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: Tuesday, January 26, 2016 1:00 p.m.
Location: Children's Diagnostic and Treatment Center
Chair: Marie Hayes

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

2. **APPROVALS:** 1/26/16 Agenda and 7/24/15 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Committee Overview	ACTION ITEM: Review the scope and focus of the System of Care Committee based on Needs Assessment recommendations, Policies and Procedures, and By-Laws (Handout A1-A3)
Work Plan	ACTION ITEM: Review committee work plan and make recommendations for FY 2016 work plan activities (Handout B)

4. **GRANTEE REPORT**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** February 23, 2016 1:00 p.m. **VENUE:** CDTC

Goal/Work Plan Objective #:	*Accomplishments*
QM Recommendation for SOC Review	ACTION ITEM: Review recommendations from Quality Management Committee regarding clients not achieving health outcomes
Review data to identify areas for further research (WP Item 1.2)	ACTION ITEM: Review surveys, studies, policies, and program documents, such as the Part A grant application, from the previous FY. Identify at least 3 activities, topics, or populations that are in need of further research.
Care Continuum Road Map	ACTION ITEM: Review Care Continuum Road Map and Linkage to Care Map

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 •

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Committee Meeting Minutes: System of Care (SOC) Committee
Date/Time: Friday, July 24, 2015, 9:30 a.m. **Location:** Gov't Center Room 302
Chair: Dr. Mark Schweizer **Vice Chair**: Donna Sabatino

ATTENDANCE						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Schweizer, M., *Chair*	**X**			Allsteadt, E.	Green, W.E.
2	Sabatino, D., *Vice Chair*	**X**			Lewis, L.	Jones, L.
3	Creary, K.	**X**			Ewart Davis, L.	Morris, R.
4	Eserman, C.	**X**			Agate, L.	Vargas, J.
5	Kress, G.	**X**			Cavazoj, J.	
6	Katz, H.B.	**X**			Haggins, L	**HIVPC Staff**
7	Lewis, L.	**X**			Burgess, D.	Bente, A.
8	Runkle, D.	**X**			Childs, S.	Jackson, M.
9	Tarver, Y.	**X**			Shamer, D.	Johnson, B.
					Buttimer, B.	
	Quorum = 6	**9**				

1. CALL TO ORDER

The Vice Chair called the meeting to order at 9:31 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: Schweizer, M.
Seconded by: Runkle, D.
Action: Passed Unanimously

Motion #2: To approve the 5/22/15 meeting minutes.
Proposed by: Katz, H.B.
Seconded by: Runkle, D.
Action: Passed Unanimously

2. UNFINISHED BUSINESS

None. (The Chair said wellness conference was a great success)

3. MEETING ACTIVITIES/NEW BUSINESS

a) Community Forum (Handouts A1-A3)

The SOC Chair stated that the committee wanted to do a community event with Community Empowerment Committee, and that the date needs to be finalized. HIVPC Staff advised that after speaking with someone from the Urban League-the original forum location, August would be a difficult month to schedule due to currently scheduled and back to school events during that month. The Grantee instructed the committee to determine a goal for the community forum before making final scheduling arrangements. The Chair stated that he wants to have a meeting with the chair of the CEC, and mentioned some goals of the event from handout A1. The Chair asked the committee if there is anything that they would like to see at the forum. The committee discussed creating a short survey and using the results to better identify barriers to care. A committee member stated that some consumers are unaware of the overall Ryan White program, and that education should be a

component of this committee's contribution to the forum. Another member asked if CIED could participate in the event, and the Chair agreed that their participation would be beneficial. The Chair stated that the goal is to create education and awareness of services offered through Ryan White.

Members inquired how the Yoga Gangsters would be incorporated into the forum. HIVPC Staff gave an overview of their involvement in the forum and informed the committee that this is just an exercise to engage the participants and break down any barriers or fears before getting into the overall presentation. Staff agreed to schedule Yoga Gangsters to attend the next meeting and provide an overview of their services. The committee discussed the structure and time-frame of the event and ultimately decided to include: Yoga Gangsters as an icebreaker, short data presentation, service category overview with testimonials from consumers, tables by service providers, community forum and wrap up with raffle. The Grantee stated that the purpose of the data presentation is to include the overall purpose of service categories, how and why they are funded, and to gain feedback and solutions on how to enhance service delivery.

