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

System of Care Committee Meeting

Thursday, May 5, 2022 - 9:30 AM
Meeting via WebEx
Chair: Andrew Ruffner • Vice Chair: Jose Castillo

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for May 5, 2022
5. **ACTION:** Approval of Minutes from April 7, 2022
6. Unfinished Business
   a. FY22 CQM Support Staff Quality Improvement Project- Receive a presentation from CQM staff regarding past and current Quality Improvement Projects (QIPs). (Handout A)
   Work Plan Activity 2.4 Receive presentation on Quality Improvement Projects (QIPs) taking place among service providers.
7. New Business
   a. **Action item**: Needs Assessment/ Community Input Presentation (Handout B)- Develop Committee knowledge of Needs Assessment purpose and process
   Work Plan Activity 1.1 Receive Needs Assessment training.
   b. **Action Item**: Part A Client Health Outcomes Presentation (Handout C)
   Work Plan Activity 1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.
   c. **Action Item:** SOC Work Plan Review (Handout D)- Review progress towards FY22 work plan
8. Public Comment
9. Agenda Items for Next Meeting

a. Next Meeting Date: June 2, 2022, at 9:30 a.m. **LOCATION:** TBA
b. Agenda Items for Next Meeting
    - How Best to Meet The Need

10. Announcements
11. Adjournment

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

Please complete you 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.

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

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 implementation of activities designed to improve patient's 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.

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

Thursday, April 7, 2022 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

SOC Members Present: A. Ruffner (Chair), V. Biggs, E, Chrispin, J. Castillo, T. Pietrogallo

Ryan White Part A Recipient Staff Present: T. Thompson, D. Davis.

PCS/CQM Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, B. Miller

Guests Present: B. Mester, J. Clark-Newkirk.

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

   The SOC Chair called the meeting to order at 9:36 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 & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   There was concern that clients are not being retained in mental health services due to the Ryan White Program's specific requirements for an invasive evaluation before the end of a client's third visit. Mental health therapists believe that this evaluation can bring up painful memories for clients, which in turn will cause them to shut down and stop services. It is especially concerning for clients with no other insurance to supplement RWHAP. There was a suggestion to evaluate this requirement for mental health and trauma informed services.

   The SOC Chair and HIVPC Health Planner advised the Committee that this is an important subject and research will be done to bring this item back to the Committee for further discussion.

3. Meeting Approvals

   The approval for the agenda of the April 7, 2022, System of Care Committee meeting was proposed by T. Pietrogallo, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the February 3, 2022, meeting was proposed by V. Biggs, seconded by J. Castillo, and passed unanimously.

   Motion #1: Mr. Pietrogallo, on behalf of the SOC made a motion to approve the April 7, 2022, System of Care Committee agenda as presented. The motion was adopted unanimously.

   Motion #2: Mr. Biggs, on behalf of the SOC, made a motion to approve the February 3,

2022, System of Care Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

   There were no standing committee items on the agenda for this meeting.

5. Unfinished Business

   There were no unfinished business items on the agenda for this meeting.

6. New Business

   The Committee received a presentation from the HIVPC Health Planner on "Understanding Retention in Care." The presentation gave an overview of the HIV Care continuum, its importance, the status of retention in care, the impact of lower retention in care rates, retention in care measures, limitations in measuring retention in care, predictors of retention in care, barriers to retention in care, and facilitators of retention in care. The Committee was also provided with retention in care trend data over the last three fiscal years, 2018-2019, 2019-2020, and 2020-2021 drilled down by gender, race, ethnicity, age group, and mode of transmission. Lastly, the presentation provided information on some evidence-based interventions to improve retention in care. There was concern from the Committee about the additional data needed to improve retention in care rates. The Committee was advised that PCS Staff and Recipient staff will be working to aggregate data, develop, and implement interventions with the help of the Committee to address retention in care.

   B. Miller, the CQM Health Planner, provided the Committee with an overview of the FY21 Quality Improvement Projects (QIP). E. Chrispin questioned how agencies determined their baseline and goals for the fiscal year for their projects. The Committee was advised that agencies have discretion with determining the length of their QIPs. As such, agencies will retrieve data from Provide Enterprise (PE) at the start of their project and use that as their baseline. Then, they will set a potentially attainable goal within the period they have allotted for their project.

   The Committee was also scheduled to receive a presentation from CQM Support Staff on their plans to conduct an individual Quality Improvement Project for FY22. However, the Committee agreed to table this presentation for the May meeting.

7. Recipient's Report

   There was no Recipient report for this meeting.

8. 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.

9. Agenda Items for Next Meeting

   The next SOC meeting will be held on May 5, 2022, at 9:30 am. via WebEx Videoconference.

10. Announcements
    - Starting in April, the CEC will begin hosting its Community Conversations Series to uplift community voices. The first session will be held at the AHF Healthcare Center on 3rd Avenue on April 12th and will be focused on "Reaching Youth about HIV" and the potential barriers to HIV prevention and care for this demographic. The second session will be hosted in collaboration with the Arianna's Center on April 18th, 2022. The conversation will be on optimizing HIV Prevention and Care for Transgender Adults. We invite persons to register for each session. Interested parties are encouraged to contact the Planning Council Support Staff.
    - A Townhall Meeting is scheduled for Thursday, April 14, 2022, at 5:30 pm for Broward County's HIV Town Hall Meeting! This event will be held virtually via Zoom and is free and open to the public. Members of the public are invited to share their thoughts on addressing HIV-related health disparities in Broward County, Florida.

- The World AIDS Museum will be hosting an event on Tuesday, April 12, 2022, at 7:00 pm at the Artserve Auditorium. The event will feature Dr. Fred from Florida Atlantic University and provide insight into the history of HIV/AIDS in Fort Lauderdale from 1981-1996.

11. Adjournment

There being no further business, the meeting was adjourned at 11:05 a.m.

SOC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	6	3	3	7									
0	0	0	**1**	Chrispin, E.	X	X	E	X									
0	1	**2**	**2**	Pietrogallo, T.	A	X	NQA	X									
0	0	0	**3**	Ruffner, A. *Chair*	X	X	NQX	X									
1	0	1		Shamer, D.	X	X	NQA	Z-03/14									
0	1	1	**4**	Biggs, V.	X	X	A	X									
0	1	0	**5**	Castillo, J.	X	X	NQX	X									
				Quorum = 4	5	6	2	5	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 2022-2023

CQM Quality Improvement Project

PRESENTED BY: BRIANNE MILLER, MPH, CHES &
JASMINE ROHOMAN, MPH

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

BROWARD COUNTY
FLORIDA
Broward Regional Health Planning Council
BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS
www.brhpc.org

PRESENTATION OVERVIEW

TODAY'S DISCUSSION

Defining the Problem
Purpose of the Project
Project Objectives
Data Collection
Project Evaluation

DEFINING THE PROBLEM

IDENTIFYING BARRIERS

The rates of retention in care across the system-wide HIV care continuum show a significant decrease over the previous fiscal years. The most affected subpopulations include clients who identify as Black/African American, Hispanic/Latinx, women, transgender, and age categories 18-28.

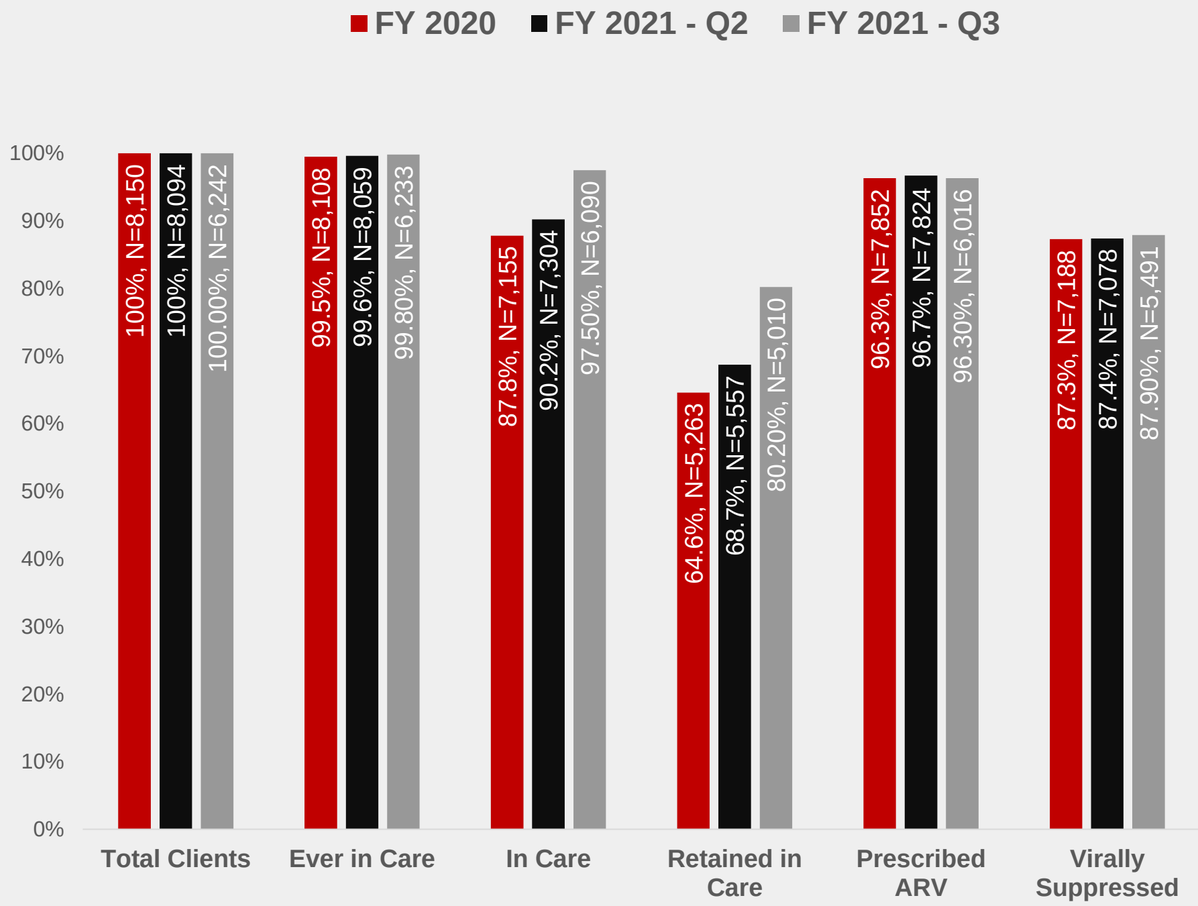
For the FY 2020-2021, the retention rate was 64.6% for the HIV Care Continuum. For the FY 2021-2022, the following retention rates are quarter one (67.6%), quarter two (68.7%), and quarter three (80.2%). The average retention rate for these three quarters is 72.1%.

