



**Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council**

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020  
Tel: 954-561-9681 / Fax: 954-561-9685

**JOINT PLANNING COMMITTEE**

**Meeting Agenda**

September 10, 2012 at 1:00 P.M.

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020

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

*Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

- 1. CALL TO ORDER** (Please sign-in)
- 2. MOMENT OF SILENCE**
- 3. WELCOME AND INTRODUCTIONS**
  - a. Review Meeting Ground Rules, Sunshine, Review Public Comment (Sign-in at Front of Room)
  - b. Committee Member and Guest Introductions
  - c. Excused Absences
  - d. Approval of Today's Agenda and 8/13/12 Meeting Minutes
- 4. PUBLIC COMMENT**
- 5. NEW BUSINESS**
  - a. New Part B members of the Committee  
*ACTION ITEM: Nominate Psyche Doe and Silvana Baner of the Broward County Health Department to be committee members. Consent item will be sent to HIVPC.*
  - b. Update on 2012 Study of Service Category  
*ACTION ITEM: Decide if the Committee wants to hear a presentation or receive a written report on the 2011 Study of Oral Healthcare.*
- 6. OTHER BUSINESS**
  - a. Review of New and Updated Data from Parts A, B, C, D (HANDOUT A)  
*ACTION ITEM: Review updated data from Part A Grantee and new data from Parts B, C, D (as available) about clients being in care and viral loads. Decide how to apply this data to questions to be included on the Client Survey planned for completion this year.*
  - b. Client Survey in 2012 (HANDOUT B)  
*ACTION ITEM: Review survey questions developed by staff and Survey Subcommittee and decide whether those questions or others should be included on the Client Survey to be completed by Dec. 31. Review recommendations for what type of survey should be done, how to conduct it and which clients to target. If enough information is available, make detailed recommendation for survey. HIVPC approval of the survey is NOT needed.*
- 7. GRANTEE REPORTS**
  - a. Part A
  - b. Part B Report & AICP Disenrollment Update (HANDOUT C1 – C2)
  - c. ADAP (HANDOUT D)



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- 8. PREVENTION UPDATE (HANDOUT E)**
- 9. WORK PLAN REVIEW**  
*ACTION ITEM: Co-Chairs discuss with HIVPC Chair and/or Vice Chair possible changes to the Committee's 2013 Work Plan. Members welcome to participate. This can be made the last item on the agenda before adjournment.*
- 10. REQUEST FOR INFORMATION/DATA**
- 11. AGENDA ITEMS FOR NEXT MEETING**
- 12. NEXT MEETING DATE:** Monday, October 8, 2012 at 1:00 p.m.
- 13. ADJOURNMENT**



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**JOINT PLANNING COMMITTEE**

**Meeting Minutes**

Monday, August 13, 2012

200 Oakwood Lane, Suite 100, Hollywood FL 33020

<b>Attendance</b>						
#	Members		Present	Absent	Guests	Grantee Staff
1	Tomlinson, K.	Part A Co-Chair		A	Doe, P. (BCHD)	Strong, K. (Part A)
2	Saiswick, K.	Part B Co-Chair	X		Kuryla, T.	
3	Gammell, B.		X			
4	Katz, H. B.		X			
5	Mercer, A. (Part B Grantee)		X			<b>HIVPC Support Staff</b>
6	Moragne, T.		X			Crawford, T.
7	Shirley, J.			E		Eshel, A.
	<b>Quorum = 5</b>		<b>5</b>	<b>2</b>		Hosein, F.
						LaMendola, B.

**1. CALL TO ORDER** (Government and Sunshine)

The Part B Co-Chair called the meeting to order at 1:22 p.m.

**2. MOMENT OF SILENCE**

A moment of silence was observed.

**3. WELCOME AND INTRODUCTIONS**

The Part B Co-Chair welcomed everyone and attendees were notified of information regarding Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, they were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Member, guest and staff introductions were made.

**Approval of 8/13/12 Meeting Agenda**

<b>Motion #1</b>	To approve Today's Agenda
<b>Proposed by</b>	Brad Gammell
<b>Seconded by</b>	Ann Mercer
<b>Action</b>	Passed Unanimously

**Approval of 7/9/12 Meeting Minutes**

<b>Motion #2</b>	To approve the Meeting Minutes of 7/9/12 with amendment
<b>Proposed by</b>	Brad Gammell
<b>Seconded by</b>	Ann Mercer
<b>Action</b>	Passed Unanimously
<i>Amendment:</i>	Under Part B Report May 2012: <i>Cost Savings for Med Co Pay for April/May was \$15,386 and Total Cost Avoidance for May was \$35,397</i>

**4. PUBLIC COMMENT**

There was no public comment.

**5. NEW BUSINESS**

There was none.



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**6. OTHER BUSINESS**

a. Review of Data Requested from Parts A, B, C, D

The Part A Grantee walked the committee through data from 7/31/11 – 7/31/12 that was generated through Provide Enterprise (PE). The data described the percentages of clients in care and with undetectable viral loads. The Part A Grantee noted that the report was not final as Health and Human Services recently approved updated indicators, and a final version would be ready by next meeting to be compared with what was presented today. The Part B Chair termed the data as ‘Year 1 data’ and thanked the Part A Grantee, noting the data from the other Parts was not ready for the meeting. The Chair asked support staff to send the Part A data to grantees of the other Parts in order to give an idea of the information required (for next meeting).

b. Discussion on the Type Of Client Survey To Conduct

The committee identified the need to start working on this year’s Client Survey immediately, in light of a Joint Planning motion from the 4/9/12 meeting approved at the HIVPC 4/26/12 meeting: “To recommend that a Client Survey be completed by December 31, 2012 the data to be used at next fiscal year’s PSRA process.” The Part B Co-Chair requested a draft of the Client Survey be brought to the Joint Planning meeting on September 10, 2012, to be ratified by the HIVPC on September 27, so the survey can be under way by October 2012. The work on the draft survey will be done via email by a work group of volunteers from Joint Planning and others. Members from other Committees and the HIVPC will be invited via email to join the work group and/or provide input. Support staff was asked to identify the survey questions that align with HRSA (Health Resource Service Administration) and the NHAS (National HIV/AIDS Strategy).

**7. GRANTEE REPORTS**

A. **Part A**

The Part A Grantee made a brief report.

B. **Part B**

The Part B Grantee report was provided on expenditures up to June 30 2012: 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:

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

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

Total combined Bus Passes distributed in June for both Parts: 203 (31 day) and 148 (10 ride).

