**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, January 26, 2023 - 9:30 AM – 11:30 AM**
**Meeting at Broward Regional Health Planning Council and via WebEx Videoconference**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

**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 CHAIR AND PUBLIC RECORD REQUIREMENTS**
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Council Member, Recipient, and Guest Introductions
   d. Moment of Silence
   e. Approval of Agenda for January 26, 2023
   f. Approval of Minutes from October 27, 2022
3. **PUBLIC COMMENT**
4. **FEDERAL LEGISLATIVE REPORT – Marty Cassini, Esq., Section Manager, Broward County Intergovernmental Affairs Office (Handout A)**
5. **CONSENT ITEMS**
   I. **Motion to approve Bradley Mester to join the HIV Planning Council**
   *Justification: Mr. Mester is currently a member of the PSRA Committee and will like to extend his service to the HIVPC.*
   Seat: Community-based organization & AIDS service organizations
   PROPOSED BY: Membership/Council Development Committee

   II. **Motion to approve Jacque Wright to join the HIV Planning Council**
   *Justification: Mr. Wright represents the faith-based community. He would like to extend his activism with the HIV community ensuring optimal services to PWH.*

Seat: Non-elected Community Leader/Unaffiliated seat
PROPOSED BY: Proposed By: Membership/Council Development Committee

III. **Motion to approve Kendra Hayes to join the HIV Health Services Planning Council.**
*Justification: Ms. Hayes is a member of the Community Empowerment Committee (CEC) and 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.*
Seat: Affected Communities/Unaffiliated seat
PROPOSED BY: Proposed By: Membership/Council Development Committee

IV. **Motion to approve Eliza Dudelzak to join the HIV Planning Council.**
*Justification: Ms. Dudelzak is a community activist and has served within the LGBTQ+ community for several years.*
Seat: Non-elected Community Leader/Unaffiliated seat
PROPOSED BY Proposed By: Membership/Council Development Committee

V. **Motion to appoint Von Biggs to the Affected Communities/Unaffiliated seat (Due to change in employment.)**
*Justification: Mr. Biggs is no longer employed by Broward Regional Health Planning Council (RWPA subrecipient), which changes his seat from affiliated to unaffiliated.*
PROPOSED BY Proposed By: Membership/Council Development Committee

VI. **Motion to reinstate Dr. Mark Schweizer to the HIV Health Services Planning Council and as a member of the MCDC.**
*Justification: Per the HIVPC policies and procedures, Dr. Schweizer has appropriately requested reinstatement of membership in the HIVPC.*
PROPOSED BY: Proposed By: Membership/Council Development Committee

VII. **Motion to approve the FY2023 Community Empowerment Committee Work Plan (Handout B)**
*Justification: The work plan was approved by the Community Empowerment Committee during its January 3, 2023, meeting.*
PROPOSED BY: CEC Chair

VIII. **Motion to approve the FY2023 Membership/Council Development Committee Work Plan (Handout C)**
*Justification: The Membership Council Development Committee approved the work plan during its January 12, 2023, meeting.*
PROPOSED BY: MCDC Chair

IX. **Motion to approve the FY2023 PSRA Work Plan (Handout D)**
Justification: The Priority Setting and Resource Allocation Committee approved the work plan during its January 19, 2023, meeting.
PROPOSED BY: PSRA Committee Chair

X. **Motion to approve FY2023 Executive Committee Work Plan (Handout E)**
Justification: The Executive Committee approved the work plan during its January 19, 2023, meeting.
PROPOSED BY: Executive Committee Chair

XI. **Motion to approve the FY2023 Training Plan (Handout F)**
*Justification: The MCDC Committee approved the training plan during its January 12, 2023, meeting.*
PROPOSED BY: MCDC Chair

**XII.** **Motion to approve the Food Services - Service Delivery Model (Handout G)**
*Justification: The Food Services- Service Delivery Model was approved by the Quality Management Committee during its January 23, 2023, meeting.*
PROPOSED BY: Quality Management Committee

**XIII.** **Motion to approve the Mental Health Service Delivery Model (Handout H)**
*Justification: The Mental Health-Service Delivery Model was approved by the Quality Management Committee during its January 23, 2023, meeting.*
PROPOSED BY: Quality Management Committee

**XIV.** **Motion to approve the Substance Abuse-Out Patient Service Delivery Model (Handout I)**
*Justification: The* Substance Abuse-Out Patient Service *Delivery Model was approved by the Quality Management Committee during its January 23, 2023, meeting.*
PROPOSED BY: Quality Management Committee

## 6. DISCUSSION ITEMS

**Reallocation/Sweeps <u>from</u> Core & Support Services (Handout J)**

**I.** **Motion to reallocate $150,407 from Outpatient Ambulatory Health Services for FY2022-2023.**
*Justification: Some providers in the category are highly underfunded.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**II.** **Motion to reallocate $52,000 from Oral Health Care-Routine for FY 2022-2023.**
*Justification: Some providers in the category are highly underfunded.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**III.** **Motion to reallocate $184,000 from Oral Health Care-Specialty for FY 2022-2023.**
*Justification: Provider underutilized, but shifting funding to underfunded Routine category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**IV.** **Motion to reallocate $83,000 from Medical Case Management – Case Management (Treatment Adherence) for FY2022-2023.**
*Justification: Some providers in the category are highly underfunded.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**V.** **Motion to reallocate $187,000 from Health Insurance Premium & Cost Sharing Assistance for FY2022-2023.**
*Justification: Provider underutilized. Will revisit this due to PE issues.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**VI.** **Motion to reallocate $96,000 from Centralized Intake and Eligibility Determination for FY2022-2023.**
*Justification: Provider underutilized.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Reallocation/Sweeps from Core & Support Services = ($752,407)**

**Reallocation/Sweeps to Core & Support Services**

**VII. Motion to reallocate $200,000 to Outpatient Ambulatory Health Services for FY2022-2023.**
*Justification: Underfunding among providers in this Category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**VIII. Motion to reallocate $150,000 to AIDS Pharmaceutical Assistance for FY2022-2023.**
*Justification: Underfunding among providers in this Category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**IX. Motion to reallocate $184,000 to Oral Health Care-Routine for FY2022-2023.**
*Justification: Underfunding among providers in this Category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**X. Motion to reallocate $132,907 to Medical Case Management – Case Management (Treatment Adherence) for FY2022-2023.**
Justification: *Underfunding among providers in this Category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**XI. Motion to reallocate $78,000 to Disease Case Management for FY2022-2023.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

**XII. Motion to reallocate $4,000 to Mental Health for FY2022-2023.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

**XIII. Motion to reallocate $3,500 to Substance Abuse-Outpatient for FY2022-2023.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Reallocation/Sweeps to Core & Support Services = $752,407**

**Reallocation/Sweeps from Minority AIDS Initiative (MAI) Core & Support Services**

**XIV. Motion to reallocate $180,000 from MAI- Centralized Intake and Eligibility Determination for FY2022-2023.**
*Justification: Provider underutilized*
PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Reallocation/Sweeps from MAI Core & Support Services = ($180,000)**

**Reallocation/Sweeps to Minority AIDS Initiative (MAI)* Core & Support Services**

**XV. Motion to reallocate $41,000 to MAI Medical Case Management for FY2022-2023.**
*Justification:* Provider underfunded and additional funding assists Part A
PROPOSED BY: Priority Setting & Resource Allocation Committee

**XVI. Motion to reallocate $1,500 to MAI Mental Health for FY2022-2023.**
Justification: Provider underfunded
PROPOSED BY: Priority Setting & Resource Allocation Committee

**XVII. Motion to reallocate $90,500 to MAI Substance Abuse-Outpatient FY2022-2023.**

Justification: Provider underfunded and additional funding assists Part A
PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Reallocation/Sweeps to MAI Core & Support Services = $133,000**

## 7. OLD BUSINESS

None.

## 8. NEW BUSINESS

I. **Action Item 1:** Discuss and approve the draft Memorandum of Understanding between the HIV Health Services Planning Council and the Ryan White Part A Office. **(Handout K)**

II. **Action Item 2:** Review Draft HIVPC By-Laws: Members can review recommended changes for a vote during the February 23, 2023, HIVPC meeting. **(Handout L)**

PROPOSED BY: Priority Setting & Resource Allocation Committee

## 9. COMMITTEE REPORTS

I. **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Andrew Ruffner
January 3, 2023

A. **Work Plan Item Update/Status Summary:** The CEC continued planning its community conversations series through March 2023. A presentation on "Language Matters", a partnership with the Positive People Network will take place on January 26th at 1:00 pm as Facebook/Zoom live event. The CEC will partner with the Black AIDS Advisory Group (BAAG) with their February 3rd Gala Event in recognition of National Black HIV/AIDS Awareness Day. The CEC will partner with other organizations to host a community conversation featuring Women and Girls for National Women and Girls HIV/AIDS Awareness Day in March. The conversation on housing will be tabled for a later date and CEC will start plans for a following up discussion with the leather kink community.
The CEC reviewed its workplan for FY2022-2023, which indicated that all goals and objectives were completed. Members also reviewed and approved the FY2023-2024 workplan.

B. **Data Requests:** None

C. **Rationale for Recommendations:** None

D. **Data Reports/ Data Review Updates:** None

E. **Other Business Items:** None

F. **Agenda Items for Next Meeting:** Planning for Outreach and community conversations

G. **Next Meeting date:** February 7, 2023, at 3:00 PM at BRHPC and via WebEx Videoconference

II. **System of Care Committee (SOC)**
Chair: Andrew Ruffner • Vice Chair: Jose Castillo
January 5, 2023 - No Meeting Held

A. **Work Plan Item Update/Status Summary:**

B. **Data Requests:**
C. **Rationale for Recommendations:**
D. **Data Reports/ Data Review Updates:**
E. **Other Business Items:**
F. **Agenda Items for Next Meeting:**
G. **Next Meeting date:** February 2, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

**III. Membership/Council Development Committee (MCDC)**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
January 12, 2023

A. **Work Plan Item Update/Status Summary:** The MCDC Committee completed the following activities:
   a. Reviewed and approved applications for HIVPC membership.
   b. Reviewed FY2022-2023 MCDC Workplan activities
   c. Reviewed and approved the FY2023-2024 MCDC Workplan
   d. Reviewed and approved an FY 2023-2024 Training Plan
B. **Data Requests:** None
C. **Rationale for Recommendations:** None
D. **Data Reports/ Data Review Updates:** None
E. **Other Business Items:** None
F. **Agenda Items for Next Meeting:** Review pending applications and increase retention
G. **Next Meeting date:** April 13, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

**IV. Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant
January 23, 2023

A. **Work Plan Item Update/Status Summary:**

The *CQM Support Staff* discussed the changes being made to the FY2023-2024 Service Delivery Model. The four services recommended for revisions are Centralized Intake & Eligibility Determination (CIED), Food Services, Mental Health, and Substance Use. The QMC completed the following activities:

   a. Reviewed and approved the following service delivery models: (Food Services; Mental Health; Substance Abuse – Outpatient Services); Due to additional clarification, the committee voted to table approval of the CIED service delivery model for the February 13, 2023, QMC meeting.
   b. Reviewed status of FY2022-2023 Workplan

B. **Data Requests:** None
C. **Rationale for Recommendations:** None
D. **Data Reports/ Data Review Updates:** None
E. **Other Business Items:** The committee asked for clarity regarding whether the Notice of Eligibility should be accepted by those within the state of Florida only. Recipient Staff will seek clarification on the language from the state level.

F. **Agenda Items for Next Meeting:** Approval of FY2023 Workplan; The virtual workshops, as discussed in October's meeting, will be added to old business in the February meeting.
G. **Next Meeting date:** February 13, 2023, at 12:30 PM at BRHPC and via WebEx Videoconference

**V. Executive Committee**

Chair: Lorenzo Robertson • Vice Chair: Von Biggs
January 19, 2023

A. **Work Plan Item Update/Status Summary:**

The Executive Committee voted to approve January 26, 2023, HIVPC agenda and February 2023 HIVPC Calendar.

The Committee reviewed the status of the FY2022 workplan and approved a leadership/development training after the February 23rd HIVPC meeting to fulfill the completion of all workplan activities. In addition, the committee reviewed and approved the FY2023-2024 Workplan and reviewed the draft By-Laws as presented by Ad Hoc By-Laws and MOU Committee Chair. Members voted to approve the By-Laws for submission to the HIVPC general body with the opportunity for members to review and vote for approval during the February meeting.

B. **Data Requests:** None
C. **Rationale for Recommendations:** None
D. **Data Reports/ Data Review Updates:** None
E. **Other Business Items:** None
F. **Agenda Items for Next Meeting:** TBD
G. **Next Meeting date:** February 16, 2023, at 11:30 AM at BRHPC and via WebEx Videoconference

**VI. Priority Setting & Resource Allocation Committee (PSRA)**

Chair: Brad Barnes • Vice Chair: Vacant
January 19, 2023

A. **Work Plan Item Update/Status Summary:**

The committee approved the second round of the reallocation of funds for FY 2022-2023 based on recommendations from the Ryan White Part A Office. The committee reviewed the status of the FY2022 workplan and approved a leadership/development training following the February 23rd HIVPC meeting, which will fulfill all workplan activities. In addition, the committee reviewed and approved its FY2023-2024 Workplan.

B. **Data Request:** Scorecard for March 1, 2022 - December 31, 2022, which details service utilization, and funding allocations.
C. **Rationale for Recommendations:**
D. **Data Reports/ Data Review Updates:**
E. **Other Business Items:**
F. **Agenda Items for Next Meeting:** Scorecard for March 1, 2022 - December 31, 2022, MAI & EHE presentation, Eligibility Determination, and PSRA Process Overview.
G. **Next Meeting date:** February 16, 2023, at 9:00 AM at BRHPC and via WebEx Videoconference

**VII. Ad-Hoc By-Laws and Memorandum of Understanding Committee**

Chair: Brad Barnes • Vice Chair: Vacant
January 18, 2023

A. **Work Plan Item Update/Status Summary:** The Committee finalized edits to By-Laws for submission to the Executive Committee.
B. **Data Requests:** None
C. **Rationale for Recommendations:** None
D. **Data Reports/ Data Review Updates:** None
E. **Other Business Items:** None
F. **Agenda Items for Next Meeting:** TBD
G. **Next Meeting date:** TBD

## 10. RECIPIENT REPORTS

I. Part A
II. Part B **(Handout M)**
III. Part C
IV. Part D
V. Part F
VI. HOPWA **(Handout N1-N3)**
VII. Prevention– Quarterly Update (April, July, October, January) **(Handout O)**

## 11. PUBLIC COMMENT

## 12. AGENDA ITEMS FOR NEXT MEETING

I. Next Meeting Date: February 23, 2023, at 9:30 a.m. at BRHPC and via WebEx

## 13. ANNOUNCEMENTS

## 14. 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

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz• Nan H. Rich • Tim Ryan •Torey Alston • Michael Udine

Broward County Website

# February 2023

## Broward HIV Health Services Planning Council Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1343. Visit http://www.brhpc.org for updates. | | | | | |
| | | | 1 | 2 System of Care Committee Meeting (SOC) 9:30 AM – 11:30 AM Location: BRHPC | 3 South Florida AIDS Network Meeting (SFAN) 9:30 AM –11:30 AM Disease Case Management Network 2:30 PM – 3:45 PM Black AIDS Advisory Group (BAAG) Gala, 7pm-10pm | 4 World AIDS Museum Presents Inaugural: Red Dress - Dress Red Gala |
| 5 | 6 | 7 National Black HIV/AIDS Awareness Day Community Empowerment Committee Meeting (CEC) 3:00 PM – 5:00 PM Location: BRHPC | 8 | 9 | 10 | 11 Pride Fort Lauderdale Parade & Festival |
| 12 | 13 Quality Management Committee Meeting (QMC) 12:30 PM – 2:30 PM Location: BRHPC | 14 | 15 | 16 PSRA Committee Meeting 9:00 AM – 11:00 AM Location; BRHPC Executive Committee Meeting 11:30 AM-1:30 PM Location: BRHPC BCHPPC Mtg. February 16, 2023 – 1:00 pm | 17 | 18 |
| 19 | 20 | 21 | 22 Quality Network 9:00 PM – 11:00 AM | 23 HIV Planning Council (HIVPC) Meeting 9:30 AM – 11:30 AM Location: BRHPC | 24 | 25 |
| 26 | 27 | 28 HIV is Not A Crime Awareness Day | | | | |

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
BCHPPC* - Broward County HIV Prevention Planning Council
Links are active and lead to meetings or Awareness Day Information.

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

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

# February 2023

## Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@broward.org or (954) 561-9881 ext. 1292 or 1343. Visit http://www.broward.org for updates.

| TODOS ESTAN BIENVENIDOS! | ALL ARE WELCOME! | BON VINI |
|---|---|---|
| A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: | Unless otherwise noted on the calendar, all meetings are held at: | Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: |
| Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 | Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 | Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 |
| Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios. | To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you. | Pou konfime enfòmasyon ou resewa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou. |

### HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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

# HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

**Revised 7/24/14**

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

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

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

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

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

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

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

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

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

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

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

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

**Revised 7/24/14**

# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

## Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

## Frequently Used Terms

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

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

**Clinical Quality Management (CQM) Support Staff:** Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

**Provider/Sub-Recipient:** Agencies contracted to provide HIV Core and Support services to consumers.

**Consumer/Client/Patient:** A person who is an eligible recipient of services under the Ryan White Act.

FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
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(954) 561-9681 • FAX (954) 561-9685

# HIV Health Services Planning Council

**Thursday, October 27, 2022 - 9:30 AM**
**Meeting at Broward Regional Health Planning Council and via WebEx**

## DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, J. Castillo, J. Rodriguez, A. Ruffner J. Casseus, J. Rodriguez, B. Fortune-Evans, E. Dsouza, I Wilson, M. Schweizer, , R. Jimenez

Members Excused: S. Jackson-Tinsley

Ryan White Part A Recipient Staff Present: T. Thompson, G. James, J. Roy, T. Currie.

Planning Council Support Staff Present: G. Berkley-Martinez, W. Rolle, B. Miller, J. Rohoman

Guests Present: B. Mester, R. Honick, K. Murphy, K. Hayes L. Jones, Q. Cowan, A. Abdool, R. Williams, G. Timmer

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

   The PSRA Chair called the meeting to order at 9:36 a.m. The HIVPC Chair 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/CQM 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 October 27,2022, HIVPC meeting with amendments was proposed by T. Moragne, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the July 28, 2022,

meeting as presented, was proposed by V. Biggs, seconded by A. Cutright, and passed unanimously.

**Motion #1: Dr. Moragne, on behalf of HIVPC, made a motion to approve the October 27, 2022, HIV Health Services Planning Council agenda with amendments. The motion was adopted unanimously.**

**Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the July 28, 2022, HIV Health Services Planning Council meeting minutes as presented. 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 provided an overview of the federal funding updates from Ryan White, Prevention, Health Center Funding, and HOPWA.

5. Consent Items

   The motion to approve the consent items was passed unanimously.

6. Discussion Items

   FY2022-2023 Resource Allocation

   HIVPC members reviewed the discussion items and voted to approve the Core and Support Services reallocations proposed by the PSRA Committee.

