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

Priority Setting & Resource Allocation Committee Meeting

Thursday, March 21, 2024 - 9:30 AM - 12:30 PM
Location: Broward Regional Health Planning Council and via Microsoft Teams

Click here to join the meeting
https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2JjY2MyMTAtYTM3YS00Yzk0LWEwZDctMjQ0M2E3NjZkNjI1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d
Meeting ID: 293 961 648 090; Passcode: dvw2zX
Or call in (audio only)
+1 561-437-3349 - Phone Conference ID: 751 190 19#

Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
II. Welcome from the Chair:
   - **a.** Meeting Ground Rules
   - **b.** Statement of Sunshine
   - **c.** Introductions & Abstentions
   - **d.** Moment of Silence
III. Public Comment:
IV. ACTION: Approval of Agenda for March 21, 2024
V. ACTION: Approval of Minutes from January 18, 2023 **(Handout A)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category (Handout B)**
   - **b. Discussion: Broward County Taxonomy Rate Increases. Possible impact on Ryan White reimbursement rates.**
   - ***c.*** **Quarterly updates on clients moving into ACA** *(Updates will start June 2024)*
VII. Unfinished Business:
   - **a. Action Item: Review and approve the proposed FY2024-2025 PSRA Process Timeline and list of data or reports for the PSRA process (Handouts C1 and C2)**

b. **Action Item: Review and approve the proposed FY2024-2025 PSRA Workplan (Handout D)**

Work Plan Activity: 1.10 Review and approve the PSRA Work Plan annually.

VIII. New Business:

a. **Discussion: Action Plan - Affordable Care Act (ACA) Enrollment (Handout E)**

b. **Discussion: Minority AIDS Initiative Services Program (Handout F)**

i. *Historical background from former PSRA Chair and HIVPC Vice Chair-- Ms. Carla Taylor-Bennett*

c. **Discussion: April 24th Ryan White Services Listening Session (Handout G)**

Work Plan Activity: 1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.

IX. Recipient Report

X. Data Request(s)

XI. Public Comment:

XII. Agenda Items for Next meeting:

a. **Next Meeting Date:** April 18, 2024, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XIII. Announcements

XIV. 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.

March 2024

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. 1244/1343. Visit http://www.brhpc.org for updates.					
					1 **South Florida AIDS Network Meeting (SFAN)** **9:30 AM** **Microsoft Teams** **Join the meeting now** Meeting ID: 278 498 424 286 Passcode: J8fKu4	2
3	4	5 **Support Services Network Meeting** **9:00AM-10:15AM** **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/Microsoft Teams**	6	7 **System of Care Committee Meeting** **9:30AM – 11:30AM** **Location: BRHPC/Microsoft Teams**	8	9 **AIDS Walk & Music Festival** **8:00 AM-2:30 PM**
10 **Women and Girls HIV/AIDS Awareness Day**	11	12	13	14	15	16
17	18 **Quality Management Committee Meeting** **11:30AM– 2:30PM** **Location: BRHPC/Microsoft Teams**	19	20  **Native HIV/AIDS Awareness Day**	21 **Priority Setting & Resource Allocation Committee Meeting** **9:30AM -12:30PM** **Executive Committee Meeting** **12:45PM – 2:45PM** **Location: BRHPC/Microsoft Teams**	22	23
24	25	26	27 **Quality Network Meeting** **9:00 AM – 10:15 AM**	28 **HIV Planning Council General Body Meeting** **9:30AM – 11:30AM** **Locations: BRHPC/Microsoft Teams**	29	GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

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.

Handout A

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

Priority Setting and Resource Allocation Committee

Thursday, January 18, 2024- 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, V. Biggs, J. Rodriguez, R. Jimenez, B. Fortune-Evans, E. Dsouza, L. Robertson, M. Schweizer,

PSRA Members Absent: J. Wynn, A. Machado,

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

PCS/CQM Present: G. Berkley-Martinez, D. Liao, M. Patel

Guests Present: K. Drummond, D. Shammer, N. Facey, L. Lewis, C. Richardson, K. Hararya, K. Giglioli, L. Gary, S. Cook

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

The PSRA Chair called the meeting to order at 9:42 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA 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 the PSRA Chair, committee members, Recipient staff, PCS staff, 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 pertaining to HIV/AIDS and services in Broward County. There were no public comments.

2. Meeting Approvals

   The approval for the agenda of the January 18, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by B. Mester, seconded by B. Fortune-Evans, and passed unanimously. The approval for the minutes of the November 30, 2023, meeting was proposed by V. Biggs, seconded by B. Mester, and passed unanimously.

   Motion #1: B. Mester, on behalf of PSRA, made a motion to approve the January 18, 2024, Priority Setting and Resource Allocation Committee agenda as

presented. The motion was seconded by B. Fortune-Evans and passed unanimously.

Motion #2: V. Biggs, on behalf of PSRA, made a motion to approve the November 30, 2023, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by B. Mester and passed unanimously.