The report reflects all invoices received and paid as of 6/30/12.

C. **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/mm<sup>3</sup> and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)



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**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.

**8. PREVENTION UPDATE**

The Broward County Counseling and Testing report for July 2012 was reviewed. The committee requested testing sites on future reports. HIV Surveillance from January 2012 – July 2012 provided by the BCHD was reviewed.

**9. REQUEST FOR INFORMATION/DIRECTIVES**

The Part B Co-Chair requested finalized data reports.

**10. AGENDA ITEMS FOR NEXT MEETING:**

- ❖ Standing Agenda Items
- ❖ Review data submitted by Parts A – D per the July request of Joint Planning
- ❖ Review and approve Client Survey drafted by work group and staff
- ❖ Discussion with HIVPC Chair and/or Vice Chair on work plans

**11. NEXT MEETING DATE:** Monday, September 10, 2012 at 1:00 p.m. **Venue:** BRHPC

**12. ADJOURNMENT**

Without objection, the meeting was adjourned at 2:47 p.m.

**JOINT PLANNING COMMITTEE - ATTENDANCE CY 2012**

# Absences	Count	Member	1/9/12	2/12/12	3/12/12	4/9/12	5/14/12	6/11/12	7/9/12	8/13/12				
<b>Part A</b>														
3	1	Tomlinson, K., Co-Chair	<b>NOT MEET</b>	√	A	√	√	<b>Canceled</b>	A	A				
0	2	Moragne, T.		√	√	√	√		√	√				
2	3	Shirley, J.		√	E	√	A		E	A				
0	4	Katz, H. Bradley		√	√	√	√		√	√	√			
0	5	Gammell, B.		√	√	√	√		√	√	√			
<b>Part B</b>														
1	6	Saiswick, K., Co-Chair	<b>DID</b>	√	√	√	A	<b>Mtg</b>	√	√				
1	7	Mercer, A.		√	A	√	√		√	√	√			
<b>Quorum=5</b>			<b>N/A</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>	<b>N/A</b>	<b>Yes</b>	<b>Yes</b>				

**PART C GRANTEE**

**BROWARD HEALTH**

**REPORT FOR JOINT PLANNING COMMITTEE**

**Submitted 8/14/12**

MEASURE	2010	2011
Percentage of newly diagnosed clients who begin receiving clinical care within 3 months of diagnosis.	100%	100%
Percentage of clients in continuous care (2 routine HIV medical care visits in 12 months, each at least 3 months apart).	82%	80%
Percentage of clients in permanent housing	77%	82%
Percentage of MSM, Black, Hispanic and total clients with undetectable viral loads.	MSM 12% BLACKS 44% HISPANICS 6% TOTAL 64%	MSM 11% BLACKS 43% HISPANICS 5% TOTAL 60%

**PART D GRANTEE**  
**CHILDREN'S DIAGNOSTIC & TREATMENT CENTER**  
**REPORT TO JOINT PLANNING COMMITTEE**  
**Submitted 8/13/12**

<b>MEASURE</b>	<b>PERCENTAGE</b>	<b>CLIENT NUMBERS</b>
Percentage of newly diagnosed clients who begin receiving clinical care within 3 months of diagnosis	84%	26 of 31
Percentage of clients in continuous care (2 routine HIV medical care visits in 12 months, each at least 3 months apart)	87%	842 of 983
Percentage of MSM, Black, Hispanic and total clients who have undetectable viral loads	MSM 45% Black 56% Hispanic 54% Total	MSM (10 of 22) Black (436 of 785) Hispanic (37 of 68) Total
Percentage of clients in permanent housing		

Data includes clients served ?????

Placeholder for HANDOUT B – CLIENT SURVEY UPDATE

Service Category	Part B 2012-2013  Allocated	Part B 2012-2013  July / Encumbered	Part B 2012-2013 Monthly Average Left July	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	\$244	\$525	21.2%	78.8%	\$ 1,954
Medication Co-Pay	\$610,000	\$30,687	\$64,556	\$93,550	15.3%	84.7%	\$ 516,450
Case Management (non-medical)	\$228,287	\$15,619	\$21,029	\$60,059	26.3%	73.7%	\$ 168,228
Medical Transportation	\$150,971	\$0	\$18,871	\$0	0.0%	100.0%	\$ 150,971
Administration	\$110,192	\$8,191	\$9,394	\$35,038	31.8%	68.2%	\$ 75,154
<b>TOTALS</b>	<b>\$1,101,929</b>	<b>\$54,497</b>	\$114,095	\$189,172	<b>17.2%</b>	<b>82.8%</b>	<b>\$ 912,757</b>

82.8%

**Home Delivered Meals Served 0 client**

**Medication Co Payment** served 259 clients in July in which 5 were new to the program.

256 Clients served in July Medication Co Payment.

3 Clients served in July Mail Order

**Cost Avoidance for Medication Co-Payment Program for July is \$29,668 .**

**Savings as a result of using co-pay cards April- July is approximately \$ 50,336.**

**Non-Medical Case Management** conducted 572 eligibility interviews in July of which 74 were new clients.

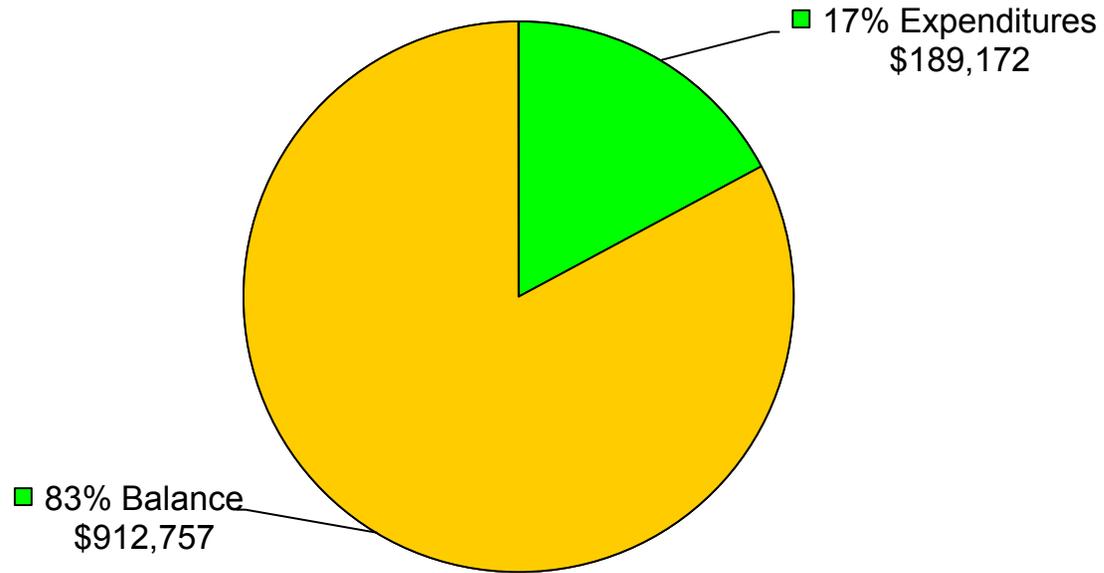
**Medical Transportation Part B Bus Passes:** 134 (31 day) and 30 (10 ride) were picked up by clients in July.