   - **Motion #3: PSRA Committee made a motion to reallocate $925,000 from Outpatient Ambulatory Healthcare Services for FY2022-2023. V. Biggs seconded the motion. The motion was adopted unanimously.**
   - **Motion #4: PSRA Committee made a motion to reallocate $390,000 from Oral Health Care for FY2022-2023. J. Castillo seconded the motion. The motion was adopted unanimously.**
   - **Motion #5: PSRA Committee made a motion to reallocate $10,000 from Disease Case Management for FY2022-2023. V. Biggs seconded the motion. The motion was adopted unanimously.**
   - **Motion #6: PSRA Committee made a motion to reallocate $20,000 from Mental Health for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.**
   - **Motion #7: PSRA Committee made a motion to reallocate $115,000 from Substance Abuse for FY2022-2023. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
   - **Motion #8: PSRA Committee made a motion to reallocate $260,000 from Centralized Intake and Eligibility Determination (CIED) for FY2022-2023. J. Castillo seconded the motion. The motion was adopted with one abstention.**
   - **Motion #9: PSRA Committee made a motion to reallocate $683,000 to Outpatient Ambulatory Health Services for FY2022-2023. J. Castillo seconded the motion. The motion was adopted unanimously.**
   - **Motion #10: PSRA Committee made a motion to reallocate $100,000 to AIDS Pharmaceutical Assistance for FY2022-2023. A. Ruffner seconded the motion. The motion was adopted with five abstentions.**
   - **Motion #11: PSRA Committee made a motion to reallocate $70,000 to Oral Health Care for FY2022-2023. B. Fortune Evans seconded the**

**motion. The motion was adopted unanimously.**

- **Motion #12: PSRA Committee made a motion to reallocate $283,500 to Medical Case Management for FY2022-2023. A. Ruffner seconded the motion. The motion was adopted unanimously.**
- **Motion #13: PSRA Committee made a motion to reallocate $183,500 to Disease Case Management for FY2022-2023. I. Wilson seconded the motion. The motion was adopted unanimously.**
- **Motion #14: PSRA Committee made a motion to reallocate $40,000 to Mental Health for FY2022-2023. A. Ruffner seconded the motion. The motion was adopted with two abstentions.**
- **Motion #15: PSRA Committee made a motion to reallocate $300,000 to Food Bank for FY2022-2023. A. Cutright seconded the motion. The motion was adopted with three abstentions.**
- **Motion #16: PSRA Committee made a motion to reallocate $60,000 to Food Voucher Services for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with three abstentions.**
- **Motion #17: PSRA Committee made a motion to reallocate $34,164 from MAI Mental Health for FY2022-2023. A. Ruffner seconded the motion. The motion was adopted with two abstentions.**
- **Motion #18: PSRA Committee made a motion to reallocate $38,891 to MAI Medical Case Management for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.**
- **Motion #19: PSRA Committee made a motion to reallocate $138,157 to MAI Substance Abuse – Outpatient for FY2022-2023. R. Jimenez seconded the motion. The motion was adopted with Two abstention.**
- **Motion #20: PSRA Committee made a motion to reallocate $350,000 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. I. Wilson seconded the motion. The motion was adopted with one abstention.**

HIVPC Meeting Evaluation Report

HIVPC members reviewed the Quarterly Meeting Evaluation Report. PCS Staff informed members that the evaluation survey is disseminated to in-person and virtual attendees at every meeting. The overall purpose of the meeting evaluations is to provide ongoing feedback to the Planning Council and its standing committees regarding the quality and effectiveness of its meetings. PCS Staff will then analyze the strengths, challenges, or deficiencies for potential Council development/training needs. PCS staff reported that only 25 meeting evaluations were completed during this quarter. The Chair expressed that more participation is needed from attendees to capture responses on the progress of the Planning Council and committee meetings.

7. Old Business

HOPWA Discussion

HOPWA representative stated that there has been no update from HUD in response to the letter of support "Increase Rent Standard to 120% Above Fair Market Rate (FMR) for the City of Fort Lauderdale." E. Dsouza discussed the

new FMR rate that was implemented October 1st. The new implementation is a temporary solution. HOPWA will speak with HUD to advocate for an increase in FMR within the next upcoming months.

8. New Business

MOU Initial Draft

B. Barnes presented the MOU Initial Draft, which was reviewed by the Ad-Hoc By-Laws & MOU Committee, Recipient Staff, and PCS Staff. Planning Council members should review the MOU's initial draft this month before the next Planning Council meeting. If there are no further edits, the next step would be for Planning Council members to take a vote during the December 2022 or January 2023 meeting.

2021-2022 Assessment of the Administrative Mechanism

PCS staff presented the results of the FY2021 Assessment of the Administrative Mechanism. The Assessment of the Administrative Mechanism aims to assess the administrative mechanism's efficiency (Ryan White Part A Office) in allocating funds to contracted HIV care providers. The survey is distributed annually to the Recipient, subrecipients, and the HIVPC. It covers the procurement process, contracts, reimbursements of subrecipients, use of funds, and engagement with the HIVPC in the planning process. For FY2021, 20 out of 21 HIVPC members participated, 7 out of 12 providers participated, and the Part A Recipient also completed the survey. Overall, the administrative mechanism functions effectively and efficiently with no substantial problems identified through its assessment. Members discussed increasing participation amongst the providers to complete the survey. The Recipient Office will remind providers to complete the survey for next year's report. Members voted to approve the report as written with the amendment of using numerical data and percentages. The approval of the 2021-2022 Assessment of Administrative Mechanisms with the amendment of using numerical data opposed to percentages was proposed by B. Barnes, seconded by V. Biggs, and passed unanimously.

**Motion #21: Mr. Barnes made a motion to approve the Assessment of Administrative Mechanisms with the amendment of using numerical and percentages. The motion was adopted unanimously.**

9. Committee Reports

   a. **Community Empowerment Committee – No Meeting Held**
      *Chair: S. Jackson, Vice Chair: A. Ruffner*
      The report stands.

   b. **System of Care Committee – No meeting Held**
      *Chair: A. Ruffner, Vice Chair: Jose Castillo*
      The report stands.

   c. **Membership/Council Development Committee – No Meeting Held**
      *Chair: V. Foster, Vice Chair: T. Moragne*
      The report stands.

   d. **Quality Management Committee – October 17, 2022**
      *Chair: B. Fortune-Evans, Vice Chair: Vacant*

The report stands.

e. **Priority Setting & Resource Allocation Committee – October 20, 2022**
*Chair: B. Barnes, Vice Chair: V. Moreno*
The report stands

f. **Executive Committee – No Meeting Held**
*Chair: L. Robertson, Vice Chair: V. Biggs*
The report stands.

g. **Ad-Hoc By-Laws and MOU Committee – No Meeting Held**
*Chair: B. Barnes, Vice Chair: Vacant*
The report stands. Recipient's Report

a. **Part A:** There was no Part A report for this meeting.
b. **Part B:** The Part B Recipient provided a written report showcasing expenditures from the ADAP Report.
c. **Part C:** The Part C Representative reported that Broward Health launched its mobile health unit to help serve the homeless population. The mobile unit provides testing services; 90% of persons who visit the mobile unit request testing services.
d. **Part D**: The Part D representative reported that they are still actively searching for an adult provider.
e. **Part F:** There was no Part F report for this meeting.
f. **HOPWA:** There were no further updates from HOPWA following the earlier discussion.
g. **Prevention:** The Prevention Representative provided a written HAPC Quarterly Report.

10. Public Comment

GT expressed concern about having his medical information shared in a public location at one of the provider agencies. This is not the first time GT has experienced such a traumatic situation. He revealed that there was no way for him or his husband to protect themselves from passive disclosure in these situations. He wishes that the Planning Council could help with a solution to protect consumer information and provide safe spaces for consumers.

11. Agenda Items for Next Meeting

The next HIVPC meeting will be held on December 8, at 9:30 a.m. Location: Broward Regional Health Planning Council.

12. Announcements

- The Arianna Center is hosting "A Night of Stars" in recognition of Transgender Remembrance Day. The event will be held on November 18, 2022, at the United Church of Christ.
- The South Florida Men's Wellness Conference will be held on November 4th and 5th. It will be a hybrid meeting. If anyone would like to join, please contact PCS Staff for more information.
- The Recipient's Office is addressing the critical demand for housing within the community. An RFP has been released to address the need for housing for RWPA consumers.
- The Poverello representative shared that if a client has Monkey Pox, they can DoorDash food to the consumer at their residence.

13. Adjournment

There being no further business, the meeting was adjourned at 11:20 a.m.

HIVPC Attendance for CY 2022

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Meeting Date | 27 | 24 | 24 | 28 | 26 | C | 28 | C | CX | 27 | | | |
| 0 | 0 | 0 | | Arencibia, Y. | X | X | X | E | E | | | | Z-07/12 | | | | |
| 0 | 1 | 1 | 1 | Barnes, B. | X | X | X | X | X | | X | | NQA | X | | | |
| 1 | 1 | 1 | 2 | Bhrangger, R. | X | X | X | X | X | | X | | NQA | X | | | |
| 0 | 1 | 0 | 3 | Biggs, V., V.Chair | X | X | X | X | X | | X | | NQX | X | | | |
| 0 | 0 | 1 | 4 | Cutright, A. | X | X | X | X | X | | X | | NQA | X | | | |
| | | | | Dumas, C. | X | X | X | X | | | | | Z-5/19 | | | | |
| 0 | 0 | 1 | 5 | Fortune-Evans, B. | E | X | E | X | X | | X | | NQA | X | | | |
| 0 | 0 | 0 | 6 | Foster, V. | X | X | X | X | X | | X | | NQX | X | | | |
| | | | | Moskowitz, Jared | | | | | | | | | | | | | |
| | | | | Lopes, R. | E | X | X | X | E | | | | Z-5/31 | | | | |
| 1 | 1 | 1 | 7 | Marcoviche, W. | X | X | X | X | X | | X | | NQA | X | | | |
| 0 | 0 | 1 | 8 | Moragne, T. | X | X | X | X | X | | X | | NQA | X | | | |
| 0 | 0 | 0 | | Moreno, V. | X | E | X | X | X | | E | | NQX | | Z- 10/03 | | |
| 0 | 1 | 0 | 9 | Robertson, L., Chair | X | X | X | X | X | | X | | NQX | X | | | |
| 0 | 0 | 0 | 10 | Rodriguez, J. | E | X | X | X | X | | E | | NQX | X | | | |
| 0 | 0 | 0 | 11 | Ruffner, A. | X | X | E | X | X | | X | | NQX | X | | | |
| 0 | 0 | 0 | | Schweizer, M. | X | X | E | E | E | | X | | | | | | |
| | | | | Shamer, D. | X | X | | | | | | | Z-03/14 | | | | |
| 0 | 0 | 2 | 12 | Wilson, I. | X | X | X | A | X | | X | | NQA | X | | | |
| 0 | 1 | 0 | 13 | Jackson-Tinsley, S. | X | X | X | Z-4/7 | N-8/7 | | X | | NQX | | | | |
| 0 | 1 | 0 | 14 | Castillo, J. | X | X | X | X | X | | X | | NQX | X | | | |
| 0 | 0 | 0 | 15 | Dsouza, E. | E | X | E | X | X | | X | | NQX | X | | | |
| 0 | 0 | 1 | 16 | Jimenez, R. | X | X | X | X | A | | X | | NQX | X | | | |
| 0 | 0 | 1 | 17 | Casseus, J. | | | N- 06/07 | | | | E | | NQA | X | | | |
| | | | | Spencer, S | | | N- 06/07 | | | | | | Z- 06/30 | | | | |
| | | | | Lanear, A. | | | N- 06/07 | | | | | | Z- 06/30 | | | | |
| 2 | 7 | | | Quorum = 11 | 18 | 21 | 17 | 17 | 15 | 0 | 16 | 0 | 10 | 15 | 0 | 0 | |
| 12% | 41% | | | | | | | | | | | | | | | | |

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 | |

**(HANDOUT A)**

# Intergovernmental Affairs Update

BROWARD COUNTY FLORIDA

## Federal Landscape

- Speaker of the House Race
- House Rules
- Debt Ceiling ($31.3 Trillion)

BROWARD COUNTY FLORIDA

# Speaker of the House Race

- Representative Kevin McCarthy – California District 20
- 15 Floor Votes
- Concessions
- Continuing Opposition

# House Rules

- Replace "Pay-as-You-Go" with "Cut-as-You-Go"
- PAYGO – Decrease spending or add new revenue to pay for new debt
- CUTGO – Increase spending, cut other spending
- Rescinds the Gephardt Rule
- Automatically transmits to the Senate a Joint Resolution changing the debt ceiling upon adoption of a budget resolution

# House Rules - continued

- Tax Increases
  - Need a three-fifths majority that would increase federal taxes
- Macroeconomic Effects
  - Slows down major legislation as scoring on large bills can be lengthy
- Unauthorized Spending
  - Lawmakers can object to spending items which exceed previous year's funding

# House Rules - continued

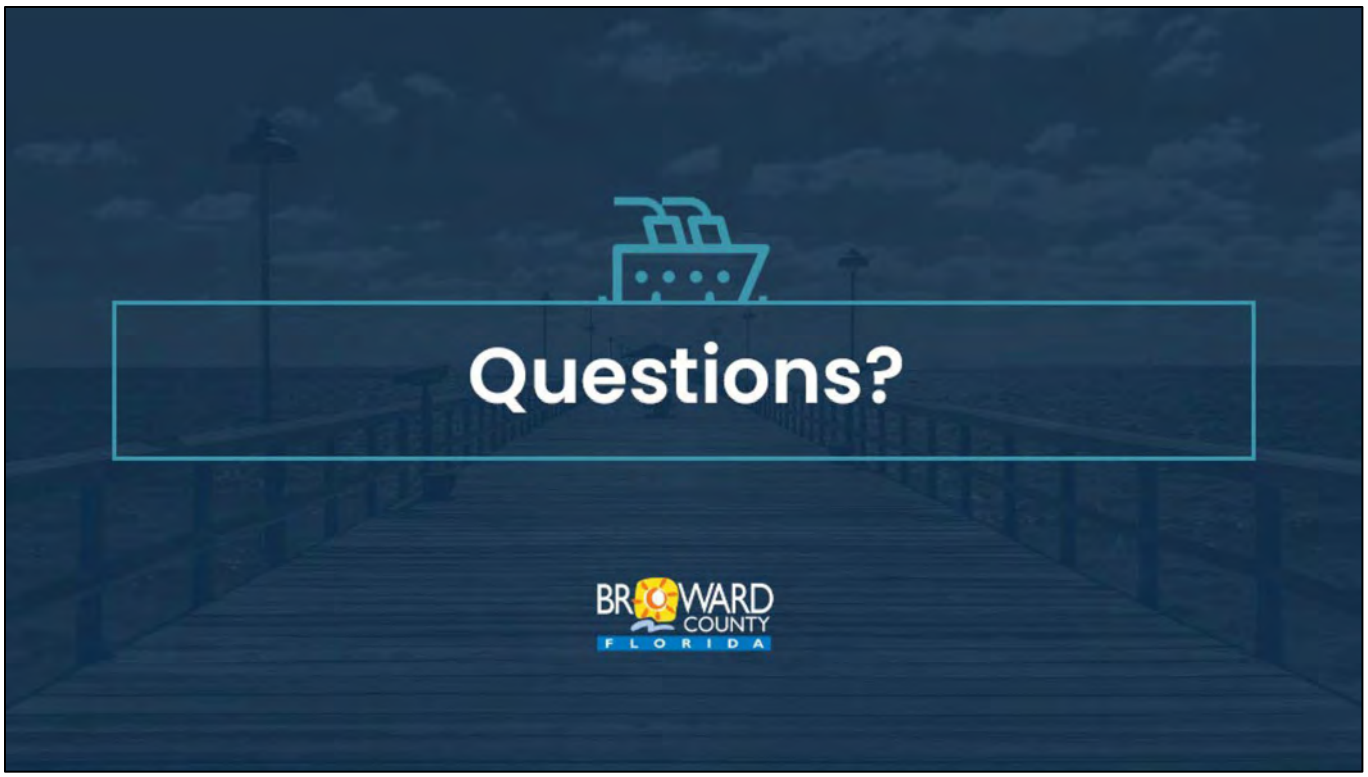
- Spending Reduction Amendments in Appropriations Bills
  - Allows members to directly amend spending allocations on the House floor
- Medicare/Social Security Trust Funds
  - Requires any related legislation to be scored over 25 or 75 years instead of the standard 10
- Single Subject
  - Members must state the single subject of a bill or joint resolution

# House Rules - continued

- One Member Motion to Vacate the Speakership
  - Restores pre-2015 right
- Two-Minute Vote Times and Removes Proxy Voting
  - Lowers from 5 minutes
  - Proxy voting was established as a result of the pandemic
- Oversight and Authorization Plans from standing Committees
  - Requires committees to submit an authorization and oversight plan to the Oversight Committee and House Administration Committee by March 1

# Debt Ceiling

- Department of Treasury estimates the county will approach its statutory borrowing limit as soon as January 19, 2023


Questions?
BROWARD COUNTY FLORIDA


Contact Information
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BROWARD COUNTY FLORIDA

# HANDOUT B

**Community Empowerment Committee (CEC) Work Plan FY2023-2024**

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in t

**GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing by participating in at least 4 community events.**

**Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice.**

| Activities | Responsible Party | Outcomes | Action Steps |
|---|---|---|---|
| 1.1 Engage consumers in townhalls/listening sessions at minimum, biannually. | CEC/Staff/Facilitator | Consumer Involvement | Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole. |
| 1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually. | CEC/Staff | Data driven PSRA process | Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data. |
| 1.3 Educate CEC members on HIVPC & Ryan White Part A monthly. | Recipient/Staff | Increased knowledge of HIVPC & Ryan White Program among CEC members | Provide presentations regarding topics of interest about the HIV Planning Council, its Committees, and the Ryan White Part A Program. |
| 1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences at minimum, biannually. | Staff/Facilitator | Utilize feedback in PSRA process and future CEC and MCDC event planning efforts | Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicable. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC. |

**Objective 2: Promote education and awareness to affirm support for PWHA**

| Activities | Responsible Party | Outcomes | Action Steps |
|---|---|---|---|
| 2.1 Recommend creation or revision of promotional literature to MCDC as needed. | CEC | Collaboration with MCDC to inform the community about HIVPC | Determine information useful to the community in understanding the role of the HIVPC and revise language and visuals of marketing materials surrounding stigma. Provide this information to MCDC to update or create promotional literature. |
| 2.2 Distribute promotional literature - physically and electronically - to the community on an ongoing basis. | CEC/Staff | Increased consumer awareness of HIVPC | CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv. |
| 2.3 Analyze survey results for each community event, including outreach, trainings and community forums on an ongoing basis. | Staff/CEC | Measure event outcomes | Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives. |
| 2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis. | CEC | Develop consistent presence at community events | Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BCHPPC, Latinos En Accion, SFAN). |

**Objective 3: Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.Strategy 3.1.4 (2022-2026 Integrated Plan)**

| Activities | Responsible Party | Outcomes | Action Steps |
|---|---|---|---|
| 3.1 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy | CEC | Increased awareness and utilization of services for PHW and Reduce HIV-related health disparities and health inequities | Partner with community organizations to institute a countywide summit for stakeholder collaborations to address various HIV-related issues including misconceptions and HIV-related Stigma. |

**Objective 4: Create and promote public leadership opportunities for PWH. Strategy 3.3.1 (Integrated Plan 2022-2026)**

| Activities | Responsible Party | Outcomes | Action Steps |
|---|---|---|---|
| 4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services. | CEC | Increased PWH on advisory boards, consumer boards, and employed as Peers | Incorporate programs from the organization, Meaningful Involvement of People with HIV/AIDS (MIPA) in Broward; Partner with the National Minority AIDS Council's (NMAC) ELEVATE Program to address workforce recruitment, development, and advancement needs for PWH in populations 50+, Young Black Men, T/GNC, and Latinx. |

# HANDOUT C

## Membership/Council Development Committee Work Plan FY2023-2024

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and th

**GOAL: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA. Passionately engage 100 Community Members and recruit 7 members to the HIVPC.**

**Objective 1: Ensure HIVPC is representative and reflective.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly. | Staff/MCDC | Ensure HIVPC reflects epidemic | Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation. | |
| 1.2 Review seat status and ensure mandated seats are filled quarterly. | Staff/MCDC | Ensure compliance | Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats. | |
| 1.3 Announce vacant positions at each Executive/HIVPC meeting as necessary. | MCDC Chair | Public awareness | Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting. | |
| 1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders as necessary. | MCDC | Increased community awareness | Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondence and distribution of marketing materials. | |

**Objective 2: Member selection process and application procedure development.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 2.1 Review and update Recruitment & Retention Plan annually. | MCDC/Staff | Recruitment & Retention of new HIVPC and Committee members | Review previous year's Recruitment & Retention Plan and revise based on outcomes and new intitiatives/strategies. | |
| 2.2 Complete tasks outlined in Recruitment & Retention Plan on an ongoing basis. | MCDC | Recruitment & Retention of new HIVPC and Committee members | Complete tasks outlined in Recruitment & Retention Plan. | |
| 2.3 Develop recruitment and website materials as needed. | Staff | Strategic recruitment of new members | Develop marketing materials as needed. | |
| 2.4 Revise HIVPC and Committee applications as needed. | MCDC/Staff | Ensure up-to-date language and current information is provided to Interested Parties | Review HIVPC and Committee applications to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications. | |

**Objective 3: Recruitment & Engagement Efforts.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 3.1 Hold Membership Drive annually. | MCDC/Staff | Increased community awareness | Conduct outreach at multiple provider agencies or other HIV stakeholders via tabling, games, and other engagement activities. | |
| 3.2 Collaborate with HIV stakeholders to create engagement opportunities on an ongoing basis. | MCDC/HIVPC | Increased community awareness | Provide brief overviews of the HIVPC at HIV stakeholder events. | |
| 3.3 Develop engagement opportunities for the HIVPC in the community on an ongoing basis. | MCDC | Increased community awareness | Create opportunities for HIVPC to engage and recruit community members. | |
| 3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members as needed. | MCDC | Strategic recruitment of new members | Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees. | |

**Objective 4: Planning Council Development and Committee Collaboration.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 4.1 Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis. | MCDC | Cross-Committee Collaboration | Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration. | |
| 4.2 Recognize Member of the Year annually. | MCDC/HIVPC | Acknowledgement of Member Achievement | Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC. | |
| 4.3 Conduct ongoing member training quarterly or as needed. | MCDC/Executive Committee/Staff | Capacity building | Conduct member trainings based on MCDC Training Plan to further educate HIVPC members. | |
| 4.4 Conduct post-appontment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed. | MCDC & HIVPC Chair/Vice Chair | Educated HIVPC | Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc. | |
| 4.5 Offer mentorship program as necessary on an ongoing basis. | MCDC | Capacity building | Develop a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law. | |
| 4.6 Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies on an ongoing basis. | MCDC/Staff | Cross-Committee Collaboration/ Recruitment & Retention of new HIVPC and Committee members | Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities. | |

# HANDOUT D

**Priority Setting/Resource Allocations Committee Work Plan FY2023-2024**

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving it completion date is noted with an "X".

