

**Patient Care and Prevention Planning Group Meeting
Meeting Minutes Summary
April 18-19, 2018
Embassy Suites by Hilton- Tampa/Brandon**

Wednesday, April 18, 2018

Ken Bargar, Prevention Community Co-Chair, Jim Roth, Department of Health Prevention Co-Chair, and Kim Saiswick, Patient Care Community Co-Chair facilitated the meeting.

The meeting was called to order at 1:03 PM by Ken Bargar. Roll Call was conducted by Ken Bargar and quorum was established. Community members and guests introduced themselves.

Ken Bargar requested a moment of silence for all those who have been affected by HIV/AIDS.

Kim Saiswick reviewed the content of the meeting packets.

Jim Roth reviewed the action items from the November 2018 Patient Care and Prevention Planning Group Meeting.

HIV/AIDS Section Update

Laura Reeves, HIV/AIDS Section Administrator

Laura Reeves provided a legislative update and an update on key HIV/AIDS Section activities.

Legislative Update

The Governor has merged three of the patient care budget categories into a single category and that category was expanded to allow the HIV/AIDS Section to respond to the HIV epidemic from both a patient care and prevention perspective. Also, the HIV/AIDS Section received \$50 million reoccurring budget authority for the federal grant trust fund (pharmaceutical rebate dollars).

The needle exchange bill did not pass. The pilot program in Miami will remain unaffected.

Joey Wynn agreed to share the Florida Association of Community Health Center's summary of primary care and medical advancements legislation that was passed during the most recent session with the group.

HIV Section Update

- The HIV Section will apply for the Ryan White Part B Supplemental Grant. The deadline for submission is May 21, 2018. The HIV/AIDS Section will share the budget details when they become available.
- The Prevention Request for Applications (RFA) will be issued during the summer of 2018. The funding opportunity will be open to community-based organizations (CBOs) as it relates to prevention activities. Information on the RFA will be posted on the vendor-bid system, through HAPCs, and sent through various listservs.
- Surveillance is currently cleaning the 2017 HIV-related data. The HIV/AIDS Section anticipates that the 2017 data will be available for distribution in July 2018.
- The HIV/AIDS Section announced that segments of the PrEP component were now available through the Minority Media Campaign. Samples of marketing materials were made available at the HIV/AIDS Section's educational table.
- The State Surgeon General asked all 67 County Health Departments (CHDs) to implement PrEP in their Sexually Transmitted Disease (STD) or Family Practice clinics by December 2018. As of February 2018, 32 CHDs had implemented PrEP. PrEP Institutes are being hosted throughout the state to help assist the CHDs to implement PrEP. Additional PrEP training activities will be commissioned through the Centers for Disease Control and Prevention (CDC) Capacity Building Providers specifically for CBOs and will begin in May 2018.
 - Schedule for PrEP Institutes
 - May 7-9, 2018, Ft. Lauderdale
 - August 6-8, 2018, Tallahassee

- A final session will be held in September at a TBD location.

Concern was raised by members over the lack of availability of slide sets in the meeting packets. The HIV/AIDS Section explained that many factors contributed including late confirmation of speakers on panels and challenges in getting slides approved in advance due to staff turnover of the Department of Health's Communication Director.

Q: Will nonoccupational post-exposure prophylaxis (nPEP) be offered in the same way PrEP is?

A: The HIV/AIDS Section is reviewing strategies for the deployment of nPEP. This effort will have to be undertaken with community partners. There is no current funding source to access medications at the CHDs. Based on the last survey, six CHDs offer nPEP services.

Q: What is the status of the Part A funding?

A: Florida has received 38% of the 2017 award. Still not sure if there will be an increase for 2018.

Laura announced that final closeout of the 2017 budget year was underway. She reported that nearly all of the \$207 million in funding had been spent. Laura thanked the group for their efforts in using the rebate monies to fund additional services for clients in their local areas.

