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

JOINT PRIORITIES COMMITTEE
Meeting Agenda
Monday, November 19, 2012 at 12:30 p.m.
BRHPC, 200 Oakwood Lane, Suite 100, Hollywood FL 33020

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

1. **CALL TO ORDER**
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. Meeting Agenda 11/19/12
   b. Meeting Minutes 10/17/12
4. **UNFINISHED BUSINESS**
   a. Meeting the Goals of the National HIV/AIDS Strategy (HANDOUT A)
      ACTION ITEM: Complete discussion started last month to develop a list of actions that would help Broward County meet the goals of NHAS.
   b. Update on PCIP Subcommittee
   c. Review Initial Data from Part A on Viral Load and Demographics (HANDOUT B)
      INFORMATIONAL ITEM: Review data from Part A on Viral Load broken down by demographics.
5. **NEW BUSINESS**
6. **GRANTEE REPORTS**
   a. Part A
   b. Part B and ADAP (HANDOUTS C-1 and C-2)
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS FOR NEXT MEETING:** 12/19/12 at 12:30 p.m. **VENUE:** BRHPC
9. **ADJOURNMENT**

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JOINT PRIORITIES COMMITTEE
October 17, 2012 at 12:30 p.m.
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
MEETING MINUTES

ATTENDANCE						
#	**Members**		**Present**	**Absent**		**Guests**
1	Taylor-Bennett, C.	Part A Co-Chair	**X**			Green, D.
2	Agate, L.	Part B Co-Chair	**X**			Proulx, D.
3	Ferrer, M.		**X**			Majcher, B.
4	Gammell, B.		**X**			
5	Grant, C.		**X**			**Grantee Staff**
6	Hayes, M.		**X**			Jones, L. (Part A)
7	Jackson, R.			**X**		Mercer, A. (Part B)
8	Katz, H. B.		**X**			Volpitta, R. (Part B)
9	Reed, Y.		**X**			
10	Schickowski, K.		**X**			**HIVPC Support Staff**
11	Siclari, R		**X**			Rosiere, M.
12	Starkey , J.			**E**		Eshel, A.
13	Wynn, J		**X**			DeSa, G.
		Quorum = 8	**11**	**3**		LaMendola, B

1. CALL TO ORDER (*Please sign-in)*
The Part A Co-Chair called the meeting to order at 12:36 p.m.

2. WELCOME, INTRODUCTIONS & MOMENT OF SILENCE
The Part A Co-Chair welcomed everyone. 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. Member, staff and guest introductions were made. A moment of silence was observed.

3. APPROVALS
a. Approval of Today's Agenda

Motion #1:	To Approve the 10/17/12 Meeting Agenda
Proposed by:	Yolonda Reed
Seconded by:	Marie Hayes
Action:	Passed Unanimously

b. Approval of 08/15/12 Meeting Minutes

Motion #2:	To Approve the 08/15/12 Meeting Minutes
Proposed by:	Yolonda Reed
Seconded by:	Marie Hayes
Action:	Passed Unanimously

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4. UNFINISHED BUSINESS

a. Minority AIDS Initiative (MAI)

Reviewing how the MAI peer driven model is administered:

The part A Chair recapped the conversation that resurfaced during Allocations when it was noted that although there is an MAI Eligibility Service category, Part A Eligibility covers this task. Members said the ARTAS program using the MAI model was small and targeted. They asked if MAI funds may be used for additional targeted services. The committee agreed that further discussion is needed. All the MAI awards were not used to fund the service categories that specifically target minority clients and MAI has continued to fund various service categories. The ideal situation where all the MAI funds are disbursed to specific programs and strategies targeting minority clients is being sought.

Question from member: Are MAI allocations calculated using the same Part A formula?

Grantee: In the past 3-4 years during MAI funding, there has been approximately a $200,000 increase to MAI awards which is not significant when considering the entire Part A and MAI combined grant award. MAI funds are a minor part of this. There has not been an increase in MAI award as the MAI pot is more formula based. But MAI must be discussed as part of the whole, not separately.

Conclusion: The chairs of the Joint Priorities Committee and the Quality Management should collaborate to develop a model focused specifically on improving the health outcomes of minorities. The Chairs of both committees can decide on the data needed to develop the model. One data element agreed upon is Viral Load and Community Viral Load suppression by demographics (race, ethnicity, gender, age, zip code) to address potential barriers and develop the model. Data-based recommendations will then be forwarded from Quality Management Committee to the Joint Priorities Committee.

b. Report from the ad Hoc Subcommittee on PCIP (Pre-Existing Insurance Plan)

The PCIP members present at the Joint Priorities meeting agreed to meet on: November 15, 2012 at 10:30 a.m.

5. NEW BUSINESS

There was no new business.

