



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, December 13, 2012 at 9:00 A.M.

Samantha Kuryla, Chair

Brad Gammell, Vice Chair

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

1. CALL TO ORDER

2. MOMENT OF SILENCE

3. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Excused Absences and Appointment of Alternates
- d. Approval of 12/13/12 Meeting Agenda
- e. Approval of 8/23/12 Meeting Minutes

4. PUBLIC COMMENT (Up to 10 minutes)

5. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (HANDOUT A)

6. CONSENT ITEMS

Consent # 1	To recommend that Silvana Baner be added as a member of the Joint Planning Committee
Proposed by:	Joint Planning Committee

Consent # 2	To recommend that Psyche Doe be added as a member of the Joint Planning Committee
Proposed by:	Joint Planning Committee

Consent # 3	To recommend that Rosemarrie Williams be added as a member of the Membership/Council Development Committee
Proposed by:	Membership/Council Development Committee

Consent # 4	To recommend that Leroy Dyer be added as a member of the Joint Client/Community Relations Committee
Proposed by:	Joint Client/Community Relations Committee

Consent # 5	To recommend that Doretta Green be added as a member of the Joint Priorities Committee
Proposed by:	Joint Priorities Committee

HIVPC Agenda 12.13.12

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

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7. DISCUSSION ITEMS

Discussion # 1	To recommend approval of new Outcomes and Indicators for Mental Health Services (HANDOUTS B-1, B-2)
Justification:	Indicators should be based on every client’s improvement. Develop outcome that more accurately reflects improvement in retention
Proposed by:	Quality Management Committee

Discussion # 2	To recommend approval of new Outcomes and Indicators for Substance Abuse Services (HANDOUTS B-1, B-2)
Justification:	Indicators should be based on every client’s improvement. Develop outcome that more accurately reflects improvement in retention
Proposed by:	Quality Management Committee

Discussion # 3	To recommend approval of new Outcomes and Indicators for Legal Services (HANDOUTS B-1, B-2)
Justification:	Indicator increased based on Legal Services’ history of surpassing the original benchmark
Proposed by:	Quality Management Committee

Discussion # 4	To recommend approval of new Outcomes and Indicators for AIDS Pharmacy Assistance (HANDOUTS B-1, B-2)
Justification:	Develop outcome that more accurately reflects improvement in adherence and retention
Proposed by:	Quality Management Committee

Discussion # 5	To recommend approval of new Outcomes and Indicators for Medical Case Management Services (HANDOUTS B-1, B-2)
Justification:	Develop indicator that measures overall retention in care and does not rely on self-reported information
Proposed by:	Quality Management Committee

Discussion # 6	To recommend approval of new Outcomes and Indicators for Outreach Services (HANDOUTS B-1, B-2)
Justification:	Consider creating separate indicators for new clients and returning clients
Proposed by:	Quality Management Committee

Discussion # 7	To recommend approval of new Outcomes and Indicators for Food Bank Services (HANDOUTS B-1, B-2)
Justification:	Develop outcomes that reflect Food Bank’s impact on client health outcomes
Proposed by:	Quality Management Committee

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Discussion # 8	To recommend approval of new Outcomes and Indicators for Centralize Intake and Eligibility Services (HANDOUTS B-1, B-2)
Justification:	Clarify CIED responsibility for linkage to care, and develop indicator to measure CIED's assistance, not actual receipt of benefits
Proposed by:	Quality Management Committee

8. SEPTEMBER, OCTOBER, NOVEMBER and DECEMBER COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 6, 2012

Chair: H.B. Katz, Vice Chair: T. Wilson

An HIV+ guest reported having problems with housing, and was directed to agencies for help. The Committee noted the Council awaits agencies to recommend appointments for recent vacancies in mandated seats. Also, the Committee asked staff to check on efforts to contact the Seminole and Miccosukee tribes about the consumer/Native American seat. Also presented were the results of the HIVPC training survey, which found that Council members prefer training in By-Laws/Policies and Procedures. In a separate survey, JCCR members prefer training in Data on the Epidemic. After a discussion, Membership agreed to meet in October to develop the mandated annual training session to be conducted at the HIVPC retreat in January. In addition, members will develop a series of expanded training topics to be offered for the retreat or a different time. *Next Meeting:* October 4, 2012. *Agenda Items for Next Meeting:* Begin to Develop Plan for Conducting Training Session at HIVPC Retreat.

October 4, 2012

Chair: K. Creary, Vice Chair: T. Wilson

The new Chair welcome presided. The Committee made plans for the required annual training session for HIVPC Members, which would be conducted during the Council retreat in January. The Chair will ask the Executive Committee to reserve 90 minutes of the retreat for training. The topics are the Council's legislatively mandated responsibilities, and a session on By-Laws, Robert's Rules of Order and the Sunshine Law. Training materials were reviewed and potential presenters were identified. Also, the Committee recommended that the retreat agenda include a statistical update on the epidemic in Broward and a discussion of the goals of the National HIV/AIDS Strategy and Comprehensive Plan. Also, after noting a Member's new job will not force him to leave his Council seat, the Committee agreed to review all categories of Council seats with the aim of drafting more-detailed descriptions of them. *Next Meeting:* November 1, 2012. *Agenda Items for Next Meeting:* Review Council seat categories; offer ideas on how MCDC can advance goals of NHAS; Update on Council training session.

November 1, 2012

Chair: K. Creary, Vice Chair: T. Wilson

The Committee reviewed vacancies and qualified applicants for the HIVPC, and sent no nominees to HIVPC. The Committee first wants to draft job descriptions for each mandated Council seat so

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members know what is expected of them. Committee members said some Council members may not be contributing as much data and expertise as they could. The Committee reviewed a draft of job descriptions and will revisit at the next meeting. Also, the Committee decided that the best way it can help advance the goals of the National HIV/AIDS Strategy is with the job descriptions and its normal duties recruiting and training. Also, the group recommended a guest be approved as a new member of the Committee. *Next Meeting: January 3, 2013. Agenda Items for Next Meeting: Discuss approving job descriptions for each mandated Council seat; review qualified HIVPC applicants; review updated work plan.*

b. JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)
September 5, 2012 (Educational Session and Business Meeting at MODCO)

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

Members of the Committee led an educational session for approximately 25 HIV-positive residents of Mount Olive Development Corporation housing program. Dr. Ana Puga of Children's Diagnostic and Treatment Center made a presentation on "the importance of staying in medical care" and on "prevention for positives." Natasha Markman of CIED spoke and provided handouts detailing how to navigate the HIV health system. Chairs of JCCR and HIV Planning Council spoke about the need for PLWHAs to participate in the process. Residents in the audience asked numerous questions and made comments. Immediate response was positive. Upon completion, the JCCR convened a business meeting without quorum. Three MODCO residents attended and made comments. The Committee heard Part A and Part B reports and initiated planning for another educational session in the community. The Part B chair agreed to meet with the HIVPC vice chair to discuss future work plans. *Agenda Items for Next Meeting: Standing Agenda Items, review of MODCO feedback surveys, plan for next event, invite HIVPC chair and/or vice chair to discuss work plans if needed. Next Meeting Date: Oct. 2 2012.*

October 2, 2012

Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington

The Part B Co-Chair welcomed the new Part A Co-Chair. Both Chairs reported on the Joint Executive Committee retreat in September, which focused on how the Planning Council and its Committees can meet the three-year goals of National HIV/AIDS Strategy and 2012-15 Comprehensive Plan. The Co-Chairs asked each JCCR Member to come to the November meeting with ideas on what specific actions this Committee can take to help meet those goals, so the group can develop a new Work Plan to implement the ideas. Also, Members reviewed results of a survey of audience members who attended the educational session and Committee business meeting at Mount Olive Development Corp. last month. Audience satisfaction with the event was high. Also, staff gave a report on the Pride Center, which the Committee identified as a suggested location for the next such community event. The Part B Co-Chair suggested holding off action on the next event until after the Committee develops its new Work Plan. Also, staff asked Members to review and give feedback on the 2012 Client Survey once it is available to view online. *Agenda Items for Next Meeting: Standing Agenda Items; develop new Work Plan; discuss plans for next community event. Next Meeting Date: November 13, 2012.*

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November 13, 2012

The Committee had a wide-ranging discussion of actions that JCCR could take to help the Planning Council meet the three-year goals of National HIV/AIDS Strategy. A long list of suggestions emerged, including: Training JCCR members to educate the public on HIV, conducting more public seminars, making sure a certified HIV tester attends JCCR community seminars, and encouraging funding or aid for support groups to educate consumers. The list will be forwarded to the Executive Committee. Also, JCCR members agreed with a plan from the Chairs to hold one outreach or business meeting per quarter in the community in the evening, to educate the public. This would start in March. All other meetings would include a “hot topics” educational session for the JCCR members, starting in January. In addition, the Committee recommended that Leroy Dyer be made a JCCR member. *Agenda Items for Next Meeting:* Standing Agenda Items; discuss plans for first evening community event. *Next Meeting Date:* December 4, 2012.