3. Standard Committee Items

Ryan White Part A Office: Monthly Expenditure/Utilization Report

A. Tareq, from the Ryan White Part A Office, reviewed the Monthly Expenditure/Utilization Report by service category.

4. New Business

Review FY2023-2024 Workplan and approve the proposed FY2024-2025 PSRA Workplan

After reviewing the FY 2023-2024 PSRA Workplan, B. Barnes requested that the PCS merge PSRA Timeline with the FY2024-2025 PSRA Workplan, and the PCS should email a draft copy to the PSRA Committee Members for review.

Presentation of the Assessing the Administrative Mechanism Report

After G. Matinez presented on Assessing of the Administrative Mechanism Report, B. Barnes requested that data from the survey be extracted. B. Barnes wanted the responses from Chairs & Co-chairs with respect to their relations or communication satisfaction with the Part A Office. The results are to be discussed at the next Executive Committee Meeting.

Motion #2: V. Biggs made a motion to approve the 2023 Assessing the Administrative Mechanism Report. The motion was seconded by L. Robertson and passed unanimously.

Action Plan: Affordable Care Act (ACA) Enrollment

Committee members briefly discussed what they know about the ACA Enrollment. Furthermore, members discussed the topic of what other EMAs are doing regarding the process of ACA Enrollment. B. Barnes requested guest speakers who are very knowledgeable about implementing the ACA process be invited to February's PSRA Meeting. At the next PSRA Meeting, with members and guests' input, the committee can begin to map out the process of enrolling Broward Couty Ryan White Clients into the ACA.

Discussion on Minority AIDS Initiative (MAI) Evaluation

B. Barnes requested information from the past regarding the PSRA voting outcome on the MAI Structure. Further discussion on the MAI Evaluation will be tabled for the February 2024 PSRA Meeting.

Data Request

B. Barnes wanted the responses from Chairs & Co-chairs with respect to their relations or communication satisfaction with the Part A Office.

B. Barnes requested information from the past regarding the PSRA voting outcome on the MAI Structure.

5. Recipient's Report

   There was no Recipient report for this 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 pertaining to HIV/AIDS and services in Broward County. There were no public comments.

7. Agenda Items for Next Meeting

   The next PSRA meeting will be held on February 14, 2024, at 9:30 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

   Next Meeting Agenda Items

   - Continue the ACA Enrollment discussion – mapping out an action plan
   - Continue the discussion surrounding MAI Structure
   - Approval of Workplan
   - Part A Office - Final Sweeps

8. Announcements

   - L. Robertson: Announced Ujima Men's Collective will host – Black Art Awakening on February 1, 2024 at the Pride Center.
   - L. Roberston: Announced a Community Conversation on February 20, 2024, at the L. A. Lee YMCA
   - L. Robertson: Announced on February 29, 2024, Closing Risk for Our Black Art Awakening
   - S.Tinsley: Announced for the 2nd Quarter of the HIV Possible will host a network empowerment series to address stigma and isolation by bringing people out and together
   - B. Barnes: Announced AIDS Moral Quilt will be displayed from Jan. 22, 2024, to February 7, 2024 at the Poverello Center. On February 7, the AIDS Quilt also will have a send-off ceremony with a give-a-way of $25 gift cards for individuals that get tested for HIV.

9. Adjournment

   There being no further business, the meeting was adjourned at 12:07p.m

PSRA Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	18	C												
0	**1**	Barnes, B., Chair	X	C												
0	**2**	Fortune-Evans, B.	X	C												
0	**3**	Mester, B.	X	C												
0	**4**	Robertson, L.	X	C												
0	**5**	Dsouza, E.	X	C												
0	**6**	Rodriguez, J.	X	C												
0	**7**	Biggs, V.	X	C												
0	**8**	Jimenez, R.	X	C												
0	**9**	Schwiezer, M.	X	C												
1	**10**	Machado, A.	A	C												
1	**11**	Wynn, J.	A	C												
		Quorum = 7	9													

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**

Priority Setting and Resource Allocation Committee Meeting Minutes – January 23, 2024
Minutes prepared by PCS Staff

Handout B

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 23-24 Allocations

	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,891,735	5,689,767	97%	201,968	474,147	5,689,767	34,053	201,968
	AIDS Pharmaceutical Assistance (2)	135,296	135,296	100%	-	11,275	135,296	5,204	0
	Oral Health Care Routine (4)	1,755,425	1,594,296	91%	161,129	132,858	1,594,296	-	161,129
	Specialty (1)	620,489	563,374	91%	57,115	46,948	563,374	-	57,115
	Medical Case Management Disease Case Management (5)	812,754	748,898	92%	63,856	62,408	748,898	9,576	63,856
	Mental Health- Trauma-Informed (2)	130,974	127,832	98%	3,142	10,653	127,832	-	3,142
	Health Insurance Premium & Cost Sharing Assistance	643,872	397,272	62%	246,600	33,106	397,272	-	246,600
	Substance Abuse-Outpatient (1)	33,962	29,843	88%	4,119	2,487	29,843	-	4,119
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	242,488	239,488	99%	3,000	19,957	239,488	-	3,000
	Non-Medical Case Management Case Management (7)	1,531,931	1,457,512	95%	74,419	121,459	1,457,512	12,429	74,419
	Food Services Food Bank (1)	950,000	949,964	100%	36	79,164	949,964	1,040	36
	Food Voucher (1)	182,586	182,558	100%	28	15,213	182,558	108	28
	Legal Assistance (1)	129,151	127,867	99%	1,284	10,656	127,867	-	1,284
	Emergency Financial Assistance (1)	115,872	114,193	99%	1,679	9,516	114,193	-	1,679
	Total Part A Funds	**13,176,535**	**12,358,159**	**94%**	**818,376**	**1,029,847**	**12,358,159**	**62,409**	**818,376**
	*** Some of the providers have not billed for month of Feb 2024.**								

