



**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 Client/Community Relations Committee

Meeting Agenda

June 5, 2012 at 1:00 P.M.

Karen Creary, Part A Co-Chair

Leslie Washington, Part B Co-Chair

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

- 1. Call to Order**
- 2. Welcome and Introductions**
- 3. Moment of Silence**
- 4. Ground Rules and Approvals**
 - A. Review Meeting Ground Rules, Statement of Sunshine & Public Comment Requirements
 - B. Excused Absences
 - C. Approval of Today's Agenda and 05/01/12 Meeting Minutes
- 5. Testimonials**
- 6. Public Comment**
- 7. Community Outreach Event:**
 - ❖ Presentation on ARCH Activities by Lisa Agate of Minority Development & Empowerment
 - ❖ Presentation from Jodi Ihme of Broward County Health Department and colleague on issues and challenges facing transgender population
 - ❖ Special Populations Follow Up – Remarks by Peers invited by committee members
 - ❖ Review background information on March 2010 Outreach Program at Mizell Center
- 8. Review and Update Committee Work Plan**
- 9. Unfinished Business**
 - A. Review Committee's:**
 - i. Social Marketing Strategy
 - ii. Policies/Procedures/By-Laws/Mission Statement
 - iii. Grievance Policy/Procedures & Grievance Form
- 10. New Business**
 - A. **Grantee Reports** (Part A, Part B, ADAP)
 - B. **Request Comments on Ryan White HIV/AIDS Program 2013 Reauthorization** (below)
- 11. Public Comment**
- 12. Request for Information/Directives**
- 13. Agenda Items for Next Meeting (7/3/12 - Discuss meeting date close to July 4)**
- 14. Adjournment**

IMPORTANT NOTICE:

Please be aware this meeting and all information stated thereof is a matter of public record under FL's Government in the Sunshine Law (Florida Chapter 119.01). Acknowledgement of HIV status is not required, and if disclosed becomes a part of the public record



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Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

HRSA/HAB is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013. The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

[HAB Web site](#)

[TARGET Center](#), Central Source for Ryan White TA
(Not a US Government Web site)

[Twitter](#), Sign up using "ryanwhitecare"
(Not a US Government Website)

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact [Paula Jones](#).

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Attendance				Guests	Grantee Staff
	Members	Present	Absent		
1	Creary, K. Part A Co-Chair		E	Brad Gammell	Strong, K. (Part A)
2	Washington, L. Part B Co-Chair	X		Downie, G.	Moore, P. (Part B, ADAP)
3	Franks, H.	X			
4	Hernandez, R.	X			
5	Katz, H.B.	X			
6	Kenny, K.	X			HIVPC Support Staff
7	Parker-Maysnet, P.	X			Eshel, A.
8	Marcoviche, W.	X			Smith, N.
9	Myers, K.		E		
10	Perigny, W. J.	X			
11	Stoakley, M.	X			
12	Wilkins, D.		E		
	Quorum = 7	9	3		

1. Call to Order

The Part B Co-Chair called the meeting to order at 1:18 p.m.
 The Part B Co-Chair invited HIVPC vice Chair Brad Gammell to co-chair the meeting.

2. Welcome and Introductions

The Part B Co-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. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. Moment of Silence

A moment of silence was observed.

4. Ground Rules and Approvals

It was reminded that meeting ground rules were present for reference.

Approval of 05/01/12 Meeting Agenda

Motion #1	To “approve 05/01/12 Meeting Agenda			
Proposed by:	Herb Franks	Seconded by:	W. James Perigny	Action: Passed

Approval of 04/03/12 Minutes

Motion #2	To “approve 04/03/12 Meeting Minutes with amendment”			
Proposed by:	H. Bradley Katz	Seconded by:	Herb Franks	Action: Passed

Amendment: Under the third paragraph of Part B Grantee report, change ‘new appointments are not being given’ to ‘new appointments are being delayed’

5. Testimonials

A new committee member gave a testimonial: She has been employed for the past fifteen months and was previously unemployed for twenty-seven years. She got this job on her first day of job hunting and loves her job.

6. Public Comment

There was no public comment.