December 4, 2012

The Committee reviewed a list of possible “hot topics” that could be presented at the first of its regularly scheduled evening meetings in the community, which will occur in March. The chosen topic: Eligibility for the Ryan White services offered under Part A and Part B, as well as eligibility for the Medicaid AIDS waiver program. Representatives of those organizations will be asked to be the guest speakers. The Committee asked staff for details on 3 possible locations for the meeting: ArtServe, Osswald Park and Central Broward Park. One will be chosen at the next meeting. Also, each member filled out a ranking of the relative importance of each Ryan White service, to give to Joint Priorities Committee for the 2013 allocations process. *Agenda Items for the Next Meeting:* Standing Agenda Items; choose location for first evening community event; ‘hot topic’. *Next Meeting Date:* January 8, 2013.

c. JOINT PLANNING COMMITTEE

September 10, 2012

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

The Committee reviewed data submitted by Parts A, C and D that was requested by members, aiming to see how Broward compares to the goals of National HIV/AIDS Strategy and guidelines provided by the National Institute of Medicine. After discussion, the Committee decided it would request information recently provided by HHS to Parts B, C and D, to match Part A requirements. The Committee approved an initial draft of proposed questions for the 2012 Client Survey targeted to be completed by Dec. 31. HOPWA will be asked for an abbreviated list of questions to include, in order to demonstrate collaboration between Part A and HOPWA. At the October meeting, the Committee will review the final survey. It was proposed that the abbreviated survey be utilized in the community for Survey Years 2 and 3 and the extensive Client Survey be utilized on Year 1 and in focus groups. Ideally, the abbreviated survey would target people not in care, newly infected patients and those not adhering to care. *Agenda items for the next meeting:* Standing items, review 7 categories of data to be requested from Parts B-D, approve questions and details of client survey, discuss what service category to target for study in 2012. *Next Meeting Date:* Monday, October 8, 2012.

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October 8, 2012

Meeting canceled due to lack of quorum

November 5, 2012

Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick

The Part B Chair welcomed the new Part A Chair. The Committee reviewed the 2012 Client Survey it had developed and that was approved by the Executive Committee. Also, Joint Planning members discussed seven data measures the federal Health and Human Services recommends be collected, and agreed to request that all the Ryan White Grantees supply the data. Their reports would be due by March or April, in time for the funding allocations process. The Part B Chair asked that an item be added to the agenda of the next Joint Executive Committee meeting to discuss requiring annual viral load results from all clients of Part A services, to help develop a Community Viral Load measure. Also, the Committee endorsed the Chairs suggestions on actions the Committee can take to advance the goals of the National HIV/AIDS Strategy, and added no additional actions. *Agenda items for the next meeting:* Update on Client Survey; report on prevention and routine testing. *Next Meeting Date:* Monday, December 10, 2012.

December 10, 2012

A Broward County Health Department representative briefed the Committee on a new HIV prevention campaign being prepared under a CDC high-impact grant. The campaign will employ, i) Increased testing in health care and non-health care settings, including encouraging routine testing by physicians, ii) Increased prevention for positives efforts, including more use of peer navigators, iii) Condom distribution in non-traditional locations and by community partners, and iv) Marketing and social media outreach to the public and activist groups. Also, the committee heard a progress report on the Client Survey, to be completed in December or January. Also, after a discussion, the Committee asked Joint Priorities to consider changing Ryan White eligibility to require an annual viral load report, and invited a health department representative to speak on measuring community viral load. *Agenda items for the next meeting:* Update on Client Survey and discussion of 2013 Needs Assessment; report on community viral load; discussion of 2013 work plan; results of oral health category study. *Next Meeting Date:* Monday, January 14, 2013.

d. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No September or October meeting

Next Meeting Date: To be determined

e. QUALITY MANAGEMENT COMMITTEE (QMC)

September 24, 2012

Guest Chair: B. Gammell, Vice Chair: C. Grant

The Committee reviewed data on Part A clients between the ages of 25-49 as a follow up to discussion regarding the retention needs of the aging population. It was noted the data did not indicate a need for an improvement project focused specifically on this age group. The

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Committee reviewed a National Quality Center (NQC) In+Care Campaign retention rates report summarizing data from all five submission dates. Additionally, the Committee was updated on the findings from a Medical Case Management (MCM) client-level Gap Measure analysis and the next steps being conducted by the MCM Network to address them. The Committee reviewed the revisions made to the Oral Health Care and Food Bank outcomes and indicators. Representatives from both service categories were present to provide the rationale for the revisions. The Food Bank outcome and indicators were approved by the Committee after discussion and a re-vote. The Oral Health Care outcome and indicator #1 were amended and approved; outcome and indicator #2 will be brought back to the QMC after further research is done. Review of the Comprehensive Plan and Annual QM work plan were tabled until the next meeting. The Committee was informed of the September 18 MCM training and the upcoming MCM resource fair. *Agenda Items for Next Meeting:* Standing Agenda Items, Update on Oral Health Care Outcome and Indicator Revisions, Update on 2012-2015 Comprehensive Plan Implications for QM Committee Work Plan, Review Annual QM Work Plan *Next Meeting Date:* October 15, 2012.

October 15, 2012

Guest Chair: B. Gammell, Vice Chair: C. Grant

The Committee reviewed and approved the Outreach Outcomes and Indicators as presented. Approval of one of two Oral Health Care Outcomes and Indicators is pending additional review. The Committee heard a summary presentation on the 2012-2015 Comprehensive Plan with a focus on incorporating the National HIV/AIDS Strategy (NHAS) goals into the Committee's annual work plans. It was noted that Chapter 4 of the Comprehensive Plan discusses monitoring and evaluation activities in detail and should be reviewed by members. The Committee emphasized the need to review data on a regular basis in order to monitor success towards achieving the NHAS goals. The Part A Grantee announced that the National Quality Center (NQC) has extended the In+Care Campaign to 2013; the EMA will continue its participation in the campaign. CQM Grantee and support staff will be traveling to a Central Florida Regional QI Group meeting facilitated by NQC on Thursday, October 25, 2012 to present on the EMA's participation in the campaign in terms of data programming, collection, and analysis. The Committee was asked to review a draft 2012 Client Survey Tool and direct questions, comments, or suggestions to staff by Tuesday, October 16, 2012 prior to presenting the survey at the Executive Committee meeting on Thursday, October 18, 2012. Staff announced the MCM Resource Fair scheduled for October 24, 2012 at Central Broward Regional Park. This fair is mandatory for all Ryan White case managers, peers, and supervisors, and HOPWA housing case managers. *Agenda Items for Next Meeting:* Standing Agenda Items, Update on Oral Health Care Outcome and Indicator Revisions, Development of Annual QM Committee Work Plan, Quarterly QI Network Update, NQC Retention Rates Report, Joint Planning Report *Next Meeting Date:* December 17, 2012.

November 19, 2012

Meeting Canceled per Grantee

f. JOINT PRIORITIES COMMITTEE / AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUB-COMMITTEE

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September 19, 2012

No Meeting Scheduled for September 2012

October 17, 2012

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate

The Committee discussed the use of Minority AIDS Initiative funding. Several members favored creating a more comprehensive strategy for how the money is used, to better target minority clients. Members asked if the peer-driven ARTAS program funded by MAI is effective; the Part A Grantee said the program is new and solid data would take time to collect. The Part A Co-Chair and others warned against rushing into action, because changes in MAI affect Part A. The Committee agreed to regularly look at data and revisit the subject. Also, the Committee reviewed the goals of the National HIV/AIDS Strategy and began discussing how it can help meet them. Next month, the group will make its list of specific actions to be added into the work plan, for review by the Executive Committee. *Agenda Items for Next Meeting:* Standing Agenda Items, NHAS Goals/Work Plan, review data regarding MAI. Also, members of the Pre-Existing Condition Insurance subcommittee set a meeting date of Nov. 15. *Next Meeting Date:* TBD.