DEFINING THE PROBLEM

IDENTIFYING BARRIERS

For the FY 2020-2021, the retention rate was 64.6% in the HIV Care Continuum. Currently, our average retention rate is higher than the previous fiscal year, however, this service category still needs improvement if we are to reach the National HIV Strategy goals to be 75% by 2025 and 90% by 2030.

The Quality team will increase the system-wide RIC in the HIV Care Continuum by focusing on the shortcomings of each agency and assisting them in developing a tailored Quality Improvement Project (QIP) to address the underperforming service category.



PURPOSE OF THE PROJECT

OUR PLAN

The Quality team will perform a data analysis into the systematic issues that each agency experiences in the Broward Ryan White Part A EMA related to retention in care.

AIM Statement: We aim to increase the systemwide retention in care (RIC) category in the HIV Care Continuum by 2% by the end of the 2022-2023 fiscal year.

<u>This project aims to:</u>

1) Identify barriers that agencies face in connecting with and retaining these subpopulations (Black/African-American, Hispanic/Latinx, Transgender, Women, 18-28)
2) Help each agency formulate a Quality Improvement project tailored to influence retention rates
3) Increase retention in care rates in each agency while indirectly increasing ARV prescriptions and viral suppression rates.

PROJECT OBJECTIVES

OUR PLAN

The Quality team will tailor the theme of the Quality Network's Quality Improvement Project (QIP) to meet our goal of increasing the systemwide rate of retention. Because each agency will have to submit their AIM statement for approval, we will tailor their QIP to directly/indirectly affect the CQM QIP's goal. Every agency in the Quality Network will follow the QIP RIC theme and develop a tailored QIP to address the service category. They will routinely receive specific technical assistance related to their retention rate.

Similarly, we will use the other networks to drive the conversation about identifying barriers about increasing retention among marginalized populations (Black [Non-Hispanic], Female, Transgender clients, etc.). Additionally, training for all the networks will be scheduled throughout the fiscal year to encourage the agencies to develop innovative ways to address discrepancies within their network.

PROJECT OBJECTIVES

RETENTION RATE INCREASE PROJECTION

FY 21-22 (Q3 Data)		
Agency	**Retained in Care**	**Viral Suppression**
Agency 1	80.43%	87.05%
Agency 2	76.96%	85.67%
Agency 3	86.63%	88.45%
Agency 4	70.33%	87.91%
Agency 5	80.11%	87.18%
Agency 6	83.33%	95.83%
Agency 7	79.83%	89.92%
Agency 8	74.70%	85.54%
Agency 9	88.84%	86.65%
Agency 10	87.50%	95.16%
Agency 11	84.34%	92.17%
Agency 12	89.42%	91.27%
Average	**81.87%**	**89.40%**

FY 22-23 (RIC Increase by 2% per agency)		
Agency	**Retained in Care**	**Viral Suppression**
Agency 1	82%	87.05%
Agency 2	79%	85.67%
Agency 3	89%	88.45%
Agency 4	72%	87.91%
Agency 5	82%	87.18%
Agency 6	85%	95.83%
Agency 7	82%	89.92%
Agency 8	76.7%	85.54%
Agency 9	91%	86.65%
Agency 10	90%	95.16%
Agency 11	86%	92.17%
Agency 12	91%	91.27%
Average	**84.51%**	**89.40%**

Ex. If each individual agency has a retention increase by at least 2%, the average RIC of the whole EMA would increase to 84.5%.

PROJECT OBJECTIVES

PROJECT TIMELINE

PDSA Cycle 1: Quarter 1 (3/1/22 - 5/30/22)

Pull Data the week of June 20, 2022

PDSA Cycle 2: Quarter 2 (6/1/22 - 8/31/22)

Pull data the week of September 20, 2022

PDSA Cycle 3: Quarter 3 (9/1/22 - 11/30/22)

Pull data the week of December 20, 2022

PDSA Cycle 4: Quarter 4 (12/1/22 - 2/28/23)

Pull data the week March 20, 2023

Final Report/Submission April 2023

DATA COLLECTION PLAN

This project will utilize Provide Enterprise as a data collection tool and the data submitted by each agency to compare the progress of their projects. The Quality team will use the quarterly performance measurement report to assess retention improvements within the EMA.

Data from the annual performance report will be used to examine if there was a 2% increase in the systemwide retention rate by the end of the 2022-2023 fiscal year. The findings of this project will be presented and utilized to inform quality improvement efforts within the EMA.

Information and project updates will be shared with the Recipient staff, the Quality Management, and System of Care Committees.

PROJECT EVALUATION

PROCESS EVALUATION

At the end of each quarter, the Quality team will analyze the data from the HIV Care Continuum to assess the success of the CQM QIP. Using process evaluation, we will determine whether our CQM QIP is being implemented as intended.

Specifically, we will assess how well the program is working, the extent to which the program is being implemented as designed, and whether the project can be adopted for the next fiscal year. Lastly, we will review our progress and routinely report findings on the CQM QIP to Recipient staff to review agency retention rates.

PROJECT EVALUATION

IMPACT EVALUATION

At the end of the fiscal year, we will conduct a data analysis of the entire systemwide HIV Care Continuum to assess if any improvements were made. Specifically, the Quality team will conduct data analysis to examine how much the retention rate increased for each agency. Afterward, we will determine if this increase has impacted the systemwide retention rate of the HIV Care Continuum.

The impact evaluation will be used to examine if the CQM QIP goal was met. This will be a guide to determine whether we will adopt or adapt the CQM QIP for the next fiscal year.

NEXT STEPS

The CQM Support Staff will give a presentation introducing each agency in the Quality Network to this FY22-23 systemwide QIP theme focused on improving retention in care within the subpopulations of focus. We will drill down the data by agency to determine which organization needs additional assistance in achieving its target goals.

To guide the annual QIP, the QI Toolkit was updated to reflect new due dates for each checkpoint and cross-referenced to ensure the COVID-19 pandemic did not derail established objectives. The QI Toolkit also reflects more technical assistance meetings with each agency to ensure that all projects remain on track in time progression and remain on task with the original goal.

THANK YOU!

ANY QUESTIONS?

