



PCHAP
PARTNERSHIP FOR
COMPREHENSIVE
HIV/AIDS PLANNING

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Dear New PCHAP Member,

Welcome to the *Partnership for Comprehensive HIV/AIDS Planning (PCHAP)*! Your interest and participation are invaluable to the community planning process. Your time and efforts are appreciated by everyone who is living with or affected by HIV or AIDS and those who are working to eradicate the disease in our area.

The orientation packet is intended to assist you in becoming a well-informed participant and effective planning body member. It is provided as a guide and reference tool, not only during your initial introduction to the planning process, but also throughout your membership. You are encouraged to use the notebook during partnership and subcommittee meetings as a convenient source for the organizational bylaws, definitions, and program explanations. You may also find it is helpful to include meeting notes and distributed materials within this cover as well; so that all of your meeting materials are organized in a single location.

We hope that your participation will be as rewarding to you as it is valued by everyone in the community who is affected by this disease.

Together, we can make a difference!

Sincerely,

The Steering Committee of the Partnership for Comprehensive HIV/AIDS Planning
(PCHAP)

PARTNERSHIP FOR COMPREHENSIVE HIV/AIDS PLANNING (PCHAP)

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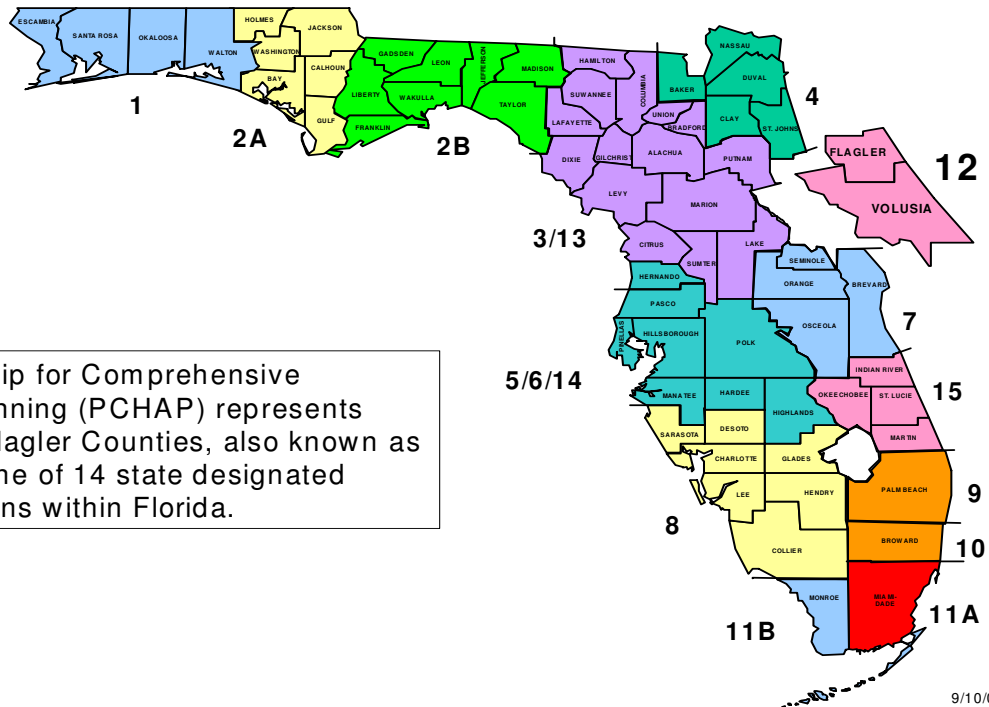
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**SECTION 1: PARTNERSHIP for COMPREHENSIVE HIV/AIDS
PLANNING
(PCHAP)**



Introduction

Florida's Community Planning Partnerships



The Partnership for Comprehensive HIV/AIDS Planning (PCHAP) represents Volusia and Flagler Counties, also known as **Area 12**, as one of 14 state designated planning regions within Florida.

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What is PCHAP?

The Partnership for Comprehensive HIV/AIDS Planning is a local planning body comprised of representatives from the community with extensive knowledge and expertise in HIV & AIDS. The Planning Body develops the Local Comprehensive Plan for the prevention, early intervention, and treatment of HIV and AIDS.

PCHAP operates under the Federal guidance and funding simultaneously. PCHAP is responsible for the planning of HIV/AIDS related patient care services as directed by the Health Resources and Services Administration (HRSA) for the Ryan White HIV/AIDS Treatment Modernization Act.

What does PCHAP do?

The planning partnership works together to improve the accessibility, effectiveness, and quality of HIV/AIDS patient care services that are available in Volusia and Flagler Counties. To accomplish this, the members guide the community-wide needs assessments, inventory local resources, identify priority populations, determine service gaps, make recommendations on the allocation of funds and evaluate the effectiveness of the planning process. The majority of this work is completed by the PCHAP Committees.

A Brief History

In the spring of 2001, the former Ryan White Title II Volusia County AIDS Consortium (VFAC) and the HIV/AIDS Prevention and Education Planning Partnership (PEPP) finalized a merger joining the two entities as the partnership for Comprehensive HIV/AIDS Planning or PCHAP. The collaboration was intended to strengthen the comprehensive planning efforts of both groups, and has succeeded by producing many benefits throughout the community.

Some of the benefits that have been recognized by members, local providers, persons living with HIV/AIDS (PLWHA's), and the community include:

- An open forum to discuss the complete range of services from prevention through patient care and the importance of establishing and maintaining effective coordination.
- Training and mentoring the community to effectively participate in the planning process and to become advocates for HIV/AIDS services
- Improved overall parity, inclusion, and representation throughout the planning body

PCHAP Mission & Vision Statements

The mission of the Partnership for Comprehensive HIV/AIDS Planning (PCHAP) is: *To plan a comprehensive array of HIV/AIDS services spanning from prevention to early intervention and patient care through active, open, and inclusive community planning processes that emphasize delivery of quality and effective services to all clients and communities affected by HIV/AIDS within the boundaries of Volusia and Flagler Counties.*

The vision of the Planning Group is: *“Public and private individuals and agencies working cooperatively in an atmosphere of mutual trust, dignity and respect, to plan a seamless continuum of accessible, high quality services to all people of Area 12 affected by HIV/AIDS across the lifespan.”*

Membership

Anyone who is committed to the mission of the Planning Group is welcome to participate in its activities and committees. New members from the community, especially those living with or affected by the disease, are continually encouraged to join.

Active Voting Members of PCHAP are those who voluntarily choose to dedicate their time by:

- ❖ Completing a PCHAP application and returning it to the administrative office
- ❖ Selecting a Primary Standing Committee to in which to participate
- ❖ Completing PCHAP Orientation
- ❖ Have attended two (2) of the last 3 planning body meetings.