PCPPG Committee Updates

Committee Co-Chairs

The group received an update from each of the Patient Care and Prevention Planning Group Committee Co-Chairs:

- Membership, Nominations, and Bylaws (David Brakebill and Valerie Mincey): The Co-Chairs provided a review of the requested revisions to the Patient Care and Prevention Planning Group Bylaws. The group was reminded that they were required to actively participate in a committee. The committee meets on the 2nd Tuesday of each month at 10AM (ET).
- Needs Assessment (Earl Hunt): The committee is working to finalize their Committee Charter. The co-chair announced that the committee would move to a quarterly call schedule. ***The AIDS Institute agreed to distribute a Doodle Poll to survey committee members on the best dates and times to meet.***
- Statewide Quality Management Advisory Committee (Robert Bobo, Sandra Ellis, and Brandi Knight): The HIV/AIDS Section announced that there will be a Clinical Quality Management Update held May 22-23, 2018 for Lead Agencies. The committee meets on the 2nd Wednesday of each month at 1PM (ET).
- Coordination of Efforts (Timothy Dean and Joey Wynn): The Co-Chairs announced that the committee was working on finalizing their Committee Charter. The committee meets on the 2nd Wednesday of each month at 2PM (ET).
- Medication Access Committee (Joe May): The committee will select Co-Chairs during the face-to-face committee meeting. The committee meets on the 2nd Thursday of each month at 3PM (ET).
- ADAP Formulary Subcommittee (Jeff Beal): The committee is currently reviewing recommendations for additions and deletions of medications for the ADAP Formulary for the July meeting of the Pharmacy and Therapeutics (P&T) Committee. The committee will meet on an as needed basis, with the majority of work being conducted via email.

Integrated Plan Review and Accomplishments from 2017

HIV/AIDS Section and PCPPG Members

Representatives provided updates on key local accomplishments as they relate to the goals and objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan (2017-2021). See **Attachment 1 - Area Reports** for additional details.

Reengagement Strategies

Emma Spencer, Surveillance Program Manager

Emma Spencer presented data from 2016 on persons living with HIV (PLWH) who are out of care in Florida:

- 135,986 Estimated PLWH
- 114,772 Diagnosed PLWH
- 105,895 Ever in Care
- 85,105 In Care
- 75,895 Retained in Care
- 69,254 Virally Suppressed

34,675 PLWH did not receive any HIV care in Florida in the last year and 15,632 of these PLWH are living with AIDS.

- By Race
 - Black: 17,097
 - White: 8,870
 - Hispanic: 8,074
 - Other: 634 Other
- By Sex
 - 73% Male
 - 27% Female
- By Age
 - Under 13: 17
 - 13-19: 70
 - 20-29: 2,668
 - 30-39: 6,017
 - 40-49: 8,119
 - 50-59: 10,588
 - 60+: 7,196
 -
- By Mode of Exposure
 - MSM: 16,164
 - Heterosexual: 13,486
 - Injection Drug Use (IDU): 3,180
 - MSM/IDU: 1,357
 - Perinatal: 422
 - Other: 66

The top five reasons people drop out of care are:

- Lack of insurance
- Financial issues
- Lack of knowledge
- Fear of disease
- Client reported feeling well

Emma discussed current reengagement strategies which included linkage to care, data to care, and Ryan White reengagement.

Laura Reeves then facilitated a discussion around potential strategies and activities that could work toward the reengagement of clients.

The following were obstacles that the membership felt contribute to poor engagement and retention in HIV care:

- Access: time, distance, and operating hours of clinics
- Cumbersome eligibility process
- Lack of jail linkage programs

- Poor electronic data sharing
- Language barrier
- Fear of being deported for HIV-infected immigrants
- Need more staff and clinic personnel that vulnerable populations can identify with and feel comfortable with
- Homelessness
- Value of HIV treatment over transition (transgender community)
- Perceived lack of access. People don't know what is available.
- Need to move beyond printed materials. Suggest more QR readers.
- Stigma
- Separate fear from stigma
- Care system is not customer-focused
- Fragmented care. Provider emphasizes the need for care and treatment but then the process is cumbersome
- HIV is not a person's biggest problem (substance abuse, homelessness).
- Sometimes patients are just not ready for care

The HIV/AIDS Section will review the suggestions from the membership and work with the PCPPG to develop additional strategies designed to retain HIV-positive patients in care.

