Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE
Meeting Agenda

Tuesday, December 4, 2012 at 1:00 P.M.
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020

H. Bradley Katz, Part A Co-Chair **Leslie Washington,** Part B Co-Chair

1. **CALL TO ORDER**
2. **WELCOME & REVIEW MEETING GROUND RULES, STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS & SELF INTRODUCTIONS**
3. **MOMENT OF SILENCE**
4. **APPROVALS**
   a) Approval of Today's Agenda
   b) Approval of the 11/13/12 Meeting Minutes
5. **TESTIMONIALS**
6. **PUBLIC COMMENT**
7. **UNFINISHED BUSINESS**
   a) JCCR Community Events FY 12/13 (HANDOUT A)
   ACTION ITEM: Discuss ideas for "hot topics" for upcoming meetings, including those that will be held in the evening in the community starting in March 2013. Decide on subjects to be covered, possible speakers to cover those topics and possible locations to hold the evening meetings.
8. **NEW BUSINESS**
   a) Committee Ranking of Ryan White Part A Services (HANDOUT B)
   ACTION ITEM: Review all services funded by Ryan White Part A and reach a consensus on ranking the services from most important to less important. The ranking will be forwarded to Joint Priorities Committee, which considers PLWHA and Committee opinions when ranking services for the allocation of Ryan White funds next year.
9. **GRANTEE REPORTS**
   a) Part A
   b) Part B (HANDOUT C-1)
   c) ADAP (HANDOUT C-2)
10. **ANNOUNCEMENTS**
11. **REQUEST FOR INFORMATION/DATA**
12. **AGENDA ITEMS FOR NEXT MEETING: Date:** January 8, 2013, **Venue:** BRHPC
13. **ADJOURNMENT**

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JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE

Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL 33020
November 13, 2012 at 1:00 p.m.
Meeting Minutes

	Members	Present	Absent		Guests
1	Katz, H.B., Part A Co-Chair	X			Dyer, L
2	Leslie Washington, Part B Co-Chair		E		
3	Franks, H.		E		
4	Hernandez, R.	X			
5	Kenny, K.	X			**Grantee Staff**
6	Laxamana-Schiffer, K.	X			Strong, K. (Part A)
7	Marcoviche, W.	X			Swanson, M. (Part A)
8	Myers, K.	X			
9	Parker-Maysonet, P.	X			
10	Perigny, W. J.	X			**HIVPC Support Staff**
11	Stoakley, M.	X			LaMendola, B.
12	Wilkins, D.	X			Crawford, T.
	Quorum = 7	**10**	**2**		

1. CALL TO ORDER

The Part A Co-Chair called the meeting to order at 1:12 p.m.

2. WELCOME, REVIEW GROUND RULES, STATEMENT OF SUNSHINE & PUBLIC COMMENT REQUIREMENTS

The Part A Co-Chair welcomed all present. 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.

Chairs, committee members, guests, grantee staff and support staff self-introductions were made.

3. MOMENT OF SILENCE

A moment of silence was observed.

4. APPROVALS

a) Approval of 11/13/12 meeting agenda:

Motion #1	To approve today's meeting agenda
Proposed by	Perigny, W.J.
Seconded by	Stoakley, M.
Action:	Passed Unanimously

b) Approval of meeting minutes of 10/2/12

Motion #2	To approve meeting minutes of 10/2/12
Proposed by	Marcoviche, W.
Seconded by	Myers, K.
Action:	Passed Unanimously

5. TESTIMONIALS

i. Member reported that an outreach worker helped her while she was on the street. As a result, she mentioned her desire to become a counselor. Another committee member offered to help her obtain that information. The rest of the Committee felt that it was a good idea for all members to be trained as counselors.

6. PUBLIC COMMENT

There was no public comment.

