



JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE

Meeting Agenda

Tuesday, November 13, 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 10/4/12 Meeting Minutes
- 5. TESTIMONIALS**
- 6. PUBLIC COMMENT**
- 7. UNFINISHED BUSINESS**
 - a) Members' Ideas for Meeting the Goals of the National HIV/AIDS Strategy (HANDOUT A)
ACTION ITEM: Brief presentation from Co-Chairs or Staff on the Joint Executive retreat in September and the Goals of the NHAS. Break into small groups to devise Committee members' ideas on actions JCCR can take to help meet the goals. The Committee approves its list of actions, which will be compiled to draft a proposed 2013 Committee work plan to be reviewed later.
 - b) JCCR Community Events FY 12/13 (HANDOUT B)
ACTION ITEM: Co-Chairs will brief the Committee on a suggestion to include an informational session at every meeting as a way to educate the members and the public. The Chairs also propose holding one meeting per quarter in the evening, to better reach the public.
- 8. NEW BUSINESS**
 - a) Proposed New Format for JCCR Agendas (HANDOUT C)
- 9. GRANTEE REPORTS**
 - a) Part A
 - b) Part B (HANDOUT D-1)
 - c) ADAP (HANDOUT D-2)
- 10. ANNOUNCEMENTS**
- 11. REQUEST FOR INFORMATION/DATA**
- 12. AGENDA ITEMS FOR NEXT MEETING: Date:** December 4, 2012, **Venue:** BRHPC
- 13. ADJOURNMENT**



JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE

Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL 33020
October 2, 2012 at 1:00 p.m.

Meeting Minutes

	Members	Present	Absent	Guests
1	Katz, H.B., Part A Co-Chair	X		Arenas-Chico, Dr. J.
2	Leslie Washington, Part B Co-Chair	X		Thilborger, C. <i>Sun Serve</i>
3	Franks, H.	X		
4	Hernandez, R.	X		Grantee Staff
5	Kenny, K.	X		Jones, L. (Part A)
6	Laxamana-Schiffer, K.	X		Mercer, A. (Part B)
7	Marcoviche, W.	X		
8	Myers, K.	X		HIVPC Support Staff
9	Parker-Maysonet, P.	X		Hosein, F.
10	Perigny, W. J.	X		LaMendola, B.
11	Stoakley, M.		X	Rosiere, M.
12	Wilkins, D.	X		
	Quorum = 7	11	1	

1. CALL TO ORDER

The Part B Co-Chair called the meeting to order at 1:00 p.m.

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

The Part B 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.

3. INTRODUCTIONS

The Part B Co-Chair informed of the change in Part A Co-Chair. Chairs, committee members, guests, grantee staff and support staff self-introductions were made.

4. MOMENT OF SILENCE

A moment of silence was observed.

5. APPROVALS

a) Approval of 10/2/12 meeting agenda:

Motion #1	To approve today's meeting agenda
Proposed by	Kristopher Kenny
Seconded by	W. James Perigny
Action:	Passed Unanimously

b) Approval of meeting minutes of 8/7/12 and 9/5/12

Motion #2	To approve meeting minutes of 8/7/12 and 9/5/12
Proposed by	W. James Perigny
Seconded by	Patricia Parker-Maysonet
Action:	Passed Unanimously

JCCR – Minutes – 10/4/12

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



6. TESTIMONIALS

There were no testimonials.

7. PUBLIC COMMENT

There was no public comment.

8. GRANTEE REPORTS

A. Part A

The Part A Grantee reported that work is continuing on the Grant Application and is set to be ready by the due date. Lorraine Wells, State of Florida ADAP, spoke to Part A grantee about holding forums in both Dade and Broward counties for ADAP clients in order to get feedback. The Part A grantee volunteered the JCCR Committee as Ms. Wells wanted to ensure the feedback will assist the program and satisfy the goals of the forums. The Part B Co-Chair asked if consumers will be able to speak out as to what is working for them and what issues there are. Solutions to issues will be the goals of these forums. No firm plans have been made regarding date, venue or time but the Part A Grantee will keep the committee informed.

B. Part B

The Part B Grantee report was provided on all invoices received and paid as of August 31, 2012: Non Medical Case Management conducted 649 eligibility interviews in August, 69 of which were new clients. Medication co-payment served 261 clients of which 6 were new to the program. There were 251 clients served in August for Medication Co-Payment and 10 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for August is \$29,186.70. Total cost savings April – August 2012 is \$71,982. Home Delivered Meals served zero clients (0) in August 2012. Medical Transportation for August 2012:

Part B Bus Passes: There were 88 (31 day) and 68 (10 ride) distributed in August.

