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

MEETING AGENDA

COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, May 7, 2013, 1:00 p.m.
Location: BRHPC

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

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 5/7/13 Agenda, 4/2/13 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. TESTIMONIALS

4. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
"Hot Topic" training on PSRA Process (WP Item 1.2)	ACTION ITEM: Be trained to become more aware and knowledgeable of the Priority Setting and Resource Allocation (PSRA) Process
Rank PSRA Service Categories (WP Item 1.2)	ACTION ITEM: Rank service categories after the training. Review the ranking from the 2012 Client Survey. Document and explain differences in ranking that will be reported to the Joint Priorities Committee.
Choose "Hot Topics" (WP Item 1.2)	ACTION ITEM: Choose additional hot topics for future Committee meetings.

5. **GRANTEE REPORTS**

6. **PUBLIC COMMENT**

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** June 4, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Plan for the next Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Plan the details of their next community event. Choose a date, a topic and a target population, or request more research/details to consider.

8. **ANNOUNCEMENTS**

9. **ADJOURNMENT**

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MEETING MINUTES
COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, April 2, 2013, 1:00 p.m.
Location: BRHPC
H. Bradley Katz, **Part A Co-Chair** Leslie Washington, **Part B Co-Chair**

	Members	Present	Absent		Guests
1	Katz, H.B., Part A Co-Chair	X			Green, J.
2	Washington, L., Part B Co-Chair	X			Carrel, J.
3	Franks, H.	X			Caballero, O.
4	Bhrangger, R.	X			Sampson, R.
5	Schiffer-Laxamana, K.	X			Epsen, L.
6	Marcoviche, W.	X			
7	Myers, K.		X		**Grantee Staff**
8	Parker-Maysonet, P.		X		Strong, K. (Part A)
9	Stoakley, M.	X			Mercer, A. (Part B)
10	Wilkins, D.	X			
11	Dyer, L.	X			**HIVPC Support Staff**
					LaMendola, B. (Phone)
					Crawford, T.
	Quorum = 7	**9**	**2**		Rosiere, M.
					Solomon, R.

1. CALL TO ORDER:

The Part B Co-Chair called the meeting to order at 1:07 p.m.
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.
Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Stoakley, M.
Seconded by:	Dyer, L.
Amendment	Switch items 4 and 5
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 2/15/13
Proposed by:	Stoakley, M.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

Motion #3	To approve 3/5/13 community event summary
Proposed by:	Stoakley, M.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

A Committee member mentioned that he attends a group to inform youth about HIV/AIDS. Another member mentioned that she it feels good to be back to work.

4. UNFINISHED BUSINESS

a) JCCR Community Event March 5, 2013 (HANDOUT)

The Committee reviewed the audience satisfaction survey from the community event at Oswald Park. It was noted that the event did not have the turnout expected. The Part B Co-Chair urged more Committee involvement in future events. He also suggested that a testing van be invited to the next community event to attract individuals to the van. Members suggested increasing outreach in advance of future events. A member noted that a different venue and providing transportation would help for future events. The Part A Co-Chair noted that Osswald Park would be a good venue to use during the day; the director is a valuable resource.

ArtServe, Pride Center and Fusion were suggested as future venues. Specific populations should be targeted. An idea is to hold events at common places; bring the event to the people rather than bring the people to the event. The Grantee representative suggested that the summer Resource Fair may be a good event to use as a community event for JCCR; more information to follow.

b) Flyers for Community Events

The Committee reviewed flyers used in past community events.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
Hot Topic – Informational Presentation by guest speakers (WP Item 1.2)	MDEI: Presentation by Jolene Mullins, HIV/AIDS manager at MDEI. She described the Anti-Retroviral Treatment and Access to Services (ARTAS) program, which aims to use strength and counseling to bring new clients into care and past clients back to care. ARTAS is for newly diagnosed or those lost to care for more 6 months. Other programs at the State and community level also target individuals lost care. Retention case management works with Ryan White case managers to target those newly lost to care. The program is now more hands-on to keep clients in care. In Florida, clients are eligible if they are in Ryan White. The first step is getting them to eligibility determination. The second step is the first doctor's appointment. The third step is a follow up doctor's appointment (most important step for client). Retention Case Managers work with physicians and attend appointments with clients. Clients are informed on the importance of medication to empower clients to stay in care. Retention case managers are temporary until clients are in care; at that point, RW case managers take over. ARTAS uses Care-ware software, which does not communicate with Broward's Provide Enterprise software. It was noted that bus passes can be given to clients participating in the ARTAS program. Broward House: A presentation was given on the MAI-ARTAS program, which targets minorities. Clients receive 5 face to face visits, or 90 days. Clients are immediately enrolled in RW Part A. Clients are given a pamphlet on safe sex practices and HIV information. Clients are encouraged to be in care. Once clients attend first doctor's appointment, clients are informed about CD4 count and viral load. ARTAS assists clients with all paperwork in order to get them in care. Clients can participate in ARTAS twice before they are referred to a different program.

	Handouts on both programs were distributed to JCCR.
Second Community Event (WP Item 2.2)	The Committee discussed potential locations for the next community event. There was a discussion on the number of community events that should be held; the work plan includes 4 community events. JCCR to discuss potential dates at the next meeting; 3 months of planning needed. Following the work plan, the next events would be in June and September.