7. UNFINISHED BUSINESS

a) Members' Ideas for Meeting the Goals of the National HIV/AIDS Strategy (HANDOUT A)

Staff made a brief presentation to the Committee about the goals of the National HIV/AIDS Strategy as well as how to meet those goals. The three NHAS goals were reviewed, which are: (i) reduce the number of people who become infected with HIV (ii) increase access to care and improve health outcomes for PLWHA and (iii) reduce HIV-related health disparities. The importance of undetectable viral loads was stressed in order to lower the rate of new HIV infections. The Committee said a key action is to educate the community about the HIV virus so that they remain adherent to medications and doctor visits. Committee also voiced the need for consistent peer educators in order to explain what various terms mean as well as the importance of explaining how the virus affects the system. Members cited a need to start a consistent source of information, such as a hotline or a support group. Committee member raised the idea that: Although funding for some services has been cut (Red Hispana no longer has support groups and Hispanic Unity no longer will have HIV services as of Dec. 31), JCCR meetings could be held in community centers with seminars included as part of the outreach meetings. Have those attending bring their peers to the next meeting, to grow the audience. Allow for Q&A sessions. Provide information kits to those who are newly diagnosed because many are unaware of what to do and case managers are too busy to explain everything. This in itself will reduce transmission rates. The county needs to provide incentives, such as bus passes. Need to inform clients of services that are available. Make case managers/grantees/everyone be more responsible to inform clients and encourage good practices.

A member asked for more information about how to become a counselor in order to go into the community. The Chair said that all need training, since it is part of the JCCR plan to go out into the community and speak with knowledge about a treatment and viral load. Committee members also mentioned that all should be qualified/certified to test individuals as opposed to sending them to another agency. For meetings held in the community, there should be someone there to do testing. Several Members identified an urgent need to simplify the process of recertifying, which can drive people away from staying in treatment. Committee members brought up how they have all these great ideas but where is the money coming from in order to accomplish them? Support groups need to be reinstated. Emphasize the need for routine testing so there would be less stigma attached. Play informational videos in waiting rooms while clients wait to be seen. Good idea to share information through social media in order for it to be educational and entertaining. Create informational brochures.

The ideas will be brought to Joint Executive to be considered for adding into the 2013 JCCR work plan.

b) JCCR Community Events FY 12/13 (HANDOUT B)

Committee briefly looked at handout. This will be discussed at the next meeting. Committee agreed by unanimous consensus to start having evening meetings once per quarter, starting with the March

2013 meeting. The evening sessions could be part of the regular business meetings or in place of them.

8. NEW BUSINESS

a) Proposed New Format for JCCR Agendas (HANDOUT C)

Committee reviewed the new agenda. The main new item is "hot topics" at every meeting. The Committee will ask speakers at different agencies to see if they will speak at various events so that they won't need to pay someone to speak. AHF has a speakers' bureau with different topics that the committee could pick from. The topics during evening meetings will target the community, the topics during other meetings will educate the committee members. The Chair suggested that Mr. Perigny be the first speaker to the Committee in the January meeting. Another Hot Topic suggestion: What will happen to Ryan White with the new Health Care Act?

9. GRANTEE REPORTS

A. Part A

1.Many Women One Voice event is set for Nov. 26.

2. The Grantee is holding a World AIDS Day event on Wednesday, December 5, 2012 at 11:30am-1:00pm at Esplanade Park. The Children's Diagnostic and Treatment Center (CDTC) is also holding a World AIDS Day event at Delevoe Park on December 1, 2012 from around 9:30am-3:00pm. (Delta Sigma Theta will be hosting as well.)

3. The 2013-14 grant application was submitted to Health Resources and Services Administration (HRSA) on October 22, 2012. A resource fair for case managers was conducted at Central Broward Regional Park on Wednesday, October 24, 2012. Two sessions were available, 11:00am-1:00pm and 1:00pm-3:00pm. Additional service providers attended in order to speak about the services they offered.

4. Part A is working with ADAP in order to streamline eligibility.

B. Part B (Handout D-1)

The written Part B Grantee report was provided detailing expenditures up to September 30, 2012. It was discussed that the Broward County Health Department is continuing to work with the AIDS Insurance Continuation Program for core eligibility and premiums (for clients over the $750 monthly premium amount). The utilization of the funding is currently at 30 percent. Many of the AICP clients will be working with ADAP in order to receive medications. Clients will obtain a CVS card in order to track rebates and capture savings. Currently, the state is holding the ADAP contract for another year while the Request for Proposals is being reviewed. Projection scenarios will be worked on so that no money is returned back to the state this year.