	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	-	-		-	-	-	-	0
	MAI Medical Case Management (2)	291,783	253,923	87%	37,860	21,160	253,923	28,749	37,860
	MAI Mental Health (1)	56,469	55,624	99%	845	4,635	55,624	-	845
	MAI Substance Abuse-Outpatient (1)	415,356	402,432	97%	12,924	33,536	402,432	5,900	12,924
Support Services	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	585,198	585,189	100%	9	48,766	585,189	33,002	9
	Total MAI Funds	**1,348,806**	**1,297,168**	**96%**	**51,638**	**108,097**	**1,297,168**	**67,651**	**51,638**
	*** Some of the providers have not billed for month of Feb 2024.**								
	Total Part A and MAI Funding	**14,525,341**	**13,655,327**	**94%**	**870,014**	**1,137,944**	**13,655,327**	**130,060**	**870,014**

PSRA Timeline & Work Plan for Priority Setting and Resource Allocation Process for Fiscal Year 2024-2025

DATE	TASK	RESPONSIBLE PARTY
Thursday, **March 21, 2024** 9:30 A.M. to 12:30 P.M.	**Affordable Care Act (ACA) Enrollment Plan Vote** **Minority AIDS Initiative (MAI) Evaluation**	PSRA Chair Recipient/ RW Part A Office
Thursday, **April 18, 2024** 9:30 A.M. to 12:30 P.M.	**Minority AIDS Initiative (MAI) Vote**	PSRA Chair
Wednesday, **April 24, 2024** *3:00 pm to 5:00 pm* ***Location: AHF Community Meeting Room***	**Listening Session with PWH/Ryan White**	PSRA / CEC
Thursday, **May 16, 2024** 9:30 A.M. to 12:30 P.M.	**Eligibility Determination** (Reviewing Federal Poverty Level for each Service Category) **Overview of the PSRA Process** **Discuss recommendations from the System of Care Committee on *How Best to Meet the Need*** Justification for recommendations Discussion for additional revisions to the language	Recipient/ RW Part A Office PCS Team PCS Team
Thursday, **June 20, 2024** 11:00 A.M. to 5:00 P.M. ***Location: To be Determined*** .	**Review Service Categories (RW Parts A and B)** **Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations** including data related to: a. Client utilization b. Budget c. Provided services d. Notable Trends e. Recommendations for Part A **Broward MAI & EHE Activities Presentation**	PCS Team Funders/Stakeholders Recipient/ RW Part A Office

	Present Notable Trends of Needs Assessment/Community Input: a. Consumer Data b. Viral Load suppression **Review 2023 RSR** **Review the status of the FL and Broward Integrated Plan**	BRHPC Needs Assessment Consultant Recipient/ RW Part A Office Chair, IP Workgroup
Friday, **June 21, 2024** 11:00 A.M. to 5:00 P.M. ***Location: To be Determined***	**HIV Surveillance Epidemiological Data** The presentation will focus on: a. Trends in new infections b. Current and emerging priority populations c. Changes in demographics of the EMA's HIV/AIDS cases **Part A Client Health Outcomes Presentation:** Analysis of Part A FY2023 – March 1, 2023 – February 28, 2024, client continuum of care health outcomes including: a. Viral Load Suppression b. Retention in Care c. Variations by demographics **FY2023-2024 Service Utilization Scorecards** a. CQM Team reports on service category expenditures **Review the Community Empowerment Committee's (CEC) Rankings of Part A Services** **Complete Rankings (E-mail/Survey Link for Members)**	FLDOH-BC: HIV Surveillance Office CQM Team CQM Team CQM Team PSRA Members / PCS Team
Thursday, **July 18, 2024** 9:30 A.M. to 2:00 P.M.	**Priority Setting:** a. Present the results of PSRA's core and support services ranking. **"How to Best to Meet the Need"**	PCS Team PCS Team

	a. Present the results of PSRA's recommendations. **Fort Lauderdale/ Broward EMA Funding Service Categories with Justification.** a. Present the FY2023-2024 expenditures by services category. b. Provide recommendations for FY 2025-2026 allocations by services category. **FY2025-2026 Resource Allocations:** Allocate Part A Core, Support Services & MAI funding based on data and Recipient's recommendations	Recipient/ RW Part A Office PSRA Members
Thursday, **August 15, 2024** 9:00 A.M. to 1:00 P.M.	**PSRA Sweeps Cycle #1 (FY2024-2025)**	RW Part A Office/PCS Team/PSRA Members
September 2024	**No Meeting**	
Thursday, **October 17, 2024** ***Location: To be Determined***	**PSRA Retreat**	PSRA Members/ Recipient/ RW Part A Office
Thursday, **November 21, 2024**	**PSRA Sweeps Cycle #2 (FY2024-2025)** **2025-2026 Workplan and PSRA Timeline**	RW Part A Office/PCS Team/PSRA Members PSRA Chair
December 2024	**No Meeting**	
January 2025	**Assessing the Administrative Mechanism Presentation and Vote**	PSRA Members

