Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Agenda: System of Care Committee
Date/Time: Friday, April 24, 2015, 9:30 a.m. **Location:** Gov't Center Annex Room A-337
Chair: Dr. Mark Schweizer **Vice Chair:** Donna Sabatino

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 4/24/15 Agenda and 3/27/15 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Community Forum (Handout A)	ACTION ITEM: Discuss the community forum, including the purpose, date, and location.
Client Health Outcomes (WP Item 1.3) (Handout B)	ACTION ITEM: Review client health outcomes along the Part A HIV Care Continuum.
Funding Sources (WP Item 1.4) (Handout C)	ACTION ITEM: Analyze available funding in Broward County and identify services that are needed but not currently funded, or underfunded.
How Best to Meet the Need (WP Item 2.1) (Handout D)	ACTION ITEM: Develop language for How Best to Meet the Need (HBTMTN).
Linkage Map (Handout E)	ACTION ITEM: Discuss creating a linkage map of services for Broward County, and what should be included.

4. **GRANTEE REPORT**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** April 24, 2015 **VENUE:** Room A-337

Goal/Work Plan Objective #:	*Accomplishments*
Client Health Outcomes (WP Item 1.3)	ACTION ITEM: Review client health outcomes by EMA/TGA.
Funding Sources (WP Item 1.4)	ACTION ITEM: Analyze available funding in Broward County and identify services that are needed but not currently funded, or underfunded.
Service Category Recommendations (WP Item 2.3)	ACTION ITEM: Make recommendations to PSRA about services to be funded based on review of data and research.

7. **ANNOUNCEMENTS**

8. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Minutes: System of Care (SOC) Committee
Date/Time: Friday, March 27, 2014, 9:30 a.m. **Location:** Gov't Center Room GC302
Chair: Dr. Mark Schweizer **Vice Chair**: Donna Sabatino

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Schweizer, M. *(Chair)*	**X**			Bell, J.
2	Sabatino, D. *(Vice Chair)*	**X**			Burgess, D.
3	Creary, K.	**X**			Myers-Culpepper, K.
4	Eserman, C.	**X**			Myers, L.
5	Kress, G.	**X**			Nolte, S.
6	Katz, H.B.	**X**			Rodriguez, J.
7	Markman, N.	**X**			
8	Rodriguez, J.	**X**			**Grantee Staff**
9	Runkle, D.	**X**			Degraffenreidt, S.
					Vargas, J.
					HIVPC Staff
					Sandler, C.
	Quorum = 6	**9**			Bente, A.

1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:32 a.m. and welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chair, guest, Grantee staff and HIV Planning Council (HIVPC) staff self-introductions were made. The following motions were made:

Motion #1: To approve today's meeting agenda.
Proposed by: Katz, H.B.
Seconded by: Runkle, D.
Action: Passed Unanimously

Motion #2: To approve the 11/24/14 meeting minutes.
Proposed by: Creary, K.
Seconded by: Katz, H.B.
Action: Passed Unanimously

2. UNFINISHED BUSINESS

The Chair thanked committee members and all guests present. The Chair stated that all HIV services in Broward County will be reviewed by the committee.

3. MEETING ACTIVITIES/NEW BUSINESS

a) SOC Meeting Date (Handout A)
HIVPC staff explained that Fridays are sometimes a difficult day for members and guests to attend. The Chair asked all members about availability on Friday mornings and stated that when a conflict arises on a specific month, meeting dates can be changed.

b) Review Data Sources (WP Item 1.2) (Handouts B-1-B-3 & C-1-C-3)

HIVPC staff continued explaining the results of the needs assessment report. HIVPC staff explained how PLWHAs pay for medical care when not provided by Ryan White. A member stated that when a client is on Medicaid case management services can still be provided. There was committee discussion regarding providing clients with a map of services throughout Broward County. The Chair asked that a discussion be had at a future meeting regarding a list of County-wide services for dissemination among both clients and providers. There was committee discussion regarding how the private health insurance landscape has changed due to the Affordable Care Act (ACA). HIVPC staff explained the provider views on most common barriers to client retention. Substance abuse and mental health factors were contributing barriers to client retention in care. The Chair reiterated that fact that available services must be advertised to clients and the community. A member stated that many clients are wary of government services because of barriers which causes clients to fall out of care. Those clients that have the resources to pay for private services are doing so. The Chair stated that there are navigators available for government services but clients must be made aware of services and programs. A member stated that staff is available to answer questions and concerns and that most times clients need to be educated about available services. There was discussion regarding the changing health care landscape, which makes clients frustrated about navigating the system.

