



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, April 25, 2013 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

- Review Meeting Ground Rules, Public Comment and Public Record Requirements
- Council Member and Guest Introductions
- Excused Absences and Appointment of Alternates
- Approval of 4/25/13 Meeting Agenda
- Approval of 3/28/13 Meeting Minutes

4. PUBLIC COMMENT (Up to 10 minutes)

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

6. CONSENT ITEMS

Consent #1	To appoint Rhonda Sampson to the Joint Client/Community Relations Committee
Justification:	Consistently attended meetings for the past few months
Proposed by:	Joint Client/Community Relations Committee

Consent # 2	To appoint Mario DeSantis as a member of the HIV Planning Council
Justification:	To fill the Grantees of other Federal HIV programs: HOPWA seat
Proposed by:	Membership/Council Development Committee

Consent # 3	To appoint Rosemarrie Williams as a member of the HIV Planning Council
Justification:	To fill the mandated formerly incarcerated PLWHA or their representatives seat
Proposed by:	Membership/Council Development Committee

Consent # 4	To appoint Patricia Parker-Maysonet as a member of the HIV Planning Council
Justification:	To have greater consumer representation on the HIVPC (unaffiliated consumer seat)
Proposed by:	Membership/Council Development Committee

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

Consent # 5	To approve the amended MCDC Policies and Procedures (Handout B)
Justification:	To provide clarification between mandated seats by virtue of job title and other seats
Proposed by:	Membership/Council Development Committee

Consent # 6	To approve changes to the HIVPC application (Handout C)
Justification:	To ensure that Planning Council requirements are clear
Proposed by:	Membership/Council Development Committee

Consent # 7	To draft a letter to Sherry Riley asking about the intent of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year.
Justification:	To consider this information during the PSRA process
Proposed by:	Joint Priorities Committee

7. DISCUSSION ITEMS

None

8. APRIL COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

April 4, 2013

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

A. Work plan item update / Status Summary:

Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA

Work plan item 1.1 --The members moved to appoint Mario DeSantis (Grantees of other Federal HIV programs: HOPWA), Rosemarrie Williams (Formerly incarcerated PLWHA or their representatives), and Patricia Parker-Maysonet (unaffiliated consumer) to become members of the HIV Planning Council.

Work plan item 2.1 -- Committee reviewed and approved changes to the application form so that Planning Council requirements were clearly worded

B. Rationale for Recommendations:

-Appointing these members ensure that mandated seats will be filled while maintaining the reflectiveness of unaffiliated consumers.

-Members voted to now meet every month in order to conduct their work in a timely manner.

-Changes to the application form ensured that Planning Council requirements are clear

C. Data Reports / Data Review Updates:

The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

None.

E. Other Business Items:

The Committee reviewed conflict in the Policies and Procedures language as it relates to the application of the new members who fill mandated seats by virtue of their employment. Changes were made and voted upon. Members also reviewed their meeting dates for the year of 2013 and picked alternate dates that conflicted with federal and religious holidays. *Agenda Items for Next Meeting:* Review and revise mentoring plan; review work plan; discuss a joint meeting with JCCR; discuss July meeting date. *Next Meeting Date:* May 2, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

April 2, 2013

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

A. Work plan item update / Status Summary:
Work plan item 1.2 -- "Hot Topic" educational presentation on the Anti-Retroviral Treatment and Access to Services (ARTAS) program. Provided by Minority Development and Empowerment, Inc. (MDEI) and Broward House. Question and answer session followed. The Hot Topics serve a greater purpose; it enables individuals to be interested in and gain knowledge of the function of the Planning Council and its Committees.
Work plan item 2.2 -- Began discussing plans for conducting second JCCR community event.
B. Rationale for Recommendations:
The members appointed Rhonda Sampson as a member of the Joint Client/Community Relations Committee due to her faithfully attending the meetings for the past few months.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
The Committee analyzed the successes and failures of the first community event held at Osswald Park on March 5, 2013. <i>Agenda Items for Next Meeting:</i> Choose additional "Hot Topics," Presentation on PSRA process, Rank PSRA Service Categories. <i>Next Meeting Date:</i> May 7, 2013