Non-Medical Case Management conducted 697 eligibility interviews in September. Medication co-payment served 255 clients of which 5 were new to the program. There were 246 clients served in September for Medication Co-Payment and 9 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for September is $33,642.63. Total cost savings April – September 2012 is approximately $107,177. Home Delivered Meals served zero (0) clients. Medical Transportation for September 2012:

Part B Bus Passes: There were 366 (31 day) and 189 (10 ride) distributed in September.

Part A Bus Passes: There were 0 (31 day) and 266 (10 ride) distributed in September.

The bus passes distributed represent a partial number as not every agency picks up bus

passes each month.

C. ADAP Update (HANDOUT D-2)

The ADAP report through October 25, 2012 was provided: The total ADAP "open" enrollment was 2,815 with 774 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 52 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 774 appointments of which 242 (31%) were missed. *Clients Served* is defined as having at least one "pickup" in the period. The category definitions are as follows:

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

Category B Clients Served = **7** (CD4 cell count between 201-350 cells/ mm3: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

Category C Clients Served = 37 (Treatment naïve clients with CD4 cell count > 350 cells/mm3)

Category D Clients Served = **0** (Unknown/Other)

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

10. ANNOUNCEMENTS

The Chair noted that a guest, Planning Council member Leroy Dyer, would like to become a member of the JCCR Committee. The following motion was made:

Motion #3	To recommend that Leroy Dyer be appointed a member of the Joint Client/Community Relations Committee
Proposed by	Myers, K.
Seconded by	Stoakley, M.
Action:	Passed Unanimously

The program of MAI (Minority AIDS Initiative) medical case management has started; it is an intensive program for individuals lost to care (short-term (90 days), 6 sessions). Provided by Care Resource and MDEI.

Members asked staff to check whether the Planning Council provides transportation assistance for HIV+ members of the public who want to attend meetings.

11. REQUEST FOR INFORMATION/DATA

Information requests to support staff were finalized.

12. AGENDA ITEMS FOR NEXT MEETING: December 4, 2012 at 1:00 p.m. **Venue:** BRHPC

- Next Community Event
- Discussion on where we would have March meeting and which speaker to invite
- Committee give priority rankings to Ryan White services (added after the meeting)

13. ADJOURNMENT

Without objection the meeting was adjourned at 3:00 p.m.

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE - ATTENDANCE CY 2012

Member	1/3/12	2/7/12*	3/6/12	4/6/12	5/1/12	6/5/12	7/10/12	8/7/12	9/5/12	10/2/12	11/13/12
Part A											
Katz, H.B.	A		1	E	1	1	1	1	E	1	1
Hernandez, R.	1		1	1	1	1	1	E	E	1	1
Perigny, W	1		1	1	1	1	1	E	1	1	1
Marcoviche, W.	1		1	1	1	1	1	E	E	1	1
Parker-Maysonet, P.	*Member as of 5/1/12*				1	1	A	1	E	1	1
Part B											
Washington, L., Co-Chair	1		1	1	1	1	A	1	1	1	E
Franks, H.	1		1	1	1	1	E	1	1	1	E
Stoakley, M.	1		1	E	A	E	1	1	E	A	1
Kenny, K.	*Member as of 5/1/12*				1	1	1	A	E	1	1
Laxamana-Schiffer, K.	*Member as of 9/5/12*								1	1	1
Myers, K.	*Member as of 5/1/12*				E	1	1	1	E	1	1
Wilkins, D.	*Member as of 5/1/12*				E	1	1	1	1	1	1
Quorum=7	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES	YES

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HANDOUT A

Possible Expert Speakers for 'Hot Topics' at JCCR Meetings in the Community

Medical Topics

1) Dr. Michael Sension or Dr. Sheetal Sharma, infectious disease specialists at Comprehensive Care Center
2) Dr. Ana Puga, medical director at Children's Diagnostic & Treatment Center

Eligibility and Ryan White Services

1) Natasha Markman, manager of Centralized Intake and Eligibility Determination at Broward Regional Health Planning Council
2) Staff of the County Ryan White Part A Grantee's Office

Broward County Health Department Services

1) Director of the AIDS Drug Assistance Program
2) Abraham Feingold, director of PROACT program, which helps keep people in medical care
3) Director of the Ryan White dental program for adults and children

