



Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685
www.brhpc.org

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING AGENDA

Thursday, August 23, 2012 at 9:00 A.M.

Samantha Kuryla, Chair

Brad Gammell, Vice Chair

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

1. CALL TO ORDER

2. MOMENT OF SILENCE

3. WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- b. Council Member and Guest Introductions
- c. Excused Absences and Appointment of Alternates
- d. Approval of Today's Agenda
- e. Approval of 7/19/12 Meeting Minutes

4. PUBLIC COMMENT (Up to 10 minutes)

5. FEDERAL LEGISLATIVE REPORT (via teleconference)

6. CONSENT ITEMS

Consent Item # 1	To appoint Katrina Schiffer-Laxamana as a member of the Joint Client/Community Relations (JCCR) Committee
Proposed by:	Joint Client/Community Relations Committee

Consent Item # 2	To appoint Kara Schickowski (of Legal Aid) as a member of the Joint Priorities Committee
Proposed by:	Joint Priorities Committee



7. DISCUSSION ITEMS

First Reallocations of FY 2012-2013

Discussion Item #	Service Category	Grantee Recommended Sweep Amount	Recommended TO	Recommended FROM	Proposed by
1	Ambulatory (5)	(\$155,685)		(\$498,714)	Joint Priorities
2	Ambulatory (5)		\$343,029		Joint Priorities
3	Food Bank (1)	(\$100,000)	\$0	(\$100,000)	Joint Priorities
4	Food Voucher (1)	(\$21,221)	\$0	(\$21,221)	Joint Priorities
5	Pharmaceuticals (3)	\$13,000	\$13,000	\$0	Joint Priorities
6	Case Management (7)	\$11,005	\$11,005	\$0	Joint Priorities
7	Mental Health (3)	\$62,888	\$62,888	\$0	Joint Priorities
8	Substance Abuse (2)	\$2,500	\$2,500	\$0	Joint Priorities
9	Centralized Intake and	\$175,513	\$175,513	\$0	Joint Priorities
10	Legal Assistance (1)	\$12,000	\$12,000	\$0	Joint Priorities
Total Part A Funds		\$0	\$619,935	(\$619,935)	

Discussion Item # 11	To form an ad Hoc subcommittee to review PCIP private insurance to report to Joint Priorities Committee by March 1, 2013.
Discussion Item # 12	To move that clients under 150% FPL have an option of up to 3 food vouchers from 12 Food Bank allotments (<i>Food Service Eligibility in Figure 1 below</i>)
Discussion Item # 13	To amend the emergency provision to include a choice of either food box or voucher (<i>Food Service Eligibility in Figure 1 below</i>)

Figure 1 – FOR REFERENCE ONLY:

CURRENT FOOD SERVICE ELIGIBILITY
Food Bank/Food Vouchers Case Manager Referral Every 12 months Application status for food stamps and/or WIC (undocumented residents exempt) Food Bank, 150% FPL One box per month, with a maximum of 12 boxes per year Food Vouchers, 151-300% FPL Maximum 3 vouchers per year Must demonstrate an emergency need and a plan to meet their need. “Emergency” defined as a verified loss of, or reduction in income due to unexpected or unbudgeted expense or event beyond client’s control. Emergency must be documented in Progress Log and Plan of Care.



8. AUGUST COMMITTEE REPORTS

a. **Membership/Council Development Committee (MCDC)** – No August Meeting

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

Next Meeting Date: Thursday, September 6, 2012 at 9:00 a.m.

b. **Joint Client Community Relations Committee (JCCR)** – August 7, 2012

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

As part of the Part B report, members asked the Part B Grantee about the possibility of adding 7-day bus passes to the types of passes available for Ryan White consumers. The Committee agreed to conduct an educational event for HIV+ consumers in conjunction with its regular business meeting in September. The event will be held at 9 a.m. Wednesday Sept. 5 at MODCO in Fort Lauderdale. The event was timed to coincide with MODCO's monthly mandatory meeting for its tenants, most of whom are HIV+. A local physician will make a presentation on the importance of staying on medications to maintain good health and on prevention for positives. A CIED representative will make a presentation on navigating the HIV care system. Time will be set aside to take feedback from HIV consumers on their experiences. The Committee also will hold a regular business meeting and invite the consumers to attend, to learn more about the HIVPC process. *Agenda Items for Next Meeting: Standing Agenda Items. Next Meeting Date: September 5, 2012.*

c. **Joint Planning Committee** – August 13, 2012

Part A Co-Chair: Karlene Tomlinson, Part B Co-Chair: Kim Saiswick

The Committee reviewed the first set of data that members requested in July, aiming to see how Broward compares to the goals of National HIV/AIDS Strategy. The data covered the percentage of patients in care within three months of diagnosis (79), percentage in continuous care (44) and percentage with undetectable viral loads (50). Part A was the only one to report, and needs to refine the figures to make sure they are complete. Part C and Part D reported data subsequent to the meeting. Part B will be asked to report for next month's meeting. Also, the Committee set up an informal subcommittee to devise questions for a 2012 client survey, to submit to HIVPC for approval in September and to complete by Dec. 31. The Committee is asking for volunteers from the HIVPC and other committees to serve on the subcommittee (email only, no meetings). The survey would be short, with questions designed to bring out information relating to the goals of the NHAS. Ideally, the survey would target people not in care. *Agenda items for the next meeting: Standing items, review additional data from Parts A-D, approve client survey, discuss work plan with HIVPC Chair and/or Vice Chair. Next Meeting Date: Monday, Sept. 10, 2012.*

d. **Local Pharmacy Advisory Committee (LPAC)** – No August Meeting

Next Meeting Date: To be determined.

e. **Joint Priorities Committee** – August 15, 2012

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair (Interim): Lisa Agate

The Committee approved the first Part A reallocations of FY 2012-13, moving a total of \$619,935 out of three categories (medical, food bank and food vouchers) and moving \$619,935 into seven categories (medical, pharmacy, case management, mental health, substance abuse, centralized intake/eligibility and legal). After a discussion, Priorities recommended creating an ad Hoc Subcommittee on Pre-Existing Condition Insurance Plans (PCIP) to study whether Broward should pursue a pilot program adding PCIP coverage as a Ryan White service. The subcommittee will study costs, potential savings,



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ideal coverage benefits, how large of a pilot program to conduct, and the experiences of other PCIP programs (success in retaining clients in care). The panel will report back by March 1, 2013. Also, the Committee recommended letting clients with incomes under 150% of the federal poverty level choose between food boxes or food vouchers, up to 3 vouchers in their 12 annual food allotments. Also recommended was: Allowing clients with incomes of 151% to 300% FPL (federal poverty level) who qualify for 3 emergency food allotments per year to choose between food boxes or vouchers (of twelve allotments per year). Also, the Committee set December for an annual evaluation of the Part A Grantee, through the Assessment of the Administrative Mechanism. The members recommended a qualified candidate (Legal Aid attorney) to be appointed to the Committee. *Agenda Items for Next Meeting: Standing Agenda Items, Discussion of MAI. Next Meeting Date: October 17, 2012.*

f. **Joint Executive Committee – No August Meeting**

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick

Agenda Items for Next Meeting: Standing Agenda Items. Next Meeting: September 20, 2012.