HIVPC staff explained provider reported retention activities, including counseling clients about the importance of keeping appointments. HIVPC staff also explained the main reasons PLWHA gave for returning to care, including that clients got sick and knew they needed care and ready to deal with their illness. Differences by subpopulations among transgender was noted. Homelessness also a factor that can interrupt care. HIVPC staff also explained services needed by PLWHAs not received in the last 12 months, which included dental care and food bank services. A member asked why the number of respondents greatly differs from question to question. HIVPC staff explained that some clients did not answer all questions for each section. HIVPC staff explained that the ease of referrals to services was good overall for providers. The Chair stated that frustration among the committee should be directed towards helping clients attain the services they need.

HIVPC staff explained the 2013 needs assessment findings. She explained identified service gaps, capacity development needs, and structural barriers. HIVPC staff presented an HIV/AIDS epidemiology report provided by the Florida Department of Health (FLDOH). HIVPC staff explained HIV/AIDS infection cases and rates by gender, race/ethnicity, and exposure categories. She also explained adult HIV and AIDS infection case rates by sex, race/ethnicity, and factors affecting disparities.

HIVPC staff explained HIV and AIDS cases by zip code. HIVPC staff also explained annual prevalence of adults living with HIV disease, top priority populations, and death rates. A members asked why non-IDU drug user was not listed an exposure category. HIVPC staff explained that non-IDU dug user is not a direct mode of exposure. A member reiterated that testing follows the National HIV/AIDS Strategy which decreases health inequalities among minority populations. A member stated that FLDOH is currently working to pull different data sources to create a community viral load report. The Vice Chair stated that this summer an update to the National HIV/AIDS Strategy will released.

c) Community Forum (Handout D)

The Chair explained the joint community forum with the Community Empowerment Committee (CEC). A member explained that CEC will hold a community forum during the June pride month that will focus on HIV biomedical interventions. The Chair explained that he would like to hold a community health fair with all Part A service categories represented. The event will cater to both HIV positive and negative people. A member stated that the CEC event will include a panel discussion and testimonials. The Chair stated the event will include discussion regarding service categories instead of individual organizations. A member asked that these event ideas be presented to the CEC Chair. Grantee staff recommended having an insurance representative at the event.

4. GRANTEE REPORT

None.

5. PUBLIC COMMENT

None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: Friday, April 24, 2015, 9:30 a.m. VENUE: Gov't Center Annex Room A337

Goal/Work Plan Objective #:	*Accomplishments*
Client Health Outcomes (WP Item 1.3)	ACTION ITEM: Review client health outcomes by payer, EMA/TGA, and along the HIV Care Continuum.
Funding Sources (WP Item 1.4)	ACTION ITEM: Analyze available funding in Broward County and identify services that are needed but not currently funded, or underfunded.
How Best to Meet the Need (WP Item 2.1)	ACTION ITEM: Develop language for How Best to Meet the Need (HBTMTN).

7. ANNOUNCEMENTS

The Vice Chair announced that on May 7th, AAHIVM will hold a panel discussion regarding HIV Care under the Affordable Care Act: Addressing the Needs of HIV providers and health professionals in Florida. For registration visit: www.aahivm.org

8. ADJOURNMENT

The meeting adjourned at 11:22 a.m.

System of Care Attendance - CY2015

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Atten. Letters
	Meeting Date:	23	27	27										
		C	C											
1	Cook, R.	NQA	NQA	R - 3/9										W-3/3
2	Creary, K.			X										
3	Eserman, C.	NQX	NQX	X										
4	Katz, H.B.	NQX	NQX	X										
5	Kress, G.	NQX	NQX	X										
6	Markman, N.	NQX	NQX	X										
7	Runkle, D.			X										
8	Rodriguez, J.	NQA	NQA	X										W-3/3
9	Sabatino, D., *Vice Chair*	NQA	NQA	X										W-3/3
10	Schweizer, M., Chair	NQX	NQX	X										
11	Ullah, E.	NQA	NQA	R - 3/3										W-1/27
	Quorum = 6	5	5	9										

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

SOC/CEC COMMUNITY FORUM

Date: June 4, 2015, 6:00-8:00 p.m.
Proposed Location: Pride Center 2040 N Dixie Hwy, Wilton Manors, FL 33305
Kids in Distress, 819 NE 26th St, Wilton Manors, FL 33305

1. **Collaboration**
   The Community Empowerment Committee (CEC) and the System of Care (SOC) Committee will hold a joint community event to educate greater Broward County about HIV services and gain feedback from consumers in an informal manner. This feedback will help inform the priority setting and resource allocation process.