November 19, 2012

The Committee reviewed the goals of the National HIV/AIDS Strategy and discussed how it can help meet them. Four specific actions were proposed: i) Look at funding a strategy to increase retention in care, possibly using peer navigators, ii) work with Quality Management to collect data on why clients fall out of care, and barriers that cause it, iii) work with Quality Management to collect data on health disparities among MSMs and minority clients, and look at funding an MAI pilot program to address the gaps, and iv) urge JCCR Committee to do outreach and education for clients. The list will be forwarded to the Executive Committee, to be added into a proposed work plan that will be brought back to Joint Priorities for review. Also, the Chair updated the group of the PCIP subcommittee. Also, the group reviewed preliminary viral load data from Part A and will revisit later and will revisit later when the figures are refined. The Committee also nominated Doretta Green to be a member of Joint Priorities. *Agenda Items for Next Meeting:* Standing Agenda Items, presentation on Affordable Care Act and Ryan White, update on PCIP, Assessment of Administrative Mechanism. *Next Meeting Date:* 12/19/12.

AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

November 15, 2012

Chair: Y. Reed

In the absence of the Chair, the meeting was led by the Joint Priorities Part A Co-Chair. The subcommittee reviewed Joint Priorities' directives in order to determine how best to achieve its goals, the data needed for analysis, and the timeframe in which to accomplish said goals. The subcommittee reviewed the HRSA guidance on PCIP as well as a summary of the Monroe County PCIP pilot study. The subcommittee noted its responsibility is to provide recommendations for the ideal PCIP model for Broward County, determine how a PCIP model would operate within the local system of care, and ensure client input is included in developing the recommendations. The subcommittee requested the following data: 1) Cost per client from ADAP, 2) Schedule of benefits and costs comparison from Monroe County's plan, the two federal program PCIP plans, and Ryan

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White, 3) Data on ER visits that do NOT convert to admissions. Additionally, information will be requested from the state regarding its plans for PCIP expansion. The AHF representative was asked to provide a presentation on the Affordable Care Act (ACA). *Agenda Items for Next Meeting:* Standing Agenda Items, Review Cost Comparison for Monroe County PCIP, Federal PCIP Programs, and Ryan White, Develop Characteristic of an Ideal Plan, ACA presentation, Review 2011 Client Survey Findings *Next Meeting Date:* December 12, 2012.

AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE **December 12, 2012**

Meeting canceled due to lack of quorum

g. JOINT EXECUTIVE COMMITTEE **September 20, 2012 - Retreat**

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick

The Planning Council Chair announced that the Chairs of Joint Client/Community Relations and Membership/Council Development committees had switched places, to solve an inadvertent By-Laws issue. The Executive group then held a half-day retreat to incorporate the goals of the National HIV/AIDS Strategy and 2012-15 Comprehensive Plan into practice in the Council's practical work. Facilitator Julia Hidalgo reviewed figures about Broward County's unchecked epidemic. She explained the goals: 1) Reducing new infections by 25% and reducing the HIV transmission rate by 30%; 2) Improving HIV Care (increase to 85% the number of newly diagnosed clients receiving clinical care within 3 months of diagnosis, increase to 80% the proportion of Ryan White clients in continuous care and increase to 86% the number of PLWHA in permanent housing), and 3) Reducing disparities (increase the number of gay and bisexual men, Blacks, and Latinos with undetectable viral loads by 20%). The Chairs of each Committee broke into groups and listed specific actions their Committees could take to make progress toward the goals. They will bring their ideas to their Committees and work them into their Work Plans. *Agenda Items for Next Meeting:* Standing Agenda Items, update from committees on progress toward incorporating the goals into their work. *Next Meeting:* November 15, 2012.

November 15, 2012

The Committee reviewed the lists of possible actions proposed by all the standing Committees on how they can advance the goals of the National HIV/AIDS Strategy. Many proposals are similar but many will help develop 2013 work plans for all the Committees. Proposed work plans will be brought back for Committee review in early 2013. Also, after a long discussion, the Executive members recommended that Quality Management Committee study a proposal to require that all clients must provide viral load numbers to be eligible for Ryan White services. Opinions varied widely on the proposal, which came from the Joint Planning Committee. Some members thought it would overly burden clients; some thought providers could handle it through the county data system. Also, members urged that the Planning Council work more closely with the county Health Department on collecting viral load data and on prevention efforts. The department's PROACT director briefed the Committee on the program. *Agenda Items for Next Meeting:* Standing Agenda Items, update from committees on progress toward incorporating the goals into their work. *Next Meeting:* Jan. 17, 2013.

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h. **PART A EXECUTIVE COMMITTEE**

August 31, 2012

Chair: S. Kuryla, Vice Chair: B. Gammell

The Chair led a discussion of the need for teamwork, cooperation and support among the Planning Council's committee chairs, to support the body's vision and goals as well as the Chair. Personal comments and cross-talk have caused tension during recent meetings, leading the Chair to say she would enforce Roberts Rules more closely to keep the debate on track. Members expressed support for her and discussed using a parliamentarian to help keep the meetings more business-like. Also, the Chair noted she learned the Joint Client/Community Relations Committee is required under the By-Laws to have an unaffiliated consumer as chair, but does not now have one. This was an apparent oversight in 2010. She and the Part A Grantee agreed to follow up with the JCCR Chair and Committee. *Agenda Items for Next Meeting: Retreat at Joint Executive. Next Meeting: Sept. 20, 2012.*

October 18, 2012

The group reviewed a draft of the 2012 Client Survey, which was presented because Joint Planning did not meet in October; the survey needed approval to begin so it can be completed by the target date of Dec. 31. A guest Council member suggested rewording questions and shortening the survey. After a discussion, the Committee agreed on wording changes and kept all questions on the written and online survey forms, with a goal of 1,100+ client responses like last year. Also, the Committee suggested altering or removing a By-Laws requirement that the Council hold 2-3 meetings per year off-site. By-Laws will discuss it. The Committee canceled the Oct. 25 Council meeting due to a light agenda (the November meeting is also canceled for Thanksgiving) and moved the next Council meeting to Dec. 13. Also, the Part A Grantee reported spending patterns indicate the EMA may have a carryover. His office is working with providers on expenses. At the Grantee's suggestion, the group agreed that the annual review of service category would be directed by Quality Management. *Agenda Items for Next Meeting: Standing agenda items; committee reports; Work Plan review. Next Meeting: Nov. 15, 2012.*

November 15, 2012

The Committee agreed to go forward with plans for an HIVPC retreat and scheduled it for Feb. 28, 2013. The preferred location is not available, so the group set the retreat for ArtServe and staff booked it. The training schedule and general subject matter to be covered were approved. Also, the Committee Chairs reported on their actions of the past month. The Membership Committee Chair asked the ad Hoc By-Laws Committee to remain active even after completing its work, in order to consider job descriptions for all Planning Council seats being developed by Membership. The By-Laws Chair said the group would take up the proposal after it is approved by the Council. The group canceled its December meeting, and approved the December calendar. *Agenda Items for Next Meeting: Standing agenda items; committee reports; Work Plan review; retreat update. Next Meeting: Jan. 17, 2013.*

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i. AD HOC BY-LAWS COMMITTEE
September 19, 2012

Chair: W. Spencer

The Chair convened the subcommittee’s initial meeting without quorum, for discussion purposes only. He expressed hope the subcommittee could complete its review in about five meetings through the end of the year, and submit recommended By-Laws updates to the HIV Planning Council in January. The group went through a list of potential By-laws issues to be considered, as submitted by Council Members and Committees. Another series of items submitted by others also was reviewed. Consensus for action was reached on many items, with others in need of more discussion. All the issues will be brought to the next meeting for possible action by the full subcommittee. More items may be added to the list later. *Agenda Items for Next Meeting: Review and act on proposed By-Laws changes. Next Meeting: October 11, 2012.*

October 11, 2012

The committee met with quorum for its second meeting. Several matters were discussed, including Attendance Policy issues, Joint Priorities name change to PSRA, protocol for addressing attendance non-compliance at Executive Committee, committee vice-chair role, reclassifying LPAC to a standing committee, restating definition of ‘unaffiliated consumer’ in each committees’ By-Laws, development of policy for noting By-Laws or Policy and Procedures violations, protocol following resignation of Council Chair or Vice-Chair as a result of a change in mandated seat, membership composition of MCDC, and HIVPC Chair and Vice-Chair terms. Each item was discussed at length and recommendations were made. These will be documented by staff and brought to the next meeting. The Chair asked staff to draft policy language for addressing By-Laws or Policy and Procedures violations. The committee chair is confident that final and formal recommendations will be brought to the HIVPC in January. *Agenda Items for Next Meeting: Review and Recommend By-Laws changes, Next Meeting Date: November 8, 2012.*

