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, June 25, 2015, 9:30 a.m.
Children's Diagnostic & Treatment Center
Chair: Will Spencer **Vice Chair:** Yolonda Reed
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Moment of Silence
   d. Excused Absences and Appointment of Alternates
   e. Approval of 6/25/15 Meeting Agenda
   f. Approval of 5/21/15 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A) (5-10 minutes)
5. **CONSENT ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To appoint Ms. Yvette Tarver to the System of Care (SOC) Committee.	Ms. Tarver brings her expertise in her work with the VA.	System of Care Committee
2	To appoint Mr. Lamont Lewis to the System of Care (SOC) Committee.	Mr. Lewis brings his strong community-based background to the committee.	
3	To approve Lamont Lewis for HIVPC Membership under the Federally Mandated PLWHA recently released from jail or their representatives seat.	Mr. Lewis meets the criteria for the vacant mandated seat.	Membership/Council Development Committee

6. **NEW BUSINESS** (Handout B) (20 minutes for presentation, 10 minutes for Q&A)
   a. PSRA Presentation
7. **DISCUSSION ITEMS** (Handout C)

#	MOTION	JUSTIFICATION	PROPOSED BY
4	To approve the FY 2016-2017 core and support service category rankings.	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items #5 - #20 are the recommended allocations for each service category for FY 2016-2017:

#	FY 2016 Rank	Service	Factors to Consider	Recommended FY 2016 Allocation		Proposed By
				%	$	
PART A CORE SERVICES						
5	1	OAMC	Approx. 750 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but early estimates indicate an approximate 20% decrease for FY 2015 OAMC expenditures. Populations NOT achieving VL suppression include BNHM (225), BMSM (115), & Transgender (10).	35%	$5,246,918	Priority Setting & Resource Allocation Committee
6	4	Pharmacy	Approx. 750 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but early estimates indicate an approximate 4% decrease for FY 2015 OAMC expenditures. Populations NOT achieving VL suppression include BNHF (95), BMSM (54), & Transgender (9).	4%	$568,822	
7	3	Oral Health	Fully functioning Part F & two new community programs may decrease number of clients seen through Part A. Community partnership program funded for another 3 years, $219,000 per year; has seen about 80 clients this past year. FLDOH has also opened a new location for oral health services, which may increase utilization. Populations NOT achieving VL suppression include HF (10), BNHF (74), & BMSM (30).	16%	$2,327,707	
8	8	HICP	ADAP not likely to change eligibility to increase # of clients being served, Part A will continue to pay for wrap-around. $6,500 cap per client. Anticipate plan premiums will increase for next year's enrollment. Projected clients includes ADAP clients that will use Part A for wrap-around.	13%	$1,950,000	

9	2	MCM (Disease)	MCM must meet certain requirements, depending on co-morbidities in Part A client population, could increase or decrease # of clients that are served. Program is new and client utilization is increasing as the program becomes more established.	4%	$546,650	
10	11	Mental Health	Approx. 750 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but early estimates indicate an approximate 17% decrease for FY 2015 Mental Health expenditures. Increased need for mental health services, and a number of comorbidities with substance abuse. Populations NOT achieving VL suppression include BNHM (15) & BMSM (9).	3%	$400,389	
11	12	Substance Abuse (outpatient)	Approx. 750 clients enrolled in ACA Marketplace plans through ADAP/HICP. Will need to continue tracking expenditures to see true impact, but early estimates indicate an approximate 3% increase for FY 2015 Substance Abuse expenditures. May see increase in utilization with increasing use of drugs in South FL such as cocaine, meth, heroine (IDU drugs on the rise), flakka. Populations NOT achieving VL suppression include BNHM (11) & BMSM (9).	4%	$660,000	
PART A SUPPORT SERVICES						
12	1	CM (CIED)	Almost 6% increase in new infections in 2014 (~1,000 new cases) calendar year in Broward, CIED had 18% new clients in FY 2014. Populations NOT achieving VL suppression include transgender (16), BNHF (323), BNHM (361), BMSM (172).	5%	$789,653	Priority Setting & Resource Allocation Committee
13	1	CM (non-medical)	Utilization has decreased over past several years, clients can also get CM services through Medicaid, some Marketplace plans. Clients also have access to MCM (Disease). Populations NOT achieving VL suppression include Transgender (8), BNHM (169), BNHF (99), BMSM (83).	8%	$1,191,381	
14	5	Food Bank/Voucher	Upcoming changes to eligibility will likely decrease number of clients utilizing service category. Populations NOT achieving VL suppression include Transgender (7), BNHF (131), & BMSM (63).	7%	$1,095,586	
15	2	Legal	Legal services have gone up and down over the past several years, but the agency has been able to maintain expenditures. Populations NOT achieving VL suppression include MSM (13) & Black non-Hispanic heterosexual (8).	1%	$121,426	
MAI CORE SERVICES						
16	1	OAMC	MAI populations NOT virally suppressed include: transgender (10), BNHM (225), & BMSM (115).	68%	$740,022	Priority Setting & Resource Allocation Committee
17	2	MCM	MAI populations NOT achieving VL suppression include Transgender (8), BNHM (169), BNHW (99), and BMSM (83).	5%	$55,997	
18	11	Mental Health	MAI populations NOT virally suppressed include: BNHM (15) & BMSM (12).	9%	$100,000	
19	12	Substance Abuse (outpatient)	MAI populations NOT virally suppressed include: BNHM (11) & BNHF (5), & BMSM (9).	9%	$100,000	
MAI SUPPORT SERVICES						
20	1	CM (CIED)	MAI populations NOT virally suppressed include: Transgender (16), Black non-Hispanic men (361) & women (323), & Black non-Hispanic MSM (172)	9%	$100,000	Priority Setting & Resource Allocation Committee

8. JUNE COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

June 4, 2015 *Chair: A. Lint, V. Chair: P. Fleurinord*

A. Work Plan Item Update / Status Summary:

18 Month Work Plan (W.P. Item 4.3) – The committee received an overview of their 18 month work plan. HIVPC Staff informed the committee of the changes to the work plan that occurred to the postponement of the community forum that was originally scheduled to take place on June 4th. The committee will continue to work alongside the System of Care (SOC) committee to plan and reschedule the community forum, which will then be reflected on the work plan in the future.

Community Meeting (W.P. Item 1.2) – Members of the Committee discussed the direction of the rescheduled Community forum with SOC. The Grantee informed the committee that although the goal is to provide an engaging event for the community, it is the responsibility of the committees to also educate participants on statistical data impacting the community. Staff provided a handout with an outline agenda (on file). CEC members were encouraged to attend the SOC Committee meeting scheduled on the 26th to further plan for the forum.

An additional discussion took place that included plans for the upcoming "Hot Topic" CEC Community event. Members discussed providing information on Flakka, a prominent drug in the Pompano, FL community. Staff will also ask a member from the Mental Health/Substance Abuse QI Network to give a presentation on HIV and mental health/substance abuse issues. The committee provided ideas of outreach strategies to inform the community of the event which includes "Get Care Broward" palm cards, soliciting local area church participation, and gathering individuals in the area on foot prior to the meeting.

CEC Meeting Date- HIVPC Staff solicited feedback from members regarding moving the date of the CEC meeting to the first Thursday of each month at 1 p.m. Members expressed their conflicts and availabilities in reference to the dates provided in the recent committee poll that was taken last month. Staff will send a new poll to both Membership Council/Development Committee (MCDC) members and CEC members to determine if an overlapping meeting, possibly on first Tuesday afternoons of each month, will accommodate everyone's schedule moving forward.

Community Event Participation- HIVPC Staff provided multiple dates of upcoming activities that would allow both CEC and MCDC to become more present in the community. These events included Stonewall in Wilton Manors (June 20th), BTAN National Testing Day Barbeque at L. A. Lee YMCA (June 26th), and the Gay Pride Festival (October 10th-11th). Members were urged to sign up to staff a booth for a few hours during each upcoming event to provide information regarding the HIV Planning council and to give away other incentives, applications, etc. MCDC will be holding a meeting to further plan for participation with the Stonewall event on June 20th.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

Poll MCDC and CEC Members for most accommodating meeting time.

E. Other Business Items:

Agenda Items for Next Meeting: HOT Topic Community Meeting *Next Meeting Date*: July 7, 2015, 3:00 p.m., *Venue:* E. Pat Larkins Community Center.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

June 11, 2015 *Chair: H.B. Katz*

A. Work Plan Item Update / Status Summary:

WP Item 1.1 – MCDC reviewed the demographics of the HIVPC. Unaffiliated consumer membership continues to exceed the mandated 33%, and the Council is slightly over represented by females and Hispanic membership and under represented by male and black membership. The HIVPC is very close to the minimum number of required members.

WP Item 1.4 - MCDC reviewed interested parties for several of the vacant seats. An interested party has applied who will fill the American Indian Tribe seat.

WP Item 1.2 – The committee reviewed the current applicants. An application for the PLWHA recently released from jail/prison mandated seat was reviewed. An additional application for the Veterans Administration seat was approved contingent upon completion of the orientation. The applications were approved by the committee and will be sent to the HIVPC.

WP Item 3.1 – Attendance was reviewed and HIVPC staff noted that one committee member and one HIVPC member were sent warning letters due to attendance.

CEC Collaboration – The Chair gave an overview regarding a discussion at the last CEC meeting to change the MCDC meeting date to the same day as the CEC to better collaboration amongst committees (recruitment). After thorough discussion and consideration of member availability, the Committee determined they would bring this discussion back to membership next month. A quarterly coordination meeting will also take place between the MCDC and CEC Chair to discuss recruitment efforts.

Stonewall Pride – A member gave an overview of the purpose of the Stonewall Pride festival taking place on June 20th. A member from the Grantee staff informed the committee that although many Ryan White parties would be involved, members of MCDC

should remember their focus of recruitment and allow for other parties to provide testing, education, eligibility, etc. Staff will follow up with CEC members to determine their availability to participate.

Pride Fort Lauderdale – The committee determines whether they should participate in the Pride Fest since the audience is similar. There is a sizeable fee and other barriers to participation. The committee decided not to participate in this event.

National Urban League Conference – The Committee will not participate due to the fee to participate.

WP Item 2.1 – The Ryan White Part A Grantee encouraged the committee to revamp their recruitment plan to include strategies for targeting populations while participating in community events. A guest gave a suggestion to identify events such as World AIDS Day, Black HIV/AIDS Day, etc. and include theses on an annual event calendar and devise strategies for participation in events centered on these populations.

WP Item 1.3 – The committee reviewed the current mandated seat descriptions. After determining that the current position descriptions were either more detailed or similar to other EMA's, the Committee concluded that they would not make any changes at this time.

WP Item 1.7 – HIVPC Staff reviewed the criteria that the Committee recently developed in order to determine the member of the month. The Grantee representative included that the purpose of nominating members of the month is to recognize and show appreciation to members for the work that they do and encourage retention (include in the purpose statement). The committee also discussed providing information regarding including a bio/picture on BRHPC website and giving the nominees framed certificates to show recognition. HIVPC Staff will send final revisions to the Committee before sending to Executive.

B. Rationale for Recommendations:

Mr. Lewis would fill the PLWHA recently released from jail/prison mandated seat and Ms. Tarver would fill the Veterans Administration seat. Both applicants will bring their experience and enthusiasm to the HIVPC.

C. Data Reports / Data Review Updates:

None.

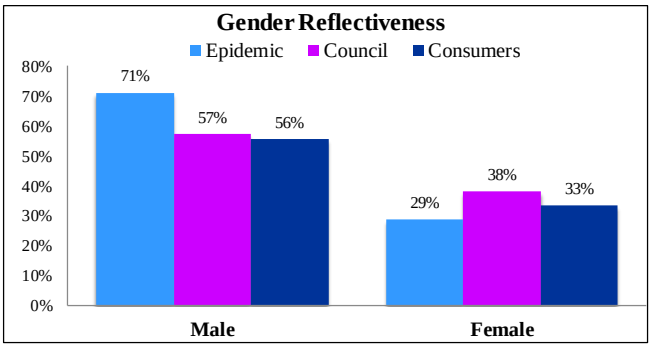
D. Data Requests:

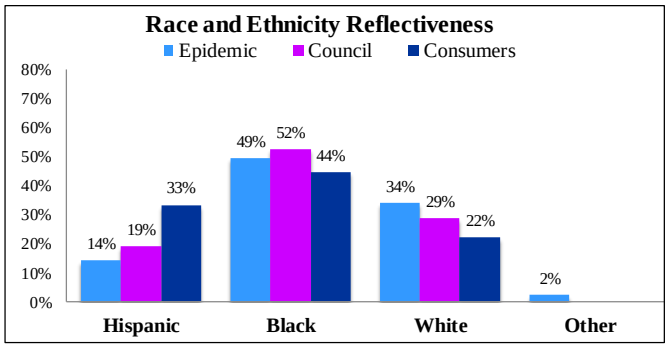
None.

E. Other Business Items:

Agenda Items for Next Meeting: HIVPC Barriers Survey, Review Summary of Recruitment Event, and Update Recruitment and Retention Plan *Next Meeting Date*: July 2, 2015, 9:30 a.m. *Venue*: A-335

HIV Planning Council Membership Report
As of 6/4/2015





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	12,275	71%	12	57%	**-14%**	5	56%	**-16%**
Female	4,973	29%	8	38%	**9%**	3	33%	**5%**
Transgender	-	-	1	5%	-	1	11%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	2,476	14%	4	19%	**5%**	3	33%	**19%**
Black	8,521	49%	11	52%	**3%**	4	44%	**-5%**
White	5,856	34%	6	29%	**-5%**	2	22%	**-12%**
Other	395	2%	0	0%	-2%	0	0%	-2%
Total	**17,248**	**100%**	**21**			**9**		

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded

% Part A-Funded Providers	*29%*

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats
1. Grantees of Other Federal HIV Programs - Prevention
2. Grantees of Other Federal HIV Programs - VA
3. Part B State Agency
4. State Medicaid Agency
5. Hospital/Health Care Planning Agencies
6. Local Public Health Agencies
7. PLWHA Recently Released From Jail or Their Representative
8. Federally Recognized Indian Tribe Members
9. Individuals Co-Infected With Hepatitis B or C

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

No June Meeting *Chair: K. Tomlinson*

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 17, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

A. Work Plan Item Update / Status Summary:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) – Grantee staff explained the expenditure and utilization spreadsheet, which contains expenditures for the first quarter of FY 2015. Grantee staff noted that the four services covered by ACA Marketplace insurance plans (outpatient medical, pharmacy, mental health, and substance abuse) are already seeing some of the effects of clients being enrolled in Marketplace insurance plans. With the exception of substance abuse, all the services covered by Marketplace plans have seen a decrease in expenditures. These services will continue to be monitored over the next several months, and funds from these services may be swept into other service categories if needed.

Review PSRA Data & Scorecards (WP Item 1.2) – HIVPC staff reviewed changes to the data presentation, including projected number of clients for FY 2016-2017. Staff explained how projections were calculated and the data sources that were used to determine projections.

How Best to Meet the Need – The committee reviewed the How Best to Meet the Need (HBTMTN) document and made some changes to the language for support services. The committee decided to wait until the next meeting to review support services and MAI services.

Allocations – The committee conducted allocations following the review of the PSRA presentation and HBTMTN. HIVPC staff reviewed the data that was used and the factors to consider to develop a recommended allocation. The committee allocated funds for both Part A and MAI services, and will continue their discussion about MAI programming at the August meeting.

B. Rationale for Recommendations:

The committee approved the allocations for FY 2016-2017 based on review of data and anticipated needs.

C. Data Reports / Data Review Updates:

The committee reviewed data sources and scorecards to help inform the PSRA process.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: How Best to Meet the Need, MAI Programming, Assessment of the Administrative Mechanism Report, Newly Identified Services *Next Meeting Date*: August 19, 2015, Governmental Center Annex Room A-337

E. AD-HOC FOOD SERVICE ELIGIBILITY COMMITTEE

No June Meeting *Chair: M. DeSantis*

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No June Meeting *Chair: D. Proulx*

G. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting *Chair: C. Grant*

H. SYSTEM OF CARE COMMITTEE (SOC)

May 22, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

A. Work Plan Item Update / Status Summary:

SOC Data Request – HIVPC staff reviewed the status of the data request. The team at PE is able to complete the request, but since it is a special report that needs to be created, it will take a little longer to get the information than was anticipated. The committee should have the data for the next meeting.

Food Services Coordination Meeting – The SOC Chair reviewed the request from the Executive Committee meeting to have an SOC representative at the coordination meeting for the ad-Hoc Food Services Committee. The ad-Hoc Food Services Chair and the PSRA Chair will also be present. The purpose of the coordination meeting is to determine the goals of the committee and the timeframe for the committee to complete those goals so it does not continue meeting and never develop a recommendation. The SOC Chair and an SOC member volunteered to participate.

Funding Sources – The committee reviewed funding sources in the community. The Grantee noted the committee needed to take into consideration how services affect the HIV Care Continuum and to take a holistic approach to how funding a service could impact the continuum. The committee decided to determine all of the available funding sources in the community, what the services be funded are, and how those services best relate to a bar along the care continuum.

How Best to Meet the Need – This item was tabled.

Linkage Map – This item was tabled.

Community Forum – The SOC Chair informed the committee of the HIVPC's decision to cancel the June 4th event and reschedule in order to give adequate time for the event to be marketed. The committee agreed that more collaborative planning needed to be

conducted and the goal of the event needed to be clear, as well as the outcomes.

B. Rationale for Recommendations:

The committee appointed two new members: Ms. Yvette Tarver and Mr. Lamont Lewis. Both of the new members bring needed perspectives to the table about the system of care in Broward as a whole.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

The committee requested a list of all available funding sources in the community. The committee will review the list to determine the best contact person for each funding source, if known.

E. Other Business Items:

Agenda Items for Next Meeting Eligibility Changes, Funding Sources, Outcomes Research, Linkage/Road Map *Next Meeting Date*: May 22, 2015- 9:30 a.m., Governmental Center Annex, A-337.

I. EXECUTIVE COMMITTEE

June 16, 2015 *Chair: W. Spencer Vice Chair: Y. Reed*

A. Work Plan Item Update / Status Summary:

Meeting Evaluations & Evaluation Report (WP Item 3.5) – The committee discussed meeting evaluations and the historically low rate of return from most of the committees. Members also agreed that a lot of the comments were not conducive to improving meeting facilitation. The Chair suggested that he and the other committee leaders spend the next several months reiterating the purpose and the importance of filling out meeting evaluations and spend time during each meeting to fill out an evaluation. A member suggested that after a couple months of doing this, the committee review the evaluation and make changes to some of the questions.

Training Schedule (WP Item 2.2) – The committee reviewed the training schedule, which includes trainings that are mandated by HRSA as well as trainings that are important to HIVPC member education. The committee asked that a list of recommended speakers and third parties to facilitate some of the trainings be developed and brought back for the next meeting. The committee also discussed having a training with the Broward County HIV Prevention Planning Council about communication, similar to a training that was conducted in the past. This training will help achieve the goals of moving towards an integrated Comprehensive Plan.

Attendance (WP Item 3.1) – The committee reviewed attendance for each of the committees, and noted that some committees have had trouble achieving quorum or have struggled to achieve quorum within the 15 minute time frame of the meeting start time. The Chair suggested that the ad-Hoc By-Laws Committee re-visit making it mandatory for Vice Chairs to participate on the Executive Committee, in order to make it easier to achieve quorum.

B. Rationale for Recommendations:

None.

C. Data Reports / Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

Agenda Items for Next Meeting: Training Schedule, PCS Quarterly Report *Next Meeting Date*: July 14, 2015, A-337

J. AD-HOC BY-LAWS COMMITTEE

No June Meeting *Chair: M. Schweizer*

9. GRANTEE REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

10. UNFINISHED BUSINESS

11. ANNOUNCEMENTS

b. Reminder: HIVPC Mentorship Program

12. PUBLIC COMMENT (Up to 10 minutes)

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: July 23, 2015, 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Presentation: Minority AIDS Initiative (MAI) Funds	*HIVPC*	ACTION ITEM: Hear presentation about MAI funds, what they are, how they are used, and how they fit into the Part A system of care.

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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

May 21, 2015 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Bhrangger, R.	**X**			Lewis, L.
2	Burgess, D.	**X**			Gammell, B.
3	DeSantis, M.	**X**			Schickowski, K.
4	Creary, K.	**X**			Littles, S.
5	Grant, C.	**X**			Rodriguez, J.
6	Hayes, M.	**X**			Fleurinord, P.
C	Holness, Comm. D.V.C.		**A**		
7	Katz, H. B.	**X**			**Grantee Staff**
8	Lint, A.	**X**			Copa, R.
9	Marcoviche, W.	**X**			Degraffenreidt, S.
10	Moragne, T.	**X**			Green, W.E.
11	Proulx, D.	**X**			Jones, L.
12	Parker, P.				Vargas, J.
13	Reed, Y., *Vice Chair*	**X**			
14	Runkle, D.	**X**			
15	Schweizer, Dr. M.	**X**			**HIVPC Staff**
16	Siclari, R.		**A**		Beckford, R.
17	Spencer, W.	**X**			Bente, A.
18	Taylor-Bennett, C.	**X**			Johnson, B.
19	Tomlinson, K.	**X**			Sandler, C.
20	Wilkins, D.		**A**		McEachrane, T,
A1	Robertson, P. (Alt)		**A**		
	Quorum=11	**17**			

1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:42 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of government regulations in the Sunshine Law and the 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. A moment of silence was observed. The Chair reviewed excused absences. The following motions were made:

Motion #1: To approve today's meeting agenda.
Proposed by: Creary, K.
Seconded by: Schweizer, M.
Action: Passed Unanimously

Motion #2: To approve the 4/23/15 meeting minutes.
Proposed by: Runkle, D.
Seconded by: Schweizer, M.
Action: Passed Unanimously

3. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)

Kareem Murphy called in via GoToMeeting. However, due to audio technical difficulties, the committee could not properly hear his report and the Vice Chair recommended that Staff email the report to all attendees. All questions pertaining to this report can be forwarded to HIVPC staff.

4. PHONE INTRODUCTIONS
None.

5. CONSENT ITEMS (Handouts B-1 - B-3)
All consent items are approved together. The following motion was made:

Motion #3: To approve Consent Items #1-2 **Proposed by:** Reed, Y. **Seconded by:** Katz, H.B. **Action:** Passed Unanimously

6. DISCUSSION ITEMS
None.

7. NEW BUSINESS (Handouts C)

a. HIVPC Training: HIVPC Membership and Reflectiveness

HIVPC Staff provided a brief refresher trainer regarding membership information and reflectiveness of HRSA and RSR guidelines. Staff mentioned the mandated seat categories recommended by HRSA, as well as the guidelines suggested in order to ensure that the HIVPC truly reflects the community, so that the community's needs will be met. A member mentioned that in the future staff provide a handout of the current roster for members, in order to thoroughly review the membership reflectiveness, seats, etc. Overall, the HIVPC is doing a good job at reflecting the EMA's HIV/AIDS epidemic, however, there is still underrepresentation of both black and white members. A guest posed a question regarding whether or not HRSA stipulates a minimum requirement for provider representation. A member of the council further discussed that having provider representation benefits the Planning Council. A member of the Grantee staff charged members and Committee Chairs to review the reflectiveness of each committee. Currently provider membership is above the minimum requirement for HRSA recommendations for health care providers.

b. HIVPC Special Election

The Vice Chair announced to the committee that she will not be facilitating the Special Election because there will be an election for the chair, as well as the vice chair. The PSRA Chair facilitated this section of the meeting and informed the committee that nominations will be made, and the individual can choose to accept or respectfully decline the nomination, questions will be asked of the nominees before the voting begins. The PSRA Chair stated that the Chair elected will finish the current term, and a new election will be held in January 2016. Subsequently, the PSRA Chair opened the floor for nominations.

Mr. Katz, Arianna Lint, Yolonda Reed, and Will Spencer were each nominated for the Chair position. Each of the candidates accepted the nomination. The following motion was made:

Motion #4: To close the nominations. **Proposed by:** Spencer, W. **Seconded by:** DeSantis, M. **Action:** Passed Unanimously

An HIVPC member asked the candidates if they are proficient in Robert Rules of Order and the HIVPC By-Laws, as well as their understanding of policies and procedures, Broward County Ordinances, and the relationship between each. Arianna Lint responded first by indicating that she is proficient in each, and she understands the procedures. She will utilize the help of the staff, whenever she has a question with this information. Yolonda Reed answered the question to inform the committee that she is familiar with Roberts Rules of Order and the County Ordinances, and she can also rely on the help of staff in order to be most effective. Yolonda Reed also stated that the County Ordinances supersedes the By-Laws. Mr. Katz replied that he is a member of the By-Laws committee, and is very familiar with the By-Laws and its processes, he understands the differences between the county ordinances and the By-Laws, but will also benefit from the assistance of the PC staff when necessary. He can bring valid experience to the council. Will Spencer announced that he is also well versed in the HIVPC By-Laws; he explained that the County Ordinances supersede the By-Laws and that

the Policies and Procedures are a function of the By-Laws. He further reiterated that the County Ordinances supersede everything, because it is the reason for the creation of the council.

A member asked the candidates about their attendance record at the HIVPC, as well as committees, the member also asked for the candidate to share their future commitment for attendance for the future. Mr. Spencer stated that he has only missed one more council meeting than majority of the members and he declared that his attendance has been solid for the last decade. Ms. Lint stated that she attends all meetings and that she has no absences on her committees. Mr. Katz, mentioned that his attendance record is excellent. He has only missed a few meetings in order to attend essential medical appointments. Ms. Reed responded to let the committee know that her attendance for HIVPC is exemplary, however her attendance for committees can be better in the future and she will strive to better her committee participation/attendance.

A guest asked the candidates to provide their greatest strength and how their strength will positively impact the council, as well as their greatest weakness. Will Spencer responded to announce to the committee that his strength is that he is committed to this council and he has a great passion for the work of the committee, he also mentioned that he is a great facilitator. His weakness is that he is a workaholic and he accepts very high standards. Arianna Lint informed the committee that her greatest strength is her passion to help Fort Lauderdale and to work together to make a positive impact. She stated that she also works very hard, she has no weakness because she uses her weaknesses to work with others. Mr. Katz mentioned to the committee that his strength is that he works diligently, as he has been involved in this endemic for 29 years. He also does a lot of research. His weakness is that because of his research, it takes him some time to formulate specific plans. Yolonda Reed stated that her strength is her weakness, in that she cares too much. A member asked the candidates why they're running for this position, and why they are the best candidate for the position. Arianna Lint responded that she loves the work of the committee and that she is running because the council needs a Chair, and she is willing to help make positive changes given the opportunity. Yolonda Reed informed the committee that she is running for the position because she wants to be a part of the process to help the HIVPC reach its main goals. She mentioned that she is effective and that it is her goal to become the Chair at some point in time, she knows that she can handle the task. Mr. Katz informed members and guests that he wants to be the Chair because he wants to see the goals of the council come to fruition, and be involved in the process. Will Spencer is running for Chair because he believes the council needs a transitional leader, he wants to get the council up to a good position.

The member of the Grantee asked that candidates discuss how they will balance some of the issues such as resource allocation, service priorities, etc. in the event that they become a service provider in the future? The member of the Grantee further mentioned that whoever is the chair needs to be able to separate themselves as a provider for the needs of the greater community at large.

Will Spencer responded to the question to inform the committee that he has no conflicts, and that he believes that leadership and management is different. He mentioned specifically that leadership is influence, rather than just making sure something is completed. Yolonda Reed mentioned that she will not have a conflict in the future because she will not work for a service provider. Mr. Katz mentioned that he also will not have conflicts. Arianna Lint further stated that she has no conflicts now, and doesn't plan to in the future.

The following motion was made:

Motion #5: To begin the voting process
Proposed by: Moragne, T.
Seconded by: Taylor-Bennett, C.
Action: Passed with two oppositions

The PSRA Chair informed the committee that the 2 candidates with the most votes will be voted on again in the running vote by the council. A point of order was made by the PSRA Chair to inform the committee that the vice chair position will be voted on, even if the current vice chair is not elected as chair in the special election.

Legend	
	Absent
	Alternate

	CANDIDATE FOR CHAIR	CANDIDATE FOR CHAIR	CANDIDATE FOR CHAIR	CANDIDATE FOR CHAIR
MEMBER	**H.B. Katz**	**Arianna Lint**	**Yolonda Reed**	**Will Spencer**
Ronald Bhrangger		X		
Devorn Burgess			X	
Karen Creary			X	
Mario DeSantis				X
Claudette Grant				X
Marie Hayes				X
Commissioner Holness				
H. Bradley Katz	X			
Arianna Lint		X		
William Marcoviche	X			
Timothy Moragne				X
Patricia Parker				
Dionne Proulx			X	
Yolonda Reed			X	
David Runkle				X
Mark Schweizer			X	
Rick Siclari				
Will Spencer				X
Carla Taylor-Bennett				X
Karlene Tomlinson				X
Debbie Wilkins				
Phillip Robertson (Alternate)				
TOTAL	**2**	**2**	**5**	**8**

HIVPC staff informed the committee that Yolonda Reed and Will Spencer will be voted on by the council in the run-off vote.

	CANDIDATE FOR CHAIR	CANDIDATE FOR CHAIR
MEMBER	**Yolonda Reed**	**Will Spencer**
Ronald Bhrangger	X	
Devorn Burgess	X	
Karen Creary	X	
Mario DeSantis		X
Claudette Grant		X
Marie Hayes		X
Commissioner Holness		
H. Bradley Katz		X
Arianna Lint		X
William Marcoviche	X	
Timothy Moragne	X	
Patricia Parker		
Dionne Proulx	X	
Yolonda Reed	X	
David Runkle		X
Mark Schweizer	X	
Rick Siclari		
Will Spencer		X
Carla Taylor-Bennett		X
Karlene Tomlinson		X
Debbie Wilkins		
Phillip Robertson (Alternate)		
TOTAL	**8**	**9**

Will Spencer was elected by the council, his term begins next month. The vote was nine to eight.

	CANDIDATE FOR VICE CHAIR
MEMBER	**Yolonda Reed**
Ronald Bhrangger	X

Legend	
	Absent
	Alternate

Devorn Burgess	X
Karen Creary	X
Mario DeSantis	X
Claudette Grant	X
Marie Hayes	X
Commissioner Holness	
H. Bradley Katz	X
Arianna Lint	X
William Marcoviche	X
Timothy Moragne	
Patricia Parker	
Dionne Proulx	
Yolonda Reed	X
David Runkle	X
Mark Schweizer	X
Rick Siclari	
Will Spencer	
Carla Taylor-Bennett	X
Karlene Tomlinson	X
Debbie Wilkins	
Phillip Robertson (Alternate)	
TOTAL	**17**

Yolonda Reed was elected for HIVPC Vice-Chair.

8. MAY COMMITTEE REPORTS

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

May 5, 2015 *Chair: A. Lint*

The new vice chair Patricia Fleurinord from Broward House was introduced. The CEC Chair discussed the importance of PSRA rankings and the Peer Educator process. The next event was scheduled for June 4 at the Urban League from 6-8 PM, however this event will be rescheduled for a later date. As far as the scheduled meeting for CEC, the meeting will be announced by staff within the 2 week period.

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 15, 2015 *Chair: H.B. Katz, Vice Chair: vacant*

The report stands. The MCDC Chair mentioned that the Welcome Brunch had very few guests. The chair made a motion from the floor to appoint the SOC Chair as a member of the MCDC committee. He also thanked the committee for approving the HIVPC and committee applications. The HIVPC vice chair asked a question regarding the election of members as community leaders and the PSRA Chair asked a question regarding the minimum number of members on the council. The MCDC Chair responded to let the committee know that we are working to be reflective of the epidemic as well as adhering to the county ordinances. The MCDC Chair let the HIVPC Chair know that we are working on filling three mandated seats. A member responded that we should promote the council through CIED. The grantee mentioned that the recommendation from the member can be discussed further.

The following motion was made:

Motion #6: To appoint Dr. Mark Schweizer to the MCDC.
Proposed by: Katz, H.B.
Seconded by: Runkle, D.
Action: Passed unanimously

C. NEEDS ASSESSMENT/EVALUATION COMMITTEE (NAE)

May 5, 2015 *Chair: K. Tomlinson, Vice Chair: W. Spencer*

The reports stands. The data is being used to make recommendations.

D. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 20, 2015 *Chair: C. Taylor-Bennett, Vice Chair: R. Siclari*

The PSRA Committee ranked services at the recent PSRA meeting. They want to thank CEC for ranking services based on their experiences.

E. AD-HOC FOOD SERVICES ELIGIBILITY COMMITTEE

May 12, 2015 *Chair: M. DeSantis*

The report stands. The Chair stated that the FPL level isn't the issue, but the dollar amounts are.

F. AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No Meeting *Chair: D. Proulx*

The LPAC Chair stated that the next meeting will take place in July.

G. QUALITY MANAGEMENT COMMITTEE (QMC)

May 18, 2015 *Chair: C. Grant*

There was no meeting due to quorum.

H. SYSTEM OF CARE COMMITTEE (SOC)

May 22, 2015 *Chair: M. Schweizer. Vice Chair: D. Sabatino*

The report stands. The Chair stated that they are looking at underrepresented groups.

I. EXECUTIVE COMMITTEE

May 19, 2015 *Vice Chair: Y. Reed*

The report stands as written. Quarterly Evaluation form is being discussed to gain more valuable feedback. Most members do not fill out the evaluations.

J. AD-HOC BY-LAWS COMMITTEE

No May Meeting *Chair: M. Schweizer*

K. EXPLORATORY COMMITTEE

May 20, 2015 *Chair: C. Taylor-Bennett*

The Exploratory concluded their committee at their last meeting. Recommendations were made and all of the recommendations coming forward will be ratified by the specific committee.

9. GRANTEE REPORTS

a. Part A: The Part A Grantee announced that we will be receiving an email every day from HIVPC Staff regarding making comments on the National HIV/AIDS strategy, the deadline to participate is tomorrow. The final grant award has not been received yet, the beginning 80% was received, but the remaining 20% has not yet been received. Last month, he attended the Florida Patient Care Combined Meeting. In the Prevention meeting at this event, there was a discussion regarding Men Who Have Sex with Men, (MSM's). There was a surprising discussion regarding the money received by Broward and Dade as being too much, because Broward and Dade have the highest number of people living with HIV/AIDS in Florida. As far as for patient care, only pharmacies in the CVS network will pay clients' copays. In other news; currently they are in their monitoring process. This monitoring is being done as a system to improve the efforts of the staff, as well as care providers. The Grantee asked that we follow the county on their social media websites, in order to stay connected @GetCareBroward. There was a question from the PSRA Chair to ask how the committee can support the efforts of the Grantee. The Grantee responded to inform the member that they will discuss this further at the next meeting.

b. Part B: The Part B Grantee explained Part B expenditures and allocations. There were 3,389 enrolled in the ADAP Program. A guest asked if these are current to-date numbers, the Part B Grantee replied to let the guest know that these are numbers from the month of April. About 89% of the clients have a viral load that is less than 500. In addition, approximately 95% of their grant award was spent last year. A member asked about a substance abuse program that used more money than was allocated for. The Part B Grantee responded to let the member know that there is a huge problem with substance abuse in this county. This program is a voluntary program for HIV Positive individuals that are under 400% of the poverty level. The HIVPC Chair asked if this process is effective because it is voluntary. The Part B Grantee stated that there can be a training based on this information in the future.

c. Part C: The Part C Grantee announced they finally received their Notice of Grant Award Tuesday. Their term was shortened from three to two years.

d. Part D: The Part D Grantee mentioned that the women being served have been vocal and active in the process. The Women's Retreat was in April, they took ladies that are HIV Positive out into the community to have a traditional camping experience. There will be another camping opportunity next week with 26 young adults. So far, it has been noted that women who have participated are more consistent regarding their care and attending their appointments.

e. Part F: The Part F Grantee announced the funds were obtained to purchase two dental arbitraries. They are both doing very well. The South Florida Caribbean Network is in the process of being disbanded, this is a major change for Part F.

f. HOPWA: The HOPWA Grantee announced that $264 million dollars were cut last week. He will keep everyone posted as far as the RFP.

g. Prevention: The Prevention Grantee announced that the FLDOH Medical Symposium was last week. There were over 206 attendees. An event save the date was distributed to HIVPC members and guests. The South Florida Men's Conference will be in July. A member asked if it is possible for the membership to have a table to recruit members. They will discuss this further with the event hosts.

10. UNFINISHED BUSINESS

None.

11. ANNOUNCEMENTS

a. Reminder: HIVPC Mentorship Program

b. PCS Quarterly Reports

The PCS Quarterly Report discusses the relationship of the work completed in terms of their relationship to the core guiding principles of the council.

Black Treatment Advocates Network, (BTAN) is having an event June 26, 2015 from 4-8 PM in recognition of National HIV/AIDS Testing Day; June 27th.

Today; May 21, 2015 is National Red Nose Day which celebrates Healthy kids.

12. PUBLIC COMMENT

None.

13. REQUEST FOR DATA

None.

14. AGENDA ITEMS FOR NEXT MEETING: June 25, 2015, 9:30 a.m. **LOCATION:**GC- 430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
Priority Rank & Allocate Funds (WP Item 6.5 & 6.6)	*PSRA, HIVPC*	ACTION ITEM: Review and approve recommended priority rankings and service allocations for FY 2016-2017.

15. ADJOURNMENT

The meeting was adjourned at 12:33 p.m.

HIVPC Attendance CY 2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Atten. Letters
	Meeting Date:	22	26	26	23	21								
1	Bhrangger, R.	X	A	X	X	X								
2	Burgess, D.	X	X	X	X	X								
	Coscarelli, M, (Alt 1)	A	A	A	Z - 4/17									R - 4/17
3	Creary, K.	X	X	X	X	X								
4	DeSantis, M.	X	X	X	X	X								
5	Gammell, B.	X	X	X	Z - 4/20									N - 6/25
6	Grant C.	X	X	A	X	X								
7	Hayes, M.	X	X	A	X	X								
A	Holness, D. V.C. (Comm)	X	X	A	A	A								
8	Katz, H.B.	X	X	X	X	X								
	Kuryla, S.	Z - 1/21												
9	Lint, A.	X	X	X	X	X								
10	Marcoviche, W.	X	A	X	X	X								
11	Moragne, T.	A	X	X	X	X								
	Parker, P.	X	X	X	A	A	Z - 6/1							
12	Proulx, D.	A	X	X	A	X								W - 1/27
13	Reed, Y., *V. Chair*	X	X	X	X	X								
A	Robertson, P. (Alt 2)	A	A	X	A	E								
14	Runkle, D.	X	X	X	X	X								
15	Schweizer, M.	X	X	X	X	X								
16	Siclari, R.	X	X	X	A	A								
17	Spencer, W.	X	A	X	A	X								
18	Taylor-Bennett, C.	X	X	X	X	X								
19	Tomlinson, K.	X	X	X	X	X								
20	Wilkins, D.	A	X	X	X	A								
	Wilson, T.	X	X	Z - 3/24										
	Quorum = 11	19	20	20	16	17								

Handout A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: June 24, 2015

Appropriations Update

Congress is fully immersed in the annual appropriations process, with committee mark ups of bills occurring each week. On Tuesday, the full Senate Appropriations Committee marked up its Labor-Health and Human Services appropriations bill, which funds most of the domestic HIV and AIDS-related programs. The good news is that the Ryan White title was level funded at $2.318 billion (cuts had been feared). Unfortunately, the Division of STD Prevention (DSTDP) was cut by $32 million, or a 20% reduction. If enacted, it would result in dramatic cuts to state health departments for prevention and control, including staff cuts. The Senate Transportation-Housing bill includes level funding ($330 million) for the HOPWA program.

Given the cuts proposed in the joint budget resolution, these are good outcomes. However, there is still disagreement over several policy provisions in other areas of the health bills. And the White House has threatened a veto over some of them. While everyone is committed to an orderly process with full bills passed and signed into law, there are several more steps before that can happen.

Raising the National Profile

Congressional engagement on HIV related issues has been a challenge over the past few years. Stakeholders were able to increase awareness as a package of trade bills, promoted by President Obama, made their way through the House and Senate this month. Several liberal democrats objected to the trade deals (particularly those targeted African countries) for restricting access to anti-retroviral therapies to treat HIV. In a very high profile way, Deborah Bix, the administrator of PEPFAR, has begun to cut off funding to foreign clinics with poor track records on HIV testing and outreach. These efforts have begun to raise awareness, and stakeholders hope this will lead to increasing investment in federal HIV and AIDS programs.

Reauthorization Unlikely

There is still no positive outlook on attempts to fully reauthorize the Ryan White program. This would leave it further subject to the annual appropriations process and support from the White House. Obama Administration support continues to be strong, but he only has two years left in his term.

Handout B

Priority Setting & Resource Allocation Data Presentation

PRESENTED BY HIVPC STAFF

6/25/2015

Overview

The Purpose

Data Sources

- Epidemiology
- Client Demographics
- Client Projections
- Needs Assessment
- Affordable Care Act (ACA)

Current Services

Summary

Handout B

The Purpose

Conduct priority setting and resource allocation (PSRA) process annually to ensure that the needs of clients within the EMA are being met

- Needed services are available
- Clients can access services
- Services are cost effective and of high quality

Data Sources – Broward Epidemiology

Broward HIV/AIDS Prevalence (Through 2013)			
GENDER		**#**	**%**
	Male	13,293	72.3%
	Female	5,104	27.7%
RACE/ETHNICITY		**#**	**%**
	White	8,788	34.5%
	Black	6,354	47.8%
	Hispanic	2,825	15.4%
	Other	430	2.3%
AGE		**#**	**%**
	0-19	150	0.8%
	20-29	1,290	7.0%
	30-39	2,851	15.5%
	40-49	5,598	30.4%
	50-59	5,953	32.4%
	60+	2,555	13.9%
RISK FACTORS		**#**	**%**
	Heterosexual	6,927	37.7%
	MSM	9,374	51.0%
	IDU	1,239	6.7%
	MSM/IDU	579	3.1%
	Other	278	1.5%
TOTAL		**18,397**	**100.0%**

Handout B

Data Sources –Client Demographics

Broward Part A Demographics (FY 2014)		
GENDER	**#**	**%**
Male	5,656	71.0%
Female	2,254	28.3%
Transgender	52	0.7%
RACE/ETHNICITY	**#**	**%**
White	3,606	45.3%
Black	4,172	52.4%
Hispanic	1,295	16.3%
Other	184	2.3%
AGE	**#**	**%**
18-28	538	7.5%
29-38	1,046	14.6%
39-48	1,741	24.3%
49-58	2,663	37.2%
59+	1,166	16.3%
RISK FACTORS	**#**	**%**
Heterosexual	3,415	47.7%
MSM	3,367	47.1%
IDU	134	1.9%
MSM/IDU	37	0.5%
Other	201	2.8%
TOTAL	**7,962**	**100.0%**

Data Sources – Client Projections (Unduplicated)

Utilization & Change 2010-2014 and Projections for FY 2016

Services	2010	2011	% Δ 2010-2011	2012	% Δ 2011-2012	2013	% Δ 2012-2013	2014	% Δ 2013-2014	% Δ 2010-2014	Projection for FY 2016
Outpatient /Ambulatory Health	3,559	3,506	-1.5%	3,790	8.1%	3,958	4.4%	4,103	3.7%	15.3%	+4%, 4,267
AIDS Pharmaceutical Assistance	2,765	2,061	-25.5%	2,551	19.2%	3,108	21.8%	3,145	1.2%	13.7%	+2%, 3,208
Oral Health Care	2,595	2,768	6.7%	2,751	-0.6%	3,182	15.7%	3,020	-5.1%	16.4%	0%, 3,020
Health Insurance Premium	0	0	N/A	0	N/A	0	N/A	186	N/A	N/A	+384%, 900
Mental Health Services	439	419	-4.3%	508	21.2%	537	5.7%	453	-15.6%	3.2%	+6%, 480
Medical Case Management	0	0	N/A	0	N/A	0	N/A	52	N/A	N/A	+1,931%, 1,056
Substance Abuse - outpatient	149	124	-16.8%	126	1.6%	122	-3.2%	128	4.9%	-14.1%	+2%, 130
Case Management (non-Medical)	3,780	3,551	-6.1%	3,509	-1.2%	3,332	-5.0%	3,155	-5.3%	-16.5%	-5%, 2,997
Case Management (CIED)	2,978	6,333	112.7%	6,629	4.7%	6,953	4.9%	7,665	10.2%	9.3%	+2%, 7,845
Food Bank/Home-Delivered Meals	2,114	2,019	-4.5%	2,188	8.4%	2,496	14.1%	3,019	21.0%	42.8%	-27%, 2,204
Legal Services	132	164	24.2%	214	30.5%	183	-14.5%	210	14.8%	59.1%	0%, 210
Total Unduplicated	**7,116**	**7,022**	**-1.3%**	**7,064**	**0.6%**	**6,953**	**-1.6%**	**7,962**	**14.5%**	**11.9%**	**+6%, 8,440**

Handout B

Data Sources – Needs Assessment

Services identified as needed but not receiving (service gaps):
- Oral Health Care
- Food Bank
- Peer Counseling

Subpopulations less likely to experience positive health outcomes:
- Transgender
- Younger (under 25)
- Homeless/Unstably Housed
- Black

Other factors at play:
- Shame and Stigma
- Cultural/Linguistic Barriers
- Transportation
- Inappropriate Messaging/Marketing

Data Sources – Affordable Care Act

Medicaid expansion still unlikely

King v. Burwell Supreme Court Case

Unknown prices of premiums, co-pays, deductibles

ADAP eligibility for enrollment

Handout B

Current Services

Service Category	FY 2015 Rank	FY 2015 Initial Allocation	FY 2014 Final Expenditures	FY 2014 Utilization	Utilization Change FY 2013 to FY 2014	FY 2014 Average Client Cost	Cost Change FY 2013 to FY 2014
CORE SERVICES							
OAMC	1	$6,060,121	$6,382,746	4,102 clients	7.61%	$1,432.61	-3.10%
Local Pharmaceutical Assistance	2	$639,001	$898,837	3,145 clients	1.18%	$183.59	-8.40%
OHC	3	$2,255,328	$2,200,198	3,020 clients	-5.36%	$662.14	2.80%
HICP*	4	$500,000	$353,936	186 clients	N/A	$1,729.89	N/A
MCM*	5	$609,497	$51,576	52 clients	N/A	$145.63	N/A
Mental Health	7	$426,836	$360,418	453 clients	-15.64%	$723.35	3.50%
Substance Abuse - Outpatient	8	$652,088	$586,536	128 clients	4.92%	$4,165.74	-20.60%
SUPPORT SERVICES							
CM (non-medical)	1	$1,018,661	$1,176,676	3,155 clients	-5.26%	$353.75	13.20%
CM (CIED)	1	$467,513	$758,446	7,665 clients	9.20%	$89.93	-8.70%
Food Bank/Home-Delivered Meals	3	$358,890	$980,446	3,019 clients	20.95%	$497.09	4.30%
Legal Services	6	$131,426	$124,418	210 clients	12.86%	$538.61	-17.50%

**Implementation of these services were delayed due to the late NOA.*

Summary

Linking services to the three guiding principles

- Linkage to care
- Retention in care
- Viral load suppression

Impact on the HIV Care Continuum

Handout C

FY2015-16 Ryan White Part A Service Category Rankings

	FY 2014 Client Survey	FY 2014 Provider Survey	FY 2015 CEC Rank	FY 2015 Rank	FY 2016 Rank (Current)
CORE SERVICES					
Outpatient Ambulatory Medical Care	2	2	2	1	**1**
AIDS Pharmaceutical Assistance (Local)	1	1	3	2	**4**
Oral Health (dental) Care	3	3	4	3	**3**
Health Insurance Premium & Cost-Sharing Assistance	5	5	5	4	**8**
Medical Case Management	7	9	1	5	**2**
Early Intervention Services	4	4	6	6	**9**
Mental Health Services	8	11	10	7	**11**
Substance Abuse Services - outpatient	11	12	7	8	**12**
Medical nutrition therapy	13	13	9	9	**6**
Home and community-based health services	9	6	11	10	**10**
Hospice services	10	10	13	11	**5**
Home health care	6	7	8	12	**7**
SUPPORT SERVICES					
Case Management (non-medical)	1	1	1	1	**1**
Emergency financial assistance	11	16	6	2	**11**
Food bank/home-delivered meals	4	10	2	3	**5**
Housing services	2	3	3	4	**3**
Medical transportation services	8	12	8	5	**7**
Legal services	3	4	4	6	**2**
Outreach services	5	11	5	7	**4**
Referral for health care/supportive services	15	13	7	8	**14**
Substance abuse services - residential	6	5	9	9	**6**
Psychosocial support services	7	7	16	10	**9**
Child Care Services	10	6	10	11	**8**
Health Education/risk reduction	9	8	13	12	**10**
Treatment adherence counseling	12	14	11	13	**16**
Rehabilitation services	16	15	12	14	**15**
Respite care	14	2	15	15	**13**
Linguistics services (interpretation and translation)	13	9	14	16	**12**