



Broward County HIV Health Services Planning Council

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 Website: www.brhpc.org

Will Spencer
 Chair

Samantha Kuryla
 Vice Chair

Agenda

Thursday, January 26, 2012 at 9:00 a.m.

1. Call to Order	Will Spencer
2. Welcome and Public Record Requirements	
A. Review Meeting Ground Rules	
B. Review Public Comment and Public Record Requirements	
C. Council Member Introductions	
D. Guest Introductions	Will Spencer
E. Excused Absences and Appointment of Alternates	
F. Approval of Today's Agenda	
G. Approval of 12/22/11 Meeting Minutes	
3. Moment of Silence	Will Spencer
4. Federal Legislative Report (Handout A) <i>Written Report Provided</i>	Kareem Murphy, The Ferguson Group
5. Vote to Amend Bylaws (Handouts B1 and B2)	Will Spencer
6. Consent Item (Joint Executive Committee) To "recommend that Joint Planning be responsible to work with BRHPC staff to modulate the Comprehensive Plan and make recommendations to various committees. The committees will work on the modules to report to Joint Executive"	Committee Chairs
7. Discussion Item (Joint Priorities Committee) To "expand eligibility for bus passes to all core service category appointments"	Committee Chairs
8. Council Chair and Vice Chair Elections (Primary/Simultaneous)	Council Members
9. Committee Reports (Handout C)	Committee Chairs
10. Grantee Reports	
A. Part A	Leonard Jones or Designee
B. Part B and ADAP (Handouts D1 and D2)	Paul Moore
11. Other Reports	
A. Part C	Jasmin Shirley
B. Part D	Marie Hayes
C. HOPWA	Jeri Pryor
12. Old Business/New Business	
• Secondary Elections (Consecutive)	Council Members
13. Announcements	
• Votes read into record	Council Members
14. Public Comment (up to 15 minutes)	Members of the Public Please Sign-in at Front of Room
15. Next Meeting Date: Thursday, February 23, 2011 at 9:30 a.m.- 4:30 p.m.	Will Spencer
16. Adjournment	Will Spencer

Please complete meeting evaluation forms

Attendance					
#	Members	Present	Absent		Guests
1	Will Spencer, Chair	X			Bobby Hyde
2	Samantha Kuryla, Vice Chair	X			Bonnie Majcher
3	Barbara Hanson-Evans	X			Claudette Grant
4	Brad Gammell	X			Jean Robert Menard
5	Bradley Katz	X			James Perigny
6	Carl Roberson	X			Kara Schickowski
7	Carla Taylor-Bennett	X			Kareem Murphy*
8	Commissioner V.C. Holness			X	Kathleen Cannon
9	Demetrius Clanton			X	Kym Gash
10	Dr. Stephen Abel	X			Lavern Deer
11	Dr. Timothy Moragne	X			Mauricio Ferrer
12	Jasmin Shirley	X			Patricia Gamble
13	Jeri Pryor			X	Yolonda Reed
14	Jodi Pearl	X			
15	Joey Wynn	X			
16	John Greenwood			X	Grantee Staff
17	Karen Creary	X			Leonard Jones, Part A
18	Karlene Tomlinson			X	Valentino Clarke, Part A
19	Leroy Crawford	X			William E. Green, Part A
20	Leroy Dyer	X			Ann Mercer, Part B
21	Marie Hayes	X			
22	Michael Rajner	X			
23	Monica Coscarelli			X	HIVPC Support Staff
24	Paul Moore	X			Ariela Eshel
25	Rick Siclari	X			Christina Bontempo
26	Ronald Hernandez	X			Faikah Hosein
27	Tara Wilson	X			Gladria Desa
28	Virginia Jordan	X			Michele Rosiere
29	William Marcoviche	X			
30	Marie Bonamy (Alternate)			X	
	Quorum = 16	23	7		<i>*Present via phone</i>

1. Call to Order

The Chair called the meeting to order at 9:04 a.m.

2. Moment of Silence

A moment of silence was observed.

3. Welcome and Introductions

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 12/22/11 Agenda

Motion #1	To “approve the 12/22/11 Meeting Agenda with addendum of an additional ADAP update by Michael Rajner at the ADAP segment of the agenda”
Proposed by	Jasmin Shirley
Seconded by	Karen Creary
Action	Passed Unanimously

Approval of the 11/17/11 Meeting Minutes

Motion #2	To “approve the 11/17/11 Meeting Minutes with amendment: Page 3, Consent Item #2, end of first sentence - Change ‘unti’ to ‘until’ AND change future motions language to say ‘to <i>recommend</i> ’
Proposed by	Samantha Kuryla
Seconded by	Karen Creary
Action	Passed Unanimously

4. Public Comment (Up to 10 minutes)

One guest signed up for public comment, but deferred that comment until the end of the meeting.

