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, March 22, 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:** 3/22/16 Agenda and 1/26/16 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Data Review (Handouts A-B)	ACTION ITEM: Review and discuss Continuum of Care data, FLDOH 3 year surveillance data, Ryan White FY16 Grant Continuum of Care summary to determine scope and goals of reformed committee
Update Policies and Procedures (Handout C)	ACTION ITEM: Update SOC Policies and Procedures to reflect new scope and goals

4. **GRANTEE REPORT**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** April 25, 2016 1:00 p.m. **VENUE:** CDTC

Goal/Work Plan Objective #:	*Accomplishments*

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

ATTENDANCE					
	Members	**Present**	**Absent**		**Guests**
	Hayes, M. *Chair*	**X**			Kress, G.
					Lewis, L.
	Grantee Staff				Robertson, P.
	Jones, L.				Agate, L.
	DeGraffenreidt, S.				Creary, K.
					Lopes, R.
	HIVPC Staff				
	Ewart, L.				
	Johnson, B.				

1. CALL TO ORDER

The Vice Chair called the meeting to order at 1:01 p.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.

2. MEETING ACTIVITIES/NEW BUSINESS

The new SOC Chair spoke about her position as Chair and the newly reformed committee. The Grantee stated that those interested in SOC membership will be appointed/approved by the HIVPC at the next full Planning Council meeting. This SOC meeting serves as a workshop or working meeting with the Chair, Staff and guests. The Chair asked the guests present if they were interested in becoming SOC members: Lamont Lewis, Phillip Robertson, Karen Creary, George Kress, and Requel Lopes expressed their interest in becoming members.

a) Committee Overview (Handouts A1-A3): The Chair spoke about the goals and scope of the SOC going forward, with a concept of making sure there is a system of care that clients can navigate, taking into accounts changes to the system influenced by the Affordable Care Act. The PC Manager reviewed the history of the SOC committee: in 2014 a consultant came to do an overview of the Needs Assessment (see Handout A1). The consultant made recommendations for the PC to review data on client needs and gaps in the system, service utilization and expenditure data. She suggested engaging a System of Care Committee to review needs assessments, access and retention in care. The PC Manager reviewed the SOC Policies and Procedures (see Handout A2) which includes: analyzing and evaluating the system of care, determining unmet needs by identifying gaps, coordinating with other committees, comparing client health outcomes, and identifying legal and policy issues that impact local systems. The group then reviewed the HIVPC By-Laws pertaining to the SOC Committee (see Handout A3): membership should include consumers, community stakeholders, and health policy experts. The chair discussed the focus of the committee work and the best individuals to make up the committee. She identified that the CIED representatives input was paramount because clients enter the system through eligibility. She stated that there needs to be refinement to the P&P alongside the recommendations from the NA consultant. The grantee informed the group that one of the important components for the group is to analyze the continuum and look at the gaps in care for Broward's Ryan White clients specifically, incorporating a road map to identify gaps in various funding services in the community. The Grantee stated that HRSA speaks about the Continuum of Care; how clients go through the stages, where they fall out of care, and how they become reengaged. He explained how the Committee should focus on the

bars of the Continuum, which will aid the members in discovering gaps and barriers. He stated that the Ryan White Part A FY16 grant talked about the last 3 stages, and how viewing Broward's system relative to these stages can assist with identification of barriers/road blocks between steps. The first step is to look at previous needs assessments, utilization data and Quality Management data to identify barriers, next steps is include identifying the causes of those barriers.
The chair asked guests to review the Policies and Procedures to make recommendations. The Grantee stated that the changes and goals made to the document must be realistic and achievable within the confines of the committee.
The Chair stated that she felt some changes should be made to the P&Ps, including:

- Addition of language regarding the 3 Guiding Principles.
- Identify the inventory of resources available for persons who have HIV/AIDS in HIV care in Broward County.
- Determine the unmet needs by identifying gaps and barriers in services…
- Coordinate with existing … and other appropriate entities…
- The Committee will invite representatives from other planning bodies and community stakeholders to…
- System of Care Components: Identify by population

