



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

System of Care Committee Meeting
Thursday, May 4, 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

- I. Call to Order/Establishment of Quorum
 - a. Welcome from the Chair
 - b. Meeting Ground Rules
 - c. Statement of Sunshine
 - d. Introductions & Abstentions
- II. Moment of Silence
- III. ACTION: Approval of Agenda for May 4, 2023
- IV. ACTION: Approval of Minutes from March 2, 2023
- V. Public Comment
- VI. Unfinished Business
 - a. None.
- VII. New Business
 - a. Update on Ryan White Part A Health Outcomes FY 2022-2023. **(Handout A)**
Workplan Activity 1.2: Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.
 - b. Discussion on the status of system mapping.
Workplan Activity 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.
Workplan Activity 2.2 Identify barriers and facilitators to retention in care for HIV-related services on an ongoing basis.

- VIII. Recipient Report
- IX. Public Comment
- X. Agenda Items for Next Meeting
 - a. Discussion on How Best to Meet the Needs Language – Recommendations from the Priority Setting and Resource Allocation Committee.
- XI. Next Meeting Date: June 1, 2023, at 9:30 a.m. Location: BRHPC and via [WebEx Video Conference](#)
- XII. Announcements
- XIII. Adjournment

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

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

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

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

Broward County Board of County Commissioners
Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie • Nan
H. Rich • Tim Ryan • Hazelle P. Rogers • Michael Udine [Broward County Website](#)



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 prezizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa 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.



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System of Care Committee
Thursday, March 2, 2023 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via [WebEx](#)
DRAFT MINUTES

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

SOC Members Absent: E. Chrispin

SOC Members Excused: None

Ryan White Part A Recipient Staff Present: T. Thompson, G. James, W. Cius, T. Curri, Q. Cowan

PCS/CQM Staff Present: M. Rosiere, G. Berkley-Martinez, B. Miller, D. Liao, M. Patel

Guests Present: J. Shirley, E. Davis

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 March 2, 2023, System of Care Committee meeting agenda was proposed by J. Castillo, seconded by T. Pietrogallo, and passed unanimously. The approval for the minutes of February 2, 2023, meeting was proposed by V. Biggs, seconded by T. Pietrogallo, and passed unanimously.

Motion #1: J. Castillo, on behalf of the SOC made a motion to approve the March 2, 2023, System of Care Committee meeting agenda and seconded by T. Pietrogallo. The motion was adopted unanimously.

Motion #2: V. Biggs, on behalf of the SOC, made a motion to approve the February 2, 2023, System of Care Committee meeting minutes as presented and seconded by T. Pietrogallo. 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

Dr. G. Martinez started with a presentation to refresh the committee members on the purpose of, "How Best to Meet the Need Language" for FY 2024-2025. At the end of the presentation, Dr. G. Martinez then continued with a brief overview of the results from the 2021-2022 BRHPC Broward County HIV Community Needs Assessment Findings.

As the committee reviewed, "How Best to Meet the Need Language" for FY 2023-2024, Dr. G. Martinez instructed members to examine the language recommendations made from July 2022 and to make new recommendations/alterations for FY 2024-2025. The committee made the following recommendations/alterations:

Motion #3: J. Castillo, on behalf of the SOC, made a motion to add accountability (accurate) language to item #11 (Collect client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.) in the All Services section of the How to Best Meet the Need Language FY 2023-2024. The motion was seconded by V. Biggs and adopted unanimously.

Motion #4: J. Castillo, on behalf of the SOC, made a motion to add language regarding SSDI education and the implications for Medicare to item #1 (Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties in the Core Medical Services section of the How to Best Meet the Need Language FY 2023-2024. The motion was seconded by V. Biggs and adopted unanimously.

Motion #5: V. Biggs, on behalf of the SOC, made a motion to add language regarding SSDI education and the implications for Medicare to item #2 (Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties) in the Medical Case Management section of the How to Best Meet the Need Language FY 2023-2024. The motion was seconded by J. Castillo and adopted unanimously.

Motion #6: T. Pietrogallo, on behalf of the SOC, made a motion to add language regarding SSDI education and the implications for Medicare along with educating clients about eligibility in other plans (Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties) across all categories of the How to Best Meet the Need Language FY 2023-2024. The motion was seconded by V. Biggs and adopted unanimously.

B. Miller presented the committee with four Quality Improvement Projects from FY 2022-2023 there by completing Workplan Activity 2.4 - Receiving presentations on Quality Improvement Projects (QIPs) taking place among service providers on a as

needed basis. B. Miller and D. Liao also provided a short update on their efforts to start the system mapping process by consulting with CIED.

