PBC HIV CARE Council New Member Orientation
2022

Mission of the CARE Council

- "To establish a collaborative and balanced body of HIV infected and affected individuals, service providers, and community leaders and interested individuals whose responsibilities shall be to plan, develop, monitor, evaluate, and advocate for a medical and support service system for individuals and families affected by HIV."

Vision Of The Care Council

▶ A community where individuals who live with HIV/AIDS do so without prejudice, abandonment, or social stigma.

▶ A community where people living with HIV/AIDS are afforded a comprehensive range of medical and support services assuring the person's wellness, independence and self sufficiency.

▶ A community where HIV medical and support services are eligibility accessed based upon need, and approved CARE Council guidelines.

Ryan White HIV/AIDS Treatment Modernization Act

Purpose:

To improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV

The purpose of the CARE Act:

"Address the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care." (From House Report 109-695)

Who was Ryan White?

► Ryan White was a teenager from Indiana. He was diagnosed with HIV/AIDS in the mid 1980's after receiving a blood infusion as a Hemophiliac. He and his family experienced severe prejudice. He worked to educate the public on the disease. In honor of Ryan White, the C.A.R.E. Act (now the HIV/AIDS Treatment Modernization Act) was passed in 1990.
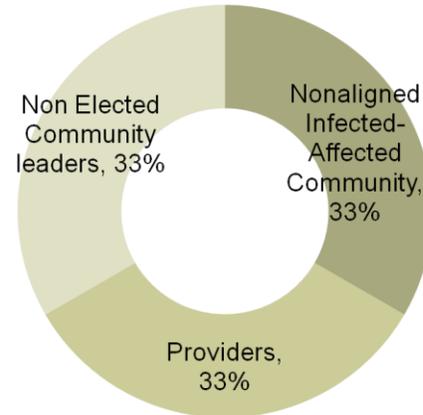

Ryan White
1971-1990

What is the CARE Council?

- Created as a result of the Ryan White Comprehensive AIDS Emergency Act (1990)

  - Ryan White HIV/AIDS Program

- Requires EMAS to have a planning organization that will oversee the Priorities & Allocations process for local RW funds

- Appointed by the PBC Board of County Commissioners after being recommended by the CARE Council

  - Interview and application process

  - Three, 3-year renewable terms

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TREAT ME RIGHT. I MATTER. MY HEALTH MATTERS.
#STDMONTH18   #TreatMeRight

Who We Are...

▶ Maximum of 27 members

▶ Must reflect the epidemic in Palm Beach County

▶ At least 1/3 of the members must be PLWHA who receive Part A services

Non Elected Community leaders, 33%

Nonaligned Infected-Affected Community, 33%

Providers, 33%

What We Do...

1. We annually update HIV/AIDS service needs in Palm Beach County by conducting a needs assessment

1. We develop and maintain Comprehensive HIV/AIDS Service Plan

2. We prioritize and allocate Ryan White Part A funds within Palm Beach County

3. We assure community participation in needs assessment and priority setting

What We Do

1. We assess the efficiency of administrative mechanisms in rapidly allocating funds to the areas of greatest need

2. We work with community members and other planning bodies to ensure a coordinated system of care

3. We maintain diversity and inclusion reflective of the epidemic in Palm Beach County in the Council membership

4. We assure services to women, infants, children and youth with the HIV disease

Membership Process

Once membership requirements have been met:

- Fill out an application

- Submit application to CARE Council staff

- Interview

- Approval by the Membership Committee -> Executive Committee ->CARE Council

- Approval by the Board of County Commissioners

- Members may serve a maximum of (3), three- year terms and must be renewed after each term.

MEMBERSHIP REQUIREMENTS

To be considered for Membership:

1. Must be a Palm Beach County resident

2. Must attend one CARE Council meeting

3. Must become a member of at least one committee

Membership Information

- Active committee participation

- Quorum needed to vote on matters at a meeting
  - CARE Council- 25% + 1 CARE Council member and at least 1 HIV+ member
  - Committees- Chair or Vice-Chair + 2 member and at least 1 HIV+ member
  - Executive- Chair or Vice-Chair + 3 member and at least 1 HIV+ member
  - Ad-hoc- Chair or Vice-Chair + 2 members and at least 1 HIV+ member

Other CARE Council Activities

- Annual CARE Council Retreat
  - Planning for the upcoming year
  - Effective & efficient collaboration among agencies
- Community Outreach events
  - Testing
  - Local agencies
  - HIV/AIDS Awareness
- Public forums
  - Community discussions

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Florida's Sunshine Law, Palm Beach County Code of Ethics, Conflict Of Interest, and Gifts

Helene C. Hvizd
Palm Beach County Attorney's Office
Senior Assistant County Attorney
561.355.2582

Palm Beach County Government and
The Ryan White HIV/AIDS CARE Council

Palm Beach County Government

Community Services Department

Ryan White Program

Ryan White HIV/AIDS CARE Council

Florida's Sunshine Law

Florida's Sunshine Law – Applies to any gathering of two (2) or more members of the same Palm Beach County Advisory Board to discuss some matter which will foreseeably come before that County Advisory Board for action.
The Ryan White HIV/AIDS CARE Council is a County Advisory Board

Sunshine Law - 3 Requirements
1. Meetings of public boards, commissions, advisory boards must be open to the public;
2. Reasonable notice of such meetings must be given; and
3. Minutes of the meetings must be taken and promptly recorded.