g. **Part A Executive Committee – August 16, 2012**

Chair: S. Kuryla, Vice Chair: B. Gammell

The committee reviewed and approved the HIVPC Agenda and the September meeting calendar. Executive Committee asked staff to conduct a quick survey of Planning Council members whether they want to change the location and time of council meetings, and if so, to specify when and where. Some Executive members favor returning meetings to Fort Lauderdale, which is more centralized. Also, the Committee planned a half-day retreat and invited Part B chairs to participate at the next Joint Executive Committee meeting on Sept. 20. The topic is to discuss aligning the HIVPC strategies with the Comprehensive Plan and National HIV/AIDS Strategy, and also training for chairs. *Agenda Items for Next Meeting: Retreat at Joint Executive. Next Meeting: Sept. 20, 2012.*

h. **Quality Management Committee (QMC) – No August Meeting**

Chair: Michael Rajner, Vice Chair: Claudette Grant

The August meeting was canceled as per the Chair. A detailed report will be made available at the HIV Planning Council Meeting on 8/23/12.

Next Meeting Date: September 17, 2012.

i. **ad Hoc By-Laws Subcommittee - No August Meeting**

Next Meeting Date: To be determined

9. GRANTEE REPORTS (up to 10 minutes)

- a) Part A
- b) Part B – HANDOUT A
- c) ADAP – HANDOUT B1 – B2

10. OTHER REPORTS (up to 10 minutes)

- a) Part C – HANDOUT C
- b) Part D – HANDOUT D
- c) HOPWA

11. UNFINISHED BUSINESS



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12. NEW BUSINESS

- a) Meeting Location Discussion – HANDOUT E
- b) Healthcare Reform Update
- c) Request from Joint Planning for Assistance on 2012 Client Survey

ACTION ITEM: Joint Planning requests HIVPC and Committee members to volunteer time for a subcommittee that will devise questions for the 2012 Client Survey, and to recommend how the survey should be conducted. No meetings are required; subcommittee members will give feedback via email about survey questions and issues. Also, the Committee requests all HIVPC members share with staff your thoughts on what the Client Survey should cover.

13. ANNOUNCEMENTS

- a) Questionnaire from Membership Committee on Topics for HIVPC Training – HANDOUT F

ACTION ITEM: The Membership/Council Development Committee requests HIVPC members fill out the questionnaire in today's packet listing topics you want to see for member training.

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA (Fill out Form)

16. AGENDA ITEMS FOR NEXT MEETING: September 27, 2012 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES
 200 Oakwood Lane, Suite 100, Hollywood FL 33020
July 19, 2012

Attendance				
#	Members	Present	Absent	Guests
1	Kuryla, S. Chair	X		Campbell, K.
2	Gammell, B., Vice-Chair	X		Colin, H.
3	Abel, Dr. S.	X		Deer, L.
4	Bush, A.		X	Ferrer, M.
5	Creary, K.	X		Kenny, K.
6	Dyer, L.		X	Majcher, B.
7	Grant, C.	X		Moore, L.
8	Hanson-Evans, B.		E	Murphy, K. *
9	Hayes, M.	X		Parker-Maysonet, P.
10	Hernandez, R.	X		Proulx, D.
11	Holness, Comm. D. V.C.		X	
12	Johnson, K.	X		
13	Jordan, V.	X		
14	Katz, B.	X		
15	Marcoviche, W.	X		Grantee Staff
16	Moore, P.	X		Degraffenreidt, S (Part A)
17	Moragne, Dr. T.	X		Green, W. (Part A)
18	Pearl, J.		X	Jones, L. (Part A)
19	Perigny, W. J.	X		Mercer, A. (Part B)
20	Pryor, J.	X		
21	Rajner, M.	X		
22	Reed, Y.	X		
23	Roberson, C.	X		HIVPC Support Staff
24	Siclari, R.	X		Hosein, F.
25	Spencer, W	X		LaMendola, B.
26	Stoakley, M.		X	Rosiere, M.
27	Taylor-Bennett, C.	X		
28	Tomlinson, K.	X		
29	Wilson, T.	X		
30	Wynn, J.	X		
A1	Coscarelli, M. (Alt)	X		
Quorum=16		24 +1	6	*Present Via Phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:09 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording



of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 7/19/12 Agenda

Motion #1:	To approve the 7/19/12 Agenda with amendment (to do the HOPWA report before Consent Items)
Proposed by:	Michael Rajner
Seconded by:	Karen Creary
Action:	Passed Unanimously

Approval of the 6/21/12 Meeting Minutes

Motion #2:	To "Approve the 7/19/12 Meeting Minutes
Proposed by:	Michael Rajner
Seconded by:	Karen Creary
Action:	Passed Unanimously

4. PUBLIC COMMENT (up to 10 minutes)

Ms. Coscarelli: The Hollywood location for HIVPC and Committee meetings is difficult to reach for her and many others. She needs to take two buses to attend. A more central location would be better.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy, The Ferguson Group

The following report was provided via teleconference: The House has worked on markup of a FY 2013 spending bill for Health and Human Services. It contains less for Ryan White than the Senate's version but the two versions are not as far apart as expected. That is a good sign that any cuts included in a final agreement would not be as much as feared. Parts C, D and F may face cuts that could be concerning. It's too early to predict with certainty what numbers to expect. (A more detailed report from The Ferguson Group may follow.)

6. HOPWA Report

The HOPWA Grantee reported that a plan for outsourcing HOPWA (a division of the City of Fort Lauderdale Housing and Community Development) is on the back burner. The budget was released and HCD is a line item on the budget. The Grantee noted that this indicates that HCD/HOPWA is not being outsourced at the moment. The Request for Proposal (RFP) was released on July 11, 2012 for the next fiscal. \$9.6 million for FY 13/14.

7. CONSENT ITEMS

The following three (3) Consent Items were sent for ratification by the Council:

Joint Priorities (LPAC)

To "move generic Lipitor from Tier 3 to Tier 1".
To "remove Actos and Fungizone from the Formulary".

Quality Management

To reappoint Todd Mitchell to the Quality Management Committee



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The following motion was made to approve all Consent Items:

Motion # 3	To approve all Consent Items
Proposed by:	Michael Rajner
Seconded by:	Joey Wynn
Action:	Passed Unanimously

8. DISCUSSION ITEMS

The following Discussion Items were sent for ratification by the Council:

Discussion Item #	Rank	Service	Part A FY12/13 Allocation	Factors to Consider ACA=Affordable Care Act	Part A FY13/14 Recommended Allocation	Proposed by
1	1	Medical	\$6,504,282	Expanded testing will link more clients to care. ACA impact . Expected Medicare reimbursement increase 3% (\$195,128). Offset FY 11/12 underutilization due to late grant award (\$800,000)	\$7,258,747	Priorities
2	2	Pharmacy	\$411,109	Expanded testing will link more clients to care. Decreased PAP access. LPAC formulary changes. ACA Impact	\$457,909	Priorities
3	3	Oral Health	\$2,623,653	Other funding \$234,747. Overutilization past 4 years. Difficulty accessing. Prevention issue. Low Medicaid; Very small Part F, Continued historic Part A Overutilization.	\$3,211,225	Priorities
4	4	Medical Case Mgt	\$1,134,105	Expanded testing will link more clients to care; Need to enhance the case management model.	\$1,413,697	Priorities
5	5	Mental Health	\$274,099	Expanded testing will link more clients to care. ACA Impact	\$293,871	Priorities
6	6	Substance Abuse	\$355,389	Expanded testing will link more clients to care. ACA Impact	\$408,703	Priorities
		Total Core	\$11,302,637		\$13,044,151	
7	1	Eligibility	\$300,000	As of 7/1/12 clients must be recertified every 6 months instead of 12 months (increase costs 33%)	\$505,073	Priorities
8	2	Food Bank	\$277,111	No other significant funding sources identified. Clients , providers rank as highest priority support service. Includes FY 11/12 bulk purchase \$537K. Eligibility to be reviewed for Food Vouchers;Allocation to be split: 70% Food Bank, 30% Food Vouchers	\$1,022,217	Priorities
9	3	Legal Services	\$112,426	No other funding identified. SSI appeals process	\$130,742	Priorities
10	4	Outreach	\$67,000	No other funding identified. Expanded testing will link more clients to care. Offset for underutilization due to lack of provider in part of FY 11-12 (\$15,598)	\$74,320	Priorities
		Total Support	\$756,537		\$1,732,352	
		TOTAL	\$12,059,174		\$14,776,503	\$0



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The following motions were made to approve Discussion Items 1 – 10:

Motion #4	To allocate \$7,258,747 to Ambulatory Outpatient Medical
Proposed by:	Joint Priorities
Seconded by:	Reed
Action:	Passed Unanimously

Motion #5	To allocate \$457,909 to Pharmacy
Proposed by:	Joint Priorities
Seconded by:	Reed
Action:	Passed Unanimously

Motion #6	To allocate \$3,211,225 to Oral Health
Proposed by:	Joint Priorities
Seconded by:	Reed
Action:	Passed (6 Abstentions)

Motion #7	To allocate \$1,413,697 to Medical Case Management
Proposed by:	Joint Priorities
Seconded by:	Creary
Action:	Passed

Motion #8	To allocate \$293,871 to Mental Health
Proposed by:	Joint Priorities
Seconded by:	Creary
Action:	Passed

Motion #9	To allocate \$408,703 to Substance Abuse
Proposed by:	Joint Priorities
Seconded by:	Creary
Action:	Passed (3 Abstentions)

Motion #10	To allocate \$505,073 to Eligibility (CIED)
Proposed by:	Joint Priorities
Seconded by:	Creary
Action:	Passed
Motion #11	To allocate \$1,022,217 to Food Bank (Split: 70% Food Bank; 30% Food Voucher)
Proposed by:	Joint Priorities
Seconded by:	Timothy Moragne
Action:	Passed

Motion #12	To allocate \$130,742 to Legal Services
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed



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FY 13/14 MAI ALLOCATIONS:

Discussion Items 11 – 15:

Discussion Item #	FY 13/14 Rank	MAI Service	FY 12/13 Allocations (\$)	Factors to Consider* (ACA = Affordable Care Act)	FY 13/14 Funding Request Based on Client & Factor Increase	Proposed by
		Core				
11	1	Medical	\$100,000	Expanded testing will link more clients to care. ACA Impact	\$110,000	Priorities
12	2	Medical Case Mgt	\$176,644	Expanded testing will link more clients to care. ACA Impact	\$211,973	Priorities
13	3	Mental Health	\$95,368	Expanded testing will link more clients to care. New entity chosen to manage service on countywide basis. ACA impact	\$104,905	Priorities
14	4	Substance Abuse	\$400,624	Expanded testing will link more clients to care. New entity will manage service on countywide basis. ACA impact	\$460,718	Priorities
			\$772,636		\$887,595	
		Support				
15	1	Eligibility	\$290,957	As of 7/12 clients recertified every 6 months (increase \$=33%)	\$386,973	Priorities
	MAI	Support	\$290,957		\$386,973	
			\$1,063,593		\$1,274,568	

A Member queried the over 50% increase for MAI eligibility (which will be done by Part A) and noted that “parking that amount of \$ is risky.” Joint Priorities Chair noted that the amount is estimated and that the sweeps process is the only system in place to readjust. This is a projection of 1000 clients that have been used across the board for all allocations. The following motions were made to approve Discussion Items 11 – 15.



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Motion #14	To allocate \$110,000 to MAI Medical
Proposed by:	Joint Priorities
Seconded by:	H. Bradley Katz
Action:	Passed (1 Abstention)

Motion #15	To allocate \$211,973 to MAI Medical Case Management
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed (1 Abstention)

Motion #16	To allocate \$104,905 to MAI Mental Health
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed (1 Abstention)

Motion #17	To allocate \$460,718 to MAI Substance Abuse
Proposed by:	Joint Priorities
Seconded by:	Karen Creary
Action:	Passed (1 Abstention)

Motion #18	To allocate \$386,973 to MAI Eligibility
Proposed by:	Joint Priorities
Seconded by:	Joey Wynn
Action:	Passed

9. JULY COMMITTEE REPORTS

a. Membership/Council Development Committee (MCDC) – July 5, 2012

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

The Committee reviewed the Planning Council demographics with a view of bringing the numbers into compliance with HRSA. Strategies from the updated recruitment and retention plan were integrated into the MCDC 2012-2013 Work Plan developed at the June retreat. It was agreed to use the existing recruitment brochure with updated contact information by staff. The Committee agreed on having these recruitment brochures available at all meetings for members to keep with them to distribute to interested parties. With regards to attending community events, committee members agreed to send dates of events to staff to make a calendar of events that the committee will use to schedule outreach and recruiting visits. Staff will also add information on other events received by email to the calendar. The Committee approved a questionnaire to be distributed to members of the HIVPC and JCCR, polling them on topics they deem necessary for future trainings. *Next Meeting:* September 6, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items; Review Planning Council Demographics, Vacancies and Applicants; Review updated Work Plan with Recruitment Plan; Implement Recruitment; Mentoring Plan.

b. Joint Client Community Relations Committee (JCCR) – July 10, 2012 Meeting

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

Guest, Director of Public Policy at Broward House, presented on the 2012/2015 Comprehensive Plan and the National HIV/AIDS Strategy indicating the relation to the work of the HIVPC and that of JCCR Committee. Discussions continued on community outreach session. The Part A Chair expressed a preference for the JCCR Committee to host the event. After discussion, the Committee decided to hold the next outreach community event



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in the fall, with the goals of educating and empowering consumers, obtaining their feedback and encouraging their involvement. Staff will research holding outreach meetings at suggested venues. Topics identified were (i) Navigating the HIV health services system (ii) Barriers to accessing care (iii) The importance of staying in care (iv) Avoiding risky behaviors, and (v) The impact of the Affordable Care Act on HIV programs. Staff will draft a proposed event agenda and report to the committee at the August meeting. *Agenda Items for Next Meeting:* Standing Agenda Items, Outreach Event Planning, Presentation on Part B. *Next Meeting Date:* August 7, 2012.