6. Recipient Report

There was no Recipient report for this meeting.

7. 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. V. Biggs announced that food vouchers have not been available to consumers for the last two weeks. V. Biggs further elaborated that for over a year, there has been a consistent problem with the availability of food vouchers through the mixed communications given to consumers, and the distance between the food banks and clients.

8. Agenda Items for Next Meeting

- Update on Ryan White Part A Broward Outcomes and Indicators FY 2022-2023
- Next Meeting Date: April 6, 2023, at 9:30 a.m. Location: BRHPC and via WebEx

9. Announcements

No announcements.

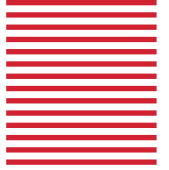
10. Adjournment

There being no further business, the meeting was adjourned at 11:33 a.m.

SOC Attendance for CY 2022 - 2023

Consumer	PLM-HA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	5	2	2										
0	0	1	1	Chrispin, E.	CX	X	A										
0	1	0	2	Pietrogallo, T.	CX	X	X										
0	0	0	3	Ruffner, A. <i>Chair</i>	CX	X	X										
0	1	0	4	Biggs, V.	CX	X	X										
0	1	0	5	Castillo, J. <i>V-Chair</i>	CX	X	X										
0	1	0	6	DeAmore, F.	CX	X	X										
1	1	0	7	Murphy, H.A.	CX	X	X										
Quorum = 5						7	6										

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



Broward EMA Ryan White Part A Program

Health Outcomes Presentation

Systems of Care Committee Meeting

May 4, 2023

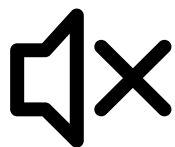


PRESENTED BY

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



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.



