Broward County HIV Health Services Planning Council Meeting

Thursday, March 23, 2023 - 9:30 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

I. CALL TO ORDER/ESTABLISHMENT OF QUORUM

II. WELCOME FROM THE CHAIR

1. Meeting Ground Rules
2. Statement of Sunshine
3. Introductions & Abstentions
4. Moment of Silence

III. PUBLIC COMMENT

IV. **ACTION:** Approval of Agenda for March 23, 2023

V. **ACTION:** Approval of Minutes from February 23, 2023

VI. FEDERAL LEGISLATIVE REPORT

a. None

VII. CONSENT ITEMS

a. Motion to reinstate Dr. Mark Schweizer to the Priority Setting and Resource Allocation Committee
PROPOSED BY: PSRA Chair

VIII. DISCUSSION ITEMS

a. None

IX. OLD BUSINESS

a. Discussion on the status of the Memorandum of Understanding with the Ryan White Part A Office: Executed MOU **(Handout A)**

b. Discussion on the status of the Revised By-Laws

c. Ad Hoc Committee on Term-Limits – Four members to volunteer to serve.

Purpose: To develop policies and procedures for the new term-limit requirement for the HIVPC.

X. NEW BUSINESS

a. Discussion on the status of the Integrated HIV Prevention and Care Planning activities.

b. Discussion Ryan White Part A Virtual Site Visit by HRSA: Meeting with HIVPC Chair and Vice Chair/Executive Committee, June 5th at 1:00 pm; Meeting with PWH/Part A Consumers, June 5th at 3:00 pm.

c. Update on Ryan White Part A Providers' Quality Improvement Projects FY 2022-2023 **(Handout B**)

XI. COMMITTEE REPORTS

1. Community Empowerment Committee (CEC)
   Chair: Shawn Jackson • Vice Chair: Andrew Ruffner
   March 7, 2023

   i. **Work Plan Item Update/Status Summary:** Continuing the discussion on topics for listening sessions within the continuum, specifically for consumers to discuss their experiences navigating the Fort. Lauderdale Broward EMA system of care.
   Work Plan Activity: Engage consumers in town hall listening sessions.
   - March 11, 2023, National Women and Girls HIV/AIDS Awareness Day. Volunteers needed to help set up the event.
   - April 19, 2023, National Fair Housing Month: Housing Conversation. Panelists: Rachel Williams, Stacy Hyde, Jamie Powers, Jacqueline Stewart, Chairman Williams, and Eboni Chrispin have agreed to speak during the event.
   - May 2023, Vaccine Awareness Day (Tentative date: May 18th): NIH, SFAETC, and/or USF are possible organizations that will host webinars for the particular awareness day.
   - June 2023, Leather Kink in Healthcare Part II- Discussion with Providers (Tentative Date: June 16th): Held at The Eagle, Wilton Manors. Recommendation to reach out to Midland Medical. Holy Cross is willing to participate in the panel. Nicole Hallowell, entertainer, is interested in being a co-host for this panel and is offering her services for free of charge. Confirmation on provider attendance is necessary.

   ii. **Data Requests: None.**
   iii. Rationale for Recommendations: None.
   iv. Data Reports/ Data Review Updates: None.
   v. Other Business Items:
   Statewide Gay Men's Summit. Three tentative weekends: October 19th-21st; October 26th-28th; or November 2nd-4th. Ideas on how to structure the summit and further information is awaiting. Topics should be addressed from a community standpoint dealing with gay men's health. Recruitment on Mental Health specialist to help participate and lead community events.
   vi. Agenda Items for Next Meeting:
   - Address more questions and topics on the Statewide Gay Men's Summit.
   - April 4th, combine BAAG (Black Aid Advisory Group) and CEC meeting. Educate how the Committee conducts planning and provide an update on CEC and what it means to be a member of CEC.

   vii. **Next Meeting date:** April 4, 2023, at 3:00 PM at BRHPC and via WebEx Videoconference

2. System of Care Committee (SOC)
   Chair: Andrew Ruffner • Vice Chair: Jose Castillo
   March 2, 2023

   i. **Work Plan Item Update/Status Summary:**
   - Since the SOC reviewed/updated, "How Best to Meet the Need Language" for FY 2024-2025," the committee has addressed Workplan Activity 1.5: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.

ii. **Data Requests:** none**.**
iii. **Rationale for Recommendations:**
- T. Pietrogallo recommended to have diversity with provider selection that services Ryan White Clients.
- A. Ruffner recommended having a committee member attend one of the focus group sessions to obtain a better understanding of the clients' needs.
- A. Ruffer recommended having a flow-chart for each system of care service category to help the staff and clients navigate through the Ryan White Program.
- The SOC Committee recommendations for the How to Best Meet the Need Language presentation was to change the language to certain polices under the following categories: All Services, Core Medical Services, and Support Services.

iv. **Data Reports/ Data Review Updates:**
- Recurring themes from the focus group needs assessment were as follows: housing, case management services, linkage to care dealing with HIV/AIDS Stigma, having a comprehensive yearly recertification process, peer navigation services, food nutrition services.

v. **Other Business Items: None.**
vi. **Agenda Items for Next Meeting:** To Be Determined
vii. **Next Meeting date:** April 6, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

3. Membership/Council Development Committee (MCDC)
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
No Meeting – Next Meeting April 2023

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

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 13, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

4. Quality Management Committee (QMC)
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant
March 20, 2023 - No Meeting Held

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

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 17, 2023, at 12:30 PM at BRHPC and via WebEx Videoconference

5. Executive Committee
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
March 16, 2023

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

- Status of the Memorandum of Understanding of Ryan White Part A office has been executed.
- Revised By-Laws is under final review. Ryan White Recipients' county

attorney is checking administrative code to see whether the board of commissioners need to vote on the By-Laws and to check on next steps.

- Integrative HIV Prevention and Care Planning was officially submitted to HRSA on time. An additional month was provided to do final revisions which was completed. On March 30th at 2:00PM members of the Integrative Plan Committee are to meet and decide next steps to ensure the integrated plan is implemented.
- Ryan White Part A virtual site visit with the HIVPC chair and vice-chair and the Executive Committee on June 5th at 1:00PM with a second meeting with the Part A Consumers at 3:00PM.

ii. Data Requests: None.
iii. Rationale for Recommendations: None.
iv. Data Reports/ Data Review Updates: None.
v. Other Business Items:
- Reinstatement of Dr. Mark Schweizer to be a member of PRSA.

vi. Agenda Items for Next Meeting:
- Review the New Subcommittee for Policy and Procedures for term limits for new members.

vii. **Next Meeting date:** April 20, 2023, at 11:30 AM at BRHPC and via WebEx Videoconference

6. **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Vacant
March 16, 2023

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

- Monthly Expenditure/Utilization Report- by service.
- Review Service Categories for Broward County Ryan White Part A Services to vote on service categories for the new FY. Justification on these services will be discussed on whether services should or should not be funded.
- Discussion on Federal Poverty Level (FPL) by Service Category: Part A Office.
- Overview on How Best to Meet Priority Needs based on HRSA Requirements.

ii. Data Requests:
- Updated version of Ryan White Services (**PSRA Handout B**) because the chart is currently missing some boxes.

iii. Rationale for Recommendations: None.
iv. Data Reports/ Data Review Updates:

- Ryan White Part A and MAI FY 22-23 Allocations. Expended Total Part A Funds: 94%. Expended Total MAI Funds: 73%.
- UPDATED FPL total (Unduplicated)- 0-49: 33%; 50-100: 20%; 101-150: 15%; 151-200: 10%; 201-250: 7%; 251-285: 3%; 286-299: 1%; 300-349: 3%; 350-399: 2%. **(PSRA Handout C)** 82% of clients in the network are under 200% FPL.

v. Other Business Items:
- Ryan White office sent out contract adjustments exercising the current option period ’23-’24. Contract adjustment has been received by Recipients and are preparing to place the information in Provide Enterprise. Partial award is currently being worked on.

vi. Agenda Items for Next Meeting:

- Discussion on how data should be presented in the future.

- Review all Parts of Ryan White Services. Presentations will include data related to: Client Utilization; Funding Allocation; Provided Services; Notable Trends; and Recommendations for Part A.

vii. **Next Meeting date: April 20, 2023, at 9:00 AM at BRHPC and via WebEx** Videoconference

7. Ad-Hoc By-Laws and Memorandum of Understanding Committee
   Chair: Brad Barnes • Vice Chair: Vacant
   No Meeting Held

   i. Work Plan Item Update/Status Summary:
   ii. Data Requests:
   iii. Rationale for Recommendations:
   iv. Data Reports/ Data Review Updates:
   v. Other Business Items:
   vi. Agenda Items for Next Meeting:
   vii. **Next Meeting date:** Time and Location TBD

XII. RECIPIENT REPORTS

8. Part A
9. Part B (Handout C)
10. Part C
11. Part D
12. Part F
13. HOPWA
14. Prevention – Quarterly Update (April, July, October, January) (Handout G)

XIII. PUBLIC COMMENT

XIV. AGENDA ITEMS FOR NEXT MEETING

15. Next Meeting Date: April 27, 2023, at 9:30 a.m. at BRHPC and via WebEx

XV. ANNOUNCEMENTS

XVI. ADJOURNMENT

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

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

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

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

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

April 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	3	4 Community Empowerment Committee Meeting (CEC) Joint meeting with Black AIDS Advisory Group 1:00 PM – 3:00 PM Location: FLDOOH- Broward's Tobacco Room	5 Quality Network Meeting 9 AM - 10 AM Oral Health Network Meeting 3 PM – 4:15 PM	6 System of Care Committee Meeting (SOC) 9:30 AM – 11:30 AM Location: BRHPC/WebEx Medical Provider Network Meeting 2:30 PM – 3:45 PM	7 South Florida AIDS Network Meeting (SFAN) 9:30 AM –11:30 AM	8
9	10	11	12	13 Membership Committee Meeting 9:30 AM – 11:30 AM Location: BRHPC/WebEx	14	15
16	17 Quality Management Committee Meeting (QMC) 12:30 PM – 2:30 PM Location: BRHPC/WebEx	18	19 CEC's Community Conversations Overcoming the Housing Crisis for PWH 7 pm-9 pm Location:: World AIDS Museum	20 PSRA Committee Meeting 9:00 AM – 11:00 AM Location: WebEx Executive Committee Meeting 11:30 AM-1:30 PM Location: Ujima Men's Collective Conference Room/WebEx	21	22
23	24	25	26	27 HIV Planning Council (HIVPC) Meeting 9:30 AM – 11:30 AM Location: BRHPC/WebEx	28	29

