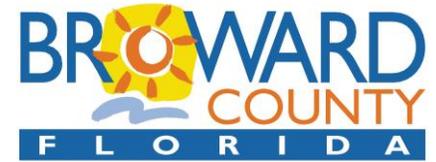




## HIVPC Retreat

December 8, 2016

8:30 a.m. – 5:00 p.m.



I. <b>Breakfast</b>	8:30 – 9:00
II. <b>Greetings</b> <i>Welcome and Introductions</i>	9:00 - 9:15
III. <b>HIVPC Jeopardy</b> <i>Game</i>	9:15-10:15
IV. <b>Break</b>	10:15 - 10:30
V. <b>Member Empowerment and Accountability</b> <i>Discuss HIVPC Member Accountability and Common Messaging</i>	10:30 - 11:45
VI. <b>HIVPC Allocations</b> <i>Grantee Report on FY2017-2018 Allocations</i>	11:45 – 12:30
VII. <b>Lunch</b>	12:30-1:00
VIII. <b>Team Dynamics</b> <i>Icebreaker, Integration Project, How to Respond to Organizational Change</i>	1:05 - 3:05
IX. <b>Break</b>	3:05-3:15
X. <b>Group Decision Making Activity</b> <i>Win as Much as You Can: An Intergroup Competition</i>	3:20 – 4:35
XI. <b>Closing</b> <i>Q&amp;A, Next Steps</i>	4:35 – 5:00



**3. PHONE INTRODUCTIONS**

Kareem Murphy introduced himself.

**4. FEDERAL LEGISLATIVE REPORT**

The committee members reviewed Handout A (on file), which contained a report from Kareem Murphy on the prospects of renewed Ryan White funding from the federal government. Congress has been in recess since August for the elections, and the current temporary funding resolution will expire on December 9th. With the current political climate, government funding is uncertain. A member asked about the presidential candidates’ platforms on HIV/AIDS: Hillary Clinton discussed commitment to HIV/AIDS resources, has spoken about Obama’s national HIV/AIDS strategy and “getting to zero.” Mr. Murphy stated that he does not foresee any cuts or substantial changes to HIV/AIDS resources and policy if Clinton is elected President. Mr. Murphy stated that if Donald Trump is elected he foresees a “scorched earth” situation surrounding HIV/AIDS. Trump has made comments about repealing the ACA, and Mr. Murphy was fearful that if Trump is elected President he will make severe cuts to programs and spending.

**5. CONSENT ITEMS**

None

**6. DISCUSSION ITEMS:**

The HIVPC Chair stated that the PSRA Committee and Grantee provide initial allocations for each service and provider at the start of the Fiscal Year. Twice a year the County also asks providers to analyze their current fiscal situation and request additional funds or returns for the services in the form of “Sweeps.” A member asked about funding to service providers that she does not believe provide services, and that some members of her community view providers as “playing” with government money, and that other Planning Councils do not reallocate. The Grantee explained that HRSA mandates Part A spend 95% of formula funds, and that the reallocations process happens with every Part A in the nation. The HIVPC allocates money to service categories, and the Grantee releases a Request for Proposal (RFP) for agencies that demonstrate the ability provide the priority services. Twice a year they look at expenditure and utilization patterns, staffing, ACA impact, etc. to determine their reallocation needs. This process is a self-correction based on current fiscal actualities to make sure that the Part A program is on track to spend 95% of their funding award. There was discussion about the membership’s understanding of the “Sweeps” process, and the need for all members to vote unless they must abstain due to a conflict of interest.

