HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

Our Best. Nothing Less.

SUPPORT SERVICES NETWORK MEETING

Date: September 4th, 2018 at 9:30A.M.
Location: Ryan White Part A Program Office
115 S. Andrews Ave., GC-302
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

I. Welcome/Introductions

II. You Asked, We Listened!

Referral Process Between Part A Agencies

- Current Referral Practices
- Issues experienced with referrals and possible solutions
- Review of resources currently available:
  - Access to Care Schedule
  - Provide Enterprise
- Recommended Tools to streamline referral process

III. Case Studies

- South Broward Hospital District (Memorial Healthcare System)
- Poverello

IV. Importance of Educating Clients on Viral Load Suppression ~~for Providers~~

V. Complete Meeting Evaluation

VI. Adjournment

Next Meeting Date: December 4th, 2018
Please see staff for a Governmental Garage Parking Validation ticket

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SUPPORT SERVICES NETWORK MEETING
Tuesday, June 5th, 2018 at 9:30 A.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT
SaintFleur, P., AHF
Romero, T., BCFHC
Markman, N., BRHPC
Booth, S., Care Resource
Jimenez, R., Care Resource
Toledo, J., Latinos Salud
Schickowski, K., Legal Aid
Yadoff, L., Coast to Coast Legal Aid
Ferguson-Walker, E., NBHD
Verger, G., SBHD
Barnes, B., Poverello
Wynn, J.R., Poverello
Pont, A., SBHD
Muneton, Z., CDTC

PROVIDERS ABSENT
Broward House

GUEST
None

PART A RECIPIENT STAFF
Morris, R.
Garcia, E.

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Holloman. K.
Bacchus-Powers, C.
Anyaduba, L.

I. Welcome/Introductions

The meeting was called to order at 9:36am. CQM Staff welcomed everyone and individual introductions were made. Staff mentioned this is the second meeting of the fiscal year.

II. You Asked, We Listened!

ADAP Presentation—*Wismy Cius, ADAP Manager, FLDOH-Broward County*

- Review of recent updates with a Q&A session

Staff introduced Wismy Cius, from FL Dept. of Health, along with two colleagues, Ada Lopez and Gina Guerrier. They did a review of recent updates to the Ryan White Part B and ADAP Program (presentation attached). Ms. Gina Guerrier discussed the eligibility requirements for the Part B and ADAP. Case managers can contact Ms. Guerrier for referrals to home and community-based health service programs. Part B provides bus passes for medical transportation and HIV+ clients cannot be denied a bus pass. Bus passes are supplied to Case Management agencies through MOU's. They offer daily bus and 31-day bus passes for clients with 7+ medical appointments a month (including case management appointments). Substance abuse services are available for ADAP-eligible clients at Broward Addiction Recovery Center (BARC). BARC provides detoxification and residential substance abuse treatment. It is in the client's best interest to stay for the duration of 60 days. An edit to the eligibility slide in the presentation was corrected to state viral load lab results must be

less than 6 months and CD4 labs less than one year. A provider asked if a client is eligible for BARC services if he/she is not under the influence. These clients are advised to seek treatment at the residential center. A provider inquired about bed availability and prioritization of services when the client is not HIV+. DOH responded that HIV+ clients should not be turned away from BARC however; at times, no beds are available or underlying reasons affect the client's eligibility for BARC. Case managers should ensure their clients have completed core eligibility for Part B and then the client will be able to complete ADAP eligibility.

Ms. Lopez stated ADAP dispenses medication to eligible HIV+ clients, pays insurance premiums for eligible clients, and provides co-pay assistance (private, marketplace, COBRA). Eligibility requirements are: current Part B eligibility, valid HIV medication prescription, and viral load and CD4 labs. ADAP updates include: the extended FL ADAP formulary, CVS Caremark Card (emergency only), online recertification, and advance premium payment. Non-insured clients can pick up medication two times a year (per prescription) as an emergency service at any location CVS Caremark participating pharmacy. They advise clients to have two prescriptions from their doctor—one for their current medication and the second to use an emergency backup. Prescriptions are valid for one year. The purpose of this is to ensure clients have access to a prescription in the event an emergency happens at a time their doctor or pharmacy is not open. The card is valid for one year from the time the card is distributed. The client's eligibility is reviewed at the pharmacy and prescriptions will not be filled for clients have expired eligibility or used their two allotments. ADAP clients automatically receive their CVS Caremark Card in the mail and it is critical for clients to provide an accurate mailing address and update their contact information if changed. Several providers expressed concern about clients who are not stably housed and Ms. Lopez stated several of their homeless clients still provide a secured mailing address. Clients may also pick up their card during enrollment. There is also an advanced dispense which is different from an emergency.