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

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

April 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@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap 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 resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

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

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

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

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

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

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

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIVPC: Broward County HIV Planning Council

HMSM: Hispanic Men who have Sex with Men

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources and Service Administration

HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

MSM: Men Who Have Sex with Men

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

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

HIV Health Services Planning Council

Thursday, February 23, 2023 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC and Executive Chair), V. Biggs (HIVPC and Executive Vice-Chair), R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster (MCDC Chair), T. Moragne (MCDC Vice-Chair), J. Castillo (SOC Vice-Chair), J. Rodriguez, B. Fortune-Evans (QMC Chair), E. Dsouza, S. Jackson-Tinsley (CEC Chair), A. Ruffner (SOC Chair), B. Barnes (PSRA Chair), I. Wilson (CEC Vice Chair)

Members Absent: J. Casseus, R. Jimenez

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

Planning Council Support Staff Present: G. Berkley-Martinez, B. Miller, D. Liao, M. Patel

Guests Present: R. Honick, A. Abdool, R. M. Cassini, K. Kirkland-Mobley, P. Jenkins, M. Schweizer, L. Aguilar

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

The PSRA Chair called the meeting to order at 9:32 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.

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. L. Aguilar, on behalf of the University of Miami, announced regional training opportunities for health care providers on an array of topics involving mental health.

Meeting Approvals:

The approval for the agenda of the February 23, 2023, HIVPC meeting with amendments was proposed by V. Biggs, seconded by V. Foster, and passed unanimously. The approval for the minutes of the January 26, 2023, meeting as presented, was proposed by V. Foster, seconded by S. Tinsley-Jackson, and passed unanimously.

Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the February 23, 2023, HIV Health Services Planning Council agenda with amendments. The motion was seconded by V. Foster and adopted unanimously.

Motion #2: V. Foster, on behalf of HIVPC, made a motion to approve the January 26, 2023, HIV Health Services Planning Council meeting minutes with the correction of the PSRA Chair as presented. The motion was seconded by S. Jackson-Tinsley and adopted unanimously.

Federal Legislative Report:

A written legislative report (Handout A on file) was provided to the Council by Marty Cassini, Esq., of the Intergovernmental Affairs Office. The report provided an overview of the federal funding updates from Ryan White, Prevention, Health Center Funding, and HOPWA.

Consent Items:

The motion to approve the consent items was passed unanimously.

Discussion Items:

Motion #3: The Executive Committee made a motion to approve the Draft HIVPC By-Laws which was seconded by V. Foster and adopted unanimously.

Old Business: None.

New Business: None.

Committee Reports

a. **Community Empowerment Committee – February 7, 2023**
   Chair: S. Jackson, Vice Chair: A. Ruffner
   The report stands.

b. **System of Care Committee – February 2, 2023.**
   Chair: A. Ruffner, Vice Chair: Jose Castillo
   The report stands.

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

d. **Quality Management Committee – February 13, 2023**
   Chair: B. Fortune-Evans, Vice Chair: Vacant
   The report stands.

e. **Priority Setting & Resource Allocation Committee – February 16, 2023**
   Chair: B. Barnes, Vice Chair: V. Moreno
   The report stands.

   Motion #4: B. Barns made a motion to create a subcommittee that will create policies and procedures regarding term limits of council members which will be incorporated in the Executive By-Laws or HIVPC By-Laws. The motion was seconded by T. Moragne and adopted unanimously.

f. **Executive Committee – February 16, 2023**
   Chair: L. Robertson, Vice Chair: V. Biggs
   The report stands.

g. **Ad-Hoc By-Laws and MOU Committee – No Meeting**
   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 January 2023 ADAP Report and the Ryan White Part B service category expenditures for December 2022.
c. **Part C:** The Part C Representative reported that housing and mental health continue to be a pressing issue for their patients.
d. **Part D**: The Part D representative reported that they are still actively searching for an adult provider for women and their adult partners.
e. **Part F:** The Part F representative reported submitting a renewal application for a 5 year grant. Part F is also receiving an excess of 100 referrals for new clients per month. With the uptake in referrals, Part F is finding it challenging to meet the demand for oral health while maintaining the active patient list of 2000 clients.
f. **HOPWA:** For the fiscal year of 10/01/2022 to 12/31/2022, the HOWPA representative presented the council with the Program and Budget Expenses Report. From the remaining funds of the previous fiscal year, HOPWA is taking steps to invest in two housing projects for clients living with HIV. The Broward County Housing Authority is opening a housing opportunity for senior citizens in the Griffin and 441 area.
g. **Prevention:** There was no Prevention Report for this meeting.

Public Comment

None.

Agenda Items for Next Meeting

The next HIVPC meeting will be held on February 23, 2023, at 9:30am. Location: Broward Regional Health Planning Council.

Announcements:

- V. Biggs: Opening of the Holy-Cross Clinic at the YMCA on March 1, 2023, from 2pm to 4pm
- A. Ruffner: Requested the representation of organizations at Broward County's School Board Meeting regarding the policy surrounding sex education in schools
- **Motion #5: B. Barns made a motion to allow the Chair of the HIVPC or HIVPC representative to speak at that the Broward County School Board hearing on March 7, 2023 which was seconded by A. Ruffner and adopted unanimously.**
- A. Cutright: Florida AIDS Walk – on Saturday, March 18, 2023
- S. Jackson-Tinsley: For the National Women and Girls HIV/AIDS Awareness Day, the CEC's Community Conversation Event will partner with the Positive People Network to host a celebrity style clothing swap which will showcase a discussion panel of HIV/AIDS speaker on March 11, 2023, at the African American Library from 11am to 4pm.
- B. Barns: The Poverello Center is going to be hosting a workshop entitled Aging into Medicare 101 in March and October of 2023.
- L. Robertson: Ujima's Men Collective will be hosting an event on February 23, 2023, to celebrate Black Excellence at the LA. Lee YMCA/Mizell Community Center from 6pm to 7pm.

Adjournment

There being no further business, the meeting was adjourned at 11:11am.

HIVPC Attendance for CY 2022 -2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	26	23											
0	1	1	1	Barnes, B.	A	X											
1	1	0	2	Bhrangger, R.	X	X											
0	1	0	3	Biggs, V., V.Chair	X	X											
0	0	0	4	Cutright, A.	X	X											
0	0	0	5	Fortune-Evans, B.	X	X											
0	0	0	6	Foster, V.	X	X											
1	1	0	7	Marcoviche, W.	X	X											
0	0	0	8	Moragne, T.	X	X											
0	1	0	9	Robertson, L., Chair	X	X											
0	0	0	10	Rodriguez, J.	X	X											
0	0	1	11	Ruffner, A.	A	X											
0	0	0	12	Schweizer, M.													
0	0	0	13	Wilson, I.	X	X											
0	1	0	14	Jackson-Tinsley, S.	X	X											
0	1	0	15	Castillo, J.	X	X											
0	0	0	16	Dsouza, E.	X	X											
0	0	1	17	Jimenez, R.	X	A											
0	0	2	18	Casseus, J.	A	A											
2	7			Quorum = 10	14	13											
11%	39%																

Legend:

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

HIV Health Services Planning Council Meeting Minutes – February 26, 2023
Minutes prepared by PCS Staff

HANDOUT A

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. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient

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, 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 the 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 services 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 the 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 Ryan White Administrative Agency**

Efrem Crenshaw
Director, Community Partnerships Division
Broward County Human Services Department
115 S. Andrews Ave,
Fort Lauderdale, FL 33301
Tel: 954-357-6398
Fax: 954-357-5897
E-mail: Ecrenshaw@broward.org

2) **For the Planning Council**

Lorenzo Robertson
HIV Health Services 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

3) **For the Planning Council Support**

Michael De Lucca, President/CEO
Broward Regional Health Planning Council, Inc.
(Planning Council Support Provider)
200 Oakwood Lane, Suite 100,
Fort Lauderdale, FL 33020
Tel: 954-561-9681
Fax: 954-564-1885
E-mail: mdelucca@brhpc.org

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: 3-9-23
Community Partnerships Division
Broward County Human Services Department

