



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

Broward County HIV Health Services Planning Council Meeting

Thursday, October 28, 2021 - 9:30 AM
Meeting via [WebEx Videoconference](#)
Chair: Dr. Réquel Lopes • Vice Chair: vacant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 007 3138)

This meeting is audio and video recorded.

Quorum for this meeting is 10

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 October 28, 2021
5. **ACTION:** Approval of Minutes from September 30, 2021
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
 - a. Motion to approve Jose Castillo to join the HIV Planning Council in the Non-elected Community Leader seat.
Justification: Mr. Castillo has a vested interest in bringing awareness to consumer needs and concerns and what can be done to get everyone to undetectable status. He has history as being a Ryan White Provider with knowledge of how the program works.
Proposed by: MCDC
 - b. Motion to approve Shawn Jackson to join the HIV Planning Council in the Non-affiliated Consumer seat.
Justification: Ms. Jackson is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed.

Proposed By: MCDC

- c. Motion to approve Evelin Dsouza to join the HIV Planning Council in the HOPWA seat.
Justification: Ms. Dsouza works for the City of Ft. Lauderdale's HOWPA Program. She will provide information on expenditures, trends, and utilization of federally funded HOPWA services. She also works closely with HOPWA agencies that provide services for PWH.
Proposed by: MCDC
- d. Motion to approve Rafael Jimenez to join the HIV Planning Council in the Federally Qualified Health Centers/Health Care Provider seat.
Justification: Mr. Jimenez has worked in HIV/AIDS programming for the past 13 years and has experience serving on planning bodies. He is dedicated to providing services and improving health outcomes for PWH in Broward County.
Proposed by: MCDC

8. Discussion Items (Handout B)

- I. **Motion to reallocate \$256,860 from AIDS Pharmaceutical Assistance (LPAP) for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- II. **Motion to reallocate \$50,000 from Oral Health care for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- III. **Motion to reallocate \$444 from Disease Case Management for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- IV. **Motion to reallocate \$40,000 from Mental Health-Trauma Informed for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- V. **Motion to reallocate \$30,000 from Health Insurance & Cost-sharing Premium Assistance for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- VI. **Motion to reallocate \$376,304 from Total Part A Funds for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- VII. **Motion to reallocate \$50,000 to Outpatient Ambulatory Health Services for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- VIII. **Motion to reallocate \$450,000 to Medical Case Management- Case Management for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- IX. **Motion to reallocate \$24,754 to Substance Abuse- Outpatient for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- X. **Motion to reallocate \$355,000 from FY20-21 MAI Carryover and unallocated funding to MAI Core and Support Services for FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- XI. **Motion to reallocate \$80,000 to MAI- Medical Case Management FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- XII. **Motion to reallocate \$175,000 to MAI Substance Abuse- Outpatient FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- XIII. **Motion to reallocate \$100,000 to MAI Centralized Intake and Eligibility Determination FY2021-2022.**
Proposed by: [Priority Setting & Resource Allocation Committee](#)

9. New Business

- a. **Action Item:** HIVPC Social Media Access (Handout C)- The HIV Planning Council is legislatively mandated to be reflective of the community it serves. Considering the COVID-19 Pandemic and to reach the least represented groups, MCDC has recognized the need for social media as recruitment tool for the council.
- b. **Action Item:** HIVPC Chair/Vice Chair Presentation – Receive a presentation from a past HIVPC Chair/Vice Chair on their experience serving as a Planning Council Chair/Vice Chair in past years.

10. Committee Reports

- a. Community Empowerment Committee (CEC)
Chair: Von Biggs • Vice Chair: Andrew Ruffner
October 5, 2021

- i. **Discussion Item:**

- ii. **Work Plan Item/ Status Summary:**

Members continued the discussion around hosting a red table talk styled listening session specific for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care. The committee requested an update on the status of the HIVPC's social media proposal as this would provide a space for them to host this event. PCS Staff advised the committee that at this time The Recipient has requested 30 days in which they will provide an update on the status of the proposal. It was suggested that the committee partner with our organizations within the community that potentially serve PWH. Additionally, it was suggested that the initial staging of this event be held in conjunction with case managers and peer navigators as they have a direct link to Ryan White Part A consumers. Lastly, the committee suggested that this item be proposed to the Part A Recipient as a possibly billable service so that providers can commit their time purposefully while still meeting agency quotas. The committee agreed with this. PCS staff advised that they would bring this item to the Recipient's attention and provide an update to the committee.

The Committee reviewed the progress made toward FY2021-2022 work plan activities. PCS Staff showed the updated work plan, which reflects completed activities through the first half of the fiscal year. PCS staff continues to actively update the work plan to reflect completed activities. The committee agreed with the Chair that they are on track to completing all work plan items by the end of the fiscal year.

The Committee reviewed the CEC engagement survey. This survey is typically distributed at community events to garner community feedback. This survey was last updated in 2017. As the committee begins to go back out into the community PCS staff would like committee feedback to update this survey. After some discussion, the committee suggested that the survey should be made more user friendly and not so repetitive. PCS staff advised the committee that they would take their suggestions into consideration as they restructure the survey and bring it back to the committee for approval at their next scheduled meeting.

The Committee then reviewed the HIV/AIDS Awareness days calendar. The committee discussed potential of partnering with HIV stakeholders at events being held on or around these awareness days. PCS staff advised committee members that they should bring attention to events being held within the community so that staff can facilitate HIVPC tabling at these events.

Lastly, the Committee discussed potential HIV community needs. The CEC Chair

brought it attention that PWH may not have access to the services they need because some providers do not operate outside of normal business hours. There is some concern that PWH who work traditional 9-5 jobs cannot make accommodations in their schedule to facilitate visits to these provider agencies. The committee discussed the potential implications of this and provided some suggestions on how this situation could possibly be rectified. After some discussion, the committee agreed that this item should be moved to SOC and QMC; both committees which are designated to deal with issues such as these. The motion to request that SOC and QMC address nontraditional hours access to services for clients that cannot obtain services during traditional hours was proposed by R. Shore, seconded by D. Gunion, and passed unanimously. PCS staff advised the committee that this item would be brought to SOC and invited committee members to attend the scheduled SOC meeting on October 7, 2021, at 9:30 a.m. to lead this discussion. The motion to request that PCS staff draft language on this issue to present to SOC was proposed by R. Shore, seconded by D. Gunion, and passed unanimously. PCS Staff advised that they would draft language and share with the committee for feedback in advance of the SOC meeting

- iii. **Data Requests:**
 - iv. **Rationale for Recommendations:**
 - v. **Data Reports/ Data Review Updates:**
 - vi. **Other Business Items:**
 - vii. **Agenda Items for Next Meeting:**
 - viii. **Next Meeting date:** November 2, 2021, at 3:00 PM via WebEx Videoconference
- b. System of Care Committee (SOC)
Chair: Andrew Ruffner • Vice Chair: Joshua Rodriguez
No Meeting Held
- i. **Discussion Items:**
 - ii. **Work Plan Item/ Status Summary:**
 - iii. **Data Request**
 - iv. **Rationale for Recommendations:**
 - v. **Data Reports/ Data Review Updates:**
 - vi. **Other Business Items:**
 - vii. **Agenda Items for Next Meeting:**
 - viii. **Next Meeting date:** November 4, 2021, at 9:30 AM via WebEx Videoconference
- c. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
October 14, 2021
- i. **Discussion Items:**
 - ii. **Work Plan Item/ Status Summary:**
The committee reviewed the CEC engagement survey. This survey is typically distributed at community events to garner community feedback. This survey was last updated in 2017. As the committee begins to go back out into the community PCS staff would like committee feedback to update this survey. After some discussion, the committee suggested that the survey should be made more user
The Committee reviewed pending HIVPC & Committee Applications. The motion to approve Jose Castillo's application to fill the Non-Elected Community Leader seat was proposed by T. Moragne, seconded by A. Cutright, and passed unanimously. The motion to approve Shawn Jackson's application to fill the non-affiliated Consumer seat was proposed by A. Cutright, seconded by T. Moragne, and passed unanimously. The motion to approve Eveline Dsouza's application to

fill the mandated Housing opportunities for Persons with AIDS (HOPWA) seat was proposed by A. Cutright, seconded by T. Moragne, and passed unanimously. The motion to approve Rafael Jimenez's application to fill the mandated Federally Qualified Health Centers/Health Care Provider seat was proposed by T. Moragne, seconded by A. Cutright, and passed unanimously.

- iii. **Data Requests:**
 - iv. **Rationale for Recommendations:**
 - v. **Data Reports/ Data Review Updates:**
 - vi. **Other Business Items:**
 - vii. **Agenda Items for Next Meeting:**
 - viii. **Next Meeting date:** January 13, 2021, at 9:30 AM via WebEx Videoconference
- d. Quality Management Committee (QMC)
Chair: Bisola Fortune-Evans • Vice Chair: David Shamer
October 18, 2021
- i. **Discussion Items:**
 - ii. **Work Plan Item/ Status Summary:**
CQM Support Staff reviewed the progress made in completing the FY2021 CQM Work Plan. Overall, CQM Work Plan progress remains on schedule. CQM Support Staff presented the Broward EMA RW Part A Program FY 2021-2022 Q2 Update. In discussion following the overview, attendees were asked to share their opinions or ask any questions in response to the presentation. Responses included interest in why certain subpopulations had such low rates of retention in care and what the planning council can do to improve those numbers. Attendees of the meeting suggested that the definitions used to describe clients and care received need to be updated. D. Shamer requested information that further drilled down the data to portray newly diagnosed clients. A discussion surrounding the test to treat program took place and how that could be influencing the rates of retention in care, clients prescribed ARVs, and clients who are virally suppressed.
 - iii. **Data Requests:**
 - iv. **Rationale for Recommendations:**
 - v. **Data Reports/ Data Review Updates:**
 - vi. **Other Business Items:**
 - vii. **Agenda Items for Next Meeting:**
 - viii. **Next Meeting date:** November 15, 2021, at 12:30 PM via WebEx Videoconference
- e. Executive Committee
Chair: Dr. Réquel Lopes • Vice Chair:
October 21, 2021
- i. **Discussion Items:**
 - ii. **Work Plan Item/ Status Summary:**
The Executive Committee reviewed the HIV Planning Council agenda for the 10/28/2021 meeting. The HIVPC Health Planner advised the committee that the agenda will be amended to include the PSRA motions pertaining to reallocations. The Committee voted to approve the agenda with the additions. The Committee reviewed the November 2021 HIV Planning Council calendar of activities. There were no amendments to the calendar. The Committee also discussed the possibility of transitioning back to face-to-face meetings with the option for WebEx. D. Cunningham advised the Committee that the executive order that allows for virtual meetings is still in place so that virtual meetings can continue. Further, there was discussion about resuming in-person meetings with attendees being placed into two meeting rooms and the issues with achieving quorum while doing this. The Recipient advised that they are awaiting a

response from the County Attorney regarding establishing quorum in two different locations. Additionally, they informed the Committee that there are several rooms that are fitted with audio visual resources to facilitate hybrid meetings. The committee discussed strategies to meet in-person quorum while still facilitating a hybrid meeting with virtual options. There was also discussion about reconvening the Ad-Hoc By Laws Committee to review meeting quorum requirements. The discussion ended with the Executive Chair recommended that the HIVPC and its Committees Continue to meet virtually while they look at the possibility of reconvening in person.