c. **JOINT PLANNING COMMITTEE**

April 8, 2013

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

A. Work plan item update / Status Summary:
Work plan item 1.2 – The Committee heard results from the 2012 Client Survey, regarding those lost to care, newly diagnosed and special populations (MSM, non-Hispanic black women). Members expressed concern about clients reporting they are not receiving medications due to doctors' advice. Full results will be revisited in the future.
Work plan item 1.4 – Members reviewed the Priority Setting Resource Allocation timeline to be used by the Joint Priorities Committee.
Work plan item 2.2 – Members reviewed data on the epidemic. Also covered was data on populations experiencing disproportionate impact from HIV; members identified black heterosexuals and MSMs of all demographic groups. Also covered was data on groups underrepresented in Ryan White; the committee identified females in mental health and substance abuse; black clients in mental health; and Hispanics in substance abuse. Also covered was data on unmet need. Recommendations will be made in the future.
B. Rationale for Recommendations:
The Committee recommended that close attention be paid to MSMs and Black Heterosexuals in order to make recommendations by service category for how to best meet the need of these specific populations. This will tie into the focus groups for further review.
C. Data Reports / Data Review Updates:
Members reviewed key findings from the client survey; epidemiological reports; data on disproportionate impact and underrepresented groups; service utilization; priority setting tool for Florida (Broward County data).
D. Data Requests:
Members requested additional Client Survey details on Women, MSMs, and newly diagnosed individuals. Committee also requested staff to request the Part D FY 12/13 Utilization Report.
E. Other Business Items:
The Committee reviewed meeting dates for the year and tentatively moved a meeting to November 4, 2013 to avoid Veterans Day. <i>Agenda Items for Next Meeting:</i> Recommendations to

Joint Priorities to guide rankings and allocations; recommendations to address unmet need; begin reviewing Language on How Best to Meet the Need. *Next Meeting Date:* May 13, 2013.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

April 15, 2013

Chair: C. Grant

A. Work plan item update / Status Summary:
<p>Work plan item 1.1d – Broward Client Level Outcomes and Indicators. The Committee approved the revised Oral Health outcomes and indicators.</p> <p>Work plan item 2.4 – Review Service Delivery Models (SDMs) Submitted by Quality Improvement (QI) Networks. The Committee approved the Medical Case Management, Mental Health, Substance Abuse, Medical, Outreach and Pharmaceutical SDMs with amendments.</p> <p>Work plan item 2.3- Review, Update and Approve Annual Work Plan. The Committee reviewed and approved the FY 13-14 annual work plan.</p> <p>Work plan item 2.2 – Review, Update and Approve 3-Year Work Plan. The Committee tabled review and approval of the 3-year work plan until the May meeting.</p> <p>Work plan item 2.1 – Review Policies and Procedures (P&P). The Committee tabled review and approval of the P&P until the May meeting.</p>
B. Rationale for Recommendations:
<p>The Committee reviewed the SDMs and made recommendations to clarify language in the Medical Case Management (Reassessment) and Medical SDMs (Standard 18.2). The Committee recommended that the language referring to <i>Medicaid Reimbursement</i> be removed from the Mental Health and Substance Abuse SDMs as it is understood that Ryan White reimbursement rates match those of Medicaid. The Committee recommended that Staff review the AIDS Education and Training Center (AETC) recommendations for genotype testing in the Medical SDM (Standard 5). The Committee also asked that Staff review the in meeting notes for the Medical Network SDM review to clarify the addition of <i>Toxoplasma gondii CD4 < 100 if patient is toxoplasma positive</i> (Standard 24).</p>
C. Data Reports / Data Review Updates:
There were no data reports or data review updates at this meeting.
D. Data Requests:
There were no requests for data.
E. Other Business Items:
There was no other business. <i>Agenda Items for Next Meeting:</i> Standing Agenda Items, Review of Three-Year QM Work Plan, Review of Committee Policies and Procedures, Review Client Survey Findings, Quarterly Data Review <i>Next Meeting Date:</i> May 20, 2013.

e. **JOINT PRIORITIES COMMITTEE**

April 17, 2013

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

A. Work plan item update / Status Summary:
<p>Work plan item 1.3-- Discuss strategy to develop an action plan to ensure PSRA process is coordinated with and adapts to changes that will occur with Affordable Care Act (ACA) implementation. Review data and document how these data sets will be utilized in the PSRA process.</p>
B. Rationale for Recommendations:
<p>-The Committee recommended that a system be set in place to move forward with unknown factors: a) Budget for Status Quo b) Identify “transition services” and dollar amount c) Create a “process” policy in the event of reductions we will have a priority of which services get reduced first and by how much d) Exempt Dental and other non-covered services.</p>

-The Committee also requested that a letter be sent to Sherry Riley asking about the intent of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year in order to consider these in the PSRA process.

C. Data Reports / Data Review Updates:

Members reviewed a presentation that focused on planning for the potential impact of the Affordable Care Act on the Ryan White Program. Severe need data was available for review.

D. Data Requests:

The members requested to look at following: Massachusetts' process/model; copy of the service delivery models of each service category from the Boston EMA; current specialty plans of PSN, PHCP, and Clear Health Alliance. The Committee will also review the data requested by the Ad Hoc PCIP Subcommittee (includes: two years of data on the Part B medication co-pay program i.e. utilization, cost, and demographics; a year of utilization, cost, and demographics of AICP; an estimate of the number of undocumented clients served in Part A).

E. Other Business Items:

The Committee heard updates on the Ad Hoc PCIP Subcommittee. *Agenda Items for Next Meeting:* Review update scorecard format and make recommendations, Review Joint Client/Community Relations and Joint Planning Committee PSRA recommendations. *Next Meeting Date:* May 15, 2013.