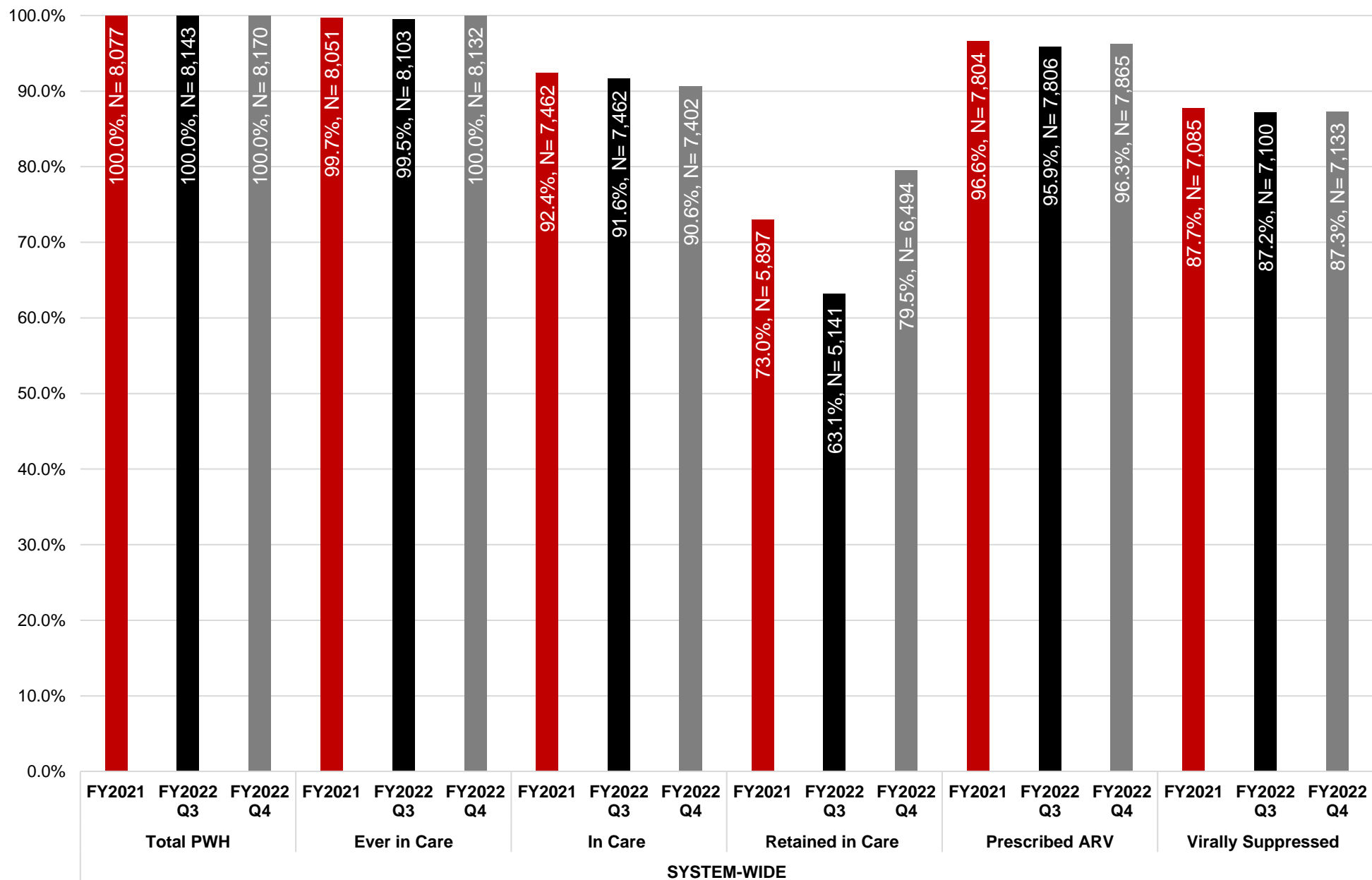
FY 22-23 Quarter 4 Data Review

The purpose of this presentation is to review specific data for quarter 4 and discuss opportunities for improvement.

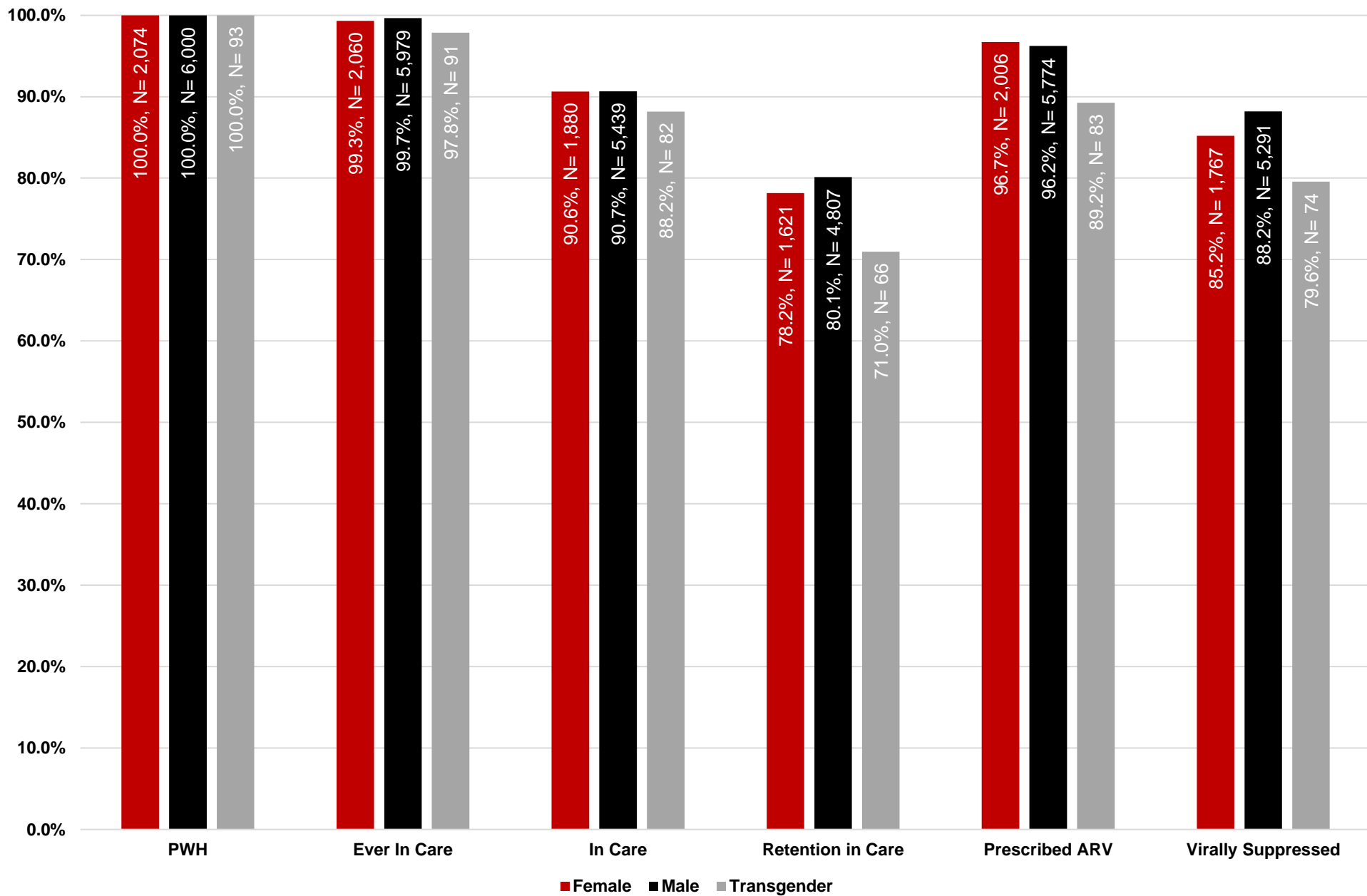
Data presented is based off information entered in Provide Enterprise.