The Committee discussed social media access for the HIVPC. The PCS Staff Health Planner advised the committee that the HRSA Part A manual that indicates that Planning Councils can use social media as a recruitment tool. There was no indication that special permissions are required from The Recipient as they were previously advised. The Recipient provided an update to the Committee on the initial proposal that was submitted. Further, the PCS staff Health Planner recommended that the Committee move this item to the HIVPC for them to vote on the item. The Committee agreed. The QMC Vice-Chair questioned how serious organizations are in establishing and maintaining these consumer groups. The MCDC Chair informed the committee that Broward Health hosts support groups every fourth Thursday in which he distributes HIVPC recruitment materials. The SOC Vice-Chair invited Committee members to do the same at the monthly advisory board meetings hosted by the Health Department.

The Committee then reviewed the HIVPC Self-Assessment Survey. The Committee discussed ways to improve the survey since it was last updated in 2018. The PCS staff Health Planner advised the committee that they would take their suggestions into consideration and present the updated survey at the next scheduled meeting for approval.

Lastly, the Committee discussed appointing representative from the HIVPC to the Integrated Planning Workgroup. The Executive Chair reminded the Committee that representatives were identified in the past and staff should first contact them to see if they are still interested in participating before new representatives are appointed. The Committee agreed. PCS Support staff advised that they would reach out to the representatives and provide an update at the next meeting.

- iii. **Data Requests:**
- iv. **Rationale for Recommendations:**
- v. **Data Reports/ Data Review Updates:**
- vi. **Other Business Items:**
- vii. **Agenda Items for Next Meeting:**
- viii. **Next Meeting date:** November 18, 2021, at 11:30 AM via WebEx Videoconference

- f. **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Lorenzo Robertson • Vice Chair: Valery Moreno
October 21, 2021

- i. **Discussion Items:**
- ii. **Work Plan Item/ Status Summary:**
D. Cunningham, the Part A Recipient Community Partnerships Division Director, reviewed expenditures, and utilization through August of FY2021. Part A service categories have expended 51% of their service category funding at this point in the fiscal year, and MAI funds have been 72% utilized. Mr. Cunningham provided a line-by-line breakdown of expenditures and utilization to date. A committee member requested an update on the expenditures for bulk purchase. S. Scott, the Part A Senior Contract/grants Administrator, advised the committee that Food Bank bulk purchase is currently 76% expended. The HIVPC Chair questioned why

that value was not included in the report as it was requested and agreed upon at the previous meeting. Another committee member raised the question about new columns being included in the expenditure report, as he was advised that the Committee needed to vote to add new columns to the report. The Committee was advised that new columns were added to this report because this handout will also be used to complete the reallocations under new business. The Committee member was also concerned about the funding for Outpatient/Ambulatory health Services. The committee was advised that this will be addressed when they move on to the reallocations as they are only addressing expenditures at this time. The committee was also concerned that within each service category, there are some providers who spend more than other and would like to ensure that this is taken into consideration was recommending reallocations. There was some discussion about Part A being the payer of last resort however, The Chair reminded the committee that the focus of this discussion is on the Part A budget and not additional funding that providers may receive from other sources. The Part A Recipient office provided a line-by-line overview of the basis for the recommended reallocations. After some discussion, The Part A Recipient recognized that there were some errors in the table. The advised that they would make the necessary corrections and make the amended table available to Committee members. Lastly, the Committee member voted on funding reallocations for FY21-22.

- iii. **Data Request:**
- iv. **Rationale for Recommendations:**
- v. **Data Reports/ Data Review Updates:**
- vi. **Other Business Items:**
- vii. **Agenda Items for Next Meeting:**
- viii. **Next Meeting date:** November 18, 2021, at 9:00 AM via WebEx Videoconference

- g. Ad-Hoc Nominating Committee
Chair: Brad Barnes
No Meeting Held

- i. **Discussion Items:**
- ii. **Work Plan Item/ Status Summary:**
The
- iii. **Data Request:**
- iv. **Rationale for Recommendations:**
- v. **Data Reports/ Data Review Updates:**
- vi. **Other Business Items:**
- vii. **Agenda Items for Next Meeting:**
- viii. **Next Meeting date:** November 15, 2021, at 12:30 PM via WebEx Videoconference

11. Recipient Reports

- a. Part A
- b. Part B (Handout D)
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention – Quarterly Update (April, July, **October**, January)
(Handout E)

12. Public Comment

13. Agenda Items for Next Meeting

- a. Next Meeting Date: December 2, 2021, at 9:30 a.m. via WebEx
Videoconference

14. Announcements

15. 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.



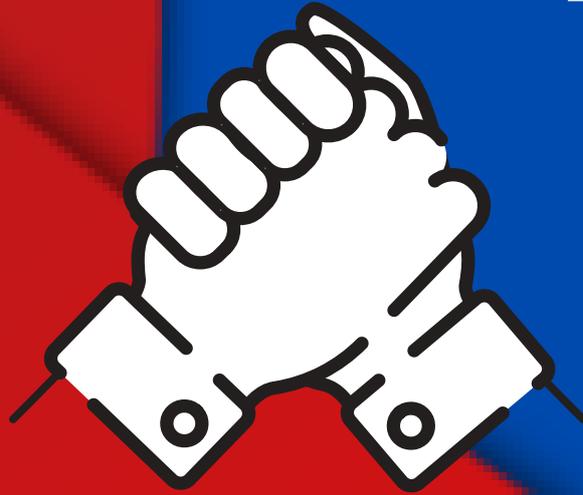
Broward County Board of County Commissioners

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[Broward County Website](#)

It's that time again...

Election Day!



JANUARY 27, 2022



Want to know more about the Chair and Vice-Chair Positions?



We are here to answer your questions.

**HIV Health Services Planning Council
Broward Regional Health Planning Council Inc.
HIVPC@BRHPC.ORG || 954-561-9781 EXT 1292/1295**



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.

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



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S. Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with 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

HIV Health Services Planning Council

Thursday, September 30, 2021 - 9:30 AM
Meeting via [WebEx](#)

DRAFT MINUTES

HIVPC Members Present: L. Robertson (PSRA Chair), B. Fortune-Evans, B. Barnes, D. Shamer, V. Moreno, H. Bradley Katz, B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, J. Rodriguez, I Wilson, A. Ruffner

Members Absent: Y. Arencibia, M. Schweizer, R. Lopes (HIVPC Chair)

Members Excused: None

Ryan White Part A Recipient Staff Present: D. Cunningham, K. Giglioli, N. Walker, S. Scott, W. Cius, T. Thompson, V. Hornsey

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams

Guests Present: J. Castillo, B. Mester, G. Beltran, C. Dumas, J. Saboe Rodriguez, K. Drummond, Q. Cowan, A. Rodriguez, E. Dsouza, C. Grant

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

The meeting was facilitated by C. Grant on behalf of the PSRA Chair. C. Grant called the meeting to order at 9:36 a.m. C. Grant welcomed all meeting attendees that were present. Attendees were notified that the HIVPC 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 committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

The approval for the agenda of the September 30, 2021, HIVPC meeting was proposed by D. Shamer, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the August 4, 2021, HIVPC meeting with

amendments, meeting was proposed by L. Robertson, seconded by B. Barnes, and passed unanimously.

Motion #1: Mr. Shamer, on behalf of HIVPC, made a motion to approve the September 30, 2021, HIV Health Services Planning Council agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Robertson, on behalf of HIVPC, made a motion to approve the August 4, 2021, HIV Health Services Planning Council meeting minutes with amendments. The motion was adopted unanimously.

4. Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota.) The report noted that The House Appropriations Committee moved full speed into its schedule for marking up its FY 2022 appropriations bills. The Labor Health and Human Services bill was approved in the subcommittee on July 15th. Total funding for its portion of the continuum is \$1.501 billion, representing an increase of \$187.5 million over the previous year. The Transportation-Housing and Urban Development bill was approved the next day. Funding totals were reported to the Council in July. They represent meaningful increases.

Additionally, the Senate Appropriations Committee canceled a series of markups due to disagreements among committee leaders. The Senate will join the House in trying to pass a temporary spending package to keep all government programs operating and funded past the September 30th end of the fiscal year. The current package would extend that through December 3rd. The House and Senate continue to work on a larger agreement for FY 2022 appropriations and reconciliation (a larger spending authorization that would fund President Biden's Build Back Better agenda, especially the human services side of infrastructure).