7. Grantee Reports

A. Part A

The Part A Grantee reported the MAI (Minority AIDS Initiative) RFP (Request for Proposal) final quality rating is currently taking place and will be concluded the next day (May 2, 2012). The Grantee provided a summary of Fiscal Year (FY) 2011-2012 Ryan White Part A client demographics:

<u>Total Unduplicated Clients</u>	<u>Male</u>	<u>Female</u>	<u>Transgender</u>			
7,022	70.1%	29.5%	0.40%			
<u>RACE</u>			<u>ETHNICITY</u>			
American Indian or Alaskan Native	0.1%		Hatian	9.9%		
Asian	0.5%		Hispanic	14.4%		
Black	52.0%		Non-Hispanic	75.7%		
Native Hawaiian or Other Pacific Islander	0.1%					
More than one race	0.3%					
White	44.2%					
Other Race	2.9%					
<u>FEDERAL POVERTY LEVEL</u>		<u>0-100</u>	<u>101-200</u>	<u>201-300</u>	<u>301-400</u>	<u>400-449</u>
		58.5%	31.1%	9.2%	1.0%	0.2%

i. Update on Grievances

There were no grievances filed for the month of April. The grievance filed in March 2012 is being processed.

ii. Newsletter Update

The Part A Grantee asked whether there were any topic requests for the newsletter and gave email address kstrong@broward.org.

B. Part B

The Part B Grantee report was provided on expenditures up to March 30 2012: Non Medical Case Management conducted 521 eligibility interviews in January of which 130 were new clients. Medication co-payment served 314 clients of which 10 were new to the program. There were 307 clients served in March for Med Co-Pay and 7 clients served for mail orders. Cost avoidance for Med Co-Pay program is \$34,432. Total cost avoidance from April-February is \$248,000.

The Grantee presented the Part B Allocations that were done on 4/18/12 and illustrated on the following sheet:

Ryan White Part B FY 12/13 Allocations approved by PSRS Meeting 4-18-12

Core Services	FY 11/12 Initial Approved Allocation	Sweep Out	Sweep In	FY 12/13 Initial Approved Allocation	% of Award
Medication Co Payment	\$ 812,894.00	\$ 202,894.00	\$ -	\$ 610,000.00	55.36%
Home Health Care Services	\$ 16,448.00	\$ 16,448.00	\$ -	\$ -	0.00%
Core Total	\$ 829,342.00	\$ 219,342.00	\$ -	\$ 610,000.00	55.36%
Support Services					
Home Delivered Meals	\$ 5,000.00	\$ 2,521.00		\$ 2,479.00	0.22%
Medical Transportation	\$ -		\$ 50,950.00	\$ 150,971.00	13.70%
Non Medical Case Management	\$ 157,395.00		\$ 70,892.00	\$ 228,287.00	20.72%
Support Total	\$ 162,395.00	\$ 2,521.00	\$ 121,842.00	\$ 381,737.00	34.64%
Administration	\$ 110,192.00	\$ -	\$ -	\$ 110,192.00	10.00%
Total Funding	\$ 1,101,929.00	\$ 221,863.00	\$ 121,842.00	\$ 1,101,929.00	100.00%

Member inquired about the type of bus passes being issued. The Grantee explained that bus passes are available for all core services. Distribution of 10-trip or 31-day bus passes depends on the number of a client's of appointments.

ADAP Update

The ADAP report through **April 24, 2012** was provided: The total ADAP "open" enrollment was **2,469** with **1,526** total ADAP clients being served in the last 30 days. The ADAP Wait List included **111** clients and the total ADAP/Medicare Part D enrollment was **187**. There were **606** appointments of which **187 (31%)** were missed. *Clients Served* is defined as clients who had at least one "pickup" in the period.

The category definitions are as follows:

2 clients: Category A - 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 (HIVAN)

51 clients: Category B - CD4 cell count between 201-350 cells/ mm3: Persons who are currently on ARV therapy, persons who were previously on ARV therapy but therapy was interrupted and treatment naïve clients

58 clients: Category C - Treatment naïve clients with CD4 cell count > 350 cells/mm3

0 clients: 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.

8. Review and Update Committee Work Plan - Special Populations Report from Members

During the April meeting, the Part A Grantee advised the committee to consider holding smaller, more focused, community outreach events targeting special populations instead of one grand community event. The Committee agreed and identified four specific special populations: MSM (Men who have Sex with Men), Youth, Latinos and Women. Members were asked to research the special populations they were passionate about and report to the committee at the May meeting. The following are the special populations' reports by members to JCCR.