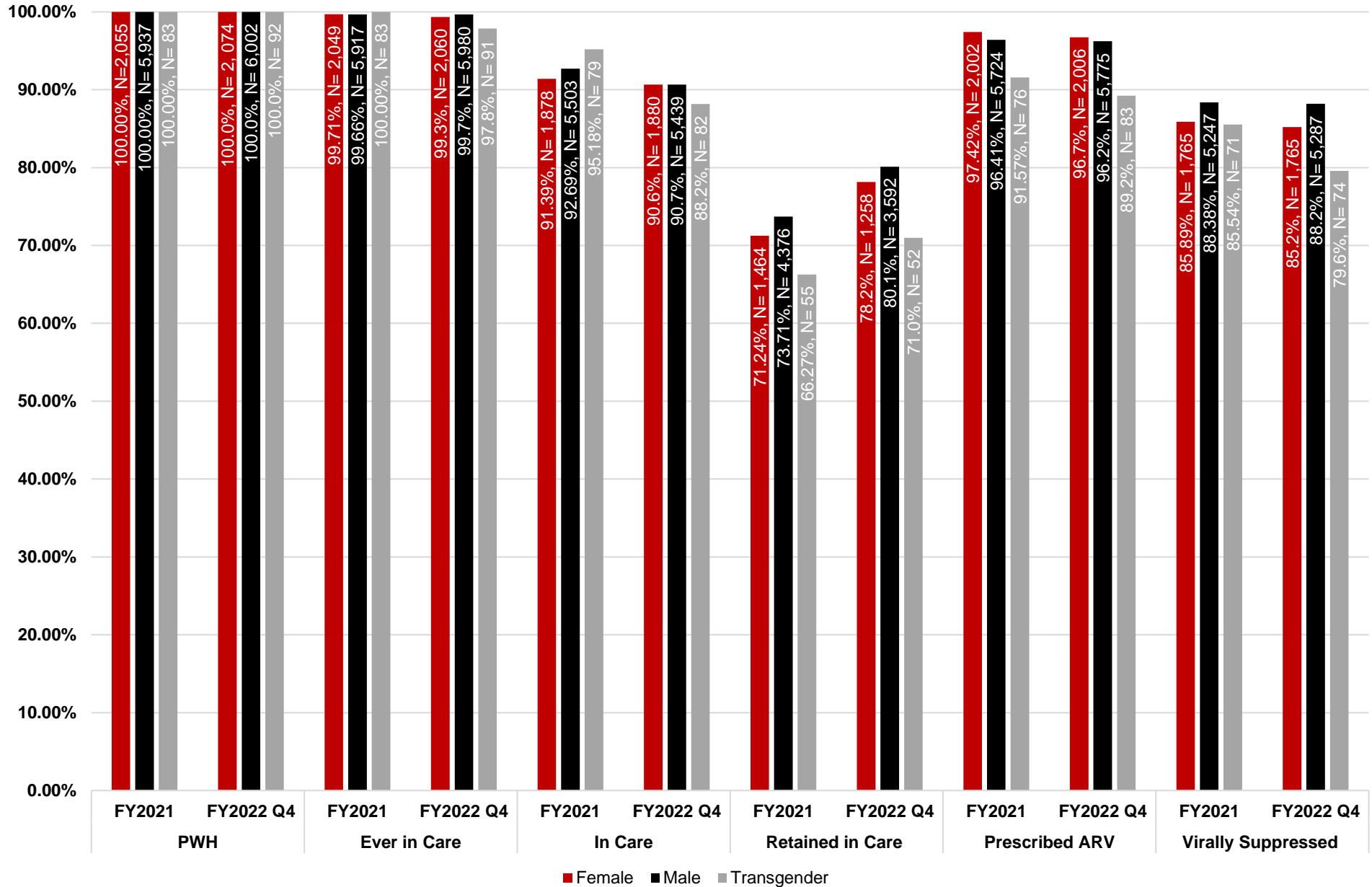
HIV Care Continuum, Systemwide, Broward EMA, FY2021, FY2022 Q3 & FY2022 Q4