Chair, HIV Health Services Planning Council — Date: 2-2-2023

Planning Council Support — Date: 2-7-23
Broward Regional Health Planning Council

HANDOUT B

Broward EMA Ryan White Part A Program

FY2022-2023

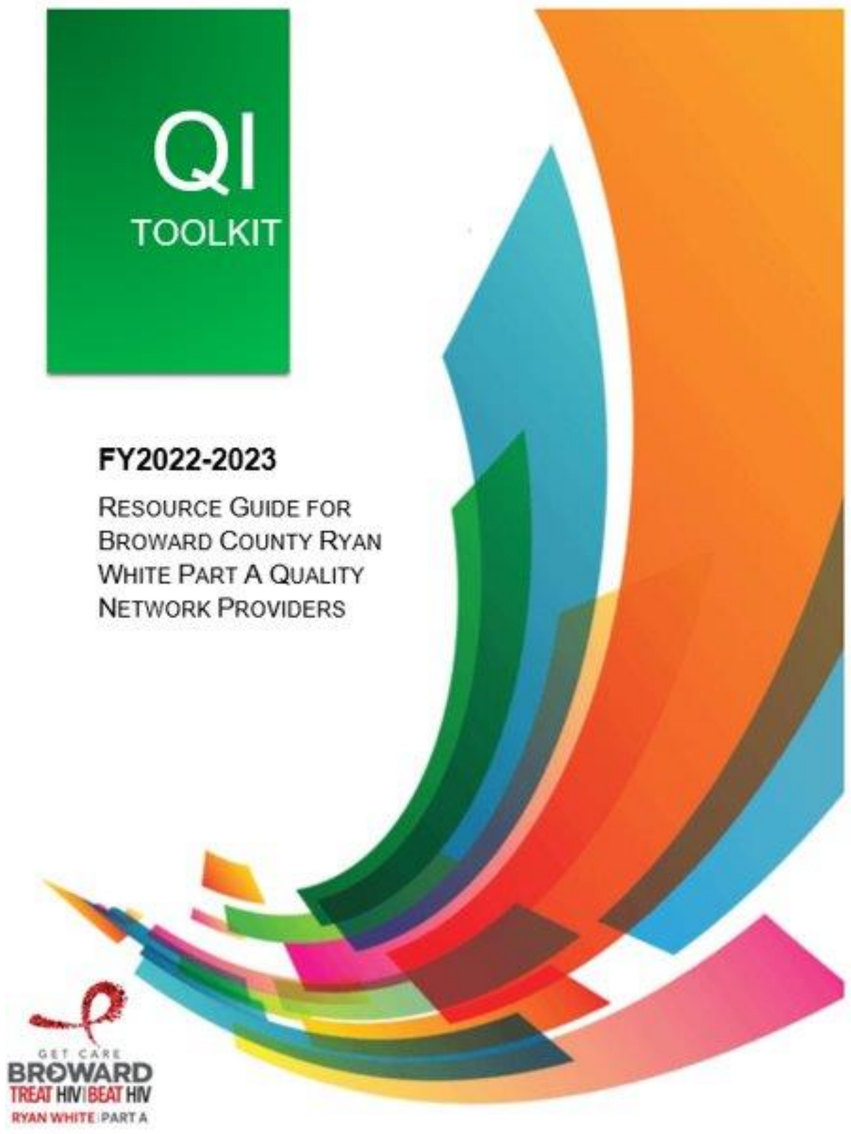
Ryan White Quality Network:

Quality Improvement Project Presentation

PRESENTED BY
BRIANNE MILLER, MPH, CHES & DANIELLE LIAO, MPH

FY 2022-2023 QIP Review

The purpose of this presentation is to discuss and review selected Quality Improvement Projects from the Quality Network within the 2022-2023 fiscal year.



Fiscal Year 22-23

The Broward EMA Ryan White Part A Program quality improvement focus for FY 2022-2023 is closing the gap between linkage to care and retention in care, specifically among subpopulations, including:

- Black-African American Non-Hispanic/Latinx Cis-Gender Adolescent Adult Male and Female who acquired HIV infection due to heterosexual contact
- Hispanic/Latinx Adolescent Adult MMSC
- White Non-Hispanic/Latinx Adolescent Adult MMSC

Quality Improvement Projects (QIPs) should focus on addressing this gap.

QIP PLANNER 2022-2023

This planner is a recommended timeline for deliverables related to the QIP process.

Checkpoint check-ins are one on one virtual check ins and provide an opportunity to check in with the CQM team. Time slots are available from 10am to 3pm

QIP PHASE	STARTING	ENDING
STEP 1: GEARING UP FOR QIPS	3/1/22	4/11/22
STEP 2: IDENTIFYING THE PROBLEM	4/12/22	5/2/22
STEP 3: AIM STATEMENTS	5/3/22	6/20/22
STEP 4: PDSA CYCLES	6/21/22	10/3/22
STEP 5: PRELIMINARY DATA REVIEW AND EVALUATION	10/4/22	11/28/22
STEP 6: QIP POSTER	11/9/23	1/9/23

CHECKPOINT CHECK-INS	DATE 1	DATE 2
IDENTIFY FOCUS AREAS FOR QIPS	3/29/22	3/31/22
DRIVER DIAGRAM	4/21/22	4/28/22
AIM STATEMENT	5/16/22	5/18/22
DRIVERS/CONTRIBUTING FACTORS	6/10/22	6/14/22
PDSA CYCLE PLANNING FORM	7/25/22	8/30/22
PRELIMINARY DATA REVIEW & EVAL	11/8/22	11/15/22
QIP POSTER	1/23/23	2/6/23

Checkpoint due dates are in highlighted.

MARCH

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FEBRUARY

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Medication Adherence In Clients 59 & Over

AGENCY B

BACKGROUND

- Improving viral suppression rate in clients over the age of 59.
- During the pandemic, **AGENCY B** noticed an increase in viral load amongst our older client population. The highest V/L reading being 852,000 copies

AIM STATEMENT

AGENCY B aims to increase viral suppression rates from 71% to 73% through medication adherence interventions by December 2022 for Ryan White clients aged 59 and over.

MEASURES

Process Measures

- **AGENCY B** used appointment codes and a tracking spreadsheet for all appointments relating to education and monitoring.

Outcome Measures

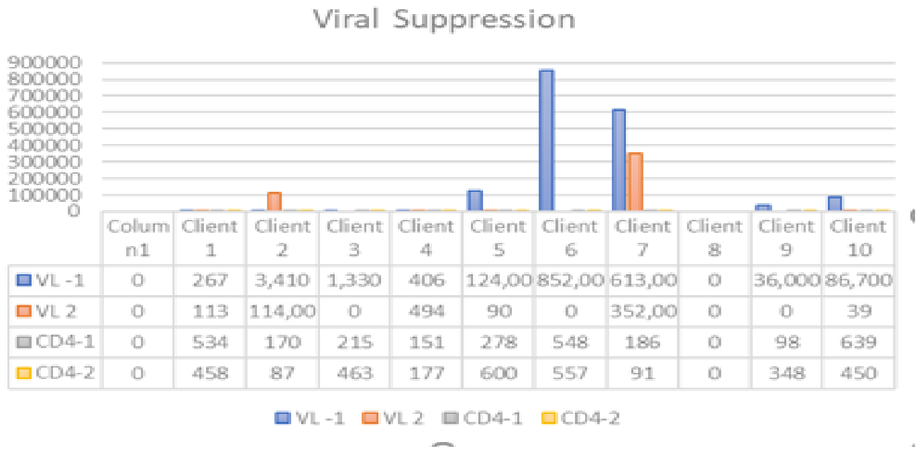
- Clients were tested on their knowledge of their antiretrovirals by name/color as well as having access to their list of medications.

PDSA CYCLES

Cycle 1 Medication adherence through education & Health Literacy.
Plan: Test clients' knowledge about meds.
Do: Clients shared their medication card with providers.
Study: Significant improvement in viral load analysis reading. Results were confirmed from the two most recent readings within the last 6 months.
Act: Successful implementation of the medication card. Clients were engaged in helping fill out their card and it gave them a sense of empowerment.

Cycle 2 Improve pharmacist-patient relationship & med review.
Plan: Ensure all meds are going to one pharmacy; it helps if its community based.
Do: Encountered resistance from outside pharmacies. Different understanding of patient needs.
Study: Better communication/coordination from onsite pharmacy. Pharmacist makes direct contact with providers, CM's and nurses. Timely med refills and lower risk for contraindications.
Act: Better account of what is being prescribed and picked up by the clients through med review visits

RESULTS



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CD4-1	0	534	170	215	151	278	548	186	0	98	639
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Viral Load and CD4 Chart

RW QIP Tracking List 2022

DOB	Age	VL	CD4	Commorbidities	Pharmacy	Support	Nationality
11/19/1949	72	571	397	Diabetes Militus	DOH	Daughter	Jamaican
3/1/1952	70	3410	147	Anorexia, Hyperten	Walgreens	None	Haitian
11/2/1941	80	215,000	215	Type 2 Diabetes	Walgreens	None	Haitian
10/22/1957	64	406	151	Type 2 Diabetes	DOH	None	Haitian
7/6/1952	69	124,000	278	Essential Hypertension	DOH	Son	Haitian
8/24/1949	72	852,000	548	Type 2 Diabetes	Walgreens	Daughter	Haitian
9/11/1956	65	625,000	104	Pre-diabetes	DOH	None	Haitian
2/28/1958	64	4,300	66	Anemia, Smoker	CVS	None	American
7/18/1944	77	36000	98	Latent Syphilis	DOH	Daughter	Haitian
1/24/1949	73	867,000	365	Hypertension	DOH	Son	Haitian

SUCCESSES, CHALLENGES, & NEXT STEPS

- The medication card and patient-pharmacist relationship were a success. **AGENCY B** concluded the project with 8, leaving us with a viral suppression rate of 86%.
- During Cycle two we lost the use of the appointment codes.
- Moving forward we plan to continue the project by establishing or strengthening family involvement.

Accurate Data leads to Proactive Care

AGENCY E

BACKGROUND

The inability to pull accurate data reports, inhibits direct care staff from being able to proactively identify individuals at risk of, or having already fallen out of medical care.

AIM STATEMENT

AGENCY E aims to improve the quality of data entry into PE to improve reportability of client's VL suppression,CD4 Count, Client/Provider Relationships, and Retention in care.

MEASURES

Process Measures

AGENCY E aimed to maintain an active census to track caseload acuity, follow-up rates, and lab values/kept appointments.

Outcome Measures

Their CM's tracked by hand, as well as pulled reports to confirm accuracy/inaccuracy of reporting system.

PDSA CYCLES

Training and Implementation

Plan: Train staff to ensure they are knowledgeable as to where to enter/confirm data for accuracy

Do: Scheduled/Facilitated training to prepare for implementation

Study: Once staff were comfortable with implementation, monthly reports were run to assess effectiveness

Act: Follow-up with staff in monthly meetings to identify barriers to gathering/entering appropriate data

Outcome: We found that although data was entered by CM when available, some data was required to be obtained via Medical Providers. Additionally, run reports did not match data input into PE.