2. **Topics**
   Health Fair: The community forum will work as a health fair, designed to bring awareness about different services available in the community. Information about the Part A services that are funded, and why those services are funded will be available. It will also serve as an informal opportunity to gain feedback from clients about the services they are having trouble accessing or cannot find.

   Positive Living Feedback Forums: CEC will conduct its first Positive Living Feedback Forum in a series of forums to target different populations. The forum will focus on living positively with HIV, strategies that can be used to make positive changes, resources that are available, how to become involved in the community, and the challenges that people face living with HIV.

HANDOUT B

OUTCOMES ALONG THE HIV CARE CONTINUUM

The HIV Care Continuum illustrates the proportion of HIV+ Broward residents who are engaged at each stage of HIV care: diagnosed, linked to care, retained in care, prescribed ART, and virally suppressed

FLDOH data depicted in the graph below (Figure 1) reflect the care status in 2013 for those HIV+ individuals presumed alive and living in Broward. Data sources include the eHARS, CAREWare, and Medicaid datasets and estimates based on 2011 data from the CDC's Medical Monitoring Project (MMP). Definitions for the Broward Care Continuum are as follows:

Diagnosed: Number of cases known to be alive and living in Broward through 2013, regardless where diagnosed, as of 06/30/2014.

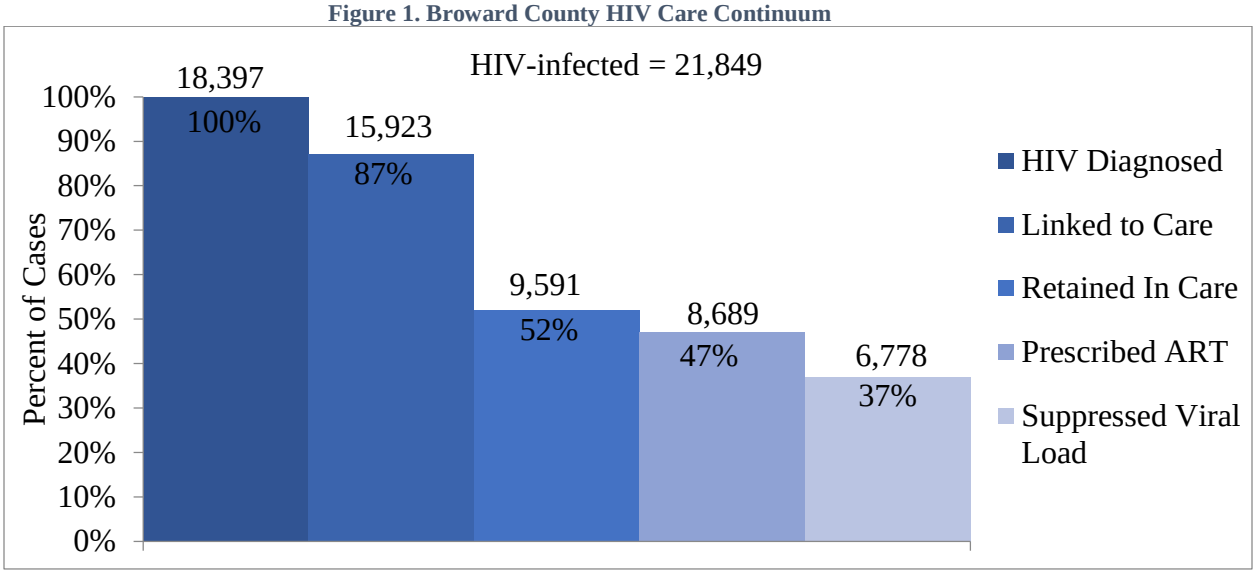
Linked to Care: Number of persons living with HIV disease in Florida (regardless of where diagnosed) who ever had a CD4 or Viral load (VL) test in the electronic HIV/AIDS Reporting System (eHARS).