ACTION ITEM: bring Ryan White FY16 Grant sections on the Continuum of Care, Roadmap, FLDOH surveillance data

b) Work Plan (Handout B): The PC Manager reviewed the SOC Work Plan from the initial committee. They discussed some of the ongoing tasks in the plan: review surveys, studies, program documents and grant application to identify 3 activities/topics that need further research, as well as take recommendations from other committees to review work from a system wide perspective.
The PC Manager asked the guests to review the work plan to see if it is in line with the goals of the newly formed committee. A guest asked about new work plans, and the PC Manager explained that some of that work is on hold until new leadership takes office, but the scope of the work plan is usually up to the committee.
The group discussed the 3 guiding principles as they pertained to the committee: linkage, retention, viral load suppression and how to make sure that people in the system can achieve the 3 principles. The guests discussed the following: How clients find their way into the system after diagnosis and they identify resources and/or access care. The SOC Chair stated that she sees linkage as a large piece of the process. A guest spoke about the cascade of care, and the drop-off between each step in the process, and stated that they see the committee's purpose as identifying the places where people fall out of care.
The Grantee stated that HIV services provided by Ryan White Part A are only a fraction of services used by Broward residents in need, as there may be several different services not utilized. The committee should view the system in totality, which is not an easy task. A guest stated that the committee members must walk in the life of the client to see how the system works and how it is accessed by each group: MSM, mothers, and heterosexuals all access the system of care in different ways and have different experiences. The Grantee representative stated that it is possible to look at the Continuum of Care from the perspective of different populations to identify opportunities and barriers experienced by each; a work plan could consist of the 5 continuum bars based on each population. The Chair stated that she would like to change the Policies and Procedures based on the Continuum of Care, then take steps to analyze one population at a time to determine linkage methods, access, providers, service delivery patterns, barriers, etc. which all contribute to retention and suppression. A guest spoke about the change in testing legislation and the move to encourage all doctors to test and treat HIV; he believed that many providers need education as part of the system and that providers may not know where to send HIV+ patients for services. A guest suggested bringing in stake holders, community partners and clients to talk about their processes and perspectives throughout the process.

3. GRANTEE REPORT
None.

4. PUBLIC COMMENT

5. AGENDA ITEMS/TASKS FOR NEXT MEETING: Tuesday, February 23, 2016, 1:00 p.m. VENUE:
Children's Diagnostic and Treatment Center

Goal/Work Plan Objective #:	*Accomplishments*
Update Policies and Procedures	ACTION ITEM: Update SOC Policies and Procedures based on scope and goals of reformed committee
Data Review	ACTION ITEM: review Continuum of Care, FLDOH 3 year surveillance data, Ryan White FY16 Grant
Continuum of Care Road Map	ACTION ITEM: Review Care Continuum Road Map and Linkage to Care Road Map

6. ANNOUNCEMENTS
None.

7. ADJOURNMENT
The meeting was adjourned at 2:38 p.m.

Annual HIV and AIDS Prevalence over a three year period

Data Overview:

Target Population: HIV/AIDS Prevalence data for PLWHA from 2012-2014
Measurement Period: Calendar Year 2014 (1/1/2012 – 6/30/2015)

Data Elements Presented: HIV/AIDS Prevalence

Race/Ethnicity

- HIV Diagnosed and living in the jurisdiction through 2014: **19,391** (prevalence)
- Non-Hispanic Whites make up 35% of the total PLWHA in Broward (**6,811**)
    - 7.4% increase in total prevalence between 2012-2014
- Non-Hispanic Blacks make up 47% of the total PLWHA in Broward (**9,063**)
    - 5.9% increase in total prevalence between 2012-2014
- Hispanics make up 16% of the total PLWHA in Broward (**3,068**)
    - 10% increase in total prevalence between 2012-2014

Gender

- Females make up 26.7% of the total PLWHA in Broward (**5,187**)
    - 3.9% increase in total prevalence between 2012-2014
- Males make up 73.3% of the total PLWHA in Broward (**14,204**)
    - 8.2% increase in total prevalence between 2012-2014

Risk Factor

- MSM make up 71.7% of the total male PLWHA- a 10.3% increase from 2012-2014 (**10,180**)
- Heterosexual males make up 18.6% of total male PLWHA – a 5.4% increase from 2012-2014 (**2,635**)
- Heterosexual females make up 86.5% of total female PLWHA – a 4.6% increase from 2012-2014 (**4,478**)

The Continuum of HIV Care – Ft. Lauderdale EMA 2014

Data Overview:

Target Population: Infected persons engaged in selected stages of the continuum of HIV care in Broward
Measurement Period: Calendar Year 2014 (1/1/2014 – 12/31/2014)

Data Elements Presented:

- HIV Diagnosed in 2014/ Linked to Care within 3 months of diagnosis: 839/970 (86%)
- HIV Diagnosed and living in the jurisdiction through 2014: **19,391** (prevalence)
- Ever in Care: 17,731 (91% of diagnosed)
- In Care at least once: 14,004 (72% of diagnosed)
- Retained in care this year (2014): 12,547 (65% of diagnosed)

- On ART: 13,304 (69% of diagnosed)
- Viral Load Suppression (<200 copies/mL): 11,872 (61% of diagnosed)

