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
Wednesday, October 17, 2012 at 12:30 p.m.

Carla Taylor-Bennett, *Part A Co-Chair* **Lisa Agate, *Interim 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. Meeting Agenda 10/17/12
   b. Meeting Minutes 8/15/12
4. **UNFINISHED BUSINESS**
   a. Minority AIDS Initiative (MAI)
      ACTION ITEM: General review of MAI eligibility and funding
   b. ad Hoc Subcommittee PCIP (Pre-Existing Insurance Plan)
      ACTION ITEM: Update from members and/or staff on the subcommittee's progress toward a final report by March 1, 2013.
5. **NEW BUSINESS**
6. **GRANTEE REPORTS**
   a. Part A
   b. Part B
   c. ADAP
7. **PUBLIC COMMENT**
8. **WORK PLAN DISCUSSION**
   ACTION ITEM: 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 Comp Plan.
9. **AGENDA ITEMS FOR NEXT MEETING:** 11/21/12 at 12:30 p.m. **VENUE:** BRHPC
10. **ADJOURNMENT**

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JOINT PRIORITIES COMMITTEE

August 15, 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	Bush, A.			**X**		Maloney, D.
4	Ferrer, M.		**X**			Schickowski, K.
5	Gammell, B.		**X**			
6	Grant, C.		**X**			
7	Hayes, M.		**X**			**Grantee Staff**
8	Jackson, R.		**X**			Clarke, V. (Part A)
9	Katz, H. B.		**X**			Jones, L. (Part A)
10	Moore, P		**X**			Mercer, A. (Part B)
11	Reed, Y.		**X**			
12	Siclari, R			**X**		**HIVPC Support Staff**
13	Starkey , J.		**X**			Crawford, T.
14	Wynn, J		**X**			Eshel, A.
	Quorum = 8		**11**	**3**		DeSa, G.
						Hosein, F.
						LaMendola, B

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

The Part A Co-Chair called the meeting to order at 12:45 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 08/15/12 Meeting Agenda with amendment
Proposed by:	Yolonda Reed
Seconded by:	Joey Wynn
Action:	Passed Unanimously
Amendment:	*To add Assessment of Administrative Mechanism under Other Business. Subsequent action, to add recommended appointment of new committee member under Other Business*

b. Approval of 07/18/12 Meeting Minutes

Motion #2:	To Approve the 07/18/12 Meeting Minutes
Proposed by:	Yolonda Reed
Seconded by:	H. Bradley Katz
Action:	Passed Unanimously

4. NEW BUSINESS

a. 2012-2013 Reallocations for Part A

Part A 2012/2013 Reallocations were conducted as shown in the motions below:

Motion #	Service Category	Grantee Recommended Sweep Amount	Recommended TO	Recommended FROM	Proposed by	Seconded by	Yes #	No#	Abstain#	Action
3	**Ambulatory (5)**	($155,685)		($498,714)	Moore	Reed	11	0	0	Passed
4	**Food Bank (1)**	($100,000)	$0	($100,000)	Moore	Starkey	11	0	0	Passed
5	**Food Voucher (1)**	($21,221)	$0	($21,221)	Moore	Starkey	11	0	0	Passed
6	**Ambulatory (5)**		$343,029		Wynn	Moore	11	0	0	Passed
7	**Pharmaceuticals (3)**	$13,000	$13,000	$0	Wynn	Starkey	11	0	0	Passed
8	**Case Management (7)**	$11,005	$11,005	$0	Moore	Reed	11	0	0	Passed
9	**Mental Health (3)**	$62,888	$62,888	$0	Moore	Reed	11	0	0	Passed
10	**Substance Abuse (2)**	$2,500	$2,500	$0	Moore	Starkey	9	1	1	Passed
11	**Centralized Intake and**	$175,513	$175,513	$0	Moore	Wynn	11	0	0	Passed
12	**Legal Assistance (1)**	$12,000	$12,000	$0	Wynn	Katz	10	1	0	Passed

b. 2012-2014 Reallocations for MAI

There were no FY 12/13 reallocation for MAI.

