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, October 1, 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:** 10/1/13 Agenda, 9/3/13 Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. TESTIMONIALS
4. **UNFINISHED BUSINESS**
   a. **Hot Topic Recap /Training for Peer Educators (WP Item 1.3)**
   ACTION ITEM: Take a brief evaluation survey of the past hot topic presentation on peer education. Discuss the role and meaning of peer education for JCCR Committee members. Committee will decide the following: 1) If formal training is needed to help clients navigate through the system or 2) If members can continue to utilize the training received in meetings in order to distribute the information to the community.

   b. **Plan for the 3rd Community Event (WP Item 2.2, 3.2)**
   ACTION ITEM: Discuss venue and target population of the 3rd community event on December 3rd concerning the Affordable Care Act.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Evaluate 2nd Community Event: Resource Fair (WP Item 2.3)	ACTION ITEM: Review feedback provided from participants at the Resource Fair. Analyze the successes and failures of the Resource Fair at the African American Research Library.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** November 12, 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 3rd Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Continue planning the details of the 3rd community event on December 3rd. Confirm venue, target population, or request more research/details to consider.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

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MEETING MINUTES

COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, September 3, 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			Pont, A.
2	Washington, L., Part B Co-Chair		X			Bello, G.
3	Franks, H.		X			Gammel, B.
4	Bhrangger, R.		X			Grear, W.
5	Schiffer-Laxamana, K.			E		Kurla, S.
6	Marcoviche, W.		X			Burgess, D.
7	Parker-Maysonet, P.			E		
8	Stoakley, M.			A		
9	Wilkins, D.		X			**Grantee Staff**
10	Dyer, L.		X			Strong, K. (Part A)
						Mercer, A. (Part B)
						HIVPC Support Staff
						Crawford, T.
						McEachrane, T.
	Quorum = 6		**7**			

1. CALL TO ORDER:

The Part B Co-Chair called the meeting to order at 1:08 p.m. without quorum. Quorum was established at 1:25 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:	Franks, H
Seconded by:	Wilkins, D.
Action:	Passed Unanimously

Motion #2	To approve 8/6/13 meeting agenda
Proposed by:	Dyer, L.
Seconded by:	Wilkins, D.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

None

4. HOT TOPIC PRESENTATION (WP Item 1.2):

Peer Educator representatives: Amy Pont and Gustavo Bello

Introductions were made. Mr. Bello briefly described the responsibilities of Peer Educators (PEs) at Memorial Healthcare. PEs help clients manage their health by linking them to a system of care. Clients receive referrals from other agencies and are then screened to determine whether they need a case manager (CM). If newly-diagnosed, support is provided to help address any concerns about treatment. Clients who are concerned about potential side-effects of treatment are provided the necessary information and documentation. Once clients are in the system, PEs ensure clients go through the process correctly and attend appointments through encouragement. For clients unable to adhere to treatment as determined by their healthcare provider, staff meetings are held to address the issue and come to a solution between the patient, their provider, the CM, and PE. PEs may suggest to a client's CM what options should be explored for specific issues and suggest how goals can be met. A goal of the PE is to support a client until they are able to navigate the health system on their own.

Ms. Pont stressed that it is the duty of PEs at Memorial to encourage client adherence to medication treatments. PEs participate in peer advisory meetings every three weeks alongside clients to discuss ways in which Memorial can help improve support services. One member inquired about the PE's ability to refer clients to Ryan White services; the representative informed the committee that PEs at Memorial refer patients to Part A services and other programs. PEs may also refer clients for bus passes and monitor a clients' HIV status. Prevention education is also provided to help clients protect themselves from co-morbidities such as Hepatitis C. Peer educators speak multiple languages including English, Creole, and Spanish. An important duty of a PE is to watch out for signs of depression due to its association with reduced client participation in care treatments. PEs also help patients to disclose their status.

Memorial Healthcare PEs are funded under the Ryan White Part A program. All clients are HIV + and reside in Broward County. If they are newly-diagnosed, clients at Memorial are encouraged to meet with a Centralized Intake and Eligibility Determination (CIED) program representative. PEs also work in accordance with the CM's plan of care. Either a healthcare provider or the CM will recommend a PE to a specific case if deemed appropriate. Clients come from a variety of situations and thus, PEs may receive referrals outside the hospital system.

The Part B Co-Chair inquired how many people attend peer advisory meetings on average; normally 7 people attend. The HIVPC Chair suggested that Planning Council membership forms be handed out at the peer advisory meetings to encourage county involvement and provide a sense of community among PLWHA.

Ms. Pont confirmed that PE representatives from Memorial will have a table at the Resource Fair.

5. UNFINISHED BUSINESS

a. Training for Peer Educators

Discussion about the potential direction for peer education for JCCR members was held at the previous meeting. The Part A Co-Chair recounted what was discussed. The HIVPC Chair sought to clarify difference between peer educators and peer counselors. The Part A Chair stated that JCCR members wanted to be better informed about how to educate PLWHA not linked with any HIV services. Members want to help connect PLWHA to a system of care and inform them of additional

community resources.

The Committee will continue to define their role at the next meeting. Members discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained in areas such as HIV 500/501. Some members expressed ways they could continue to help clients navigate through the system such as guiding them to Centralized Intake and Eligibility Determination (CIED). The Committee also debated whether the title of "peer educator" was important. Members feel that it is their responsibility to give clients important information. Testing and certification was discussed as a way to ensure that members are providing accurate information. The hope for JCCR is that it becomes an entry point for people who are newly-diagnosed, new to the area, or new to the Planning Council.

b. Plan 2nd Community Event: Resource Fair

The Resource Fair will take place on September 24th from 5:00-8:00 p.m. at the African American Research Library. Refreshments and food will be provided. Members are allowed to arrive at the Library by 3:00 p.m. to start setting up. Assistance is needed to organize the tables, post signs, direct people to the event, and to break down the tables after the conclusion of the event. A maximum of 30 tables are available for participating agencies to reserve. JCCR will have a table shared with the Membership Committee. Thus far, 23 agencies are participating. A CMS representative will be presenting on the ACA. The exact time is yet to be announced. The Part A grantee, ADAP, and Medicaid representatives will be present to answer questions. A moderator will be also be present at the forum. An announcement will be made on Hot 105 advertising the event.

