Broward County HIV Health Services Planning Council

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

**Broward Regional Health Planning Council, Inc.**
**200 Oakwood Lane, Suite 100**
**Hollywood, Florida 33020**

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# HIV Planning Council
## Meeting Agenda

March 22, 2012 at 9:00 a.m.

**Samantha Kuryla, Chair** **Brad Gammell, Vice Chair**

***Note: The Executive Committee did not achieve quorum, therefore this Agenda was not approved by Committee. This Agenda was developed in accordance with the Planning Council By-laws.***

1. **Call to Order**
2. **Moment of Silence**
3. **Welcome and Public Record Requirements**
   a. Review Meeting Ground Rules
   b. Review Public Comment and Public Record Requirements
   c. Council Member Introductions
   d. Guest Introductions
   e. Excused Absences and Appointment of Alternates
   f. Approval of Today's Agenda
   g. Approval of 2/23/12 Meeting Minutes
4. **Public Comment** (Up to 10 minutes)
5. **Federal Legislative Report**
6. **Consent Items:**
   #1: To recommend Claudette Grant to the Part C Seat. Proposed by MCDC.
   #2: To recommend Khia Johnson to the Medicaid Seat. Proposed by MCDC.
7. **Discussion Items**
8. **March Committee Reports**
9. **Grantee Reports**
   a. Part A
   b. Part B and ADAP
10. **Other Reports**
    a. Part C
    b. Part D
    c. HOPWA
11. **Retreat Follow-Up**
12. **Announcements**
13. **Public Comment** (Up to 10 minutes)
14. **Next Meeting Date:** Thursday, April 26, 2012 at 9:00 a.m.
15. **Agenda Items for Next Meeting**
16. **Adjournment**

*IMPORTANT: Please be aware this meeting and all information stated thereof is a matter of public record under Florida's Government in the Sunshine Law (FL Statute, Chapter 119.01). Acknowledgement of HIV is not required and if disclosed becomes a part of public record*

**Broward County HIV Health Services Planning Council**
**Retreat Meeting**
Central Broward Regional Park, 3700 NW 11th Place, Lauderhill 33311
February 23, 2012
Meeting Minutes

| Attendance | | | | | |
|---|---|---|---|---|---|
| # | **Members** | **Present** | **Absent** | | **Guests** |
| 1 | Will Spencer, *Chair* | X | | | Khia Johnson |
| 2 | Samantha Kuryla, *Vice Chair* | X | | | Kathleen Cannon |
| 3 | Andrew Bush | | X | | Kim Saiswick |
| 4 | Barbara Hanson-Evans | X | | | Natasha Markman |
| 5 | Brad Gammell | X | | | |
| 6 | Bradley Katz | X | | | |
| 7 | Carl Roberson | X | | | |
| 8 | Carla Taylor-Bennett | X | | | |
| 9 | Claudette Grant | X | | | |
| 10 | Commissioner V.C. Holness | | X | | |
| 11 | James Perigny | | X | | |
| 12 | Jeri Pryor | X | | | |
| 13 | Jodi Pearl | X | | | |
| 14 | Joey Wynn | X | | | |
| 15 | John Greenwood | | X | | **Grantee Staff** |
| 16 | Karen Creary | X | | | Leonard Jones (Part A) |
| 17 | Karlene Tomlinson | X | | | Ann Mercer (Part B) |
| 18 | Leroy Crawford | X | | | |
| 19 | Leroy Dyer | X | | | |
| 20 | Marie Hayes | X | | | |
| 21 | Michael Rajner | X | | | |
| 22 | Mychell Stoakley | | X | | |
| 23 | Paul Moore | X | | | |
| 24 | Rick Siclari | X | | | |
| 25 | Ronald Hernandez | | E | | |
| 26 | Stephen Abel | X | | | **HIVPC Support Staff** |
| 27 | Timothy Moragne | X | | | Ariela Eshel |
| 28 | Tara Wilson | X | | | Faikah Hosein |
| 29 | Virginia Jordan | | X | | Gladria Desa |
| 30 | William Marcoviche | | E | | Michele Rosiere |
| 31 | Yolonda Reed | X | | | Nekisha Smith |
| *A1* | Monica Coscarelli (*Alternate*) | | E | | |
| | **Quorum=18** | **23** | **9** | | |

1. **Call to Order**
   The Vice Chair called the meeting to order at 9:45 a.m.