c. Monroe County Pilot PCIP Program

There was lengthy discussion on this item. A guest, with private insurance experience, provided clarification on designing insurance plans. The Part B Co-Chair suggested an ad Hoc PCIP Private Insurance Subcommittee to be formed to review private insurance and report to full Priorities Committee by March 1, 2013. The committee will (i) Pull together relevant HIV specific insurance data for Broward County (ii) Identify the ideal characteristics of insurance coverage for Ryan White, and (iii) Identify a projected # of clients, (iv) Estimate the average cost per client, and (v) Look at PCIP programs elsewhere nationally. The following motion was made:

Motion # 13	To form an ad Hoc subcommittee to review PCIP private insurance to report to Joint Priorities by March 1, 2013.
Proposed by:	Yolonda Reed
Seconded by:	H. Bradley Katz
Action:	Passed Unanimously

5. OTHER BUSINESS

a. Process for Evaluating Eligibility for Food Vouchers

Food Vouchers are for an emergency need. “Emergency” is defined as a verified loss of, or reduction in income due to unexpected or unbudgeted expense or event beyond client’s control. To date, no food vouchers have been used. The challenges and barriers were discussed. One problem is case managers not approving or directing clients to food vouchers. Members said the service needs to be made more accessible overall. The Part A Grantee suggested that the eligibility should remain the same but offer clients a choice of a box or voucher. The following motions were made:

Motion # 14	To move that clients under 150% FPL have an option of up to 3 food vouchers from their 12 Food Bank allotments (Eligibility remains the same)
Proposed by:	Marie Hayes
Seconded by:	Joey Wynn
Action:	Passed (1 opposition)

Motion #15	To amend the emergency food provision to include a choice of either food box or voucher (Eligibility remains the same)
Proposed by:	Marie Hayes
Seconded by:	Joey Wynn
Action:	Passed Unanimously

b. Assessment of Administrative Mechanism *(Amendment to Agenda)*
Part A Grantee reported the Planning Council needs to perform its role of evaluating how promptly the Grantee's office handles contracts and payments. The process, called Assessment of Administrative Mechanism, is assigned to Joint Priorities. Grantee supplies reports and the Committee reviews and makes a report. The data should be reviewed regularly. The following motion as then made:

Motion #16	To do the assessment of the administrative mechanism in December 2012 and annually thereafter
Proposed by:	Joey Wynn
Seconded by:	Paul Moore
Action:	Passed Unanimously

c. Minority AIDS Initiative (MAI)
In the interest of time the committee voted to table this agenda item as shown in the following motion:

Motion # 17	To table agenda item #5c
Proposed by:	Joey Wynn
Seconded by:	Yolonda Reed
Action:	Passed Unanimously

d. Recommended Appointment of New Committee Member *(Amendment to Agenda)*
The Chair said a regular guest at the meetings, Kara Schickowski of Legal Aid of Broward, had agreed to become a member of the Committee. The following motion followed:

Motion # 18	To recommend the appointment of qualified candidate Kara Schickowski (Legal Aid Service of Broward) to the Joint Priorities Committee
Proposed by:	Brad Gammell
Seconded by:	Mauricio Ferrer
Action:	Passed Unanimously

6. GRANTEE REPORTS

a. **Part A**
The Part A Grantee reported the grant application was retracted. The Centers for Disease Control (CDC) alerted HRSA that accommodation must be made for a new TGA (Transitional Grant Area) in Columbus, Ohio. The Grant Application to be re-released in September but the grantee noted Part A will be operating on the same timeline. Grantee did not confirm whether this retraction will affect the Grant Award for FY 2013/14.