Volunteers will be directed on how to assist once they arrive. Members are encouraged to show up to keep the momentum and provide Council support. Members are encouraged to man the table in 30-45 minute shifts.

There was a discussion held about relaying the information given at the forum for members who are unable to make it to the event. An evaluation form for the Resource Fair will be provided. A discussion was held on possible incentives to help retrieve feedback.

For members who were unable to attend today's committee meeting, staff will send out a reminder email about the event and include the flyer.

c. Plan for the 3rd Community Event

Sunday, December 1st is World AIDS Day. Multiple agencies will be hosting events to mark the day. Members discussed hosting a follow-up event addressing the ACA exchanges, which will be open for enrollment on October 1st. Prevention was also discussed as a possible theme. Members discussed possible partnerships with other agencies such as CDTC. Details surrounding the event will be discussed at the next meeting.

6. MEETING ACTIVITIES / NEW BUSINESS

None

7. GRANTEE REPORTS

a) Part A

The Grantee received notification and documentation for HRSA grant submission, which is due October 9th. The grantee will participate in the CDTC World AIDS Day event on Sunday, December 1st. The focus is on having participation from faith-based organizations within the community.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to June 2013.
Non-Medical Case Management conducted 668 eligibility interviews in July. Medication co-payment served 219 clients of which 1 were new to the program. There were 209 clients served in July for Medication Co-Payment and10 clients served for Mail Orders.
Medical Transportation for July 2013: A total of 158 (10 ride) and 373 (31 day) passes distributed.

8. PUBLIC COMMENT

The HIVPC Chair related a personal account about Mr. Roberson. The Part B Chair also recounted his memory of Mr. Roberson and his involvement with Planning Council.

9. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date**: October 1, 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 3rd Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Continue planning the details of the 3rd community event on December 3rd. Confirm venue, target population, or request more research/details to consider.

10. ANNOUNCEMENTS

A discussion was held about a recent quality management retreat held by the National Quality Center for consumers. It was suggested that JCCR consider hosting its own training on quality management.

The Part A Chair informed members of the revised Broward County Ordinance form which discusses excused and unexcused absences. Members were also reminded to fill out the committee evaluation form.

11. ADJOURNMENT

Without objection the meeting was adjourned at 2:39 p.m.

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE - ATTENDANCE CY 2013

/Member	1/8/13	2/5/13	3/5/13	4/2/13	5/7/13	6/4/13	8/6/13	9/3/13
Part A			Community Event- No Attendance					
Katz, H.B., Co-Chair	1	1		1	1	1	1	1
Bhrangger, R.	1	1		1	1	1	1	1
Marcoviche, W.	1	1		1	1	1	1	1
Parker-Maysonet, P.	1	1		A	A	1	1	E
Dyer, L.	1	1		1	1	E	1	1
Part B								
Washington, L., Co-Chair	1	1		1	1	1	1	1
Franks, H.	E	1		1	1	1	1	1
Stoakley, M.	A	1		1	1	E	E	A
Schiffer-Laxamana, K.	1	A		1	A	A	1	E
Wilkins, D.	1	1		1	A	A	1	1
Quorum=6	9	9		9	7	6	9	7

PEER EDUCATOR FACTS

PEs

- Cannot provide services to clients who do not have Medical Case Management services
- Work in collaboration with Medical Case Managers (MCMs)
- Can provide services to any eligible client who resides in Broward County
- Cannot receive referrals directly—must go through each agency's referral process
- Assist in helping clients who are newly diagnosed, lost to care or at risk of being lost to care

PE Responsibilities

- Discuss client confidentiality, rights and responsibilities, grievance process, other providers of the same service
- Monitor service delivery and client adherence to Plan of Care (POC)
- Follow up on POC
- Promote medical adherence, including medication
- Facilitate access to primary medical care, medications, specialty care
- Coordinate medical referrals
- Monitor referral status
- Document all interventions
- Link clients to services, including CIED if necessary
- Assist MCMs in care coordination

JCCR Evaluation:
Hot Topic Training on Peer Education on September 3, 2013

Dear JCCR Members:

The HIV Planning Council wants to ensure that the JCCR training sessions are as effective and meaningful as possible. Please take a moment to evaluate the training you received at your September meeting on peer education. Thank you!

1. Did the presentation improve your understanding of the role of peer educators?
   ❑ Yes ❑ No If no, what information could have been more helpful?

   _____
   _____
   _____

2. What are some of the responsibilities of peer educators?
   - ❑Help clients manage their health by linking them to a system of care
   - ❑Encourage clients to attend scheduled appointments
   - ❑Help address clients' various issues and concerns about treatment
   - ❑Assist clients with access to services, adherence to appointments and medications and retention in care
   - ❑All of the above

3. Peer educators have the ability to enroll clients with Centralized Intake and Eligibility Determination (CIED) to determine eligibility to receive services.
   - ❑True
   - ❑False

4. Peer educators have the ability to link clients to additional community services.
   - ❑True
   - ❑False

5. Select all of the individuals below that are **NOT** able to work with peer educators in Broward County.
   - ❑Clients who are not enrolled in case management
   - ❑Clients who are newly diagnosed
   - ❑Clients who were lost to care
   - ❑Clients who reside outside of Broward County
   - ❑Clients who are new to the county