The PCHAP Bylaws indicate that:

The Planning Group membership should include organizations, public and private, with experience in HIV/AIDS service delivery and populations and subpopulations of persons living with HIV/AIDS (PLWHA) and/or persons affected by HIV/AIDS. In order to ensure diverse experience and input, members should be representative of, but not limited to, the types of organizations and expertise recommended in the most current guidance from both the Health Resources Service Administration (HRSA) and the Center for Disease Control (CDC). The Planning Group membership will consist of a minimum of 25% PLWHA or persons affected by HIV/AIDS.

Membership is founded on the tenets of Parity, Inclusion, and Representation (PIR):

Parity is when all members of the community planning group have the opportunity to acquire the skills and knowledge to participate in the planning process and have equal voice in voting and decision making. (*Everyone is given the same materials and opportunity to participate.*)

Inclusion is the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process. (*All affected communities are involved in the planning process in some meaningful way.*)

Representation is the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors. (*The people at the table truly represent the community they claim to represent, not just personal interests.*)

For a further description of the PCHAP Membership see the Bylaws in the Appendices Section.

Committees

Listed below are the committees that make up the PCHAP and a description of how they function. All members **must** select and participate on one of the Primary Standing Committees in order to effectively participate in the voting and planning process. Committees meet as determined by the needs of the planning group.

Primary Standing Committees - Members must select a Primary Standing Committee on which to participate. The Primary Standing Committees are Needs & Resources and Standards & Quality. The Planning Group recommends that at least 25% of all Committees be people living with HIV/AIDS or affected by HIV/AIDS. Committees will meet as determined by the needs of the Planning Group.

The decisions of each committee will be based primarily on consensus building that takes place during duly called committee meetings at which a quorum (33%) of all current voting members is present. Should the voting members fail to reach a consensus within a reasonable amount of time as determined by the Committee Chair, the Chair may invoke Robert's Rules of Order, Newly Revised and call for a vote on the question to be determined. Any committee voting member may call for a vote on any specific issue by putting forth a motion. A simple majority of votes cast on any such issue shall be sufficient to decide the issue. The Committee Chair shall abstain from voting in such instances, unless the Chair's vote would either cause or break a tie, in which case the Chair may use their discretion in voting.

Needs and Resources Committee – The purpose of the Needs and Resources Committee is to conduct an annual Resource Inventory of all HIV/AIDS services; determine the needs of the clients and communities served by HIV/AIDS services through focus groups, surveys, interviews, and other acceptable methods; guide the Needs Assessment processes utilized by the Lead Agency for various required documents.

Standards and Quality Committee – The Standards and Quality Committee will set Standards of Service for the entire continuum of HIV/AIDS services, participate in the development and implementation of a quality management plan on those services funded by allocations from the Planning Group, and other HIV/AIDS services that choose to voluntarily participate in quality management plan development. The committee will work to enhance linkages and create a seamless system of all HIV services in Area 12. The goals of the committee will be to develop an annual action plan and evaluate the HIV services to all populations in Area 12 identified in the Comprehensive Needs Assessment and the Comprehensive Statewide Plan

Secondary Committees - The Secondary Committees are Steering, Priorities & Allocations, Nominating and Ad-hoc. The Planning Group recommends that at least 25% of all Committees be people living with HIV/AIDS or affected by HIV/AIDS.

Steering Committee – The Chair of the Planning Group will serve as the Chair of the Steering Committee. The Steering Committee will consist of the Officers of the Planning Group and the Chairpersons of each committee. The Steering Committee will oversee the overall community planning process, maintain the bylaws, recruit new members, review conflict of interest claims and provide input to the Lead Agency as needed.

The Committee will review and update bylaws annually or as needed. The Committee will accept written requests for proposed bylaw changes from any active Planning Group member, review each request, draft changes, if any, and present the draft recommendations to the Planning Group for a final vote.

The Committee will also review and update annually, or as needed, the conflict of interest policy and distribute to all Planning Group members. The Committee will review potential conflicts of interest according to established policies and procedures at the request of any active Planning Group member.

Vacant Committee Chair positions will be selected and appointed by the Steering Committee in accordance with the by-laws. Nominating Committee Chair will serve as ex-officio on Steering Committee. In the event a vice-chair resigns or is no longer able to fulfill their duties, the Steering Committee will convene within 30 days or prior to the next Planning Group meeting whichever comes first, and a replacement will be selected from within its ranks.