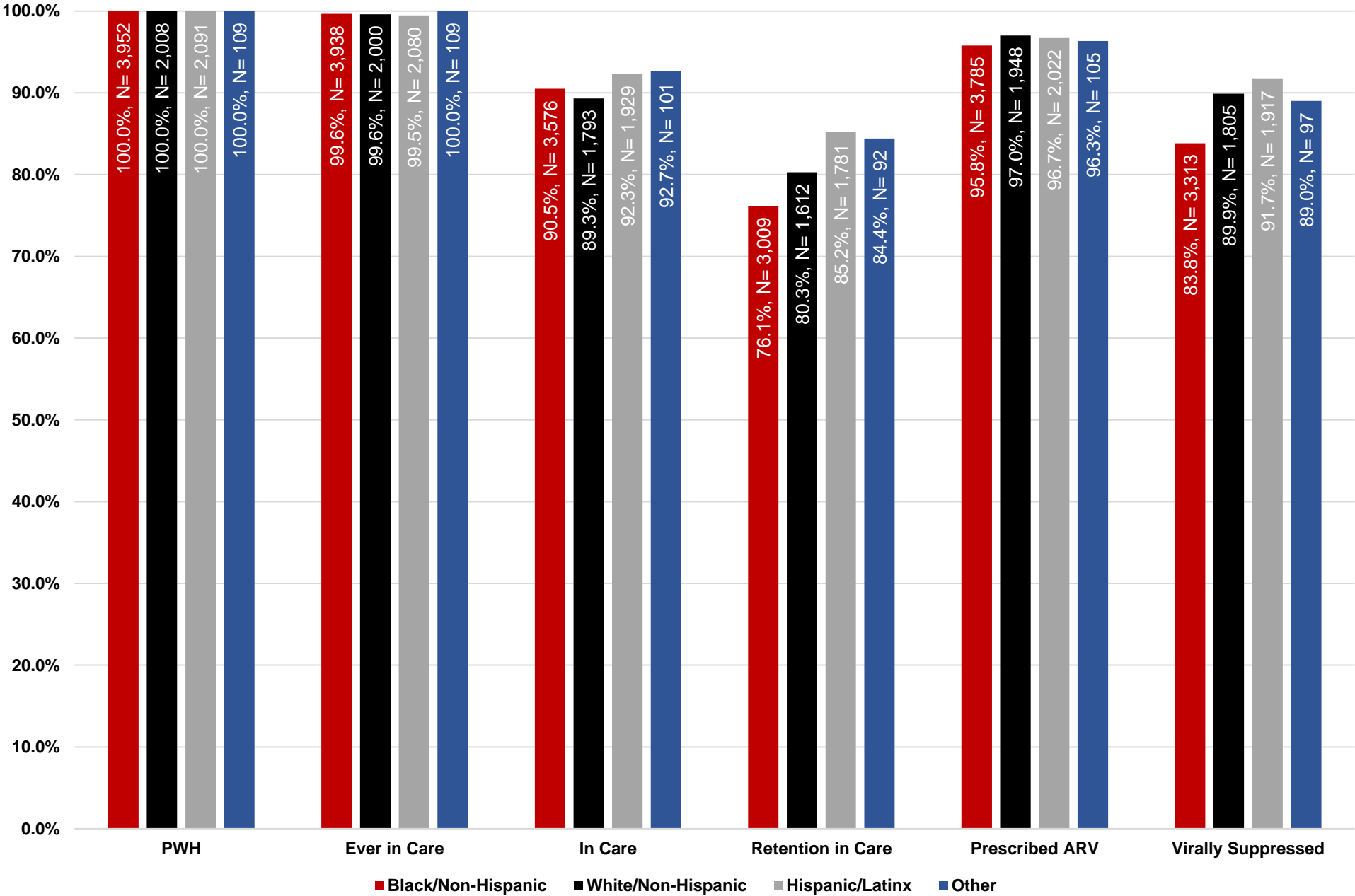
HIV Care Continuum by Gender, Broward EMA, FY2022 Q4