Additional Items

a) The Part A Co-Chair reported speaking to the Chair of the Membership/Council Development Committee, and they suggest having a joint meeting. The main topic is recruiting new members to the Planning Council and Committees. The Part B Co-Chair suggested extending the offer to the board of the South Florida AIDS Network (overseeing Part B), which also is having issues with attracting members. If possible, all could be invited to the next JCCR meeting.

b) The Committee reviewed a calendar of meeting dates for the rest of 2013, and agreed to switch the November meeting to November 12, 2013 so it will not fall on Election Day. The decision to cancel or reschedule the July meeting date will be made at the next meeting.

c) The following motion was made:

Motion #4	To nominate Rhonda Sampson to the Joint Client/Community Relations Committee
Proposed by:	Wilkins, D.
Seconded by:	Schiffer-Laxamana, K.
Action:	Passed Unanimously

6. GRANTEE REPORTS

a) Part A

Broward has received a 5% decrease in Part A award. The Grantee believes it will apply to the total award. It was noted that last year there was approximately a 5% carryover from FY 2012-2013.

b) Part B (HANDOUT C-1)

The written Part B Grantee report was provided detailing expenditures up to February 28, 2013.
Non-Medical Case Management conducted 863 eligibility interviews in February. Medication co-payment served 282 clients of which 16 were new to the program. There were 274 clients served in February for Medication Co-Payment and 8 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for December is $45,493.64. Total cost savings April – February 2013 is approximately $200,000. Home Delivered Meals served 3 clients. Medical Transportation for February 2013: A total of 288 (10 ride) and 389 (31 day) passes distributed.

In a verbal report, the Grantee representative estimated that Broward will return approximately $240,000 to the state AIDS Drugs Assistance Program when the fiscal year ends on March 31. A bulk purchase was made for bus passes. Moving forward, 31-day bus passes are being purchased; existing 10-ride bus passes can be distributed until they are gone.
Part B received a full grant award; future budget cuts from state and federal sources are unknown.
ADAP had 263 clients, 4 in category A, 21 in category B. Part B still has high percentage of missed appointments but people may instead come in at different times as walk ins.
The statewide Part B survey is available online at Survey Monkey; paper surveys are available at agencies and Broward County Health Department. Clients are urged to take it.

c) PUBLIC COMMENT

None.

d) AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** May 7, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Choose "Hot Topics" (WP Item 1.2)	JCCR, Staff	Choose additional hot topics for meetings
"Hot Topic" training on PSRA Process (WP Item 1.2)	Staff, JCCR	Part A Co-Chair of Joint Priorities is expected to explain the PSRA process to the Committee
Rank PSRA Service Categories (WP Item 1.2)	Staff, JCCR	Committee will rank the service categories after the training
Event Location	Staff	Staff was asked to contact Shadowood as potential community event location

e) ANNOUNCEMENTS

The Part B Co-Chair reminded JCCR members that it's important to attend the next meeting in order to hear about the Priority Setting Resource Allocation process.

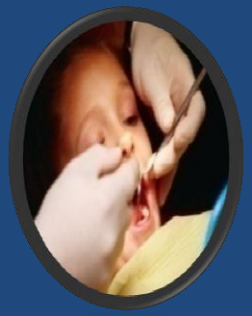
f) ADJOURNMENT

Without objection the meeting was adjourned at 2:34p.m.

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE - ATTENDANCE CY 2013

Member	1/8/13	2/5/13	3/5/13	4/2/13
Part A			Community Event- No Attendance	
Katz, H.B., Co-Chair	1	1		1
Hernandez, R.	1	1		1
Marcoviche, W.	1	1		1
Parker-Maysonet, P.	1	1		A
Dyer, L.	1	1		1
Part B				
Washington, L., Co-Chair	1	1		1
Franks, H.	E	1		1
Stoakley, M.	A	1		1
Schiffer-Laxamana, K.	1	A		1
Myers, K.	1	A		A
Wilkins, D.	1	1		1
Quorum=7	9	9		9





The Priority Setting and Resource Allocation Process: JCCR "Hot Topic" Training

May 07, 2013

Broward County HIV Health Services Planning Council

Presentation Outline

- PSRA Process
- PSRA Principles & Criteria
- Planning Council & Committees Roles
- Data Utilized
- Required Part A Grant Documentation
- PLWHA Involvement
- PRSA Process: Step-By-Step
- Questions