November 8, 2012

Meeting canceled per Chair and Grantee

December 12, 2012

Meeting canceled due to lack of quorum

9. GRANTEE REPORTS (up to 10 minutes)

- a) Part A
- b) Part B and ADAP (HANDOUT C)

10. OTHER REPORTS (up to 10 minutes)

- a) Part C
- b) Part D
- c) HOPWA

HIVPC Agenda 12.13.12

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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
 Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
 Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



11. UNFINISHED BUSINESS

12. NEW BUSINESS

- a) Healthcare Reform Update

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: January 24, 2013 at 9:00 a.m. VENUE: BRHPC

17. ADJOURNMENT

HIVPC Agenda 12.13.12

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

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Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES
 200 Oakwood Lane, Suite 100, Hollywood FL 33020
August 23, 2012

Attendance					
#	Members	Present	Absent	Guests	
1	Kuryla, S. Chair	X		Deer, L. (<i>Commissioner's Aide</i>)	
2	Gammell, B., Vice-Chair	X		Downie, G.	
3	Abel, Dr. S.	X		Ferrer, M.	
4	Creary, K.	X		Majcher, B.	
5	Dyer, L.	X		Markman, N.	
6	Grant, C.	X		Murphy, K.* (<i>TFG</i>)	
7	Hanson-Evans, B.	X		Pryor, J.	
8	Hayes, M.	X		Schickowski, K.	
9	Hernandez, R.	X		Wagner, N.	
10	Holness, Comm. D. V.C.		X		
11	Johnson, K.	X			
12	Jordan, V.	X			
13	Katz, B.	X		Grantee Staff	
14	Marcoviche, W.		E	Degraffenreidt, S (Part A)	
15	Moore, P.		E	Green, W. (Part A)	
16	Moragne, Dr. T.	X		Jones, L. (Part A)	
17	Pearl, J.	X		Mercer, A. (Part B)	
18	Perigny, W. J.	X			
19	Rajner, M.	X			
20	Reed, Y.	X			
21	Roberson, C.	X			
22	Siclari, R.	X		HIVPC Support Staff	
23	Spencer, W		X	Eshel, A.	
24	Stoakley, M.	X		Hosein, F.	
25	Taylor-Bennett, C.	X		LaMendola, B.	
26	Tomlinson, K.	X		Rosiere, M.	
27	Wilson, T.	X			
28	Wynn, J.	X			
A1	Coscarelli, M. (Alt)	X			
	Quorum=15	24 + 1	4	*Present Via Phone	

1. CALL TO ORDER

The Chair called the meeting to order at 9:14 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.



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Approval of 8/23/12 Agenda

Motion #1:	To approve the 8/23/12 Agenda
Proposed by:	Karen Creary
Seconded by:	Stephen Abel
Action:	Passed Unanimously

Approval of the 7/19/12 Meeting Minutes

Motion #2:	To approve the 7/19/12 Meeting Minutes
Proposed by:	Karen Creary
Seconded by:	Leroy Dyer
Action:	Passed Unanimously

4. PUBLIC COMMENT (up to 10 minutes)

Guest from Broward County Health Department (BCHD) announced that effective Tuesday, September 4, 2012 the Broward County Dental Offices at Pompano Beach will be extending hours of operations into the evening from 11:00 a.m. to 8:00 p.m. Flyer will be distributed when approved.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy, The Ferguson Group

The August 2012 Federal Legislative Report was provided via teleconference. He reported that Congress indicates it will handle the budget with a six-month continuing resolution. He does not expect a highly negative effect on Ryan White grants. Responding to a question from a member, he reported that Medicare and Medicaid would sustain cuts under the budget plan from Paul Ryan, the Republican vice presidential candidate.

6. CONSENT ITEMS

The following two (2) Consent Items were sent for ratification by the Council:

Consent Item # 1	To appoint Katrina Schiffer-Laxamana as a member of the Joint Client/Community Relations (JCCR) Committee
Proposed by:	Joint Client/Community Relations Committee
Consent Item # 2	To appoint Kara Schickowski (of Legal Aid) as a member of the Joint Priorities Committee
Proposed by:	Joint Priorities Committee

The following motion was made to approve all Consent Items:

Motion # 3	To approve all Consent Items
Proposed by:	Karen Creary
Seconded by:	Yolonda Reed
Action:	Passed Unanimously



7. DISCUSSION ITEMS

The following Discussion Items were sent for ratification by the Council:

Discussion Item #	Service Category	Recommended TO	Recommended FROM	Proposed by
1	Ambulatory (5)		(\$498,714)	Joint Priorities
2	Ambulatory (5)	\$343,029		Joint Priorities
3	Food Bank (1)	\$0	(\$100,000)	Joint Priorities
4	Food Voucher (1)	\$0	(\$21,221)	Joint Priorities
5	Pharmaceuticals (3)	\$13,000	\$0	Joint Priorities
6	Case Management (7)	\$11,005	\$0	Joint Priorities
7	Mental Health (3)	\$62,888	\$0	Joint Priorities
8	Substance Abuse (2)	\$2,500	\$0	Joint Priorities
9	Centralized Intake and	\$175,513	\$0	Joint Priorities
10	Legal Assistance (1)	\$12,000	\$0	Joint Priorities
Total Part A Funds		\$619,935	(\$619,935)	

The following motions were made to approve Discussion Items 1 – 13:

Motion #4	To reallocate \$498,714 from Medical (OAMC)
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed Unanimously
Motion #5	To reallocate \$100,000 from Food Bank
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed (2 opposed)
Motion #6	To reallocate \$21,221 from Food Voucher
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed Unanimously
Motion #7	To reallocate \$343,029 to Medical (OAMC)
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed Unanimously



Motion #8	To reallocate \$13,000 to Pharmaceuticals
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed Unanimously

Motion #9	To reallocate \$11,005 to Medical Case Management
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed (1 opposed)

Motion #10	To reallocate \$62,888 to Mental Health
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed Unanimously

Motion #11	To reallocate \$2,500 to Substance Abuse
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed (3 abstentions)

Motion #12	To reallocate \$175,513 to Centralized Intake&Eligibility (CIED)
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed Unanimously

Motion #13	To reallocate \$12,000 to Legal Assistance
Proposed by:	Joint Priorities
Seconded by:	Carl Roberson
Action:	Passed Unanimously

Motion #14	To form an ad Hoc subcommittee to review Pre-Existing Condition Insurance Plan coverage, to report to Joint Priorities Committee by March 1, 2013.
Proposed by:	Joint Priorities
Seconded by:	Yolonda Reed
Action:	Passed Unanimously

Motion #15	To move that clients under 150% FPL have an option of up to 3 food vouchers from 12 Food Bank allotments
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed Unanimously

Motion #16	To amend the emergency food provision to include a choice of either food box or vouchers
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed Unanimously



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8. AUGUST COMMITTEE REPORTS

a. **Membership/Council Development Committee (MCDC) – No August Meeting**

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

Next Meeting Date: Thursday, September 6, 2012 at 9:00 a.m.

b. **Joint Client Community Relations Committee (JCCR) – August 7, 2012**

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

As part of the Part B report, members asked the Part B Grantee about the possibility of adding 7-day bus passes to the types of passes available for Ryan White consumers. The Committee agreed to conduct an educational event for HIV+ consumers in conjunction with its regular business meeting in September. The event will be held at 9 a.m. Wednesday Sept. 5 at MODCO in Fort Lauderdale. The event was timed to coincide with MODCO's monthly mandatory meeting for its tenants, most of whom are HIV+. A local physician will make a presentation on the importance of staying on medications to maintain good health and on prevention for positives. A CIED representative will make a presentation on navigating the HIV care system. Time will be set aside to take feedback from HIV consumers on their experiences. The Committee also will hold a regular business meeting and invite the consumers to attend, to learn more about the HIVPC process. *Agenda Items for Next Meeting: Standing Agenda Items. Next Meeting Date: September 5, 2012.*

c. **Joint Planning Committee – August 13, 2012**

Part A Co-Chair: Karlene Tomlinson, Part B Co-Chair: Kim Saiswick

The Committee reviewed the first set of data that members requested in July, aiming to see how Broward compares to the goals of National HIV/AIDS Strategy. The data covered the percentage of patients in care within three months of diagnosis (79), percentage in continuous care (44) and percentage with undetectable viral loads (50). Part A was the only one to report, and needs to refine the figures to make sure they are complete. Part C and Part D reported data subsequent to the meeting. Part B will be asked to report for next month's meeting. Also, the Committee set up an informal subcommittee to devise questions for a 2012 client survey, to submit to HIVPC for approval in September and to complete by Dec. 31. The Committee is asking for volunteers from the HIVPC and other committees to serve on the subcommittee (email only, no meetings). The survey would be short, with questions designed to bring out information relating to the goals of the NHAS. Ideally, the survey would target people not in care. *Agenda items for the next meeting: Standing items, review additional data from Parts A-D, approve client survey, discuss work plan with HIVPC Chair and/or Vice Chair. Next Meeting Date: Monday, Sept. 10, 2012.*

d. **Local Pharmacy Advisory Committee (LPAC) – No August Meeting**

Next Meeting Date: To be determined.