6. GRANTEE REPORTS

a. Part A

The Oral Health Study report will be brought back to Joint Priorities in November. Grantee can present baseline reports associated with NHAS goals at the next meeting. Grantee explained that the HHS indicators are being programmed in PE; Institute Of Medicine indicators were already programmed and data is available for those indicators

b. Part B

The Part B Grantee report was provided on all invoices received and paid as of August 31, 2012: Non Medical Case Management conducted 649 eligibility interviews in August, 69 of which were new clients. Medication co-payment served 261 clients of which 6 were new to the program. There were 251 clients served in August for Medication Co-Payment and 10 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for August is $29,186.70. Total cost savings April – August 2012 is $71,982. Home Delivered Meals served zero clients (0) in August 2012. Medical Transportation for August 2012:

Part B Bus Passes: There were 88 (31 day) and 68 (10 ride) distributed in August.

Part A Bus Passes: There were 46 (31 day) and 111 (10 ride) distributed in August.

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The bus passes distributed in August is a partial number as not every agency picks up bus passes each month. There are no more 31-day Part A Bus Passes to distribute.

c. **ADAP Update**

The ADAP report through September 28, 2012 was provided: The total ADAP "open" enrollment was 2,863 with 1,117 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 25 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 754 appointments of which 227 (37%) 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 = 1 (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 (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 = 7 (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.

7. PUBLIC COMMENT

There was no public comment.

8. WORK PLAN DISCUSSION

Chairs report recommendations from the Joint Executive Committee retreat on Committees' work plans integrating the three goals of the National HIV/AIDS Strategy and the Comprehensive Plan.

It was suggested that a focus group be conducted for newly diagnosed population. Questions should include experience of intake process and linkage to OAMC and filling prescriptions.

The issue of clients and the community not being aware of Ryan White Part A services was noted.

9. AGENDA ITEMS FOR NEXT MEETING: Date/Venue: TBD

- Standing Agenda Items
- Develop List of Committee Actions to Help Advance Goals of Comp Plan and NHAS

10. ADJOURNMENT

Without objection, the meeting was adjourned at 2:48 p.m.

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	P	P	P	P		P		
2	Agate, L.	*Interim Chair as of 6/21*					P	P	P	**A**		P		
3	Ferrer, M.	P	P	P	P	P	P	P	P	P		P		
4	Gammell, B.	P	P	P	P	P	P	P	P	P		P		
5	Grant, C.	P	P	P	P	P	P	P	P	P		P		
6	Hayes, M.	P	P	P	P	P	**A**	P	P	P		P		
7	Katz, H. B.	P	**E**	P	P	P	P	**E**	**E**	P		P		
8	Jackson, Rev. R.	*Appointed 6/20*							**A**	P		**A**		
10	Reed, Y.	P	P	P	P	P	P	P	P	P		P		
11	Schickowski, K.	*Appointed at August meeting*										P		
12	Siclari, R	P	P	P	P	E	P	P	P	**A**		P		
	Starkey , J.	**E**	P	P	**A**	P	**A**	**A**	**E**	P		**E**		
13	Wynn, J	P	**A**	**E**	**A**	P	P	P	P	P		P		
Quorum = 8		**15**	**11**	**13**	**13**	**12**	**11**	**10**	**10**	**10**		**11**		

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

MEETING THE GOALS OF THE NATIONAL HIV/AIDS STRATEGY

HOW WE WILL PUT THEM INTO PRACTICE?

Notes for Committee chairs based on Joint Executive Committee retreat of 9/20/12

Step 1: What are we doing?

Each Committee of the Planning Council has been asked to come up with specific actions it can take to help Broward County meet the goals of the National HIV/AIDS Strategy, which match the goals of our 2012-15 Comprehensive Plan.

Step 2: Why we are doing this

The NHAS sets specific goals that the federal government would like each Ryan White program to meet, to reduce the HIV epidemic.

We will have to show our progress toward meeting those goals when we apply for Ryan White funds each year. Our results may affect the amount of our Ryan White grant.

Step 3: Extent of Broward's HIV epidemic

We continue to struggle to control new HIV/AIDS infections. In 2011, Broward had the nation's highest per-capita rate of new HIV infections and new AIDS infections. Other figures:

- New HIV cases – 1,040, up by 25% over 2010
- New AIDS cases – 613, up by 7% over 2010
- People living with HIV/AIDS – 17,389
- PLWHAs aware of status but not in medical care – 7,314

Step 4: The Goals of the NHAS

We have a lot of work to do…

Reduce the number of people who become infected with HIV

→ Lead efforts to lower the number of new infections by 25%
→ Reduce the HIV transmission rate by 30%
→ Increase the number of people who know their serostatus to 90%

Increase access to care and improve health outcomes for PLWHA

→ Increase to 85% the number of people newly diagnosed with HIV receiving clinical care within 3 months of diagnosis
→ Increase to 80% the proportion of Ryan White clients in continuous care (2 HIV medical visits in 12 months, at least 3 months apart)
→ Increase the number of PLWHA in permanent housing to 86%

Reduce HIV-related health disparities

→ Increase access to prevention and care services
→ Increase the number of gay and bisexual men, Blacks, and Latinos with undetectable viral loads by 20%

Step 5: Ideas from the Committee Chairs

At the Retreat on 9/20/12, the Chairs of each Committee came up with a list of actions their Committee could take. Here are the ideas offered by the Chairs of Joint Priorities:

Reduce the number of HIV infected

- Redefine the current models to reduce the number of HIV infections
- Use peers for retention and to identify issues of maintenance and retention of care
- Develop categories of scope within a service category to address those issues
- Treatment IS prevention
- Discuss funding for secondary prevention/re-infection
- Integrated model to include prevention for positives, medical care, testing and outreach with a special emphasis on discordant couples. The ideal model would fund treatment, prevention and outreach

Increase Access to Care:

- Increase the capacity for accessing care in this community
- Provide funding through Joint Priorities for additional providers, to give more choice and more range of services
- Address stigmas, which can reduce access to care and pose a barrier to receiving care
- Explore ways to attract and retain additional providers; how do we get more providers to the table. How do we incentivize providers?
- Look for ways to get more people to participate in the process
- Insurance: Look into purchasing private insurance with Ryan White Part A funds; people may be able to use coverage to go anywhere for medical care, meds.

Reduce HIV Health Related Disparities:

- Integrate HIV medical care into family medicine
- Work with primary care physicians to integrate HIV into their practices
- Free up funds by requiring that only chronically ill persons need referrals to specialty care
- Reduce clinic stigma, to bring more persons into primary medical care

Step 6: Committee Members' Ideas

Thoughts offered by members at 10/17/12 meeting:

1. **Pre-Exposure Prophylactic use of ARV drugs**: Reed says we should look at starting a program or encouraging it. Wynn says can't use Part A money for that. Grant says we can do some things to push PREP but not buying medications for it. Adding the service would create a cost to consider.
2. **Asking providers to educate clients**: Taylor-Bennett says we have to consider cost before asking them to do more.
3. **Keeping people in care**: Siclari says the key to reducing infections is to increase the number of people with undetectable viral loads, which means keeping people in care. We need to look at the system and make sure we are making it as easy as possible for clients to get in care and stay in care. Right now, it's not easy. The system is complicated. What are providers doing to reduce the paperwork and the appointments and the waiting times? Can eligibility do more to help? Sometimes we provider are blocked from enrolling clients. That is not helpful to them.

4. **Eligibility process**: Wynn says we may need to outstation the eligibility process to more locations, to make the process more accessible. Also, is there more that can be done electronically to speed it up?
5. **Reduce waiting times for appointments at clinics**: Wynn says we hear too many stories about long waits. A client recently went to the ER because it was better than waiting weeks to be seen at a clinic. Long waits chase people away. That's the No. 1 barrier. We lose some. Hayes agrees and says clinics are more complex than physician offices but it should not take so long to get appointments at clinics.
6. **Streamline electronic data share**: L. Jones says he would like to streamline our electronic data sharing, such as uploading documents to CIED.

Step 7: What's Next

Once the Committee finalizes its list, the staff and Executive Committee will incorporate the ideas into the 2013 Work Plan and bring it back for the Committee to review.