b. **Part B**

The Part B Grantee June 30, 2012 report was provided on expenditures and reflects all invoices received and paid as of 6/30/12: Non Medical Case Management conducted 419 eligibility interviews in June 81 of which were new clients. Medication co-payment served 279 clients of which 11 were new to the program. There were 272 clients served in June for Med Co-Pay and 7 clients served for Mail Orders. Cost avoidance for Med Co-Pay program for June is $37,097. Actual Cost Savings (as a result of using co-pay cards is $29,171. Home Delivered Meals served one (1) client in June 2012. Medical Transportation for June 2012:
Part A Bus Passes: There were 53 (31 day) and 38 (10 ride) distributed in June.
Part B Bus Passes: There were 150 (31 day) and 110 (10 ride) distributed in June.
Total combined Bus Passes distributed in June for both Parts: 263 (31 day) and 197 (10 ride).

There was 12.2% utilization (under utilization) and implementing a promotion of the Med Co Pay program in hopes that additional clients will enter the program. It is hoped the utilization be raised to 25%

c. **ADAP Update**

The ADAP report through July 31, 2012 was provided: The Total ADAP "Open" Enrollment was 2,696 with 1,683 Total ADAP Clients Served in the last 30 days. The ADAP Waitlist enrolled 41 clients and the Total ADAP/Medicare Part D Enrollment was 176. There were 634 appointments of which 165 (26%) 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 = 8 (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 = **14** (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 = 19 (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.

The Part B Grantee reported of a Request for Proposal (RFP) sent out to outsource the ADAP program by the fall of 2012. There will be updates on this as information becomes available.

7. PUBLIC COMMENT

There was no public comment.

8. AGENDA ITEMS FOR NEXT MEETING: 10/17/12 at 12:30. **Venue:** BRHPC

- Standing Agenda Items
- Update from the ad Hoc PCIP subcommittee
- Minority AIDS Initiative

9. ADJOURNMENT

Without objection, the meeting was adjourned at 3:22 p.m.

Joint Priorities Attendance CY 2012

Member	1/19/12	2/15/12	3/21/12	4/18/12	5/16/12	6/13/12	6/20/12	7/18/12	AU8/15/12(	SEP	OCT	NOV	DEC	Notes
Part A														
Bennett-Taylor, C., **Part A Chair**	√	√	√	√	√	√	√	√	√					
Agate, L, **Part B Chair**	*Interim Chair from 6/13/12*					√	√	√	A					
Bush, A.	√	√	√	√	A	√	√	A	A					
Gammell, B.	√	√	√	√	√	√	√	√	√					
Grant, C.	√	√	√	√	√	√	√	√	√					
Hayes, M.	√	√	√	√	√	A	√	√	√					
Jackson, R.	*Appointed 6/21/12*							A	√					
Katz, H. B.	√	**E**	√	√	√	√	**E**	√	√					
Reed, Y.	√	√	√	√	**E**	√	√	√	√					
Siclari, R.	√	√	√	√	√	√	√	√	A					
Starkey, J.	**E**	√	√	A	√	A	A	**E**	√					
Part B														
Ferrer, M.	*Guest*		√	√	√	√	√	√	√					
Wynn, J.	√	A	**E**	A	√	√	√	√	√					
Moore, P.	√	A	**E**	√	√	√	√	√	√					
Quorum=9	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**					

Part A

# Part A Providers	Rank	Service Category	FY 11/12 Clients Served	% of Total Undup Client Utiliz.	Part A FY11/12 Expenditure	Part A FY12/13 Allocation	Part A FY13/14 Recommended Allocation
Core							
5	**1**	**Medical**	3,503	49.89%	$5,482,813	$6,504,282	**$7,258,746.50**
3	**2**	**Pharmacy**	2,061	29.35%	$400,827	$411,109	**$457,909**
2	**3**	**Oral Health**	2,768	39.42%	$2,635,854	$2,623,653	**$3,211,225**
7	**4**	**Medical Case Management**	3,530	50.27%	$1,088,560	$1,134,105	**$1,413,697**
3	**5**	**Mental Health**	326	4.64%	$257,238	$274,099	**$293,871**
2	**6**	**Substance Abuse**	107	1.52%	$357,755	$355,389	**$408,703**
		Total Core			**$10,579,276**	**$11,302,637**	**$13,044,151**
Support							
1	**1**	**Eligibility**	4,306	61.32%	$329,542	$300,000	**$505,073**
1	**2**	**Food Bank**	2,019	28.75%	$894,790	$277,111	**$1,022,217**
1	**3**	**Legal Services**	164	2.34%	$114,444	$112,426	**$130,742**
1	**4**	**Outreach**	118	1.68%	$51,402	$67,000	**$74,320**
		Total Support			**$1,390,178**	**$756,537**	**$1,732,352**
		TOTAL	**7,022**		**$11,969,454**	**$12,059,174**	**$14,776,503**

