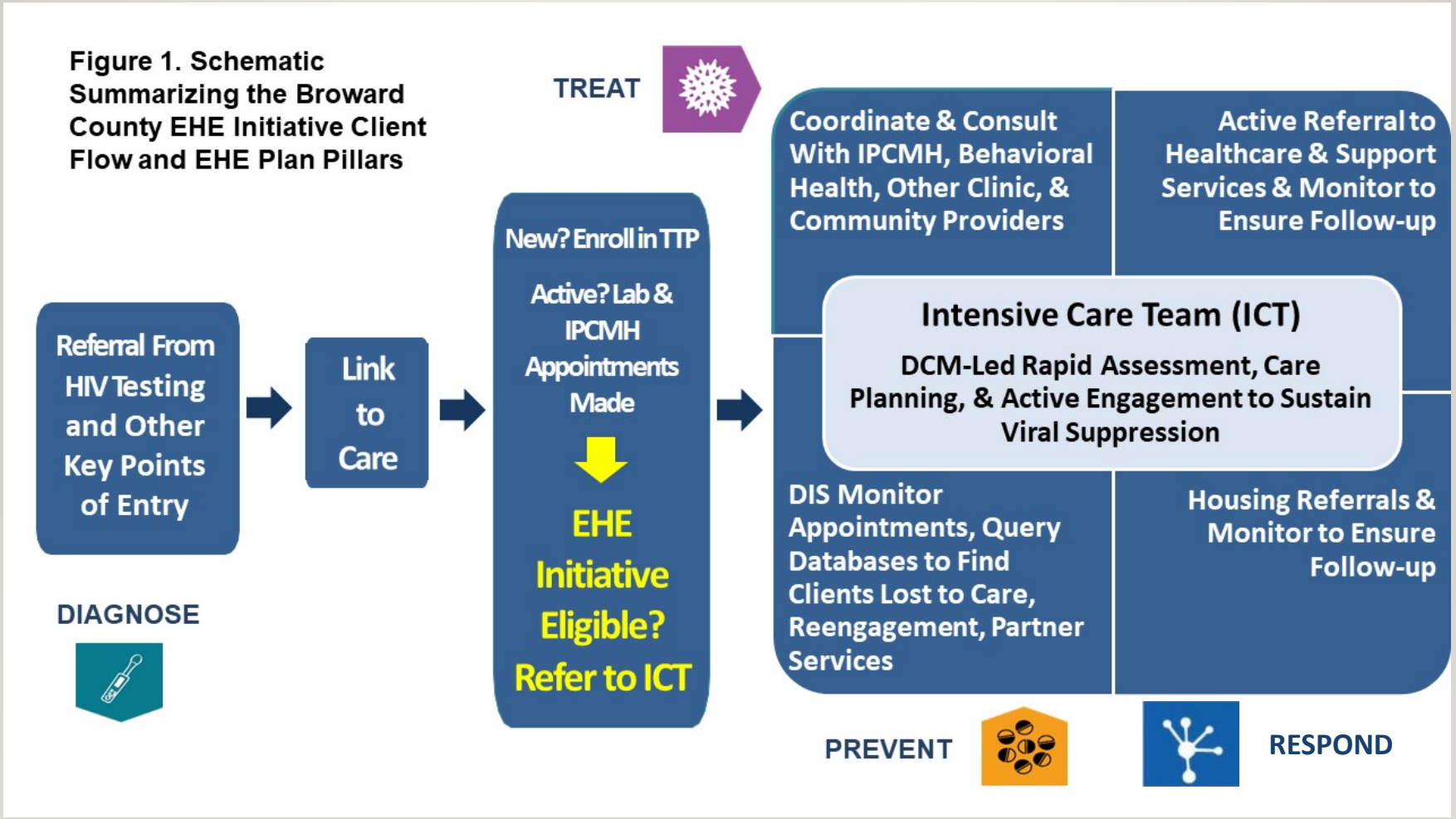
  Ride share or taxi services that assist clients with keeping their appointments.

- Disease Intervention Specialist (DIS)

  Provide outreach services to clients and are a critical part of the ICT. They will utilize resources available to them to identify, locate, and re-engage EHE clients.



ILLUSTRATING THE ICT MODEL APPLIED IN THE BROWARD'S EHE INITIATIVE



BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Client Eligibility

- Newly diagnosed/engaged in HIV care and/or the Broward RWHAP with evidence of a highly detectable HIV VL (HIV RNA ≥100,000 copies/ml); or
- Enrolled RWHAP clients with sustained highly detectable HIV VL evidenced by having two or more consecutive HIV RNA VL laboratory values demonstrating HIV RNA ≥ 100,000 copies/ml; or
- RWHAP clients whose last HIV VL result was ≥100,000 copies/ml and who were not retained in care.

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

Direct Service Providers

- AIDS Healthcare Foundation
- Broward Community and Family Health Centers
- Broward House
- Care Resource
- Florida Department of Health in Broward County
- North Broward Health District
- Poverello

BROWARD EMA'S ENDING THE HIV EPIDEMIC INITIATIVE

NEXT STEPS

- Service implementation
- Foster collaborative relationships with key stakeholders and the community
- EHE Network meetings every two months
- Program evaluation

USEFUL RESOURCES

- **EHE AHEAD Website**
  - https://ahead.hiv.gov/locations/broward-county (Broward Info)
  - https://ahead.hiv.gov/ (overall info)
- **HIV.gov/EHE Website**
  - https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview
- **Broward EHE Service Delivery Model (SDM)**
  - https://www.broward.org/HumanServices/CommunityPartnerships/Documents/RW%20Ending%20the%20HIV%20Epidemic%20SDM%20Final%2010.13.20.pdf

CONTACT INFORMATION

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QUESTIONS