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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, January 24, 2013 at 9:00 A.M.

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

The Executive Committee did not take action on this agenda. It was developed in accordance with the Planning Council By-Laws.

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 1/24/13 Meeting Agenda
   e. Approval of 12/13/12 Meeting Minutes

4. **PUBLIC COMMENT** (Up to 10 minutes)

5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (HANDOUT A)

6. **CONSENT ITEMS**

Consent #1	To appoint Dionne Proulx as a member of the Joint Priorities Committee
Proposed by:	Joint Priorities Committee

Consent # 2	To recommend that Silvana Baner be nominated for appointment as a member of the HIV Planning Council in the Grantees of Other Federal Programs (Prevention) seat
Proposed by:	Membership/Council Development Committee

Consent # 3	To recommend that Dionne Proulx be nominated for appointment as a member of the HIV Planning Council in the AIDS Service Organization/Community Based Organization seat
Proposed by:	Membership/Council Development Committee

Consent # 4	To approve a change in the Policies & Procedures of Membership/Council Development Committee (HANDOUT B)
Proposed by:	Membership/Council Development Committee

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Consent # 5	To appoint Karlene Tomlinson as a member of the Joint Planning Committee
Proposed by:	Joint Planning Committee

7. DISCUSSION ITEMS

Second Reallocation of FY2012-2013 Grant Funds

Discussion Item #	Service Category (# of Providers)	Recommended Sweep TO	Recommended Sweep FROM	Proposed by
1	**Ambulatory Medical(5)**		($895,532)	Joint Priorities
2	**Case Management (7)**		($42,662)	Joint Priorities
3	**Substance Abuse (2)**		($15,000)	Joint Priorities
4	**Food Voucher (1)**		($37,000)	Joint Priorities
5	**Centralized Intake and Eligibility (1)**		($8,000)	Joint Priorities
6	**Outreach (1)**		($8,232)	Joint Priorities
	Total Part A Funds		**($1,006,426)**	
7	**Ambulatory Medical(5)**	$253,431		Joint Priorities
8	**Pharmaceuticals (3)**	$547,995		Joint Priorities
9	**Case Management (7)**	$45,000		Joint Priorities
10	**Legal Assistance (1)**	$7,000		Joint Priorities
11	**Food Bank (1)**	$153,000		Joint Priorities
	Total Part A Funds	**$1,006,426**		
	Dental (2)	$0	$0	
	Mental Health (3)	$0	$0	
	Total MAI Funds	**$0**	**$0**	

Discussion #12	To sweep unallocated expenditures in the pharmaceuticals line item to ADAP
Proposed by:	Joint Priorities Committee

Discussion #13	To recommend that food bank eligibility be changed to 15 food bank allotments per year. A maximum of 3 allotments may be vouchers. A single voucher can be provided simultaneously with a food box. *See figure 1 below for current food category eligibility.*
Proposed by:	Joint Priorities Committee

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Figure 1 (For Reference Only)

CURRENT FOOD CATEGORY ELIGIBILITY

FOOD BANK/FOOD VOUCHERS
Case Manager Referral Every 12 months
Application status for food stamps and/or WIC (undocumented residents exempt)

FOOD BANK
Up to 150% FPL
12 Food Bank allotments per year; may choose food boxes or vouchers
(Maximum of 3 vouchers per year)

FOOD VOUCHERS (Emergency Provision)
151-300% FPL
Maximum of 3 food bank allotments per year (food box **or** food voucher)
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. DECEMBER AND JANUARY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

January 3, 2013

Chair: K. Creary, Vice Chair: T. Wilson

The Committee reviewed vacancies and qualified applicants for the HIVPC, and nominated two: Silvana Baner of the Broward Health Department and Dionne Proulx of Memorial Healthcare System. Also, the Committee amended and approved a draft of proposed job descriptions for each mandated Council seat, and asked Executive Committee to refer it to the ad Hoc Committee on By-Laws. As part of the effort, the Committee approved an amendment to its Policies and Procedures. The new language says the Committee's priority order for filling vacant Council seats is: affected communities, federally mandated seats, non-elected community leaders, and other vacant seats based on categories. Keeping the Council membership reflective of the HIV epidemic remains a key factor. The Committee also approved having all Council members fill out an annual Profile Update in January, to verify they qualify for the Council seat they hold and to verify conflicts of interest. *Next Meeting:* March 7, 2013. *Agenda Items for Next Meeting:* Review vacancies, applicants and demographics; review 2013 work plan; review Council members to see if they match the seat they hold.

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b. JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)

January 8, 2013

Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington

The Committee discussed three possible locations for the first of its 2013 evening educational meetings to be held in the community. The group settled on ArtServe in Fort Lauderdale, at 6 pm Tuesday, March 12. Support staff and the grantee's office will book the date and make arrangements. Also, the Committee reviewed its list of topics and chose a "hot topic" for its February meeting: A physician guest speaker to review medical issues such as staying in care and medications. Also, for the January "hot topic," staff gave an overview of the extent of the epidemic in Broward County. *Agenda Items for the Next Meeting:* Standing Agenda Items; finalize promotional materials for March community event; 'hot topic' on medical issues. *Next Meeting Date:* February 5, 2013.

c. JOINT PLANNING COMMITTEE

January 14, 2013

Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick

A Broward County Health Department representative briefed the Committee on the realities and challenges of collecting data to determine community viral load. He reported that data is not available from all HIV-positive people in Broward, and probably won't be for a time, but is collected from subgroups, such as clients of Part A and ADAP. After discussion, the Committee asked the Grantee and Health Department to come back with recommendations for the feasibility and value of using the limited data to set a baseline viral load. Also, the Grantee's office said it was emailing the Committee the 2012 Service Category Study, which covered Oral Health. Also, the committee heard a progress report on the Client Survey, to be completed in January. *Agenda items for the next meeting*: Update on Client Survey; update on community viral load; review and discussion of 2013 work plan. *Next Meeting Date*: Monday, February 11, 2013.

d. LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meetings

Chair: S. Abel

Next Meeting Date: To be determined

e. QUALITY MANAGEMENT COMMITTEE (QMC)

January 7, 2013

Chair: C. Grant

The Committee met without quorum. The Committee reviewed a summary of HIVPC comments made during the review and approval of the Broward Client-Level Outcomes and Indicators. The Quality Improvement (QI) Networks will review the HIVPC comments and consider further revisions at a later date. It was noted that the Service Delivery Models (SDM) for all service categories are currently being reviewed; all revised outcomes and indicators will be incorporated into the SDM's. The Committee heard an annual summary of the National Quality Center's (NQC) In+Care Campaign retention rates. The Broward County EMA showed an improvement in all measures: Gap Measure (30%-22%), Medical Visit Frequency (49%-51%), Patients Newly

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Enrolled (35%-50%) and Viral Load Suppression (62% to 70%). The EMA will continue to report to NQC through Fiscal Year13-14 as the campaign has been extended. The Committee reviewed a quarterly QI Network Update detailing the activities of all Networks during October-December, 2012. The Committee was asked to review the *FAQ's for New Committee Members*, a document created as a QM resource for new members. It was noted that the document includes previous comments made by the Committee. The Committee will provide additional comments and finalize the document at the next meeting. *Agenda Items for Next Meeting*: Standing Agenda Items, Review and Approval of October 15, 2012 Minutes and January 7, 2013 Agenda, Update on Oral Health Care Outcome and Indicator Revisions, Review of Annual QM Committee Work Plan, Review of the NQC Retention Rates, Review of SDM Revisions, Finalize *FAQ's for New Committee Members Next Meeting Date*: February 18, 2013.

f. **JOINT PRIORITIES COMMITTEE / AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUB-COMMITTEE**

December 19, 2012

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate
The Committee approved the Part A Grantee's plan for allocating carryover funds that may arise in FY 2012. A preliminary estimate for carryover in regular Part A is about $505,000, to be used for outpatient medical. A preliminary estimate for carryover in the Minority AIDS Initiative is about $150,000, to be used for medical case management. Also, Priorities reviewed and gave a satisfactory finding on the Grantee's timeliness of paying provider invoices, which is a required measure to be reviewed as part of the Assessment of Administrative Mechanism for HRSA. By consensus, the Committee suggested that Broward County investigate the use of electronic fund transfers to speed payments and reduce costs. Also, a Committee member gave an in-depth overview of the Affordable Care Act as it may affect the Ryan White program. Also, the group took no action on a request from Joint Planning Committee to consider requiring all new Part A clients to supply viral load and T-cell reports in order to qualify for services. Priorities may revisit the question as more information becomes available. *Agenda Items for Next Meeting:* Standing Agenda Items, Allocations sweeps, update on PCIP. *Next Meeting Date:* January 16, 2013.