HANDOUT B

Results of Viral Load Tests for Ryan White Part A Medical Clients, 2011

Table 1. Community Viral Load Assessment (2011 OAMC Patients)	Number				Row Percentage			
	Detect	Undetect	Unk	Total	Detect	Undetect	Unk	Total
	2,419	**4,280**	**196**	**6,895**	**35.1%**	**62.1%**	**2.8%**	**100.0%**
HIV Therapy								
Dual	51	161	19	231	22.1%	69.7%	8.2%	100.0%
HAART	1,742	3,803	138	5,683	30.7%	66.9%	2.4%	100.0%
None	579	209	32	820	70.6%	25.5%	3.9%	100.0%
Single	24	70	6	100	24.0%	70.0%	6.0%	100.0%
Unknown	23	37	1	61	37.7%	60.7%	1.6%	100.0%
HIV Stage								
AIDS	335	563	11	909	36.9%	61.9%	1.2%	100.0%
HIV Indeterminate	5	4	0	9	55.6%	44.4%	0.0%	100.0%
HIV Positive AIDS Status Unknown	698	1,093	39	1,830	38.1%	59.7%	2.1%	100.0%
HIV Positive Not AIDS	1,381	2,620	146	4,147	33.3%	63.2%	3.5%	100.0%
Gender, Race, Ethnicity								
Female Asian Non-Hisp Latino/a	3	4	0	7	42.9%	57.1%	0.0%	100.0%
Female Black or AA Hisp Latino/a	14	12	0	26	53.8%	46.2%	0.0%	100.0%
Female Black or AA Non-Hisp Latino/a	657	874	13	1,544	42.6%	56.6%	0.8%	100.0%
Female Native Hawaiian Non-Hisp Latino/a	4	4	0	8	50.0%	50.0%	0.0%	100.0%
Female White Hisp Latino/a	43	104	4	151	28.5%	68.9%	2.6%	100.0%
Female White Non-Hisp Latino/a	44	117	5	166	26.5%	70.5%	3.0%	100.0%
Male Hisp Latino/a	1	1	0	2	50.0%	50.0%	0.0%	100.0%
Male Non-Hisp Latino/a	0	1	0	1	0.0%	100.0%	0.0%	100.0%
Male Alaskan Native Hisp Latino/a	2	0	0	2	100.0%	0.0%	0.0%	100.0%
Male Asian Non-Hisp Latino/a	6	26	0	32	18.8%	81.3%	0.0%	100.0%
Male Black or AA Hisp Latino/a	18	14	3	35	51.4%	40.0%	8.6%	100.0%
Male Black or AA Non-Hisp Latino/a	865	1,251	55	2,171	39.8%	57.6%	2.5%	100.0%
Male Pacific Islander Non-Hisp Latino/a	3	7	0	10	30.0%	70.0%	0.0%	100.0%
Male White Hisp Latino/a	273	712	37	1,022	26.7%	69.7%	3.6%	100.0%
Male White Non-Hisp Latino/a	468	1,128	79	1,675	27.9%	67.3%	4.7%	100.0%
Transgender Male to Female Black or AA Non-	11	16	0	27	40.7%	59.3%	0.0%	100.0%
Transgender Male to Female White Hisp	5	4	0	9	55.6%	44.4%	0.0%	100.0%
Transgender Male to Female White Non-Hisp	2	5	0	7	28.6%	71.4%	0.0%	100.0%
Transgender								
No	2,401	4,255	196	6,852	35.0%	62.1%	2.9%	100.0%
Yes	18	25	0	43	41.9%	58.1%	0.0%	100.0%
Haitian								
No	2,031	3,652	178	5,861	34.7%	62.3%	3.0%	100.0%
Yes	388	628	18	1,034	37.5%	60.7%	1.7%	100.0%
Age Categories								
18-28	281	174	21	476	59.0%	36.6%	4.4%	100.0%
29-38	458	559	38	1,055	43.4%	53.0%	3.6%	100.0%
39-48	816	1,449	59	2,324	35.1%	62.3%	2.5%	100.0%
49-58	709	1,591	58	2,358	30.1%	67.5%	2.5%	100.0%
59 years of age or older	155	507	20	682	22.7%	74.3%	2.9%	100.0%
Sexual Orientation								
Bisexual	138	212	11	361	38.2%	58.7%	3.0%	100.0%
Heterosexual	1,472	2,325	72	3,869	38.0%	60.1%	1.9%	100.0%
Homosexual	785	1,686	112	2,583	30.4%	65.3%	4.3%	100.0%
Lesbian	7	10	0	17	41.2%	58.8%	0.0%	100.0%
Unknown	17	47	1	65	26.2%	72.3%	1.5%	100.0%

HANDOUT B

Table 1. Community Viral Load Assessment (2011 OAMC Patients)	Number				Row Percentage			
	Detect	Undetect	Unk	Total	Detect	Undetect	Unk	Total
	2,419	**4,280**	**196**	**6,895**	**35.1%**	**62.1%**	**2.8%**	**100.0%**
Living Arrangement								
Institution	27	21	1	49	55.1%	42.9%	2.0%	100.0%
Non-permanently housed	622	835	34	1,491	41.7%	56.0%	2.3%	100.0%
Permanently housed	1,769	3,417	161	5,347	33.1%	63.9%	3.0%	100.0%
Unknown/unreported	1	7	0	8	12.5%	87.5%	0.0%	100.0%
Literacy								
Level 0 - Illiterate	10	19	0	29	34.5%	65.5%	0.0%	100.0%
Level 1 - 4th Grade or below	51	79	3	133	38.3%	59.4%	2.3%	100.0%
Level 2 - 5th to 8th Grade	236	363	8	607	38.9%	59.8%	1.3%	100.0%
Level 3 - 9th to 12th Grade	1,234	2,137	71	3,442	35.9%	62.1%	2.1%	100.0%
Level 4 - Above 12th Grade	883	1,672	114	2,669	33.1%	62.6%	4.3%	100.0%
Unknown	5	10	0	15	33.3%	66.7%	0.0%	100.0%
Education Level								
8th Grade or Less	211	341	7	559	37.7%	61.0%	1.3%	100.0%
Between 8th and 12th Grade	22	44	1	67	32.8%	65.7%	1.5%	100.0%
Between 8th Grade and 12th Grade	1,569	2,622	98	4,286	36.6%	61.2%	2.3%	100.1%
College	617	1,272	90	1,979	31.2%	64.3%	4.5%	100.0%
Unknown	0	1	0	1	0.0%	100.0%	0.0%	100.0%
HIV Risk Factor								
Hemophilia	7	11	1	19	36.8%	57.9%	5.3%	100.0%
Hetero	1,367	2,206	69	3,642	37.5%	60.6%	1.9%	100.0%
IDU	39	77	3	119	32.8%	64.7%	2.5%	100.0%
Mother	71	28	0	99	71.7%	28.3%	0.0%	100.0%
MSM	912	1,907	121	2,940	31.0%	64.9%	4.1%	100.0%
MSM/IDU	7	18	1	26	26.9%	69.2%	3.8%	100.0%
Transfusion	9	18	1	28	32.1%	64.3%	3.6%	100.0%
Unknown/unreported	7	15	0	22	31.8%	68.2%	0.0%	100.0%