c. Joint Planning Committee – July 9, 2012

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

HIVPC Staff presented on the 2012/2015 Comprehensive Plan and how it tracks the goals of the National HIV/AIDS Strategy. Committee members focused on the first three goals: (1) reducing the number of people infected with HIV, (2) increasing access to care, and (3) reducing HIV health disparities. It was agreed that the first step will be to collect Broward County statistics on several measures that will be used to attain these goals. The committee requested grantees from other Ryan White Parts to submit 2010 and 2011 figures on the number of people who know their HIV status, the percentage receiving clinical care within three months of diagnosis, the percentage of HIV+ individuals in continuous care, the percentage of HIV+ individuals in permanent housing and other data. Once the data is obtained, the Committee will use it to develop the Needs Assessment survey scheduled to be done later in 2012. Representatives from the BCHD presented counseling and testing data on the number of HIV tests given in Broward in 2011, the number of positives, the number of people informed of their results and the number of people linked to care. The committee requested testing sites to be included in reports going forward. *Agenda items for the next meeting:* Standing Agenda Items, Review of Data Requested from other Ryan White Parts, Discussion of Client Survey. *Next Meeting Date:* Monday, August 13, 2012.

d. Local Pharmacy Advisory Committee (LPAC) – July 9, 2012

Chair: Dr. S. Abel

The Committee continued to review recommended additions to the Part A Formulary. The Medical Network provided recommendations for Diflucan, Zithromax, and Valtrex to treat patients recently released from the hospital. The drugs are currently available through Medical Exemption; however, the Medical Network believes this process to be a barrier. The Committee agreed to defer the recommendation to allow for further consideration. Statin pricing data was provided to the Committee as requested and it was noted that Crestor was available through a PAP and the addition of the drug to Tier 1 of the Formulary would negatively impact those clients currently accessing the PAP. The Committee agreed to move generic Lipitor from Tier 3 to Tier 1 of the Formulary at an approximate cost of \$60,000 annually. The Medical Network requested that Actos and Fungizone be removed from the Formulary. The Committee was informed that Actos carried risk of serious adverse events and was also available through a PAP. Fungizone was described as a drug intended for use in an inpatient setting and to be administered intravenously under clinical supervision. The Committee agreed to remove both medications from the Formulary. Discussion continued regarding shipments of the appetite stimulant Megace to providers without clear dosing instructions. Clinics and pharmacies are bound by law to dispense medications with clear dosing instructions to ensure client safety; the PAP's process poses both a legal and client safety concern. The following will be provided to the Committee at the next meeting for further discussion: 1) an estimated number of patients currently prescribed Megace; 2) an ADAP cost utilization estimate of Megace; and 3) research regarding drug labeling regulations. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of Recommended Additions/Deletions to the Formulary, PAP Drug Labeling. *Next Meeting:* September 2012 (exact date TBD).

e. Joint Executive Committee – July 12, 2012

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick

The Committee reviewed progress on goals developed in its Retreat. Also discussed was the 2012/2015 Comprehensive Plan. Members expressed a desire to reach out to a new HIV prevention committee forming in Broward, and offer to work together. The Committee clarified several questions about procedures in Joint Committees, including the appointing of new committee members and removal for non-attendance. Members



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noted that Part B chairs should be aware they operate under Part A rules in Joint Committees. Members asked that the Bylaws Committee consider a rule exception for the Joint Client/Community Relations Committee to encourage clients to participate. The proposal would allow clients to become active as non-voting members while they complete the normal process to become full members. The Part A Grantee asked for ideas of articles to include in the next Consumer Newsletter. *Agenda Items for Next Meeting:* Standing Agenda Items, Update on Cost Sharing in Eligibility. *Next Meeting:* September 20, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting:* 9/20/12

f. Part A Executive Committee – July 12, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee did not achieve quorum. Members in attendance discussed efforts underway to study Committee Work Plans for possible improvements, which will be developed in full consultation with each Committee Chair. Also discussed was additional training that could be offered to Committee Chairs, including those from Part B if they desire. Work Plans and training will be revisited at the next meeting. *Agenda Items for Next Meeting:* Standing Agenda Items, Work Plan Review, Training Needs. *Next Meeting:* August 16, 2012.

g. Quality Management Committee (QMC) – July 16, 2012

Chair: Michael Rajner, Vice Chair: Claudette Grant

The Committee reviewed the revised Pharmacy Outcomes/Indicators and approved them. The revisions called for clients who did not pick up their medication to be contacted within 7 to 14 days. Clients who were not successfully contacted will be referred to the appropriate provider. The Committee reviewed retention data for FY11-12 with particular emphasis on the relationship between age and retention. The data also showed the types of Part A services accessed by the 65 and above Part A population. There was discussion regarding the breakdown for clients between the ages of 25-49 and the Committee requested additional demographic data for this age group. The Grantee will analyze the information and provide the Committee with further data elements for review at the next meeting. The Committee discussed the Ryan White HIV/AIDS Program 2012 Reauthorization. Todd Mitchell was welcomed back to the Committee. NQC has awarded the Performance Measurement Award to the EMA. *Agenda Items for Next Meeting:* Standing Agenda Items, Retention Data Report on Aging. *Next Meeting Date:* August 20, 2012.

h. Joint Priorities Committee – July 18, 2012

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair (Interim): Lisa Agate

The Committee met and conducted Priority Setting and Resource Allocations (PSRA) for FY 13/14, motions from which will be sent to be ratified at the HIVPC 7/19/12 meeting. Part A Formulary recommendations from the ad Hoc Local Pharmacy Advisory Committee (LPAC) were discussed and approved, motions also go to full Council for ratification. *Agenda Items for Next Meeting:* Standing Agenda Items, Sweeps, Eligibility for Food Vouchers. *Next Meeting Date:* 8/15/12.

10. GRANTEE REPORTS

Part A

The Part A Grantee report the Grant Application was released on 7/17/12. Grant writing will be started and it is hoped that Part A scores as well as it has historically. The grantee also noted that the grant application cannot be completed without input from the collaborative partners: Prevention, Parts B, C, D and F. The Prevention seat presently is vacant but this will soon change as there is an application to the seat. There will be implementation of the National Monitoring Standards (NMS) and grantees of Parts A & B are required to sign assurances of adherence. Grantees of Part C, D, F are not yet required to have to do this. The GAO (Governmental Accountability Office) issued a report on Health Resource Service Administration (HRSA) and HRSA's implementation on the NMS.

Ryan White 2013 Reauthorization public comment period ends July 31, 2012. The Part A Grantee encouraged all to submit comments.

Project Officer for Part A: The grantee reported that Part A retain the same project officer but this PO will be assigned to Palm Beach, Miami Dade and Broward Counties.



Legal Services, SSI appeals: This is a very small part of the services provided. Any service that can be provided outside of the small legal services budget is provided on the outside in order to maximize services to our Ryan White Part A clients. In response to a guest's comment that Legal Aid charges clients, the grantee noted there is no charge for any legal services through Ryan White Part A.