MINORITY AIDS INITIATIVE

# MAI Providers	Rank	MAI Service	FY 11/12 Clients Served	FY 11/12 Expenditure	FY 12/13 Allocations ($)	FY 13/14 Funding Request Based on Client & Factor Increase
		Core				
1	**1**	**Medical**	316	$99,993	$100,000	**$110,000**
2	**2**	**Medical Case Mgt**	238	$29,943	$176,644	**$211,973**
2	**3**	**Mental Health**	100	$88,814	$95,368	**$104,905**
1	**4**	**Substance Abuse**	57	$374,931	$400,624	**$460,718**
				$593,681	**$772,636**	**$887,595**
		Support				
1	**1**	**Eligibility**	3,338	$290,957	$290,957	**$386,973**
		Support		**$290,957**	**$290,957**	**$386,973**
				$884,638	**$1,063,593**	**$1,274,568**

Ryan White Part B
Expenditure Report

HANDOUT B-1

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 August / 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	$279	$525	21.2%	78.8%	$ 1,954
Medication Co-Pay	$610,000	$29,478	$69,567	$123,028	20.2%	79.8%	$ 486,972
Case Management (non-medical)	$228,287	$17,179	$21,579	$77,237	33.8%	66.2%	$ 151,050
Medical Transportation	$150,971	$0	$21,567	$0	0.0%	100.0%	$ 150,971
Administration	$110,192	$8,439	$9,531	$43,477	39.5%	60.5%	$ 66,715
TOTALS	**$1,101,929**	**$55,095**	$122,523	$244,267	22.2%	77.8%	$ 857,662
					82.8%		

Home Delivered Meals Served 0 client

Medication Co Payment served 261 clients in which 6 were new to the program.
251 Clients served in August Medication Co Payment.
10 Clients served in August Mail Order
Cost Avoidance for Medication Co-Payment Program for August is $29,186.70
Savings as a result of using co-pay cards April- August is approximately $ 71,982