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

April 17, 2013

Acting Chair: Brad Gammell

A. Work plan item update / Status Summary:

The Committee discussed the work it has done thus far and its future direction based on Joint Priorities' directives.

B. Rationale for Recommendations:

Members requested a letter be sent to Sherry Riley at the Florida Department of Health asking for the State's intent for ADAP and AICP in light of the ACA. The information is requested in preparation for the upcoming FY14-15 PSRA process.

C. Data Reports / Data Review Updates:

The Committee reviewed the following data: Ryan White Part A service utilization per FPL; Comparison of benefits packages for the current HIV Medicaid plans; The exchange subsidies for health insurance premiums and cost sharing.

D. Data Requests:

1. Data on the Broward AICP for 2012-2013 (including cost, utilization, demographics)
2. Data on the Part B Medication Co-Pay Program for 2011-2012 and 2012-2013 (including cost, utilization, demographics)
3. Estimated number of undocumented clients served by Part A

E. Other Business Items:

Agenda Items for Next Meeting: Review AICP Data, Review Part B Medication Co-Pay Data; Estimated Number of Undocumented Clients Served in Part A. *Next Meeting Date:* May 9, 2013

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meetings

Chair: Vacant

Next Meeting Date: To be determined

f. **JOINT EXECUTIVE COMMITTEE**

No meetings

Part A Chair: S. Kuryla, Part B Chair: J. Wynn

Next Meeting Date: May 16, 2013

g. **PART A EXECUTIVE COMMITTEE****April 18, 2013***Chair: S. Kuryla, Vice Chair: B. Gammell***A. Work plan item update / Status Summary:**

Work plan item 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Chairs reviewed the new meeting summary template, which was used as a guide. Work plan item 4.1 --The Committee reviewed and discussed the changes recommended by the Ad Hoc By-Laws Committee. Members asked for clarification on certain recommendations. It was decided that the handout and the track changes version of the By-Laws will be shown this month for informational purposes only, but will be voted upon at the May HIV Planning Council meeting.

B. Rationale for Recommendations:

-The members voted to keep LPAC as an advisory committee to Priorities as opposed to a standing committee since the decisions they make have financial implications.

-Members discussed the PSRA data presentation. After much discussion, Part A Executive recommended that a data presentation not be held this year due to multiple factors: 1) there is no requirement to hold annual data presentations; 2) participation at data presentations has historically been minimal; 3) multiple meetings will need to be held in order to present all the data; 4) development of a video PSA will require months of planning and legal approval. However, Part A Executive members suggested that Joint Priorities continue to think of ways to elicit community input into the PSRA process. It was also suggested that something be planned due to the implementation of the Affordable Care Act (ACA).

-The Committee agreed that the current process of Committee appointments will stand according to the By-Laws since the process is working.

-The changes to the HIVPC application as well as Membership's policies and procedures were approved since it allows the requirements to join the Council clearer.

C. Data Reports /Data Review Updates:

None

D. Data Requests:

None

E. Other Business Items:

The Committee reviewed and approved the proposed changes to the HIVPC application as well as Membership's Policies and Procedures. The revisions to the public comment sign-in sheet were also reviewed and approved through consensus. *Items for Next Meeting:* Review revisions to Mentoring Plan; Review additional By-Laws changes; Review revisions to HIVPC Job Descriptions. *Next Meeting Date:* May 16, 2013.

h. **AD HOC BY-LAWS COMMITTEE****April 18, 2013***Chair: W. Spencer***A. Work plan item update / Status Summary:**

The Committee discussed the work it has done thus far and its future direction based on Part A Executive Committee's directives.

B. Rationale for Recommendations:

-By-Laws members agreed to keep LPAC as an Ad Hoc Committee to Priorities as opposed to a standing committee since the decisions they make have financial implications.

-The Committee started making edits to the Planning Council Grievance procedure and form. The new language would assign grievances to be handled by the Part A Executive Committee. Language relating to Part B grievances was removed. The wording was clarified to say Council members could file grievances. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The grievance policy will be finalized at the next meeting.

C. Data Reports / Data Review Updates:

None
D. Data Requests:
None
E. Other Business Items:
No other business. <i>Items for Next Meeting:</i> Review draft policy on reporting violations; Review Planning Council Grievance Procedure; Final Review of the Parking Lot list. <i>Next Meeting Date:</i> May 9, 2013.

