HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION / Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301
954-357-5390 • FAX 954-357-5897

SUPPORT SERVICES NETWORK MEETING

Date: June 1, 2021 at 9:00 a.m.
Location: WebEx Virtual Meeting Platform

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

AGENDA

I. Call to Order

II. Welcome/Introductions

Name: Jaclyn Ramos, CQM Health Planner
Agency: CQM Support Staff
Email: jramos@brhpc.org

Name: Wislene Augustin, Targeted Care Manager
Agency: Community Rightful Center
Email: waugustin@communityrightfulcenter.org

III. Network Evaluation Results

IV. Review of QIPs from Other RW EMAs

V. Discussion: Normalizing Mental Health & Substance Abuse Discussions with Clients

VI. Discussion: COVID-19 Vaccine

VII. Case Study Assignment

VIII. Announcements

IX. Adjournment

Next Meeting Date: September 14, 2021

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115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301
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Support Services Network
Tuesday, June 1, 2021, at 9:00 a.m.
WebEx Virtual Conference Room

MINUTES

PROVIDERS
AHF: No representative present
BCOM: Roseline Labissiere
BRHPC: Natasha Markman, Ivy Pierre
Broward Health: No representative present
Broward House: Joyce Nunnally, Patty Falco
Care Resource: Raphael Jimenez, Harold Balvin
Community Rightful Center: Wislene Augustin, Shella Volmar
Latinos Salud: Richard Ortiz
Legal Aid: Kara Schickowski, Laurie Yadoff (Coast to Coast)
Memorial: Amy Pont, Jean Raymond Alexandre, Guerline Verger
Poverello: Shanel Pamphile, Santiago Barney

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF: Whitney Saint-Fleur, Vanessa Oratien, Jaclyn Ramos, Gritell Berkeley Martinez

PART A RECIPIENT STAFF: Wismy Cius

GUESTS: Tijee Williams

I. Call to Order

The meeting was called to order at 9:02 a.m.

II. Welcome/Introductions

CQM Support Staff welcomed everyone, made a statement of the goal for the meeting, and individual introductions were made.

Community Rightful Center, the MAI Non-Medical Case Management provider was introduced to the Support Services Network.

III. Network Evaluation Results

The Support Services Network reviewed the results of the network evaluation survey in which they participated at the end of FY20.

A participant asked if a Part B representative can attend the Support Services Network meetings. CQM staff explained that the network meetings are specific for Part A providers. Thus, Part B service providers may not join the network. However, relevant presentations from a Part B provider that benefits the network would be welcomed.

IV. Review of QIPs from Other RW EMAs

A CQM Health Planner provided an overview of quality improvement projects (QIPs) undertaken by other support service providers in other EMAs. This topic was suggested in the evaluation survey as a subject of interest.

The presentation described QIPs completed in New York City, Los Angeles, and Dallas. New York's Care Coordination Program featured a client self-management assessment tool as well as a provider assessment tool to create patient service plans collaboratively. Los Angeles completed a Special Project of National Significance (SPNS) Black men who have sex with men (BMSM) initiative centered around youth-focused case management. This model was adapted by The Village Project in Dallas, Texas. The case management models utilized within the Los Angeles and Dallas EMAs were compared and contrasted during the presentation.

Members discussed the self-management assessment tool utilized in the New York EMA in further detail. The tool was developed through discussions with subject matter experts to gather insights from care team members and clients. It was noted that clients' viral load suppression improved while the tool was in use.

V. Discussion: Normalizing Mental Health & Substance Abuse Discussions with Clients

A CQM Health Planner presented on the relationship between stigma and mental health in preparation for the discussion of normalizing mental health and substance abuse discussion with clients.

Network members shared methods for inviting clients to care. One way this is done is by suggesting that clients speak to a neutral party about what is going on. The mental health provider agency shared available resources and contact information for ease of referral.

A provider shared that clients do not want to be referred to as having a mental illness, or have it seen as an abnormality. Another provider added that many clients can shut

down if mental health is mentioned. Rather than describe mental health services by that name, providers sometimes refer to these services as behavioral health instead. The client can also simply be offered the opportunity to speak to someone, rather than using a name for the proposed interaction.

VI. Discussion: COVID-19 Vaccine

The Support Services Network was asked for any updates regarding client hesitancy on the COVID-19 vaccine. A member whose agency is providing vaccinations shared that clients can register for vaccination through their website. This agency is also doing community outreach to encourage the public to get vaccinated.