The online recertification system is only for clients who are recertifying their eligibility and the system can be used remotely without visiting the DOH. New clients will still have to complete initial eligibility onsite at the DOH. Clients with no access to a computer are welcome complete their recertification onsite at DOH and support staff will be available to help. Case managers should encourage their clients to use the new system to avoid future complications such as increasing premiums and denial of access to the labs or physicians. A provider asked if clients can go to Part A sites to complete Part B eligibility and the ADAP manager stated this is not currently possible but hopefully in the future. A provider asked for more information on the initial process of setting up and using the online recertification system. Mr. Cuis provided the Network will step-by-step slides about the process (attached). A provider suggested that case managers document client login information in PE in case a client forgets their login information. A provider asked about an issue with getting needed vaccines and DOH mentioned they are currently working on a plan to address this issue.

A provider asked about procedures that are not covered by financial assistance. DOH responded that invasive procedures like surgery and ultrasounds are not included however, depending on the situation some procedures may be covered. This is determined on a case-by-case basis and an itemized list of services is required. Part B checks for client ACCESS eligibility for Medicaid and food stamps, etc. During open enrollment, marketplace eligibility is checked and the client is referred to enroll in a plan.

DOH discussed the advanced premium payment service. There have been delays in the premium payments process, which affects clients' access to their insurance. As a result, advance premium payments now occur one month in advance to help reduce client issues with their insurance. Although premiums are paid in advance, clients must have current eligibility before benefitting from all the program has to offer. Once ADAP certification is expires, clients will receive a co-pay. Ms. Lopez shared operational information (document attached). Interviews for new clients take up to one hour. Walk-ins are available for clients and the case manager to call ahead to secure an appointment. The program makes best effort to see as many clients as possible as there is limited staff. Appointments are prioritized over walk-ins to prevent confusion however; clients do not leave the office without needed medication.

DOH discussed the PremiumPlus Assistance Program. The program is for insured clients (employee-sponsored, private, Medicaid, and CBRA) and cannot be done through third party marketplaces. As Provider asked about the current plans being covered and DOH stated they would send a list of plans for staff to share with the Network. It was previously limited to silver plans, but gold and platinum have been added to the list. The list is available to the 2017-2018 year but not for the 2018-2019 year. DOH stated bank accounts cannot be used as it displays net figure while the program uses gross figures.

Referral Process

Tabled full discussion to the next meeting. Staff stated the referral process is flawed but there are a lot of working parts since all agencies have different referral processes. The Network will discuss solutions to the process more in-depth at the next meeting. Staff reminded providers to ensure the access to care schedule is up-to-date with correct information and encouraged communication between providers.

III. Case Studies

Staff asked the Network to review the case studies in the meeting packet to provide resources or suggestions in assisting the client to the provider who submitted the case study. A SBHD provider noted her client does not experience standard barriers to care (housing, mental health, substance abuse, etc.), however, experiences a cultural issue. Staff stated the Network will discuss the case further at the next meeting.

IV. Quality Improvement Activity

Tabled.

V. Questions/Suggestions

Food bank clients are now able to order their food online and pick it up at Poverello. To reset the passwords, clients must go to Poverello. Clients will choose their own password or pin number. Case managers are able to pick up food for clients once they know their PIN. A provider noted there is a change in the intake process at Poverello. The Poverello representative noted there has been no significant changes in intake. Clients go through a 10-15-minute intake. The scheduling process has changed whereby clients must schedule the date and time they want to come in to pick up their food. For questions or concerns, please Brad's extension is 114. The clients food bank ID is the same as the PE ID number.

VI. Evaluations

Staff asked the providers to fill out the evaluation with any suggestions they would like to discuss in the next meeting.

VII. Adjournment

The meeting was adjourned at 11:38am.

Next Meeting Date: September 4th, 2018

Support Services: Case Study, Poverello Center

Viral Load:	02/06/18- 40 Copies
History of Viral Load	Client was first diagnosed March 12, 2012. She started antiretroviral therapy, January 20, 2013. Miss Walsh was diagnosed undetectable in years, 2015, 2016, and 2017.
Mode of Transportation:	Public Transportation/Friends.
Housing Status:	Homeless. Miss Walsh has been residing with friends in Hollywood and Miramar Florida. There is no stability in her life regarding housing, so she bounces from couch to couch.
Insurance Status:	Miss Walsh's Ryan White benefits terminated on March 21, 2018. She does not have private insurance and currently out of care at Poverello.
Length of Time in Care:	7 Months: Peer counselor introduced himself to client via telephone, October 2017. Throughout the month of November, writer continued to speak with Miss Walsh; however, she was unable to travel to our center because of illness and a lack of finance.
Other Medical Conditions:	Dental, Mental health, stomach problems, rashes on arm and legs, medication and medication management, hygiene.
Support System (Family, Friends, etc.):	Client has one son; however, he chooses not to participate in her life. Miss Walsh reported she has no friends and the people she lives with are just acquaintances. Client verbalized that she is a loner and she isolate which is her comfort zone. Miss Walsh stated that she has a close relationship with her medical case manager. Miss Walsh reported her support system consists of her mental health case manager, her mental health therapist and her peer counselor.
Other Barriers to Care:	Housing, Ryan White recertification, transportation, finances, medication and medication management, lack of support group outside of her healthcare professionals, mental health.