Findings: Linkage, Retention, and Viral Load Suppression

- While 86% of individuals diagnosed with HIV were **linked to care** within 3 months of diagnosis:
  - Only 81% of Blacks were linked compared to Whites (92%) and Hispanics (88%)
  - Only 83% of Females were linked compared to Males (87%)
  - Only 74% of individuals ages 13-24 years of age were linked compared to all other age groups
- While 65% of individuals received 2 or more medical visits with VL or CD4 tests at least 3 months apart (**Retained in Care**):
  - Only 61% of Blacks were retained in care compared to Whites (69%) and Hispanics (65%)
  - Only 60% of individuals ages 13-24 and 58% of individuals ages 25-39 were retained in care compared to all other age groups
  - Only 61% of Male Heterosexuals were retained in care compared to other risk factors
- While 85% of individuals who were in care at least once in 2014 were **virally suppressed** (<200 copies/mL):
  - Only 78% of Blacks with at least one OAMC visit were virally suppressed compared to Whites (91%) and Hispanics (89%)
  - Only 78% of Females with at least one OAMC visit were virally suppressed compared to Males (87%)
  - Only 63% of individuals ages 13-24 with at least one OAMC visit were virally suppressed compared to all other age categories
  - Only 79% of Heterosexual Females with at least one OAMC visit were virally suppressed compared to Heterosexual Males (81%) and MSM (89%)
  - Only 78% of Black Heterosexuals and 79% of Black MSM with at least one OAMC visit were virally suppressed compared to other special populations

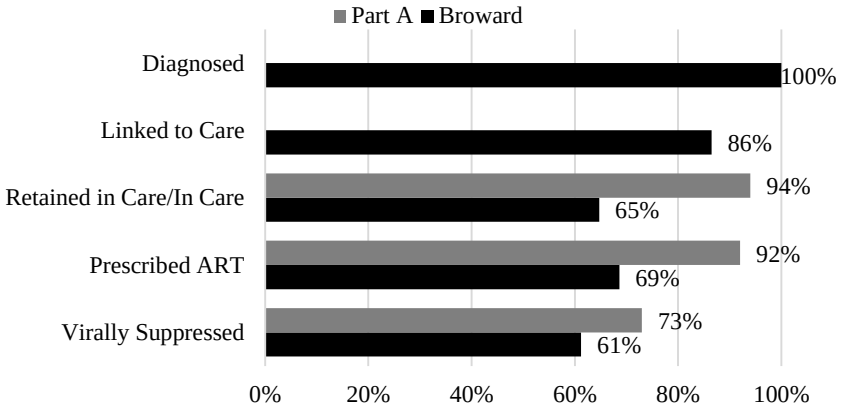
Conclusions:

- Blacks account for only 27% of Broward's total population but 47% of PLWHA.
- Adults ages 50-59 make up 15% of Broward's total population but 34% of PLWHA.
- Only 56% of total female PLWHA are virally suppressed. Females who had a least 1 care were still 9% less likely to be virally suppressed than their male counterparts (78% vs. 87%).
- When looking at the data by race/ethnicity, gender, age, male exposure category, and female exposure category, the following groups have the highest prevalence of HIV/AIDS: Blacks (47%), males (73.3%), adults age 50-59 (33.9%), MSM (71.7%) and heterosexual females (86.5%).
- When compared to Broward PLWHA, Part A OAMC clients have a similar gender distribution (73.3% vs. 73.8% males; 26.7% vs. 25.3% females), but are over-represented by all races/ethnicities (47% vs. 53.2% Blacks; 35% vs. 45.3% Whites; 16% vs. 20.1% Hispanic).

HANDOUT B

Broward's Ryan White Part A FY16-17 Grant: HIV Care Continuum Section for FY2016

Figure 1: HIV Care Continuum Broward, 2014



HIV Care Continuum Used in Planning, Prioritizing, and Targeting Resources:

Part A:

- Part A-funded CIED coordinates with EIS funders in Broward to ensure timely linkage to OAMC within 48 hours.
    - CIED conducts Part A eligibility screening, insurance eligibility screening, enrollment assistance, linkage services, and referral to OAMC and other services.
- MCM and non-MCM assist clients to engage in OAMC, adhere to ART, and address barriers that impede adherence to OAMC appointments.
    - MCMs and CIED intake specialists follow-up on client referrals and eligibility recertification, which helps to engage and retain clients in OAMC.
- Parts A and B fund HICP to purchase insurance premiums, co-payments, and deductibles for clients enrolled in Qualified Health Plans (QHP) through the ACA Marketplace.
- Part A clients not enrolled in QHPs predominantly receive access to ART through ADAP. Clients ineligible for ADAP receive access to ART and other medications through LAPA.
- The Part A LAPA and Part B ADAP offer adherence counseling that encourages collaboration between patients and their clinicians.

