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, September 3, 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:** 9/3/13 Agenda, 8/6/13
3. **STANDARD COMMITTEE ITEMS**
   a. TESTIMONIALS
4. **HOT TOPIC PRESENTATION** (WP Item 1.2): A peer educator from Memorial Healthcare System will speak about the role of peer educators in the community.
5. **UNFINISHED BUSINESS**
   a. **Training for Peer Educators**
      ACTION ITEM: Discuss the role and meaning of peer education for JCCR Committee members.
   b. **Plan 2nd Community Event: Resource Fair**
      ACTION ITEM: Finalize JCCR's role in the upcoming Resource Fair being held on September 24, 2013. Discuss members' attendance and materials to be provided.
   c. **Plan for the 3rd Community Event**
      ACTION ITEM: Discuss venue and target population of the 3rd community event on December 3rd. View Geomap.
6. **MEETING ACTIVITIES/NEW BUSINESS**
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
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**
11. **ADJOURNMENT**

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MEETING MINUTES

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

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:	Bhrangger, R.
Seconded by:	Parker-Maysonet, P.
Action:	Passed Unanimously

Motion #2	To approve 6/4/13 meeting agenda
Proposed by:	Marcoviche, W
Seconded by:	Parker-Maysonet, P.
Action:	Passed Unanimously

Motion #3	To approve 6/4/13 meeting minutes
Proposed by:	Marcoviche, W
Seconded by:	Parker-Maysonet, P.

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Action:	Passed Unanimously

Motion #3	To approve 5/7/13 meeting minutes
Proposed by:	Marcoviche, W
Seconded by:	Parker-Maysonet, P.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

None

4. HOT TOPIC PRESENTATION (WP Item 1.2):

Dr. Ana Puga introduced herself as the medical director of the Comprehensive Family AIDS Program at the Children's Diagnostic and Treatment Center (CDTC). CDTC is part of NIH research networks IMPAACT (addresses Maternal, Child and Adolescents) and FACTS (studies HIV-negative babies born to PLWHA). The Program is affiliated with Ryan White Part D. Dr. Puga addressed recent media reports of cures for HIV and Leukemia. She explained how a bone marrow transplant managed to cure an individual of HIV. She also discussed a similar example of a man living in Germany. Due to a genetic defect in approximately 10% of people of Eastern European descent, they lack a third receptor on the T-cell (this was later mentioned as a possible survival mechanism during the Black Plague). The absence of this receptor raises the difficulty for retroviruses to attack T-cells. As a result, a study is now focusing on genetically altering t-cells in others to hide the third receptor to drop their viral load. Additionally, Dr. Puga mentioned another story concerning a baby born in Mississippi who received three medicinal therapies at once upon birth. The baby is now 34 months of age, lived 8 months without medicinal therapy, and is still negative. Researchers are now looking into this form of therapy to treat newborns.

Dr. Puga attended a conference in May addressing a potential cure for HIV in the near future and announced that in January there will be studies involving adult clinical trials in conjunction with the University of Miami. The conference focused on potential cures for HIV as opposed to new medication therapies like previous years. One pharmaceutical company is studying the effects of cancer treatments on HIV activity. The therapy activates latent T-cells to identify infected cells, which helps antiretroviral medications to recognize and destroy the cells. Researchers call this the "shock-and-kill" concept. Another study involves genetically altering T-Cells. Researchers at the May conference believe that there will be a cure in next 10 to 15 years. Dr. Puga stressed the importance of remaining in the best health possible by taking medicines, eating right, exercising, getting enough sleep, avoiding the use of alternative/cultural teas in conjunction with medications, and avoiding the contraction of additional STIs. Moreover, she stressed to members that they should not let the virus rule their lives.

