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

System of Care Committee Meeting
Thursday, February 2, 2023 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

Chair: Andrew Ruffner • Vice Chair: Jose Castillo

https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=mc22adf30db2e721639e066e2a7530375

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 371 8733)

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum

2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence

3. **ACTION:** Approval of Agenda for February 2, 2023

4. **ACTION:** Approval of Minutes from September 1, 2022

5. Public Comment

6. Unfinished Business

   None.

7. New Business
   a. **Action Item:** Review SOC Committee Work Plan for FY 2022-2023 **(Handout A)**

   b. **Action Item:** Review and Approve SOC Committee Work Plan for March 1, 2023- February 29, 2024 **(Handout B)**

   c. **Action Item**: FY2022-2023 Quarter Three Ryan White Part A Data-Review and discussion. **(Handout C)**

- *Work Plan Activity 1.2: Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.*

8. Recipient Report
9. Public Comment
10. Agenda Items for Next Meeting

    a. Next Meeting Date: March 2, 2023, at 9:30 a.m. Location: BRHPC and via [WebEx Video Conference](#)

11. Announcements

12. Adjournment

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

Please complete you [meeting evaluation](#).
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe 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.

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.

System of Care Committee
Thursday, September 1, 2022 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

SOC Members Present: A. Ruffner (Chair), J. Castillo (Vice-Chair), V. Biggs, E, Chrispin, T. Pietrogallo, A. Murphy, F. De'Amore

SOC Members Excused: None

Ryan White Part A Recipient Staff Present: T. Thompson, V. Hornsey, R. Pena

PCS/CQM Staff Present: G. Berkley-Martinez, W. Rolle, J. Rohoman

Guests Present: J. Shirley, R. Honick

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

The SOC Chair called the meeting to order at 9:32 a.m. The SOC Chair welcomed all meeting attendees that were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the SOC Vice-Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

1. 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 about HIV/AIDS and services in Broward County. There were no public comments

2. Meeting Approvals

The approval for the agenda of the September 1, 2022, System of Care Committee meeting agenda with the addition of an agenda item to discuss access to care was proposed by V. Biggs, seconded by J. Castillo, and passed unanimously. The approval for the minutes of May 5, 2022, meeting was proposed by V. Biggs, seconded by J. Castillo, and passed unanimously.

Motion #1: Mr. Biggs, on behalf of the SOC made a motion to approve the September 1, 2022, System of Care Committee meeting agenda with the addition of an agenda item to discuss access to care. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of the SOC, made a motion to approve the May 5, 2022, System of Care Committee meeting minutes as presented. The motion was adopted unanimously.

3. Standard Committee Items

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

4. Unfinished Business

There is no unfinished business.

5. New Business

T. Thompson from the Recipient office discussed the Mental Health Service Delivery Model (SDM) and the biopsychosocial screening tool required by the Ryan White Part A (RWPA) mental health providers to complete by the third therapy session. V. Biggs expressed that he received feedback from some RWPA mental health providers that they struggle to have some clients complete the biopsychosocial screening tool by the current requirement. It was mentioned that some questions on the screening tool are invasive, making it difficult for the providers to complete them when the clients are unwilling to answer personal questions. T. Thompson acknowledged that the biopsychosocial screening tool has personal questions, which guide providers in creating an effective treatment plan. He also stated that the Health Resources and Services Administration (HRSA) recommends that Ryan White programs use the mental health guidelines from the Medicaid office as a guide for our Mental Health Service Delivery Model (SDM).

T. Thompson stated that the Behavioral Health Network suggested the requirement for the psychosocial screening tool be changed to give providers more time to complete it. Therefore, T. Thompson stated that the tentative new requirement is to have the screening tool to be completed within 30 calendar days. In the meantime, the Recipient's office will take time to review the Mental Health SDM and see if there should be any additional changes. A. Ruffner made a data request for the CQM Support Staff and Recipient Staff to show how many clients are utilizing mental health services and if there are any issues with client retention after they complete the biopsychosocial screening tool.

PCS Staff reviewed the Systems of Care work plan with the committee. There have been no updates to the work plan since the May 2022 Committee meeting.

6. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters about HIV/AIDS and services in Broward County. There were no public comments.

7. Agenda Items for Next Meeting

The next SOC meeting will be held on October 6, 2022, at 9:30 am. Location: BRHPC and via WebEx Video Conference.

8. Announcements

A. Ruffner announced that the Worlds AIDS Museum (WAM) has a new exhibit open for viewing for Fall 2022 and the early part of Spring 2023. WAM is also partnering with a healthcare foundation on Tuesday, September 13th, to hold a community discussion event about Serodifferent couples (one partner is HIV positive, and the other is HIV negative).

9. Adjournment

There being no further business, the meeting was adjourned at 10:20 a.m.

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	6	3	3	7	5	CX	C	C	1				
0	0	0	1	Chrispin, E.	X	X	E	X	X				X				
0	1	2	2	Pietrogallo, T.	A	X	NQA	X	X				X				
0	0	0	3	Ruffner, A. *Chair*	X	X	NQX	X	E				X				
1	0	1		Shamer, D.	X	X	NQA				Z-03/14						
0	1	1	4	Biggs, V.	X	X	A	X	X				X				
0	0	0		Markman, N.		N- 4/28			X		Z- 5/27						
0	1	0	5	Castillo, J. V-Chair	X	X	NQX	X	X				X				
		0	6	DeAmore, F.				N-7/28					X				
		0	7	Murphy, H.A.				N-7/28					X				
				Quorum = 5	5	6	2	5	5	0	0	0	7	0	0	0	

Legend:

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

System of Care Committee Meeting Minutes – September 1, 2022,
Minutes prepared by PCS Staff

HANDOUT A

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

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

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.			X									
1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a).			X									
1.4 Analyze Ryan White Part A or HIV surveillance laboratory data on an ongoing basis.	PCS/CQM Team	Develop strategies to link or relink these identified individuals to medical care.	Evaluate Ryan White Part A orHIV surveillance laboratory data to identify persons diagnosed with HIV who are not in care (based on absence of laboratory monitoring data)												X
1.5 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a).					X							

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care (YEAR 1-2) as needed/recommended.	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN							X				
2.2 Identify barriers and facilitors to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need relative to retention in care.		X										
2.3 Collaborate with community partners to address issues with retention in care on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. Ensure the receipt and integration of information from community partners.		X										
2.4 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.		X	X									
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.												
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & How Best to Meet the Needs (HBTMTN) language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.					X							

HANDOUT B

System of Care Committee Work Plan FY2023-2024

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

| GOAL: By February 2024, Identify the inventory of resources available for service delivery for PWHA in Broward County to increase retention in care for Part A eligible clients. | | | | | Baseline | Target | Q1 | | Q2 | | Q3 | | Q4 |

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan 2017-2021 Strategy 2.2.a).												
1.4 Analyze HIV surveillance laboratory data on an ongoing basis.	PCS/CQM Team	Develop strategies to link or relink these identified individuals to medical care.	Evaluate HIV surveillance laboratory data to identify persons diagnosed with HIV who are not in care (based on absence of laboratory monitoring data)												
1.5 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan 2017-2021 Strategy 3.1.a).												