VII. Case Study Assignment

The Support Services Network will begin sharing case studies at its next meeting. Harold Balvin of Care Resource and Joyce Nunnally of Broward House will present case studies at the September meeting.

VIII. Announcements

Planning Council Support Staff reminded network members to complete the Assessment of the Administrative Mechanism survey being conducted by the HIV Planning Council.

IX. Adjournment

The meeting was adjourned at 10:03 a.m.

Next Meeting Date: September 14, 2021

Support Services Network Meeting

June 1, 2021

9:00 – 10:15 AM

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Housekeeping Rules

Mute Microphone

Participants will be automatically muted to limit background noise

Identify Yourself

State your name and agency when speaking

Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification

Raise Your Hand

The "raise hand" option will notify the presenter of any questions that may arise

Ask Questions

Please save questions until the end of each slide

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Welcome and Introductions

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Welcome!

Jaclyn Ramos
CQM Health Planner
BRHPC – CQM Support Staff
jramos@brhpc.org

4

Welcome!

Wislene Augustin
Targeted Case Manager
Community Rightful Center
waugustin@communityrightfulcenter.org

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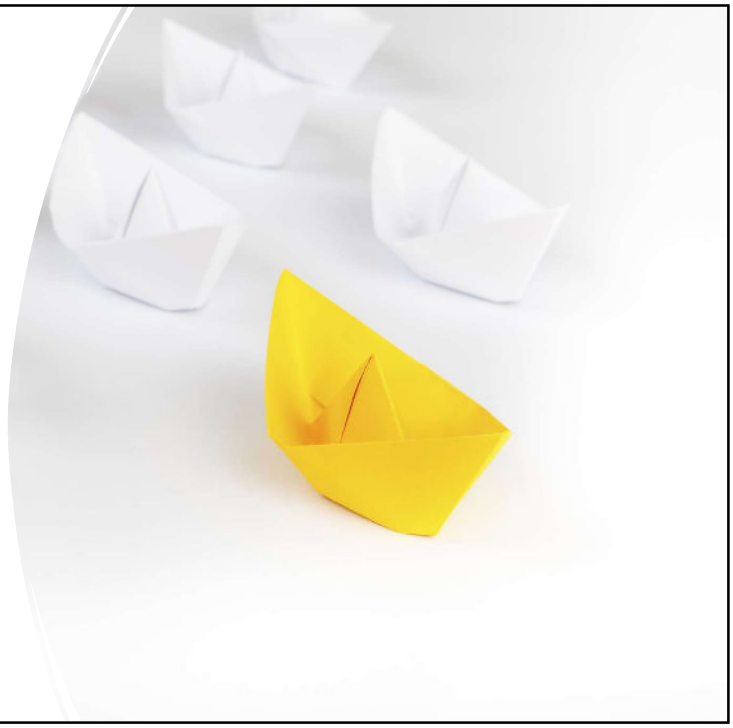
Network Meeting Evaluation Results



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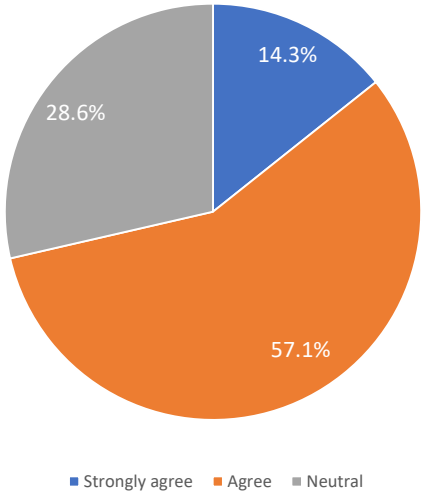
1. The meeting agenda consisted of topics that were informational, constructive, and beneficial to deliver Ryan White Part A services.



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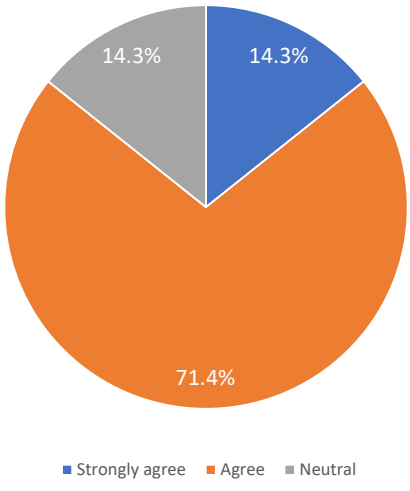
2. The meeting discussions were on-topic, constructive, and valuable.