Relationship Building across Network Providers

Plan: Pick one medical provider to forge a clear path of obtaining needed information

Do: Management team met with medical provider representative and outlined test points within agency for access

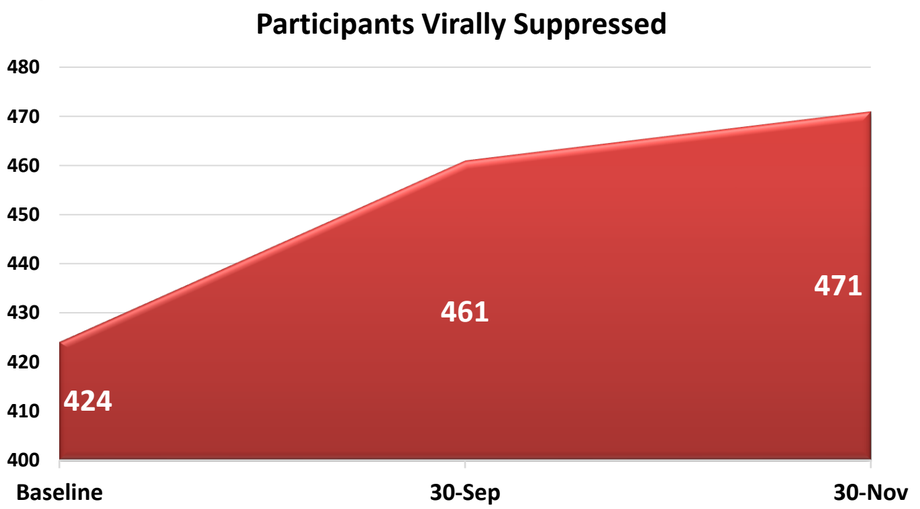
Study: Utilize those checkpoints to ensure PE data was updated

Act: Rerun reports to confirm accuracy.

Outcome: We found that PE reports did not match data input into portal.

RESULTS

Although their outcome percentages did not increase to the goal of 92% virally suppressed, **AGENCY E** were successful in increasing our viral suppression rates from 424 individuals to 471 individuals (difference of 47) .



SUCCESSES, CHALLENGES, & NEXT STEPS

AGENCY E attribute their success of increasing their VL Suppression rates for 47 individuals to their staff's dedication to hand tracking and identification of higher acuity clients, to ensure that they did not fall out of care. They will continue to work with PE to identify ways to improve reporting around data entered in the portal.

Increasing Utilization Through Awareness and Access

AGENCY I

BACKGROUND

Will utilization of Ryan White-funded legal services increase by raising awareness of and access to available services?
Why? Data show clients that utilize support services generally have a higher rate of retention and better viral suppression

AIM STATEMENT

AGENCY I aims to increase utilization from FY21-22 Qs 2 & 3 (June -Nov) by 6% by end of FY22-23 Q 3 (11/30/22) in clients utilizing Legal Services support service category.

MEASURES

Internal case management software (*LegalServer*)
- Track outreach efforts
- Client utilization
- Client surveys

Provide Enterprise
- Client utilization
- Contract utilization (monthly invoicing)

PDSA CYCLES

Increase client awareness of and utilization of available Ryan White legal services

Cycles 1, 2 and 3:

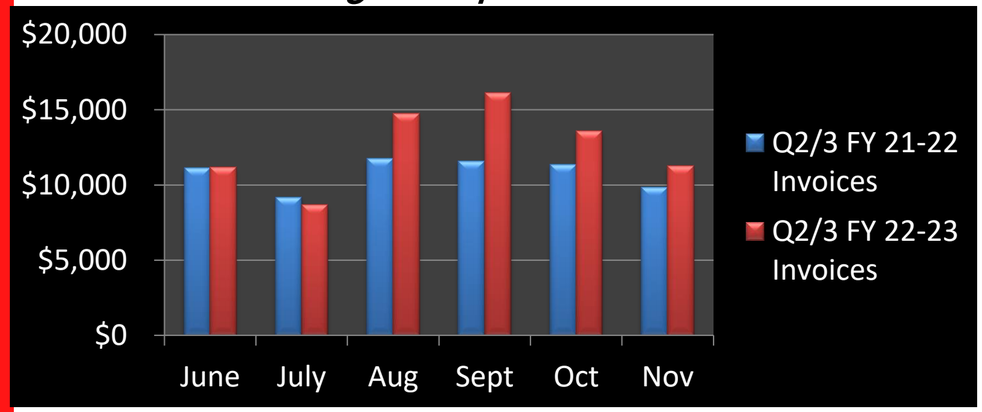
Plan: *purposeful and coordinated outreach to case managers and case management agencies to inform of most up-to-date legal service available at Legal Aid*
Do: (1) emails and direct phone calls // (2) via other sources - announcements during RW meetings (PSRA, SFAN, Quality Network, etc.), increased social media posts // (3) in-person and/or via video conference
Study: Track activities through Legal Server; Legal Server and PE client utilization and new client reports
Act: Adopt

Cycle 4

Plan: Provide options for remote and in-office appointments
Do: track client preference; survey for barriers; poll case managers
Study: results in LegalServer client files and case notes
Act: Adapt/Adopt

RESULTS

Increase in August/September client utilization



FY 2021-22 Q3 Retention in Care: 75%

FY 2022-23 Q3 Retention in Care: 80%

SUCCESSES, CHALLENGES, & NEXT STEPS

Data tracking issues
--Unable to track results of outreach for clients served through other (non-Ryan White) units at Legal Aid
--Outreach takes time to see results (delay in agencies distributing info to clients; client not seeking assistance right away after receiving info, etc.)

NEXT STEPS:
- Continue various outreach methods
- Poll clients as to how they came across our services as another way to determine if outreach efforts are working to increase utilization of Ryan White legal services
- Expand on PDSA Cycle 4 (accessibility; barriers) for future QIP?

Increase Retention of Virally Uncontrolled Black Women

AGENCY J

BACKGROUND

- The number of Black women, between the ages of 36 and 45, tend to have an uncontrolled viral load compared to our other patient populations.

AIM STATEMENT

To increase in-care retention rates among Black Women between the ages of 36 and 45, from 88% to 90% by December 2022.

MEASURES

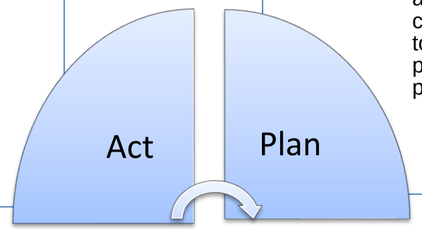
Process Measures
- Followed up with patients to ensure that they kept Medical Appointments.
- Rounded with Case Managers and the outcomes of their sessions with the patient.

Outcome Measures
- Use of the EMR
- Patient interviews (in-person and phone)

PDSA CYCLES

- **AGENCY J** adopted the cycle as we noticed the patient was able to become re-engaged and/or more compliant. Therefore, leading to the patient to become virally controlled.

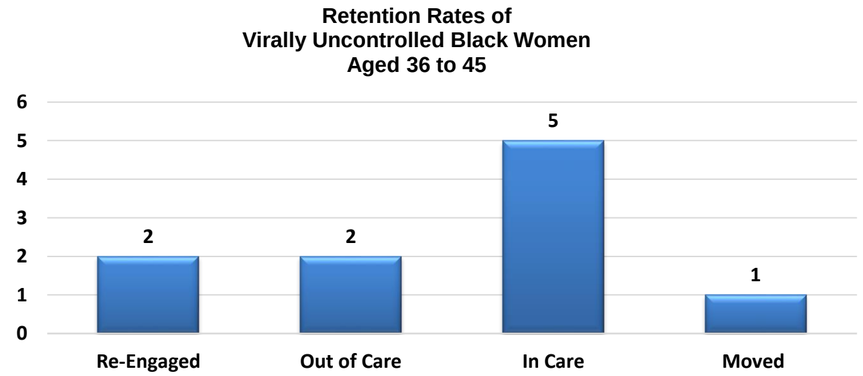
- To improve non-compliance and adherence to medical care. Therefore, leading to a virally controlled patient within this patient population.



- We found that patients have been more compliant in their medical care. This is leading us to have a virally suppressed patient.

- Identify any barriers that lead to non-compliance within this patient population.
- Refer to and provide mental health, case management, and/or transportation services.

RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

Successes:
- Patients were willing to connect to their case workers.
- Patients showed up to their appointments.
- Patients utilized **AGENCY J'S** transportation option to come to appointments.

Challenges:
- Patients not wanting to disclose personal barriers to care.
- Difficulty reaching the patient for initial assessment.
- Mental/Substance Abuse issues.

Next Steps

- Continue to monitor the retention rate of Black Women between the ages of 36 and 45, who are virally controlled.
- Continue to engage patients in Case Management, Mental Health Services and Substance Abuse Services

Any Questions?

Thank you!

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

HANDOUT B

Broward Ryan White Part A FY2022-2023 All Agency Quality Improvement Projects

Retention and Mental Health

BACKGROUND

- Retention at **"a specific clinic"** was lower than the other clinics.

AIM STATEMENT

[redacted] aims to increase retention in care from 71% to 74% at " a specific clinic" by December 2022.

MEASURES

Process Measure
Mental Health utilization

Outcome Measures
Annual Retention in care

PDSA CYCLE

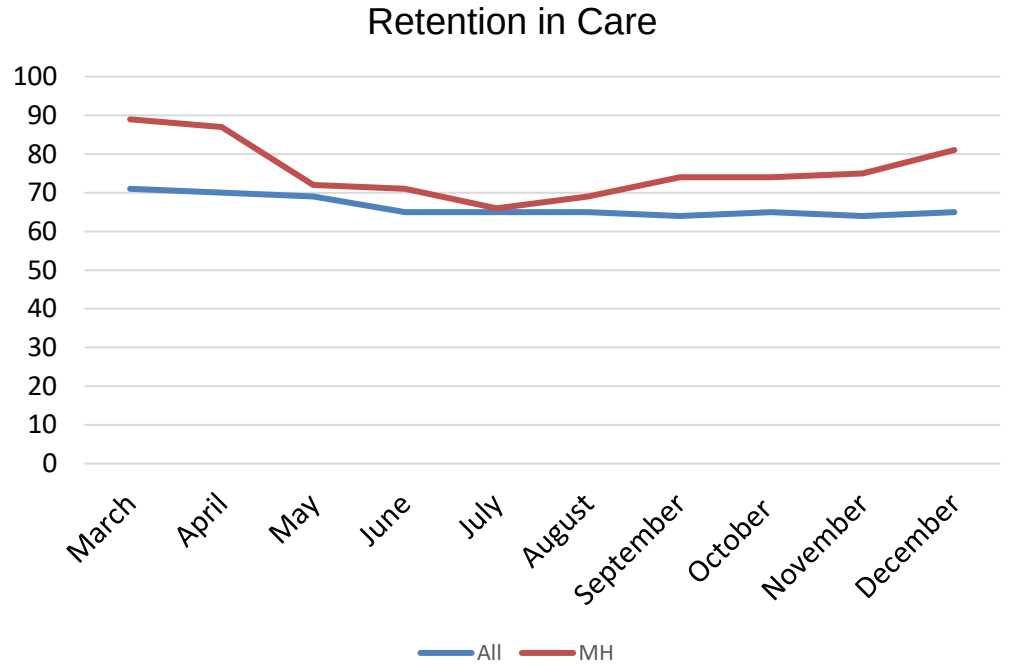
Plan: Determine whether clients receiving MH services increases overall retention in care.