2. **Moment of Silence**
   A moment of silence was observed.

3. **Welcome and Introductions**
   The Vice 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 02/23/12 Agenda**

| | |
|---|---|
| **Motion #1** | To "approve the 02/23/12 Meeting Agenda" |
| **Proposed by** | Michael Rajner |
| **Seconded by** | Carla Taylor-Bennett |
| **Action** | Passed Unanimously |

**Approval of the 01/26/12 Meeting Minutes**

| | |
|---|---|
| **Motion #2** | To "approve the 01/26/12 Meeting Minutes" |
| **Proposed by** | Michael Rajner |
| **Seconded by** | H. Bradley Katz |
| **Action** | Passed Unanimously |

4. **Federal Legislative Report – Kareem Murphy, The Ferguson Group**

*The following Legislative Report was received after meeting material printing and the report was forwarded to Council Members the day after the retreat meeting:*

FY 2012 Ryan White Funding Update:

The HIV/AIDS Bureau of the U.S. Department of Health and Human Services tells us that they remain on track to have the 2012 awards announced by mid-March.

Future Funding

The President released his Fiscal Year 2013 federal budget on February 13th, and it included major increases for the Ryan White Program. The Budget includes $2,093,555,000 for Parts A and B (compared with $1995 billion for the FY 2012 enacted level). It also includes $1 billion for ADAP, reflecting the $25 million set aside within the Public Health Services Emergency Fund. These funds are still subject to funding that Congress ultimately provides. That process will begin in earnest in April.

5. **Consent Item**

There were no Consent Items.

6. **Discussion Items**

| | |
|---|---|
| **Discussion Item #1** | To "begin next fiscal year allocations as presented (sweep $400,000 from HICP and $200,000 from Transportation totaling $600,000 reallocated into the OAMC service category) thereby deviating from the Joint Priorities Policies and Procedures." |
| **Proposed by** | Joint Priorities Committee |
| ***Reference Table 1** | |

***Discussion Item #1 Reference - Table I***

**Ryan White Part A FY 12/13 Grantee Recommended Allocations**

| | FY 12/13 Service Category Allocation | Reccomended Allocation Changes | FY 12/13 Grantee Service Category Allocation |
|---|---|---|---|
| **CORE MEDICAL SERVICES** | | | |
| Outpatient/Ambulatory | $5,667,381 | $600,000 | $6,267,381 |
| AIDS Pharmaceuticals (Local) | $411,109 | | $411,109 |
| Medical Case Management | $1,134,105 | | $1,134,105 |
| Oral Health | $2,623,653 | | $2,623,653 |
| HICP | $400,000 | -$400,000 | $0 |
| Mental Health | $274,099 | | $274,099 |
| Substance Abuse | $355,389 | | $355,389 |
| **Core Total** | **$10,865,736** | **$200,000** | **$11,065,736** |
| **SUPPORT SERVICES** | | | |
| Food Services | $277,111 | | $277,111 |
| Food Bank | $168,103 | | $168,103 |
| Vouchers | $109,008 | | $109,008 |
| Transportation Total | $200,000 | -$200,000 | $0 |
| Legal Assistance | $112,426 | | $112,426 |
| Outreach | $67,000 | | $67,000 |
| Centralized Intake (CIED) | $290,957 | | $290,957 |
| **Support Total** | **$947,494** | **-$200,000** | **$747,494** |
| **Part A Totals** | **$11,813,230** | **$0** | **$11,813,230** |

| | |
|---|---|
| **Motion #3** | To "approve **Discussion Item #1**" |
| **Proposed by** | Joint Priorities Committee |
| **Seconded by** | Michael Rajner |
| **Action** | Passed Unanimously |

| | |
|---|---|
| **Discussion Item #2** | To "change the committee name from Joint Priorities to Priority Setting Resource Allocation (JPSRA) Committee to summarize the main goal with which the committee is tasked" |
| **Proposed by** | Joint Priorities Committee |

| | |
|---|---|
| **Motion #4** | To "approve **Discussion Item #2**" |
| **Proposed by** | Joint Priorities Committee |
| **Seconded by** | Michael Rajner |
| **Action** | Passed Unanimously |