e. **Joint Priorities Committee – August 15, 2012**

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair (Interim): Lisa Agate

The Committee approved the first Part A reallocations of FY 2012-13, moving a total of \$619,935 out of three categories (medical, food bank and food vouchers) and moving \$619,935 into seven categories (medical, pharmacy, case management, mental health, substance abuse, centralized intake/eligibility and legal). After a discussion, Priorities recommended creating an ad Hoc Subcommittee on Pre-Existing Condition Insurance Plans (PCIP) to study whether Broward should pursue a pilot program adding PCIP coverage as a Ryan White service. The subcommittee will study costs, potential savings, ideal coverage benefits, how large of a pilot program to conduct, and the experiences of other PCIP programs (success in retaining clients in care). The panel will report back by March 1, 2013. Also, the Committee recommended letting clients with incomes under 150% of the federal poverty level choose between food boxes or food vouchers, up to 3 vouchers in their 12 annual food allotments. Also recommended was: Allowing clients with incomes of 151% to 300% FPL (federal poverty level) who qualify for 3 emergency food allotments per year to choose between food boxes or vouchers



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(of twelve allotments per year). Also, the Committee set December for an annual evaluation of the Part A Grantee, through the Assessment of the Administrative Mechanism. The members recommended a qualified candidate (Legal Aid attorney) to be appointed to the Committee. *Agenda Items for Next Meeting:* Standing Agenda Items, Discussion of MAI. *Next Meeting Date:* October 17, 2012.

f. **Joint Executive Committee** – No August Meeting

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick

Agenda Items for Next Meeting: Standing Agenda Items. *Next Meeting:* September 20, 2012.

g. **Part A Executive Committee – August 16, 2012**

Chair: S. Kuryla, Vice Chair: B. Gammell

The committee reviewed and approved the HIVPC Agenda and the September meeting calendar. Executive Committee asked staff to conduct a quick survey of Planning Council members whether they want to change the location and time of council meetings, and if so, to specify when and where. Some Executive members favor returning meetings to Fort Lauderdale, which is more centralized. Also, the Committee planned a half-day retreat and invited Part B chairs to participate at the next Joint Executive Committee meeting on Sept. 20. The topic is to discuss aligning the HIVPC strategies with the Comprehensive Plan and National HIV/AIDS Strategy, and also training for chairs. *Agenda Items for Next Meeting:* Retreat at Joint Executive. *Next Meeting:* Oct. 18, 2012.

h. **Quality Management Committee (QMC)** – No August Meeting

Chair: Michael Rajner, Vice Chair: Claudette Grant

The August meeting was canceled as per the Chair. A Quality Management Coordination meeting took place in August to set the agenda for the September meeting and to work on the committee's work plan. The QM Chair expressed the committee's intention to delegate portions of the committee's work to relevant QMC members pertaining to his/her field of expertise. *Next Meeting Date:* September 24, 2012.

i. **ad Hoc By-Laws Subcommittee** - No August Meeting

Next Meeting Date: To be determined

9. GRANTEE REPORTS

Part A

The Part A Grantee reported on a call with HRSA on Tuesday, on the six month continuing budget. This indicates a partial Grant Award for FY 2013/14 which historically is awarded around March 1, 2013. In FY 2011/12 there was a partial award but also a Late Notice of Grant Award. The Grantee is hoping for the best.

The FY 2013/14 Grant Application released in July 2012 was rescinded as HRSA was notified by the CDC of a new Transitional Grant Area (TGA) in Columbus OH. There were no changes in available grant funds despite the additional area to fund (originally 24 EMAs and 28 TGAs; now changes to 29 TGAs) and all are competing for the same 'pot' of funds. The effect on the Broward County EMA is unsure at this time. The Grant Application was re-released on 8/17/12.

Effective July, 1, 2012 Medicaid has put a limit on the number of PCP (Primary Care Physician) visits to two per month. From an HIV standpoint, there are no exceptions to this mandate.

Part B

The Part B Grantee June 30, 2012 report was provided on expenditures and reflects all invoices received and paid as of 6/30/12: Non Medical Case Management conducted 419 eligibility interviews in June, 81 of which were new clients. Medication co-payment served 279 clients, of which 11 were new to the program. There were 272 clients served in June for Med Co-Pay and 7 clients served for Mail Orders. Cost avoidance for Med Co-Pay program for June is \$37,097. Actual Cost Savings (as a result of using co-pay cards) is \$29,171. Home Delivered Meals served one (1) client in June 2012. Medical Transportation for June 2012:



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Part A Bus Passes: There were 53 (31 day) and 38 (10 ride) distributed in June.

Part B Bus Passes: There were 150 (31 day) and 110 (10 ride) distributed in June.

Total combined Bus Passes distributed in June for both Parts: 263 (31 day) and 197 (10 ride).

There was 12.2% utilization (under utilization) and implementing a promotion of the Med Co Pay program in hopes that additional clients will enter the program. It is hoped the utilization be raised to 25%

ADAP Update

The ADAP report through July 31, 2012 was provided: The Total ADAP "Open" Enrollment was 2,696 with 1,683 Total ADAP Clients Served in the last 30 days. The ADAP Waitlist enrolled 41 clients and the Total ADAP/Medicare Part D Enrollment was 176. There were 634 appointments of which 165 (26%) were missed. Clients Served is defined as clients who had at least one "pickup" in the period. The category definitions are as follows:

Category A Clients Served = 8 (CD4 < 200 cells/mm³ and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)

Category B Clients Served = 14 (CD4 cell count between 201-350 cells/ mm³: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

Category C Clients Served = 19 (Treatment naïve clients with CD4 cell count > 350 cells/mm³)

Category D Clients Served = 0 (Unknown/Other)

Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients MUST recertify every 6 months or they will lose their position on the Wait List.

The Part B Grantee reported of a Request for Proposal (RFP) sent out to outsource the ADAP program by the fall of 2012. There will be updates on this as information becomes available.

10. OTHER REPORTS

Part C

The Part C Grantee provided the following reports:



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	A	B	C	D	E	F
1	RW Part C Demographic Data Report				Service Category (BH)	2011
2		2011	2012		HIV test performed by Part C	4646
3	# of New Patients	394	82		New positives test by Part C	22
4					Treatment adherence clients	1049
5	# of Patients with AIDS	597	363		Total # Case Management	808
6	# of Patients HIV/non AIDS	1329	749		Total of Medical Clients	225
7	Total # of Patients	1926	1112		Services Category (DOH)	2011
8	Total Patients by Race				HIV test performed by Part C	874
9	Black/African American	1351	743		New positives test by Part C	19
10	American Indian/Alaska Native	2	0		# of LTBI referrals	130
11	Caucasian	341	226		# of DOT for TB Disease	47
12	MTOR	3	3			
13	Asian	10	5			
14	Not reported	25	15			
15		1732	992			
16	Ethnicity					
17	Hispanic/Latino	194	120			
18	Total Clients by Age					
19	Total Infants/Child (0-12)	1	1			
20	Total Youth (13-24)	71	18			
21	Total adults (25-44)	636	307			
22	Total adults (45-64)	1167	762			
23	Total adults (65 year or older)	51	24			
24		1926	1112			
25	Total Clients by Gender					
26	Males	1178	778			
27	Females	746	332			
28	Transgender	2	2			
29		1926	1112			
30	Total Clients by Exposure					
31	MSM	405	282			
32	IDU	51	28			
33	MSM and IDU	3	2			
34	hemophilia/Coagulation Disorder	2	2			
35	Heterosexual Contact	1375	765			
36	Receipt of transfusion	3	2			
37	other with/at risk HIV (prenatal)	25	4			
38	Other	4	3			
39	Unknown/Unreported	58	24			

Broward Health Community Health Services Ryan White Part C July 1, 2011 - June 30, 2012			
Categories	Total Salary	Total Benefits	Total
Case Managers	246,641	90,998	337,638
Adherence	220,575	36,671	257,246
Medical	172,155	45,415	217,570
Total Salaries	639,371	173,084	812,455
Supplies/travel/Copying			1,779
Insurance			-1,077
Contract Services			87,706
Total Expenses			900,863

The Part C Grantee reported that the Ryan White grant had been awarded, with level funding.