The Chair asked the Grantee if there was a possibility of hiring a marketing professional to create an engaging multimedia presentation that could be utilized at more events. Committee members stated the program and event should be consumer friendly and not provider heavy. The Grantee suggested that HIVPC Staff research the format/outline of a previous Community Empowerment Committee even and bring it to the next SOC meeting for guidance on the agenda items. The Chair also discussed partnering with outside community organizations and people who are not Ryan White Part A providers. The Chair informed the committee that the next meeting will include determining the logistics and time frame of each event component.

b) Funding Sources Along the Care Continuum (WP Item 1.4 &2.3) (Handouts B1-B3)
HIVPC Staff gave an overview of Handouts B1-B3 which explain how service categories affect the care continuum. The Chair informed the committee that it is important for each committee member to review all meeting materials prior to the meeting to ensure preparation and understanding which will foster more efficient meeting discussion. The Grantee stated that the purpose of this committee is to look at information from needs assessments, consumer feedback, any and all funding barriers, determine gaps to care, and to make recommendations for changes to the system. A Committee member stated that there is a disconnect between the services and consumers. The Grantee stated that the committee's mission is to know what the true obstacle is between services and consumers. A Guest suggested looking at gaps in each service category identifying micro-level gaps in order to initiate changes in the system. The Vice- Chair stated that with the new laws regarding routine testing, it may be a challenge with assisting clients who utilize private physicians outside of Ryan White to get linked and correctly navigate the system. After much discussion of the mission of the committee it was decided that there should be a road map of not only linkage to care, but for Part A Services as well. This map can be used in conjunction with data to find specific gaps in the care continuum.

4. GRANTEE REPORT
None.

5. PUBLIC COMMENT

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: Friday, August 28, 2015, 9:30 a.m. VENUE: Gov't Center Annex Room A337

Goal/Work Plan Objective #:	*Accomplishments*
Community Forum (Handouts A1-A3)	ACTION ITEM: Discuss the Community Forum, including dates, time, location, and purpose.

SOC Data Request (WP Item 1.3)	ACTION ITEM: Review the data request for clients virally suppressed versus clients not virally suppressed and make recommendations for further actions.
Funding Sources Along the Care Continuum (WP Item 1.4 & 2.3)	ACTION ITEM: Review the list of available services in the Broward County community and how they relate to the retention in care stage of the HIV Care Continuum. Identify services for further research.
Part A Road Map	ACTION ITEM: Discuss creating a linkage or road map of services for Broward County, and what should be included.
Needs Assessment Recommendations (WP Item 2.4)	ACTION ITEM: Make recommendations for needs assessment topics or populations based on research conducted.

7. ANNOUNCEMENTS

None.

8. ADJOURNMENT

The meeting was adjourned at 11:23 a.m.

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SYSTEM OF CARE	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	23	27	27	24	22	26	24						
			C	C				C							
2		Cook, R.	NQA	NQA	Z - 3/9										W-3/3
0	**1**	Creary, K.	N - 3/26		X	X	X	NQX	X						
1	**2**	Eserman, C.	NQX	NQX	X	X	A	NQX	X						
0	**3**	Katz, H.B.	NQX	NQX	X	X	X	NQX	X						
1	**4**	Kress, G.	NQX	NQX	X	X	A	NQX	X						
0	**5**	Lewis, L.	N - 5/22					NQA	X						
0	**6**	Markman, N.	NQX	NQX	X	X	X	NQX	Z						
0	**7**	Runkle, D.	N - 3/26		X	X	X	NQA	X						
3		Rodriguez, J.	NQA	NQA	X	A	X	NQA	W-3/3, R-7/1						
3	**10**	Sabatino, D., *V. Chair*	NQA	NQA	X	X	A	NQX	X						W-3/3, W-6/4
0	**11**	Schweizer, M., *Chair*	NQX	NQX	X	X	X	NQA	X						
0	**12**	Tarver, Y.	N - 5/22					NQA	X						
2		Ullah, E.	NQA	NQA	Z - 3/3										W-1/27, R - 3/3
		Quorum = 7	5	5	9	8	6	6	9						

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

Program Recommendations

BRHPC and/or the Grantee should consider the following actions; many of them might best be addressed by the **System of Care Committee,** alone or in collaboration with other committees.