5. Federal Legislative Report – Kareem Murphy, The Ferguson Group

FY 2012 Ryan White Funding Update:

There is good news. Congress passed and the President finally signed the FY 2012 Omnibus Appropriations bill that funds the U.S. Department of Health and Human Services. The Ryan White Part A was funded at \$1.323 billion for 2012, which is a \$15 million increase over the 2011 total. All other program parts (exclusive of ADAP) were level funded, which is also a good thing. The bill also includes \$25 million from the Public Health Emergency Fund to provide for an increase in ADAP. There is no reference to the challenges with Florida's ADAP program, which given the problems highlighted by HRSA (state government problems) this is a good thing. There will probably be some work needed at the state level, if it hasn't already been done, to ensure that the roadblocks to drawing down Florida's ADAP funds no longer remain. The overall news for us as a Part A grantee is good.

Advocacy Meetings:

The Ferguson Group is working with the Ryan White Program staff and Broward County Intergovernmental Affairs for advocacy meetings in late January 2012. The meetings would be designed to secure increased funding in all the Part A program areas for Broward County, to petition for flexibility in meeting the carryover obligations from FY 2011, and to advance White House Support and Congressional Support for the continuation of the Ryan White Program, including a full reauthorization of the program by 2013. We will be meeting with the HIV/AIDS Bureau (HRSA), with the White House Office of National AIDS Policy, with the Broward County Congressional Delegation, and with the House and Senate Committees that have oversight over the Ryan White Program.

6. HIVPC Chair and Vice Chair Update (Handout A1 – A2)

Before the candidates' introductions the Chair informed the committee of the decision made at Executive Committee meeting one week prior with regards to the vote that needs to take place at the beginning of the January 26, 2012 Planning Council Meeting to align the By-Laws to the nominating procedure. There was discussion and the following motion was made:

Motion #3	To “go to a double election: primary and secondary runoff election ”
Proposed by	Marie Hayes
Seconded by	Samantha Kuryla
Action	Passed / 1 Opposed

A. Candidates Introductions

The Candidates for Chair and Vice Chair were introduced and the responses to the questionnaire(s) were reviewed. Candidates' names were chosen out of a 'hat' and each candidate was given five minutes to elaborate on the questions asked and other candidates were given equal length of time to respond to same.

Candidates for Vice Chair were first chosen, in random order:

- (1) **Karen Creary** – Responses stand as presented without additional comments
- (2) **Brad Gammell** – Responses stand as presented without additional comments
- (3) **Michael Rajner** – Responses stand as presented without additional comments

Candidates for Chair were then chosen, in random order:

- (1) **Samantha Kuryla** – Responses stand as presented without additional comments
Guest addressed the question on 'Advocacy' and Grievances to the candidate. This was discussed. Other candidates were given equal amount of time to respond to same.
- (2) **Michael Rajner** – Added to the 'Conflict of Interest' question. Member posed the question to Mr. Rajner on the leadership role in terms of Healthcare Reform and also 'what separates you from the other candidates?' Other candidates were given equal amount of time to respond to same.
- (3) **Carl Roberson** – Elaborated on the questionnaire responses.
- (4) **Joseph “Joey” Wynn** – Responses stand as presented without additional comments.

Mr. Bradley Katz, Chair of the ad Hoc Nominating subcommittee thanked everyone involved in the Nominating 2011/2012 process and proposed to meet with the ad Hoc By-Laws committee to tailor details of the ad Hoc Nominating Procedure.

7. Consent Items (Handout B)

Consent Item #1	To “recommend to approve the Mental Health client level outcomes and indicators as revised by the MH/SA QI Network.”
Proposed by	QMC

Consent Item #2	To “recommend to approve the Substance Abuse client level outcomes and indicators as revised by the MH/SA QI Network”
Proposed by	QMC

Consent Item #3	To “recommend to set the Legal Services Indicator 1.1 at 80%.”
Proposed by	QMC

Consent Item #4	To “recommend to approve the Legal Services Indicator 1.2 at 60% ”
Proposed by	QMC

The above Consent Items were pulled for discussion and the following motion was made:

Motion #4	To “recommend to pull all Consent Items to discussion ”
Proposed by	Karen Creary
Seconded by	Michael Rajner
Action	Passed

8. Discussion Items

A. Sweeps (Handout C)

More feasible recommendations were for Part B to use additional funds to do (i) make a bulk bus pass purchase and (ii) moving the Bus Passes back to Part B.

The following items were discussed and separate motions were made for each:

Discussion Item #1	To “motion for the current fiscal year in Part B, for the Grantee to move potential remaining balance to bulk purchase of bus passes.”
Proposed by	Joint Priorities
Seconded by	Carl Roberson / Karen Creary
Action	Passed (1 Abstention)
Justification	Needs Assessment and JCCR input indicate current FY unmet need for transportation (bus passes). This was a Part B service category in the consortia area; temporarily moved to Part A.

