FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

System of Care Committee Meeting

Thursday, February 3, 2022 - 9:30 AM
Meeting via WebEx
Chair: Andrew Ruffner • Vice Chair:

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 371 8733)

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for February 3, 2022
5. **ACTION:** Approval of Minutes from January 6, 2022
6. Unfinished Business
   a. **Action Item:** Poverello PHQ-9 Data Presentation – Receive presentation from a Poverello representative on PHQ-9 data. (Handout A).
7. New Business
   a. **Action Item**: SOC Work Plan Review (Handout B)- Review progress towards FY21 work plan and approve FY22 Committee Work Plan.
8. Public Comment
9. Agenda Items for Next Meeting
   a. Next Meeting Date: March 3, 2022, at 9:30 a.m. via WebEx Video Conference
   b. Agenda Items for Next meeting:
      - HIV Care Continuum- Understanding Retention in Care
      - FY21-22/22-23 Quality Improvement Project Presentation
10. Announcements
11. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:

HIV Planning Council Website

Please complete you meeting evaluation.
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: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine

Broward County Website

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

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System of Care Committee

Thursday, January 6, 2022 - 9:30 AM
Meeting via WebEx

DRAFT MINUTES

SOC Members Present: A. Ruffner (Chair), V. Biggs, D. Shamer, E, Chrispin, J. Castillo

Members Absent: T. Pietrogallo

Members Excused: None

Ryan White Part A Recipient Staff Present: K. Giglioli, N. Walker, T. Thompson, V. Hornsey.

PCS/CQM Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams, W. Rolle, B. Miller, J. Rohoman

Guests Present: B. Mester, N. Markman.

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The SOC Chair called the meeting to order at 9:38 a.m. The SOC Chair welcomed all meeting attendees that were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, the Chair stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the SOC Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the January 6, 2022, System of Care Committee meeting was proposed by E. Chrispin, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the July 1, 2021 meeting was proposed by J. Castillo, seconded by V. Biggs, and passed unanimously.

   Motion #1: Ms. Chrispin, on behalf of the SOC, made a motion to approve the January 6, 2022, System of Care Committee agenda as presented. The motion was adopted unanimously.

   Motion #2: Mr. Castillo, on behalf of the SOC, made a motion to approve the July 1, 2021, System of Care Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

   There were no standing committee items on the agenda for this meeting.

5. Unfinished Business

   There was no unfinished business on the agenda for this meeting.

6. New Business

   The Committee received a presentation from one of the CQM Health Planners on the FY2021 Quarter 3 HIV Care Continuum data. The CQM Health Planner reviewed and compared system-wide data between Quarter 2 and Quarter 3 for FY2021. The SOC Chair was concerned that there was a decrease in people living with HIV. The CQM Health Planner advised the Committee that this could be due to several factors such as migration out of the EMA, persons being lost in care and not being retained in care, changes in eligibility, insurance, and death. The Committee was also concerned about the racial and gender disparities relating to retention in care and what is being done to address them. The CQM Health Planner advised the Committee that the providers within the system receive data on the current disparities affecting the system of care.

   Additionally, they participate in quality improvement projects throughout the fiscal year to address these issues. The Committee also questioned if provider agencies are provided with any solutions or recommendations to address specific issues. Staff advised the Committee that the CQM team actively aids provider agencies with their various quality improvement projects.

   There was also the question of how Test and Treat clients affect data relating to retention in care. A representative from the Part A Office advised the Committee that the extent to which Test and Treat clients may skew data is unclear and possibly not significant. The SOC Chair questioned what if any data is available on clients who fall out of the system of care such as the number of clients not retained in care who entered the system through the Test and Treat program. The Part A Recipient advised that the Continuum of Care report can be filtered specifically for Test and Treat clients.

   The PCS and CQM Manger provided the Committee with an overview of the FY2020 quality improvement projects (QIP). The SOC Chair questioned when the Committee could receive updates on the FY2021 QIPs. The Committee was advised that agencies will wrap up their QIPs by the end of the fiscal year and the data will be made available subsequently.

   Lastly, the Committee responded to a request from the Community Empowerment Committee. The CEC is concerned that consumers cannot access their services because some providers do not operate outside of traditional business hours. The CEC moved to recommend this item to the SOC to investigate and address/ create a mechanism to address this community need.

   A Committee member questioned if provider agencies submit their intended operating hours along with their RFPs to the Recipient each year. The Recipient advised that agencies submit their intended operating hours with their proposals for funding. They also advised that it is expected that agencies will meet the needs of clients within the EMA. Additionally, they advised that this issue has been brought to their attention, and they are working on addressing it internally and with provider agencies. The Committee agreed that since the Recipient has already acted in addressing this issue, they would leave it with them and update to the CEC at their next meeting.

