



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, July 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**
 - a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - b. Council Member and Guest Introductions
 - c. Excused Absences and Appointment of Alternates
 - d. Approval of 7/25/13 Meeting Agenda
 - e. Approval of 6/27/13 Meeting Minutes
- 4. PUBLIC COMMENT (Up to 10 minutes)**
- 5. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)**
- 6. CONSENT ITEMS**

Consent #1	To appoint Yolanda Reed to the Affected Communities seat
Justification:	Ensured that the reflectiveness of unaffiliated consumers is maintained
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Dr. Mark Schweizer to the Healthcare Provider seat pending completion of orientation
Justification:	Appointing this individual did not drop the percentage of unaffiliated consumers on the Council
Proposed by:	Membership/Council Development Committee

Consent #3	To nominate Donna Sabatino to the Quality Management Committee
Justification:	Broward County Prevention Planning Council Community Co-Chair; she can bring good insight from the community
Proposed by:	Quality Management Committee

Consent #4	To approve the Policies and Procedures as amended
Justification:	Review of Policies and Procedures for any needed changes are part of the annual QM work plan
Proposed by:	Quality Management 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

7. DISCUSSION ITEMS

Discussion #1	To include 3 categories for case management 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED)
Justification:	To help prepare for the implementation of the Affordable Care Act (ACA) as well as helping to make Medical Case Management (MCM) and Non-Medical Case Management (NMCM) service categories more distinct
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #2	To move Oral Health Care eligibility from 300% FPL to 400% FPL
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #3	To make revised Oral Healthcare eligibility effective August 1, 2013
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #4	To remove “supercore” and put it on the work plan for March or April 2014.
Justification:	There are many unknowns accounting for the ACA; previously determined essential services may change
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To increase food bank eligibility from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers.
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To make Food Bank eligibility effective August 1, 2013
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #6	To increase Medical Case Management eligibility from 300% FPL to 400% effective August 1, 2013
Justification:	The limit on Marketplace exchanges is 400% FPL and setting an eligibility requirement for MCM will not affect CIED eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #7	To move \$100,000 (place holder) from med co-pay to substance abuse residential treatment
Justification:	Clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #8	To change HICP eligibility from 0%-400% FPL, put a cap of \$750 maximum per member per month, and to cover premiums and deductibles
Justification:	This is the value AICP uses as a cap
Proposed by:	Priority Setting & Resource Allocation Committee

FY 14/15 ALLOCATIONS: PART A

Discussion Item #	Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY14 Allocation		Proposed By
					%	\$	
	#		\$	*Client increase from expanded testing offset by Exchange enrollment			
9	1	Medical	\$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase (\$171,195).	15%	\$6,546,809	PSRA
10	2	Pharmacy	\$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	\$787,665	PSRA
11	3	Medical Case Mgt [Disease Mgt (DM)]	\$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	\$546,650	PSRA
12	4	Health Insurance Continuation (HICP)	\$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost \$3,779 (100-250% FPL) & \$6,953(250-400%) New and existing clients to this service category (800 clients maximum but not all clients will access this service category immediately)	100%	\$2,329,002	PSRA
13	5	Oral Health	\$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	\$3,132,354	PSRA
14	6	Mental Health	\$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	\$369,387	PSRA
15	7	Substance Abuse	\$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA insurance exchange.	3%	\$354,827	PSRA
		Core	\$9,519,601			\$14,066,694	
16	1	CIED	\$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	\$562,244	PSRA
17		Non-Medical Case Mgt (NMCM)	\$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	\$1,016,769	PSRA
18	2	Food Bank	\$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated \$100,000.	85%	\$1,189,473	PSRA
19	3	Legal	\$131,426	No other funding identified. SSI appeals process.	16%	\$152,466	PSRA
20	4	Outreach	\$58,768	No other funders. Expanded testing = client increase	-12%	\$52,004	PSRA
		Support	\$1,300,553			\$3,072,956	
		TOTAL	\$10,820,154			\$17,139,650	

FY 14/15 ALLOCATIONS: MAI

Discussion Item #	FY 14 Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY 14 Allocation	Proposed By
	#		\$			
Utilize FY13/14 allocation plus % increase						
21	1	Medical	\$100,000	Expanded testing will link more clients to care. ACA Impact	\$105,000	PSRA
22	2	Medical Case Mgt	\$176,644		\$185,476	PSRA
23	3	Mental Health	\$128,418		\$134,839	PSRA
24	4	Substance Abuse	\$400,000		\$420,000	PSRA
		Core	\$805,062		\$845,315	
25	1	Eligibility	\$290,957	Uncertainty of insurance exchange plans will make eligibility determinations more time-consuming and difficult.	\$320,053	PSRA
		Support	\$290,957		\$320,053	
		TOTAL	\$1,096,019		\$1,165,368	