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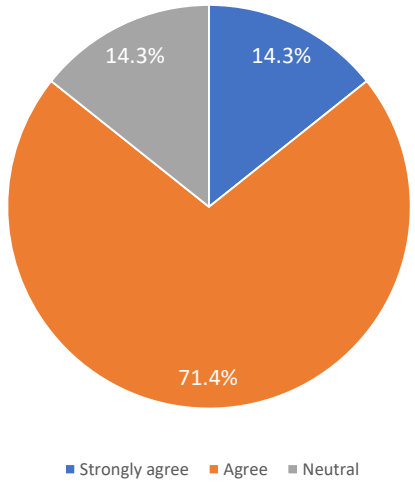
3. The meeting materials were well organized, visually appealing, and easy to follow.



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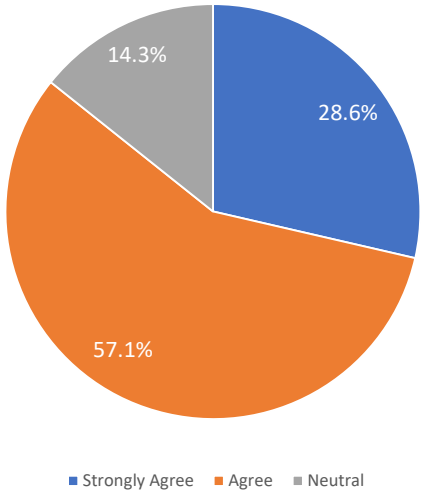
4. I was able to utilized WebEx meeting platform to effectively participate in this meeting.



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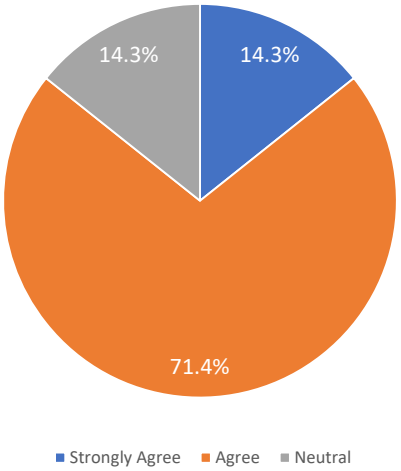
5. This meeting made progress towards improving the quality of care received by Ryan White Part A clients in the Broward EMA.



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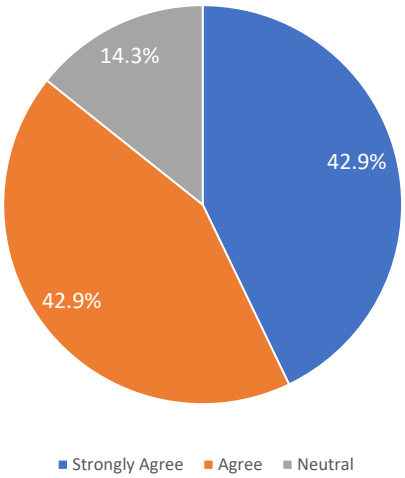
6. The meeting promoted an environment that encouraged networking among participants.



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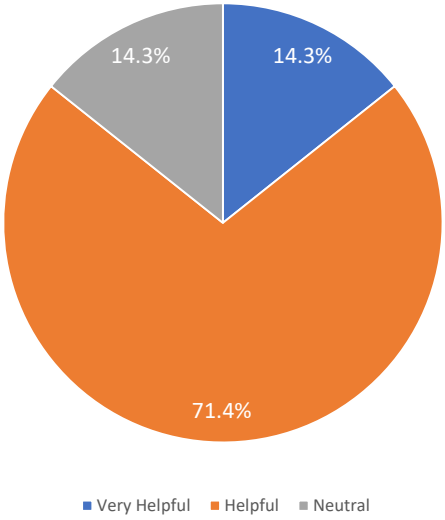
7. Overall, I consider this meeting to be:



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8. PLEASE LIST A MINIMUM OF TWO DISCUSSION OR TRAINING TOPICS FOR FUTURE NETWORK MEETINGS:

"Open discussion of Mental Health and Substance Use Services throughout service categories and normalizing the discussion for clients; EBP that can be used to provide clients with support interventions and encourage them to maintain engagement in care (ie. motivational interviewing, solution focused, etc.); allowing peers and CM to feel empowered to build rapport and support clients before, during, and after additional support services are in place."

"Documentation and Time Management."

"Quarterly updates on agency changes; connecting to care; identifying client needs; mental health services availability."

"1. Discuss how RW part A can help pay hospital bills for those who are uninsured. 2. Access to see ADAP scheduled appointment s in PE."