7. Recipient's Report

   There was no Recipient report for this meeting.

8. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

9. Agenda Items for Next Meeting

   The next SOC meeting will be held on February 3, 2022, at 9:30 a.m. via WebEx Videoconference.

10. Announcements

There were no announcements for this meeting.

11. Adjournment

There being no further business, the meeting was adjourned at 10:47 a.m.

12. SOC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	6												
0	0	0	**1**	Chrispin, E.	X												
0	1	1	**2**	Pietrogallo, T.	A												
0	0	0	**3**	Ruffner, A. *Chair*	X												
0	0	0	**4**	Shamer, D.	X												
0	1	0	**5**	Biggs, V.	X												
0	1	0	**6**	Castillo, J.	X												
				Quorum = 4	5	0	0	0	0	0	0	0	0	0	0	0	

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

HANDOUT A

Poverello

Medically Tailored Grocery Program

The Poverello Center Inc. History

- Began in 1987 in some of the darkest days of the AIDS pandemic by a Franciscan priest working as a chaplain.
- First Ryan White Part A food pantry provider in Broward County.
- Learned how to serve people with HIV and comorbidities.
- In 2016, as part of our strategic planning process, committed to Medically Tailored Groceries, adding more fresh fruits and vegetables, and client choice as programmatic standards. Expanded our mission.

Where Poverello fits on the Food Is Medicine Pyramid

Chronic Illness

COVID 19 Work

Medically Tailored Groceries

- **Curated**: All foods at Poverello are curated by a Florida Licensed Dietitian/Nutritionist using a combination of client input, nutritional content, and cultural significance.
- **Choice**: Any program participant may select from among 115 items found within the given category of dietary recommendations for the illness the client faces.
- **Fresh**: Over the course of each year, we feature 76 different types of vegetables, fruits, nuts, and herbs.
- **Education**: Screening occurs for each program participant and each screening as needing consultation is offered it.

Poverello Offers

We currently offer five *Medically Tailored Grocery* plan options to meet the dietary needs of our clients and the increasing prevalence of chronic diseases:

- Groceries for a Regular Healthy Diet
- Groceries for a Heart-Healthy Diet
- Groceries for a Consistent Carbohydrate Diet (Diabetic Friendly)
- Groceries for a Renal Diet (Kidney-Friendly)
- Groceries for a Pescatarian Diet (based on a Regular Healthy Diet)

All grocery plans provide varied food options of protein (plant & animal sources), grains, dairy and include at least 28 servings of fresh fruits and vegetables. *Medically Tailored Grocery* plans are based on Dietary Guidelines for Americans 2020-2025, Eat Right Nutrition Care Manual and USDA My Plate.

Using Evidence Informed Integration (E2i) to Improve Health Outcomes Among People Living With HIV

SBIRT at the Food Pantry

Poverello

Poverello's Eat Well Center

2765 Program Participants within our Ryan White Part A Food Pantry Program with 89.43% Viral Suppression

112 Grocery Items maintained in our Medically Tailored Client Choice Grocery Program featuring 76 different types of fresh fruits, vegetables and herbs throughout the year. Program participants may select specific health tracts:

- Groceries for a Regular Healthy Meal Plan
- Groceries for a Heart Healthy Meal Plan
- Groceries for a Kidney Friendly Meal Plan
- Groceries for a Diabetic Friendly Meal Plan
- Groceries for a Vegetarian Friendly Meal Plan

Healthy Grocery Gift Card Program features $45 gift cards from various local grocery stores

Poverello also operates:

Social Enterprise Thrift Stores (2) from which our clients may receive clothing, home goods, etc.

Live Well Center which saw nearly 10,000 visits last year for Acupuncture, Haircuts, Massage, Reiki, Chiropractic and gym. This service allowed Poverello to be acquainted with Electronic Medical Records, HIPAA regulations and consents. We use Athena Healthcare through Athena Cares program.

Why Special Projects of National Significance?

Community Needs Assessment for Ryan White Part A services included a mental health focus group **at Poverello with Poverello Clients** in 2016 which in part revealed:

"Providers indicated that it was hardest for them to make successful referrals to the following services: outpatient drug or alcohol treatment, outreach, and mental health services." Clients however, "more often focused on the lack of client information and education and on service-related issues."

The Assessment summarized, "There appears to be insufficient systematic community outreach, education about HIV, and assistance to PLWH in finding the right service provider." They went on to recommend, "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."

We already had the clients whose needs were unmet.