Florida's Sunshine Law (continued)

Sunshine Law - E-mail, text messages, and other written communications between board members

The Sunshine Law requires boards to meet in public; boards may not take action on or engage in private discussions of board business via written correspondence, e-mails, text messages, or other electronic communications. See AGO 89-39 (members of a public board may not use computers to conduct private discussions among themselves about board business).

Florida's Sunshine Law (continued)
Sunshine Law - E-mail, text messages, and Facebook

Example 1 – Dr. Messer (Ryan White Program Manager, County Employee) speaks to Chris Dowden (CARE Council Chair) before a meeting about an agenda item

Example 2 – Helene emails Elaine (CARE Council Member), Neeta (CARE Council Coordinator), and Chris (CARE Council Chair) with a recipe

Example 3 – Helene conference calls Chris (CARE Council Chair) and Kenny (CARE Council member) about an agenda item

Example 4 – Chris posts on facebook about an upcoming CARE Council event and Richardo (CARE Council Member) comments on the post

State of Florida Conflict of Interest
Section 112.3143, Florida Statutes

A person holding elective or appointive county office MUST ABSTAIN from voting on a measure which inures to his or her special private gain or loss, or the special private gain or loss of a relative or business associate.

You must publicly state the nature of your interest in the measure on which you are abstaining from voting and complete Form 8B.

Palm Beach County Code of Ethics
(http://www.palmbeachcountyethics.com)

Advisory board members may not participate in and vote on matters which give a special financial benefit to themselves, or those within a chain of relationships.

Palm Beach County Code of Ethics (continued)

Gifts
You may not accept more than $100 per year in gifts from a lobbyist, principal or employer of a lobbyist or person or entity that does business with your employer. In this case, the "employer" is the County.

Gifts from persons or entities which total more than $100 per year, other than those prohibited, must be reported on a form. There are 11 gift exceptions.

Best Practice: Immediately refuse or return gifts from any County lobbyist, or principal or employer of a lobbyist, or person or entity that does business with the County.

Robert's Rules of Order

- What Is Parliamentary Procedure?
  - Rules for conduct at meetings
  - Allows everyone to be heard
  - Decisions can be made without confusion

- Why is Parliamentary Procedure Important?
  - Allows us to-
    - Stay on topic
    - Be organized
    - Conduct business in a timely fashion
    - Motion ("I move we approve the agenda as presented."); Second ("I second the motion."); Discussion ("Is there any discussion on the motion on the floor?"); Vote ("Hearing no further discussion, all those in favor? All those opposed?"); Announce result ("The motion carries.")

Order of Business

Palm Beach County HIV CARE Council
Community Awareness Committee
Agenda
Tuesday, April 10, 2018

I.   Call to order. Roll, Introduction of Guests

II.   A Moment of Reflection

A Moment of Silence
A moment of silence is observed in respect to the memory of those individuals
who have succumbed to AIDS and those who are living with the disease; Let us
remember why we are here today. Let us have the strength to make the decisions that
will improve the care of those we serve. Let us be thankful for what we have accomplished to date.

III.   Acceptance of Excused Absences

IV.   Acceptance of the January 10, 2017 Community Awareness Meeting Agenda

V.   Acceptance of the October 11, 2016 and November 8, 2016 Community Awareness Meeting Minutes

VI.   **Comments by the Chair:**

VII.   **Educational Moment:**

VIII.   **Old Business:**

IX.   **New Business:**
        A.   2017 CARE Council Retreat Planning
        B.   Community Awareness Chair

X.   **Other Business:**

XI.   **Announcement**

XII.   **Adjournment**

Snacks will be available

*Conflict of Interest
A CARE Council member who has an identified conflict of interest must abstain from voting on issues related to that conflict. A member who does not abstain from voting on
issues where a conflict is identified by the County's Commission on Ethics, a member may be removed from the CARE Council.