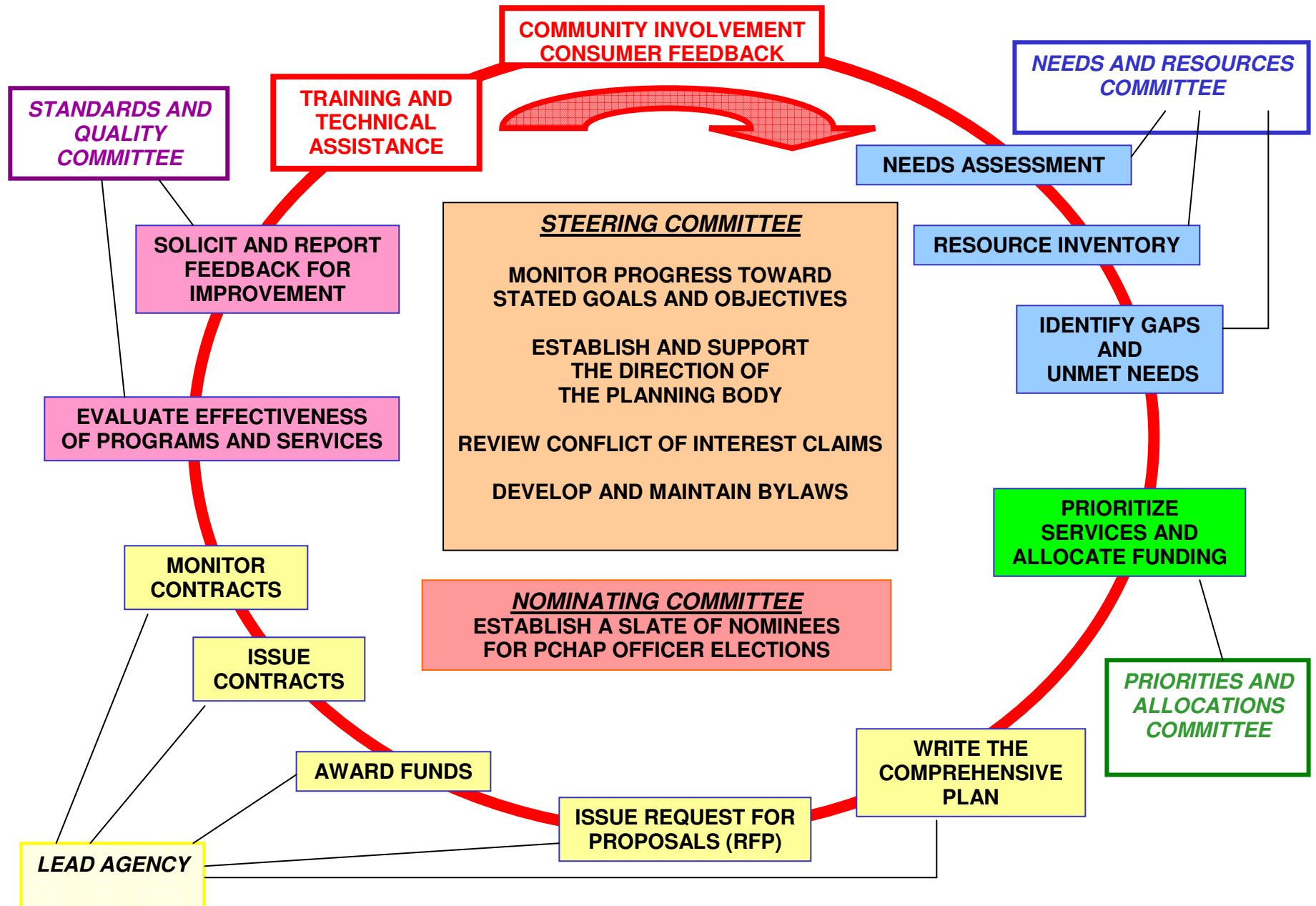
Priorities and Allocations Committee – The Priorities and Allocations Committee will conduct priority setting and allocation tasks as required by the Florida Comprehensive Planning Network for the Bureau of HIV/AIDS for the Ryan White Part B funding, as well as by other funding sources. At least 25% of the Priorities and Allocations Committee members must be people living with HIV/AIDS. In determining priorities and allocations, the committee will rely on the work produced by the Needs and Resources Committee, which will have direct input from consumers, local AIDS services organizations and the Health Department. Planning Group Bylaws will guide Conflict of Interest, all committee members will review their Conflict of Interest statements to insure that they are current and all committee members will complete Conflict of Interest forms. All committee members should place the needs of the entire HIV population above any specific concerns. No more than one member from any agency may vote on the committee, these agency representatives will determine and notify the chair which member will vote. Committee members who are also Ryan White Part B service providers may not vote on their own service categories and are expected to treat all categories fairly. The chair will enforce the conflict of interest policy with the assistance of other committee members. Any committee member who believes a conflict of interest exists is expected to raise his/her concern immediately so that it may be resolved. Clients/consumers do not incur a conflict of interest merely by receiving services from an agency, but DO have a conflict if they are employed by, or a member of the Board of Directors of an agency. Committee members must be present to vote. Active Committee members are those who have attended two of the last three most recent meetings, including the current meeting. Recommendations to the full Planning Group from the Priorities and Allocations Committee will be subject to a strict “up or down” vote (approval or rejection) and may not be amended or modified by the full Planning Group and if rejected will be sent back to the committee.

Nominating Committee – The Nominating Committee is comprised of no more than five members to identify and present a slate of officer nominees to the Planning Group. The Nominating Committee will prepare a slate of officers to nominate for each duly held election by seeking qualified applicants from among current active voting members in good standing. Chair of the Nominating Committee shall be an active voting member selected by voting members during the Planning Group meeting and will serve as ex-officio on the Steering committee. The Nominating Committee convenes in October and prepares a slate of officers to present to the Planning Group in February.

Ad-Hoc Committees – The Chair may appoint Ad-Hoc committees as he or she deems necessary to address issues that do not logically fall under another committee, or issues that require immediate attention and cannot be addressed by another committee. In appointing such Ad-Hoc committees, the Chair will set a specific task to be completed with an initial timeline for the committee to report back to the Planning Group. Ad-Hoc committees tend to be short in their duration. During the time an Ad-Hoc committee is constituted, the Chair of that committee shall serve on the Steering Committee.

A complete listing of Planning Body and Committee requirements and responsibilities is provided in the Bylaws.

Cycle of Activities



Characteristics of Successful Members

A Planning Body member's success is determined not only by his or her business skills and experience, but also by his or her personality traits, or character. In his book, *Welcome to the Board* (1995, Jossey-Bass Inc. Publishers), author Fisher Howe identifies several characteristics of **successful, happy, and effective board members**:

- *They are honest*
- *They are enthusiastic*
- *They keep an open mind*
- *They are team players*
- *They tackle complex problems with relish*
- *They take an orderly approach to decision making*
- *They are competent*
- *They have a sense of humor*

Common traits among "problem" board members include:

- *Obsession with a single issue*
- *Always taking the "contrarian" view, just for show.*
- *Expounding on strongly held opinions that are rarely backed up by fact or research*
- *"Board-hopping" - or sitting on many boards/committees, but serving none well*

What PCHAP is...

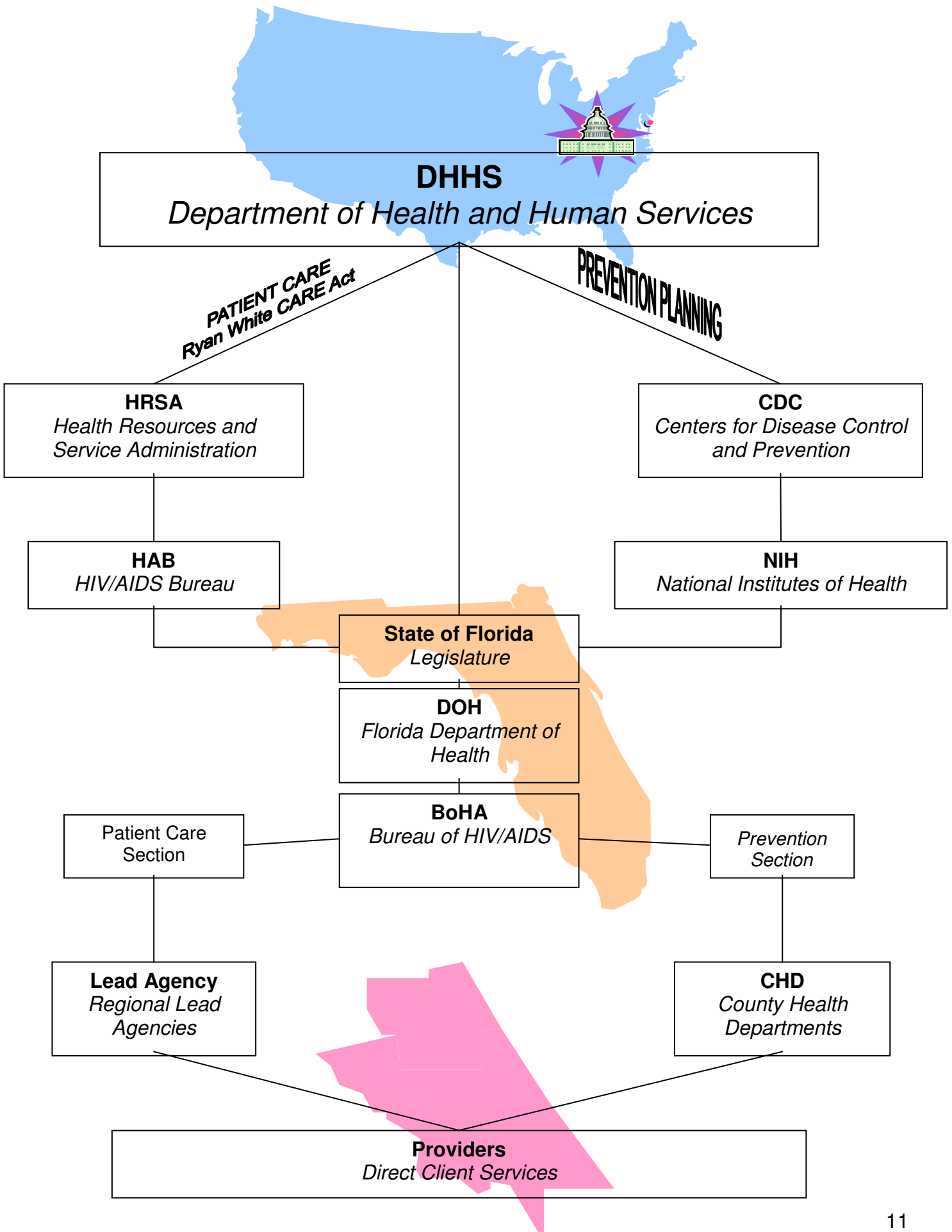
- An advisory body that works to plan an effective network of HIV/AIDS services
- A place to work with others from the community to plan how to best deliver HIV/AIDS services to the people who need them most
- A place to share new programs, ideas, and information about HIV and AIDS services
- A place to network with representatives from HIV/AIDS services organizations and other community-based agencies
- A place to help build and shape Volusia/Flagler's HIV/AIDS service delivery system
- A place to help influence how the public funding that supports HIV/AIDS services is utilized in your community