**Medical Transportation Part A Bus Passes:** 135 (31 day) and 30 (10 ride) were picked up by clients in July.

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

This report reflects all invoices received and paid as of 7/31/2012

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



**Medication Co Payment Cost Avoidance / Actual Savings 1st Quarter April-June 2012**

	<b>Actual Expenditure</b>	<b>Cost Avoidance</b>	<b>Monthly Average</b>	<b>Actual Savings</b>	<b>Actual Savings</b>
April	\$1,393.00	\$34,507.00	\$50,833.00		<b>Actual Savings April - July \$50,336.00</b>
May	\$34,054.31	\$35,398.00	\$50,833.00	\$15,435.00	
June	\$27,415.30	\$37,097.00	\$50,833.00	\$13,736.00	
<b>1st Qtr</b>	<b>\$62,862.61</b>	<b>\$107,002.00</b>	<b>\$152,499.00</b>	<b>\$29,171.00</b>	
July	\$29,984.06	\$ 29,668.00	\$50,833.00	\$21,165.00	
Aug					
Sept					
<b>2nd Qtr</b>	<b>\$29,984.06</b>	<b>\$ 29,668.00</b>	<b>\$50,833.00</b>	<b>\$21,165.00</b>	

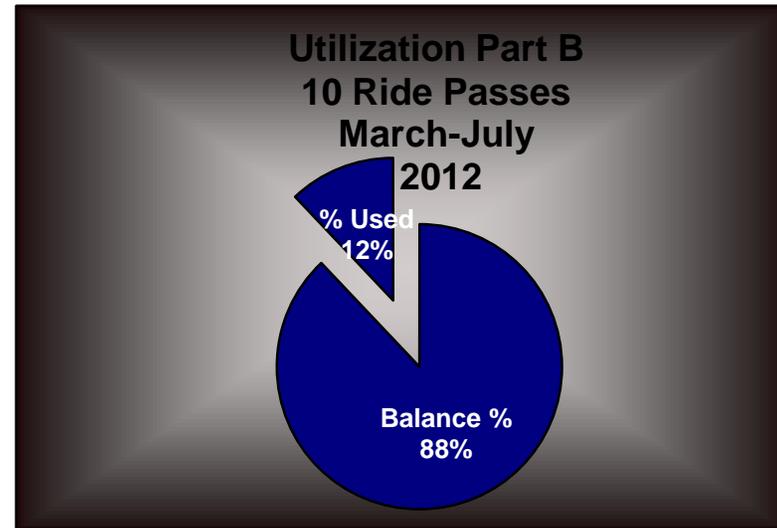
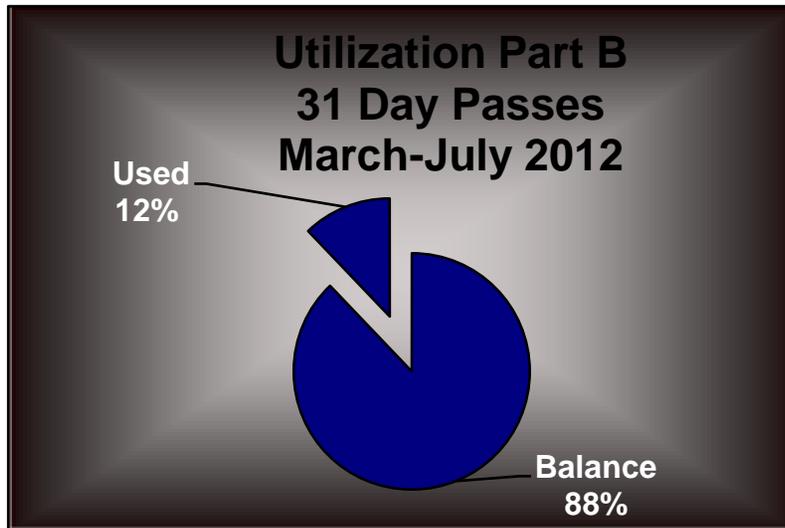
**PART B BUS PASSES UTILIZED**

**Part B Originally Purchased**

1/5/2012	31 Day	1312		\$ 29,000.00
2/3/2012	31 Day	1201		\$ 34,829.00
2/17/2012	31 Day	1721		\$ 49,909.00
	<b>TOTAL</b>	<b>4234</b>		
1/5/2012	10 ride	1000		\$ 16,000.00
2/6/2012	10 ride	950		\$ 15,200.00
	<b>TOTAL</b>	<b>1950</b>		
			<b>TOTAL</b>	<b>\$ 144,938.00</b>

31 Day	Balance	Used	Balance %	% Used
4234	3720	514	88%	12%

10 Ride	Balance	Balance %	% Used	Used
1950	1727	89%	12%	237





## **Clients Disenrolled from AICP**

### Report to the Joint Planning Committee

Submitted by Ann Mercer  
Broward County Health Department  
8/16/12

At the Joint Planning Committee meeting on 8/13, a member asked how many Broward clients eligible for Medicare Part D were disenrolled from AICP, and what is their status.

Of the 42 clients with Medicare Part D who were disenrolled from AICP, 14 were from Broward.

The breakdown of the 14 is as follow:

7 clients transitioned into ADAP

3 cases were closed due to clients having additional assistance (Medicaid/Full Low-Income Subsidy)

3 decided to not seek ADAP assistance

1 moved out of state

## Broward County Health Department ADAP Report as of 8/28/2012

Total ADAP "Open" Enrollment	2,681
Total ADAP Clients Served in Last 30 Days*	1,745
Total ADAP Waitlist Enrollment**	147
Category A	30
Category B	60
Category C	57
Total ADAP/Medicare Part D Enrollment	176
Number of Appointments in July	802
Number of Missed Appointment in July	221
Percentage of July Appointments Missed	28%

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

\*\* Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm<sup>3</sup> 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/ mm<sup>3</sup>

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm<sup>3</sup>

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.