HIV Planning Council / Public Involvement

1) Planning Council staff to explain how the Council works
2) Joint Priorities Committee Co-Chair Carla Taylor-Bennett to explain the allocation of Ryan White grant funds

Testimonials from PLWHAs

1) PLWHAs on JCCR make up a discussion panel to tell how they live with HIV/AIDS
2) Peer counselor from Broward House or Health Department

HIV/AIDS Epidemic in Broward County

1) Dr. Stephen Bowen of Broward County Health Department to discuss the extent of the epidemic and affected populations

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OFF-SITE MEETING LOCATIONS FOR PLANNING COUNCIL AND COMMITTEES

Here are potential locations that fit the Planning Council's criteria for off-site meetings:

a. Pride Center, 2040 N. Dixie Highway, Wilton Manors. Center normally charges nonprofits and public agencies $10 or $15 an hour, but is agreeable to waive the fee.

b. Central Broward Regional Park – Field House Hall, 3700 N.W. 11th Place, Lauderhill. Large meeting room with A/V.

c. Beach Community Center – 3351 NE 33rd Ave., Fort Lauderdale (near Oakland Park Blvd. at A1A)

d. Warfield Park Community Center – 1000 N. Andrews Ave., Fort Lauderdale

e. Broward County Main Library – 100 S. Andrews Ave., Fort Lauderdale

f. ArtServe – 1300 E. Sunrise Blvd., Fort Lauderdale

g. African American Research Library – 2650 Sistrunk Blvd., Fort Lauderdale

h. Riverside Park Community Center – 555 SW 11th Ave., Fort Lauderdale

i. Broward Health Medical Center – 1600 S. Andrews Ave., Fort Lauderdale. Hospital has meeting rooms that could be available for free as long as the use is health-related.

j. The 110 Tower – 110 SE Sixth St., Fort Lauderdale. The building has a large meeting space available. AIDS Healthcare Foundation is in the building and may be able to secure that space on our behalf

k. BCC/FAU buildings – 111 E. Las Olas Blvd., Fort Lauderdale. The campus may have space available for us to use depending on scheduling.

SETTING PRIORITIES FOR HIV SERVICES IN BROWARD COUNTY

Survey of Joint Client/Community Relations Committee (12-4-12)

The Broward County HIV Planning Council sets priorities to determine how best to spend more than $15 million Ryan White Part A funds.

Listed below are core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. A score of 1 is given to the most important service, while a score of 6 is the lowest important service. **Do not give two services the same rank.**

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

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

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

YOUR INFORMATION

3. **Are you living with HIV/AIDS?** ❒ yes ❒ no

4. **Select your age group:** ❒ 0-12 ❒13-19 ❒20-24 ❒25-29 ❒30-39 ❒40-49 ❒50-59 ❒60+

5. **In what ZIP code do you live?** _____

6. **Your gender is:** ❒ Female ❒ Male ❒ Transgender (Male to Female) ❒ Transgender (Female to Male)

7. **Select ONE response that best describes your race:**

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

8. **Select ONE response that best describes your ethnic background:** ❒ Hispanic/Latino ❒ Non-Hispanic ❒ Don't know

9. **Select ALL the ways you pay for medical care and medications:**

❑ Private health insurance (including managed care plans) ❑ Medicare ❑ Don't know
❑ Veteran's Administration (VA) ❑ Medicaid ❑ No health insurance
❑ Cash/Self-paid ❑ Ryan White ❑ Other (specify) _____
❑ AICP ❑ ADAP