Discussion Item #2	To “move the service category, medical transportation (bus passes), from Part A to Part B for FY12/13.”
Proposed by	Joint Priorities
Seconded by	Carl Roberson
Action	Passed (1 Abstention)

Discussion Items 3 - 9

#	Service Category	Sweeps FROM	Sweeps TO	Proposed by	Seconded by	Action
3	Outpatient/Ambulatory (4)	-\$448,421		Priorities	J Wynn	Passed
4	Outpatient/Ambulatory (4)		\$195,442	Priorities	J Wynn	Passed
5	AIDS Pharm. (Local) (3)	-\$211,275		Priorities	K Creary	Passed / 3 Opposed
6	Medical Case Management (6)		\$37,000	Priorities	H B Katz	Passed
7	Oral Health (2)		\$468,503	Priorities	J Wynn	Passed / 4 Abstentions
8	Mental Health (3)		\$45,000	Priorities	H B Katz	Passed
9	Food Bank	-\$86,249		Priorities	H B Katz	Passed
	Total Funds	-\$745,945	\$745,945			

In the interest of time the Consent Items pulled discussion for were tabled and the following motion was made:

Motion #5	To “table discussion items from QMC until January 2012”
Proposed by	Carl Roberson
Seconded by	Leroy Dyer
Action	Passed
Justification	More time needed to pull old records

9. Committee Reports (Handout D)

In the interest of time, the individual verbal committee reports were tabled. All reports are as stand. Copies are on file.

10. Grantee Reports

A. Part A

The Part A Grantee reported that due to the Late Notice of Grant Award, all contracts were not executed for the new providers, Part A Sweeps and Reallocations were partially done. Sweeps will be revisited in January 2012. Contract amendments will be sent out to some providers. Grantee is anticipating \$250,000 of unspent funds. Carry over maximum is \$500,000 in bulk or other purchases but is not a practice of this EMA as the funds are usually spent.

Member asked question as to the follow up of the approved motion for a name change to the service category *Centralized Intake and Eligibility Determination* to *Part A Centralized Intake and Eligibility Determination* and the impact on printing costs going forward. The grantee noted that this did not affect printing costs as the work of the service category remained the same.

B. Part B

The Part B Grantee provided a written report: Part B expenditures through 10/31/11: \$490,189. Non-Medical Case Management conducted 243 eligibility interviews in October of which 36 were new clients. Medication Co Payment served 321 clients in October of which 10 were new to the program. Cost avoidance in Medication Co Payment Program for October is \$32,102.90. Total savings from April-October: \$80,024. A total of 132 clients activated Pharmaceutical Co Pay cards in October 2011. A total of 360 clients have activated Pharmaceutical Co Pay cards for the period May 1 to October 31, 2011.

C. ADAP

The ADAP Grantee provided a written report: As of 12/6/11: Total ADAP "Open" Enrollment: 2,026; total ADAP clients served (defined as having at least one "pickup" in the period) in Last 30 Days: 1,228; total ADAP Waitlist Enrollment: 212; total ADAP/Medicare Part D Enrollment (as of 10/17/11): 187 (includes 57 clients being called to verify Medicare eligibility). October ADAP Appointments: Number of appointments: 611; number of missed appointments: 166 (27%). The statewide ADAP removed 386 individuals from the ADAP Wait List as of 12/1/2011. Clients are removed from the Wait List by medical category in the order they were placed on it. Providers should strongly encourage clients to accept the transfer back to ADAP which is now on a more stable financial basis. The contracts with the pharmaceutical companies mandated that FLDOH notify them of clients who refuse the offer. The companies' reaction is unknown but may include dropping the clients from the PAPs. Concern was expressed as to clients not being informed before they are 'dropped' from the PAPs. A member noted "the clients are always the last to know", thus the following motion was made:

Motion #6	To “write a letter to Tallahassee (Tom Liberti), requesting that clients on PAPs and ADAP are notified when their PAP/ADAP eligibility has expired before they are dropped and on general communication with clients”
Proposed by	Michael Rajner
Seconded by	Karen Creary
Action	Passed

On a statewide ADAP call earlier in the week, there was a motion from the ADAP workgroup for the FPL to stay at 400%.

Michael Rajner provided a supplemental ADAP report noting as a Medicare Part D ADAP consumer it was also voiced that clients will be informed, but it does not usually happen. With the upcoming December holidays, concern was expressed about the ADAP pharmacy being closed on Friday, December 23, 2011 through Monday, December 26, 2011 (legal holiday). The ADAP representative noted that the Governor closed all executive offices and noted that there are usually no appointments on Fridays. The ADAP representative was made aware of the closure two days prior. This will also be the case for the New Year's holiday weekend. The Grantee's office noted that the decision was an executive order and not a local decision.

Joey Wynn was in Tampa at the ADAP workgroup meeting. Mr. Wynn reported that (a) Tom Liberti and Lorraine Wells were not present at the meeting; (b) AICP will experience further expansions, (c) HRSA relaxed the restricted Draw Down as of December 2011, (d) Regarding outsourcing, Tom Liberti reported that there will be no more Health Exemptions and explained the potential for RFP for ADAP will include the Part D components, and (e) there are tough negotiations with pharmaceutical companies due to contracts into 2013. *Gilead* and *Merck* have reduced costs. This helps for next years' budget.

11. Other Reports

A. Part C

The Part C Grantee reported the Guidance has been received and are in the process of proposing under the guidance, which has changed slightly. There should be a report by February 2012.