**GOAL: Develop integrated PSRA process using data with input from s**

**Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.**

| Activities | Responsible Party | Outcomes | Action Steps | I |
|---|---|---|---|---|
| 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis. | Staff/ PSRA | Data driven PSRA process | a. PSRA Service Category Scorecards (utilization, expenditures, etc.)<br>b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.)<br>c. Epidemiology (including incidence, prevalence, co-morbidities, etc.)<br>d. Unmet Need<br>e. EIIHA<br>f. Implementation Plan<br>g. Cost data (other funders)<br>h. QM Care Continuum measures<br>i. NHAS<br>j. Anticipated changes due to the ACA | |
| 1.2 Review How Best to Meet the Need language recommendations from SOC committee annually. | PSRA/ SOC | Data driven PSRA process | Review and update How Best to Meet the Need language recommendations from the SOC committee. | |
| 1.3 Priority rank Part A and MAI service categories annually. | PSRA/ CEC | Complete PSRA process | Use data elements to inform priority ranking process. | |
| 1.4 Allocate Part A and MAI funds by service category annually. | PSRA | Complete PSRA process | Allocate Part A and MAI funds based on priority ranking process. | |
| 1.5 Monitor expenditures and allocations bi-annually. | PSRA/ Recipient | Appropriate funding | Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. | |
| 1.6 Review and approve PSRA Work Plan annually. | PSRA | Process Planning | Create a schedule of PSRA activities | |

**Objective 2: Assess the Administrative Mechanism.**

| Activities | Responsible Party | Outcomes | Action Steps | I |
|---|---|---|---|---|
| 2.1 Assessment of the Administrative Mechanism training annually. | Staff/ PSRA | Ensure compliance | Receive training to review the required components and purpose of the assessment. | |
| 2.2 Assessment of the Administrative Mechanism recommendations annually. | PSRA | Ensure compliance | Make recommendations for activities to include in the assessment of the Administrative Mechanism. | |

# HANDOUT E

**Executive Committee Work Plan FY2023-2024**

The work plan is intended to help guide the work of the committee and to assist the Executive Committee in achieving its objectives in the comi
"X".

**GOAL: Increase community engagement and participation by adding 10 new Committee and HIVPC members by the end of FY2023.**

**Objective 1: Oversee Planning Council Operations.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 1.1 Conduct annual evaluation of HIVPC Self-Assessment Survey annually. | Executive | Improved Process | Review Committee activities, challenges, and completion of work plan achievements. | |
| 1.2 Review the need for reinstating the ad-Hoc By-Laws Committee annually. | Executive/By-Laws | Improved By-Laws | Reinstate the ad-Hoc By-Laws Committee based on pending parking lot items. Identify and appoint ad-Hoc By-Laws Chair. | |
| 1.3 Review and approve work plans for upcoming FY annually. | Executive | Identify goals and objectives for upcoming year | Review Committee activities, challenges, and achievement of goals to plan and prepare for upcoming work plan activities for FY starting March 1. | |
| 1.4 Monitor committee activities to ensure goals and objectives of work plans are met quarterly. | Executive | HIVPC and Committee goals are met | Conduct quarterly review of Committee work plan status to be presented by committee chair. Determine Committee progress and make recommendations to Chairs to address unmet goals. | |
| 1.5 Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly. | MCDC Chair/Vice Chair | HIVPC and Committee goals are met | Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs. | |
| 1.6 Develop a recruitment tool annually. | Executive | HIVPC and Committee goals are met | At each meeting, Executive members will discuss potential new strategies for the HIVPC and develop a recruitment tool to be utilized by the Fort Lauderdale jurisdiction. | |

**Objective 2: Establish and oversee planning activities and committee work plans to address integrated planning goals and objectives**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 2.1 Maintain collaborative relationships with community partners through the Integrated Workgroup to monitor the 2017 Prevention and Care and Treatment Integrated Comprehensive Plan quarterly. | Executive/Integrated Workgroup | EMA Goals are addressed | Receive updates from the IW membership regarding the progress of implementing the Integrated Plan. Hold meetings with the Executive Committee of the SFAN and BCHPPC as needed. | |
| 2.2 Monitor Ending the HIV Epidemic Plan progress quarterly. | Executive/Recipient/Part B Representative/FQHC Representative | EMA Goals are addressed | Receive updates from the responsible parties regarding the progress of implementing the Ending the HIV Epidemic Plan. | |

**Objective 3: Implement capacity/leadership development for Planning Council members and applicants.**

| Activities | Responsible Party | Outcomes | Action Steps | M |
|---|---|---|---|---|
| 3.1 Plan annual Planning Council Retreat annually. | Executive | HIVPC training/leadership | Schedule a retreat for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A issues, HIVPC policies and procedures, leadership development, Integrated Comprehensive Plan. | |
| 3.2 Leadership Training per Training Plan. | Executive | HIVPC Leadership | Conduct training for HIVPC Committee Chairs with topics addressing leadership, teambuilding, etc. | |

# HANDOUT F

## HIVPC Training & Presentation Plan

### March 1, 2023-February 28, 2024

For more information: Contact hivpc@brhpc.org; (954) 561-9681 Ext. 1343/1250

**Objective Statement: To train the HIV Planning Council on topics directly related to and surrounding HIV Care and Treatment in Broward County**

Determine Topics → Outline Training Goal → Contact Appropriate Parties → Schedule & Plan → Provide Training to HIVPC

| FY 2023-2024 Training & Presentation Topics | | |
|---|---|---|
| ☐ | March 16 | **Ryan White Part A Recruitment and Retention Learning Collaborative:** Continuation of a six-week cohort for RWPA Planning Councils<br>• Session Six: Putting it all Together: Close Out Session (March 16)<br>**Trainer: HRSA Consultant, John Snow Inc.** |
| ☐ | March 23 | **PSRA Process:** The PCS Staff will conduct a brief presentation about the Priority Setting and Resource Allocation (PSRA) process for the HIVPC. The PSRA committee ranks services and allocates Ryan White Part A Funds.<br>**Trainer: PCS Staff** |
| ☐ | Projected Month: TBD | **Systems Outside of HIV: Broward County's Homeless System:** A representative from the Homeless Initiatives Partnership will provide a presentation regarding homelessness in Broward County and the resources available for people experiencing housing instability. This presentation will complement the information provided by Housing Opportunities for People Living with HIV/AIDS (HOPWA).<br>**Trainer: To be Determined (Housing Representative)** |
| ☐ | Projected Month: TBD | **Meaningful involvement of people with HIV/AIDS (MIPA)/ National Minority AIDS Council ELEVATE Program:** Coordinate training with MIPA to ensure that the communities most affected by HIV are involved in decision-making, at every level of the response. |
| ☐ | Projected Month: TBD | **National Minority AIDS Council ESCALATE:** Continue training to develop strategies addressing HIV stigma in Broward County's HIV Care Continuum. |
| ☐ | February 2024 | **Robert's Rules and How to Run a Meeting:** A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct efficient meetings.<br>**Trainer: To be Determined (Housing Representative)** |

***Note: Training Topics are subject to change based on current issues.***

# HANDOUT G

Fort Lauderdale/Broward County EMA

## Service Delivery Model Request for Approval Form

| | |
|---|---|
| **Date** | 1/23/23 |
| **Service Delivery Model** | Food Services |
| **Status** | Revision to Food Services Model |

### Background/summary of service delivery model:

Food Services are provided to clients requiring supplemental nutrition. Food Services must be provided in consultation with a nutritionist or other health professional and must include a nutritional assessment and plan. The plan identifies dietary factors that impact client health and is individualized and tailored to each client's needs. Food Services provide a nutritious and well-balanced food supplement to a client's nutritional intake and offer the client choice in selecting menu options that support health needs (e.g. nutritional deficiencies, metabolic conditions).

The provision of food services may be in the form of food bank or food vouchers. **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients. **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.

**Provision of Food Bank Services**

Providers of Food Bank services must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution. Menu and food choice development must occur under the direction of a qualified professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.

**Nutritional Assessment**

Clients receiving Food Services must complete a nutritional assessment within 90 calendar days of initial encounter with the provider, and annually thereafter. The nutritional assessment must be completed by an identified qualified professional, be signed by the provider and client, and documents in the HIV MIS.

### How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the Food Bank nutritional assessment will give the providers more time to assess the food security needs of the Ryan White clients who utilize food bank services.
- To reduce food insecurity barriers Ryan White clients may experience, the Food Bank nutritional assessment has been changed to be completed by an identified qualified professional. This change will allow more providers to utilize their existing staff to conduct more assessments, which will yield more clients utilizing food services.
- Lastly, this change to the Food Services SDM will allow more providers to address the dietary factors that impact the health of the Ryan White clients who utilize Food Services. Each client's menu and food choice development will be individualized and tailored to meet dietary needs.

### THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

| Service Delivery Model Request for Approval Decision | Reason(s) for denial: |
|---|---|
| X Approved<br>☐ Denied<br><br>Chair/ V. Chair Signature:<br>X  <br><br>Date: _____ | |

HIV Planning Council:

| Service Delivery Model Request for Approval Decision | Reason(s) for denial: |
|---|---|
| ☐ Approved<br>☐ Denied | |

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# BROWARD COUNTY
# RYAN WHITE PART A PROGRAM
## Food Services
## Service Delivery Model

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

# Table of Contents

## I. Service Definitions

**HRSA Definition**[1]

Food bank/home delivered meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

**Local Definition**

Food Services are provided to clients requiring supplemental nutrition. Food Services must be provided in consultation with a nutritionist or other qualified health professional (an identified licensed professional) and must include a nutritional assessment and plan. The plan identifies dietary factors that impact client health and is individualized and tailored to each client's needs. Food Services provide a nutritious and well-balanced food supplement to a client's nutritional intake and offer the client choice in selecting menu options that support health needs (e.g. nutritional deficiencies, metabolic conditions).

The provision of food services may be in the form of food bank or food vouchers. **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients. **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.



## II. Key Service Components and Activities

In addition to the Food Services Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of Food Services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category, including state and local health codes. Additionally, providers must provide services in accordance with the USDA Dietary Guidelines and standards of Dietitians in AIDS Care and the American Dietetic Association.

**Provision of Food Bank Services**

Providers of Food Bank services must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution. Menu and food choice development must occur under the direction of a licensed health professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

client, and are culturally/ethnically appropriate, when possible. Providers must ensure that the client's food selections are in the food pick-up/delivery package. Clients must confirm receipt of all food distributions as evidenced by the client signature and date of pick up.

**Provision of Food Voucher Services**

Providers of Food Voucher services must develop and implement policies and procedures for receiving, distributing, and tracking the food voucher inventory. Policies and procedures must ensure that no prohibited items are purchased, purchases support the client's nutritional needs, and no cash is exchanged between the vendor and the client. Food vouchers must clearly state that the use of food vouchers to purchase alcohol, tobacco, lottery, and non-food products is prohibited. Providers must document client acceptance and understanding of the Food Voucher Policy, as evidenced by client signature, in the designated HIV Management Information System (MIS).

Food vouchers must be tracked using a voucher identification number. Clients must return receipts showing purchases made with the numbered food voucher distributed to them. Providers must confirm the purchases made meet food voucher guidelines before another voucher is issued. The provider must implement a corrective action for clients who purchase ineligible items. Corrective actions may include warnings and suspension from the Food Voucher Program. Providers must document food vouchers distributed to each client by identification number and returned receipts in the designated HIV MIS.



## III. Broward Outcomes and Indicators

**Table 1. Outcomes, Indicators, and Measure**

| Outcomes | Indicators | Measure |
|---|---|---|
| 1. Increased access, retention, and adherence to primary medical care. | 1.1. 85% of clients are retained in primary medical care. | 1.1.1. Client appointment record in designated HIV MIS. |
| 2. Increased viral suppression. | 2.1. 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL. | 2.1.1. Client viral load test result in designated HIV MIS.<br>2.1.2. Client prescription of ART documented in designated HIV MIS. |

## IV. Assessment

**Nutritional Assessment**

Clients receiving Food Services must complete a nutritional assessment within 90 calendar days of initial encounter with the provider, and annually thereafter. The nutritional assessment must be completed by a licensed health professional, be signed by the provider and client, and documents in the HIV MIS. The nutritional assessment must include, at minimum:

- Type of food or meal services being requested, i.e., grocery/pantry bags or food vouchers
- Medical issues that require a therapeutic or modified diet due to diabetes, renal (kidney) disease, high blood pressure, food allergies or intolerances, metabolic complications, and other medical conditions that impacts nutritional need
- Current weight and history of significant weight loss or gain in the past six months

- List of current medications (HIV-related and other, including vitamins and minerals, and herbal and complementary/alternative therapies)
- Daily physical activity level
- Interest in or need for nutritional education
- Access to adequate and safe food storage and meal preparation

## V. Standards for Service Delivery

**Table 2. Food Services Standards for Service Delivery**

| Standard | Measure |
|---|---|
| 1. Clients complete a nutritional assessment, by or under the supervision of a licensed health professional within 90 calendar days of initial encounter. | 1.1. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS. |
| 2. Foods selected by clients align with the needs identified in the nutritional assessment and are culturally/ethnically appropriate, when possible. | 2.1. Receipt of food distribution with client signature and date in the designated HIV MIS.<br>2.2. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS. |
| 3. Clients confirm receipt of all food distributions as evidenced by the client signature and date of pick up. | 3.1. Receipt of food distribution with client signature and date in the designated HIV MIS. |
| 4. Clients receive nutritional education by or under the supervision of a licensed health professional when needed. | 4.1. Documentation of need for nutritional education and education provided in the designated HIV MIS.<br>4.2. Referral documented in the designated HIV MIS if the need for Medical Nutrition Therapy is identified. |
| 5. Clients demonstrate acceptance and understanding of the Food Voucher Policy prior to receiving Food Voucher services. | 5.1. Food Voucher Policy signed and dated by the client in the designated HIV MIS. |
| 6. Clients utilize food vouchers to purchase foods that support the client's nutritional needs. | 6.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS. |
| 7. Providers confirm purchases made with food vouchers meet set guidelines before another voucher is issued. | 7.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS. |

# HANDOUT H

Fort Lauderdale/Broward County EMA

## Service Delivery Model Request for Approval Form

| | |
|---|---|
| **Date** | 1/23/23 |
| **Service Delivery Model** | Mental Health |
| **Status** | Revision to the Mental Health Model |

### Background/summary of service delivery model:

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

**Trauma-Informed Approach to Service Delivery**

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders

**Assessment and Treatment Plan**

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.

### How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the biopsychosocial assessment will aid Mental Health providers to build rapport and cultivate trust with clients who utilize mental health services.
- Mental health providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Mental Health providers will have more flexibility to deliver trauma-informed care with clients who may need additional sessions to complete the assessment.

### THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

| Service Delivery Model Request for Approval Decision | Reason(s) for denial: |
|---|---|
| ☒ Approved<br>☐ Denied<br><br>Chair/ V. Chair Signature:<br>X _____<br><br>Date: _____ | |

HIV Planning Council:

| Service Delivery Model Request for Approval Decision | Reason(s) for denial: |
|---|---|
| ☐ Approved<br>☐ Denied | |

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PENDING HIVPC APPROVAL

PENDING HIVPC APPROVAL

# BROWARD COUNTY
# RYAN WHITE PART A PROGRAM
## Mental Health
## Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

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## I. Service Definitions

**HRSA Definition**[1]

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

**Local Definition**

MHS are psychotherapeutic services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State of Florida to render such services. These services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment.



## II. Key Service Components and Activities

In addition to the Mental Health Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers are subject to Florida's Statute Title XXIX, Chapter 394[2]. Per Florida Law, professional staff providing treatment, counseling, or support group facilitation must be a licensed professional or supervised by a licensed professional. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of MHS are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

**Trauma-Informed Approach to Service Delivery**

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders.

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[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02.* Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

[2] FLA. STAT. § 394.

## III. Broward Outcomes and Indicators

**Table 1. Outcomes, Indicators, and Measure**

| Outcomes | Indicators | Measure |
|---|---|---|
| 1. Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis. | 1.1. 85% of clients achieve treatment plan goals by designated target date. | 1.1.1. Treatment plan documented in the designated HIV Management Information System (MIS). |
| 2. Increased access, retention, and adherence to primary medical care. | 2.1. 85% of clients are retained in primary medical care. | 2.1.1. Client appointment record in designated HIV MIS. |

## IV. Assessment and Treatment Plan

**Assessment**[3]

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional. The biopsychosocial assessment, at minimum, must include the following:

- Presenting problems
- Primary care post-traumatic stress disorder (PC-PTSD) screening[4]
- Biological factors
- Psychological factors
- Social factors
- Summary of findings
- Diagnostic impression
- Treatment recommendations

When clinically indicated, additional assessments may be completed as indicated within the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.



**Treatment Plan**[3]

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client.

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[3] Agency for Health Care Administration. *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.* 2014. https://www.flrules.org/gateway/readRefFile.asp?refId=7455&filename=ACHA%20behavioral%20health%20handbook.pdf

[4] Health Resources and Services Administration. *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).* https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5.

Treatment plans must contain, at minimum, the following components:

- The client's diagnosis code(s) consistent with assessments
- A list of the services to be provided to client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic behavioral on-site services two days per week for six months). It is not permissible to use the terms "as needed," "p.r.n.," or to state that the client will receive a service "x to y times per week"
- Goals that are individualized, strength-based, and appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client
- Measurable objectives with target completion dates identified for each goal
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed provider
- A signed and dated statement by the licensed professional stating services are medically necessary and appropriate to the client's diagnosis and needs
- Discharge criteria (individualized, measurable criteria that identify the client's readiness to transition to a new level of care or out of care)

**Treatment Plan Review[3]**

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. The treatment plan review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review. Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed professional and the client.

The formal treatment plan review must contain, at minimum, the following components:

- Current diagnosis code(s) and justification for any changes in diagnosis
- Client progress toward meeting individualized goals and objectives
- Client progress toward meeting individualized discharge criteria
- Updates to aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed professional who participated in the review of the plan
- A signed and dated statement by the licensed professional stating services are medically necessary and appropriate to the client's diagnosis and needs

## V. Standards for Service Delivery

**Table 2. Mental Health Standards for Service Delivery**

| Standard | Measure |
|---|---|
| 1. Client is asked to give express and informed consent for treatment. | 1.1. Signed informed consent form in the client file. |
| 2. Provider conducts a biopsychosocial assessment with each client prior to the development of a treatment plan within 30 calendar days of the first encounter. | 2.1. Completed biopsychosocial assessment signed by licensed professional in the designated HIV MIS. |
| 3. Provider works with each client to develop a detailed treatment plan. | 3.1. Treatment plan signed and dated by licensed professional and client in the designated HIV MIS. |
| 4. Provider conducts a formal treatment plan review at least every six months. | 4.1. Updated treatment plan with signature and date of licensed professional and client in the designated HIV MIS. |
| 5. Assistance provided to client and progress made toward achieving treatment plan goals is documented in the client file within three business days of meeting with the client. | 5.1. Documentation of client communication, services provided, and progress made towards treatment plan goals in the designated HIV MIS. |
| 6. All client communication is documented in client file and include: date, length of time spent with client, person(s) included in the encounter, summary of what was communicated, and provider signature. | 6.1. Detailed documentation with provider signature of all client communication in the client file. |
| 7. Progress notes in the client file are linked to a treatment plan goal. | 7.1. Progress notes in the designated HIV MIS. |

# HANDOUT I

Fort Lauderdale/Broward County EMA

## Service Delivery Model Request for Approval Form

| | |
|---|---|
| **Date** | 1/23/23 |
| **Service Delivery Model** | Substance Abuse |
| **Status** | Revision to Substance Abuse Model |

### Background/summary of service delivery model:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

**Outpatient Care**

Outpatient substance abuse care treats ameliorate negative symptoms from SUDs and restores effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in early stages of change (as a "step down" from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided less than nine hours weekly.

**Intensive Outpatient Services**

Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity. At a minimum, intensive outpatient services provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in-person. Intensive outpatient services are provided from 9 – 19 hours weekly.

**Day Treatment**

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. Day treatment, at a minimum, meets the same treatment goals as described in *Intensive Outpatient Services*, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in-person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.