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care as needed/recommended.	SOC, QMC, PCS Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provided recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)												
2.2 Identify barriers and faciliators to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need relative to retention in care.												
2.3 Collaborate with community partners to address issues with retention in care on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. Ensure the receipt and integration of information from community partners.												
2.4 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.												
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.												

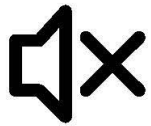# Broward EMA Ryan White Part A Program

Health Outcomes

Systems of Care Committee Meeting

February 2, 2023

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

Housekeeping Rules

Mute Microphone

Participants will be automatically muted to limit background noise

Identify Yourself

State your name and agency when speaking

Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification

Raise Your Hand

The "raise hand" option will notify the presenter of any questions that may arise

Ask Questions

Please save questions until the end of each slide

FY 22-23 Q3 Data Review

The purpose of this meeting is to review specific data for the third quarter of FY22-23 and discuss opportunities for improvement.

The data presented has been analyzed based on data entered in Provide Enterprise.

HIV Care Continuum Definitions

- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **Retained in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.
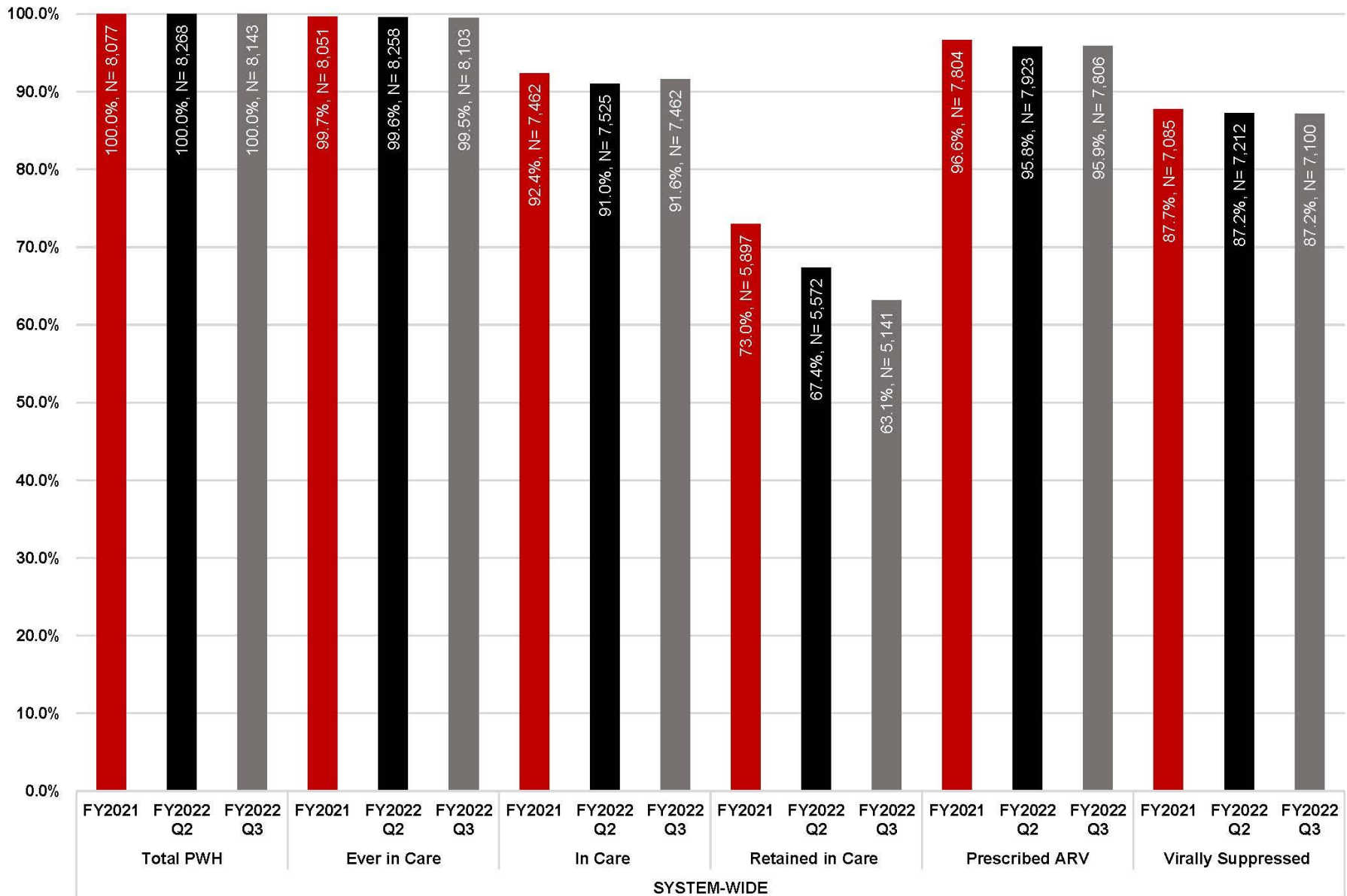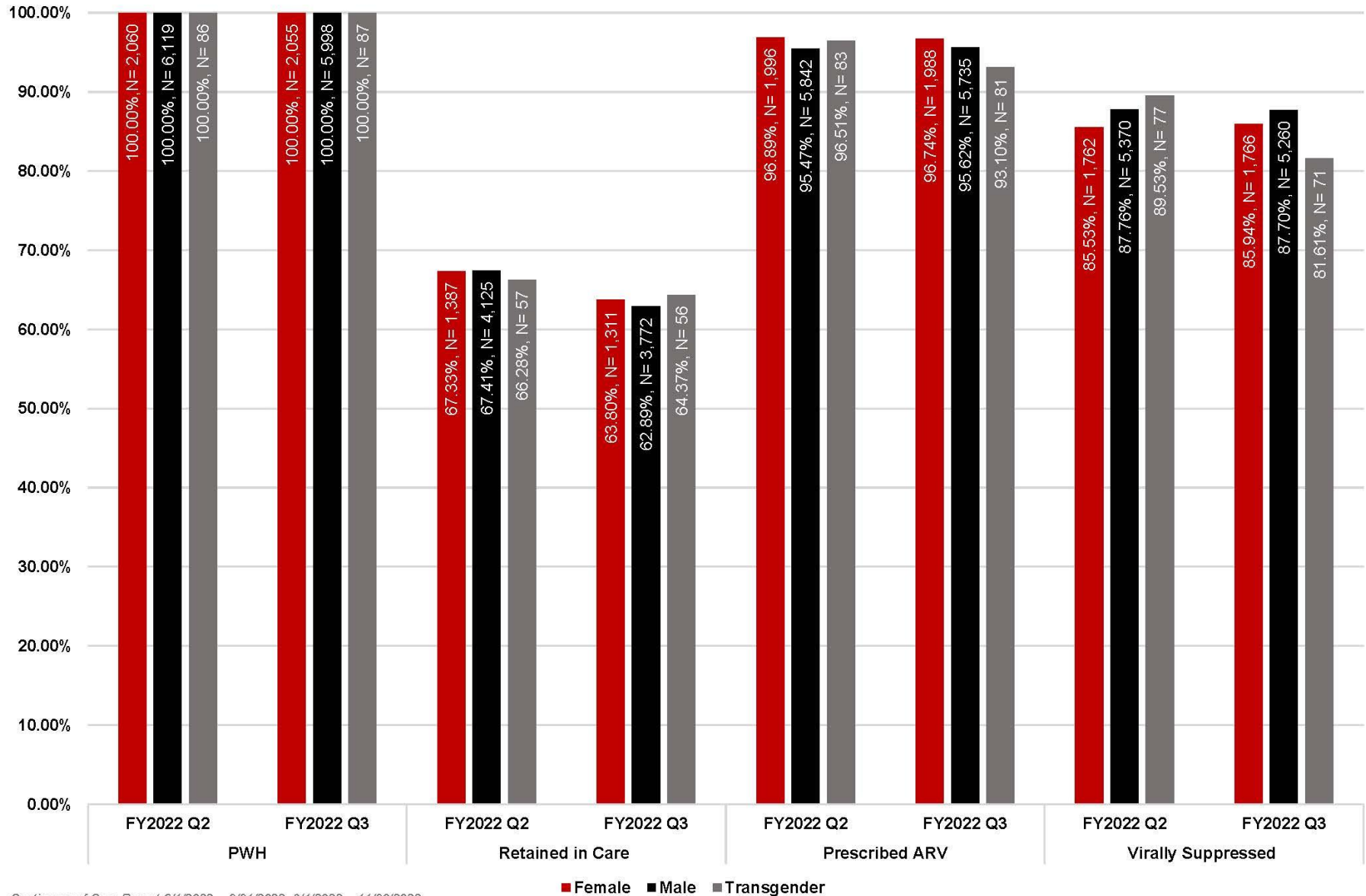
HIV Care Continuum Definitions

- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.
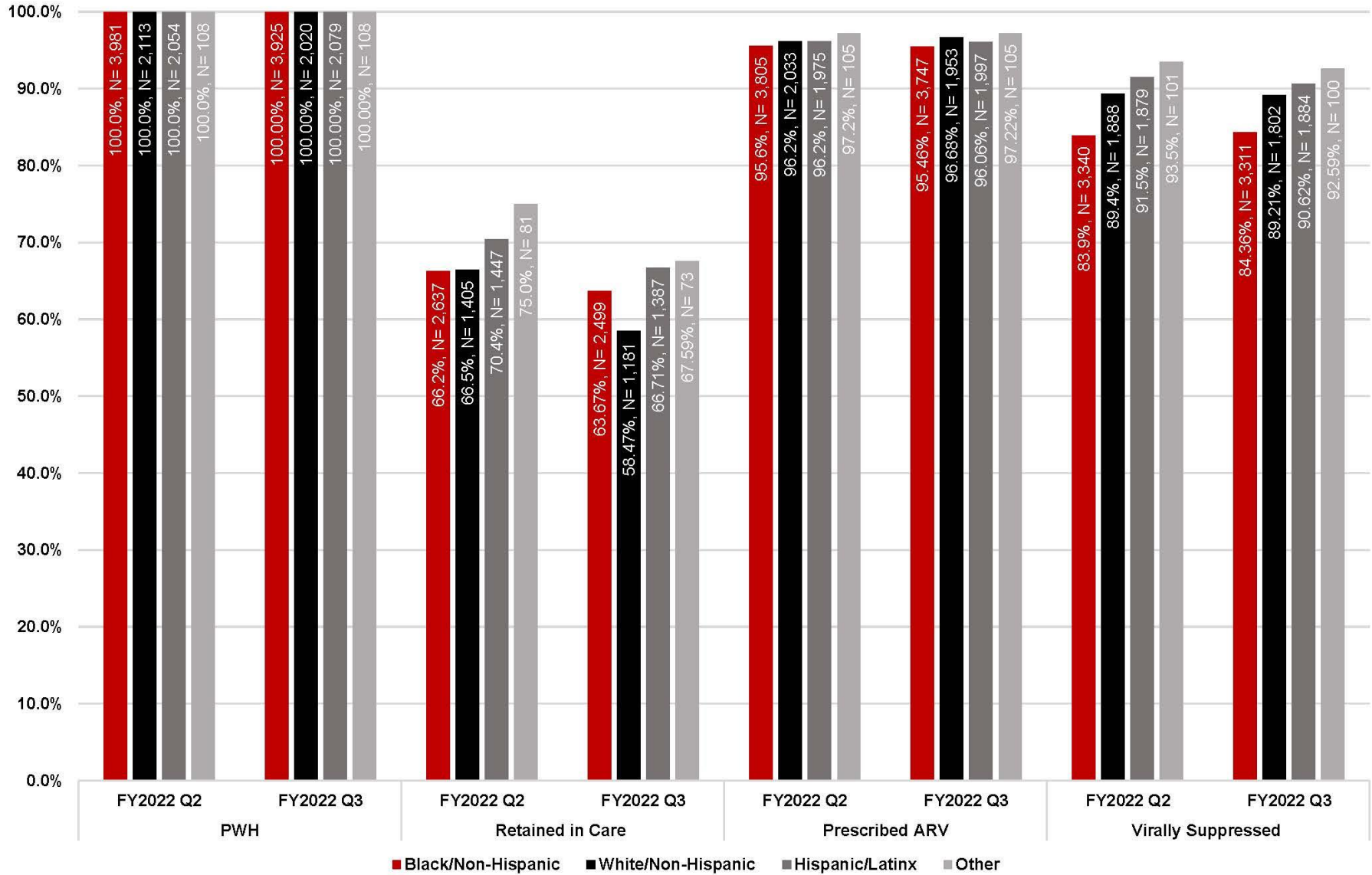- Impact of COVID-19 on FY 2020 data.