6. Are peer educators required to attend Medical Case Management trainings?
   - ❑Yes
   - ❑No

The Positive Life Workshop

NYC Department of Health and Mental Hygiene

This four-hour workshop are for persons living with HIV/AIDS, and they provide participants with the knowledge, motivation, and skills necessary to improve their health, support their immune system, increase treatment adherence, reduce risk behaviors, and develop health supporting routines. Participants who complete the workshop introduction are eligible to attend a two-day Intensive workshop that go into more depth on bio-psycho-social determinants of PLH health. People living with HIV lead the introduction in its entirety. The workshop includes a variety of empowering presentations, skills building activities, and peer-led group discussions in a safe and confidential space. Continental breakfast and lunch are provided; participants also receive roundtrip MetroCards and other health promotion items, including a Resource Manual, Health Journal, pillbox and personal care kit. All PLH interested in self-management benefit from the program; however, PLH who struggle with engagement in healthcare and/or treatment adherence, are newly-diagnosed with HIV, or who are returning to care after a period out of care are strongly encouraged to attend.

Amber Casey
Howard Oree
Josh Thomas
Joan Warner

Care and Treatment Unit
Bureau of HIV/AIDS Prevention and Control
NYC Department of Health and Mental Hygiene

December 05, 2012

Objectives

- Describe service category and background information
- Describe current program (The Positive Life Workshop)
- Describe the development of current program
- Discuss issues relating to proposed program expansion
- Identify next steps in proposed program expansion

Health Education/Risk Reduction

HRSA Service Category Definition

Health Education/Risk Reduction (HE/RR) services educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission

- Provision of information about available medical and psychosocial support services
- Education on HIV transmission and how to reduce the risk of transmission
- Counseling of how to improve their health status and reduce the risk of HIV transmission to others

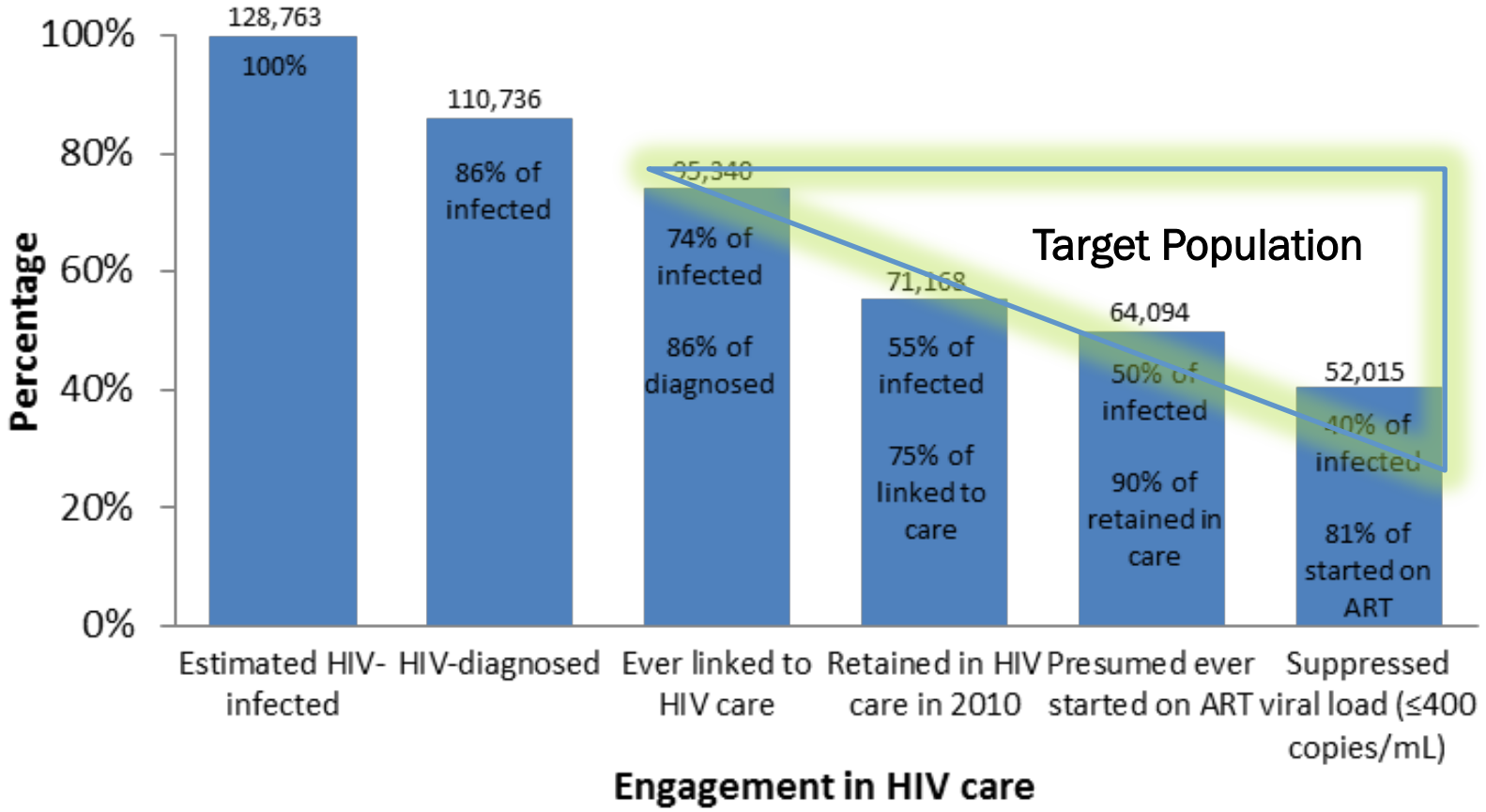
Health Education/Risk Reduction

Service Category	FY2013 Allocation	Percent of Grant
Health Education/Risk Reduction	$480,800.00	0.4%