9. GRANTEE REPORTS (up to 10 minutes)

- a) Part A
- b) Part B

10. OTHER REPORTS (up to 10 minutes)

- a) Part C
- b) Part D
- c) HOPWA
- d) Prevention
- e) Lorraine Wells

11. UNFINISHED BUSINESS

12. NEW BUSINESS

- a) Healthcare Reform Update (if any)

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: May 23, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

March 28, 2013

Attendance				
#	Members	Present	Absent	Guests
1	Kuryla, S. Chair	X		Downie, G.
2	Gammell, B., Vice-Chair	X		Burgess, D.
3	Baner, S.		A	Schickowski, K.
4	Creary, K.	X		Majcher, B.
5	Dyer, L.	X		DeSantis, M.
6	Grant, C.	X		Thornberry, A.
7	Hayes, M.		A	Grey, K.
8	Bhranger, R.	X		
9	Holness, Comm. D. V.C.		A	Grantee Staff
10	Katz, H. B.	X		Green, W. (Part A)
11	Marcoviche, W.	X		Jones, L. (Part A)
12	Moragne, Dr. T.	X		Copa, R. (Part A)
13	Proulx, D.	X		Mercer, A. (Part B)
14	Roberson, C.		E	
15	Siclari, R.	X		
16	Spencer, W.*	X		
17	Taylor-Bennett, C.	X		HIVPC Support Staff
18	Tomlinson, K.	X		Crawford, T.
19	Wilson, T.	X		LaMendola, B.
20	Wynn, J.	X		Rosiere, M.
A1	Coscarelli, M. (Alt)		A	Solomon, R.
A2	Parker-Maysonet, P. (Alt)	X		
Quorum=11		17	5	*Attended via Phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:17 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND INTRODUCTIONS

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

Approval of 3/28/13 Agenda

Motion #1:	To approve the 3/28/13 Agenda
Proposed by:	Moragne, Dr. T.
Seconded by:	Wynn, J.
Action:	Passed Unanimously

Approval of the 2/28/13 Meeting Minutes

Motion #2:	To approve the 2/28/13 Meeting Minutes
Proposed by:	Katz, H. B.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

4. PUBLIC COMMENT

Karen Grey announced that there is a food and wine festival being held in the community and Council members were invited to attend.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy

A written handout of the February 2013 Federal Legislative Report was provided. Via phone, Mr. Murphy reported that the budget sequester will result in a 5% budget cut for the U.S. Department of Health and Human Services and the Ryan White program. Budget cuts may result in fewer HIV tests and fewer vaccinations for people living with HIV. President Obama signed the FY 2013 Continuing Resolution (CR) to complete appropriations for the fiscal year; amendments to increase overall funding for the Ryan White Program did not pass. Funding totals nationwide under the CR remains as they were for FY 2012. Mr. Murphy reported that reauthorization of the Ryan White Program is now off track; hearings have not been scheduled. It was noted that as long as appropriations continue, funding for the program should also continue. Stakeholders continue to press for a full reauthorization, which is more secure for future funding.

6. CONSENT ITEMS

The following three (3) consent items were presented for ratification by the Council:

Consent #1	To Appoint HOPWA Administrator Mario DeSantis to be a member of the Joint Priorities Committee
Proposed by:	Joint Priorities Committee

Consent # 2	To Appoint Robert Ettinger to be a member of the Quality Management Committee
Proposed by:	Quality Management Committee

Consent # 3	To Appoint Bonnie Majcher to be a member of the Quality Management Committee
Proposed by:	Quality Management Committee

The following motion was made:

Motion #3	To approve all Consent Items
Proposed by:	Moragne, Dr. T.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

7. DISCUSSION ITEMS

There were no discussion items.

8. MARCH COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**

March 7, 2013

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

The Committee met without quorum for informational purposes. The group reviewed four active applications, discussed seats they could fill and reviewed the impact on Council demographics if they were appointed. Those in attendance reached consensus that new applicants for mandated seats need to fulfill the three-meeting requirement, but hoped the ad Hoc Committee on By-Laws would review the issue as well. Also, the group approved by consensus the 2013 Work Plans. The group also began comparing each Council member's background and qualifications with the seat each holds. This will

continue in subsequent meetings. Members also reached consensus to meet monthly, at least for April and May. *Next Meeting*: April 4, 2013. *Agenda Items for Next Meeting*: Review vacancies, applicants and demographics; review Council members to see if they match the seat they hold.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

March 5, 2013 *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

The Committee did not hold a business meeting but instead hosted its first community event for the year at Osswald Park on March 5, 2013 at 6:00 p.m. A free dinner was provided for guests while they were educated on the following topics: Centralized Intake and Eligibility Determination for the Ryan White Part A Program, Ryan White Part B, and Medicaid's Project AIDS Care (PAC) Waiver Program. The guest speakers were Natasha Markman, Ann Mercer, and Theresa Yoder-Trau, respectively. Materials and eligibility guidelines were provided and participants were encouraged to ask questions for further clarification. *Agenda Items for the Next Meeting*: Hot Topic Presentation; Second Community Event Preparation. *Next Meeting Date*: April 2, 2013.