HANDOUT B

2021-2022 BRHPC Broward County HIV Community Needs Assessment Findings

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Presented May 3, 2022

2020-2021 Needs Assessment Sources

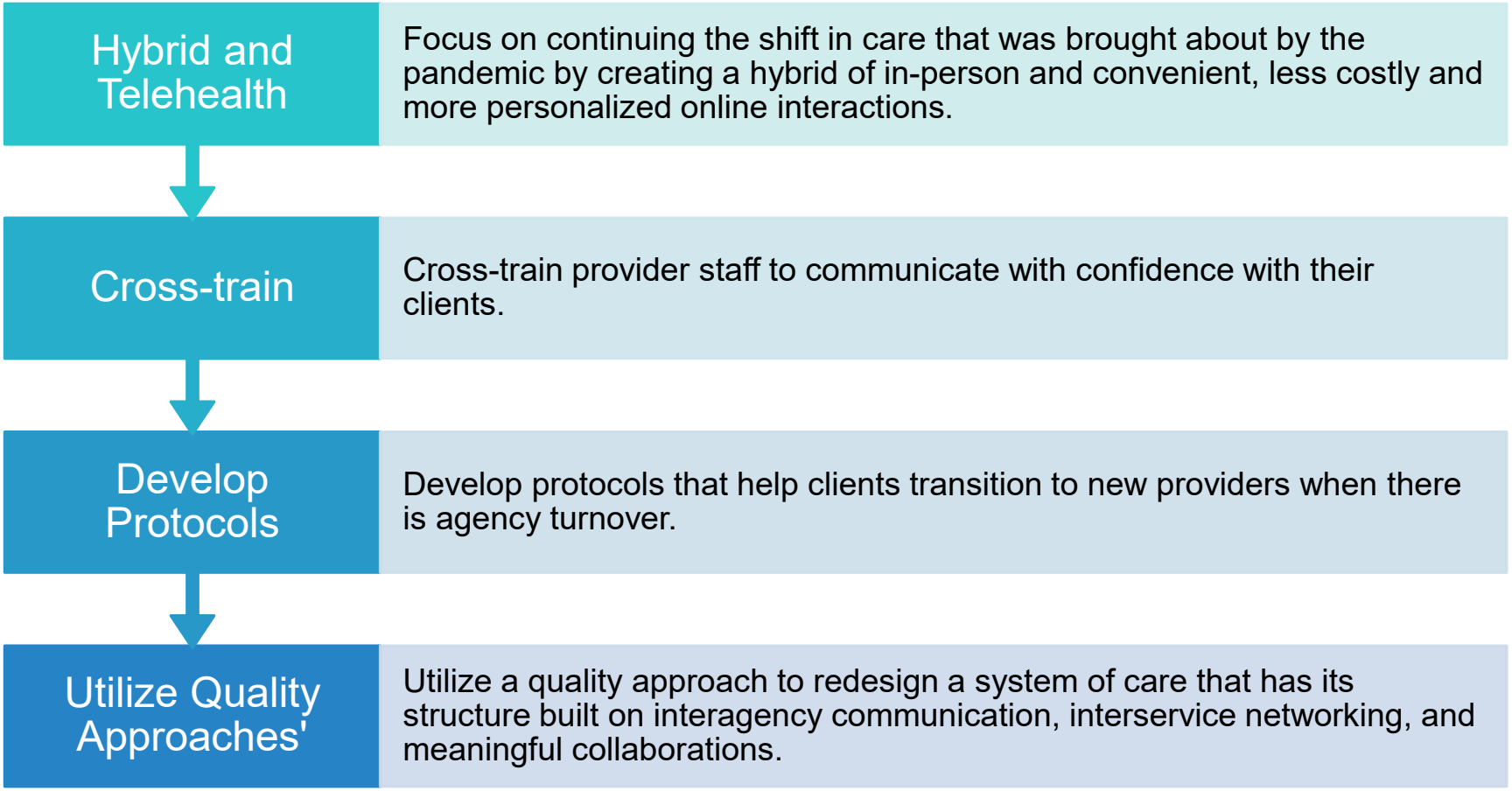
This presentation assessed data from the following projects:

I. Ryan White Program State-wide Consumer COVID-19 Survey FY2020-2021
II. Key Informant Interviews 2020, 2021
III. Consumer Focus Group Interviews, 2020, 2021, 2022
IV. Ryan White Part A Provider Survey 2022

- This information highlights the strengths and opportunities for improvement of the RW Part A Program as well as possible gaps in the provision of care.
- These projects were coordinated by Broward Regional Health Planning Council, Needs Assessment Contractor.
- Consumers are defined as active Ryan White Part A clients.

2020 Part A Providers Focus Groups Key Findings

1. Medical services, antiretroviral medications and food services are extremely valuable to clients.
2. More transportation options are needed for clients to get to appointments.
3. An age-friendly system of care needs to be established for clients aging with HIV.
4. Enhance oral health services to ensure that all eligible clients can receive needed dental care in a timely manner.
5. Case management and counseling services are the “glue” for some patients to remain in HIV care, but because of stigma and confidentiality concerns, there are many clients who choose not to accept or utilize these services.



2020 Part A Providers
Recommendations for Improvement

2020 Part A Providers
Recommendations for Improvement

Build processes to ensure consumers feel listened to and communicated with effectively.

Commit to and ensure an integrated approach across agencies to enhance the consumer health experience.

Equip and empower providers and staff to deliver a consistently exceptional experience.

Ensure that all agencies recognize and develop provider/staff onboarding and annual training updates that highlight the HIV continuum of care and its expansion far beyond agency walls.

Enhance the client health experience to outcomes by providing transparent and understandable information on the “steps” to access needed support and eligibility continuation services.

Develop a “help line” to assist and empower consumers when they have access to care and eligibility concerns and/or challenges.

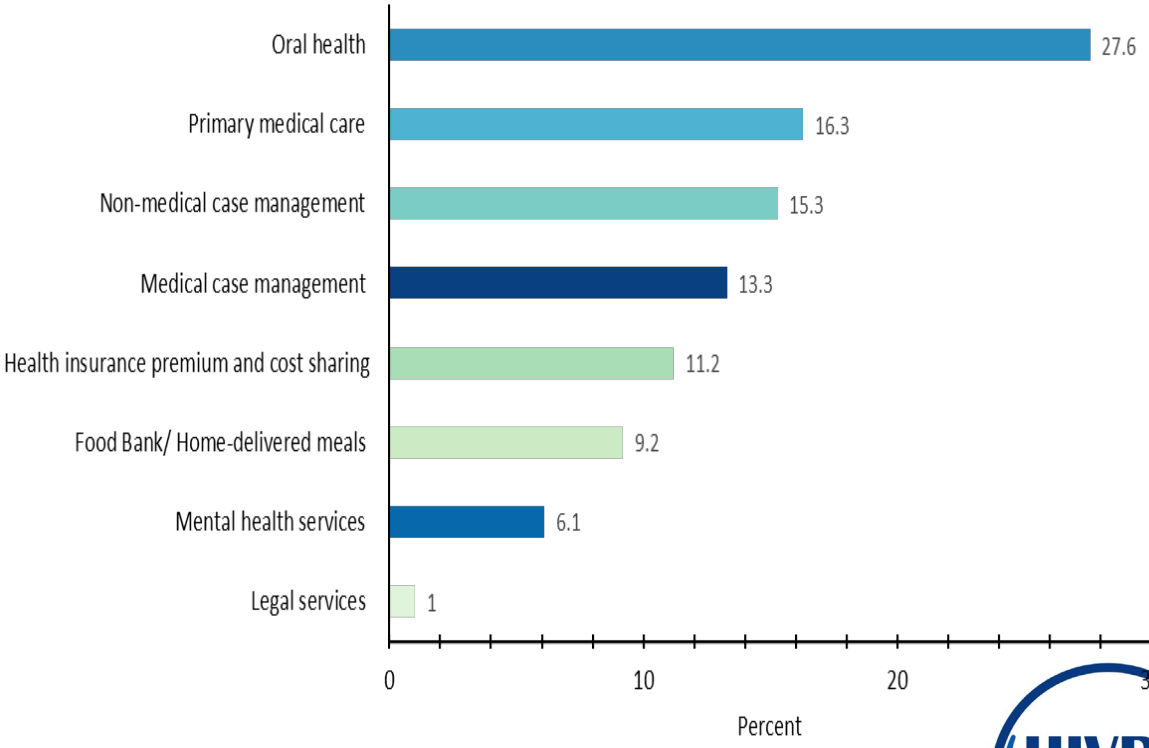
FY 20/21 Part A Consumer Focus Groups
Key Findings

1. Consumers place high value and confidence in Part A Medical Services.
2. Support services are highly valued by clients.
3. Oral Health services were difficult to access and service satisfaction was very low as reported by over 70% of consumers.
4. Negative Customer Service experiences.
5. The EMA does not adequately address generational and gender-specific specialty care.
6. Consumers do not know what to do when they cannot access a needed service.

HIVPC
Broward County HIV Health Services Planning Council

Ryan White Service Rankings by Consumers: FY2020-2021

Consumers reported that the most important Ryan White services were oral health services, primary medical care, non-medical, and medical case management, followed closely by health insurance premium and cost sharing.



HIVPC
Broward County HIV Health Services Planning Council

FY 21/22 Consumer Focus Groups:

Services Identified as Valuable

Services	CFG 1	CFG 2	CFG 3
Housing Case Management	✯	✯	✯
Food Services	✯	✯	
HIV Medications	✯	✯	
Substance Use Treatment Programs		✯	
Medical Specialists	✯	✯	
Peer Navigation Services		✯	
Test and Treat Program		✯	
Part A Program Consistency /Hopefulness		✯	
Mental Health			✯
Therapy and Treatment			✯
Case Management			✯
Eye Exams			
Dental Services			
Transportation			

**CFG – Community Focus Group*

Key Findings Consumer Focus Groups
Linkage to Care (LTC)

Barrier

PWH do not understand the full range of services

Recommendations

1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a CHW or Peer.
2. Offer substance use treatment services to all consumers with an active substance use disorder when they are linked to treatment.