Ryan White Part B
Expenditure Report

HANDOUT C-1

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 September / Encumbered	Part B 2012-2013 Monthly Average Left August	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	$2,479	$0	$326	$525	21.2%	78.8%	$ 1,954
Medication Co-Pay	$610,000	$15,424	$78,592	$138,451	22.7%	77.3%	$ 471,549
Case Management (non-medical)	$228,287	$15,096	$22,659	$92,333	40.4%	59.6%	$ 135,954
Medical Transportation	$150,971	$49,909	$16,844	$49,909	33.1%	66.9%	$ 101,062
Administration	$110,192	$7,755	$9,827	$51,232	46.5%	53.5%	$ 58,960
TOTALS	**$1,101,929**	**$88,183**	$128,247	$332,450	30.2%	69.8%	$ 769,479
					69.8%		

Home Delivered Meals Served 0 client

Medication Co Payment served 255 clients in which 5 were new to the program.
246 Clients served in September Medication Co Payment.
9 Clients served in September Mail Order
Cost Avoidance for Medication Co-Payment Program for September is $33,642.63
Savings as a result of using co-pay cards April- September is approximately $107,177.

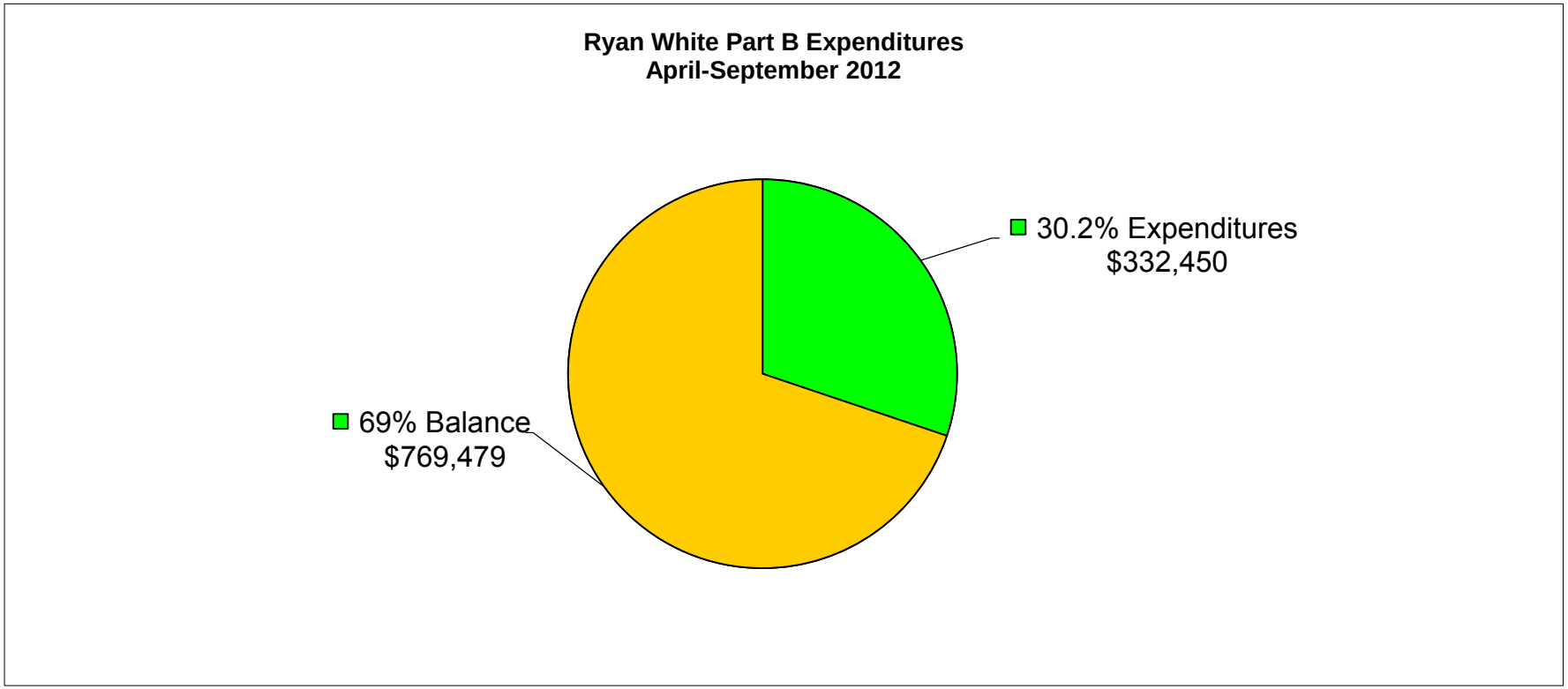
Non-Medical Case Management conducted 697 eligibility interviews in September.

Medical Transportation Part B Bus Passes: 366 (31 day) and 189 (10 ride) were issued to agencies in September.
Medical Transportation Part A Bus Passes: 0 (31 day) and 266 (10 ride) were distributed to agencies in September.
The passes distributed is a partial number as not every agency pickups each month.

This report reflects all invoices received and paid as of 9/30/2012.