Do: LCSW to offer and provided clients with [redacted] services.

Study: Overall retention has not increased.

Act: Adapt to focus more broadly on increasing retention in care.

RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

- Clients in [redacted] have consistently higher retention.
- Substance use and stigma are barriers to RIC.
- Continue to attempt to address barriers and provide [redacted] services.

ACKNOWLEDGEMENTS

Medication Adherence In Clients 59 & Over

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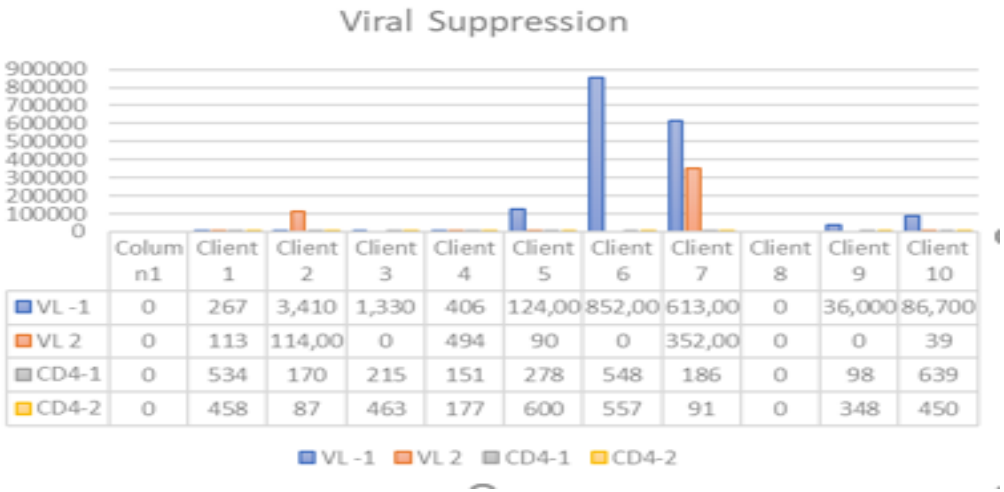

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Viral Load and CD4 Chart

RW QIP Tracking List 2022

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7/6/1952	69	124,000	278	Essential Hypertension	DOH	Son	Haitian
8/24/1949	72	852,000	548	Type 2 Diabetes	Walgreens	Daughter	Haitian
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SUCCESSES, CHALLENGES, & NEXT STEPS

- The medication card and patient-pharmacist relationship were a success. We concluded the project with 8, leaving us with a viral suppression rate of 86%.
- During Cycle two we lost the use of the appointment codes.
- Moving forward we plan to continue the project by establishing or strengthening family involvement.

Journey to Successful Viral Load Suppression

BACKGROUND

- New client will obtain Viral Load Suppression during FY 22-23.
- Clients required initial support to navigate the RW Network and ensure access and retention in care.

AIM STATEMENT

[redacted] will monitor and evaluate viral suppression of new clients to undetectable during FY 22-23, while ensuring access to and retention in care through December 2022.

MEASURES

Process Measures

- Viral Load Lab Results
- Client /TEAM Feedback

Outcome Measures

- Client Feedback and Viral Load Results
- Kept Appointments
- Independent Navigation and Compliance

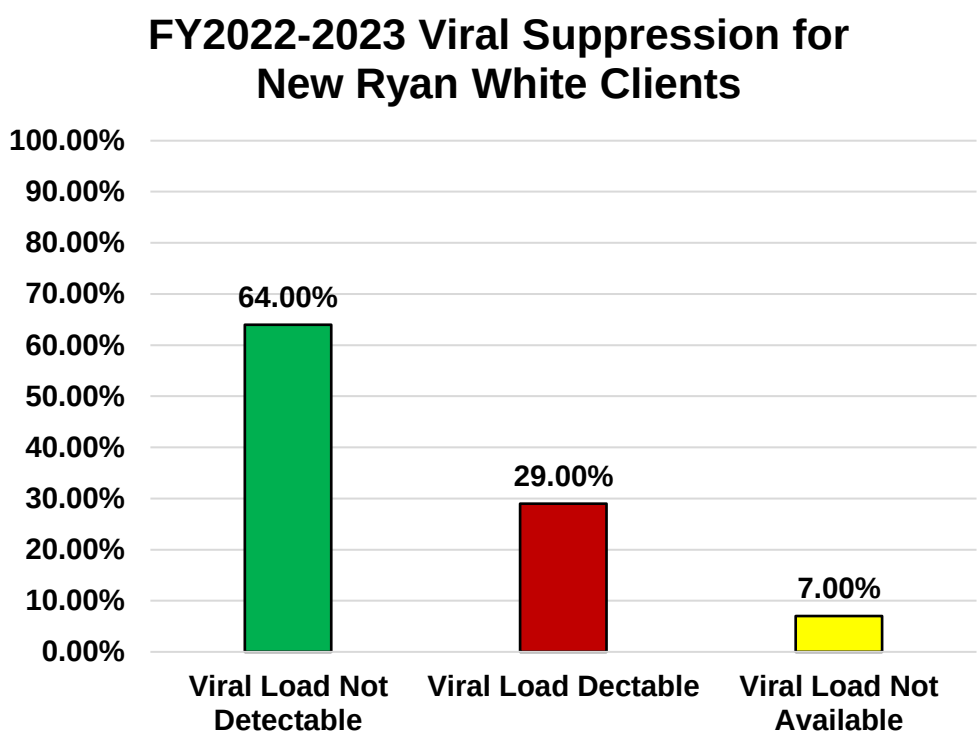
PDSA CYCLES

Cycle 1
Plan: Identify 28 new clients
Do: Weekly engage clients
Study: Client feedback accepted
Act: Move to three-month interval engagements; accepted notable client feedback; assist with rescheduling lab and medical appointments and navigating RW network for additional supportive services.

Cycle 2
Plan: Monitor 28+ clients
Do: Engagement intervals/observe
Study: SWOT analysis conducted
Act: Preliminary date evaluated; critical follow-up required for clients without case managers or peer support; Providers are not consistent with PE access and date entry of lab results.

Cycle 3
Plan: Monitor, data review, outreach
Do: Labs monitoring not successful
Study: Client monitoring of feedback and observations
Act: Lab results improving, client compliance and feedback is improving when results are trending appropriately

RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

What went well/as planned?

- Outcomes improved 29% to 64% in viral load suppression.

What went wrong?

- Data availability and operational adaptability.

How will you move forward?

- The journey will continue 23/24.

REDUCING NO SHOW RATE

BACKGROUND

- Patient volume decreased during and after COVID pandemic.
- Patients that are scheduled for primary care services with medical providers do not keep their scheduled appointment which impacts their viral suppression.

AIM STATEMENT

Broward Health Comprehensive Care Center aims to decrease the no show rate from 24% baseline to 22% .

MEASURES

Process Measures

- No show rate (missed appointment without notice)

Outcome Measures

- Use NextGen to monitor appointments status (kept, no-show, cancel).

PDSA CYCLES

PDSA Cycle 1

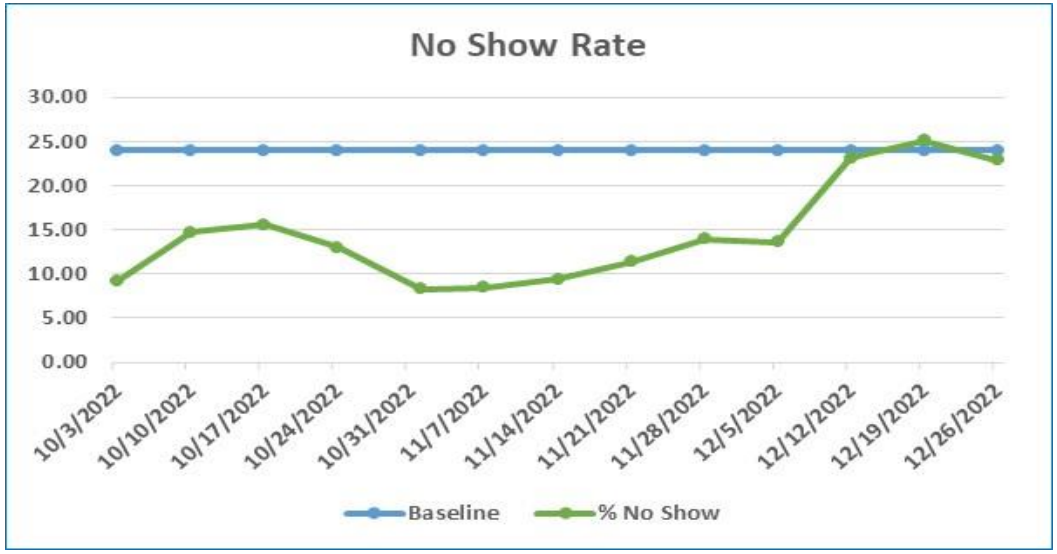
Plan: Make reminder phone calls to patients within 24 hours to prevent no-shows through December 2022.

Do: Front desk or designated staff call patients prior to their scheduled appointment.

Study: Track weekly no show rate in Nextgen for two primary care providers.

What we learned: Consistent reminder calls within 24 hours and following up with the patients the same day that they did not show to reschedule can reduce no show rate.