B. Part D

There was no Part D report.

C. HOPWA

There was no HOPWA report.

12. Old Business/New Business

A. Regarding the Assistant County Attorney's ongoing presence at Planning Council meetings – a letter will be drafted for the January 26, 2012 meeting.

B. The Part C Grantee thanked the Council for attendance at the HOPWA Community Services Board's first meeting.

13. Public Comment

There was no public comment.

14. Announcements

There were no announcements.

15. Next Meeting Date

Thursday, January 26, 2012 at 9:00 a.m. at 200 Oakwood Lane, Suite 100, Hollywood, 33020.

16. Agenda Items for Next Meeting

- By-Laws Amendment
- Elections
- Votes Read into the Record
- Standing Agenda Items

17. Adjournment

The meeting was adjourned at 12:00 p.m.



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Update for Broward County HIV Health Services Planning Council January Meeting

From: Kareem Murphy
Date: January 23, 2012

FY 2012 Ryan White Funding Update:

The HIV/AIDS Bureau of the U.S. Department of Health and Human Services tells us that they expect to have the 2012 awards announced by the end of February. They are in the final stages of allocation and award analysis. We have been warned that that fewer grantees have left supplemental funding awards on the table, and, consequently, the available pool of money for Part A Grantees like Broward has declined. Regardless, we do not yet know the final size of the award for 2012 and await further notice from the Bureau.

Advocacy Meetings

The Ferguson Group scheduled and participated in advocacy meetings on January 20th with Leonard Jones and Mandy Wells from Broward's Ryan White Program. The meetings sought to secure increased funding in all the Part A program areas for Broward County, to petition for flexibility in meeting the carryover obligations from FY 2011, and to advance White House Support and Congressional Support for the continuation of the Ryan White Program, including a full reauthorization of the program by 2013. We met with HIV/AIDS Bureau (HRSA), with the White House Office of National AIDS Policy, with the Broward County Congressional Delegation, and with the House and Senate Committees that have oversight over the Ryan White Program. The meetings were effective in educating policymakers on the face of HIV/AIDS in Broward County and South Florida and in pressing Congress and the Obama Administration to continue the federal government's commitment to fighting HIV through the Ryan White HIV/AIDS Care programs.

Future Funding

The President is expected to unveil his Fiscal Year 2013 federal budget on February 13th, at which point we will know how much he is requesting for HIV/AIDS programs. Both chambers of Congress will subsequently hold oversight hearings on the request, in late February through late March. They will begin the FY 2013 appropriations process as earlier as May, during which final funding levels would be announced. Those bills must still be approved by their respective chambers and differences negotiated in House-Senate Conferences before any final bill is sent to the President. The release of the budget signals the beginning of this process. We did not receive specific information from the White House Office of National AIDS Policy about the FY 2013 funding level, but the lack of negative frame for that discussion left us encouraged that it might not be targeted for substantial cuts.



December 28, 2011

PUBLIC NOTICE

Vote To Amend the HIV Planning Council By-Laws

Date: Thursday, January 26, 2012
Time: 9:00 a.m.
Venue: 200 Oakwood Lane, Hollywood, FL 33020

This public notice serves notice that a vote to amend the By-Laws of the Broward County HIV Health Services Planning Council as a follow up to the 2012 Nominating Procedure approved on July 28, 2011 and confirmed at the October 2011, November 2011 and December 2011 HIVPC meetings.

This notice follows Article IX, Sections 1-2 which states that "all proposed amendments, with amendments enclosed, shall be mailed or transmitted electronically to each Council member and Alternates at least ten (10) days prior to the meeting at which time such amendments are to be considered for adoption."

Proposed Amendment

ARTICLE V. SECTION 2: OFFICERS: Elections of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the February meeting during which the election is held. The ad Hoc Nominating Committee shall present a slate of candidates for consideration at the January meeting as described in the ad Hoc Nominating Procedure.

ballots are listed as candidates with the number of ballots received by each candidate listed after the name of that candidate. If only a plurality vote is required for election the candidate with the largest vote on the first ballot is declared elected. If a majority vote is required for election then some rule must be followed for the succeeding balloting that will insure a majority vote for some one candidate after a reasonable number of votes have been taken. The usual rule in such cases is to drop the candidate with the smallest vote after each balloting until a majority vote is secured. Sometimes the rule is adopted that after the first ballot all but the two candidates with the highest votes are dropped. This simple rule guarantees a majority vote at the end of two ballotings. However, this system offers clever politicians an easy opportunity to eliminate good candidates on the first ballot by nominating other candidates who will "split-the-vote" of the good candidates so that the two candidates who survive the first ballot may not be the two strongest candidates in the list of original nominees.

Note:—The best method of preventing this political trickery is by using the single-transferable-vote system described in the section below on Elections.

ELECTIONS

When the candidates for an elective office have been nominated, the next step is to elect one of the nominees for the office to be filled. For this purpose two general systems are used, majority election and plurality election. In a plurality election the candidate having the largest number of votes is declared elected even though this candidate actually received only twenty-five per cent of the total vote. In fact, if there are ten nominees, one of them may be elected under this system by a vote of twelve per cent if each of the other nine candidates receives close to ten per cent of the total vote.