### How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the biopsychosocial assessment will aid Ryan White providers to build rapport and cultivate trust with clients who utilize substance use services.
- Ryan White providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Ryan White providers will have more flexibility to develop a tailored treatment plan with clients who may need additional sessions to complete the assessment.

### THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

| Service Delivery Model Request for Approval Decision | Reason(s) for denial: |
|---|---|
| ☒ Approved<br>☐ Denied | |

| | |
|---|---|
| Chair/ V. Chair Signature:<br>X<br>Date: | |
| **HIV Planning Council:** | |
| Service Delivery Model Request for Approval Decision<br>☐ Approved<br>☐ Denied<br>Chair/ V. Chair Signature:<br>X<br>Date: | Reason(s) for denial: |

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



# BROWARD COUNTY
# RYAN WHITE PART A PROGRAM
## Substance Abuse – Outpatient
## Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

# Table of Contents

## I. Service Definitions

**HRSA Definition**[1]

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

**Local Definition**

Substance Abuse – Outpatient services are medical or other treatment and/or counseling services provided to clients to address substance use disorders (SUDs) (i.e. recurrent use of alcohol, opiates, stimulants, or other controlled or uncontrolled substances causing clinically significant distress or impairment in physical, social or occupational functioning). These services will be provided by appropriately credentialed and/or licensed treatment professionals. Substance Abuse – Outpatient services include psychological assessment and evaluation, drug testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, outpatient day treatment, intensive day/night treatment, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate to improve adherence to treatment and improve client health outcomes.



## II. Key Service Components & Activities

In addition to the Substance Abuse – Outpatient Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers are subject to Florida's Statute Title XXIX, Chapter 394[2]. Per Florida Law, professional staff providing treatment, counseling, or support group facilitation must be a licensed professional or supervised by a licensed professional. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of Substance Abuse – Outpatient services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

**Outpatient Care**

Outpatient substance abuse care treats ameliorate negative symptoms from SUDs and restores

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[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02.* Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

[2] FLA. STAT. § 394.

effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in early stages of change (as a "step down" from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided less than nine hours weekly.

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Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity. At a minimum, intensive outpatient services provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in-person. Intensive outpatient services are provided from 9 – 19 hours weekly.

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Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. Day treatment, at a minimum, meets the same treatment goals as described in *Intensive Outpatient Services*, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in-person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.



## III. Broward Outcomes & Indicators

**Table 1. Outcomes, Indicators, and Measure**

| Outcomes | Indicators | Measure |
|---|---|---|
| 1. Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. | 1.1. 85% of clients achieve treatment plan goals by designated target date. | 1.1.1. Treatment plan documented in designated HIV Management Information System (MIS). |
| 2. Increased access, retention, and adherence to primary medical care. | 2.1. 85% of clients are retained in primary medical care. | 2.1.1. Client appointment record in designated HIV MIS. |

## IV. Assessment and Treatment Plan

**Assessment**
During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional. The biopsychosocial assessment, at minimum, must include the following:

- Presenting problems

- Primary care post-traumatic stress disorder (PC-PTSD) screening[3]
- Biological factors
- Psychological factors
- Social factors
- Summary of findings
- Diagnostic impression
- Treatment recommendations

When clinically indicated, additional assessments may be completed as indicated within the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

**Treatment Plan**

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client. Treatment plans must contain, at minimum, the following components:

- The client's diagnosis code(s) consistent with assessments
- A list of the services to be provided to client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic behavioral on-site services two days per week for six months). It is not permissible to use the terms "as needed," "p.r.n.," or to state that the client will receive a service "x to y times per week"
- Goals that are individualized, strength-based, and appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client
- Measurable objectives with target completion dates identified for each goal
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed provider
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client's diagnosis and needs
- Discharge criteria (individualized, measurable criteria that identifies the client's readiness to transition to a new level of care or out of care)



**Treatment Plan Review**

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. The treatment plan review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the

[3] Health Resources and Services Administration. *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).* https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5.

treatment plan review. Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed practitioner and the client.

The formal treatment plan review must contain, at minimum, the following components:

- Current diagnosis code(s) and justification for any changes in diagnosis
- Client progress toward meeting individualized goals and objectives
- Client progress toward meeting individualized discharge criteria
- Updates to aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed practitioner who participated in the review of the plan
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client's diagnosis and needs

## V. Standards for Service Delivery

**Table 2. Substance Abuse – Outpatient Service Delivery Standards**

| Standard | Measure |
|---|---|
| 1. Client is asked to give express and informed consent for treatment. | 1.1. Signed informed consent form in the client file. |
| 2. Provider conducts a biopsychosocial assessment with each client prior to the development of a treatment plan within 30 calendar days of the first encounter. | 2.1. Completed biopsychosocial assessment signed by licensed practitioner in the designated HIV MIS. |
| 3. Provider works with each client to develop a detailed treatment plan. | 3.1. Treatment plan signed and dated by licensed practitioner and client in the designated HIV MIS. |
| 4. Provider conducts a formal treatment plan review at least every six months. | 4.1. Updated treatment plan with signature and date of licensed practitioner and client in the designated HIV MIS. |
| 5. Assistance provided to client and progress made toward achieving treatment plan goals is documented in the client file within three business days of meeting with the client. | 5.1. Documentation of client communication, services provided, and progress made towards treatment plan goals in the designated HIV MIS. |
| 6. All client communication is documented in client file and include: a date, length of time spent with client, person(s) included in the encounter, summary of what was communicated, and provider signature. | 6.1. Detailed documentation with provider signature of all client communication in the designated HIV MIS. |
| 7. Progress notes in the client file are linked to a treatment plan goal. | 7.1. Progress notes in the designated HIV MIS. |

# HANDOUT J

| | Service Category | Contract/ Allotted Amount | Expended Amount As of DEC Invoice | Expended % | Unexpended Amount | Average Monthly Expenditures | FY 2022-23 Projected Expenditures | Provider Unspent Billables | Potential Unexpended Dollars | Providers' Request | Providers' Return | Recommended Sweep To | Recommended Sweep From | Grantee Recommended Sweep | Funding Allocation Recommendation | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Core Medical Services | Ambulatory- Integrated Primary Care and Behavioral Health Services (6) | 5,194,529 | 4,712,384 | 91% | 482,145 | 471,238 | 5,654,861 | 211,209 | (460,332) | 1,143,763 | (134,791) | 200,000 | (150,407) | 49,593 | 5,244,122 | Some providers in category highly underfunded. |
| | AIDS Pharmaceutical Assistance (2) | 334,044 | 331,891 | 99% | 2,153 | 33,189 | 398,269 | 342,098 | (64,225) | 549,684 | - | 150,000 | - | 150,000 | 484,044 | Some providers in category highly underfunded. |
| | Oral Health Care Routine (4) | 1,590,475 | 1,428,702 | 90% | 161,773 | 142,870 | 1,714,442 | - | (123,967) | - | - | 184,000 | (52,000) | 132,000 | 1,722,475 | Some providers in category underfunded. |
| | Specialty (1) | 736,489 | 463,835 | 63% | 272,654 | 46,383 | 556,602 | - | 179,887 | - | - | - | (184,000) | (184,000) | 552,489 | Provider underutilized, but shifting funding to underfunded Routine category |
| | Medical Case Management Case Management (7) | 1,522,859 | 1,273,498 | 84% | 249,361 | 127,350 | 1,528,197 | 84,673 | (5,338) | 207,282 | - | 132,907 | (83,000) | 49,907 | 1,572,766 | Some providers in category highly underfunded. |
| | Disease Case Management (5) | 685,617 | 640,612 | 93% | 45,005 | 64,061 | 768,735 | 17,298 | (83,118) | 95,622 | - | 78,000 | - | 78,000 | 763,617 | Some providers in category highly underfunded. |
| | Mental Health- Trauma-Informed (2) | 179,939 | 155,308 | 86% | 24,631 | 15,531 | 186,370 | - | (6,431) | 4,170 | - | 4,000 | - | 4,000 | 183,939 | Provider underfunded. |
| | Health Insurance Premium & Cost Sharing Assistance | 779,279 | 497,941 | 64% | 281,338 | 49,794 | 597,529 | - | 181,750 | - | - | - | (187,000) | (187,000) | 592,279 | Provider underutilized. Will revisit due to PE |
| | Substance Abuse-Outpatient (1) | 222,498 | 188,957 | 85% | 33,541 | 18,896 | 226,749 | - | (4,251) | 5,000 | - | 3,500 | - | 3,500 | 225,998 | Provider underfunded. |
| Support Services | Case Management Centralized Intake and Eligibility | 322,488 | 213,132 | 66% | 109,356 | 21,313 | 255,758 | - | 66,730 | - | - | - | (96,000) | (96,000) | 226,488 | Provider underutilized. |
| | Food Services Food Bank (1) | 1,000,000 | 981,678 | 98% | 18,322 | 98,168 | 1,178,014 | - | (178,014) | 175,000 | - | - | - | - | 1,000,000 | Providers underfunded, but being assisted by |
| | Food Voucher (1) | 142,586 | 142,566 | 100% | 21 | 14,257 | 171,079 | - | (28,493) | 15,430 | - | - | - | - | 142,586 | Providers underfunded, but being assisted |
| | Legal Assistance (1) | 129,151 | 114,619 | 89% | 14,532 | 11,462 | 137,543 | - | (8,392) | - | - | - | - | - | 129,151 | Provider on track to exhaust funds. |
| | Emergency Financial Assistance (1) | 115,872 | 115,872 | 100% | - | 11,587 | - | - | - | - | - | | | - | 115,872 | Fully utilized. |
| | **Total Part A Funds** | **12,955,826** | **11,260,996** | **87%** | **1,694,830** | **1,126,100** | **13,513,195** | **655,279** | **(534,194)** | **2,195,951** | **(134,791)** | **752,407** | **(752,407)** | **-** | **12,955,826** | |
| | *** Some of the providers have not billed for month of** | | | | | | | | | | | | | | | |

| | Service Category | Contract/ Allotted Amount | Expended Amount As of DEC Invoice | Expended % | Unexpended Amount | Average Monthly Expenditures | FY 2022-23 Projected Expenditures | Provider Unspent Billables | Potential Unexpended Dollars | Providers' Request | Providers' Return | Recommended Sweep To | Recommended Sweep From | Grantee Recommended Sweep Amount | Funding Allocation Recommendation | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Core Medical Services | MAI Ambulatory (1) | 116,092 | 8,881 | 8% | 107,211 | 888 | 10,657 | - | 105,435 | - | - | - | - | - | 116,092 | Provider underutilized, but no "sweep to" option. |
| | MAI Medical Case Management (2) | 132,103 | 126,149 | 95% | 5,954 | 12,615 | 151,378 | 7,994 | (19,275) | - | - | 41,000 | - | 41,000 | 173,103 | Providers underfunded and additional funding |
| | MAI Mental Health (1) | 28,305 | 22,628 | 80% | 5,677 | 2,263 | 27,153 | - | 1,152 | 1,500 | - | 1,500 | - | 1,500 | 29,805 | Provider underfunded. |
| | MAI Substance Abuse-Outpatient (1) | 538,157 | 538,072 | 100% | 85 | 53,807 | 645,687 | - | (107,530) | 88,000 | - | 90,500 | - | 90,500 | 628,657 | Provider underfunded and additional funding |
| Support Services | MAI Centralized Intake and Eligibility Determination (1) | 640,956 | 367,646 | 57% | 273,310 | 36,765 | 441,176 | - | 199,780 | - | (188,789) | - | (180,000) | (180,000) | 460,956 | Provider underutilized. |
| | **Total MAI Funds** | **1,455,613** | **1,063,375** | **73%** | **392,238** | **106,338** | **1,276,051** | **7,994** | **179,562** | **89,500** | **(188,789)** | **133,000** | **(180,000)** | **(47,000)** | **1,408,613** | |
| | *** Some of the providers have not billed for month of** | | | | | | | | | | | | | | | |
| | *** Added additional $492,884 in MAI service category from FY21-22** | | | | | | | | | | | | | | | |
| | **Total Part A and MAI Funding** | **14,411,439** | **12,324,371** | **86%** | **2,087,068** | **1,232,437** | **14,789,245** | **663,273** | **(354,632)** | **2,285,451** | **(323,580)** | **885,407** | **(932,407)** | **(47,000)** | **14,364,439** | |

# HANDOUT K

## DRAFT: Memorandum of Understanding between Broward County, Human Services Department, Community Partnerships Division and the Broward County HIV Health Services Planning Council

I. Purpose Statement

A. The Broward County Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (Planning Council), hereinafter referred to as the PLANNING COUNCIL, have individual and shared responsibilities under Part A of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:

1) Create a shared understanding of the relationship between the Recipient and the Planning Council.
2) Delineate the roles and responsibilities of each entity.
3) Encourage a mutually beneficial relationship between these important partners.
4) Describe each party's legislated responsibilities and roles, the locally defined roles, and expectations for how they will carry out these roles and responsibilities. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons with HIV (PWH) in the Fort Lauderdale EMA.

II. <u>Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient</u>

A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:

1) Planning Council Operations: Establishing and following Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict-of-interest standards.
2) Priority Setting and Resource Allocation: Setting priorities among service categories, allocating funds to those categories, and providing directives to the Recipient on How Best to Meet the Need (HBTMTN) and making recommendations on the eligibility requirements for service categories. Other duties include acting upon the Recipient's recommendations for reallocating funds as required during the program year.
3) Assessment of the Administrative Mechanism: Assessing the efficiency of the administrative mechanism entails evaluating how rapidly funds are allocated. This assessment aims to ensure that funds are being contracted quickly in an open process and that providers are paid in a timely manner. The assessment is to be done annually. Before the procurement process begins, the Planning Council and the Recipient may establish a written memorandum of understanding outlining a process and timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the procurement process results. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should only provide anonymous information without individual providers' identification. If the Planning Council finds that

the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Monitoring individual service providers is a Recipient's responsibility.

4) Conditions of Award and Grant Application Documents: The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
   a) A letter from the Planning Council Chair assuring that the Planning Council has met its legislative responsibilities, including Planning, PSRA, Training, and Assessment of Administrative Mechanism. This letter will include the year of the most recent comprehensive needs assessment and the date of annual membership training.
   b) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter. This table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services category. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. Planning Council Support staff (PCS) is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation. PCS is accountable to the Planning Council for the following activities:

1) PCS provides logistical support, research, and coordination for all Planning Council and authorized committee meetings.
2) PCS prepares formal correspondence on behalf of the Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
3) PCS works with the Planning Council to ensure that data for the members to make data-driven health planning decisions are available.
4) PCS assists the Planning Council in implementing the annual Administrative Mechanism Assessment.
5) PCS works in with the Planning Council to update membership reflectiveness, representation, and attendance records.
6) PCS ensures member orientation and training, including developing and implementing a training plan.
7) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities.
8) PCS will analyze the impact of policy changes made by the Planning Council and its committees and report any findings to the Planning Council and Recipient as identified in the Annual Work Plan of PCS Activities.
9) PCS will research best practices to ensure that the Planning Council's by-laws, governance policies, and procedures are amended.
10) PCS will conduct the administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of Recipient and Planning Council.
11) PCS will develop and maintain the Planning Council's website and social media accounts.
12) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:

1) Procurement: Managing the process for awarding contracts to specific service providers
2) Contracting: Distributing funds according to the priorities, allocations, and directives of the Planning Council.
3) Contract monitoring: Monitoring contracts to be sure that providers meet their contracted responsibilities in compliance with established standards of care. Recommending re-allocations during the grant year based on service category performance.
4) Grant Application: Preparing and submitting the EMA's Ryan White Program Part A grant application.
5) Expenditure Reporting: Reporting Ryan White Part A and MAI expenditures monthly to the Planning Council.
6) Assessment of the Administrative Mechanism Response: Providing information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
7) Requests for Technical Assistance: Submitting requests for technical assistance to HRSA when the Planning Council desires Technical Assistance. Provide technical Assistance to service providers on an as-needed basis to build capacity and improve contract compliance and service delivery.
8) Relay of Communications from HRSA: Providing the Planning Council with HRSA Ryan White Program policy and guidance communications.
9) Consumer Grievances: Establishing and carrying out a mechanism to assist consumers with grievances about their services.

D. The Recipient and the Planning Council share the following legislative responsibilities, with one entity having the lead role for each as stated below:
   1) Needs Assessment: Determining the size and demographics of the population of PWH in the EMA and their service needs. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category
   2) Comprehensive Planning: Developing an Integrated HIV Prevention and Care plan to deliver core and support service within the EMA. The Planning Council takes the lead in developing the plan, with the Recipient providing information, input, and other assistance. The Recipient can review and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB)
   3) Evaluation: The Recipient is responsible for monitoring the Ryan White Part A and MAI programs' success in meeting performance measures provided by HRSA, determining the impact services have on overall client health outcomes, and evaluating the cost effectiveness of services. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient, which may incorporate the findings of special studies.
   4) Standards of Care: Developing and maintaining standards of care indicators in accordance with best practice standards for relevant service categories. Recommendations from a committee of experts will be sought when developing the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. Administrative Responsibilities- In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and management with the Recipient:

   1) Fiscal Management of PCS Funds: The Recipient provides fiscal management of PCS funds. The annual PCS budget is part of the allocation of up to 10% of the total grant that

may be used for administrative costs. The PCS staff monitors Planning Council expenditures based on fiscal reports provided by the PCS provider agency. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines and Broward County financial management regulations.

2) Contract for Planning Council Consultants or Services: The PCS provider agency provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the provider's qualifications and the scope of work required of the consultants and other contractors paid through Planning Council funds. The Planning Council must consult the Recipient in this process to meet Broward County procurement requirements and Ryan White guidelines. The process, including oversight, is managed by PCS.
3) Office Space: Where possible, the Recipient and the PCS will maintain separate, distinct office spaces. The Recipient takes the lead in providing appropriate office space for both entities. PCS office space must meet all Americans with Disabilities Act (ADA) requirements.
4) Operational Support: The Recipient and PCS will provide operational support for the Planning Council, including, but not limited to, office space, computers, software, telephones, copier, printing services, fax machine, and office supplies; meeting space for Planning Council meetings.
5) Hiring of Planning Council Support Staff: PCS is hired by the PCS provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.
6) Annual Application Process: The Recipient is primarily responsible for preparing and submitting the Part A application. PCS provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves the action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

III. Information/Document Sharing and Reports/Deliverables

A. Overview: This MOU encourages the regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for sensitive or confidential information. The responsibilities of the Planning Council are used as the framework for structuring Section III of this MOU. This section clarifies both parties' deliverables as they relate to the roles and responsibilities defined in the previous section. Further, in its role as Grantee, the Recipient recognizes that the Planning Council is responsible for determining priorities and allocations during the priority-setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives, or changes in the current process must be brought to the Planning Council for approval ninety (90) days before implementation.

B. The Planning Council will provide the Recipient with the following information and materials:

1) A dated list of Council members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current RWPA Grant Notice of Award (NoA) guidelines.
2) Notifying the Recipient of the Planning Council's monthly meetings, retreats, orientation, training sessions, and other Planning Council events while simultaneously notifying Planning Council members.
3) The meeting notice, agenda, and meeting packet for each Planning Council meeting, are to be provided at the same time they are provided to Planning Council members.
4) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities. This is the same information submitted to HRSA/HAB as part

of the Part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.

5) Copies of final planning documents prepared for the Planning Council.
6) Information or documents to complete sections of the Part A grant application related to the Planning Council and its functions are to be provided on a mutually agreed upon schedule.

C. The Recipient will provide the PCS Coordinator with the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year.

1) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
2) Utilization report by service category, including client numbers and demographics to be provided monthly.
3) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, the amount spent to date, over- and under-expenditures, unobligated balances by service category, and unspent provider billables. The Recipient will recommend reallocations to the PSRA Committee when it's determined that reallocating funds between categories is necessary.
4) Information and recommendations requested by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those categories and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year. The report will typically include epidemiological data, cost and utilization data, and an estimate of unmet need for primary health care among people with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at mutually agreed upon dates and times.
5) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.
6) Carryover information from the Financial Status Report and the approved carryover plan submitted to HRSA/HAB. The document will be provided to the Planning Council at the next business meeting following submission.
7) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
8) When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. Requests must come from the subcommittee Chairperson.

D. PCS, on behalf of the Planning Council, is responsible for submitting reports and deliverables to the Recipient as follows:

1) Monthly Progress Report: Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.

2) Quarterly Reports: Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include a Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report.

3) Program Evaluation: Prepare the Planning Council Annual Report with a comparative analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. The report should be presented to the Recipient and the Planning Council.
4) Marketing Plan: Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities.
5) Communication Plan: Prepare a plan for timely and effective communication between PCS, Planning Council, and Recipient.
6) EMA Benchmarking Report: Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to assess and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.
7) Recipient's Annual Progress Report: Prepare a client-level data report that analyzes clients' health outcomes. This report must, at a minimum, assess the capacity and determine the impact of the Broward County Ryan White system of care.
8) Calendar of Monthly Activities: Provide a calendar of the monthly Planning Council meetings and activities for the upcoming month by the 15th of each month.