Ryan White Part B
Expenditure Report

HANDOUT C-1



Report for Fiscal Year April 2012 thru March 2013

Broward County Health Department ADAP Report as of 10/25/2012

Total ADAP "Open" Enrollment		2,815
Total ADAP Clients Served in Last 30 Days*		774
Total ADAP Waitlist Enrollment**		52
	Category A	8
	Category B	7
	Category C	37
Total ADAP/Medicare Part D Enrollment		176
Number of Appointments in October		774
Number of Missed Appointment in October		242
Percentage of October Appointments Missed		31%

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

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

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

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

CATEGORY D
Unknown/Other

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

HHS Common HIV Indicators

Measure	Numerator	Denominator
HIV Positivity	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
Late HIV Diagnosis	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
Retention in HIV Medical Care	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24-month measurement period, with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period
Antiretroviral Therapy (ART) Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Viral Load Suppression Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12–month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Housing Status	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months

HAB Measures

Core Clinical Performance Measures For Adults And Adolescents: Group 1	
Indicator	**How Measured**
ART for Pregnant Women	Percentage of pregnant women with HIV infection who were prescribed antiretroviral therapy (ART)
CD4 T-Cell Count	Percentage of clients with HIV infection who had two or more CD4 T-cell counts performed in the measurement year
Antiretroviral Therapy	Percentage of clients with AIDS who were prescribed ART
Medical Visits	Percentage of clients who had two or more medical visits in an HIV care setting in the measurement year
PCP Prophylaxis	Percentage of clients with HIV infection and a CD4 count below 200 cells/µL who were prescribed PCP prophylaxis
Viral Load Monitoring	Percentage of patients, regardless of age, with viral load test performed at least every six months during the measurement year
Viral Load Suppression	Percentage of patients, regardless of age, with viral load below limits (<200 copies/mL) at last test during measurement year

HAB Measures

Core Clinical Performance Measures for Adults and Adolescents: Group 2	
Indicator	**How Measured**
Adherence: Assessment and Counseling	Percentage of clients on ARVs assessed and counseled for adherence two or more times in measurement year
Cervical Cancer Screening	Percentage of women who had a Pap screening in the measurement year
Hepatitis B Vaccination	Percentage of clients with HIV infection who completed the vaccination series for hepatitis B
Hepatitis B Screening	Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity
Hepatitis C Screening	Percentage of clients for whom hepatitis C screening was performed at least once since the diagnosis of HIV infection
HIV Risk Counseling	Percentage of clients with HIV infection who received HIV risk counseling within the measurement year
Lipid Screening	Percentage of clients with HIV infection on ART who had a fasting lipid panel in the measurement year
Oral Examination	Percentage of clients with HIV infection who received an oral examination by a dentist at least once in the measurement year
Syphilis Screening	Percentage of adult clients with HIV infection who had a test for syphilis performed in the measurement year
Tuberculosis Screening	Percentage of clients who received testing with results documented for latent tuberculosis infection since HIV diagnosis

HAB Measures

Core Clinical Performance Measures for Adults and Adolescents: Group 3	
Indicator	**How Measured**
Chlamydia Screening	Percentage of clients with HIV infection at risk of sexually transmitted infections who had a test for chlamydia in the measurement year
Gonorrhea Screening	Percentage of clients at risk of sexually transmitted infections who had a test for gonorrhea in the measurement year
Hepatitis/HIV Alcohol Counseling	Percentage of clients hepatitis B or hepatitis C infection who received alcohol counseling in the measurement year
Influenza Vaccination	Percentage of clients with HIV infection who have received influenza vaccination in the measurement period
MAC Prophylaxis	Percentage of clients with CD4 <50 cells/μL who were prescribed Mycobacterium avium complex prophylaxis in the measurement year
Mental Health Screening	Percentage of new clients with HIV infection who have had a mental health screening
Pneumococcal Vaccination	Percentage of clients with HIV infection who ever received pneumococcal vaccine
Substance Use Screening	Percentage of new clients with HIV infection who have been screened for substance use (alcohol & drugs) in the measurement year
Tobacco Cessation Counseling	Percentage of clients with tobacco cessation counseling within year
Toxoplasma Screening	Percentage of clients with Toxo screening at least once since HIV diagnosis

HAB Measures

Oral Health Performance Measures for Adults and Adolescents	
Indicator	**How Measured**
Dental and Medical History	Percentage patients with a dental and medical health history (initial or updated) at least once in measurement year
Dental Treatment Plan	Percentage of patients who had a dental treatment plan developed or updated at least once in measurement year
Oral Health Education	Percentage of oral health patients who received oral health education at least once in measurement year
Periodontal Screening or Examination	Percentage of oral health patients who had a periodontal screen or examination at least once in measurement year
Phase 1 Treatment Plan Completion	Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months

In+Care Campaign Retention Measures

Gap Measure

Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 6 months of the measurement year.