Current SAMH Ryan White Part A dollars were underutilized because people weren't accessing SAMH services.

Ryan White Part A Food Pantry reimbursement was $35 per week's worth of groceries, insufficient to meet the costs associated with supplying the service including collection of viral loads and CD4 counts required by the RW Part A program.

Use of peers in service provision created a novel use of the intervention in this intra organizational integration.

Reviewers mentioned their discussions involved words like "either crazy or genius" in contemplating our proposal.

Focus Areas Among 26 Grantees

Behavioral Health

Buprenorphine	Med Centro, Puerto Rico
	Greater Lawrence Family Health Center
CoCM programs	Health Emergency Lifeline
	La Clinica del Pueblo, Puerto Rico
	Oklahoma State University
	Our Lady of the Lake Hospital, LA
SBIRT Initiative	North Jersey Community Research
	The Poverello Center, Inc.

Transwomen

Healthy Divas	Birmingham AIDS Outreach Inc.
	Cal-PEP
	Rutgers New Jersey Medical School
TWEET	Centro Ararat
	CrescentCare
	Henry Ford Health System

Black Men who Have Sex with Men

Connect	AIDS Task Force of Greater Cleveland
MI Peers	Broward House, Inc.
	HOPE Center
	University of Mississippi Medical Center
TxTxT	UNIFIED
	SUNY - HEAT

Trauma Informed Care

CPT	Positive Impact Health Centers
	Western North Carolina
Seeking Safety	Multicultural AIDS Coalition
	UC San Diego
TIA/CHANGE	Alaska Native Tribal Health Consortium
	Chicago Women's AIDS Project

EVIDENCE-INFORMED INTERVENTIONS (E2i)

SBIRT at the Eat Well Center

Poverello Implementation staff met in Boston to receive training at Boston Medical Center's TA MASBIRT team

Screening, Brief Intervention, Referral and Treatment

SAMHSA defines SBIRT:

Screening — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting

Brief Intervention — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice

Referral to Treatment — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

Patient Flow

1. –Program Participant Signs Into Appointment for Food Pick Up

2. –Peer staff attend to Program Participants assisting them to select grocery items, engaging in conversation, making connections.

   –**Permission** sought to ask sensitive questions

   –If Yes > **Begin Screening**

   –IF no > **Inform** Program Participant information on MHSA is available.

3. –Single Question Screener – Alcohol Use
   –Single Question Screener – Drug Use
   –PHQ-2 Depression Risk Screen
   –Food Insecurity Risk Screening
   –Smoking Screen/Readiness to Change Ruler
   –If Risk > Ask **Readiness for Referral**
   – **If Yes** > **Make Assertive Referral**

Single Question Screening Test for Drug Use in Primary Care Available:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911954/

"How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

Single Question Alcohol Screening Test Available:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695521/

"How many times in the past year have you had X or more drinks in a day?" (where X is 5 for men and 4 for women, and a response of ≥1 is considered positive)."

Patient Flow

4. –If Yes > But, **Not Ready for Referral**
   - **Ask Permission to Revisit the Discussion Later**
5. –Connect with SAMH provider for follow-up
6. –Connect with program participant to follow-up on referral

–**Collect Medical Data for outcomes analysis**

Hunger Vital Sign
Available: https://frac.org/aaptoolkit
"Within the past 12 months, we worried whether our food would run out before we got money to buy more." - often true – sometimes true – never true – don't' know/refused

"Within the past 12 months, the food we bought just didn't last and we didn't have money to get more." – often true – sometimes true – never true – don't' know/refused

PHQ2 Screening for Depression
Available: https://www.aafp.org/afp/2012/0115/p139.html
"Over the past two weeks how often have you been bothered by any of the following problems? Little Interest or pleasure in doing things Not at all; Several Days; More than one-half the days; Nearly Every Day
Feeling down, depressed or hopeless Not at all; Several Days; More than one-half the days; Nearly Every Day"

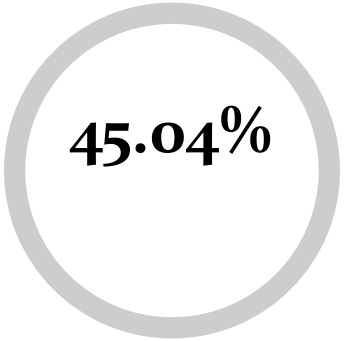
Data Challenges

- Food pantry collecting PHI – While it may seem a stretch to handle PHI, because of our Live Well Center's volunteer chiropractors, acupuncturists and our nutritionist's use of Athena Health Electronic Health Record, our intake forms already provided universal compliance with HIPAA consents, privacy practices, informed consent and confidentiality.
- We added a consent for release of medical records specific to Substance Abuse and Mental Health and provided training on this consent in order to talk with referred providers.
- We already are integrated into the Ryan White Part A data collection process, so we add Viral load and CD4 results based upon paper copies of labs already.
- The project required a Data Manager which added infrastructure to the food pantry and can feed data into the SPNS selected system.
- University of California San Francisco is the Evaluation Center for the project and provides technical assistance as well as oversite of our developed systems. They also maintain RED Cap, which is the data storehouse for the project. All data entered there is deidentified (No PHI).