What PCHAP is not...

- A place to highlight conflicts between clients, agencies, providers, or members
- A place to gain public audience to grieve or complain about individual cases or providers
- A support group
- An Authority over any agency, provider, individual, or funding stream

SECTION 2: HIV/AIDS FUNDING DIAGRAM





SECTION 3: RYAN WHITE HIV/AIDS Treatment Modernization ACT of 2006



Overview

The purpose of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 revises and extends services under the Ryan White CARE Act Program. The Act will focus on life-saving and life-extending services and increased accountability for funding. The funding provides assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus (HIV) epidemic for the development, organization, coordination and operation of effective, cost efficient systems for the delivery of essential services to individuals and families with HIV disease.

The main **goals** of the HIV/AIDS Treatment Modernization Act of 2006 are to:

- Provide more funding flexibility to Areas of greatest need including both HIV & AIDS cases
- Target core life-saving medical services for those in need
- Improve quality of life for those affected by the epidemic.

CARE Act funded programs are the "**payor of last resort**." They fill gaps in care not covered by other resources. Most likely users of Ryan White services are people with no source of healthcare and those with Medicaid or private insurance whose care needs are not being met.

CARE Act funds are granted to local and State programs to provide primary medical care and support services; health care provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues. Funds are intended to support services that enhance access to and retention in care. They may also be used for administration, including planning, quality management, and evaluation.

There are four **principles** that guide the CARE Act:

1. Revise care systems to meet emerging needs.
2. Ensure access to quality HIV/AIDS care.
3. Coordinate services with other health delivery systems.
4. Evaluate the impact of CARE Act funds and make needed improvements.

The Ryan White HIV/AIDS Treatment Modernization Act includes 4 Parts summarized below.

PART A: Local Areas

Treatment Modernization Act Part A, formerly Title I funds Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA). Metropolitan areas with more than 2,000 AIDS cases during the most recent five-year period and a population of at least 50,000 or more are eligible for funding as Eligible Metropolitan Area (EMA). Cities are considered a Transitional Grant Area if they have at least 1,000, but not more than 1,999 cumulative AIDS cases during the most recent five years and a population of 90,000 or more. The new method for determining eligibility for Part A funds dedicate priority to urban areas with the highest number of people living with AIDS while also helping mid-size cities and areas with emerging needs.

The new method for distributing Part A provides direct funding to metropolitan areas with the highest number of people who are HIV positive and also encourages outreach and testing which will get people into treatment sooner and save more lives. The CARE Act requires EMAs to establish Planning Councils, local bodies tasked with assessing needs, establishing a plan for the delivery of HIV care and developing priorities for the allocation of funds.

There are currently no EMA's or TGA's within Volusia and Flagler Counties, therefore, Part A funding is not available in Area 12.

PART B: HIV Care Grants

The Treatment Modernization Act Part B, formerly known as Title II, provides for grants to States which enable each State to improve the availability of health care and support services for individuals and families with HIV disease. The **Partnership for Comprehensive HIV/AIDS Planning (PCHAP) operates through Part B funding**. Part B allows the use of money provided by the State for the following:

- Providing core life-saving medical services for those in need with HIV disease. Services may include outpatient, ambulatory health and support services such as case management, substance abuse treatment, mental health treatment, oral health, adherence services, health insurance continuation and pharmaceutical assistance.
- Establishing and operating HIV planning partnerships or Consortia, such as PCHAP, that are designed to provide a comprehensive continuum of care to individuals and families with HIV disease.
- Early Intervention Service to provide core medical services for individuals with HIV/AIDS in underserved populations.

In Florida, Part B funds are allocated among the regional planning partnerships or *Consortia*. The consortia must each submit the Comprehensive Plan for Area 12 to the State every three years and updating annually assuring that it has completed the following:

- Needs Assessment
- Developed a plan to meet identified needs
- Promoted coordination and integration of community resources
- Addressed the needs of all affected populations
- Assured the provision of comprehensive outpatient health and support services
- Arranged to evaluate the success and cost-effectiveness of the consortium in responding to service needs

PART C: Community Based Programs

Grants under Part C, previously known as Title III, are allocated directly to public and private organizations directly for:

- **Early intervention services** to reach people new diagnosed with HIV. Services include HIV testing, risk reduction counseling and case management.
- **Planning and Capacity Building Grants** to support organizations in planning for service delivery and building capacity to provide services.

PART D: Women and Children

Funds provided under Part D, formerly known as Title IV, provide family-centered and community based services to HIV positive children, youth, women and their families. Services include outreach, prevention, primary and specialty medical care, psychosocial services; also supports activities to improve access to clinical trials and research. There is one Part D funded provider that has extended services into Area 12.

PART F

Part F authorizes funding for:

- **AIDS Education Training Center (AETC) Program**
- **HIV/AIDS Dental Reimbursement Program**

The AIDS Education and Training Centers (AETC) Program supports a network of regional centers that conduct targeted, multi-disciplinary education and training programs for health care providers treating persons with HIV/AIDS. It serves to increase the number of healthcare providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage PLWHA's.