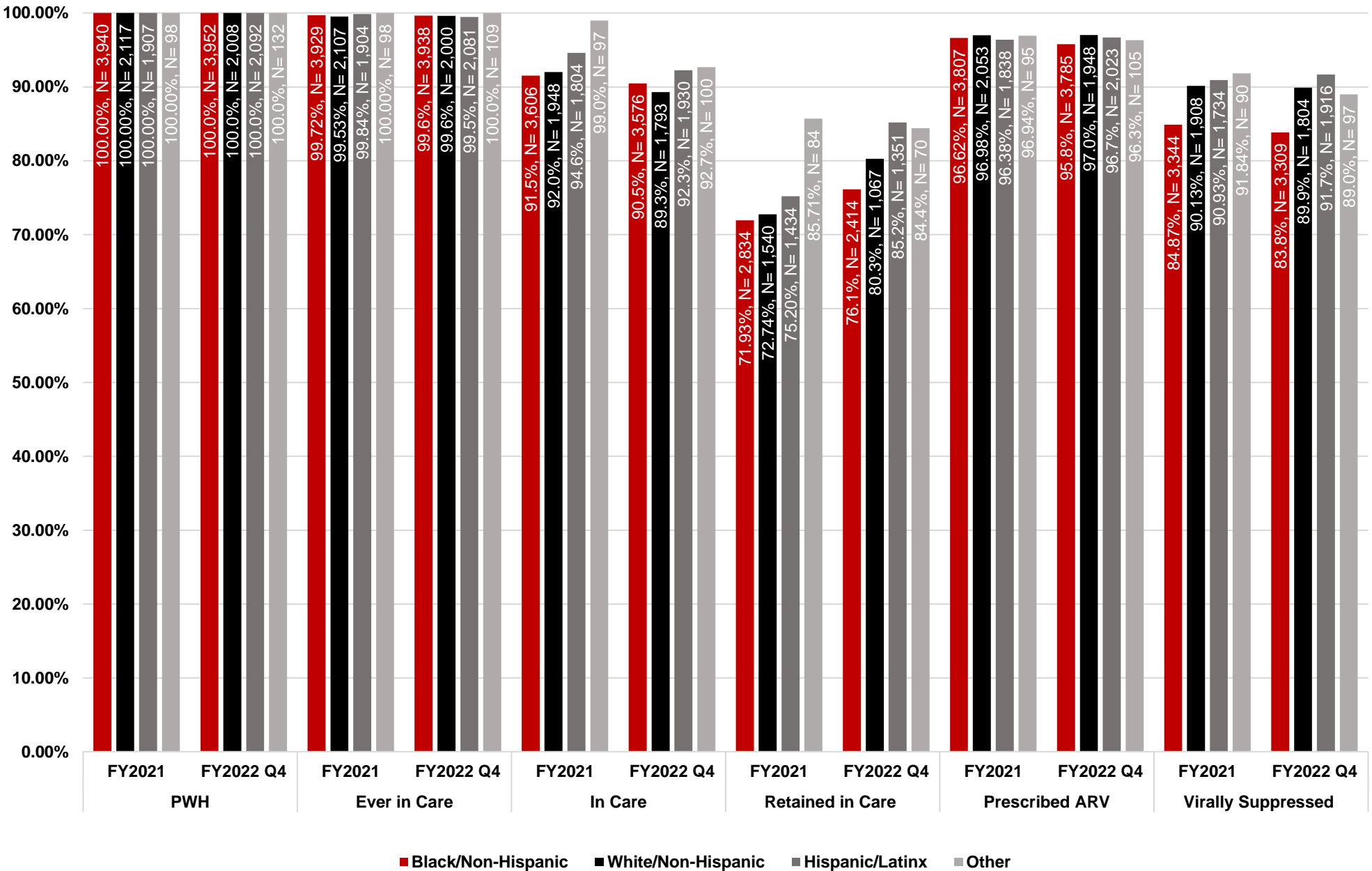
HIV Care Continuum by Gender, Broward EMA, FY2021 & FY2022 Q4