HIV Care Continuum Systemwide, Broward EMA, FY2021, FY2022 Q2, FY2022 Q3

Total PWH
- FY2021: 100.0%, N= 8,077
- FY2022 Q2: 100.0%, N= 8,268
- FY2022 Q3: 100.0%, N= 8,143

Ever in Care
- FY2021: 99.7%, N= 8,051
- FY2022 Q2: 99.6%, N= 8,258
- FY2022 Q3: 99.5%, N= 8,103

In Care
- FY2021: 92.4%, N= 7,462
- FY2022 Q2: 91.0%, N= 7,525
- FY2022 Q3: 91.6%, N= 7,462

Retained in Care
- FY2021: 73.0%, N= 5,897
- FY2022 Q2: 67.4%, N= 5,572
- FY2022 Q3: 63.1%, N= 5,141

Prescribed ARV
- FY2021: 96.6%, N= 7,804
- FY2022 Q2: 95.8%, N= 7,923
- FY2022 Q3: 95.9%, N= 7,806

Virally Suppressed
- FY2021: 87.7%, N= 7,085
- FY2022 Q2: 87.2%, N= 7,212
- FY2022 Q3: 87.2%, N= 7,100

SYSTEM-WIDE

Continuum of Care Report 03/1/2021 – 02/28/2022, 6/1/2022 – 8/31/2022, 9/1/2022 – 11/30/2022

HIV Care Continuum by Gender, Broward EMA, FY2022 Q2 and FY2022 Q3

PWH
- FY2022 Q2: Female 100.00%, N= 2,060; Male 100.00%, N= 6,119; Transgender 100.00%, N= 86
- FY2022 Q3: Female 100.00%, N= 2,055; Male 100.00%, N= 5,998; Transgender 100.00%, N= 87

Retained in Care
- FY2022 Q2: Female 67.33%, N= 1,387; Male 67.41%, N= 4,125; Transgender 66.28%, N= 57
- FY2022 Q3: Female 63.80%, N= 1,311; Male 62.89%, N= 3,772; Transgender 64.37%, N= 56

Prescribed ARV
- FY2022 Q2: Female 96.89%, N= 1,996; Male 95.47%, N= 5,842; Transgender 96.51%, N= 83
- FY2022 Q3: Female 96.74%, N= 1,988; Male 95.62%, N= 5,735; Transgender 93.10%, N= 81

Virally Suppressed
- FY2022 Q2: Female 85.53%, N= 1,762; Male 87.76%, N= 5,370; Transgender 89.53%, N= 77
- FY2022 Q3: Female 85.94%, N= 1,766; Male 87.70%, N= 5,260; Transgender 81.61%, N= 71

Legend: Female, Male, Transgender

Continuum of Care Report 6/1/2022 – 8/31/2022, 9/1/2022 – 11/30/2022

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2022 Q2 and FY2022 Q3

PWH
- FY2022 Q2: 100.0%, N= 3,981 (Black/Non-Hispanic); 100.0%, N= 2,113 (White/Non-Hispanic); 100.0%, N= 2,054 (Hispanic/Latinx); 100.0%, N= 108 (Other)
- FY2022 Q3: 100.00%, N= 3,925; 100.00%, N= 2,020; 100.00%, N= 2,079; 100.00%, N= 108

Retained in Care
- FY2022 Q2: 66.2%, N= 2,637; 66.5%, N= 1,405; 70.4%, N= 1,447; 75.0%, N= 81
- FY2022 Q3: 63.67%, N= 2,499; 58.47%, N= 1,181; 66.71%, N= 1,387; 67.59%, N= 73

Prescribed ARV
- FY2022 Q2: 95.6%, N= 3,805; 96.2%, N= 2,033; 96.2%, N= 1,975; 97.2%, N= 105
- FY2022 Q3: 95.46%, N= 3,747; 96.68%, N= 1,953; 96.06%, N= 1,997; 97.22%, N= 105

Virally Suppressed
- FY2022 Q2: 83.9%, N= 3,340; 89.4%, N= 1,888; 91.5%, N= 1,879; 93.5%, N= 101
- FY2022 Q3: 84.36%, N= 3,311; 89.21%, N= 1,802; 90.62%, N= 1,884; 92.59%, N= 100

Legend: ■ Black/Non-Hispanic ■ White/Non-Hispanic ■ Hispanic/Latinx ■ Other

Continuum of Care Report 6/1/2022 – 8/31/2022, 9/1/2022 – 11/30/2022

HIV Care Continuum by Age, Broward EMA, FY2022 Q2 & FY2022 Q3

Legend: ■ 18-28 ■ 29-38 ■ 39-48 ■ 49-58 ■ 59+

Continuum of Care Report 6/1/2022 – 8/31/2022, 9/1/2022 – 11/30/2022

HIV Care Continuum:

Notable Trends from FY2022 Q2 to FY2022 Q3

Subpopulations to monitor:

- **Female clients:** 3.5% decrease in retention

  - 7.4% decrease in retention from FY2021

  - 36.2% of Female clients not retained in care

- **Male clients:** 4.52% decrease in retention

  - 10.81% decrease in retention from FY2021

  - 37.11% of Male clients not retained in care

HIV Care Continuum:

Notable Trends from FY2022 Q2 to FY2022 Q3

Subpopulations to monitor:

- **Black (Non-Hispanic) clients:** 2.53% decrease in retention
  - 8.26% decrease in retention from FY2021
  - 36.2% of Black (Non-Hispanic) clients not retained in care
- **White (Non-Hispanic) clients:** 6.25% decrease in retention
  - 14.27% decrease in retention from FY2021
  - 41.53% of White (Non-Hispanic) clients not retained in care

HIV Care Continuum:

Notable Trends from FY2022 Q2 to FY2022 Q3

Subpopulations to monitor:

- **Hispanic/Latinx:** 3.69% decrease in retention
  - 8.91% decrease in retention from FY2021
- **Other (Asian, Pacific Islander, American Indian, Alaskan Native):** 7.51% decrease in retention
  - 18.12% decrease in retention from FY2021

HIV Care Continuum:

Notable Trends from FY2022 Q2 to FY2022 Q3

Subpopulations to monitor:

- **18-28 age range:** 0.51% decrease in retention
  - 8.39% decrease in retention from FY2021
- **29-38 age range:** 3.03% decrease in retention
  - 7.9% decrease in retention from FY2021
- **39-48 age range:** 2.61% decrease in retention
  - 7.37% decrease in retention from FY2021

HIV Care Continuum:

Notable Trends from FY2022 Q2 to FY2022 Q3

Subpopulations to monitor:

- **49-58 age range:** 4.06% decrease in retention
  - 9.67% decrease in retention from FY2021
- **59+ age range:** 7.1% decrease in retention
  - 13.38% decrease in retention from FY2021

HIV Care Continuum:

Recommendations for Continuum of Care

The Black (Non-Hispanic) subpopulation in the HIV Care Continuum of concern. As of FY2022-2023 Q3, the Black (Non-Hispanic) subpopulation is 0.88%-3.54% less likely to be in care and 3.04%-3.92% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this subpopulation. Of the 3,925 Black (Non-Hispanic) clients:

Of the **3,925** Black (Non-Hispanic) clients:

- 41.4% identified as female,
- 57.3% identified as male,
- 55.1% of the total transgender population are Black (Non-Hispanic) clients
- 72.89% identified as heterosexual,
- 70.8% reported education level between 8th and 12th grade,
- 77.8% reported permanent housing,
- 33.8% reported an FPL between 0%-50%,
- and 65.12% status was HIV Positive, Not AIDS.