Concerns: Poverello peer Counselor will be discharging client from Program in June 2018. Client has history of being out of care.

Client History: -Peer counselor initial contact with Miss Walsh was via telephone October 2017. Currently, Miss Walsh is residing with acquaintances in Miramar, Florida. Client

reported that she has been without food and has no transportation to get to Poverello's food pantry, so peer counselor suggested that I would bring her groceries and at that time we could talk about barriers she faces in everyday life and attempt to seek the solutions.

Client Issues: - Miss Walsh reported she meets with her medical case manager, her doctor and mental health counselor at Memorial Regional Hospital. Writer inquired when her next appointment with these clinicians would take place? Miss Walsh replied, "I will see all three (3) on Thursday, January 4, 2018 at 1:40 Pm. Peer counselor asked client if I could meet with her and her medical case manager on that day with her? Miss Walsh replied, "Yes", so peer counselor, with client present called her medical case manager and confirmed I could attend the session. I also mentioned that I would be bringing groceries from the food pantry not the session.

Thursday, January 4, 2018- Peer counselor took groceries from food pantry and transported to the session. In the session, it was agreed by all parties that if Miss Walsh keeps all of her appointments, peer counselor would pick up her medications from The Department of Health/Broward County and deliver them monthly along with her monthly allocation from food pantry. Peer counselor invited Miss Walsh to lunch at The Poverello Center for Wednesday, January 24, 2018. I made her aware that if she showed up for lunch, I would provide her with a $25.00 thrift store voucher.

Tuesday, January 16, 2018- Peer counselor transported groceries from food pantry, picked up client's medications from The Department of Health/Broward County and took to Miss Walsh's resident.

Wednesday, January 24, 2018- Miss Walsh arrived for lunch on time and peer counselor gave her the $25.00 thrift store voucher and a shopping cart to carry her food. We had lunch and talked about her recertifying for her Ryan White benefits. With Miss Walsh's approval, peer counselor telephoned her medical case manager and informed her about the expiration of her Ryan White benefits.

Friday, February 9, 2018- Miss Walsh's lab results reported she was undetectable <20. Writer commended Miss Walsh on following through on taking her medications.

Wednesday, March 28, 2018-Peer counselor and client made a dental appointment for April 11, 2018 at South Regional Health Center, 4104 Pembroke Road, Pembroke Florida 33021.

Monday, April 2, 2018- Peer counselor met with Miss Walsh's medical case manager at Memorial Regional Hospital. Miss Walsh's case manager informed writer that client failed to keep her dental appointment. She also informed writer how she has made several attempts in calling Miss Walsh; but, she has not returned any calls. Peer counselor called client's

mental health counselor and received the same report. Peer counselor attempting calling Miss Walsh; however, she did not answer or return my call.

Friday, April 20, 2018-Peer counselor took client groceries from food pantry as well as her medications from The Department of Health/Broward County. Client reported she has moved from Miramar to Hollywood Florida. Miss Hallman was not home so writer called and was told to leave her groceries on the front porch. As I was unloading the groceries, Miss Walsh pulled up and we put her groceries into the house. Afterwards, I questioned client about not returning calls from her medical case manager, mental health therapist and this writer. Miss Walsh had no explanation and peer counselor informed her that until she becomes recertified for Ryan White benefits, I can no longer pick up her medications or bring groceries from food pantry.

Wednesday May 16, 2018- Peer counselor called client, left a message and she never returned the call.

Tuesday, May 22, 2018-Peer counselor attempted call to client and left message to call.

THE IMPORTANCE OF
VIRAL LOAD MONITORING

Viral load monitoring is one of the most powerful and multifaceted HIV prevention and treatment tools available.

Monitoring stimulates consciousness of health, increased personal health engagement, motivates ART adherence, and provides a measure for programmatic success.

ENGAGE
SERVE
RETAIN

A SYSTEMS PERSPECTIVE

Engaging clients in discussions about monitoring viral loads is also an essential asset of care continuum retention and gauging program efficiency–poor engagement has been associated with inadequate medical adherence, and viral load outcomes.

In the United States, as many as 50% of individuals with HIV are not retained in care services.