Part A Bus Passes: There were 46 (31 day) and 111 (10 ride) distributed in August.

The bus passes distributed in August is a partial number as not every agency picks up bus passes each month. There are no more 31-day Part A Bus Passes to distribute.

C. ADAP Update

The ADAP report through September 28, 2012 was provided: The total ADAP "open" enrollment was 2,863 with 1,117 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 25 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 754 appointments of which 227 (37%) were missed. Clients Served is defined as clients who had at least one "pickup" in the period. The category definitions are as follows:

Category A Clients Served = 1 (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 = 4 (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 = 7 (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.

Member asked about the reasons clients give for missing appointments. Part B Grantee noted the reasons vary from being ill, to weather conditions and other personal reasons.



9. UNFINISHED BUSINESS

a) FY 13/14 Work Plan Development

The Part A Co-Chair introduced the work plan development portion of the meeting. The three National HIV/AIDS Strategy goals shown below were handed out to each member as a fillable form. The members are asked to “do homework” and bring to the November meeting ideas for specific actions the Committee can take to help meet the goals. Part A grantee noted that the work plans of JCCR and all committees are to reflect these goals.

Reduce the number of people who become infected with HIV.

- Lead efforts to lower the number of new infections by 25%
- Reduce the HIV transmission rate by 30%
- Increase the number of people who know their serostatus to 90%

Increase access to care and improve health outcomes for PLWHA.

- Increase to 85% the number of people newly diagnosed with HIV receiving clinical care within 3 months of diagnosis.
- Increase to 80% the proportion of Ryan White clients in continuous care (2 HIV medical visits in 12 months, at least 3 months apart)
- Increase the number of PLWHA in permanent housing to 86%

Reduce HIV-related health disparities.

- Increase access to prevention and care services
- Increase the number of gay and bisexual men, Blacks, and Latinos with undetectable viral loads by 20%

10. NEW BUSINESS

a) Feedback from MODCO Educational Event

Support staff presented the results of the audience feedback survey from the educational event held on September 5, 2012 at Mount Olive Development Corporation. There were approximately 25 persons in attendance and the feedback reflected overall satisfaction. The Part B Co-Chair commended Dr. Ana Puga whose presentation was spectacular. The Part B Co-Chair noted the question and answer session for Dr. Puga’s portion indicated that there still are many myths on HIV/AIDS some of which were cleared up by Dr. Puga.

b) Second Community Educational Event

HIVPC Manager presented a venue for the next community event. Details are shown below:

JCCR Suggested Location:
Pride Center - 2040 N. Dixie Highway, Wilton Manors

A. Pride Center Complies with Broward County Requirements for Off-site Meetings

- Free use of facility and free parking
- Located on a bus route (2 blocks away)

JCCR – Minutes – 10/4/12

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



- Seating for committee members and guests
- Tables for committee members, food, A/V and meeting materials
- Permission to have food on site
- Wi-Fi
- Ideally: Projector/screen or access to outlets and space to set up projector/screen

B. Four options for holding a meeting for the community at Pride Center

- 1) Presentation to LIFE Program** (Learning Immune Function Enhancement) – 18 week session for MSM who are PLWHA.

When	6:30 to 9:30 p.m. every Tuesday. Present group ends 11-27-12. Next group starts in January
Who attends	30 HIV+ men, most of them on Ryan White, Medicaid or Medicare
JCCR time slot	5:30 to 6:30 p.m., could run a little longer
Preferred topics	Navigating the HIV health care system. Dealing with co-infection of HIV and another sexually transmitted disease (hepatitis B or C, etc.)
Advantages	Targeted audience. Manageable size for questions and feedback
Disadvantages	Only MSMs. Limited time. Little or no time for JCCR business meeting to follow educational session, if desired

- 2) Organize JCCR's own educational session** – Plan session in conjunction with center's health and wellness program, which hosts community events periodically.