A question and answer session followed the presentation. Members inquired about who is eligible for specific studies. It was mentioned that these studies should be available to PLWHA who are "undetectable." Participates will have to be in optimal health and committed to taking several blood tests to participate in studies. Another member inquired about HPV and HIV positive patients. Dr. Puga explained that the Human Papillomavirus (HPV) is the only virus currently known to be directly associated with anal, oral, and cervical cancers. It was mentioned that plenty of adult women are HPV+ yet HIV negative. However, for HIV+ women, HPV progresses into cervical cancer at a much faster rate than those who are HIV negative. A member inquired about utilizing hysterectomies as a preventative measure for HPV. It was noted that only a total hysterectomy may prevent some cancers, but not all (i.e. Vulvar cancer).

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It was also mentioned that upcoming National Institute of Health studies will probably not be paid, but may cover small expenses (i.e. transportation) and a small stipend such as a $25 gift card. Dr. Puga discussed non-governmental research practices and the differences between government and private research studies in regards to safety procedures. Consumers who are interested in participating in NIH studies or additional information about HIV/AIDS research can visit the website: www.NIH.gov.

Dr. Puga made an announcement that she would like feedback on the patient/doctor relationship. The JCCR Co-Chairs thanked Dr. Puga for coming and welcomed her back as a future hot topic presenter.

5. UNFINISHED BUSINESS

a. Plan 2nd Community Event: Resource Fair

The Part A Grantee staff confirmed that a date and time has been identified but the location is still pending approval; the Resource Fair is tentatively booked at the African American Research Library. There will be approximately 30 agencies present, both RW and Non-RW affiliated, including AICP and Broward 2-1-1. The Fair will take place in the evening from 5:00 to 8:00 p.m. The Committee discussed obtaining a table as well as how many members will be present to assist. The Part B Co-Chair began a conversation about how the tables will be manned. Staff noted that representatives for the JCCR table will include Committee members and staff. Several members stated that they will be at the fair. It was mentioned that shifts may be an hour long per person, but members are welcome to stay the whole time. If a member is unable to answer a client question they should bring the inquiry to leaders in the committee and support staff.

The Part B Co-Chair inquired about other potential locations for the Fair that were previously discussed. Staff noted that other locations included the Pride Center and ArtServe; however, they were either unavailable for requested dates or had a high of a fee associated. One member noted that she attended a similar event last year at the African American Library and many groups came together, making the event was very successful. The Part B Co-Chair stated that SFAN should be made aware of location so that as many people as possible hear about the event in order attend. An updated flyer will be sent out and available for distribution in the near future.

Members discussed the urgency of needing to confirm a location and meeting logistics since the Fair is six weeks away. The Part A Grantee staff stated that she is inquiring about releasing another Public Service Announcement (PSA) advertising the Fair since the last PSA was a success.

There was discussion about what will be included on the table; the Planning Council tablecloth was requested. It was mentioned that JCCR members should consider themselves ambassadors to committee membership. The Part A Co-Chair stated that some MCDC members will not be attending the fair, but they are aware of the event. The Part B Co-Chair stated that informational items about Part A and Part B will be available at the Fair as well as JCCR related materials. Additionally, the committee calendar and upcoming events will be provided. One member suggested that the table representatives discuss how JCCR represents the community and provides a voice for community members. The Part A Co-Chair noted that JCCR information can be printed and distributed. Membership informational materials will be provided as well. One member recommended having a box and pencils provided at the table to allow participants to express what issues they want addressed in the community. Members also agreed that providing promotional items were a good idea in addition to materials detailing JCCR and the HIV Planning Council. Part A Grantee staff suggested that an organizational chart be provided to show how the HIVPC is structured. One member inquired about presentations at the Fair. The Part A Grantee stated that a presenter will be in a separate room and speak at a specific time. The Fair will take place in the main lobby area.

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b. Plan for the 3rd Community Event

One member inquired about a goal on the communication plan. The Part A Grantee staff noted that the plan refers to goals that the Committee would like to obtain. The Part A Co-Chair mentioned that the Philadelphia EMA has a Facebook page that showcases their work. He believes that this reaches the community more than radio or newspaper; it also reaches various age groups. The Part B Co-Chair reviewed the JCCR Communication Plan and stated that the committee must seek grantee approval for utilizing a Facebook group. The Committee will receive an answer by the Grantee regarding a Facebook group at the next meeting.

6. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
Overview of ACA	The Part A Co-Chair recommended that members read the presentation handout "Healthcare Reform Implementation: Moving Forward and Managing Change" and mentioned a December community event where ACA will be discussed. A member mentioned that SFAN will host an event at Holy Cross in October or November regarding the ACA. The Part B Co-Chair suggested that JCCR participate in this community event. A member mentioned that everyone will have a better idea of insurance plans around this time period. The Part A Co-Chair noted that there will be many people will still be signing up for Marketplace plans in December and would benefit from another informational meeting in November.
Training for Peer Educators (WP Item 1.3)	The Part A Co-Chair opened the floor for debate about agencies presenting at JCCR meetings and training members about peer education. The Part A Grantee staff stated that there is a difference between peer counselors and peer educators. Counselors are non-medical agency workers while educators do not have to work for an agency. The Part B Co-Chair stated that members of JCCR are already informing community members and questioned the need to hold training for peer education since it is already occurring. Staff suggested that the training could be a venue for members to find out how to represent JCCR formally. It was mentioned that the original direction for peer educators was that they provide support for newly-diagnosed and other PLWHAs within their community. One member expressed concern about educators being unsupported themselves within the field. Another member stated that educators are making an impact in the communities they serve. A member stated that she is educated by attending JCCR meetings. Members discussed the benefits receiving more information about peer education by expanding members' knowledge about informing members of the community. The Part A Co-Chair stated that Hot Topic series is part of education. The Part A Grantee staff suggested that after being a JCCR Committee member for a certain time period, members can receive the title of peer educator. A member suggested that a certification be given. Other members expressed examples of trainings that resulted in certifications. The Part A Grantee staff reiterated the idea of members receiving formal peer education training to improve the credibility of committee efforts. The Part B Co-Chair asked committee members to think of ideas for peer educator training. Discussion concerning peer education training will reconvene at the September Committee meeting.

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7. GRANTEE REPORTS

a) Part A

Grantee office is preparing for the Part A Grant Application.

The Geo Map handout is courtesy of the Department of Health (DOH). The Grantee will inquire about the new DOH epidemiologist availability to attend JCCR Committee meetings.

b) Part B

Bus pass availability will be expanded according to consumer comments. Consumers will now be able to receive passes through additional venues and not just through the agencies' case managers. Distribution venue will remain the same. Requirements for the passes will remain the same: consumers must be Part B eligible for bus pass and not Medicaid eligible. The Grantee is open to recommendations for alternative transportation venues from members. One member inquired about discharge procedures since consumers are not provided transportation. Another member mentioned that a protocol is in place that after 4-5 hours (or when anesthesia has worn off completely) the hospital will release the patient. The Grantee recommended contacting the paratransit program, TOPS, upon discharge from the hospital.

Grantee mentioned that a contract is being set up for a substance abuse residential program that will run from October until the end of March. Clients will be linked to Part A supportive services upon release from the 30-day program. Transportation services will be made available including providing the client a bus pass if they are Part B eligible. The Grantee clarified that clients must confirm a place to go upon release. Clients must be HIV+ for eligibility. The goal is to have program running from October 2013 to March 2014.

The Grantee continues to monitor ADAP clients. The next wave of AICP clients will be enrolled into ADAP Premium Plus and receive a temporary CVS card. Renamed AICP clients will receive a letter to recertify eligibility and undergo re-enrollment. The Part B Co-Chair inquired about the process. The Grantee stated that letter is being drafted and clients can make an appointment to re-enroll. The Grantee briefly discussed re-enrollment and the medications made available to clients though the ADAP formulary.

The written Part B Grantee report was provided detailing expenditures up to June 2013.
Non-Medical Case Management conducted 623 eligibility interviews in June. Medication co-payment served 234 clients of which 12 were new to the program. There were 266 clients served in June for Medication Co-Payment and 8 clients served for Mail Orders.
Medical Transportation for June 2013: A total of 198 (10 ride) and 244 (31 day) passes distributed.

8. PUBLIC COMMENT

There was no public comment.

9. AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date**: September 3, 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	Continue planning the details of the next community event. Choose a date and a target population, or request more research/details to consider.

Discussions will continue about the Resource Fair in September. Member participation in the Fair will be confirmed at the next meeting. The peer education program will also be discussed and an

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invite to the next meeting will be extended to the new DOH epidemiologist.

10. ANNOUNCEMENTS

The Part A Co-Chair announced that Cleveland Clinic hosts an HIV support group meeting at the same time as JCCR. The Chair suggested that JCCR members consider attending a meeting and also inviting the Cleveland Clinic support group members to attend a JCCR meeting.

The Part A Grantee reminded members that those participating in the Resource Fair need to relay information about the role and responsibilities of JCCR to the community.

11. ADJOURNMENT

Without objection the meeting was adjourned at 3:05 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
Part A			Community Event- No Attendance				
Katz, H.B., Co-Chair	1	1		1	1	1	1
Bhrangger, R.	1	1		1	1	1	1
Marcoviche, W.	1	1		1	1	1	1
Parker-Maysonet, P.	1	1		A	A	1	1
Dyer, L.	1	1		1	1	E	1
Part B							
Washington, L., Co-Chair	1	1		1	1	1	1
Franks, H.	E	1		1	1	1	1
Stoakley, M.	A	1		1	1	E	E
Schiffer-Laxamana, K.	1	A		1	A	A	1
Wilkins, D.	1	1		1	A	A	1
Sampson, R.	*App. 4/25/13*			1	A	A	A
Quorum=7	9	9		9	7	6	9