Roughly 33% of HIV transmissions stem from PLWHA who have been diagnosed, but are not retained in care and not virally suppressed.

The Part A Program is above average among U.S. programs in retaining patients within the care continuum.

- Expansive viral load monitoring, RW copay structure, broader formulary, and comprehensive care have been cited as contributors to the program's proficiency.

As we endeavor upon quality improvement within the program and reinforce the comprehensiveness of care and services across agencies, monitoring viral loads of clients will be a collaborative effort in prevention and retaining clients in care.

GET CARE BROWARD TREAT HIV | BEAT HIV

BROWARD COUNTY FLORIDA

1. Irvine, M. K., Chamberlin, S. A., Robbins, R. S., Kulkarni, S. G., Robertson, M. M., & Nash, D. (2017). Come as You Are: Improving Care Engagement and Viral Load Suppression Among HIV Care Coordination Clients with Lower Mental Health Functioning, Unstable Housing, and Hard Drug Use. *AIDS and Behavior*, *21*(6), 1572–1579. http://doi.org/10.1007/s10461-016-1460-4

2. Colasanti, J., Kelly, J.,Pennisi, E., Hu, Y., Root, C., Hughes, D., del Rio, C., Armstrong, W.S. (2016). Continuous Retention and Viral Suppression Provide Further Insights Into the HIV Care Continuum Compared to the Cross-sectional HIV Care Cascade. *Clinical Infectious Diseases*, *62*(5). 648–654.

3. Schwartz, S. R., Kavanagh, M. M., Sugarman, J., Solomon, S. S., Njindam, I. M., Rebe, K., Quinn, T. C., Toure-Kane, C., Beyrer, C., Baral, S. (2017) HIV viral load monitoring among key populations in low- and middle-income countries: challenges and opportunities. *J*

Ryan White Part A Program Office
Access To Care Schedule
September 2018

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
AIDS Health Care Foundation	Medical	NPH	George Butchko	(954) 772-2411 Ext. 3617	(954) 761-2231			1st Clinical Encounter 45 minutes minimum intake appt with goal of being seen within 3 days of contact	
	Medical	AHF Ft. Lauderdale Downtown	Dan Sheridan	(954) 767-0887					
	Medical	OPK	Barbara Santamaria	(954) 561-6900					
	Medical		Patrick Nuss	(954) 767-0887 Ext. 2558				16 to 30 min appt and seen the same day or next day. Triaged by Nurse and sees the medical provider as applicable.	Emergency (Non-ER Contact)
	Dental	700 SE 3rd Ave Ste. 206	Dr. Deborah Davis	(954) 761-2230 deborah.davis@aidshealth.org		Email	English, Spanish	1-2 Months for an initial; Same day for an Emergency	M-F 8:00AM-5:00PM; Leave a Voice Message.
	Integrated Behavioral Health	701 SE 3rd Ave 4th Floor	Dr. Robert Wilson	(954) 522-3132 (Office) (954) 423-9439 (Cell) drwilson@aidshealth.org		Phone/Email			Tues, Fri- 8AM-12PM
	Integrated Behavioral Health	702 SE 3rd Ave Ste. 301 Floor	Damon Jones	(954) 767-0887 Ext. 2251 damon.jones@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	NPH: 6405 N. Federal Highway Ste 205	Christopher "David" Shelton LMHC	(954) 767-2411 Ext. 3625 David.shelton@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Disease Case Management	NPH: 6405 N. Federal Highway Ste 205	Lisyani Machado	(954) 540-3435 lisyani.machado@aidshealth.org			English, Spanish		
	Disease Case Management	AHF Ft. Lauderdale Downtown	Carlos Pina	(954) 859-4114 carlos.pina@aidshealth.org			English, Spanish		
	Case Management	AHF Ft. Lauderdale Downtown	Richard Ortiz	(954) 547-8812 richard.ortiz@aidshealth.org			English, Spanish, Portuguese		
	Case Management	NPH: 6405 N. Federal Highway Ste 205	Patrick Saint Fleur Lead NMCM	(954) 488-0441 patrick.saintfleur@aidshealth.org		Phone/Email	English, French, Creole		
	Disease Case Management	1164 E. Oakland Park Blvd. 3rd Floor	Paulo dos Santos	(954) 859-4108 paulo.dossantos@aidshealth.org					M-F
	Case Management	NPH: 6405 N. Federal Highway Ste 205	Greg Beltran	(954) 405-7655 greg.beltran@aidshealth.org			English	Existing clients seen on same day/New clients within 1 week	
Broward Addiction Recovery Center	Substance Abuse	900 NW 31st Ave., Suite 2000 Fort Lauderdale, FL 33311	Polly Cacurak	(954) 357-5093 pcacurak@broward.org	(954) 564-5058			Detoxification Provided 24 Hours/7 Days a week	Admissions: M,T,Th,F: 7-5/ W: 7-7 Detox Unit: M,W,Th,F: 7-5/ T: 7-7