PSRA Committee Ranking for Service Category	
FY2013 Planning Council Rank	13
FY2013 HRSA Application Rank	12

Health Education/Risk Reduction

Number and proportion of persons diagnosed with HIV in New York City engaged in selected stages of the continuum of care at the end of 2010



Health Education/Risk Reduction

Payer of Last Resort

- HE/RR is not a Medicaid billable service
- Part B does not fund HE/RR
- Limited other providers in community

Prioritization/Community Identified Need

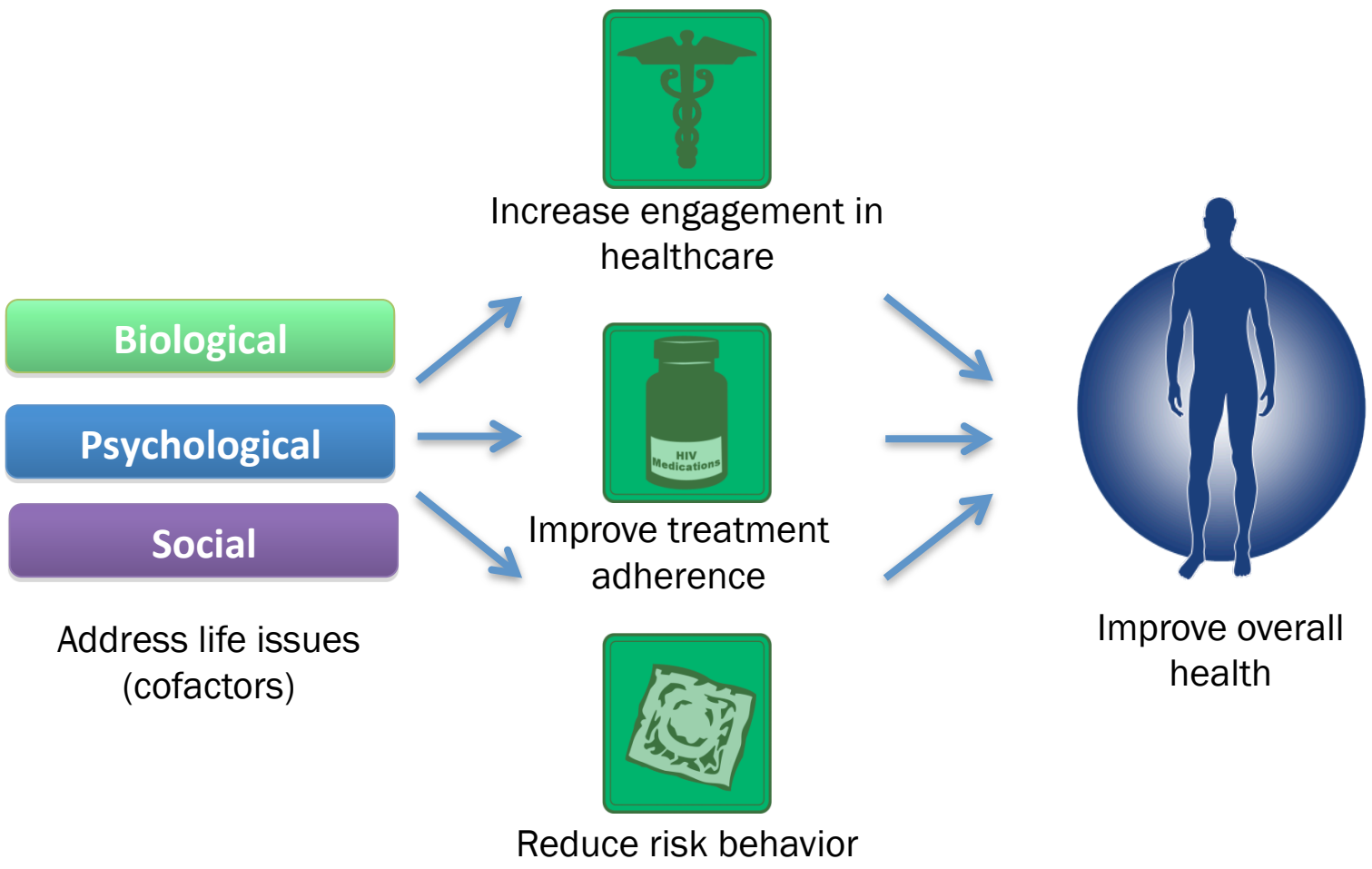
- While low on the PC priority list, assists in accessing other services
- HIV-positive peer leaders provided guidance to NYC DOHMH regarding the high need for HE/RR programming
- Focus groups of PLWHA identified the need for a program to facilitate support

Objectives

- ✓ Describe service category and allowable costs
- ❑ Describe current programming (Positive Life Workshop)
- ❑ Describe the development of current programming
- ❑ Discuss issues relating to program expansion
- ❑ Identify next steps in program expansion

The Positive Life Workshop (TPLW)

The Positive Life Workshop engages Persons Living With HIV/ AIDS (PLWHA) to increase HIV self-management



TPLW: Program Development

Literature Review

- Health Promotion
- HIV Self-Management
- Biopsychosocial cofactors

Focus Groups and Provider Interviews

- Social Support: address stigma, increase trusted support and foster HIV+ connections
- Beliefs and Life Goals: reduce fatalism and establish long term goals
- Disclosure: family members, partners, employers
- Mental Health: depression, grief, isolation, stress
- Substance Use: role in HIV infection, dual and triple diagnosis
- Risk: condom negotiation, sexuality and social identity
- Peer leadership: increased client motivation, better retention, and increased sense of safety and trusted support for participants

TPLW & NHAS Priorities

Increasing Access to Care and Improving Health Outcomes for PLWHA

- Workshop addresses engagement in care by educating participants about:
  - Patient-provider relationships
  - Treatment adherence
  - Self-management
  - Use of a health journal for health action planning