Source: 2021-2022 Focus Group Interviews

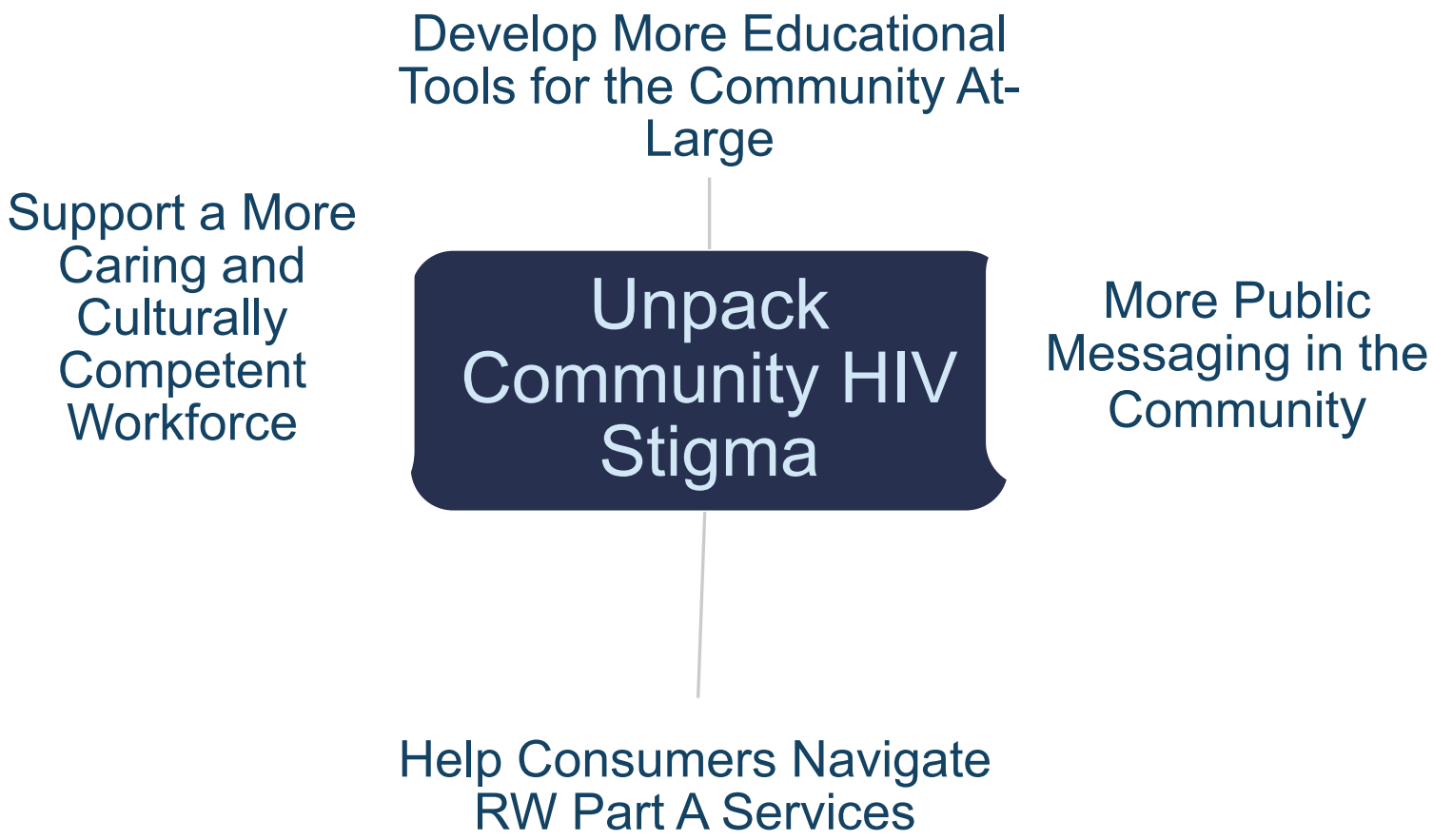
Consumer Focus Group Recommendations

Stigma is a Barrier

Many PLWH are fearful of external stigma and have internalized stigma about people with HIV causing shame, self-doubt, and refusal to receive services, including, CM, DCM, and CIED.

Source: 2021-2022 Focus Group Interviews

Priority Consumer Focus Group Recommendations



Source: 2021-2022 Focus Group Interviews

Consumer Focus Group #3:

Source: 2021-2022 Focus Group Interviews

Peer/Consumer Focus Group Key Findings

- Peers acknowledge that patients are more likely to be retained in care and follow their HIV medication regimen when they feel supported by their medical providers.
- Case managers should be more informed about HIV treatment and management and the various support services.
- Clients and providers that are not a good “match” can cause consumers not to return to care.
- Peers acknowledge dental care as an essential service for PWH.
- PWH entering the RW system of care greatly benefit from the ability to receive food services.
- Peers see eligibility services as limiting barriers to PWH staying retained in care.
- The Part A MIS (PE) creates challenges that negatively affect the delivery of food services, one of the most valued support services.

Source: 2021-2022 Focus Group Interviews

Peer/Consumer Focus Group Recommendations

Create supportive, person-centered care experiences where employees want to know their clients

Build a strong healthcare team that can deal with frustration

Ensure clients are informed and feel confident to navigate a complex system of care

Employ and train a competent and helpful front desk staff

Hire and retain providers and staff who have compassion, empathy, and passion for their work

Place peer navigators in every agency working with the care team to better empower clients

Source: 2021-2022 Focus Group Interviews

Peer/Consumer Focus Group Recommendations

Create a more coordinated eligibility and recertification system for RW Parts A and B

Continue Providing Support Services and Work to Improve Food Bank and Gift Card System

Improve the operability of Provide Enterprise (PE) to support Food Services

Create a universal eligibility system for the Broward EMA RW Part A Program

Source: 2021-2022 Focus Group Interviews

Key Informant* Interviews Findings
Support Services Providers

Services that best support clients going through challenging situations are peer support, mental and behavioral health, food, and transportation

Improve interagency communication to make the treatment and care process more seamless and accessible to clients.

Clients have limited energy and resources; some have limited social networks. The system of care should be more "cohesive" so patients are not burdened but are energized and engaged by the services and system as a whole.

Develop integrated care strategies for clients who require complex care due to the impact of SDOH and comorbidities.

Provide more competitive reimbursement so that agencies providing Part A services can "break even."

Source: 2021-2022 Focus Group Interviews

**Sixteen participants from the Support Network Group.*

Recommendations on Eligibility Services

1. Create a system of care that is more “cohesive”. More “one-stop-shop” services were identified as a way to improve the connectivity of the system of care.
2. Develop a yearly recertification process and a “hybrid” process whereby recertification could mirror the eligibility of persons who have commercial insurance.
3. Create a less stigmatizing and fatiguing process that will ultimately empower clients to stay connected to their care.

HIVPC
Broward County HIV Health Services Planning Council

Source: 2021-2022 Focus Group Interviews

RW HIV Provider Survey 2022

GAUGE PROVIDER CAPACITY AND CAPABILITY AND DOCUMENTS PROVIDERS' ABILITY TO DELIVER SERVICES TO SPECIFIC POPULATIONS AND/OR GEOGRAPHIC AREAS

HIVPC
Broward County HIV Health Services Planning Council

Eleven (11) of the twelve (12) Ryan White Part A providers completed the survey for a response rate of 92%

Ryan White Core Medical Services Ranking

Item	Overall Rank	Rank Distribution	Score
Outpatient/Ambulatory Health Services	1		133
AIDS Pharmaceutical Assistance (local)	2		113
Medical Case Management (Disease)	3		111
Health Insurance Premium & Cost Sharing (HICP)	4		100
AIDS Drug Assistance Program Treatments	5		97
Oral Health Care	6		92
Mental Health Services	7		91
Substance Abuse Outpatient Care	8		73
Early Intervention Services	9		52
Home & Community-Based Health Services	10		51
Medical Nutrition Therapy	11		38
Home Health Care	12		31
Hospice	13		19

Ryan White Support Services Rankings

Item	Overall Rank	Rank Distribution	Score
Housing	1		163
Non-medical Case Management (CIED)	2		156
Food Bank/Vouchers	3		148
Emergency Financial Assistance	4		133
Medical Transportation	5		126
Referral for Health Care and Support Services	6		115
Legal Services	7		109
Psychosocial Support Services	8		94
Health Education/Risk Reduction	9		92
Outreach Services	10		92
Substance Abuse (Residential)	11		85
Child Care Services	12		80
Linguistic Services	13		71
Rehabilitation Services	14		64
Permanency Planning	15		50
Other Professional Services	16		45
Respite Care	17		32

	Improved	Same	Worse	Don't Know
AIDS Pharmacy Assistance (LPAP)	27%	64%		9%
Outpatient/Ambulatory Health	27%	56%	9%	9%
Insurance Deductibles and Co-Pays		73%	9%	18%
Medical Case Management	18%	64%	9%	9%
Mental Health	9%	64%	9%	18%
Oral Health - Routine	9%	73%	9%	9%
Oral Health - Specialty		55%	27%	18%
Substance Abuse - Outpatient	9%	55%	18%	18%