January 16, 2013

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate
The Committee approved a second round of reallocations in FY2012-13 Part A grant funds. Members voted to move a total of $1,006,426 out of six service categories (medical, case management, substance abuse, food vouchers, outreach and centralized intake and eligibility) and to move a like amount into five categories (medical, pharmaceuticals, case management, food bank and legal assistance). The Committee recommended that any unallocated funds in the pharmaceutical line item would be directed to the ADAP program. In addition, the Committee agreed that enough resources remain in the bulk food purchase to allow changing the eligibility for food bank. Members voted to give clients 15 food allocations per year (up from 12), of which up to three can be food vouchers. Also, the Committee heard an update on progress by the Subcommittee on Pre-Existing Condition Insurance Plan. *Agenda Items for Next Meeting:* Standing Agenda Items, Approve 2013 Work Plan, update on PCIP. *Next Meeting Date:* February 20, 2013.

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AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

January 9, 2013

Chair: Y. Reed

The Committee heard a presentation on the Monroe County PCIP Pilot Program. The report included information on the average monthly and annual number of clients served, and the premiums, deductibles, and co-payments paid. The AHF representative provided a presentation on the Affordable Care Act (ACA). Following the presentations, the Committee reviewed a cost summary per Ryan White Program service category for FY11-12. The Committee discussed the pros and cons of paying for insurance premiums and deductibles instead of direct services, the service gaps expected post-healthcare reform, and the estimated client pool that would rely on Ryan White Program core and/or support services post-healthcare reform. The Committee requested the following data to facilitate further discussion and help formalize recommendations to the Joint Priorities Committee: 1) Ryan White Service Utilization per federal poverty level (0%-138%; 139%-300%; 301%-400%; over 400%), 2) A comparison of the benefit packages of the current HIV Medicaid plans, and 3) The federal subsidies for health insurance premiums and cost sharing in the exchanges. *Agenda Items for Next Meeting*: Standing Agenda Items, Review Ryan White Service Utilization per FPL, Review a comparison of the benefit packages of the current HIV Medicaid plans, Review the exchange subsidies for health insurance premiums and cost sharing *Next Meeting Date*: February 20, 2013.

g. JOINT EXECUTIVE COMMITTEE

January 17, 2013

Part A Chair: S. Kuryla, Part B Chair: J. Wynn

Meeting canceled.

Agenda Items for Next Meeting: Standing Agenda Items, *Next Meeting*: March 21, 2013.

h. PART A EXECUTIVE COMMITTEE

January 10, 2013

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

The Committee reviewed and endorsed proposed templates for all the 2013 Work Plans, as developed by the Vice Chair and staff. A full version will be reviewed for approval in February. Members made some suggestions. Executive agreed to move "Language How Best to Meet the Need" from Joint Priorities over to Joint Planning. Also, the Vice Chair asked Committee Chairs to make brief presentations at the HIVPC retreat on Feb. 28, at ArtServe. The idea is to show unity and to educate Council members on various issues. The main retreat topics will be Council training and a review of the new Work Plans to advance the goals of the National HIV/AIDS Strategy. Executive asked staff to firm up the retreat trainers. Also, after a discussion, Executive held off giving Council members a self-assessment survey, to study it more. Also, the Grantee's office is studying several ideas for possible bulk purchases as part of the reallocation and carryover process. *Agenda Items for Next Meeting:* Work Plan review; retreat update. *Next Meeting*: February 21, 2013.

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January 17, 2013

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

i. **AD HOC BY-LAWS COMMITTEE**

No January meeting scheduled

Chair: W. Spencer
Agenda Items for Next Meeting: Review and act on proposed By-Laws changes. *Next Meeting*: TBD.

9. GRANTEE REPORTS (up to 10 minutes)
a) Part A
b) Part B and ADAP (HANDOUTS D-1, D-2)

10. OTHER REPORTS (up to 10 minutes)
a) Part C
b) Part D
c) HOPWA

11. UNFINISHED BUSINESS

12. NEW BUSINESS
a) Healthcare Reform Update (if any)

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: Retreat February 28, 2013 at 9:30 a.m. **VENUE:** ArtServe, 1350 E. Sunrise Blvd., Fort Lauderdale.

17. ADJOURNMENT

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MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

December 13, 2012

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. Chair	X			Deer, L. *(Commissioner's Aide)*
2	Gammell, B., Vice-Chair	X			Murphy, K. *(TFG)*
3	Abel, Dr. S.		X		Moore, L.
4	Creary, K.	X			Proulx, D.
5	Dyer, L.	X			Downie, G.
6	Grant, C.	X			Green, D.
7	Hanson-Evans, B.		X		Davis, D.
8	Hayes, M.	X			Robertson, P.
9	Hernandez, R.	X			
10	Holness, Comm. D. V.C.		X		
11	Katz, B.	X			
12	Marcoviche, W.	X			
13	Moragne, Dr. T.	X			
14	Pearl, J.	X			**Grantee Staff**
15	Rajner, M.	X			Degraffenreidt, S (Part A)
16	Reed, Y.	X			Green, W. (Part A)
17	Roberson, C.	X			Jones, L. (Part A)
18	Siclari, R.	X			Mercer, A. (Part B)
19	Spencer, W	X			Swanson, M. (Part A)
21	Stoakley, M.		X		
21	Taylor-Bennett, C.	X			**HIVPC Support Staff**
22	Tomlinson, K.		X		Eshel, A.
23	Wilson, T.	X			Crawford, T.
24	Wynn, J.	X			LaMendola, B.
A1	Coscarelli, M. (Alt)		E		Rosiere, M.
A2	Parker-Maysonet, P. (Alt)		E		Solomon, R.
	Quorum=13	**19**	**7**		

1. CALL TO ORDER

The Chair called the meeting to order at 9:07 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.

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Approval of 12/13/12 Agenda

Motion #1:	To approve the 12/13/12 Agenda
Proposed by:	Michael Rajner
Seconded by:	Rick Siclari
Action:	Passed Unanimously

Approval of the 8/23/12 Meeting Minutes

Motion #2:	To approve the 8/23/12 Meeting Minutes
Proposed by:	Karen Creary
Seconded by:	Ronald Hernandez
Action:	Passed Unanimously

4. PUBLIC COMMENT (up to 10 minutes)
There was no public comment.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy, The Ferguson Group
The December 2012 Federal Legislative Report was provided. Mr. Murphy reported that Congress has not completed work on its full year appropriation. Instead of 12 months, 6 month funding was completed. A Ryan White partial grant will be awarded since Congress felt they lacked the authority of a full year's award. There is an ongoing partisan battle in regards to what deal will ultimately be cut. Each party in Congress plans to have its own version of the legislation in which members will hear from stakeholders before attempting to pass one Bill. Members voiced concern about the status of the Affordable Care Act and ObamaCare. The legislator reported that they are working on how to integrate the Ryan White Program with other continuums of care so neither program would end.

6. CONSENT ITEMS
The following five (5) Consent Items were submitted for ratification by the Council:

Consent Item # 1	To recommend that Silvana Baner be added as a Joint Planning Committee member
Proposed by:	**Joint Planning Committee**

Consent Item # 2	To recommend that Psyche Doe be added as a Joint Planning Committee member
Proposed by:	**Joint Planning Committee**

Consent Item # 3	To recommend that Rosemarrie Williams be added as a member of Membership/Council Development Committee
Proposed by:	**Membership/Council Development Committee**

Consent Item # 4	To recommend that Leroy Dyer be added as a member of the Joint Client/Community Relations Committee
Proposed by:	**Joint Client/Community Relations Committee**

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Consent Item # 5	To recommend that Doretta Green be added as a member of the Joint Priorities Committee
Proposed by:	**Joint Priorities Committee**

The following motion was made to approve all Consent Items:

Motion # 3	To approve all Consent Items
Proposed by:	Karen Creary
Seconded by:	Carla Taylor-Bennett
Action:	Passed unanimously

7. DISCUSSION ITEMS

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

Discussion Item # 1	To recommend approval of new Outcomes and Indicators for Mental Health Services (HANDOUTS B-1, B-2)
Justification:	Indicators should be based on every client's improvement. Develop outcome that more accurately reflects improvement in retention
Proposed by:	**Quality Management Committee**

Discussion Item # 2	To recommend approval of new Outcomes and Indicators for Substance Abuse Services (HANDOUTS B-1, B-2)
Justification:	Indicators should be based on every client's improvement. Develop outcome that more accurately reflects improvement in retention
Proposed by:	**Quality Management Committee**

Discussion Item # 3	To recommend approval of new Outcomes and Indicators for Legal Services (HANDOUTS B-1, B-2)
Justification:	Indicator increased based on Legal Services' history of surpassing the original benchmark
Proposed by:	**Quality Management Committee**

Discussion Item # 4	To recommend approval of new Outcomes and Indicators for AIDS Pharmacy Assistance (HANDOUTS B-1, B-2)
Justification:	Develop outcome that more accurately reflects improvement in adherence and retention
Proposed by:	**Quality Management Committee**