HIV Care Continuum:

Recommendations for Continuum of Care

Black (Non-Hispanic) clients make up approximately 48.2% of the HIV Care Continuum. However, the FY2021-2022 Q3 data shows a decrease in their numbers in the **Retention in Care** service category.

Although this subpopulation makes up almost half of the HIV Care Continuum, its **retention rate is 63.67% in the third quarter of FY 2022-2023.** Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A clients' experience are necessary to address the lower retention and viral suppression rates among this subpopulation.

HIV Care Continuum:

Recommendations for Continuum of Care

For the **18-28** age range, there was a **decrease** in the retention rate when comparing FY2021, FY2022 Q1, FY2022 Q2, and FY2022 Q3.

FY2021: 65.28%

FY2022 Q1: 59.3%

FY2022 Q2: 57.4%

FY2022 Q3: 56.89%

Further probes into the logistical barriers and health disparities that the 18-28 Ryan White Part A clients' experience are necessary to address the decreasing retention rate.
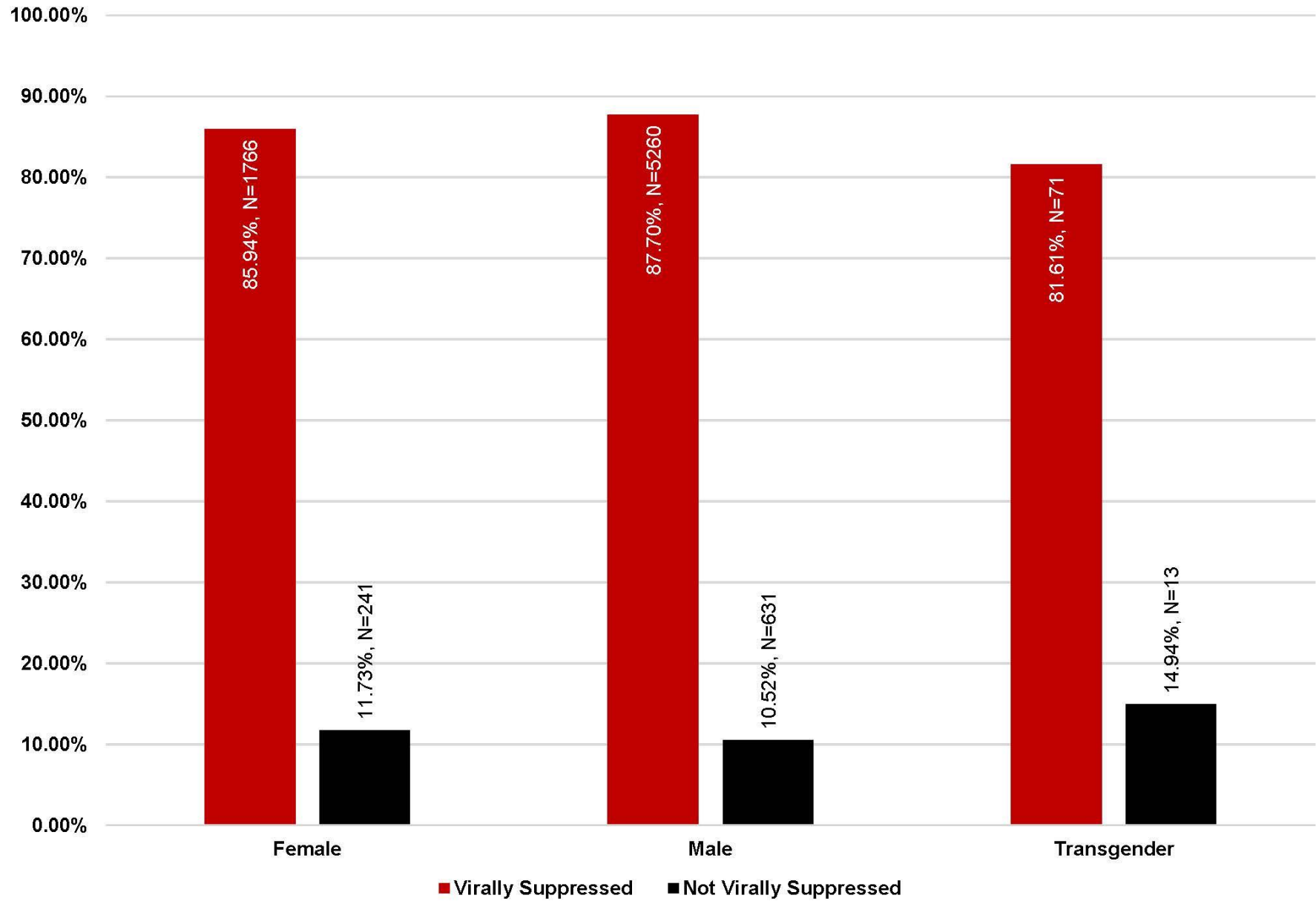
FY 22-23 Q3 Data Review