Reducing HIV-related disparities (support reduction in VL)

- Development of Spanish version better addresses disparities and supports reduction in viral load
- Peer model engages participants in health education

Reducing New HIV Infections: Prevention with Positives

- Workshop emphasizes
  - Avoidance of health risk behaviors
  - ARV adherence
  - HIV disclosure
- Peer model engages participants in prevention messages

TPLW: Key Guiding Principles

HIV+ peer leaders

- Present health education modules
- Facilitate small discussion and support groups
- Encourage goal-setting
- Model health action planning
- Conduct intakes
- Represent program during community outreach

Client-Centered Approach

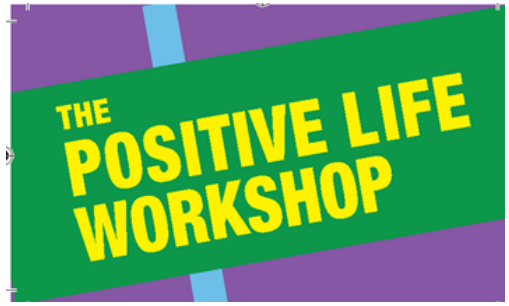
- Empowering and positive messages
- Utilizes skills-building exercises with focus on self-awareness
- Builds social support
- Encourages health goal setting

TPLW: Target Population

Positive Life Workshop targets PLH, age 18 and over, who lack experience or have low self-efficacy with managing HIV.

PLWHA who most benefit from the intervention are those who are:

- Struggling with engagement in care & treatment adherence
- Newly-diagnosed
- Out of care (and/or returning to care)
- Motivated to engage in self-management



NYC Health

TPLW: Curriculum

The workshop is a two-part series

Introduction (4 hours / half day)

Emphasis is on the three most important actions PLWHA can undertake to self-manage their health

Intensive (16 hours / 2 days)

PLWHA learn how to self-manage their health by addressing key topics in four areas

NYC Health

TPLW: Curriculum

Issues Covered in Workshop: "Cofactors"

Biological


Body care


Drug & alcohol use


Sexual Health

Adherence to HIV treatment


Engaging in healthcare

Psychological


Beliefs about HIV


Stress

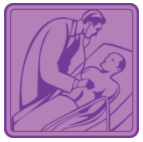

Grief & depression

Social


Trusted support


HIV disclosure


Self-assertiveness

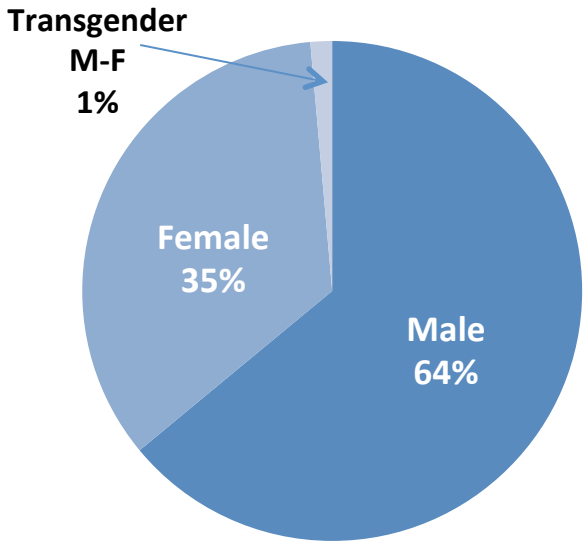

Patient-provider relationship

TPLW: Participants

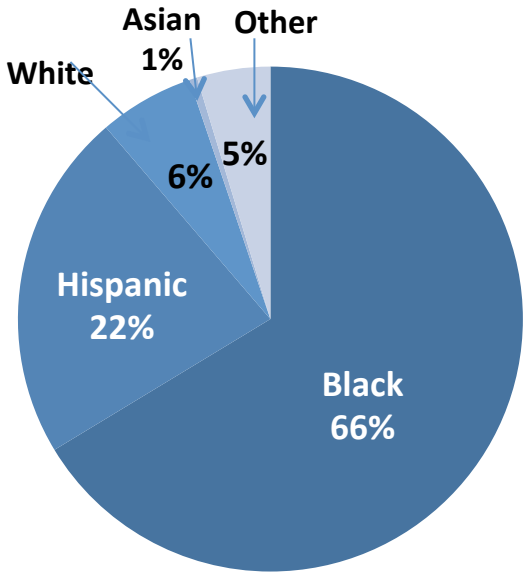
Participants Who Have… (thru November 30, 2012)	Unique Participants	Retention Rate
Completed Intake	609	n/a
Completed Four Hour Introduction	270	44%
Completed Two Day Intensive	117	43%*

