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, April 25, 2017 1:00 p.m.
Location: Children's Diagnostic and Treatment Center
Chair: Marie Hayes **Vice Chair:** Cheryl Edwards

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

2. **APPROVALS:** 4/25/17 Agenda, 3/28/17 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Data and Literature Review	ACTION ITEM: Review data, literature and background for proposed Black Women Study
Black Women Study Questions	ACTION ITEM: Develop questions for focus groups and provide recommendations for Needs Assessment Consultant

4. **GRANTEE REPORT**

5. **PUBLIC COMMENT**

6. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 23, 2017 1:00 p.m. **VENUE:** CDTC

Goal/Work Plan Objective #:	*Accomplishments*
SOC Policies and Procedures and Work Plan	ACTION ITEM: Approve SOC P&Ps and FY17 Work Plan
Black Women Study Design	ACTION ITEM: Discuss and develop study design, including recruitment of study participants and implementation timeline

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, March 28, 2017, 1:00 p.m.
Location: Children's Diagnostic and Treatment Center
Chair: Marie Hayes **Vice Chair**: Cheryl Edwards

ATTENDANCE					
	Members	**Present**	**Absent**		V. Valverde
1	Hayes, M. *Chair*	**X**			H.B. Katz
2	Edwards, C. *Vice Chair*	**X**			P. Parker
HIVPC Staff					E. Pearson
L. Ewart					L. Ivey
B. Johnson					D. Vargas
C. Powers					Y. Gonzalez
Grantee Staff					Y. Barrientos
T. Anderson					T. Williams
Guests					V. Rolle
T. Pietrogallo					

1. CALL TO ORDER

The Chair called the meeting to order at 1:03 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. Chairs, guests, Grantee staff and HIV Planning Council (HIVPC) Staff self-introductions were made.

2. APPROVALS:

None.

3. MEETING ACTIVITIES/NEW BUSINESS

a) Committee Overview (Handout A-B): The SOC Chair welcomed all present and gave an overview of the Ryan White Part A HIVPC for those who had never before participated. The focus of this committee is to look at Broward's Part A systems of care. Ideal membership for the committee includes frontline HIV staff, people who see the clients and can give the perspective of various populations in the system. SOC is interested in what is keeping people out of care and/or what keeps people from being virally suppressed? The Chair explained that interested parties have the option of becoming either a full SOC committee members, or serve as a subject matter expert than can participate in Committee meetings when they would like to contribute to an agenda topic. The SOC Chair then gave a short history of the work done by the Quality Management Committee (QMC) and Priority Setting and Resource Allocations (PSRA) Committee that led to the reforming of SOC. In 2015 QMC reviewed client level data in PE for clients who were not virally suppressed (VLS), and identified populations that had the lowest rates of VLS. QMC forwarded their recommended priority populations (18-38 year old Black heterosexual males and females, and Black MSM) to PSRA for further analysis of funding strategies to address these disparities. The PSRA members discussed evidence-informed interventions for minority populations to be implemented with MAI funding, but needed more detailed information about the Ryan White Continuum of Care and the specific experiences of each population as they move along the Continuum.
SOC's role will be to look at how to identify struggling patients, their specific needs, and barriers to care. Each population will be targeted by the SOC, and will be reviewed one at a time for the committee to develop recommendations to better serve those clients through enhanced Care Coordination Programs with MAI dollars. The group discussed the work that DOH-Broward is currently doing to link and reengage clients into care.

Disease Intervention Specialist Staff now includes 4 Peer Navigators, 4 PrEP, 4 Test and Treat Staff. DIS works with reengaged clients for approximately one year (through 2 medical appointments/labs), 6 months through the Navigator program, 9 months though the PrEP program, and through the client's first appointment (3 months) for Test and Treat patients. DIS often reengage Black heterosexual women lost to care, and can help collect barriers data from the clients that they work with.

The group discussed significant barriers that they see in their work, including housing and transportation. The PC Manager stressed the need to speak to those populations directly to detail their perspectives. The first step is to gather qualitative information from Black women, then compare the results to the quantitative data from PE. Finally, SOC would make recommendations to PSRA and other relevant parties from programs and program components to address identified needs and barriers.