The CQM Support Staff has performed a drill down into the Broward EMA clients who are currently not virally suppressed.
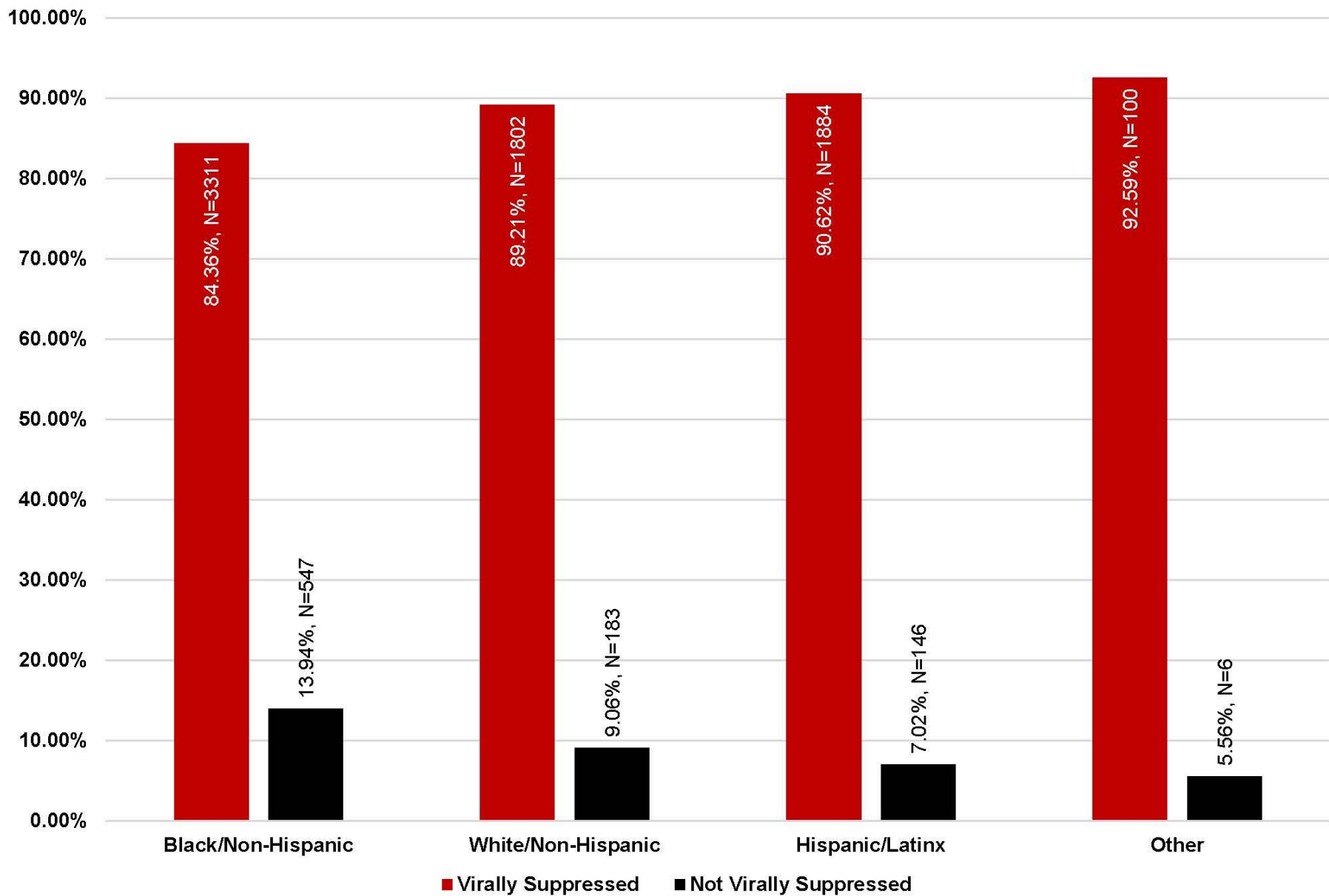
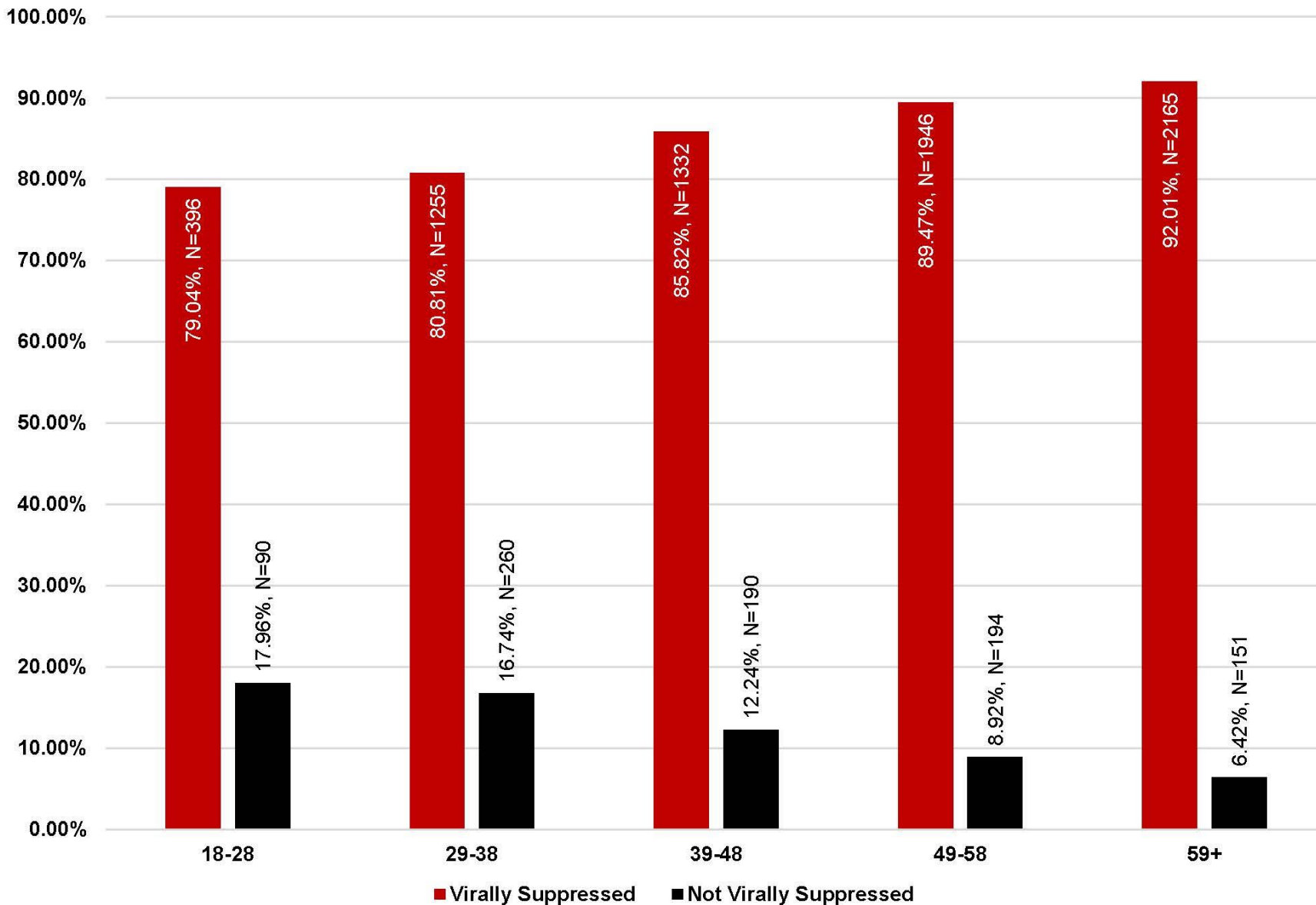**The data presented has been analyzed based on data entered in Provide Enterprise.**