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Discussion Item # 5	To recommend approval of new Outcomes and Indicators for Medical Case Management Services (HANDOUTS B-1, B-2)
Justification:	Develop indicator that measures overall retention in care and does not rely on self-reported information
Proposed by:	**Quality Management Committee**

Discussion Item # 6	To recommend approval of new Outcomes and Indicators for Outreach Services (HANDOUTS B-1, B-2)
Justification:	Consider creating separate indicators for new clients and returning clients
Proposed by:	**Quality Management Committee**

Discussion Item # 7	To recommend approval of new Outcomes and Indicators for Food Bank Services (HANDOUTS B-1, B-2)
Justification:	Develop outcomes that reflect Food Bank's impact on client health outcomes
Proposed by:	**Quality Management Committee**

Discussion Item # 8	To recommend approval of new Outcomes and Indicators for Centralize Intake and Eligibility Services (HANDOUTS B-1, B-2)
Justification:	Clarify CIED responsibility for linkage to care and develop indicator to measure CIED's assistance, not actual receipt of benefits
Proposed by:	**Quality Management Committee**

The Chair of the Quality Management Committee explained each discussion item, and the rationale. Members asked questions, voiced opinions and asked the Committee to consider their recommendations for establishing next year's outcomes and indicators. The following motions were made to approve the discussion items:

Motion #4	**To approve mental health outcomes and indicators** 1-Improvement in client's symptoms associated with primary mental health diagnosis. 1.1-85% of clients achieve Plan of Care goals by designated target date. 2-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care. 2.1-85% of clients are retained in Outpatient/Ambulatory Medical Care.
Proposed by:	Quality Management Committee
Seconded by:	Marie Hayes
Action:	Passed unanimously

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Motion #5	**To approve substance abuse outcomes and indicators** 1-Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. 1.1-85% of clients achieve Plan of Care goals by designated target date. 2-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care. 2.1-85% of clients are retained in Outpatient/ Ambulatory Medical Care. **Remove**: Decreased substance use. 60% of all clients will achieve at least 30 days clean/sober at time of discharge (data collection only).
Proposed by:	Quality Management Committee
Seconded by:	H. Bradley Katz
Action:	Passed, (3 opposition)

Motion #6	**To approve legal services outcomes and indicators** 1-Increased access to benefits for which the client is eligible. 1.1-80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability. 1.2-60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of benefits or will have their case remanded for a hearing before an Administrative Law Judge.
Proposed by:	Quality Management Committee
Seconded by:	Will Spencer
Action:	Passed, (1 opposition)

Motion #7	**To approve AIDS pharmaceutical assistance outcomes and indicators** 1-Improve access to medication. 1.1-<u>We will attempt to contact</u> 100% of clients who do not pick up medications within 7 to 14 days of filling the prescription ~~will be contacted.~~ 2-Clients provided an opportunity to improve medication adherence. 2.1-100% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence)
Proposed by:	Quality Management Committee
Seconded by:	Will Spencer
Amendment	1.1 by Dr. Moragne
Action:	Passed (2 oppositions)

Motion #8	**To approve medical case management outcomes and indicators** **Remove:** Improved ability to independently navigate and access needed services Initial: 100% of new clients receive information regarding available services and corresponding eligibility criteria Intermediate: 80% of clients achieve initial POC goals by designated target date 1-Increased access, retention and adherence to Outpatient/Ambulatory Medical Care 1.1-80% of clients achieve POC goals related to Outpatient/Ambulatory Medical Care services by designated target dates <u>1.2</u> ~~2.2~~ 80% of clients are retained in Outpatient/Ambulatory Medical Care
Proposed by:	Quality Management Committee
Seconded by:	Will Spencer

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Amendment:	1.2 Correct item number
Action:	Passed (3 oppositions)

Motion #9	**To approve outreach outcomes and indicators** 1-Facilitate client access to outpatient/ambulatory medical care and/or medical case management 1.1-80% of new clients will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder). 1.2-25% of lost to care clients that are contacted will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder).
Proposed by:	Quality Management Committee
Seconded by:	Leroy Dyer
Action:	Passed (1 opposition)

Motion #10	**To approve food bank outcomes and indicators** 1-Increase and/or maintain retention in Outpatient/Ambulatory Medical Care 1.1-85% of clients are retained in Outpatient/Ambulatory Medical Care. 1.2-100% of those clients not retained in Outpatient/Ambulatory Medical Care will be referred to the appropriate provider (i.e., medical case management, physician, Treatment Adherence Program, etc.). **Remove**: Improve client's knowledge of food handling. Initial: 100% of clients will receive food handling information as indicated by clients' signature.
Proposed by:	Quality Management Committee
Seconded by:	Will Spencer
Action:	Passed unanimously

Motion #11	**To approve CIED outcomes and indicators** 1-Provide rapid engagement of clients into care. 1.1-95% of clients eligible for Part A who have not had an OAMC visit within the last 6 months at the time of recertification shall have an OAMC or Medical Case Management appointment scheduled within 1 business day. 2-Provide access to benefits for which client is eligible. 2.1-95% of clients who meet eligibility criteria for 3rd party benefits will receive assistance in completing applications for those benefits. **Remove:** Clients will have their HIV/AIDS related needs met. 95% of clients will receive referrals to both Ryan White and/or Non-Ryan White services as identified in the Intake Needs Assessment. 95% of clients receiving referrals will have a disposition follow up within 14 business days.
Proposed by:	Quality Management Committee
Seconded by:	Michael Rajner
Action:	Passed unanimously

8. SEPTEMBER, OCTOBER & NOVEMBER COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

September 6, 2012

Chair: H.B. Katz, Vice Chair: T. Wilson

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An HIV+ guest reported having problems with housing, and was directed to agencies for help. The Committee noted the Council awaits agencies to recommend appointments for recent vacancies in mandated seats. Also, the Committee asked staff to check on efforts to contact the Seminole and Miccosukee tribes about the consumer/Native American seat. Also presented were the results of the HIVPC training survey, which found that Council members prefer training in By-Laws/Policies and Procedures. In a separate survey, JCCR members prefer training in Data on the Epidemic. After a discussion, Membership agreed to meet in October to develop the mandated annual training session to be conducted at the HIVPC retreat in January. In addition, members will develop a series of expanded training topics to be offered for the retreat or a different time. *Next Meeting:* October 4, 2012. *Agenda Items for Next Meeting:* Begin to Develop Plan for Conducting Training Session at HIVPC Retreat.

October 4, 2012

Chair: K. Creary, Vice Chair: T. Wilson
The new Chair welcome presided. The Committee made plans for the required annual training session for HIVPC Members, which would be conducted during the Council retreat in January. The Chair will ask the Executive Committee to reserve 90 minutes of the retreat for training. The topics are the Council's legislatively mandated responsibilities, and a session on By-Laws, Robert's Rules of Order and the Sunshine Law. Training materials were reviewed and potential presenters were identified. Also, the Committee recommended that the retreat agenda include a statistical update on the epidemic in Broward and a discussion of the goals of the National HIV/AIDS Strategy and Comprehensive Plan. Also, after noting a Member's new job will not force him to leave his Council seat, the Committee agreed to review all categories of Council seats with the aim of drafting more-detailed descriptions of them. *Next Meeting:* November 1, 2012. *Agenda Items for Next Meeting:* Review Council seat categories; offer ideas on how MCDC can advance goals of NHAS; Update on Council training session.

November 1, 2012

Chair: K. Creary, Vice Chair: T. Wilson
The Committee reviewed vacancies and qualified applicants for the HIVPC, and sent no nominees to HIVPC. The Committee first wants to draft job descriptions for each mandated Council seat so members know what is expected of them. Committee members said some Council members may not be contributing as much data and expertise as they could. The Committee reviewed a draft of job descriptions and will revisit at the next meeting. Also, the Committee decided that the best way it can help advance the goals of the National HIV/AIDS Strategy is with the job descriptions and its normal duties recruiting and training. Also, the group recommended a guest be approved as a new member of the Committee. *Next Meeting:* January 3, 2013. *Agenda Items for Next Meeting:* Discuss approving job descriptions for each mandated Council seat; review qualified HIVPC applicants; review updated work plan.

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
September 5, 2012 (Educational Session and Business Meeting at MODCO)

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington
Members of the Committee led an educational session for approximately 25 HIV-positive residents of Mount Olive Development Corporation housing program. Dr. Ana Puga of Children's Diagnostic and

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Treatment Center made a presentation on "the importance of staying in medical care" and on "prevention for positives." Natasha Markman of CIED spoke and provided handouts detailing how to navigate the HIV health system. Chairs of JCCR and HIV Planning Council spoke about the need for PLWHAs to participate in the process. Residents in the audience asked numerous questions and made comments. Immediate response was positive. Upon completion, the JCCR convened a business meeting without quorum. Three MODCO residents attended and made comments. The Committee heard Part A and Part B reports and initiated planning for another educational session in the community. The Part B chair agreed to meet with the HIVPC vice chair to discuss future work plans. *Agenda Items for Next Meeting:* Standing Agenda Items, review of MODCO feedback surveys, plan for next event, invite HIVPC chair and/or vice chair to discuss work plans if needed. *Next Meeting Date:* Oct. 2 2012.