#	Motion	Proposed By	Seconded By	Discussion	Action
3	To reallocate \$470,000 OAMC	Siclari, R.	Katz, H.B.		Passed Unanimously
4	To reallocate \$75,000 from CM	Siclari, R.	Katz, H.B.		Passed with 2 Oppositions
5	To reallocate \$41,584 from MCM	Siclari, R.	Katz, H.B.	A member asked why funds would be “swept” away from services, and it was explained that all returns are voluntary dollars that providers are giving back based on current and projected expenditures.	Passed with 1 Opposition
6	To reallocate \$7,000 from MH	Siclari, R.	Katz, H.B.		Passed with 1 Opposition
7	To reallocate \$4,500 from SA	Siclari, R.	Lint, A.	A member stated that there is a lack of SA/MH services in the community. He asked why money would be returned for those services. The Grantee stated that SA/MH services are underutilized in the EMA. The integration Behavioral Health and OAMC will help de-stigmatize and increase MH services.	Passed with 1 Opposition and 1 Abstention
8	To reallocate \$39,000 to OAMC	Siclari, R.	Lint, A.		Passed Unanimously
9	To reallocate \$45,728 to CM	Siclari, R.	Katz, H.B.		Passed Unanimously

10	To reallocate \$16,200 to MCM	Siclari, R.	Katz, H.B.		Passed Unanimously
11	To reallocate \$60,000 to CIED	Siclari, R.	Moragne, T.		P w 2 o
12	To reallocate \$260,000 HICP	Siclari, R.	Lint, A.		Passed Unanimously
13	To reallocate \$177,156 to EFA	Siclari, R.	Moragne, T.	The Grantee clarified the EFA is used to provide short-term or stop gap medications for Part A clients.	Passed Unanimously

## 7. NEW BUSINESS

- a. HIVPC Social Media - During the August HIVPC meeting the members discussed Arianna Lint live-streaming the HIVPC meeting to Facebook in July. The members voted to file a grievance against Arianna, however, after review of the By-Laws and Policies and Procedures it was determined that the HIVPC cannot file a grievance against a member. Grievances are only for individuals to make claims against an action taken by the HIVPC. The members spoke about the sensitivity of HIV and that people need to have their privacy respected in a public forum governed under Sunshine. The Chair also stated that there are members of the HIVPC who do not want to expose themselves publicly and do not feel comfortable having themselves broadcast on social media. Marie: requests that there is a conversation here, does not agree that it should be moved to another committee.

**Motion #14:** To allow for a 15 minute conversation on the use of social media and filming HIVPC meetings, and the grievance against Arianna Lint  
**Proposed by:** Hayes, M. **Seconded by:** Lint, A.  
**Action:** Passed with 1 Opposition

A member stated that he spends time in the state legislature, and while they are in session social media is used as a part of Sunshine. He is not sure whether the HIVPC live streaming was done to intimidate members, which he would condemn, but he recognizes that this is a public forum and would advise people not to join if they are uncomfortable being recorded.

The Chair added that Arianna's recording was posted on Facebook, with other members prominently featured.

Arianna addressed the Council. She stated that she has been an HIVPC member for 3 years, and she wants to apologize to those who are offended because they feel the stigma of HIV. She thinks that there is no legitimate basis for this grievance, and that she has a legal degree from her country and knew that nothing would happen to her. She said that people need to recognize advances in technology and fight stigma by broadcasting these meetings. She believes that Facebook is a forum for people to live comment during the meeting. She stated that the transgender community is behind her, but she believes that the HIVPC doesn't support them.

A member replied that the key to this situation is disclosure. This member was the primary subject of the video, and for her it's not about stigma or Facebook. Staff documents an "official" recording of the meeting, and members understand that there is audio recording. However, an individual who records without disclosure can alter the content and context of the meeting. When members only record parts of the meeting it is not an official record and needs to have full disclosure to prevent abuses. Recording should be made by Council Support Staff, not by individuals.

Another member stated that recording an individual without their knowledge is an issue. Stigma is an issue, and he knows that there are members whose families are not aware of their HIV status. There were members who were offended and hurt by the recording, and they were afraid that family members would discover their status through Facebook. Another member agreed with the previous statements, and stressed that it is very important that people should decide to record the meeting they need to inform the other member, and they must be clear that this is not an official record. Another member stated that recording without the knowledge of the subject is a violation of trust. HIVPC meetings have never been televised or recorded in this manner. A member stated that her mother does not know about her HIV status, and that she should be given the chance to tell her, no one else.