The group identified the different types of people that they would like to speak to: people in care, people out of care, those who are engaged in the Part A system but not virally suppressed, etc. They would gather information through key informant interviews, focus groups, and possibly surveys. A participant said that many women who may not be in medical care still come to the Food Bank, where they have a grant to reach out to women through peers. He also suggested contacting Car Resource and Carolyn McKay to discuss recently implemented studies and interventions for Women of Color. PC Staff said they have been in contact with her about the intervention for PSRA, as well as the Miami EMA's BSR for information on their Black Women's Study. All of these studies and data points will be considered when designing SOC's study.

A participant suggested that reaching out to 18-38 year old women may be too late in life, and that we should reach out to high schools girls as well to see if they know about access and prevention. Another participant asked what the Committee meant by Black Women. Staff acknowledged that there are different experiences of Black women, from African American, Haitian, and Caribbean to Transgender. Staff will include data of the different populations of Black women in the next meeting.

The group also looked at the proposed SOC Policies and Procedures, which outline the tasks and membership of the Committee. The members will review and approve the P&Ps once they have been appointed to the Committee by the HIVPC.

ACTION ITEM: Provide literature review, goal for number of study participants (data on number of Black women in the Part A system), and proposed study design to April SOC meeting.

b) FY2017 SOC Work Plan (Handout C): The SOC Chair reviewed the proposed FY2017 SOC Committee Work Plan. The Plan contains specific activities from the Integrated HIV Prevention and Care Plan, and outlines the goal of analyzing priority populations and making recommendations for services that enhance care and viral load suppression rates. The members will approve the FY2017 Work Plan once they have been appointed to the Committee by the HIVPC.

c) System of Care Committee Timeline (Handout D): The participants reviewed the proposed timeline for the implementation of a Black Women's Study. In April the Committee will meet to discuss study design, in May they would discuss study participants and recruitment, then in June the study would be implemented. The Committee would then decide when to meet again to review the progress of the study, as well as how to evaluate the data.

4. GRANTEE REPORT

IP, working to implement, TT initiative, link and retention coordinators,

5. PUBLIC COMMENT

None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 25, 2017 1:00 p.m. VENUE: CDTC

Goal/Work Plan Objective #:	*Accomplishments*

Black Women Intervention Study Design	ACTION ITEM: Discuss potential study design, develop questions for focus groups, and provide recommendations for Needs Assessment Consultant

7. ANNOUNCEMENTS

a. A representative from Poverello provided a handout about the 5 different healthy menus at the Food Bank. Poverello has 78 different food items, ½ of which are fruits and vegetables. Please come by and see the selections at Poverello. Publix gift cards are also used in the Food Voucher Program, where clients agree to purchase healthy food items and return the receipt to Poverello.

b. Memorial also has a collaboration with Poverello where food is delivered twice a week to encourage patients who are non-compliant or have high rates of missed appointments to get food if they come to their appointments. The program is getting great feedback from clients.

c. Yvette Gonzalez passed out PROACT Referral Forms for anyone who has clients who are lost to care, need linkage, peer navigation services, etc.
Friday is a Perinatal Symposium at Broward Health from 11-3 p.m. The event has free admission, 2.5 CEUs, and will discuss issues like opiate abuse and serodiscordant couple studies.

8. ADJOURNMENT

The meeting was adjourned at 2:35 p.m.

Black Women's Study

SYSTEM OF CARE COMMITTEE

4/25/2017

Outline

1. What do we know?
   - Ryan White Part A and Black Women HIV Care Continuums
   - Enhancing Access to and Retention in Quality HIV Care for Women of Color (WOC)
   - Breaking Down Barriers to Care: What Women Living with HIV Need to Stay Healthy by the Positive Woman's Network – USA (PWN –USA)
   - Barriers to Care Quality Improvement Project Summary by the Ryan White Part A Case Management Quality Improvement Network
2. What do we need to know?
3. System of Care Focus

What We Know:

Overall Viral Load Suppression rate for Broward EMA Part A Consumers is 81.4%

- Black Women are less likely to be virally suppressed than Part A consumers overall (77.1%)
- Black women are less likely to be virally suppressed than their White (82.1%) and Hispanic (79.6%) counterparts.