8. JULY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 11, 2013

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

A. Work plan item update / Status Summary:
<p>Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA</p> <p>Work plan item 1.1 --The members moved to recommend the appointment of Yolonda Reed to fill the affected communities seat and Dr. Schweizer to fill the Health care Providers seat pending his completion of the orientation prior to HIVPC council meeting.</p> <p>Work plan item 4.1-- Members reviewed and revised the Mentoring Plan. The Plan now includes language from HRSA regarding the purpose of mentoring as well as information regarding the Florida Sunshine Law. Additionally, a timeline was set for three to six months and mentoring is now mandatory for new members.</p>
B. Rationale for Recommendations:
<p>Appointing the aforementioned individuals still ensured that the reflectiveness of unaffiliated consumers is maintained.</p> <p>The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period.</p>

<p>Members voted to recommend that the Ad Hoc By-Laws Committee review the excused absence policy so that council members that are PLWHAs are limited on the amount of excused absences they can receive. Members also felt that the resignation policy for council members' change in employment should be reviewed due to a current contradiction in the Committee's policies and procedures.</p> <p>In order to fully understand the work of the HIV Planning Council, the Committee voted to have the mentoring plan mandatory for new members unless they are already familiarized with the process.</p>
<p>C. Data Reports / Data Review Updates:</p>
<p>The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.</p>
<p>D. Data Requests:</p>
<p>None.</p>
<p>E. Other Business Items:</p>
<p>None. <i>Agenda Items for Next Meeting:</i> Review draft letters describing the mentoring plan; Review and Update the Recruitment and Retention Plan; Review Policies & Procedures; Plan & Implement HIVPC Training Survey. <i>Next Meeting Date:</i> August 1, 2013</p>

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

No July Meeting *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*
Next Agenda Items: Hot Topic Presentation; Plan 3rd Community Event; Training for Peer Educators. *Next Meeting Date:* August 6, 2013

c. **JOINT PLANNING COMMITTEE**

July 8, 2013 *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

<p>A. Work plan item update / Status Summary:</p>
<p>Work plan item 1.5– The Committee discussed key areas that they would like to discuss during the focus group sessions; the three populations identified in a previous meeting are 1) Black Heterosexual males, 2) Black Heterosexual females, 3) Young adults ages 18-28. Members decided that they would like to gather information regarding the following: sources of education and background knowledge of participants regarding HIV/AIDS; beliefs and attitudes; information received regarding treatment; reasons for or against disclosure; assistance provided to aid in disclosure; linkage, access, and barriers to care. The Committee members also mentioned the importance of conducting key informant interviews involving physicians and case workers.</p> <p>Work plan item 2.5- The Committee reviewed the data on the impact of co-morbidities on the cost and complexity of providing care. Members focused on how the following co-morbidities could be targeted areas of discussion in the focus groups: 1) prevalence of homelessness 2) formerly incarcerated HIV+ individuals 3) substance abuse and mental illness 4) sexually transmitted diseases- especially syphilis and 4) economics, including food security.</p>
<p>B. Rationale for Recommendations:</p>
<p>Members recommended that Joshua Rodriguez be contacted for prevention updates in the interim since the representative for the prevention seat is no longer on the HIV Planning Council.</p>
<p>C. Data Reports / Data Review Updates:</p>
<p>The Committee reviewed the 2011 data on the impact of co-morbidities on the cost and complexity of providing care, which was submitted in the 2012 grant application.</p>
<p>D. Data Requests:</p>
<p>Members requested that a draft of the focus group questions be prepared and sent to</p>

Committee members in preparation for the next Joint Planning Committee meeting.
E. Other Business Items:
None. <i>Agenda Items for Next Meeting:</i> Review and Finalize Focus Group Questions; Collect HHS indicators from Parts A-D; Review and Update Comprehensive Plan to reflect epidemic trends. <i>Next Meeting Date:</i> August 12, 2013.