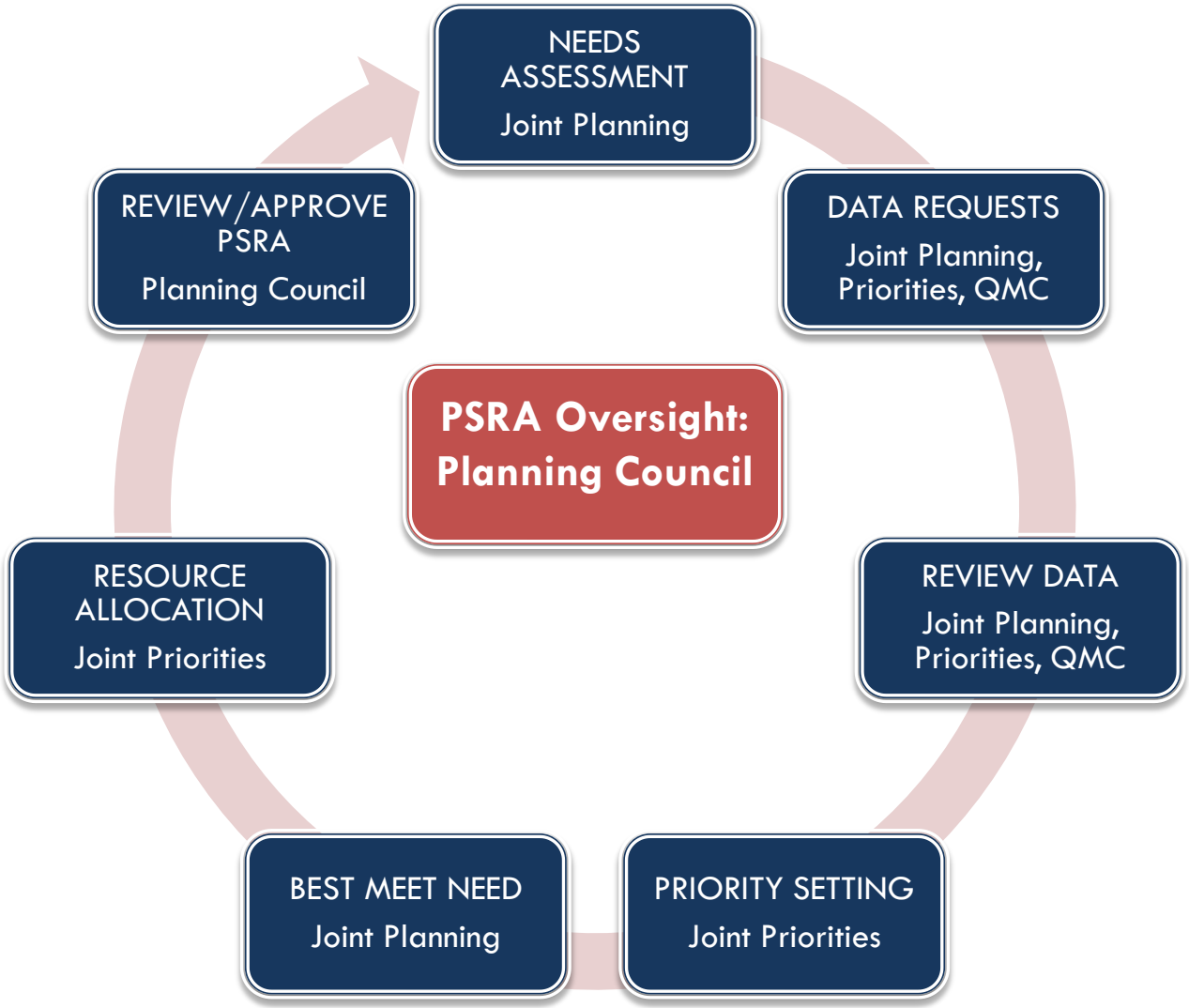
HRSA Requirements

Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the grantee on how best to meet these priorities."

Who's involved?

- Joint Priorities Committee
- Joint Planning Committee
- Quality Management Committee
- Planning Council
- Ryan White Part A and B Grantees
- Consumers
- Other Services' Funders/Grantees
- New This Year: Joint Client/Community Relations

Planning Council & Committee Roles



Priority Setting & Resource Allocation Process

- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

- Develop Language On How Best To Meet The Need
- Committee and Community Data Presentations
- Committee Reviews Mandates/Principles & Sets Priorities
- Committee Reviews Mandates/Principles & Allocates Resources

EMA PSRA Principles and Criteria

- Assign language on how to best meet the need
- Ensure service priorities are addressed
- Ensure priorities conform to a comprehensive continuum of HIV care
- Determine priority funding categories with justifications that can be linked back to the Needs Assessment and Comprehensive Plan

ESTIMATED RESOURCES NEED

Number of Clients (surveillance data)

X

{units per client per year} X {cost per unit}

–

other resources and/or funding sources

+

other documented community needs

=

resources needed to fund anticipated need

PSRA Data Sources (Binder)

A PSRA Binder and calculator are given to committee members, staff and guests as a resource to utilize during the PSRA decision making process.

- Part A PSRA Guidance
- Priorities Policies & Procedures
- PSRA Data Presentation
- Glossary of Terms
- Client Eligibility Requirements
- RW Program Service Definitions
- Part A/MAI Allocations
- Part A Client Demographics
- Epidemiology Data
- Unmet Need Data
- Final Expenditure Reports
- WICY Expenditures
- Utilization Report
- Previous Year's Service Priorities
- Previous Year's How Best to Meet Need Language
- EMA's PSRA Principles, Criteria
- Needs Assessment Reports
- Other Funding Sources Report
- Quality – Outcomes/Indicators

PSRA Process Scorecards

- Developed by the ad Hoc Scorecard Committee
- Included in the PSRA Binders are "Scorecards"
  - One for each currently funded Part A service category
  - Separate scorecards for MAI-funded service categories
- Includes data specific to the service category
- Provides a quick snapshot

Fort Lauderdale/Broward County EMA FY 2010/2011 PSRA Process Scorecard: Outpatient/Ambulatory Health Services Data

OUTPATIENT/AMBULATORY HEALTH SERVICES — **ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL**