Best Practices Addressing 4-Key Component Plan

The final session of the first day consisted of a panel discussion that highlighted best practices for addressing the 4-Key Component Plan.

Addressing HIV-related Stigma in Florida

Robert Cook, Professor of Epidemiology and Medicine, University of Florida

Dr. Cook's presentation focused on how existing data could be used to inform stigma intervention strategies.

- Forms of Stigma
 - Anticipated: Expectations that other will treat them negatively in the future because of their HIV status
 - Enacted: Actual experiences of discrimination, devaluation, and prejudice by others because of one's HIV status
 - Community: Individuals perceptions of the existence and severity of stigmatizing attitudes in the community
 - Internalized: PLWH endorsement and acceptance of negative assumptions about their character because they have HIV. Experiences of shame, self-blame, and embarrassment
- Other Forms of Stigma Overlapping with HIV:
 - Intersectional stigma
 - Race
 - Gender
 - Sexual Identity
 - Social class
 - Mental illness
 - Drug and alcohol use
 - PrEP related stigma

Dr. Cook is currently the Principal Investigator of a National Institute's of Health (NIH) project that uses data from the Florida Department of Health's HIV Surveillance Medical Monitoring Project (MMP) and explores community, anticipated, internalized, and enacted stigma in a Florida sample of adults living with HIV using 2015 MMP data. The co-hort consists of 1,000 persons living with HIV and 50 unaffected people throughout Florida.

Dr. Cook sought input from the planning body on:

- What critical questions should the research team and stigma panel focus on?
- How to gain input from others addressing this issue in Florida?

Dr. Cook also serves as the Chair of the Florida Consortium of HIV/AIDS (FCHAR) and provided information about the group. The AIDS Institute's Florida Consortium for HIV/AIDS Research (FCHAR) was created to bring more HIV research resources to Florida and advance the body of knowledge about all aspects of HIV prevention, care and treatment. Members who are interested in joining were asked to contact Sean McIntosh (smcintosh@theaidsinstitute.org) for additional details.

Addressing Stigma Through Contract Providers

Jersey Garcia, HIV Prevention Planning, Department of Health, Broward County

Jersey Garcia provided an overview of how Broward County is addressing stigma in their community.

- Recommendations on Addressing HIV Related Stigma
 - Protect
 - Include
 - Empower
 - Educate
- Contracted Providers
 - DOH-Broward uses established 501c3 non-profit community-based organizations to provide HIV Testing; Community Outreach; Condom Distribution; TOPWA; Cyber Outreach; Social Marketing: Evidence Based Interventions to Black and Hispanic Heterosexuals; MSM; Transgender; Individuals Living with HIV; & IDUs
- "HIV Impacts Us All" Campaign
- "What's Your Deal" Campaign
- Lessons Learned
 - Partner agency's relationship with the community
 - Diversity in the campaign development methodology
 - Community engagement and inclusion
 - Multi-level vetting process
 - Public Health Language vs. Community Language
 - Resource allocation
- Recommendations
 - Contingency plan for administrative changes
 - Identify additional funding sources for campaign implementation
 - Campaign sustainability plan with continuous evaluation component included

FOCUS Project and Linkage to Care

Rebecca Nessen, Program Director of Health Initiatives, Metro Wellness and Community Centers

Rebecca Nessen presented on the FOCUS Project.