Retained in Care: Number of persons living with HIV in Florida (regardless of where diagnosed) and having at least 1 HIV-related care service involving either a Viral Load or CD4 test or a refill of HIV-related prescription.

Prescribed Antiretroviral Therapy (ART): Estimated 90.6% of in care this year in Florida per 2011 Medical Monitoring Project (MMP) data.

Virally Suppressed: Estimated 78.0% on ART & a suppressed VL (<200 copies /mL) this year in Florida per 2011 MMP data.

Figure 1. Broward County HIV Care Continuum



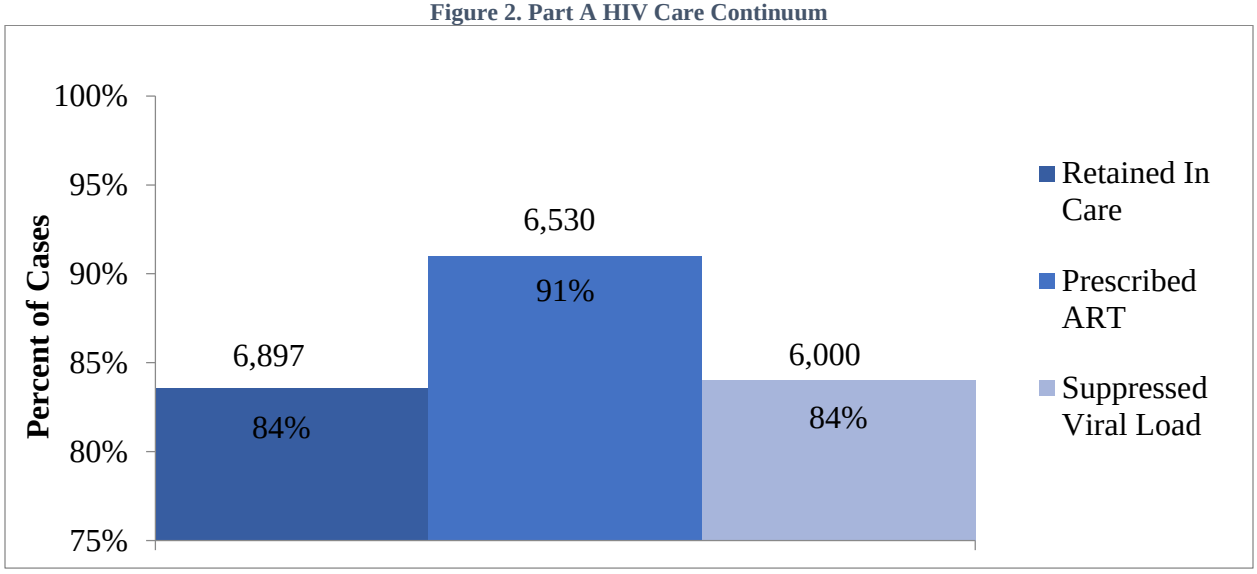
Part A data provide a comparison of the health outcomes of Broward's Part A clients to all HIV+ Broward residents. Part A data reflects the care status for RWHAP Part A clients served in 2014. Provide Enterprise (PE) collects data on the last three stages of the Continuum including the number of clients who are retained in care, prescribed ART, and virally suppressed. Definitions for the Part A Care Continuum are as follows:

Retained in Care: Number of Part A clients who had at least one medical visit in 2014.

Prescribed ART: Number of Part A clients receiving ART (single, dual, or HAART) in 2014.

Virally Suppressed: Number of Part A clients who are virally suppressed with a Viral Load < 200 copies/mL in 2014.

Figure 2. Part A HIV Care Continuum



Part A Retained In Care

Overall, approximately 16.4% of Part A clients did not have at least one medical visit in a measurement year (were not retained in care). There were some differences in retention among subpopulations:

By Gender:

	#	%
Female	201	10.2%
Male	549	11.1%
Transgender	8	16.0%

By Race/Ethnicity:

	#	%
Black non-Hispanic women	163	10.23%
Black non-Hispanic men	207	10.23%
Black non-Hispanic Total	**373**	**10.22%**
	#	%
White non-Hispanic women	35	9.6%
White non-Hispanic men	332	11.5%
White non-Hispanic Total	**372**	**11.4%**
	#	%
Hispanic women	18	9.9%
Hispanic men	107	10.9%
Hispanic Total	**126**	**10.7%**

By Age (in years):

	#	%
13 to 29	7	25.0%
20 to 24	54	23.0%
25 to 44	553	20.1%
45 to 49	214	15.8%
50 to 54	230	13.9%

55 to 59	170	14.1%
60 to 64	71	11.3%
65+	49	12.9%

Part A Prescribed Antiretroviral Therapy (ART)

Overall, approximately 8.7% of Part A clients were not prescribed ART.