County: Broward

Month: May

Sex	N	P	Total	P%
Female	2268	11	2279	0.48
Male	2698	34	2743	1.24
Transgender	2	0	2	0.00
Missing Data	29	0	29	0.00
Grand Total	4997	45	5053	0.89

Race	N	P	Total	P%
Asian	55	3	58	5.17
Black	2646	28	2678	1.05
Hispanic	1014	8	1024	0.78
Amer Indian/Alaskan	6	0	6	0.00
Native Hawaiian/ Pac Isle	4	0	4	0.00
White	1174	6	1185	0.51
Mixed	39	0	39	0.00
Refused	3	0	3	0.00
Missing Data	56	0	56	0.00
Grand Total	4997	45	5053	0.89

Site Type	N	P	Total	P%
01-Anonymous	0	0	0	0.00
02-STD	572	9	581	1.55
03-Drug Treatment	72	0	72	0.00
04-Family Planning	312	0	312	0.00
05-Prenatal/OB	0	0	0	0.00
06-TB	22	0	22	0.00
07-Adult Health	64	0	64	0.00
08-Prison/Jails	543	2	545	0.37
09-College	0	0	0	0.00
10-Private/MD	1091	8	1100	0.73
11-Special Projects	16	0	16	0.00
12-CBO	2287	24	2321	1.03
13-CHD FieldVisit	18	2	20	10.00
Other-Missing	0	0	0	0.00
Grand Total	4997	45	5053	0.89

Risk	N	P	Total	P%
MSM/IDU	34	2	36	5.56
MSM	796	23	830	2.77
IDU	224	1	225	0.44
Sex with HIV	77	2	79	2.53
Sex with MSM	32	0	32	0.00
Sex with IDU	71	0	71	0.00
Sex with Other	188	2	190	1.05
Perinatal	14	0	14	0.00
STD Diagnosis	622	4	626	0.64
Sex for Drugs/Money	37	1	38	2.63
Sexual Assault	136	0	136	0.00
Heterosexual	2615	8	2623	0.30
Other Risk	76	1	77	1.30
No Identifiable Risk	30	0	30	0.00
Refused	10	0	10	0.00
Missing Data	35	1	36	2.78
Grand Total	4997	45	5053	0.89

Age Group	N	P	Total	P%
<2	1	0	1	0.00
2-4	1	0	1	0.00
5-12	4	0	4	0.00
13-19	526	3	529	0.57
20-29	2009	8	2020	0.40
30-39	1135	19	1157	1.64
40-49	763	10	777	1.29
50+	550	5	556	0.90
Missing Data	8	0	8	0.00
Grand Total	4997	45	5053	0.89

\*\*Indeterminate test results are not shown, but are included in the total

**DEMOGRAPHICS**

Today your age is: \_\_\_\_\_ (years of age)      In what ZIP code do you live? \_\_\_\_\_

Your gender is:  Female  Male  Transgender (Male to Female)  Transgender (Female to Male)

Check  the ONE box that best describes your race:

- White/Caucasian     Black/African Descent     Asian     Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native     More than one race     Don't know

Check  the ONE box that best describes your ethnic background:  Hispanic/Latino  Non-Hispanic  Don't know

Check  the ONE primary language you speak MOST OFTEN in your home:

- English  Spanish  Creole  French  Portuguese  Other \_\_\_\_\_

Check  ALL the ways you pay for medical care:

- Private health insurance (including managed care plans)     Medicare     Medicaid     Ryan White  
 Veteran's Administration (VA)     Self-pay     No health insurance     Don't know  
 Other health insurance (specify name): \_\_\_\_\_

**RECOMMENDED QUESTIONS FOR NEWLY DIAGNOSED**

The year you first tested positive for HIV was: \_\_\_\_\_ (example: 1999)

Check  the place you were living when you were FIRST tested positive for HIV:

- Broward County  Somewhere else in Florida  In another state, District of Columbia, or Puerto Rico  
 In another country (not in the USA)

Check  ALL that describe your situation when you FIRST tested positive for HIV:

- During pregnancy     In jail or prison  
 Living in a homeless shelter     Admitted to a hospital  
 Getting medical care at an emergency room     Getting treated for substance abuse or addiction  
 Don't know or don't remember     Getting treated for other STD (such as gonorrhea or syphilis)  
 Other \_\_\_\_\_

Check  ALL that describe your experiences when you FIRST tested HIV positive:

- You had sex with a man     You injected drugs  
 You had sex with someone that injected drugs     You exchanged sex for drugs, a place to sleep, or money  
 You were in jail or a prison for more than one night     None of the above

In the past six months, did you get an HIV test?  Yes  No  Don't know

If YES, what is the name of the place at which you got an HIV test? \_\_\_\_\_

If YES, were you given information about where to go for HIV medical care, such as where to go for doctor's visits and to get HIV drugs?  Yes  No  Not Applicable

If YES, and you did have an appointment with a doctor, how long was it before you were able to ~~get an appointment to~~ see a doctor about your HIV infection?  1-2 weeks  2-4 weeks  4-12 weeks  More than 12 weeks  Don't know

If "More than 12 weeks", check ALL reasons why it took this long to see a doctor for your HIV infection:

- Could not afford it     Could not get transportation  
 Did not know where to find a doctor     Was scared  
 Did not want anyone to know you have HIV     Couldn't find doctor who speaks my language  
 Did not think it was necessary     Other \_\_\_\_\_  
 Could not leave work for an appointment

How did you hear about where to go for HIV services?

Friend       Family       Advertisement       Internet       Testing site       Other \_\_\_\_\_

RECOMMENDED QUESTIONS FOR OUT OF CARE

Is there a place you usually go for your HIV medical care (like a doctor's office, clinic)?  Yes  No  Don't know

If you DO NOT have usual place to go for most of your HIV medical care check  ALL the reasons why:

- Could not afford HIV medical care
- Did not think it was necessary
- Did not know where to find HIV medical care
- The wait for an appointment was too long
- Did not want anyone to know you have HIV
- Could not leave work during for an appointment
- Couldn't find a doctor who speaks my language
- Could not get transportation

Other \_\_\_\_\_

Thinking back over the last 6 months, about how many visits to a doctor's office, clinic, or emergency room for HIV medical care did you have?  1-2  2-4  4-6  More than 6  Don't know

During the past 12 months, have you had at least one of the following: a CD4 count, a viral load test, or a prescription for anti-retroviral therapy? \_\_\_ Yes \_\_\_ No

If you said yes to question #1, has there been a period of at least 12 months over the past five years when you were *not* receiving HIV-related primary medical care, using that same definition? \_\_\_ Yes \_\_\_ No

What best describes your situation during that period? Check the response that best fits your situation.