Part D

The Part D Grantee provided the following report:



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<p>Ryan White Part D Report Children’s Diagnostic & Treatment Center (CDTC) Comprehensive Family AIDS Program (CFAP)</p> <p>8/21/2012</p> <ul style="list-style-type: none"> • Total Number of Positive Individuals enrolled in Program – 1304 • Total Number of HIV positives enrolled in medical care at CDTC – 823 • New Referrals To Date 2012 <ul style="list-style-type: none"> ○ Infants (HIV exposed) – 35 ○ Children (2 – 11) - 2 ○ Adolescent (12 -24) – 14 ○ Adult Women (25 +) – 32 ○ Newly Identified HIV + and Pregnant – 18 ○ Total Pregnancies (previously known and new) - 58

The Part D Grantee reported that the Ryan White grant had been awarded, with a 10% reduction. She is devising a plan to absorb the reduction.

11. HOPWA

The immediate past HOPWA administrator gave a report: HOPWA RFP bids were submitted – 9 bids, 2 of which are new agencies. The bids are scheduled to go to the City Commission on Sept. 18. A new Grant amount was awarded: \$9.6 million, which is an increase of about \$100,000. She will continue to give the HOPWA report in the future, verbally or in writing.

12. UNFINISHED BUSINESS

None.

13. NEW BUSINESS

(a) Meeting Location Update

Support Staff presented the results of the survey sent to HIVPC members. In all, 23 members replied. Nine favored the present Hollywood location, 9 expressed no preference and 5 favored other locations. Among unaffiliated consumers on the board, 4 favored Hollywood, 2 expressed no preference and 2 favored other locations. After a discussion, members proposed the following motions:

Motion # 17	To move the HIVPC meeting to noon and to have a strict 2 hour meeting
Proposed by:	Joey Wynn
Seconded by:	Carla Taylor-Bennett
Action:	Motion Fails (4 in favor)
Stacked Motion #1:	To temporarily move meeting time to 10:00 a.m.
Proposed by:	Michael Rajner



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Seconded by:	H. Bradley Katz
Action:	Motion fails (voice vote)
Stacked Motion #2:	To continue the discussion at Executive Committee when Executive can pull data and bring back to full Council
Proposed by:	Karen Creary
Seconded by:	Yolonda Reed
Action:	Motion fails (2 in favor)

The Chair suggested members can propose specific ideas in the future to address the issue. Members discussed the Council’s policies that assist unaffiliated consumers who are members the Council to participate in the Council’s business. A member asked that the policy be included in the minutes and emailed to members.

The policy states: “Planning Council members can be reimbursed for reasonable and necessary costs incurred as a result of their participation on the Planning Council and in the conduct of their required Planning Council activities, which covers such items as reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting. Reimbursement limited to those not reimbursable through other funding sources. Reimbursement shall be limited to PLWHA Council members.”

(b) Healthcare Reform Update

A member gave a brief update, saying there are indications Florida legislative leaders in Tallahassee may be growing more receptive to the idea of expanding Medicaid eligibility, as under the Affordable Care Act.

(c) Request from Joint Planning for Input on Client Survey

Several members suggested ideas for HIV consumers to be targeted in the 2012 Client Survey, and questions the survey could ask. They volunteered to contribute thoughts to a Joint Planning working group shaping the survey.

14. ANNOUNCEMENTS

15. PUBLIC COMMENT (up to 10 minutes)

16. REQUEST FOR INFORMATION (Form)

There was none.

17. AGENDA ITEMS FOR NEXT MEETING: October 25, 2012, **VENUE:** BRHPC

- Standing Agenda Items
- Healthcare Reform Update

18. ADJOURNMENT

Without objection, the meeting was adjourned at 12:14 p.m.



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HIV PLANNING COUNCIL ATTENDANCE CY 2012

Meeting Dates →	26	23	22	26	24	21	19	23
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Abel, Stephen	√	√	A	√	√	√	√	√
Creary, Karen	√	√	A	√	E	√	√	√
Dyer, Leroy	√	√	√	√	√	√	A	√
Gammell, Bradford	√	√	√	√	√	√	√	√
Grant Claudette	√	√	√	√	√	√	√	√
Hanson Evans, Barbara	A	√	√	√	A	√	E	√
Hayes, Marie	√	√	√	√	√	√	√	√
Hernandez, Ronald	√	E	√	√	√	√	√	√
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A	A
Johnson, K.	Appointed 4/17			√	√	√	√	√
Jordan, Virginia	√	A	√	√	√	A	√	√
Katz, Bradley	√	√	√	√	√	√	√	√
Kuryla, Samantha	√	√	√	√	√	√	√	√
Marcoviche, William	√	E	√	√	√	√	√	E
Moore, Paul A.	√	√	√	√	√	√	√	E
Moragne, Timothy	√	√	A	√	√	√	√	√
Pearl, Jodi	√	√	√	√	√	√	A	√
Perigny, W. James	√	A	√	√	√	√	√	√
Rajner, Michael	√	√	√	√	√	√	√	√
Reed, Yolanda	√	√	√	√	A	A	√	√
Roberson, Carl	√	√	√	√	A	√	√	√
Siclari, Rick	√	√	√	√	√	√	√	√
Spencer, Will	√	√	√	E	A	√	√	A
Stoakely, Mychell	A	A	√	√	√	√	A	√
Taylor-Bennett, Carla	√	√	√	√	√	√	√	√
Tomlinson, Karlene	A	√	√	√	√	√	√	√
Wilson, Tara	√	√	√	√	√	√	√	√
Wynn, Joey	√	√	√	√	√	√	√	√
Coscarelli, Monica (Alternate)	√	E	A	E	A	A	√	√

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: December 11, 2012

Ryan White Program Funding:

Budget/Appropriations

The House and Senate have returned from their recess and are reportedly preparing year-long appropriations bills for possible consideration. The federal government continues to operate under a six-month continuing resolution (CR) that will keep federal programs like Ryan White funded through the end of March 2013. While all agencies technically have authority to expend grant program funds that they had in the Fiscal Year 2012, most are opting to avoid doing so except for high profile programs. The Department of Health and Human Services, HIV/AIDS Bureau shared that they are not making a decision on partial year awards until early next year (presuming Congress does not pass a full year bill by New Year's).

Two likely scenarios for wrapping up the FY 2013 appropriations process would include a year-long continuing resolution or an Omnibus Appropriations package. Under the yearlong CR, all government programs would be funded at their FY 2012 level. That would mean that funding for Ryan White Programs would be level with last year. The pot of money available nationally would not change and this would better position Broward for a similar award, barring other award factors. The Omnibus Appropriations scenario would involve the rewriting of several bills and wrapping them into a larger spending package, to be considered in early February. Key members who wrote this year's bills will remain in Congress next year and this suggests a strong chance at funding levels remaining the same (a good thing).

2013 Awards

In terms of moving forward with awards for the 2013 cycle, it appears that HRSA will not make any decisions until early February at the earliest as they wait on the Congress to act. Key Members of Congress have publicly and privately complained about the massive problems that partial year awards create for grantees and the agency does not want to repeat the mistakes of two years ago. Unofficial reports suggest that the HIV/AIDS Bureau is preparing for another cycle of partial awards. This would mark an earlier preparation for that scenario than last time and *should* better prepare them to address the administrative problems such a scenario creates for them and for grantees.

Sequester and Fiscal Cliff:

Negotiations to avoid the so-called "Fiscal Cliff" continue, with only a December 24th deadline in sight. Because of the budget deal struck last year to allow, several billion dollars in automatic

cuts will be triggered on January 1st should a deal not be reached. The Congressional Budget Office predicts across the board cuts of 8.2% in 2013. This would have a severe and immediate impact on funding for all Ryan White programs. HIV/AIDS stakeholders continue to demonstrate the severe impact sequester cuts would have on programs, systems of care, and real people through a series of congressional briefings, media releases, news stories, and op-eds. Concerns over the sequester-related cuts also explain why the Bureau is warning grantees of partial-year awards.