Access to Support Services During the Last 12 Months

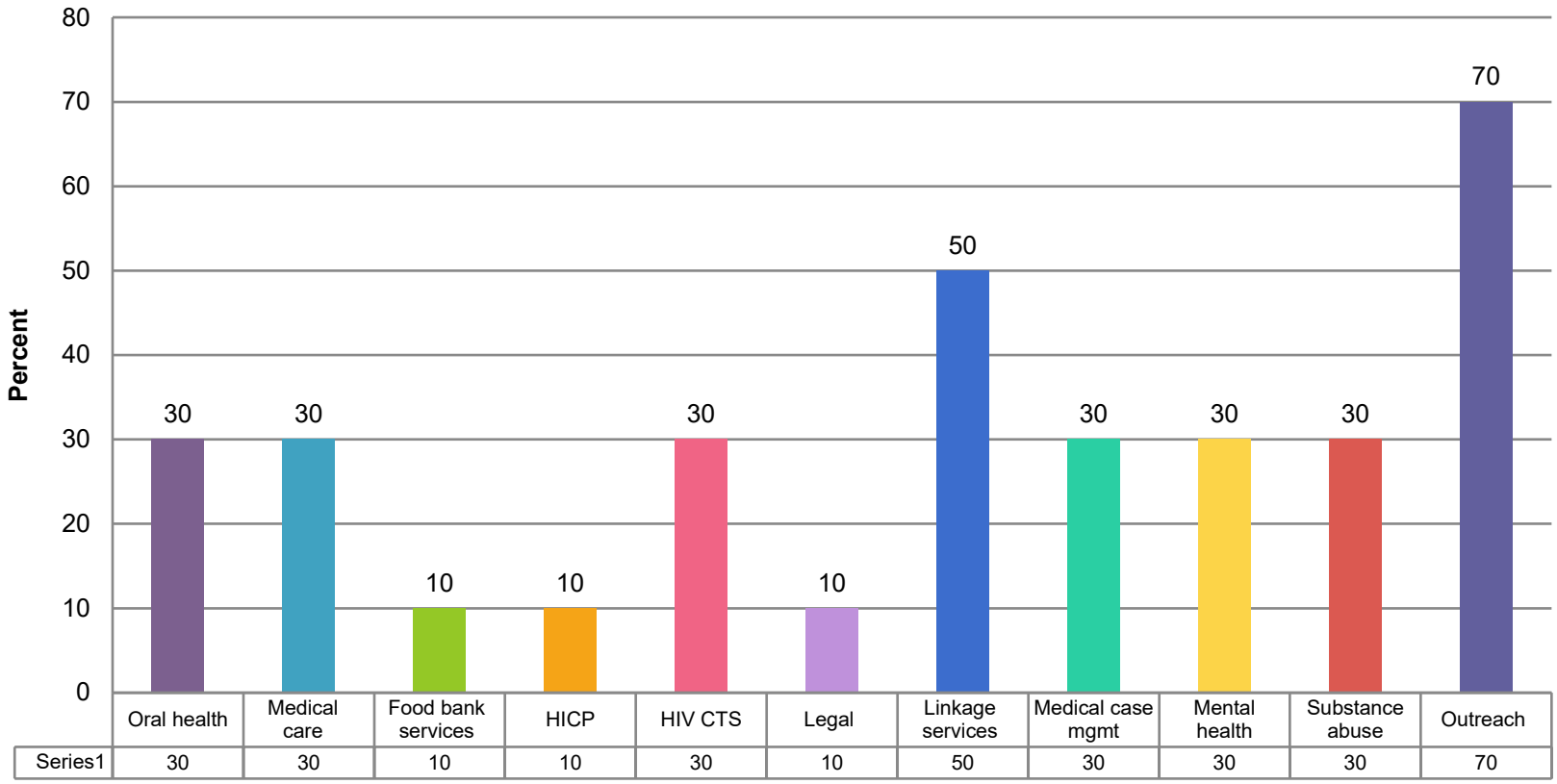
In the last 12 months, select the item that best describes access to care among your clients for the following core services:

	Improved	Same	Worse	Don't Know
CIED	36%	55%		9%
Food Bank	37%	55%		9%
Legal Services	9%	73%		18%
Food Vouchers	27%	46%	9%	18%
Emergency Financial Assistance	9%	55%	9%	27%

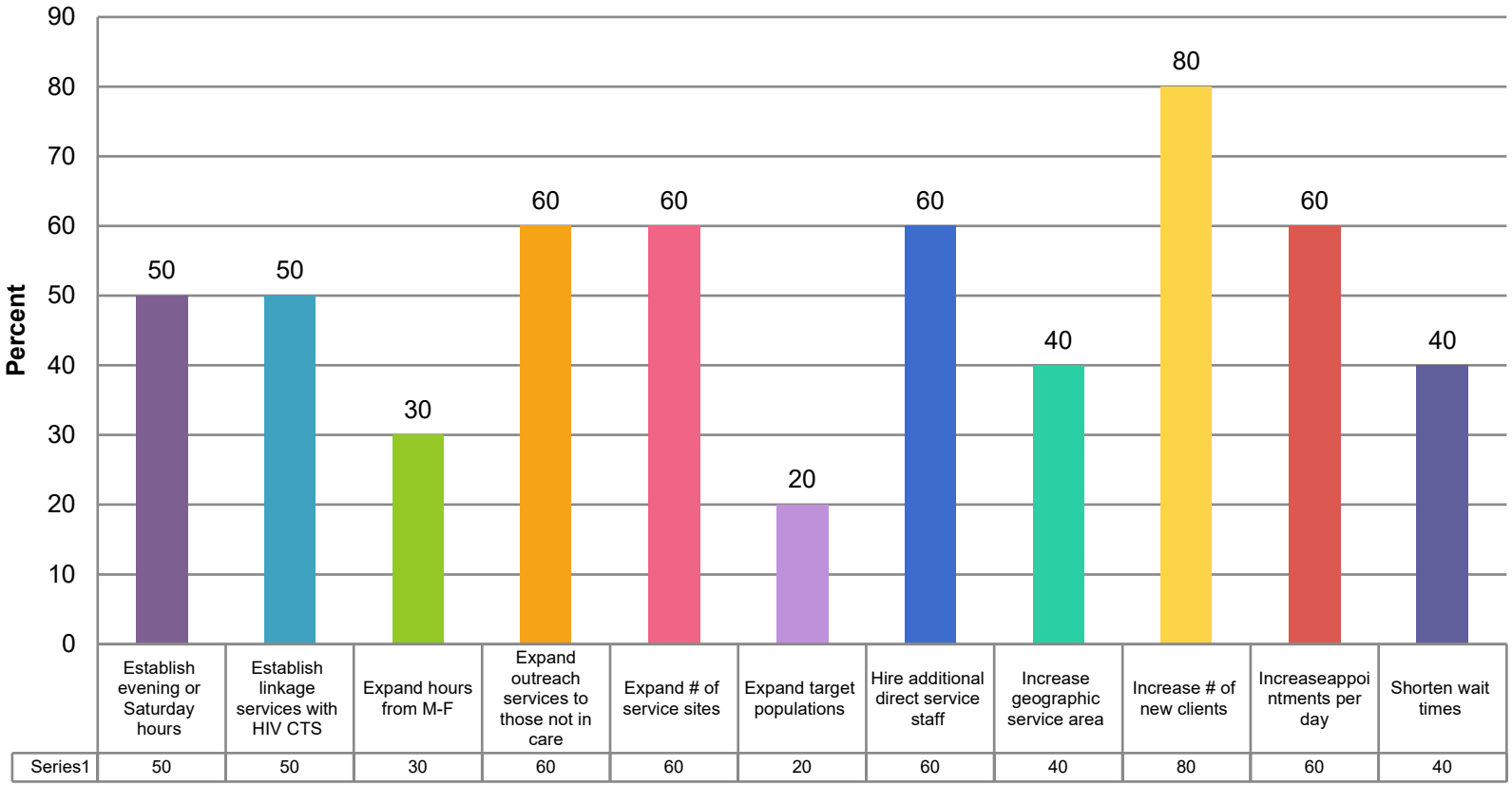
Access to Support Services During the Last 12 Months

In the last 12 months, select the item that best describes access to care among your clients for the following support services:

Which NEW services would your HIV program establish if additional funds were available?



In what ways would your HIV program expand EXISTING services if more funds were available?



Provider Recommendations

Improving the Continuum & Addressing Unmet Need

- ADAP services should be made easier for clients to obtain. They should be contracted through providers instead of a central location.
- It is essential to allocate more money into outreach and prevention. It is important to focus on clients that fall out of care. Many clients will not come to care if someone does not call or get them. The system needs to promote methods that work to bring clients to care. For example, self-termination, transportation, meet the clients where they are. Feasibility is very important as well.
- Implement quality improvement projects pertaining to unmet needs in the continuum of care. Addressing local and state initiatives and alignment with community needs. As an example, Insurance Companies in states with Medicaid Expansion have invested hundreds of millions of dollars for housing needs of their members on Medicaid. Collaborative efforts among public/private entities increases better health outcomes in the communities.