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8. PLEASE LIST A MINIMUM OF TWO DISCUSSION OR TRAINING TOPICS FOR FUTURE NETWORK MEETINGS:

" A discussion/review of other EMA support services (I'm always curious to see how others do things, especially "legal services"); sample QIPs from other EMAs, especially for non-medical support services like legal and food bank."

"1) Bringing up to date new participants of future network meetings; 2) Sending new participants a written synopsis of past decisions, findings, and projects."

1). Clients dealing with the before and after the COVID-19 Pandemic; 2). Lack of Resources (i.e. Financial Assistance, Housing, Food Bank)."

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Additional Recommendations?

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REVIEW OF QIPS FROM OTHER RW PART A PROGRAMS

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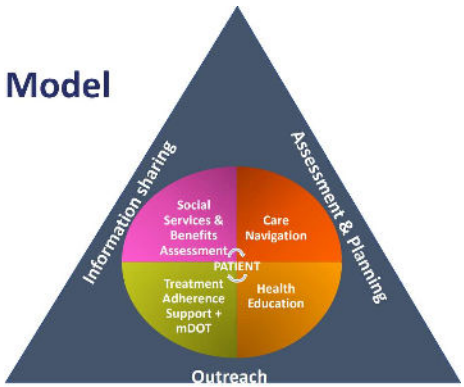
NYC CARE COORDINATION PROGRAM (CCP)

CASE MANAGEMENT

- NYC DOH launched the RWPA-funded CCP in 2009. This case management program supports PLWH who face barriers linking to care, adhering to treatment, & achieving viral load suppression
- NYC CCP redesigned the CCP model in 2018-19 to produce one that would be more client-centered and provider-flexible



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Weaknesses (Old Model)

- Lack of self-management assessment tools
- Limited eligibility criteria
  - Newly diagnosed
  - New to Care
  - Not retained in care
  - New to Treatment
  - Struggling adhering to ART

Strengths (New Model)

- Implementation of self-management
  - For both PLWH & their care team
- More eligibility criteria added
  - Currently living with hepatitis C and HIV
  - HIV+ and pregnant
  - High risk for falling out of medical care or becoming unsuppressed
  - Virally unsuppressed at most recent viral load test within past 12 months

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Self-Management Assessment Frequency

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Self-Management Assessment Tools

1. Medication Adherence and Management
2. Communication with Care Team
3. Appointment Management
4. Maintaining Healthcare Coverage
5. Side Effect Management
6. Understanding Viral Load

❑ 1. Never	❑ 2. Rarely	❑ 3. Sometimes	❑ 4. Most of the time	❑ 5. Always	❑ N/A

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Implementation & Findings

PROS

- Patients & care teams contribute to patient service plan creation
- Patients & care teams better understand their strengths & weaknesses

CONS

- Care teams constantly rated patients' self-management skills as less adequate than patients themselves did
- Some patients had difficulty filling out the assessment due to low literacy

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LA SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) BMSM INITIATIVE

NON-MEDICAL CASE MANAGEMENT & MENTAL HEALTH

- Black MSM are a vulnerable population
- 1 in 2 BMSM will be diagnosed with HIV in his lifetime
  - housing instability
  - increased risk of depression
  - Less likely to achieve viral suppression than national RWHAP average

- SPNS has adapted 4 models
  - Youth-Focused Case Management Model

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Youth-Focused CM as adapted by *The Village Project* in Dallas, Texas

- 3-year Ryan White Part F SPNS 2018-21 project has a goal of implementing 4 evidence-based behavioral health models for BMSM
  - Youth-Focused Case Management Model adapted by *The Village Project*

Intervention Components	A.R. Wohl YBMSM Model of Care	The Village Project Model of Care
Length of Intervention	24 month intervention	6 month intensive/3 months transition
Age Qualifier	15-64	17-34
Target Population	HIV+ Youth Latino & Black MSM	HIV+ BMSM
Staffing	Two BA Level Case Manager	LMSW Case Manager, Peer Patient Navigator, HIV Counselor
Service Delivery	Case Management, Care Plan, Treatment Education/Adherence Support, Text Messaging	Intensive Case Management, Care Plan creation based on Acuity Scale every 90 days, Peer Patient Navigation, Psychosocial Support Group, Co-integrated Behavioral Health Services, honed warm-handoff process
Enrollment Goal	63	150

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Collaborations

- Dallas County Health and Human Services (Health Department)
- AIN (transportation provider in Dallas County)
- Resource Center
- Prism Health (medical provider)
- Homeward Bound
- Housing Assistance Setting

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Questions??