Part B

The Part B Grantee report was provided on expenditures up to May 31, 2012: Non-Medical Case Management conducted 568 eligibility interviews in May, 104 of which were new clients. Medication co-payment served 305 clients, of which 11 were new to the program. There were 292 clients served in May for Med Co-Pay and 13 clients served for mail orders. Cost avoidance for Med Co-Pay program for May is \$15,386. Total cost avoidance is \$35,397.

Medical Transportation for May 2012:

Part A Bus Passes: There were 153 (31 day) and 154 (10 ride) distributed in May 2012.

Part B Bus Passes: There were 110 (31 day) and 43 (10 ride) distributed in May 2012.

Total combined Bus Passes distributed in May 2012 for both Parts: 263 (31 day) and 197 (10 ride).

ADAP Update

The ADAP report through June 27, 2012 was provided: The total ADAP "open" enrollment was 2,694 with 1,716 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 75 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 840 appointments, of which 239 (28%) 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 = 15 (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 = 28 (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 = 32 (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.

11. OTHER REPORTS

Part C

The Part C Grantee provided the following report:



Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
 Tel: 954-561-9681 / Fax: 954-561-9685

	A	B	C	D	E	F	G
1	RW Part C Demographic Data Report				Service Category (BH)	2011	2012
2		2011	2012		HIV test performed by Part C	4646	1795
3	# or New Patients	393	62		New positives test by Part C	22	15
4	# of Patients with AIDS	654	327		Treatment adherence clients	1049	840
5	# of Patients HIV/non AIDS	1216	49		Total # Case Management	808	505
6	Total # of Patients	1924	1042		Total of Medical Clients	225	154
7	Total Patients by Race				Services Category (DOH)	2011	2012
8	Black/African American	1364	686		HIV test performed by Part C	874	405
9	American Indian/Alaska Native	2	0		New positives test by Part C	19	6
10	Caucasian	517	218		# of LTBI referrals	130	23
11	MTOR	3	2		# of DOT for TB Disease	47	30
12	Asian	10	6				
13	Not reported	28	18				
14		1924	1042				
15	Ethnicity						
16	Hispanic/Latino	195	112				
17	Total Clients by Age						
18	Total Infants/Child (0-12)	1	1				
19	Total Youth (13-24)	71	15				
20	Total adults (25-44)	635	288				
21	Total adults (45-64)	1166	716				
22	Total adults (65 year or older)	51	22				
23		1924	1042				
24	Total Clients by Gender						
25	Males	1177	736				
26	Females	745	304				
27	Transgender	2	2				
28		1924	1042				
29	Total Clients by Exposure						
30	MSM	405	271				
31	IDU	51	28				
32	MSM and IDU	3	2				
33	hemophilia/Coagulation Disorder	2	2				
34	Heterosexual Contact	1368	703				
35	Receipt of transfusion	3	2				
36	other with/at risk HIV (prenatal)	25	2				
37	Other	4	3				
38	Unknown/Unreported	63	29				
39		1924	1042				



Part D

The Part D Grantee provided the following report.

Ryan White Part D Report
July 2012
Children's Diagnostic & Treatment Center (CDTC)
Comprehensive Family AIDS Program (CFAP)

- Total Number of Positive Individuals enrolled in Program - 1284
- Total Number of HIV positives enrolled in medical care at CDTC -725
- New Referrals To Date 2012:
 - o Infants (HIV exposed) – 24
 - o Children (2 – 11) - 2
 - o Adolescent (12 -24) – 13
 - o Adult Women (25 +) – 28
 - o Newly Identified HIV + and Pregnant – 13
 - o Total Pregnancies (previously known and new) - 46

Additional: There has not been feedback on the Part D Grant Award to date.

Granted announced the starting of a partnership with Tamara's Rainbows, a program for children who have lost significant ones. Anyone interested please call Marie Hayes at 954-728-1083.

12. OTHER BUSINESS

- i. The response from Department of Health, Tallahassee (FDOH) to Cheryl Waterman regarding the ADAP program was reviewed.
- ii. Location of meetings: Member noted that the location of meetings needs to be more centrally located in the county so as to be accessible to our membership and to consumers. Support staff had mapped all members' routes from their places of work and home to the Hollywood location. The issue will be revisited by the Part A Executive Committee. The HIVPC Chair stated that problems must be brought with solutions and asked members to bring suggestions/solutions to the table. The HIVPC Chair asked support staff that this item to be added to the next Executive Agenda.
Another member noted that changing of venues for meetings ends up with confusion and added that all the convenience to support staff to have things on hand, the committees will need to get used to not having instantaneous access to documents and printing.
Support Staff offered to re-survey each member of the Council. The HIVPC reiterated that this would be placed on the next Executive agenda.

13. NEW BUSINESS

Healthcare Reform Update

A Member reported that the Supreme Court ruled on ACA and this opened a *Pandora's Box*. This poses a difficult challenge to those in the south. There are 20 states on record that will not expand Medicaid and some states are likely to expand their Medicaid Program. There is a convention "What's Ahead for HIV Providers with the Affordable Care Act (ACA)?" The ACA is not being hit hard with a reduction, but most of the Healthcare Reform activities that need to happen will not fund the activities. HUD (Housing and Urban Development),



SAMSA and HHS (Health & Human Services) will not get new funding and therefore they cannot hire persons to do these activities. There will be feedback from Washington on HCR and the ACA at the next HIVPC meeting. Part A Grantee Office: Healthcare Reform is complicated and attempting to analyze what is happening is equally difficult as this is not clear cut. The individual state budgets show that they cannot afford NOT to expand Medicaid.

14. ANNOUNCEMENTS

- i. HRSA Request for Comment: All were reminded of the July 31 deadline.
- ii. Homes Inc. – special LGBT (Lesbian Gay Bisexual Transgender) program for foster-care adolescents (18 and over). The building on 200 NE 13th Street (Cor. Dixie Highway & 13th Street) in Ft. Lauderdale.

15. PUBLIC COMMENT (up to 10 minutes)

Guest from SunServe introduced herself and informed on her agency's work.

16. REQUEST FOR INFORMATION (Form)

There was none.

17. AGENDA ITEMS FOR NEXT MEETING: August 23, 2012, **VENUE:** BRHPC

- Standing Agenda Items
- Healthcare Reform Update

18. ADJOURNMENT

Without objection, the meeting was adjourned at 11:42 a.m.