Youth

A member reported on having done research at her apartment building. The member noted that the younger adults she spoke with stated they would get tested for HIV if given the opportunity. She stated outreach and access to counseling and testing were needed.

Another member reported he communicated with Covenant House where there are opportunities to provide education to adolescents.

MSM (Men who have Sex with Men)

The member who researched the MSM group provided some data on the rates of HIV among that group. He noted that half of new infections in the USA are among MSM, the only risk group that has been increasing steadily from the 1990s. Every day, 9 young MSMs (YMSM), especially YMSM of color, are diagnosed with HIV. He stated that addressing the needs of MSM must include a focus on YMSM. The member noted that one of the best ways to combat social stigma and discrimination is through the use of peers. Some YMSM may not have disclosed to their families that they are gay and thus their families cannot be a source of support for them. The member noted that education must focus on prevention for positives and high-risk negatives. He stated that some YMSM believe that there is little to no risk of infection when viral loads are undetectable which can lead to risky behaviors. He noted that community events focused on medical updates would be beneficial to this group.

The Part B Grantee added that: (i) An undetectable viral load can vary within a very short period of time depending on the circumstances, and (ii) being undetectable may mean better overall health however it does not mean being cured or posing no risk to others. The Acting Part A Co-Chair noted that there needs to be a community medical update to educate the community. The Part B Co-Chair mentioned that the internet is commonly used for social networking and the committee should consider new avenues through which to pass on the information. The Part B Grantee noted that there were employment opportunities for peers through the PROACT program and asked that members provide his contact information to appropriate individuals: paul_moore@doh.state.fl.us or call 954-467-4700 Ext 5590.

Latinos

Two members targeted the Hispanic Community, a majority of which reside in the southern part of Broward County. Members of the Hispanic community stated they were uncomfortable attending HIVPC meetings as they were concerned their status would be disclosed. They noted that there was stigma associated with participation in HIV-related activities. They noted they were more likely to attend meetings that took place after 6:00PM such as the educational dinners held by pharmaceutical companies. The members noted that it was necessary to rebuild the Hispanic/Latino community's trust in the system of care. This will entail much more than assistance with system navigation; it requires the system of care to show that it has the best interest of consumers at heart. The members noted that the use of peers was essential to accomplishing this.

The Acting Part A Co-Chair summarized the presentation and highlighted the following points: 1) access to testing was needed to ensure individuals know their status, 2) communities need accurate medical information about HIV, 3) involvement of peers is essential in targeting all special populations. JCCR members asked what resources were available to conduct community events. They noted the outreach events could be held along with general health sessions or health fairs, rather than HIV specific events in order to ensure stigma is not a barrier. The Part B Co-Chair asked members to invite the individuals they spoke with from the identified special populations to the next meeting to discuss their needs in more detail.

9. Old Business/New Business

A. Review Committee's:

- i. **Policies/Procedures/By-Laws/Mission Statement**
In the interest of time this will be reviewed at a future meeting.
- ii. **Grievance Policy/Procedures & Grievance Form**
In the interest of time this will be reviewed at a future meeting.
- iii. **Social Marketing**
In the interest of time this will be reviewed at a future meeting.

B. Community Outreach Event

The committee is aiming to hold community events in the fall (September or October). In order to plan, members were asked to provide information at the next meeting on all health and HIV related activities that are taking place in the community. The committee may decide to plan an event, or multiple events, along with already scheduled community events.

10. Resources and Announcements

- There will be a Woman to Woman Corporation lunch on May 5, 2012 at the ArtServe Auditorium.

11. Public Comment

There was no public comment.

12. Agenda Items for Next Meeting

- Special Population Report from Members
- Presentations on special populations
- Presentation by Lisa Agate
- Discussion of community outreach event

13. Next Meeting Date

Tuesday, June 5, 2012 at 1:00 p.m. Venue: BRHPC.

14. Adjournment

Meeting was adjourned at 3:02 p.m.

