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, July 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:** 7/25/17 Agenda, 5/31/17 Meeting Minutes

3. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Black Women's Study	ACTION ITEM: Review survey focus areas/study questions for Black Women's Study. Make final recommendations, including target number of participants and prioritize survey questions.

4. **UNFINISHED BUSINESS**
5. **GRANTEE REPORT**

6. **PUBLIC COMMENT**

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** TBD **VENUE:** CDTC

Goal/Work Plan Objective #:	*Accomplishments*

8. **ANNOUNCEMENTS**

9. **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
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Committee Meeting Minutes: System of Care (SOC) Committee
Date/Time: Tuesday, May 31, 2017, 1:00 p.m.
Location: Children's Diagnostic and Treatment Center
Chair: Marie Hayes **Vice Chair**: Cheryl Edwards

	Members	Present	Absent		Guests
1	Arencibia, Y.	X			M. Ewart
2	Barrientos, Y.	X			T. Davis
3	Edwards, C. Vice Chair	X			
4	Gonzalez, Y.	X			**HIVPC Staff**
5	Hayes, M. Chair	X			B. Johnson
6	Ivey, L.	X			L. Ewart
7	Katz, H.B.	X			V. Oratien
8	Pietrogallo, T.	X			
9	Rodriguez, J.	X			**Grantee Staff**
10	Rolle, V.	X			T. Fender
11	Vargas, D.	X			L. Jones
12	Valverde, V.	X			
	Quorum = 7	**12**			

1. CALL TO ORDER

The Chair called the meeting to order at 1:00 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 were 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 PC Staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's agenda
Proposed by: Katz, H.B. **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

Motion #2: To approve the 4/25/17 System of Care minutes
Proposed by: Arencibia, Y. **Seconded by:** Rolle, V.
Action: Passed Unanimously

3. MEETING ACTIVITIES/NEW BUSINESS

a.) System of Care Policies and Procedures and FY2017 Work Plan: The PC Manager reviewed the SOC P&Ps with the Committee members. The P&Ps cover the scope, procedures and membership policies for the Committee. The members reviewed the P&Ps at their first meeting, but as there were no official members, they could not be approved until full membership was appointed by the HIVPC. The members again reviewed the P&Ps and made a motion to approve them as written.

Motion #3: To approve the System of Care Policies and Procedures

Proposed by: Ivey, L. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

The PC Manager then discussed the FY2017 Work Plan with the members. Items in blue were taken directly from the strategies and activities of the Broward Integrated HIV Prevention and Care Plan. The goal of the SOC is to design an intervention for priority populations identified by the PSRA and HIVPC, starting with virally unsuppressed Black females in the Part A Program.

A member asked about Objective 1.4, "Design a Ryan White/Prevention Collaborative to create a model that ensures a seamless continuum for HIV+ individuals to transition from testing and counseling sites to linkage, treatment and retention in Medical Care." The group discussed the role of Test and Treat and other community collaborations that are being implemented in an effort to streamline integration. The Committee may take Objective 1.4 to identify drop-off points along the continuum and make recommendations. This may include recommendations for linkage after diagnosis (Test and Treat), strengthening collaborations, and improvements in both Part A and the DOH. The PC Manager suggested including language regarding identifying drop-offs and making recommendations to the WP.

The Grantee asked the Committee if the goals and objectives of the FY2017 WP were realistic. The PC Health Planner explained that not all objectives in the WP were meant to be accomplished within the fiscal year, but are objectives that build on each other and into next year. The SOC Chair agreed that the goals were lofty and require numerous partners beyond the SOC, but that the goal of the Committee is to analyze and address drop-offs is reflected in the WP.

Another members asked for further clarification on Objective 1.4, particularly the Ryan White/Prevention Collaborative. The PC manager explained that the language was meant to formalize the integration process along the HIV Care Continuum. "Prevention" means HIV testing, treatment as prevention, collaborative efforts to analyze work plans and ensuring seamless linkage to eliminate gaps. This open definition of "prevention" is reflective of the SOC membership, which includes DOH employees that represent program include linkage, prevention, early diagnosis and all aspects of "prevention" work. The goal of committee formation was to make sure that many aspects of HIV were represented at the table, including consumers, HIV frontline staff and community stakeholders.