- The project is aimed at:
 - Expanding care and access to HIV and HCV Screenings
 - Reducing the number of undiagnosed individuals
 - Decreasing the number of individuals diagnosed late
 - Ensuring strong linkages to care, promoting early engagement and positive health outcomes
 - Promoting the normalization of screening and reduce stigma
- Project Design and Current Outcomes
 - HIV & HCV screenings as standard of care across Metro Health Center
 - Offering HIV & HCV blood-based screening for all walk-in testing clients
 - Shifting from rapid testing to 4th generation testing
 - Ability to detect acute infection

HIV	Hepatitis C
3635 screenings conducted	3491 Screenings Conducted
129 Positives Identified (3.5% positivity rate)	73 HCV Ab+ Identified (2.1% positivity rate)
	39 HCV RNA Identified (1.1% positivity rate)

- Providing Comprehensive Risk Assessment & Integrated Screening for all testing clients
- Identifying High Risk negative individuals and referring for further medical evaluation and Comprehensive Prevention Services
- Still utilizing rapid testing
- Collaboration with Tampa General
 - Metro has served as a direct, one-stop linkage resource for identified HIV positive individuals, regardless of insurance status
 - Referral to Linkage Case Managers who connect individuals to medical care and Ryan White Funded services
 - Follow-up and confirmation of patient attendance

Day one of the meeting concluded at 5:00PM.

DRAFT

Thursday, April 19, 2018

The meeting was called to order at 8:33 PM by Kim Saiswick. Roll Call was conducted by Kim Saiswick and quorum was established. Community members and guests introduced themselves.

Kim Saiswick requested a moment of silence for all those who have been affected by HIV/AIDS.

The day began with a review and vote on the amended Patient Care and Prevention Planning Group Bylaws.

Steve Hoke motioned to approve the revised Bylaws and Bobby Davis seconded the motion. 45 members approved the motion and Ken Bargar voted against the motion. Motion approved.

Patient Care Update

Joe May, Patient Care Manager, and Jimmy LLaque, ADAP Program Manager

Joe May began with a funding update. For the most recent grant year (2017) approximately \$203 Million dollars were allocated to HIV-related activities. The following is a breakdown of Ryan White Funding:

- Part B - \$120,790,979
 - \$ 30 million base funding (consortia services)
 - \$ 88 million for ADAP
 - \$ 1.3 million Minority AIDS Initiative
 - \$ 481,000 for Emerging Communities
 - St. Lucie
 - Lakeland/Polk
 - Sarasota/Bradenton
 - Housing opportunities for persons with AIDS (HOPWA) - \$6,287,570
- Total - \$127,078,549

The Ryan White Part B Supplemental funding requests are due May 21, 2018. Florida will request the maximum funding amount of \$35 million. DOH will also request ADAP Supplemental funds and ADAP Emergency Relief funding opportunity.

Joe reported that the majority of the 2017-2018 funds had been expended. DOH will request a carryover of any unspent funds.

For 2018-2019 it is anticipated that the consortia funding will remain relatively constant. Miami-Dade will receive some additional funds for added capacity for the Test and Treat program implementation. Please refer to **Attachment 2 - Schedule C** in the attachments for additional details on consortia funding.

Two contracts were highlighted:

- Broward Regional Health – to support premium payments for ADAP clients who are insured. Currently over \$30 million
- CVS Health – Pharmacy Benefits Manager (PBM) \$15 million.

Joe provided a recap of the Ryan White Program in Florida

- Part A
 - Broward
 - Jacksonville
 - Orlando
 - Tampa/St. Petersburg
 - Miami-Dade
 - West Palm Beach
- Part B (see Attachment 3 for information on Lead Agencies and Community Programs Coordinators)
- Part C (see Attachment 4 for a map of funded sites)
 - Early Intervention
- Part D (see Attachment 5 for a map of funded sites)

- Women, youth, children, and infants
- Part F
 - Special Projects of National Significance (SPNS)
 - AIDS Education and Training Centers (AETCs)
 - Dental

Please refer to **Attachment 6 - Budget Summary** for a detailed listing of core medical services and support services.

Lead Agencies serve as fiscal agents for the local area consortia. Currently nine county health departments and five community-based organizations serve as Lead Agencies (**please see Attachment 3 for additional details**).

The HIV/AIDS Section is interested in developing a new confirmed allocation methodology. Joe agreed to keep the group informed of their charge and expressed interest in the PCPPG membership providing review and feedback.

Joe provided a review of both the fiscal and programmatic Patient Care Monitoring Tools (**see Attachment 7**). It was noted that the link provided on the forms was incorrect. The correct link is <http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/community-programs.html> and was distributed by The AIDS Institute to the PCPPG membership.