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Final Allocation	Final Expenditure	% of Award (Final)	Proj. Clients	Actual Clients	Difference
1	FY 2009	$14,063,119	$4,534,544	32.24%	NA	NA	NA	NA	NA	NA	NA
2	FY 2008	$14,050,301	$4,271,208	33.02%	$368,621	$4,639,829	$4,639,829	33.02%	3,082	3,394	312
1	FY 2007	$13,171,343	$3,870,572	29.39%	$2,347	$3,872,919	$3,872,918	29.40%	3,596	3,082	-514
1	FY 2006	$13,094,805	$4,338,975	33.14%	-$527,555	$3,811,420	$3,811,420	29.11%	3,169	3,438	269

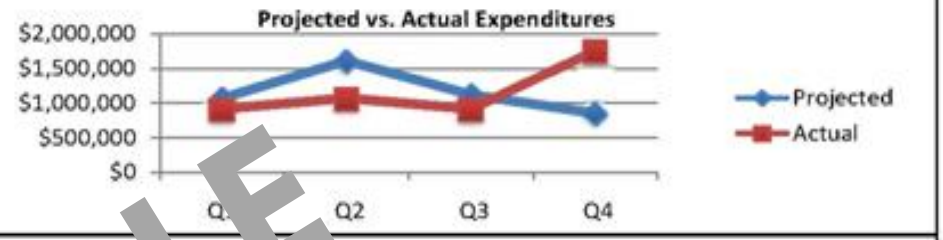
FY 2008/2009 Quarterly Service Category Expenditures ($ Spent)

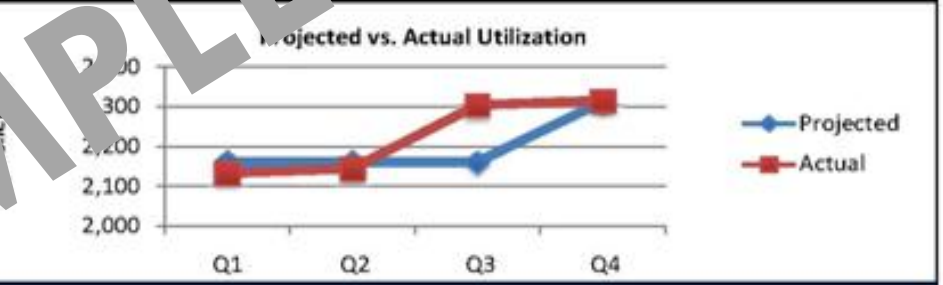
Allocation =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
$4,271,208	3/08 - 5/08	6/08 - 8/08	9/08 - 11/08	12/08 - 2/09
Projected	$1,067,802	$1,607,802	$1,117,471	$846,754
%	25%	38%	26%	20%
Actual	$911,141	$1,066,299	$910,801	$1,751,588
%	21%	25%	21%	41%
Difference	-$156,661	-$541,503	-$206,670	$904,834

Average Annual Cost Per Client = $1,367

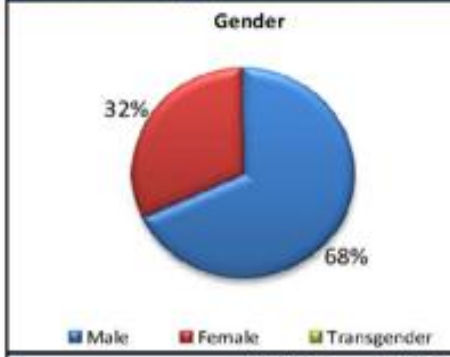
FY 2008/2009 Quarterly Client Service Utilization (# of Clients)

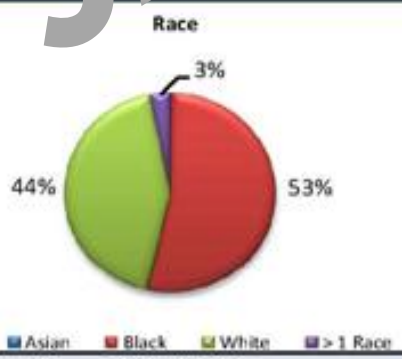
Clients =	Quarter 1	Quarter 2	Quarter 3	Quarter
3,082	3/08 - 5/08	6/08 - 8/08	9/08 - 11/08	12/08 - 2/
Projected	2,161	2,161	2,161	313
Actual	2,133	2,145	2,30	2,
Difference	-28	-16	3	