The HIV/AIDS Dental Reimbursement Program supports access to oral health care for HIV+ individuals by reimbursing dental educational programs for non-covered costs incurred by providing such care. Recipients may be dental schools, post-doctoral dental education programs such as hospital based residencies, and dental hygiene education programs. By offsetting the costs of non-covered HIV related dental care; this program addresses the dual goals of improving access to oral health care and training new generations of dental providers to manage the oral health of HIV+ persons.

Minority AIDS Initiative

The Minority AIDS Initiative, created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States, provides funding across several Department of Health and Human Service Agencies to strengthen organizational capacity and expand HIV-related services in minority communities. The Minority AIDS Initiative provides funding for activities to evaluate and address the disproportionate impact of HIV/AIDS and disparities in access, treatment, care, and outcome on racial and ethnic minorities. The new law recognizes that HIV/AIDS has had a devastating impact on racial/ethnic minorities in the U.S. African Americans accounted for 49 percent of all HIV/AIDS cases diagnosed in 2005.

The new law codifies the Minority AIDS Initiative as part of the Ryan White program in the Public Health Service Act under Title XXVI and provides funding for activities to evaluate and address the disproportionate impact of HIV/AIDS on racial and ethnic minorities.

Through Parts A and B, metropolitan areas and states will be able to compete for funding to address disparities in access, treatment, care, and health outcomes. HRSA expects to award funds through the Minority AIDS Initiative for Part A and B programs in August 2007.

The Minority AIDS Initiative funding for Parts C, D and F (AIDS Education and Training Center) programs will continue to be awarded at the same time as programs receive their other Ryan White funds.

Special Projects of National Significance (SPNS)

The Special Projects of National Significance (SPNS) Program funds innovative models of care and supports the development of effective delivery systems for HIV care. It serves to advance the knowledge and skills in the delivery of health and support services to underserved populations. SPNS is considered the research and development arm of the Ryan White CARE Act and provides the mechanism to:

1. Assess the effectiveness of individual models of care;
2. Support innovative program design; and
3. Promote replication of effective models.

SECTION 4: Other Patient Care Services



AIDS DRUG ASSISTANCE PROGRAM (ADAP)

What is ADAP?

The AIDS Drug assistance Program (ADAP) is funded by the Ryan White HIV/AIDS Treatment Modernization Act (formerly known as the Ryan White Emergency CARE Act) and the State of Florida Legislature. The Florida ADAP works through the 67 County Health Departments in the State to deliver treatment and medications to eligible HIV positive individuals. The mission of the ADAP Program is to provide life-saving medication, disease management training and information to our clients in a cost effective way. The program currently serves over 10,000 patients.

Who is Eligible for ADAP?

As funds allow, the ADAP program is open to individuals living in Florida who meet all of the following requirements:

- Must be determined eligible for the Ryan White Patient Care Programs
- Does not qualify for any other program that reimburses for medications
- Must have viral load/CD4 count completed within the last 6 months.
- Must have a prescription that is
 - Written by a doctor who is licensed to prescribe medication in the State of Florida
 - Less than 6 months old
 - Must be included on the ADAP formulary

AIDS Wrap-Around Pilot Project AWAPP

The AIDS Drug Assistance Program Wrap-Around Pilot Program (AWAPP) is a Florida Department of Health, Bureau of HIV/AIDS program for Medicare Part D clients who are eligible for ADAP and have income between 135% - 150% of the Federal Poverty Level. AWAPP provides assistance in the payment of out of pocket Medicare Part D pharmacy and deductible expenses.

In order to qualify for AWAPP, individuals must be determined eligible for the Ryan White Patient Care Programs, must have Medicare Part A, B, and D coverage, qualify for the Low Income Subsidy (LIS) through the Social Security Administration and does not have Medicaid or a secondary private health policy,

PCHAP has no jurisdiction or planning responsibilities for the ADAP Program.

AIDS INSURANCE CONTINUATION PROGRAM (AICP)

What is AICP?

The AIDS Insurance Continuation Program (AICP) is funded by the State of Florida and administered through Department of Health, Bureau of HIV/AIDS. AICP is designed to preserve the private health insurance coverage of low-income Floridians living with HIV/AIDS and cannot afford to pay their private health insurance premiums or COBRA payments.

If you cannot afford to pay your monthly health insurance premiums because you are no longer able to work or because you are a low-income working person or parent, you may be eligible for AICP.

Who is Eligible for the AICP?

As funds allow, the AICP Program is available to individuals who meet all of the following requirements:

- Must be determined eligible for the Ryan White Patient Care Programs
- Diagnosis of AIDS, or HIV positive with at least one symptom since you tested positive
- Currently covered by private health insurance

What will AICP pay for?

- Assists with Insurance premium payments, up to \$750/month, to your employer or insurance company for medical, dental, and vision coverage.
- Group, COBRA, Family and Individual policies qualify
- Co-payments (\$100/month limit)
- Deductible payments
- COBRA Conversion Fee payments
- Policy Upgrade Payments
- Based on availability of funds

PCHAP has no jurisdiction or planning responsibilities for the AICP Program.

Housing Opportunities for Persons With AIDS (HOPWA)

What is HOPWA?

The State Housing Opportunities for Persons with AIDS (HOPWA) program is funded through a grant from the Department of Housing and Urban Development (HUD) to provide resources for meeting the emergency and temporary, short-term housing needs of persons with living HIV and AIDS. The Florida Department of Health, Bureau of HIV/AIDS, the grantee, receives the funding from HUD then contracts with the local lead agencies to serve as project sponsors.

The State HOPWA Program funds are used for short-term rent, mortgage and utility payments to **prevent** homelessness. The HOPWA program goals are to provide short-term interventions that help maintain a stable living environment for households experiencing a financial crisis as a result of issues arising from their HIV/AIDS condition. The program seeks to foster long-term solutions to housing problems for individuals receiving this time-limited housing assistance.

Who is eligible?

The State HOPWA Program is available to individuals who meet the following requirements:

- Must be determined eligible for the Ryan White Patient Care Programs
- Must have an income that is 80% of the median income
- Must have a documented HIV-related need for housing assistance

Program benefits:

- Short-term supported housing facilities payments
- Short-term rent/mortgage payments
- Short-term utility payments
- Deposits for Permanent Housing Placement
- Case management services associated with housing

PCHAP has no jurisdiction or planning responsibilities for the HOPWA Program.

SECTION 5: HIV/AIDS Prevention Community Planning



Definition of HIV/AIDS Community Planning & Prevention

The Centers for Disease Control and Prevention (CDC) define HIV Prevention Community Planning as “a collaborative process by which health department’s work in partnership with the community to implement a Community Planning Group (CPG) to develop a comprehensive HIV Prevention Plan that best represents the needs of the populations infected with or at risk for HIV.”