JCCR Attendance CY 2012													
	Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Creary, K. Part A Co-Chair	P		A	E	E							
2	Washington, L. Part B Co-Chair	P		P	P	P							
3	Franks, H.	P		P	P	P							
4	Hernandez, R.	P		P	P	P							
5	Katz, H.B.	A		P	E	P							
6	Kenny, K.	<i>Appointed 4/26/12</i>				P							
7	Parker-Maysnet, P.	<i>Appointed 4/26/12</i>				P							
8	Marcoviche, W.	P		P	P	P							
9	Myers, K.	<i>Appointed 4/26/12</i>				E							
10	Perigny, W. J.	P		P	P	P							
11	Stoakley, M.	P		P	E	A							
12	Wilkins, D.	<i>Appointed 4/26/12</i>				E							
	Quorum = 7	Yes	No	Yes	Yes								

There was no meeting in February 2012.

Checklist: Organizing a Community Forum

Up to 2 months out (January 23, 2010)

	STATUS
<input type="checkbox"/> Hold initial organizing meeting.	Complete (1/12)
<input type="checkbox"/> Work with planning committee to define member roles.	3/2/2010
<input type="checkbox"/> Identify your target audience.	PLWHA & Community
<input type="checkbox"/> Secure commitments from participating organizations.	Ongoing
<input type="checkbox"/> Appoint someone to coordinate all of the elements of the event.	1/29/2010
<input type="checkbox"/> Select the date, time and duration of the event.	Completed – 3/23 at 5:30P.M.
<input type="checkbox"/> Select and secure an event site.	Completed – Mizell Center
<input type="checkbox"/> Design the overall event plan. (What time will it begin and end? How many different activities will there be? Who will speak? etc.)	In Progress
<input type="checkbox"/> Develop an estimated budget.	Grantee/Staff
<input type="checkbox"/> Begin approaching local businesses for funds (if necessary) and or assistance.	1/29/2010
<input type="checkbox"/> Begin scheduling speakers and entertainment if there are to be any.	2/16/2010
<input type="checkbox"/> Send out announcements to community calendars. “Save the Date”	Completed
<input type="checkbox"/> Design posters and flyers.	Completed
<input type="checkbox"/> Determine client feedback method.(Remember to keep event <u>outcomes</u> in mind)	3/2/2010
<input type="checkbox"/> Determine whether you need liability insurance or any permits.	Staff
<input type="checkbox"/> Acquire any necessary permits and insurance.	Staff
<input type="checkbox"/> Define media coverage and committee member roles.	2/16/2010
<input type="checkbox"/> Define event goals/objectives/outcomes	Completed

Day of event

STATUS

- Anticipate problems.
- Double check instructions with everyone.
- Monitor status of any deliverables (e.g. food/refreshments)
- Collect feedback forms.
- Have fun!

After event

STATUS

- Send thank you notes.
- Review feedback forms and summarize findings.
- Disseminate findings to relevant parties. Report on outcomes.
- Start planning next event.

Organizing an Event: Other Considerations

On the day of the event, check to be sure that you have the following items:

- Sign-in sheets, feedback forms pens, paper, pencils
- Name tags for organizers, volunteers, committee members
- Directional signs for Meeting Areas, restrooms etc.
- Cash for emergencies or last minute needs
- A first-aid kit
- An emergency plan should a crisis occur (person to call 911, etc., emergency exit locations are known, etc.)
- Copy of your permit/insurance for the event
- Literature/handouts/giveaways for the sign-in table
- Membership applications
- Posterboard, black felt-tip markers, masking tape
- Audio/Visual Equipment needed
- Extension cord; electrical adaptor

JCCR MARCH INFORMATION AND RESOURCE FAIR

PROGRAM AGENDA

MIZELL CENTER
1409 NW 6th Street
Fort Lauderdale, FL

4:00-5:00PM Set-up

5:00-8:00PM Welcome Reception

- Refreshments
- Information Tables
 - “Passport Game” – for each table visited, a person receives a stamp. By the end, if a person receives a certain number of stamps they get a prize.