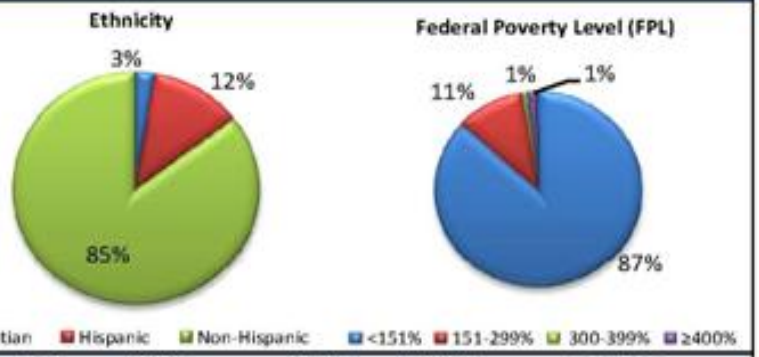




FY 2008 Demographic Utilization Data







Gender	Male	Female	Transgender
#	2,291	1,074	3

Race	Asian	Black	White	> 1 Race
#	8	1,420	1,161	80

Federal Poverty Level (FPL)	<151%	151-299%	300-399%	≥400%

Ethnicity	Haitian	Hispanic	Non-Hispanic

Clinical Quality Management Indicators Data Summary

1	**Slow/prevent clients disease progression (clients on HAART with a VL >400)**	**PART A**	**MAI**
	1.1 70% of clients decrease in viral load by at least half a log (0.5) from baseline or increase in CD4	90%	75%
	Maintain clients current medical condition (for clients on HAART with VL<400)	**PART A**	**MAI**
	2.1 70% of clients have not greater than a confirmed half log increase in viral load or a 10% decrease in CD4 percent	98%	100%
2	2.2 80% of clients maintain undetectable viral load or sustainable CD4 percent	100%	100%

Data Limitations: Data reflects a sample. Effective1/2009, 100% of client indicators are reported utilizing Provide Enterprise system.

Client Satisfaction Summary (2008)

Unmet Need FY 2007 (Outpatient/Ambulatory Health Services Only)

	Prevalence		In Care		Not In Care	
Race/Ethnicity						
White	5,423	36%	3,256	36%	2,167	[illegible]%
Black	7,449	49%	4,383	49%	3,06[illegible]	5[illegible]
Hispanic	1,896	13%	1,164	13%	[illegible]32	12%
Not	326	2%	209	2%	[illegible]	2%
Gender						
Male	10,600	70%	6,238	[illegible]%	[illegible]062	72%
Female	4,490	30%	2,77[illegible]	[illegible]1	1,720	28%

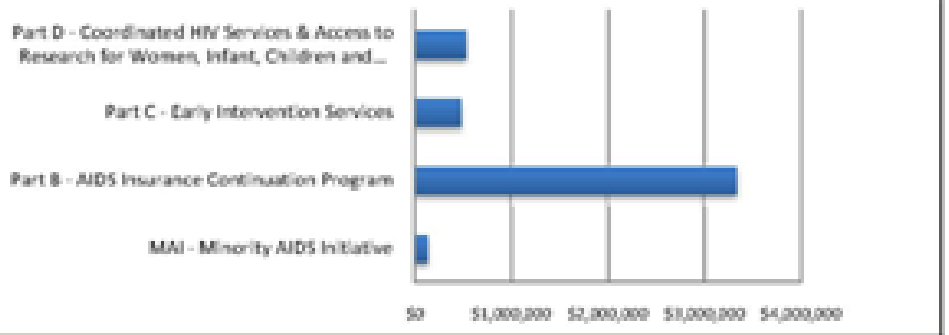
Definition: Estimate of number of PLWHA who know their status but [illegible] not in care.

Methods: Determine # of PLWHA in County based on surveillance data; Determine # in care based on labs, ADAP, Medicaid and Health Management Systems databases

Limitations: Under-reporting of prevalence and in-care estimates due to: 1)Non-retroactive confirmatory reporting, 2)Lab reporting thresholds, 3) PLWHA in-migration tested outside of but receiving care in FL, 4)Failure to comply with reporting mandates.

Other Funding Sources for HIV-Related Services (Expenditures in most recently completed year)

HIV-Related Medical Services	$	Clients
MAI - Minority AIDS Initiative	$143,04[illegible]	201
Part B - AIDS Insurance Continuation Program	$3,338,072	516
Part C - Early Intervention Services	$480,762	Unavailable
Part D - Coordinated HIV Services & Access to Research for Women, Infant, Children and Youth	$532,632	855
Medicaid	Unavailable	Unavailable
Medicare	Unavailable	Unavailable
Veterans Administration	Unavailable	Unavailable
TOTAL	**$4,494,509**	



Grantee and Fiscal Comments/Questions to Consider

Required Part A Grant PSRA Documentation

- How PSRA process was conducted, including how the needs of those not in care and those from historically underserved populations were considered in this process.
  - How PLWHA were involved in the PSRA process and how their priorities are considered in the process;
  - How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care;
  - How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process;
  - How cost data were used by the Planning Council in making funding allocation decisions;
  - How unmet need data were used by the Planning Council in making priority and allocation decisions;
  - How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award;
  - How the Planning Council will address EIIHA Strategy Goals: *Increase the number of: (1) individuals who are aware of their HIV status, (2) HIV+ individuals who are in OAMC, and (3) HIV negative individuals referred to services that contribute to keeping them HIV negative; and*
  - How efforts are coordinated with and adapt to changes that will occur with the implementation of the Affordable Care Act (ACA).

PLWHA Involvement

How Were Persons Living With HIV/AIDS Involved In The Priority Setting and Resource Allocation Process?