HANDOUT C2

Proposed list of data or reports for the PSRA process:

1. **Review Service Categories (RW Parts A and B)**

2. **Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations** including data related to:
    a. Client utilization
    b. Award Amount
    c. Services Provided
    d. Successes, Challenges, Notable Trends
    e. Recommendations for increased partnership with Part A

3. **Broward MAI & EHE Activities Presentation**

4. **Present Notable Trends of Needs Assessment/Community Input**:
    a. Consumer Data
    b. Viral Load suppression

5. **Review 2023 RSR**

6. **Review the status of the Florida and Broward Integrated Plans**

7. **HIV Surveillance Epidemiological Data**
    a. Trends in new infections
    b. Current and emerging priority populations
    c. Changes in demographics of the EMA's HIV/AIDS cases

8. **Part A Client Health Outcomes Presentation:** Analysis of Part A FY2023 – March 1, 2023 – February 28, 2024, client continuum of care health outcomes including:
    a. Viral Load Suppression
    b. Retention in Care
    c. Variations by demographics

9. **FY2023-2024 Service Utilization Scorecards**
    a. CQM Team reports on service category utilization and expenditures

Priority Setting/Resource Allocations Committee Work Plan FY2024-2025

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations 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: Develop and implement an annual integrated PSRA process using data with input from stakeholders and consumer forums.

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

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process												
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Servic Category												
1.3 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. QM Care Continuum measures i. National HIV/AIDS Strategy Goals j. Anticipated changes due to the ACA k. Review 2023 Ryan White program services report (RSR) ***(Two-Day Session June 20 & 21)***												
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate a Townhall Meeting - Listening Session												
1.5 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from the SOC committee.												
1.6 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.7 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Conduct Professional Development of PSRA members	PSRA	Professional Development	Conduct a Training Retreat												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Prepare for the 2024 ACA Open enrollment process.	PSRA/ Recipient	Increase ACA enrollment by RWPA clients.	Develop an Action Plan in preperation for the 2024 ACA Open enrollment.												
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	PSRA/ Recipient	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program.												

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism	Staff/ PSRA	Ensure compliance	Receive a presentation on the results of the assessment.												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Review the survey tool and make recommendations to the questionanaire.												

Insurance Inequity for PLWHA enrolled in Ryan White and Approved for Part A and ADAP

ACA Insurance not top 3 plans			
ADAP Pays	**HICP Pays**	**Premium Est.**	**Client Pays**
$ 1,200		$ 1,200	
		Medical Co-pays (Insurance covered part)	
	$ 10	$ 10	
		RX Copays (insurance covered part even NON formulary)	
	$ 30	$ 30	
$ 1,200	**$ 40**	**Total**	**$ -**

ACA Insurance top 3 plans			
ADAP Pays	**HICP Pays**	**Premium Est.**	**Client Pays**
$ 1,500		$ 1,500	
		Medical Co-pays (Insurance covered part)	
	$ -	$ -	
		RX Copays (insurance covered part even NON formulary)	
	$ -	$ -	
$ 1,500	**$ -**	**Total**	**$ -**

Employee Sponsored* Does NOT Allows 3rd party Billing			
ADAP Pays	**Health Dept Pays**	**Premium Est.**	**Client Pays**
		$ 350	$ 350
		Medical Co-pays (Insurance covered part)	
	$ 50	$ 50	
		RX Copays (ADAP Formulary ONLY)	
		$ 100	$ 100
$ -	**$ 50**	**Total**	**$ 450**

Employee Sponsored* Allows 3rd party Billing			
ADAP Pays	**Health Dept Pays**	**Premium Est.**	**Client Pays**
$ 350		$ 350	
		Medical Co-pays (Insurance covered part)	
	$ 50	$ 50	
		RX Copays (ADAP Formulary ONLY)	
		$ 100	$ 100
$ 350	**$ 50**	**Total**	**$ 100**

* Some empolyee sponsored plans may require a specific pharmacy IE CVS to be filled but they are not under contract for ADAP.

*Note: The differences in ACA vs Employee sponsered for Copays should be equal.