DATA FOR DECISION-MAKING

HIV Care Council for Palm Beach County

Daisy (Krakowiak) Wiebe, PhD, MPH

Quality Management Clinician

Palm Beach County Community Services

Ryan White Part A Program

DWiebe@pbcgov.org

(561) 355-4760

December 16, 2021

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TRAINING AND EDUCATION

▶ Epidemiology is the study of patterns, causes, and effects of health in defined populations

▶ Dr. Daisy Wiebe is trained in data analysis, survey design, screening tool implementation, and evaluation of the effectiveness of interventions

▶ Her role is to present and explain data in a clear and understandable way

▶ I respond to requests for data and data presentations from the HIV Care Council

▶ I am not a full member **of the HIV Care Council and I do not vote or make the decisions**

DECISION-MAKING

▶ The HIV Care Council has the power to prioritize and allocate Ryan White Part A and Part B funds within Palm Beach County

▶ How can decisions be made?

  ▶ Many things can influence how a decision is made, but if the goal is to have the **largest meaningful impact** for the **greatest number of people living with HIV**, three principles can guide you:

    ▶ Is the decision **patient-centered**?

    ▶ Is the decision **outcomes oriented**?

    ▶ Is the decision **data driven**?

Patient-centered

- The goal is to improve the health and wellbeing of those who are living with HIV

- Without considering how decisions will affect individuals and impact their lives, data and outcomes by themselves are meaningless

- We can get input from consumers themselves, through the needs assessment, and direct participation on the council

- We should always be thinking:
"How will this impact those living with HIV?"

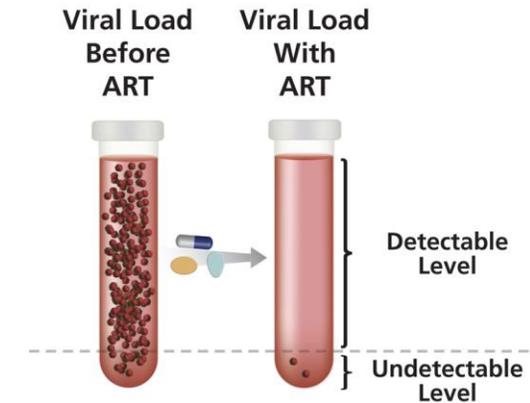YOU ARE AT THE CENTER OF YOUR CARE

Your team may include your doctor plus health coaches, social workers and other professionals based on what YOU need.

Outcomes oriented

- Being outcomes oriented means you focus on what we know can actually make a difference in someone's health (also known as evidence-based)

- We focus on the HIV continuum of care, with the goal of viral load suppression because that means the virus is in very low levels in the body, and therefore good for the person's overall health. Also, if you have an undetectable viral load, that means you cannot sexually transmit the virus to others (Undetectable=Untransmissable or U=U)

Viral Suppression

Viral Load Before ART | Viral Load With ART

Detectable Level

Undetectable Level

Diagnosed → Linked to care → Retained in care → Prescribed ART → Virally suppressed

Data driven

- Data is INFORMATION

- Quantitative data are things you can count – i.e. NUMBERS
  - Helps you understand WHO is experiencing gaps and disparities and in care, WHERE this is happening and WHEN things have happened
  - Number of people not virally suppressed, among which groups
  - Through collection of HIV clinic data, labs, prescriptions

- Qualitative data are concepts and stories – i.e. WORDS
  - Helps you understand WHY there are gaps and disparities in care and WHAT you might be able to address them
  - Barriers and facilitators to care, ideas for interventions
  - Through interviews and focus groups
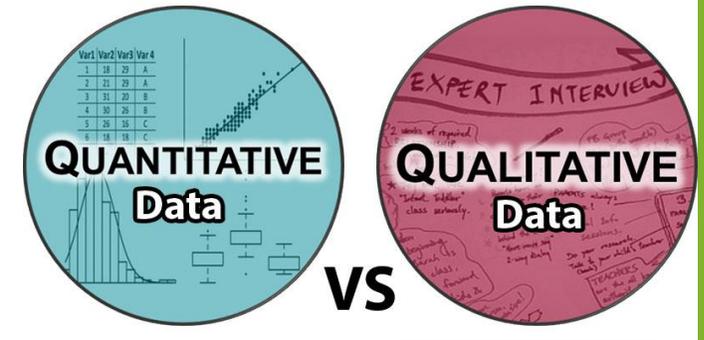
Gap: where a person experiences a discrepancy between recommended best practices and the care that is actually provided due to issues of access, coordination or other barriers

Disparity: when demographic groups, based on race/ethnicity, gender, age, or other group-characteristic, experience lower health outcomes

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Data Reporting Requirements to Florida HIV Surveillance

Practitioner Notification					Laboratory Notification					
	Timeframe (see page 8)						Timeframe (see page 8)			
Reportable Disease or Condition	Suspect Immediately	Immediately	Next Business Day	Other	Evidence of current or recent infection with etiological agents and all associated testing results performed should be reported (e.g. species, serogroup, serotype, and antimicrobial susceptibility *2 results)	Submit isolates or specimens for confirmation *1	Suspect Immediately	Immediately	Next Business Day	Other
Human immunodeficiency virus (HIV) infection				2 weeks	Repeatedly reactive enzyme immunoassay followed by a positive confirmatory test (e.g., Western blot, IFA). Positive result on any HIV virologic test (e.g., p24 AG, nucleic acid test [NAT/NAAT], viral culture). All viral load (detectable and undetectable) test results. *14, 15					3 days

▶ Laboratories are required to submit test results electronically. For information about electronic laboratory reporting (ELR), please contact the Department's ELR liaison at ELR@flhealth.gov.