PLWHA Involvement In PSRA Process

Needs Assessment and Priority Setting

- Needs Assessment Survey
  - Rank Core Services Priorities
  - Rank Support Service Priorities
  - Document Barriers
- Additional Consumer Targeted Data Presentation

PLWHA Serve as Committee Members

- Joint Client/Community Relations
  - Consumer Input
- Joint Planning
  - Data Collection & Presentation
- Joint Priorities
  - Priority Setting & Resource Allocation
- Planning Council
  - Approves All PSRA Decisions

PLWHA Involvement In PSRA Process

Data Presentations

- Joint Priorities Committee Presentation
- Community Evening Presentation

Special Populations Assessment

- Consumer Focus Groups
- Consumer Surveys
- Consumer Interviews
- Service Category Assessments

FY2011 PSRA Process Consumer Priority Ranking

Core Services Ranking

1. Outpatient/Ambulatory Medical
2. AIDS Pharmaceutical Assistance
3. Oral Health Care
4. Health Insurance Continuation Program
5. Medical Case Management
6. Mental Health Services
7. Substance Abuse Services

Support Services Ranking

1. Food Bank
2. Centralized Intake and Eligibility (CIED)
3. Transportation
4. Outreach
5. Legal

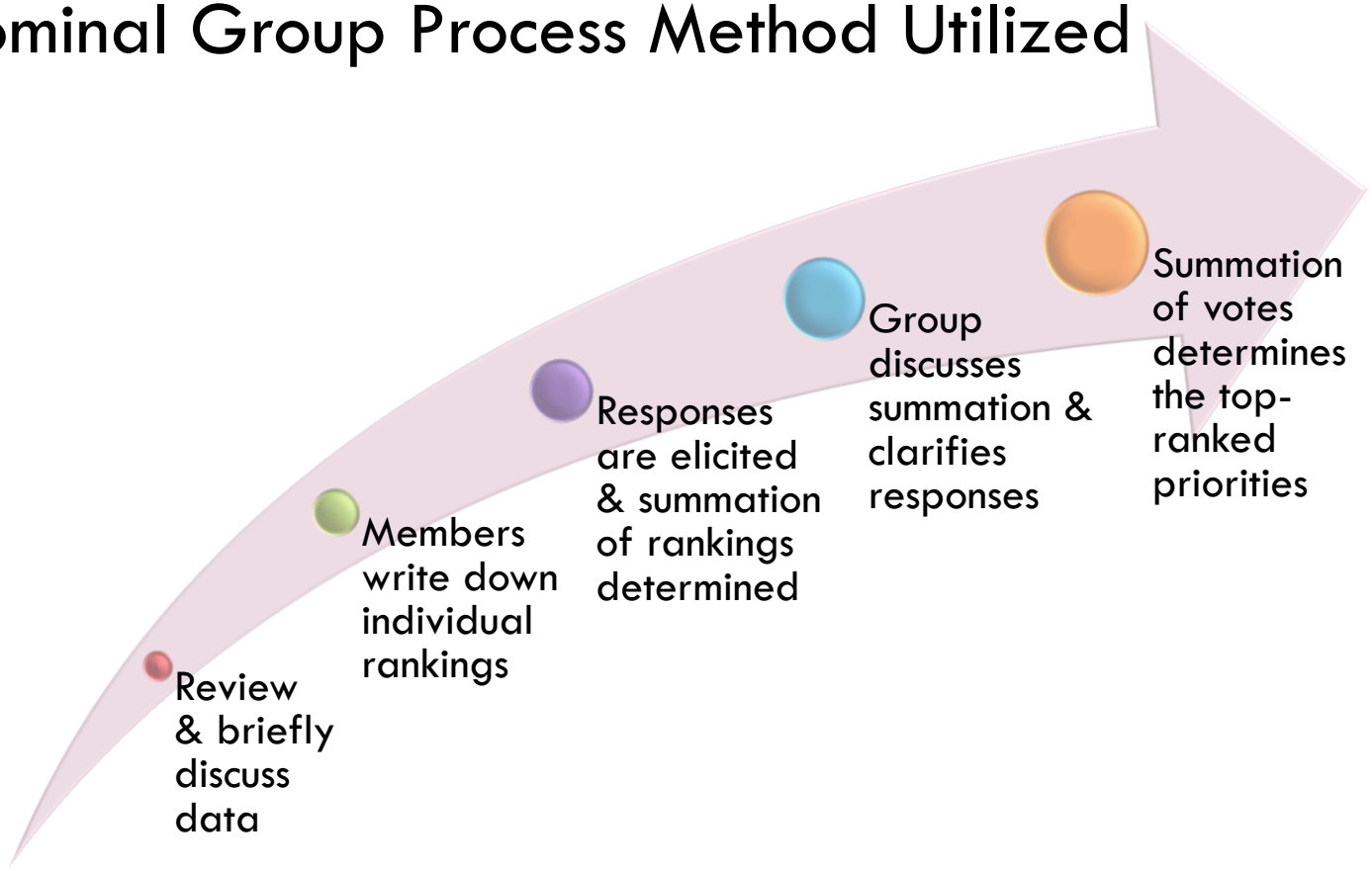
2012 Consumer Priority Ranking will be shown at a later time