Lastly, The House version of the reconciliation package includes an additional \$150 million for the Ryan White continuum in FY 2022 funding. This would be a major increase and possibly set a new highwater mark for future level funding. Several HIV/AIDS coalitions sent letters of support to congressional leaders.

5. Standard Committee Items

The HIVPC Health Planner presented the HIVPC meeting evaluation results from the second quarter. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The HIVPC had 20 completed surveys out of a potential total of 65, with a 95% completion rate for the surveys received.

6. Consent Items

The approval of the Consent items was proposed by V. Foster, seconded by V. Biggs, and passed unanimously.

7. Discussion Items

Due to a discrepancy in the voting process for the allocation of funds during the PSRA process, HIVPC members were directed to revote on the Mental Health and Food Bank/Food Voucher service categories.

HIVPC members reviewed the discussion items and voted to approve the allocation of \$159,939 to Mental Health for FY2022-2023 and \$782,586 to Food Bank/Food Voucher for FY2022-2023.

Motion #3: PSRA Committee made a motion to allocate \$159,939 to Mental Health for FY2022-2023. V. Biggs seconded the motion. The motion was adopted with one abstention.

Motion #4: PSRA Committee made a motion to allocate \$782,586 to Food Bank/Food Voucher for FY2022-2023. A. Cutright seconded the motion. The motion was adopted with one abstention.

8. New Business

Planning Council Support staff gave a presentation on the results of the FY20 Assessment of the Administrative Mechanism. The purpose of the Assessment of the Administrative Mechanism is to assess the efficiency of the administrative mechanism in allocating funds to the areas of greatest need within the HIV community. The survey is distributed annually to the Recipient, subrecipients, the HIVPC and covers topics related to the procurement process, contracts, reimbursements of subrecipients, use of funds, and engagement with the HIVPC in the planning process. For FY20, 19 out of 21 HIVPC members, eight out of 11 service providers, and the Recipient completed the survey.

Overall, the administrative mechanism functions effectively and efficiently, and no substantial issues were identified through its assessment. However, comments from the HIVPC, Recipient, and Provider surveys spurred recommendations for future actions to make the funding processes more effective. A Council member inquired about whether provider agencies were contractually obligated to complete the surveys. Staff encouraged 100% participation in the survey. Provider surveys were reintroduced into the AAM for the FY19 assessment after not being included in the FY18 AAM. For FY20, eight complete provider surveys were collected, representing an increase in the response rate from 42% in FY19 to 67% in FY20.

The Community Partnerships Division Director (CPD Director) provided his contact information (954-357-6398) should provider agencies have any questions or concerns. Based on the assessment, one provider agency reported consistently poor communication between their agency and the Recipient during FY20. Additionally, the Council was informed that the Part A Office received the notice of funding for FY21 in mid to late January, and contracts were loaded into Provide Enterprise on April 5th. In FY20, they received only partial funding, with the full funding award provided between February and March. As a result, contracts with the six months extension were loaded into PE on April 10th. Subsequently, as soon as contracts and budgets were loaded into PE and approved, provider agencies could start billing for services. The CPD Director advised the Council that for FY20, the six-month extensions were executed between February 26th and March 3rd, and for FY21 contracts, they were executed between March 4th and March 18th. The motion to approve the recommendations from the Assessment of the Administrative Mechanism as presented was proposed by B. Barnes, seconded by V. Foster, and passed unanimously.

Motion #5: Mr. Barnes, on behalf of the HIVPC, made a motion to approve the recommendations from the Assessment of the Administrative Mechanism as presented. The motion was adopted unanimously.

9. Committee Reports

a. Community Empowerment Committee – September 7, 2021

Chair: V. Biggs, Vice Chair: A. Ruffner

The report stands.

b. System of Care Committee – No meeting Held

Chair: A. Ruffner, Vice Chair: J. Rodriguez

The report stands.

c. Membership/Council Development Committee – September 9, 2021

Chair: V. Foster, Vice Chair: T. Moragne

The report stands. The MCDC Chair inquired about the status of the HIVPC's proposal for social media use. The Recipient informed the committee that the Part A office recently received approval for Part A social media access. However, the planning council proposal is still awaiting approval. They have contacted their public communications officer and have requested 30 days to provide further updates to MCDC and the planning council. The meeting facilitator reiterated the need to increase retention and recruitment efforts and have a council that is representative of the Broward County HIV epidemic. There was a suggestion from an attendee that the FY21 Assessment of the Administrative Mechanism include questions concerning issues that the council faces with achieving mandated membership requirements. The Part A Recipient advised that there are multiple ways in which committee members can recruit new members. There was also a suggestion from a committee member to push provider agencies to establish and maintain an advisory board committed to consumer recruitment. PCS staff reminded members that as they begin to interface with the community and recruit new members to keep in mind that unaffiliated consumers must be consumers of Ryan White Part A services.

d. Quality Management Committee – September 20, 2021

Chair: B. Fortune-Evans, Vice Chair: D. Shamer

The report stands.

e. Priority Setting & Resource Allocation Committee – September 23, 2021

Chair: L. Robertson, Vice Chair: Vacant

The report stands. The PSRA chair commended the Part A Office with their speedy response in addressing concerns from the PSRA committee regard the FY20 AAM.

f. Executive Committee – September 23, 2021

Chair: R. Lopes, Vice Chair: C. Grant

The report stands.

g. Ad-Hoc Nominating Committee – September 10, 2021

Chair: B. Barnes

The report stands. The Chair announced the opening of nominations for HIVPC Chair. He invited interested persons to submit their letter of intent. Additionally, he notified members that nominations from the floor would be accepted at the October HIVPC meeting. The Chair also provided a brief overview of the updated Election Timeline.

10. Recipient's Report

- a. **Part A:** The Part A Recipient reported that the State and Local government

requires in-person quorum for government meetings. Follow-up will be done on whether quorum can be established in-person and virtual to facilitate hybrid meetings when the decision is made to resume in-person meetings. However, the Council and its Committees can continue to meet virtually until the State of Emergency Order 1233 expires. The facilities maintenance division has advised that they maintain the cleanliness of the facility at the conclusion of each day and ensures that there is sanitizer and wipes available in all meeting rooms. There are currently no mobile air filtration systems being used to constantly filter the air in meeting rooms; however, there is a possibility that this will be introduced in the future. Additionally, rooms are equipped to facilitate audio and visual transmission to all attendees.

The Part A representative announced that they are in the process of finalizing the Ryan White Part A grant application, which will be ready for submission by Monday, October 4, 2021, two days ahead of the official deadline. It was reported that reallocation letters had been distributed to subrecipients, and the Part A office will begin analyzing the feedback they are receiving to provide a summary report to the PSRA Committee. The Part A Office has launched its needle exchange program in collaboration with Care Resource at an event held on September 29th. Further updates on this program and the harm reduction activities will be given at the November HIVPC meeting. The Ending the HIV Epidemic (EHE) program is operational, and it was reported that there are currently 50 clients who have received Disease Case Management services, 223 clients who have received Medical Transportation services, 152 clients who have been engaged or contacted about a Disease Intervention Specialist service. There has been one network meeting within the last 30 days, with six of the funded provider agencies looking at mobilizing the EHE program during the pandemic. Lastly, the Broward County HIV Integrated Planning Workgroup has resumed meeting to begin composing the new Integrated Plan due December 9, 2022. The plan is expected to address the coordination of HIV prevention and care activities by assessing resources, services, and delivery gaps across the HIV prevention systems. A brief overview of what is expected within the workgroup was provided. The Council was tasked with appointing two members as representatives from the Planning Council on the Integrated Planning Workgroup. It was recommended that this discussion be brought forward to the Executive Committee during its October 21st meeting.

- b. **Part B:** The Part B report stands as presented. The Part B representative also reported that once open enrollment begins, individuals 75% and over the federal poverty level (FPL) will be transitioned to the marketplace, which is a change from previous years where the transition began at 100% of the FPL. This will allow more eligible individuals to be able to transition into the marketplace.
- c. **Part C:** There was no Part C representative.
- d. **Part D:** The representative for Part D announced that they have continued to work along the guidelines of COVID-19 with restrictions on visitors during medical visits. The representative noted an increase in clients receiving Mental Health Services, and telehealth medical appointments are now being completed using the Otto platform. The agency has hired a nutritionist to assist clients with nutrition-specific services. Lastly, it was announced that Test and Treat clients are still being accepted, and HIV rapid testing is being conducted on-site.
- e. **Part F:** There was no Part F representative to provide a report.
- f. **HOPWA:** The HOPWA representative was experiencing technical difficulties. She stated that she would send a copy of the HOPWA report

to PCS Staff to distribute to attendees.

- g. **Prevention:** This updated will be presented to the Planning Council in October.

11. 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.

12. Agenda Items for Next Meeting

The next HIVPC meeting will be held on October 28, 2021, at 9:30 a.m. via WebEx Videoconference.

13. Announcements

- The PSRA Chair announce that Valery Moreno has been appointed as the PSRA Vice-Chair.
- The World AIDS Museum (WAM) will partner with CEC to host Steering the Ship, a part of WAM's community dialogue series. The event is scheduled for Tuesday, October 19, 2021, via Zoom and Facebook Live. It will be an open dialogue on lifting community voices from the HIV community. Several Ryan White Part A Eligible Metropolitan Areas (EMAS), including Orlando, Atlanta, and Newark, have agreed to participate in this event alongside committee members and PCS

14. Adjournment

There being no further business, the meeting was adjourned at 11:15 a.m.