▶ Practitioners conducting in-house laboratory testing should review the laboratory reporting guidelines as well as practitioner guidelines to ensure compliance to aid in an effective and timely public health response.

http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/faq.html#1

QUANTITATIVE data available

Palm Beach County HIV Care Continuum Data from
Florida Department of Health

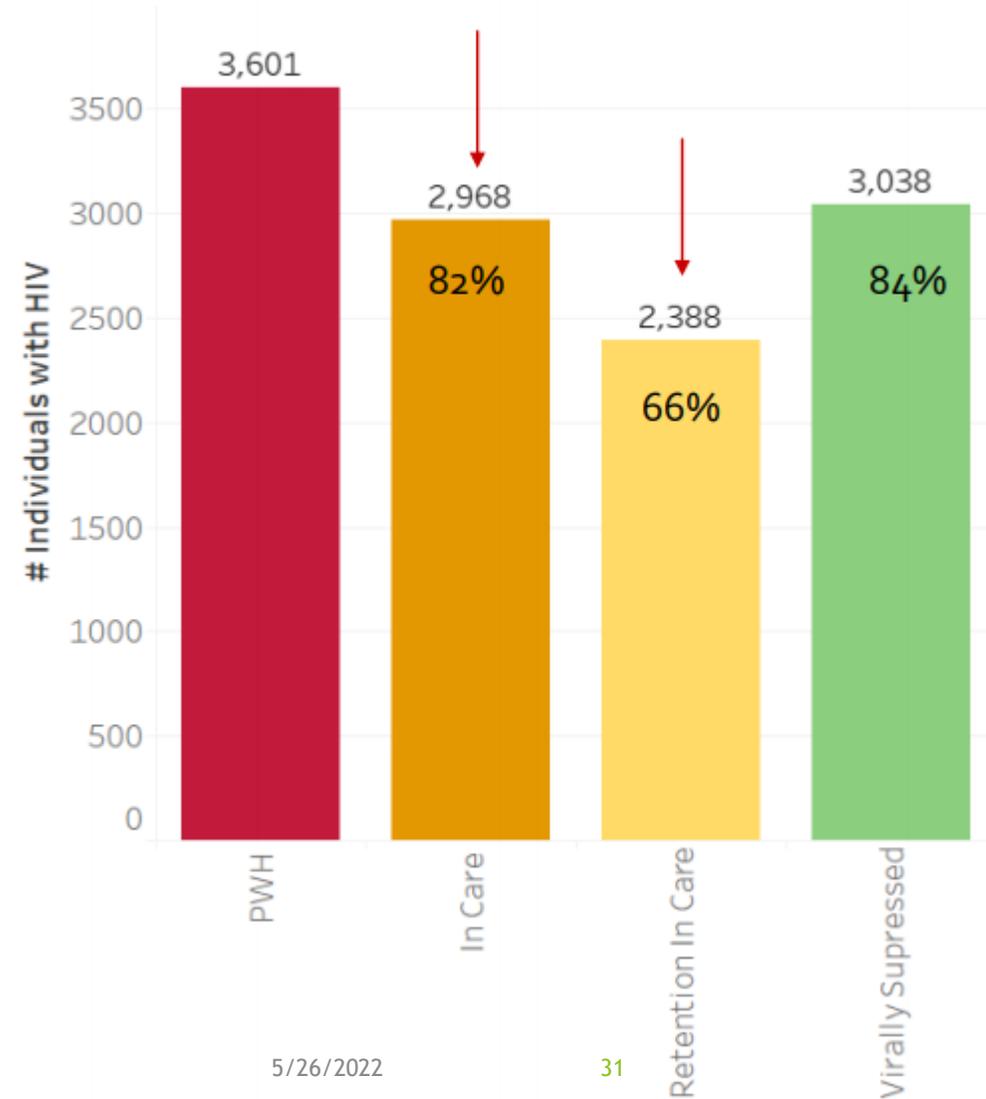Ryan White Part A Provide Enterprise Data

- HIV care continuum and new diagnoses by year, race/ethnicity, national origin, gender, age, and transmission histories