FOR PROVIDER USE ONLY

The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
Broward Community & Family Health Center	Medical	168 N Powerline Road 1229 NW 40th Ave. Lauderhill, FL33313 5010 Hollywood Blvd Ste. 100-B Hollywood, FL 33021 5801 W. Hallandale Beach Blvd. West Park, FL33023	Jennifer Jaen Roque	(954) 967-0028 JJroque@bcfhc.org	(954) 970-7325	Email	English, Spanish	1-2 days with an Appointment; Same day for Emergencies. All New Patients must contact our RW Patient Service Coordinator in order make their initial apt with one of our CM	M,W,Th, F 8:30-5/ T10-7
	Integrated/ Mental Health/ Substance Abuse								
	RW Program Manager		Amanda Bruno	(954) 970-8805 Ext. 213 abruno@bcfhc.org		Email	English		
	Medical		Sophonie Simeon	(954) 970-8805 Ext. 215 ssimeon@bcfhc.org			English, Creole		
	Dental		Ryan Robinson	(954) 970-8805 Ext. 210 Rrobinson@bcfhc.org					
	Disease Case Management		Karen Jean Pierre	(954) 970-8805 Ext. 211 kjpierre@bcfhc.org		Phone	English, Creole		
	Case Management		Timothy Romero	(954) 967-0028 Ext. 386 tromero@bcfhc.org	(954) 967-8141	Phone	English, Spanish		
	Case Management		Roseline Labissiere	(954) 970-8805 Ext. 212 Rlabissiere@bcfhc.org	(954) 970-7325	Phone	English, Creole		
Broward Health (NBHD)	Medical	CCC	Claudette Grant	(954) 274-7175 cgrant@browardhealth.org		Phone		Existing CCC Client – Triaged by nurse, seen by physician	(954) 557-6918
	Medical	Multiple Locations	Roxan Simpson	(954) 356-5031 rmsimpson@browardhealth.org		Phone	English, Spanish, Creole	Dependent on Site; Same day to 2 Days.	M 8-7p, T-Th 8-5p, F 8-1p, Every 3rd Tuesday 8-1p
	Medical	SCC	Arlene Campbell	(954) 527-6007		Phone		Existing SCC Client- evaluated by a PA or Nurse/Case manager for walk-in appts.	
	Medical	Pompano	Sharon Crum	(954) 786-5903					
	Disease Case Management	CCC	Marlena Salomon	(954)356-5035 msalomon@browardhealth.org	(954-767-5565	Phone			M-F 8:00AM-4:30PM
	Case Management	CCC	Twana Williams	(954) 356-5025					
	Case Management	SCC	Edna Ferguson-walker	(954) 527-6064 eferguson walker@browardhealth.org					
	Case Management	SCC	Vincent Foster	(954)527-6065 vfoster@browardhealth.org					
	Case Management	CCC/Pompano	Tamika Johnson	(954) 786-5929 tojohnson@browardhealth.org					
Broward House	Case Management	2800 N. Andrews Ave	Karen Whyte	(954) 568-7373 Ext. 2221 kwhyte@browardhouse.org	(954) 532-7622	Phone/Email	English, Spanish, Creole	1-2 days with an Appointment; Same day for Emergencies.	M-F 8:30AM-5:00 PM
	Mental Health	2800 N. Andrews Ave	Jamie Powers, Director of Behavioral Health	(954) 552-4749 Ext. 3220 jpowers@browardhouse.org			English, Spanish		
	Substance Abuse	501 SE 18th Court							
Broward Regional Health Planning Council	CIED	200 Oakwood Lane, Suite 100 Hollywood	Marlen Salcedo Vanessa Sooknanan	(954) 566-1417 msalcedo@brhpc.org vsooknanan@brhpc.org	(954) 564-1185	Phone	English, Spanish, Creole, French	1-2 days with an Appointment; Same day for Emergency Eligibility.	Operations 8-5 Emergencies: (954) 892-2726 BRHPC Main Line: (954) 561-9681 Dial 3 For Ryan White; Dial 1 for Eligibility