IV. Communication

A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:
1) Establishing and maintaining open communication: Recipient staff, PCS, and Planning Council members will share information in a timely fashion and review shared information when it is received.
2) Recipient attendance at Planning Council meetings: At least one Recipient staff member will attend all full Planning Council and Committee meetings. Each standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Requests with a timeline for information from the Planning Council to the Recipient will be recorded in the meeting minutes.
3) Designated Liaisons: The Recipient and Planning Council will have designated liaisons for information requests, questions, or concerns outside of the Planning Council meetings. The Human Services Administrator will be the designated liaison for the Recipient and the Planning Council Chairs, or their designees will be the designated liaisons for the Planning Council. In the absence of the Human Services Administrator, the Recipient will designate a representative to act as the liaison.

B. Confidentiality: Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings. However, to maintain the confidentiality of sensitive information, the Planning Council will not share:
1) The HIV status of Planning Council members who have not publicly disclosed that they are HIV positive.
2) The Recipient will not disclose information about applicants for funding or the performance of individual vendors contracted to provide services. Information will be provided only by service area and activity.
3) Information about the individual salaries of the Recipient and PCS will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.

C. Clarification: The Planning Council and the Recipient will work together to clarify and revise policies and procedures that are confusing or problematic.

V. Special Requests

A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) business days from the date of request to notify the requestor if it can or cannot respond to the request and when they can fulfill the request. During the five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether to respond to a request: the amount of information, the financial costs of gathering the information, how the request relates to the committee workplans, and how the request affects the operations of the Planning Council.

Where a Planning Council Committee does not agree with a decision not to respond to a request such decision may be appealed through the Executive Committee which will then decide whether the issue should be brought before the full Planning Council for a vote.

VI. Settling Disputes of Conflicts

A. If conflicts or disputes arise regarding the roles and responsibilities specified in Section II of this MOU, the signatories will pursue the following procedures to resolve them:

1) Begin with a meeting between the signatories to attempt to resolve the situation within five working days after the issue or dispute arises.
2) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or their representative within five working days after the initial meeting between the signatories to resolve the situation. The CEO's decision will be final unless the conflict arises from legislative responsibility issues.
3) If the meeting with the CEO does not result in a resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within ten working days of the meeting with the CEO.
4) If the meeting with the mediator does not result resolve the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within ten working days of the meeting with the mediator, and the first arbitration meeting will be held within 20 working days after selection. The Planning Council and the Recipient will split the costs of the mediation and arbitration equally.
5) The time for each of the above steps to settle disagreements may be extended by mutual agreement of the parties involved.

VII. Responsible Parties and Contact Information

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time this MOU was adopted and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

1) For the Planning Council
Planning Council Chair
c/o Planning Council Support Provider currently:
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100,
Fort Lauderdale, FL 33020
Tel: 954-561-9681
Fax: 954-564-1885
E-mail: hivpc@brhpc.org

2) For the Ryan White Administrative Agency

_____
Director Community Partnerships Division
Broward County Human Services department
115 S. Andrews Ave,
Fort Lauderdale, FL 33301
Tel: 954-357-_____
Fax: 954-357-5897
E-mail: _____

VIII. MOU Duration and Review

A. Effective Date: This MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
B. Duration: This MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the Recipient of Part A funding for the EMA.
C. Process for reviewing and revising the MOU: This MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
    1) Following each reauthorization or revision of the Ryan White legislation by the U.S. Congress, ensure that the MOU remains wholly appropriate, updated, and reflective of the Act.
    2) At least once every year, at the first meeting of the parties to this MOU.

D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

IX. Signatures

_____ _____
Ryan White Part A Representative Date

_____ _____
Planning Council Chair Date

_____ _____
Planning Council Support Date

**HANDOUT L**

# DRAFT: By-Laws of the Broward County HIV Health Services Planning Council

## REVISION HIGHLIGHTS

| | |
|---|---|
| Article II; Sections 2 & 3 | Added Mission and Vision Statements |
| Article IV; Section 7 | Added a statement regarding "Term Limits" |
| Article IV; Section 12A | Added language that clarifies the process for removal of members and alternates |
| Article IV; Section 12 F, G, & H | Added language clarifying<br>• Affiliated to Unaffiliated status<br>• Seat changes<br>• Members' participation in outreach and training activities |
| Article VII; Section 1 | Added language regarding submission of the conflict of interest form |
| Article VIII; Section 11 | Added language on Joint Planning Body |
| Article X; Sections 5 & 6 | Added language:<br>• On the frequency of reviewing the By-Laws<br>• Virtual Meetings |

# DRAFT: By-Laws of the
# Broward County HIV Health Services Planning Council

**Adopted, January 1992**
**as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015, August 2015, December 2015, April 2017, August 2017, October 2018, _____, 2023**

## ARTICLE I

## NAME AND AREA OF SERVICE

**SECTION 1:** The name of the Planning Council shall be "The Broward County HIV Health Services Planning Council" (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.

**SECTION 2:** The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.

**SECTION 3:** The Council is established by a resolution of the Board of County Commissioners codified in Part X of Chapter (12 of the Broward County Administrative Code as amended by the Board of County Commissioners.

## ARTICLE II

## PURPOSE, MISSION, VISION, AND DUTIES

**SECTION 1:** **Purpose:** The purpose of the Council is to provide planning to promote the development of HIV/AIDS health services, personnel, and facilities that meet identified health needs in a cost-effective manner, reduce inefficiencies, and develop HIV-related health plans.

**SECTION 2:** **Mission:** To 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.

**SECTION 3:** **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.

**SECTION 4:** **Duties:** The duties of the Council shall be those specified by the Ryan White Act.

## ARTICLE III

## DEFINITIONS

1. *Ad-Hoc Committee* means a committee established for a limited time or limited and definite purpose.

2. *Alternate* means a person appointed by the Board that may be called upon to participate as a voting member of the Council upon the occurrence of certain conditions.

3. *Board* means the Broward County Board of County Commissioners.

4. *Cause* means an action determined by the Council as a basis for discipline or removal from the Council or a Committee.

5. *Committee* means a committee established by the Council in furtherance of Council business.

6. *Community Stakeholder* means representatives from Ryan White Part B, C, D, or F, Prevention, or representatives of HIV/AIDS care in the community, including but not limited to consumers, providers, and regulators.

7. *Consumer* means a person who is an eligible recipient of services under the Ryan White Act.

8. *Council* means the Broward HIV Health Service Planning Council created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White Act, Part A.

9. *EMA* means Eligible Metropolitan Area.

10. *Ex officio* means a committee member who does not have a vote on that committee and does not count as quorum.

11. *Manual* means the Council's Local Policies and Procedures Manual.

12. *Member* means a person appointed to the Council by the Board.

13. *Non-Elected Community Leader* means someone active in the community not elected in formal governmental elections.

14. *PWH* means person with HIV Disease or AIDS. (Also PWHA)

15. *Part A* means the Ryan White Act, Part A, administered by the County with advice from the Council.

16. *Ryan White Act* means the Ryan White HIV/AIDS Treatment Extension Act of 2009.

17. *Unaffiliated Consumer* means individuals who are receiving HIV-related services from Ryan White-funded service providers and not compensated by, representative of, or employed by a provider funded under the Ryan White Act.

18. *Work Group* means a group that has a specific task and makes recommendations but does not follow attendance, membership, or quorum requirements.

## ARTICLE IV

## MEMBERSHIP

**SECTION 1: Appointment to the Council**

a) All Members and Alternates of the Council shall be appointed by the Broward County Board of County Commissioners.

b) The Council shall consist of not less than twenty (20) members nor more than thirty-five (35) members.

c) The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the COUNCIL Local Policies and Procedure Manual.

**SECTION 2:** An individual may serve on the Council only if the individual agrees that the individual has a financial interest in an entity if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White Act, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purposes.

**SECTION 3:** The membership of the Council shall be as delineated in the Ryan White Act, as amended.

**SECTION 4: Recruitment Efforts**

Affirmative recruitment efforts shall be made to attract eligible candidates for membership on the Council and the committees with particular attention to gender balance and adequate representation from racial and ethnic minorities that is reflective of the EMA.

**SECTION 5: HIV Representation**

As part of the Council's efforts to increase the percentage of persons with HIV, it is recommended that the Council strive, whenever possible, to nominate persons living with HIV disease to vacancies in all other categories as appropriate.

**SECTION 6: Office Term**

The term of office for members and alternates shall be at the pleasure of the Broward County Board of County Commissioners.

**SECTION 7: Term Limit**

The Planning Council will follow Broward County's ordinance regarding term limits.

**SECTION 8: Attendance: Council and Committee.**

Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend reappointing members who were removed pursuant to Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at their discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in Broward County Code of Ordinance section 1-233 ~~business finance.~~ Excused absences for COUNCIL-related business mean business

outside the regular time and place of COUNCIL business. Failure to adhere to attendance requirements shall be grounds for removal from the Council or committees.

**SECTION 9: Designation of Alternates.**

There shall be a minimum of at least three persons living with HIV that reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed, and approved by the Broward County Board of County Commissioners.

a) An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race, and ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWH members unable to serve due to HIV-related illness.

b) Alternates may be appointed by the chair as voting members only after Quorum has been established. Alternates may be removed from their seats as described in Section 11 below.

**SECTION 10: Membership on a Standing Committee**.

Council members and Alternates shall be a member of at least one standing committee. Failure to participate on a standing committee within thirty (30) days shall be grounds for removal from the Council.

**SECTION 11: Meeting Ground Rules.**

All persons in attendance at a meeting of the Council and Committees shall comply with the meeting ground rules adopted by the Council. Meeting Grounds Rules will be available at all Council meetings.

**SECTION 12: Removal of Members and Alternates**

A. Removal of Council members and alternates shall be in accordance with the Broward County Code of Ordinances section 1-233:

1. **Board meetings on a quarterly or less frequent basis:** Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. **Board meetings more frequently than quarterly:** Members will be removed after three (3) consecutive unexcused absences or missing four (4) properly noticed meetings in one (1) calendar year. If the COUNCIL has one joint meeting same attendance policy applies.

B. **Procedure for removal.** If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph D, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate. A recommendation of removal is based upon a majority vote of the Council members in attendance at a meeting at which Staff has provided written notification to the member or alternate recommended for removal that such item will be on the meeting's agenda. Unaffiliated members and alternates may also be automatically removed for reasons outlined in Paragraph E.

C. **Recommendation for Removal by Council.**

a) The Council shall recommend that a member or alternate be removed from service on the Council for refusing to cooperate in a conflict-of-interest review, or when it is determined that the member or alternate knowingly acted intended to influence the conduct of the Council in a manner as defined in ARTICLE IV,

SECTION 2 of these By-laws.

b) The Council shall terminate from service any committee member who is not also a Council member for refusing to cooperate in a conflict-of-interest review, or when it is determined that the member knowingly acted intended to influence the conduct of the Council in a manner as defined in ARTICLE IV, SECTION 2 of these By-laws.

c) The Council shall recommend that a member or alternate be removed from the Council for, but not limited to, failure to comply with County regulations or the Council Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.

D. **Recommendation for Removal by Individual Council Members.** A Council Member, Council Chair, or Committee Chair may recommend removal for cause of a member or alternate by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council. The final decision to remove a member or alternate must be recommended by the Planning Council. Once recommended, the Planning Council will forward all recommendations for removal to the Board of County Commissioners.

E. **Automatic Removal.** A member or alternate shall be automatically removed from the Council for failure to comply with attendance policies as outlined in ARTICLE IV, SECTION 7 of these By-laws. A member or alternate shall be automatically removed from the Council in accordance with the Broward County Administrative Code Section 12.108 which states that members must report any change in affiliation status and shall be automatically removed from the Council upon becoming affiliated with a provider.

F. **Affiliated to Unaffiliated Status.** Members changing from affiliated status to unaffiliated status can be appointed by majority vote from one seat to the other without resigning from the Council. An official letter stating that the Council has voted to appoint the member in the new position with an updated application must be secured and submitted to the Intergovernmental Affairs/Board Section of the Broward County Board of Commission within ten (10) business days.

G. **Seat Change**. MCDC and the Council shall be notified of changes to representation involving members who are on the Council by virtue of holding a mandated seat due to their employment. Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.

H. **Member participation in outreach and training activities.** Members are expected to participate in a minimum of two (2) Council outreach and training activities per calendar year.

## ARTICLE V

## OFFICERS

**SECTION 1:** The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

**SECTION 2: ELECTIONS**

A. **Election of Officers** shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which the election is held.

B. **Regular Biannual Elections.** Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor is selected. No officers shall serve more than two consecutive terms in one office.

C. **Special Elections.** Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Nominating Procedure (Article VIII, Section 3, Part A). Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

**SECTION 3:** **The Duties of the Officers** are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

**SECTION 4:** **The Official Liaison.** The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated administrative entity. No other Member of the Council or its committees may speak for the Council.

**SECTION 5:** **Council Officers.** Except for the Executive Committee, the current Council officers may not serve as Chair or Vice Chair of any Council committee while holding office.

**SECTION 6:** **Acting Committee Chair.** Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the committee Chair or Vice Chair is unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair is serving as acting committee chairs, they count towards quorum and have a vote. If the Council Chair or Vice-Chair attends as a guest for a committee meeting, the Chair or Vice-Chair can count toward quorum if needed.

## ARTICLE VI

## MEETINGS

**SECTION 1:** **Meeting Protocol**

a) The Council shall meet at least nine (9) times per fiscal year (March 1 – February 28).

b) Special meetings may be called by the Chair or upon petition of one-third of the membership of the Council.

c) Written notice shall be given at least one week prior to each meeting.

d) All HIV Planning Council meetings are open to the public.

e) Attendance at mandatory Training Activities is also part of Council attendance requirements.

**SECTION 2: Quorum**

a) Fifty percent (50%) of the members plus one shall constitute a quorum for

b) the HIV Planning Council, and all standing and ad-Hoc Committees, but with no less than three members voting.

c) Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meetings by telephone or video. Quorum should be established within fifteen minutes of the meeting time.

d) A majority of Members present and voting at any meeting at which a quorum is present shall be sufficient to act on behalf of the Council.

e) The number of Members needed to determine quorum shall be the total number of Members of the Council, not including the Member representing the Broward County Board of County Commissioners.

**SECTION 3: Voting Privileges**

a) Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote.

b) Voting privileges are non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

**SECTION 4: Public Notice of Council Meetings**

a) Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances.

b) Meetings shall be open to the public.

c) Records and data shall be made available to the public under the applicable laws.

d) Minutes of each meeting of the Council or Committee shall be kept.

e) The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

**SECTION 5: COUNCIL AGENDAS**

A. The Executive Committee shall meet five (5) working days before the regularly scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action, the Council's Designated Staff Member) shall prepare an agenda for full Council meetings based upon the following:

a) Each committee chair, the Recipient, or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval.

b) Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the Committee and annotated on the Council Agenda as sponsored by the Committee.

c) Individual Members of the Council may request action items be placed on the agenda by providing them in writing to the Council Designated Staff Member before the Executive Committee meeting.

d) Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council.

e) Requesters of Council actions must provide appropriate backup documentation to explain the requested action.
f) The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation before presenting the matter to the full Council for action.
g) Proposed motions requiring the full Council's vote shall be listed on the agenda and sent to members 48 hours before the full Council meeting.
h) At the Executive Committee's discretion, backup documentation will be labeled and distributed with the Council's agenda.
i) At the discretion of the Council Chair, action items requested at the Council meeting, not on the published agenda, may be added to the agenda's old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

B. **The Council agenda shall include:** Call to Order, Welcome and Self-introductions (includes an explanation of Ground Rules, Sunshine Law, and HIV self-disclosure), Moment of Silence, Excused Absences and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Recipient and Other Reports (including, but not limited to Part A, Par B, Part C, Part D, Part F, HOPWA, Prevention), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items for the efficient and effective administration of the Council's business.

C. The Executive Committee (or Council Chair in the absence of Executive Committee action) will determine the order of decision action items.

**SECTION 6:** All persons in attendance of a meeting of the Council or Committee shall comply with the meeting ground rules adopted by the Council.

**SECTION 7: TIME LIMITS**

The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

**SECTION 8: LINE OF SUCCESSION**

In the event, the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

A. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:

1. Chair of Priority Setting and Resource Allocation
2. Chair of Membership/Council Development
3. Chair of Community Empowerment

4. Chair of Quality Management
5. Chair of System of Care

B. In the event of a vacancy of the Planning Council Chair or Vice Chair position, the duties of the Chair or Vice Chair will be assumed by the immediate past chair. If the immediate past chair is no longer a member of the Planning Council, duties will be assumed in the following order:

1. A past Planning Council Chair
2. Chair of Community Empowerment
3. Chair of Priority Setting and Resource Allocation
4. Chair of Quality Management
5. Chair of System of Care
6. Chair of Membership/Council Development

Pursuant to the revised paragraph C, the order of assumption of duties is prescribed for the following reason: a third party oversees the special election process, during which the current Chair or Vice Chair may participate. Duties will be assumed upon the Chair or Vice Chair vacancy until the vacancy is filled by a special election as outlined in Article V, Section 2C.

## ARTICLE VII

## CONFLICT OF INTEREST

**SECTION 1:** Members and Alternates of the Council and all committees established by the Council shall abide by the Florida Statutes, Broward County Ordinances, and Administrative Code, as may be amended from time to time, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these documents shall be furnished to all Council Members and Alternates. Each member must submit the conflict of interest form at the beginning of the fiscal year and declare their conflict at each Council and PSRA committee meeting. The conflict of interest form should be updated once there are changes in members' status.

**SECTION 2:** The Executive Committee of the Council shall be authorized to formulate Council policy, review all concerns, and make recommendations to the full Council regarding conflict-of-interest issues.

**SECTION 3:** All Council members and alternates must identify conflicts of interest and are encouraged to request a review of a potential conflict of interest for themselves or of another Member or Alternate.

**SECTION 4:** All concerns regarding conflict of interest shall be recorded in the Council's meeting minutes and referred to the Executive Committee for review. The full Council shall take, based on the recommendations of the Executive Committee, whatever actions it deems appropriate and are in compliance with standing Council policies.

**SECTION 5:** In the event of a conflict of interest during the period of review of said conflict of interest, Member(s) or Alternate(s) under review may participate in the discussion of the matter in conflict/question but shall abstain from voting on the matter.

**SECTION 6:** A Member or Alternate shall be recommended for termination from service on the Council and any of its committees for refusing to cooperate in a conflict of interest review, or when it is determined that they knowingly took action(s) intended to

influence the conduct of the Council in a manner prohibited by the By-Laws or federal, state or local laws.

## ARTICLE VIII

## COMMITTEES

**SECTION 1:**

A. The Council shall establish standing and ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.

B. Committee Chairs and Vice Chairs.

1. All Council committees shall be chaired by a Part A member of the Council.
2. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office.
3. The current Committee Chairs and Vice Chairs shall continue to serve until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions.
4. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Planning Council Chair.

C. Appointment of Committee membership.

1. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee.
2. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council and community stakeholders.
3. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV positivity, and gender.

D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 11, where applicable.

E. Committee Policies and Procedures.

1. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual."
2. The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the Council.

**SECTION 2: Standing Committees**

A standing committee of the Council is a committee, which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

A. Executive
B. Community Empowerment
C. Membership/Council Development
D. Priority Setting and Resource Allocation
E. Quality Management
F. System of Care

**SECTION 3: Ad-Hoc Committees**

An ad-Hoc committee of the Council does not require a standing membership and may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee and the ad-Hoc By-Laws / Memorandum of Understanding (MOU) Committee. The Council may establish other ad-Hoc committees as necessary.

A. Ad-Hoc Nominating Committee.

1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.

2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.

B. Ad-Hoc By-Laws/ MOU Committee.

1. Membership. The members of the committee shall only include Council members and alternates.
2. Purpose. The ad-Hoc By-Laws/MOU Committee shall have the responsibility of periodically reviewing, updating, and maintaining the Council's By-Laws.

**SECTION 4:** There shall be an Executive Committee.

A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice-Chair, and the Chair or Vice-Chair of each of the standing committees. The immediate past Council Chair (if the past Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In absence of the Standing Committee Chair, the Standing Committee Vice-Chair may serve and count towards quorum.

B. A Standing Committee Vice-Chair does not need to be a member of the Council.

C. The Executive Committee meets to conduct the business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:

1. Set the agenda for Council meetings
2. Address Conflict of Interest issues
3. Review Membership/Council Development Committee Attendance report to identify Council members, not in compliance with attendance requirements
4. Oversee the planning activities established in the integrated HIV prevention and care plan
5. Develop and oversee committee work plans which address comprehensive planning goals and objectives
6. Ratify recommendations for removal for cause from the Membership/Council Development Committee

D. The Committee shall have responsibility for oversight of the planning activities established in the integrated HIV prevention and care plan and development and oversight of committee work plans to address integrated planning goals and objectives.