Finally, a member stated that he believes HIVPC meeting should be streamed to allow disabled individuals to participate, and that he believes that the only members with issues regarding recording were providers. Members disagreed with that statement.

Arianna stated that she didn't realize that some of the members' families were unaware of their status, and her mother also does not know. She apologized, but said that she feels discriminated against because she is

transgender. The HIVPC Chair acknowledged that each HIVPC member represents their own communities and has different reasons for participating, but encouraged everyone to work as a team for all of Broward.

**Motion #15:** To seek clarification on recording HIVPC meeting to social media from Broward County's legal council

**Proposed by:** King, J. **Seconded by:** Katz, H.B.

**Action:** Passed Unanimously

## 8. OCTOBER COMMITTEE REPORTS

### A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

**No October Meeting**

*Chair: L. Robertson, V. Chair: P. Fleurinord*

The next CEC meeting will be held on Tuesday, November 1<sup>st</sup> at 3 p.m.

### B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

**No October Meeting**

*Chair: Vacant, V. Chair: V. Foster*

The MCDC committee is currently on hold, but Staff and the Chair have been monitoring membership, demographics and other MCDC responsibilities.

### C. QUALITY MANAGEMENT COMMITTEE (QMC)

**October 17, 2016**

*Chair: C. Grant, V Chair: A. Earp*

The report stands.

### D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

**October 19, 2016**

*Chair: W. Spencer, Vice Chair: R. Siclari*

The Committee is working new strategies for MAI funding. They are hoping to send recommendations for a service delivery model by the New Year. The HIVPC Chair noted that there is a new PSRA Chair, Will Spencer, and he thanked Carla for her 10 years of leading the committee and her commitment. A PSRA encouraged the HIVPC members to participate in the upcoming MAI discussions at PSRA.

### E. INTEGRATED COMMITTEE

**No October Meeting**

*Chair: W. Spencer, V. Chair: C. Taylor-Bennett*

The Integrated Plan has been submitted to the CDC and HRSA. Part A and Prevention will discuss how to move forward with the Integrated Workgroup and implementation of the Plan.

### F. EXECUTIVE COMMITTEE

**October 20, 2016**

*Chair: B. Gammell Vice Chair: R. Lopes*

The Executive Committee has been participating in a leadership training series.

## 9. GRANTEE REPORTS

- a. **Part A:** The Grantee thanked everyone who participated in USCA. Part A gave four presentations, many of the HIVPC members and participants were on the host committee. The Grantee heard that this was one of the best USCAs, and he said that this shows the commitment of the Broward HIV community. Part A has just submitted their grant application last Monday after submitting the Integrated Plan in September, and they are currently in the RFP process. All services prioritized in PSRA process are bid out, over \$16,000,000, and proposals are being rated. The contract still depends on receiving funds from HRSA, and the Grantee must ensure full allocations to provide services needed across the county. At the PSRA meeting the Grantee spoke about Florida's plan to extend ADAP ACA coverage to 400% FPL. The Grantee has asked the state to provide assistance to Part A HICP to reduce transaction fees for insurance payments, and the state has agreed to increase their full time employees to support Part A in providing wraparound services. Part A clients will continue to receive coverage until April when they will transition to ADAP. The state is looking to enroll 1,500 individuals in this ACA enrollment period, or double last year's enrollment. Part A will enroll Part A clients, will send out communications in the upcoming weeks and meet with providers to clarify the enrollment process. Part A is analyzing available marketplace plans to select provider inclusive plans that synchronize with ADAP. Finally, the SFAN Chair has recently sent a letter to HRSA about his feeling a lack of inclusion in integrated planning process. The Grantee does not believe that this complaint is an accurate depiction of the situation, and he has talked to HRSA to give them some background of Part B/HIVPC split based on SFAN's lack of goals, objectives and tangible work. The Grantee sees this complaint as problematic because they have brought this issue to a national forum, and thinks that this is causing people to lose sight of all the good work the HIVPC has done in Broward.
- b. **Part B:** No representative present.
- c. **Part C:** Part C funds support the care and treatment of the indigent population in Broward. The services are similar to Part A, but with smaller funds. The Part C Grantee has had a site visit recently, and they are working to develop a Part C QM program, as well as Part C staff job descriptions to include annual HIV

training and Part C's defined role. Part C had \$31,000 in carryover from the last FY due to staffing changes, and they plan to use those funds for specialty care for undocumented indigent patients. The Part C grant application has been pushed back to align the fiscal year of the various jurisdictions, and will begin in FY2018.