Part A Virally Suppressed

Overall, approximately 16.1% of Part A clients did not have at least one medical visit in a measurement year (were not retained in care). There were some differences in retention among subpopulations:

By Gender:

	#	%
Female	396	19.9%
Male	741	14.5%
Transgender	17	34.0%

By Race/Ethnicity:

	#	%
Black non-Hispanic women	342	21.3%
Black non-Hispanic men	395	18.6%
Black non-Hispanic Total	**737**	**19.7%**
	#	%
White non-Hispanic women	29	15.3%
White non-Hispanic men	243	12.7%
White non-Hispanic Total	**272**	**12.9%**
	#	%
Hispanic women	24	13.3%
Hispanic men	99	9.8%
Hispanic Total	**123**	**10.3%**

By Age (in years):

	#	%
18 to 28	176	32.7%
29 to 38	255	24.4%
39 to 48	292	16.8%
49 to 58	330	12.4%
59+	101	8.7%

By Risk Factor:

	#	%
Hetero Black non-Hispanic	510	18.2%
Hetero White non-Hispanic	67	11.2%
Hetero Hispanic	34	9.9%
Heterosexual Total	**578**	**16.9%**
	#	%
MSM Black non-Hispanic	190	22.7%
MSM White non-Hispanic	293	11.8%
MSM Hispanic	86	10.8%
MSM Total	**488**	**14.5%**
	#	%
Hemophilia	5	22.7%
IDU	18	13.4%
MSM/IDU	5	13.5%

Perinatal	35	45.5%
Transfusion	5	18.5%

HANDOUT C

FY 2014 Total Unduplicated Clients Served By Funder

FY14-15 Demographics	Part A	Part B/ ADAP	Part C	Part D	Part F	HOPWA	PAC Waiver	VA
# New Patients	4249	-	-		46	-	-	-
# AIDS	849	250	-		1	-	-	
# HIV/non AIDS	4702	3171	-		45	-	-	
Total	7154	3421	-		46	951	-	
Race								
Black or African American	4172	1551	-		21	590	-	-
White	3606	1675	-		24	354	-	-
Asian	47	23	-		-	-	-	-
American Indian/Alaska Native	13	12	-		-	1	-	-
Pacific Islander	-	-	-	-	-	-	-	-
More than one race	24	14	-		-	6	-	-
Other Race	90	146	-		1	-	-	-
Not Specified	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-
Ethnicity								
Hispanic	1295	685	-		9	100	-	-
Haitian	798	281	-		37	-	-	-
Gender								
Male	5656	2612	-		33	577	-	
Female	2254	794	-		12	365	-	
Transgender	52	15	-	-	1	9	-	-
Exposure Category								
MSM	-	-	-		33	-	-	-
IV Drug User	-	-	-		-	-	-	-
MSM and IV Drug User	-	-	-	-	13	-	-	-
Heterosexual	-	-	-		-	-	-	-
Mother at-risk	-	-	-	-	-	-	-	-
Perinatal Infect.	-	-	-		-	-	-	-
Transfusion	-	-	-	-	-	-	-	-
Hemophilia	-	-	-	-	-	-	-	-
Not Specified	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Unknown	-	-	-		-	-	-	-
Age								
(0-12)	-	0	-		-	-	-	-
(13-24)	-	106	-		-	80	-	-
(25-44)	-	1189	-		16	519	-	-
(45-64)	-	1994	-		24	347	-	-
(65+)	-	132	-		6	5	-	-
Insurance Status								
No Insurance	4018	2674			46	-	-	-
Mdcaid/Mdcare	2893	324	-		5	-	-	-
R.White Part A	-	-	-		-	-	-	-
HMO/Private	1046	423	-		-	-	-	-
Federal Poverty Level								
0-100	4626	1661	-		-	-	-	-
101-200	2435	1254			46	745	-	-
201-300	755	508			-	155	-	-
301-400	125	18			-	51	-	-
400+ ***	21	-	-	-	-	-	-	-