15. HIVPC Attendance for CY 2021

Consumer	PL/WHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	25	25	22	27	24	22	4	30				
0	0	1	1	Arencibia, Y.	X	X	E	X	X	X	X	X	A				
0	1	1	2	Barnes, B.	A	X	X	X	X	X	X	X	X				
1	1	0	3	Bhrangger, R.	X	X	X	X	X	X	X	X	X				
0	1	0	4	Biggs, V.		N - 3/25		X	X	X	X	X	X				
0	0	0	5	Cutright, A.	X	X	X	X	X	X	X	X	X				
0	0	2	6	Fortune-Evans, B.	A	X	X	X	X	X	X	A	X				
0	0	0	7	Foster, V.	X	X	X	X	X	X	X	X	X				
0	0	0	8	Grant, C.	X	X	X	X	E	E	E	X		Z - 9/30			
0	0	4		Holness, Dale V.C. (Mayor)	X	X	X	X	X	A	A	A	A				
1	1	1	9	Katz, H.B.	A	X	X	X	X	X	X	X	X				
1	1	7	10	Lewis, V.	A	X	A	A	A	A	A	A		R - 8/1			
0	0	1	11	Lopes, R. Chair	X	X	X	X	X	X	X	X	A				
1	1	0	12	Marcoviche, W.	X	X	X	X	X	X	X	X	X				
0	0	1	13	Moragne, T.	X	X	X	X	E	A	X	X	X				
0	0	0	14	Moreno, V.	X	X	X	E	X	X	X	X	X				
0	1	1	15	Robertson, L.	X	A	X	X	X	X	X	A	X				
0	0	2	16	Rodriguez, J.	A	X	X	X	X	X	X	A	X				
0	0	0	17	Ruffner, A.	X	X	X	X	X	X	X	X	X				
0	0	2	18	Schweizer, M.	A	X	X	X	X	X	X	X	A				
1	1	2	19	Shamer, D.	A	X	X	X	X	X	A	X	X				
0	0	5	20	Siclari, R.	A	X	X	A	A	A	A	X		R - 8/1			
0	0	3	21	Wilson, I.	X	X	A	X	X	A	X	A	X				
8				Quorum = 11	13	20	18	19	18	16	17	17	15	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	R - removal letter
CX - canceled due to quorum	

HIV Health Services Planning Council Meeting Minutes – September 30, 2021
 Minutes prepared by PCS Staff

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: October 25, 2021

Federal Funding Update

Senate releases markup of appropriations bills

The Senate Appropriations Committee released drafts of their remaining FY 2022 appropriations bills. Total funding for the Ryan White title of the continuum is \$2.555 billion, representing a significant increase over the previous year. Parts A and B combined total \$2.005 billion and ADAP would receive \$900.3 million. It also includes \$190 million for the Ending the Epidemic program. In the Transportation-Housing and Urban Development bill, HOPWA is slated for \$450 million.

It is unclear precisely when the Senate Appropriations Committee will formally approve the bills and then when the Senate would give its approval. The federal government currently operates under a temporary funding authorization that expires December 3. The House and Senate continue to work on a larger agreement for FY 2022 appropriations and reconciliation (a larger spending authorization that would fund President Biden's Build Back Better agenda, especially the human services side of infrastructure).

Reconciliation

While earlier versions of the House's reconciliation package included an additional \$150 million for the Ryan White continuum in FY 2022 funding, it is unclear that those investments remain on the table as they seek to wrap up the bill.

Ft. Lauderdale/Broward EMA
 Ryan White Part A and MAI
 FY 21-22 Reallocations

HANDOUT B

	Service Category	Initial Allocation	Expended Amount As of August Invoice	Expended %	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	MAI Ambulatory (1)	\$ 116,092	\$ 30,141	26%	\$ -	\$ (47,092)		\$ -	\$ -	\$ -	\$ 116,092
	MAI Medical Case Management (2)	\$ 55,997	\$ 30,971	55%	\$ 74,060	\$ -		\$ 80,000	\$ -	\$ 80,000	\$ 135,997
	MAI Mental Health (1)	\$ 62,469	\$ 13,567	22%	\$ -	\$ (24,079)		\$ -	\$ -	\$ -	\$ 62,469
	MAI Substance Abuse-Outpatient (1)	\$ 400,000	\$ 297,346	74%	\$ 119,000	\$ -		\$ 175,000	\$ -	\$ 175,000	\$ 575,000
Support Services	MAI Centralized Intake and Eligibility Determination (1)	\$ 290,956	\$ 290,954	100%	\$ -	\$ -		\$ 100,000	\$ -	\$ 100,000	\$ 390,956
	Total MAI Initial Allocation	\$ 925,514	\$ 662,979	72%	\$ 193,060	\$ (71,171)	\$ -	\$ 355,000	\$ -	\$ 355,000	\$ 1,280,514
	** This reflects MAI FY20-21 Carryover and unallocated funding.	\$ 648,775									
	Total MAI Funds	\$ 1,574,289	\$ 662,979		\$ 193,060	\$ (71,171)	\$ -	\$ 355,000	\$ -	\$ 355,000	\$ 1,280,514
	Total Part A and MAI Funding	13,737,698	7,134,539	52%	3,259,133	(1,303,232)	886,789	879,754	(376,304)	503,450	14,241,148

Ryan White HIV/AIDS Program

Part A Manual

U.S. Department of Health and Human Services

Health Resources and Services Administration

HIV/AIDS Bureau
Revised 2013

conducted annually. Prior to the beginning of the procurement process, the planning council and grantee should agree on the process, documentation, responsibilities for data gathering and data sharing, deliverables, review and response process, and timeline. This information should be written in a memorandum of understanding which is then approved by both parties.

The grantee must communicate back to the planning council the results of its procurement process. The planning council may then assess the consistency of the contracted service dollars with its stated service priorities and allocations. If the council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change, and the grantee is responsible for responding in writing, indicating how it will address these recommendations.

HAB/DMHAP will occasionally request information about the assessment or require EMAs/TGAs to submit a copy of the most recent administrative assessment as part of progress reports or grant applications.

The planning council may also assess whether the services that have been procured by the grantee are consistent with stated planning council priorities, resource allocations, and instructions as to how to meet these priorities. However, assessing the administrative mechanism is not an evaluation of the grantee or individual service providers, which is a grantee responsibility. (See the Outcomes Evaluation chapter in this section of the manual.)

Evaluation of Service Effectiveness

The planning council and grantee should determine what impact services are having on client health outcomes (outcomes evaluation) and also examine the cost-effectiveness of the services being delivered. As discussed in the chapter on Outcomes Evaluation, the planning council has the option of evaluating the “effectiveness of the services offered in meeting identified needs.”

Relationships Among Ryan White Part A Entities

In order for planning councils to function efficiently, it is important to understand the relationships between and among grantees, planning councils, PLWHA, and planning council support staff (including consultants and shared staff of the council and grantee).

The Planning Council and the Grantee

The planning council is a legislatively constituted body with clearly defined responsibilities in Ryan White planning and decision making. Its members are appointed by and it is ultimately responsible to the CEO. It works in partnership with the grantee but not under its direction.

Planning Council

The planning council is expected to be given full authority and support to carry out its roles and responsibilities. While the authority to appoint the planning council is clearly vested in the CEO, the planning council is not intended to be advisory in nature. It has legislatively provided authority to carry out its duties.

Table 9: Planning Council

Separation of Planning Council and Grantee Roles

While the CEO may designate a specific department within local government to administer the program, it is not appropriate for the grantee to perform duties related to the planning council's legislative responsibilities. A separation of grantee and planning council roles is necessary to avoid conflicts of interest. This is why the legislation prohibits the planning council from being "chaired solely by an employee of the grantee." The two entities must work closely together, however.

Memorandum of Understanding

To clarify the roles of the planning council and the grantee, and to encourage a collaborative working relationship, HAB/DMHAP recommends that these two entities develop a written agreement (a Memorandum of Understanding) that identifies the individual and shared responsibilities of both parties, lists and provides a timeline for sharing of information or reports that will be regularly provided by each body, and specifies communication mechanisms and a process for solving conflicts. The role of planning council staff should also be included. The MOU should be consistent with planning council bylaws and operating procedures.

A clear delineation of roles and responsibilities will help ensure timely and efficient completion of the Ryan White Part A tasks necessary for obtaining and making effective use of Ryan White Part A funds and for developing and continually strengthening a continuum of care that addresses the needs of PLWHA.

Planning Council Support

The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as "planning council support." Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the Ryan White Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee's grants management structure.

Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. During the planning process for each program year, the grantee and planning

Implementing an Open Nominations Process

Following are suggestions for meeting legislative requirements and ensuring a diverse planning council.

Specify Requirements in the Bylaws. Bylaws should list the legislatively required membership categories and any additional categories considered necessary to meet EMA/TGA planning needs. They should specify terms of office, preferably calling for staggered terms to ensure membership continuity. For example, if members serve three-year terms, one-third of members should have terms ending each year. Be sure that the EMA/TGA membership requirements are reviewed and updated as needed following each Ryan White reauthorization.

Based on the local epidemic of HIV/AIDS and service system, the EMA/TGA may want to establish additional local membership criteria consistent with Federal requirements. For example, Bylaws might specify geographic requirements appropriate for the EMA/TGA, such as membership representation from particular regions or counties or from more than one State if the EMA/TGA crosses State lines. Reflectiveness requirements should also be specified. Bylaws should indicate that the planning council will develop and use an open nominations process (which can be detailed in a separate policy).

Recruit Widely. HAB/DMHAP encourages planning councils to work with the CEO's to carry out broad-based recruitment of nominees, so that selections can be made from a broad spectrum of applicants. Special recruitment is often necessary to reach traditionally underserved populations, involving approaches such as the following:

- Ongoing solicitation of nominees by existing council members and service providers.
- Outreach to service providers and individual staff who serve clients with HIV/AIDS to identify unaligned PLWHA nominees to meet the requirement that 33 percent of planning council members be consumers of Ryan White Part A services that are not directors, staff, or consultants of Ryan White Part A-funded providers.
- Distribution of flyers at various community events.
- Advertising in the print and electronic media, including use of targeted newspaper advertisements in special audience newspapers.
- Posting of the announcement on the planning council website, and use of social media such as Facebook pages where applicable.
- Close cooperation with the planning council's consumer committee and/or area PLWHA groups.
- Use of outreach programs/committees.
- Word of mouth at planning council, committee, and community meetings.