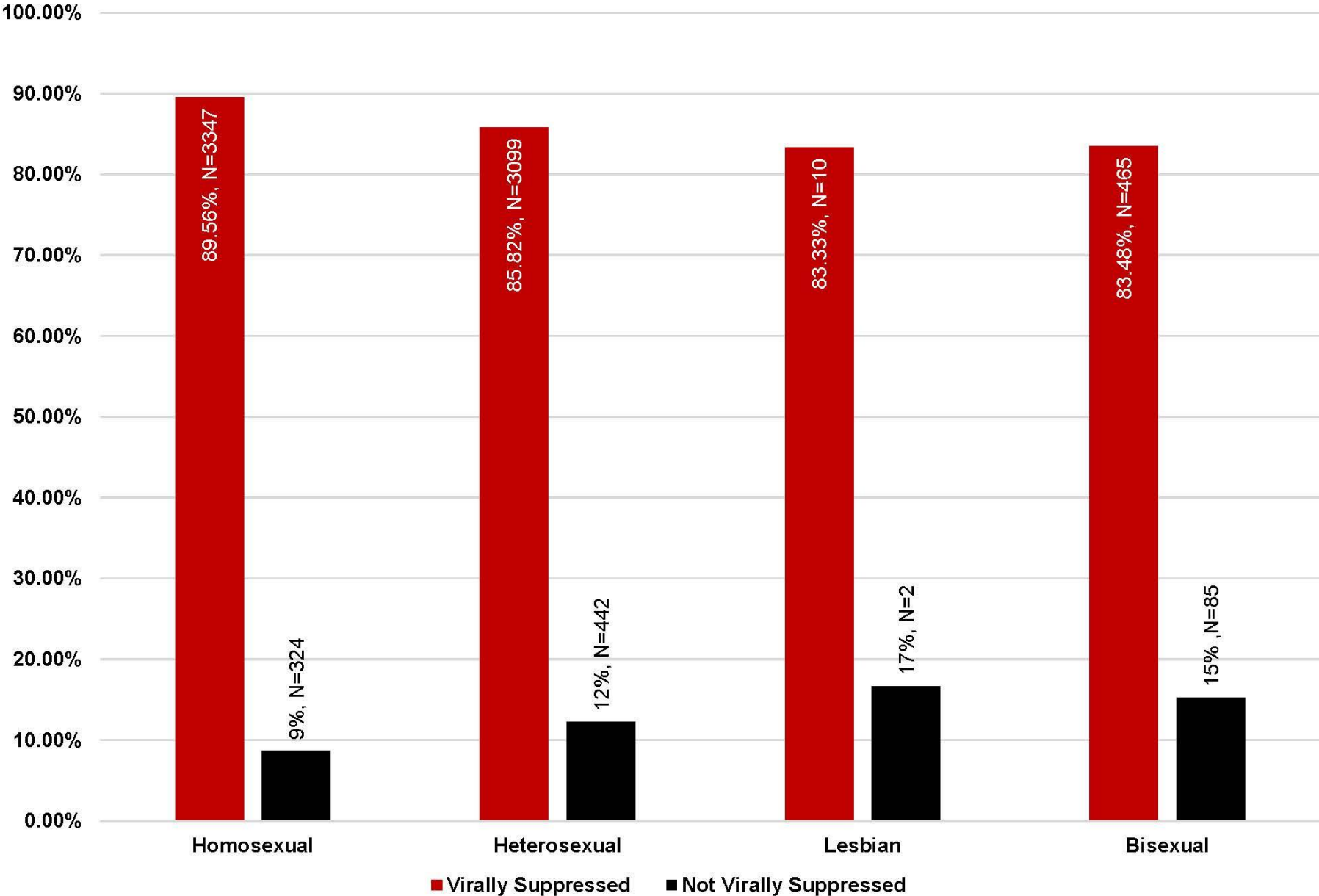HIV Care Continuum, Viral Suppression Rates by Gender, Broward EMA, FY2022 Q3

Female: 85.94%, N=1766 (Virally Suppressed); 11.73%, N=241 (Not Virally Suppressed)
Male: 87.70%, N=5260 (Virally Suppressed); 10.52%, N=631 (Not Virally Suppressed)
Transgender: 81.61%, N=71 (Virally Suppressed); 14.94%, N=13 (Not Virally Suppressed)

■ Virally Suppressed ■ Not Virally Suppressed

Continuum of Care Report 9/1/2022 – 11/30/2022

HIV Care Continuum, Viral Suppression Rates by Race/Ethnicity, Broward EMA, FY2022 Q3

- 84.36%, N=3311
- 13.94%, N=547
- 89.21%, N=1802
- 9.06%, N=183
- 90.62%, N=1884
- 7.02%, N=146
- 92.59%, N=100
- 5.56%, N=6

Black/Non-Hispanic   White/Non-Hispanic   Hispanic/Latinx   Other

■ Virally Suppressed   ■ Not Virally Suppressed

Continuum of Care Report 9/1/2022 – 11/30/2022

HIV Care Continuum, Viral Suppression Rates by Age, Broward EMA, FY2022 Q3

Bar chart showing viral suppression rates by age group:

Age Group	Virally Suppressed	Not Virally Suppressed
18-28	79.04%, N=396	17.96%, N=90
29-38	80.81%, N=1255	16.74%, N=260
39-48	85.82%, N=1332	12.24%, N=190
49-58	89.47%, N=1946	8.92%, N=194
59+	92.01%, N=2165	6.42%, N=151

■ Virally Suppressed   ■ Not Virally Suppressed

Continuum of Care Report 9/1/2022 – 11/30/2022

HIV Care Continuum Viral Suppression Rates by Sexual Orientation, Broward EMA, FY2022 Q3

Homosexual: Virally Suppressed 89.56%, N=3347; Not Virally Suppressed 9%, N=324

Heterosexual: Virally Suppressed 85.82%, N=3099; Not Virally Suppressed 12%, N=442

Lesbian: Virally Suppressed 83.33%, N=10; Not Virally Suppressed 17%, N=2

Bisexual: Virally Suppressed 83.48%, N=465; Not Virally Suppressed 15%, N=85

■ Virally Suppressed   ■ Not Virally Suppressed

Continuum of Care Report 9/1/2022 – 11/30/2022

HIV Care Continuum, Viral Suppression Rates by Poverty Level, Broward EMA, FY22-23 Q3

Legend: ■ Virally Suppressed   ■ Not Virally Suppressed

Categories and values:

Poverty Level	Virally Suppressed	Not Virally Suppressed
0% -50%	81.93%, N = 1,909	16.18%, N= 377
50% -100%	88.57%, N= 1,426	9.75%, N= 157
100% -150%	90.01%, N= 1,117	7.90%, N= 98
150% -200%	91.65%, N= 834	7.25%, N= 66
200% -250%	92.90%, N= 628	9.07%, N= 43
250% -300%	92.07%, N= 476	7.54%, N= 39
300% -350%	91.69%, N= 320	5.73%, N= 20
350% -400%	91.67%, N= 220	5.83%, N= 14
400% -450%	97.73%, N= 43	2.27%, N= 1
450% -500%	85.71%, N= 43	10.71%, N= 3
>500%	89.74%, N= 24	2.56%, N= 1

Continuum of Care Report 9/1/2022 – 11/30/2022

HIV Care Continuum:

Notable Viral Suppression Trends for FY22-23 Q3

Subpopulations to monitor:

- **18-28 age range:** the highest percentage of those not virally suppressed

  - Out of the total 501 PWH 18-28 clients, 17.96% are not virally suppressed

- **Black Non-Hispanic range:** the highest percentage of those not virally suppressed

  - Out of the total 3,925 PWH Black (Non-Hispanic) clients, 13.94% are not virally suppressed

FY 22-23 Q3 Data Review

The CQM Support Staff will review the Broward Outcomes and Indicators for the third quarter of the 2022-2023 fiscal year.