October 2, 2012

Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington

The Part B Co-Chair welcomed the new Part A Co-Chair. Both Chairs reported on the Joint Executive Committee retreat in September, which focused on how the Planning Council and its Committees can meet the three-year goals of National HIV/AIDS Strategy and 2012-15 Comprehensive Plan. The Co-Chairs asked each JCCR Member to come to the November meeting with ideas on what specific actions this Committee can take to help meet those goals, so the group can develop a new Work Plan to implement the ideas. Also, Members reviewed results of a survey of audience members who attended the educational session and Committee business meeting at Mount Olive Development Corp. last month. Audience satisfaction with the event was high. Also, staff gave a report on the Pride Center, which the Committee identified as a suggested location for the next such community event. The Part B Co-Chair suggested holding off action on the next event until after the Committee develops its new Work Plan. Also, staff asked Members to review and give feedback on the 2012 Client Survey once it is available to view online. *Agenda Items for Next Meeting:* Standing Agenda Items; develop new Work Plan; discuss plans for next community event. *Next Meeting Date:* November 13, 2012.

November 13, 2012

Part A Co-Chair: B. Katz, Part B Co-Chair: L. Washington

The Committee had a wide-ranging discussion of actions that JCCR could take to help the Planning Council meet the three-year goals of National HIV/AIDS Strategy. A long list of suggestions emerged, including: Training JCCR members to educate the public on HIV, conducting more public seminars, making sure a certified HIV tester attends JCCR community seminars, and encouraging funding or aid for support groups to educate consumers. The list will be forwarded to the Executive Committee. Also, JCCR members agreed with a plan from the Chairs to hold one outreach or business meeting per quarter in the community in the evening, to educate the public. This would start in March. All other meetings would include a "hot topics" educational session for the JCCR members, starting in January. In addition, the Committee recommended that Leroy Dyer be made a JCCR member. *Agenda Items for Next Meeting:* Standing Agenda Items; discuss plans for first evening community event. *Next Meeting Date:* December 4, 2012.

December 4, 2012

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Part A Co-Chair: B. Katz, Part B Co-Chair: L. Washington
The Committee reviewed a list of possible "hot topics" that could be presented at the first of its regularly scheduled evening meetings in the community, which will occur in March. The chosen topic: Eligibility for the Ryan White services offered under Part A and Part B, as well as eligibility for the Medicaid AIDS waiver program. Representatives of those organizations will be asked to be the guest speakers. The Committee asked staff for details on 3 possible locations for the meeting: ArtServe, Osswald Park and Central Broward Park. One will be chosen at the next meeting. Also, each member filled out a ranking of the relative importance of each Ryan White service, to give to Joint Priorities Committee for the 2013 allocations process. *Agenda Items for the Next Meeting:* Standing Agenda Items; choose location for first evening community event; 'hot topic'. *Next Meeting Date:* January 8, 2013.

c. **JOINT PLANNING COMMITTEE**

September 10, 2012

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick
The Committee reviewed data submitted by Parts A, C and D that was requested by members, aiming to see how Broward compares to the goals of National HIV/AIDS Strategy and guidelines provided by the National Institute of Medicine. After discussion, the Committee decided it would request information recently provided by HHS to Parts B, C and D, to match Part A requirements. The Committee approved an initial draft of proposed questions for the 2012 Client Survey targeted to be completed by Dec. 31. HOPWA will be asked for an abbreviated list of questions to include, in order to demonstrate collaboration between Part A and HOPWA. At the October meeting, the Committee will review the final survey. It was proposed that the abbreviated survey be utilized in the community for Survey Years 2 and 3 and the extensive Client Survey be utilized on Year 1 and in focus groups. Ideally, the abbreviated survey would target people not in care, newly infected patients and those not adhering to care. Agenda items for the next meeting: Standing items, review 7 categories of data to be requested from Parts B-D, approve questions and details of client survey, discuss what service category to target for study in 2012. Next Meeting Date: Monday, October 8, 2012.

October 8, 2012

Meeting canceled due to lack of quorum.
Agenda Items for Next Meeting: October Agenda to be utilized. Next Meeting Date: TBD

November 5, 2012

Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick
The Part B Chair welcomed the new Part A Chair. The Committee reviewed the 2012 Client Survey it had developed and that was approved by the Executive Committee. Also, Joint Planning members discussed seven data measures the federal Health and Human Services recommends be collected, and agreed to request that all the Ryan White Grantees supply the data. Their reports would be due by March or April, in time for the funding allocations process. The Part B Chair asked that an item be added to the agenda of the next Joint Executive Committee meeting to discuss requiring annual viral load results from all clients of Part A services, to help develop a Community Viral Load measure. Also, the Committee endorsed the Chairs suggestions on actions the Committee can take to advance the goals of the National HIV/AIDS Strategy, and added no additional actions. Agenda items for the next

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meeting: Update on Client Survey; report on prevention and routine testing. Next Meeting Date: Monday, December 10, 2012.

December 10, 2012

A Broward County Health Department representative briefed the Committee on a new HIV prevention campaign being prepared under a CDC high-impact grant. The campaign will employ, i) Increased testing in health care and non-health care settings, including encouraging routine testing by physicians, ii) Increased prevention for positives efforts, including more use of peer navigators, iii) Condom distribution in non-traditional locations and by community partners, and iv) Marketing and social media outreach to the public and activist groups. Also, the committee heard a progress report on the Client Survey, to be completed in December or January. Also, after a discussion, the Committee asked Joint Priorities to consider changing Ryan White eligibility to require an annual viral load report, and invited a health department representative to speak on measuring community viral load. *Agenda items for the next meeting*: Update on Client Survey and discussion of 2013 Needs Assessment; report on community viral load; discussion of 2013 work plan; results of oral health category study. *Next Meeting Date*: Monday, January 14, 2013.

d. **LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**

No September or October meeting

Next Meeting Date: To be determined.

e. **QUALITY MANAGEMENT COMMITTEE (QMC)**

September 24, 2012

Guest Chair: B. Gammell, Vice Chair: C. Grant

The Committee reviewed data on Part A clients between the ages of 25-49 as a follow up to discussion regarding the retention needs of the aging population. It was noted the data did not indicate a need for an improvement project focused specifically on this age group. The Committee reviewed a National Quality Center (NQC) In+Care Campaign retention rates report summarizing data from all five submission dates. Additionally, the Committee was updated on the findings from a Medical Case Management (MCM) client-level Gap Measure analysis and the next steps being conducted by the MCM Network to address them. The Committee reviewed the revisions made to the Oral Health Care and Food Bank outcomes and indicators. Representatives from both service categories were present to provide the rationale for the revisions. The Food Bank outcome and indicators were approved by the Committee after discussion and a re-vote. The Oral Health Care outcome and indicator #1 were amended and approved; outcome and indicator #2 will be brought back to the QMC after further research is done. Review of the Comprehensive Plan and Annual QM work plan were tabled until the next meeting. The Committee was informed of the September 18 MCM training and the upcoming MCM resource fair. *Agenda Items for Next Meeting*: Standing Agenda Items, Update on Oral Health Care Outcome and Indicator Revisions, Update on 2012-2015 Comprehensive Plan Implications for QM Committee Work Plan, Review Annual QM Work Plan Next *Meeting Date*: October 15, 2012.

October 15, 2012

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Guest Chair: B. Gammell, Vice Chair: C. Grant
The Committee reviewed and approved the Outreach Outcomes and Indicators as presented. Approval of one of two Oral Health Care Outcomes and Indicators is pending additional review. The Committee heard a summary presentation on the 2012-2015 Comprehensive Plan with a focus on incorporating the National HIV/AIDS Strategy (NHAS) goals into the Committee's annual work plans. It was noted that Chapter 4 of the Comprehensive Plan discusses monitoring and evaluation activities in detail and should be reviewed by members. The Committee emphasized the need to review data on a regular basis in order to monitor success towards achieving the NHAS goals. The Part A Grantee announced that the National Quality Center (NQC) has extended the In+Care Campaign to 2013; the EMA will continue its participation in the campaign. CQM Grantee and support staff will be traveling to a Central Florida Regional QI Group meeting facilitated by NQC on Thursday, October 25, 2012 to present on the EMA's participation in the campaign in terms of data programming, collection, and analysis. The Committee was asked to review a draft 2012 Client Survey Tool and direct questions, comments, or suggestions to staff by Tuesday, October 16, 2012 prior to presenting the survey at the Executive Committee meeting on Thursday, October 18, 2012. Staff announced the MCM Resource Fair scheduled for October 24, 2012 at Central Broward Regional Park. This fair is mandatory for all Ryan White case managers, peers, and supervisors, and HOPWA housing case managers. *Agenda Items for Next Meeting*: Standing Agenda Items, Update on Oral Health Care Outcome and Indicator Revisions, Development of Annual QM Committee Work Plan, Quarterly QI Network Update, NQC Retention Rates Report, Joint Planning Report *Next Meeting Date*: December 17, 2012.

November 19, 2012

Meeting Canceled per Grantee

f. **JOINT PRIORITIES COMMITTEE / AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUB-COMMITTEE**

September 19, 2012

No Meeting Scheduled for September 2012

October 17, 2012

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate
The Committee discussed the use of Minority AIDS Initiative funding. Several members favored creating a more comprehensive strategy for how the money is used, to better target minority clients. Members asked if the peer-driven ARTAS program funded by MAI is effective; the Part A Grantee said the program is new and solid data would take time to collect. The Part A Co-Chair and others warned against rushing into action, because changes in MAI affect Part A. The Committee agreed to regularly look at data and revisit the subject. Also, the Committee reviewed the goals of the National HIV/AIDS Strategy and began discussing how it can help meet them. Next month, the group will make its list of specific actions to be added into the work plan, for review by the Executive Committee. *Agenda Items for Next Meeting:* Standing Agenda Items, NHAS Goals/Work Plan, review data regarding MAI. Also, members of the Pre-Existing Condition Insurance subcommittee set a meeting date of Nov. 15. *Next Meeting Date:* TBD.

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November 19, 2012

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

The Committee reviewed the goals of the National HIV/AIDS Strategy and discussed how it can help meet them. Four specific actions were proposed: i) Look at funding a strategy to increase retention in care, possibly using peer navigators, ii) work with Quality Management to collect data on why clients fall out of care, and barriers that cause it, iii) work with Quality Management to collect data on health disparities among MSMs and minority clients, and look at funding an MAI pilot program to address the gaps, and iv) urge JCCR Committee to do outreach and education for clients. The list will be forwarded to the Executive Committee, to be added into a proposed work plan that will be brought back to Joint Priorities for review. Also, the Chair updated the group of the PCIP subcommittee. Also, the group reviewed preliminary viral load data from Part A and will revisit later and will revisit later when the figures are refined. The Committee also nominated Doretta Green to be a member of Joint Priorities. *Agenda Items for Next Meeting:* Standing Agenda Items, presentation on Affordable Care Act and Ryan White, update on PCIP, Assessment of Administrative Mechanism. *Next Meeting Date:* 12/19/12.

AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

November 15, 2012

Chair: Y. Reed

In the absence of the Chair, the meeting was led by the Joint Priorities Part A Co-Chair. The subcommittee reviewed Joint Priorities' directives in order to determine how best to achieve its goals, the data needed for analysis, and the timeframe in which to accomplish said goals. The subcommittee reviewed the HRSA guidance on PCIP as well as a summary of the Monroe County PCIP pilot study. The subcommittee noted its responsibility is to provide recommendations for the ideal PCIP model for Broward County, determine how a PCIP model would operate within the local system of care, and ensure client input is included in developing the recommendations. The subcommittee requested the following data: 1) Cost per client from ADAP, 2) Schedule of benefits and costs comparison from Monroe County's plan, the two federal program PCIP plans, and Ryan White, 3) Data on ER visits that do NOT convert to admissions. Additionally, information will be requested from the state regarding its plans for PCIP expansion. The AHF representative was asked to provide a presentation on the Affordable Care Act (ACA). *Agenda Items for Next Meeting*: Standing Agenda Items, Review Cost Comparison for Monroe County PCIP, Federal PCIP Programs, and Ryan White, Develop Characteristic of an Ideal Plan, ACA presentation, Review 2011 Client Survey Findings *Next Meeting Date*: December 12, 2012.

AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

December 12, 2012

Meeting canceled due to lack of quorum.

g. **JOINT EXECUTIVE COMMITTEE**

September 20, 2012 - Retreat

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Part A Chair: S. Kuryla, Part B Chair: K. Saiswick
The Planning Council Chair announced that the Chairs of Joint Client/Community Relations and Membership/Council Development committees had switched places, to solve an inadvertent By-Laws issue. The Executive group then held a half-day retreat to incorporate the goals of the National HIV/AIDS Strategy and 2012-15 Comprehensive Plan into practice in the Council's practical work. Facilitator Julia Hidalgo reviewed figures about Broward County's unchecked epidemic. She explained the goals: 1) Reducing new infections by 25% and reducing the HIV transmission rate by 30%; 2) Improving HIV Care (increase to 85% the number of newly diagnosed clients receiving clinical care within 3 months of diagnosis, increase to 80% the proportion of Ryan White clients in continuous care and increase to 86% the number of PLWHA in permanent housing), and 3) Reducing disparities (increase the number of gay and bisexual men, Blacks, and Latinos with undetectable viral loads by 20%). The Chairs of each Committee broke into groups and listed specific actions their Committees could take to make progress toward the goals. They will bring their ideas to their Committees and work them into their Work Plans. *Agenda Items for Next Meeting:* Standing Agenda Items, update from committees on progress toward incorporating the goals into their work. *Next Meeting*: November 15, 2012.

November 15, 2012

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick
The Committee reviewed the lists of possible actions proposed by all the standing Committees on how they can advance the goals of the National HIV/AIDS Strategy. Many proposals are similar but many will help develop 2013 work plans for all the Committees. Proposed work plans will be brought back for Committee review in early 2013. Also, after a long discussion, the Executive members recommended that Quality Management Committee study a proposal to require that all clients must provide viral load numbers to be eligible for Ryan White services. Opinions varied widely on the proposal, which came from the Joint Planning Committee. Some members thought it would overly burden clients; some thought providers could handle it through the county data system. Also, members urged that the Planning Council work more closely with the county Health Department on collecting viral load data and on prevention efforts. The department's PROACT director briefed the Committee on the program. *Agenda Items for Next Meeting:* Standing Agenda Items, update from committees on progress toward incorporating the goals into their work. *Next Meeting*: Jan. 17, 2013.

h. **PART A EXECUTIVE COMMITTEE**

August 31, 2012

Chair: S. Kuryla, Vice Chair: B. Gammell
The Chair led a discussion of the need for teamwork, cooperation and support among the Planning Council's committee chairs, to support the body's vision and goals as well as the Chair. Personal comments and cross-talk have caused tension during recent meetings, leading the Chair to say she would enforce Roberts Rules more closely to keep the debate on track. Members expressed support for her and discussed using a parliamentarian to help keep the meetings more business-like. Also, the Chair noted she learned the Joint Client/Community Relations Committee is required under the By-Laws to have an unaffiliated consumer as chair, but does not now have one. This was an apparent oversight in 2010. She and the Part A Grantee agreed to follow up with the JCCR Chair

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and Committee. *Agenda Items for Next Meeting:* Retreat at Joint Executive. *Next Meeting*: Sept. 20, 2012.

October 18, 2012

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

The group reviewed a draft of the 2012 Client Survey, which was presented because Joint Planning did not meet in October; the survey needed approval to begin so it can be completed by the target date of Dec. 31. A guest Council member suggested rewording questions and shortening the survey. After a discussion, the Committee agreed on wording changes and kept all questions on the written and online survey forms, with a goal of 1,100+ client responses like last year. Also, the Committee suggested altering or removing a By-Laws requirement that the Council hold 2-3 meetings per year off-site. By-Laws will discuss it. The Committee canceled the Oct. 25 Council meeting due to a light agenda (the November meeting is also canceled for Thanksgiving) and moved the next Council meeting to Dec. 13. Also, the Part A Grantee reported spending patterns indicate the EMA may have a carryover. His office is working with providers on expenses. At the Grantee's suggestion, the group agreed that the annual review of service category would be directed by Quality Management. *Agenda Items for Next Meeting:* Standing agenda items; committee reports; Work Plan review. *Next Meeting*: Nov. 15, 2012.

November 15, 2012

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

The Committee agreed to go forward with plans for an HIVPC retreat and scheduled it for Feb. 28, 2013. The preferred location is not available, so the group set the retreat for ArtServe and staff booked it. The training schedule and general subject matter to be covered were approved. Also, the Committee Chairs reported on their actions of the past month. The Membership Committee Chair asked the ad Hoc By-Laws Committee to remain active even after completing its work, in order to consider job descriptions for all Planning Council seats being developed by Membership. The By-Laws Chair said the group would take up the proposal after it is approved by the Council. The group canceled its December meeting, and approved the December calendar. *Agenda Items for Next Meeting:* Standing agenda items; committee reports; Work Plan review; retreat update. *Next Meeting*: Jan. 17, 2013.

i. **AD HOC BY-LAWS COMMITTEE**

September 19, 2012

Chair: W. Spencer

The Chair convened the subcommittee's initial meeting without quorum, for discussion purposes only. He expressed hope the subcommittee could complete its review in about five meetings through the end of the year, and submit recommended By-Laws updates to the HIV Planning Council in January. The group went through a list of potential By-laws issues to be considered, as submitted by Council Members and Committees. Another series of items submitted by others also was reviewed. Consensus for action was reached on many items, with others in need of more discussion. All the issues will be brought to the next meeting for possible action by the full subcommittee. More items may be added to the list later. *Agenda Items for Next Meeting:* Review and act on proposed By-Laws changes. *Next Meeting*: October 11, 2012.

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October 11, 2012

Chair: W. Spencer

The committee met with quorum for its second meeting. Several matters were discussed, including Attendance Policy issues, Joint Priorities name change to PSRA, protocol for addressing attendance non-compliance at Executive Committee, committee vice-chair role, reclassifying LPAC to a standing committee, restating definition of 'unaffiliated consumer' in each committees' By-Laws, development of policy for noting By-Laws or Policy and Procedures violations, protocol following resignation of Council Chair or Vice-Chair as a result of a change in mandated seat, membership composition of MCDC, and HIVPC Chair and Vice-Chair terms. Each item was discussed at length and recommendations were made. These will be documented by staff and brought to the next meeting. The Chair asked staff to draft policy language for addressing By-Laws or Policy and Procedures violations. The committee chair is confident that final and formal recommendations will be brought to the HIVPC in January. *Agenda Items for Next Meeting:* Review and Recommend By-Laws changes, *Next Meeting Date:* November 8, 2012.

November 8, 2012

Chair: W. Spencer

Meeting Canceled per Chair and Grantee

December 12, 2012

Meeting canceled due to lack of quorum.

The ad-Hoc PCIP Subcommittee Chair asked that the ad Hoc By-Laws Committee consider changing the policies on establishing quorum for ad-hoc committees, due to problems with attendance. She suggested changing the rule to allow an ad-hoc committee to take action with a majority vote of those present.

Additionally, members voiced concern about the policies of when to cancel meetings as well as the process of notifying individuals about meetings. Members also asked for a review of the policy for establishing quorum for committee meetings.

A member recommended that the By-Laws Committee consider a new policy to establish quorum. He suggested that staff members continue to email notices at the appropriate times, and members who do not respond to the email should receive a call 72 hours before the event. Those who do not respond to that phone call should receive a second phone call 48 hours before the meeting.

The HIVPC Chair asked staff and the By-Laws Committee look at the issues.

After the committee reports, it was mentioned that Joey Wynn is now the Chair of the South Florida AIDS Network (SFAN) and will be the Part B Co-Chair of the Joint Executive Committee.

The HIVPC Chair said the Executive Committee acknowledges Council members who have left the Council: Paul Moore, Virginia Jordan, James Perigny and Khia Johnson were honored, as was Jodi Pearl who was attending her final Council meeting.

It was mentioned that there is a need for the Planning Council to work with the Prevention side in order to enhance the relationship.

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9. GRANTEE REPORTS

Part A

The Part A Grantee introduced the new quality management staff member, Mary E. Swanson. He also thanked everyone who participated in the December 5, 2012 World AIDS Day event. He relayed information from the "All Titles" Conference regarding the Affordable Care Act and obtaining a partial award, which is 50% of the formula and 50% of MAI, amounting to 36% of the grant award. The grant will hopefully be awarded by March 1, 2013. Over the next couple months, a Ryan White Part A manual will be sent out and an LPAC policy is being revised.

The Grantee asked if there were priorities the Council wants to see in the federal legislative package. Various subjects were mentioned to be considered as priorities: (i) eligibility changed from every 6 months to 12 months, (ii) find an innovative way to ascertain eligibility information without having to have the clients come in, (iii) re-entry from incarceration to the community, (iv) a focus on the heterosexual male population, and (v) data sharing throughout various parts in terms of eligibility.

ONAP (Office of National AIDS Policy) is coming to Miami and Broward County next week. They are visiting two agencies and looking for 20 diverse individuals in Broward. Additional information will be sent to Broward Regional Health Planning Council.

Spending projections suggest there may be a budget carry-over due to various reasons, including a large payback from an oral health provider. The carry-over amount is currently unknown; a carryover of up to $505,000 is allowed for formula funds without negative impact. However, utilization is going down. Joint Priorities will look at this during sweeps in January.

Part B

The written Part B Grantee report was provided detailing expenditures up to October 31, 2012.
Non-Medical Case Management conducted 868 eligibility interviews in October. Medication co-payment served 212 clients of which 9 were new to the program. There were 205 clients served in October for Medication Co-Payment and 7 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for October is $32,940.31. Total cost savings April – October 2012 is approximately $129,565. Home Delivered Meals served zero (0) clients. Medical Transportation for October 2012:
Part B Bus Passes: There were 228 (31 day) and 94 (10 ride) distributed in October.
Part A Bus Passes: There were 0 (31 day) and 148 (10 ride) distributed in October.
The bus passes distributed represent a partial number as not every agency picks up bus passes each month.

The Part B Grantee reported that a recommendation will be made to Joint Priorities to sweep approximately $69,000 from the Medication Co-Pay program to fund insurance premiums under AIDS Insurance Continuation Program for clients who have premiums over $750 per month for a maximum of two months in order to assist in an unmet need.

The following motion was made to endorse sweeping $69,000 from Part B medication co-pays into

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AICP.

Motion #14	To recommend a sweep of $69,000 from Part B medication co pays into AICP to assist clients who are above the $750 limit
Proposed by:	Rick Siclari
Seconded by:	Will Spencer
Amendment	To support Part B's recommendation to sweep $69,000 from Part B medication co-pays into AICP to assist clients who are above the $750 limit
Proposed by:	Michael Rajner
Accepted by:	Rick Siclari
Call the Question	Michael Rajner
Seconded by:	Carl Roberson
	Passed
Action:	Passed

ADAP Update

The ADAP report through November 26, 2012 was provided: The total ADAP "open" enrollment was 2,885 with 1,858 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 39 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 761 appointments of which 272 (36%) were missed. *Clients Served* is defined as having at least one "pickup" in the period. The category definitions are as follows:

Category A Clients Served = 4 (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 = **10** (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 = 25 (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.

10. OTHER REPORTS

Part C

The Part C Grantee mentioned that their organization is hiring for various positions.

Part D

The Part D Grantee mentioned that all of the new Part D grantees met and discussed quality, accountability and site visits.

The following verbal report was provided:

Patients enrolled up until the end of November	1,339
Positives enrolled in medical care at CDTC:	859

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New HIV positive referrals	70
HIV exposed infants:	62
HIV exposed children	3
HIV exposed adolescents	18
HIV exposed women	44
Newly identified people who were HIV positive and pregnant	40
Total pregnant women (new and known):	94

For the first time in seven years, there were two (2) HIV positive children born in Broward County. One mother was identified as HIV positive at delivery and the other mother did not take her HIV medication.

HOPWA
The Chair reported that the New HOPWA representative is attending the January meeting.

11. UNFINISHED BUSINESS
None.

12. NEW BUSINESS
(a) Healthcare Reform update
An HIVPC member reported that a new letter went out that gives states a one-month extension to decide on their health insurance exchanges for 2014.

13. ANNOUNCEMENTS
A member announced that she appreciates staff attempting to contact her to come to meetings. Additionally, it was announced that the Westside Gazette newspaper put out an HIV supplement.

There is a community event being held on February 7, 2013 by the Black AIDS Advisory Group at the African American Research Library, which includes a symposium on prevention.

The Chair asked members to raise their hands if they were interested in being informed of meetings and events through the Outlook calendar appointments. The Chair decided that a test email of an Outlook appointment would be sent to the Planning Council members.

14. PUBLIC COMMENT (up to 10 minutes)
A guest expressed concern for people wanting to assist in outreach for individuals who are HIV positive, but are not educated in the community about how to proceed. The following question was raised: how do people who are not HIV positive, do not work for a provider, or are not on the board, stay informed about what is going on in the community? It was decided that she would speak to a staff member after the meeting in order to connect her with various resources in the community.

15. REQUEST FOR DATA
A member suggested that the Council obtain new Broward County HIV Planning Council T-shirts for the purpose of marketing.

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16. AGENDA ITEMS FOR NEXT MEETING: January 24, 2012 at 9:00 a.m., **VENUE**: BRHPC

- Standing Agenda Items
- Healthcare Reform Update

17. ADJOURNMENT

Without objection, the meeting was adjourned at 12:20 p.m.

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HIV PLANNING COUNCIL ATTENDANCE CY 2012

Meeting Dates →	26	23	22	26	24	21	19	23				13
Member NAME	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP***	**OCT***	**NOV***	**DEC**
Abel, Stephen	√	√	A	√	√	√	√	√				A
Creary, Karen	√	√	A	√	E	√	√	√				√
Dyer, Leroy	√	√	√	√	√	√	A	√				√
Gammell, Bradford	√	√	√	√	√	√	√	√				√
Grant Claudette	√	√	√	√	√	√	√	√				√
Hanson Evans, Barbara	A	√	√	√	A	√	**E**	√				A
Hayes, Marie	√	√	√	√	√	√	√	√				√
Hernandez, Ronald	√	**E**	√	√	√	√	√	√				√
Holness, Dale V.C. (Comm)	A	A	A	A	A	A	A	A				A
Katz, Bradley	√	√	√	√	√	√	√	√				√
Kuryla, Samantha	√	√	√	√	√	√	√	√				√
Marcoviche, William	√	E	√	√	√	√	√	**E**				√
Moragne, Timothy	√	√	A	√	√	√	√	√				√
Rajner, Michael	√	√	√	√	√	√	√	√				√
Reed, Yolanda	√	√	√	√	A	A	√	√				√
Roberson, Carl	√	√	√	√	A	√	√	√				√
Siclari, Rick	√	√	√	√	√	√	√	√				√
Spencer, Will	√	√	√	**E**	A	√	√	A				√
Stoakely, Mychell	A	A	√	√	√	√	A	√				A
Taylor-Bennett, Carla	√	√	√	√	√	√	√	√				√
Tomlinson, Karlene	A	√	√	√	√	√	√	√				A
Wilson, Tara	√	√	√	√	√	√	√	√				√
Wynn, Joey	√	√	√	√	√	√	√	√				√
Coscarelli, Monica (Alternate)	√	E	A	E	A	A	√	√				E
Parker-Maysonet, P. (Alternate)	Appointed 8/21/12											E

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1130 Connecticut Avenue, NW
Suite 300
Washington, D.C. 20036
202.331.8500
202.331.1598 fax

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: January 22, 2013

Ryan White Program Funding:

Budget/Appropriations
The 113th Congress was sworn in earlier this month and must immediately address the unfinished appropriations bills that will fund federal programs through the remainder of the current Fiscal Year (FY 20013). The current funding extension operates the Ryan White program and all other federal programs through the end of March. While all agencies technically have authority to expend grant program funds that they had in the Fiscal Year 2012, most are opting to avoid doing so except for high profile programs. The Department of Health and Human Services, HIV/AIDS Bureau will be making partial year awards at some point between late February and March.

We know anticipate Congress will adopt a year-long continuing resolution. Under the yearlong CR, all government programs would be funded at their FY 2012 level (or slightly less if a more dramatic deal is cut). That would mean that funding for Ryan White Programs would be roughly level with last year. The pot of money available nationally would not change and this would better position Broward for a similar award, baring other award factors.

2013 Awards
In terms of moving forward with awards for the 2013 cycle, HRSA reportedly is holding off on decisions until early March to see if Congress will act. Key Members of Congress have publicly and privately complained about the massive problems that partial year awards create for grantees and the agency does not want to repeat the mistakes of two years ago. That includes members of the Broward County Delegation.

Reauthorization:

Currently, Ryan White Program Managers and Broward County Intergovernmental Affairs are scheduling meetings with federal officials to promote and protect Broward's program during the upcoming reauthorization of the Ryan White Treatment Extensions of Act. The program's authorization expires in September. Congress is expected to conduct hearings and receive testimony from stakeholders starting in the spring, with draft legislation considered and (presumably) adopted over the summer. Broward representatives will be meetings with the congressional authorizing committees, the Broward Congressional Delegation, the U.S. Department of Health and Human Services, and the White House Office of National AIDS Policy.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Policies and Procedure

Policies

The Membership/Council Development Committee shall solicit and screen applications for appointment of all members and alternates of the Broward County HIV Health Services Planning Council (Council) by the Broward County Board of County Commissioners. The Committee shall ensure that Council and committee members are knowledgeable about their duties, the functions of the Council, and the Council's role in the organization and delivery of HIV/AIDS health and support services.

The Committee shall institute orientation and training programs for new and incumbent members. Orientations will be held quarterly (Approved 8/6/09).

An individual may serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and such entity or organization is seeking amounts from a grant under the Ryan White CARE Act (Act), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.

Council members and alternates as well as committee members must meet attendance requirements in accordance with the Code of the County, except that absences from meetings by individuals because of illness related to their HIV shall not be counted as an absence.

Council members and/or alternates (appointed by the County Commission) and committee members will automatically be removed from the Planning Council or committee that meets more frequently that quarterly if he/she: 1) has three (3) consecutive unexcused absences regardless of year, or 2) misses four (4) meetings in one (1) calendar year (January-December) because of unexcused absences. A committee member will automatically be removed from a committee that meets on a quarterly or less frequent basis if he/she: 1) has two (2) consecutive unexcused absences regardless of year, or 2) misses two (2) meetings in one (1) calendar year (January-December) because of unexcused absences. (Approved 9/2008 for Council, 9/2009 for Committees)

A member and/or alternate shall be deemed absent from a meeting when the member and/or alternate is not present at the meeting at least seventy-five (75) percent of the time.

A letter signed by the Planning Council Chair or Vice Chair will be sent to Council members and/or alternates and committee members at risk of exceeding allowed number of absences, informing them of their attendance record and stating that one more additional absence will result in their removal from the Council.

If a Council member is removed from the Council, to be recommended for reappointment, s/he must go through the original membership process as stated in the Membership Policies and Procedure. The Council may recommend the reappointment of members whose absences were caused by extenuating circumstances.

The membership categories for the Council and Consortia shall be consistent with those defined in the Act. Not less than 33 percent of the Council shall be individuals who are receiving HIV-related services from Part A funded providers, are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV as determined annually. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services. This may not be construed as having any effect on entities that receive

funds from grants under any other Act program but do not receive funds from grants under Part A, on officers or employees of such entities, or on individuals who represent such entities.

The Committee will recommend for appointment no more than 40% of the Council Members who are providers of HIV-related services who receive funds under Part A of the CARE Act. (Approved 11/19/2009)

No more than 3 members employed by one governmental agency or provider shall serve on the Planning Council at one time. (Approved 1/28/2010)

There shall be a minimum of two individuals with HIV who shall serve as alternates appointed and approved by the Broward County Commission. The latter may only serve as voting members in Council meetings for any period of time that a member with HIV is unable to serve due to HIV illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race and/or ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWA members unable to serve due to HIV. Alternates shall comply with attendance requirements at Council meetings.

Affirmative outreach shall be made to attract qualified candidates for membership on the Council with particular attention to gender balance and adequate representation from racial and ethnic minorities.

As part of the Council's efforts to increase the percentage of individuals with HIV on the Council, the Broward County Commission should strive, whenever possible, to appoint individuals with HIV to vacancies not only in that category but to other categories as appropriate.

The term of office for members and alternates shall be at the pleasure of the appointing Commissioner.

The Committee shall be responsible for recommending removal of Council members and Alternates in accordance with the Council By-Laws.

Procedures

Membership:
Semi-annually the current membership will be evaluated for compliance with local, state and federal policies.

Deficiencies through attrition, or change in qualifications of members will be documented. A member's qualification may change because of excess absences or by change of employment. Any changes to member's affiliation status will also be noted. Council support staff will report on absences. Current members will be surveyed each year (using a form similar to the application).

Individuals with HIV who experience extended absence due to illness will be moved to alternate status until they are able to regularly participate again.

The Committee will create a roster of current members and identify membership deficiencies and vacancies. The Committee will review the status of current members and alternates who:

- Fail to maintain the status to represent the membership category set forth in the Act;
- Fail to maintain the qualifications set forth in Broward County Resolution #94-1286 (or its successors);

At such time as a member's professional responsibilities changes such that he/she no longer represents the constituency for which he/she was originally appointed, that member shall immediately resign and his/her seat shall be filled in accordance with the provisions contained in the Membership policies and procedures. The member shall have the ability to reapply for membership to the Council. (Approved 11/19/2009)

Current Members and Alternates whose status and/or qualifications change will be given priority for reassignment to any existing vacancy for which they may qualify.

The Membership/Council Development Committee and Broward County HIV Health Services Planning Council shall be notified of changes to representation that are by virtue of position (e.g. Medicaid). Such changes shall be informational in nature and immediately forwarded to the Broward County Board of County Commissioners for appointment.

An open, well publicized recruitment activity will occur. Membership applications and "Interested Party" brochures are available at all meetings of the Council and at all outreach and business meetings in the community. The Membership Committee Chair is responsible for offering to visit, specifically, case management agencies in efforts to encourage the recruitment of consumers for potential Council membership.

Council staff will verify that all active/pending applications meet the non-conflict of interest requirements as applicable, note any changes in employment or affiliation status, and present the eligible applications to the Membership Committee for review.

Applicants will be invited to attend an orientation and encouraged to join a committee. Applicants will receive a package of information that contains specific questions regarding the applicant's interest in becoming a Council and/or a Committee member. Committee information will be included in the package.

A prospective Planning Council member is required to participate in a single committee for at least three months and attend a membership orientation prior to being considered for appointment to the Planning Council. (Approved 4/2008)

Applications will be screened and rated based on:

- Ability to fulfill membership representation deficiencies/vacancies;
- Experience and expertise to fulfill a particular category of membership;
- Participation on Committees;
- Attendance at information luncheon; and
- Other identified criteria.

As part of the MCDC's selection process for new applicants, the following will be used based on priority:

- Unaffiliated consumers;
- Federally mandated seats;
- Non-Elected Community Leaders;
- Vacant seats based on categories.

~~Council's efforts to increase the percentage of individuals with HIV on the Council, unaffiliated consumers will be given priority consideration for appointment to vacancies not only in that category but to other categories as appropriate with Alternates being given first priority.~~

In its review and recommendation process, The Membership Committee is further guided by the Ryan White CARE Act Title I Manual (Section VI: 2-3 *Planning Council Membership; Planning Council Nominations*). These Sections give the legislative background of the CARE Act that requires the Planning Council to be both reflective and representative of the demographic composition of the population of individuals living with HIV in the geographical area served. The Committee will, to the best of its ability, strive to achieve an optimal balance of Council composition that is reflective, representative, and, statistically, most closely approximates the HIV/AIDS prevalence in the geographical area served.

Recommendations for appointment as members and/or alternates will be forwarded to the Council for recommendation to the Broward County Board of County Commissioners for consideration and appointment.

Approved 2/25/10

A semi-annual post-appointment training will occur for new members and other interested parties. New appointees will be offered the guidance of a mentor. The Membership Committee will conduct mentoring training twice annually for Council volunteers.

Council Development:
The Committee will develop and implement an annual Council Development training plan which meets requirements in the Act.

MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE
Mentoring Program

In order to increase attendance and participation in Council meetings, this Committee will institute orientation and training programs for new and incumbent members.

An important segment of this training will be designated as the Mentoring Program which will be offered to all new Council members and alternates.

A welcome letter will be sent to the above members with an attachment requesting the new members and alternates to choose a committee they have an interest in attending. In addition, at the post appointment orientation meeting, Council members who have volunteered their time to this program will be assigned by the Chair of the Membership/Council Development Committee.

The new members and alternates, when possible, should sit near his/her Mentor during all meetings. (Non-voting alternates are reminded they may sit in proximity to their mentor, but not at the table). This will allow the Mentor to easily answer any questions the new member might have.

Volunteer Mentors will receive training annually according to the schedule set forth in the Committee Workplan. The Mentor should strive to educate the new member on the following points:

1. Review of Orientation Manual
2. Reminders of Meetings
3. Availability of Transportation
4. Day care reimbursement benefit
5. Reimbursement of lost wages
6. Explanation of complex language
7. Empowerment and respect for individual opinions and ideas.
8. A summary of Robert's Rules of Order

If needed and requested by the new member/alternate, the Mentor may also remind new members of upcoming meetings which might be of interest to that person.

Ryan White Part B
Expenditure Report

HANDOUT D-1

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 November / Encumbered	Part B 2012-2013 Monthly Average Left August	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	$2,479	$0	$489	$525	21.2%	78.8%	$ 1,954
Medication Co-Pay	$610,000	$14,261	$105,018	$189,930	31.1%	68.9%	$ 420,070
Case Management (non-medical)	$228,287	$16,796	$24,896	$128,704	56.4%	43.6%	$ 99,583
Medical Transportation	$150,971	$49,909	$12,788	$49,909	33.1%	66.9%	$ 51,153
Administration	$110,192	$7,091	$12,788	$70,612	64.1%	35.9%	$ 39,580
TOTALS	**$1,101,929**	**$88,057**	$153,085	$439,680	39.9%	60.1%	$ 612,340
					60.1%		

Home Delivered Meals Served 0 client

Medication Co Payment served 247 clients in which 9 were new to the program.
235 Clients served in November Medication Co Payment.
12 Clients served in November Mail Order
Cost Avoidance for Medication Co-Payment Program for November is $25,290
Savings as a result of using co-pay cards April- November is approximately $ 154,855

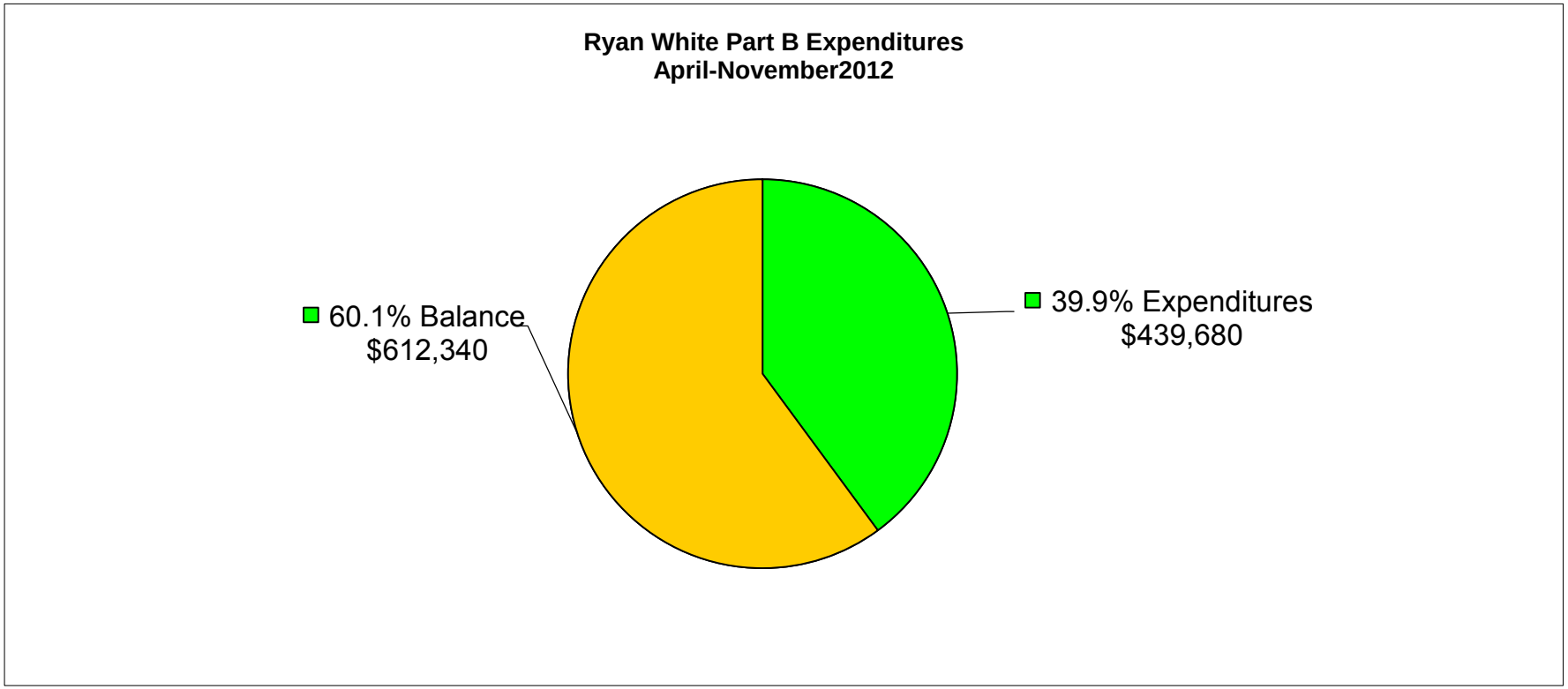
Non-Medical Case Management conducted 791 eligibility interviews in November.

Medical Transportation a total of 371 clients received passes and 479 passes were distributed

This report reflects all invoices received and paid as of 11/30/12

HANDOUT D-1

Ryan White Part B
Expenditure Report



Report for Fiscal Year April 2012 thru March 2013

Broward County Health Department ADAP Report as of 12/31/2012

Total ADAP "Open" Enrollment		2,957
Total ADAP Clients Served in Last 30 Days*		2,157
Total ADAP Waitlist Enrollment**		15
	Category A	0
	Category B	1
	Category C	14
Total ADAP/Medicare Part D Enrollment		176
Number of Appointments in Dec		1,011
Number of Missed Appointment in Dec		416
Percentage of Dec Appointments Missed		41%

*"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 Health
Community Health Services
Ryan White Part C
July 1, 2012 - December 31, 2012

	Total Expense
Salaries and Benefits	
Case Managers	101,170.40
Adherence	72,606.41
Medical	86,247.73
Total Salaries and Benefits	**260,024.55**
Other Expenses	
Contract Services	68,227.00
Supplies/Copying	157.00
Travel/Travel in Area	3,382.00
Total Other Expenses	**71,766.00**
Total Ryan White Part C Expenses	**331,790.55**