History and Background

In 1993, The Centers for Disease Control and Prevention (CDC) issued guidelines for HIV Prevention Community Planning under the *Noncompeting Continuation of Cooperative Agreements for HIV Prevention Projects*. The Guidance document:

- Established the CDC’s requirements for a collaborative process to determine the HIV prevention priorities for the 65 state, territorial, and local health departments that receive HIV prevention funds, based on extensive input from community and government officials.
- Mandated health departments to implement HIV prevention community planning in fiscal year (FY) 1994 in order to qualify for HIV prevention funding for FY 1995 and beyond.
- outlined a process for health departments administering HIV prevention funds, representatives of the communities for whom the services are intended, epidemiologists and behavioral scientists to work together to identify high priority prevention needs which would then serve as the basis for health departments’ HIV prevention allocation decisions.

In 2003, the CDC revised its Guidance document in correlation with a new initiative entitled *Advancing HIV Prevention: New Strategies for a Changing Epidemic*. Under this new initiative, the focus of HIV Prevention was expanded to include targeting prevention efforts toward persons who are already infected with HIV to help them reduce the risks of transmitting the virus to others. The 2003 Guidance also integrated goals from the CDC’s *Healthy People 2010* program as well as the *HIV Prevention Strategic Plan Through 2005*.

State and Local Community Planning

In February 1994, under the CDC’s mandate, the State of Florida formed a statewide planning body to address prevention community planning as well as other HIV/AIDS early intervention and patient care issues. This body was known as the “Florida HIV/AIDS Community Planning Group” (FCPG). In addition, 14 local community planning partnerships (CPP’s) were assembled across the state.

The local planning partnerships were intended to assist the statewide body in developing its application for prevention funding each year. This is accomplished today by each partnership completing local HIV Prevention Comprehensive Plans that are then integrated to form a single comprehensive plan for the state. The Bureau of HIV/AIDS has initiated a three-year planning cycle for the local and state comprehensive plans.

In August 2003, the Bureau of HIV/AIDS requested a workgroup of FCPG members to evaluate the planning process for efficiency and effectiveness. In December 2003, based on recommendations from the workgroup, the FCPG was re-structured to form the *Florida Comprehensive Planning Network* (FCPN), which was designated as an “umbrella” organization under which three separate planning bodies would operate. The Prevention Planning Group (PPG) of the FCPN meets at least twice each year to coordinate community planning efforts across the state.

In August 2005, the Bureau announced that could no longer maintain financial support for the individual local prevention planning partnerships. Funding for local planning was discontinued throughout the State in January 2006. Each regional planning district was given autonomy to determine how HIV Prevention Community Planning will be conducted within their local jurisdiction.

SECTION 6: LEAD AGENCY



General Information

The Ryan White Part B Lead Fiscal Agency play an essential role in providing HIV patient care and support services to the HIV/AIDS population. The majority of Florida's Ryan White Lead Agencies are private, non-profit organizations and responsible for administrative, fiscal, reporting and other Part B related duties as specified in the Ryan White Part B contract. All Lead Agencies act as the fiscal conduit and data coordinator for the HIV/AIDS contracted providers in their area. The Health Planning Council of Northeast Florida (HPCNEF) is the Lead Agency for Ryan White funds in Volusia and Flagler Counties.

Roles and Responsibilities

Lead Agency roles not only include managing Part B funds for the consortium's planning and administration, but also for the provision of primary care and support services for PLWHA. In Florida, the State designates the responsibilities of the lead agencies and contracts directly with them. A summary of the roles and responsibilities of the Lead Agency include:

- ❖ Providing administrative support to the consortium, maintaining consortium files and organizing consortium mailings
- ❖ Procurement - develop and implement subcontracts
- ❖ Fiscal management – processing invoices and reimbursing subcontractors, submitting financial and program reports to the State.
- ❖ Contract Management monitoring contract compliance
- ❖ Develop, prepare and submit with the consortia, the Ryan White Part B Comprehensive Plan for Area 12 once every three years and updating annually.
- ❖ Ensuring the client satisfaction surveys are conducted and reviewed
- ❖ Administering Need Assessments

SECTION 7: DEFINITIONS



What is AIDS?

Definitions

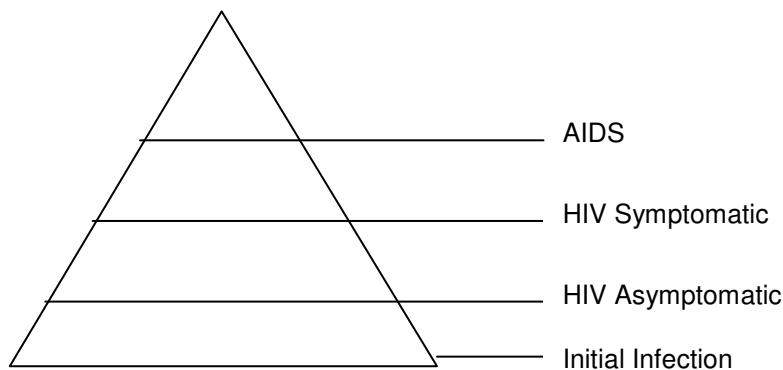
HIV – Human Immunodeficiency Virus – The virus that causes AIDS.

AIDS (Acquired Immune Deficiency Syndrome) – A result of human immunodeficiency virus (HIV) infection. The Centers for Disease Control and Prevention (CDC) defines AIDS as a “positive HIV serum test **and** T-cell count of fewer than 200 per milliliter of blood **or** one or more opportunistic diseases or conditions.” AIDS is the stage of HIV infection in which opportunistic diseases and conditions occur because of suppressed immune system.

The first AIDS cases were reported in the U.S. in June 1981. The earliest documented AIDS case in the world occurred in England in 1959. Most people in the world got infected by having sex with an infected person. Most other cases have been shown to have been caused by direct blood-to-blood contact, usually through the sharing of needles. HIV/AIDS does not discriminate. No one is immune. HIV/AIDS **is not** caused by casual contact with an infected person. HIV has been found in almost every body fluid. However, infection most notably occurs through the exchange of the following body fluids: blood, semen, vaginal secretions and breast milk. HIV may be transmitted through any type of sexual contact (anal, genital or oral). The length of time from infection with HIV until the first life-threatening opportunistic infection can be detected averages about ten years.

Illustration

The following illustration shows how HIV progresses and finally develops into AIDS.