**SECTION 5:** There shall be a Community Empowerment Committee.

A. Membership. The members of the committee shall include but are not limited to, representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.

B. Chair. The Committee Chair or Vice-Chair shall be an unaffiliated individual with HIV.

C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority setting, and resource allocation processes.

**SECTION 6:** There shall be a Priority Setting and Resource Allocation Committee.

A. Membership. The Members of the Committee shall include but are not limited to, representatives of the Council and community stakeholders.

B. Purpose.

1. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A.
2. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization.
3. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data).
4. The Committee shall develop, review, and monitor eligibility, and service definitions, including improving the quality, cost-effectiveness, and allocation of resources to pharmacy services.
5. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes, and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).
6. The Committee shall determine eligibility for Part A services and Federal Poverty Level.

**SECTION 7:** There shall be a Membership/Council Development Committee.

A. Membership.

1. The Members of the Committee shall include but are not limited to, representatives of the Council and community stakeholders.
2. At least two-thirds of the committee members must be Planning Council members.

B. Purpose.

1. The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council.
2. The Committee shall institute orientation and training programs for new and incumbent members.
3. The Committee shall continue to educate the Council and committee members

about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

**SECTION 8:** There shall be a Quality Management Committee.

A. Membership. The members of the Committee shall include, but are not limited to, representatives of the Council and community stakeholders.

B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

**SECTION 9:** There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or healthcare system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

**SECTION 10:** There shall be an Integrated Workgroup.

A. **Workgroup Membership.**
The workgroup will be composed of the Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network (SFAN), and the Broward County HIV Prevention Planning Council (BCHPPC) with three members and one alternate representing their respective planning or advisory body, as applicable.

1. Members from the Part A program may include Council members, committee members, or other appropriate community stakeholders, such as Housing Opportunities for People with AIDS (HOPWA) /housing; Federally Qualified Health Centers (FQHC)/Hospital districts; Broward County Public Schools; Funded community-based service providers; Behavioral health provider; Client engagement systems, including linkage and re-linkage to care and retention in care; Community leaders.
2. Part A members will be selected for recommendation by the Executive Committee but must be approved by the Council.
3. The desired membership of the workgroup should be reflective of the demographics of the epidemic in Broward County, and consideration shall be given to race, ethnicity, self-acknowledged HIV- positivity, and gender.

B. **Workgroup Purpose.**

1. The workgroup will be responsible for monitoring and providing

recommendations for the completion of the activities outlined in the Broward County Integrated HIV Prevention and Care Plan (Plan).
2. The workgroup will conduct a comprehensive analysis and review of data from community stakeholders to provide robust recommendations to the Prevention and Care planning bodies and to the Recipients.
3. The workgroup will serve as the feedback loop for the collaborative implementation of the Plan and make appropriate recommendations to the respective planning bodies and HIV funders.

C. **Flow of Information.**
1. The workgroup is expected to interact with numerous Prevention, Part A, and Part B teams, work groups, and committees.
2. The workgroup's main point of contact and coordination will be the Executive Committees of the Council, BCHPPC, and SFAN.

D. **Ratification.** The work of the workgroup is reported to the Council, the BCHPPC, and SFAN in the form of recommendations, and is subject to the approval of the respective planning body.

**Section 11: Joint Planning Body Meeting.** A joint planning body meeting does not require a standing membership and may meet on a periodic but not regular schedule. The joint planning bodies are the Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network, and the Broward County HIV Prevention Planning Council.

## ARTICLE IX

## ADOPTION AND AMENDMENTS OF BY-LAWS

**SECTION 1:** These By-Laws may be adopted, amended, or repealed by a majority vote of the Council.

**SECTION 2:** Notice of all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption.

**SECTION 3: DATE OF EFFECTIVENESS**

Unless otherwise provided, these By-Laws and any amendments shall be effective immediately upon approval by the Council.

## ARTICLE X

## GENERAL PROVISIONS

**SECTION 1:** The fiscal year for the Council shall begin on March first and end on the last day of February.

**SECTION 2:** When Broward County Ordinance or these By-Laws do not cover procedures, the latest version of the Council's Policies and Procedures shall prevail. The Chair of the Council and committees shall follow Robert's Rules of Order.

**SECTION 3:** **Council and Part A Recipient.** Unless otherwise provided for in the Ryan White Act or other law or regulation, the relationship between the Council and the Recipient is described in the Ryan White Part A Manual and the Ryan White Part A Planning Council Primer ~~*document entitled Guiding Principles.*~~ Relations between providers and clients are the responsibility of the Recipient Office.

**SECTION 4:** **Member Reimbursement.** Funds from the Planning Council Support (PCS) budget shall be available to enable unaffiliated: Council members, alternates, and Committee members with HIV, to be reimbursed for their reasonable expenses for attending Council or Committee meetings which shall include, but not be limited to, the following: transportation, parking, mileage, childcare not being regularly provided to the child, and appropriate refreshments. The Council member or alternate shall execute an affidavit attesting to the validity of the reimbursement request.

**SECTION 5:** **Review of By-Laws:** The Executive Committee shall ensure that the By- Laws are reviewed every two-years or as needed based on new County ordinance or legislation.

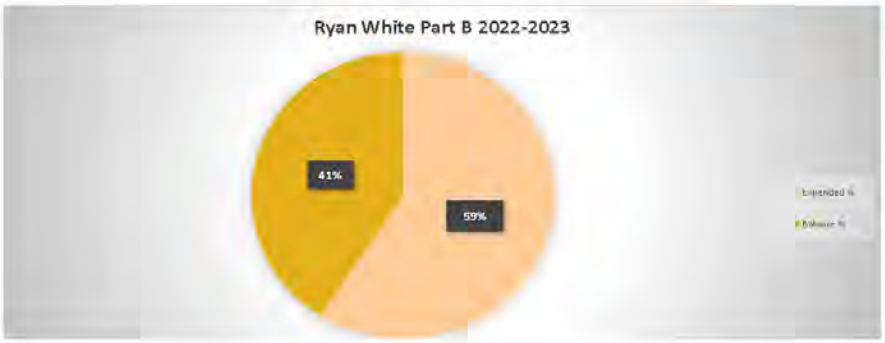
**SECTION 6:** **Virtual meetings:** The Council shall conduct virtual meetings based on County Ordinance or Executive Order.

# HANDOUT M

## Ryan White Part B
**PTC23: April 1, 2022 to March 31, 2023**

**Expenditures for November 2022**

| Service Category | Allocated | Expended November 2022 | Expended Year-to-Date | Expended % | Balance % | Balance |
|---|---|---|---|---|---|---|
| Administrative Services | $ 85,825 | $ 15,560 | $ 67,195 | 78% | 22% | $ 18,629.74 |
| Health Insurance Premium/Cost Sharing | $ 167,750 | $ 10,485 | $ 95,253 | 57% | 43% | $ 72,496.56 |
| Home & Community Based Health | $ 25,000 | $ 846 | $ 5,732 | 23% | 77% | $ 19,267.84 |
| Medical Nutritional Therapy | $ 20,000 | $ 1,576 | $ 10,885 | 54% | 46% | $ 9,114.57 |
| Emergency Financial Assistance | $ 246,512 | $ 108,583 | $ 176,151 | 71% | 29% | $ 70,361.12 |
| Home Delivered Meals | $ 15,000 | $ - | $ 1,848 | 12% | 88% | $ 13,152.00 |
| Medical Transportation | $ 100,476 | $ 4,596 | $ 34,856 | 35% | 65% | $ 65,620.06 |
| Non-Medical Case Management | $ 321,770 | $ 36,615 | $ 171,194 | 53% | 47% | $ 150,575.95 |
| Residential Substance Abuse | $ 136,500 | $ 62,144 | $ 102,359 | 75% | 25% | $ 34,141.20 |
| Clinical Quality Management | $ 43,096 | $ 4,563 | $ 22,840 | 53% | 47% | $ 20,256.04 |
| Planning and Evaluation | $ - | $ - | $ - | 0% | 0% | $ - |
| TOTALS | $ 1,161,929 | $ 244,968 | $ 688,314 | 59% | 41% | $ 473,615 |



# HANDOUT N1

***U.S. Department of Housing and Urban Development***
***Office of Community Planning and Development***
*Region IV, Miami Field Office*
*Brickell Plaza Federal Building*
*909 SE First Avenue, Room 500*
*Miami, FL 33131-3028*

1/5/2023

Rachel Williams, Housing and Community Development Manager
Housing and Community Development Department
City of Fort Lauderdale
914 Sistrunk Blvd. # 103
Ft Lauderdale, FL 33311

Dear Ms. Williams:

SUBJECT: HOPWA Community-wide Exception Rent Standard Approval

The Office of Community Planning and Development in the Miami Field Office is providing approval of the use of the requested HOPWA community-wide exception rent standard. Your request met the requirements set forth at 24 CFR 574.320(a)(2) and further defined through Notice CPD-22-10. Your request is attached to this letter for your reference. In addition to keeping a record of this approval letter and approved request, you must also keep documentation in your grant records that use of the FMR would not allow eligible families a reasonable selection of decent, safe, and sanitary units in a range of neighborhoods in your HOPWA program's service area. You must also document the approved community-wide exception rent standard in program policies and procedures and have available for HUD review the method used to establish the rent standard. Additionally, you must identify the approved community-wide exception rent standard in project sponsor agreements and monitor project sponsors to ensure compliance with the rent standard for assisted units throughout the service area.

The rent standard should be reassessed annually and adjusted if necessary to correspond with HUD's annual updates to FMRs. If a change in the FMR requires a change in the rent standard, the rent standard should be changed within 90 days following the release of the new FMRs. You should have written policies and procedures that detail the process and timing for implementing rent standard adjustments, including for families in HOPWA-assisted units under existing leases at the time of the adjustment.

Additionally, you must have established policies and procedures regarding how rent reasonableness will be determined and documented as consistent with 24 CFR 574.320 (a)(3).24 CFR 574.320(a) provides that the total amount of grant funds that may be used to subsidize a unit is the difference between the rent standard or reasonable rent for a unit, whichever is lower, and the family's calculated resident rent contribution. HOPWA grantees must ensure that each unit assisted with rental assistance is rent reasonable.

HOPWA regulations at 24 CFR 574.320(a)(2) also allow, on a unit-by-unit basis, a grantee to increase the amount of the established rent standard by 10% for up to 20% of the units assisted by the grantee. Such increases may be implemented regardless of the method utilized for establishing the rent standard. Grantees may grant authority to their project sponsors to authorize such increases; however, it is the grantee's responsibility to monitor project sponsors for compliance to ensure that no more than 20% of assisted units are benefitting from an increased rent standard amount.

HUD will not make findings (and discourages auditors from making findings) against grantees that prior to October 28, 2022, applied rent standards as advised by either the Housing Opportunities for Persons With AIDS (HOPWA) Grantee Oversight Resource Guide or the Housing Opportunities for Persons With AIDS (HOPWA) Rental Assistance Guidebook. However, by October 28, 2022, HUD will expect grantees to update their policies for determining rent standards and be able to support their use of any rent standard above FMR as provided by Notice CPD-22-10.

If you have any questions or need further information or assistance, please contact Elimaris Fernandez, CPD Representative at (305) 520-5012, or Elimaris.x.fernandez@hud.gov.

Sincerely,

Lisa Johnson

Lisa Johnson
Director
Office of Community Planning and Development

Enclosures

CITY OF
FORT LAUDERDALE
FLORIDA

August 25, 2022

HUD Miami field Office
Community Planning and Development Division
Region IV Miami Field Office
Brickell Plaza Federal Meeting
909 SE First Ave, Room 500
Miami, FL 33131-3042

Subject: **City of Fort Lauderdale** Rent Standard Change Request for Housing Opportunities for Persons With AIDS( HOPWA)

Contact: **Rachel Williams**

Email: rwiliams@fortlauderdale.gov

**Good Cause Justification**

*The greater Fort Lauderdale area has been experiencing an unprecedented surge in rent increase of 50-120% in many instances. This makes renting unaffordable for low-income and moderate-income households, including those living with HIV. We have not seen any indication that the market is adjusting. The City received input from consumers, community partners, and stakeholders to determine the best approach to address the housing crisis in South Florida. Recurring responses from consumers point to the barrier that is posed by the limitations of the HUD-established Fair Market Rent(FMR). The HUD-established FMR is the current rent standard of the HOPWA program.*

*As indicated by the data in Appendix 1, from January 2021 to July 2022, there has been a 35.6% increase in the cost of rent compared to a 6% total increase from January 2017 to January 2021. In comparing the HUD Fair Market Rent (FMR) for the Fiscal Year 2022 to the cost of rent in Broward County, there is an affordability gap that has created a barrier to housing for households receiving a federal subsidy with an FRM rent standard.*

*When comparing the HUD-established FMR for a one-bedroom apartment to the actual cost of rent in Broward, there is a gap of $368.00 per month or $4,632.00 annually. The gap for a two-bedroom is approximately $471.00 per month, $5,652.00 annually.*

*While these amounts represent averages across the county, we must remember that some families may experience higher rent increases, as indicated in Table 2. An unintended ripple effect may be poverty concentration in certain neighborhoods if the rent standard is not adjusted.*

**Request**
*The City of Fort Lauderdale, as the HOPWA grantee serving Broward County, is requesting a change in the HOWPA Rent Standard, from the HUD annually published FRM to a Rent Standard of up to130% of the HUD published FMR. This will allow current and future voucher holders to secure adequate housing, minimize the risk of poverty concentration and homelessness, and enable voucher holders to remain in neighborhoods where they have built trusting relationships with medical providers and neighbors. The table below shows the new rent values which is inclusive of the utility allowance. Each year the city will calculate the new rent inclusive of utility values and provide project sponsor with information in the format shown below*

# Appendix 1

## Fort Lauderdale HOPWA Rent Standard up to 130 % HUD Published FMR

| CITY OF FORT LAUDERDALE FY 2023 & FY 2022 RENT STANDARD | | | | | | | |
|---|---|---|---|---|---|---|---|
| YEAR | EFFICIENCY | ONE-BEDROOM | TWO-BEDROOM | THREE -BEDROOM | FOUR-BEDROOM | FIVE-BEDROOM | SIX-BEDROOM |
| FY 2023 | $1,775.80 | $1,921.40 | $2,401.10 | $3,356.60 | $4,089.80 | $4,703.27 | $5,316.74 |
| FY 2022 | $1,465.10 | $1,612.00 | $2,022.80 | $2,869.10 | $3,461.90 | $3,981.19 | $4,500.47 |

## HUD Fair Market Rents

| Final FY 2022 & Final FY 2021 FMRs By Unit Bedrooms | | | | | |
|---|---|---|---|---|---|
| Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| FY 2022 FMR | $1,127 | $1,240 | $1,556 | $2,207 | $2,663 |
| FY 2021 FMR | $1,059 | $1,198 | $1,510 | $2,161 | $2,614 |

**Table 1: Broward County Rent Increase**

| County Name | FIPS Code | Population | Bedroom_Siz | 2017_01 | 2018_01 | 2019_01 | 2020_01 | 2021_01 | 2022_01 | 2022_02 | 2022_03 | 2022_04 | 2022_05 | 2022_06 | 2022_07 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Broward | 12011 | 1926205 | _Overall | 1395 | 1385 | 1444 | 1472 | 1486 | 1905 | 1929 | 1959 | 1988 | 2005 | 2017 | **2016** |
| Broward | 12011 | 1926205 | 1br | 1125 | 1118 | 1165 | 1187 | 1199 | 1537 | 1556 | 1580 | 1604 | 1618 | 1627 | **1626** |
| Broward | 12011 | 1926205 | 2br | 1403 | 1391 | 1452 | 1480 | 1495 | 1916 | 1940 | 1970 | 1999 | 2017 | 2028 | **2027** |

**Table 2: Increase by Cities in Broward County**

| City_Name | FIPS_Code | Population | Bedroom_Siz | 2017_01 | 2018_01 | 2019_01 | 2020_01 | 2021_01 | 2022_01 | 2022_02 | 2022_03 | 2022_04 | 2022_05 | 2022_06 | 2022_07 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coconut Cre | 1213275 | 60490 | _Overall | 1634 | 1630 | 1715 | 1748 | 1778 | 2360 | 2377 | 2426 | 2481 | 2510 | 2507 | 2486 |
| Coconut Cre | 1213275 | 60490 | 1br | 1356 | 1353 | 1424 | 1451 | 1475 | 1959 | 1973 | 2014 | 2059 | 2083 | 2081 | 2063 |
| Coconut Cre | 1213275 | 60490 | 2br | 1614 | 1610 | 1695 | 1727 | 1756 | 2332 | 2348 | 2397 | 2451 | 2480 | 2477 | 2456 |
| Coral Springs | 1214400 | 132568 | _Overall | 1449 | 1549 | 1615 | 1680 | 1727 | 2262 | 2289 | 2314 | 2325 | 2312 | 2337 | 2325 |
| Coral Springs | 1214400 | 132568 | 1br | 1100 | 1176 | 1226 | 1276 | 1311 | 1718 | 1738 | 1757 | 1765 | 1755 | 1774 | 1765 |
| Coral Springs | 1214400 | 132568 | 2br | 1359 | 1453 | 1515 | 1576 | 1620 | 2122 | 2147 | 2171 | 2181 | 2169 | 2192 | 2180 |
| Dania Beach | 1216335 | 32008 | _Overall | 1382 | 1349 | 1440 | 1626 | 1520 | 2042 | 2062 | 2070 | 2128 | 2168 | 2201 | 2200 |
| Dania Beach | 1216335 | 32008 | 1br | 1094 | 1068 | 1140 | 1287 | 1203 | 1616 | 1632 | 1638 | 1684 | 1716 | 1742 | 1741 |
| Dania Beach | 1216335 | 32008 | 2br | 1403 | 1370 | 1463 | 1651 | 1543 | 2073 | 2093 | 2102 | 2161 | 2201 | 2235 | 2234 |
| Davie, FL | 1216475 | 104399 | _Overall | 1450 | 1468 | 1495 | 1545 | 1552 | 1993 | 2038 | 2090 | 2131 | 2160 | 2188 | 2214 |
| Davie, FL | 1216475 | 104399 | 1br | 1268 | 1283 | 1308 | 1351 | 1357 | 1743 | 1782 | 1828 | 1863 | 1889 | 1913 | 1936 |
| Davie, FL | 1216475 | 104399 | 2br | 1435 | 1452 | 1479 | 1528 | 1535 | 1971 | 2015 | 2068 | 2108 | 2136 | 2164 | 2190 |
| Deerfield Be | 1216725 | 80312 | _Overall | 1187 | 1204 | 1263 | 1345 | 1352 | 1708 | 1759 | 1794 | 1827 | 1819 | 1843 | 1815 |
| Deerfield Be | 1216725 | 80312 | 1br | 956 | 970 | 1017 | 1084 | 1089 | 1376 | 1417 | 1445 | 1472 | 1465 | 1484 | 1462 |
| Deerfield Be | 1216725 | 80312 | 2br | 1232 | 1249 | 1310 | 1396 | 1403 | 1773 | 1825 | 1862 | 1896 | 1887 | 1912 | 1884 |
| Fort Lauderd | 1224000 | 180124 | _Overall | 1446 | 1432 | 1451 | 1462 | 1441 | 1820 | 1839 | 1858 | 1872 | 1882 | 1877 | 1865 |
| Fort Lauderd | 1224000 | 180124 | 1br | 1253 | 1241 | 1257 | 1266 | 1248 | 1577 | 1593 | 1610 | 1621 | 1630 | 1626 | 1615 |
| Fort Lauderd | 1224000 | 180124 | 2br | 1528 | 1513 | 1533 | 1544 | 1522 | 1923 | 1943 | 1963 | 1977 | 1988 | 1983 | 1970 |
| Hollywood, F | 1232000 | 152511 | _Overall | 1226 | 1224 | 1254 | 1279 | 1257 | 1677 | 1696 | 1727 | 1767 | 1796 | 1796 | 1780 |
| Hollywood, F | 1232000 | 152511 | 1br | 1059 | 1058 | 1084 | 1106 | 1087 | 1450 | 1466 | 1493 | 1527 | 1552 | 1552 | 1539 |
| Hollywood, F | 1232000 | 152511 | 2br | 1331 | 1330 | 1362 | 1390 | 1366 | 1822 | 1842 | 1876 | 1919 | 1951 | 1951 | 1934 |
| Miramar, FL | 1245975 | 139468 | _Overall | 1305 | 1350 | 1411 | 1449 | 1476 | 1933 | 1963 | 1984 | 2012 | 2037 | 2067 | 2075 |
| Miramar, FL | 1245975 | 139468 | 1br | 1031 | 1066 | 1114 | 1144 | 1165 | 1526 | 1550 | 1566 | 1589 | 1608 | 1632 | 1638 |
| Miramar, FL | 1245975 | 139468 | 2br | 1269 | 1312 | 1371 | 1408 | 1434 | 1878 | 1908 | 1928 | 1956 | 1979 | 2009 | 2017 |
| Pembroke Pi | 1255775 | 170072 | _Overall | 1565 | 1555 | 1626 | 1597 | 1604 | 2128 | 2144 | 2178 | 2216 | 2261 | 2280 | 2299 |
| Pembroke Pi | 1255775 | 170072 | 1br | 1237 | 1229 | 1285 | 1262 | 1267 | 1682 | 1694 | 1721 | 1751 | 1786 | 1801 | 1817 |
| Pembroke Pi | 1255775 | 170072 | 2br | 1548 | 1538 | 1608 | 1579 | 1586 | 2104 | 2120 | 2154 | 2191 | 2235 | 2254 | 2274 |
| Plantation, F | 1257425 | 93449 | _Overall | 1554 | 1565 | 1614 | 1607 | 1647 | 2130 | 2150 | 2179 | 2200 | 2224 | 2241 | 2251 |
| Plantation, F | 1257425 | 93449 | 1br | 1327 | 1336 | 1378 | 1372 | 1406 | 1818 | 1835 | 1860 | 1878 | 1898 | 1913 | 1922 |
| Plantation, F | 1257425 | 93449 | 2br | 1561 | 1572 | 1621 | 1613 | 1654 | 2139 | 2159 | 2188 | 2210 | 2233 | 2250 | 2261 |
| Pompano Be | 1258050 | 110062 | _Overall | 1293 | 1227 | 1263 | 1324 | 1381 | 1672 | 1712 | 1749 | 1751 | 1715 | 1720 | 1735 |
| Pompano Be | 1258050 | 110062 | 1br | 1094 | 1037 | 1069 | 1120 | 1168 | 1414 | 1448 | 1480 | 1481 | 1450 | 1455 | 1467 |
| Pompano Be | 1258050 | 110062 | 2br | 1328 | 1259 | 1297 | 1359 | 1418 | 1717 | 1758 | 1796 | 1798 | 1761 | 1766 | 1781 |
| Sunrise, FL | 1269700 | 94060 | _Overall | 1487 | 1499 | 1539 | 1583 | 1595 | 2017 | 2028 | 2042 | 2078 | 2105 | 2134 | 2133 |
| Sunrise, FL | 1269700 | 94060 | 1br | 1105 | 1114 | 1144 | 1177 | 1185 | 1499 | 1507 | 1518 | 1544 | 1565 | 1586 | 1585 |
| Sunrise, FL | 1269700 | 94060 | 2br | 1462 | 1474 | 1513 | 1557 | 1568 | 1984 | 1994 | 2008 | 2043 | 2070 | 2098 | 2097 |
| Weston, FL | 1276582 | 70614 | _Overall | 1780 | 2010 | 2272 | 2149 | 2131 | 2686 | 2693 | 2732 | 2869 | 2947 | 3013 | 3018 |
| Weston, FL | 1276582 | 70614 | 1br | 1337 | 1509 | 1706 | 1614 | 1601 | 2017 | 2022 | 2052 | 2154 | 2213 | 2262 | 2266 |
| Weston, FL | 1276582 | 70614 | 2br | 1469 | 1659 | 1875 | 1774 | 1759 | 2217 | 2223 | 2255 | 2368 | 2433 | 2487 | 2491 |