RESULTS



Average **no show** rate is 14.54% for the months reviewed and well below the baseline of 24%. Efforts are still ongoing to encourage patients to maintain all their scheduled appointments.

SUCCESSES, CHALLENGES, & NEXT STEPS

Successes

- Consistent reminder phone calls prior to the day of the scheduled appointment and follow-up calls to reschedule patient after missed appointments are essential to reduce no show and improve volume in the organization.

Challenges

- Staff limitations can impact the consistency in phone calls/process which negatively impacts the data.
- Provider unplanned leave, patient work schedule can impede no show rate.
- Holidays: Veterans Day, Thanksgiving, Christmas

Next Steps

- Continue to call patients to remind them of scheduled appointment.
- Text patients that have a valid mobile number on file.
- Create standardize policy on managing no show.

Accurate Data leads to Proactive Care

BACKGROUND

The inability to pull accurate data reports, inhibits direct care staff from being able to proactively identify individuals at risk of, or having already fallen out of medical care.

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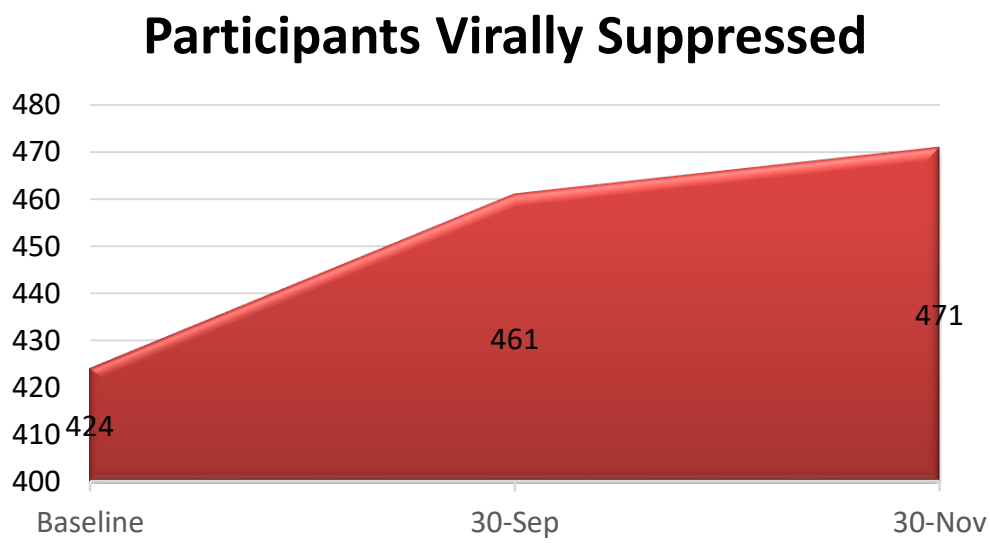
RESULTS

Although our outcome percentages did not increase to the goal of 92% virally suppressed, we were successful in increasing our viral suppression rates from 424 individuals to 471 individuals (difference of 47) .



SUCCESSES, CHALLENGES, & NEXT STEPS

We attribute our success of increasing our VL Suppression rates for 47 individuals to our staff's dedication to hand tracking and identification of higher acuity clients, to ensure that they did not fall out of care. We continue to work with PE to identify ways to improve reporting around data entered in the portal.

Care to Re-engage

BACKGROUND

Bringing HIV+ Clients in the deck caseload back into care within the DCM Caseload

AIM STATEMENT

[redacted] aims to increase the compliance rate from 44% to 50% in Broward Ryan White clients from the disease case management case load by monitoring medical appointment visits, retrieving clients lost to care, and reviewing client viral load by December 2022.

MEASURES

Process Measures

- The providers will assess patient literacy and education using their QA tool

Outcome Measures

- Track appointments made and kept in EHR

PDSA CYCLES

Cycle 1

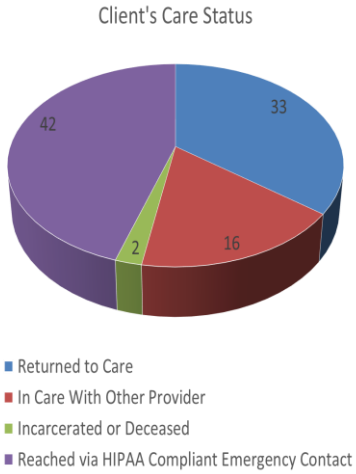
Plan: To identify cultural barriers and develop education to overcome those barriers and clarify misconceptions.

Do: Encountered clients with expired RW who did not renew. Transportation issues were identified as a barrier. Changes in providers for clients. Also, identified cultural barriers.

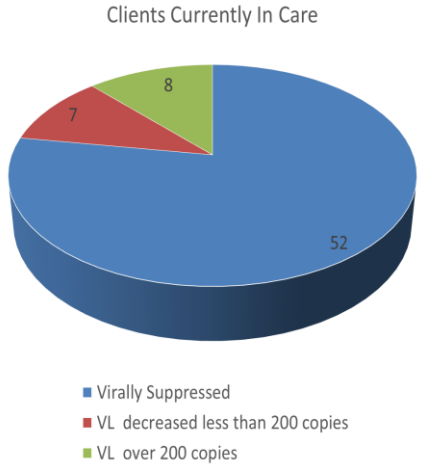
Study: Of 93 clients outreached, 33 returned to care. 16 of the 93 are in care with another provider. 2 of the 93 were unreachable due to incarceration or deceased. Of the 93, 42 HIPAA compliant emergency contacts were contacted. 41 pro-act referrals to the DOH were made.

Act: Identified several barriers to care and worked to overcome them in order to re-engage and retain patients in care.

RESULTS



Of the client case load of 93, we accounted for 100% of them in order to improve compliance. Attempts were made to contact and re-engage to bring back into care.



Currently, we have 67 clients in care. Out of the 67 patients enrolled, 52 are VL suppressed, that is 77.6 %. Out of those 67, 7 have VL count less than 200 copies, that is 10.44 %. The other 8 patients have VL over 200 copies, that is 11.9 %. We are working on achieving VL less than 200 copies with them.

SUCCESSES, CHALLENGES, & NEXT STEPS

- We are developing a standardized process for reminders and scheduling follow up appointments with all patients.
- We are using client feedback to develop educational materials to reduce barriers.

Caseload increased by using Outreach method

BACKGROUND

- HIV Population In Broward
  - ❑13 % are Haitian women
  - ❑13 % are Haitian men
  - ❑1 % are African-American
- More than 45% of our clients have had HIV within a two(2) year span
- Clients out of care are at risk for AIDS.

AIM STATEMENT

[redacted] aims to increase its case management caseload from 20 to 35 through outreach and engagement by December 2022.

MEASURES

Process Measures

- Announce services during provider meetings.
- Networking and attending partnership meetings.
- Outreach, Materials, and distribution

Outcome Measures

Use Provide Enterprise (PE) to see the number of new cases

PDSA CYCLES

Cycle 1

Plan: Contact other agencies, that do not provide the same services as [redacted] to obtain referrals.

Do: Conduct presentations to other agencies.

Study: [redacted] has contacted several agencies & [redacted] was still unable to obtain any new clients.

Act [redacted] has not obtained any clients during this cycle. As a result, [redacted] has decided to Adapt that tactic

Cycle 2

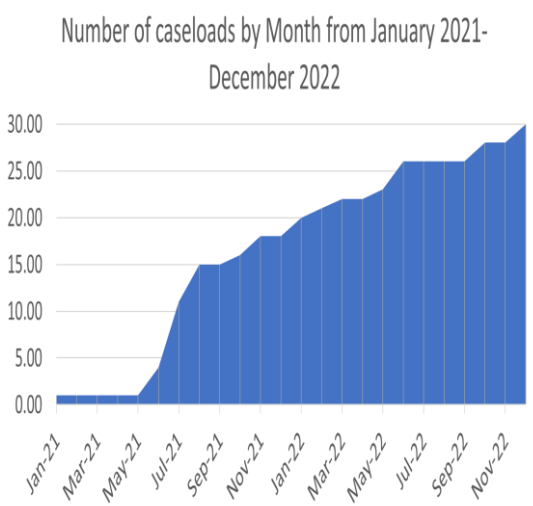
Plan: Increase outreach and engagement

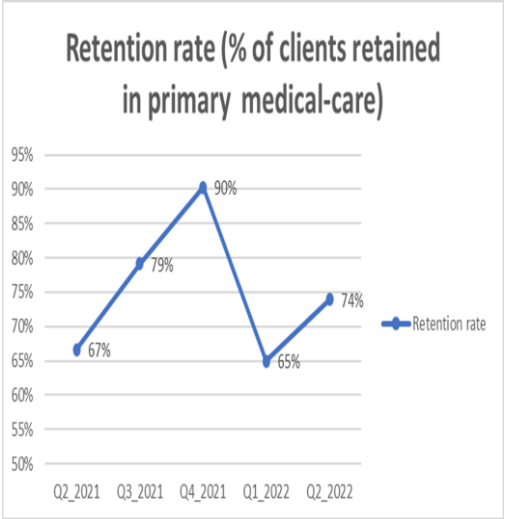
Do: Conduct presentations to other agencies and use social media to obtain new clients.

Study: Obtained a few new clients from the health department.

Act: [redacted] has obtained a few clients during this cycle. As a result, [redacted] has decided to Adopt that tactic

RESULTS





Increase rate: we increased our caseload by 50% for the year 2022, from 20 to 30 clients, using outreach

Our retention rate increased by almost 10% from quarter one(1) 2022 to quarter two (2) 2022

SUCCESSES, CHALLENGES, & NEXT STEPS

- It is challenging to do outreach and networking because the agencies have tight schedules.
- Many employees were involved and informed not only MAI employees we got a referral from an employee.
- Social Media we start working on reaching more people on social media

Increasing Retention Rate for Hispanic/Latinx Clients

BACKGROUND

- Retention in Care
- To ensure clients are In-Compliance with their HIV Care and Treatment and Medications.

AIM STATEMENT

To increase retention rate of clients from 88% to 90% by conducting a client call back protocol for Hispanic/Latinx Ryan White clients utilizing [redacted] services by December 2022.