6:00-8:00PM Presentations (Time: 1:50, with additional 10 minute buffer)

- Emcees: Michael Rajner and Leslie Washington/Yolonda Reed
- Welcome and Introductions – 10 minutes
- Part A and Part B Services Overview – 30 minutes (Devlon Jackson, Kim Saiswick)
- Planning Bodies Overview (SFAN and Planning Council) – 10 minutes (Devlon Jackson, Kim Saiswick)
 - Introduce Planning Bodies Chairs and Vice Chairs
 - Includes PSRA and Consumer Involvement – 5 minutes (Carla Taylor-Bennett)
- Newsletter – 5 minutes (Scott Silverman)
- ADAP – 5 minutes (Robert Sandrock)
- AICP/HICP – 5 minutes (Debbie, BCHD)
- HOPWA – 5 minutes (Jeri Pryor)
- How to resolve a conflict – 5 minutes (Carla Taylor-Bennett)
 - Include Mini Socio-drama/Role Play Exercise

Question & Answers – 30 minutes

8:00-9:00PM Clean-up

Resources

- Newsletter
- Membership Brochure
- HIV/AIDS Fact Sheet
- Service Category and Eligibility Criteria Information Sheet
- Copies of Presentations – limited number (50 copies)

For Immediate Release
February 22, 2010

Contact: Laura Mattaliano
(954) 561-9681 ext. 219
lmattaliano@brhpc.org

Broward County Hosts Information & Resource Fair for Residents Living with HIV/AIDS

Fort Lauderdale – As of January 31, 2010, there were 16,269 individuals living with HIV/AIDS in Broward County (Broward County Health Department, HIV/AIDS Surveillance Report, January 2010). It is estimated more 6,000 of ~~this~~ **these** individuals are not in **health** care. Consistent high quality health care improves overall quality of life and life expectancy.

The Broward County HIV Health Services Planning Council and the South Florida AIDS Network's (SFAN) Joint Client/Community Relations Committee will be hosting an "Information and Resource Fair" on Tuesday, March 23, 2010 from 5:00 PM to 8:00 PM at the Mizell Center located at 1409 NW 6th Street (Sistrunk Blvd.), Fort Lauderdale, FL 33311.

The purpose of the event is to ~~help~~ link Broward County residents living with HIV/AIDS to treatment and support services made available through several Broward County Ryan White funded programs. **This is ~~and~~ to reassure ~~them~~ **residents** ~~that~~ they are not alone in their journey toward wellness.** The event includes:

- Presentations on Ryan White services available to Broward County Residents.
- An opportunity for Broward County residents to meet ~~individually~~ with providers and community based organizations to learn more about the services and programs that are available ~~to them~~.
- ~~Refreshments will be served.~~
- **Panels of the AIDS Memorial Quilt will be made available in honor of lives lost to the pandemic and to bring hope for the future through education and unity.**
- Free HIV testing **available**.
- **Refreshments will be served.**

If you are a Ryan White funded organization interested in hosting a table or ~~if~~ your organization is interested in assisting us with the event, please contact Laura Mattaliano at Broward Regional Health Planning Council at (954) 561-9681 ext. 219 or at lmattaliano@brhpc.org

For public bus transportation, visit www.broward.org/bct and click on "ONLINE TRIP PLANNING" or call Broward Transit Customer Service at 954-357-8400.

####

JCCR COMMITTEE POST-EVENT EVALUATION

GENERAL INFORMATION

Title of Event: Information and Resource Fair

Type of Event: Community Event – Information Booths, Part A and B Services & Planning Bodies Presentations

Date of Event: 3/23/2010 **Start Time:** 5:00 P.M. **End Time:** 8:00 P.M.

Location: Mizell Center, 1409 NW 6th Street (Sistrunk Blvd), Fort Lauderdale, 33311

Projected Attendance: 150 **Estimated/Actual Attendance:** 36 passports & 56 evaluations

Sponsoring Groups: HIVPC, SFAN, City of Fort Lauderdale, Walgreens, Broward County

Co-Sponsors: N/A

HIV TESTING

Was HIV-testing available? Yes **By which sponsoring agency?** Care Resource

How was it provided? (mobile testing van, private room, etc.) Mobile Van

Number of Individuals: Tested: 24 First Time Testers Reactive: 0*

*Note: Care Resource noted many individuals tested identified high risk behavior.