7. **Grantee Reports**

Part A

The Part A Grantee gave a brief update: The Grant Award had not yet been received and is hoped it will be received by March 1, 2012.

Part B

The Part B Grantee reported on expenditures through 12/31/11: The Part B grantee reported on expenditures through December 2011: 53% of funding has been utilized and a cost avoidance of $138,333 from the Medication Co Payment Program. The Grantee noted that deductibles and co-pays have increased; however, the costs can be

covered due to the savings accumulated this year. The State notified the Grantee that Home Health Services will no longer be covered. Non-Medical Case Management conducted 353 eligibility interviews in December of which 102 were new clients. Medication Co Payment served 316 clients in December in which 15 were new to the program. 308 Clients were served in December for Medication Co Payment Cards and 8 Clients were served in December for Mail Orders.

ADAP

The ADAP Grantee report as of 02/15/12 was presented: Total ADAP "Open" Enrollment: 2,110; Total ADAP Clients Served in Last 30 Days*:1,326; Total ADAP Waitlist Enrollment: 301; Category A: 6; Category B: 119; Category C: 167; Category D: 9; Total ADAP/Medicare Part D Enrollment: 187; Number of Appointments in January: 736; Number of Missed Appointment in January: 416; Percentage of January Appointments Missed: 57%. The Grantee was notified by the State that 74 people in Broward County were removed from the waiting list. Once the clients are contacted and they submit a prescription, they will be placed into the Pharmacy system. "Clients Served" are defined as having at least one "pickup" in the period. The category definitions are as follows:

Category A
- Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%
- Diagnosis of active opportunistic infection
- Diagnosis of HIV-associated nephropathy (HIVAN)

Category B
- Persons who are currently on ARV therapy
- Persons who were previously on ARV therapy but therapy was interrupted
- Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

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

Category D
- Unknown/Other

Clients are removed from the Wait List by medical category in the order they were placed on it. This serves as a reminder to people that if they are on the wait list they MUST recertify at 6 months or they will lose their position on the Wait List.

**8. Discussion of Break Out Groups – Topics and Activities**

The topics were identified as (i) Special Populations Planning, (ii) Continuum of Care Data Planning and (iii) Needs Assessment Planning. The break out groups discussed for an hour and a half before lunch and a half hour wrap up after lunch.

**9. Break-Out Groups Report Back to Full Council and Identify Next Steps**

The reporting secretary for each break-out group conveyed the following:

**A.** GROUP I – SPECIAL POPULATIONS PLANNING

This group identified four (4) mandated large groups with several subgroups:
- Adolescents/Young Adults *(up to age 24)* - The group added 'Young Adults" to represent ages 19-24.
- Homeless
- Transgendered
- IDU (Injected Drug Use)

Adolescents/Young Adults
- MSM
- Homeless Adolescents
- Substance Abuse (SA) Adolescents – Identified as a problem amongst young adults.
- Transgendered Adolescents - hormone therapy, injected drug users, substance abuse (IDU/SA)

Homeless
- Adolescents/Young Adults – The group explained that there was a theme throughout all of the special populations that linked them together
- Substance Abuse/Mental Health (SA/MH) – Identified as one of the primary reasons for homelessness.