The data presented has been analyzed based on data entered in Provide Enterprise.

Broward Outcomes and Indicators	FY 2021 - 2022		FY 2022 – Quarter 3	
Oral Health	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Continuity of oral health care. **Indicator 1.1:** 75% of clients have a dental visit at least 2 times within the past 12 months.	2,042/2,142	95.33%	1,027/1,212	84.74%
Outcome 2: Screening of periodontal health is provided. **Indicator 2.1:** 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.	1.404/1,404	100%	679/679	100%
Mental Health	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date.	0/0	-	0/0	-
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.	285/328	86.89%	133/160	83.13%

Broward Outcomes & Indicators, FY22-23 Q3

Substance Abuse - Outpatient	Num/Demon	%	Num/Demon	%
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date.	0/0	-	0/0	-
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in Primary Medical Care.	66/78	84.62%	24/33	72.73%

AIDS Pharmaceutical Assistance	Num/Demon	%	Num/Demon	%
Outcome 1: Improve access to medication. **Indicator 1.1:** Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription.	14/14	100%	2/2	100%
Outcome 2: Clients provided an opportunity to improve medication adherence. **Indicator 2.1:** 95% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence).	2/2	100%	0/0	-

Broward Outcomes & Indicators, FY22-23 Q3

Integrated Primary Care & Behavioral Health	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to primary medical care.	2,360/3,078	76.67%	1,596/1,616	98.76%
Indicator 1.1: 85% of clients are retained in Integrated Primary Care and Behavioral Health services.	2,936/3,314	88.59%	1,577/1,743	90.48%
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL				
Legal Services	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access to benefits for which the client is eligible. **Indicator 1.1:** 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of cash benefits and/or medical benefits or will have their case remanded for a hearing before an Administrative Law Judge.	0/0	-	0/0	-
Indicator 1.2: 80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.	35/35	100%	3/3	100%
Food Services	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to Primary Medical Care. **Indicator 1.1:** 85% of clients are retained in primary medical care.	1,737/2,078	83.59%	941/1,403	67.07%
Outcome 2: Increased viral suppression. **Indicator 2.1:** 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL.	1,948/2,201	88.51%	1,297/1,490	87.05%

Broward Outcomes & Indicators, FY22-23 Q3

CIED	Num/Demon	%	Num/Demon	%
Outcome 1: Increase access, retention, and adherence to primary medical care.	87/93	**93.55%**	15/32	**46.88%**
Indicator 1.1: 95% of Part A clients who have not had a primary medical care visit within the last six (6) months at the time of recertification have a primary medical care or disease case management appointment scheduled within one (1) business day.	12,656/18,562	**68.18%**	1,872/1,878	**99.68%**
Indicator 1.2: 80% of clients will not experience a lapse in Ryan White Part A eligibility.				

Health Insurance Continuation Program	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients are retained in primary medical care.	122/142	**85.92%**	28/39	**71.79%**

Broward Outcomes & Indicators, FY22-23 Q3

Non-Medical Case Management	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 85% of clients are retained in primary medical care.	1,527/1,787 1,523/1,762	85.45% 86.44%	555/595 898/1,197	93.28% 75.02%
Disease Case Management	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 90% of clients are retained in primary medical care.	321/466 525/609	68.88% 86.21%	83/117 253/292	70.94% 86.64%

Broward Outcomes & Indicators, FY22-23 Q3

MAI				
Integrated Primary Care & Behavioral Health	Num/Denom	%	Num/Denom	%
Outcome 1: Increased access, retention, and adherence to primary medical care.	32/40	80.00%	0/0	-
Indicator 1.1: 85% of clients retained in MAI Integrated Primary Care and Behavioral Health Services.	38/45	84.44%	0/0	-
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL.				
Mental Health				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	31/35	88.57%	23/29	79.31%
Outcome 2: Increased access, retention, and adherence to primary medical care.				
Indicator 2.1: 85% of clients are retained in primary medical care.				

Broward Outcomes & Indicators, FY22-23 Q3

Non-Medical Case Management				
Outcome 1: Increased access, retention, and adherence to primary medical care.	137/173	**79.19%**	2/3	**66.67%**
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	176/203	**86.70%**	13/17	**76.47%**
Indicator 1.2: 85% of clients are retained in primary medical care.				
Substance Abuse - Outpatient				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	45/81	**55.56%**	19/38	**50.00%**
Outcome 2: Increased access, retention, and adherence to primary medical care.				
Indicator 2.1: 85% of clients are retained in primary medical care.				

Broward Outcomes & Indicators, FY22-23 Q3

Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q3

Met or Exceeded Outcome/Indicator Goals:

- Oral Health
- Integrated Primary Care & Behavioral Health
- AIDS Pharmaceutical Assistance
- Legal Services
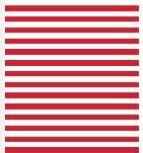
Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q3

Further Analysis:

- **Substance Abuse-Outpatient**
  - Did not meet Indicator 2.1 (**72.73%**)
    - Did not meet target goal by **12.27%**
- **Integrated Primary Care Behavioral Health**
  - Did meet Indicator 1.1 (**98.76%**)
    - Exceeded target goal by **13.76%**
- **Food Service**
  - Did not meet Indicator 1.1 (**67.07%**)
    - Did not meet Target goal by **17.93%**
- **CIED**
  - Did not meet Indicator 1.1 (**46.88%**)
    - Did not meet Target goal by **48.12%**
  - Did meet Indicator 1.2 (**99.68%**)
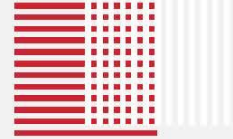   - Exceeded target goal by **19.68%**

Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q3

Further Analysis:

- **Health Insurance Continuation Program**
  - Did not meet Indicator 1.1 (**71.79%**)
    - Did not meet Target goal by **13.21%**
- **Non-Medical Case Management**
  - Did meet Indicator 1.1 (**93.28%**)
    - Exceeded target goal by **8.28%**
  - Did not meet Indicator 1.2 (**75.02%**)
    - Did not meet target goal by **9.98%**
- **MAI Non-Medical Case Management**
  - Did not meet Indicator 1.1 (**66.67%**)
    - Did not meet target goal by **18.33%**
- **MAI Substance Abuse-Outpatient**
  - Did not meet Indicator 2.1 (**50.00%**)
    - Did not meet target goal by **35.00%**

Any Questions?
Thank you!