Medical Visit Frequency

Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

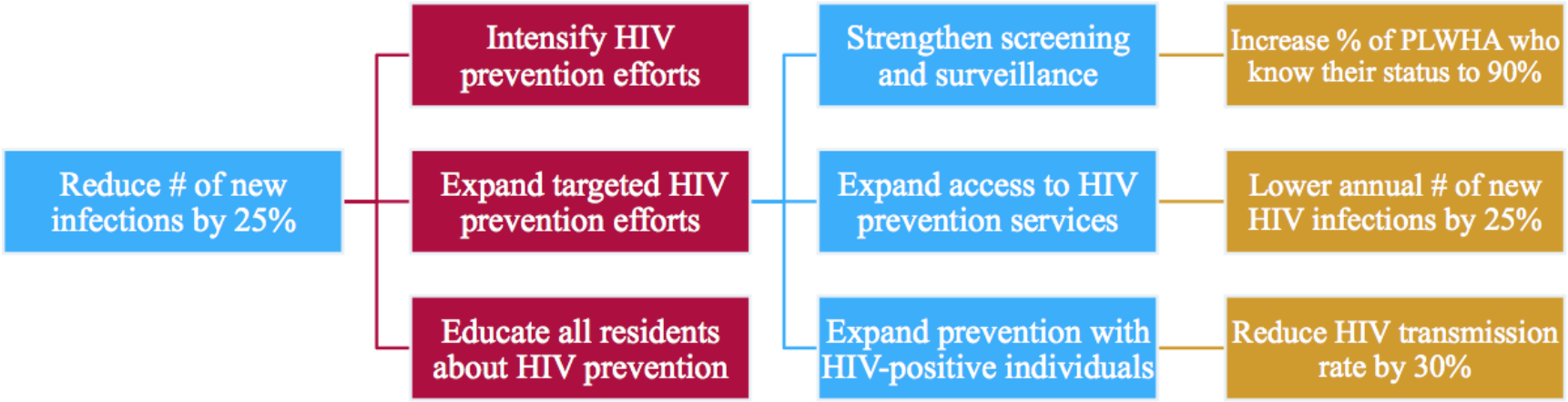
Patients Newly Enrolled in Medical Care

Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year.

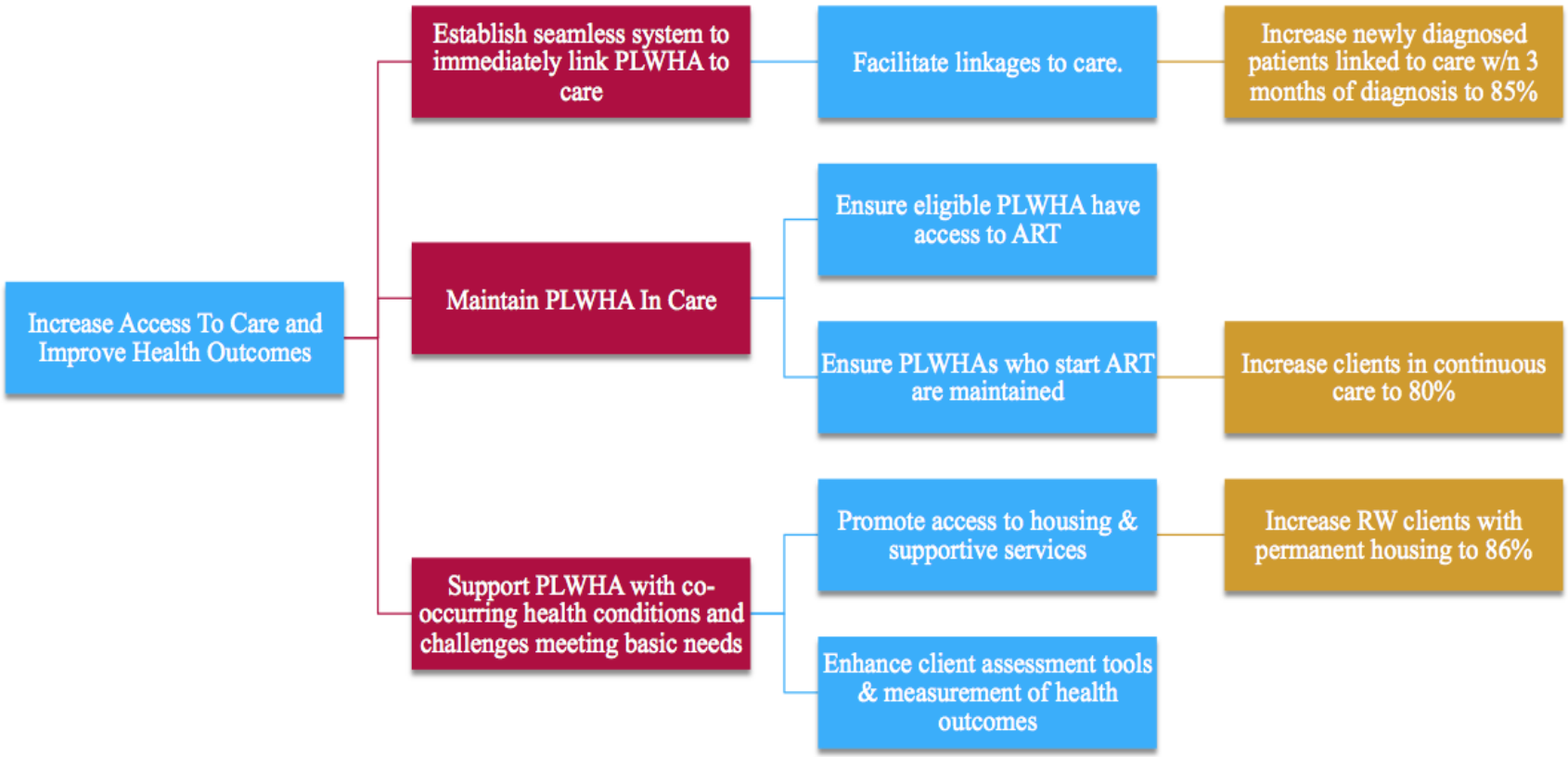
Viral Load Suppression

Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.