When	Weekday evening or Saturday morning, to be determined
Who attends	Invitations sent to email list of 700 people
JCCR time slot	Committee hosts the entire session
Preferred topics	Navigating the HIV health care system (of wide interest because many have problems). Community feedback to Committee. Prevention for Positives or other health education
Advantages	Potential for large crowd. Could schedule JCCR business meeting before or after educational session
Disadvantages	Audience could be too large. May draw from outside target audience of PLWHAs

- 3) Presentation to a smaller support group** – Arrange to speak to CHOICES (MSM couples), SunServe Gay Men's Empowerment or other groups that meet there

When	Various weeknights
Who attends	Each has 10 to 12 MSM who are PLWHA
JCCR time slot	About an hour before the meeting
Preferred topics	Navigating the HIV health care system. Prevention for Positives. Healthy living for PLWHA
Advantages	Personal contact
Disadvantages	Small impact. Not all in groups are HIV+. No opportunity for JCCR business meeting

- 4) JCCR business meeting** – Schedule a JCCR monthly meeting in one of the Pride Center's conference rooms, without holding an educational session

When	Regular meeting day and date
Who attends	Invitations could be sent to the email list of 700 people
JCCR time slot	Regular
Details	Large or medium sized conference rooms available, with projection screens available. Center normally charges nonprofits and public agencies \$10 or \$15 an hour, but agreeable to waive the fee

JCCR – Minutes – 10/4/12

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



11. PUBLIC COMMENT

There was no public comment.

12. ANNOUNCEMENTS

- i. Broward House 10:45 a.m. – 11:30 a.m. at 2nd Monday of every month the committee members are invited to participate in a casual session with Broward House's clients.
- ii. National Latino AIDS Awareness Day – October 15, 2012.
- iii. Latinos en Accion Community Outreach: 10/14/12 at Las Orquideas Restaurant at 5630 North Federal Highway Fort Lauderdale, FL 33308
- iv. NLAAD/Latinos en Accion Community Awards at the Pride Center 6:00 p.m. – 9:00 p.m.
- v. Support Staff announced the annual client survey link will be sent to all JCCR members
- vi. SFAN will meet on Thursday night (10/4/12) at Holy Cross instead of Friday morning as one of their two annual community meetings.
- vii. ADAP – now located at the BCHD Operations building on SR 84. Now core and ADAP eligibility can be done at the same building.

13. REQUEST FOR INFORMATION/DATA

Information requests to support staff were finalized.

14. AGENDA ITEMS FOR NEXT MEETING: November 13, 2012 at 1:00 p.m. Venue: BRHPC

- ❖ Next Community Event
- ❖ Members' Ideas for Meeting NHAS Goals
- ❖ Work Plan Development

15. ADJOURNMENT

Without objection the meeting was adjourned at 2:12 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
Part A										
Katz, H.B.	A		1	E	1	1	1	1	E	1
Hernandez, R.	1		1	1	1	1	1	E	E	1
Perigny, W	1		1	1	1	1	1	E	1	1
Marcoviche, W.	1		1	1	1	1	1	E	E	1
Parker-Maysonet, P.	Member as of 5/1/12				1	1	A	1	E	1
Part B										
Washington, L., Co-Chair	1		1	1	1	1	A	1	1	1
Franks, H.	1		1	1	1	1	E	1	1	1
Stoakley, M.	1		1	E	A	E	1	1	E	A
Kenny, K.	Member as of 5/1/12				1	1	1	A	E	1
Laxamana-Schiffer, K.	Member as of 9/5/12								1	1
Myers, K.	Member as of 5/1/12				E	1	1	1	E	1
Wilkins, D.	Member as of 5/1/12				E	1	1	1	1	1
Quorum=7	YES	NO	YES	YES	YES	YES	YES	YES	NO	YES

Summary



- The Comprehensive Plan serves as the roadmap to guide HIV care and treatment in the Broward County EMA over the course of the next three years.
- The Plan acknowledges the need for adaptability to respond to changes in funding and priorities, the state of the epidemic, and barriers and challenges identified throughout the monitoring process.
- The Plan reflects the EMA's successes and challenges thus far, its future goals, and its commitment to continuous evaluation of its success in achieving these goals within a changing healthcare landscape.

NHAS Goals and Measures to be Met by 2015



Reduce the number of people who become infected with HIV

- Lead efforts to lower the number of new infections by 25%
- Reduce the HIV transmission rate by 30%
- Increase the number of people who know their serostatus to 90%

Increase access to care and improve health outcomes for PLWHA

- Increase to 85% the number of people newly diagnosed with HIV receiving clinical care within 3 months of diagnosis.
- Increase to 80% the proportion of Ryan White clients in continuous care (2 HIV medical visits in 12 months, at least 3 months apart)
- Increase the number of PLWHA in permanent housing to 86%

Reduce HIV-related health disparities

- Increase access to prevention and care services
- Increase the number of gay and bisexual men, Blacks, and Latinos who have undetectable viral loads by 20%

MEETING THE GOALS OF THE NATIONAL HIV/AIDS STRATEGY

HOW WE WILL PUT THEM INTO PRACTICE?