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Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
Care Resource	Medical	871 W. Oakland Park Blvd.	Ausline Perry	(305) 576-1234 Ext. 201 aperry@careresource.org		Email	English, Spanish, Haitian-Creole	Walk-In for Labs if New to Care or previous Care Resource Patient	
	Dental		Curtis Barnes	(954) 567-7141 Ext. 152 cbarnes@careresource.org	(954) 565-5624	Email		1-2 Months for an initial; Same day for an Emergency	M-F 8:30AM-5:15PM
	Case Management		Stephanie Booth	(954) 567-7141 Ext. 155 sbooth@careresource.org	(954) 565-5624	Email			Case Management Supervisor
	Case Management-Referrals		Edgar Mojica	(954) 567-7141 Ext. 256 emojica@careresources.org	(954) 565-5624	Phone			
	Disease Case Management		Alfredo Hidalgo, DCM Supervisor	(954) 576-1234 Ext. 284 ahidalgo@careresource.org	(954) 565-5604	Email		Health Center's on-call feature can be accessed in the event of an emergency	M,T,Th, F 8:00 AM-5:15 PM/ W 8:00 AM- 7:30 PM
	MAI MCM/Case Management		Rafael Jimenez	(954) 567-7141 Ext. 251 rjimenez@careresource.org					
	Integrated/ Mental Health/ Substance Abuse		Rocco Vega	(954) 567-7141 Ext. 137 lvega@careresource.org					
	Integrated/ Mental Health/ Substance Abuse		Hugo Rocchia	(954) 567-7141 Ext. 130 hrocchia@careresource.org	(954) 703-2029	Email			M-F 8:30AM-5:15PM
	Integrated/ Mental Health/ Substance Abuse		Thomas Smith	(954) 567-7141 Ext. 102 tsmith@careresource.org				Within 24 Hours through sliding Fee Schedule	
Florida Department of Health- Broward	Pharmacy	Paul Hughes Health Center	Call Center	(954) 467-4700 Ext. 5925 Janet.Carter@flhealth.gov (954) 467-4700 Ext. 5550 Jose.Rodriguez@flhealth.gov		Phone	(Any through Language line)	Walk-In Service Available	M,T,Th,Fr 8:00-5/ W 9:30-6:30 Except 2nd Fr 1-5
	Pharmacy	Fort Lauderdale Health Center							M 11:00-8/ T,W,Th 8:30-5/ 1&3 F 8:30-5/ 2&4 F 1:00-5
	Dental	Paul Hughes Health Center						1-2 days with an Appointment; Same day for Emergencies.	M,T,Th,F 8:00-5/ W 9:30-6:30
	Dental	Fort Lauderdale Health Center							M-F 8:00AM-5:00PM
	Dental	South Regional Health Center							M-F 8:00AM-5:00PM
Latinos Salud	Case Management	2330 Wilton Drive Wilton Manors, FL 33305	Jose Toledo	(954) 765-6239 Ext. 211 jtoledo@latinossalud.org	(954) 252-4360	Email	English, Spanish	Within 1 business day	M-Fr 11:00AM-9:00 PM; S 10:00 AM-2:00 PM; After Hours Contact Joshua Caraballo, PsyD Phone # (954) 336-1191 General Email: Casemanager@latinossalud.org
			Daniel Bravo	(954) 765-6239 Ext. 206 dbravo@latinossalud.org					

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
Legal Aid	Legal Services	491 N. State Road 7 Plantation, FL33317	Kara Schickowski	(954) 765-8950 (954) 358-5635 Kschickowski@legalaid.org		Phone/Email	English, Spanish, Creole (Others through Language line)	3-5 days with an Appointment; Same day for Emergencies.	
			Manuela Felix CCIA Intake	(954) 736-2490 mfelix@legalaid.org				2-3 days with an Appointment; Same day for Emergencies.	Public Benefits issues such as Health Care, Unemployment benefits, social security benefits.
Nova Southeastern University	Dental	1201 West Cypress Creek Road, Fort Lauderdale, FL33309	Kaiti Mooney	(954) 262-7529 mkaitlin@nova.edu	(954) 262-2230	Email	English, Spanish, Creole	5-7 days with an Appointment; New Patient Intake is 7-9 days. Same day for Emergencies.	Emergency Pager: (954) 262-1751; Otherwise Contact Dr. Schweizer Please send all specialty referrals to nsuccreferrals@nova.edu
	Dental		Dr. Schweizer	(954) 557-3003 (954) 262-7530 schweize@nova.edu		Email			
Sunserve	Mental Health	2312 Wilton Drive Wilton Manors, FL33305	Elena Naranjo, LMHC	(954) 764-5150 Ext. 185 enaranjo@sunserve.org	(954) 764-5143	Email	English, Spanish	24-48 Hours	M-Th 9:00AM-8:00 PM; F 9:00 AM-5:00 PM (954) 764-5150 Ext. 101 After Hours Service
South Broward Hospital District	Medical	1150 N. 35th Ave Suite #445 Hollywood, 33021	Angela Savage	(954) 265-6135 Asavage@mhs.net	(954) 265-6140	Email	English, Spanish, Creole (Others through Language line) (Interpreters available 24/7)	1-2 days with an Appointment	M-F 8:00AM-4:30PM Stat Linx (914) 831-4553 After Hours Service
	Case Management		Guerline Verger	(954) 265-6143 gverger@ccpcares.org				Within 1 business day	
	Case Management		Olga Garcia	(954) 265-6141 olgarcia@ccpcares.org					
	Case Management		Jean-Raymond Alexandre	(954) 265-6142 jalexandre@ccpcares.org					
	Disease Case Management		Tanya Junkermeier	(954) 265-6138 tjunkermeier@ccpcares.org			English		
	Integrated/ Mental Health/ Substance Abuse	MRH-Hollywood 3400 N. 29th Avenue Hollywood, FL 33020	Elizabeth Johnson	(954) 276-3401 Eljohnson@mhs.net		Phone/Email	English, Spanish, Creole	Appointment Within 48 Hours Walk-Ins available M-Th. 8:00 A.M. -10:00 A.M.	Psychiatric Emergency Assessment Center (954) 265-6310
			Dilette Alphonse	(954) 276-3420					
The Poverello Center	Food Bank	2056 N Dixie Hwy, Wilton Manors	Brad Barnes	(954) 561-3663 Ext. 114 (702) 265-3876 Bbarnes@poverello.org		Email	English, Spanish, Creole, ASL	Walk-In Service Available	Operations 9-3 Intake 9-12