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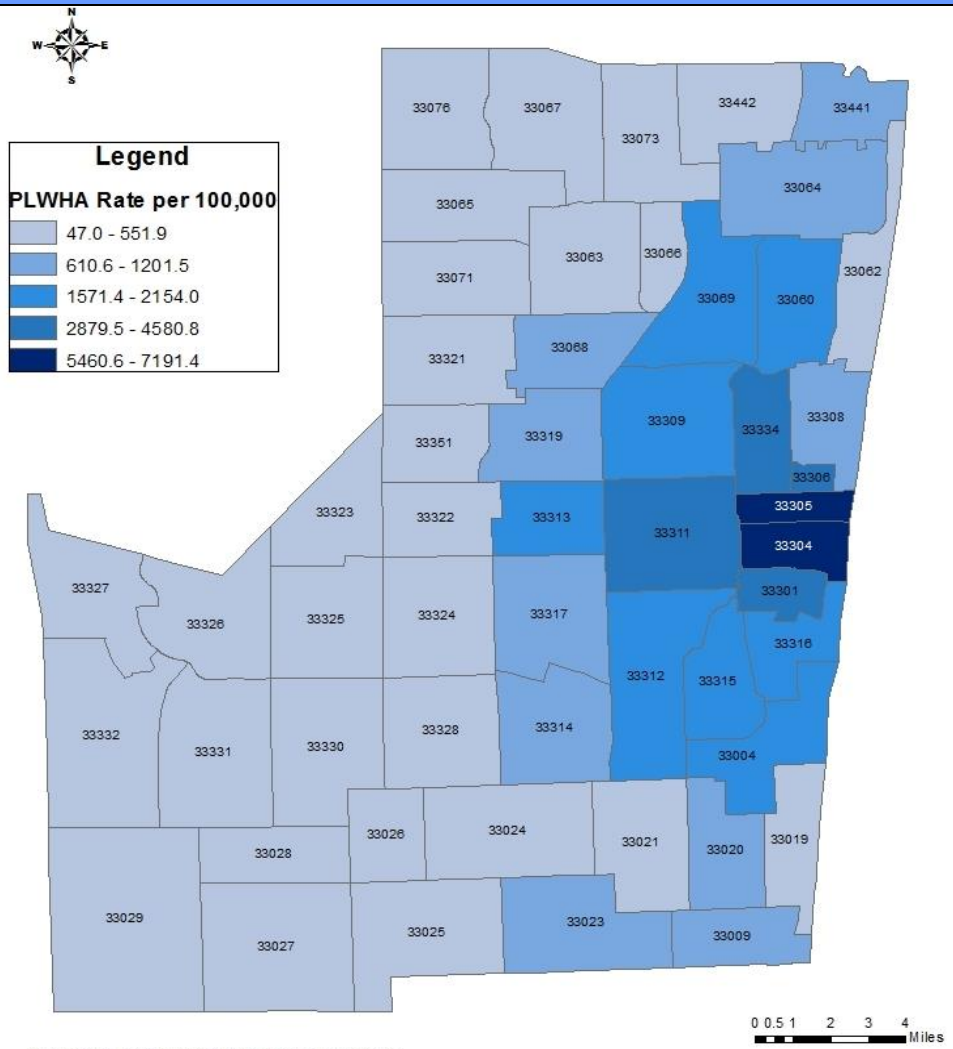
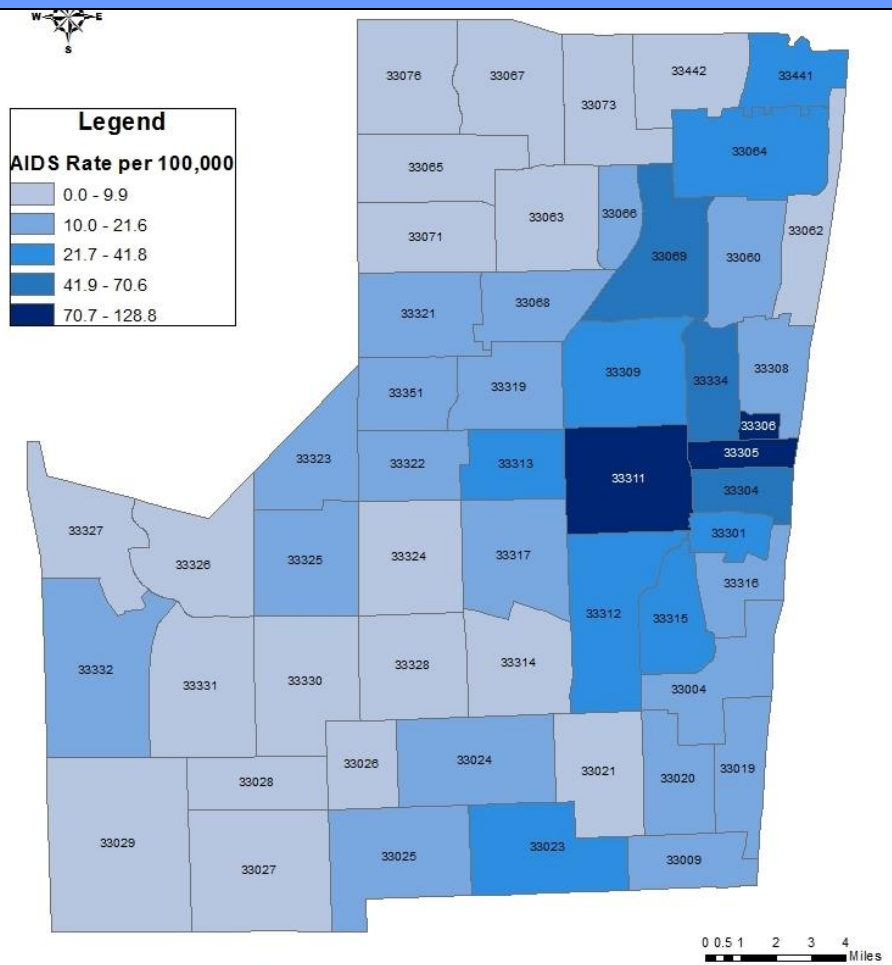
People Living with HIV/AIDS (PLWHA) Rates Per 100,000 Through 2012, Broward County, Florida