c. **JOINT PLANNING COMMITTEE**

March 11, 2013 *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

The members reviewed and discussed the new time of the Joint Planning Committee meeting, which will be held every second Monday at 2:00 p.m. until further notice. The Committee also reviewed the requested preliminary results of the 2012-2013 Client Survey by the following subpopulations: Women, Age group 13-49, Homeless, Transgender and MSM. Additionally, members agreed that the focus groups for the 2012-2013 Needs Assessment should target heterosexual Black Women, heterosexual Black Men, and young adults ages 18-28 who are HIV positive. A focus group targeting Hispanics has already taken place. *Agenda items for the next meeting*: Client Survey Summary; Grant Application data; PSRA data list; Epidemiologic Profile by demographics and exposure. *Next Meeting Date*: Monday, April 8, 2013.

d. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**

No meetings

Chair: S. Abel

Next Meeting Date: To be determined

e. **QUALITY MANAGEMENT COMMITTEE (QMC)**

March 18, 2013

Chair: C. Grant

The Committee met without quorum. The Committee heard an update on the Oral Health Care outcome and indicator revisions which are pending consultation with the FC/AIDS Education and Training Center (AETC). The Committee reviewed the quarterly QI Network Update detailing the activities of all Networks during December 12-February 13 as well as an annual review of accomplishments and challenges. The Committee heard an annual summary of the National Quality Center's (NQC) In+Care Campaign retention rates. The Broward County EMA showed an improvement in all measures: Gap Measure (30%-20%), Medical Visit Frequency (49%-52%), Patients Newly Enrolled (35%-53%) and Viral Load Suppression (66% to 70%). The EMA will continue to report to NQC through Fiscal Year 13-14 as the campaign has been extended. The Networks' revised and approved Service Delivery Models (SDM) were presented for Committee approval; the Committee tabled approval of the SDM's for the April meeting due to lack of quorum. Approval of the revised annual work plan was also tabled for April. Committee members will review the SDMs and work plan in preparation for the April meeting. *Agenda Items for Next Meeting*: Standing Agenda Items, Review and Approval of October 15, 2012, January 7, 2013 and March 18, 2013 Minutes and January 7, 2013, March 18, 2013 and April 15, 2013 Agendas, Review of Annual QM Committee Work Plan, Review of SDM Revisions, Review Policies and Procedures, and the 3-Year QM Work Plan. *Next Meeting Date*: April 15, 2013.

f. **JOINT PRIORITIES COMMITTEE**

March 20, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

The Committee discussed the progress of the PCIP Subcommittee and refocused its mission in light of the Affordable Care Act starting in January and Florida Medicaid expansion. The subcommittee was asked to: a) evaluate data on clients by federal poverty level and to assess the impact of the changes; b)

identify gaps in Part A services that will be faced by clients as a result of the changes, to assess what gaps Part A might help fund, and c) establish a baseline number of clients that will be affected by the changes. The subcommittee will report findings in June before service category rankings are done, but may meet longer than that. Also, the committee approved a timeline and a list of data sets that will be needed for the Priority Setting process. Also, the Committee recommended that HOPWA administrator Mario DeSantis be added as a Committee member. *Agenda Items for Next Meeting:* Standing Agenda Items, review preliminary findings of Client Survey, presentation of data from the 2013-14 Grant Application. *Next Meeting Date:* April 17, 2013.

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

No meetings

Chair: Y. Reed

Next Meeting Date: April 9, 2013 at 10:00 a.m.

g. JOINT EXECUTIVE COMMITTEE

March 21, 2013

Part A Chair: S. Kuryla, Part B Chair: J. Wynn

The Joint Executive Committee amended and approved new formats for the agendas and meeting summaries used by all Committees. The Grantee and staff drafted the revised versions to focus the meetings more heavily on accomplishing items on the Work Plans. Committees will start using the new formats in April, and Executive will review how they are working after a few months. Also, the committee discussed whether to hold a community meeting to explain the Council's Priority Setting and Resource Allocation process for FY14-15. However, it was concluded that it was best to hold off on this decision in order to consider a more comprehensive approach. The committee also heard from a doctoral candidate about his dissertation, which will delve into how Broward's network of Ryan White providers and public agencies share information about service delivery and policy matters. *Agenda Items for Next Meeting:* Update on ADAP budget, update on Legislature actions pertaining to HIV, update on the Patient Care Planning Group, update on Part B work plan, update on PSRA information. *Next Meeting Date:* May 16, 2013.

h. PART A EXECUTIVE COMMITTEE

March 21, 2013

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

The Committee approved a short survey to be sent to Council members asking for feedback on the HIVPC retreat on Feb. 28. The Committee also discussed ways to "go green" by using iPads in place of printed materials at Council and Committees, but not to replace paper completely. Members will still be able to get printed materials at meetings and by mail. Grantee and staff will refine a method to carry this out, and Members will be asked for their preferences. Also, to help Members plan better, a calendar of 2013 Council and Committee meeting dates was reviewed in order to allow sending Outlook calendar appointments for the rest of the year. The November and December HIVPC meetings were combined and scheduled for Dec. 12. *Agenda Items for Next Meeting:* Review proposed By-Laws changes; Review procedures for appointing Committee members. *Next Meeting Date:* April 18, 2013.