FOR PROVIDER USE ONLY

The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.

APPENDIX B – CQM ANNUAL WORK PLAN

Broward EMA CQM Annual Work Plan 2017 (March 1, 2017-Febuary 28, 2018)													
Goals and Objectives	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Responsible**
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC, QI Networks
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, QI Networks
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, QI Networks
4. Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan, QI Network Work Plans, and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and QI Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan and QI Network Work Plans.						X						X	CQM Staff, QMC, QI Networks
4. Provide a quarterly QI Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, QI Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						QI Networks
5. QI Networks implement and evaluate two QIPs in the fiscal year.						X						X	QI Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, QI Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual "All Networks Retreat" among QI Networks and celebrate accomplishments.	X												All CQM Staff

HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

SUPPORT SERVICES NETWORK MEETING
Tuesday, September 4th, 2018 at 9:30 A.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT
Patrick Saint Fleur, AHF
Natasha Markman, BRHPC
Marie Hayes, Broward House
Stephanie Booth, Care Resource
Zulina Muneton, CDTC
Jorge Rodriguez, Latino Salud
Kara Schickowski, Legal Aid
Edna Ferguson-Walker, NBHD
Jean Alexandre, SBHD
Amy Pont, SBHD
Brad Barnes, Poverello Center

PROVIDERS ABSENT
BCFHC

GUESTS
None

PART A RECIPIENT STAFF
Richard Morris
Edith Garcia

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Gritell Martinez
Anitha Joseph
Marcus Guice

I. Welcome/Introductions

The meeting was called to order at 9:30 a.m. CQM Staff welcomed everyone and individual introductions were made. Additional meeting attendees arrived at 9:37 and reintroductions were made.

II. You Asked, We Listened!

Referral Process Between Part A Agencies

This meeting serves as a continuation of the discussions from the June meeting. *(The June Support Services Network meeting's minutes can be referred to for insight on what was previously discussed).* CQM staff turned the meeting over to the provider team to discuss referrals from an intra-agency perspective. Networks stated that there are issues with knowing if client referrals have been received or read in Provide Enterprise (PE). Another notable issue is that providers do not know where the follow-up notes should be documented. They noted barriers to the referral process such as localization of clients. An example given was the impact on keeping dental care appointments when the proximity of a client's home or place residence to provider

agencies combined with lack of means of transportation can make travel and fulfilling appointments difficult. The CIED provider also identified a lack of efficiency in PE to systematically translate whether a client referral has been completed. She indicated that the program lacks a tracking tool for the provider to know the status of a referral and notes difficulty in tracking follow-ups and mentioned the lack of time in an eligibility employee's day to check individual profiles and run various reports on clients.

The Poverello provider noted that their agency's process involves initiating referrals in PE, but mentions that they do not know if these referrals are being followed up on or tracked by other agency personnel. The provider also mentioned that client medical appointments within the past six months are the sole medical outcome being monitored. The county health department was mentioned to be the only agency that is effective in tracking and monitoring the client's referral process. A provider noted a recurring issue with the department of health, which is their criterion that clients are to be out of care for at least a year before action is initiated. This places a delay in clients' access to care. A consensus among the providers present during the meeting is that follow-ups are the most difficult part of the referral process. Many suggest that PE simply lacks a proper end-user component available to properly conduct follow-ups on clients. Providers' current methodology of conducting follow-ups on referrals is generally to call offices where clients have been referred and verify whether the client has fulfilled the appointments. Many providers are not utilizing PE reports.