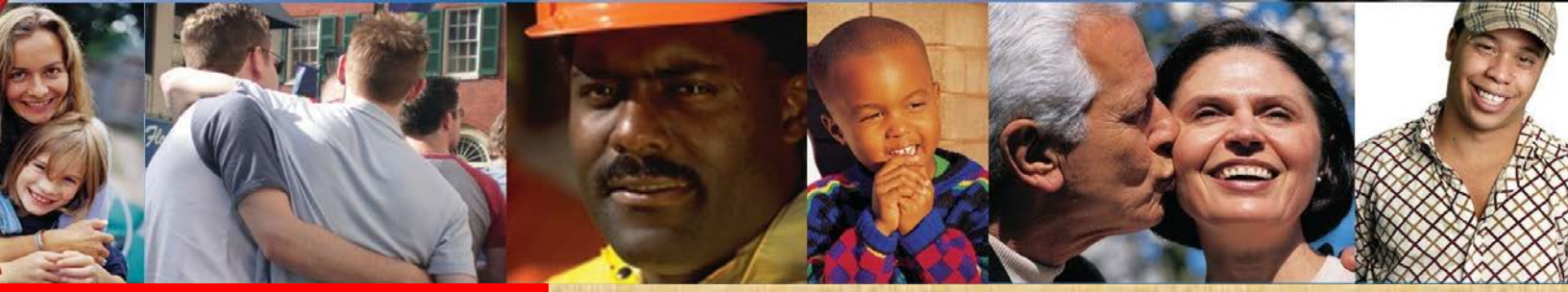


Source: FL DOH HIV/AIDS Surveillance Program
Living data represent a snapshot of all living cases reported through 2012, as of 12/31/12.

New AIDS Case Rates Per 100,000 in 2012, Broward County, Florida



Source: FL DOH HIV/AIDS Surveillance Program
Data as of 12/31/12



DO YOU KNOW ABOUT THE AFFORDABLE CARE ACT?

REFRESHMENTS WILL BE PROVIDED

Ryan White Part A Program & Joint Client Community Relations Committee

Presents

COMMUNITY RESOURCE FAIR

----------ON----------

TUESDAY, SEPTEMBER 24TH, 2013

5:00 pm – 8:00 pm

@

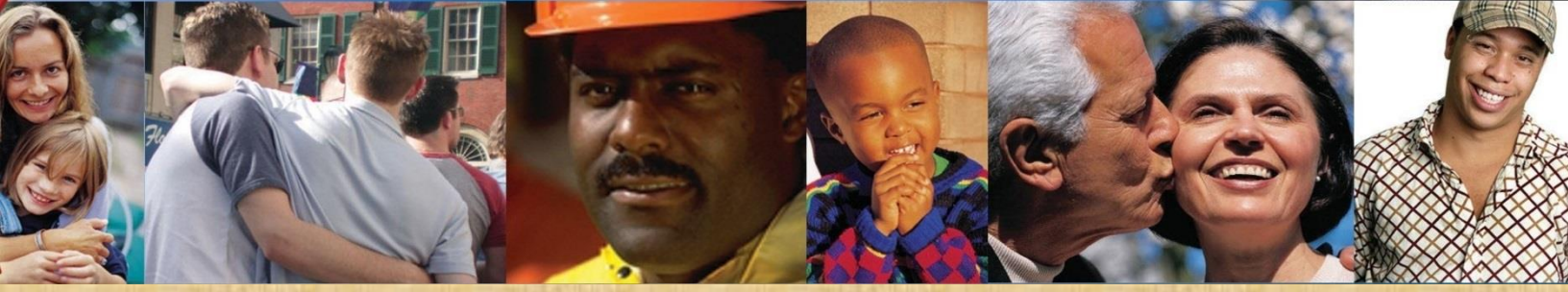
African-American Research Library

2650 Sistrunk Blvd, Ft. Lauderdale, 33311

For more information, contact BRHPC @ 954-561-9681 or email quality@brhpc.org

BROWARD COUNTY FLORIDA

HIVPC
Broward County HIV Health Services Planning Council



¿CONOCE LA LEY DE CUIDADO DE SALUD ASEQUIBLE?