Clarify Membership Criteria. To ensure that planning council composition meets legislative requirements and HAB/DMHAP policy, the nominations process must ensure that all the required membership categories are filled and address the following:

- The overall membership and PLWHA membership must be reflective of the epidemic of HIV/AIDS in the EMA/TGA.

outreach committees help overcome recruitment problems. Many such committees have identified the following useful practices in recruiting PLWHA:

- **Establish and Explain Guidelines Regarding PLWHA Member Representation and Affiliation.** Conflict of interest guidelines and grievance procedures should be clearly stated. Clearly define what constitutes an “unaligned consumer.” This requirement is designed to ensure that PLWHA members can represent the interests of PLWHA in the community without conflict of interest.
- **Formalize Recruitment, Nominations, and Outreach Procedures.** The Ryan White HIV/AIDS Program requires that planning councils use an open nominations process to recruit members, and HAB/DMHAP has provided guidance on the components of an open process. (See the Chapter on Open Nominations in this section.) Recruitment and nomination procedures should be formalized, usually summarized in the planning council’s bylaws and further detailed and adopted as policy by the full council. Nominations procedures should address the special importance and challenges of recruiting “unaligned” consumers to the planning council. Then the Nominations or Membership Committee can coordinate recruitment based on this clear and publicly known process.
- **Implement a Formal Outreach and Recruitment Process.** Effective recruitment requires a formal outreach process including contacts throughout the community, not focused on a single organization or limited to individuals or groups personally known to planning council members. The responsibility for PLWHA recruitment should be shared and not placed primarily on the current PLWHA members. Methods of outreach include:
 - Contacts with a wide range of non-HIV-specific health groups, social service agencies, and PLWHA groups.
 - Advertisements in local publications and websites, especially those targeting HIV-positive people, racial and sexual minorities, and underserved populations.
 - Posting of opportunities for membership and need for PLWHA members on the planning council Web site.
 - Use of social media such as Facebook.
 - Contacts with local community colleges and universities.
 - Public meetings arranged in consultation with Ryan White Part A service providers and PLWHA groups.

Outreach materials and programs should emphasize commitment to a diverse HIV-positive membership and be specific about populations that need to be represented.

- **Communicate Expectations Clearly.** Like other planning council members, PLWHA need to know what is expected of them in terms of time requirements, travel, roles and responsibilities, public visibility, etc. A job description is especially helpful. Planning councils should clearly state expectations that PLWHA be clients of Ryan White Part A-funded providers and limitations regarding affiliation with AIDS service organizations (ASOs) or other Ryan White Part A-funded providers. Recruitment materials should also

- Some planning councils and grantees have been successful in locating PLWHA not in care by working with a wide range of service providers that may not be funded through the Ryan White HIV/AIDS Program but are likely to be providing services to PLWHA. They include public and private clinics, substance abuse treatment programs, maternal and child health programs, mental health programs, and runaway and homeless shelters. Many of these are considered “points of access” into care, and some provide early intervention services.
- PLWHA caucuses or committees can often help in identifying PLWHA who are not in care. Most consumers know PLWHA who are not in care.
- Outreach workers can conduct brief interviews with PLWHA not in care as part of their ongoing activities.
- Often, PLWHA not receiving HIV-related medical care are receiving support services such as food baskets, and are a part of the Ryan White system. EMAs/TGAs with client-level data can identify and interview or survey current clients who are not shown as receiving medical care.
- “Surrogate” (substitute) approaches can be used. For example, a PLWHA survey can ask people answering the survey who are currently in care to indicate whether they were out of care for a year or more during the last 3-5 years. If so, the survey can ask why they were out of care, what barriers they faced in entering or re-entering care, and what caused them to become linked to care. Some EMAs/TGAs ask providers to identify individuals who entered care within the last six months but were not newly diagnosed, and they can be asked similar questions.
- Often, the most effective way to identify such individuals and assess their service needs is to look for them and obtain this information on a continuing basis throughout the year, then aggregate and analyze the information quarterly.
- Planning councils and grantees can encourage PLWHA participation in such surveys by providing incentives (such as grocery vouchers) if allowed by their Part or paid for through non-Ryan White funds. Generally, incentives of this type can be provided if the gift card specifies that the card may not be used to purchase alcohol or tobacco products. Ryan White programs are generally not permitted to provide cash incentives. EMAs/TGAs should consult with their Project Officers to be sure they understand DMHAP requirements.
- Media, including public service announcements (PSAs), targeting PLWHA provides valuable publicity. PSAs can include a voice-mail number for PLWHA to call with options for speakers with limited English. Use of appropriate community newspapers, newsletters, and/or radio stations can help in reaching specific target populations. Involving people from these communities is an important way to identify where and how PLWHA from targeted communities can be reached.
- Some PLWHA not in care can be reached through social media and asked to complete online surveys. However, because many PLWHA do not have Internet access, this method should not be used as a primary method of reaching PLWHA who are not in care.

E. Individuals Who Are HIV-Positive but Unaware of Their Status

Estimating the Number and Assessing the Needs of Individuals Who Are HIV-Positive but Unaware of Their Status.

the most recent HRSA/HAB definitions and explanations and differentiating core medical and support services. Establishing such definitions up-front is critical to all aspects of the planning process.

Create a Culturally Sensitive Environment

Never assume that there is only one way to conduct business of the group. The effort is a collaboration of many different people, all of whom bring their own expectations and backgrounds to the table. A formal process governed by parliamentary process and Robert's Rules of Order does not necessarily work in all environments. As needed, modify and create procedures for doing work that meet the needs of most members, promote full participation and high levels of productivity, and create a comfortable atmosphere that is inviting to new members.

Be Flexible about Meeting Times, Locations, and Participation Requirements

Meeting times, locations, and requirements for participation should be revisited on a regular basis. The group changes as new members join, older members leave, and the requirements of the epidemic change. Many groups reported changes in their PLWHA participation following the widespread use of anti-retroviral therapy, as greater numbers of consumer members returned to work or became employed. They have been forced to change their meeting times accordingly. Some are only meeting as a full body on a quarterly basis and rely more and more on committees to complete operational tasks. Some use consumer and service provider caucuses to review the work of the full group and provide input, but do not require caucus members to participate in general membership meetings. Much more information is disseminated via email, websites, and social media. The key is flexibility and taking the time to develop a process that works best for your planning body.

Show that PLWHA Participation is a Priority

The following approaches will help assure PLWHA participation:

- Develop a formal PLWHA membership plan.
- Provide supports for PLWHA members with limited physical capacity or special needs.
- Demonstrate respect for PLWHA member input and recognition of contributions by paying attention to what PLWHA say, insisting on an atmosphere of mutual respect, encouraging everyone to participate, and maintaining an orderly process.
- Seek PLWHA representation on all committees at the same level as on the full planning body.
- Develop a formal leadership development training program for PLWHA.

3. Provide information to potential members about time commitments and other demands of planning body membership, meeting schedules, HIV disclosure requirements, and the conflict of interest standard.
 4. Describe the application and selection process.
- A representative nominations or membership committee reviews all nominations and conducts interviews of potential members.

Recruitment Methods

Methods for recruiting planning body members include:

- Disseminate an announcement of membership opportunities and the application form via email, website postings, and social media.
- Contact other organizations' mailing lists and ask current members to send announcements to their personal email lists. If materials are mailed, take steps such as using unmarked envelopes to maintain confidentiality.
- Have planning body members telephone potential members who belong to targeted groups and talk to them about becoming members. Provide opportunities for potential members to attend a planning body or committee meeting. Consider use of a mentoring or buddy program where members agree to pick up potential members and drive them to meetings and help them understand the process.
- Engage in collaborative community networking. Planning body members should attend other organizations' meetings and promote membership on the planning body in their public venues or during public comments periods at other meetings. Some planning bodies are developing speakers' bureaus not only to provide education about HIV/AIDS and Ryan White-funded services, but also to advertise and promote planning body membership.
- Use newspapers and newsletters. Planning body meetings should be regularly advertised in local newspapers and member organizations' newsletters, both online and hard copy.
- Assess the success of various recruitment methods and refine them based on what you learn. Distributing flyers at various locations certainly promotes the planning body but has generally seen little direct success as a technique for recruiting members.
- Consider translating announcements and the application form into the major language of populations targeted as planning body members.
- Use multiple methods to recruit consumers and other PLWHA. Do outreach to service providers and individual staff who serve clients with HIV/AIDS to identify unaffiliated PLWHA nominees. (Unaffiliated refers to consumers who do not have a potential conflict of interest, meaning they have no financial or governing interest in funded agencies.) Contact PLWHA coalitions as well.

shared by the entire planning body. Outreach should be extensive, ongoing, and culturally competent. Recruitment requires contacts throughout the community, not focused on a single organization or limited to individuals or groups personally known to consortium members. Methods of outreach include:

- Contacts with a wide range of non-HIV-specific health groups, social service agencies, and PLWHA groups.
 - Advertisements in local online and print publications, especially publications targeting HIV-positive people, racial and sexual minorities, and underserved populations.
 - Posting of opportunities on the planning body or lead agency website.
 - Use of social media such as Facebook.
 - Contacts with local community colleges and universities.
 - Public meetings arranged in consultation with Ryan White service providers.
 - Outreach materials and programs that emphasize commitment to a diverse HIV-positive membership and are specific about populations that need to be represented.
- **Communicate Expectations Clearly.** PLWHA, like other members, need to know what is expected of them in terms of time requirements, travel, roles and responsibilities, and public visibility. A job description is especially helpful. Clearly state disclosure requirements and indicate limitations and expectations regarding affiliation with AIDS service organizations (ASOs) or other providers or membership preference for unaffiliated or “unaligned” PLWHA. Recruitment materials should clearly state available supports, such as expense reimbursement, transportation assistance, and child or partner care reimbursement.
 - **Make the Process Efficient and Timely.** If the nominations and selection process is lengthy, planning bodies may have PLWHA vacancies for many months, and nominated individuals may lose interest. The selection process should be efficient in filling all membership slots, but especially PLWHA slots. One way to minimize vacancies is to allow PLWHA to serve as members of consortium committees, including PLWHA committees or caucuses, both to become familiar with the work of the planning body before nomination and to remain engaged while awaiting appointment.
 - **Ensure That Members Reflect Changes in the Demographics of the Area’s HIV Epidemic.** As the demographics of HIV change, it becomes important for the membership to reflect these changes. Attaining diversity among PLWHA representation requires carefully planned outreach into many different communities with the help of a variety of individuals and community groups. Policies might state that the PLWHA membership will reflect the demographics of the HIV/AIDS epidemic in its service area.
 - **Do Ongoing Recruitment.** Ongoing recruitment is required because of the changing health status of PLWHA members, as well as to replace members who move, become employees (or consultants or Board members) of a provider and therefore are no longer considered unaligned, change their employment or family status, are burned out, or change their community priorities.