- \_\_\_ I had recently been diagnosed with HIV, and had not entered primary care.
- \_\_\_ I had been receiving medical care for HIV, but I dropped out of care.
- \_\_\_ Other (specify \_\_\_\_\_)

Why were you not receiving primary medical care during that period? Please identify up to three reasons that you consider the most important in explaining why you were not in care.

- \_\_\_ I couldn't afford care
- \_\_\_ It was too hard to get services
- \_\_\_ I didn't know where to go
- \_\_\_ I had too many other things to worry about
- \_\_\_ I was not ready to deal with my HIV status
- \_\_\_ I was homeless
- \_\_\_ I was afraid of being identified as HIV-positive
- \_\_\_ I was using drugs or alcohol
- \_\_\_ I heard bad things about medications side effects.
- \_\_\_ I had mental health problems
- \_\_\_ I was in jail or prison and didn't want care there
- \_\_\_ I had a bad experience with doctor/medical staff
- \_\_\_ There wasn't a medical facility near me
- \_\_\_ Medical facility wasn't a good "fit" for my needs
- \_\_\_ I had a bad experience with my medications
- \_\_\_ Lack of housing
- \_\_\_ Other (please explain \_\_\_\_\_)

Tell us more about your situation – explain what caused you to be out of care.

While you were out of care, what services other than medical and medications did you need?

- \_\_\_ Substance abuse treatment
- \_\_\_ Mental health services
- \_\_\_ Dental care
- \_\_\_ Case management
- \_\_\_ Transportation
- \_\_\_ Housing
- \_\_\_ Other (specify \_\_\_\_\_)

What caused you to get back into care? Please identify up to three main reasons.

- \_\_\_ I got sick and knew I needed care.
- \_\_\_ A family member/friend helped me get into care.
- \_\_\_ I was ready to deal with my illness.
- \_\_\_ Someone else with HIV/AIDS reached out to me.
- \_\_\_ I got the information I needed to get into care.
- \_\_\_ An outreach worker helped me get into care.
- \_\_\_ I found a doctor or medical facility I liked.
- \_\_\_ I got out of jail or prison.
- \_\_\_ I was able to deal with other problems in my life that had been keeping me out of care.
- \_\_\_ Someone who had been involved in my care followed up, and got me to return to care.
- \_\_\_ Other (explain \_\_\_\_\_)

**2012 Part A Survey Questions for Consideration (Draft II)**

What is the most important reason why people with HIV or AIDS in this [community/metropolitan area/state] sometimes don't get HIV-related primary medical care?

RECOMMENDED QUESTIONS FOR ADHERENCE

Your current viral load is:  Under 200     Between 200-350     Over 350     Don't know

Your current CD4 count is:  Undetectable or below 50     Between 50-55,000     Over 55,000     Don't know

HIV antiretroviral drugs are also called protease inhibitors or HAART. Have you ever taken HIV antiretroviral drugs?  Never     Currently     You stopped taking HIV drugs     Don't know

If you are CURRENTLY taking HIV antiretroviral drugs, how often do you take your HIV drugs as prescribed by your HIV clinician?  All the time     Most of the time     Some of the time     Never  
 You do not know how often you are supposed to take the drugs

If you are CURRENTLY taking HIV antiretroviral drugs, check  ALL of the reasons you missed taking you're a. drugs as prescribed by your HIV clinician?

- |   |  |
|---|--|
| <input type="checkbox"/> You do not know where to get them  | <input type="checkbox"/> You feel healthy                                      |
| <input type="checkbox"/> You cannot afford the cost   | <input type="checkbox"/> You do not like taking antiretroviral drugs           |
| <input type="checkbox"/> You were unable to get an ADAP appointment   | <input type="checkbox"/> Taking antiretroviral drugs is not a priority for you |
| <input type="checkbox"/> You lost your enrollment in ADAP   | <input type="checkbox"/> You have trouble remembering to take them             |
| <input type="checkbox"/> You are on the ADAP wait list  | <input type="checkbox"/> You have trouble understanding how to take them       |
| <input type="checkbox"/> The drugs make you feel bad  | <input type="checkbox"/> Your doctor wanted to treat another problem first     |
| <input type="checkbox"/> You are on a drug holiday directed by your doctor  | <input type="checkbox"/> Your religious or cultural beliefs                    |
| <input type="checkbox"/> You decided to go on a drug holiday on your own  |  |
| <input type="checkbox"/> Your medication from a patient assistance program (PAP) was late                         |  |
| <input type="checkbox"/> You have an abusive spouse or partner who does not want you to take antiretroviral drugs |  |
| <input type="checkbox"/> Other _____  |  |

If you NEVER took or STOPPED taking HIV antiretroviral drugs, check  ALL of the reasons why:

- |  |  |
|--|--|
| <input type="checkbox"/> Your doctor told you that you did not need them | <input type="checkbox"/> You did not want anyone to know you have HIV    |
| <input type="checkbox"/> Your health insurance did not pay for them      | <input type="checkbox"/> People you know told you the drugs were no good |
| <input type="checkbox"/> You could not afford to pay them                | <input type="checkbox"/> You took a "drug holiday"/break                 |
| <input type="checkbox"/> You are on the ADAP wait list                   | <input type="checkbox"/> Your HIV was too far advanced to continue       |
| <input type="checkbox"/> You had side effects from antiretroviral drugs  | <input type="checkbox"/> Your doctor did not prescribe them              |
| <input type="checkbox"/> The drugs were too complicated for you to take  |  |
| <input type="checkbox"/> Other _____                                     |  |

**Broward County HIV Planning Council sets priorities to determine how best to use Ryan White Part A funds.** Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 6 is the least important service. **Do not give two services the same rank.**

Rank 1-6	Core Services
	Dental care (such as routine check-ups, cleanings, cavities, and extractions)
	Doctor's visits for HIV medical and specialty care and nutritional counseling
	Local AIDS pharmaceutical assistance to help pay for HIV-related prescription drugs
	Medical case management
	Mental health services
	Outpatient drug or alcohol addiction treatment

Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 4 is the least important service. **Do not give two services the same rank.**