* 0-200% FPL

** 201-400% FPL

*** FPL is current for the end of the FY

HANDOUT C

FY 2014 Total Expenditures By Funder

	Part A & MAI		Part B / ADAP / AICP		Part C		Part D		Part F		HOPWA		Medicaid (PAC Waiver)		Veterans Administration	
	$	#	$	#	$	#	$	#	$	#	$	#	$	#	$	#
Outpatient /Ambulatory	$6,452,746	4,103	-	-					-	-	-	-	-	-	-	-
AIDS Drug Asstnc. Prog.	-	-	$652,985	4,062	-	-	-	-	-	-	-	-	-	-	-	-
Pharmaceutical Asstnc.	$264,586	3,227	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental	$2,200,198	3,020	-	-	-	-	-	-	$219,345	46	-	-	-	-	-	-
Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Insur. Premium	$353,936	186	$390,000	328	-	-	-	-	-	-	-	-	-	-	-	-
Home Health	-	-	-	-	-	-	-	-	-	-	-	-	$138,727	112	-	-
Home/Community Hlth.	-	-	$4,145	9	-	-	-	-	-	-	-	-	$154,962	252	-	-
Hospice Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	$304,356	453	-	-					-	-	-	-	-	-	-	-
Medical Nutrition	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Case Mgt.	$144,680	2,992	-	-					-	-	-	-	$688,100	710	-	-
Subst. Abuse - outpat.	$586,536	128	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Medical Case Mgt.	$1,986,698	3,155	$120,957	5,957	-	-			-	-	-	-	-	-	-	-
Child Care	-	-	-	-	-	-			-	-	-	-	-	-	-	-
Emerg. Financial Aid	-	-	-	-	-	-			-	-	-	-	-	-	-	-
Food Bank/Deliv. Meals	$980,446	3,019	$3,900	10	-	-			-	-	-	-	$135,100	91	-	-
Education/Risk Redctn.	-	-	-	-	-	-			-	-	-	-	$2,260	9	-	-
Housing	-	-	-	-	-	-	-	-	-	-	$7,755,418	951	$400	6	-	-
Legal	$124,418	210	-	-	-	-	-	-	-	-	$182,340	93	-	-	-	-
Linguistics	-	-	-	-	-	-			-	-	-	-	-	-	-	-
Medical Transportation	-	-	$75,000	1,552	-	-			-	-	-	-	-	-	-	-
Outreach	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychosocial Support	-	-	-	-	-	-			-	-	-	-	-	-	-	-
Referral/Support Care	-	-	$205,124	339			-	-	-	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-	-	-	-	-	-	-	$40,125	70	-	-
Respite Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Subst. Abuse - residntl.	-	-	$120,868	46	-	-	-	-	-	-	-	-	-	-	-	-
Treatment Adherence	-	-	-	-					-	-	-	-	-	-	-	-
Total Unduplicated	**$13,944,235**	**7,962**	-	**5,485**	-		-	-	**$219,345**	**46**	**$7,937,758**	**951**	**$1,159,675**	**1,250**		

FY 2016-2017 DRAFT LANGUAGE HOW BEST TO MEET THE NEED

Blue = new language

ALL SERVICES

- Vigorously pursue enrollment of eligible clients in Affordable Care Act (ACA) Marketplace plans
- Ensure all providers have HIV specific Clinical Quality Management (CQM) plans and CQM provider efforts are regularly reported through Quality Improvement (QI) Networks, especially as they related to access and outcome disparities
- Ensure all providers have HIV-specific cultural competency plans based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards), especially ensuring the availability of linguistically appropriate staff and the training of front line staff in cultural competence
- Ensure Service Delivery Models (SDMs) meets National HIV/AIDS Strategy (NHAS) recommendations and requirements
- Ensure SDMs responds to treatment needs of clients' race/ethnicity, gender, gender identification, sexual orientation and linguistic needs, especially Minority AIDS Initiative (MAI) SDMs
- Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, and provide follow up as needed
- Ensure services are located throughout the county, especially the southern and southwestern parts of the county, and agencies are on public transit routes
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to:
    - Black heterosexual men and women
    - Black men who have sex with men (MSM)
    - Non-permanently housed
    - Transgender
    - 18-38 years of age
- Increase follow up efforts with clients who have missed appointments to determine if clients are really not in care or have moved to a different payer source

PART A CORE SERVICES

Outpatient Ambulatory Health Services (OAMC)

