



HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 954-
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BEHAVIORAL HEALTH NETWORK MEETING

Friday, October 16, 2020

WebEx Virtual Conference Room

MINUTES

PROVIDERS PRESENT

Joel Montgomery; AHF
David Shelton; AHF
Nathalie Valdez; AHF
John Baumgartner; Broward House
Daisha Vargas; Broward House
Doris Kitchen; Broward Health
Elizabeth Johnson; Memorial
Glynette Roberts; BCFHC

PROVIDERS ABSENT

Care Resource

GUESTS

None

CLINICAL QUALITY MANAGEMENT (CQM)

SUPPORT STAFF

Debbie Cestaro-Seifer
Marcus Guice
Jessica Seitchick

PART A RECIPIENT STAFF

Kelsey Giglioli
Timothy Thompson

I. Call to Order

The meeting was called to order at 3:04 p.m.

II. Welcome/Introductions

CQM Support Staff welcomed all attendees and made a statement of the meeting's goal. Individual introductions were made.

III. Process Mapping of Substance Use Treatment Referrals and Service Utilization

The Process Mapping presentation can be found within the meeting packet.

The CQM Support Staff gave a presentation introducing the Behavioral Health Network to this year's systemwide quality improvement project (QIP). Each year, it is the goal of the CQM Program to conduct an EMA-wide QIP. This year's QIP focuses on identifying and assessing the process for accessing Substance Use services, the first in a plan to evaluate

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the client's journey within the entire Broward County Ryan White system of care. The CQM Support Staff presented information about process mapping, one of the tools used within this QIP.

The CQM Support Staff will use a consumer-focused mapping methodology, focusing on the client's health journey in this project. Journey mapping consists of indicators that include perception, motivation, and satisfaction. Each client interaction is assessed for stress points, disconnects, information loss, and other factors that directly impact care continuity.

Post-Presentation Discussion

The CQM staff queried the Behavioral Health Network on their process of referring clients to Substance Use services. The Memorial provider attested that when clients demonstrate a need for Substance Use treatment at Memorial, they are rerouted to intensive outpatient services within the Memorial Healthcare System. These clients, however, are not receiving substance use services funded by the Broward Ryan White Part A Program.

The CQM staff asked the Behavioral Health Network about process modifications that have been adopted in response to the COVID-19 pandemic.

Broward House providers shared that the program has most recently focused on infection prevention strategies to promote safety in the delivery of services. In addition, they are using telehealth as a component of care. Broward House has also adapted a quarantine protocol for new clients entering the inpatient program. Recognizing the potential challenges experienced by clients in quarantine the Broward House staff have created interventions to engage clients to prevent isolation-related emotional sequelae. They estimate that roughly 12 clients are in quarantine at any given time.

The provider from Memorial shared that many services are offered through telehealth or telehealth hybrid models of care.

The Broward Health provider shared that the agency has not to date integrated any telehealth components into its Behavioral Health Services. The Broward Health provider noted that by seeing patients in the office with social distancing and mask-wearing precautions, she is able to help many clients who are negatively impacted by the isolation that has accompanied the COVID-19 pandemic.