Common Themes in Key Findings

- Housing Case Management
- Behavioral and Mental Health Services
- Comprehensive Yearly Recertification Process
- Connectivity of System of Care
- Peer Navigation Services
- Food Services
- Expanded Nutrition Counseling Services

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT C

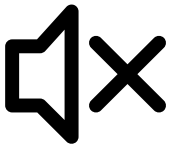
Broward EMA Ryan White Part A Program

Health Outcomes

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

PRESENTED BY
BRIANNE MILLER, MPH, CHES & JASMINE ROHOMAN, 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

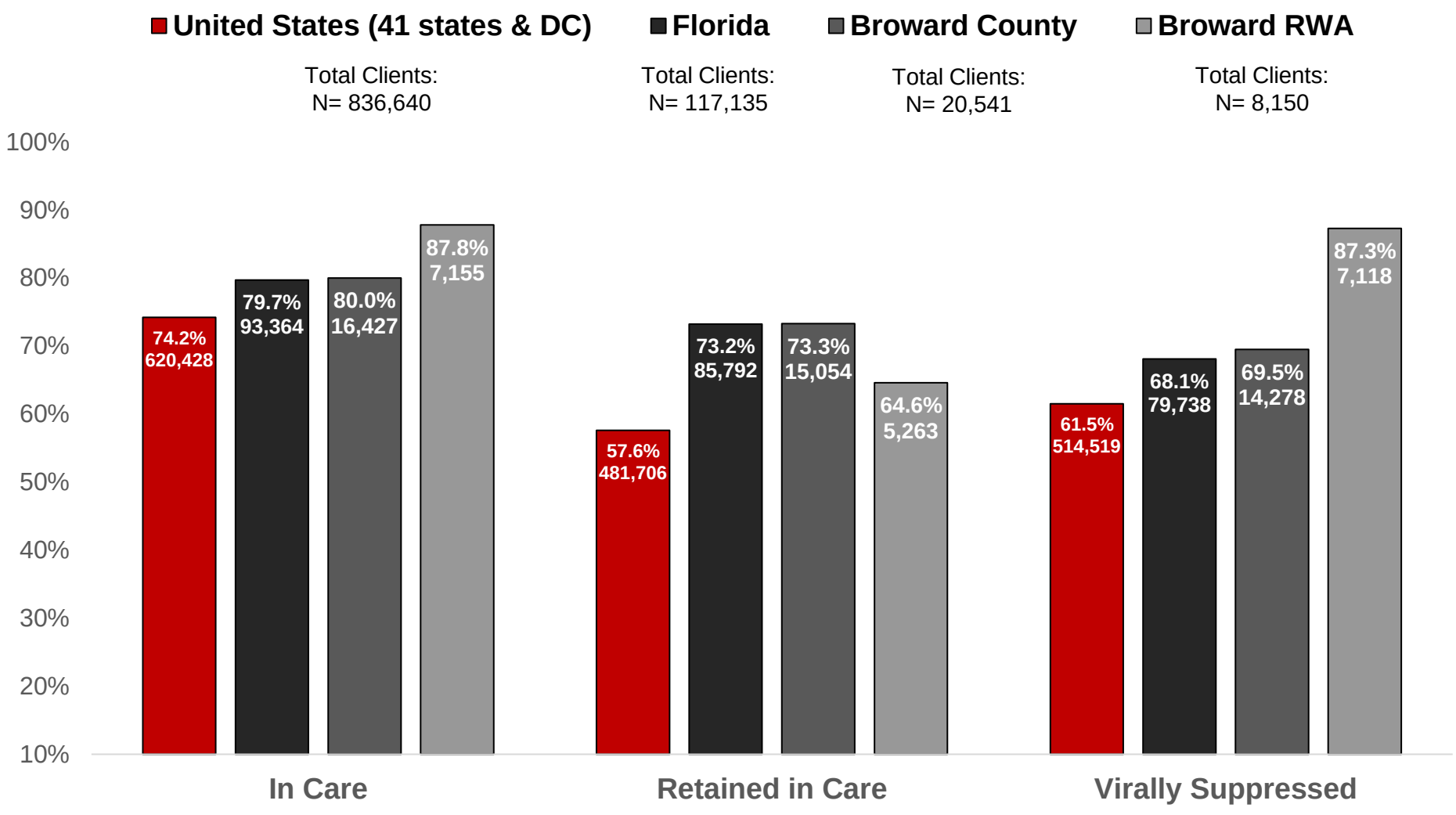
- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **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.
- Impact of COVID-19 on FY 2020 data.

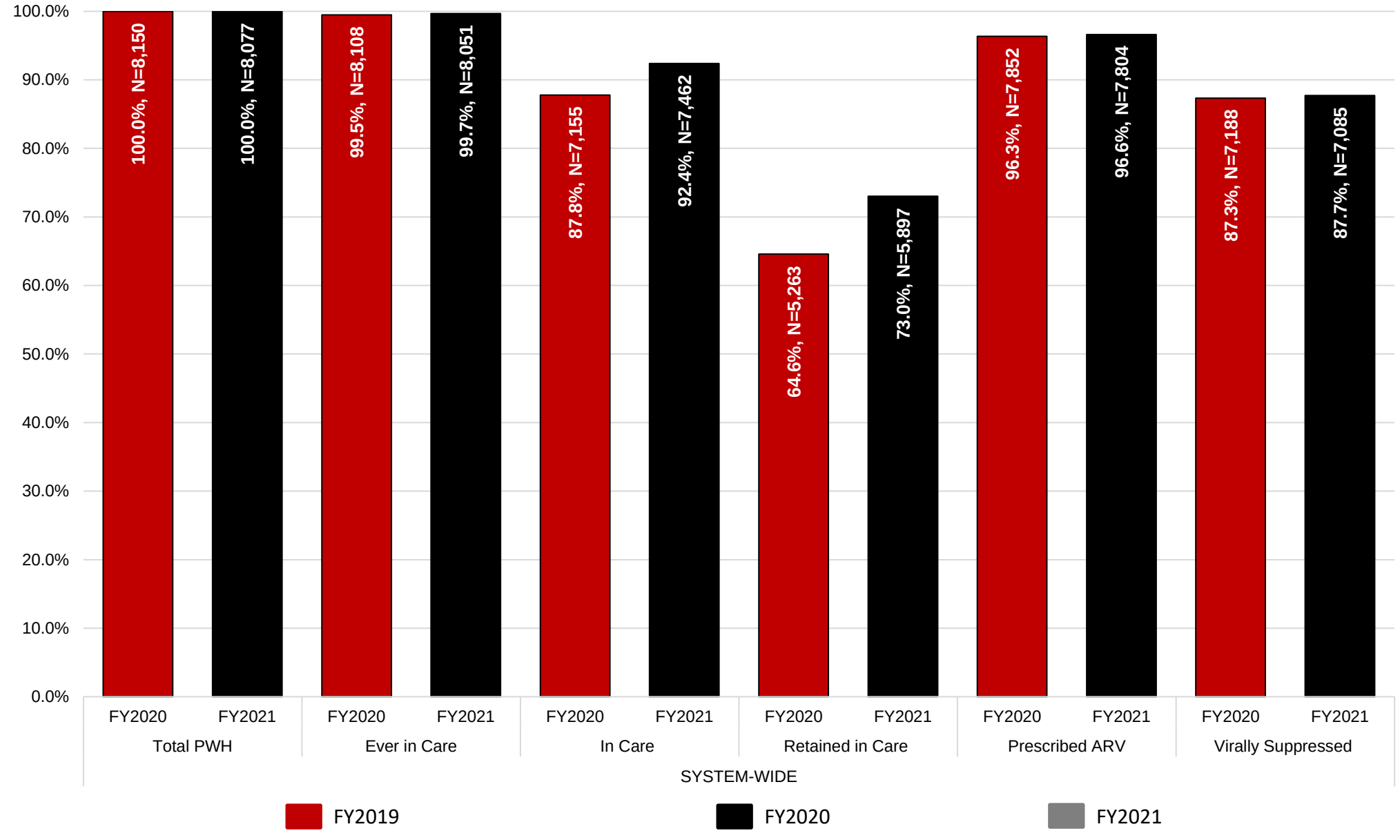
US, Florida, Broward County, & Broward Part A HIV Care Continuum