*from Four Hour Introduction

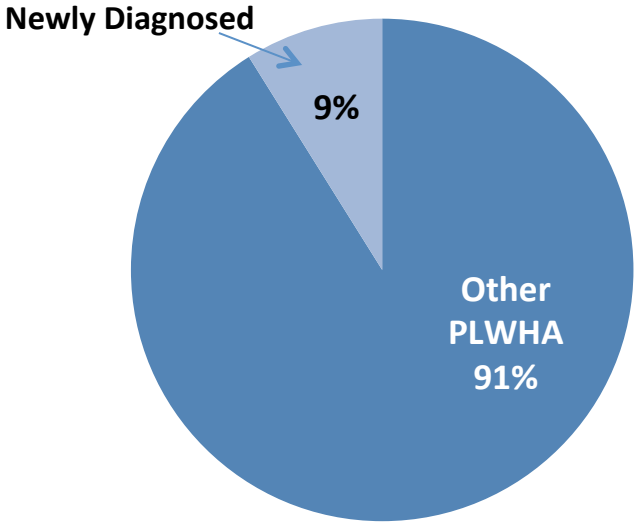
Participant Demographics



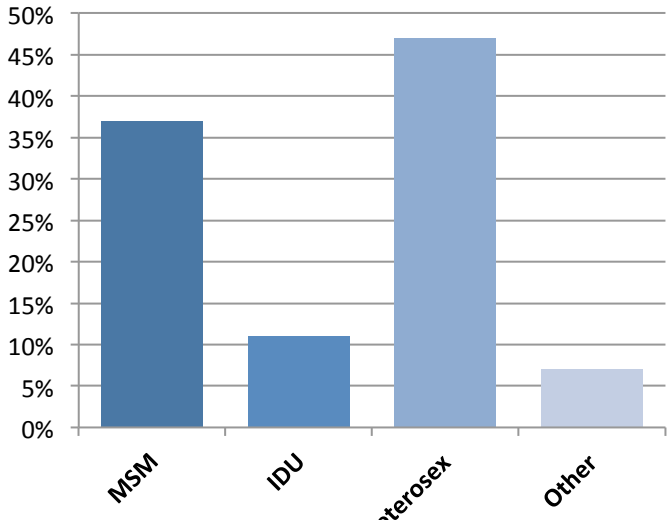
Gender



Race/Ethnicity



Population Targets



Transmission Risk

as of Sept 30, 2012

TPLW: Evaluation Methodology

- Design: one group pre-test/post-test/3-month follow-up
  - Introduction workshop
  - Intensive workshop
  - 3-month follow-up (behavior change only)
- Self-report survey administered beginning March 1, 2012
- Paired t-tests were used to compare mean differences for program outcomes between pre-test and post-test

TPLW: Evaluation Survey Tool

- **Knowledge of HIV-related behaviors:** 4-item (intro.); 5-item (intensive) measure that assessed knowledge of treatment adherence, substance abuse, and risky sexual behaviors (agree, disagree, don't know)

- **Attitudes towards HIV:** 11-item (intro.); 12-item (intensive) measure that assesses attitudes towards mental health, HIV disclosure, substance use, health action planning, and beliefs about HIV on at 4-point Likert scale

- **Behaviors:** 7-item measure that assess disclosure, needle-sharing, condom use, substance use and sexual behavior, and adherence on a 4-point Likert scale

TPLW: Evaluation Results

Knowledge of HIV-related behaviors:

- Using paired t-tests, changes in knowledge were significant
- Changes in knowledge appear greatest for low-performers (those who came in with the lowest scores) but the sample size for that group was too small to detect significance
- Increased knowledge was particularly noted for those attending the two-day intensive but sample size was too small to detect significance

Attitudes towards HIV

- Analysis found significant favorable change in attitudes for Introductory and Intensive workshops between pre- and post surveys
- Topics that showed the most change: Mental Health, HIV Disclosure, Substance Use, Health Action Planning, Beliefs about HIV (Optimism)

Behaviors

- Self-reported behavior change as measured by analysis between pre-survey and three month follow up survey showed no significant positive or negative change. Participants for this analysis cohort reported initial high-level of health promoting/risk adverse behavior