PSRA Process: Step-By-Step

1. Priority Setting
2. Language on How Best to Meet Need
3. Resource Allocation
4. PSRA Approval

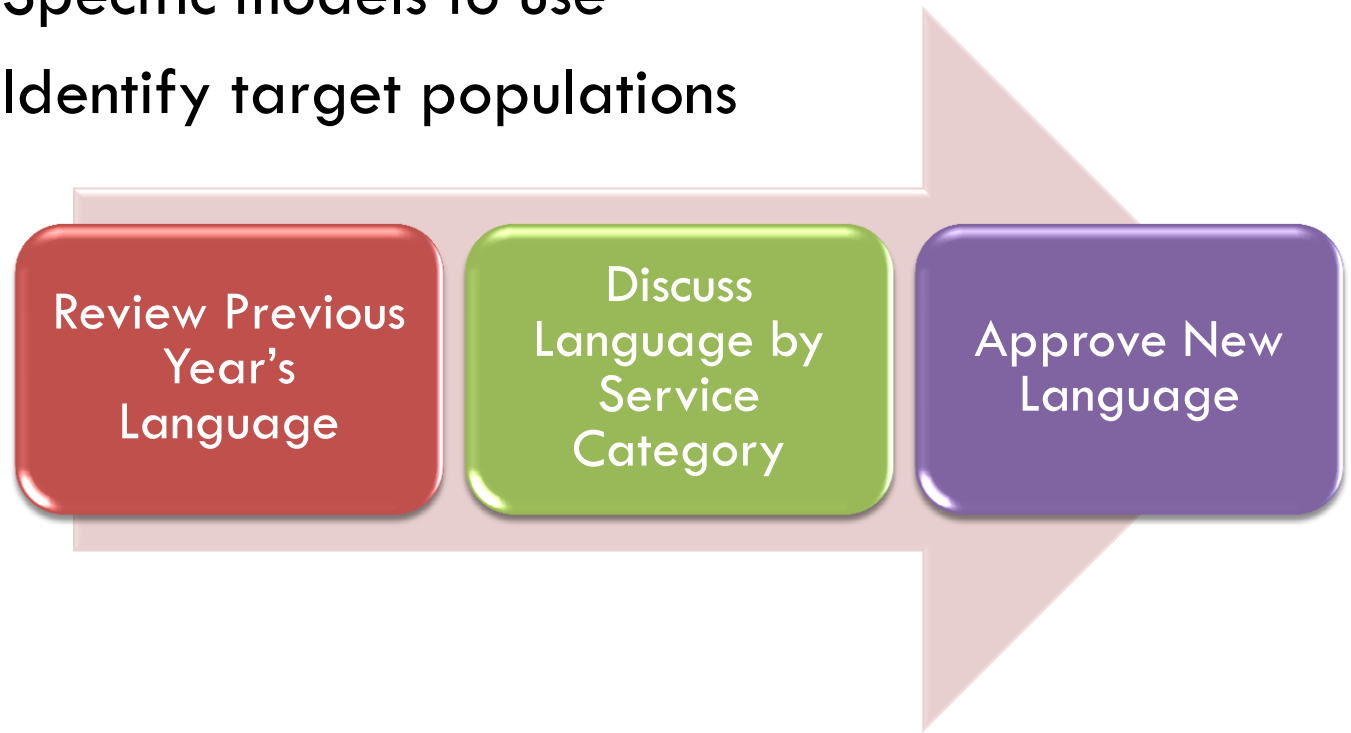
1. Priority Setting

- Prioritize service categories included in Legislation
- Nominal Group Process Method Utilized



2. Language on How Best to Meet Need

- Directives to Grantee on how best to meet the service priorities identified, such as:
  - Where geographically to fund services
  - Specific models to use
  - Identify target populations



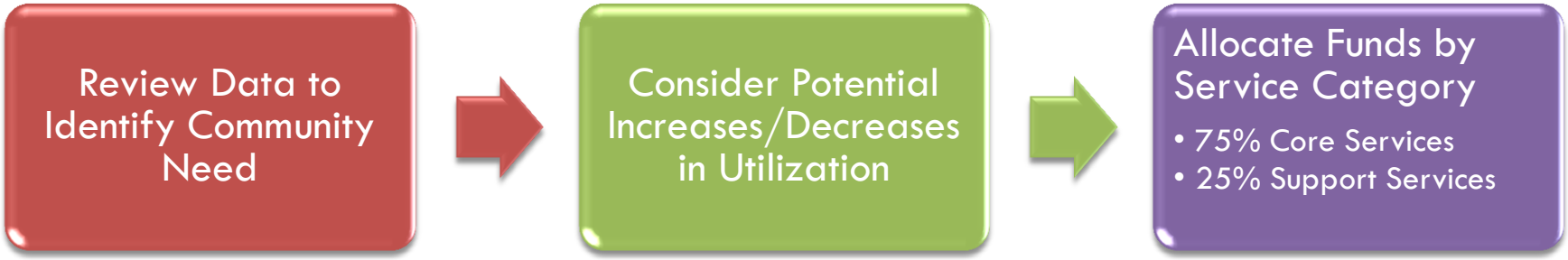
Additional Priorities & Language Considerations

Priorities & Language must be based on:

- Documented need
- Cost and outcome effectiveness
- Priorities of HIV+ community
- Availability of other resources

3. Resource Allocation

- Decide how much funding will be used for each service category
- Allows for funds to enable PLWHA Council members to be reimbursed for their reasonable expenses: transportation, parking, mileage, child care, regular lost wages and appropriate refreshments



4. PRSA Approval

- Joint Priorities Committee forwards PRSA recommendations to the Planning Council for its approval
- Grant Administrator submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

Award Increase Or Decrease

How the Council's process will prospectively address funding increases or decreases?

Post Award PSRA Revisions

- In the event of a funding award greater than the previous year, service categories will be funded first at the most recent fiscal year's **FINAL ACTUAL EXPENDITURE.**
- In the event of funding shortages, core curriculum service categories will be funded at the prior years final funded allocation level minus un-obligated administrative and carryover funds.
  - If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of previous year allocated to support services, the committee will meet to revise funding allocations.
  - Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

Questions?