However, the majority vote system is considered the better system because it guarantees that the leader elected represents the choice of a majority of the members. There is no system of choosing leaders that will *guarantee* successful leadership, but obviously a leader with a majority supporting him at the beginning of his term of office has a better chance to be a real leader of the group than a leader with the support of only twenty per cent of the membership at the beginning of his term of office.

There are two systems of choosing officers by majority vote: one is the system of double elections, that is, a primary election to reduce the number of candidates to two, and a final election to choose between these two. This is the system in most common use in the United States. The other system is called the "single-transferable-vote system" because you mark your first, second, third and perhaps a fourth choice on the ballot and then your second choice vote is counted if your first choice candi-

date runs lowest in the count of the first choice votes. This system does away with two elections but it does take a little more time to count the ballots.

Under this single-transferable-vote system all the first choice votes are counted and placed in piles, one pile for each candidate. Then, if no candidate gets a majority of the total vote, the candidate having the smallest first choice vote is declared "out of the race" and his first choice ballots are all re-counted in accordance with the second choice indicated on each ballot. If the addition of these second choice ballots does not give any candidate a majority of the total vote, the candidate with the lowest total on this second count is declared out of the race and his ballots are re-counted according to the next choice on each ballot. This system of dropping off the lowest candidate continues either until one candidate does get a majority of the total vote, or, failing in that, until there is only one candidate remaining. Usually, one candidate will eventually secure a majority under this system if the voters will indicate their second, third and fourth choices as well as their first choice. Voters should mark a second, third and fourth choice under this system, because the second choice is not a vote against the first choice owing to the fact that the second choice is not counted until the first choice is declared "out of the race."

In principle this single-transferable-vote system is the same as the double election system because in a primary election you vote your first choice and then, when your first choice candidate is eliminated in the primary, you go to the voting booth at the final election and vote your second choice. Under the single-transferable-vote system you indicate both your first and second choice at the one election so that when your first choice candidate turns out to be the "tail end" candidate, the election officials can go ahead and count your vote for your second choice because you have already indicated your second choice on the one and only ballot.

No illustration is necessary to explain the ordinary primary and secondary (or final) election. One ballot is taken and if no one gets a majority of all the votes cast, all but the two leading candidates are dropped from the contest and then a second vote is taken on the two remaining candidates.

The other majority vote system (the single-transferable-vote system) requires some illustration to make it clear. The voter indicates his first, second, third and fourth choice by the numbers 1, 2, 3 and 4. The voter marking the ballot to the right voted for Mary Brown as his first choice, Walter Jones as his second choice and John Black as his third choice.

Ballot	Choice
John Black	3
Mary Brown	1
Walter Jones	2
Charles Bradford	

He refused to give Charles Bradford his fourth choice because he did not want Charles Bradford as president under any circumstance.

When the ballots for this class of thirty members were counted according to the first choice votes the count was as indicated in the first count column below.

Candidate	1st	Jones'	2nd	Bradford's	3rd
	Count	Ballots	Count	Ballots	Count
	1st	2nd	1st & 2nd	2nd	
	Choice only	Choice	Choice	Choice	
John Black	8	1	9	2	11
Mary Brown	10	3	13	5	18
Walter Jones	4	—	—	—	—
Charles Bradford	8	0	8	—	—
Exhausted Ballots	—	—	—	1	1
Total Ballots	30	4	30	8	30

The first choice ballots are arranged in piles by the "tellers" with all of the eight John Black 1st choice ballots in one pile, all of the ten Mary Brown 1st choice ballots in another pile, etc.

Since no candidate has a majority of all the votes cast the candidate with the smallest vote, Walter Jones, is declared "out of the race" and his four 1st choice ballots are re-distributed according to their 2nd choice indication. (See 2nd column above.) Adding these 1st and 2nd choices together gives the second count which is 9, 13 and 8 respectively for the three remaining candidates. Still no candidate has a majority of all the votes cast, consequently, the candidate with the smallest vote in this 2nd count, Charles Bradford, must be dropped and his eight 1st choice ballots re-distributed according to their 2nd choice indication which is shown in column 4. One of the Charles Bradford 1st choice ballots had no 2nd choice indicated, therefore it was an "exhausted ballot" when Bradford was declared "out of the race." These 2nd choice ballots for John Black and Mary Brown are added to their previous total of 9 and 13 respectively to make the 3rd count of 11 for John Black and 18 for Mary Brown. Mary Brown now has 18 ballots which is 2 more than a majority of the total vote cast, therefore, Mary Brown is declared elected to the office of president for the next year.

By this system a group can select its officers by majority vote with one brief election no matter how many candidates are nominated. The counting of the ballots may take some time, but this need not delay the group as a whole. Three "tellers" can take the ballots to another room and do the counting (if desirable, under the supervision of the candidates or their representatives)

while the group as a whole adjourns, or proceeds to take up other business.