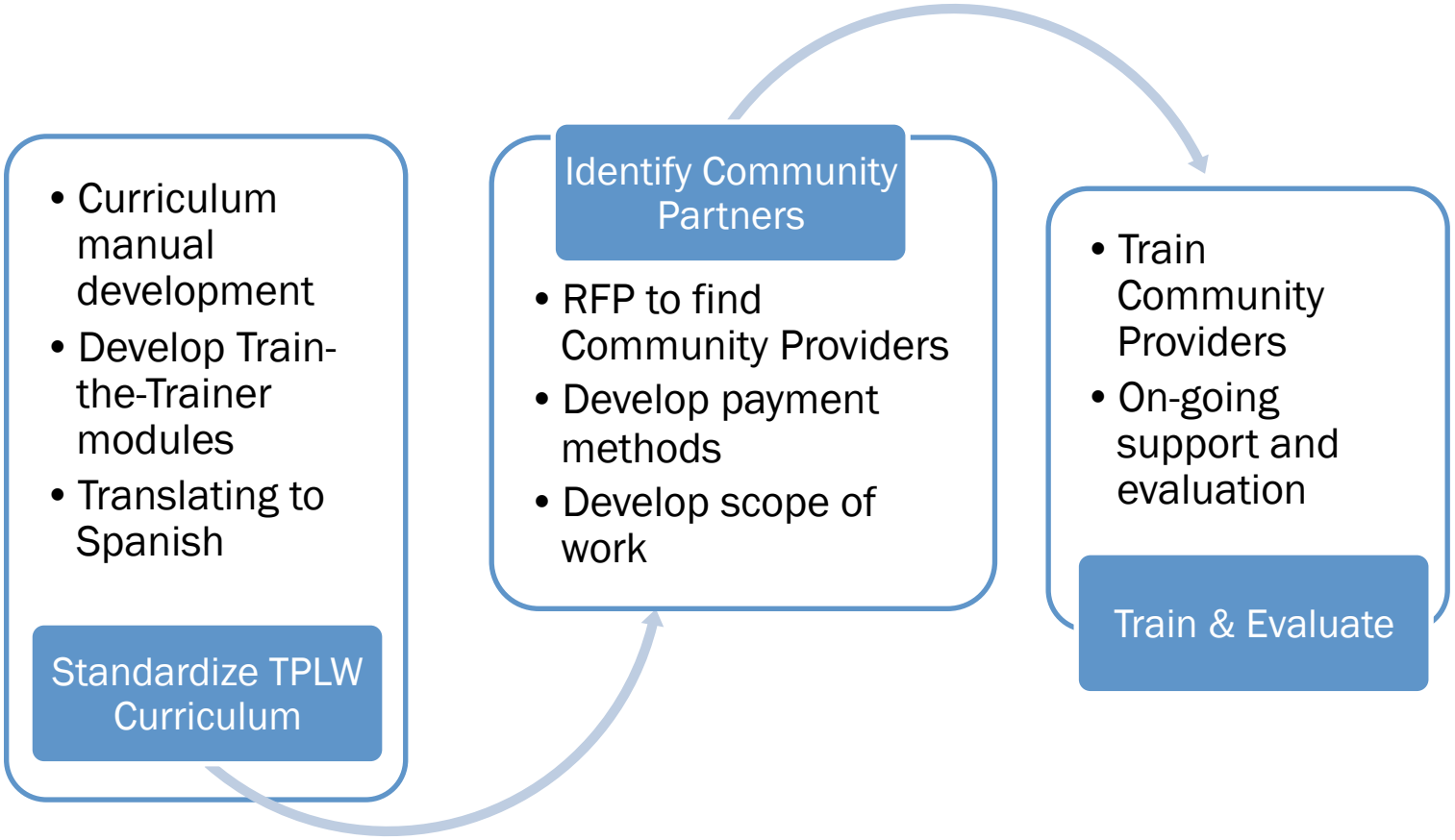
TPLW: Next Steps

- Increase registration and retention of PLWHA who would most benefit from the program (outreach targets)
- Pilot of Recruitment and Retention Strategies
  - Focused partnerships at CBO level
  - Community partnerships at neighborhood (intra-borough) level
  - Enhanced referrals of newly-diagnosed and out-of-care PLH
  - Peer outreach and social network strategies
- Marketing and outreach to providers and PLWH
- Translating materials into Spanish; engagement of Spanish-speaking HIV community
- Further refinement of evaluation tools

Objectives

- ✓ Describe service category and allowable costs
- ✓ Describe current programming (Positive Life Workshop)
- ✓ Describe the development of current programming
- ❑ Discuss issues relating to program expansion
- ❑ Identify next steps in program expansion

Proposed Program Expansion



Things to Keep in Mind

- The Ryan White program has invested in a best practices curriculum based on literature reviews, focus groups, target population input, and experience.

- Would require additional allocation to HE/RR by the PC. DOHMH estimates that DOHMH costs will be highest in the first year due to intensive training and roll-out schedule, but should level out in the following years of contracts with more money going out into the community

- Health Education/Risk Reduction is a non-Medicaid billable service that can enhance uptake and engagement in other services.

For Discussion

- What are the pros/cons of the proposed scale-up?
- What issues should the Planning Council keep in mind when creating the service directive?
- How can we ensure that providers reach a large number of the target population?

References

1. Gately, C., Rogers, A., & Sanders, C. (2007). Re-thinking the relationship between long-term condition self- management education and the utilization of health services. Social Sciences and Medicine, 65, 934-945.

2. Holman, H.R., & Lorig, K.R. (1997). Overcoming barriers to successful aging: Self-management of osteoarthritis. Successful Aging. The Western Journal of Medicine, 167(4), 265-268.

3. Leiphart, J.M., et al. The L.IF.E. Program: An integrated HIV risk reduction and immune-enhancement health counseling program based on psycho-social cofactors. Poster Exhibition: The XIV International AIDS Conference: Abstract no WePeF6731. 2002.

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NYC Health

2013-14 Work Plan Calendar for Joint Client/Community Relations Committee

	March	April	May	June	July	Aug
JCCR	Evening community event	1 Hot topic 2 Plan next community event	1 Rank Service Categories 2 Hot topic - PSRA training 3 Plan 2 hot topics	1 Hot topic 2 Plan next community event 3 Develop social media strategy	X	1 Hot topic 2 Plan 2 hot topics 3 Develop peer educator program 4 Plan 2nd Community Event

	Sep	Oct	Nov	Dec	Jan	Feb
JCCR	1 Hot topic 2 Community Event (Resource Fair)	1 Hot topic 2 Analyze Community Event	1 Hot topic 2 Plan 3rd Community Event	1 Hot topic 2 Third Community Event (ACA)	1 Hot topic 2 Analyze Community Event	1 Update Work Plan 2 Annual Evaluation 3 Plan 2 hot topics

Broward County HIV Health Services Planning Council FY13-14 **Joint Client/Community Relations Committee** Work Plan

Objective 1. Educate JCCR Members and PLWHAs About How The Council Functions And How They Can Play An Active Role	**Responsible/Source**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Develop new strategy for using Social Media to reach consumers.	JCCR, Grantee, Staff	Increased PLWHA participation	6/13	6/13	Complete
1.2 Receive orientation and training to enable Committee members and consumers to be more active participants in the Council and Committees. This includes educational "Hot Topics" at JCCR meetings. (Topics can include PSRA training for JCCR, how to use data to assess community need, using data to identify target populations and using data to identify disparities.)	JCCR, Grantee, Staff	Educated Committee members, consumers	5/13, 8/13, 2/14 PSRA 5/13	5/13, 8/13 2/14	1st training complete; 2nd complete
1.3 Develop and recommend plan to send Peer Educators to community events for consumers. Discuss training JCCR members on how to be peer educators.	JCCR, Grantee, Staff	Educated Committee members, consumers	8/13	9/13	In process
Objective 2. Hold Community Meetings To Educate Consumers About Navigating the Health System and Encouraging Consumer participation					
2.1 Plan community meetings. Identify goals to be achieved. Focus should be navigating the HIV health system, prevention for people who are positive, staying in treatment, educating about community viral load. Target populations with high incidence of HIV or barriers to care.	JCCR, Grantee, Staff	Meeting preparedness	4/13,8/13, 12/13	4/13,8/13, 12/13	Planning for 1st event complete
2.2 Hold meetings in the community. Goal: 3 per year.	JCCR, Grantee, Staff	Meeting held	3/13,9/13, 1/14	3/13,9/13, 12/13	First meeting held
2.3 Analyze the effectiveness of each community meeting and recommend future actions.	JCCR, Grantee, Staff	Improved events in future	4/13, 10/13 2/14	4/13,10/13 1/14	First event analyzed
Objective 3. Obtain Consumer Feedback; Provide Council With Insight From Consumer Perspective					
3.1 Gather feedback from consumers about barriers to obtaining HIV services and staying in treatment (for example, at community meetings). Recommend possible solutions.	JCCR, Grantee, Staff	Better knowledge of consumer needs and problems	3/13, 9/13 1/14	3/13,9/13 12/13	1st event complete
3.2 Assist Membership/Council Development Committee in recruiting consumers and others to become involved as members of the Council and its Committees (for example, at community events).	JCCR, Grantee, Staff	Increased PLWHA participation	3/13,9/13, 12/13	3/13,913, 12/13	1st event complete
Objective 4. Develop Annual Work Plan					
4.1 Develop annual work plan; Review Policies & Procedures	JCCR, Grantee, Staff	JCCR work plan	2/14	2/14	
4.2 Make annual evaluation: accomplishments, challenges &improvements	JCCR	Identify changes	2/14	2/14	