- d. Part D: The Part D representative explained that Part D covers infants, children, youth and women. The program works to provide services for pregnant women who are linked through the co-located TOPWA program. CTDC works with many late presenting women at 32-36 weeks into their pregnancy who require emergency protocols and access to medications. So far there have been no HIV perinatal transmissions this year. The Part D representative stated that there have been a number of 30 year old, perinatal infected deaths. While there are less deaths than earlier in the epidemic, it is still difficult. The Part D representative was also concerned about 18 year olds in adult provider situations, as many teenagers still need youth care and more support than average adults.
- e. Part F: No representative present.
- f. HOPWA: The HOPWA representative stated that they are dealing with government funding changes, and are moving funds to use as stopgaps while awaiting funding cuts so as not to disrupt services.
- g. Prevention: No representative present.

**10. UNFINISHED BUSINESS**

None.

**11. ANNOUNCEMENTS**

- a. Jason King informed the members that the World AIDS Day Ad-Hoc Committee has been formed and the members have met for the first time. The committee has decided to hold a vigil focused on the Black community, starting on Sistrunk and moving down to Esplanade Park. AHF and other sponsors will cover the costs, and there will be vendors and tabling by providers. The next committee meeting will be in 2 weeks in the AHF Community Room. Jason will send the meeting information to Staff for distribution.
- b. HOPWA moved temporarily 930 B 6th St., Ft. Lauderdale, 33311
- c. Care Resource's annual White Party is coming up, and for first time they will contract out the party planning. Contact Care Resource if you'd like to attend.
- d. CDTC's Basket Brigade will be held to provide Thanksgiving meals to approximately 1,300 families. The Smart Ride will also be held on November 17th-18<sup>th</sup>.
- e. The Homeless Thanksgiving Feast will be held at 1101 W Broward Blvd on Nov 21st. It provided food for 600 people last year.
- f. Positive Voices Matter at World AIDS Museum will be on November 17th from 6-9 p.m.
- g. Pride Center will host the Wicked Manners Halloween party on Wilton Drive. There will be a costume contest.
- h. Shaundelyn Degraffenreidt has officially changed her last name after year and a half of marriage to Emerson. She gave everyone her new email address and name change: [semerson@broward.org](mailto:semerson@broward.org)
- i. The HIVPC Retreat will be held on Dec 8<sup>th</sup>. It is a mandatory, full day retreat. There will be no other committee meetings in December. Once the venue is booked, Staff will send out meeting logistics to members.

ACTION ITEM: Send World AIDS Day information, new HOPWA address and Shaundelyn's new email address to HIVPC listserv.

**12. PUBLIC COMMENT**

- a. Comments about public forums and use of technology. Does not think that the HIVPC should follow the rules of elected officials when working in an open forum, PWAs have a different situation with different needs, difference between people coming with questions than those who are broadcasted on social media, will discourage people from being a part of the process.

**13. REQUEST FOR DATA**

**14. AGENDA ITEMS FOR NEXT MEETING:** December 8, 9:30 a.m. **LOCATION:**TBD

<i>Tasks for next Meeting</i>	<i>Responsible Party</i>	<i>Action to be taken, presentation, discussion, brainstorm etc.</i>
<b>HIVPC All Committee Retreat</b>	<i>HIVPC</i>	<b>ACTION ITEM: Full day retreat for all HIVPC and committee members</b>

# 15. ADJOURNMENT

The meeting was adjourned at 11:38 a.m.