Common Barriers to Care for Women of Color include:

- Income
- Stigma
- Mental Health
- Family

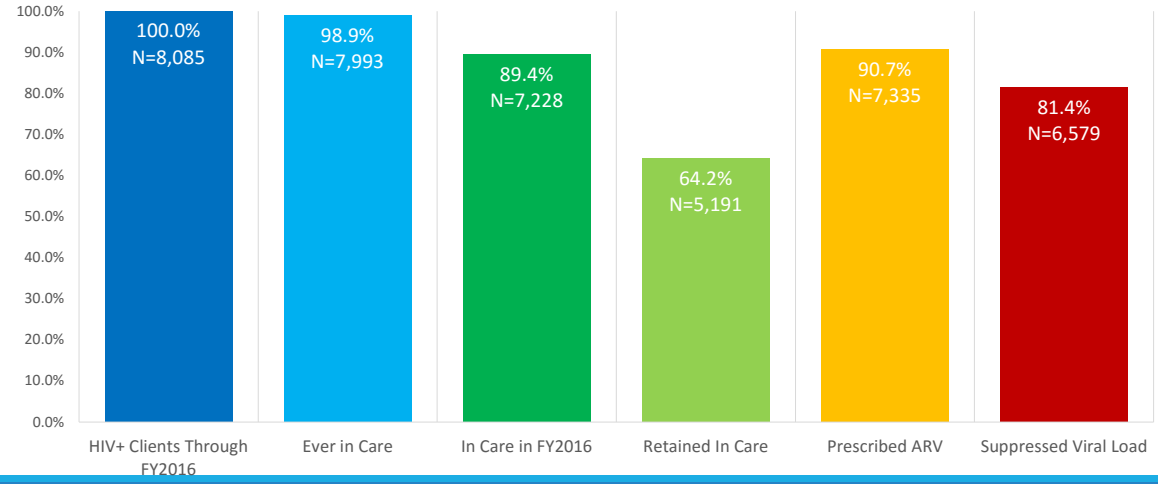
Care Continuum Definitions

1. **Total HIV+ Clients**: Clients that are HIV+ and received at least one service from the selected service category(s) in the reporting period.
2. **Ever in Care:** HIV+ Clients that ever had medical care documented.
3. **In Care:** HIV+ Clients that had medical care within reporting period.
4. **Retention in Care:** HIV+ Clients that had two or more medical care service at least three months apart in reporting period.
5. **On ARV:** HIV+ Clients that have a documented ARV Therapy at any time during reporting period within HIV History records.
6. **Virally Suppressed:** HIV+ Clients with most recent viral load as of end of reporting period less than 200 copies/mL.

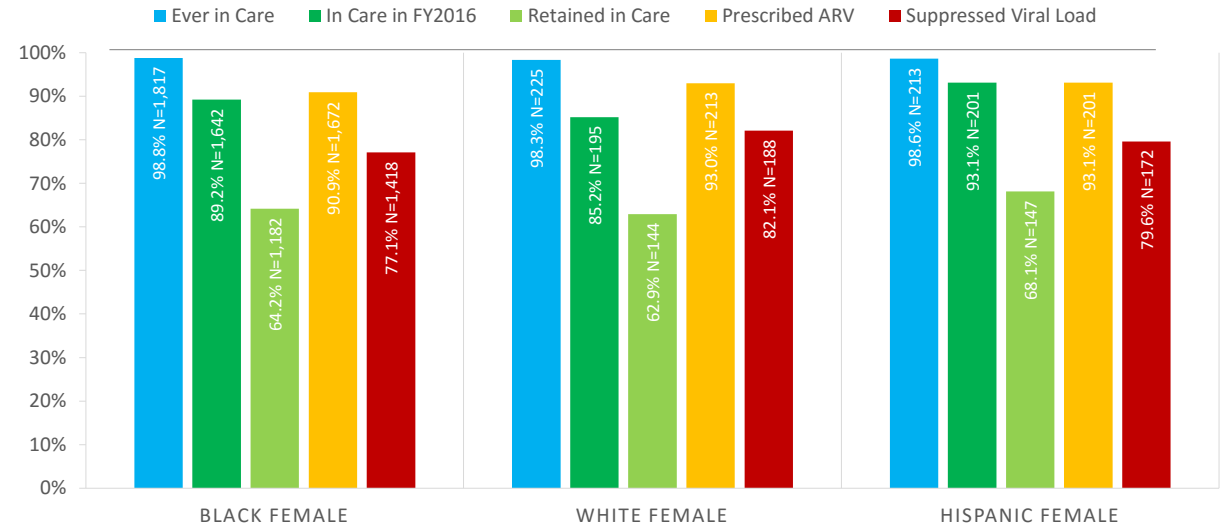
Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test