- Transgender
- Recently Released
- Sex Worker
- Over 55

Transgendered
- Homeless
- Adolescent/Young Adult
- IDU /SA/Hormone Therapy
- Mental Health
- Sex Worker

IDU/General SA
- MSM – "Party Packs" are well known locations for SA.
- Homeless
- Transgender
- Recently Released
- Adolescents/Young Adults

Black Women – This Special Population was added. The group requested feedback from the committee.
- Recent Immigrants
- Recently Released / Formerly Incarcerated
- Young Adults
- Irresponsible Partners
- Over 55

MSM - This Special Population was added. The group requested feedback from the committee.
- High Viral Burdens
- MSM of Color
- Adolescents/Young Adults
- Homeless
- Over 55
- SA/MH
- Sex Worker

Identifying Next Steps:
- Peer/Consumer Education - The group explained that all categories could be utilized by Peers. They suggested broadening the committees' peer approach by using consumers, education, and experience. It was proposed to begin reaching out beyond AIDS service organizations (ASOs) to Community Based Organizations (CBOs) such as the Boys and Girls Club, the School Board, and Senior Centers to promote the HIV message.
- P & P Involvement – To get Peers involved into making system work.
- EIIHA (Early Identification for Individuals living with HIV/AIDS) Linkage and Retention – The strategy is to continue to enroll and keeping people in care and reduce the viral burden.
- True CBO/Non Governmental Organization (NGO) Involvement
- HRSA/Other eligible metropolitan areas (EMAs) – Community based medical centers must join with AIDS Service Organizations (ASOs) and find ways to work better together.
- National Quality Center (NQC) In +Care
- Marketing and System of Care – The Committee would like to find better ways to market the system of care so all consumers know what are resources are available to them. The group would like for the providers to acknowledge that they are giving private information to individuals who are getting tested.
- Accountability for Resource Information – This would pertain to providers in and out the Ryan White program.
- Identify and Remove barriers to all Special Populations.
- Quality of Care

- Coordination with Private Doctors – HRSA is working with two local Health Centers in Broward County to coordinate Quality of Care. This will be expanded to the blood banks in the future.
- Reinstate Outreach (EBIs/72 hours/ARTAS) – Some linkage was lost due the loss of Outreach.
- PE field for tracking all points of entry – This will help track the data of when and where clients first enter the system.

There was discussion regard of the use of the term "Irresponsible Partners" as a category in the New Special Population category – Black Women. The Committee found it difficult to properly define the term and members found the term offensive.

**B.** GROUP II - CONTINUUM OF CARE

This group identified four major factors pertaining to the topic Continuum of Care:

- Awareness & Health Education, Testing, Post Testing Counseling
- Referrals / Linkage to Care
- HIV Care
- Retention / Linkage

Awareness & Health Education, Testing, Post Testing Counseling

- Center for Disease Control (CDC), Broward County Health Department (BCHD), Part C, State GR, Private Insurance
- Self Funded, Non-Profit Agencies
- Blood Bank – Individuals without documentation
- Some Hospitals – Indigent Care, Some emergency rooms (ERs) are only testing if the patient is symptomatic

Referrals/Linkage

- CDC
- State GR
- Part C
- Private Insurance – Linkage

HIV Care System

- State Housing
- Medical initial evaluation – This also includes enrolling in primary care.
- Substance abuse/Mental Health
- Social Services
- Transportation
- Private Insurance
- Parts, A, B, C (D does some medical)

Retention/Linkage

- Center for Disease Control (CDC)
- Part A
- Minority AIDS Initiative (MAI) Outreach – This would help those individuals who have fallen out of care.
- State GR

Identifying Next Steps / Recommendations:

- Identify a vehicle to address the details and tasks from the recommendations.
- Design a "Data Request Form" – This can be given to the Grantee's Office to indicate what type of data is needed and how often.
- Build a high risk negative data system – The group indicated that additional data was needed on this subject.
- Request the County Commissioners to invite all other funders to participate in the HIV Planning process.
- Need to ensure that medical screening is incurred at all levels
- Request local ER's increase their amount of HIV testing – the group suggested creating a taskforce to work specifically on this issue.