## HIVPC ATTENDANCE CY 2016

Consumer	PLWHA	Absences	Count	Meeting Month:	Ja n	Fe b	Ma r	Ap r	Ma y	Ju n	Ju l	Au g	Se p	Oc t	No v	De c	Attendanc e Letters	
				<b>Meeting Date:</b>	28	25	C	28	26	23	28	16	C	27				
			1	Arenciaba, Y.	N-8/16										X			
			2	Bell, J.	X	X		X	X	X	A	X			E			
1	1	1	3	Bhrangger, R.	X	X		X	A	X	X	X		X				
1	1	0	4	Burgess, D.	X	X		X	X	X	X	X		X				
		1	5	Creary, K.	X	X		E	E	E	A	A		A	W-8/16, R- 11/1			
1			6	DeHoyos, F.	N-4/28			X	X	X	X	X		A				
			7	Dennis, B.	N-8/16													
		2	8	DeSantis, M.	X	X		X	A	A	X	X		X				
1		0	9	Gammell, B., <i>Chair</i>	X	X		X	X	X	X	X		X				
		3	10	Grant C.	X	X		X	A	X	A	A		X			W-8/16	
3		R		Gutierrez, H.	A	A		A	W-3/10, R-5/10									
1			11	Hayes, M.	X	X		X	X	X	X	A		X				
		7	A	Holness, D. V.C. (Comm)	A	X		A	A	A	A	A		A				
1	1	0	12	Huggins, L.M.	X	X		X	X	X	X	A		X				
1	1	0	13	Katz, H.B.	X	X		X	X	X	X	X		X				
			14	King, J.	N-8/16										X			
		0	Z	Lewis, L.	X	Z-2/1/16												
1	1	1	15	Lint, A.	X	X		X	X	X	X	A		X				
		0	16	Lopes, R., V. <i>Chair</i>	X	X		X	X	X	A	X		A				
1	1	1	17	Marcoviche, W.	X	X		X	A	X	X	X		X				
		0	18	Moragne, T.	X	X		X	X	X	X	X		X				
		3	R	Myers-Culpepper, K.	A	A		A	W-3/10, R-5/10									
1	1	2	19	Parker, P.	A	E		X	A	E	X	X		X				
		1	Z	Proulx, D.	X	A		X	Z- 5/1									
1	1	2	20	Reed, Y.	X	X		X	X	X	A	A		E			W-8/16	
		1	0	Robertson, L.	X	X		X	X	X	X	X		X				
1	1	1	22	Robertson, P.	X	X		E	X	X	X	E		A				
1	1	0	23	Runkle, D.	X	X		E	X	X	X	X		X				
		3	24	Schweizer, M.	X	X		E	A	X	A	X		A			W- 11/1	
1	1		25	Shamer, D.	N-4/28			X	A	A	X	X		X			W-7/1	
		2	26	Siclari, R.	X	X		X	X	A	X	A		X				
1		2	27	Spencer, W.	X	X		X	A	X	X	X		A				

2	28	Taylor-Bennett, C.	X	A		X	X	A	X	X		X			
	29	Thomas-Purcell, K.	N-4/28			X	A	X	A	X		X			
2	R	Tomlinson, K.	X	A		A	W-5/10, Z- 5/20								
		<b>Quorum = 15</b>	24	20		20	14	20	1	9	18		20		

**Legend:**  
X - present  
A - absent  
E - excused  
NQA - no quorum absent  
NQX - no quorum present  
N - newly appointed  
Z - resigned  
C - cancelled  
W - warning letter  
R - removal letter

# FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

All Services
<b>Recommended Language</b>
Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed.
Provide Care Coordination across multiple service categories.
Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for front line staff, and provide follow up as needed.
Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: <ul style="list-style-type: none"> <li>Black heterosexual men and women</li> <li>Black men who have sex with men (MSM)</li> <li>18-38 years of age</li> </ul>
Integrate care collaboration with members of the client's service providers.
Collect client level data on bars of the HIV Care Continuum to identify gaps in services and barriers to care.
Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
Co-locate services where applicable, to facilitate medical home model for Part A clients.
Core Medical Services
Service Criteria: (<400% FPL)
Outpatient Ambulatory Health Services (OAMC)
<b>Recommended Language</b>
Integrate Primary Care & Behavioral Health Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
Include consistent identification, referral, accountability for treatment collaboration and shared health outcomes and continuous communication between integration of primary care and behavioral health.
Integrate Care provider collaboration with members of the client's treatment team outside of the organization.
Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involved departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
Provide after-hours service availability to include Crisis Intervention.
Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
Ensure providers are knowledgeable regarding management of patients co-infected with HIV and HCV.
Incorporate prevention messages into the medical care of PLWHA.
Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved away/to a different payer source.

# FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

<b>AIDS Pharmaceuticals (Local)</b>
<b>Service Criteria: (&lt;400% FPL)</b>
<b>Recommended Language</b>
Report clients who have fallen out of care to DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.
<b>Oral Health Care (OHC)</b>
<b>Service Criteria: (&lt;400% FPL)</b>
<b>Recommended Language</b>
Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
Increase Oral Health Care collaboration with mental health providers.
Expand and separate Oral Health Care (Dental Services) funding into two components: routine maintenance care and specialty care.
<b>Health Insurance Continuation Program (HICP)</b>
<b>Service Criteria: (250%-400% FPL)</b>
<b>Recommended Language</b>
Provide Benefits Support Services to deliver information to about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.
Overview of health care plan summary of benefits (coverage and limitations).
Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
Develop materials for clients to use as quick references.
Provide assistance with Prior authorizations and appeals process.
Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments .
<b>Mental Health Service (MH)</b>
<b>Service Criteria: (&lt;300% FPL)</b>
<b>Recommended Language</b>
Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
Provide after-hours availability to include Crisis Intervention.
<b>Disease (Medical) Case Management</b>
<b>Service Criteria: (&lt;400% FPL)</b>
<b>Recommended Language</b>
Coordinate referrals with other services providers; conduct follow-ups with clients to ensure linkage to referred services.
Report change in viral load status as clients progress through the program.
<b>Substance Abuse- Outpatient</b>

# FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

<b>Service Criteria: (&lt;300% FPL)</b>
<b>Recommended Language</b>
<b>NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY</b>
<b>Support Services</b>
<b>Case Management (Non-Medical)</b>
<b>Service Criteria: (&lt;400% FPL)</b>
<b>Recommended Language</b>
Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.
Provide education to reduce fear and denial and promote entry into primary medical care.
Educate clients on the importance of remaining in primary medical care.
Increase minimum involvement of peers to at least 30 Percent.
Incorporate prevention messages into the medical care of PLWHA.
Educate consumers on their role in the case management process.
Provide information about Ryan White programs to reduce financial concerns about seeking care.
<b>Centralized Intake and Eligibility Determination (CIED)</b>
<b>Service Criteria: HIV+ Broward Resident</b>
<b>Recommended Language</b>
Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV.
Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
Following up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures.
Offer dedicated live operator phone line at all times during normal business hours.
Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.
<b>Emergency Financial Assistance</b>
<b>Service Criteria:</b>
<b>Recommended Language</b>
Provide limited one-time or short-term pharmaceutical assistance for Ryan White Part A clients.
<b>Outreach</b>
<b>Service Criteria:</b>
<b>Recommended Language</b>
Utilize DIS workers to locate clients who are "lost to care" to determine retention status and re-engage as necessary.
Track the barriers to care that caused clients to cease medical care, and provide an annual report to the HIVPC.

## FY 2017/2018 HOW BEST TO MEET THE NEED LANGUAGE

<b>Food Services</b>
<b>Service Criteria: (&lt;250% FPL)</b>
<b>Recommended Language</b>
Increase communication with client primary care physicians and nutrition counselors to ensure client nutritional needs are being met.
Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
<b>Legal Services</b>
<b>Service Criteria: (&lt;300% FPL)</b>
<b>Recommended Language</b>
<b>NO RECOMMENDED LANGUAGE FOR THIS SERVICE CATEGORY</b>