Mental Health and Substance Use SDM Updates

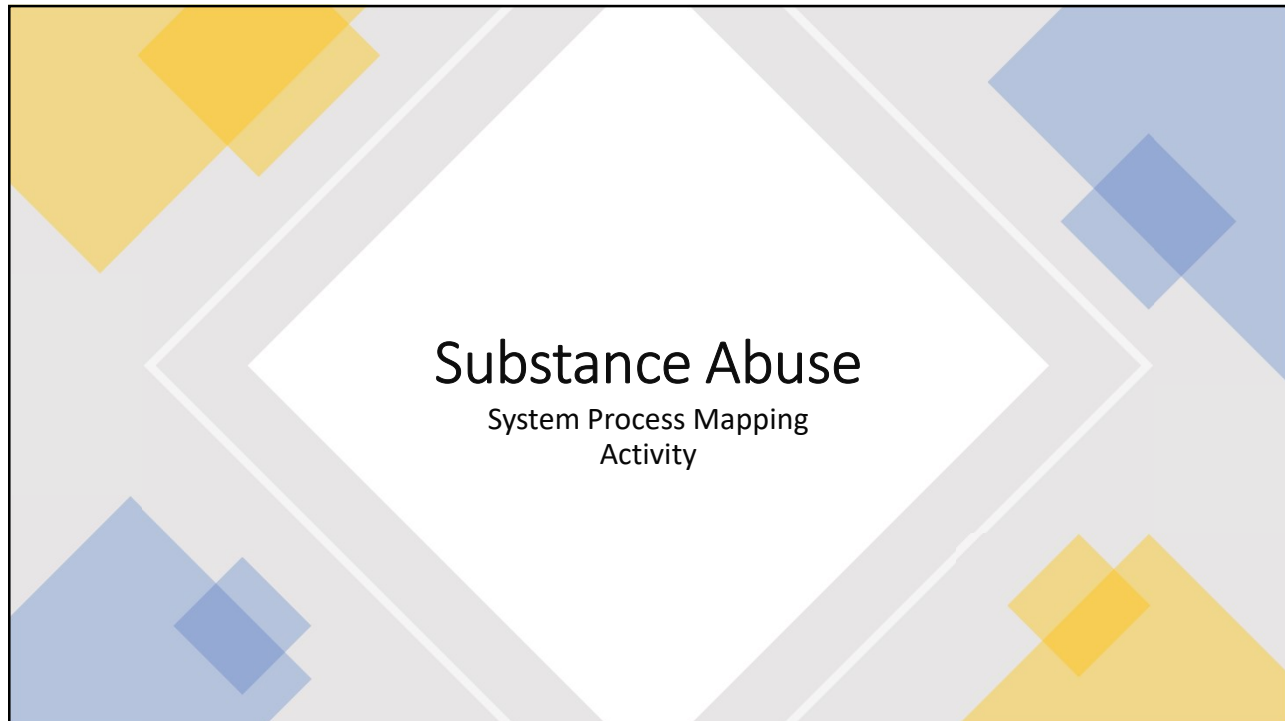
The CQM staff gave a brief overview of the new Mental Health and Substance Abuse Service Delivery Models (SDMs) status. The Network reviewed both drafts of the SDMs in the previous Network meeting. The SDMs were reviewed by the Quality Management Committee of the HIV Planning Council and advanced to the HIV Planning Council for Approval. During the September HIV Planning Council meeting, the final versions of both SDMs were approved.

IV. Announcements

V. Adjournment

The meeting was adjourned at 4:12 p.m.

Next Meeting Date: January 15, 2021



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Technical Notes

- QIP- Quality Improvement Project, is a systematic approach to the analysis of performance and efforts to improve performance
- EMA- Eligible Metropolitan Area, a designation from HRSA/HAB of funded Ryan White Part A areas, our EMA is the Broward EMA
- SA- Substance Abuse
 - Please note that the term substance abuse is used in this case to match HRSA/HAB designations; this is synonymous with the preferred term of substance use

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System Process Mapping QIP



- Each year, the CQM program conducts an EMA-wide QIP (Quality Improvement Project)
- For FY2020-21, we are focusing on mapping the process clients experience to access services
 - Using these data we can identify challenges in the process and things that may act as barriers to achieving positive health outcomes

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System Process Mapping QIP Rationale

Client feedback that the process of navigating the Ryan White Part A system can be challenging and confusing

Patient experience information has been collected from a variety of sources including:

- 2017 Customer Health Experience Initiative Evaluation Data
- 2017-2020 Broward County HIV Needs Assessment

2020-2021 QIP plan is to look at multiple service categories to see how they fit into the “big picture” of a client’s journey through the system



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2017 Customer Health Experience Initiative

In FY2017, the Broward EMA CQM Program completed an initiative to assess and improve the client HIV health care experience in our system.

The multi-faceted approach included:

1. Mystery shopper assessments and surveys
2. Educational modules for clinical and non-clinical staff
3. Agency-specific assessment results, findings and recommendations
4. Providing tools and strategies to develop a service improvement action plan.

Evaluation Data

“The provider gave me a lot of information but **didn’t really ask me questions to find out what I wanted or needed.**”

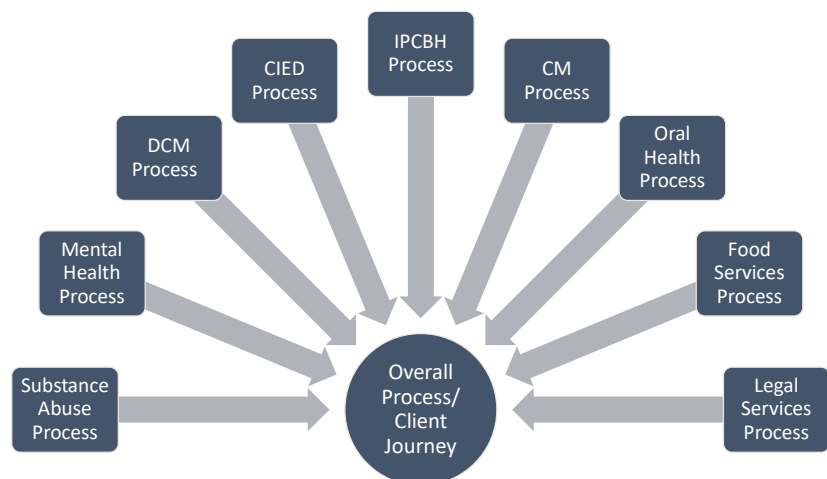
“**This experience at the front desk was very confusing and frustrating because they didn’t seem to care about why I was there asking questions.** I asked to see someone in Outreach and when they didn’t understand that I asked to see a case manager so I could be linked to care. The person asked me out loud if I was HIV-positive.”

“It seemed so impersonal. I didn’t know anyone there and when I tried putting in the extension for the receptionist **the recorded message kept coming on. I didn’t want to leave my name on a random message machine. I wanted to talk to a live person. I don’t have a phone of my own so I can’t leave a phone number either.**”

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System Process Mapping QIP Plan

- Plan to look at multiple service categories to see how they fit into the “big picture” of a client’s journey through the system



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System Process Mapping QIP- Focus on Substance Abuse

Initial focus on Substance Abuse (SA) Services because:

- Clients in this service category had a lower than average viral suppression rate (78.1% vs. 86.5%)¹
- SA utilization is presently low¹
- Anticipated increased utilization of SA services due to implementation of the Ending of the HIV Epidemic Initiative and effects of the COVID-19 pandemic²

Data Sources: (1) FY 2019-20 PSRA SCORECARDS w Expenditures (2) Priority Setting & Resource Allocation (PSRA) Meeting 7/23/2020, Resource Allocations

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Substance Abuse Utilization in Ryan White Programs (FY2018)

Area	Clients Using Substance Abuse Services	Total Clients Served	%
United States	15,712*	533,758*	2.9
Florida (all parts)	878*	53,754*	1.6
Broward Part A	108*	8,273*	1.3

Data Source:

*- Ryan White HIV/AIDS Program Annual Client-Level Data Report, Ryan White HIV/AIDS Program Services Report, 2018 and State Profiles
(<https://hab.hrsa.gov/stateprofiles2018/#/profile>)

+ PSRA Scorecard Substance Abuse, 2018 Total Clients Served

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System Process Mapping QI- Substance Abuse Objectives

1

Determine overall process for referrals made to Substance Use treatment

2

Determine what triggers referrals to Substance Use treatment

3

Determine how referrals and appointments are communicated to the client

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System Process Mapping QIP- Substance Abuse Strategies

1

Evaluate how the process changed pre- and post-COVID-19

2

Map out referral sources to Substance Abuse treatment

3

Determine how referrals and appointments are communicated to the client

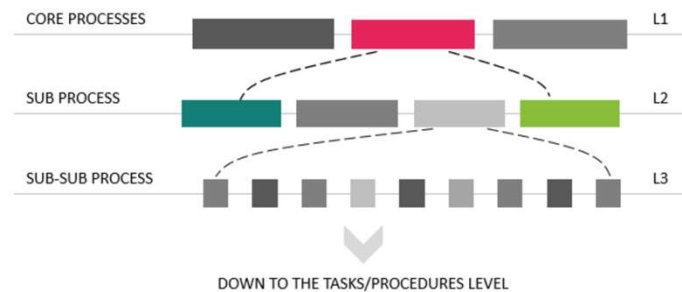
4

Identify any staff, processes and materials that assist in educating clients on the referral process

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An Overview of Process Mapping

Process maps can describe processes in different levels of details, just like real maps. Each process step can itself be decomposed into several sub-steps, as illustrated below. Additionally, a process itself can be as simple or as complex as required, and the amount of detail varies depending on the needs.



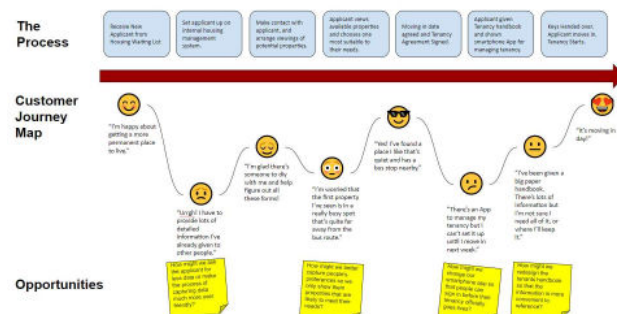
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Types of Mapping- Consumer Focused

Client Health Journey

"Touch Points"

- Journey mapping consists of indicators that include perception, motivation, and satisfaction.
- Each interaction within relevant systems are mapped; stress points, disconnects, information loss, and other difficulties along the journey, which have direct impact on continuity of care, become apparent.



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System Process Mapping QIP- Substance Abuse AIM Statement

To increase the utilization of Substance Abuse services to approximately 1.6% of overall client Ryan White Part A clients by March 1, 2021.

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Thank You!

Broward Regional Health Planning Council

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