Rank 1-4	Support Services
	Centralized Intake and Eligibility Determination (CIED)
	Emergency food bank services
	Legal services about denial of benefits, wills, guardianship, and other issues
	Outreach services to help find HIV positive people and get in them in medical care

# 2012 HIV Client Needs Survey for Broward County



- **Please DO NOT fill out this survey if you are not HIV positive.** If you are HIV positive, this survey is your chance to tell the agencies that fund HIV health care, housing assistance, and support services about the services YOU need. The results of this survey will help to ensure that future funds go where they are needed.
- **This survey is voluntary.** You will continue to receive services if you do not complete the survey.
- **Your answers are strictly confidential.** No one will know who you are. You can fill out the form for another person, if she or he is a child or an adult who is too sick to care for her or himself. Only fill out one survey.
- **Please DO NOT fill out this survey if you have already completed one.**

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The Broward County HIV Health Services Planning Council, South Florida AIDS Network and the Housing Opportunities for Persons with AIDS Program (HOPWA) set priorities to decide how best to use annual funds from Ryan White Part A and Part B Programs and HOPWA Program.

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## YOUR INFORMATION

1. Today your age is: \_\_\_\_\_ (years of age)

2. In what zip code do you live?

3. Your gender is:

- Female     Male     Transgender (Male to Female)



Dental care (such as routine check-ups, cleanings, cavities, and extractions)	<input type="radio"/>					
Doctor's visits for HIV medical and specialty care and/or nutritional counseling	<input type="radio"/>					
Local AIDS pharmaceutical assistance to help pay for HIV-related prescription drugs	<input type="radio"/>					
Medical case management	<input type="radio"/>					
Mental health services	<input type="radio"/>					
Outpatient drug or alcohol addiction treatment	<input type="radio"/>					

9. **SUPPORT SERVICES.** Listed below are support services that meet the federal government's requirements for Part A and Part B funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of **1** is given to the **most important** service, and the score of **4** is the **least important** service. Do not give two services the same rank.

	1	2	3	4
Centralized Intake and Eligibility Determination (CIED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency food bank services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services about denial of benefits, wills, guardianship, and other issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach services to help find HIV+ people and get in them in medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HIV DIAGNOSIS

10. The year you first tested positive for HIV was: \_\_\_\_\_ (example: 1999)

11. Select the place you were living when you were FIRST tested positive for HIV:

- Broward County
  In another country (not in the USA)
- Somewhere else in Florida
  In another state, the District of Columbia, or Puerto Rico (please specify)

12. Select ALL that describe your situation when you FIRST tested positive for HIV:

- |  |   |
|--|---|
| <input type="checkbox"/> During pregnancy                          | <input type="checkbox"/> Getting treated for substance abuse or addiction   |
| <input type="checkbox"/> In jail or prison                         | <input type="checkbox"/> Getting treated for another sexually transmitted disease (such as gonorrhea or syphilis) |
| <input type="checkbox"/> Living in a homeless shelter              | <input type="checkbox"/> Don't know or don't remember   |
| <input type="checkbox"/> Admitted to a hospital                    | <input type="checkbox"/> Other <input type="text"/>   |
| <input type="checkbox"/> Getting medical care at an emergency room |   |
- 

13. Select ALL that describe your experiences when you FIRST tested HIV positive:

- |   |  |
|---|--|
| <input type="checkbox"/> You had sex with a man                       | <input type="checkbox"/> You exchanged sex for drugs, a place to sleep, or money |
| <input type="checkbox"/> You injected drugs                           | <input type="checkbox"/> You were in jail or a prison for more than one night    |
| <input type="checkbox"/> You had sex with someone that injected drugs | <input type="checkbox"/> None of the above                                       |
- 

## HIV DIAGNOSIS

14. In the past six months, did you get an HIV test?

- Yes    No    Don't know
- 

If YES, what is the name of the place at which you got an HIV test?

---

If YES, were you given information about where to go for HIV medical care, such as where to go for doctor's visits and to get HIV drugs

- Yes    No    Not Applicable
- 

If YES, and you did have an appointment with a doctor, how long was it before you were able to get in to see a doctor about your HIV infection?

- 1-2 weeks    2-4 weeks    4-12 weeks    More than 12 weeks
- Don't know
-

If "More than 12 weeks," check all the reasons why it took this long to see a doctor about your HIV infection:

- |  |  |
|--|--|
| <input type="checkbox"/> Could not afford it   | <input type="checkbox"/> Could not leave work for an appointment |
| <input type="checkbox"/> Did not know where to find a doctor                               | <input type="checkbox"/> Could not get childcare                 |
| <input type="checkbox"/> Did not want anybody to know you have HIV                         | <input type="checkbox"/> Could not get transportation            |
| <input type="checkbox"/> Did not think it was necessary                                    | <input type="checkbox"/> Was scared                              |
| <input type="checkbox"/> Did not know where to find doctor who speaks same language as you | <input type="checkbox"/> Other <input type="text"/>              |
- 

15. How did you hear about where to go for HIV services?

- |  |   |
|--|---|
| <input type="checkbox"/> Family        | <input type="checkbox"/> Internet                   |
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Test site                  |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other <input type="text"/> |
- 

## GETTING CARE

16. Is there a place you usually go for your HIV medical care (like a doctor's office or clinic)?

- Yes    No    Don't Know
- 

If you DO NOT have a usual place to go for most of your HIV medical care, select all the reasons why:

- |  |   |
|--|---|
| <input type="checkbox"/> Could not afford HIV medical care                                   | <input type="checkbox"/> The wait for an appointment was too long                       |
| <input type="checkbox"/> Did not know where to find HIV medical care                         | <input type="checkbox"/> Could not leave work during the day for a doctor's appointment |
| <input type="checkbox"/> Did not want anybody to know you have HIV                           | <input type="checkbox"/> Could not get childcare  |
| <input type="checkbox"/> Did not think it was necessary                                      | <input type="checkbox"/> Could not get transportation                                   |
| <input type="checkbox"/> Did not know where to find a doctor who speaks same language as you | <input type="checkbox"/> Other <input type="text"/>                                     |
-

17. Thinking back over the last 6 months, about how many visits to a doctor's office, clinic, or emergency room for HIV medical care did you have?

- 0                       4-6  
 1-2                       More than 6  
 2-4                       Don't know
- 

18. During the past 12 months, have you had at least one of the following: CD4 count, a viral load test, or a prescription for antiretroviral therapy?

- Yes     No
- 

If yes, has there been a period of at least 12 months over the past five years when you were not receiving HIV-related primary medical care, using that same definition?