1. **Review needs assessment data on client service needs and gaps along with service utilization and expenditure data,** to see whether the services clients and providers consider hard to obtain are in fact fully- or over-utilized. Where this is not the case, explore other possible access issues for these services, such as referral issues or inadequate client or case manager knowledge about available services.
2. **Gain a better understanding of barriers to care, and why they are viewed so differently by clients and providers.** This includes both client- and system-based factors. This effort might involve focus groups or other exploration of barriers for particular PLWH groups, such as the homeless, individuals with mental illness, and PLWH with substance use issues, as well as communities of color, transgender PLWH, and other key populations.
3. **Identify ways to improve services to PLWH with mental health or substance abuse issues, beyond referring them for mental health or substance abuse treatment.** As the EMA may know, a number of demonstration projects around the country, some made possible through ACA funds and others with Minority AIDS Initiative (MAI) support, are testing models for improving the capacity of medical and other non-behavioral health providers to successfully serve clients with addiction or mental health issues. Other pilot projects focus on the integration of medical care into behavioral health programs.
4. **Consider adopting a system-wide approach to provider cultural competence,** such as the recently updated OMH CLAS (Culturally and Linguistically Appropriate) Standards, to make appropriate care for communities of color, language minorities, and the LGBT community an integral part of Ryan White services. States such as Michigan and Kansas mandate that HIV service providers implement the CLAS Standards, as do Part A programs including Seattle (as part of TGA Ryan White Part A Program General Standards) and Miami.
5. **Consider how best to use survey findings that highlight the importance of stigma in the life experiences with HIV and the differences among various PLWH subpopulations.** The data may suggest ways to approach stigma, shame, and confidentiality issues in the context of client education, linkage to care, and retention in care.
6. **Given the data indicating a need for increased outreach, HIV education, and supportive linkage to care, consider the possible value of peer-based Early Intervention Services (EIS) or a similar model.** EIS is a recommended service category for addressing unmet need and fully linking newly diagnosed PLWH to care. It is much more flexible than Outreach, is a core medical service, and includes (but does not necessarily pay for) four components: testing, HIV education, referral to care, and linkage to care, which can include many months of support to PLWH who are new to care.
7. **Engage the System of Care Committee** in reviewing needs assessment findings, learning more through roundtables or other structured discussions, and recommending system of care refinements related to client education, access to care, and retention in care – through guidance to the Grantee on "how best to meet the priorities," refinements in standards of care, or other strategies.

Conclusions

1. **The Broward EMA recognizes the importance of helping HIV-positive individuals not only link to care but also become fully connected.** Most Ryan White Part A clients have a usual place to obtain HIV-related medical services and most have been in continuous care for the past year. Providers emphasized coordination with prevention to ensure rapid linkages to care.
2. **The needs assessment emphasizes the importance of retention, but provides a limited understanding of retention strategies.** Providers identified co-occurring conditions as key barriers to retention, but the needs assessment does not indicate how those barriers are being addressed. One question focused primarily on appointment reminders and follow up. Several providers mentioned more intensive efforts such as a Retention in Care initiative, efforts to reduce wait time, and adding evening and weekend hours.
3. **Providers and clients have very different perspectives on barriers to entering and remaining in care.** Providers emphasize *client-based* factors like mental health issues and denial, while clients more often focus on *system-based* factors, particularly problems with services and lack of information/education about service availability and the importance of continuous treatment.
4. **Most Ryan White clients are able to obtain most of the Ryan White services they need most of the time.** However, almost 1/3 of respondents reported difficulties in obtaining one or more needed services during the past year, including medical care, medications, and medical case management. Dental care was the service most often reported as needed but not received.
5. **Subpopulation differences in use of and adherence to antiretrovirals indicate that increasing viral suppression requires addressing a wide range of related factors,** from homelessness to discrimination and stigma. Not surprisingly, PLWH who are loosely connected to care are less likely to take antiretrovirals and, if they are taking them, have lower adherence than PLWH who are firmly linked to care.
6. **There appears to be insufficient systematic community outreach, education about HIV, and assistance to PLWH in finding the right service provider.** This is a particular problem for particular populations, including Latinos, but is widely viewed as a barrier to care by PLWH.
7. **Cultural competence is a continuing concern.** Latino PLWH identified considerable challenges in obtaining appropriate services, and providers identified it as a focus for training. However, a minority of providers identified efforts that go beyond training, such as ensuring a diverse and reflective staff.
8. **Stigma, confidentiality concerns, and shame remain extremely important in many PLWH subpopulations in Broward County.** For some groups, these factors appear to negatively affect care seeking as well as overall quality of life. The data from self-reporting on HIV related life experiences offer valuable insights on the continuing need to acknowledge and address the importance of stigma.
9. **The needs assessment offers only small insights regarding changes in the system of care as a result of the Affordable Care Act and the federal Marketplace.** The percentage of clients reporting private insurance has increased since 2013, and providers are exploring ways to ensure sustainability under health care system that is increasingly based on fees for service and third-party reimbursements.

SYSTEM OF CARE COMMITTEE
Policies and Procedures

Approved 11/20/14

Policies

The System of Care Committee membership shall include representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

The Committee shall conduct activities to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies using the three guiding principles of the HIV Planning Council. The three guiding principles of the HIV Planning Council are linkage to care, retention in care, and viral load suppression.

At a minimum, analyzing and evaluating the system of care will include activities to:

- Identify the inventory of resources available in HIV care in Broward County
- Determine the unmet needs by identifying gaps in service in Broward County and make recommendations
- Coordinate with existing HIV Planning Council committees, and other appropriate committees, to evaluate the capacity of the continuum of care in the HIV system in Broward County

Procedures

The Committee will invite representatives from other planning bodies to participate in the preparation of all planning documents, and coordinate and collaborate the funding available for services to HIV infected individuals.