MEASURES

Process Measures
Quarterly Reports

Outcome Measures
PE and Quarterly Reports

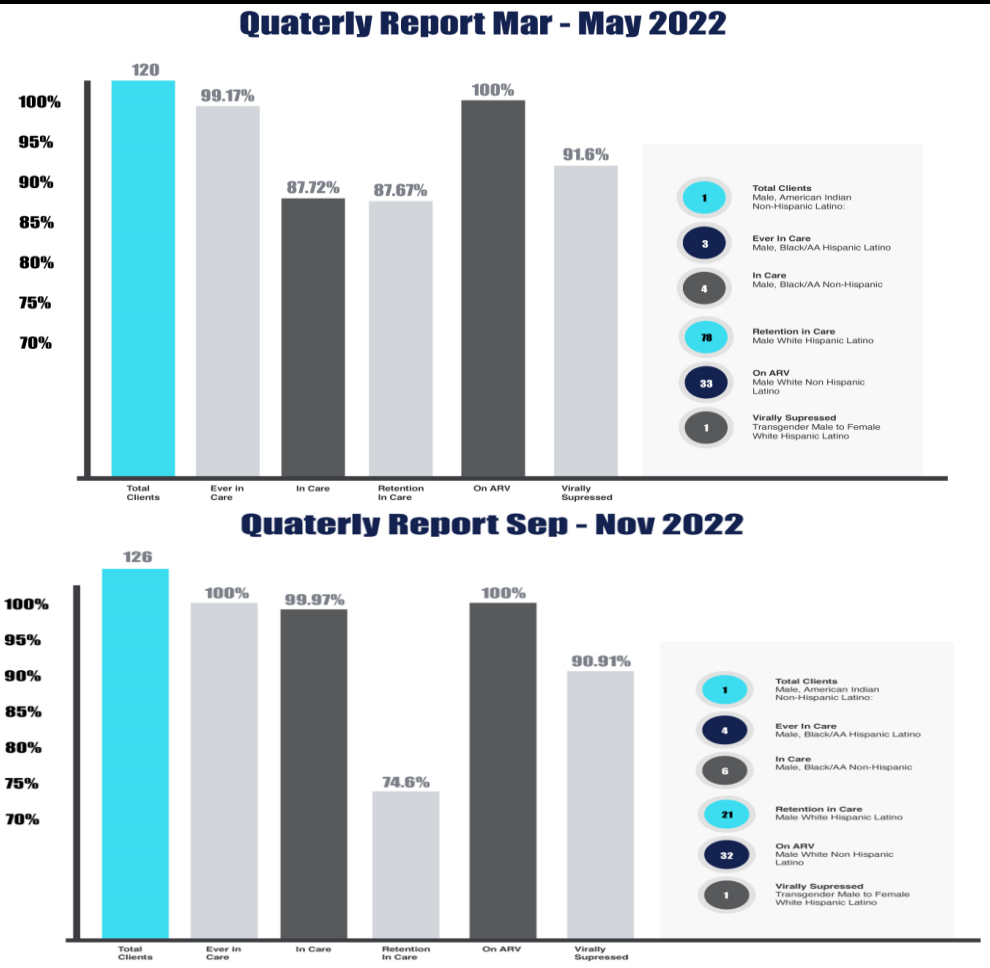
PDSA CYCLES

Cycle 1
Plan: Continue to divide my Supervisory duties & Non-Medical CM duties. F/U with assigned Testing Counselors
Do: Linked client with the Linkage Specialist to schedule an Initial Appt with HIV Care &Treatment with one of the [redacted] Facilities
Study: Quarterly Report Data show LS continues to be "In-Compliance"
Act: All services have been met & if the clients are in need of additional assistance

Cycle 2
Plan: Prioritize client's linkage to other RW services other than Medical & meds
Do: Link clients to specialists for HIV care/treatment
Study: Review FY22-23 Q2 data
Act: Adopt – continue to observe if clients need more services

Cycle 3 & 4
Plan: Client compliance & medical care maintenance
Do: Documents progress notes. Check Specific Goals within 3-6 months (i.e. Initial Appt, Follow-up, Review Lab Reports)
Study: Discussed with client the Specific Goals. Measure Outcome within 3-6 month if Action Plan Goals has been met Successfully
Act: Update Action Plan Goals and complete the Reassessment for the next 6 months

RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

- **What went well/as planned?**
  - I have anticipated that the Retention of Care will increase.
- **Challenges:**
  - Timing and Day
- **Next Steps**
  - [redacted] will continue to Adopt

Increasing Utilization Through Awareness and Access

BACKGROUND

Will utilization of Ryan White-funded legal services increase by raising awareness of and access to available services?

Why? Data show clients that utilize support services generally have a higher rate of retention and better viral suppression

AIM STATEMENT

[redacted] aims to increase utilization from FY21-22 Qs 2 & 3 (June -Nov) by 6% by end of FY22-23 Q 3 (11/30/22) in clients utilizing Legal Services support service category.

MEASURES

Internal case management software (*LegalServer*)

- Track outreach efforts
- Client utilization
- Client surveys

Provide Enterprise

- Client utilization
- Contract utilization (monthly invoicing)

PDSA CYCLES

Increase client awareness of and utilization of available Ryan White legal services

Cycles 1, 2 and 3:

Plan: purposeful and coordinated outreach to case managers and case management agencies to inform of most up-to-date legal service available at [redacted]

Do: (1) emails and direct phone calls // (2) via other sources - announcements during RW meetings (PSRA, SFAN, Quality Network, etc.), increased social media posts // (3) in-person and/or via video conference

Study: Track activities through Legal Server; Legal Server and PE client utilization and new client reports

Act: Adopt

Cycle 4

Plan: Provide options for remote and in-office appointments

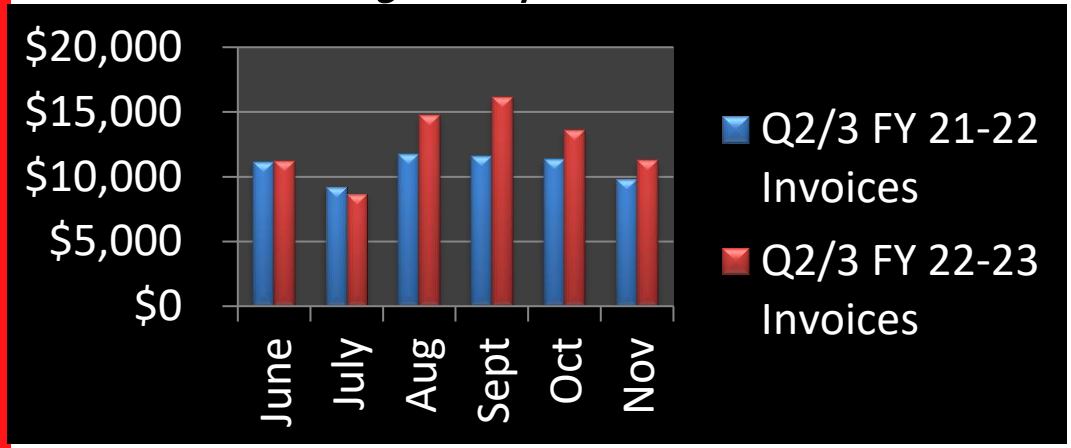
Do: track client preference; survey for barriers; poll case managers

Study: results in LegalServer client files and case notes

Act: Adapt/Adopt

RESULTS

Increase in August/September client utilization



FY 2021-22 Q3 Retention in Care: 75%

FY 2022-23 Q3 Retention in Care: 80%

SUCCESSES, CHALLENGES, & NEXT STEPS

Data tracking issues

--Unable to track results of outreach for clients served through other (non-Ryan White) units at Legal Aid

--Outreach takes time to see results (delay in agencies distributing info to clients; client not seeking assistance right away after receiving info, etc.)

NEXT STEPS:

- Continue various outreach methods
- Poll clients as to how they came across our services as another way to determine if outreach efforts are working to increase utilization of Ryan White legal services
- Expand on PDSA Cycle 4 (accessibility; barriers) for future QIP?

Increase Retention of Virally Uncontrolled Black Women

BACKGROUND

- The number of Black women, between the ages of 36 and 45, tend to have an uncontrolled viral load compared to our other patient populations.

AIM STATEMENT

To increase in-care retention rates among Black Women between the ages of 36 and 45, from 88% to 90% by December 2022.

MEASURES

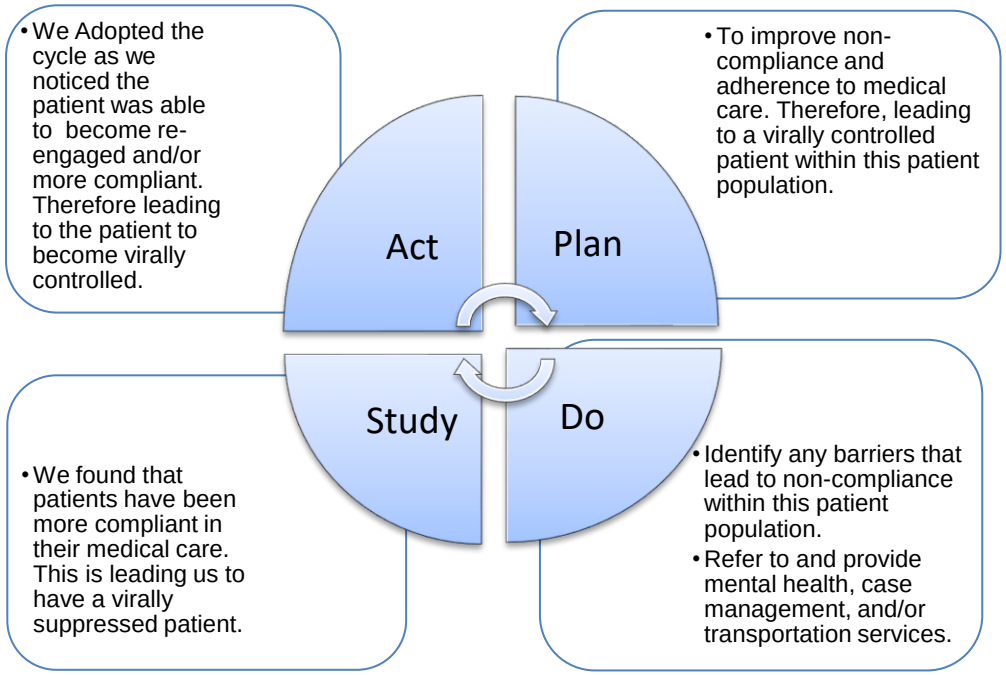
Process Measures

- Followed up with patients to ensure that they kept Medical Appointments.
- Rounded with Case Managers and the outcomes of their sessions with the patient.