September 24, 2013 Resource Fair							
Presenter: Hugo Huapaya, CMS							
	Yes		**No**		**No Response**		**Total # of Responses (N=46)**
	#	**%**	**#**	**%**	**#**	**%**	
Do you receive Ryan White Services?	15	33%	28	61%	3	7%	43
Are you affiliated with any agency here?	25	54%	19	41%	2	4%	44
Did the Resource Fair provide you with helpful resources?	39	85%	2	4%	5	11%	41
Was this a convenient location?	41	63%	3	7%	2	4%	44
Would you attend another event such as this in the future?	42	91%	2	4%	2	4%	44
May we contact you for future events?	32	70%	6	13%	8	17%	38

How did you hear about this event?													
	Flyer		**Word of**		**Online/Email**		**Radio**		**Other/Outside**		**No Response**		**Total # of Responses**
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	
	13	28%	12	26%	5	11%	3	7%	12	26%	1	2%	45

Please rate the Community Resource Fair on a scale of 1 to 5 (1=Not Good; 5=Very Good)	**1**	**2**	**3**	**4**	**5**	**No Response**
	0 (0%)	**0 (0%)**	**3 (6.5%)**	**11 (24%)**	**28 (61%)**	**4 (8.7%)**

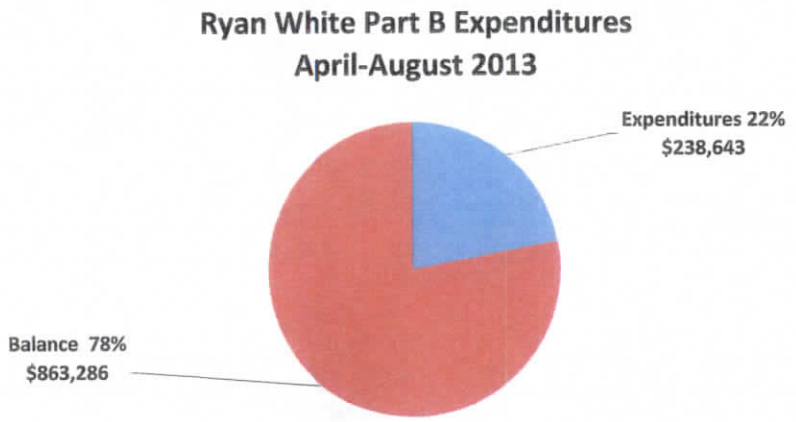
Comments
"...It was extremely cold in the Auditorium"
"Please send 300 flyers on your company 1st of month...Send info to churches and organizations in this community"

Suggestions for future locations:
"Closer to downtown"
"...the workplace"
"This location is great"
"Broward Convention Center"
"None"
"No"
"Very fair location"
"Other Large Libraries"
N/A (4)

Ryan White Part B
Expenditure Report
August 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (August/ Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 354.14	$ -	0%	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 27,057.99	$ 70,635.62	$ 115,550.67	37%	63%	$ 494,449
Case Management (non-med)	$ 228,287	$ 20,800.82	$ 21,413.27	$ 78,394.11	34%	66%	$ 149,893
Residential Substance Abuse		$ -	$ -	$ -	0%	100%	
Medical Transportation	$ 150,971	$ -	$ 21,567.29	$ -	0%	0%	$ 150,971
Administration	$ 110,192	$ 11,698.36	$ 9,356.29	$ 44,698.31	28%	72%	$ 65,494
TOTALS	**$ 1,101,929**	**$ 59,557.17**	**$ 123,326.60**	**$ 238,643**	**22%**	**78%**	**$ 863,286**
					78%		

Home Delivered Meals 0
Non-Medical Case Management conducted 732 eligibility interviews in August.
Medication Co Payment served 202 clients in August.
194 Clients served in August Medication Co Payment
8 Clients served in August Mail
Medical Transportation 707 (31 day) and 80 (10 ride) were distributed in August.



ADAP Report

Broward – September 2013

Clients Enrolled	3717
Clients Served	2096
No Show FLHC	21.33%
No Show PHHC	12.82%
Total Clients in ADAP w Ins. Waiver	539
Waiver Reasons	
• Medicare D	272
• AICP Transition	141
• No Brand Coverage	6
• No Prescrip. Coverage	28
• Prescription Cap	8
• Discount Plan	4
• Unaffordable co-pay/ded.	77
• Pre-existing condition	2
• Reimbursement Plan	1

As of 9/30/13 **% ADAP Clients in Broward by Viral Load**