Barriers to PLWHA Recruitment

Recruitment of PLWHA requires first understanding and then overcoming a number of barriers that prevent or discourage PLWHA membership. Barriers may exist within the planning body,

Broward County HIV Health Services Planning Council Social Media Proposal

The purpose of this proposal is to petition the Broward County Office of Public Communications for social media access. The HIV Planning Council is legislatively mandated to be reflective of the community it serves. In order to reach the least represented groups – specifically young adults and people with HIV under the age of 50 who are not employed by a Ryan White-funded organization –the Council is requesting access to dedicated social media platforms.

I. Problem

The underrepresentation of young adults on the HIV Planning Council

The Ryan White HIV/AIDS Program (RWHAP) Part A is tasked with addressing the needs of people living with HIV in local metropolitan areas that have been hit hardest by the HIV epidemic. Part of the Health Resources and Services Administration's (HRSA) mandate enacting the Part A Program was placing the community in charge of its own care; for this reason, Broward County's Part A Recipient created the Broward County HIV Health Services Planning Council (HIVPC) to carry out the mandated duties under the Ryan White Part A legislation.

To meet the legislative mandate, the HIVPC measures its reflectiveness of the HIV epidemic in Broward utilizing race, gender, and age demographics. The Council has experienced consistent underrepresentation of impacted demographic groups, which would be significantly improved by visibility in places where these audiences can be reached. No other group is more underrepresented on the Council as substantially as young adults. The HIVPC falls short of its reflectiveness goals with no members under 30 years of age (6.6% of the HIV epidemic in Broward) and no non-aligned consumer-members under 50 years of age (41.4 % of the HIV epidemic in Broward is comprised of people under 50).

Current recruitment and engagement strategies do not attract young adults to meetings or Council events, making the achievement of age-related reflectiveness unlikely.

II. Solution

Meet people where they are: social media platforms

The HIVPC requests authorization to establish social media accounts specific to the work being done through the Council and engage the community at large, but especially a younger audience, in places where the target audience spends its time. Council members have consistently requested social media access for recruitment and engagement purposes. The addition of social media specific to the HIVPC will increase the Council's reach to individuals who otherwise would miss its content and information.

Presently, the HIVPC communicates with its audience through e-mail, phone calls, printed collateral, and its website. Additional avenues for communication include traditional advertising and sharing information through HIV organizations' social media accounts, if amenable. The HIVPC relies most heavily on e-mail and printed materials to communicate with its audiences. This approach falls short of reaching the desired demographic in any demonstrable way. The case for social media utilization is substantiated by examining how people spend their time.

According to the Pew Research Center, around seven in ten Americans use social media to connect with one another, engage with news content, share information, and entertain themselves. In 2019, of the thousands of adults who utilize at least one social media network, approximately 90% of adults

were aged 18-29, and 82% were aged 30-49. This tells us that most users within our targeted demographic spend significant amounts of time on one or more platforms daily.

FIGURE 1. % OF U.S. ADULTS WHO USE AT LEAST ONE SOCIAL MEDIA SITE, BY AGE

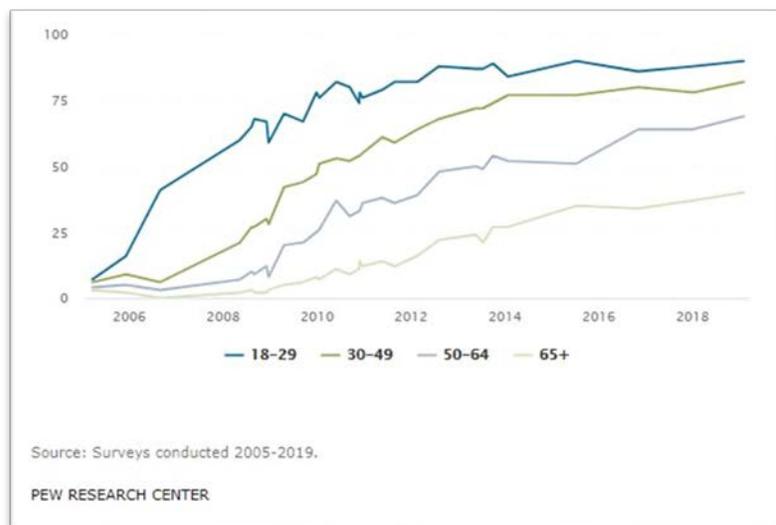
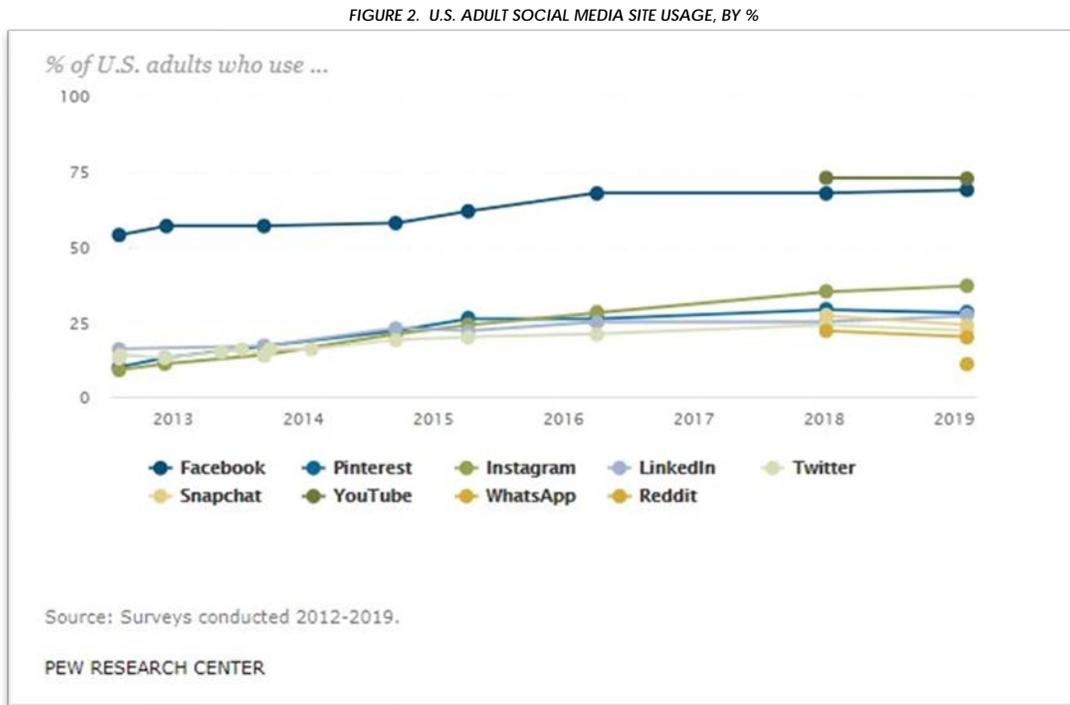


Figure 1 illustrates the percentage of U.S. adults who utilize at least one social media site, delineated by age. The identified demographic groups represent the highest proportion of users of social media. Social media access specific to the HIVPC means that these groups will have direct and instant access to Council and Committee meeting information, updates, and news about upcoming community events hosted by the Council or in partnership with the Council.



The HIVPC anticipates utilizing the following social media platforms to engage hard to reach groups in Planning Council activities and Part A services:

- **Facebook** – Facebook continues to be one of the most widely used social media sites among 69% of U.S. adults -- 79% are aged 18-29. The HIVPC plans to use Facebook for live chat and focus groups.
- **Twitter** – Twitter was the 7th most used platform in 2019 with 22%, 38% of which are young adults aged 18-29. Twitter will be used to create community dialogue.
- **Instagram** – Instagram is used by 37% of U.S. adults and is especially popular among 18- to 24-year-olds (75% among this age group). It will be utilized to create visual representations of the history of HIV advocacy and what it looks like today.

- **YouTube** – YouTube was the most used online platform in 2019, with 73%. YouTube will be used to disseminate educational content, including HIV basics, the Council's purpose, and in observance of HIV Awareness days.
- **LinkedIn** – LinkedIn is the 5th most used platform, with 27% of adults in the U.S. who utilize the platform online or via their cellphone. The HIVPC will roll out LinkedIn in the second phase and use it to highlight the transferrable skills members acquire from serving on the HIV Planning Council.

Figure 2 corroborates the need to implement a targeted social media strategy using the outlined platforms. These communication methods have distinct advantages, and communication on these platforms will be tailored to maximize the benefit of each, respectively.

III. Distinguishing the HIVPC from Ryan White Part A

These bodies serve discrete roles for the HIV community of Broward County and have different needs for consumer input

Although the Broward County Part A and the HIVPC share responsibility for the functioning of the Part A Program, they have separate roles. In conjunction with the HIVPC, the Part A Recipient coordinates HIV medical care and support services for persons living with HIV in the Fort Lauderdale Eligible Metropolitan Area (EMA). The Broward County Ryan White Part A Office, which serves as the Recipient of RWHAP grant funding, relies on the work of the HIVPC to direct the allocation of resources. The Broward County Part A is accountable for managing RWHAP Part A funds and awarding funds to local agencies to provide services identified by the HIVPC as priorities. The HIVPC informs and empowers the HIV community of Broward County through a deliberative process that determines how Ryan White Part A services are provided and funded. Because of the disparate role & responsibilities of the HIVPC, it functions as a separate entity from the Part A Office, which includes community engagement manners.