Possible solutions for access to care/medications

1) ADAP covers all RX Prescriptions as HICP covers all copays for medications that the insurance covered part of it.
2) If ADAP does not then let that fall to HICP to cover but they will need to prepay or work that out with all pharmacies.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

Handout F

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, October 19, 2016, 12:30 p.m.
Location: Governmental Center Room A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 10/19/16 Agenda and 8/17/16 Meeting Minutes
3. **PUBLIC COMMENT:** *PSRA Leadership*
   a. Message from former PSRA Chair
4. **COMMITTEE LEADERSHIP DISCUSSION** – HIVPC Chair
5. **STANDARD COMMITTEE ITEMS**
   a. Reallocations "Sweeps"- Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.
6. **UNFINISHED BUSINESS**
   a. MAI Strategies- Discuss MAI strategies that will be included in the MAI Service Delivery Model
7. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
HICP	ACTION ITEM: Follow-up with proposed changes to ADAP Premium Plus eligibility and its impact on Part A HICP.
Food Bank	ACTION ITEM: Discuss Food Bank/Food Voucher eligibility criteria and impact on client utilization.

8. **SUBCOMMITTEE REPORTS**
   None.
9. **GRANTEE REPORTS**
10. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** November 16, 2016 **Venue:** Government Center Room A-337

Goal/Work Plan Objective #:	*Accomplishments*

11. **ANNOUNCEMENTS**
12. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, August 17, 2016, 12:30 p.m. **Location:** Governmental Center A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bell, J.	**X**			Rodriquez, J.
2	DeSantis, M.	**X**			
3	Gammell, B.				**Grantee Staff**
4	Grant, C.	**X**			Card, W.
5	Hayes, M.		**A**		Jones, L.
6	Katz, H. B.	**X**			Degraffenreidt, S.
7	Lopes, R.	**X**			Drummond, K.
8	Reed, Y.	**X**			
9	Schickowski, K.	**X**			**HIVPC Staff**
10	Shamer, D.	**X**			Johnson, B.
11	Siclari, R., *Vice Chair*		**A**		Ewart, L.
12	Taylor-Bennett, C., *Chair*	**X**			Oratien, V.
	Quorum = 7	**10**			

1. CALL TO ORDER:

The Chair called the meeting to order at 12:42 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Reed, Y. **Seconded by:** Bell, J.
Action: Passed Unanimously

Motion #2: To approve meeting minutes from 7/20/16
Proposed by: Lopes, R. **Seconded by:** Katz, H.B.
Discussion: A member requested an edit to Motion #19 to include that the allocations were for "MAI" SA
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization Report by Category of Service – William Card reviewed the FY16-17 Part A Service Category Expenditures to date, and he noted that the handouts in the PSRA packets needed corrections while passing out amended handouts to the members. A member asked about the timeline for invoice processing, and it was explained the new county system takes approximately 30 days for processing.

Reviewing the FY16-17 Expenditures he noted that after 4 months of the fiscal year a service should have expend 33% of their allocated funds. Currently Part A funds have been 29% expended, but that since many providers expend their MAI funds first (60% to date), this number is not unusual.

Mr. Card then reviewed bulk purchase data with the PRSA members. He explained that the Food Bank expended 42% of their bulk purchases, mostly in Bank not Vouchers. The Grantee's office is working to revamp the food voucher distribution system, and are reviewing programmatic details

with the provider. A member was curious to know about the eligibility and guidelines for voucher distribution that would have most of the FB bulk expended but very little FV. The Grantee stated that they were working with the provider to alleviate limits on food vouchers that in place due to cost containment strategies, and they are now looking to revise the strategies to create increased utilization to the voucher that's used as a nutritional supplement. The vouchers prohibit the purchase of alcohol or tobacco with the voucher, and while the vouchers should be used as a supplement some clients use the vouchers to purchase high quality proteins and other similar items. Eligible clients should receive either 2 food boxes or a box and a voucher, although they are currently receiving either a box or a voucher per month. The group discussed whether or not it was appropriate to place limitations on products that can be purchased with vouchers and how it may or may not fit within HRSA guidelines. The Food Bank is used as both an emergency provision as well as a sustainable food source, which conflict in philosophies. The committee discussed the history of the Food Bank service, the difficulty in tying the service to measurable health outcomes, the need make food accessible to the community while controlling spending, and whether or not the service delivery had been changed with PSRA notice or approval. The Grantee will present to the PSRA committee at their next meeting about Food Bank and Food Vouchers, and suggested implementing a client survey to gain qualitative information on the voucher utilization. The Human Services Administrator also using CIED to educate clients on eligibility criteria for all service categories.

ACTION ITEM: Add Grantee presentation on Food Bank/Food Voucher eligibility to the September PSRA agenda.
Data Requests: Current eligibility criteria and SDM; past ad-hoc Food Service committee minutes; effect of "cost containment" on voucher eligibility and utilization; Grantee and provider strategies enhancing service; further breakdown of bulk purchase data by FB and FV; administrative fees.

4. UNFINISHED BUSINESS:

b. Transportation- The Part B representative stated that they were evaluating all of their services to align them with HRSA guidelines, and have determined that the way the EMA distributed bus passes violated HRSA policies. This includes over 500 lost passes and 250 passes for non-Ryan White clients. The state has also codified "payer of last resort," and only programs that are not covered by federal, state or local programs can be funded by Part B. As the Broward County Transportation Disadvantage Program provides 31 day bus passes or Tops! to residents who make 100-400% FPL, Part B is transferring all eligible clients onto the county bus pass program. 80 clients were transitioned in the last month, and clients seem pleased with the service. Case managers educated their clients on the changes, and reported less complaints than past months. Those clients who do not qualify for County passes will receive daily passes from their case managers. The Part B representative stated that the medical transportation service is more than bus passes, and that there should be a conversation about use of vans, ride sharing accounts or other options for clients.