Committees are usually appointed by the Chair. But where it is preferred that the members of a committee be elected, several methods of election are available. If it is a committee of five, each member may vote for any five candidates and the five candidates with the largest vote are declared elected. (This is called straight election-at-large.) This method has the disadvantage that a bare majority of fifty-five per cent of the members may elect all the members of this committee, leaving the forty-five per cent minority of the club membership without any representation on this important committee.

A simple system that guarantees some representation for a strong minority is that known as limited voting. If a committee of five is to be elected, each voter is allowed only one vote (instead of five as above). Under this system it will usually work out that the fifty-five per cent majority will elect three members of the committee while the forty-five per cent minority will elect two members.

The most accurate system of choosing a committee or a board of directors that accurately represents each group in the club in proportion to its numerical strength is known as the "Hare System of Proportional Representation," but this system is too complicated to be explained here. (See description of this system in the Encyclopedia Britannica.) The ballot is the same as that used to elect a president by the single-transferable-vote system described above, but the counting of the ballots is much more complicated.

When there is a tie vote for two candidates, the tie is usually broken by flipping a coin. Since half the group favor each candidate, it does not matter much which one is finally chosen, consequently, deciding it by chance is the simplest solution of the problem.

Committee Reports to HIVPC January 2012

A. Grantee Reports to Committees

Ryan White Part A, Part B and AIDS Drug Assistance Program (ADAP) grantees and designated representatives report regularly to HIVPC Committees. Following is a composite report:

The Part A Grantee reported there were no grievances filed in November/December 2011. The formatted newsletter was released and both hard and electronic copies will be available within the next two to three weeks. Members expressed concern over the newsletter editorial board comprising one person and the need for consumer input. The Part A Grantee noted Part A sweeps #2 will be reviewed in February once all invoices are submitted. There are unspent Part A funds as a result of the late Grant Award. The amount of unspent funds does not reflect the fact that the Part A system is at capacity. A data match with ADAP has been done; the Part A Grantee is working to upload relevant information into PE (e.g., recertification dates, pick-ups, etc.). A three-hour PE training will be provided in February to interested HIVPC and Committee members. The Part B Grantee reported: Non-Medical Case Management conducted 359 eligibility interviews in November of which 106 were new clients. Medication Co Payment served 329 clients in November in which 15 were new to the program. 322 Clients served in November; Med Co Pay: 7 Clients served in November Mail Order. Cost Avoidance for Medication Co Payment Program for November is \$31,059.82. Total cost avoidance from April-November is \$111,084.16. A total of 390 clients have activated Pharmaceutical Co Pay cards for the 7 month period May 1, to November 31, 2011. The first Part B Sweeps and Reallocations report was reviewed. The ADAP Grantee reported as of 01/06/12: Total ADAP "Open" Enrollment: 2,001; Total ADAP Clients Served in Last 30 Days*:1,235; Total ADAP Waitlist Enrollment: 293; Category A: 6; Category B: 118; Category C: 159; Category D: 10; Total ADAP/Medicare Part D Enrollment: 187; Number of Appointments in November: 547; Number of Missed Appointment in November: 127; Percentage of November Appointments Missed: 23%."Clients Served" is defined as having at least one "pickup" in the period.

B. Joint Client Community Relations Committee (JCCR) – January 3, 2012 Meeting

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

The committee heard testimonials from a member stating a friend being HIV+ for over twenty five years is almost near to an undetectable virus load and stressed the importance to adherence to care. Member of the public remarked on the BCHD no longer issuing condoms to pharmacies when the budget was only 44% utilized. The Part B grantee noted that the item does not fall under this budget and a member mentioned that the item will most likely fall under 'prevention'. The committee also heard Grantee reports from Part A, Part B and ADAP. The committee reviewed the work plan and agreed that the goals and objectives of the committee in conjunction with the By-Laws and Policies and Procedures need to be revisited. Consumer participation, understanding and empowerment are the objectives of the committee. Social marketing will be tapped into. *Next Meeting: 02/07/12. Agenda Items for Next Meeting: Standing business items, Grievance Forms Review, By-Laws, Policies and Procedures, Social Marketing*

C. Membership/Council Development Committee – January 5, 2012

Chair: Jeri Pryor, Vice Chair: H. Bradley Katz

The Committee reviewed the HIVPC and Committee attendance rosters. The Attendance for the Planning Council was reviewed. Members requested that a courtesy advance notice of a member's risk for removal be provided prior to the actual removal. The importance of informing the committee of members' attendance records was emphasized. Support staff was asked whether a direct line/phone number can be made available to members who do not have access to email especially when they need to contact staff with a request for an excused absence. Michele Rosiere, HIV Division Director, provided her phone number along with the BRHPC fax number and email addresses of all HIVPC support staff. The attendance policy for committees was discussed. The attendance of some MCDC members was questioned and staff was thus directed to check the 2011 attendance roster. A member noted that members of various committees, who appear to be in jeopardy of removal for non-attendance, have not been removed. The member remarked that a consistent protocol must be used across the board to ensure fairness. It was noted that members of HIVPC committees may not be fully aware of the attendance policy, thus it was agreed that the attendance policy be attached to all meeting notices for the first three months of each calendar year. Clarification regarding the orientation process of potential applicants was provided - Members stated that as MCDC meets every two months, orientations can be done on a one-on-one basis, with MCDC members being informed in advance and invited to attend both the orientation and post orientation of a potential applicant. The Committee reviewed the Planning Council demographics and requested staff to review it thoroughly for accuracy. Staff will create a single database that will allow for accurate tracking of attendance and generating reports. *Next Meeting: 03/01/12. Agenda Items for Next Meeting: Standing business items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties*