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

July 15, 2013

Chair: C. Grant

A. Work plan item update / Status Summary:
<p><i>Work plan item 2.2</i> – Review of Committee Policies and Procedures. Minor changes were made to the Policies and Procedures. The Committee was asked to review the document and add recommendations for revision. No additional recommendations were made and the Policies and Procedures were approved as amended.</p> <p><i>Work plan item 3.1</i> – The Committee heard an update on the Quality Improvement (QI) Network activities for the first Quarter of FY 13-14. Several QI Projects are in progress.</p> <p><i>Work plan item 1.1 and 5.1</i> – Quarterly Review of Data and Performance Measures. The Committee reviewed a summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Part A/MAI client demographics. Additionally, the Committee reviewed Viral Load analysis by category. The report provides demographic data (such as gender, race, ethnicity, age, education level, housing status, sexual orientation, HIV disease stage, etc.) by viral load category: <u>Undetectable VL: Viral Load is < / = 50</u>; <u>Suppressed Detectable VL: Viral Load >50 and < / =200</u>; <u>Not Suppressed VL: Viral Load >200 and < 100,000</u>; <u>High VL: Viral Load is > / = 100,000</u>.</p>
B. Rationale for Recommendations:
Donna Sabatino, Broward County Prevention Planning Council Community Co-Chair, expressed her desire to join the QM Committee. Ms. Sabatino discussed her experience and noted she hopes to share the community's input with the Committee. Members voted unanimously to add Ms. Sabatino to the Committee.
C. Data Reports / Data Review Updates:
The Committee reviewed the following reports: Quarterly Network Update, summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Demographics. Additionally, the Committee reviewed Viral Load analysis by category.
D. Data Requests:
<p>The Committee requested the following:</p> <ol style="list-style-type: none"> 1) Quarterly Data report template to include the definitions, numerators, denominators, and exclusions for each measure. 2) The CY 12-13 Florida Health Department at Broward County surveillance report for the percentage of individuals newly diagnosed with HIV/AIDS. 3) Clarify the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report.
E. Other Business Items:
There was no other business. <i>Agenda Items for Next Meeting:</i> Standing Agenda Items, Review of 3-Year QM Work Plan, Data Follow-Up. <i>Next Meeting Date:</i> August 19, 2013

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

July 10 & 17, 2013

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

A. Work plan item update / Status Summary:

The Committee continued the discussion on medical (MCM) and non-medical case management (NMCM) service categories. Members reviewed a handout with a comparison of other EMA's for those service categories. Members expressed the need to make sure that the EMA's MCM is providing appropriate disease case management.

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of services and eligibility for each service category. Members discussed the history of why services were placed as “supercore” and “core” and briefly referred to the Committee's policies and procedures for clarification.

B. Rationale for Recommendations:

Members recommended defining MCM as disease management and non-MCM as comprehensive services including referral and eligibility determination in order to make the two service categories more distinct as well as prepare for the implementation of the Affordable Care Act. Therefore, the Committee approved three aspects of case management: 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED).

In preparation for the implementation of the Affordable Care Act, the eligibility for Oral Health Care was changed from 300 to 400% FPL in order to serve more clients. This change now aligns with the eligibility for medical care. Additionally, the eligibility for food bank increased from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers. All eligibility changes take effect on August 1, 2013.

As part of Part B's allocations, the Committee members voted to move \$100,000 (as a place holder) from med co-pay to substance abuse residential treatment. A clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment.

C. Data Reports / Data Review Updates:

Members reviewed Committee & Consumer Rankings; FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:

The members requested to review how the Committee has historically recorded individual member rankings in order to keep the same practice. The Committee also requested that staff research the following agenda item under allocations: “study requiring that only chronically ill clients need specialty care referral.”

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review HICP eligibility requirements; FY14/15 Part A and MAI Allocations. *Next Meeting Date:* July 17, 2013.

A. Work plan item update / Status Summary:

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of service and eligibility for the Health Insurance Continuation Program (HICP) service category. Members voted to change the eligibility to 0-400% FPL, covering premiums and deductibles with a cap of \$750 per client per month. Members also discussed the term utilized by the Health Resources and Services Administration (HRSA), which is Health Insurance Premium and Cost-Sharing Assistance. However; it was decided that the term HICP will continue to be used locally.

Work Plan Item 1.9 – The Committee allocated FY14/15 funds for Part A and MAI service categories. For Part A core services, the allocations are as follows: 1) Medical: \$6,546,809; 2) Pharmacy - \$787,665; 3) Medical Case Management (MCM), which is now Disease Case Management - \$546,650; 4) HICP -\$2,329,002; 5) Oral Health: \$3,132,354; 6) Mental Health: \$369,387; 7) Substance Abuse: \$354,827

For Part A support services, the allocations are: 1) Centralized Intake and Eligibility Determination (CIED): \$562,244; 2) Non-Medical Case Management (NMCM): \$1,016,769; 3) Food Bank \$1,089,473; (\$100,000 allocated to food bank) 4) Legal: \$152,466 5) Outreach: \$52,004

The FY14/15 total planned allocations for Part A are \$17,139,650 (\$14,066,694 for core and \$3,072,956 for support).