Transmission of HIV

Most often, HIV is transmitted in one of two ways in the United States, by sex and by sharing drug needles. Approximately two thirds of all reported AIDS cases were transmitted sexually. This includes genital, anal or oral sexual contact. About one fourth were transmitted by injecting drug users who shared needles and syringes. Transfusion related cases and HIV contaminated blood products given to hemophiliacs have represented less than 3% of the total of all cases. Nearly all of these cases were in people infected before 1985, when the blood supply was first tested for HIV antibodies. Around 6% of the cases have been categorized as “no identified risk,” whose risk factors were unknown. Other factors of non-sexual transmission include perinatal which is when a mother passes the virus to her unborn child through the placenta and also passing the virus during delivery. HIV has also been found to be passed through breast feeding.

Definitions & Acronyms

ADAP – AIDS Drug Assistance Program is a program authorized and primarily funded under Part B of the CARE Act that is administered by State agencies for providing FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid or Medicare Part D.

AETC – AIDS Education and Training Center. Regional centers providing education and training for primary care professionals and other AIDS-related personnel; authorized under Part F of the CARE Act and administered by HRSA's Division of Training and Technical Assistance.

Administrative or Fiscal Agent – Organization, agent or other entity which assists a grantee in carrying out administrative activities. Not all grantees use a separate administrative or fiscal agent.

AICP – AIDS Insurance Continuation Program, funded through the State of Florida, Dept. of Health program to help pay insurance premiums.

AIDS – Acquired Immune Deficiency Syndrome

AIMS – AIDS Information Management Systems for Patient Care Programs Reporting System

AHCA – Agency for Health Care Administration is the state agency that administers Florida Medicaid.

Anonymous Testing - testing done with no identifying information recorded; only the person tested can obtain the test results.

Area 12: The State of Florida is divided into fifteen areas two of which are divided into two separate planning areas equaling a total of seventeen areas. Area 12 comprises Volusia and Flagler Counties.

ASO – AIDS Service Organization. An organization, which provides medical or support services primarily or exclusively to populations infected with and affected by HIV disease.

CADR - CARE Act Data Report is the annual report required to collect aggregate data all CARE Act programs.

CARE Act – The Ryan White HIV/AIDS Treatment Modernization Act of 2006 is the Federal legislation enacted to address the health care and service needs of people living with HIV disease and their families in the United States and Territories; enacted in 1990 and reauthorized in 1996 and 2001 and modernized in December 2006.

CBO - Community Based Organization. A structured group offering services to a specific group of people in a defined area. These groups may include minority groups, housing for homeless, and AIDS service organizations.

CDC – Centers for Disease Control and Prevention, The Federal agency within the U.S. Department of Health and Human Services that administers HIV/AIDS prevention programs, including the Community Planning process, among other programs; responsible for monitoring and reporting of infectious diseases.

CD4 – One of two protein structures on the surface of a human cell that allows HIV to attach, enter and thus infect a cell. CD4 molecules are present on “CD4 cells” (helper T-lymphocytes), macrophages, and dendritic cells, among others. Normally, CD4 acts as an accessory molecule, forming part of larger structures (such as the T-cell receptor) through which T-cells and other cells signal each other. In particular, it participates in the interaction between helper T-cells and the MHC (Major Histocompatibility Complex) class II molecules on antigen presenting cells.

CD4 Cell Count – The most commonly used surrogate marker for assessing the state of the immune system. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. CD4 counts should be rechecked at least every 6 to 12 months if CD4 counts are greater than 500/mm³. If the count is lower, testing every three months is advised.

CHD – County Health Department

CMS – Children’s Medical Services

CMS – Centers for Medicare & Medicaid Services is the Federal agency within HHS that administers the Medicaid, Medicare, State Child Health Insurance program (SCHIP), and the Health Insurance Portability & Accountability Act (HIPAA).

Co-morbidity – A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Community Level Interventions – Seek to reduce risk behaviors by changing attitudes, norms, and practices through health communications, prevention marketing, community mobilization/organization, and community events.

Community Mobilization – Programs that attempt to get a community more involved in HIV prevention work, either through recruiting volunteers, organizing support groups, advocacy campaigns or possibly establishing new agencies.

Community Representative -- A private citizen (i.e., not a DOH, state, district or county employee).

Comprehensive Planning – The process of determining the organization and delivery of HIV services; strategy used by a planning body to improve decision making about services and maintain a continuum of care for PLWHA.

Comprehensive HIV Prevention Plan – provides, an overview of all HIV prevention programs and activities occurring in a jurisdiction/area whether they are supported by the CDC or DOH or not. It is to be developed through a participatory planning process.

Confidential Testing - Testing in which test results are linked to persons and recorded in medical files. State laws limit who can have access to the results and under what conditions they can gain access.

Consortium/HIV Care Consortium – A planning entity established by many State grantees under the Care Act plan and an association of health care and support service providers that develops and delivers services for PLWHA.

Cultural Competence – The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

DCF – Department of Children & Families

DOH – Department of Health

DSS – Division of Service Systems – The division within HRSA’s HIV/AIDS Bureau that administers Part A and Part B of the CARE Act.

EIS - Early Intervention Services – Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Part A, B & C of the CARE Act, includes outreach, counseling and testing, information and referral services.

Eligibility Rule – The statutory and programmatic authority for the HIV/AIDS Patient Care Program’s eligibility, requirements, process and procedures are based in Chapter 381 Florida Statutes Public Health Code and Chapter 64D-4, Florida Administrative Code.

Epidemic – A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.

Epidemiologic Profile – a description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology - The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Exposure Category – In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

FCPN - Florida Comprehensive Planning Network

Focus Group - a method of information collection involving a carefully planned discussion among a small group led by a trained moderator.

Grantee – The recipient of CARE Act funds responsible for administering the award.

Group Level Interventions – Health communications, health education, and risk reduction interventions for groups, which provide education and support, as well as promote and reinforce safer behaviors.

HAART – Highly Active Antiretroviral Therapy HIV treatment using multiple antiretroviral drugs to reduce viral load to undetectable levels and maintain/increase CD4 levels.

HAB – HIV/AIDS Bureau – The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White CARE Act.

HAPC – HIV/AIDS Program Coordinator

HARS – HIV/AIDS Reporting System

Health Education Risk Reduction (HERR) – Culturally competent HIV prevention education programs and services targeted to persons whose behaviors or personal circumstances place them at high risk of becoming HIV infected or if already infected, of transmitting the virus to others.

HIPAA – Health Information Portability and Accountability Act of 1996 – The Privacy Rule established national standards to protect a person’s confidential information, and to give patients more access to their own medical records.

HIV Disease – The entire spectrum of the natural history of the human immunodeficiency virus, from post infection through the clinical definition of AIDS.

HIV/AIDS Dental Reimbursement Program – The program within HRSA’s HIV/AIDS Bureau, Division of Community Based Programs, that assists accredited dental schools and post-doctoral

dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive patients.

HOPWA – Housing Opportunities for People with AIDS - A program administered by the U.S. Dept. of Housing and Urban Development (HUD) that provides funding to support housing for PLWH and their families.

HRSA - Health Resources and Services Administration – The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White CARE Act.