SETTING PRIORITIES FOR HIV SERVICES IN BROWARD COUNTY

Survey of Joint Client/Community Relations Committee (5.7.13)

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

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Ideas for Expert Speakers to Present 'Hot Topics' at JCCR Meetings

Medical Topics (Staying in Care, Medication overview, etc.)

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
3) Staff of Part B Grantee's Office
4) Staff at Medicaid to discuss Waiver program

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

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

Ryan White Part B
Expenditure Report

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 Final Close out Encumbered	Part B 2012-2013 Monthly Average Left	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	$ 1,429	$1,050	42.4%	57.6%	$ 1,429
Medication Co-Pay	$490,317	$45,119	$103,480	$386,837	78.9%	21.1%	$ 103,480
AICP Insurance Prem	$69,800	$3,355	$134	$69,666	0.0%	100.0%	$ 134
Case Management (non-medical)	$228,287	$13,453	$22,163	$206,124	90.3%	9.7%	$ 22,163
Medical Transportation	$200,854		$0	$200,854	100.0%	0.0%	$ -
Administration	$110,192	$3,004	$17,867	$92,324	83.8%	16.2%	$ 17,867
TOTALS	**$1,101,929**	**$64,931**	$36,268	$956,855	86.8%	13.2%	$ 145,073
					13.2%		

Home Delivered Meals Served 2 clients

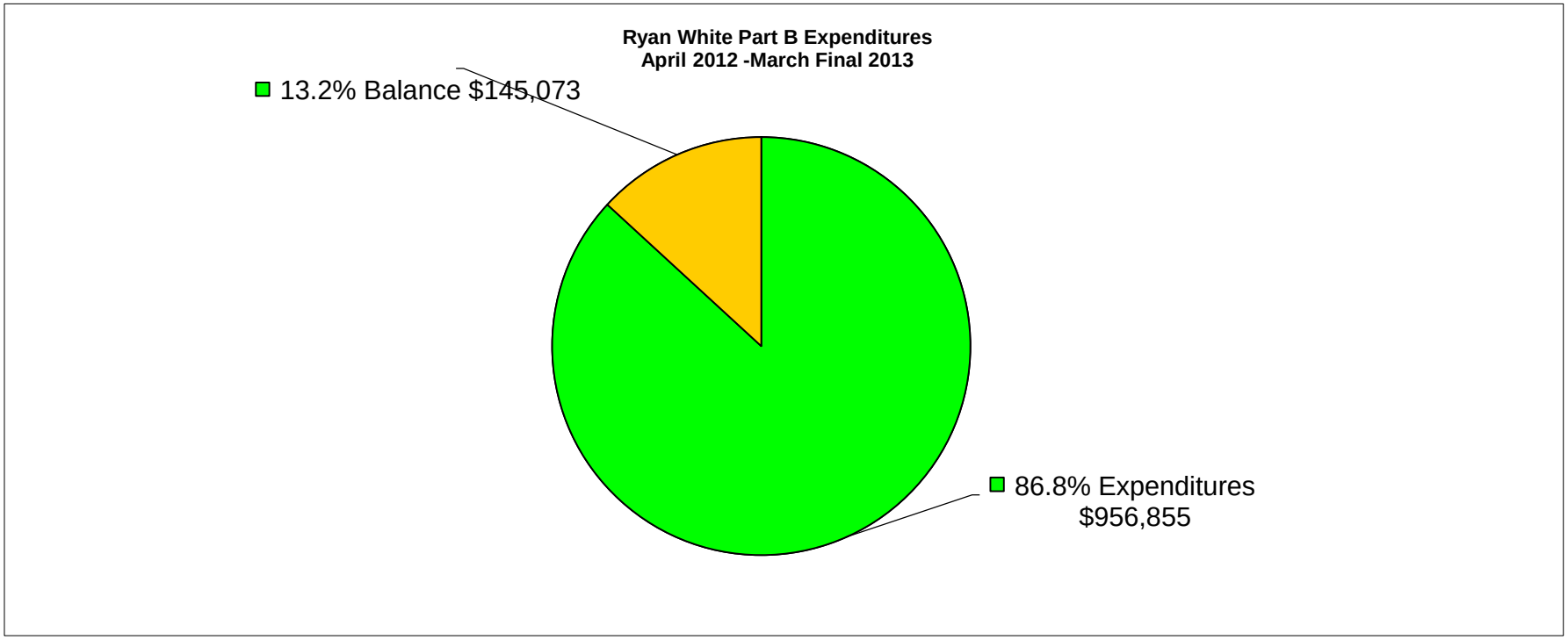
Medication Co Payment served 291 clients in which 20 were new to the program.
277 Clients served in March Medication Co Payment.
14 Clients served in March Mail Order
Cost Avoidance for Medication Co-Payment Program for March $ 47,415.74
Savings as a result of using co-pay cards April-March is approximately $200,000

Non-Medical Case Management conducted 997 eligibility interviews in March

Medical Transportation 179 (10 ride) and 311 (31 day) passes distributed in March

This report reflects all invoices received and paid for March 2013

Ryan White Part B
Expenditure Report



Report for Fiscal Year April 2012 thru March 2013