The Grantee stated that there are only 776 clients who receive bus passes and no wait list for services, yet participants at community forums regularly cite transportation as a major barrier to care. There must be some gap in service or information that acts as a barrier to utilization. Common complaints regarding public transportation, Medicaid transportation and Tops! include long wait times in intense heat, clients dropped off hours early for appointments or still waiting for providers after they have closed, clients in wheel chairs left on the wrong side of the road, etc. The Part B representatives asked that if any members hear of issues or concerns to please contact their office. The PSRA Chair asked the members if the FY17-18 Allocations needed to be modified to reflected changes in Part B transportation policies. A member suggested revisiting the subject in 3

months to see if there were any developing issues with the service.

ACTION ITEM: Send Justin Bell the minutes from the CEC Transportation Hot Topic. Add "Update on Part B Transportation" to October/November agenda. Send PSRA Summary to HIVPC member.

5. NEW BUSINESS

a. MAI –

Motion #3: To table the MAI discussion until the next PSRA meeting **Proposed by:** Katz, H.B. **Seconded by:** Bell, J. **Action:** Passed with 2 objections

b. HICP- The Grantee explained that last week he and Josh Rodriguez from the ADAP office went to Orlando to talk potential changes in ADAP Premium Plus eligibility. Currently, ADAP-PP covers clients making ≥ 250%FPL, while Part A's HICP covers clients from 250-400% FPL. ADAP has recently proposed increasing Premium Plus eligibility to cover all clients to 400% FPL, which would have a significant impact on the Part A HICP service. The question then posed by the Grantee was, with changes to ADAP-PP, will HICP be cost effective enough to warrant continuation of the service?

Part A would be responsible for medical co-pays, insurance deductibles, and pharmaceutical co-pays for medications not on the Part B formulary. Without the payment of client premiums HICP would greatly reduce their expenditures, without reducing their administrative fees. The change would lead to a $30 co-pay with a $16.50 administrative fee.

While the Grantee supports the state's expansion of ADAP-PP eligibility, he has informed them that it would have a significant impact on HICP in such a way in which he does not think it would be feasible to continue.

The ADAP representative stated that without HICP wraparound services clients who have not met their out-of-pocket maximums ($6,500) and need services like labs or procedures will have unaffordable bills. He believes that clients will not want to transition onto ACA plans if they have no supportive services to pay their co-pays and deductibles. The ADAP representative stated that problems will also occur if clients cannot get the medications for their co-morbidities paid then they will drop out of the ACA plan. The PSRA Chair asked what prevents ADAP from covering client co-pays and deductibles. He responded that ADAP is a pill program that can only par for HIV drugs, and that the state does not the infrastructure in place to cover those costs across the entire state, nor the time to put one in place before the next enrollment period in November.

The members reviewed the average cost of Part A and ADAP copays and deductibles, and discussed how most fees range between $10 and $49. They spoke about how the transaction fee would go up if transactions would go down, as personnel and administrative costs are fixed. A member asked about expanding the Emergency Financial Assistance service to help clients with copays, yet the question still goes back to capacity to administer those dollars.

There are currently 200 clients between 250-400% FPL who are fully covered by HICP. The Grantee explained that those clients are most expensive because they do not qualify for a tax credit, but they do have a greater income to support their medical needs. If HICP continues as is, the cost to administer the program will double because the number of transactions will significantly decrease. A member asked if the administrative employee could be part time to cut expenses. The Grantee did not think that would work because clients may call and need co-payments at any time, and visits and access points cannot be controlled to maintain a part time employee.

The members discussed next action steps. As the state has not made a final decisions, the members discussed delaying a vote on any issue until the next scheduled PSRA or HIVPC meeting in

October. They discussed drafting a letter to the State detailing the impact of ADAP-PP changes on Part A expenditures, and who if anyone should write the letter (PSRA committee, HIVPC Chair, Grantee, etc.) The Grantee stated that he has already spoken to the State about its implications for Part A, and that the HIVPC must make the final decision about the future of the HICP service. A member expressed concerns about defunding the service. Any changes would not take effect until the next Fiscal Year (March 2017). The Grantee explained that the HIVPC has 2 options going forward: fund the HICP service despite the high administrative costs or defund the service. The ADAP representative stated that the issue is not just about the cost effectiveness of the program, but the health outcomes of the client, the continuum of care and the community viral load. The PSRA Chair asked if ADAP could cover the copay and deductible payments if Part A provided the funding, but the ADAP representative explained that Tallahassee processes all payments, and that the HRSA manual for ADAP stipulates that they can only provide copays for pharmaceuticals, not medical copays or deductibles (although Part B can). The members decided to schedule a PSRA meeting in September to follow-up with the Grantee and further discuss ADAP-PP and its implications for Part A HICP.

ACTION ITEM: Next meeting- September 28th, 2016. Add HICP follow-up to the agenda.

6. GRANTEE REPORT

a. Part A: None.
b. Part B: None.
c. ADAP Report: None.