HIV Care Continuum for Part A Clients Systemwide FY 2016

(Provide Enterprise Data from March 1, 2016-February 28, 2017)



HIV Care Continuum for Part A Clients Systemwide FY 2016 – Female and Race



Exclusions **– Other Female: Ever in Care (9), In Care (7), Retained in Care (5), On ARV (8), Suppressed Viral Load (8)**

Enhancing Access to and Retention in Quality HIV Care for Women of Color (WOC)

FACTORS ASSOCIATED WITH RETENTION AND VIRAL SUPPRESSION AMONG A COHORT OF HIV+ WOMEN OF COLOR

WOC Overview

Launched by the Special Projects of National Significance (SPNS) Program

- Funded from 2009–2014 to meet the unique needs of these women, helping them overcome barriers that keep them from accessing and staying in care.
- Grants were awarded to sites located in 10 severely underserved areas in both urban and rural settings.

Participating grantees developed service delivery interventions to help WOC overcome common barriers across the spectrum of HIV care, specifically addressing linkage, retention and re-linkage in quality HIV care.

- Service interventions included: community-based outreach, patient education, patient navigation services and intensive case management.

Project Findings

Predictive models were created to determine which factors related to retention in HIV medical care and viral suppression.

The likelihood of not being retained in care was associated with:

- Indecision about seeking HIV/AIDS care
- Presence of children under 18 years
- Residing in an institutional setting
- Women thinking that nothing would help them

Reductions in the likelihood of being virally suppressed:

- Increased age
- Current substance abuse
- Self-reports of poor health
- Reporting 14 or more days of limited activity

Discussion

Though **retention and suppression are often treated separately** in the literature, this study examined both measures by focusing on an impoverished, vulnerable prospective cohort of WOC.

Findings suggest that retention and viral suppression were influenced by different factors, and that **interventions seeking to improve retention may require program components and strategies that differ from interventions aiming to improve viral suppression.**

Identifying women who are caring for children, uncertain about wanting HIV care, believing that nothing could help them with the HIV may be important indicators of women who will need **more intense monitoring of visit patterns of medical/nonmedical care.**

Women who report current substance abuse/other risk behaviors, have others living with them, self-report themselves as being in fair/poor health or as having activity limitations may all have cognitive/physical **limitations that affect their medication adherence, and consequently viral suppression.**

Breaking Down Barriers to Care: What Women Living with HIV Need to Stay Healthy

FINDINGS FROM A COMMUNITY-BASED PARTICIPATORY RESEARCH PROJECT LED BY WOMEN LIVING WITH HIV

Project Findings

To inform the future of medical care and service delivery for women with HIV, Positive Women's Network – USA (PWN-USA) facilitated a community-based participatory research project led by women living with HIV.

180 women living with HIV in 7 geographic regions were surveyed to find out what was working, what wasn't, and which services would help women stay in care.

Significant numbers of the women surveyed:

- were low-income (89.7% below 138% of the Federal Poverty Level [FPL])
- were unstably housed and/or reliant on subsidized housing
- had family responsibilities (regardless of reproductive age)
- relied on subsidized health care for primary medical coverage

What do women with HIV need to stay in care?

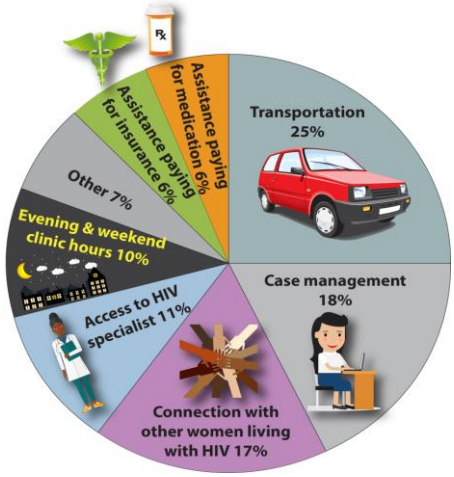
While most participants were consistently in care, many faced significant barriers.