- Continue to ensure access to nutritional counseling/therapy services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Ensure services are available to People Living With HIV/AIDS (PLWHAs) in all Broward geographic areas through selection of providers located in areas where prevalence is highest, particularly the southern and southwestern parts of the County

AIDS Pharmaceuticals (Local)

- Ensure only locally available AIDS Drug Assistance Program (ADAP) approved antiretroviral drugs (ARVs) are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AIDS Insurance Continuation Program (AICP), medication co-pay, Health Insurance Continuation Program (HICP), Medicaid, Medicare, private health insurance, and the use of medications with Patient Assistance Programs (PAPs) when appropriate

Oral Health Care (OHC)

- Maintain specialty oral health care service definition provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals

Health Insurance Continuation Program (HICP)

- Purchase health insurance marketplace plans that provide comprehensive primary care and pharmacy benefits that provide a full range of HIV medications
- Fill in gaps from ADAP to ensure that clients are able to move onto health insurance marketplace plans
- Ensure a mechanism for including coverage for medical and pharmaceutical co-payments

Mental Health Services

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use, when appropriate
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between mental health providers and other service provider about mental health client outcomes that may impact outcomes in other services
- Implement mental health services that target the socio-sexual-cultural needs of populations not achieving health outcomes
- Ensure the SDM addresses dealing with shame and stigma as part of mental health services

Disease (Medical) Case Management

- Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Ensure a standardized MH/SA screening mechanism as part of the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)

Substance Abuse Services - Outpatient

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues, when appropriate
- Ensure communication between mental health and substance abuse providers if client is receiving both services
- Ensure communication between substance abuse providers and other service provider about substance abuse client outcomes that may impact outcomes in other services
- Implement substance abuse services that target the socio-sexual-cultural needs of populations not achieving health outcomes
- Ensure the SDM addresses dealing with shame and stigma as part of substance abuse services

PART A SUPPORT SERVICES

Centralized Intake and Eligibility Determination (CIED)

- Support outreach, benefits counseling and enrollment activities of into private health insurance plans through the ACA Marketplace and into Medicaid and other 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care, by ensuring an adequate number of appointments in geographic areas with large populations of newly diagnosed
- Ensure linkages to ambulatory medical and other service systems
- Ensure coordination with key points of entry including Prevention, Counseling and Testing (CTS), other Ryan White (RW) Parts, hospitals, correctional facilities and substance abuse programs
- Ensure providers have active, focused Memorandum of Understanding (MOUs), with key points of entry
- Increase awareness of other programs in Broward County that will be of benefit to clients, especially programs that will help with barriers to care

(Non-Medical) Case Management

- Ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc.
- Ensure client education to increase self-sufficiency, including how to read and understand labs, medication adherence, and navigating the continuum of services in Broward County, especially ACA Marketplace insurance plans
- Provider demonstrates an understanding of client barriers to care and service needs and the means to address them
- Improve client understanding of services and assist in their ability to self-navigate the system of care
- Support benefits counseling and enrollment activities of RW clients into private health insurance plans through the Health Insurance Marketplace and/or Medicaid