- Yes     No
- 

What best describes your situation during that period? Select the response that best fits your situation.

- I had recently been diagnosed with HIV, and had not entered primary care  
 I had been receiving medical care for HIV, but I dropped out of care  
 Other (specify)
- 

Why were you not receiving primary medical care during that period? Please identify up to three reasons that you consider the most important in explaining why you were not in care.

- |   |  |
|---|--|
| <input type="checkbox"/> I couldn't afford care                             | <input type="checkbox"/> I was homeless                                    |
| <input type="checkbox"/> I didn't know where to go                          | <input type="checkbox"/> I was using drugs or alcohol                      |
| <input type="checkbox"/> I was not ready to deal with my HIV status         | <input type="checkbox"/> I had mental health problems                      |
| <input type="checkbox"/> I was afraid of being identified as HIV-positive   | <input type="checkbox"/> I had a bad experience with doctor/medical staff  |
| <input type="checkbox"/> I heard bad things about medications side effects. | <input type="checkbox"/> Medical facility wasn't a good "fit" for my needs |
| <input type="checkbox"/> I was in jail or prison and didn't want care there | <input type="checkbox"/> I had a bad experience with my medications        |

- There wasn't a medical facility near me
  - Lack of Housing
  - It was too hard to get services
  - Other
  - I had too many other things to worry about
- 

Tell us more about your situation-explain what caused you to be out of care.

While you were out of care, what services other than medical and medications did you need?

- Substance abuse treatment
  - Transportation
  - Mental health services
  - Housing
  - Dental care
  - Other (specify)
  - Case management
- 

What caused you to get back into care? Please identify up to three main reasons.

- I got sick and knew I needed care.
  - An outreach worker helped me get into care.
  - I was ready to deal with my illness.
  - I got out of jail or prison.
  - I got the information I needed to get into care.
  - I was able to deal with other problems in my life that had been keeping me out of care.
  - I found a doctor or medical facility I liked.
  - Someone who had been involved in my care followed up, and got me to return to care.
  - A family member/friend helped me get into care.
  - Someone else with HIV/AIDS reached out to me.
  - Other (explain)
- 

19. What is the most important reason why people with HIV or AIDS in this [community/metropolitan area/state] sometimes don't get HIV-related primary medical care?

---

## HIV ANTIRETROVIRAL DRUGS

20. Your CD4 count is:

- Under 200     Between 200-350     Over 350     Don't know
- 

21. Your viral load is:

- Undetectable or below 50     Between 50-55,000     Over 55,000
- Don't know
- 

22. HIV antiretroviral drugs are also called protease inhibitors or HAART. Have you ever taken HIV antiretroviral drugs?

- Never     Currently     You stopped taking HIV drugs     Don't know
- 

If you are CURRENTLY taking HIV antiretroviral drugs, how often do you take your HIV drugs as prescribed by your HIV clinician?

- All the time     Some of the time     You do not know how often you are supposed to take the drugs
- Most of the time     Never
- 

If you are CURRENTLY taking HIV antiretroviral drugs, select ALL of the reasons you missed taking your drugs as prescribed by your HIV clinician

- |  |   |
|--|---|
| <input type="checkbox"/> You do not know where to get them   | <input type="checkbox"/> You feel healthy   |
| <input type="checkbox"/> You cannot afford the cost  | <input type="checkbox"/> You do not like taking antiretroviral drugs                          |
| <input type="checkbox"/> You were unable to get an appointment to enroll in ADAP to pay for antiretroviral drugs | <input type="checkbox"/> Taking antiretroviral drugs is not a priority for you                |
| <input type="checkbox"/> You lost your enrollment in ADAP to pay for antiretroviral drugs                        | <input type="checkbox"/> You have trouble remembering to take your antiretroviral drugs       |
| <input type="checkbox"/> You are on the ADAP wait list   | <input type="checkbox"/> You have trouble understanding how to take your antiretroviral drugs |

- Your medication from a patient assistance program (PAP) was late
  - Your doctor wanted to treat another medical problem first
  - The drugs make you feel bad
  - Your religious or cultural beliefs
  - You are on a drug holiday directed by your doctor
  - You have an abusive spouse or partner who does not want you to take antiretroviral drugs
  - You decided to go on a drug holiday on your own
  - Other
- 

If you NEVER took or STOPPED taking HIV antiretroviral drugs, check ALL of the reasons why:

- Your doctor told you that you did not need them yet
  - You did not want anybody to know you have HIV
  - Your health insurance or managed care plan did not pay for antiretroviral drugs
  - People you know told you that the drugs were no good
  - You could not afford to pay for antiretroviral drugs
  - You took a "drug holiday" or a break from taking drugs
  - You are on the ADAP wait list
  - Your HIV was too far advanced to continue taking drugs
  - You had side effects from antiretroviral drugs
  - Your doctor did not prescribe them
  - The drugs were too complicated for you to take
  - Other
- 

## Thank You!

Thank you for taking our survey. Your response is very important to us.

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# Data from Broward County Part A

## Institute of Medicine: Monitoring HIV Care in the United States

### Indicators and Data Systems

**Start Date:** 07/31/2011

**End Date:** 7/31/2012

Joint Planning  
08/10/2012

**Table 1: Core Indicators for Clinical HIV Care**

**Indicator 1:**

**Proportion of people newly diagnosed with HIV with a CD4+ cell count >200 cells/mm3 and without a clinical diagnosis of AIDS**

Rationale: Improve health outcomes by reducing the number of people living with HIV/AIDS (PLWHA) with late diagnosis.

**Denominator:** Clients who have "Date HIV Diagnosed" within the reporting period who do not have a "Stage of Disease" of AIDS in their Client Profile.

**Numerator:** Of clients in the denominator, clients who have their first CD4 Count "Test Result" with a "Numeric Value" greater than 200.

Denominator	Numerator	Percentage
295	158	53.56%

**Indicator 2:**

**Proportion of people newly diagnosed with HIV who are linked to clinical care for HIV within 3 months of diagnosis**

Rationale: Timely linkage to care improves individual health outcomes and reduces transmission of the virus to others.

**Denominator:** Clients who have "Date HIV Diagnosed" within the reporting period.

**Numerator:** Of the clients included in the Denominator, those who have a documented "Kept" "Appointment" within 3 months of the "Date HIV Diagnosed".