50% of respondents who had **missed a medical appointment** in the past year cited transportation as the reason.

32% of respondents had **missed filling a prescription for HIV medications** in the past year. Primary reasons were: lack of transportation (24%), copay cost (15%), and pharmacy hours (11%).

50% of participants who reported **needing child care services** on site at their medical provider did not receive those services.

Financial and structural barriers were interrelated. All respondents who reported they had **missed filling a prescription due to copay cost** in the past year also reported that they had **missed a medical appointment due to lack of transportation.**



Barriers to Care QIP Summary

PART A CASE MANAGEMENT QUALITY IMPROVEMENT NETWORK

Barriers to Care QIP: Rationale

- The Case Management Quality Improvement (QI) Network determined that Black females had significantly low rates of viral suppression compared to other populations.
- The Case Management QI Network was interested in learning why this population was not achieving viral suppression and what barriers to care exist for Black females.
- This information will be useful because when the barriers to care are understood because the Network will be better equipped to address the issues and implement changes to assist Black female clients in achieving viral load suppression.

Barriers to Care QIP: Methods

- Each agency identified barriers to care for unsuppressed Black non-Hispanic females receiving case management services at their respective agency.
- Case managers assessed the extent to which a given medical or social service barrier makes it difficult for the client to obtain medical care, specifically HIV clinic appointments and mental health services.
  - Barriers were rated using the following scale: ‘‘No Problem at all,’’ ‘‘Very Slight Problem, “Somewhat of a Problem,’’ or ‘‘Major Problem.’’
- The case managers utilized a modified version of the Barriers to Care Scale with the following categories: demographics, medication, other illnesses, financial/economic concerns, stigma, and service availability.

Barriers to Care Reported by Black Females in Case Management Services (N=60)

Barrier	Very Slight Problem	Somewhat of a Problem	Major Problem	Total # of Patients
Lack of personal financial resources	6	13	23	**42**
Mental health	6	11	10	**27**
Lack of adequate and affordable housing	5	7	12	**24**
Lack of transportation to access services	13	5	6	**24**
Not taking meds (forgetfulness, pill burden, travel, etc.)	5	4	9	**18**
Co-morbidities (cancer, diabetes, high blood pressure)	2	6	9	**17**
Lack of employment opportunities	3	7	6	**16**
Community stigma against HIV	3	5	6	**14**
Level of knowledge about HIV in the community	7	5	2	**14**
Refuses medication	5	5	3	**13**
Breaches of confidentiality	4	7	1	**12**
Substance abuse	5	0	6	**11**
Long distances to medical facilities	8	1	1	**10**
Ineffective regimen (resistance, other)	4	2	3	**9**
Lack of psychological support groups	4	2	3	**9**
Lack of supportive work environment	8	0	0	**8**
Can't afford food	5	0	3	**8**
Shortage of mental health providers	5	3	0	**8**
Lapse in insurance or benefits	1	2	1	**4**

Barriers to Care QIP: Findings

The most commonly reported barriers to care were lack of personal financial resources and mental health issues including depression and anxiety.

Over 50% of the clients has a reported mental health issue but utilization of mental health services among black females is as low as 1-2%.

- There are a lot of cultural issues when addressing the topic of mental health.

Additional common barriers included lack of transportation, unstable housing and not taking medications.

- One member said some clients view taking medications as an option, not a necessity.
- A common issue was stigma and clients stressing about family or friends noticing they were taking medication.

What We Need to Know

Qualitative Information from **HIV+ Black Women in Broward** to Explain Current Data/ Health Outcomes:

- Are clients in care? Why or why not?
- Client's perceptions around taking ART and adhering to treatment
- Service Gaps
- Barriers to care
- History and effects of trauma exposure
- Geographic proximity to HIV services
- Minorities' needs specific to mental health and substance abuse
- Perceptions of substance abuse and mental health treatment and services

System of Care Focus

1. Gather information through:
   - Focus Groups
   - Key Informant Interviews
   - Limited Surveying
2. Analyze Feedback
   - Determine gaps and barriers
   - Make recommendations for system improvement
3. Design and Implement MAI Black Women Program