Demographics of Individuals Tested (awaiting information from CareResource)

Gender Male: Female:

Age <18: 18-24: 24-29: 30-40: 41-50: 51-64: 65+:

Race Black: White: Asian: >1 Race: Don't Know/No Answer

Ethnicity Haitian: Hispanic: Non-Hispanic: No Answer:

PUBLICITY (based on evaluation forms, comments from community and other)

1. Most effective form of publicity used was:

- A. SFAN/HIVPC Members
- B. Flyer
- C. Word of mouth

2. Least effective form of publicity was:

- A. Newspaper
- B. Radio/TV
- C. Faith based organizations
- D. Internet

- It was stated the internet could have been utilized more effectively. A Facebook event was created, however not until very close to the event date.

3. The JCCR Committee could have:

- A. Newspaper
 - Create a news article with the press release
 - Advertised in the Sun Sentinel and other calendar of events
- B. Radio/TV
 - NBC 6 did report the event the day before and the morning of the event. It may have been more effective if it had been advertised earlier.
 - Press Release could be sent to the radio stations
- C. Faith based organizations
 - The flyer was distributed to the CUSH list serve, however it may be more effective if a Committee member can attend one of their meetings to explain the event. Also, the event could be advertised in church bulletins. This will take some coordination, because many church bulletins are published a month ahead.
- D. Advertise events in the Ryan White consumer newsletter

4. Suggestions for future improvements in advertising:

- A. See Question #3
- B. Redefine Committee members roles to serve as community liaisons
- C. Start at least a month prior and discuss the member roles
- D. Utilize information and resource centers at colleges/universities, libraries and community centers
- E. Utilize community bulletin boards on local TV stations

5. Demographic who attended the event? (Based on evaluation forms)

AGE	
<18	0
18-24	0
24-29	3
30-40	9
41-50	27
51-64	12
65+	2
No Answer	3

GENDER	
Male	26
Female	27
No Answer	3
SEX ORIENTATION	
Straight	32
Gay	17
Bisexual	0
No Answer	7

HIV STATUS	
Positive	20
Negative	30
No Answer	3
Don't Know	3

RACE	
Black	29
White	12
>1 Race	1
Asian	2
Don't Know/No Answer	10

ETHNICITY	
Haitian	3
Hispanic	12
Non-Hispanic	8
No Answer	33

FINANCES

Event Budget: No Budget Developed Actual Expenses: \$1,634

Printing: \$60 for poster

It was stated it is important to consider vendor cost in terms of staff time/overtime, materials, etc.

Co-Sponsors/Partners the JCCR Committee could have utilized:

- Pepsi/Coke
- Winn-Dixie/Publix
- Costco/BJ's
- Department Stores: Kmart
- Social Service Agencies/Programs: Medicare, Social Security

If repeated in the future, state additional cost-effective methods the JCCR Committee could utilize:

It was suggested vendors be charged a small registration fee to offset some of the cost. It was stated this could decrease participation. To ensure participation of organizations, the registration fee could be different for profit and non-profit organizations.

VENUE**Did the venue meet the needs for this event?**

Yes, the venue met the needs for the event.

Comments:

- I liked that the venue had a vendor area separate from the presentation area
- People loved the separate area, but some people thought the areas should have been closer together... maybe the center area where the food was could have been for the presentations.
- We found that by the middle of the presentation only few people remained... as we anticipated, many people went into the vendor area got food and left... this venue was good for the area we were targeting...we will need to find a new venue when we start targeting new areas.
- I like the idea of having two separate spaces, I think we did well to keep people's interest...we can only do so much to control the people

How accessible was the venue? Was it near easily accessible bus routes?

Yes, it had an elevator to allow access to the event and the bus stop was located directly in front of venue. However, there was limited parking. Facility was ADA compliant.

Was parking adequate? If not, how can this be resolved for future events?

No, parking at the venue was not adequate. However, the church next door did allow attendees to park in their parking lot. For future events, if the Committee knows in advance the parking is not sufficient, surrounding agencies can be asked to assist with parking needs.

ATTENDEE FEEDBACK (Based on evaluation forms completed by attendees)**The audience liked the following the most:**

- A. Overall event
 - Availability of HIV testing
 - Liked the vendor booths
- B. Resource Fair
 - Networking
 - Place a face to the name of contacts
 - Information was helpful
 - The variety of vendors
 - Better understanding the services available.
- C. Presentations
 - Overall good
 - Useful

- Liked the speakers
- Conflict resolution role play was effective.