i. AD HOC BY-LAWS COMMITTEE

March 21, 2013

Chair: W. Spencer

The committee reached consensus recommendations on unresolved items on its list of proposed By-Laws changes and issues, and voted to send them to the Planning Council for action at the April meeting if possible. The entire list may be sent to Council members at least 10 days in advance, once it is reviewed by the Council leadership. Of 35 changes proposed for consideration, the Committee has resolved 32 of them. Eight items were recommended for minor wording corrections or changes. No action was deemed necessary on 13 items. Three remaining unresolved items will be discussed at the next meeting. *Agenda Items for Next Meeting:* Review and Recommend By-Laws changes. *Next Meeting Date:* April 18, 2013.

9. GRANTEE REPORTS

Part A

The Grantee introduced the new Administrative Manager, Rafael Copa.

The Grantee noted that an initial plan to sweep unexpended funds into the AIDS Drugs Assistance Program (ADAP) did not occur. The Grantee made bulk purchases in food bank and food vouchers, and a \$60,000 bulk purchase in pharmacy. Health Resources and Services Administration (HRSA) sent a letter indicating that grant funds would be reduced by 5%, but it was unclear if the reduction only applies to formula funding or to the total funding. A reduction in formula would be about \$575,000 and a reduction in total funding would be \$770,000. The Grantee anticipates the cut being closer to the latter figure. The cut in award is not projected to greatly impact Broward due to bulk purchases and carryover from FY 2012/2013. It was also noted that there have been leadership changes at HRSA; this has the potential to create challenges in implementation of the Affordable Care Act (ACA).

Also, the Council was reminded about the Administrative Mechanism Survey. Members were asked to fill out the survey today if they have not already completed it online.

Part B

The written Part B Grantee report was provided detailing expenditures up to January 31, 2013.

Non-Medical Case Management conducted 835 eligibility interviews in January. Medication co-payment served 250 clients of which 15 were new to the program. There were 242 clients served in December for Medication Co-Payment and 8 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for January is \$45,122.86. Total cost savings April – January 2013 is approximately \$105,042. Home Delivered Meals served zero (0) clients. Medical Transportation for January 2013: A total of 128 (10 ride) and 175 (31 day) passes were distributed. There are approximately 400 Part A passes left.

The Part B representative reported she anticipates about \$250,000 in unexpended funds that will be turned over to ADAP after the fiscal year ends on March 31. Part B placed an order for additional bus passes. There was a discussion on bus pass eligibility and the change from 10 ride passes to 31 day bus passes; members inquired about the changes associated with passes.

Part B also informed the Council about the 2013 Florida HIV/AIDS Anonymous Needs Survey available on Survey Monkey; paper versions of the survey can be completed at ADAP recertification.

The Part B Co-Chair of Joint Executive reported that he and a group of others plan to attend an upcoming meeting of the Patient Care Planning Group (PCPG), and will give the update at the next meeting. A letter is being crafted to ask the Department of Health how any Part B budget cuts will be handled if approved in Tallahassee, and if local cuts are anticipated. It was noted that the federal budget for the year has passed with a continuing resolution through October.

10. OTHER REPORTS

a) Part C

The Part C Grantee reported that Health Resources and Services Administration (HRSA) sent a letter indicating that grant funds would be reduced by 5%. Also, she noted that the new clinic at Broward House is open, full time hours started on March 18, 2013. Also, a non-compete application is currently in the works.

b) Part D

None

c) HOPWA

There was a discussion on reopening the waiting list for the Tenant Based Rent Voucher (TBRV) program. The criteria for the waiting list changed to only allow individuals who have not been formally terminated for fraud, in order to increase the opportunity for new individuals. It was noted that TBRV is not permanent; HOPWA is creating a program to encourage clients to become more self-sufficient. The goal of TBRV is to stabilize clients and get them off the program in order to serve more clients. It was noted that HOPWA budget cuts are anticipated next year.

d) Prevention

A copy of the Prevention and Testing Report for December 2012 was provided.

11. UNFINISHED BUSINESS

There was no unfinished business.

12. NEW BUSINESS

There was no new business.

13. ANNOUNCEMENTS

HIV Planning Council members were reminded to complete the Administrative Mechanism and HIVPC Retreat Evaluation Surveys.

14. REQUEST FOR DATA

There was no request for data.