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

HIV PLANNING COUNCIL ATTENDANCE CY 2012

Meeting Dates →	26	23	22	26	24	21	19					
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Abel, Stephen	√	√	A	√	√	√	√					
Bush, Andrew	√	A	A	√	√	A	A					
Creary, Karen	√	√	A	√	E	√	√					
Dyer, Leroy	√	√	√	√	√	√	A					
Gammell, Bradford	√	√	√	√	√	√	√					
Grant Claudette	√	√	√	√	√	√	√					
Hanson Evans, Barbara	A	√	√	√	A	√	E					
Hayes, Marie	√	√	√	√	√	√	√					
Hernandez, Ronald	√	E	√	√	√	√	√					
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A					
Johnson, K.	Appointed 4/17			√	√	√	√					
Jordan, Virginia	√	A	√	√	√	A	√					
Katz, Bradley	√	√	√	√	√	√	√					
Kuryla, Samantha	√	√	√	√	√	√	√					
Marcoviche, William	√	E	√	√	√	√	√					
Moore, Paul A.	√	√	√	√	√	√	√					
Moragne, Timothy	√	√	A	√	√	√	√					
Pearl, Jodi	√	√	√	√	√	√	A					
Perigny, W. James	√	A	√	√	√	√	√					
Pryor, Jeri	√	√	√	A	√	A	√					
Rajner, Michael	√	√	√	√	√	√	√					
Reed, Yolanda	√	√	√	√	A	A	√					
Roberson, Carl	√	√	√	√	A	√	√					
Siclari, Rick	√	√	√	√	√	√	√					
Spencer, Will	√	√	√	E	A	√	√					
Stoakely, Mychell	A	A	√	√	√	√	A					
Taylor-Bennett, Carla	√	√	√	√	√	√	√					
Tomlinson, Karlene	A	√	√	√	√	√	√					
Wilson, Tara	√	√	√	√	√	√	√					
Wynn, Joey	√	√	√	√	√	√	√					
Coscarelli, Monica (Alternate)	√	E	A	E	A	A	√					

Ryan White Part B
Expenditure Report
June 2012

HANDOUT A - 8/23/12

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 June / Encumbered	Part B 2012-2013 Monthly Average Left June	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	\$420	\$217	\$525	21.2%	78.8%	\$ 1,954
Medication Co-Pay	\$610,000	\$27,415	\$60,793	\$62,863	10.3%	89.7%	\$ 547,137
Case Management (non-medical)	\$228,287	\$15,673	\$20,427	\$44,440	19.5%	80.5%	\$ 183,847
Medical Transportation	\$150,971	\$0	\$15,097	\$0	0.0%	100.0%	\$ 150,971
Administration	\$110,192	\$7,034	\$9,261	\$26,847	24.4%	75.6%	\$ 83,345
TOTALS	\$1,101,929	\$50,542	\$107,473	\$134,675	12.2% 87.8%	87.8%	\$ 967,254

Home Delivered Meals Served 1 client

Medication Co Payment served 279 clients in June in which 11 were new to the program.

272 Clients served in June Medication Co Payment.

7 Clients served in June Mail Order

Cost Avoidance for Medication Co-Payment Program for June is \$37,097.24

Actual savings as a result of using co-pay cards is \$ 29,171 thru June 2012

Non-Medical Case Management conducted 419 eligibility interviews in June of which 81 were new clients.

Medical Transportation Part B Bus Passes: 53 (31 day) and 38 (10 ride) were distributed in June.

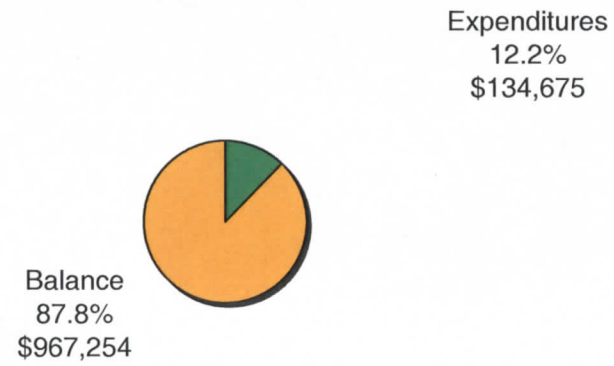
Medical Transportation Part A Bus Passes: 150 (31 day) and 110 (10 ride) were distributed in June

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

This report reflects all invoices received and paid as of 6/30/2012

**Ryan White Part B
Expenditure Report
June 2012**

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



Report for Fiscal Year April 2012 thru March 2013

ADAP Report July 31 2012

Total ADAP "Open" Enrollment	2,696
------------------------------	-------

Total ADAP Clients Served in Last 30 Days*	1,683
--	-------

Total ADAP Waitlist Enrollment**	41
----------------------------------	----

Category A	8
------------	---

Category B	14
------------	----

Category C	19
------------	----

Total ADAP/Medicare Part D Enrollment	176
---------------------------------------	-----

Number of Appointments in July	634
--------------------------------	-----

Number of Missed Appointment in July	165
--------------------------------------	-----

Percentage of July Appointments Missed	26%
--	-----

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

**** CATEGORY DEFINITIONS:**

CATEGORY A

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

Diagnosis of active opportunistic infection

Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy

Persons who were previously on ARV therapy but therapy was interrupted

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

CATEGORY C

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

CATEGORY D

Unknown/Other

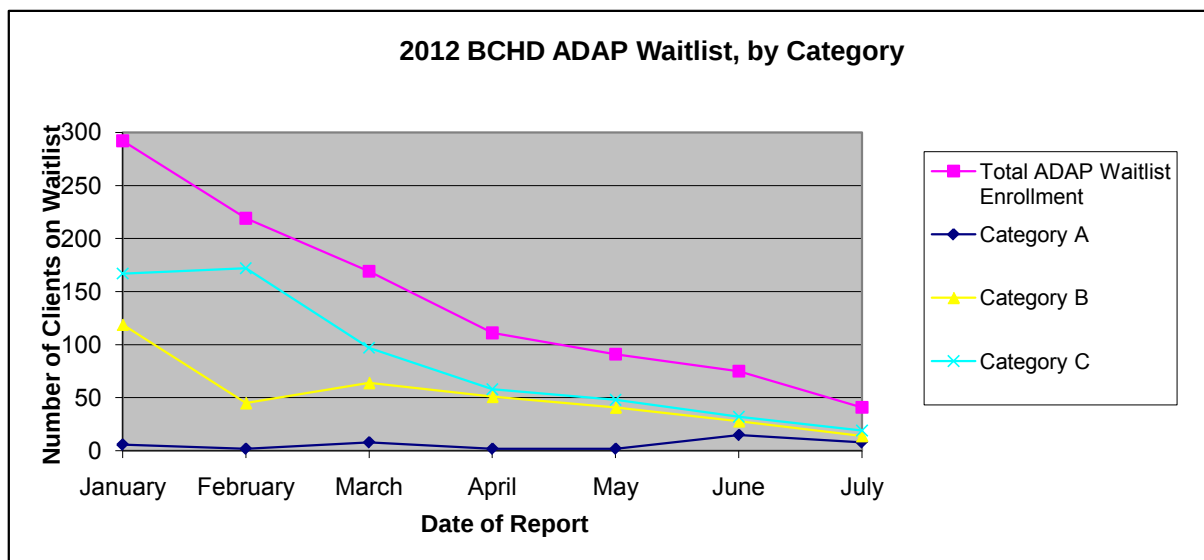
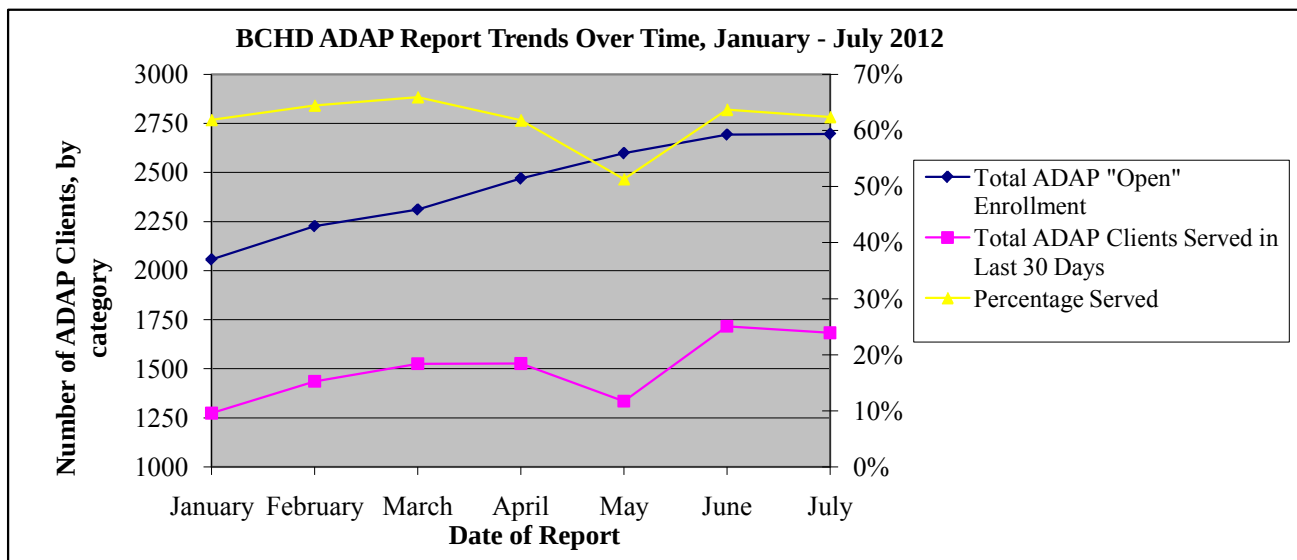
Clients are removed from the Wait List **by medical category** in the order they were placed on it.