IV. Proposed Rollout: The First 2 Years

Year 1: Introduce Facebook, Twitter, and Instagram accounts

The HIV Planning Council & Planning Council Support Team will establish a social media marketing strategy incorporating Facebook, Twitter, and Instagram. The strategy will feature the work of the Council, the benefits of membership, and the importance of HIV advocacy. The strategy will implement content marketing to ensure that information provided to the audience is beneficial. Results will be reviewed on a quarterly basis. Based on the adopted strategy, Key Performance Indicators will be determined. Year 1 results of social media usage will be used to improve engagement and achieve desired outcomes.

Year 2: Introduce LinkedIn and YouTube accounts. Continue to utilize Facebook, Twitter, and Instagram accounts

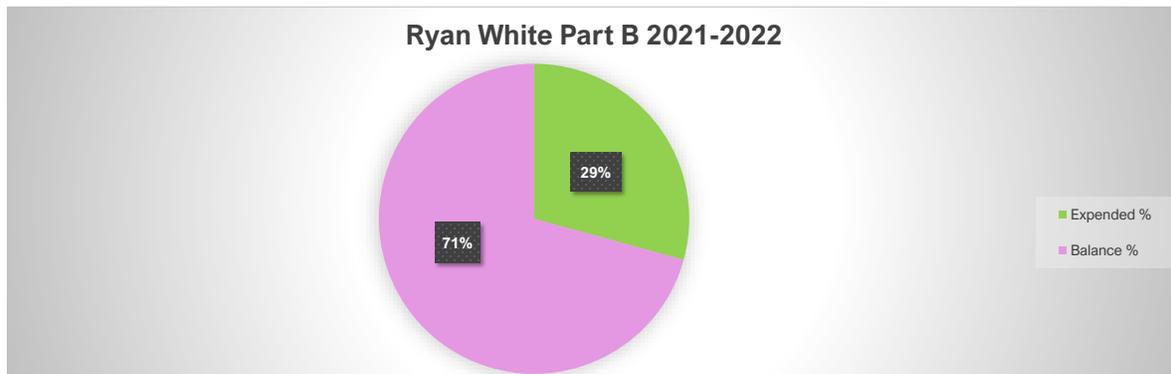
The HIV Planning Council & PCS Team will establish Year 2 goals for Facebook, Twitter, and Instagram. The social media strategy will be revised based on lessons learned in Year 1. Additionally, LinkedIn and YouTube accounts will be initiated, and metrics reviewed on a quarterly basis. Year 2 results of social media engagement will determine Year 3 goals and adjust Key Performance Indicators.

Ryan White Part B

PTC19: April 1, 2021 to March 31, 2022

Expenditures for September 2021

Service Category	Allocated	Expended September 2021	Expended Year-to-Date	Expended %	Balance %	Balance
Administrative Services	\$ 85,369	\$ 19,008	\$ 55,983	66%	34%	\$ 29,385.85
Health Insurance Premium/Cost Sharing	\$ 167,750	\$ 6,588	\$ 41,174	25%	75%	\$ 126,575.85
Home & Community Based Health	\$ 30,000	\$ 1,676	\$ 4,530	15%	85%	\$ 25,470.15
Medical Nutritional Therapy	\$ 10,000	\$ -	\$ 1,037	10%	90%	\$ 8,963.36
Emergency Financial Assistance	\$ 150,654	\$ 1,871	\$ 19,081	13%	87%	\$ 131,572.91
Home Delivered Meals	\$ 30,000	\$ 231	\$ 809	3%	97%	\$ 29,191.50
Medical Transportation	\$ 135,476	\$ 7,997	\$ 28,980	21%	79%	\$ 106,495.69
Non-Medical Case Management	\$ 321,770	\$ 24,326	\$ 163,185	51%	49%	\$ 158,584.80
Residential Substance Abuse	\$ 166,500	\$ 3,120	\$ 5,100	3%	97%	\$ 161,400.00
Clinical Quality Management	\$ 58,096	\$ 4,416	\$ 20,220	35%	65%	\$ 37,876.34
Planning and Evaluation	\$ 6,314	\$ -	\$ -	0%	100%	\$ 6,314.00
TOTALS	\$ 1,161,929	\$ 69,234	\$ 340,099	29%	71%	\$ 821,830.45



SEPTEMBER 2021 ADAP REPORT

Total Enrolled	5,093
Total Virally Suppressed	4,660
Percentage of Virally Suppressed (91.50%)	92%
ADAP Enrollments and Re-enrollments Processed	923
Enrolled in Mail Order Delivery	1,333
Total Enrolled in Direct Dispense	3,100
Total Enrolled in Online Recertification	1,733
No Show Report	38.40%

Enrollments Completed: 923

1,114 Appointments Scheduled; **824** Completed Eligibility

99 previous No-Shows completed eligibility in September 2021

HAPC Quarterly Update

AREA: 10 (Broward County)
HAPC: Joshua Rodriguez
Quarter: July-September 2021

What activities have you and/or your staff accomplished this quarter regarding the Four Key Components?

Test and Treat

- The table below displays the Test and Treat enrollments in Q3 2021:

TOTAL NUMBER OF REFERRED TO TEST AND TREAT		305
July 1st, 2021 - September 30th, 2021		
Total Enrolled:	259	80%
Newly diagnosed:	83	32%
Previous positives:	176	68%
Refused:	16	5%
Ineligible:	17	6%
Incarcerated	6	
Out of Jurisdiction	11	
Negative	0	
Deceased	0	
Total on ART:	258	85%
Referred Awaiting Doctors Appointment:	14	
Total not on ART:	14	5%
Referred Unable to Locate Clients	16	5%
Navigation:	9/314	3%

- Ineligible and Navigation are not included in the Total Referred. Navigation Clients already have medication, but needs assistance navigating care. Ineligible Clients are either incarcerated, out of jurisdiction, found to be a false positive, or deceased.

Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post- exposure prophylaxis (nPEP)

- The following table displays a report of the individuals enrolled in the R-PrEP program from its inception to the end of Q3 2021:

R-PrEP Program Totals as of:	6/1/2018	9/30/2021
TOTAL NUMBER R-PREP CLINICAL VISITS	5257	
Total Enrolled in PrEP Navigation:	4120	78%
Private Insurance	1825	44%
PAP Assistance	2295	56%
Ineligible for Navigation	1134	22%
OOJ	1105	97%
Walk Outs:	29	3%
CONTRAINDICATED POST ENROLLMENT:	152	4%
HIV Positive	4	3%
Laboratory	148	97%

- The table below displays the PrEP enrollments during Q3 2021:

R-PrEP Program Totals as of:	7/1/2021	9/30/2021
TOTAL NUMBER R-PREP CLINICAL VISITS	430	
Total Enrolled in PrEP Navigation:	325	76%
Private Insurance	151	46%
PAP Assistance	174	54%
Ineligible for Navigation	105	24%
OOJ	105	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	1	0%
HIV Positive	0	0%
Laboratory	1	100%

- There were 588 follow-up visits to BWC for lab work and PrEP prescription renewal between 7/1/2021 and 9/30/2021.

Perinatal Prevention

- The Perinatal program has case managed 71 Pregnant HIV + woman in 2021. They are following 53 infants for testing, all of whom have tested negative at birth and one maternal child transmission after delivery.
- There have been 7 congenital syphilis cases in 2021, among women whose syphilis was not diagnosed until near delivery and/or who entered the county immediately prior to delivery. There have been 3 syphilitic stillbirths.
- The Perinatal HIV Providers Network had nine virtual meetings since 01/21/2021. We meet every third Thursday of the month from 9am to 11am.
- Perinatal staff appeared on Haitian radio to speak about COVID-19, Perinatal HIV, Immunization and the Flu a total eight times for 2021.
- The Perinatal staff visited virtually, by phone, or in person 85 OB/GYN offices in Broward County for 2021.
- The Perinatal Prevention program provided four Grand Rounds this year so far.
- The 19th Perinatal HIV Symposium will be held Friday 12, 2021 as virtual this year on June 18, 2021 virtually. The FL AIDS Education and Training Center will provide 3 CEUs.
- There has been one maternal child transmissions for 2021 thus far.
- The NACCHO Exchange Volume 20, Issue 3 Summer – 2021 newsletter wrote a piece on our Perinatal Program called “Established an Incident Command Structure (ICS) to respond to Public Health Treats’.

Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings.

- Virtual HIV 500/501 Courses held:
 - HIV 501/501 on 7/7-7/8/2021 with 9 attendees
 - HIV 501 Annual Update on 7/16/2021 with 14 attendees
 - HIV 500/501 on 9/15-9/16/2021 with 12 attendees
 - HIV 501 Annual Update on 9/3/2021 with 21 attendees
- Rapid HIV Testing Technologies held:
 - OraQuick on 7.23.21 with 3 attendees
 - SureCheck on 7.23.21 with 9 attendees
 - Insti on 7.23.21 with 4 attendees
- EIP-Capacity Building/Technical Assistance/Essential Support Services:
 - EHE Contract Monitoring –
 - In July: Midway Specialty Care Center, Ujima Men’s Collective, and Continental Wellness Center

HAPC Quarterly Update

- In August: IMG Helps, Inc.
 - HIP Contract Monitoring –
 - In August: Pride Center, Broward Health Hospital, and Memorial Hospital
 - In September – Care Resource and Latinos Salud
 - Technical Assistance provided –
 - In July: CURAM LLC.
 - In August: Arianna’s Center, Memorial Hospital/Broward Health, Community Rightful Center
 - In September: IMG Helps, Inc. and Community Rightful Center
 - Registered HIV Test Site Visits –
 - In August - BCFHC - Pompano Site, Cheer Health, Total Health, CAN Community Health, BCFHC - Lauderhill Site and BCFHC - West Park Site
 - In September - Light of Hope and Covenant House

- The following table displays the demographics of Broward County residents who requested In-Home HIV Test kits from GetPrEPBroward.com during Quarter 3. Broward’s HIV In-home testing initiative began on May 26, 2020 and has shipped 943 test kits from 5/25/2020 to 9/30/2021.