REVISION OF BROWARD COUNTY CLIENT-LEVEL OUTCOMES AND INDICATORS

Indicator: A measure used to determine, over time, an organization's or system's performance of a particular element of care. The indicator may measure function, process or outcome.

Outcome: Benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. Outcomes may be client-level or system-level.

Beginning in October 2011, the Quality Management Committee (QMC) initiated an in-depth review of the Broward County Client-Level Outcomes and Indicators. The outcomes and indicators are local performance measures developed to assess the quality of services in each service category. They are based on local standards as reflected in each service category's Service Delivery Model. The outcomes and indicators were developed by the Quality Improvement (QI) Networks in collaboration with the Grantee and QMC. They comprise one of several sets of performance measures used to assess the quality of services and their impact on clients' health outcomes. Other examples of performance measures used by the QM Program are the HIV/AIDS Bureau (HAB) Performance Measures and the National Quality Center (NQC) In+Care Campaign measures.

The purpose of the review was to determine whether the measures accurately reflect the quality of services provided and their impact on clients' health and retention in care. The first step was to determine which service category's outcomes and indicators should be revised. The QMC agreed to revise the following:

- Medical Case Managements
- Oral Health Care
- AIDS Pharmaceutical Assistance
- Mental Health
- Substance Abuse
- Legal Services
- Outreach
- Food Bank
- Central Intake Eligibility Determination

The QMC agreed that the Outpatient/Ambulatory Medical Care outcomes and indicators (*below*) did not require revision:

Outcome: Slow/prevent clients HIV disease progression

Indicators: 1.1 80% of clients with CD4 <500 are prescribed HAART

1.2 70% of clients on HAART for >6 months will have a viral load <400

The QMC developed recommendations for each QI Network to assist in the revision process. The QI Networks considered the recommendations, reviewed the outcomes and indicators used by other Eligible Metropolitan Areas (EMAs) as well as literature review summaries, and deliberated until consensus was reached. Once consensus was achieved, the Networks forwarded their recommendations to the QMC. In some cases, the QMC agreed with the Networks' recommendations and approved the revised outcomes and indicators while in other cases the QMC requested the Networks further revise the outcomes and indicators. The QMC regularly reported on its progress to the HIVPC. On December 22, 2011, the Mental Health, Substance Abuse, and Legal Services QMC-approved outcomes and indicators were included on the HIVPC's agenda as discussion items. The HIVPC requested that all outcomes and indicators be put on the agenda when completed with in-depth justification for the changes made.

Broward County Client-Level Outcomes and Indicators Revision – HIVPC Summary

Outcomes and Indicators Revision

MENTAL HEALTH OUTCOMES AND INDICATORS

Original Outcomes	Original Indicators	Justification	Revised Outcomes	Revised Indicators
Improvement in client's symptoms associated with primary diagnosis.	60% of clients showed improvement in related clinical scale over baseline (quarterly until discharge or at the end of one year).	<p>Limitation: Reflects only clients who have had a related clinical scale done.</p> <p>Recommendation: Approximately 5% of clients are administered clinical scales. Indicators should be based on every client's improvement not only those who had a clinical scale.</p>	1-Improvement in client's symptoms associated with primary mental health diagnosis.	1.1-85% of clients achieve Plan of Care goals by designated target date.
Increased retention and adherence to Outpatient/Ambulatory Medical Care for clients who have not been in care or have been out of care for a period of 6 months or more.	<p><u>Initial:</u> 85% of clients referred to Outpatient/Ambulatory Medical Care kept their initial appointment.</p> <p><u>Long-Term:</u> 85% of clients remain enrolled in Outpatient/Ambulatory Medical Care at time of discharge.</p>	<p>Limitation: Unnecessary distinction between initial and long-term indicators.</p> <p>Recommendation: Remove initial indicator and develop outcome that more accurately reflects improvement in retention beyond the initial appointment.</p>	<p>2-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care.</p> <p><i>Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.</i></p>	2.1-85% of clients are retained in Outpatient/Ambulatory Medical Care.

Outcomes and Indicators Revision

SUBSTANCE ABUSE OUTCOMES AND INDICATORS

Original Outcomes	Original Indicators	Justification	Revised Outcomes	Revised Indicators
Improvement in client's symptoms associated with co-occurring diagnosis.	60% of clients showed improvement in related clinical scale (if applicable) over baseline.	<p>Limitation: Reflects only clients who have had a clinical scale done.</p> <p>Recommendation: Indicators should be based on every client's improvement not only those who had a clinical scale done. Substance Abuse Outcomes and Indicators should mirror the Mental Health Outcomes and Indicators. Treatment plans for substance abuse will be based on a substance abuse diagnosis and co-occurring mental health diagnosis for the majority of clients. Action plans will be customized to clients' needs.</p>	1-Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	1.1-85% of clients achieve Plan of Care goals by designated target date.
Increased Access, Retention and Adherence to Outpatient/Ambulatory Medical Care.	<p><u>Initial:</u> 60% of clients referred to Outpatient/Ambulatory Medical Care that kept their initial appointment.</p> <p><u>Intermediate:</u> 85% of clients remain enrolled in Outpatient/ Ambulatory Medical Care at time of discharge.</p>	<p>Limitation: Unnecessary distinction between initial and long-term indicators.</p> <p>Recommendation: Develop outcome that more accurately reflects improvement in retention beyond the initial appointment.</p>	<p>2-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care.</p> <p><i>Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.</i></p>	2.1-85% of clients are retained in Outpatient/ Ambulatory Medical Care.
Decreased substance use.	60% of all clients will achieve at least 30 days clean/sober at time of discharge (data collection only).	<p>Limitation: Depends on accurate data entry.</p> <p>Recommendation: Remove - The indicator does not consider lapses and relapses.</p>	Outcome Removed	Indicator Removed

Outcomes and Indicators Revision

LEGAL SERVICES OUTCOMES AND INDICATORS

Original Outcomes	Indicators	Justification	Revised Outcomes	Revised Indicators
Increased access to benefits for which the client is eligible.	<p>70% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.</p> <p>60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of benefits or will have their case remanded for a hearing before an Administrative Law Judge.</p>	<p>Limitation: None noted</p> <p>Recommendation: Indicator 1.1 increased based on Legal Services' history of surpassing the original benchmark.</p> <p>Indicator 1.2 remains the same with the justification that if the case is lost at the hearing level (measured in indicator 1.1), it is very unlikely it will be reversed (as measured in indicator 1.2).</p> <p>Consider at a later date an indicator that better reflects the services provided (e.g., permanency planning).</p>	1-Increased access to benefits for which the client is eligible.	<p>1.1-80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.</p> <p>1.2-60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of benefits or will have their case remanded for a hearing before an Administrative Law Judge.</p>

Outcomes and Indicators Revision

AIDS PHARMACEUTICAL ASSISTANCE OUTCOMES AND INDICATORS

Original Outcomes	Indicators	Justification	Revised Outcomes	Revised Indicators
Clients provided an opportunity to improve medication adherence.	1.1 100% of clients accepts or rejects counseling as indicated by Patient's signature.	<p>Limitation: Data not entered in PE. Signature does not indicate the content of adherence needs of the client. Adherence to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's from other sources</p> <p>Recommendation: Develop outcome that more accurately reflects improvement in adherence. Must be programmed in PE.</p>	1-Improve access to medication.	<p>1.1-100% of clients who do not pick up medications within 7 to 14 days of filling the prescription will be contacted.</p> <p><i>(Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).</i></p>
Improve access to medication.	1.2 80% of new prescriptions filled and available within 24 hours or refills filled and available within 48 hours.	<p>Limitation: Data not entered in PE. Access to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's through ADAP.</p> <p>Recommendation: Develop outcome that more accurately reflects improvement in adherence and retention. Must be programmed in PE.</p>	2-Clients provided an opportunity to improve medication adherence.	<p>2.1-100% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence)</p> <p><i>(Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).</i></p>