Other Ryan White Parts:

- Part C and CDC-funded EIS support anonymous and confidential testing at FLDOH CTS.
- Services such as OHC, substance abuse and mental health treatment, and home health services are supported by funders other than Part A.
    - Several funders support MHSA treatment that promotes OAMC retention.
    - Due to inadequate funding, Part A funds are used only for HIV+ Broward residents with severe mental illness and addictions for which rapid entry in care is critical. Part A substance abuse and mental health services compliment FL DCF funded services to ensure that HIV+ Broward residents receive MHSA treatment and adhere to medical regimens.
    - Part B supports home health. Hospice services provide nursing, physician, social work, and pastoral services to terminally ill patients. Hospices also provide nutritional and bereavement counseling for terminally ill patients and their families.
    - Parts A and B funds support services including emergency food bank, home-delivered meals, legal, medical transportation, and non-MCM. These services are designed to promote engagement and retention in OAMC. Federal, State, and local funds support these and other services to enhance Broward's high quality Continuum.

Targeted Interventions to Improve the Continuum:

- CIED will continue to screen, assess, intake, and link eligible Part A clients within the Continuum. Non-eligible clients will be referred to other community resources.
- The HIVPC allocated funds to HICP for clients transitioning to QHPs who need premium and out-of-pocket payment assistance.
    - HICP will help insured clients to access OAMC, ART, and other core services, and ensure high quality clinical outcomes including viral suppression.
    - FL ADAP will also provide premium assistance for clients enrolled in QHPs.
- Support services, such as MCM and food bank, are specifically designed to link clients to culturally and linguistically competent core services.
    - MCM facilitates access, retention, and adherence in OAMC via ongoing assessment of client needs and support systems and linkage to OAMC.
    - Over one-third 38% of Part A clients use food bank services, making it a critical entry point to the Continuum.
        - Food bank services promote linkage and retention to OAMC by targeting newly diagnosed HIV+ individuals that are out of care.

Significant Health Disparities Related to Race, Gender, Sexual Orientation, and Age:

- Disparities among special populations include homeless adults, transgender women, Black non-Hispanic PLWH, and young PLWH under the age of 25.
    - Key themes related to disparities in linkage and retention for MSM include: (1) stigma, shame, and denial; (2) lack of HIV basic education; (3) low self-esteem and lack of employment opportunities for transgender women; (4) lack of cultural competence in HIV care and treatment; and (5) drug and alcohol abuse.
- QMC reviewed and analyzed VL data for clients with unsuppressed VL (>200 copies/mL) stratified by age, gender, race, ethnicity, HIV risk factor, and housing status.
    - Black non-Hispanic females (22%) and Black non-Hispanic males (21%) reported the highest rates of unsuppressed VL, compared to White non-Hispanic females (15%) and White non-Hispanic males (13%).
    - Among transgender clients, 35% are not virally suppressed.
    - Individuals 18 to 28 years old had the highest rates of unsuppressed VL (35%), followed by 29-38 year olds (26%).
    - Among MSM, Black MSM reported the highest rates of unsuppressed VLs (24%), compared to 13% of White MSM.

Addressing Barriers/Challenges to Improve the Continuum:

- The recent introduction of the Continuum model and the increasing intersection of HIV primary and secondary prevention, care, and treatment have prompted Broward stakeholders to consider new HIV service strategies in recent years.
- Part A-funded CIED and prevention providers collaborate to close the gap between diagnosis and linkage to OAMC through MOUs and co-location of service sites
- FLDOH-BC facilitates HIV screening and transitions HIV+ individuals to CIED for rapid RWHAP eligibility and linkage to OAMC.
    - FLDOH-BC provides intensive linkage services for newly identified HIV+ individuals through PROACT.
    - FLDOH-BC Part B-funded linkage navigators assist HIV+ individuals to schedule their CIED and OAMC appointments and accompany them if requested.
- Broward residents are informed of their HIV status through face-to-face meetings with a certified HIV counselor, disease investigation specialist (DIS), or healthcare provider.
    - HIV+ individuals receive written and verbal communication about linkage services. HIV DIS workers locate HIV+ individuals who fell out of care and assist with OAMC reengagement.

HANDOUT C

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 for persons who have HIV/AIDS in ~~HIV care in~~ Broward County to ensure linkage to care, retention in care, and viral load suppression.
- Determine the unmet needs by identifying gaps and barriers in service in Broward County and make recommendations
- Coordinate with existing HIV Planning Council committees, and other appropriate ~~committees~~entities, 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 and community stakeholders 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