- Track and improve levels of screening; Apply for Medicaid at all access points
- Quarterly data updates from Part C, D & F programs (including oral services)
- Case Managers need to revisit needs with clients based on their care plans. Identify needs of clients and know which funders provide which services. Create a resource matrix and maintain it.
- Baseline data needed – How many Veterans Association (VA) clients are currently in the Ryan White system? The group indicated that data from VA Services was needed regarding their members with HIV who are currently located in Broward County.

**C.** GROUP III - NEEDS ASSESSMENT PLANNING

This group identified the following points:

- Access- Educate doctors about linkage to care and resources.
- Resource list – The resource list changes often. Part A has the most current list; however there are several documents in circulation with partial information. The group suggested creating a master list of resources.
- Jail Release Clients – The group recognized an issue with inmates being released prior to them being notified of a positive HIV test result. Regularly, the name of the inmate is not correct, making it difficult to find the individual after they are release from jail. The group recommended taking a different approach to the traditional Focus Group by inviting the people involved in client care (*Contract Manager, Rapid Tester, and Surveillance*) who are aware of the problem.
- Disparities in Medical Outcomes (due to):
  1. Continuation of stigmas, especially in specific communities. There is a need for more 1:1 outreach which has proven to work well in the past.
  2. Need for on-going support for individuals as they deal with initial diagnosis. The group believed that Quality of Care starts with the individual.
  3. Unknowns: How to access transportation and get financial assistance for insurance premiums.

Recommendations:

- Needs Assessment survey can be done every 2 or 3 years (vs. annually) with annual data assessment reports. Also conduct a baseline Needs Assessment on everyone once they have gone through the process of intake with Centralized Eligibility. This would create a foundation that could identify gaps in the program from the beginning.
- Capacity Assessments: the "what if's" when "what happens" needs to be closely watched as the health care continuum changes. Are those identified groups/ASOs/CBOs prepared and able to provide services after changes to health care are placed in effect?
- Look at an "insurance program" vs. Ryan White.
- Look at current system of information sharing and links.
- Continue efforts of 1:1 interactions with clients. Increase Outreach efforts at "mainstream events".

**10. Wrap up: What is Quality of Care? - Group Discussion**

Will Spencer set the tone for the discussion noting the work needs to continue during the next few months adding these topics to the agenda is the important first step but needs to be turned into an action plan. The following were responses from each member to define what Quality of Care is:

- A person with HIV has to make the decision to care for themselves first-trust-building and training equals quality of care.
- Getting my personal needs met
- Concern is that we have a history of identifying but not creating a road map- need to create committees, recommendations from past
- Seeing the patient/client as a holistic being/client focused care
- From the Provider side/engaging client's/effective communication and listening
- Client perspective/client centered/respectful/reduce viral load
- Starts with me/be on your own/do what you have to do
- Starts with me/knowledge and understanding/able to identify and help others/listening
- Starts with me/excellent customer service/meet outcomes
- Being healthy and empower clients to move forward and help themselves/not being a crutch

- Provision of whatever "it" is to be independent and healthy
- Starts with you/treated with dignity and respect
- If I am going for a service be treated as an individual and no less than/right to make own decisions regarding care
- What everyone said and at the beginning quality of care begins there/empower workers
- Respect, caring and dignity
- With myself- 20 years when I did not know anything- first time when testing positive do not assume no other services are not required
- Quality of life: community viral load to zero/bringing people into care
- Coordinating care so that client is not going to multiple doctors/peers/ patient advocates/improving quality of care
- Comprehensive and recognizing with limited resources/spreading ourselves thin/quality of care is taking patient and providing that person with the care they need to live a healthy life.
- What works for the individual/treat person as a whole/all providers talking with one another
- Coordination of services
- From my perspective, anything that helps an individual maintain a health medical and social status/from a system this becomes difficult as we focus on measures/ and not having all the resources to offer/
- Client comfort/sharing/important that person/team providing services asks questions and listens
- As your new chair/conversation began with we do a bunch of stuff and combining both retreats / merging together/over the next few months/taking each section and deciding what we will keep/use/create/quality of care, etc. I am a living example of the quality of care in Broward County- living and walking example when you allow the system to care for you.