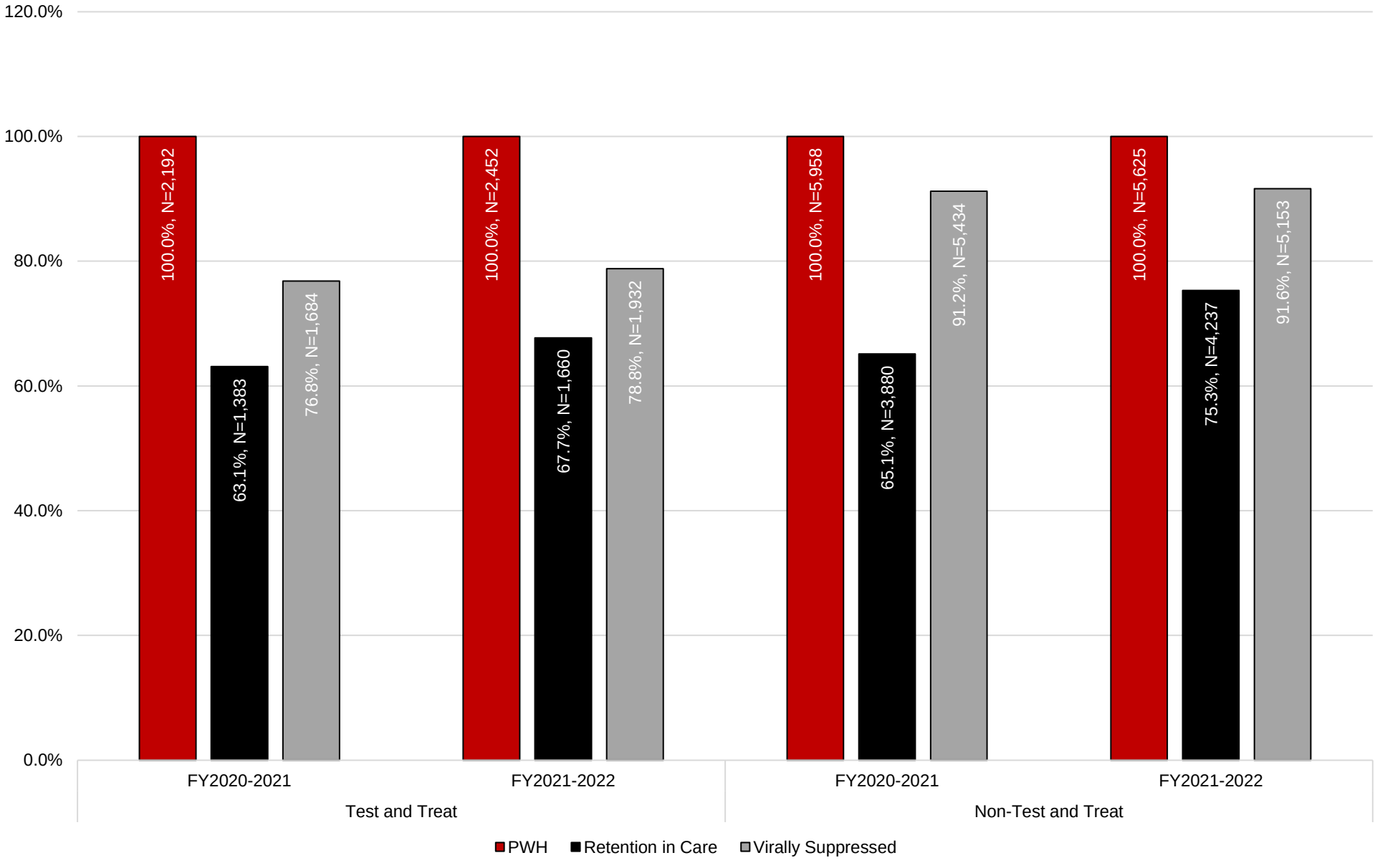
Data Sources: *Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).*

Technical Notes: *Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.*

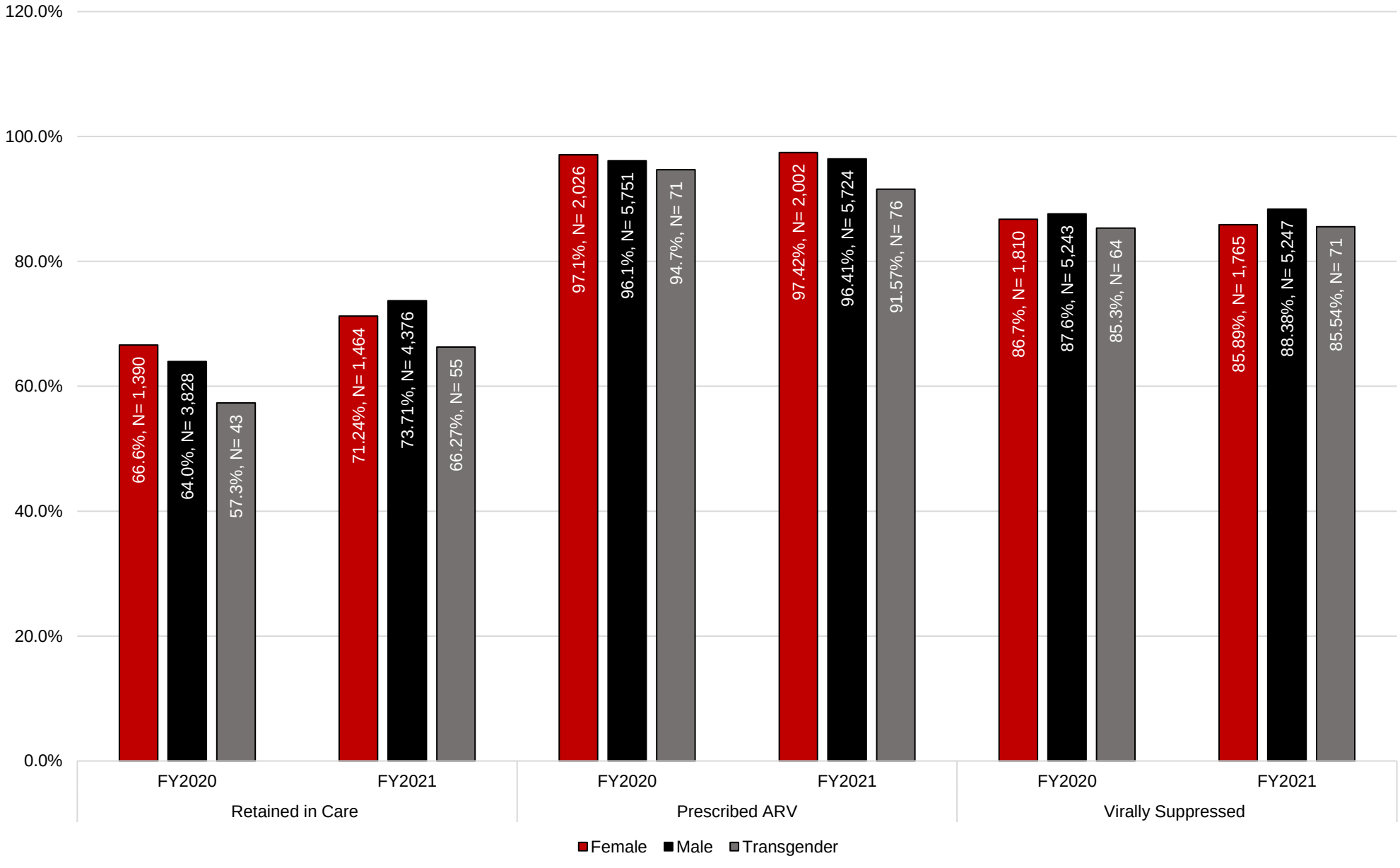
HIV Care Continuum Systemwide, Broward EMA, FY2020 and FY2021



Broward EMA HIV Care Continuum Systemwide, Test and Treat and Non-Test and Treat Clients, FY2020 and FY2021