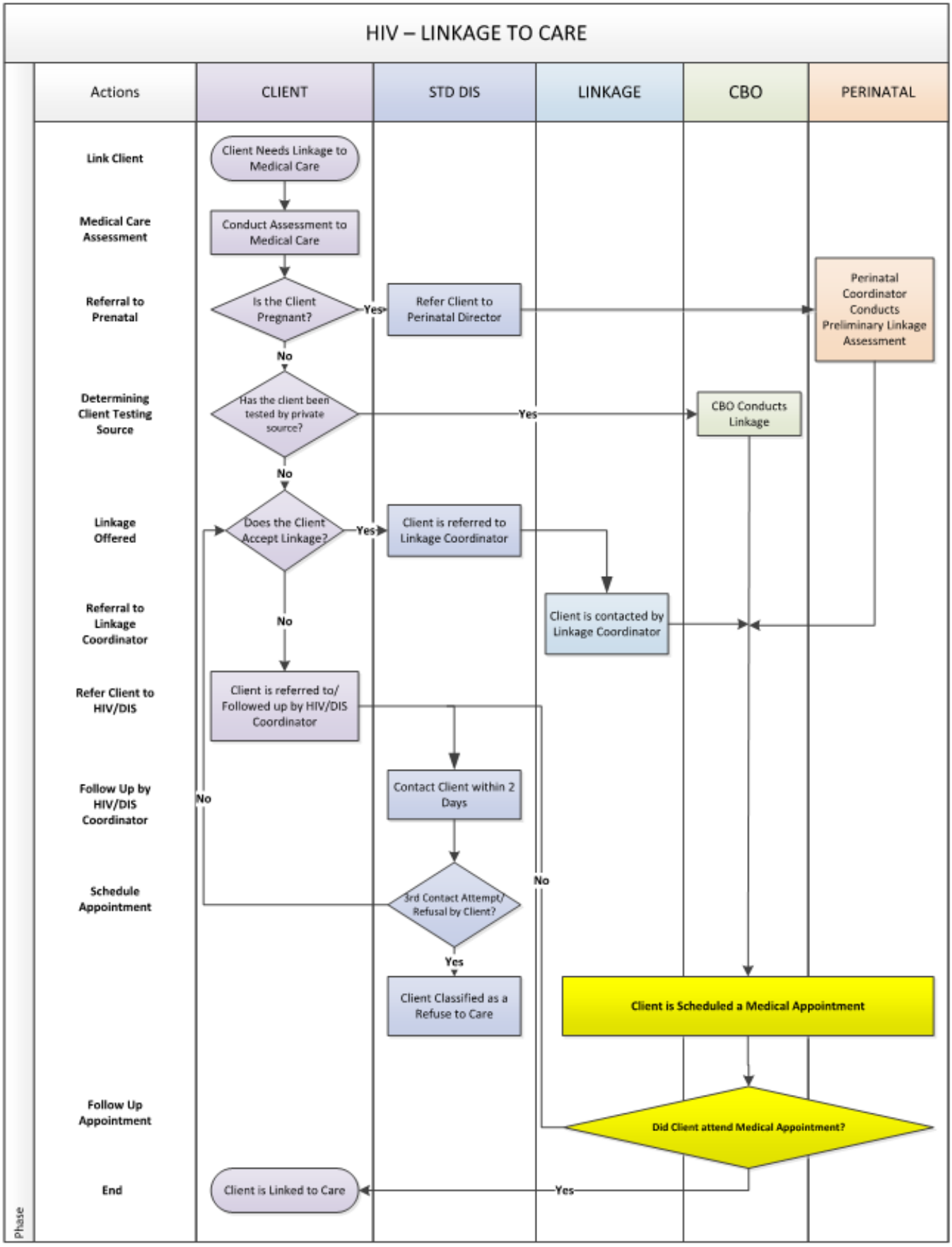
Food Services

- Ensure services are linked to health outcomes and food service units are targeted to client nutritional needs
- Increase communication with client primary care physicians and nutritional counselors to ensure client nutritional needs are being met

Legal Services

MAI SERVICES

- Focus MAI efforts on subpopulations not achieving health outcomes, especially:
    - Black heterosexual men and women
    - Black MSM
    - Transgender
- Focus MAI efforts on services with the highest percentages of MAI clients not achieving health outcomes, especially:
    - CIED
    - (Non-medical) Case Management
    - OAMC
    - Mental Health
    - Substance Abuse


HIV – LINKAGE TO CARE
Actions
CLIENT
STD DIS
LINKAGE
CBO
PERINATAL
Link Client
Medical Care Assessment
Referral to Prenatal
Determining Client Testing Source
Linkage Offered
Referral to Linkage Coordinator
Refer Client to HIV/DIS
Follow Up by HIV/DIS Coordinator
Schedule Appointment
Follow Up Appointment
End
Phase
Client Needs Linkage to Medical Care
Conduct Assessment to Medical Care
Is the Client Pregnant?
Yes
Refer Client to Perinatal Director
Perinatal Coordinator Conducts Preliminary Linkage Assessment
No
Has the client been tested by private source?
Yes
CBO Conducts Linkage
No
Does the Client Accept Linkage?
Yes
Client is referred to Linkage Coordinator
No
Client is contacted by Linkage Coordinator
Client is referred to/ Followed up by HIV/DIS Coordinator
Contact Client within 2 Days
No
3rd Contact Attempt/ Refusal by Client?
No
Yes
Client Classified as a Refuse to Care
Client is Scheduled a Medical Appointment
Did Client attend Medical Appointment?
Yes
Client is Linked to Care