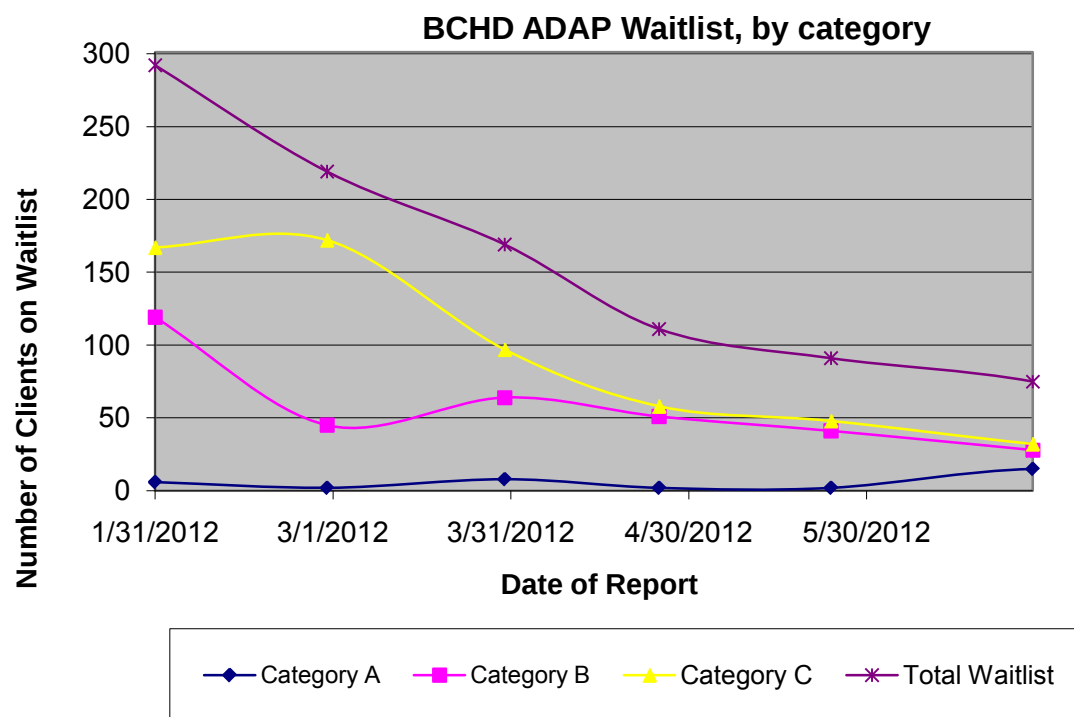
This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 months or they will loose their position on the Wait List.

Broward County Health Department ADAP Reports January-June 2012

	January	February	March	April	May	June	July
<i>Category, by # of clients</i>	1/31/2012	2/29/2012	3/30/2012	4/25/2012	5/24/2012	6/27/2012	7/31/2012
Total ADAP "Open" Enrollment	2057	2227	2312	2469	2598	2694	2696
Total ADAP Clients Served in Last 30 Days	1273	1436	1525	1526	1334	1716	1683
Percentage Served	62%	64%	66%	62%	51%	64%	62%
Total ADAP Waitlist Enrollment	292	219	169	111	91	75	41
Category A	6	2	8	2	2	15	8
Category B	119	45	64	51	41	28	14
Category C	167	172	97	58	48	32	19

*Category D was removed from January - March, which decreased the total number of waitlist by 9 each of those months





BROWARD HEALTH PART C REPORT
June 2012 - Corrected

RW Part C Demographic Data Report				Service Category (BH)	2011	2012
		2011	2012	HIV test performed by Part C	4646	2174
	# or New Patients	394	72	New positives test by Part C	22	15
				Treatment adherence clients	1049	844
	# of Patients with AIDS	597	342	Total # Case Management	808	505
	# of Patients HIV/non AIDS	1329	726	Total of Medical Clients	225	160
	Total # of Patients	1926	1068	Services Category (DOH)	2011	2012
	Total Patients by Race			HIV test performed by Part C	874	405
	Black/African American	1351	706	New positives test by Part C	19	6
	American Indian/Alaska Native	2	0	# of LTBI referrals	130	23
	Caucasian	341	220	# of DOT for TB Disease	47	30
	MTOR	3	3			
	Asian	10	5			
	Not reported	25	18			
		1732	952			
	Ethnicity					
	Hispanic/Latino	194	116			
	Total Clients by Age					
	Total Infants/Child (0-12)	1	1			
	Total Youth (13-24)	71	16			
	Total adults (25-44)	636	297			
	Total adults (45-64)	1167	732			
	Total adults (65 year or older)	51	22			
		1926	1068			
	Total Clients by Gender					
	Males	1178	752			
	Females	746	314			
	Transgender	2	2			
		1926	1068			
	Total Clients by Exposure					
	MSM	405	275			
	IDU	51	28			
	MSM and IDU	3	2			
	hemophilia/Coagulation Disorder	2	2			
	Heterosexual Contact	1375	727			
	Receipt of transfusion	3	2			
	Other with/at risk HIV (prenatal)	25	3			
	Other	4	3			
	Unknown/Unreported	58	26			
		1926	1068			