Motion #4: To approve the FY2017 System of Care Work Plan
Proposed by: Katz, H.B. **Seconded by:** Rodriguez, J.
Action: Passed Unanimously

b.) Black Women Study: After the April SOC meeting, the Grantee's Staff met with the NA Consultant to develop a process and procedures for implementing the Black Women's Study. The study will be implemented and the results will be reported back to the SOC Committee members in August or September.

The Grantee thought that the survey elements can be implemented with Disease Case Managers (DCM) through Test and Treat model, especially as clients reengaged through the program will most likely not be virally suppressed. DCM will implement a survey for 2 months with recently out of care individuals, and DCMs will be trained by the Needs Assessment Consultant on all aspects of implementing the survey. The survey will be on Survey Monkey, possibly on iPads, paper and/or

entered into PE. They will be approximately 7-8 questions, and will be done in a manner that will not interrupt the client visit.

The NA Consultant will also conduct 3 focus groups with a total of 25 participants, and it will be co-facilitated by an HIV+ female or one with strong connections to the HIV community. The Grantee's Office is working with the NA Consultant to identify candidates to for co-facilitation, and they will be trained by the NA Consultant as well. The NA Consultant will also conduct several key informant interviews.

The SOC Chair had concerns about how the surveying would be worked into a client's DCM visit, as well as the method of surveying as many people have trouble with both online surveys and/or reading and writing on paper surveys. The Grantee stated that DCMs can incorporate the surveys into the client's scheduled visit and could also be implement on all clients who are virally suppressed. The group asked about client eligibility for DCM services: clients who have unsuppressed viral loads, low T-cells, and/or comorbidities are eligible for medical case management services to help improve and achieve positive health outcomes.

The members asked about the survey questions. The questions will not be open ended, and the members had concerns that pre-selected answers will not be conducive for collecting new and insightful information from clients. The Grantee stated that questions should be closed to ensure standard measurements for analysis, but the members stressed the need for additional follow-ups to close ended questions. The members would like to review the questions before the study's implementation, or review the focus areas before moving forward.

4. UNFINSHED BUSINESS

a. Data Request: At the April meeting the SOC Chair requested information on the Positive Women's Network's Securing the Future of Women-Centered Care Study. The PC Staff reached out to PWN, and will have a phone call with the organization on June 15th. PC Staff will include the Needs Assessment Consultant and SOC Chairs on the call.

5. GRANTEE REPORT

The Grantee and Part B representative gave the members an overview and update on the Test and Treat Initiative, which started implementation on May 1st. TT is designed so individuals who test HIV+ will consult with an HIV physician and receive a prescription for ARVs on the same day of their diagnosis. The process is the same for HIV+ clients reengaged in HIV care after a delay treatment. There have been 65 TT patients in the first 30 days of implementation. The initiative is not a 100% prescription to care, but is based on where the individuals are at emotionally and their treatment readiness. While many clients start that same day, some new positives aren't ready to begin treatment. There have only been 2 refusals so far. Test and Treat has been a work in progress, and after a couple of initial glitches and changes to the process, implementation continues moving forward. Part A and the DOH are working with providers to discuss challenges and gain the perspective of frontline staff. The DOH is also putting together a DIS/PROACT Guide for various TT sites with their accepted insurance plans to help guide the referral process. The member from Memorial thinks TT is a great program, and commended PROACT for finding and reengaging client into care.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: June 27, 2017 1:00 pm VENUE: CDTC

Goal/Work Plan Objective #:	*Accomplishments*
Black Women's Study	ACTION ITEM: Review survey focus areas/study questions for Black Women's Study
Positive Women's Network Call	ACTION ITEM: Receive update on call with PWN regarding HIV+ women study

8. ANNOUNCEMENTS

a. Poverello will host an open house from 10:00 a.m.-7:00 p.m. on the June 12th for their 30th anniversary. The event will include discounted prices at the thrift store. Poverello will provide lunch, dinner, happy hour and tours throughout the day. Poverello is located at 2056 N Dixie Highway, Wilton Manners, 33005.
b. An Equality Rally will be held on June 11th. The rally focuses on the need for equal rights for all. Come to show that you care about your community, programs and their funding.
c. Broward County Schools would like you to call Governor Rick Scott and tell them not to cut the education budget.
d. A newly HIV+ diagnosed group meets at Poverello on June 5th. The groups facilitated by Donna Sabatino from 2:00 -4:00 p.m. It is a mixed group, and all are welcome.