- In August, we received more information on country of origin, missing viral loads vs. documented not virally suppressed and zip code data

- We have information on mental health, substance abuse, housing, food insecurity, transportation, social support, domestic violence, medical co-morbidities among Ryan White Part A clients (case management assessment)

- When clients come back to care, we also are recording the top reason for individuals being out of care

Data driven: Quantitative

- It is important to consider how many people could be impacted with your decision

- To impact the largest number of people, it is helpful to consider data
  - Numbers of people
  - Percentage of population
  - Gaps in the continuum of care
  - Disparities in the continuum of care

- This information can help you target populations with the greatest need

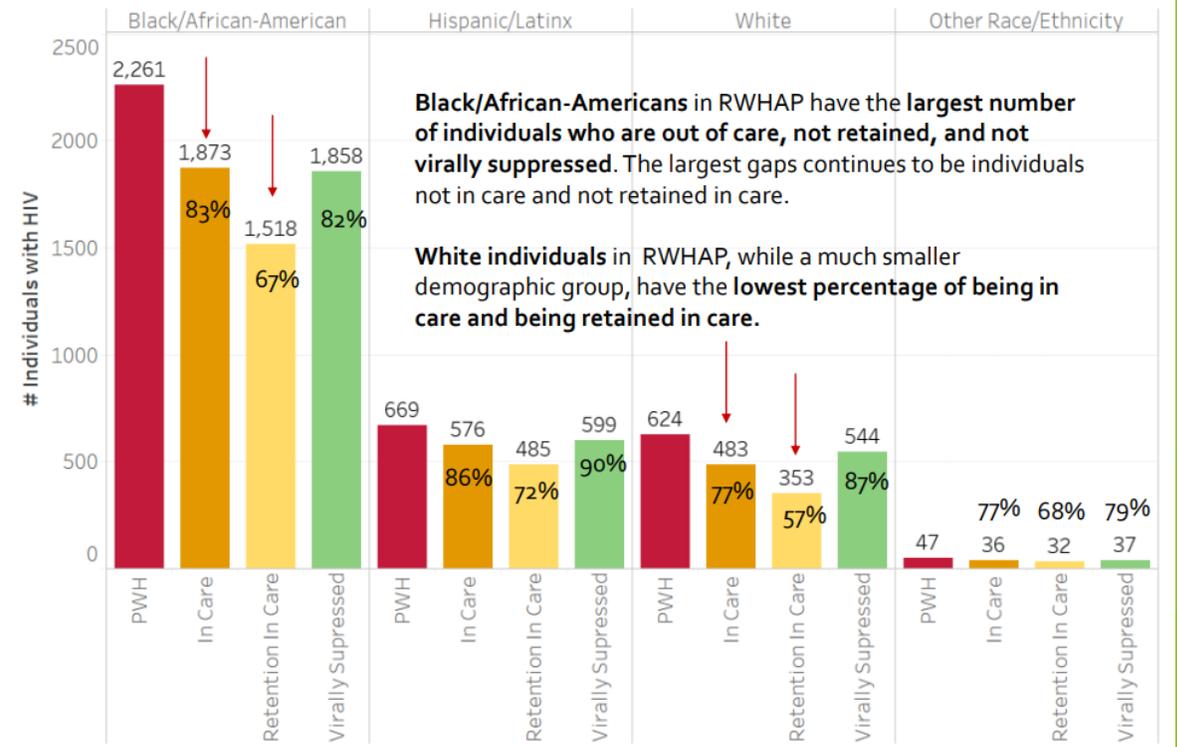## Overall - RWHAP Care Continuum CY 2020

Bar chart titled "Overall - RWHAP Care Continuum CY 2020". Y-axis: # Individuals with HIV (0 to 3500). Bars: PWH = 3,601; In Care = 2,968 (82%); Retention In Care = 2,388 (66%); Virally Supressed = 3,038 (84%).

Understanding Numbers & percentages

- Number of people
  - How many people
- Percentage of population
  - Helps us to understand