BROWARD HEALTH PART C REPORT
July 2012

RW Part C Demographic Data Report				Service Category (BH)	2011	2012
		2011	2012	HIV test performed by Part C	4646	2523
	# or New Patients	394	82	New positives test by Part C	22	16
				Treatment adherence clients	1049	922
	# of Patients with AIDS	597	363	Total # Case Management	808	540
	# of Patients HIV/non AIDS	1329	749	Total of Medical Clients	225	178
	Total # of Patients	1926	1112	Services Category (DOH)	2011	2012
	Total Patients by Race			HIV test performed by Part C	874	570
	Black/African American	1351	743	New positives test by Part C	19	11
	American Indian/Alaska Native	2	0	# of LTBI referrals	130	32
	Caucasian	341	226	# of DOT for TB Disease	47	32
	MTOR	3	3			
	Asian	10	5			
	Not reported	25	15			
		1732	992			
	Ethnicity					
	Hispanic/Latino	194	120			
	Total Clients by Age					
	Total Infants/Child (0-12)	1	1			
	Total Youth (13-24)	71	18			
	Total adults (25-44)	636	307			
	Total adults (45-64)	1167	762			
	Total adults (65 year or older)	51	24			
		1926	1112			
	Total Clients by Gender					
	Males	1178	778			
	Females	746	332			
	Transgender	2	2			
		1926	1112			
	Total Clients by Exposure					
	MSM	405	282			
	IDU	51	28			
	MSM and IDU	3	2			
	hemophilia/Coagulation Disorder	2	2			
	Heterosexual Contact	1375	765			
	Receipt of transfusion	3	2			
	Other with/at risk HIV (prenatal)	25	4			
	Other	4	3			
	Unknown/Unreported	58	24			
		1926	1112			

**Broward Health
Community Health Services
Ryan White Part C
July 1, 2011 - June 30, 2012**

Categories	Total Salary	Total Benefits	Total
Case Managers	246,641	90,998	337,638
Adherence	220,575	36,671	257,246
Medical	172,155	45,415	217,570
Total Salaries	639,371	173,084	812,455
Supplies/travel/Copying			1,779
Insurance			-1,077
Contract Services			87,706
Total Expenses			900,863

Ryan White Part D Report
Children's Diagnostic & Treatment Center (CDTC)
Comprehensive Family AIDS Program (CFAP)

8/21/2012

- Total Number of Positive Individuals enrolled in Program – **1304**
- Total Number of HIV positives enrolled in medical care at CDTC – **823**
- New Referrals To Date 2012
 - o Infants (HIV exposed) – **35**
 - o Children (2 – 11) - **2**
 - o Adolescent (12 -24) – **14**
 - o Adult Women (25 +) – **32**
 - o Newly Identified HIV + and Pregnant – **18**
 - o Total Pregnancies (previously known and new) - **58**

2012 HIV Planning Council Meeting Location Survey Results

On August 16, 2012, all Council Members were surveyed regarding their preference the location of HIV Planning Council Meetings. Eight (8) Council Members responded. Of those providing a response, 50% reported a preference for meeting at BRHPC's office in Hollywood, 38% reported not having a preference and 13% reported preferring to meet another location. The following are results to date:

#	HIVPC Member	Location Preference	All Members		Unaffiliated Consumers	
1	William Marcoviche	Hollywood	1		1	
2	Ronald Hernandez	Hollywood	1		1	
3	Joey Wynn	Hollywood	1		0	
4	Jodi Pearl	Hollywood	1		0	
		Hollywood	4	50%	2	100%
5	Samantha Kuryla	No preference	1		0	
6	Khia Johnson	No preference	1		0	
7	Timothy Moragne	No preference	1		0	
		No Preference	3	38%	0	0%
8	Carla Taylor-Bennett	Between Oakland & Broward	1		0	
		Other	1	13%	0	0%
	Paul A. Moore	No response	0		0	
	Brad Gammell	No response	0		1	
	H. Bradley Katz	No response	0		1	
	Stephen Abel	No response	0		0	
	Monica Coscarelli	No response	0		1	
	Claudette Grant	No response	0		0	
	Marie Hayes	No response	0		0	
	Timothy Moragne	No response	0		0	
	Will Spencer	No response	0		0	
	Rick Siclari	No response	0		0	
	Tara Wilson	No response	0		1	
	Michael Rajner	No response	0		1	
	Mychell Stoakley	No response	0		1	
	W. James Perigny	No response	0		0	
	Barbara Hanson Evans	No response	0		0	
	Dale V. C. Holness	No response	0		0	
	Virginia Jordan	No response	0		0	
	Brad Gammell	No response	0		1	
	Carl Roberson	No response	0		1	
	Karlene Tomlinson	No response	0		0	
	Yolonda Reed	No response	0		1	
	Karen Creary	No response	0		0	
		No response	0		9	
	Total		8		2	100%
	This survey will be updated when additional responses are received.					

2011 Planning Council Meeting Location Survey Results

In October 2011, all Council Members were surveyed regarding their preference for the location of HIV Planning Council Meetings. Twenty-two (22) Council Members responded. Of those providing a response, 32% reported a preference for meeting at BRHPC's office in Hollywood, 36% reported not having a preference and 32% reported preferring to meet another location. Three of the respondents in the last category specified a location.

HIVPC Member	Location Preference	All Members	Unaffiliated Consumers
William Marcoviche	Hollywood	1	1
Ronald Hernandez	Hollywood	1	1
Leroy Crawford	Hollywood	1	1
John Greenwood	Hollywood	1	1
Jodi Pearl	Hollywood	1	0
Will Spencer	Hollywood	1	0
Rick Siclari	Hollywood	1	0
	Hollywood	7	32%
H. Bradley Katz	No preference	1	1
Barbara Hanson Evans	No preference	1	0
Stephen N. Abel	No preference	1	0
Samantha Kuryla	No preference	1	0
Paul A. Moore	No preference	1	0
Marie Hayes	No preference	1	0
Timothy Moragne	No preference	1	0
Virginia Jordan	No preference	1	0
	No Preference	8	36%
Leroy Dyer	Other	1	1
Carl Roberson	Other	1	1
Karlene Tomlinson	Other	1	0
Karen Creary	Other	1	0
Brad Gammell	Downtown Fort Lauderdale	1	1
Jasmin Shirley	Broward General Boca Room	1	0
Jeri Pryor	CDTC, Mizell, BCHD	1	0
	Other	7	32%
Total		22	100%



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Broward County HIV Health Services Planning Council
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Training Survey from Membership/Council Development Committee

To HIVPC Council Members and Interested Parties:

The Membership/Council Development Committee is planning to conduct training sessions in the near future, as part of its role to educate the Council and the members of all its Committees about their duties and functions.

The Committee's first step is to ask you what topics you would like to see addressed in training sessions.

Please take a minute and complete this survey before you leave the Planning Council meeting today.
The Committee would be grateful.

Please rank these possible topics for training sessions in order of importance to you (1 being most important, 5 being least important). Please rank only those training session topics you personally would attend.

1. Priority Setting and Funding Allocation Process _____
2. Bylaws/Policies and Procedures _____
3. Quality Assurance Process _____
4. Data on the epidemic in Broward County _____
5. Roberts Rules/How to run a meeting _____

Any other suggested topics for training you would like to attend?

Thank you very much for participating.