15. AGENDA ITEMS FOR NEXT MEETING: April 25, 2013 at 9:00 a.m. VENUE: BRHPC

- Standing Agenda Items

16. ADJOURNMENT

Without objection, the meeting was adjourned at 10:31 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

Meeting Dates →	24	28	28									
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Creary, Karen	√	√	√									
Dyer, Leroy	√	√	√									
Gammell, Bradford	√	√	√									
Grant Claudette	√	√	√									
Hayes, Marie	√	√	A									
Bhrangger, Ronald	√	E	√									
Holness, Dale V.C. (Comm)	A	A	A									
Katz, Bradley	√	√	√									
Kuryla, Samantha	√	A	√									
Marcoviche, William	√	E	√									
Moragne, Timothy	A	√	√									
Roberson, Carl	√	√	E									
Siclari, Rick	√	√	√									
Spencer, Will	√	√	√									
Taylor-Bennett, Carla	√	√	√									
Tomlinson, Karlene	√	√	√									
Wilson, Tara	√	√	√									
Wynn, Joey	√	√	√									
Proulx, D.	N	√	√									
Baner, S.	N	√	A									
Coscarelli, Monica (Alt 1)	E	E	A									
Parker-Maysonet, Patricia (Alt 2)	A	√	√									

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: April 23, 2013

President's Fiscal Year 2014 Budget:

The President's Fiscal Year 2014 budget proposes to increase all Parts of the Ryan White Title and provide additional funding, though mostly through an intradepartmental transfer, for the ADAP Program. There would be a \$20 million increase overall. Part A would receive \$666.1 million. \$943 million for ADAD (roughly \$10 million over FY 2012). Part C would get the largest programmatic increase (\$10 million over FY 2012). \$833 million for the Centers for Disease Control and Prevention's early testing and treatment integration programs. \$332 for HOPWA. Secretary Sebelius has been briefing congressional committees since the budget was released earlier this month. FAAP and the ABAC Working Group are meeting with the appropriations and oversight committees to expressed continued support for full funding for the Ryan White titles of the FY 2014 appropriations bills.

Ryan White Reauthorization:

Congressional authorizing committees have grown increasingly skeptical that funding for the Ryan White Program will be reauthorized this year. It is set to expire at the end of September. Congressional committee staff concur with the exposition included in the President's Budget that the program technically does not need to be reauthorized in order for it to operate. Congress must simply provide funding, and the Administration will spend according to statute and its budget plan. During the last reauthorization (2009), provisions were included so that the program, itself, does not sunset. Funding caps were the only elements to technically expire. Congress can ignore them by simply providing funding, which, through its FY 2014 budget request, the President is asking it to do.

Stakeholders, led by the Federal AIDS Policy Partnership, continue to press for a full reauthorization, even if it is limited to an extension of current law.



MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Policies and Procedure

Policies

The Membership/Council Development Committee shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services.

The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be held quarterly (Approved 8/6/09).

An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White CARE Act (Act), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence.

Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently than quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees)

A member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the Membership Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the Act. Not less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. This may not be construed as having any effect on entities that receive

funds from grants under any other Act program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act. (Approved 11/19/2009)

No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time. (Approved 1/28/2010)

There shall be a minimum of two individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission. The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings.

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities.

As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Procedures

Membership:

Semi-annually the current membership will be evaluated for compliance with local, state and federal policies.

Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year (using a form similar to the application).

Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council. (Approved 11/19/2009)

Current Members and Alternates whose status and/or qualifications change will be given priority for reassignment to any existing vacancy for which they may qualify.

The Membership/Council Development Committee and Broward County HIV Health Services Planning Council shall be notified of changes to representation ~~that are~~ involving members who are on the Council by virtue of holding a mandated seat due to their employment position (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.

Comment [BL1]: The By-Laws Committee recommended wording changes to this paragraph of the MCDC Policies & Procedures. They suggest this wording resolves a conflict between this paragraph and the highlighted paragraph below.

An open, well publicized recruitment activity will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The Membership Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review.

Applicants will be invited to attend an orientation and encouraged to join a committee. Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

All prospective Planning Council members other than those in mandated seats by virtue of employment are required to participate in a single committee for at least three months meetings and attend a membership orientation prior to being considered for appointment to the Planning Council. (Approved 4/2008)

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Title I Manual (Section VI: 2-3 *Planning Council Membership; Planning Council Nominations*). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability, strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

A semi-annual post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training twice annually for Council volunteers.

Council Development:

The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

Mentoring Program

In order to increase attendance and participation in Council meetings, this Committee will institute orientation and training programs for new and incumbent members.

An important segment of this training will be designated as the Mentoring Program which will be offered to all new Council members and alternates.

A welcome letter will be sent to the above members with an attachment requesting the new members and alternates to choose a committee they have an interest in attending. In addition, at the post appointment orientation meeting, Council members who have volunteered their time to this program will be assigned by the Chair of the Membership/Council Development Committee.

The new members and alternates, when possible, should sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit in proximity to their mentor, but not at the table). This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training annually according to the schedule set forth in the Committee Workplan. The Mentor should strive to educate the new member on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind new members of upcoming meetings which might be of interest to that person.