SE PROPORCIONARÁN REFRIGERIOS

El programa Ryan White Parte A y el Comité de relaciones de la Comunidad Conjunta de Clientes

Presenta la

FERIA **COMUNITARIA** DE RECURSOS

----------EL----------

MARTES 24 DE SEPTIEMBRE DE 2013

5:00 pm – 8:00 pm

en

African-American Research Library

2650 Sistrunk Blvd, Ft. Lauderdale, 33311

Para más información, contacte con el BRHPC en el tel. 954-561-9681 o en el correo electrónico quality@brhpc.org

BROWARD COUNTY FLORIDA

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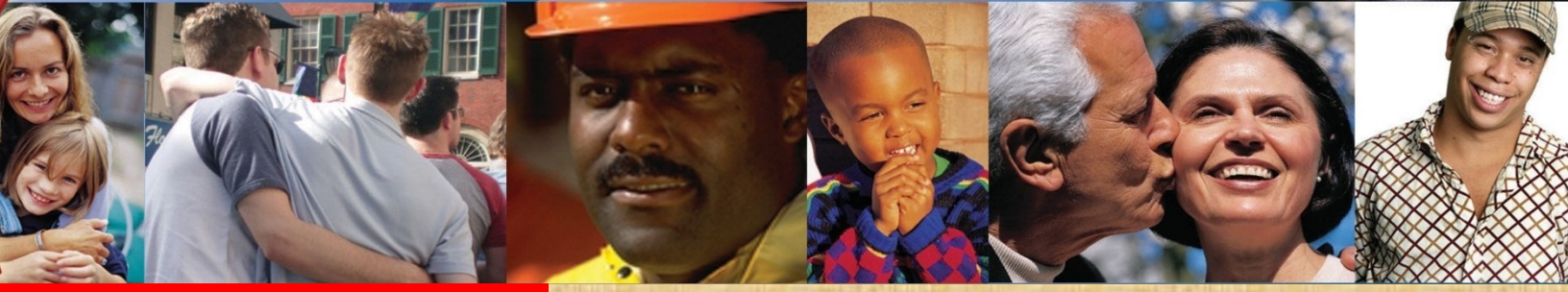
Broward County HIV Health Services Planning Council



SA W KONNEN OSIJ È LWA SOU SWEN BON MACHE?

YO PRAL BAY BWASON RAFRECHISAN

Pati A nan Pwogram Ryan White ak Komite Pou Relasyon Kominotè Nan Tèt Ansanm ak Kliyan

Prezante

EKSPOZISYON SOU RESOUS **KOMINOTÈ**

----------JOU----------

MADI, 24 SEPTANM, 2013

Ant 5 kè apremidi ak 8 tè diswa

Nan

African-American Research Library

2650 Sistrunk Blvd, Ft. Lauderdale, 33311

Pou plis enfòmasyon pran kontak ak *BRHPC nan 954-561-9681 oswa imèl quality@brhpc.org*

BROWARD COUNTY FLORIDA

HIVPC
Broward County HIV Health Services Planning Council

Ryan White Part B
Expenditure Report
July 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (July/ 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	$ -	$ 275.44	$ -	0%	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 19,551	$ 57,945.26	$ 88,492.68	15%	85%	$ 521,507
Case Management (non-med)	$ 228,287	$ 10,623	$ 18,702.89	$ 59,961.00	26%	74%	$ 168,326
Residential Substance Abuse							
Medical Transportation	$ 150,971	$ -	$ 16,774.56	$ -	0%	0%	$ 150,971
Administration	$ 110,192	$ 7,117	$ 8,760.00	$ 31,352	28%	72%	$ 78,840
TOTALS	**$ 1,101,929**	**$ 37,291.71**	**$ 102,458.15**	**$ 179,806**	**16%**	**84%**	**$ 922,123**
					84%		

Home Delivered Meals 0
Non-Medical Case Management conducted 668 eligibility interviews in July.
Medication Co Payment served 219 clients in July in which 1 was new to the program.
209 Clients served in July Medication Co Payment
10 Clients served in July Mail Order
Medical Transportation 373 (31 day) and 158 (10 ride) were distributed in July.