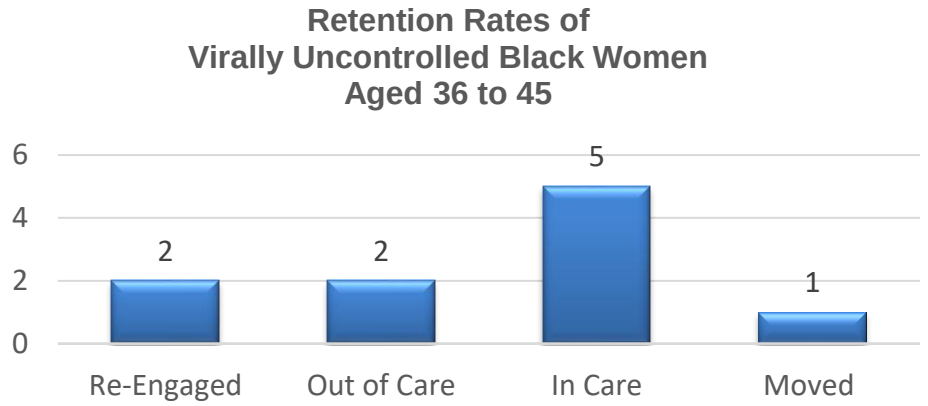
Outcome Measures

- Use of the EMR
- Patient interviews (in-person and phone)

PDSA CYCLES



RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

Successes:

- Patients were willing to connect to their case workers.
- Patients showed up to their appointments.
- Patient's utilized our transportation option to come to appointments.

Challenges:

- Patients not wanting to disclose personal barriers to care.
- Difficulty reaching the patient for initial assessment.
- Mental/Substance Abuse issues.

Next Steps

- Continue to monitor the retention rate of Black Women between the ages of 36 and 45, who are virally controlled.
- Continue to engage patients in Case Management, Mental Health Services and Substance Abuse Services

Increase Retention through Improving Overall Patient Experience

BACKGROUND

Retention in care is a problem many healthcare providers face with most dental offices having an average retention rate of just 41%. While [redacted] retention rate is currently at 91%, we strive for greatness and would like to improve our overall retention rate by 2%.

AIM STATEMENT

[redacted] aims to increase our retention rate from 91% to 93% by improving the overall patient experience. Patients will be given a survey at the operatory to discuss barriers or changes they feel should be made to improve our clinic and their experience.

MEASURES

Process Measures
Survey results were evaluated, and answers were tracked using Excel.

Outcome Measures
The Retention Rate report in Provide Enterprise.

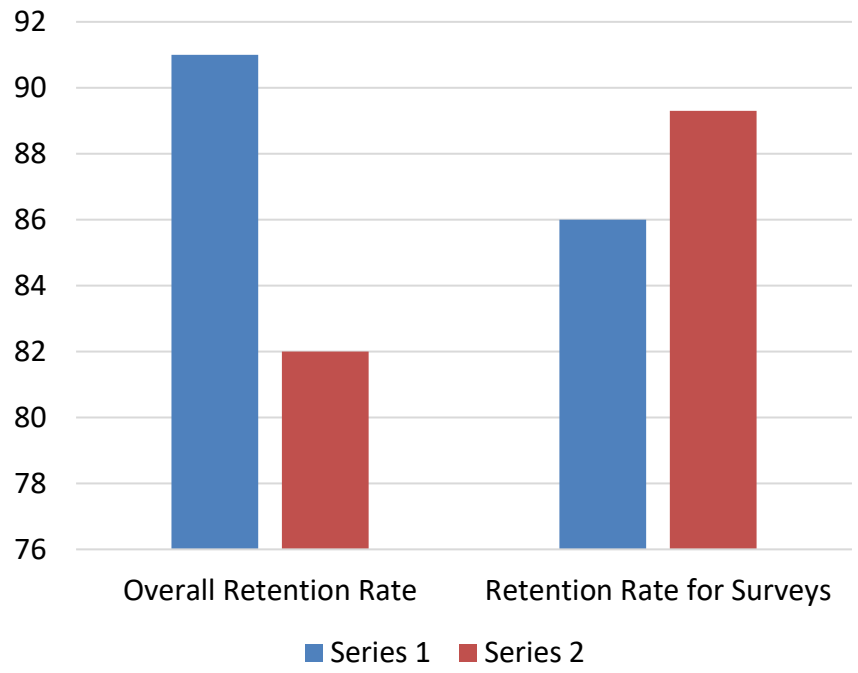
PDSA CYCLES

Cycle 1
Plan: 6 Question survey will be created to give to each non-new patient.
Do: Beginning 8/22/22, surveys were passed out in weekly increments to patients.
Study: Many patients did not answer question 6 which required them to write in an answer.
Act: Patients will be asked to complete this question when being given survey.

Cycle 2
Plan: Modified approach when handing out survey.
Do: Survey distributed week of 9/6/22, this time asking patients to complete question 6.
Study: Most answers were things like "Everything was great" rather than offering constructive
Act: Survey will remain the same.

Cycle 3
Plan: Continued using modified approach from cycle 2.
Do: Survey distributed week of 9/19/22.
Study: 86% of patients that completed survey were already considered "retained in care."
Act: Survey will not be adopted.

RESULTS



SUCCESSES, CHALLENGES, & NEXT STEPS

- Even though the survey was unsuccessful, 5 patients who were not retained in care previously are now showing up regularly.
- Our overall retention rate dropped by 9%.
- Moving forward, we have developed a new program that will focus on patients with severe caries to help them establish good oral health making it easier for them to remain in care.

10% Project

BACKGROUND

- Client not Virally Suppressed
- 90% of Clients are Virally Suppressed . [redacted] to have the last 10% of Clients to achieve Viral Suppressed

AIM STATEMENT

Increase Clients retention in care and Virally Suppressed for Client with high, unknow and not V.S.0% to 3%/ over all Clients 91% to 96% by February 28,2023

MEASURES

Process Measures

- Number of SBIRT Survey: Q1/30 Q2/40 Q3/15 Q4
- Number of Referrals: Q1/2 Q2/12 Q3/0 Q4
- Quarterly RW Part A LV Report:

Outcome Measures

Ahena Health and PE

PDSA CYCLES

Cycle 1

Plan: SBIRT Training
Screening/Referral/MI/ SBIRT
Phone, Online and office.
Do: Ongoing training
Study: one on one training
Act: SBIRT Surveys

Cycle 2

Plan SBIRT workflow
Do: Workflow for SBIRT by phone, online and in the office/ Referral and agencies logbook/ follow ups.
Study: updates on the workflow
Act: SBIRT Surreys

Cycle 3

Maximum Assist@Pov
Plan: 10% Clients have an intake with MAP MCM
Do: referral 10% Clients to MAP MCM
Study: Availability of MCM. More time needed to 10%Clients.
Act: Start up date moved to Q1 2023

RESULTS

Outcomes: 2022 March 1,2022 91%% clients are V.S/ December 1,2022 89% Client are V.S

Over a 14-month period, the two E2i sites conducted *SBIRT* screening with 943 clients with HIV. The E2i initiative measured HIV care continuum outcomes at the time of enrollment and 12 months later. Among the clients enrolled in *SBIRT*, the percentage with a prescription of ART and who reached viral suppression increased significantly. Engagement and retention in care rates also improved, although at non-significant levels

Category	Information
Evaluation dat a	Client medical data
Measures	Engagement in HIV care, retention in HIV care, receipt of ART, viral suppression
Results	• Engagement in care improved from 86% to 88% • Clients on ART increased from 92% to 99%* • Retention in care improved from 66% to 67% • Viral suppression increased from 76% to 91%

SUCCESSES, CHALLENGES, & NEXT STEPS

- **What went well/as planned?** Training/Workflow and staff input
- **What went wrong? Barriers** Number of clients willing for a referrals and agencies to RCO. Number of new Clients and lab work in PE
- **How will you move forward?**
- 10% Project with new QIP's using SBIRT has a Tool.

Ryan White Part B

PTC23: April 1, 2022 to March 31, 2023

HANDOUT C

Expenditures for February 2023

Service Category	*Allocated*	*February 2023*	*Expended Year-to-Date*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,825	$ 4,812	$ 85,825	100%	0%	**$ -**
Health Insurance Premium/Cost Sharing	$ 147,750	$ 19,254	$ 142,984	97%	3%	**$ 4,765.99**
Home & Community Based Health	$ 10,000	$ 70	$ 6,625	66%	34%	**$ 3,374.84**
Medical Nutritional Therapy	$ 17,000	$ 2,836	$ 13,722	81%	19%	**$ 3,278.14**
Emergency Financial Assistance	$ 342,512	$ 21,958	$ 312,475	91%	9%	**$ 30,036.95**
Home Delivered Meals	$ 2,000	$ -	$ 1,848	92%	8%	**$ 152.00**
Medical Transportation	$ 60,476	$ 5,875	$ 54,530.43	90%	10%	**$ 5,945.57**
Non-Medical Case Management	$ 321,770	$ 14,031	$ 286,417	89%	11%	**$ 35,353.09**
Residential Substance Abuse	$ 136,500	$ -	$ 126,239	92%	8%	**$ 10,261.20**
Clinical Quality Management	$ 38,096	$ 5,409	$ 38,096	100%	0%	**$ -**
Planning and Evaluation	$ -	$ -	$ -	0%	0%	**$ -**
TOTALS	**$ 1,161,929**	**$ 74,246**	**$ 1,068,761**	**92%**	**8%**	**$ 93,168**