7. PUBLIC COMMENT

None

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: September 28, 2016 **Venue:** GC-301

Goal/Work Plan Objective #:	*Accomplishments*
MAI Strategies	ACTION ITEM: Discuss MAI Strategies that will be included in the MAI Service Delivery model.
Food Bank	ACTION ITEM: Discuss Food Bank/Food Voucher eligibility criteria and impact on client utilization.
HICP	ACTION ITEM: Follow-up with proposed changes to ADAP Premium Plus eligibility and its impact on Part A HICP.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 3:31 p.m.

PSRA Attendance CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	20	17	16	20	25	15	20	17					
			1	Bell, J.	N- 2/17		X	X	X	X	A	X					
1			**2**	DeSantis, M.	X	A	X	X	X	X	X	X					

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1		**3**	Gammell, B.	X	X	X	X	X	X	X	X					
		4	Grant, C.	X	X	X	X	X	X	X	X					
		5	Hayes, M.	X	X	X	X	X	X	X	A					
1	1	**6**	Katz, H.B.	X	X	X	A	X	X	X	X					
1			Lewis, L.	X	Z-2/1											
		7	Lopes, R.		X	X	X	X	X	A	X					N-1/20
	1		Proulx, D.	X	X	X	A	Z- 5/1								
1	2	**8**	Reed, Y.	X	X	A	E	X	X	A	X					
	1	**9**	Schickowski, K.	X	A	X	X	X	X	X	X					
1		**10**	Shamer, D.	X	X	X	X	A	A	X	X					W- 7/1
		11	Siclari, R., *V. Chair*	X	X	E	X	X	A	X	A					
		12	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X	X	X					
			Quorum = 8	12	10	11	10	11	10	9	10					

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

TARGET POPULATION FOR BROWARD MAI PROGRAMS

FY2015-2016 Broward Ryan White Part A Clients					
	Viral Load Status				
Black or African American, 18-38	**Unsuppressed VL**	**% of Total**	**Suppressed VL**	**% of Total**	**Grand Total**
Heterosexual Female	98	34.63%	183	64.66%	283
Heterosexual Male	40	26.67%	109	72.67%	150
Heterosexual Total	**138**	**31.87%**	**292**	**67.44%**	**433**
MSM	97	23.21%	319	76.32%	418
Black 18-38 Total	**235**	**27.61%**	**611**	**71.8%**	**851**

* Exclusions- Black Part A clients 18-38 with Unknown Viral Load (n=5)

FY2015-2016 Broward Ryan White Part A Clients					
	Viral Load Status				
Black or African American, All Aged	**Unsuppressed VL**	**% of Total**	**Suppressed VL**	**% of Total**	**Grand Total**
Heterosexual Female	294	19.12%	1,234	80.23%	1,538
Heterosexual Male	237	19.30%	987	80.37%	1,228
Heterosexual Total	**531**	**19.20%**	**2,221**	**30.30%**	**2,766**
MSM	159	18.82%	680	80.47%	845
Black All Aged Total	**690**	**19.11%**	**2,901**	**80.34%**	**3,611**

* Exclusions- Black Part A clients with Unknown Viral Load (n=20)

October 17, 2016

An Open Letter to the PSRA Committee,

In life there are experiences that make you wiser, and there are experiences that make you stronger. I was blessed enough to say that my years leading PSRA have made me both. Change is almost always a part of any process; doing the same thing expecting a different result is called insanity. The infusion of new people and new ideas is often part of the process of growth. Just as the HIV epidemic has changed, so must our response, our systems and our process.

As many of you are aware, the Committee Chairs serve at the pleasure of the Council Chair and Co-Chair. They reserve the sole authority to appoint committee chairs in accordance with the council by-laws. After 10 years of serving a chair of the PRSA Committee the current Chair and Co-Chair have determined that my leadership is longer needed as it relates to the PRSA committee and have decided to discontinue my appointment as Chair effective immediately.

As my desire is not to be an unnecessary distraction and to allow the newly appointed Chair every opportunity to be successful in the role, I will be resigning from the PRSA Committee. The work that we have done and you will continue to do is important. We have done so much together and that my absence, however abrupt, cannot interfere with the committee's growth and progress. The greatest salute to my legacy would be for you to support the new Chair and as he continues on the journey.

I must say that it has been an absolute honor to serve as you Chair. I am blessed to work with such a passionate committed group of people who have been tireless in their efforts to ensure sufficient funding and access to valuable services for the clients we serve. I can only express gratitude for allowing me the opportunity to lead you through this journey. The road we have trudged together was often not easy or uncomplicated but many of you have stayed the course. I feel like I am a better person today, than when I started this and you all were a big part of that. You taught me patience, tolerance, tenacity, diplomacy, temperance and too many others to list. You showed me that passion has a role at the table, and that we all bring our unique expressions and perspectives to the table.