HANDOUT N2

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

OFFICE OF COMMUNITY PLANNING
AND DEVELOPMENT

**Special Attention of:**

CPD Field Office Directors and Deputy Directors

HOPWA Program Grantees and Project Sponsors

**NOTICE CPD-22-15**

**Issued: December 8, 2022**

This notice remains in effect until amended, superseded, rescinded.

**Cross References:** Section 856 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 12905)

**Subject:** Carbon Monoxide Alarms or Detectors in Housing Opportunities for Persons With AIDS (HOPWA)-Assisted Housing

## I. Purpose

Housing Opportunities for Persons With AIDS (HOPWA) grantees have an important role in preventing potential loss of life and severe injury associated with carbon monoxide (CO) in HOPWA-assisted housing. This notice addresses CO poisoning risks in housing, identifies resources for preventing and detecting CO exposure, and alerts grantees to a related and important new statutory requirement under the HOPWA program.

Under the new statutory requirement, which takes effect on December 27, 2022, grantees will be responsible for ensuring each dwelling unit assisted under the HOPWA program contains installed carbon monoxide alarms or detectors that meet or exceed the standards described in chapters 9 and 11 of the 2018 publication of the International Fire Code, as published by the International Code Council.

This notice remains in effect until amended, superseded, or rescinded.

## II. Definitions

**Carbon Monoxide Alarm**: A single or multiple station alarm intended to detect carbon monoxide gas and alert occupants by a distinct audible signal. It incorporates a sensor, control components and an alarm notification appliance in a single unit.

**Carbon Monoxide Detector**: A device with an integral sensor to detect carbon monoxide gas and transmit an alarm signal to a connected alarm control unit.

## III. Requirement of CO Alarms or Detectors in Dwelling Units Assisted under HOPWA

Section 101 of Title I of Division Q of the Consolidated Appropriations Act, 2021, Pub. L. 116–260, div. Q, title I, §101 (2020) ("the Act") amended the program legislation for various HUD programs, including the Section 8 and HOPWA programs, to require CO alarms or detectors in certain Federally assisted dwelling units as of December 27, 2022.[1]

Section 101(e) of the Act amends section 856 of the AIDS Housing Opportunity Act (42 U.S.C. 12905) to add the following new responsibility for HOPWA grantees:

> (i) Carbon monoxide alarms
>
> Each dwelling unit assisted under [the HOPWA program] shall contain installed carbon monoxide alarms or detectors that meet or exceed—
>
> (1) the standards described in chapters 9 and 11 of the 2018 publication of the International Fire Code, as published by the International Code Council; or
>
> (2) any other standards as may be adopted by the Secretary, including any relevant updates to the International Fire Code, through a notice published in the Federal Register.

This amendment takes effect on December 27, 2022, and consistent with the Act's specific inclusion of the tenant-based assistance in section 101(b), the new requirement encompasses even those units where housing assistance payments are made to or on behalf of eligible HOPWA households.

Until such time as HUD adopts other standards (which HUD must announce through the Federal Register), HUD advises grantees that the applicable standards are those provided by chapters 9 and 11 of the 2018 International Fire Code, which are available at:

- https://codes.iccsafe.org/content/IFC2018/chapter-9-fire-protection-and-life-safety-systems; and
- https://codes.iccsafe.org/content/IFC2018/chapter-11-construction-requirements-for-existing-buildings.

However, neither the new statutory requirement nor this notice preempts or limits the applicability of any State or local law that imposes more stringent standards relating to the installation and maintenance of carbon monoxide alarms or detectors in housing.

CO poisoning is an important safety issue for families in HUD-assisted housing. According to the National Center for Environmental Health, "each year more than 400 Americans die from

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[1] https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf#page=981.

unintentional CO poisoning not linked to fires, more than 20,000 visit the emergency room, and more than 4,000 are hospitalized."[2]

CO is an odorless, colorless, and toxic gas. It is impossible to see, and is a tasteless gas produced by incomplete combustion of fuel burned in vehicles, small engines, stoves, lanterns, grills, fireplaces, gas ranges, or furnaces. It can build-up indoors and poison people and animals who breathe the toxic fumes. The effects of CO exposure can vary from person to person depending on age, overall health, and the concentration and length of exposure. Exposure can cause harmful health conditions, permanent brain damage, life-threatening cardiac complications, fetal death or miscarriage, and death in a matter of minutes. Individuals who are asleep or intoxicated may die from CO poisoning before experiencing any symptoms.[3]

## IV. Implementation of the New Requirement

The new requirement for HOPWA grantees will be fully applicable and enforceable by HUD as of December 27, 2022. However, HUD encourages HOPWA grantees to adopt standards at or above the standards in chapters 9 and 11 of the 2018 International Fire Code (IFC) as soon as possible for the health and safety of residents in dwelling units assisted under the HOPWA program.

As of December 27, 2022, HOPWA grantees and project sponsors must ensure CO alarms or detectors are installed as required in all HOPWA-assisted units. This includes units assisted with acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services (24 CFR 574.300(b)(3)); new construction (24 CFR 574.300(b)(4)); project or tenant-based rental assistance (24 CFR 574.300(b)(5)); short-term rent, mortgage, and utility payments (24 CFR 574.300(b)(6)); permanent housing placement (24 CFR 574.300(b)(7)); and operating costs (24 CFR 574.300(b)(8)).

For housing activities subject to the HOPWA Housing Quality Standards (HQS) at 24 CFR 574.310(b) (acquisition, rehabilitation, conversion, lease, and repair of facilities; new construction; project or tenant-based rental assistance; and operating costs), grantees and project sponsors should assess for CO alarms or detectors when completing HQS/habitability inspections. A question regarding the presence of functioning CO alarms or detectors should be added to HQS/habitability inspection forms utilized by grantee or project sponsor staff. The documentation of compliance with the CO detector and alarm requirements should be kept in the assisted household's file.

For housing activities not subject to HQS requirements (short-term rent, mortgage, and utility (STRMU) payments and permanent housing placement (PHP)), grantees and project sponsors may rely on the self-certification of the tenant or owner that the dwelling unit meets the CO detector and alarm requirements, provided that the grantee or project sponsor develops and

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[2] CDC. Carbon Monoxide FAQs https://www.cdc.gov/co/faqs.htm, July 1, 2021

[3] *Ibid.*

provides training, a standard checklist, or other reasonable procedures to make sure the owner or tenant understands and applies the applicable criteria when making the self-certification that CO detectors or alarms are installed as required. The self-certification should be kept in the assisted household's file and document the method(s) used to confirm the presence of a functioning CO detector or alarm in the unit.

HOPWA grantees and project sponsors may bill staff time spent conducting landlord outreach and education on the CO detector and alarm requirements, performing HQS/habitability inspections to assess for compliance with the requirements, and/or assessing for and self-certifying compliance with the requirements to the applicable housing assistance line item. HOPWA grantees and project sponsors may bill housing information services (HIS) for staff time spent conducting outreach and education on CO detectors and alarms to HOPWA-assisted households.

## V. Preventing CO Intrusion

Rental property owners, managers, and residents all play an important role in preventing CO intrusion and responding quickly when it occurs and where sources of CO exist. This section identifies common building-related sources of CO for HOPWA grantee awareness and education for landlords and HOPWA assisted households. The material in this section is drawn from guidance provided by the U.S. Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention (CDC), the Consumer Product Safety Commission (CPSC), the Federal Emergency Management Agency, and the U.S. Fire Administration. Links to the source guidance documents are provided for further reference in section VI.

CO alarms or detectors are not a replacement for the proper installation, use, and maintenance of fuel-burning appliances or for well-ventilated garages. Building owners (e.g., landlords), and managers should ensure that combustion equipment is maintained and properly adjusted. Vehicle use should be carefully managed adjacent to buildings and in vocational programs through signage or policy updates. Where feasible, owners and managers can provide additional ventilation as a temporary measure when high levels of CO are expected for short periods of time.[4]

Examples of activities to prevent CO intrusion include:

- Ensure gas appliances are properly adjusted;
- Install, properly maintain, and assure through periodic inspection that exhaust fans over gas stoves are functional and vented to the outdoors;
- Ensure that flues over fireplaces are operational and capable of opening and closing by residents;

[4] EPA. Carbon Monoxide's Impact on Indoor Air Quality. https://www.epa.gov/indoor-air-quality-iaq/carbon-monoxides-impact-indoor-air-quality

- Use appropriately sized wood stoves certified to meet EPA emission standards with tightly fitting doors;[5]
- Perform annual inspections, clean, and tune-up central heating systems (furnaces, flues,
- and chimneys) and ensure that these activities are conducted by a trained professional;
- Ensure any leaks from central heating systems are repaired promptly; and
- Provide resident CO education through policies or signage.

Sources of CO that can be found in a housing environment, as described in the EPA's webpage Carbon Monoxide's Impact on Indoor Air Quality, include:[6]

- Unvented kerosene and gas space heaters;
- Leaking chimneys and furnaces;
- Back-drafting from furnaces, gas water heaters, wood stoves, and fireplaces;
- Gas stoves;
- Generators and other gasoline powered equipment;
- Automobile exhaust from attached garages;
- Auto, truck, or bus exhaust from attached garages, nearby roads, or parking areas;
- Incomplete oxidation during combustion in gas ranges and unvented gas or kerosene heaters; and
- Worn or poorly adjusted and maintained combustion devices (e.g., boilers, furnaces) if the flue is improperly sized, blocked, or disconnected; or the flue is leaking.

Common CO exposures occur when residents introduce a CO source or result from building-related sources, such as an inadequately exhausted vent or a faulty boiler. Other CO exposures may occur during a natural disaster or utility interruption. Residents should avoid the use of portable generators, fired grills, vehicles, or fuel-burning space heaters as heat or electric sources inside homes, garages, crawlspaces, sheds, or similar areas. Deadly levels of carbon monoxide can quickly build up in these areas. Resident education informing how CO exposure can be prevented is strongly encouraged particularly during seasonal increases in heating or during periods of electric or heat outages. Examples to avoid unintentional CO poisoning include:

- A portable generator should not be used indoors; only use generators outdoors in well-ventilated areas away from all doors, windows, and vents;
- A gas-burning stove or oven should not be used for heat;
- A fuel-burning space heater that is not vented to the outdoors should not be used; and
- A car should not be left running in an enclosed garage.

## VI. Resources for Additional Information

[5] EPA. EPA Certified Wood Stoves. https://www.epa.gov/burnwise/epa-certified-wood-stoves.
[6] EPA. Carbon Monoxide's Impact on Indoor Air Quality. https://www.epa.gov/indoor-air-quality-iaq/carbon-monoxides-impact-indoor-air-quality

- HUD's Office of Lead Hazard Control and Healthy Homes (OLHCHH). https://www.hud.gov/program_offices/healthy_homes/healthyhomes/carbonmonoxide.
- Centers for Disease Control and Prevention (CDC). Carbon Monoxide Poisoning information webpage located at https://www.cdc.gov/co/default.htm.
- Consumer Product Safety Commission (CPSC). Carbon Monoxide Fact Sheet. https://www.cpsc.gov/safety-education/safety-guides/carbon-monoxide/carbon-monoxide-fact-sheet.
- CPSC. Carbon Monoxide. https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Carbon-Monoxide-Information-Center.
- Environmental Protection Agency (EPA). Protect Your Family and Yourself from Carbon Monoxide Poisoning at https://www.epa.gov/indoor-air-quality-iaq/protect-your-family-and-yourself-carbon-monoxide-poisoning.
- Federal Emergency Management Agency, US Fire Administration. https://www.usfa.fema.gov/prevention/outreach/carbon_monoxide.html.

## VII. Contact Information

Questions concerning this Notice may be directed to the Office of HIV/AIDS Housing's email box at HOPWA@hud.gov.

# HANDOUT N3

**Appendix 1**

**Fort Lauderdale HOPWA Rent Standard up to 130 % HUD Published FMR**

| CITY OF FORT LAUDERDALE FY 2023 & FY 2022 RENT STANDARD | | | | | | | |
|---|---|---|---|---|---|---|---|
| YEAR | EFFICIENCY | ONE-BEDROOM | TWO-BEDROOM | THREE -BEDROOM | FOUR-BEDROOM | FIVE-BEDROOM | SIX-BEDROOM |
| FY 2023 | $1,775.80 | $1,921.40 | $2,401.10 | $3,356.60 | $4,089.80 | $4,703.27 | $5,316.74 |
| FY 2022 | $1,465.10 | $1,612.00 | $2,022.80 | $2,869.10 | $3,461.90 | $3,981.19 | $4,500.47 |

https://www.huduser.gov/portal/datasets/fmr.html

## FY 2023 Fair Market Rent Documentation System

The FY 2023 Fort Lauderdale, FL HUD Metro FMR Area FMRs for All Bedroom Sizes

| Final FY 2023 & Final FY 2022 FMRs By Unit Bedrooms | | | | | |
|---|---|---|---|---|---|
| Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| FY 2023 FMR | $1,366 | $1,478 | $1,847 | $2,582 | $3,146 |
| FY 2022 FMR | $1,127 | $1,240 | $1,556 | $2,207 | $2,663 |

Fair Market Rent Calculation Methodology

# FY 2023 Fair Market Rent Documentation System

## The FY 2023 West Palm Beach-Boca Raton, FL HUD Metro FMR Area FMRs for All Bedroom Sizes

| Final FY 2023 & Final FY 2022 FMRs By Unit Bedrooms | | | | | |
|---|---|---|---|---|---|
| Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| FY 2023 FMR | $1,258 | $1,538 | $1,881 | $2,513 | $3,074 |
| FY 2022 FMR | $1,049 | $1,274 | $1,578 | $2,120 | $2,575 |

## The FY 2023 Miami-Miami Beach-Kendall, FL HUD Metro FMR Area FMRs for All Bedroom Sizes

| Final FY 2023 & Final FY 2022 FMRs By Unit Bedrooms | | | | | |
|---|---|---|---|---|---|
| Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| FY 2023 FMR | $1,362 | $1,546 | $1,923 | $2,530 | $2,997 |
| FY 2022 FMR | $1,162 | $1,332 | $1,672 | $2,220 | $2,631 |

HANDOUT O

**HAPC Quarterly Update**

**AREA: 10 (Broward County)**
**HAPC: Joshua Rodriguez**
**Quarter:** October-December 2022

**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 Q4 2022:

| Quarterly Totals | Oct-22 | Dec-22 |
|---|---|---|
| | n | % |
| **Referred** | **226** | |
| Newly HIV Positive | 50 | 22% |
| Reengagement | 172 | 76% |
| not specified (pending)* | 4 | 2% |
| **Enrolled** | **207** | |
| Newly HIV Positive | 44 | 88% |
| Reengagement | 163 | 95% |
| | | |
| Refused | 3 | |
| Unable to Locate | 6 | |
| Pending | 10 | |
| | | |
| **Ineligible** | | |
| Jail | 0 | |
| Out of Jurisdiction | 0 | |
| Negative | 0 | |
| Deceased | 0 | |
| | | |
| Navigation | 4 | |
| | | |
| Already in care | 4 | |
| | | |
| **Avg Days from Referral to Enrollment** | 3.29 | |
| <1 day | 179 | 86% |
| 2 to 3 Days | 3 | 1% |
| 4 to 7 Days | 5 | 2% |
| 8+ days | 21 | 10% |
| Enrolled in <= 30 days | 205 | 99% |

*Referred, enrollment type still being investigated

*Ineligible, Navigation, and Already in Care 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. All data is provisional.

## 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 Q4 2022:

| R-PrEP Program Totals as of: | 6/1/2018 | 1/1/2023 |
|---|---|---|
| TOTAL NUMBER R-PREP CLINICAL VISITS | 7600 | |
| **Total Enrolled in PrEP Navigation:** | **5675** | **75%** |
| Private Insurance | 2701 | 48% |
| PAP Assistance | 2974 | 52% |
| **Ineligible for Navigation** | **1922** | **25%** |
| OOJ | 1894 | 99% |
| Walk Outs: | 28 | 1% |
| **CONTRAINDICATED POST ENROLLMENT:** | **165** | **3%** |
| HIV Positive | 10 | 6% |
| Laboratory | 155 | 94% |

- The table below displays the PrEP enrollments during Q4 2022:

| R-PrEP Program Totals as of: | 10/1/2022 | 1/1/2023 |
|---|---|---|
| TOTAL NUMBER R-PREP CLINICAL VISITS | 553 | |
| **Total Enrolled in PrEP Navigation:** | **413** | **75%** |
| Private Insurance | 224 | 54% |
| PAP Assistance | 189 | 46% |
| **Ineligible for Navigation** | **140** | **25%** |
| OOJ | 140 | 100% |
| Walk Outs: | 0 | 0% |
| **CONTRAINDICATED POST ENROLLMENT:** | **1** | **0%** |
| HIV Positive | 0 | 0% |
| Laboratory | 1 | 100% |

- Among enrolled/in-jurisdiction clients, there were **663** follow-up visits to BWC for lab work and PrEP prescription renewal between 10/1/2022 and 12/31/2022.