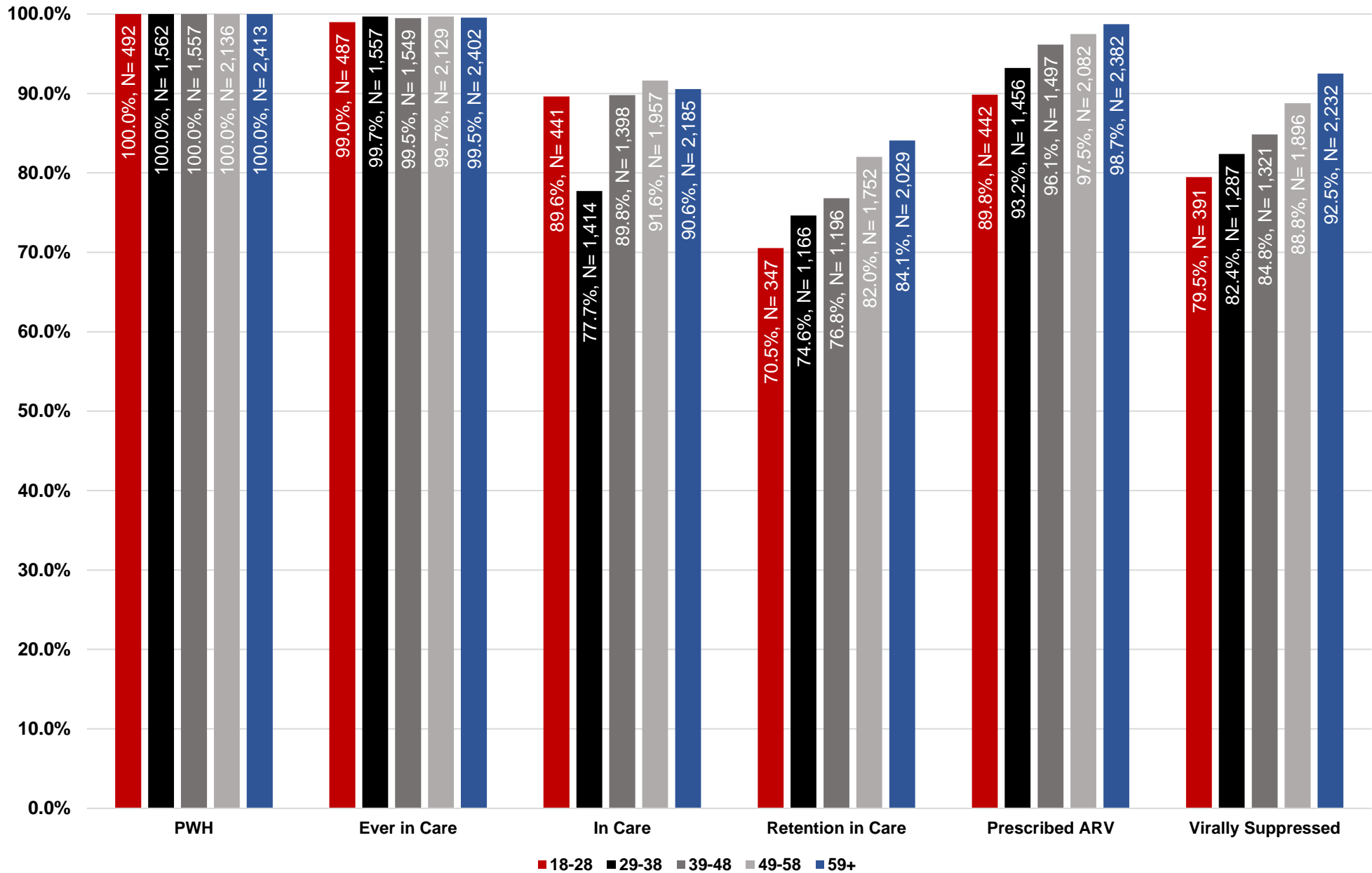
HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2022 Q4