9. ADJOURNMENT

The meeting was adjourned at 2:06 p.m.

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CY2017 System of Care Attendance

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	-	-	28	25	31								
		0	**1**	Hayes, M. *Chair*			X	X	X								
		0	**2**	Edwards, C. *Vice Chair*			X	X	X								
			3	Arencibia, Y.	N- 4/27				X								
1			**4**	Barrientos, Y.	N- 4/27				X								
			5	Gonzalez, Y.	N- 4/27				X								
			6	Ivey, L.	N- 4/27				X								
1	1		**7**	Katz, H.B.	N- 4/27				X								
	1		**8**	Pietrogallo, T.	N- 4/27				X								
			9	Rodriguez, J.	N- 4/27				X								
			10	Rolle, V.	N- 4/27				X								
			11	Vargas, D.	N- 4/27				X								
			12	Valverde, V.	N- 4/27				X								
				Quorum = 7	-	-	2	2	12								

Legend:

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - removed

C - cancelled

W - warning letter

R - removal letter

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Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

We would like to know more about the challenges women living with HIV have taking care of their health. Your individual results will not be shared with anyone and the overall results will be used to support other women who are living with HIV.

Here are some reasons why people living with HIV have challenges taking care of their health and taking their HIV medicine as prescribed. What has gotten in the way of you taking care of your health?

Check all that apply.

Ranking (for committee)		Strongly Agree	Agree	Disagree	Strongly Disagree
	I forget to take my medicine				
	I feel sick from the side effects				
	My treatment plan is too complicated				
	I feel overwhelmed doing this alone				
	I'm tired of taking my medicine				
	I can't afford to pay for my medicine				
	I don't have transportation to pick up my medicine				
	My doctor or nurse told me I did not need medical care				
	I don't feel sick so I don't think I need to take the medicine				
	I have not found a place I feel comfortable going for medical care				
	I use alternative treatments instead of HIV medicine				
	I can't get time off work to go to my appointments				
	I have to wait too long once I get to my appointment				
	I don't want the people I am living with to know my HIV status				
	I don't want the people I am living with to know I take medicine				
	I don't have childcare to go to my appointments or pick up my medicine				
	I haven't fully accepted my diagnosis				
	I don't believe I have HIV				
	I don't believe the medication will help me				
	I don't want to think about HIV				
	My partner does not want me to get care				
	I don't have insurance to pay for my medicine				
	I don't have emotional support				
	I don't want people to see me going in for HIV services				
	I don't want anyone to know I have HIV because of the stigma				
	I have to take care of others in my family so I don't take care of myself				

Why do you think people do not get medical care for their HIV? Check all that apply.

Ranking (for committee)		Strongly Agree	Agree	Disagree	Strongly Disagree
	They are worried that other people will find out they have HIV				
	They feel healthy				
	They can't afford it				
	They don't have transportation				
	They couldn't get an appointment				
	They are using drugs or alcohol				
	They don't want to take HIV medications				
	They are in denial about their condition				
	They have language or cultural barriers				
	Other (please specify)				

What might help you stay in medical care for your HIV? Check all that apply.

Ranking (for committee)		Strongly Agree	Agree	Disagree	Strongly Disagree
	Referrals and advice				
	More information about the services offered				
	Lower cost of medical care/medications				
	Stable housing				
	Reliable transportation				
	Substance use treatment				
	Childcare support				
	Emotional support				
	Help with family caregiving				
	Mental health treatment				
	Peer support/someone who understands what I am going through				
	Supportive staff who take time to listen and understand my concerns				

I have received the following services in the past 12 months (check all that apply):

	ADAP
	Pharmaceutical Assistance
	Central Intake and Eligibility Determination (CIED)
	Primary Medical Care
	Disease Case Management
	Food Bank
	Insurance Support Services
	Legal
	Case Management
	Mental Health Services
	Oral Health Care
	Substance Use Services

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
I find the service providers of HIV-related care and treatment helpful and supportive				
My service provider listens to me and gives advice based on my needs and realities as a woman living with HIV				

Demographics and Characteristics

In what year were you diagnosed with HIV?

When was the last time you saw a doctor for your HIV medical care?

When was the last time you had blood drawn for your labs (viral load and CD4)?

How were you infected with HIV?

What is your current housing status?

Are you employed?

Age

Primary language

Do you have children living at home with you? If yes, what are their ages?