Dear Interested Party,

Please be aware that this application and all of the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

Broward County HIV Health Services Planning Council Membership Application



Please be aware that this application and all of the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

Name:

Date:

HANDOUT C

Contact Information

Home Telephone Number () _____

Cell Phone Number () _____

Home Mailing Address _____

Current Place of Employment (if applicable) _____

Work Telephone Number () _____

Work Mailing Address _____

Email Address _____

Gender

☐ Male

☐ Female

☐ Transgender

Race/Ethnicity

☐ Black/non-Hispanic

☐ White/non-Hispanic

☐ Hispanic

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

☐ Other (please specify)

.....

Do you self-identify as HIV+?*

☐ Yes

☐ No

☐ N/A

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

Do you receive Ryan White Part A services?

☐ Yes

☐ No

☐ Don't Know

Are you affiliated as an employee, consultant, or board member with Ryan White Part A?

☐ Yes

☐ No

Categories of Membership (check all that apply)

- ☐ Health care providers, including federally qualified health centers
- ☐ Community-Based Organization /AIDS Service Organization serving affected populations
- ☐ Social Service Providers (including housing and homeless-services providers)
- ☐ Non-elected Community Leaders
- ☐ Affected Communities (people living with HIV/AIDS and underserved communities)
- ☐ Unaffiliated Ryan White Consumer
- ☐ Individuals co-infected with HIV & Hepatitis B or C
- ☐ Members of a Federally Recognized Indian Tribe
- ☐ PLWHA Recently Released from Jail or Prison or their representatives
- ☐ Local Public Health Agencies
- ☐ Hospital Planning Agencies or Health Care Planning Agencies
- ☐ Grantees of Other Federal HIV programs (providers of HIV Prevention Services)
- ☐ Mental Health Providers
- ☐ State Medicaid Agency
- ☐ Substance Abuse Providers
- ☐ Part F Grantees
- ☐ Part C Grantees
- ☐ State Part B Agency
- ☐ Part D Grantees

Committee Assessment

HANDOUT C

*All Planning Council Members are ~~requested~~ **required** to serve on at least one Committee.
Please rank the Committees below to indicate your interest. Rank from 1 to 6, with 1 being the highest.*

- ___ **Membership/Council Development:** Ensures Council/committee membership meets HRSA mandates. Oversees ongoing training/mentoring of Council/committee members.
- ___ **Quality Management Committee:** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides staff/client training/education.
- ___ **Joint Client/Community Relations Committee:** Encourages individuals living with HIV to be involved in Council activities. Helps people to learn about the Council and what it does. Listens to and tries to resolve complaints about how the Council operates (setting funding priorities, preparing plans, hearing from the HIV community, etc).
- ___ **Joint Planning Committee:** Develops comprehensive plan and goals for HIV services in Broward County; establishes needs; identifies gaps in care.
- ___ **Joint Priorities:** Analyzes data and develops service priorities, funding recommendations and language on how best to meet priorities.
- ___ **Ad Hoc Local Pharmacy Advisory Committee:** Makes recommendations to the Planning Council to improve the quality, cost effectiveness and allocation of resources to Pharmacy Services.

General Information

1. Describe your interest in becoming a member of the HIV Planning Council?

2. Describe how HIV/AIDS has impacted your life, either personally or professionally.

3. Please list any experiences you have related to community decision-making or planning bodies?

Please review and initial, indicating your acknowledgement of the following:

- _____ I have received, read and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- _____ I understand that to qualify for nomination to the Planning Council, I must attend three (3) **meetings of one** Committee, ~~meetings~~ and an Orientation.
- _____ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- _____ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- _____ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- _____ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- _____ **I understand that if I am affiliated with an agency serving HIV/AIDS clients, I am willing to supply information requested by the Council or a Committee about my agency's services, client utilization and expenditures, as permitted by my agency.**

Preferred Method of Contact

To facilitate meetings, Planning Council Support Staff will contact Members via phone, email and mail.

I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☐ Cell

Phone number () _____

I prefer to receive mail at ☐ Home ☐ Work

Signature

Date

Note: This application expires six (6) months from date of submission.

Mail or FAX your completed application to:

HIVPC Support Staff
Broward Regional Health Planning Council
200 Oakwood Lane,
Hollywood, Florida 33020

FAX: (954) 561 – 9685

If you have any questions, please call (954) 561 – 9681.

Ryan White Part D Report
Children's Diagnostic & Treatment Center (CDTC)
Comprehensive Family AIDS Program (CFAP)
4/23/13

- Total Number of HIV Positive Individuals enrolled in Program **1235**
- Total Number of HIV Positive individuals enrolled in medical care at CDTC – **876**
- HIV positives individual who have had a medical visit as of **1/01/ 2013 thru 3/31/2013** – **423**
- New Referrals as of **1/01/ 2013 thru 3/31/2013** = total EXP **13** Aids/HIV **10** **TOTAL 23**
 - Infants (HIV exposed) – **13**
 - Children (2 – 11) – **0**
 - Adolescent (12 -24) – **2**
 - Adult Women (25 +) **6**
 - Newly Identified HIV + and Pregnant – **8**
 - Total Pregnancies (previously known and new) – **50**