HUD – U.S. Department of Housing and Urban Development – The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Incidence – The number of new cases of a disease that occur during a specified time period.

Incidence Rate - The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Individual Level Interventions- provide ongoing health communications, health education and risk reduction counseling to assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior.

Injection Drug User (IDU) – Sometimes known as IVDU or intravenous drug users, injection drug users are anyone who injects drugs into his or her body.

Intervention – An action designed to come between as an influence. HIV prevention interventions for example are actions/programs designed to influence behavior or situations so as to diminish the chance for HIV transmission.

Lead Agency – The agency within a Part B consortium responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

MAI – Minority AIDS Initiative – A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within communities of color.

Maintenance of Effort – The Part A and Part B requirement to maintain expenditures for HIV-related services/activities at a level equal to the preceding one-year period.

MSM- Men who have sex with other men.

MSM/IDU – Men who report both sexual contact with other men and injection drug use.

Media/Advertising - Traditional advertising strategies such as billboards, bus posters or public service announcements. These would include in-kind media or advertising services as well as those services that are purchased by the prevention provider.

Medicaid Spend-down – A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may “spend down” to eligibility level.

Met and Unmet Needs - A *met need* is a requirement for HIV prevention services within a specific target population that is currently being addressed through existing HIV prevention resources that are available to, appropriate for, and accessible to that population (as determined through the resource inventory and assessment of prevention needs). For example, a project area with an organization from African American gay, bisexual, lesbian and transgendered individuals may meet the HIV/AIDS education needs of African American men who have sex with men by its outreach, public information and group counseling efforts.

An *unmet need* is a requirement for HIV prevention services within a specific target population that is not currently being addressed through existing HIV prevention services or activities, either because no services are available or because available services are either inappropriate for, or inaccessible to, the target population.

Mortality Rate - The rapidity with which persons within a given population die from a particular disease.

NIR – No Identified Risk

NMAC - National Minority AIDS Council

Needs Assessment – A systematic process to determine the service needs of a defined population; a definition of the extent of the need, available services, and gaps or unmet needs by population and geographic area.

PAC – Project AIDS Care

Part F – The part of the CARE Act that includes the AETC Program and the HIV/AIDS Dental Reimbursement Program.

PCHAP – Partnership for Comprehensive HIV/AIDS Planning.

PCRS – Partner Counseling and Referral Service

PIR – Parity, Inclusion, Representation - **Parity** is when all members of the community planning group have the opportunity to acquire the skills and knowledge to participate in the planning process and have equal voice in voting and decision making. **Inclusion** is the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process. **Representation** is the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors

Patient Care – All care and services for persons with HIV disease or AIDS.

Peer Education - Peer education is HIV/AIDS education provided by trained, self-identified members of the target population to groups of peers. Peer educators usually serve as role models, demonstrating to peers behaviors that promote risk reduction.

Peer Support Counseling – Individual or group support counseling sessions facilitated by a trained, self-identified member of the target group, population, i.e., a peer outreach educator.

PHI – Protected Health Information – Permission to use or disclose PHI for treatment, payment & healthcare operations. PHI cannot be used or disclosed for purposes other than treatment, payment or health care operations without authorization from the patient.

PHS – Public Health Service.

PLWH/A – Person (people) Living with HIV/AIDS.

Prevalence – The total number of persons with a specific disease or condition at a given time.

Prevalence Rate – The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Prevention - All primary and secondary activities dealing with the prevention of HIV disease or AIDS. Primary activities include activities such as street outreach programs, prevention case management, etc. Secondary activities include HIV counseling and testing, AIDS surveillance and capacity building for CBO's, local government's, etc.

Prevention Case Management (PCM) – A one-on-one client service designed to assist both uninfected persons and those living with HIV. PCM provides intensive, individualized support and prevention counseling to assist persons to remain seronegative or to reduce the risk for HIV transmission to others by those who are seropositive. PCM provides intensive, on-going, individualized prevention counseling.

Primary Prevention – Efforts to reach persons at high or increased risk of becoming HIV-infected, or if already infected, of transmitting the virus to others, with the goal of reducing the risk of these events occurring.

Priority Setting – The process used by a planning group to ensure consistency with locally identified needs, and to address how best to meet each priority.

Process Evaluation- Process evaluation provides a descriptive assessment of a programs actual operation and the level of effort taken to reach desires results, that is, what was done by whom, and how, when, and where. A process evaluation does not examine the effectiveness of a program.

RMAC - Regional Minority Aids Coordinator

RFP – Request for Proposals.

Referral – A process by which an individual or client who has a need is connected with a provider who can serve that need (usually a different agency).

SAMHSA – Substance Abuse and Mental Health Services Administration – Federal agency within HHS that administers programs in substance abuse and mental health.

SCSN – Statewide Coordinated Statement of Need – A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN process is convened by the Part B Grantee, with equal responsibility and input by all programs.

Secondary Prevention – As related to HIV prevention, the aim of secondary prevention is to prevent a person living with HIV from becoming ill or dying as a result of HIV, opportunistic infections, or AIDS through a variety of strategies, activities, interventions, and services.

Sexually Transmitted Disease (STD) - A disease transmitted only or chiefly by sexual contact with a person infected with the disease.

Small Group Support – a casual, discussion or support group-type setting for the sharing of information between group members, can be one-time or multi-session.

SPNS – Special Projects of National Significance – A health services demonstration, research and evaluation program funded under the CARE Act to identify innovative models of HIV care. SPNS projects are awarded competitively.

Strategy - The art of planning, directing, maneuvering resources/interventions in such a way as to give HIV prevention providers an advantage in the fight against HIV/AIDS.

Surveillance – Ongoing monitoring of all aspects of the spread of disease that are important to effective control. The main purpose of surveillance is to detect changes in trend or distribution of disease.

Target Population - Also known as Priority Population, the group, community, or population that a prevention provider defines as that for which they provide services. The group can be specified by ethnicity, behavioral risk, sexual orientation/identity, age, or any co-factors.

Technical Assistance - Aid, support, or help provided to individuals or organizations on a particular area or specific skill. Technical assistance can be provided, for example to HIV prevention providers who are interested in learning more about program evaluation.

Sources:

Ryan White HIV/AIDS Treatment Modernization Act of 2006

Guidelines for Health Education and Risk Reduction Activities, Centers for Disease Control and Prevention 1996.

Supplemental Guidance on HIV Prevention Community Planning for Noncompeting Continuation of Cooperative Agreements for HIV Prevention Projects, issued by the Centers for Disease Control and Prevention in 1993.

Ryan White CARE Act Title II Manual, issued by U.S. Department of Health & Human Services, HRSA (Health Resources & Services Administration).

Care /Prevention Collaborative Planning; HRSA AIDS Programs Title I and Title II; Planning Bodies and CDC Prevention Community Planning Groups, issued by the U.S. Department of Health & Human Services, HRSA (Health Resources & Services Administration).