**11. Next Meeting Date**

Thursday, March 22, 2012 at 9:00 a.m. at 200 Oakwood Lane, Suite 100, Hollywood, 33020.

**12. Adjournment**

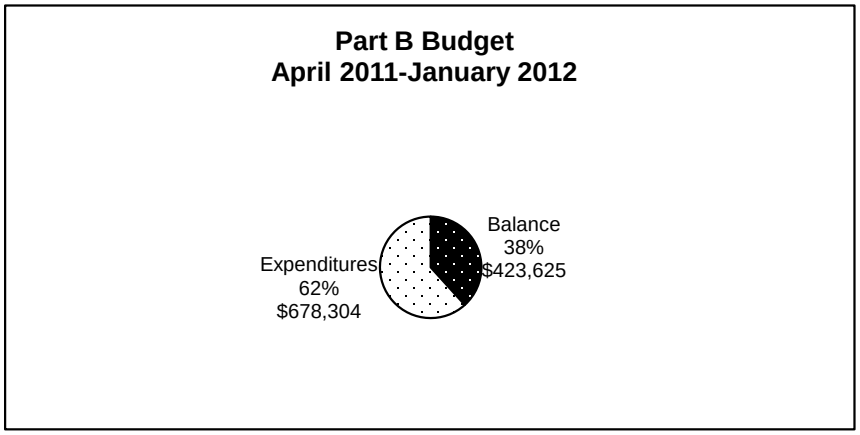
The meeting was adjourned at 3:20 p.m.

# Ryan White Part B
# Expenditure Report
# January 2012

| Service Category | Part B 2011-2012 Allocated | Part B 2011-2012 (January Spent / Encumbered) | Part B 2011-2012 Monthly Average Left | Part B 2011-2012 ( YTD Spent / Encumbered) | Part B 2011-2012 (% Left) | Part B 2011-2012 (Balance) |
|---|---|---|---|---|---|---|
| **Home Delivered Meals** | $ 2,479 | $ - | $ 581 | $ 735 | 70% | $ 1,744 |
| **Home Health Care Services** | $ 13,018 | $ - | $ 3,276 | $ 3,189 | 76% | $ 9,829 |
| **Medication Co Pay** | $ 697,218 | $ 26,070 | $ 91,542 | $ 422,591 | 39% | $ 274,627 |
| **Case Management (non-medical)** | $ 179,001 | $ 11,109 | $ 23,441 | $ 108,677 | 39% | $ 70,324 |
| **Medical Transportation** | $ 100,021 | $ 49,992 | $ 16,676 | $ 49,992 | 0% | $ 50,029 |
| **Administration** | $ 110,192 | $ 8,177 | $ 5,691 | $ 93,120 | 15% | $ 17,072 |
| | | | | | | |
| **TOTALS** | **$ 1,101,929** | **$ 95,349** | **$ 211,813** | **$ 678,304** | **38%** | **$ 423,625** |
| | | | | | 62% | |

Non-Medical Case Management conducted 399 eligibility interviews in January of which 104 were new clients.
Medication Co Payment served 279 clients in January in which 7 were new to the program.
265* Clients served in January Med Co Pay *number of clients served is low due to 3 providers not submitting January invoice.
14 Clients served in January Mail Order

Cost Avoidance for Medication Co Payment Program for January is $35,744.14. Total cost avoidance from April-January is $174,077.




This report reflects all invoices received and paid as of 1/31/12

Broward County Health Department ADAP Report as of 2/29/12

| | | |
|---|---|---|
| Total ADAP "Open" Enrollment | | 2,227 |
| Total ADAP Clients Served in Last 30 Days* | | 1,436 |
| Total ADAP Waitlist Enrollment** | | 228 |
| | Category A | 2 |
| | Category B | 45 |
| | Category C | 172 |
| | Category D | 9 |
| Total ADAP/Medicare Part D Enrollment | | 187 |
| Number of Appointments in January | | 676 |
| Number of Missed Appointment in January | | 258 |
| Percentage of January Appointments Missed | | 38% |

* "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.