D. Joint Planning Committee – January 9, 2012 Meeting

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

The meeting was canceled. *Next meeting date:* February 13, 2012

E. Joint Priorities Committee – January 18, 2012 Meeting

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: K. Cannon

The committee heard reports from Part A and Part B Grantees. The Committee discussed specialty referrals for HIV and non-HIV-related medical issues. It was agreed that the discussion should be continued between medical providers' administration and Grantee. Following the committee's recommendation to move the medical transportation (bus passes) service category from Part A to Part B for FY12/13, client eligibility and the transition process were discussed. To be eligible for bus passes under Part B, clients must be Part B eligible and have an FPL at or below 150%. The Committee agreed to expand eligibility for bus passes to all core service category appointments and recommend the purchase is split 50/50 between 31-day and 10-ride passes. It was agreed a transition strategy should be developed to inform clients of changes in bus pass service eligibility criteria. *Next Meeting:* February 15, 2012. *Agenda Items for Next Meeting:* Standing Business Items, Sweeps #2 Review, Medical Transportation Utilization, Policies & Procedures Review.

F. Joint Executive Committee - January 19, 2012 Meeting – (Joint Executive Retreat)

Chair: W. Spencer, Co Chair: Kim Saiswick

The Committee met to review and discuss existing Comprehensive Plan and Committee workflow, evaluate successes and opportunities, and identify four key issues to assist in the development of the 2012-2014 Comprehensive Plan. The Committee voted to recommend that the Joint Planning Committee collaborate with HIVPC Staff to modulate the Comprehensive Plan. This should allow for various committees to add Comprehensive Plan activities to their agendas and work plans and report progress to the Joint Executive Committee. The Committee identified four areas for discussion in breakout sessions: 1) Communication, education, and the role of Committee chairs, 2) Healthcare reform and insurance, 3) Early Identification of Individuals with HIV/AIDS (EIIHA) and Data, and 4) Continuum of care, health disparities, HIV care coordination, specialty care referrals, and linkage and retention. Following the breakout sessions, the Committee reviewed the action items and agreed they will guide the next steps in developing the Comprehensive Plan. The Committee Co-Chairs, HIV Support Staff, and the Grantee will request additional feedback from the Committee. *Next Meeting:* March 15, 2012. *Agenda Items:* Standing agenda items, follow-up on Comprehensive Plan Retreat Action Items.

G. Part A Executive Committee/– January 19, 2012 Meeting – (Joint Executive Retreat)

Chair: W. Spencer, Vice Chair: S. Kuryla

The Committee met briefly to approve the January 26, 2012 HIVPC agenda and February 2012 HIVPC calendar. *Next Meeting:* February 16, 2012. *Agenda Items:* Standing agenda items.

H. Quality Management Committee (QMC) – January 23, 2012 Meeting

Chair: Michael Rajner

The Committee heard a report from the Part A Grantee. The Committee reviewed the QM Annual Work Plan, National Quality Center (NQC) In+Care campaign retention rates, and a summary of QM accomplishments and challenges for FY 11/12. The next data submission date for the NQC retention rates is February 1, 2012; data will be presented to the QMC at its February meeting. The Committee continued the process of client-level outcomes and indicators revisions. The outcomes and indicators for the Transportation service category will be tabled since there is currently no Part A provider for van transportation and the medical transportation (bus passes) service category has been moved from Part A to Part B for FY12/13. A Food Bank representative was present for the discussion of Food Bank outcomes and indicators. It was agreed that the service category's outcomes should reflect: 1) a measurable change in a client's Body Mass Index (BMI) which would suggest a change in overall health status and trigger a referral to a nutritionist or medical provider, and 2) retention in Outpatient/Ambulatory Medical Care. It was agreed that the Food Bank outcomes and indicators will be finalized during the March 2012 meeting. Members of JCCR will be invited to the February QMC meeting for a discussion of the Consumer Survey report. Agenda items were developed for both the February and March QMC meetings. *Next Meeting:* February 27, 2012. *Agenda Items:* Review of Annual Work Plan, Comparison of 2010 and 2011 Consumer Survey results, Evaluation of the QM Plan, NQC Campaign Retention Rates; *Proposed Agenda Items for March 19, 2012:* Review of Annual Work plan, Outcomes and Indicators revisions for the following service categories: Food Bank, Outreach, MCM, CIED, and Pharmacy.