For MAI core service categories, the allocations are: 1) Medical: \$105,000; 2) MCM: \$185,476; 3) Mental Health: \$134,839 4) Substance Abuse: \$420,000

For MAI support services, the allocations are: CIED: \$320,053

The FY14/15 total planned allocations for MAI are \$1,165,368 (\$845,315 for core and \$320,053 for support).

B. Rationale for Recommendations:

In preparation for the implementation of the Affordable Care Act, the eligibility for HICP was changed as previously mentioned. The Committee justified using \$750 as a maximum amount since it is the same cap amount utilized by the AIDS Insurance Continuation Program (AICP).

The Committee based the FY/14 allocations on different factors that may be present in the upcoming year: the implementation of the Affordable Care Act; expanded testing and linkage to care for more clients; the state of Florida not participating in Medicaid expansion; the need for HICP. Members also factored in the possible increase need for more support services such as Non-Medical Case Management.

C. Data Reports / Data Review Updates:

Members reviewed FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Client and Expenditure Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:

None.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review Expenditures; Reallocations; Review Policies and Procedures. *Next Meeting Date:* August 21, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

July 30, 2013

Chair: Dionne Proulx

f. JOINT EXECUTIVE COMMITTEE

July 18, 2013

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

A. Work plan item update / Status Summary:

The Joint Executive Committee viewed a presentation by the Part B Co-Chair, Joey Wynn, on the impact of Health Care Reform. The presentation incorporated the following: the affect the HCR law has on individuals such as making insurance more affordable and providing better options for coverage; the law also prevents insurance companies from denying coverage due to pre-existing conditions or canceling coverage due to mistakes on paperwork. The presentation also illustrated the Ryan White core services vs. the Affordable Health Care's (ACA) Essential Health Benefits (EHB). Committee members were also informed about various resources to find more information on HCR.

Following the presentation, members discussed the need for education and training to the community. It was mentioned that the Joint Client/Community Relations Committee, along with Ryan White Part A Program Office, will conduct a Resource Fair in September. This event is open to providers and clients; the topic will surround the ACA.

The Joint Executive Committee established a mission and timeline to accommodate the implementation of the ACA. It was decided that a 6 month timeline should be initially developed (August 2013 to January 2014), followed by establishing a 12 month timeline due to the possibility of Medicaid expansion in the future. The Committee decided on the following goals: 1) Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and under-served populations); 2) Reviewing service utilization by FPL for each service category, which was previously completed; 3) Conducting multiple town hall forums to educate and inform the community about healthcare reform, eligibility and application process (July 2013); 4) Identifying potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid; 5) Comparing insurance plan coverage with Part A coverage; 6) Identifying services that may need Part A funding; 7) Keeping the possibility of Medicaid expansion in Florida and the closure of the federally run PCIP plan on the Committee's radar.

B. Rationale for Recommendations:

A mission and timeline was developed to prepare for the implementation of the Affordable Care Act (ACA); the ACA will impact the Ryan White HIV/AIDS Program.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

Staff will send the Part B Co-Chair the blank work plan to create a draft timeline.

E. Other Business Items:

None. *Items for Next Meeting:* TBD. *Next Meeting Date:* October 17, 2013 at 12:30 p.m.

g. **PART A EXECUTIVE COMMITTEE**

July 18, 2013

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

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed and approved the HIV Planning Council agenda for the upcoming meeting on July 25, 2013 at 9:00 a.m. The members briefly discussed the agenda items related to the FY14/15 allocations for Part A and MAI service categories. The Part A Chair of the Priority Setting and Resource Allocation (PSRA) Committee discussed the changes to Medical Case Management (MCM). It was reported that historically, MCM provided more social services. However, the category will now represent Disease Management (DM). This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site.

B. Rationale for Recommendations:

The members decided that additional justification needed to be written in the line item for MCM to provide more clarification as to why the changes to the service category were necessary.

C. Data Reports /Data Review Updates:

The Committee reviewed the FY14/15 Part A and MAI allocations per service category.

D. Data Requests:

None.

E. Other Business Items:

None. *Items for Next Meeting:* Nominating Committee; EIIHA Strategy; Mentoring Plan; Reallocations. *Next Meeting Date:* August 15, 2013 at 12:30 p.m.

h. **AD HOC BY-LAWS COMMITTEE**

Meeting Cancelled

Chair: W. Spencer

Agenda Items: Revision of Grievance Policy and Procedure; Draft Policy on Reporting Violations; Next Meeting Date: TBD

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

11. UNFINISHED BUSINESS

12. NEW BUSINESS

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: August 22, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT