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

JOINT PRIORITIES COMMITTEE
Meeting Agenda
June 13, 2012 at 12:30 p.m.

Carla Taylor-Bennett, Part A Co-Chair

1. **CALL TO ORDER** (*Please sign-in)*
2. **WELCOME AND INTRODUCTIONS**
   a. Review Meeting Ground Rules, Sunshine and Public Comment Requirements
   b. Committee Member and Guest Introductions
   c. Moment of Silence
3. **APPROVALS**
   - Agenda 6/13/12
   - Meeting Minutes 05/16/12
4. **EPI DATA PRESENTATION –** Dr. Stephen Bowen, BCHD (30 minutes)
   - EPI Trend
   - Community Viral Load Initiatives
   - Individual and Community Benefits of initiating ART for newly diagnosed clients
5. **PRIORITY SETTING PROCESS**
   a. Discussion of Data
   b. Discussion of Language on "How Best to Meet the Need"
6. **UNFINISHED BUSINESS**
   a. Policies & Procedures – Revision
   b. HIVPC and Executive Retreat Follow Up
   - Mandated Categories Data: Quarterly Data Reporting/ Scorecards Implementation
   - Pre-Existing Conditions Insurance Plan (PCIP) and Plan Analysis
   - Marketing Ryan White Services
   - Cost Sharing for Eligibility
7. **NEW BUSINESS**
   a. HRSA Request for Public Comment Regarding Reauthorization *(below)*
8. **GRANTEE REPORTS** (Part A, Part B, ADAP)
9. **PUBLIC COMMENT**
10. **AGENDA ITEMS FOR NEXT MEETING:** 6/20/12* at 12:30.**Venue:** BRHPC
11. **ADJOURNMENT**

**At the March 2012 meeting the Committee agreed to meet twice in June (13th and 20th)*

Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

The federal Health Resources and Services Administration / HIV/AIDS Bureau is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013.

The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

To make comments: http://hab.hrsa.gov/reauthorization/

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

HRSA, http://hab.hrsa.gov

Target Center, www.careacttarget.org. **A *Central Source for Ryan White TA (Not a US Government Web site)***

Twitter: Sign up using "ryanwhitecare" (Not a US Government Website)

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact Paula Jones at pjones1@hrsa.gov.

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JOINT PRIORITIES COMMITTEE
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
May 16, 2012, 12:30 p.m.

#	Members		Present	Absent		Guests
1	Taylor-Bennett, C	Part A Co-Chair	X			Barley, C.
2	Bush, A.			A		Downie, G.
3	Ferrer, M.		X			Schikowski, K
4	Gammell, B.		X			
5	Grant, C.		X			**Grantee Staff**
6	Hayes, M.		X			Clarke, V. (Part A)
7	Katz, H. B.		X			Jones, L. (Part A)
8	Lefevre, R.		X			Mercer, A. (Part B)
9	Moore, P		X			
10	Pryor, J.		X			
11	Reed, Y.			E		**HIVPC Support Staff**
12	Siclari, R		X			Hosein, F.
13	Starkey , J.		X			LaMendola, B
14	Wynn, J		X			Rosiere, M.
	Quorum = 8		**12**	**2**		

1. **CALL TO ORDER (Government in the Sunshine)**
   The Part A Co-Chair called the meeting to order at 12:33 p.m.

2. **WELCOME AND INTRODUCTIONS**
   The Part A Co-Chair welcomed everyone. Self-introductions and conflicts were announced. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, the attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

   MOMENT OF SILENCE
   A moment of silence was observed.

3. **APPROVALS**

Approve Today's Agenda

Motion #1: To "approve the 05/16/12 Meeting Agenda"
Proposed by: Marie Hayes
Seconded by: Paul Moore
Action: Passed

Approve 04/18/12 Meeting Minutes

Motion #2: To "approve meeting minutes of 04/18/12"
Proposed by: Rick Siclari
Seconded by: Brad Gammell
Action: Passed

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4. UNFINISHED BUSINESS

a. Policies & Procedures

The draft Policies & Procedures updated by staff (as per meeting 4.18.12) was reviewed by the Committee. The Part A Chair noted the guiding principle needs to put in place also listing the new FPL. The Policies and Procedures also need to reflect the 'stratification' piece discussed at the last (retreat) meeting referring to "in the event of a shortfall of funds." The Supercore (Tier 1) was carved out at that meeting and it was decided (and ratified by HIVPC on 4/26) that these three categories were to be funded at minimum. Further, the committee needs to decide what criteria the stratification will be based upon for the remaining core/support categories, how adjustments will be made and through what channel, in order that clients have access to services. Member noted that the committee already has stratified, because should everyone have access to the Supercore services at minimum, funds may run out before the remaining two tiers can be funded. Member noted that it would reach crisis level should funds run out, and the Supercore is to be funded before the other core/support categories, Oral Health (Dental) would be funded before Medical Case Management, Food Service and Substance Abuse. Part A Chair noted that the three Supercore categories were chosen as they consumed a major part of the funds. Another member noted that the Committee should delay this discussion until after the Supreme Court rules on the Affordable Care Act, due in July. It was decided that Part A Chair and staff will reword this document, email it to members and add to next meeting packet.

b. HIVPC AND EXECUTIVE RETREAT FOLLOW UP

I. Ryan White Grantees Presentations

Program Descriptions and Year End Reports from Part B, D and HOPWA were provided and are integral to the PSRA Process. Scorecards may be in addition to these reports:

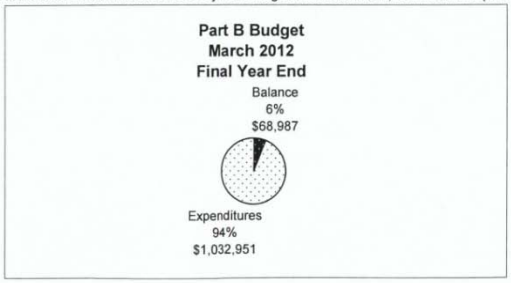
Part B:

Ryan White Part B
Final Year End Report March 2012

Service Category	Part B 2011-2012 Allocated	Part B 2011-2012 (Final March Spent/ Encumbered)	Part B 2011-2012 Monthly Average Left	Part B 2011-2012 (YTD Spent/ Encumbered)	Part B 2011-2012 (% Left)	Part B 2011-2012 Final Year End (Balance)
Home Delivered Meals	$ 2,479	$ 315	N/A	$ 1,050	58%	$ 1,429
Home Health Care Services	$ 13,018	$ 3,360	N/A	$ 6,550	50%	$ 6,468
Medication Co Pay	$ 647,318	$ 116,396	N/A	$ 621,548	4%	$ 25,770
Case Management (non-medical)	$ 179,001	$ 23,309	N/A	$ 143,681	20%	$ 35,320
Medical Transportation	$ 149,930	$ -	N/A	$ 149,930	0%	$ -
Administration	$ 110,192	$ 6,455	N/A	$ 110,192	0%	$ -
TOTALS	**$ 1,101,938**	**$ 149,836**	**N/A**	**$ 1,032,951**	**6%**	**$ 68,987**
					94%	

Non-Medical Case Management conducted 521 interviews from March of which 130 were new.
Medication Co Payment served 340 clients in March in which 17 were new to the program.
333 Clients served in March Med Co Pay
7 Clients served in Mail Order

Cost Avoidance for Medication Co Payment Program for March $41,259. Total for April-March is $254,991.



This report reflects all invoices received and paid to close out fiscal year 2011-12.

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Part D:

Table 4 : Annual Statistics and Target Population Characteristics of CFAP patients

CFAP POPULATION OF PATIENTS SERVED BY GENDER, RACE, ETHNICITY, PREGNANCY, AND TRANSMISSION MODE		2011
Total # of Patients		1349
# of New Patients		192
# of Patients with AIDS		349
# of Patients with HIV/non AIDS		1000
Total # of Patients by Race	Black/African American	904
	Haitian	268
	Caucasian	168
	MOTR	9
Total # of Patients by Ethnicity	Hispanic	98
	Non-Hispanic	1251
Total Infants/Children 0 -12		34
Total Youth (13 – 24)		236
Male 13 - 24 (HIV +)	MSM	24
	Behavioral	8
	Perinatal	63
Female 13 - 24 (HIV +)	Behavioral	64
	Perinatal	76
	Pregnant	23
Total Adults (25 - 64))		1065
Total Adults (65 +)		14
Total # of Patients by Gender		
Total Female	Non-pregnant	987
	Pregnant	119
Total Male		242
Total # of Patients by HIV Exposure Category	Perinatal Exposure	155
	Perinatal Infection	193
	Heterosexual	1121
	MSM	30
	IDU	2
	Transfusion	2
Total # of Patients by Insurance Status	No Insurance	560
	Medicaid	712
	Medicare	16
	RW Part A	361
	HMO/Private	54

	CFAP Characteristics 2011	
	#	%
Racial Minorities	1278	95%
Ethnic Minorities	96	7%
Population 13-24	235	17%
Homeless	57	4%
Drug/Alcohol Use	561	42%
Uninsured	557	41%
Women 25 >	945	70%
Non-English Speaking	279	21%
Below 100%FPL	1172	87%
Unemployed	771	57%
Total	1349	

Children's Diagnostic & Treatment Center, Inc.
Ryan White Part D – Comprehensive Family AIDS Program
1401 South Federal Highway, Fort Lauderdale, FL 33316
Phone: (954) 728-8080/Fax: (954)728-9613
www.childrensdiagnostic.org

The Children's Diagnostic & Treatment Center (CDTC) is an outpatient facility which has provided early intervention, medical care and other services to children with chronic illnesses and developmental disabilities living in Broward County, Florida since 1983. CDTC serves over 10,000 children annually through public and private support. The Comprehensive Family AIDS Program (CFAP), one of five programs at CDTC, has provided family centered, culturally competent care to children, youth and women living with HIV/AIDS since 1991. Through CFAP, HIV infected and affected children, youth and women have received the highest quality medical care with access to the most effective HIV treatments available. These clients have also received dental care, mental health and substance abuse treatment, nutritional guidance, linkage to research, health education and emergency assistance.

Target Population: In 2011, CFAP served 1349 HIV infected and 203 HIV indeterminate WICY clients, approximately 95% of whom are minority and, in 2012 – 2013, intends to continue to serve all HIV+ women, children and youth in Broward County to ensure the highest quality health outcomes. CFAP staff, 86% of whom are minority, place special emphasis on linking all women and youth to care, newly identified or aware of their diagnosis, but not in care.

Problems/Challenges: The majority of CFAP clients live at or below 100% FPG, many live situationally, often with substance and mental health issues. Women with children are frequently unable to work and have little support, no child care, and no transportation.

Objectives: CFAP's objectives for 2012-2012 include: testing 300 new patients; identifying 85 newly infected patients and 215 who know their status but are not in care; providing medical care to 1534 patients; tracking 210 exposed infants; providing prenatal services to 105 women; providing adherence education to 800 patients; and arranging 2300 specialty referrals. Core medical and support services that will improve access to and retention in care for WICY clients, such as medical care coordination, childcare and transportation will be provided to 1852 clients.

HOPWA:

Housing Services Agency	Fiscal Year	Total Awarded funds	Program	Clients projected to serve for FY	Outcome* *	Total Funds Expended	Total Direct Cost Per Client
Broward House	2010/2011	$4,678,626.99	ETH	12	26	$131,600.00	$5,061.54
			ALF	34	29	$798,817.19	$27,545.42
			SAH	22	45	$439,811.73	$9,773.59
			CBH	13	14	$238,586.13	$17,041.87
			PBR	47	50	$434,226.23	$8,684.52
			TBRV	280	264	$2,280,119.19	$8,636.82
			ADM			$302,621.19	
					TOTAL:	**$4,625,781.66**	
Broward Regional Health Planning Council	2010/2011	$954,845.43	PHP	240	219	$504,348.78	$2,302.96
			STRMU	260	286	$772,859.12	$2,702.30
			HCM	1,560	492	$101,182.14	$205.65
			ADM			$62,257.72	
					TOTAL:	**$1,440,647.76**	
Care Resource	2010/2011	$139,575.33	HCM	375	313	$109,177.82	$348.81
			ADM			$7,642.45	
					TOTAL:	**$116,820.27**	
Shadowood II	2010/2011	$1,191,951.00	ETH	101	156	$309,200.00	$1,982.05
			SAH	36	28	$66,451.69	$2,373.27
			MHH	75	104	$317,833.02	$3,056.09
			CBH	65	46	$347,410.15	$7,552.39
			PBR	22	28	$123,233.69	$4,401.20
			ADM			$92,817.30	
					TOTAL:	**$1,256,945.85**	
Susan B Anthony	2010/2011	$162,800.00	SAH	12	25	$68,586.33	$2,743.45
			PBR	3	18	$39,331.95	$2,185.11
			ADM			$7,554.28	
					TOTAL:	**$115,472.56**	
House of Hope	2010/2011	$233,879.52	SAH	40	14	$85,272.20	$6,090.87
			ADM			$5,969.07	
					TOTAL:	**$91,241.27**	
Minority Development & Empowerment	2010/2011	$150,000.00	HCM	160	151	$131,037.29	$867.80
			ADM			$9,172.61	
					TOTAL:	**$140,209.90**	
Mount Olive Development Corporation		$722,879.72	ETH	24	9	$44,450.00	$4,938.89
			PBR	48	60	$468,586.31	$7,809.77
			HCM	90	123	$29,540.87	$240.17
			ADM			$28,388.95	
					TOTAL:	**$570,966.13**	
Groupware Technologies	2010/2011	$70,000.00	HMIS				
					TOTAL:	**$102,206.09**	
				TOTAL	**EXPENDITURES:**	**$8,460,341.49**	

II. Mandated Categories Data Quarterly Data Reporting/ Scorecards Implementation
This was not reviewed.

III. Pre-Existing Conditions Insurance Plan (PCIP) and Plan Analysis
This was not reviewed.

IV. Marketing Ryan White Services
This was not discussed.

V. Cost Sharing for Eligibility
This was not discussed.

5. NEW BUSINESS
HRSA Request for Public Comment Regarding Reauthorization
This document was noted.

6. GRANTEE REPORTS (Part A, Part B, ADAP)

Part A Grantee Report

The Part A Grantee reported that Broward County will have a new Part B project officer, and possibly a new project officer for Part A. RFP award letters have gone out. The Part A Grantee noted that reallocations (sweeps) will be done in August.

Part B Report

The Part B Grantee report was provided on March 2012 expenditures: Non Medical Case Management conducted 521 eligibility interviews in February of which 130 were new clients. Medication co-payment served 340 clients in which 17 were new to the program. There were 333 clients served in February for Med Co-Pay and 7 clients served for mail orders. Cost avoidance for Med Co-Pay program is $41,259. Total cost avoidance from April-February is $254,991. Any remaining funds must be returned to the state. Year end unutilized is $68,987 which will go to ADAP.

Member reported on three of the previously dis-enrolled AICP clients to have been successfully been enrolled in ADAP/Medicare.

ADAP Report

The ADAP report through April 24, 2012 was provided: The total ADAP "open" enrollment was 2,469 with 1,526 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 111 clients and the total ADAP/Medicare Part D Enrollment was 187. There were 606 appointments of which 187 (31%) were missed. Client(s) Served is defined as having at least one "pickup" in the period. The category definitions and the clients served by category are as follows:

Category A Clients Served = 2 (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 = **51** (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 = 58 (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.

ADAP Grantee reported there was a site visit where the department was commended for the wait list time being down to one week.

Regarding the privatization of ADAP, the Governor's office pulled the procurement for review.

7. PUBLIC COMMENT

There was no public comment.

8. **AGENDA ITEMS FOR NEXT MEETING -** 6/13/12 at 12:30 - **Venue:** BRHPC

- Standing Agenda Items
- Policies and Procedures Revision *(to be emailed with meeting notice/reminder)*
- EPI Data Presentation – Pending Dr. Stephen Bowen's availability*
- PSRA Data Review
- How Best to Meet Need Language

** Subsequent to the meeting, Dr. Bowen accepted the invitation to do this presentation on June 13.*

9. ADJOURNMENT

The meeting was adjourned at 3:03 p.m.

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Joint Priorities Committee Attendance CY 2012

#	Members	Jan	Feb	Mar	Apr	May	Jun 13	Jun 20	Jul	Aug	Sep	Oct	Nov	Dec
1	Taylor-Bennett, C	P	P	P	P	P								
2	Bush, A.	P	P	P	P	A								
3	Ferrer, M.	P	P	P	P	P								
4	Gammell, B.	P	P	P	P	P								
5	Grant, C.	P	P	P	P	P								
6	Hayes, M.	P	P	P	P	P								
7	Katz, H. B.	P	E	P	P	P								
8	Lefevre, R.	P	A	P	P	P								
9	Moore, P	P	A	E	P	P								
10	Pryor, J.	P	P	P	P	P								
11	Reed, Y.	P	P	P	P	P								
12	Siclari, R	P	P	P	P	E								
13	Starkey , J.	E	P	P	A	P								
14	Wynn, J	P	A	E	A	P								
	Quorum = 8	**15**	**11**	**13**	**13**	**12**								

Removed/Resigned

	Cannon, K.	P	P	P	P	
	Leverence, S.	P	A	A	A	

PART B ALLOCATIONS FY 12/13

Ryan White Part B FY 12/13 Allocations approved by PSRS Meeting 4-18-12					
Core Services	**FY 11/12 Initial Approved Allocation**	**Sweep Out**	**Sweep In**	**FY 12/13 Initial Approved Allocation**	**% of Award**
Medication Co Payment	$ 812,894.00	$ 202,894.00	$ -	$ 610,000.00	55.36%
Home Health Care Services	$ 16,448.00	$ 16,448.00	$ -	$ -	0.00%
Core Total	$ 829,342.00	$ 219,342.00	$ -	$ 610,000.00	55.36%
-					
Support Services					
Home Delivered Meals	$ 5,000.00	$ 2,521.00		$ 2,479.00	0.22%
Medical Transportation	$ -		$ 50,950.00	$ 150,971.00	13.70%
Non Medical Case Management	$ 157,395.00		$ 70,892.00	$ 228,287.00	20.72%
Support Total	$ 162,395.00	$ 2,521.00	$ 121,842.00	$ 381,737.00	34.64%
Administration	$ 110,192.00	$ -	$ -	$ 110,192.00	10.00%
Total Funding	**$ 1,101,929.00**	**$ 221,863.00**	**$ 121,842.00**	**$ 1,101,929.00**	**100.00%**

Motion #3	To "reallocate $50,950 from Part B 'Other to transportation for FY 12/13"				
Proposed by:	Brad Gammell	**Seconded by:**	Andrew Bush	**Action:**	Passed (1 Abstention)

Motion #4	To "allocate $610,000 to Medication Co Payment"				
Proposed by:	Yolonda Reed	**Seconded by:**	Andrew Bush	**Action:**	Passed (1 Abstention)

Motion #5	To "defund Home Health Services"				
Proposed by:	Andrew Bush	**Seconded by:**	Brad Gammell	**Action:**	Passed (1 Abstention)

Motion #6	To "allocate $2,479 to Home Delivered Meals"				
Proposed by:	Regine Lefevre	**Seconded by:**	H. Bradley Katz	**Action:**	Passed (1 Abstention)

Motion #7	To "allocate $150,971 to Medical Transportation"				
Proposed by:	Andrew Bush	**Seconded by:**	Yolonda Reed	**Action:**	Passed (1 Abstention)

Motion #8	To "move $228,287 to Non Medical Case Management"				
Proposed by:	Rick Siclari	**Seconded by:**	H. Bradley Katz	**Action:**	Passed (1 Abstention)

HOPWA Performance Profile
Formula Grant / CAPER
Grantee Name: City of Ft. Lauderdale
Program Year: 10/1/2010 TO 9/30/2011

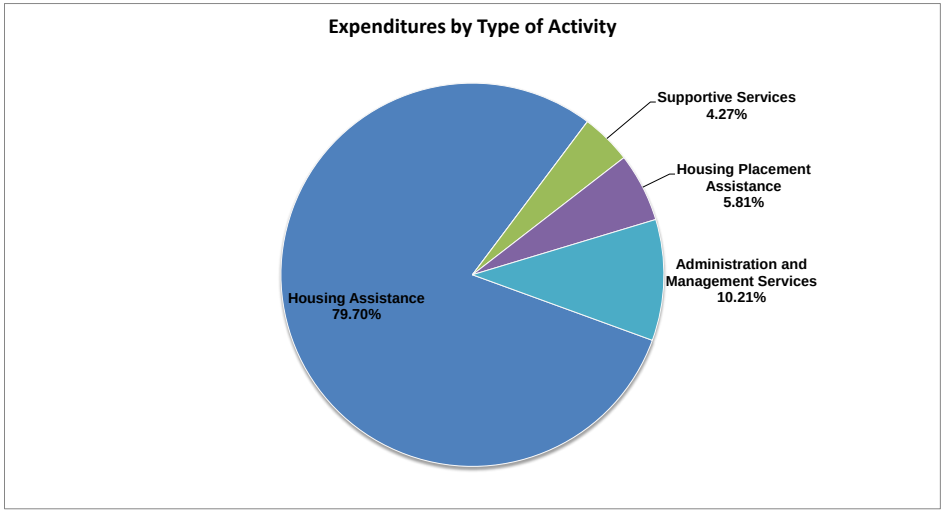
Available Grantee Funds:	
Undisbursed 2009 and prior funds	$0.00
Undisbursed 2010 funds	$551,155.01
New 2011 obligated/In reserve	$3,640,338.00
Total Available	**$4,191,493.01**

Timeliness:	
Timeliness Ratio	1.15
The Timeliness Ratio compares unspent grant balances to 2011 Allocations as of 2/10/2012.	
National Goal: Ratio of 1.5 or lower	

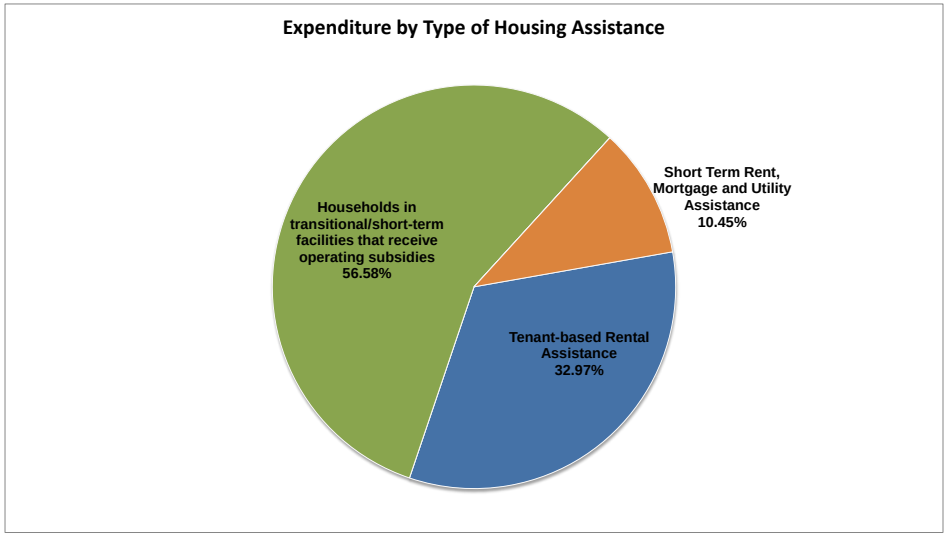
Expenditures:

Type of Activity	Expenditures	Percentage	Per Unit Cost
Housing Assistance			
Tenant-based Rental Assistance	$2,280,119.00		$8,636.81
Households in permanent housing facilities that receive operating subsidies/leased units	$0.00		$0.00
Households in transitional/short-term facilities that receive operating subsidies	$3,913,396.00		$6,124.25
Households in permanent housing facilities developed with capital funds, and placed in service during the operating year	$0.00		$0.00
Households in transitional/short-term facilities developed with capital funds, and placed in service during the operating year	$0.00		$0.00
Short Term Rent, Mortgage and Utility Assistance	$722,859.00		$2,527.48
Total	**$6,916,374.00**	**79.70%**	**$5,816.97**
Housing Development			
Facility-Based units being developed with capital funding but not yet opened (identify units of housing planned)	$0.00		
Total	**$0.00**	**0.00%**	
Supportive Services			
Supportive Services provided by project sponsors also delivering HOPWA housing assistance	$29,540.00		
Supportive Services provided by project sponsors serving households who have other housing arrangements	$341,397.00		
Total	**$370,937.00**	**4.27%**	
Housing Placement Assistance			
Housing Information Services	$0.00		
Permanent Housing Placement Services	$504,349.00		
Total	**$504,349.00**	**5.81%**	
Administration and Management Services			
Resource Identification to establish, coordinate and develop housing assistance resources	$102,206.00		
Technical Assistance	$0.00		
Project Outcomes/Program Evaluation	$0.00		
Grantee Administration	$267,764.00		
Project Sponsor Administration	$516,424.00		
Other Activity	$0.00		
Total	**$886,394.00**	**10.21%**	
Total Expenditures	**$8,678,054.00**	**100.00%**	

Status of Reporting:			
CAPER Due Date	**CAPER Submission 2010-2011**	**Report Review Status 2010-2011**	**Quarter for Report to HUD**
12/29	Received	Pending Corrections	1

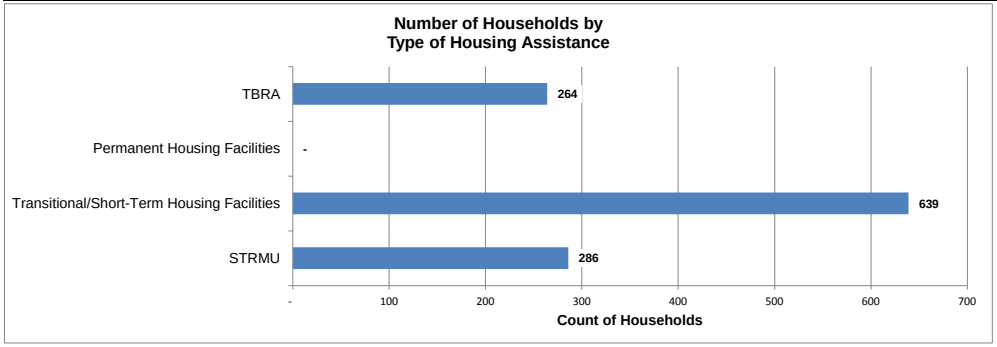


Expenditures by type of Activity: Housing Assistance is 79.70%, Supportive Services are 4.27%, Housing Placement Assistance is 5.81% and Administration and Management Services are 10.21%.

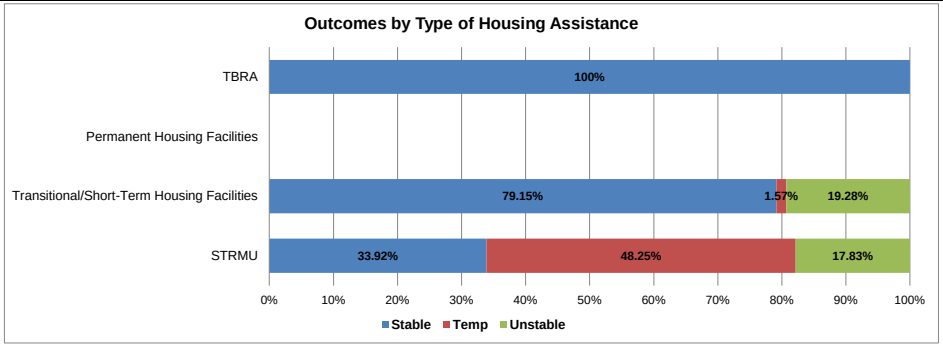


Expenditures by type of Assistance: Tenant-based Rental Assistance 32.97%; Households in transitional/short-term facilities that receive operating subsidies 56.58%; and Short Term Rent, Mortgage and Utility Assistance 10.45%.

Housing Outputs and Outcomes:



Number of households by type of housing assistance: Tenant-Based Rental Assistance is 264, Permanent Housing Facilities is 0; Transitional/Short-term Facilities is 639 and Short-Term Rent, Mortgage and Utility assistance is 286.



Outcomes by type of Housing Assistance: Tenant Based Rental Assistance (n=260) is 100% stable; Transitional/Short-Term Housing Facilties (n=638) is 79.15% stable; 1.57% temporary; and 19.28% unstable; Short-term Rental, Mortgage & Utility Assistance (n=286) is 33.92% stable; 48.25% temporary; and 17.83% unstable. Outcomes do not include households where head of household died during operating year.

Total Households Served with Housing Assistance		
	Total Households	**Data Deduction:**
Total Households Served with Housing Assistance	1,189	Data deduction for households receiving more than one type of HOPWA-funded housing assistance
Total Unduplicated Households Served with Housing Assistance**	1,189	0

HOPWA Contribution toward Ending Homelessness	
# Households Newly Placed in Housing*	**% of New Clients Reported as Homeless upon entry**
122	14%

*(Households reported with Prior Living Situations: 'Place not meant for human habitation', 'Emergency shelter', and 'Transitional housing for homeless persons' as reported in the APR and CAPER)

Households in Permanent Housing	
	Totals
Number of Households assisted in Permanent Housing **	264
HOPWA Expenditures for Permanent Housing	$2,280,119

**Indicates data elements used by HUD to measure progress on HUD Stat goals

Number of Extremely Low-Income Households Served	
	Number of Households Served with Housing Assistance
Tenant-Based Rental Assistance	229
Permanent Housing Facilities	0
Transitional/Short-Term Housing Facilities	554
Short-Term Rent, Mortgage and Utility Assistance	248
Total	**1,031**

Client Characteristics	# of Qualifying Individuals	% of total
Households Continuing in Permanent Housing Arrangements (Of PH Only)	229	87%
Veterans (all programs)	59	5%
Chronically Homeless (all programs)	383	32%

* Of those served with Permanent Housing Assistance

Access to Care and Support	# of Households	% of Households
Has a housing plan for maintaining or establishing stable on-going housing	1,309	100.00%
Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan.	1,274	97.33%
Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	713	54.47%
Has accessed and can maintain medical insurance/assistance	713	54.47%
Successfully accessed or maintained qualification for sources of income	288	22.00%
		# of Households
Number of households that obtained an income-producing job**		126

Other Leveraged Housing Outputs	# Households
Tenant Based Rental Assistance (TBRA)	0
Permanent Facilities	0
Transitional Facilities	0
Short-Term Rent, Mortgage and Utility Assistance (STRMU)	0
TOTAL Leveraged Households	**0**

New Households Opened During Operating Year**	# Households
Households in permanent housing facilities developed with capital funds, and placed in service during the operating year	0
Households in transitional/short-term facilities developed with capital funds, and placed in service during the operating year	0
TOTAL Households Opened during Operating Year	**0**

Unmet Need	# of Households
Total number of households reported to have unmet need	641

* Performance data compiled February 10, 2012 and includes all Grantee reports received between October 1, 2011 and December 31, 2011. Data is updated on a continuing basis as grantees submit reports.

DRAFT

FY 2013 Priority Setting and Resource Allocation Timeline

TASK	RESPONSIBLE PARTY	DATE - 2012
PSRA Data Requests	Joint Planning, Joint Priorities	March – April
Data Collection (3-year trends when available) • Parts A-F and HOPWA Utilization & Demographic Data • Assessment • Allocations, Expenditures & Utilization Data • Epidemiology Data • EIIHA Data • Unmet Need (End of July) • Quality Management Data • Additional Data (Data Requests)	Grantees, Support Staff, Providers	March – May
Recommendations on How Best To Meet Need	Joint Planning Committee	May
PSRA Data Review and How Best to Meet Need Language	Joint Priorities Committee	June 13th
Priority Setting & FY 13/14 (Part A, B, MAI) Allocations	Joint Priorities Committee	June 20th
Allocations - Part A, B and MAI Service Categories	Joint Priorities Committee	July 11th
Part A PSRA Process Approval	HIV Planning Council	August

DRAFT -- FY 13/14 Language On How Best To Meet The Need - PART A
Core Medical Services (Part A)

Outpatient/Ambulatory Medical Care

Eligibility: HIV+, Broward County resident, proof of income, 400% FPL.

- Ensure that Part A medical services are available to PLWHAs in all geographic areas of the County through selection of providers located in geographic areas where the HIV/AIDS prevalence is highest.
- Funds should be allocated to sub-grantees who demonstrate effective linkages and collaboration with outreach sub grantees to ensure patient adherence and retention.
- Continue to ensure access to nutritional counseling and therapy services as appropriate for eligible PLWHAs.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner by staff that reflects the race/ethnicity and linguistic needs of the service population.

AIDS Pharmaceutical Assistance (Local)

Eligibility: HIV+, Broward County resident, proof of income, 400% FPL.

- Ensure Part A only permitted to add antiretroviral medications to formulary that are approved by FL ADAP and available locally.
- Ensure Part A clients are thoroughly screened for other payer sources at eligibility determination to ensure that Part A funds are the payer of last resort. This process includes requiring application to and use of other programs including FL ADAP, AIDS Insurance Continuation Program, medication co-payment assistance, Prescription Assistance Programs (PAPs), Medicaid, and Medicare and other such programs to gain access to medication coverage.
- Ensure that the staff delivering the service is sensitive to the needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Oral Health Care

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Maintain service definition for dental specialty care "provide care beyond extractions and restoration to include full or partial dentures and surgical procedures."
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Medical Case Management

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure the "peers and near peers" service delivery model is used in Medical Case Management.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Mental Health Services

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure services are provided to stabilize client's mental health and facilitate adherence to treatment.
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Substance Abuse Services

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

Support Services (Part A)

Food Bank/Food Vouchers

Food Bank Eligibility: HIV+, Broward County resident, proof of income, 150% FPL. Case Manager referral every 12 months. One box per month, with a maximum of 12 boxes per year. Application status for food stamps and/or WIC (undocumented residents exempt).

Food Vouchers Eligibility: HIV+, Broward County resident, proof of income, 151-300% FPL. Case Manager referral every 12 months. Up to 3 boxes per year for those who can demonstrate an emergency need and a plan to meet their need. "Emergency" to be defined as a verified loss of or reduction in income due to unexpected or unbudgeted expense, or event beyond client's control. Emergency will be documented in Progress Log and Plan of Care. Application status for food stamps and/or WIC (undocumented residents exempt)

- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Case Management (non-medical)
Centralized Intake and Eligibility Determination (CIED)

- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Outreach Services

Eligibility: HIV+, Broward County resident, proof of income. At risk populations, HIV+ and not in medical care or who have fallen out of care.

- Outreach program is specifically designed to identify people with HIV and make them aware of the HIV medical and support services available in the County.
- Ensure linkages to ambulatory/outpatient medical care and other service systems.
- Target outreach activities to key points of entry, including hospitals and ambulatory care settings, targeting new clients and clients who have been lost to care.
- Ensure providers have active, focused MOUs, with identified key points of entry.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

Legal Services

Eligibility: HIV+ Broward County Resident Proof of Income, 300% FPL

- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

FY 12/13 Language On How Best To Meet The Need – Minority AIDS Initiative (MAI)

Medical Case Management

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure the "peers and near peers" service delivery model is used in Medical Case Management.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

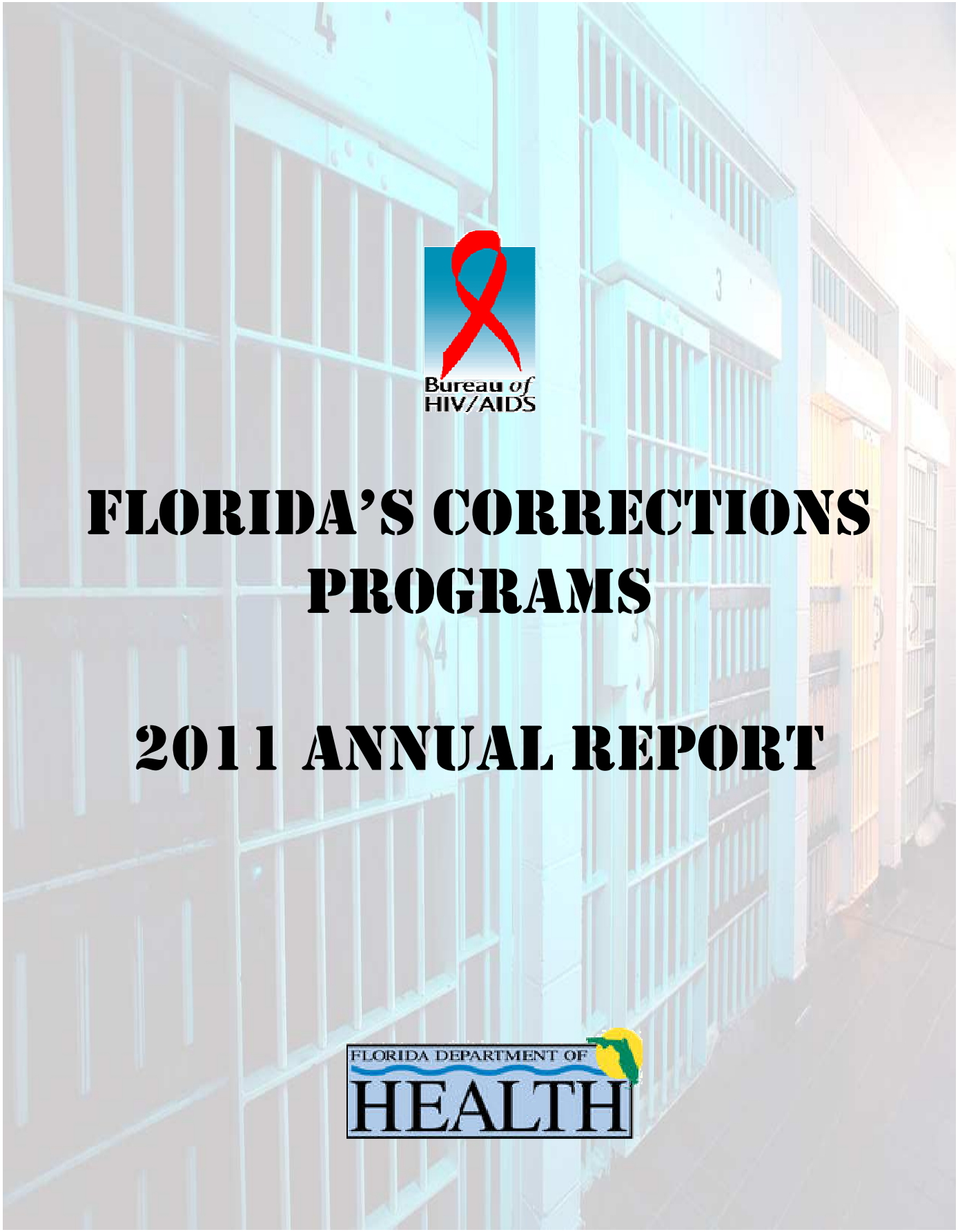
Ryan White Part A FY 11/12 Allocations Based on Grant Award

Service Category		FY 11/12 Final Allocations	FY 11/12 Funding Reductions
Ranking	**CORE MEDICAL SERVICES**		
1	Outpatient/Ambulatory	$5,920,360	$0
2	AIDS Pharmaceuticals (Local)	$622,384	$0
3	Medical Case Management	$1,090,105	$0
4	Oral Health	$2,155,150	$0
5	HICP	$400,000	$0
7	Mental Health	$229,098	$0
8	Substance Abuse	$355,389	$0
	Core Total	**$10,772,487**	**$0**
Ranking	**SUPPORT SERVICES**		
1	Food Services	$363,360	$330,643
	Food Bank	*$254,352*	*$231,450*
	Vouchers	*$109,008*	*$99,193*
2	Transportation Total	$200,000	$0
	Van	*$100,000*	*$0*
	Bus Passes	*$100,000*	*$0*
3	Legal Assistance	$112,426	$0
4	Outreach	$67,000	$0
5	Centralized Intake (CIED)	$300,000	$0
	Support Total	**$1,042,786**	**$330,643**
	Part A Totals	**$11,815,273**	**$330,643**

Bulk Purchase Amount : $721,076

Minority AIDS Initiative (MAI) FY 11/12 Allocations Based on Grant Award

Service Category		FY 11/12 MAI Final Allocations	FY 11/12 Funding Increase/ Reductions
Ranking	**CORE MEDICAL SERVICES**		
1	Outpatient/Ambulatory	$234,473	$114,439
2	AIDS Pharmaceuticals (Local)	$0	$0
3	Medical Case Management	$29,953	$0
4	Oral Health	$0	$0
5	HICP	$0	$0
7	Mental Health	$95,000	$0
8	Substance Abuse	$375,000	$0
	Core Total	**$734,426**	**$114,439**
Ranking	**SUPPORT SERVICES**		
1	Food Services	$0	$0
	Food Bank	*$0*	*$0*
	Vouchers	*$0*	*$0*
2	Transportation Total	$0	$0
	Van	*$0*	*$0*
	Bus Passes	*$0*	*$0*
3	Legal Assistance	$0	$0
4	Outreach	$0	$0
5	Centralized Intake (CIED)	$290,957	$0
	Support Total	**$290,957**	**$0**
	Part A Totals	**$1,025,383**	**$114,439**



FLORIDA'S CORRECTIONS PROGRAMS

2011 ANNUAL REPORT

FLORIDA DEPARTMENT OF
HEALTH

Corrections Programs Overview

The Florida Department of Health (DOH), Bureau of HIV/AIDS has been, and continues to be, a leader in the provision of prevention, testing, and linkage services within the correctional system. DOH funds two programs for the incarcerated population preparing to return to the community; the Jail Linkage Program and the Pre-Release Planning Program. The total funding allotted to the corrections programs is approximately $1.6 million.

Jail Linkage Programs

The Jail Linkage Programs (JLP), which span 16 counties in the state, continue to educate and test for HIV as well as screen for hepatitis and sexually transmitted diseases (STD). Increased HIV testing has been made available through the Expanded Testing Initiative (ETI). This grant expanded the African American Testing Initiative and integrated HIV testing for populations disproportionately affected by HIV, primarily African Americans, but also Hispanic men and women, men who have sex with men, transgender populations, and injection drug users regardless of race/ethnicity. The grant allows funds to be used for screening in jails, among other venues. Six of our funded JLP sites receive ETI funding. Through this continuing grant, the jail linkage program is able to offer a greater array of screening services to the inmates.

In 2011, the JLP tested 32,157 inmates for HIV and identified 207 positives for an overall positivity rate of 0.6%. The overall positivity rate for 2010 was also 0.6%, following a slight decline in each of the previous three years from 1.4% in 2007 to 1% in 2009. Of the 24,616 male inmates tested for HIV, 164 were positive, while 43 of the 7,498 female inmates were positive. The overall positivity rate for males was higher than females; 0.67% versus 0.57%. The distribution of HIV tests by gender and county in 2011 is shown in Table 1.

Table 1. HIV Tests by County and Gender

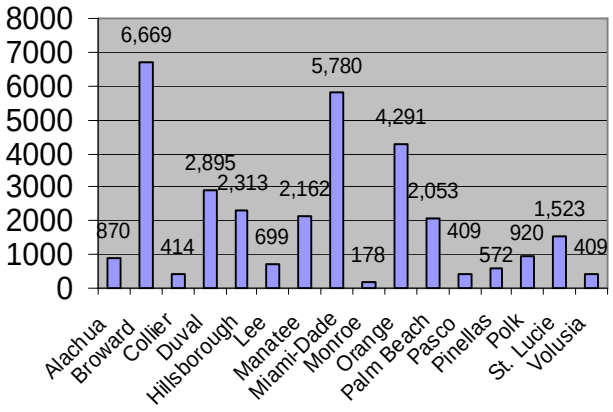
COUNTIES	MALE NEGATIVE	MALE POSITIVE	Male Positivity Rate	FEMALE NEGATIVE	FEMALE POSITIVE	Female Positivity Rate
Alachua*	706	2	0.28%	161	1	0.62%
Broward*	5,455	24	0.44%	1,184	6	0.50%
Collier	334	1	0.30%	79	0	0.00%
Duval	2,068	11	0.53%	812	4	0.49%
Hillsborough	1,994	6	0.30%	311	2	0.64%
Lee	498	1	0.20%	200	0	0.00%
Manatee	1,339	6	0.45%	814	3	0.37%
Miami-Dade*	4,855	78	1.58%	839	8	0.94%
Monroe**	111	0	0.00%	67	0	0.00%
Orange*	2,954	14	0.47%	1,318	5	0.38%
Palm Beach*	1,839	4	0.22%	210	0	0.00%
Pasco	299	1	0.33%	109	0	0.00%
Pinellas	366	4	1.08%	202	0	0.00%
Polk	433	8	1.81%	468	11	2.30%
St. Lucie*	996	3	0.30%	522	2	0.38%
Volusia	205	1	0.49%	202	1	0.49%
TOTAL	**24,452**	**164**	0.67%	**7,498**	**43**	0.57%

*receive ETI funding
**unfunded program

As shown in the table above, female positivity rates were highest in Miami-Dade and Polk counties, with rates of 0.94% and 2.3%, respectively. Male positivity rates were highest in Miami-Dade and Polk counties as well, with rates of 1.6% and 1.8%, respectively.

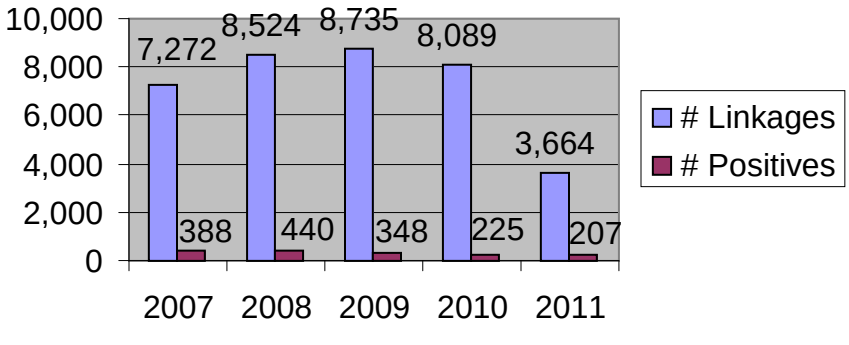
Broward County tested the most inmates in 2011, with a total of 6,669 reported HIV tests, followed by Miami-Dade County with 5,780 tests. The total number of HIV tests conducted by county is shown in Figure 1.

Figure 1. Total HIV Tests by County, 2011



The number of inmates tested and the number of HIV-infected inmates subsequently linked to services have varied in the past few years. The number of jail inmates tested in 2007 was 28,647 and rose to 37,149 in 2008, while the number of linkages was 7,272 and 8,524, respectively. The number tested in 2009 was 35,717 with 8,735 linkages to services, but testing numbers decreased again in 2010 to 34,824 and 32,157 in 2011. The sharp decline in linkages in 2011 can be explained in part by a change in the reporting form to reflect prevention linkages. Technical assistance was provided to clarify counting linkages to care upon release rather than linkages to services provided within the facility. A comparison can be seen in Figure 2 below.

Figure 2. Comparison of Linkages by Year



In 2011, the JLPs provided linkages to 718 HIV-infected inmates preparing to return to their community. Of these inmates, 87% were previously diagnosed with HIV while 13% were newly diagnosed. Staffs made a total of 3,664 linkages for these inmates, equating to over five linkages per client. Miami-Dade JLP reported the largest number of linkages at 1,261, followed by Palm Beach with 571. The linkages were to various social services including, but not limited to, case management, mental health, county health departments, housing, substance abuse treatment, and transportation. Jail linkage staffs continue to strengthen relationships with local community-based organizations and county health department staffs to address barriers to accessing medical care or services. The breakdown of linkages by county and service is shown in Table 2. Case management remained the highest linkage source for 2011 with a total of 1,463 linkages made. As seen in Table 2, 135 linkages were made for those who were released to the Department of Corrections.

Table 2. Linkages by County and Service

COUNTIES	Med-ical	Pre-natal	Case Mgmt	CHD	Subs-tance Abuse	Mental Health	Transpor-tation	Sup-port Group	Housing	DOC	**Total**
Alachua	40	1	27	20	26	33	1	7	0	18	**173**
Broward	63	0	20	2	14	6	12	0	7	4	**128**
Collier	7	0	8	4	1	1	0	0	0	0	**21**
Duval	131	8	3	49	21	32	3	0	5	54	**306**
Hillsborough	171	0	171	15	10	10	7	0	0	25	**409**
Lee	6	0	2	37	3	2	0	4	0	2	**56**
Manatee	36	0	27	27	0	0	12	0	0	9	**111**
Miami-Dade	103	1	986	0	13	12	60	74	12	0	**1261**
Monroe	0	0	0	23	0	0	0	0	0	0	**23**
Orange	14	0	14	19	0	0	0	0	0	0	**47**
Palm Beach	78	0	105	74	0	124	91	23	76	0	**571**
Pasco	82	0	4	23	3	14	0	37	2	0	**165**
Pinellas	62	19	57	17	20	0	0	57	0	23	**255**
Polk	11	31	29	13	1	2	3	2	3	0	**95**
St. Lucie	17	3	10	3	3	0	3	1	1	0	**41**
Volusia	2	0	0	0	0	0	0	0	0	0	**2**
Totals	**823**	**63**	**1,463**	**326**	**115**	**236**	**192**	**205**	**106**	**135**	**3,664**

The jail linkage program, while committed to linking inmates to all needed services, targets linkages for medical care and prenatal care to encourage the continuity of HIV/AIDS care for recently released inmates. Jail linkage staffs conduct follow-ups for these services to ensure clients make it to their appointment following their release from jail. Linkage efforts for these services, as well as partner services, prove to be most successful in preventing transmission of the HIV/AIDS virus. Partner services, provided by the Bureau of STD, are not included in this table. During this year, the jail linkage programs confirmed 75% of medical care linkages, and 98% of prenatal care linkages. Medical care linkages decreased from 84% in 2010, while prenatal care linkages increased from 86% in 2010. This decrease in medical care linkages can be attributed, as described earlier, to a change in reporting. Several programs were counting linkages to medical care within the facilities rather than upon release. Technical assistance was provided to clarify and ensure that all programs were consistent in reporting linkages. Table 3 highlights the efforts made by the jail linkage programs.

Table 3. Medical and Prenatal Care Linkages

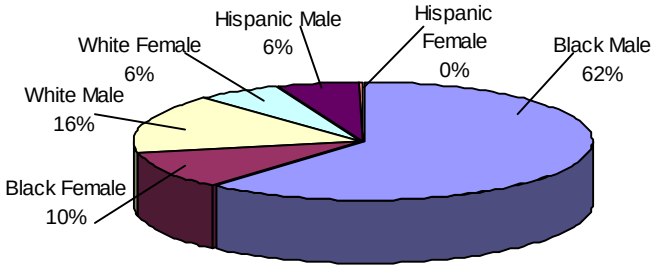
	MEDICAL CARE		PRENATAL CARE	
COUNTIES	Linked	Confirmed	Linked	Confirmed
Alachua	40	40	1	1
Broward	63	63	0	0
Collier	7	7	0	0
Duval	244	142	8	8
Hillsborough	171	171	0	0
Lee	6	6	0	0
Manatee	36	36	0	0
Miami-Dade	103	51	1	1
Monroe	0	0	0	0
Orange	14	0	0	0
Palm Beach	78	68	0	0
Pasco	82	29	0	0
Pinellas	62	62	19	19
Polk	11	10	31	31
St. Lucie	17	15	3	2
Volusia	2	2	0	0
TOTALS	**936**	**702**	**63**	**62**
Percent Confirmed		75%		98%

Pre-Release Planning Program (PRPP)

The PRPP continues to operate under the original intent of the program offering pre-release planning services to all known HIV-infected prisoners in Florida Department of Corrections (DOC) facilities.

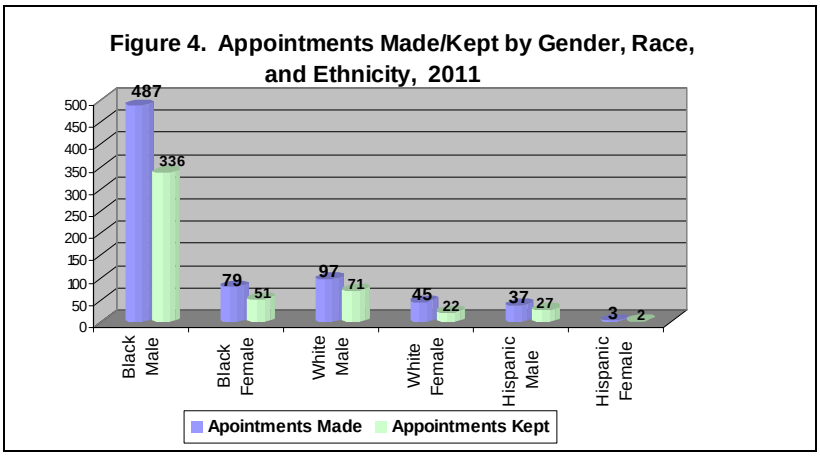
In 2011, the PRPP served 963 HIV-infected inmates. The distribution by race/ethnicity and gender of these inmates is shown in Figure 3. Of the 963 inmates who received services, 748 (78%) had medical and/or social service appointments scheduled by a pre-release planner.

Figure 3. Inmates Served by Gender, Race, and Ethnicity, 2011
N=963



There are several reasons why appointments are not scheduled for every inmate. Some inmates choose to make their own arrangements prior to their release, allowing the planner to focus on other services such as HIV/AIDS education and medical records assistance for the inmate. Other inmates may not require appointments due to detainers that cause them to serve additional time in a county jail upon the end of their sentence. Many immigrants are turned over to Immigration and Customs Enforcement upon their release. In cases where planners are unable to schedule appointments for inmates, medical records are copied by the planner and provided to the inmate upon their release.

Of those inmates with scheduled appointments, 68% kept their initial appointment scheduled by the planner. The breakdown of appointments scheduled and kept by ex-offenders is shown in Figure 4 by race/ethnicity and gender.



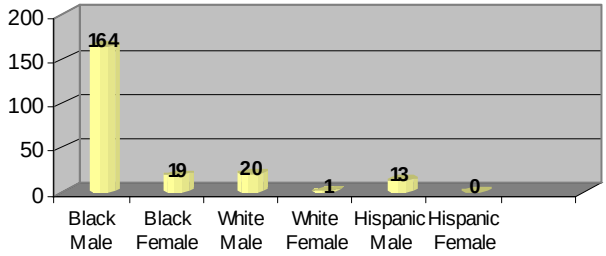
Inmates returning to Broward and Miami-Dade counties receive more intensive linkage services and support to connect to medical care due to the Community Linkage Coordinator (CLC) staff located there. The CLC and pre-release planners work together to ensure inmates returning to one of these two counties are given an appointment to meet with the CLC upon release, in addition to their appointments for medical care and eligibility services. The appointment with the CLC takes place within one week after the inmate's release and is often before the medical and/or eligibility appointments. The CLC prepares the inmate for these other appointments by ensuring eligibility paperwork is completed, appropriate documents are obtained, and the client is able to arrange transportation. Bus passes are provided to clients to assist them in reaching their healthcare appointment and as an incentive to follow-up with the CLC after their scheduled appointments. Follow-up services for these clients are provided by the CLC for up to six months following their release from prison. The breakdown of referrals to the CLC and linkages provided can be seen in Table 4 below.

Table 4. CLC Linkages, 2011

2011		Inmates referred from PRP's	Non-compliant w/ CLC	Inmates compliant w/ CLC	Medical appts made	Medical appts kept w/in 90 days	% med appts kept	Linked to case mgmt	Linked to mental health	Linked to substance abuse	Bus passes given
January	Broward	16	3	13	13	13	100%	7	0	0	11
	Miami-Dade	9	2	7	7	5	71%	5	0	0	7
February	Broward	6	2	4	4	3	75%	2	0	0	4
	Miami-Dade	5	0	5	5	5	100%	5	0	0	4
March	Broward	10	4	6	6	6	100%	6	0	0	7
	Miami-Dade	6	0	6	6	5	83%	5	0	0	5
April	Broward	9	1	8	8	6	75%	6	0	0	7
	Miami-Dade	7	1	6	6	5	83%	5	0	0	5
May	Broward	10	3	7	7	7	100%	7	0	0	16
	Miami-Dade	10	2	8	8	7	88%	7	0	0	7
June	Broward	17	3	14	14	12	86%	12	0	0	17
	Miami-Dade	6	1	5	5	4	80%	4	1	0	5
July	Broward	10	2	8	8	6	75%	6	1	0	9
	Miami-Dade	10	3	7	7	7	100%	7	0	0	7
August	Broward	7	1	6	6	6	100%	6	0	0	7
	Miami-Dade	8	0	8	8	8	100%	8	0	1	8
Sept	Broward	13	1	12	12	12	100%	12	0	0	12
	Miami-Dade	8	2	6	6	6	100%	5	0	0	4
Oct	Broward	7	4	3	3	3	100%	3	0	0	3
	Miami-Dade	8	2	6	6	6	100%	6	0	0	6
Nov	Broward	9	1	8	8	8	100%	8	0	0	7
	Miami-Dade	10	1	9	9	9	100%	9	1	1	9
Dec	Broward	7	3	4	4	4	100%	4	0	0	2
	Miami-Dade	9	2	7	7	7	100%	7	2	0	5
Totals		217	44	173	173	160	92%	152	5	2	174

From January through December 2011, the pre-release planners referred 217 inmates to the CLC and 80% of these, or 173, were linked to medical care. The demographic breakdown of the clients served by the CLC is shown in Figure 5.

Figure 5. CLC Clients Served by Gender, Race, and Ethnicity, 2011
N=217



Clients who worked with the CLC in Broward and Miami-Dade counties experienced a much greater success rate than clients who received referrals to medical care and case management in other counties around the state. In comparison to the overall compliance rate of 68% statewide, the medical care compliance rate for clients who worked with the CLC was 92%. The table below shows the demographic breakdown of compliance rates for clients who worked with the CLC.

Table 5. CLC Appointments Made/Kept by Race, Ethnicity, Gender

Clients Served	Medical Appointments Scheduled	Medical Appointments Kept	Compliance Rate
Black Male	126	120	95%
Black Female	19	17	89%
White Male	14	11	79%
White Female	1	1	100%
Hispanic Male	13	11	85%
Hispanic Female	0	0	0%
Totals	**173**	**160**	**92%**

Interagency Collaborations

The Corrections Infections Workgroup, led by the Bureau of HIV/AIDS and Hepatitis, is comprised of members from the Department of Juvenile Justice, Department of Corrections, Department of Children and Families (Substance Abuse and Mental Health offices), Bureau of Sexually Transmitted Diseases, and Bureau of Tuberculosis and Refugee Health. The workgroup is dedicated to information sharing, program development and education, and advocacy on issues related to HIV/AIDS, STD, TB, and/or hepatitis in correctional settings. The workgroup meets on a quarterly basis and strives to improve infectious disease screening and healthcare for inmates across the state of Florida.

For example, in 2011 through an interagency agreement with the Florida Department of Corrections, the Bureau of STD conducted over 51,000 screening tests. These screenings resulted in chlamydia positivity rates of 5.1% in males and 2.3% in females and syphilis rates of 6.4% positivity (or reactive serology tests) in males and 8.5% in

females. These detection efforts coupled with successful treatment reduced the disease burden and avoided risk of potential spread in the prison population.

The Hepatitis Prevention Program provides direct funding to county health departments (CHDs) for the provision of hepatitis services in 15 counties (Broward, Collier, Miami-Dade, Monroe, Pinellas, Polk, Escambia, Lee, Seminole, Bay, Alachua, Palm Beach, Okeechobee, Orange, and Duval). The 15 funded CHDs provide outreach to local jails and prisons such as hepatitis risk assessments, testing, vaccination, and educational materials. During 2011, 6,184 such outreach activities were conducted among the 15 counties.

Other collaborative efforts put forth by the Bureau of TB & Refugee Health found 12 active TB cases among inmates, one of which was co-infected with HIV.

Summary

The Jail Linkage Programs continue their work in the16 Florida counties as they provide testing and linkage to this vulnerable population. Overall, due in part to a change in reporting, the number of tests and linkages in the corrections program decreased in 2011 from the previous year. The Jail Linkage Program had a success rate of 75% confirmed medical care linkages in 2011.

The PRPP data revealed that 78% of the inmates served were linked to medical care after their release from prison. The CLC in Broward and Miami-Dade counties has resulted in a success rate of 92% medical care linkage compliance in that area. This is a strong indicator of the success of this program and is due to the combined efforts of the pre-release planners and the community linkage coordinator.

In an effort to build on the success the CLC position has demonstrated, an additional CLC will be added in 2012 in Orange County. This position will serve both programs as the jail linkage coordinator and the CLC for prison releasees returning to the Orange County area.

The corrections programs continue to address the needs of HIV-infected incarcerated populations in promoting continuity of medical care for ex-offenders and education to encourage risk reduction strategies upon their release.

Broward County Health Department ADAP Report as of 5/24/2012

Total ADAP "Open" Enrollment		**2,598**
Total ADAP Clients Served in Last 30 Days*		**1,334**
Total ADAP Waitlist Enrollment**		**89**
	Category A	**2**
	Category B	**41**
	Category C	**48**
	Category D	**0**
Total ADAP/Medicare Part D Enrollment		**176**
Number of Appointments in April		**703**
Number of Missed Appointment in April		**220**
Percentage of April Appointments Missed		**30%**

*"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 lose their place on the Wait List.

COVERAGEforALL.ORG
Foundation for Health Coverage Education

2012 Federal Poverty Level

The benefit levels of many low-income assistance programs are based on these poverty guidelines. Find your family size and monthly or yearly income below to determine your FPL percentage category.
Note: Pregnant women count as two people for the purpose of this chart.

48 Contiguous States and the District of Columbia

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$2,793	$5,585	$8,378	$9,048	$11,170	$14,856	$19,548	$22,340	$27,925	$33,510
2	$3,783	$7,565	$11,348	$12,255	$15,130	$20,123	$26,478	$30,260	$37,825	$45,390
3	$4,773	$9,545	$14,318	$15,463	$19,090	$25,390	$33,408	$38,180	$47,725	$57,270
4	$5,763	$11,525	$17,288	$18,671	$23,050	$30,657	$40,338	$46,100	$57,625	$69,150
5	$6,753	$13,505	$20,258	$21,878	$27,010	$35,923	$47,268	$54,020	$67,525	$81,030
6	$7,743	$15,485	$23,228	$25,086	$30,970	$41,190	$54,198	$61,940	$77,425	$92,910
7	$8,733	$17,465	$26,198	$28,293	$34,930	$46,457	$61,128	$69,860	$87,325	$104,790
8	$9,723	$19,445	$29,168	$31,501	$38,890	$51,724	$68,058	$77,780	$97,225	$116,670

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$233	$465	$698	$754	$931	$1,238	$1,629	$1,862	$2,327	$2,793
2	$315	$630	$946	$1,021	$1,261	$1,677	$2,206	$2,522	$3,152	$3,783
3	$398	$795	$1,193	$1,289	$1,591	$2,116	$2,784	$3,182	$3,977	$4,773
4	$480	$960	$1,441	$1,556	$1,921	$2,555	$3,361	$3,842	$4,802	$5,763
5	$563	$1,125	$1,688	$1,823	$2,251	$2,994	$3,939	$4,502	$5,627	$6,753
6	$645	$1,290	$1,936	$2,090	$2,581	$3,433	$4,516	$5,162	$6,452	$7,743
7	$728	$1,455	$2,183	$2,358	$2,911	$3,871	$5,094	$5,822	$7,277	$8,733
8	$810	$1,620	$2,431	$2,625	$3,241	$4,310	$5,671	$6,482	$8,102	$9,723

Alaska

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$3,493	$6,985	$10,478	$11,316	$13,970	$18,580	$24,448	$27,940	$34,925	$41,910
2	$4,730	$9,460	$14,190	$15,325	$18,920	$25,164	$33,110	$37,840	$47,300	$56,760
3	$5,968	$11,935	$17,903	$19,335	$23,870	$31,747	$41,773	$47,740	$59,675	$71,610
4	$7,205	$14,410	$21,615	$23,344	$28,820	$38,331	$50,435	$57,640	$72,050	$86,460
5	$8,443	$16,885	$25,328	$27,354	$33,770	$44,914	$59,098	$67,540	$84,425	$101,310
6	$9,680	$19,360	$29,040	$31,363	$38,720	$51,498	$67,760	$77,440	$96,800	$116,160
7	$10,918	$21,835	$32,753	$35,373	$43,670	$58,081	$76,423	$87,340	$109,175	$131,010
8	$12,155	$24,310	$36,465	$39,382	$48,620	$64,665	$85,085	$97,240	$121,550	$145,860

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$291	$582	$873	$943	$1,164	$1,548	$2,037	$2,328	$2,910	$3,493
2	$394	$788	$1,183	$1,277	$1,577	$2,097	$2,759	$3,153	$3,942	$4,730
3	$497	$995	$1,492	$1,611	$1,989	$2,646	$3,481	$3,978	$4,973	$5,968
4	$600	$1,201	$1,801	$1,945	$2,402	$3,194	$4,203	$4,803	$6,004	$7,205
5	$704	$1,407	$2,111	$2,279	$2,814	$3,743	$4,925	$5,628	$7,035	$8,443
6	$807	$1,613	$2,420	$2,614	$3,227	$4,291	$5,647	$6,453	$8,067	$9,680
7	$910	$1,820	$2,729	$2,948	$3,639	$4,840	$6,369	$7,278	$9,098	$10,918
8	$1,013	$2,026	$3,039	$3,282	$4,052	$5,389	$7,090	$8,103	$10,129	$12,155

Hawaii

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$3,215	$6,430	$9,645	$10,417	$12,860	$17,104	$22,505	$25,720	$32,150	$38,580
2	$4,353	$8,705	$13,058	$14,102	$17,410	$23,155	$30,468	$34,820	$43,525	$52,230
3	$5,490	$10,980	$16,470	$17,788	$21,960	$29,207	$38,430	$43,920	$54,900	$65,880
4	$6,628	$13,255	$19,883	$21,473	$26,510	$35,258	$46,393	$53,020	$66,275	$79,530
5	$7,765	$15,530	$23,295	$25,159	$31,060	$41,310	$54,355	$62,120	$77,650	$93,180
6	$8,903	$17,805	$26,708	$28,844	$35,610	$47,361	$62,318	$71,220	$89,025	$106,830
7	$10,040	$20,080	$30,120	$32,530	$40,160	$53,413	$70,280	$80,320	$100,400	$120,480
8	$11,178	$22,355	$33,533	$36,215	$44,710	$59,464	$78,243	$89,420	$111,775	$134,130

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$268	$536	$804	$868	$1,072	$1,425	$1,875	$2,143	$2,679	$3,215
2	$363	$725	$1,088	$1,175	$1,451	$1,930	$2,539	$2,902	$3,627	$4,353
3	$458	$915	$1,373	$1,482	$1,830	$2,434	$3,203	$3,660	$4,575	$5,490
4	$552	$1,105	$1,657	$1,789	$2,209	$2,938	$3,866	$4,418	$5,523	$6,628
5	$647	$1,294	$1,941	$2,097	$2,588	$3,442	$4,530	$5,177	$6,471	$7,765
6	$742	$1,484	$2,226	$2,404	$2,968	$3,947	$5,193	$5,935	$7,419	$8,903
7	$837	$1,673	$2,510	$2,711	$3,347	$4,451	$5,857	$6,693	$8,367	$10,040
8	$931	$1,863	$2,794	$3,018	$3,726	$4,955	$6,520	$7,452	$9,315	$11,178

The following figures are the 2012 HHS poverty guidelines as of January 26, 2012.
(Source: *http://aspe.hhs.gov/poverty/12poverty.shtml*)
Monthly percentage data calculated by FHCE and rounded to the nearest dollar.

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

JOINT PRIORITIES COMMITTEE
Meeting Agenda
June 20, 2012 at 12:30 p.m.

Carla Taylor-Bennett, Part A Co-Chair **Lisa Agate, Part B Co-Chair**

1. **CALL TO ORDER** (*Please sign-in)*

2. **WELCOME AND INTRODUCTIONS**
   a. Review Meeting Ground Rules, Sunshine and Public Comment Requirements
   b. Committee Member and Guest Introductions
   c. Moment of Silence

3. **APPROVALS**
   a) Agenda 6/20/12
   b) Meeting Minutes 6/13/12

4. **UNFINISHED BUSINESS**
   Finalize:
   a. How to Best Meet The Need (Handout A)
   b. Policies & Procedures – Revision (Handout B)

5. **NEW BUSINESS**
   a. Scorecard Review:
      i. Part A 3-year (Handout C-1)
      ii. Part A (Handout C-2)
      iii. MAI (Handout C-3)
      iv. Part B (Handout C-4)
      v. Other Funders Table (Handout C-5)
   b. Priority Setting Process and Rankings (Handouts D-1 and D-2)

6. **GRANTEE REPORTS**
   a. Part A
   b. Part B (Handout E-1)
   c. ADAP (Handout E-2)

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS FOR NEXT MEETING:** 7/11/12 OR 7/18/12 at 12:30.**Venue:** BRHPC

9. **ADJOURNMENT**

Reminders:

- Notice of Public Comment: Broward County FY 2012-2015 Comprehensive HIV Health Services Plan
-Ryan White HIV/AIDS Reauthorization 2013 – Request for Comments

Notice of Public Comment:
Broward County FY 2012-2015 Comprehensive HIV Health Services Plan

Dear HIVPC Members and Interested Parties,

The Broward County FY 2012-2015 Comprehensive HIV Health Services Plan for the Ryan White Part A program is available for review and public comment, and will be available on the Broward Regional Health Planning Council website until June 30, 2012.

The purpose of this Plan is to develop a multi-year comprehensive and responsive system of care that addresses the needs and challenges of the community. The Comprehensive Plan is a living document that serves as a roadmap for the provision of the Ryan White Part A continuum of care that will be used to guide discussions and decision-making over the next three years.

The Comprehensive Plan reflects our community's vision and values regarding how best to deliver HIV/AIDS services, particularly in light of cutbacks in federal, state, and local resources. The planning process reflects a diverse perspective from members of the Broward County HIV Health Services Planning Council, affiliated and unaffiliated consumers, HIV service providers, representatives of community-based organizations, and other stakeholders.

The Comprehensive Plan provides an opportunity to achieve the vision of an "ideal" system of care through review of needs assessment data, existing resources to meet those needs and the review of barriers to care. The Plan will also aid the Ryan White Part A program in responding to changes in the epidemic, identification of individuals unaware of their HIV status and linking them to care, and to address the unmet need of those aware of their status but not in care. The Comprehensive Plan also considers the yet unknown implications to the Broward County service delivery system resulting from the implementation of the Affordable Care Act.

To download the Comprehensive Plan please go to www.brhpc.org/files/rwcompplan.pdf

You are encouraged to review and comment on this plan as it is the planning document that will be utilized to develop the Ryan White Part A continuum of care. The Comprehensive Plan will be updated periodically to reflect any changes in the local epidemic that affect the service delivery need of the Broward County Eligible Metropolitan Area.

Please direct all comments to Ariela Eshel at AEshel@BRHPC.org

Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

The federal Health Resources and Services Administration / HIV/AIDS Bureau is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013.

The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

To make comments: http://hab.hrsa.gov/reauthorization/

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

HRSA, http://hab.hrsa.gov

Target Center, www.careacttarget.org. **A *Central Source for Ryan White TA (Not a US Government Web site)***

Twitter: Sign up using "ryanwhitecare" (Not a US Government Website)

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact Paula Jones at pjones1@hrsa.gov.

Fort Lauderdale / Broward County EMA
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JOINT PRIORITIES COMMITTEE

June 13, 2012 at 12:30 p.m.
200 Oakwood Lane, Suite, 100, Hollywood, FL, 33020
MEETING MINUTES

#	Members		Present	Absent		Guests
1	Taylor-Bennett, C	Part A Co-Chair	X			Bowen, S. Dr.
2	Bush, A.		X			Downie, G.
3	Ferrer, M.		X			Hafley, S.
4	Gammell, B.		X			
5	Grant, C.		X			**Grantee Staff**
6	Hayes, M.			A		Clarke, V. (Part A)
7	Katz, H. B.		X			Jones, L. (Part A)
8	Lefevre, R.			A		Mercer, A. (Part B)
9	Moore, P		X			
10	Pryor, J.		X			**HIVPC Support Staff**
11	Reed, Y.		X			Eshel, A.
12	Siclari, R		X			Hosein, F.
13	Starkey , J.			A		LaMendola, B
14	Wynn, J		X			Rosiere, M.
	Quorum = 8		**11**	**3**		Smith, N.

1. CALL TO ORDER

The Part A Co-Chair called the meeting to order at 12:40 p.m.

2. WELCOME AND INTRODUCTIONS, MOMENT OF SILENCE

The Part A Co-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. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed.

3. APPROVALS

Approval of Today's Agenda

Motion #1:	To Approve the 06/13/12 Meeting Agenda
Proposed by:	Yolonda Reed
Seconded by:	Paul Moore
Action:	Passed Unanimously

Approval of 5/16/12 Meeting Minutes

Motion #2:	To Approve the 05/16/12 Meeting Minutes
Proposed by:	Lisa Agate
Seconded by:	Mauricio Ferrer
Action:	Passed Unanimously

4. EPI DATA PRESENTATION – Dr. Stephen Bowen, BCHD

Dr. Stephen Bowen, Medical Epidemiologist from the Broward County Health Department, presented on 'Routinizing HIV Testing'. Data from ten years was presented. Approximately 21% of persons infected with HIV are not aware of their HIV status. Through routine testing, the newly diagnosed can get into care rapidly. One main point of the presentation was that early diagnosis leading to early care eventually

leads to a suppressed viral load, which means better overall health of the individual and most importantly, less chance of transmission. A study also showed that infected males who were circumcised were less likely to transmit HIV to partners.

There was a five minute break. Meeting reconvened at 2:00 p.m.

5. PRIORITY SETTING PROCESS

a. Discussion of Data
The Part A Co Chair noted that data sources were identified but the committee is in need of hard numbers. The new all-funders scorecard was reviewed and recommendations and revisions were noted.

b. Discussion of Language on "How Best to Meet the Need"
This was reviewed by the committee. Changes were recommended and the following motions were made:

Motion # 3	To add the following language to each service category in the How Best to Meet the Need: "Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy"
Proposed by:	Paul Moore
Seconded by:	Joey Wynn
Action:	Passed Unanimously

Motion #4	To include the language under CIED "ensure clients are appropriately assessed and screened for other payer sources and that Ryan White is the payer of last resort"
Proposed by:	Carla Taylor-Bennett
Seconded by:	Mauricio Ferrer
Action:	Passed Unanimously

The updated document will be brought to the 6/20 meeting.

6. UNFINISHED BUSINESS

a. Policies & Procedures – Revision
The revision was begun and will be finalized at the 6/20 meeting.

b. HIVPC and Executive Retreat Follow Up

i. Mandated Categories Data: Quarterly Data Reporting/ Scorecards Implementation
In the interest of time this was not discussed.

ii. Pre-Existing Conditions Insurance Plan (PCIP) and Plan Analysis
In the interest of time this was not discussed.

iii. Marketing Ryan White Services
In the interest of time this was not discussed.

iv. Cost Sharing for Eligibility
In the interest of time this was not discussed.

7. NEW BUSINESS

a. HRSA Request for Public Comment Regarding FY 13 Reauthorization
Members were reminded of the deadline for posting comments being July 31, 2012.

8. GRANTEE REPORTS

Part A

The Part A Grantee reported on the AICP policy change. There were several discussions with Joe May, the most recent being Friday of the last week. The decisions were reversed for the clients who were eligible for Medicare Part B. Clients will remain covered until June 30, 2013, in order for them to enroll into Medicare Part B.

Part B

The Part B Grantee report was provided on expenditures up to April 30 2012: Non Medical Case Management conducted 430 eligibility interviews in April 93 of which were new clients. Medication co-payment served 287 clients in which 6 were new to the program. There were 281 clients served in April for Med Co-Pay and 6 clients served for mail orders. Cost avoidance for Med Co-Pay program for April is $34,507. Total cost avoidance is $34,507.

Medical Transportation for April:

Part A Bus Passes: There were 49 (31 day) and 12 (10 ride) distributed

Part B Bus Passes: There were 247 (31 day and 84 (10 ride) distributed.

Total combined Bus Passes distributed in April for both Parts: 296 (31 day) and 94 (10 ride).

ADAP Update

The ADAP report through May 24, 2012 was provided: The total ADAP "open" enrollment was 2,598 with 1,334 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 89 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 703 appointments of which 220 (30%) were missed. *Clients Served* is defined as clients who had at least one "pickup" in the period. The category definitions are as follows:

Category A Clients Served = 2 (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 = 4**1** (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 = 58 (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.

Member noted that clients have reported being on the waitlist for two years. The ADAP Grantee noted the waitlist is a statewide wait list and this can happen. Clients are receiving ARV medications while on the waitlist.

9. PUBLIC COMMENT

There was no public comment.

10. AGENDA ITEMS FOR NEXT MEETING: 6/20/12 at 12:30.**Venue:** BRHPC

- Finalize language on 'How Best To Meet the Need'
- Finalize Policies & Procedures
- Service Category Ranking

11. ADJOURNMENT

The meeting was adjourned at 4:07 p.m.

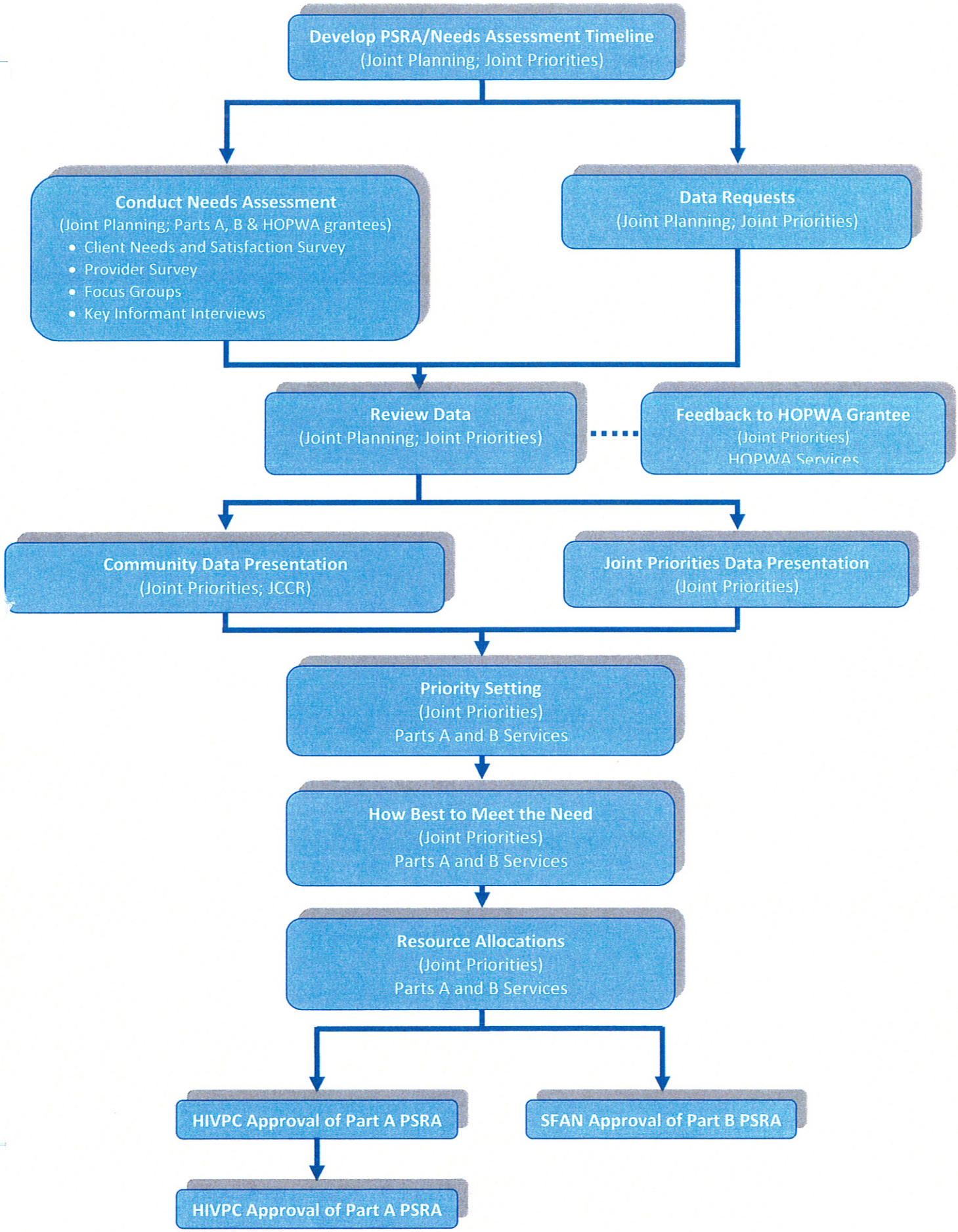
Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

#	Members	Jan	Feb	Mar	Apr	May	Jun 13	Jun 20	Jul	Aug	Sep	Oct	Nov	Dec
1	Taylor-Bennett, C	P	P	P	P	P	P							
2	Bush, A.	P	P	P	P	**A**	P							
3	Ferrer, M.	P	P	P	P	P	P							
4	Gammell, B.	P	P	P	P	P	P							
5	Grant, C.	P	P	P	P	P	P							
6	Hayes, M.	P	P	P	P	P	**A**							
7	Katz, H. B.	P	**E**	P	P	P	P							
8	Lefevre, R.	P	**A**	P	P	P	**A**							
9	Moore, P	P	**A**	**E**	P	P	P							
10	Pryor, J.	P	P	P	P	P	P							
11	Reed, Y.	P	P	P	P	P	P							
12	Siclari, R	P	P	P	P	E	P							
13	Starkey , J.	**E**	P	P	**A**	P	**A**							
14	Wynn, J	P	**A**	**E**	**A**	P	P							
	Quorum = 8	**15**	**11**	**13**	**13**	**12**	**11**							

Removed/Resigned

	Cannon, K.	P	P	P	P	
	Leverence, S.	P	**A**	**A**	**A**	

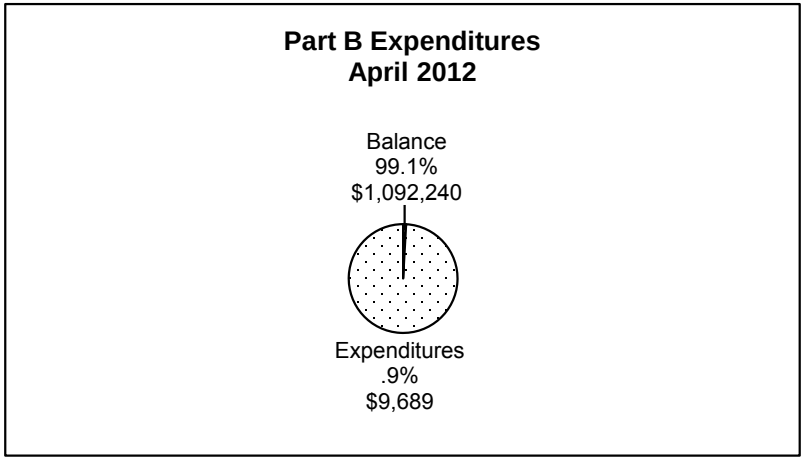
JOINT PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS



Ryan White Part B
Expenditure Report
APRIL 2012

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 (April Spent / Encumbered)	Part B 2012-2013 Monthly Average Left	Part B 2012-2013 (YTD Spent / Encumbered)	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 225	$ -	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 1,393	$ 55,328	$ 1,393	0.2%	$ 608,607
Case Management (non-medical)	$ 228,287	$ 4,394	$ 20,354	$ 4,394	1.9%	$ 223,893
Medical Transportation	$ 150,971	$ -	$ 13,725	$ -	0.0%	$ 150,971
Administration	$ 110,192	$ 3,902	$ 9,663	$ 3,902	3.5%	$ 106,290
TOTALS	**$ 1,101,929**	**$ 9,689**	**$ 99,295**	$ 9,689	0.9%	$ 1,092,240
					99.1%	

Non-Medical Case Management conducted 430 eligibility interviews in April of which 93 were new clients.
Medication Co Payment served 287 clients in April in which 6 were new to the program.
281 Clients served in April Medication Co Payment
6 Clients served in April Mail Order
Medical Transportation Part B Bus Passes 49 (31 day) and 12 (10 ride) were distributed in April.
Medical Transportation Part A Bus Passes 247 (31 day) and 84 (10 ride) were distributed in April.
Total Passes distributed in April for Part A & B 296 - 31 day 94- 10 ride.
Cost Avoidance for Medication Co Payment Program for April is $34,507. Total cost avoidance is $34,507.



This report reflects all invoices received and paid as of 4/30/2012.

COVERAGEforALL.ORG
Foundation for Health Coverage Education

2012 Federal Poverty Level

The benefit levels of many low-income assistance programs are based on these poverty guidelines. Find your family size and monthly or yearly income below to determine your FPL percentage category.
Note: Pregnant women count as two people for the purpose of this chart.

48 Contiguous States and the District of Columbia

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$2,793	$5,585	$8,378	$9,048	$11,170	$14,856	$19,548	$22,340	$27,925	$33,510
2	$3,783	$7,565	$11,348	$12,255	$15,130	$20,123	$26,478	$30,260	$37,825	$45,390
3	$4,773	$9,545	$14,318	$15,463	$19,090	$25,390	$33,408	$38,180	$47,725	$57,270
4	$5,763	$11,525	$17,288	$18,671	$23,050	$30,657	$40,338	$46,100	$57,625	$69,150
5	$6,753	$13,505	$20,258	$21,878	$27,010	$35,923	$47,268	$54,020	$67,525	$81,030
6	$7,743	$15,485	$23,228	$25,086	$30,970	$41,190	$54,198	$61,940	$77,425	$92,910
7	$8,733	$17,465	$26,198	$28,293	$34,930	$46,457	$61,128	$69,860	$87,325	$104,790
8	$9,723	$19,445	$29,168	$31,501	$38,890	$51,724	$68,058	$77,780	$97,225	$116,670

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$233	$465	$698	$754	$931	$1,238	$1,629	$1,862	$2,327	$2,793
2	$315	$630	$946	$1,021	$1,261	$1,677	$2,206	$2,522	$3,152	$3,783
3	$398	$795	$1,193	$1,289	$1,591	$2,116	$2,784	$3,182	$3,977	$4,773
4	$480	$960	$1,441	$1,556	$1,921	$2,555	$3,361	$3,842	$4,802	$5,763
5	$563	$1,125	$1,688	$1,823	$2,251	$2,994	$3,939	$4,502	$5,627	$6,753
6	$645	$1,290	$1,936	$2,090	$2,581	$3,433	$4,516	$5,162	$6,452	$7,743
7	$728	$1,455	$2,183	$2,358	$2,911	$3,871	$5,094	$5,822	$7,277	$8,733
8	$810	$1,620	$2,431	$2,625	$3,241	$4,310	$5,671	$6,482	$8,102	$9,723

Broward County Health Department ADAP Report as of 5/24/2012

Total ADAP "Open" Enrollment		**2,598**
Total ADAP Clients Served in Last 30 Days*		**1,334**
Total ADAP Waitlist Enrollment**		**89**
	Category A	**2**
	Category B	**41**
	Category C	**48**
	Category D	**0**
Total ADAP/Medicare Part D Enrollment		**176**
Number of Appointments in April		**703**
Number of Missed Appointment in April		**220**
Percentage of April Appointments Missed		**30%**

*"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 lose their place on the Wait List.

FY 13/14 Language On How Best To Meet The Need - PART A Core Medical Services

Outpatient/Ambulatory Medical Care

Eligibility: HIV+, Broward County resident, proof of income, 400% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure that Part A medical services are available to PLWHAs in all geographic areas of the County through selection of providers located in geographic areas where the HIV/AIDS prevalence is highest.
- Funds should be allocated to sub-grantees who demonstrate effective linkages and collaboration with outreach sub grantees to ensure patient adherence and retention.
- Continue to ensure access to nutritional counseling and therapy services as appropriate for eligible PLWHAs.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner by staff that reflects the race/ethnicity and linguistic needs of the service population.

AIDS Pharmaceutical Assistance (Local)

Eligibility: HIV+, Broward County resident, proof of income, 400% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure Part A only permitted to add antiretroviral medications to formulary that are approved by FL ADAP and available locally.
- Ensure Part A clients are thoroughly screened for other payer sources at eligibility determination to ensure that Part A funds are the payer of last resort. This process includes requiring application to and use of other programs including FL ADAP, AIDS Insurance Continuation Program, medication co-payment assistance, Prescription Assistance Programs (PAPs), Medicaid, and Medicare and other such programs to gain access to medication coverage.
- Ensure that the staff delivering the service is sensitive to the needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Oral Health Care

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Maintain service definition for dental specialty care "provide care beyond extractions and restoration to include full or partial dentures and surgical procedures."
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Medical Case Management

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure that the Medical Case Management service delivery model contains a peer component.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Mental Health Services

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure services are provided to stabilize client's mental health and facilitate adherence to treatment.
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Substance Abuse Services

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure Service Delivery Model responds to the treatment needs of the race/ethnicity, gender, gender identification, sexual orientation and linguistic needs of the service population.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

Support Services (Part A)

Food Bank/Food Vouchers

Food Bank Eligibility: HIV+, Broward County resident, proof of income, 150% FPL. Case Manager referral every 12 months. One box per month, with a maximum of 12 boxes per year. Application status for food stamps and/or WIC (undocumented residents exempt).

Food Vouchers Eligibility: HIV+, Broward County resident, proof of income, 151-300% FPL. Case Manager referral every 12 months. Up to 3 boxes per year for those who can demonstrate an emergency need and a plan to meet their need. "Emergency" to be defined as a verified loss of or reduction in income due to unexpected or unbudgeted expense, or event beyond client's control. Emergency will be documented in Progress Log and Plan of Care. Application status for food stamps and/or WIC (undocumented residents exempt)

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Case Management (non-medical)
Centralized Intake and Eligibility Determination (CIED)

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Outreach Services

Eligibility: HIV+, Broward County resident, proof of income. At risk populations, HIV+ and not in medical care or who have fallen out of care.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Outreach program is specifically designed to identify people with HIV and make them aware of the HIV medical and support services available in the County.
- Ensure linkages to ambulatory/outpatient medical care and other service systems.
- Target outreach activities to key points of entry, including hospitals and ambulatory care settings, targeting new clients and clients who have been lost to care.
- Ensure providers have active, focused MOUs, with identified key points of entry.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

Legal Services

Eligibility: HIV+ Broward County Resident Proof of Income, 300% FPL

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure services are delivered by the model that best meets the need of the clients.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects of the race/ethnicity and linguistic needs of the service population.

FY 13/14 Language On How Best To Meet The Need – Minority AIDS Initiative (MAI)

Medical Case Management

Eligibility: HIV+, Broward County resident, proof of income, 300% FPL.

- Ensure that the Service Delivery Model for this category meets the recommendations and requirements of the National HIV/AIDS Strategy
- Ensure that services are incorporating a strength-based approach that is conducted by peers.
- Ensure short-term services and that clients are integrated into Medical Case Management.
- Identify and implement strategies to address disparities in access to care and health outcomes.
- Ensure all providers have HIV specific Clinical Quality Management Plans.
- Ensure high client satisfaction with services.
- Ensure all providers have a cultural competency plan based on CLAS standards.
- Ensure services are provided in a culturally and linguistically appropriate manner and strive to have staff that reflects the race/ethnicity and linguistic needs of the service population.

Joint Priorities Committee Policies and Procedures

Priority Setting and Resource Allocation Policies

The Joint Priorities Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and resource allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia.TheCommittee may offer input regarding the Housing Opportunities for Persons With HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively.The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall recommend language to the Council and Consortia on how best to meet each priority and additional factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

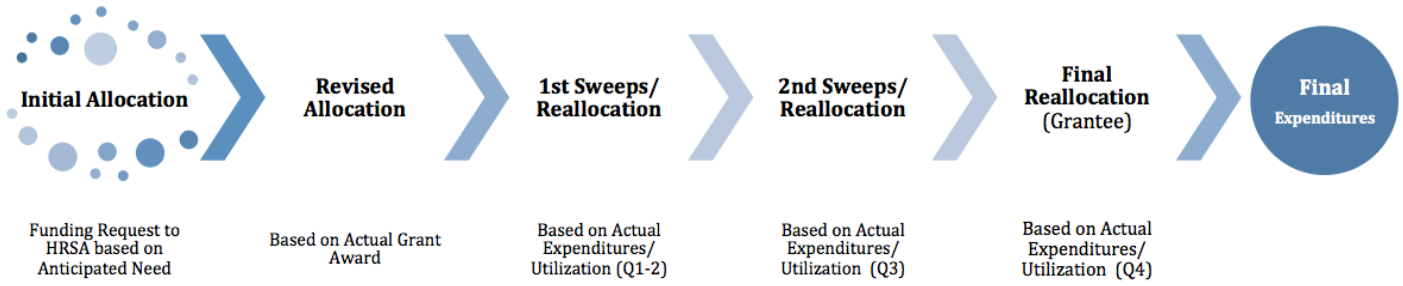
The Planning Council has identified the following core medical services as those, which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Oral Health Care
4. Mental Health Services
5. Medical Case Management (including Treatment Adherence)
6. Substance Abuse Services (outpatient)

The EMA adopted has identified a subset of the Part A core services curriculum as a “Super Core,” for which all eligible clients should be able to access at a minimum. The “Super Core” categories are

1. Outpatient/Ambulatory Health Services (including Medical Nutrition Therapy)
2. AIDS Pharmaceutical Assistance (local)
3. Oral Health Care

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medicare (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

Develop Language Regarding How Best To Meet The Need. The Committee shall assign language on how best to meet the needs to each prioritized funding category.

Prioritize Service Categories. The Committee shall first prioritize the three "Super Core" servicesfollowed by the remaining core and support services.

Allocate Funding to Service Categories. The Committee shall first allocate funding to the "Super Core" services followed by the remaining core and support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * *the* cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.
[# of clients* cost] – [other funding + other documented community needs] = resources needed

Estimate Client Need. The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
   a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
   b. Estimate # of eligible newly diagnosed PLWHA that will need services

Other Funding. The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding
   b. Add # of PLWHA estimated to need services due to decreases in other available funding

Revised Allocation (Based on Actual HRSA Ryan White Grant Award)

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

Funding Increase: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to $500,000 to "Super Core"services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for these services.If additional dollars still remain the same process will be applied for **Core Services** followed by support services.

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), "Super Core" service categorieswill be funded at the prior year's final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

Sweeps and Reallocation Process(Based on periodic review of service utilization)

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources the following process shall be utilized:The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. ~~The Implementation Plan should then be reviewed.~~The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the ~~Implementation Plan~~planned allocation will be documented with justification for why the deviation will occur.

*Final Reallocation:*In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

Overall Rank FY 12/13	Core Services	Rank FY 13/14	
		Part A	MAI
1	Ambulatory Medical Care (Outpatient)		
2	Local AIDS Pharmaceuticals		
3	Oral Health Care		N/A
4	Health Insurance Continuation Program (HICP)		N/A
5	Medical Case Management	N/A	N/A
6	Mental Health Treatment		
7	Substance Abuse Treatment (Outpatient)		
Overall Rank FY 12/13	**Support Services**	**Rank FY 13/14**	
		Part A	**MAI**
1	Food Bank		N/A
2	Centralized Intake & Eligibility Determination (CIED)		
3	Transportation Assistance	N/A	N/A
4	Outreach Services		N/A
5	Legal Assistance		N/A

2009-2011 Part A Funding By Service Category

PART A and MAI	2009	2010	2011
Outpatient /Ambulatory Health	$5,833,166	$6,156,363	$5,159,886
AIDS Pharmaceutical Assistance	$921,396	$780,126	$369,205
Oral Health Care	$2,152,430	$2,293,381	$2,402,052
Health Insurance Premium	$0	$384,043	$333,128
Mental Health Services	$251,035	$319,263	$314,592
Medical Case Management	$1,243,501	$1,233,047	$1,019,948
Substance Abuse - outpatient	$359,824	$685,027	$668,173
Case Management (non-Medical)	$0	$262,118	$583,246
Food Bank/Home-Delivered Meals	$921,003	$1,077,796	$437,360
Legal Services	$96,426	$111,375	$104,040
Medical Transportation Services	$165,604	$263,371	$17,927
Outreach Services	$221,341	$82,945	$46,729
Total Unduplicated	$12,165,726	$13,648,855	$11,456,286

PART A and MAI	2009	2010	2011
Outpatient /Ambulatory Health	3,648	4,538	3506
AIDS Pharmaceutical Assistance	3,050	2,765	2061
Oral Health Care	2,290	2,595	2768
Health Insurance Premium	0	102	137
Mental Health Services	362	591	419
Medical Case Management	3,502	4,195	3551
Substance Abuse - outpatient	134	210	124
Case Management (non-Medical)	0	2,978	6333
Food Bank/Home-Delivered Meals	1,800	2,114	2019
Legal Services	144	132	164
Medical Transportation Services	367	345	124
Outreach Services	672	421	118
Total Unduplicated	6,616	7,116	7,022

2009-2011Part A Client Demographics

Race	2009	2010	2011
Other	226	214	252
White	2,933	3,169	3,117
Black	3,457	3,733	3,656
Total	6,616	7,116	7,022
Ethnicity	**2009**	**2010**	**2011**
Hispanic	876	997	1,014
Haitian	598	651	696
Other	5,653	6,003	5,829
Total	6,616	7,116	7,022
Gender	**2009**	**2010**	**2011**
Transgender	22	23	28
Female	1,998	2,110	2,076
Male	4,594	4,980	4,917
Insurance Status	**2009**	**2010**	**2011**
HMO/Private	389	520	569
Medicaid/Medicare	2,511	2,832	2,677
No Insurance	3,716	3,765	3,776
Total	6,616	7,116	7,022
FPL	**2009**	**2010**	**2011**
0-100	4,189	4,317	4,087
101-200	1,820	2,095	2,194
201-300	530	613	649
301-400	62	74	79
400+	16	17	14
Total	6,616	7,116	7,022