Ryan White Part B
November 2011

Service Category	Part B 2011-2012 Allocated	Part B 2011-2012 (November Spent/ Encumbered)	Part B 2011-2012 Monthly Average Left	Part B 2011-2012 (YTD Spent/ Encumbered)	Part B 2011-2012 (% Left)	Part B 2011-2012 (Balance)
Home Delivered Meals	\$ 5,000	\$ -	\$ 609	\$ 735	85%	\$ 4,265
Home Health Care Services	\$ 16,448	\$ 282	\$ 1,894	\$ 3,189	81%	\$ 13,259
Medication Co Pay	\$ 812,894	\$ 25,895	\$ 62,499	\$ 375,404	54%	\$ 437,490
Case Management (non-medical)	\$ 157,395	\$ 16,215	\$ 10,132	\$ 86,471	45%	\$ 70,924
Administration	\$ 110,192	\$ 9,297	\$ 4,873	\$ 76,078	31%	\$ 34,114
TOTALS	\$ 1,101,929	\$ 51,688	\$ 140,013	\$ 541,877	51% 49%	\$ 560,051

Non-Medical Case Management conducted 359 eligibility interviews in November of which 106 were new clients.

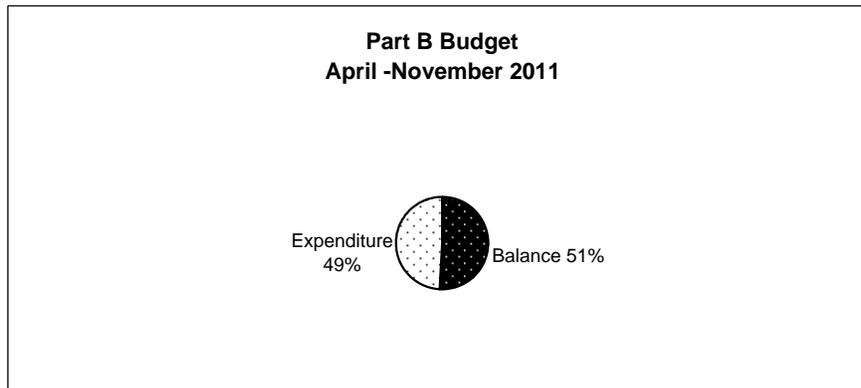
Medication Co Payment served 329 clients in November in which 15 were new to the program.

322 Clients served in November Med Co Pay

7 Clients served in November Mail Order

Cost Avoidance for Medication Co Payment Program for November is \$31,059.82. Total cost avoidance from April-November is \$111,084.16.

A total of 390 clients have activated Pharmaceutical Co Pay cards for the 7 month period May 1, to November 31, 2011.



This report reflects all invoices received and paid as of 11/31/11.

Broward County Health Department ADAP Report as of 1/6/12

Total ADAP "Open" Enrollment	2,001
Total ADAP Clients Served in Last 30 Days*	1,235
Total ADAP Waitlist Enrollment**	293
	<i>Category A</i>
	6
	<i>Category B</i>
	118
	<i>Category C</i>
	159
	<i>Category D</i>
	10
Total ADAP/Medicare Part D Enrollment	187
Number of Appointments in November	547
Number of Missed Appointment in November	127
Percentage of November Appointments Missed	23%

*"Clients Served" defined as having at least one "pickup" in the period.

****CATEGORY DEFINITIONS:**

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%
 Diagnosis of active opportunistic infection
 Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy
 Persons who were previously on ARV therapy but therapy was interrupted
 Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm3

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it.

This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 months or they will lose their position on the Wait List.



December 27, 2011

Thomas Liberti
Chief, Bureau of HIV/AIDS
Florida Department of Health
4052 Bald Cypress Way, Bin A09
Tallahassee, FL 32399-1714

Dear Mr. Liberti:

I am writing to you on behalf of the Broward County HIV Health Services Planning Council to request clarification on guidelines for AIDS Drug Assistance Program (ADAP) disenrollment and Patient Assistance Program (PAP) release.

Local providers have reported instances of clients running out of medications after being removed from ADAP and/or PAPs without notification and at the direction of the Department of Health (DOH). The Council requests clarification of DOH guidelines for removing clients from ADAP, for releasing clients from PAPs, and for notifying clients prior to the actions taking place. Additionally, clarification is requested regarding guidelines for notifying Medicare Part D clients of eligibility expiration dates.

While the Council is concerned about those specific guidelines, in a broader sense, we also need clarity in general about DOH direct communications with clients. By increasing our understanding of the state guidelines, we expect to better anticipate and advise clients of system changes which directly affect their treatment adherence and their quality of life.

Should you have any questions, please contact Michele Rosiere, Division Director at 954-561-9681 Ext 1247 or at mrosiere@brhpc.org

Thank you for your consideration of this matter. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Will Spencer", is written over a horizontal line. The signature is fluid and extends to the right.

Will Spencer
Chair, Broward County HIV Health Services Planning Council

Cc: Leonard Jones, Grantee, Ryan White Part A Program Office
Michele Rosiere, Division Director, Broward Regional Health Planning Council, Inc.
Michael Rajner, ADAP Advisory Work Group Member