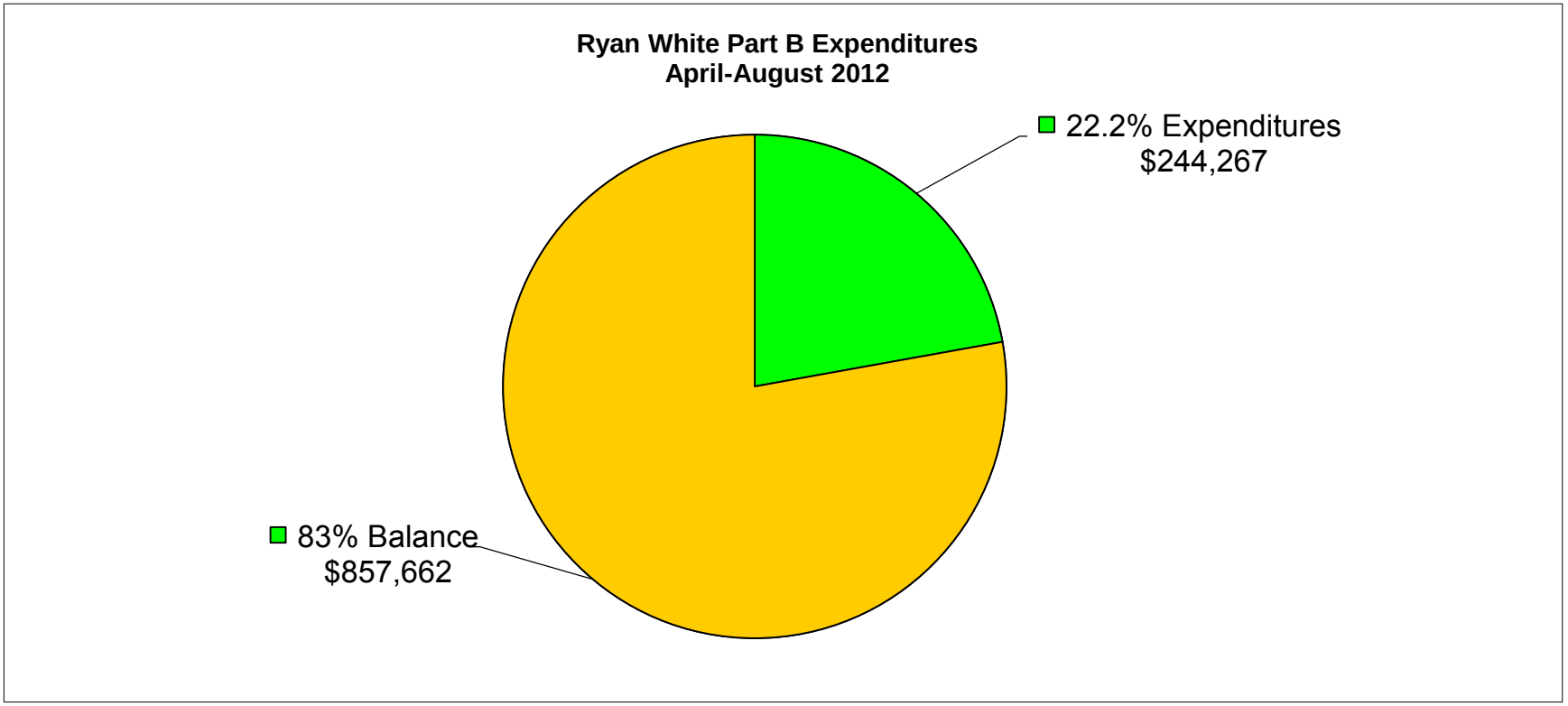
Non-Medical Case Management conducted 649 eligibility interviews in August of which 69 were new clients.

Medical Transportation Part B Bus Passes: 88 (31 day) and 68 (10 ride) were picked up by clients in August.
Medical Transportation Part A Bus Passes: 46 (31 day) and 111 (10 ride) were picked up by clients in August.
The passes distributed is a partial number as not every agency pickups each month.

This report reflects all invoices received and paid as of 8/31/2012.

Ryan White Part B
Expenditure Report

HANDOUT B-1



Report for Fiscal Year April 2012 thru March 2013

Broward County Health Department ADAP Report as of 9/28/2012

Total ADAP "Open" Enrollment		2,863
Total ADAP Clients Served in Last 30 Days*		1,117
Total ADAP Waitlist Enrollment**		25
	Category A	1
	Category B	4
	Category C	7
Total ADAP/Medicare Part D Enrollment		176
Number of Appointments in July		754
Number of Missed Appointment in July		277
Percentage of July Appointments Missed		37%

*"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.

HANDOUT C

MEETING THE GOALS OF THE NATIONAL HIV/AIDS STRATEGY

HOW WE WILL PUT THEM INTO PRACTICE?

Initiative Begun During 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: The Committee's Ideas

The Committee can break up into groups of three. Take 15 minutes to brainstorm for specific actions that this Committee can take to advance the goals. These ideas should be actions that fall in the Committee's normal subject matter.

Step 7: What's Next

The staff will incorporate the Committee's ideas into the 2013 Work Plan and bring it back for review next month.