Dental and Food Banks service providers' PE reports display medical summaries, unlike other services. This aspect has allowed these particular service organizations to more effectively track follow-ups. One provider mentioned that PCIS, the PE software's predecessor, employed an email system for referrals that was beneficial for providers as a tracking component. It was used as a two-way communication tool that was also used by the county health department to track as well. Another provider noted that a one call/ one follow up methodology works for Legal services due to smaller number of clients.

It was also brought to the attention of the group that PE is being employed differently in Palm Beach County. There is email communication for referrals but no phone system. The provider suggested that we can contact Palm Beach County about implementing a similar email based system where referrals can be accepted or denied. Within this proposed methodology, referral acceptance denotes follow-up activity. Grantee staff noted that the capabilities of 100% use of email referrals are already within the current PE system. However, one issue in employing this methodology is that it does not automatically attach to email and agencies would need someone designated to go into the system to respond to referral task. Staff turnover could be a challenge to keeping email system updates. A suggested alternative is that providers can have their IT teams create one email account for staff to operate and use to conduct follow-ups. When using phone calls, appointments are relatively instantaneous. Further discussion revealed that employing a 100% email system may delay scheduling and create an additional barrier for clients in delivering them their scheduled time of appointment. Another identified challenge is within the referral process for CIED, as there is no documentation required for completing referrals.

Overall, providers simply cannot track the success rate for clients who have emergency or adverse situations that are occurring at this moment. The phone referrals give a sense of immediacy. However, there are oftentimes where clients simply do not adhere to referrals and this measure is outside of provider control.

The CQM Staff have agreed to work with Grantee staff in evaluating PE and the overall referral methodology. The follow-up is key component of clients' access to services, and the focus is to address the system of documentation and how follow-ups are navigated in PE.

III. Case Studies

a. Poverello

Received a Gilead grant to hire peer navigators to decrease barriers for clients. Although an old fashioned way of communicating, it was the daily person-to-person check-in that worked. The underlying problem for many of their clients is usually the housing situation. How do we work with clients that are no-show's and won't leave their "home" (i.e. cars, tents, etc.)? A CIED provider suggested doing home visits to more thoroughly analyze clients' environment and variables that may not be addressed during appointments. Perhaps mobile units can assist in meeting people where they are. Latino Salud has an Uber account for non-Medicaid patients (Note: Medicaid pays for transportation). Poverello has a client that is medically compliant/doing well but has no housing. Client sleeps at the airport; usually arriving with a suitcase every morning at 11am and leaving by 5pm. They know of around 10 clients that do this. Waiting lists at shelters have been a substantial barrier to adhering to care across our client population. The Network noted that client education is pivotal to increasing care compliance because many clients don't understand or are unaware of medically related terms such as CD4, viral load, etc. Providers discussed making messaging/education very basic and clear and the importance of linking patients to the Health Department as a tool to assist non-compliant patients with keeping appointments.

IV. Importance of Educating Clients on Viral Load Suppression

i. Staff asked the Network, "What is your process for monitoring viral load (VL) suppression?"

1. The North Broward Hospital Provider noted the importance of discussing Viral load / CD4 with patients. *"The case managers we work with address it – you never tell a patient that they are undetectable, because patients can translate that as being "cured".* Based on their observations, these patients tend to return months or years later with a higher viral load. Providers suggested using language such as "your viral load is looking better, or keep doing what you have been doing to take care of yourself".
2. Discussion also ensued about addressing the stigma of HIV.
3. For those organizations that receive funding by grants, viral load education is important and a top priority. For aging populations, case managers have to be more educated about illnesses that are triggered by HIV.

4. Latino Salud supported education as the key point for the support services providers. Undetectable ≠ untransmittable (not the same thing as a cure). *"We have been taught all our lives that you take pills when you are sick. So if you tell them they are undetectable or "not sick", then they might stop taking pills."*
5. Care Resource explained that they run reports on clients that have high viral loads weekly, and make contact with them to monitor their progress.

CQM Deliverables:

- Investigate the current PE referral tab and how referrals can be expanded to included email notifications and response indicating status of appointments
- Follow-up the Palm Beach County to determine the possibility of duplication the PE referral system
- Follow-up with the health department to determine their role in non-compliant client referrals and possible presentation at a network meeting

V. Complete Meeting Evaluation

Staff asked the providers to fill out the evaluation with any suggestions they would like to discuss in the next meeting.

VI. Adjournment

The meeting was adjourned at 10:55 a.m.

Next Meeting Date: December 4th, 2018