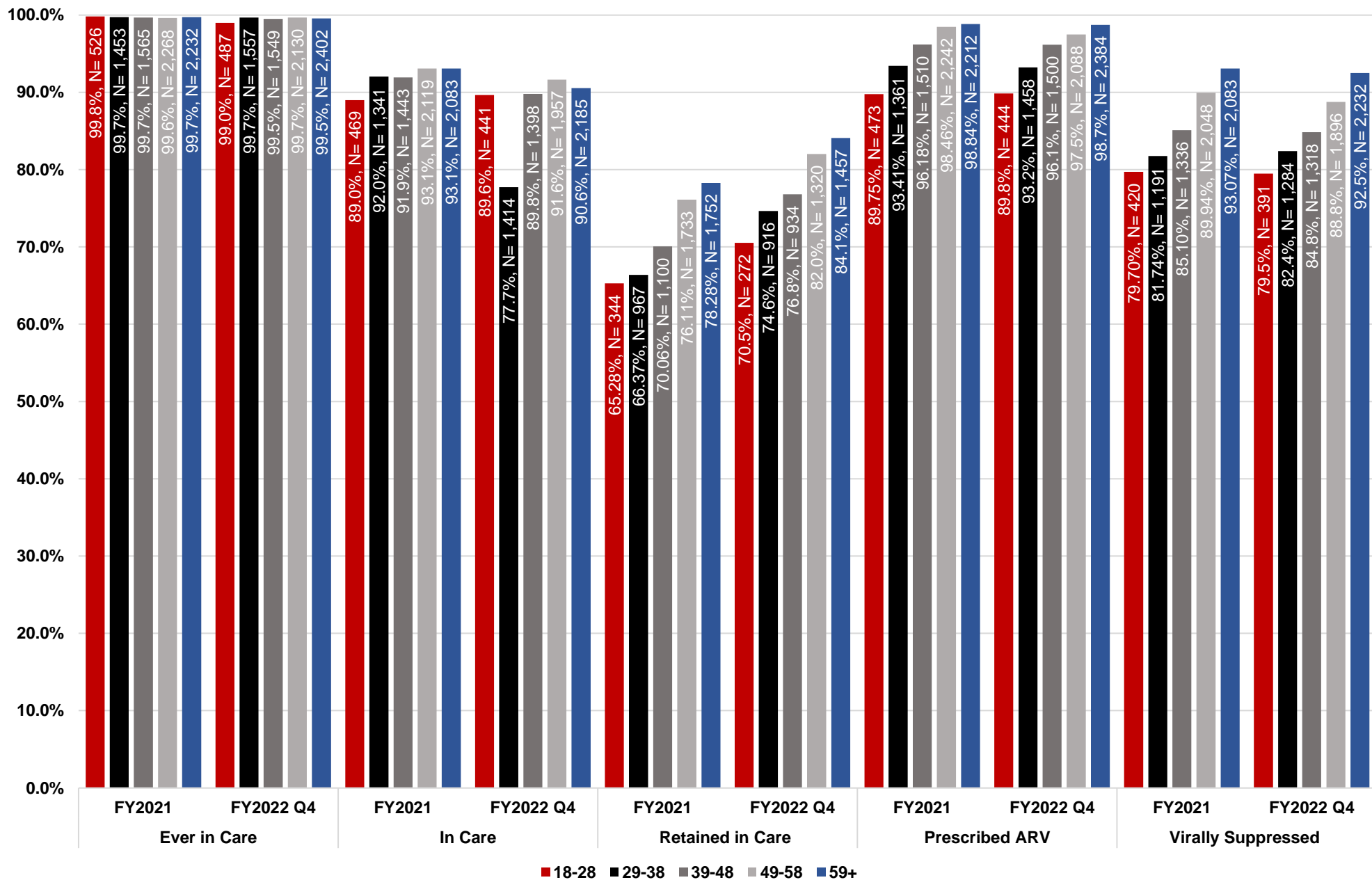
HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2021 and FY2022 Q4



HIV Care Continuum by Age, Broward EMA, FY2022 Q4



HIV Care Continuum by Age, Broward EMA, FY2021 and FY2022 Q4



Total Clients: FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238, FY 2022 Q4: 18-28 = 492, 29-38 = 1,562, 39-48 = 1,557, 49-58 = 2,137, 59+ = 2,413
 Continuum of Care Report 3/1/2021-2/28/2022 & 12/1/2022-2/28/2023

HIV Care

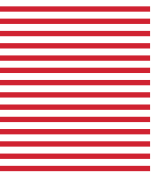
Continuum:

Notable Data

Trends

FY2021 - FY2022 Q4

- **6.5% increase in Systemwide retention rate**
- **100% for Ever in Care Systemwide service category**



**HIV Care
Continuum:
Notable Data
Trends
FY2021 - FY2022 Q4**



Subpopulations:

- **Female clients:** 7% retention rate increase
- **Male clients:** 6.4% retention rate increase
- **Transgender clients:** 4.73% retention rate increase
 - 5.94% viral suppression rate decrease from FY2021 to FY2022 Q4

HIV Care

Continuum:

Notable Data

Trends

FY2021 - FY2022 Q4

- **Subpopulations:**
 - **Black (Non-Hispanic) clients:** 4.17% retention rate increase
 - **White (Non-Hispanic) clients:** 7.56% retention rate increase
 - **Hispanic/Latinx clients:** 10% retention rate increase

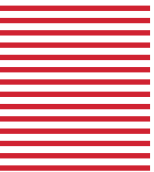


HIV Care Continuum:

Notable Data Trends

FY2021 - FY2022 Q4

- **Subpopulations:**
 - **18-28 age range:** 5.2% retention rate increase
 - **29-38 age range:** 8.23% retention rate increase
 - **39-48 age range:** 6.8% retention rate increase
 - **49-58 age range:** 5.89% retention rate increase
 - **59+ age range:** 5.82% retention rate increase





Any Questions? Thank you!

END OF PACKET