  "of 100 people from this group, how many are _____?"
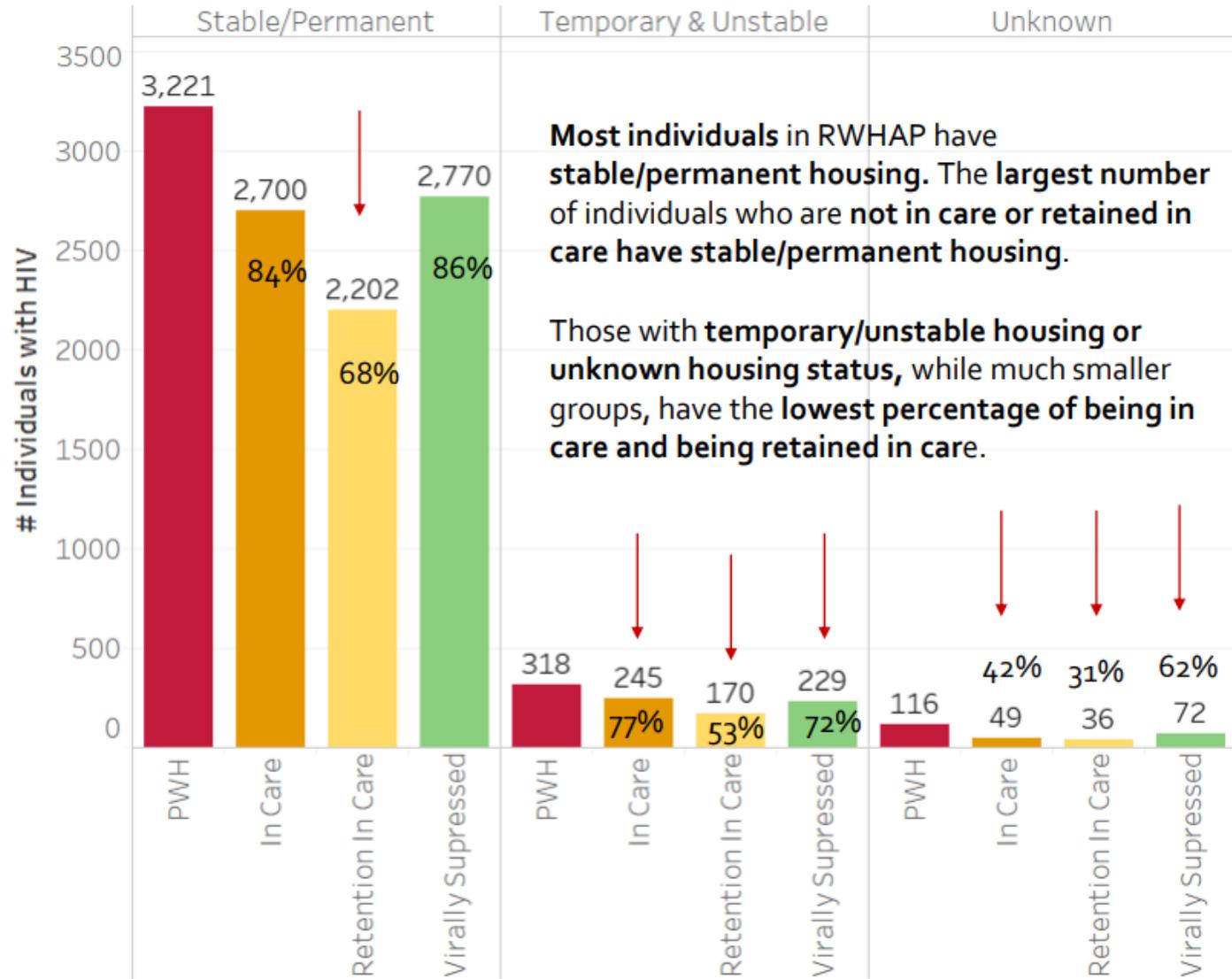
UNDERSTANDING GRAPHS

- Visually, it is easier to compare and see gaps and differences using bar graphs instead of tables

Race/Ethnicity - RWHAP Care Continuum CY 2020

Black/African-Americans in RWHAP have the **largest number of individuals who are out of care, not retained, and not virally suppressed.** The largest gaps continues to be individuals not in care and not retained in care.

White individuals in RWHAP, while a much smaller demographic group, have the **lowest percentage of being in care and being retained in care.**

Black In Care	Black Retention	Black Virally Suppressed	Hispanic In care	Hispanic Retention in Care	Hispanic Virally Suppressed	White In Care	White Retention in Care	White Virally Suppressed	Other In Care	Other Retention in Care	Other Virally Suppressed
83%	67%	82%	86%	72%	90%	77%	57%	87%	77%	68%	79%

Housing Status - RWHAP Care Continuum CY 2020

Most individuals in RWHAP have stable/permanent housing. The **largest number** of individuals who are **not in care or retained in care have stable/permanent housing**.