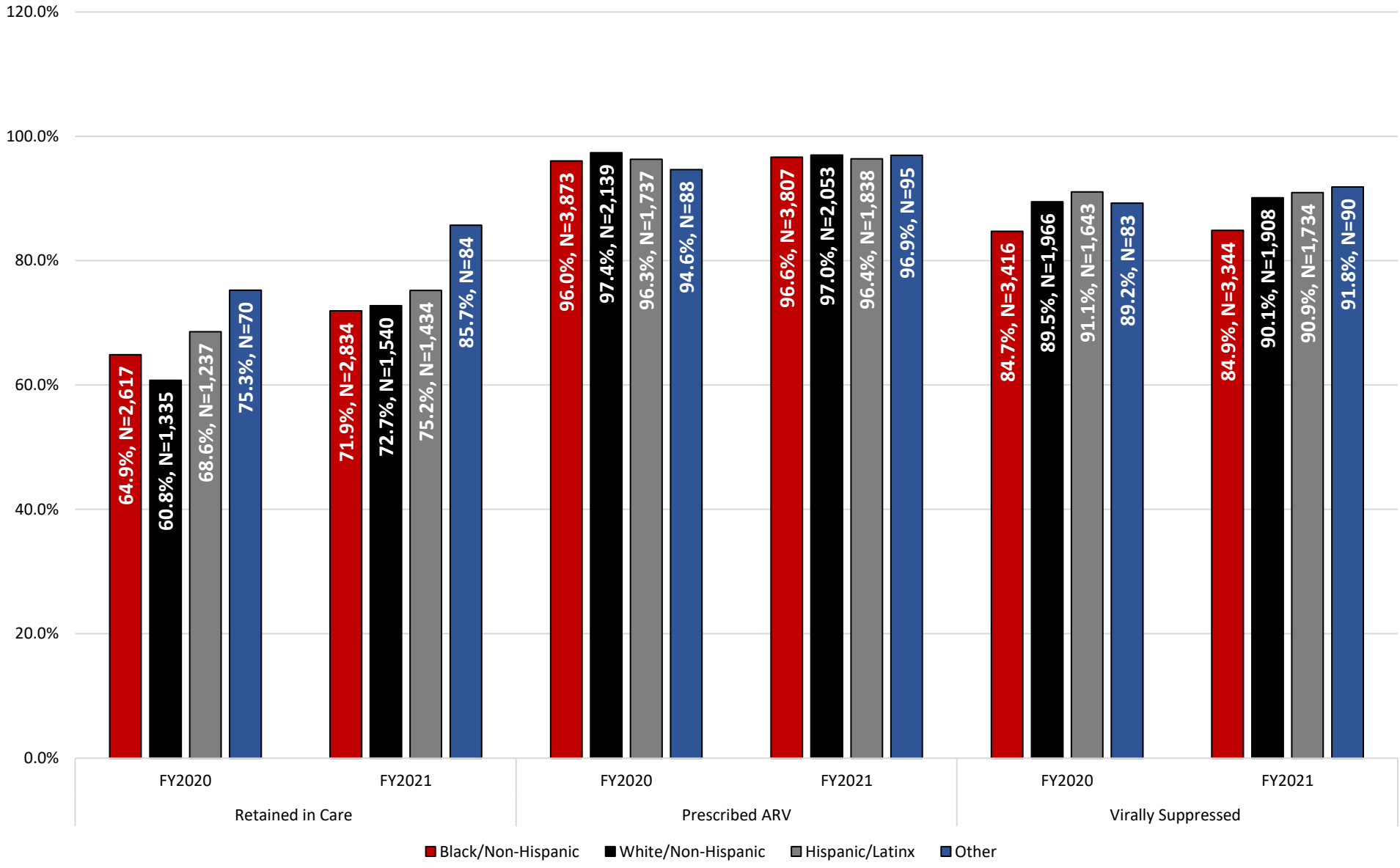


HIV Care Continuum by Gender, Broward EMA, FY2020 and FY2021



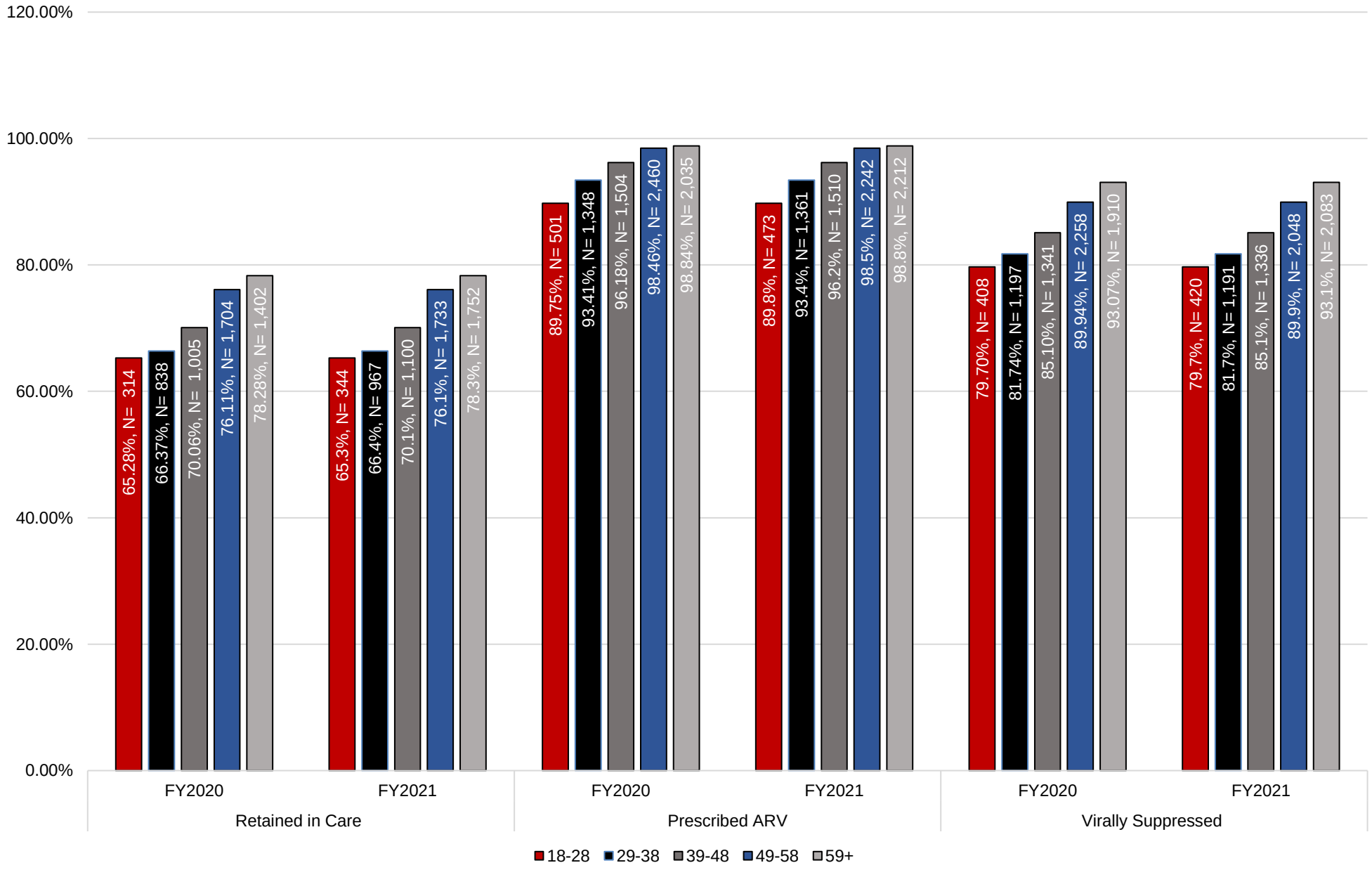
Total Clients: *FY 2020: Female = 2,087, Male = 5,984, Transgender = 75; FY 2021: Female = 2,055, Male = 5,937, Transgender = 83*

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2020 and FY2021



Total Clients: *FY 2020: Black, Non-Hispanic = 4,033; White, Non-Hispanic = 2,197; Hispanic/Latinx = 1,804; Other = 93; FY 2021: Black, Non-Hispanic = 3,940; White, Non-Hispanic = 2,117; Hispanic/Latinx = 1,907; Other = 98*

HIV Care Continuum by Age, Broward EMA, FY2020 and FY2021



Total Clients: *FY 2020: 18-28 = 550, 29-38 = 1,440, 39-48 = 1,573, 49-58 = 2,515, 59+ = 2,066, FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238*

HIV Care Continuum:

Notable Trends from FY2020 to FY2021

- **Test & Treat Program:**
  - **Test & Treat Clients:**
    - PWH ↑ 260 clients
    - Retention in Care ↑ 4.6%
    - Viral Suppression ↑ 2.0%
  - **Non-Test & Treat Clients:**
    - PWH ↓ 333 clients
    - Retention in Care ↑ 10.2%
    - Viral Suppression ↑ 0.4%

HIV Care Continuum:

Notable Trends from FY2020 to FY2021

- **Subpopulations:**
  - **Female clients:** RIC **increase by** 4.6% & VS **decrease by** 0.8%
  - **Male clients:** RIC **increase by** 9.7% & VS **increase by** 0.8%
  - **Transgender clients:** RIC **increase by** 8.9%

HIV Care Continuum:

Notable Trends from FY2021-2022

- **Subpopulations to monitor:**
  - **Black (Non-Hispanic) clients:** RIC **increase by** 7%
  - **White (Non-Hispanic) clients:** RIC **increase by** 11.9%
  - **Hispanic/Latinx clients:** RIC **increase by** 6.6%

HIV Care Continuum:

Notable Trends FY2021

- **No changes were seen amongst the different age groups between the two fiscal years.**
- **Things to consider:**
  - **18-28 age range:** 34.7% not retained in care & 20.3% not virally suppressed
  - **29-38 age range:** 33.6% not retained in care & 18.3% not virally suppressed
  - **39-48 age range:** 29.9% not retained in care & 14.9% not virally suppressed
  - **49-58 age range:** 23.9% not retained in care & 10.1% not virally suppressed
  - **59+ age range:** 21.7% not retained in care & 6.9% not virally suppressed

HIV Care Continuum:

Recommendations for Continuum of Care

The Black (Non-Hispanic) subpopulation in the HIV Care Continuum is one of concern. As of FY2021-2022, the Black (Non-Hispanic) subpopulation is 0.4%-7.6% less likely to be in care and 0.2%-13.3% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this age group.

Of the 3,940 Black (Non-Hispanic) clients:

- 79.6% identified as female,
- 38.01% identified as male,
- 71.8% identified as heterosexual,
- 70.2% reported education level between 8th and 12th grade,
- 77.9% reported permanent housing,
- 35.1% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.

HIV Care Continuum:

Recommendations for Continuum of Care

Black (Non-Hispanic) clients make up approximately 48% of the HIV Care Continuum. The data showed a 7% systemwide increase in retention when comparing FY2020 and FY2021. However, the FY2021-2022 Q4 data showed a decrease in their numbers when comparing them to Q3 across two service categories: **In Care** and **Retained in Care**.

Black (Non-Hispanic) clients:

- In Care: 6% decrease
- Retained in Care: 8% decrease

HIV Care Continuum:

Recommendations for Continuum of Care

Although Black (Non-Hispanic) clients makes up almost half of the HIV Care Continuum, this subpopulation's annual retention rate is 71.9% for FY2021-2022.

Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A clients experience are necessary to address the lower retention and viral suppression rates among this subpopulation. Additionally, developing tailored interventions to combat these barriers within the Broward EMA would be ideal to increase positive health outcomes.

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.

HANDOUT D

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

GOAL: By February 2023, Identify the inventory of resources available for service delivery for PLWHA in Broward County to increase rentention in care for Part A eligible clients.	**Baseline**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**
	65%	90%				

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.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.			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 Strategy 2.2.a).			X									
1.4 Analyze HIV surveillance laboratory data on an ongoing basis.	PCS/CQM Team	Develop strategies to link or relink these identified individuals to medical care.	Evaluate HIV surveillance laboratory data to identify persons diagnosed with HIV who are not in care (based on absence of laboratory monitoring data)												
1.5 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 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 **(YEAR 1-2)** as needed/recommended.	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												
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.		X										
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.**		X										
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 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.												