Thanks so much for allowing me to challenge you to make the difficult decisions that had to be made. Thanks for allowing yourselves to ask those challenging and sometimes confrontational questions. Thanks for moving our process from emotion-driven to data –driven. Thanks so much for your unyielding advocacy for the clients we serve. It is those experiences that have allowed all of us to grow both individually and as a collective body. Continue to challenge yourselves . . . . . the clients depend on it. Always remember Joe Client in all your decisions . . . . . .He/she is the reason why we have a role in the process.

To my Vice-Chair, Rick, thanks so much. You made me laugh, when I wanted to scream and you were often the voice of clarity. When the meeting got heated I could always depend on you--during the ADAP Crisis, ACA, bus passes you name it I never had to think for a moment that you were not right beside me. Thank you.

To Council Support, you are an amazing group of people who have skills and talents . . . . . never forget that. Thanks for tolerating me and making sure that everything was ready for the meeting I could not been successful without you To Grantee staff, words cannot express my gratitude, thanks for the challenge, we are all better for it.

With all the love, respect and admiration for who you are and the important work you do. God's grace and peace be with you always

-Carla

HANDOUT A

MAI PROGRAM CLIENT OUTCOMES

The Broward Part A Program's MAI model is designed to improve rates of viral load suppression in Black MSM, and Black heterosexual males and females. The model will utilize evidence-informed strategies to increase engagement and retention in HIV care through specialized outpatient ambulatory medical care, medical case management, mental health and substance abuse services specifically designed for the Part A MAI populations. To improve access to and retention in care, the MAI program will utilize a patient centered medical home model. Intensive coordination and direct intervention will be provided by the care teams to improve HIV treatment adherence, medical education and the patient's ability to effectively navigate the healthcare system.

To enter the MAI program, unsuppressed clients in the priority populations will be screened for eligibility. If clients choose to enter the program they will have their care coordinated across providers so as to receive streamlined services. Each participant will receive a baseline needs assessment within the first month of entering the MAI program, and must be screened for both MH and SA. The client will be referred to the appropriate services, and referring provider will document their follow-up with confirmation by the receiving provider. Each MAI participant will have an MAI MCM, who will conduct quarterly evaluations of client progress based on the issues documented in the client's needs assessment and individualized treatment plan. The MAI MCM will develop and maintain a care plan that teaches the client where, when and how to access all health services to assist clients with attaining self-sufficiency. Updates on the client's needs assessment will be communicated and coordinated with shared outcomes between providers in the client's Patient Care Team.

Patient Care Team members will receive annual training to further educate on advancement of developmental, behavioral, medical, psychiatric and social service needs for the targeted MAI populations. Scheduling staff will maintain on-demand medical appointment slots to accommodate clients, including those who are employed or have other scheduling barriers. Based on preference of the client, providers will send at least two reminders within two weeks prior to the appointment via text message or email in addition to contact by phone. The model will utilize trained and certified peers to assist with linkage/referrals, engagement and retention in services.

Newly enrolled MAI clients will take a survey to assess their baseline needs, gaps and barriers to care. To ensure the implementation of high quality services, MAI clients will participate in an annual Part A MAI Needs Assessment activity (survey, focus group, community forum, etc.). The comprehensive Part A MAI Needs Assessment will at minimum include: clients' demographics, barriers to care, service gaps, and satisfaction with received services. Upon completion of the MAI program, clients will participate in a completion evaluation of the program.

MAI PROGRAM CLIENT OUTCOMES

In the first 18 months, the client should achieve the following outcomes in each enrolled service:

MAI OAMC

- Maintained medication adherence for >95%
- Maintained a suppressed viral load for at least nine consecutive months
- Demonstrated improvement with other clinical criteria (decreased hospitalization, other medical conditions stabilized, no new opportunistic infection diagnoses)
- Resolved 60% of major issues in the needs assessments
- Kept 85% of all scheduled medical appointments

MAI MCM

- Resolved 60% of major issues in the needs assessments
- Demonstrate the ability to navigate the health care system
- Developed a sense of self-sufficiency
    - Kept 85% of all scheduled medical and social services appointments
    - Established tools and resources to assist with being able to keep appointments in the future
    - Obtained and maintained needed services (housing, entitlements, benefits, medical, social, etc.)

MAI MH

- Documented improvement in client's symptoms associated with primary metal health diagnosis
- Kept 85% of all scheduled service appointments

MAI SA

- Documented improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis
- Kept 85% of all scheduled service appointments

Priority Setting & Resource Allocation Committee (PSRA) & Community Empowerment Committee (CEC)

Present:

THE 2024 HIVPC RYAN WHITE PART A LISTENING TOUR

Moderator: Elizabeth "Coach Kitty" Davis

SAVE THE DATE

We want to HEAR from YOU!

Your ISSUES
Your RECOMMENDATIONS!

Topic:

The Challenges of Living Healthy with HIV in Broward County

Wednesday 24 April

AIDS HEALTHCARE FOUNDATION WELLNESS CENTER (AHF)

700 SE 3rd Ave
1st Floor
Fort Lauderdale, FL 33316

3 PM- 5 PM

REFRESHMENTS WILL BE SERVED

THIS IS A RECORDED PUBLIC EVENT

Broward HIV Planning Council

BrowardHIVPC

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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.

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 the implementation of activities designed to improve patient 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.

END OF PACKET