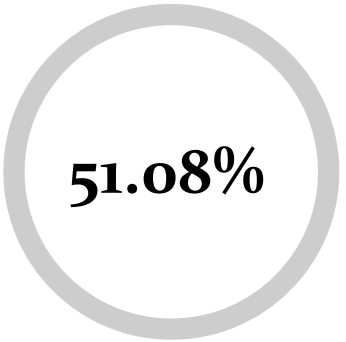
Results (Very Preliminary)

708 Program Participants Screened

Risky Substance Use



Risk for Depression



"How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?" and "How many times in the past year have you had X or more drinks in a day?" (where X is 5 for men and 4 for women, and a response of ≥1 is considered positive)."

"Over the past two weeks how often have you been bothered by any of the following problems?
Feeling down, depressed or hopeless

Results (Partial and Very Preliminary)

Smoking and Readiness to Change

37.06%

Risk for Food Insecurity

91.97%

Willing to Continue Discussions

68.02%

Do you smoke? How motivated are you to make a change?

Within the past 12 months, we worried whether our food would run out before we got money to buy more.
Within the past 12 months, the food we bought just didn't last & we didn't have money to get more.

Staffing/Work Changes

Staff satisfaction with work increased, “Meaningful” “Better Communication” “Sense of pride working on the project.”

Interaction with clients intensified, improved and valued.

Time spent with client has doubled, but satisfaction of clients has improved.

Weekly supervision in dealing with issues that arise is key to maintaining high sense of competency and decrease burnout.

Clients say they feel more connected.

Referral Challenges

Waitlists at SAMH providers.

Provider challenges e.g. “I have shoes older than that therapist.” “I want a gay therapist” “They don’t take my insurance”

Follow-up with non-Ryan White Part A funded therapy is challenging, because the staff aren’t used to working with the releases of information.

Transportation

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HANDOUT B

System of Care Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2022, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients.				**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	
Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.													
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments on an ongoing basis.	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.												
1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a).			X									
1.4 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a).				X								
Objective 2: Ensure that issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.													
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
2.1 Identify needs resulting from disparities in HIV-related service availability on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need along the RWPA Care Continuum.											X	
2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**												
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.											X	
2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities along the contiuum	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies.												
2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum as needed.	SOC/PCS Team	Collaboration with experts to lessen disparities along the continuum	Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum.											X	
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA system of care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.				X								

HANDOUT B

System of Care Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2023, Identify the inventory of resources available for service delivery for PLWHA in Broward County to increase rentention in care for Part A eligible clients.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	
	65%	90%								

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training.	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Analyze utilization trends for the HIV population in the Ryan White Part A system of care on an ongoing basis.	PCS/CQM Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a).												
1.4 Analyze HIV surveillance laboratory data on an ongoing basis.	PCS/CQM Team	Develop strategies to link or relink these identified individuals to medical care.	Evaluate HIV surveillance laboratory data to identify persons diagnosed with HIV who are not in care (based on absence of laboratory monitoring data)												
1.5 Develop How Best to Meet the Need (HBTMTN) language based on findings annually.	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a).												

Objective 2: Ensure that retention in care issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)** as needed/recommended.	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												
2.2 Identify barriers and faciliators to retention in care for HIV-related services on an ongoing basis.	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need relative to retention in care.												
2.3 Collaborate with community partners to address issues with retention in care on an ongoing basis.	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**												
2.4 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers as needed.	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs.												
2.5 Recommend areas of inequities to the Quality Management Committee (QMC) for further review as needed.	SOC	Collaboration with QMC to lessen disparities in retention in care	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies to improve retention in care.												
2.6 Present findings to QMC for potential updates to service delivery models (SDM) as needed.	SOC	Utilize findings to improve RWPA retention in care	Recommend service delivery model updates based on data and recommendations.												
2.7 Present findings & HBTMTN language to the Priority Setting & Resource Allocation (PSRA) Committee annually.	SOC	Data driven PSRA process	Present HBTMTN recommendations to the PSRA Committee during the Priority Setting & Resource Allocation Process.												