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Discussion: Normalizing Mental Health and Substance Abuse Discussions with Clients

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Three Conceptual Levels of Stigma

Cognitive (stereotypes): prefabricated opinions and attitudes towards members of certain groups

Emotional (prejudice): consenting emotional reactions to a stereotype or a stereotyped person

Behavioral (discrimination): activated generalized response patterns

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Three Levels of Perspective

Macro level: society as a whole and mass media

Intermediate level: covers health care professionals

Micro level: the individual caregivers

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Suggestions to Reduce Stigma of Mental Illness

- Talk openly
- Educate yourself and others
- Be conscious of language
- Encourage equality
- Show compassion
- Be honest about treatment
- Let the media know
- Choose empowerment

NAMI
National Alliance on Mental Illness

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Discussion Questions

How do you fight mental health and substance abuse treatment stigma when offering these services to clients?

Describe the process for recommending mental health/substance abuse treatment services to reluctant clients.

For clients who are interested in seeking mental health/substance abuse treatment, describe the referral process.

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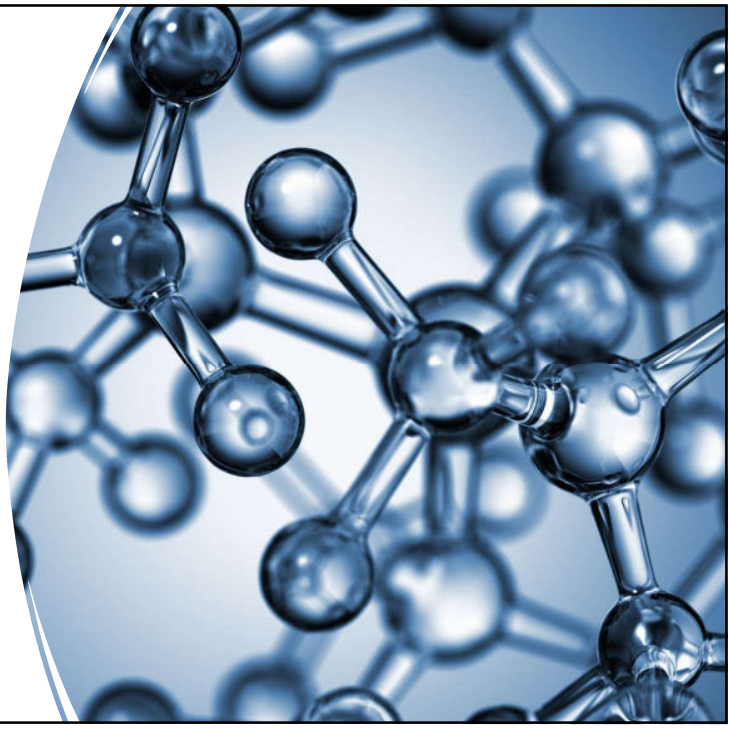
DISCUSSION: COVID-19 VACCINE

Confidence

Hesitancy

Challenges



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Case Study Assignment

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GET CARE BROWARD TREAT HIV|BEAT HIV RYAN WHITE PART A

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115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 954-357-8647 • FAX 954-357-8204

Case Study

Viral Load:	
History of Viral Load	
Mode of Transportation:	
Housing Status:	
Insurance Status:	
Length of Time in Care:	
Other Medical Conditions:	
Support System (Family, Friends, etc.):	
Other Barriers to Care:	

Client History:

Client Issues:

- Each agency is required to present a case study
- Two volunteers are needed for the next network meeting

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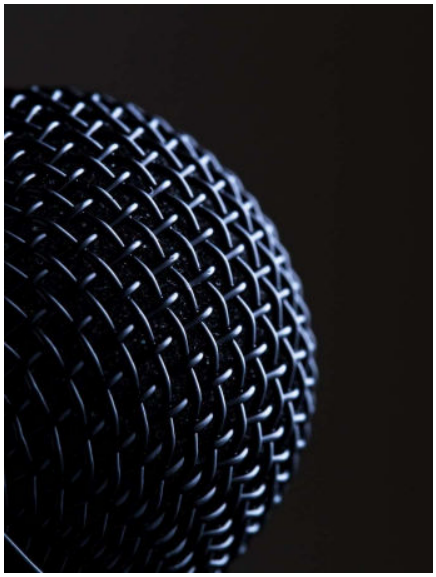
Announcements



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Next Meeting Date

September 14th, 2021

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