Total Shipped	Jul-21		Aug-21		Sep-21	
35	10		2		23	
Gender						
M	5	50.0%	2	100.0%	10	43.5%
F	5	50.0%	0	0.0%	13	56.5%
Transgender	*	#VALUE!	*	#VALUE!	*	#VALUE!
Race/Ethnicity						
BLK/ Non Hispanic	7	70.0%	1	50.0%	14	60.9%
WHT/ Non Hispanic	1	10.0%	0	0.0%	2	8.7%
Hispanic	2	20.0%	1	50.0%	3	13.0%
Asian/Haw Pac Islander	0	0.0%	0	0.0%	0	0.0%
AI/AN	0	0.0%	0	0.0%	0	0.0%
Multiracial	0	0.0%	0	0.0%	1	4.3%
Other	0	0.0%	0	0.0%	2	8.7%
Country of Birth						
US	10	100.0%	2	100.0%	15	65.2%
Outside the US	0	0.0%	0	0.0%	8	34.8%
Age						
13-19	0	0.0%	0	0.0%	0	0.0%
20-29	4	40.0%	0	0.0%	12	52.2%
30-39	3	30.0%	2	100.0%	7	30.4%
40-49	2	20.0%	0	0.0%	3	13.0%
50-59	0	0.0%	0	0.0%	1	4.3%
60+	1	10.0%	0	0.0%	0	0.0%
Referred by agency						

HAPC Quarterly Update

yes	1	10.0%	0	0.0%	1	4.3%
no	9	90.0%	2	100.0%	22	95.7%
Testing History						
Never been tested	0	0.0%	0	0.0%	3	13.0%
More than 12 months	4	40.0%	2	100.0%	6	26.1%
Less than 12 months	6	60.0%	0	0.0%	13	56.5%
Unknown	0	0.0%	0	0.0%	1	4.3%

Community outreach and messaging

Fifteen community events were held during Q3:

- On 7/16/2021 DOH Broward HIV Prevention staff promoted HIV awareness, education and prevention at Carter Park Jamz, a free community event held on the third Friday of every month. Staff conducted distribution of incentive materials including flyers, brochures, HIV in home test kits, tote bags, backpacks, condom packets, dental dams and cell phone chargers.
- On 7/29 and 7/30 2021, DOH HIV Prevention hosted “The Power of Knowing” events at Club Fort Lauderdale and Rock Hard Sex shop respectively. These events bring at-home HIV testing kits, condoms, and HIV prevention information to venues where MSM congregate. There were 40 participants at Club Fort Lauderdale, and 25 participants at Rock Hard.
- On 7/30 2021, High Impacto partnered with with Broward Family Dental Care, Bravo Supermarket, and DOH Broward to host a free community health screening event that included, blood glucose and blood pressure checks, HIV rapid testing, and PrEP referrals and linkage for individuals testing negative for HIV. DOH HIV Prevention staff provided support by engaging shoppers with education on HIV awareness and prevention tools. Staff distributed materials including literature, face masks, condom packets including female condoms and dental dams. Staff spoke to total 51 shoppers about HIV prevention and condom usage, and how to use GetPrepBroward.com to receive free in-home HIV test kits.
- On 8/1/2021 the MSM book club met via Zoom to discuss Real Life by Brandon Taylor. There were seven participants.
- On 8/6/2021 DOH Broward HIV Prevention staff promoted HIV awareness, education and prevention at Starlight Musical, a free community event featuring live music, food trucks, and community resources outreach. Staff conducted distribution of materials including cups and water bottles, towels, and cell phone chargers.
- On 8/20/2021 DOH Broward HIV Prevention staff promoted HIV awareness, education and prevention at Carter Park Jamz, a free community event held on the third Friday of every month. Staff conducted distribution of materials including flyers, brochures, HIV in home test kits, cups, backpacks, condom packets, towels, and umbrellas.
- On 8/27/2021, DOH HIV Prevention launched Operation Outreach at Club Fort Lauderdale. These events bring at-home HIV testing kits, condoms, and HIV prevention information to venues where MSM congregate. There were 25 participants.
- On 9/11/2021 DOH HIV Prevention partnered with House of Hope and Broward House to host a community health event for the homeless community. Staff distributed materials including literature, condom packets, hats, and water bottles.

HAPC Quarterly Update

- On 9/14/2021 DOH HIV Prevention staff joined the Pride Center at Equality Park for Coffee and Conversations, presenting a virtual segment geared towards MSM over the age of 50 in observance of National HIV Aging Awareness day. There were 157 viewers.
- On 9/15/2021, in observation of National HIV Aging Awareness day, DOH Broward HIV Prevention staff partnered with Northwest Gardens I senior apartments and conducted a Pop-Up Grab & Go station providing education material, incentives, and HIV testing information.
- On 9/15/2021, in observation of National HIV Aging Awareness day, DOH Broward HIV Prevention staff partnered with NW Women's Federated Club and conducted a Senior Sexual Health Olympics and HIV 101 presentation giving away 5 free In Home HIV test kits along with incentives and education material.
- On 9/17/2021 DOH Broward HIV Prevention staff promoted HIV awareness, education and prevention at Carter Park Jamz, a free community event held on the third Friday of every month. Staff conducted distribution of incentive materials including flyers, brochures, cups and water bottles, backpacks, towels, umbrellas, and condom packets. 202 community members were reached.
- On 9/22/2021, in observation of National HIV Aging Awareness day, DOH Broward HIV Prevention staff partnered with NW Women's Federated Club for a second event and conducted a Senior Sexual Health Olympics and HIV 101 presentation as well as setting up a table providing incentives and education material.
- On 9/24 and 9/25 2021, in conjunction with National Gay Men HIV/AIDS Awareness Day, DOH Broward, Miami-Dade, Monroe, and Palm Beach as well as the Pride Center at Equality Park, Pridelines, Compass, and HotSpots magazine, co-hosted the South Florida Men's Wellness Conference. This two-day virtual conference had sessions for the HIV prevention and treatment workforce with topics such as Taking Care of the Caregiver, substance abuse, COVID, and men's health and hygiene. Community sessions included yoga, nutrition, diet, and exercise, medical marijuana and HIV, the future of HIV treatments, and cultural aspects of sex, sexuality, and gender.
- DOH Broward and non-contracted agencies distributed 328,950 condoms in the community during Q3.
- DOH Broward staff delivered 39 educational sessions in the community.
- DOH Broward staff made 298 visits to businesses participating in the Business Response to AIDS initiative.

Accomplishments or challenges

Accomplishments:

- Community Outreach opportunities has increased, and more partners have been open to traditional collaboration. This has allowed us to conduct 14 Community HIV education sessions, 21 Get PrEP Presentations, 4 Sexual Orientation & Gender Identity trainings, and 15 community outreach events during this quarter.
- Attendance at the Broward County HIV Prevention Planning Council Meetings & advisory group meetings are increasing as more providers are shifting their efforts back to HIV prevention and treatment activities. 279 individuals participated in the advisory group meetings during this quarter.
- Get PrEP Broward website hits has increased. 5,163 hits were received during this quarter.

Challenges:

- Physician detailing activities traditionally occurred in person. Due to the COVID pandemic the ability to engage Primary Care Physicians is limited since many health care facilities prohibit individuals who are not seeking services from entering to control exposures for their patients and staff. While we have created new strategies of engaging providers via teleconference, there's still gaps in engagement because providers primary focus and availability is limited.

PrEP REPORTING

PrEP Support Services

Please indicate whether activities are carried out by DOH, and/or Community Partners.

PrEP Navigation

1. Who provides PrEP navigation services in your area?

DOH Lead: Krystle Kirkland-Mobley (Broward CHD) Community Partner(s) None

2. Are there any gaps for PrEP navigation services in your area? If so, please elaborate.

N/A

PrEP Patient Assistance/Copay Programs Support

1. Who provides assistance with PrEP Patient Assistance Program/Copay paperwork/processes in your area?

DOH Lead: Krystle Kirkland-Mobley (Broward CHD) Community Partner(s) None

2. Are there any gaps for PrEP Patient Assistance/Copay services in your area? If so, please elaborate.

N/A

DOH PrEP/nPEP Directory Update

Please click on the link, review the Department's PrEP/nPEP Directory and list any updates/changes for your area.
*Please make sure you have consent before adding any new private providers.

<https://getprepbroward.com/directory>

Please provide updates on any new PrEP/nPEP providers identified in your area during this quarter: **4**

- Medix Urgent Care Center (3829 Hollywood Blvd, Ste A)**
- Life Connect Foundation, INC (2221 N University Drive Ste D)**
- Medped Associates PA (1600 N State Rd 7 Ste. 300)**
- Wellness and Med Spa LLC – Mobile (2633 E Commercial Blvd Ste. E)**

For any new PrEP/nPEP providers identified, did you receive consent to have them listed on the Department's PrEP/nPEP Provider Directory? Yes No N/A (No detailing due to COVID/staff reassignment)

PrEP DATA

Number of PrEP Detailing

One-on-one provider/office detailing visits: 20 Providers at Practices: 42	Provider education (group), summits, meetings, institutes, etc.: 0	Educational materials to providers (toolkits, posters, etc.): 0
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Number of PrEP Referrals

DIS: 0	Navigators: 0	Testing: 167
Outreach & Education Staff: 0	DOH Clinical Staff: N/A	Other: 263

Total Number of Referrals: Our current PrEP program monitoring system tracks the referral sources listed by self-report only; there are no associate referral forms.