Notes for Committee chairs based on Joint Executive Committee retreat of 9/20/12

Step 1: What are we doing?

Each Committee of the HIV Planning Council has been asked to come up with specific actions it can take to help Broward County meet the goals of the National HIV/AIDS Strategy, which match the goals of our 2012-15 Comprehensive Plan.

Step 2: Why we are doing this

The NHAS sets specific goals that the federal government would like each Ryan White program to meet, to reduce the HIV epidemic.

We will have to show our progress toward meeting those goals when we apply for Ryan White funds each year. Our results may affect the amount of our Ryan White grant.

Step 3: Extent of Broward's HIV epidemic

We continue to struggle to control new HIV/AIDS infections. In 2011, Broward had the nation's highest per-capita rate of new HIV infections and new AIDS infections. Other figures:

- New HIV cases – 1,040, up by 25% over 2010
- New AIDS cases – 613, up by 7% over 2010
- People living with HIV/AIDS – 17,389
- PLWHAs aware of status but not in medical care – 7,314

Step 4: The Goals of the NHAS

We have a lot of work to do...

Reduce the number of people who become infected with HIV

- Lead efforts to lower the number of new infections by 25%
- Reduce the HIV transmission rate by 30%
- Increase the number of people who know their serostatus to 90%

Increase access to care and improve health outcomes for PLWHA

- Increase to 85% the number of people newly diagnosed with HIV receiving clinical care within 3 months of diagnosis
- Increase to 80% the proportion of Ryan White clients in continuous care (2 HIV medical visits in 12 months, at least 3 months apart)
- Increase the number of PLWHA in permanent housing to 86%

Reduce HIV-related health disparities

- Increase access to prevention and care services
- Increase the number of gay and bisexual men, Blacks, and Latinos with undetectable viral loads by 20%

Step 5: Ideas from the Committee Chairs

At the Retreat on 9/20/12, the Chairs of each Committee came up with a list of actions their Committee could take. Here are the ideas offered by the JCCR Chairs:

Reducing the Number of HIV Infections:

- ❖ Use peers for retention – they can help identify issues to being in care
- ❖ Develop a strategy to address redefining models
- ❖ Fund secondary prevention
- ❖ Treatment is prevention
- ❖ Integrated model: (i) prevention for positives, (ii) outreach, (iii) medical care, (iv) discordant couples

Increase access to Care:

- ❖ Capacity funding for all providers
- ❖ Explore incentives
- ❖ Look at funding private insurance

Reduce HIV Health Related Disparities:

- ❖ Integrate routine HIV care into primary family medicine

Step 6: The Committee's Ideas

The Committee can break up into groups of three. Take 15 minutes to brainstorm for specific actions that this Committee can take to advance the goals. These ideas should be actions that fall in the Committee's normal subject matter.

Step 7: What's Next

The staff will incorporate the Committee's ideas into the 2013 Work Plan and bring it back for review next month.



OFF-SITE MEETING LOCATIONS FOR PLANNING COUNCIL

Initial Report

Submitted by Carla Taylor-Bennett, 8/22/12

Here are some potential meeting locations that fit the Planning Council's criteria for holding off-site meetings in the community:

- a. Beach Community Center – 3351 NE 33rd Ave., Fort Lauderdale (near Oakland Park Blvd. at A1A)
- b. Warfield Park Community Center – 1000 N. Andrews Ave., Fort Lauderdale
- c. Broward County Main Library – 100 S. Andrews Ave., Fort Lauderdale (**Does not open until 10 a.m.**)
- d. ArtServe – 1300 E. Sunrise Blvd., Fort Lauderdale (**Does not open until 10 a.m.**)
- e. African American Research Library – 2650 Sistrunk Blvd., Fort Lauderdale (**Does not open until 10 a.m.**)
- f. Riverside Park Community Center – 555 SW 11th Ave., Fort Lauderdale
- g. 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.
- h. The 110 Tower – 110 SE Sixth St., Fort Lauderdale. The building has a large meeting space available. AHF is in the building and may be able to secure that space on our behalf
- i. BCC/FAU buildings – 111 E. Las Olas Blvd., Fort Lauderdale. The campus may have space available for us to use depending on scheduling.



JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE

Meeting Agenda

First Tuesday of the month at 1:00 P.M. or 6:00 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 10/4/12 Meeting Minutes
5. TESTIMONIALS
6. HOT TOPIC – Informational Presentation by Today's Speaker (30 minutes)
7. UNFINISHED BUSINESS
8. NEW BUSINESS
9. GRANTEE REPORTS
 - a) Part A
 - b) Part B
 - c) ADAP
10. PUBLIC COMMENT
11. ANNOUNCEMENTS
12. REQUEST FOR INFORMATION/DATA
13. AGENDA ITEMS FOR NEXT MEETING: Date: December 4, 2012, Venue: BRHPC
14. ADJOURNMENT

**Ryan White Part B
Expenditure Report**

HANDOUT D-1

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 September / 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	\$326	\$525	21.2%	78.8%	\$ 1,954
Medication Co-Pay	\$610,000	\$15,424	\$78,592	\$138,451	22.7%	77.3%	\$ 471,549
Case Management (non-medical)	\$228,287	\$15,096	\$22,659	\$92,333	40.4%	59.6%	\$ 135,954
Medical Transportation	\$150,971	\$49,909	\$16,844	\$49,909	33.1%	66.9%	\$ 101,062
Administration	\$110,192	\$7,755	\$9,827	\$51,232	46.5%	53.5%	\$ 58,960
TOTALS	\$1,101,929	\$88,183	\$128,247	\$332,450	30.2%	69.8%	\$ 769,479

69.8%

Home Delivered Meals Served 0 client

Medication Co Payment served 255 clients in which 5 were new to the program.

246 Clients served in September Medication Co Payment.

9 Clients served in September Mail Order

Cost Avoidance for Medication Co-Payment Program for September is \$33,642.63

Savings as a result of using co-pay cards April- September is approximately \$107,177.

Non-Medical Case Management conducted 697 eligibility interviews in September.

Medical Transportation Part B Bus Passes: 366 (31 day) and 189 (10 ride) were issued to agencies in September.

Medical Transportation Part A Bus Passes: 0 (31 day) and 266 (10 ride) were distributed to agencies in September.

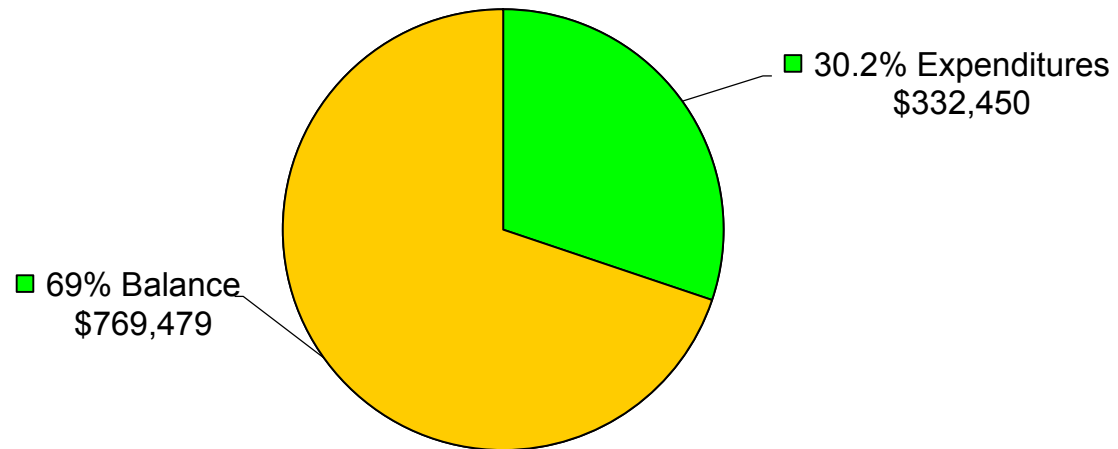
The passes distributed is a partial number as not every agency pickups each month.

This report reflects all invoices received and paid as of 9/30/2012.

**Ryan White Part B
Expenditure Report**

HANDOUT D-1

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



Report for Fiscal Year April 2012 thru March 2013

Broward County Health Department ADAP Report as of 10/25/2012

Total ADAP "Open" Enrollment	2,815
Total ADAP Clients Served in Last 30 Days*	774
Total ADAP Waitlist Enrollment**	52
Category A	8
Category B	7
Category C	37
Total ADAP/Medicare Part D Enrollment	176
Number of Appointments in October	774
Number of Missed Appointment in October	242
Percentage of October Appointments Missed	31%

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

** Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm³ and/or CD4% < 14%

Diagnosis of active opportunistic infection

Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy

Persons who were previously on ARV therapy but therapy was interrupted

Treatment naïve clients with CD4 cell count between 201-350 cells/ mm³

CATEGORY C

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

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it.

This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 months or they will lose their position on the Wait List.