The audience liked the following the least:

- A. Parking

VENDORS FEEDBACK (based on evaluations forms, comments to JCCR Members, Grantee & Staff)

Number of Vendors Invited: 42 **Number of Vendors Who Actually Attended:** 27*

*Several providers occupied multiple tables to accommodate their programs

The vendors liked the following the most:

- A. The diversity of vendors
- B. There was a constant flow of people/attendees who had genuine interest in learning about the services. Many people came with questions and wanted to get the services for their families
- C. The venue
- D. The networking

The vendors liked the following the least:

- A. Could not attend the presentation if they wanted to staff their table at the Resource Fair
- B. Parking
- C. A vendor found the tables in the food area to not be as active as the other tables.

COMMITTEE INPUT ON EVENT

The best part of the event was:

- A. Presentation was the best we've had in years
- B. Themes that effect PLWHA were covered – wide range of resources/information available
- C. Testing – people were listening
- D. Lots of information; variety of vendors
- E. Networking, even for vendors; vendors were educated on services
- F. Not limited just to consumer population – include all community members, provider staff, etc.
- G. JCCR Committee succeeded in accomplishing the goals it set forth for the event
- H. Volunteers were very helpful and willing to do whatever was needed
- I. Helped stimulate new testing site for HIV in a high prevalence area
- J. Quilt panels presentation

The area that could use the most improvement was:

- A. Parking
- B. Volunteers
- C. Advertisements (See Question #4)
- D. More services and materials available in different languages

ADDITIONAL ISSUES

Number of Volunteers: 17

Were there enough volunteers for the event?

“We had enough but we could have used more”

“5 more volunteers” would have been helpful

Identify any notable issues relating to volunteers: (were volunteers given adequate direction, etc.)

- a. Pre-event orientation for volunteers to clearly outline responsibilities
- b. People to direct traffic, specifically direct them into the presentation room

Identify the events goals/objectives for the event and did the JCCR Committee meet them?

	Status
GOAL 1: Increase community involvement and understanding of the Part-A and B decision making process.	Met
<i>Objective 1.1.</i> Educate clients and the community at large an opportunity to be involved in the Part A and B bodies and understand how they work.	Met
GOAL 2. Increase community understanding of how to access Broward County HIV/AIDS related services.	Met
<i>Objective 2.1.</i> Educate clients and the community at large about HIV/AIDS services available to Broward County residents.	Met

Did the JCCR Committee encounter any group conflict with this program? If yes, what were the conflicts and how were they resolved? What could the JCCR Committee have done differently?

No group conflicts were encounters with the Information and Resource Fair.

Other Comments/Notes:

A Member noted some people did not attend because they did not want to be associated with the HIV community (stigma).

Another Member noted people who were getting tested did not necessarily come to the event. It was suggested at the next event a volunteer be stationed near the testing van to encourage individuals being tested to attend the event as well.

A Member stated the Conflict Resolution skit would have been a great icebreaker.

A Member stated an attendee who teaches dental students is interested in utilizing the presentation as an educational/training tool. It was suggested future presentations be recorded to utilize as a training tool.

**Ryan White Part B
Expenditure Report
APRIL 2012**

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 (April Spent/ Encumbered)	Part B 2012-2013 Monthly Average Left	Part B 2012-2013 (YTD Spent/ Encumbered)	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	\$ 2,479	\$ -	\$ 225	\$ -	100%	\$ 2,479
Medication Co Pay	\$ 610,000	\$ 1,393	\$ 55,328	\$ 1,393	0.2%	\$ 608,607
Case Management (non-medical)	\$ 228,287	\$ 4,394	\$ 20,354	\$ 4,394	1.9%	\$ 223,893
Medical Transportation	\$ 150,971	\$ -	\$ 13,725	\$ -	0.0%	\$ 150,971
Administration	\$ 110,192	\$ 3,902	\$ 9,663	\$ 3,902	3.5%	\$ 106,290
TOTALS	\$ 1,101,929	\$ 9,689	\$ 99,295	\$ 9,689	0.9%	\$ 1,092,240

99.1%

Non-Medical Case Management conducted 430 eligibility interviews in April of which 93 were new clients.

Medication Co Payment served 287 clients in April in which 6 were new to the program.