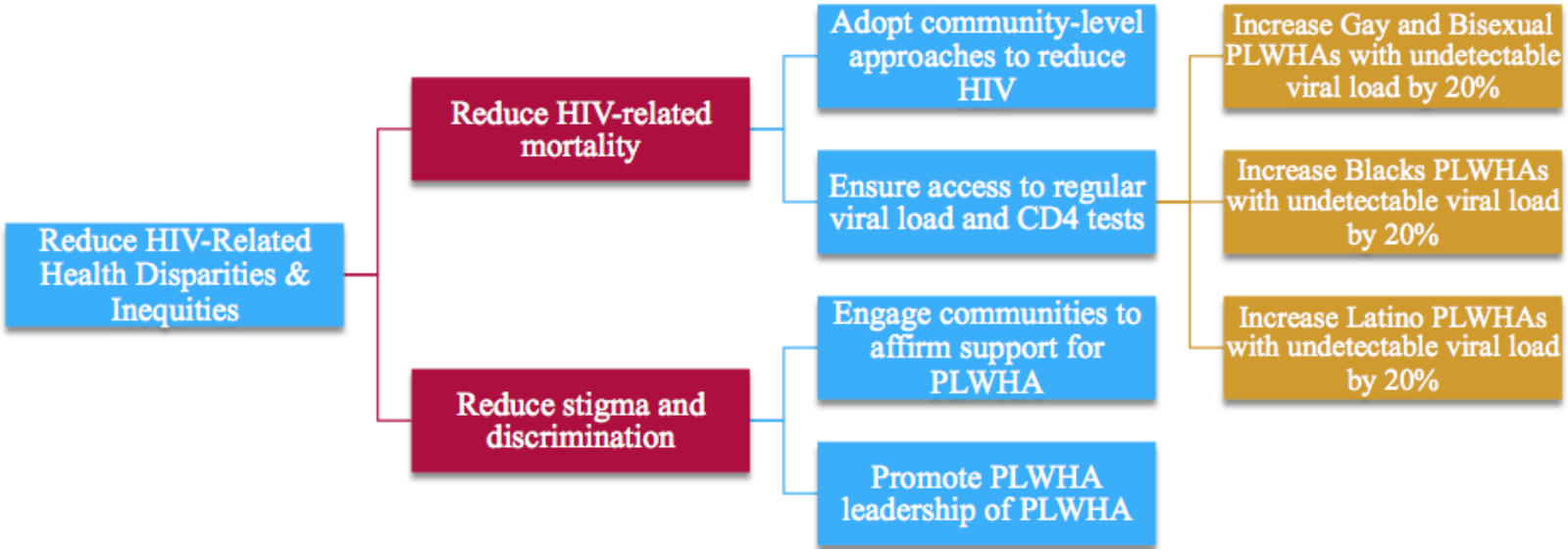
NHAS Goal 1


Reduce # of new infections by 25%
Intensify HIV prevention efforts
Expand targeted HIV prevention efforts
Educate all residents about HIV prevention
Strengthen screening and surveillance
Expand access to HIV prevention services
Expand prevention with HIV-positive individuals
Increase % of PLWHA who know their status to 90%
Lower annual # of new HIV infections by 25%
Reduce HIV transmission rate by 30%

NHAS Goal 2


Increase Access To Care and Improve Health Outcomes
Establish seamless system to immediately link PLWHA to care
Facilitate linkages to care.
Increase newly diagnosed patients linked to care w/n 3 months of diagnosis to 85%
Maintain PLWHA In Care
Ensure eligible PLWHA have access to ART
Ensure PLWHAs who start ART are maintained
Increase clients in continuous care to 80%
Support PLWHA with co-occurring health conditions and challenges meeting basic needs
Promote access to housing & supportive services
Increase RW clients with permanent housing to 86%
Enhance client assessment tools & measurement of health outcomes

NHAS Goal 3


Reduce HIV-Related Health Disparities & Inequities
Reduce HIV-related mortality
Reduce stigma and discrimination
Adopt community-level approaches to reduce HIV
Ensure access to regular viral load and CD4 tests
Engage communities to affirm support for PLWHA
Promote PLWHA leadership of PLWHA
Increase Gay and Bisexual PLWHAs with undetectable viral load by 20%
Increase Blacks PLWHAs with undetectable viral load by 20%
Increase Latino PLWHAs with undetectable viral load by 20%