Those with **temporary/unstable housing or unknown housing status,** while much smaller groups, have the **lowest percentage of being in care and being retained in care.**

Additional data sources

- Map data
  - See which communities are impacted
    - Focus on neighborhoods and communities

- Studies and reports from other Ryan White interventions
  - Interventions others have done to improve outcomes
    - Can try it here and see if it works

- Needs Assessment
- Statewide Coordinated Statement of Need/Unmet Need
- HAB Metrics, RSR Report

Ryan White HIV/AIDS Treatment Modernization Act
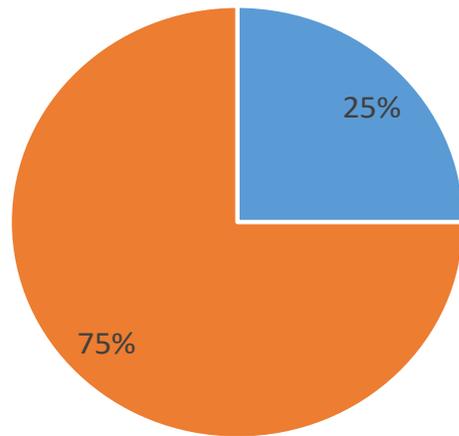
- ▶ GY Total Award: $ 7,500,000

- ▶ Admin (10%) = $750,000

- ▶ Care Council Support and Grantee Staff

- ▶ CQM (5%) = 375,000

- ▶ Provider Contracts = $ 6,375,000

25%

75%

FUNDING SOURCES

- FORMULA

- MINORITY AIDS INITIATIVE

- SUPPLEMENTAL

  - These funding sources are allocated on an annual basis.

  - Received through HRSA – Health resources and Services Administration through a Notice of Award (NOA).

  - CARRYOVER FUNDING – received in September if leftover funding from previous year is approved.

Care Council Member Duties

- Care Council members have a special duty to allocate funding to Service Categories where need is greatest.

- At Care Council meetings-monthly expenditure reports are presented to show status of expenditure for each service.

- Expenditures reports will show which services are being used the most, which services are not being spent, etc.

- At Mid-year the Priorities and Allocation Committee will re-allocate funding to Service Categories that have the most needs.

ANALYZING EXPENDITURE DATA

- Initial vs. Final Contract Amounts
- Last Month of Complete Reimbursement Data
- Expected vs. Actual Level of Expenditure
- Risk for Unobligated Balances (Carryover)
- Overspending in Select Service Categories
- 75/25 Funding Restrictions and Sweeps Options
- Efficiency of Services

PROVIDE ENTERPRISE (PE) DATABASE

► PROVIDE pulls actual usage/services from client records for payments.

► Agencies submit their reimbursement requests for services provided through PE monthly.

► These requests are for services provided to clients for various core and support services.

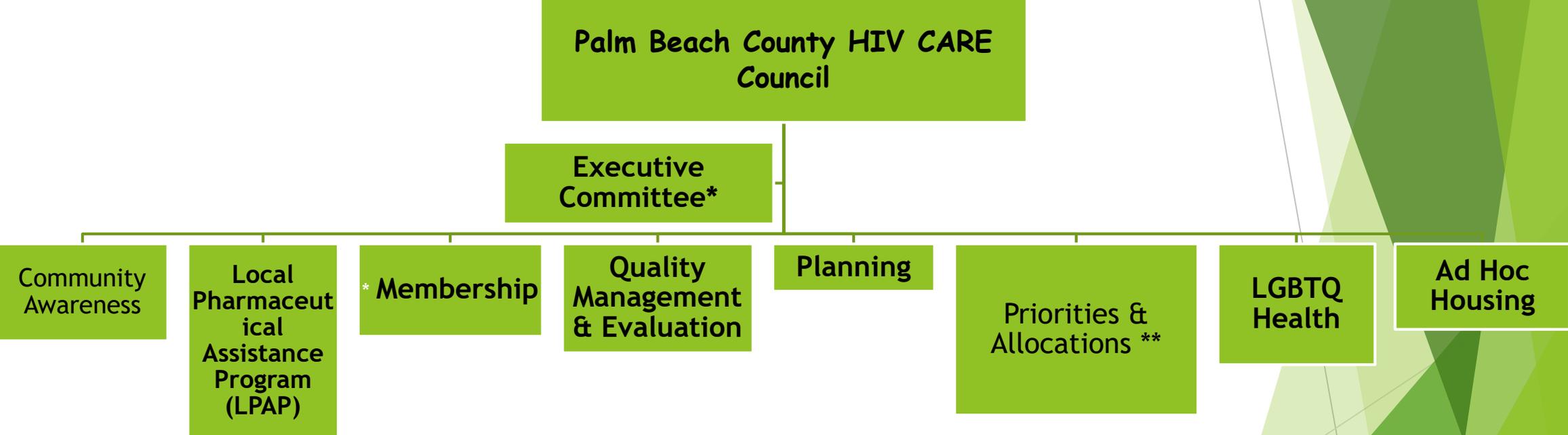► DOCUMENTATION IS REVIEWED FOR ACCURACY AND EITHER RETURNED FOR CORRECTIONS OR APPROVED.
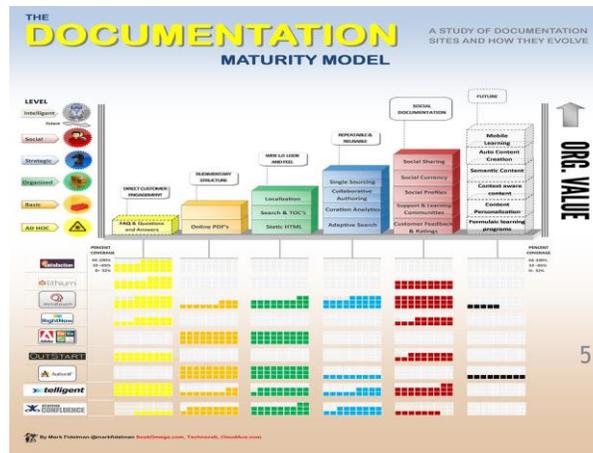
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SAMIS DATABASE