Ryan White Part B
Expenditure Report

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

Home Delivered Meals Served 0 client

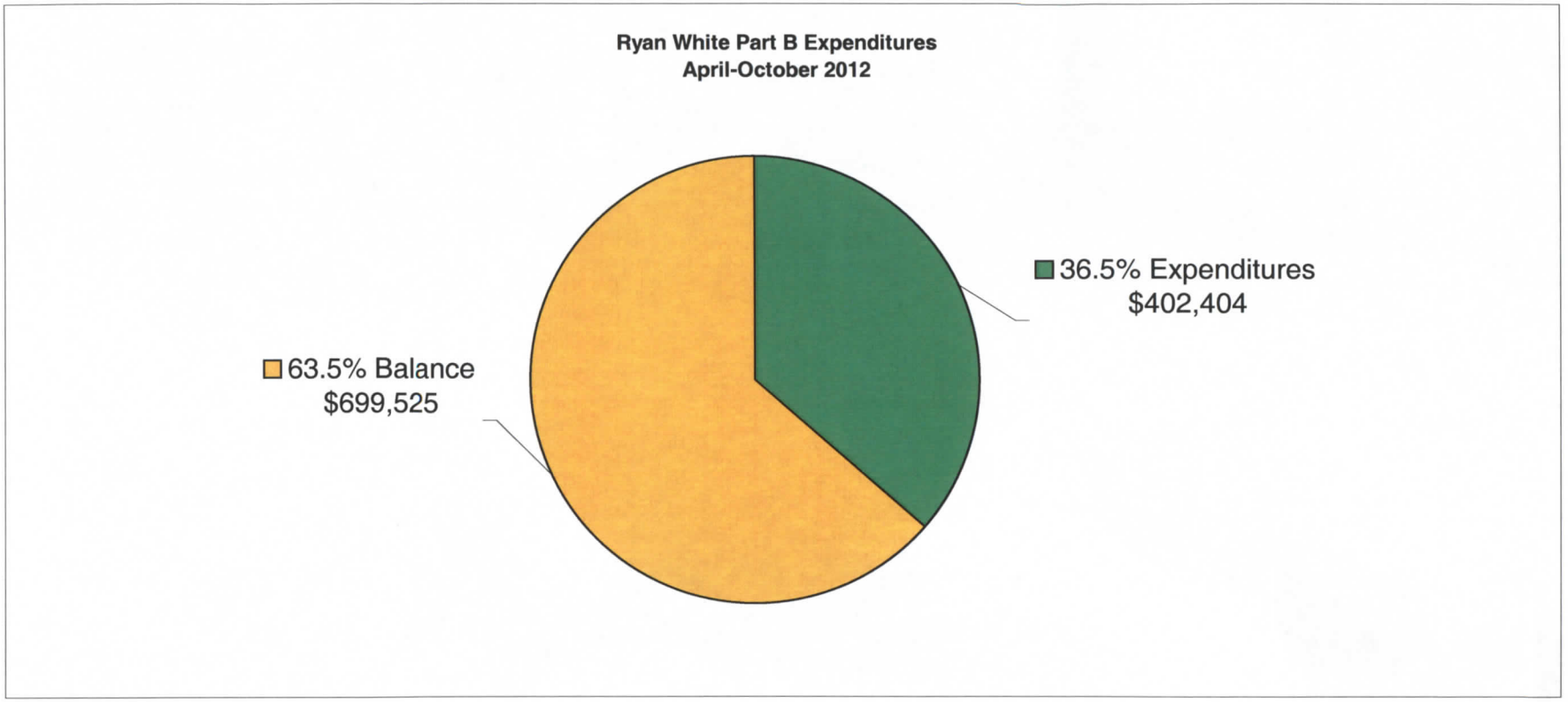
Medication Co Payment served 212 clients in which 9 were new to the program.
205 Clients served in October Medication Co Payment.
7 Clients served in October Mail Order
Cost Avoidance for Medication Co-Payment Program for October is $32,940.31
Savings as a result of using co-pay cards April- October is approximately $ 129,565

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

Medical Transportation Part B Bus Passes: 228 (31 day) and 94 (10 ride) were issued to agencies in October.
Medical Transportation Part A Bus Passes: 0 (31 day) and 148 (10 ride) were distributed to agencies in October
The passes distributed are a partial number as not every agency pickups each month.

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

Ryan White Part B
Expenditure Report



Report for Fiscal Year April 2012 thru March 2013

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

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

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

** Category Definitions:
CATEGORY A
Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%
Diagnosis of active opportunistic infection
Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B
Persons who are currently on ARV therapy
Persons who were previously on ARV therapy but therapy was interrupted
Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

CATEGORY C
Treatment naïve clients with CD4 cell count > 350 cells/mm3

CATEGORY D
Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it. This serves as a reminder to people that if they are on the wait list they MUST recertify at 6 months or they will loose their position on the Wait List.