System of Care Components:

- An analysis of utilization trends for the HIV population in the Ryan White Part A system of care;
- A comparison of client health outcomes based on payer (private, Medicare, Medicaid, etc.);
- A comparison of client health outcomes based on EMA/TGA;
- An analysis of Ryan White Part A funding in the context of other sources of funding;
- Identification of legislative and policy issues that will have a profound impact on the local system of care;
- The committee will identify capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

Work Plan Components:

- Assist in the Priority Setting and Resource Allocation (PSRA) process, including developing language on "How Best to Meet the Need" (*HRSA-defined*);
- Identify legislative and policy issues that will impact the local system of care;
- Identify available funding sources, and other resources, as well as structural barriers to HIV-infected individuals in Broward County
- Review and Revise System of Care Committee Policies and Procedures;

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
   a. Aggregate Service Outcome Data
   b. Initial and Updated Implementation Plans
   c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop those tools not currently available
3. Review data
4. Evaluate the Assessment Process
5. Make recommendations with existing HIV Planning Council committees, and other appropriate

committees based on data review and evaluation

By-Laws of the
Broward County HIV Health Services Planning Council

Adopted, January 1992
as Amended April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015, August 2015, December 2015

ARTICLE VIII

COMMITTEES

SECTION 10: There shall be a System of Care Committee

A. Membership. The members of the Committee shall include, representatives of Part A, consumers, community stakeholders, and health policy or health care system experts.

B. Purpose. The purpose of the System of Care Committee is to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Planning Council on how these issues may impact the Broward County EMA and may recommend response strategies.

HANDOUT B

DRAFT - Broward County HIV Health Services Planning Council FY2014-16 **System of Care Committee** Work Plan

Objective 1. Review Data and Make Recommendations for an Integrated System of Care	Outcome	Annual Target	Start	Due	Progress
1.1 Hold "mini retreat" to determine how committees sync and work together to complete tasks	Improved process	100%	12/14	12/14	
1.2 Review surveys, studies, policies, and program documents, such as the Part A grant application, from the previous FY. Identify at least 3 activities, topics, or populations that are in need of further research, including: a. Service categories that are over or under utilized b. Emerging and priority populations c. Capacity development needs (for ex. cultural competency training) d. Structural barriers (for ex. the referral process between services) e. Policy and legislative issues that may impact the system of care	Data driven process that reflects the 3 guiding principles	66%	10/14	3/15	
1.3 Review client health outcomes and identify at least 3 areas for further research: a. Client health outcomes by payer b. Client health outcomes by EMA/TGA c. Client health outcomes along the HIV Care Continuum		66%	4/15	5/15	
1.4 Analyze available funding in Broward County and identify services that are needed but not currently funded, or under funded		100%	4/15	5/15	
Objective 2. Recommendations to Other Committees					
2.1 Develop language for How Best to Meet the Need (HBTMTN).	Data driven PSRA process	100%	4/15	4/15	
2.2 Make recommendations for eligibility changes based on research conducted for WP item 1.2.		100%	6/15	7/15	
2.3 Make recommendations for service categories to be funded based on research conducted for WP item 1.4		100%	5/15	5/15	
2.4 Make recommendations for needs assessment topics or populations based on research conducted for Objective 1.	Data driven NA process	100%	8/15	9/15	
2.5 Make recommendations for outcomes for further research based on research conducted for Objective 1.	Data driven QM process	100%	6/15	7/15	
Objective 3. Update Work Plan and Policies & Procedures					
3.1 Review SOC accomplishments and challenges	Improved process	100%	1/16	1/16	
3.2 Conduct annual evaluation to assess past year and recommend improvements; identify areas of improvement for upcoming year		100%	1/16	1/16	
3.3 Review and update Work Plan and Policies & Procedures	Updated planning documents	100%	2/16	2/16	

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

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

HANDOUT B

March	April	May	June	July	Aug
- Review data to identify areas for further research - Review client health outcomes - Analyze available funding	- Review client health outcomes - Analyze available funding	- Develop language for HBTMTN - Recommendations for service categories	- Recommendations for eligibility changes - Recommendations for outcomes research	- Recommendations for eligibility changes - Recommendations for outcomes research	- Needs assessment recommendations
Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
- Needs assessment recommendations	- Review data to identify areas for further research	- Review data to identify areas for further research	- "Mini Retreat"	- Review data to identify areas for further research - Conduct annual evaluation - Review accomplishments & challenges	- Review and update WP and P&Ps - Review data to identify areas for further research