Denominator	Numerator	Percentage
305	240	78.69%

**Indicator 3:**

**Proportion of people with diagnosed HIV infection who are in continuous care (two or more visits for routine HIV medical care in the preceding 12 months at least 3 months apart)**

Rationale: Continuous HIV care results in better outcomes, including decreased mortality, and reduced transmission of the virus to others.

**Denominator:** Clients who received a service that was “Paid” or “Billed” by the County during the reporting period.

**Numerator:** Of clients included in the denominator, those who had 2 or more “Appointment” records in the “Status” of “Kept” for “Medical Care” during the reporting period. The second appointment must be at least 90 days after the first appointment.

Denominator	Numerator	Percentage
7,122	3,108	43.64%

**Indicator 4:**

**Proportion of people with diagnosed HIV infection who received two or more CD4 tests in the preceding 12 months.**

Rationale: Regular CD4 testing permits providers to monitor individuals’ immune function, determine when to start antiretroviral therapy (ART), and assess the need for prophylaxis for opportunistic infections.

**Denominator:** Clients who received a service that was “Paid” or “Billed” by the County during the reporting period.

**Numerator:** Of clients counted in the denominator, those who had 2 or more “Test Result” records during the reporting period where the “Test Name” is “CD4 Count”.

Denominator	Numerator	Percentage
7,122	3,068	43.08%

**Indicator 5:**

**Proportion of people with diagnosed HIV infection who received two or more viral load tests in the preceding 12 months**

Rationale: Regular viral load (plasma HIV RNA) testing is important for monitoring clinical progression of the disease and therapeutic response in individuals on ART.

**Denominator:** Clients who received a service that was “Paid” or “Billed” by the County during the reporting period.

**Numerator:** Of clients counted in the denominator, those who had 2 or more “Test Result” records during the reporting period where the “Test Name” is “HIV 1 Viral Load”.

Denominator	Numerator	Percentage
7,122	2,976	41.79%

**Indicator 6:**

**Proportion of people with diagnosed HIV infection in continuous care for 12 or more months and with a CD4+ cell count  $\geq 350$  cells/mm<sup>3</sup>**

Rationale: Achieving and maintaining a CD4+ cell count  $\geq 350$  cells/mm<sup>3</sup> reduces the risk of complicating opportunistic infections and cancers.

**Denominator:** Clients who received a service that was “Paid” or “Billed” by the County during the reporting period who also had at least two “Appointment” records with an “Appointment Type” of “Medical Care”. One of these records must occur during the first half (6 months) and the other during the second half (6 months) of the reporting period.

**Numerator:** Of clients included in the denominator, those who had a “Test Result” record for a “CD4 Count” where the “Numeric” result is greater than or equal to 350 during the reporting period.

Denominator	Numerator	Percentage
1,959	1,586	80.96%

**Indicator 7:**

**Proportion of people with diagnosed HIV infection and a measured CD4+ cell count  $< 500$  cells/mm<sup>3</sup> who are not on ART\***

Rationale: Appropriate initiation of ART improves individual health outcomes and reduces transmission of the virus to others.

**Denominator:** Clients who received a service that was “Paid” or “Billed” by the County during the reporting period. Clients also must have a “Test Result” record of a “CD4 Count” completed during the reporting period with a “Numeric” result of less than or equal to 500.

**Numerator:** Of clients included in the denominator, those who have their “Antiretroviral Therapy” set to “None”, “Unknown” or with a blank value.

Denominator	Numerator	Percentage
2,455	401	16.33%

**Indicator 8:**

**Proportion of people with diagnosed HIV infection who have been on ART for 12 or more months and have a viral load below the level of detection**

Rationale: The goal of ART is durable virologic suppression, which improves health outcomes and reduces transmission of the virus.

**Denominator:** Clients who received a service that was "Paid" or "Billed" by the County during the reporting period. Clients also must have their "Antiretroviral Therapy" set to "Single", "Dual" or "HAART" with a "Date Started Antiretroviral Therapy" older than a year prior to the start of the reporting period.

**Numerator:**

Of clients included in the denominator, those who had a "Test Result" record for a "HIV 1 Viral Load" where the "Numeric" result is greater than or equal to 200 during the reporting period.

<b>Denominator</b>	<b>Numerator</b>	<b>Percentage</b>
5,629	2,842	50.49%

**Indicator 9:**

**All-cause mortality rate among people diagnosed with HIV infection\***

Rationale: Mortality rate is the ultimate outcome measure for people diagnosed with HIV infection. Mortality among PLWHA should be inversely related to the quality of overall care delivered.

**Denominator:** Clients who received a service that was "Paid" or "Billed" by the County during the reporting period.

**Numerator:** Of clients included in the denominator, those who had a "Death Date" documented during the reporting period.

<b>Denominator</b>	<b>Numerator</b>	<b>Percentage</b>
0	0	0.00%

**New HHS common HIV indicators informed by relevant treatment guidelines and empirical evidence**

Measure	Numerator	Denominator
HIV Positivity	Number of HIV positive tests in the 12-month period	Number of HIV tests conducted in the 12-month measurement period
Late HIV Diagnosis	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month period
Retention in HIV Medical Care	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period	# of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month period
Antiretroviral Therapy Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	# of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month period
Viral Load Suppression Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month period	# of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month period
Housing Status	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	# of persons with an HIV diagnosis receiving HIV services in the last 12 months

“The approval of these seven common core indicators by the Secretary is an important milestone in our efforts to respond to the National HIV/AIDS Strategy’s call to standardize data collection and grantee reporting requirements for federal HIV programs,” commented Dr. Ronald Valdiserri, Deputy Assistant Secretary for Health, Infectious Diseases. “These common core HIV program indicators will facilitate our efforts to monitor and report on progress toward achieving the Strategy’s goals and we are grateful to the strong support of leaders across HHS agencies for coming together to make this happen.”

Many will recall that developing common core indicators represents only Phase 1 of an ambitious, cross-agency effort to streamline data collection and simplify administration of HHS HIV services grants. Phase II, which officially launched in mid-July, will entail the development of operational plans by HHS agencies that support HIV services to implement these core indicators across their funding programs, as well as the identification of strategies to streamline data collection from grantees and reduce undue grantee reporting burden by at least 20–25%. This will require ongoing engagement of federal and non-federal stakeholders and will culminate in the completion of these planning documents by mid-October 2012.

After this time, key HHS agencies will transition to Phase III, when they’ll address the implementation challenges anticipated and pave the way for achieving the goals of reducing red tape while improving the delivery of HIV services in the U.S. Full deployment of all these streamlining activities is anticipated by the start of Fiscal Year 2014.