Outcomes and Indicators Revision

MEDICAL CASE MANAGEMENT OUTCOMES AND INDICATORS

Original Outcomes	Indicators	Justification	Revised Outcomes	Revised Indicators
Improved ability to independently navigate and access needed services	Initial: 100% of new clients receive information regarding available services and corresponding eligibility criteria Intermediate: 80% of clients achieve initial POC goals by designated target date	Limitation: Mainly a CIED function. Measures initial POC goals only Recommendation: Remove - Outcome more reflective of CIED function.	Removed	Removed
Increased access, retention and adherence to Outpatient/ Ambulatory Medical Care	80% of clients self-report adherence with their prescribed medication regimen (data collection only) Initial: 80% of new clients have outpatient medical visit scheduled to occur within 2 weeks of intake Intermediate: 80% of clients remain enrolled in OAMC at time of discharge or episodic status	Limitation: Self-reported information. Mainly a CIED function Recommendation: Develop indicator that measures overall retention in care and does not rely on self-reported information.	1-Increased access, retention and adherence to Outpatient/ Ambulatory Medical Care <i>Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.</i>	1.1-80% of clients achieve <u>POC goals related to Outpatient/ Ambulatory Medical Care services by designated target dates</u> 2.2 80% of clients are retained in Outpatient/ Ambulatory Medical Care

Outcomes and Indicators Revision

OUTREACH OUTCOMES AND INDICATORS

Original Outcomes	Indicators	Justification	Revised Outcomes	Revised Indicators
Facilitate client access to outpatient/ambulatory medical care and/or medical case management.	1.1 80% of new or lost to care clients will have an outpatient/ambulatory medical care or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder).	<p>Limitation: Outcome does not distinguish between new and lost to care clients.</p> <p>Recommendation: Consider creating separate indicators for new clients and returning clients.</p>	1-Facilitate client access to outpatient/ambulatory medical care and/or medical case management	<p>1.1-80% of new clients will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder).</p> <p>1.2-25% of lost to care clients that are contacted will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder).</p>

Outcomes and Indicators Revision

FOOD BANK OUTCOMES AND INDICATORS

Original Outcomes	Indicators	Justification	Revised Outcomes	Revised Indicators
Improve and/or maintain a client's adherence to medication when food is required.	80% of clients report an improved ability to take medications when food is required.	<p>Limitation: Part A Food Bank services are too limited in scope to measure impact on adherence</p> <p>Recommendation: Develop outcomes that reflect Food Bank's impact on client health outcomes</p>	<p>1-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care</p> <p><i>Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period</i></p>	<p>1.1-85% of clients are retained in Outpatient/Ambulatory Medical Care.</p> <p>1.2-100% of those clients not retained in Outpatient/Ambulatory Medical Care will be referred to the appropriate provider (i.e., medical case management, physician, Treatment Adherence Program, etc.).</p>
Improve client's knowledge of food handling.	Initial: 100% of clients will receive food handling information as indicated by clients' signature.	<p>Limitation: Contractually required</p> <p>Recommendation: Remove</p>	Removed	Removed

Outcomes and Indicators Revision

CIED OUTCOMES AND INDICATORS

Original Outcomes	Original Indicators	Justification	Revised Outcomes	Revised Indicators
Provide rapid engagement of clients into care.	95% of clients requiring Ambulatory Outpatient Medical Care or Medical Case Management services shall have an appointment scheduled within 1 business day.	Limitation: Not specific. Recommendation: Clarify CIED responsibility for linkage to care.	1-Provide rapid engagement of clients into care.	1.1-95% of clients eligible for Part A who have not had an OAMC visit within the last 6 months at the time of recertification shall have an OAMC or Medical Case Management appointment scheduled within 1 business day.
Provide access to benefits for which client is eligible.	95% of clients eligible for 3rd party benefits will receive assistance in completing applications for those benefits.	Limitation: CIED is not the only entity screening for eligible for 3rd party benefits. Recommendation: Indicator to measure CIED's assistance, not actual receipt of benefits.	2-Provide access to benefits for which client is eligible.	2.1-95% of clients who meet eligibility criteria for 3rd party benefits will receive assistance in completing applications for those benefits.
Clients will have their HIV/AIDS related needs met.	95% of clients will receive referrals to both Ryan White and/or Non-Ryan White services as identified in the Intake Needs Assessment. 95% of clients receiving referrals will have a disposition follow up within 14 business days.	Limitation: Ability to document outside of Ryan White services in PE Recommendation: Remove	Removed	Removed

Ryan White Part B
Expenditure Report

HANDOUT C

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 October / Encumbered	Part B 2012-2013 Monthly Average Left August	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	\$2,479	\$0	\$391	\$525	21.2%	78.8%	\$ 1,954
Medication Co-Pay	\$610,000	\$22,666	\$86,692	\$176,541	28.9%	71.1%	\$ 433,459
Case Management (non-medical)	\$228,287	\$19,576	\$23,276	\$111,908	49.0%	51.0%	\$ 116,379
Medical Transportation	\$150,971	\$0	\$20,212	\$49,909	33.1%	66.9%	\$ 101,062
Administration	\$110,192	\$12,287	\$9,334	\$63,521	57.6%	42.4%	\$ 46,671
TOTALS	\$1,101,929	\$54,529	\$139,905	\$402,404	36.5%	63.5%	\$ 699,525

63.5%

Home Delivered Meals Served 0 client

Medication Co Payment served 212 clients in which 9 were new to the program.
205 Clients served in October Medication Co Payment.

7 Clients served in October Mail Order

Cost Avoidance for Medication Co-Payment Program for October is \$32,940.31

Savings as a result of using co-pay cards April- October is approximately \$ 129,565

Non-Medical Case Management conducted 868 eligibility interviews in October.

Medical Transportation Part B Bus Passes: 228 (31 day) and 94 (10 ride) were issued to agencies in October.

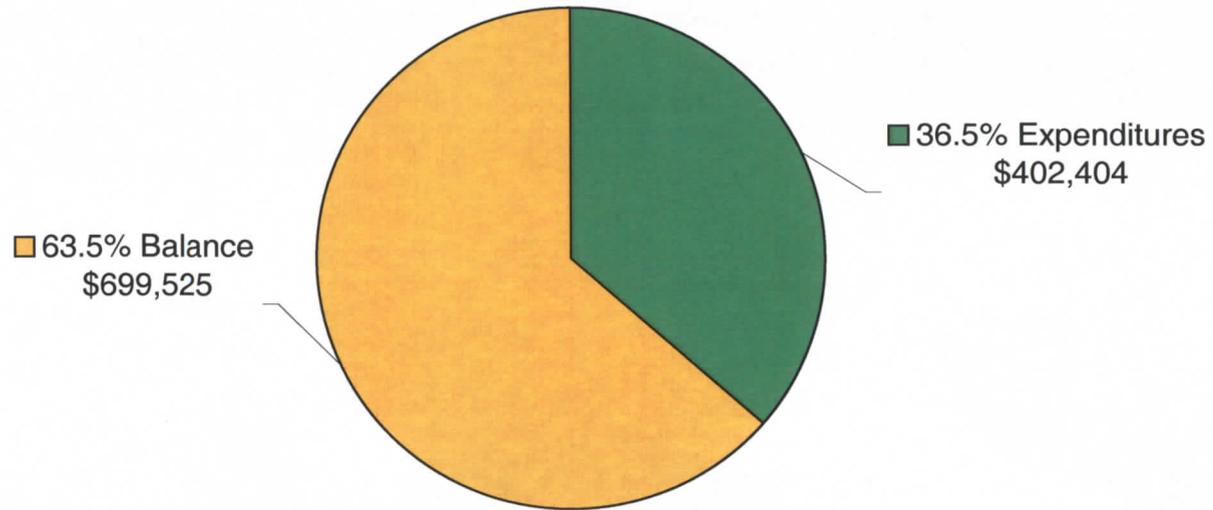
Medical Transportation Part A Bus Passes: 0 (31 day) and 148 (10 ride) were distributed to agencies in October

The passes distributed are a partial number as not every agency pickups each month.

This report reflects all invoices received and paid as of 10/31/2012

**Ryan White Part B
Expenditure Report**

**Ryan White Part B Expenditures
April-October 2012**



Report for Fiscal Year April 2012 thru March 2013

Broward County Health Department ADAP Report as of 11/26/12

Total ADAP "Open" Enrollment	2,885
Total ADAP Clients Served in Last 30 Days*	1,858
Total ADAP Waitlist Enrollment**	39
Category A	4
Category B	10
Category C	25
Total ADAP/Medicare Part D Enrollment	176
Number of Appointments in October	761
Number of Missed Appointment in October	272
Percentage of October Appointments Missed	36%

*"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.