281 Clients served in April Medication Co Payment

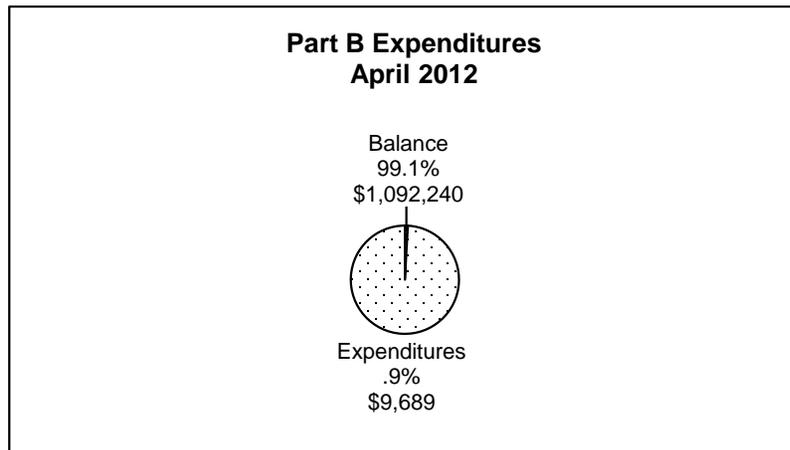
6 Clients served in April Mail Order

Medical Transportation Part B Bus Passes 49 (31 day) and 12 (10 ride) were distributed in April.

Medical Transportation Part A Bus Passes 247 (31 day) and 84 (10 ride) were distributed in April.

Total Passes distributed in April for Part A & B 296 - 31 day 94- 10 ride.

Cost Avoidance for Medication Co Payment Program for April is \$34,507. Total cost avoidance is \$34,507.



This report reflects all invoices received and paid as of 4/30/2012.

Broward County Health Department ADAP Report as of 5/24/2012

Total ADAP "Open" Enrollment	2,598
Total ADAP Clients Served in Last 30 Days*	1,334
Total ADAP Waitlist Enrollment**	89
Category A	2
Category B	41
Category C	48
Category D	0

Total ADAP/Medicare Part D Enrollment	176
Number of Appointments in April	703
Number of Missed Appointment in April	220
Percentage of April Appointments Missed	30%

*"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 place on the Wait List.

JCCR Consumer Outreach Strategy Planning Session – June 5, 2012

Summary of Joint Executive and HIVPC retreats as it relates to JCCR

- Change structure of Joint Client/Community Relations (JCCR) Committee
- Communication → Consumers → Community events
- Rebuild system trust by providing information to improve navigation (difference between Parts & ADAP etc.)
- Broaden committees' peer approach by using consumers' education & experience.

Summary of April JCCR Meeting

Part A Grantee noted that these points have to be decided as a committee and that the current members need to show the new members and prospective members how to steer the committee. Grantee also noted that **there need not be one large event but a few small events** as this will be more manageable.

JCCR identified four special populations that they are passionate about targeting their efforts to:

- Women, Latinos, MSM and Adolescent (Note Part A efforts should target HIV positive subpopulation)

Each member was asked to bring feedback to the May 2012 meeting from each of these communities as to what their needs are, what they would like to see happen in their communities

Small Event/ Training Examples (Blue=JCCR suggestions from last meeting)

- Hispanic evening event with a medical/expert guest to answer questions (AETC as an example)
- Training on adherence and retention that they can pass on to others
- HIV Planning Council Trainings
 - Consumer Orientation for HIVPC interested parties/applicants (PC Requirement)
 - Priority Setting Resource Allocation Consumer Training (HRSA Requirement)

Strategy Examples

- Youth social media strategy (example: resources for HIV+ adolescents transition into adult HIV system)
- Developing consumer friendly Part A services brochures
- Developing consumer friendly Planning Council activity brochures
- Hispanic outreach (example: palm card in Spanish listing HIV resources)

Next Steps - May Meeting (Today)

The committee may want to consider waiting to hold community meetings until the fall after they have time to fully develop their strategy implementation plan.

Identify Event or Strategy

- **For Each Event**
 - Goal/Expected Outcome
 - Important elements/components (with special attention to special population needs)
 - Date, Location and Resources
 - Implementation Time Line
 - Social Media Strategy
- **For Each Strategy**
 - Goal/Expected Outcome
 - Important elements/components (with special attention to special population needs)
 - Resources Needed
 - Implementation Time Line