- Reimbursements that are approved are submitted to the SAMIS database.
- SAMIS is the database that ties the financial package together.
- THE CHECK IS APPROVED AND SENT TO AGENCIES TO REIMBURSE THEM FOR THEIR WORK.

CARE Council Committees

Palm Beach County HIV CARE Council

Executive Committee*

Community Awareness

Local Pharmaceutical Assistance Program (LPAP)

* Membership

Quality Management & Evaluation

Planning

Priorities & Allocations **

LGBTQ Health

Ad Hoc Housing

*Limited to full CARE Council Members
**Limited to 15 members – Policy 21

Community Awareness

- Conducts outreach to HIV/AIDS service consumers
- Informal liaison to bring consumer issues to CARE Council
- Identifies ways to reach people living with HIV/AIDS and communities served
- Shares ideas for engaging people living with HIV/AIDS in CARE Council work

Executive

- Limited to CARE Council Executive members: Includes the Chair, Vice Chair, Treasurer, Secretary, and Chair of each standing committee
- Oversees the grant application process and implementation of policy or actions established by the CARE Council

Local Pharmaceutical Assistance Program

- Works to ensure people living with HIV/AIDS receive necessary medication
- Compiles a list of covered medications (formulary)
  Ensures the system of care meets local and federal standards

Membership

- Limited to CARE Council members
- Identifies and recruits members for the CARE Council and committees
- Trains new and existing members
- Ensures CARE Council members reflect the HIV/AIDS epidemic in Palm Beach County

Quality Management & Evaluation Committee

- Ensures HIV funded agencies comply with standards of care established by the CARE Council
- Establishes Standards of Care for RW Part A service categories
- Assists with other QM functions as needed

Planning

- Develops major planning activities of the CARE Council
- Works with other planning/funding entities in PBC to ensure inclusion of all needed and available resources
- Develops a county-wide Needs Assessment
- Contributes to the Integrated Planning process for PBC
- Develops and implements evaluation tools and programs

Priorities and Allocation

- Uses data to establish a list of services to enhance the medical condition and improve quality of life for people living with HIV/AIDS
- Prioritizes services and appropriately allocates funding

LGBTQ Health Equity Committee

- Creating a platform where individuals are able to lend a significant voice to the issues, barriers and gaps in prevention, medical care and treatment, and biomedical intervention.
- Conducting community outreach and improved engagement in the LGBTQ community.
- Identifying barriers to linkages to care, treatment, and other social services to LGBTQ individuals infected/affected by HIV/AIDS.
- Working with the Planning Committee on development of the CARE Council's Integrated Plan

Policies & Bylaws

https://discover.pbcgov.org/carecouncil/Pages/default.aspx

Please AsK Questions ?

- Neeta Mahani
- Ryan White CARE Council Coordinator
- 810 Datura Street
- West Palm Beach, Florida – 33401
- Direct – (561) 355-4820
- Email – Nmahani@pbcgov.org

Training Evaluation Form
Palm Beach County Community Services Department

Trainer: _____   **Date:** _____

Title and location of training: _____

Instructions: Please indicate your level of agreement with the statements listed below in #1-11.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The objectives of the training were clearly defined.	O	O	O	O	O
2. Participation and interaction were encouraged.	O	O	O	O	O
3. The topics covered were relevant to me.	O	O	O	O	O
4. The content was organized and easy to follow.	O	O	O	O	O
5. The materials distributed were helpful.	O	O	O	O	O
6. This training experience will be useful in my work.	O	O	O	O	O
7. The trainer was knowledgeable about the training topics.	O	O	O	O	O
8. The trainer was well prepared.	O	O	O	O	O
9. The training objectives were met.	O	O	O	O	O
10. The time allotted for the training was sufficient.	O	O	O	O	O
11. The meeting room and facilities were adequate and comfortable.	O	O	O	O	O

12. Please share other comments or expand on previous responses here:

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Thank you for your feedback!