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

- Virtual HIV 500/501 Courses held:
  - 501 update on 10/13/22 with 35 participants
  - 500/501 on 11/9/22 and 11/10/22 with 16 participants
  - 501 update on 11/17/22 with 27 participants
  - 501 update on 12/8/22 with 19 participants

- Rapid HIV Testing Technologies held:
  - INSTI on 10/25/22 with 12 participants
  - Oraquick on 10/25/22 with 12 participants
  - SureCheck on 10/25/22 with 12 participants
  - SureCheck on-demand training on 11/29/22 for 1 participant

- EIP-Capacity Building/Technical Assistance/Essential Support Services:
  - PrEP Training 10/13
  - CTLS TA with Latinos Salud on 10/4
  - Midway Specialty Care Center on 10/10
  - Midway Specialty Care Center on 10/24
  - AIDS Healthcare Foundation on 10/26
  - EHE Presentation on 10/13
  - Broward House on 10/26
  - DOH-Miami Dade on 10/27
  - EHE Townhall 10/25
  - Broward Health Mobile Unit Inspection on 10/7
  - Gilead on 10/13
  - Midland Cares Mobile Unit Inspection on 10/17
  - FDOH on 10/28
  - Lifeline Health, Inc. regarding becoming a test site on 10/11
  - CODPK HIV Contract Programmatic Monitoring - 10/3/22
  - Visit to registered test site -Broward Community Health 10/3
  - Visit to registered test site -Community Care Resource 10/4
  - Visit to registered test site - - Nancy J. Cotterman 10/11
  - Visit to registered test site IMG Helps, INC, 11/1
  - CTLS TA with Midway Specialty Care Center on 11/4
  - EHE Presentation on 11/9
  - EHE Presentation on 11/17
  - Epidemiology Presentation on 12/1
  - U=U webinar on 12/7
  - Transinclusive Outreach Form Example Template
  - EHE Presentation on 12/8
  - Partnered with PAC to provide U=U webinar on 12/7
  - PrEP Training 12/8

- DOH Broward and non-contracted agencies distributed **491,020** condoms in the community during Q4.
- DOH Broward staff delivered **38** educational sessions in the community: **22** Get PrEP Broward presentations, **7** HIV 101 presentations, and **9** SOGI (sexual orientation and gender identity) presentations.
- DOH Broward staff made **398** visits to businesses participating in the Business Response to AIDS (BRTA) initiative.
- The following table displays the demographics of Broward County residents who requested In-Home HIV Test kits from GetPrEPBroward.com during Q4. Broward's HIV In-home testing initiative began on May 26, 2020 and has shipped **1673** test kits from 5/25/2020 to 12/31/2022, and **235** test kits from 10/1/2022 to 12/31/2022.

| | Oct-22 | | Nov-22 | | Dec-22 | |
|---|---|---|---|---|---|---|
| | 94 | | 24 | | 117 | |
| **Gender** | | | | | | |
| M | 21 | 22.3% | 14 | 58.3% | 28 | 23.9% |
| F | 73 | 77.7% | 10 | 41.7% | 89 | 76.1% |
| Transgender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **Race/Ethnicity** | | | | | | |
| BLK/ Non Hispanic | 73 | 77.7% | 11 | 45.8% | 84 | 71.8% |
| WHT/ Non Hispanic | 10 | 10.6% | 6 | 25.0% | 9 | 7.7% |
| Hispanic | 5 | 5.3% | 5 | 20.8% | 15 | 12.8% |
| Asian/Haw Pac Islander | 1 | 1.1% | 0 | 0.0% | 0 | 0.0% |
| AI/AN | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Multiracial | 2 | 2.1% | 0 | 0.0% | 5 | 4.3% |
| Other | 3 | 3.2% | 2 | 8.3% | 4 | 3.4% |
| **Country of Birth** | | | | | | |
| US | 94 | 100.0% | 21 | 87.5% | 110 | 94.0% |
| Outside the US | 0 | 0.0% | 3 | 12.5% | 7 | 6.0% |
| **Age** | | | | | | |
| 13-19 | 1 | 1.1% | 1 | 4.2% | 1 | 0.9% |
| 20-29 | 14 | 14.9% | 5 | 20.8% | 35 | 29.9% |
| 30-39 | 33 | 35.1% | 14 | 58.3% | 28 | 23.9% |
| 40-49 | 34 | 36.2% | 1 | 4.2% | 31 | 26.5% |
| 50-59 | 8 | 8.5% | 1 | 4.2% | 16 | 13.7% |
| 60+ | 4 | 4.3% | 2 | 8.3% | 6 | 5.1% |
| **Referred by agency** | | | | | | |
| yes | 9 | 9.6% | 2 | 8.3% | 9 | 7.7% |
| no | 85 | 90.4% | 22 | 91.7% | 108 | 92.3% |
| **Testing History** | | | | | | |
| Never been tested | 8 | 8.5% | 2 | 8.3% | 19 | 16.2% |
| More than 12 months | 62 | 66.0% | 9 | 37.5% | 61 | 52.1% |
| Less than 12 months | 24 | 25.5% | 13 | 54.2% | 37 | 31.6% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Unknown | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

**Community outreach and messaging**

**29** events were held or attended in Q4: **15** in October, **6** in November, and **8** in December

- On 10/1/2022, DOH Broward attended Community Wellness Fair at Lifeline Community Fellowship in partnership with Broward Health, kid care, BSO, and voting rights advocates. The event featured free health screenings, music, and complimentary food. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 44 individuals were provided with condoms, PrEP education, and marketing materials.
- On 10/6/2022, HIV prevention staff attended High Impacto's "Noche De Impacto" award ceremony. The event was in honor of National Latinx AIDS Awareness Day (NLAAD) and honored individuals that have helped High Impacto to accomplish their vision and mission, and to deliver programs to the community they serve. In addition to the Award Ceremony, the event also featured live entertainment.
- On 10/9/22, The HIV Prevention team collaborated with the MSM Advisory Group for a Charity Drag Bingo at Hamburger Mary's benefiting Art Walk Wilton Manors. The night was dedicated to the importance of HIV Testing, PrEP, and education among the MSM population of Broward County. The Bingo host incorporated HIV messaging into the evening's game, and DOH staff presented information about HIV Prevention programs and resources available. 40 community members were served.
- On 10/9/2022, DOH Broward attended the South Florida Afro Pride Arts, Culture and Music Festival, an annual event held by Afro Pride Federation. The event featured community-based vendors, food trucks, live entertainment, and music. The Florida Department of Health in Broward County provided tabling to increase awareness of HIV and PrEP. A total of 32 individuals were provided with condoms, PrEP education, and marketing materials.
- On 10/13/2022, in recognition of National Latinx AIDS Awareness Day (NLAAD), Latino en Accion (L.E.A) hosted the 2022 Hispanic HIV Leadership Awards. A total of 81 individuals attended including community members, representatives from Service Providers, and DOH Staff. This year's Awards recognized five individuals who have given service and made contributions to raise HIV/AIDS awareness in the Latinx communities of Broward County. The event included an HIV Epidemiology presentation, entertainment, and the award ceremony. The Florida Department of Health in Broward County tabled and distributed materials to increase awareness of HIV and PrEP to 72 individuals.
- On 10/14/2022, The HIV Prevention team joined Ujima Men's Collective at the YMCA for "Sin Is My Religion," a community conversation with the BROTHAS project addressing social justice issues in the LGBTQ community. The HIV Prevention team provided community awareness about HIV prevention. A total of 9 individuals were provided with condoms, PrEP education, and other incentives.
- On 10/15/2022, DOH Broward partnered with The Pride Center at Equality Park for the annual Coffee & Conversation event, which brings experts in health, insurance, housing, finance, and other areas which impact the aging population, with the goal of leveraging access to resources. This year, the Active Aging Expo served to provide the same experience while raising funds through donations from the various vendors who tabled at this event. The Department of Health

in Broward County tabled to provide resources on behalf of our Immunization and STI/HIV unit. The prevention team served a total of 110 people with condoms, PrEP education, and marketing materials.

- On 10/18/22, The Broward County HIV Prevention Planning Council (BCHPPC) hosted a Community Conversation, centered around Leather, Kink, and HIV. Discussions included stigma, risk assessment, and sexual health communication. 38 community member were in attendance and DOH Broward staff provided education and resources pertaining to PrEP, U=U, monkeypox, and STDs.
- On 10/20/2022, DOH Broward staff attended Dillard High School Homecoming. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 142 individuals were provided with condoms, PrEP education, and marketing materials.
- On 10/21 and 10/22/2022, DOH Broward staff set up a table at the American College of Physicians Conference at the Westin Hotel Fort Lauderdale Beach. This 3-day conference brought together doctors, nurses, and medical students from all over the state to discuss medicine and updates. A total of 188 medical professionals were engaged on topics of HIV prevention, PrEP, Monkeypox, and STIs.
- On 10/21/2022, DOH Broward attended Carter Park Jamz, a local family-friendly event taking place in the priority area of Sistrunk. The event features food trucks, vendors, music, and live entertainment. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 140 individuals were provided with condoms, PrEP education, and marketing materials.
- On 10/22/2022, The Broward Municipal Services District hosted its third annual Health Jamboree for residents of the North, Central County, and Broadview Park to raise awareness about health and wellness resources. This event has been held in partnership with the YMCA, Florida Department of Health (DOH), Children's Services Council, Family and Community Engagement Services of Broward County and other community partners. During this event, Broward Health offered services on their mobile unit. The DOH's Get PrEP van was also present. Live entertainment was provided by a DJ and the Dillard High School marching band. Face-painting and prize raffles were some of the activities designated for children, as well as free books to encourage reading among younger age groups. Adult activities included Step Aerobics for seniors and the Yoga on the Lawn. The Department of Health in Broward County provided resources on behalf of our STI/HIV unit. Florida KidCare offered information regarding other Health Department services. The HIV Prevention team served a total of 166 community members with condoms, PrEP education, and marketing materials.
- On 10/12/2022, 10/20/2022, and 10/26/2022, The YMCA and the Florida Department of Health partnered to host the Sexual Health Olympics in honor of national Senior Sexual Health Awareness for the month of September. Due to hurricane Ian, the presentations were rescheduled for the month of October. Florida Department of Health's staff members engaged seniors in conversation concerning reasons for barrier method applications, other than preventing pregnancy. Discussions included why seniors do not believe condoms are necessary at their age. The presentation encompassed data specific to their age group to counteract common myths centered around older adults being less sexually active. The HIV Prevention Program incorporated several rounds of Spin the Wheel to encourage participation, prize

giveaways, condom applications, and a game of Jeopardy. DOH staff served 20 people on the 12th, 14 people on the 20th, and 12 people on the 26th.

- On 11/4/22, in advance of Trans Day of Remembrance, DOH Broward Prevention staff attended a townhall focused on the state of the transgender community, hosted by ArtServe. Community advocacy groups Trans Social and Trans Inclusive assembled a panel of 5 individuals to discuss community resilience. The event was attended by 73 people. Prevention staff networked with community partners, and discussed DOH Broward's HIV Prevention activities with community members.
- On 11/4/22 and 11/5/22, The Broward County MSM HIV Prevention Advisory Group organized the 2nd annual Men's Wellness Conference in coordination with Broward, Monroe, Miami-Dade, and West Palm Beach Counties. The 2-day conference focused on gay men's health. Day One of the conference was virtual and geared towards professionals working with HIV treatment and prevention. The speakers presented new data and studies pertaining to gay men. We ended the first day with Dr. Brandon Moton of FAMU, who discussed safety and risk reduction in the context of hook-up apps. Day two of the conference was in person, with the option to attend virtually, and was geared towards community. Three locations hosted day two: Compass in West Palm Beach County, Pridelines in Miami-Dade, and Sunshine Cathedral in Broward. At the Broward location, 62 people attended in person. The morning of the Men's Wellness Conference started with yoga from the Minority AIDS Coordinator from West Palm Beach. The yoga session included a discussion of wellness and mindfulness for people with HIV. Broward HIV Prevention staff provided vaccinations for Monkeypox, Hepatitis A, and COVID-19, in-home HIV testing kits, as well as condoms and education.
- On 11/17/22, DOH Broward partnered with Trans Inclusive Group and other community agencies for the Transgender Equity Awards and a celebration and remembrance. In addition to awards, the event featured speakers ranging from elected officials to drag queens, and a tribute to Bishop Makalani -MaHee. HIV Prevention staff set up a resource table where 69 community members were served with education, condoms, and promotional items.
- On 11/20/22 HIV Prevention staff attended the Trans Day of Remembrance Celebration hosted at the Pride Center, honoring trans community members whose lives were lost in the past year. 77 community members attended.
- On 11/21/22, DOH Broward set up a table at Broward HealthPoint's Healthcare for the Homeless Thanksgiving Luncheon. In addition to catered lunch, services at the event included identification cards provided by Broward County, live entertainment, Salvation Army, and HIV prevention services. Promotional items at this event included socks and water bottles.
- On 11/26/22 HIV Prevention staff attended Pompano Fall Festival, an annual local concert event taking place in the priority area of Broward County. The event features, food trucks, vendors, music, and live celebrity entertainment. This event draws a crowd of over 10,000 people, providing excellent opportunity to promote ending the HIV epidemic messaging and information. Staff were able to increase awareness of HIV prevention activities, including PrEP and nPEP. Over 500 individuals were provided with condoms, PrEP education, and marketing materials.
- On 12/1/22, HIV prevention staff represented DOH Broward at the Rock the Red Ribbon event honoring World AIDS Day. The event was hosted at the World AIDS Museum in conjunction with the City of Fort Lauderdale and other partners. Over a hundred community leaders and members gathered in remembrance of those lost to HIV, and to honor people living with HIV.

There were performances by the South Florida Gay Men's Chorus and drag performers, as well as speeches by elected officials.

- On 12/1/22, HIV Prevention staff attended the Candlelight Vigil and World AIDS Day Walk hosted by the Pride Center and Broward House. The program included poems, songs, and personal testimonies from people with HIV, as well as speeches by city officials, community leaders, and Broward House and Pride Center staff.
- On 12/1/22, African American Library Panel hosted a community event in recognition of World AIDS Day. A data presentation, a panel discussion, and an art exhibit were all part of the event. DOH Broward's HIV Prevention Planner gave a presentation of HIV epidemiology in Broward County, focusing on the African American population. She also spoke on a panel with Dan Royles, author of To Make the Wounded Whole: The African American Struggle Against HIV/AIDS. The World AIDS Museum provided the art exhibit, which featured people living with HIV. Additional FDOH Broward staff set up a table and distributed materials to raise HIV and PrEP awareness. In total, around 45 people were present, 37 of whom received materials from the DOH Broward table.
- On 12/1/22, In recognition of World AIDS Day, the Florida Department of Health HIV Prevention Team and the North Broward County Alumnae Chapter of Delta Sigma Theta Sorority, and Broward Partnership for the Homeless hosted an HIV educational forum which included HIV educational presentation by community organization and DOH HIV Prevention team. The presentation was well received and sparked interesting and energized question from the participants. Fifty community members attended.
- On 12/2/22, HIV Prevention staff attended Light up Sistrunk, an annual holiday toy drive and health fair event. The event is composed of live entertainment, food trucks, and community outreach resources. BAAG Broward County, partnered with The City of Fort Lauderdale, Ujima Men's Collective, AHF, BLACC, Clear Health Alliance, Midland Medical, Broward House, Broward Health, Broward County Property Appraiser, Broward Community Care Center, New FL Majority, and Be a Champion For HIV-AIDS Organization to bring continuous education and information regarding HIV awareness and prevention methods while also bringing a smile to a child's face. The Black AIDS Advisory Group gave away over 1200 toys to the children in the community. The HIV Prevention team table informed over 400 individuals of HIV Prevention options such as PrEP and nPEP and our Get PrEP Broward program and website information.
- On 12/3/22, DOH Broward staff from multiple programs, including HIV Prevention, Overdose to Action/Opioid, and Perinatal HIV Prevention, attended Audacy Beach Music Festival. This festival brought over 60,000 people to the beach over a two-day period. HIV Prevention staff engaged with 760 individuals, sharing the programs and services offered by DOH Broward, along with HIV education, condom usage, PrEP, and upcoming events.
- On 12/10/22, educators from DOH Broward as well as DOH Palm beach attended a World AIDS Day event at William Memorial CME Church and presented HIV Prevention education while reaching out to faith community. Seventeen community members attended.
- On 12/28/22, Ujima Men's Collective hosted a Kwanzaa community event. The event was very educational; attendees were taught about the history, principles, and symbols of Kwanzaa. There were also musical and dance performances. Staff from DOH Broward set up a table and distributed HIV and PrEP education materials. Over 50 people were in attendance, 22 of whom received materials from the DOH Broward table.

**Perinatal Program**

- In 2022, 94 HIV-positive pregnant women were referred for case management. 8 were not pregnant, 4 miscarried and 2 terminated.
- In 2022, 89 infants were delivered by HIV-positive women. 88 had at least one negative PCR.
- There were 12 Perinatal HIV providers Network Meetings, one per month.
- There were 26 congenital syphilis cases, 85% of which were in Black non-Hispanic women.
- There were two symposiums: the 20th Perinatal HIV Symposium on June 17, 2022 was attended by 103 people virtually, and the 21st Perinatal HIV Symposium on November 18, 2022 was attended by 72 people.
- Perinatal prevention staff visited 145 OBGYNs to ensure they understood Perinatal HIV.
- Perinatal prevention staff spoke on Haitian radio 9 times in 2022 to discuss HIV and Public health.
- The perinatal program participated with Healthy Start Coalition to host three baby showers for pregnant women: 5/19/2022 was the Black Baby Shower, 10/13 and 10/14/2022 was the Haitian Baby Shower, and in September the Spanish Baby Shower was held at Memorial Hospital.

**Accomplishments or challenges**

**Accomplishments:**

- Community outreach and engagement has increased during this quarter. Through partnership opportunities during this quarter, we were able to engage 2,836 individuals.
- Through our social marketing campaign, we have distributed 235 in home test kits during this quarter, in which 29 individuals were first time testers.

**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: **33**
Walk into Wellness, 1500 N University Drive Coral Springs, FL 33071
Clinical Care Medical Centers, 750 South Federal HWY Hollywood, Fl 33020
Holy Cross Medical Group, 1100 East Broward Blvd Fort Lauderdale, Fl 33301
All Femaile Health Care, 8890 West Oakland Park BLVD STE 102 Sunrise, FL 33351
James N Luckett M.D, 4800 N.E 20th TERR STE 101 Fort Lauderdale, FL
University Health Care at Cano Health, 4800 North Federal HWY STE 200 Fort Lauderdale, Fl 33308
Jason M. Goldman MDPA, 3001 Coral Hills Dr STE 340 Coral Springs FL 33065
Institute of Advance Medicine, 7200 W Commercial BLVD STE 210 Lauderhill, Fl 33319
Medix Urgent Care Center, 2331 North SR 7 STE 102
Medix Family Medical Health CTR, 3829 Hollywood BLVD Hollywood, Fl 33021
Primary Medical Physicians LLC, 7050 Taft Street Hollywood, Fl
STAS Medical Center, 800 East Hallandale Beach BLVD Hallandale, FL
AFC Urgent Care 5812 Hollywood BLVD Hollywood, FL 33021
South Florida Care Center, 2025 A Dixie HWY Pompano Beach Florida 33060
Santis Medical Center, 6100 Hollywood BLVD STE 300 Hollywood, FL 33024
Vidamax Medical Center, 2040 Washington ST Hollywood, FL 33020
Vidamax Medical Center, 6109 Pembroke RD Hollywood, FL
Orchid OBGYN, 3600 Red Road Miramar, FL 33025
Dr. Fabienne Achille, 600 N Hiatus RD Pembroke Pines, FL 33026
Christos Doctors Inn Walk In Medical, 4000 North SR 7 Lauderhill Lakes 33319
Elite Health Medical, 1380 South Hiatus Road Pembroke Pines, Fl 33025
Family Medical Center, 1150 North University Drive Pembroke Pines, FL 33024
Family Medical Center, 17933 N.W 17th St Pembroke Pines, FL 33029
Total Womens Healthcare, 3801 Hollywood BLVD Hollywood, FL 33021
MPG Divison of Infectious Disease, 5647 Hollywood BLVD Hollywood, FL 33021
The Benjemin Center of Hollywood, 3939 Hollywood BLVD Hollywood, FL 33021
Cintex Medical, 2221 North University DR Pembroke Pines, FL
Pediatrics P.A, 3220 South Douglas RD Miramar, FL 33025
Total Womens Healthcare, 1761 nw 123RD ave Pembroke Pines, FL 33021
Hollywood Pediatrics, 4430 Sheridan Street STE B Hollywood, FL 33021
Planned Parenthood, 263 North University Drive Pembroke Pines, BLVD 33024
Peagus Community Health Services, 2655 East Commercial BLVD Fort Lauderdale, FL 3308
Care for You Medical, 5412 West Atlantic BLVD Margate, Fl 33063

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

## PrEP DATA

| **Number of PrEP Detailing** | | |
|---|---|---|
| One-on-one provider/office detailing visits: **308**<br>Providers at Practices: **676** | Provider education (group), summits, meetings, institutes, etc.: 0 | Educational materials to providers (toolkits, posters, etc.): |
| **Number of PrEP Referrals** | | |
| DIS: 0 | Navigators: 0 | Testing: 337 |
| Outreach & Education Staff: 0 | DOH Clinical Staff: N/A | Other: 216 |
| Total Number of Referrals: Our current PrEP program monitoring system tracks the referral sources listed by self-report only; there are no associated referral forms. | | |

**END OF MEETING PACKET**