Members requested a new HIV/AIDS Section organizational chart. The HIV/AIDS Section agreed to forward the updated organizational chart to the PCPPG membership.

Jimmy Llaque provided an update on ADAP. He began with an update on the 90-Day Direct Dispense Program. The program has the following medical criteria:

- Maintained a viral load suppression at ≤ 200 copies/ml for ≥ 24 -months regardless of a service gap during the 24-month period
- Achieved a 90 percent compliance rate for medication pick-up for the past 12 months

Jimmy explained that the patient's clinician, case manager or ADAP staff could request an exception for clients not meeting the medical criteria. All requests are reviewed by the HIV/AIDS Section medical team.

Members expressed concern that 24 months of undetectable viral loads was an unreasonable amount of time to require a suppressed viral load. It was suggested that the benchmark be lowered. As they stand, many felt that the medical criteria were discriminatory against those who do not have private health insurance.

There are 2,913 eligible clients throughout Florida. As of March 31, 2018, 783 individuals were enrolled. The first phase of the rollout included those counties that were served through the Central Pharmacy (central panhandle and northeast Florida) and Miami-Dade. Broward County will participate in the next rollout phase. The HIV/AIDS Section hopes to have the program active throughout Florida by December 31, 2018.

It was stated that controlled substances cannot be distributed through the 90-Day Direct Dispense Program.

Q: Why have medical criteria?

A: Initially medical criteria were established as a cost containment measure. For example, if the criteria were lowered to 12 months, 6,000 patients would become eligible. Since the initial rollout, the HIV/AIDS Section is reviewing the criteria and hopes to expand the medical criteria so that more individuals qualify.

Q: Are you tracking those who qualify only after going through the exception process?

A: Yes, of the 783 enrolled 112 have gone through the exception process.

Concern was raised over a patient who was denied access to the program from the McGregor Clinic. **Dr. Beal agreed to review the McGregor Clinic-specific case.**

Q: Why does ADAP not utilize electronic prescriptions?

A: ADAP does utilize electronic prescriptions. For individuals who have their own insurance and in counties that have their own direct dispense programs, electronic prescriptions are available. The limitation is with those serviced by the Central Pharmacy. The HIV/AIDS Section is working to fix the issue to provide equity to all clients served by the ADAP Program.

Concern was raised about failure to communicate ADAP policy changes to non-DOH entities ahead of implementation. One recent example identified was the emergency prescription fills for uninsured ADAP clients using the Prescription Benefit Manager (PBM) network of participating pharmacies.

The HIV/AIDS Section agreed to investigate the issue and work with the PCPPG to improve and streamline communications.

Face-to-Face Committee Meetings

Patient Care and Prevention Planning Group Committees met face-to-face to review Committee Charters and confirm standing committee call dates/times.

The following is the schedule of conference calls and webinars for the PCPPG Standing Committees:

- PCPPG Membership, Nominations & Bylaws Committee
Standing call day/time: 2nd Tuesday of every month at 10AM (ET), 1 hour duration
- PCPPG Coordination of Efforts Committee
Standing call day/time: 2nd Wednesday of every month at 1PM (ET), 1 hour duration
- PCPPG Statewide Quality Management Advisory Committee
Standing call day/time: 2nd Wednesday of every month at 2PM (ET), 1 hour duration
- PCPPG Medication Access Committee
Standing call day/time: 2nd Thursday of every month at 3PM (ET), 1 hour duration
- PCPPG ADAP Formulary Review Subcommittee
The committee will meet on an as needed basis with majority of work being conducted via email.
- PCPPG Needs Assessment Committee
The group will begin meeting quarterly. The AIDS Institute will distribute a Doodle Poll to survey committee members on dates/times for the standing call.

HIV/AIDS Section 2018 Strategic Plan Review/2018 Local Area Strategic Plan Review/Integrated Plan-Establishing Priorities for 2019, 2020, and 2021

Laura Reeves, HIV/AIDS Program Administrator and PCPPG Members

Laura Reeves led a discussion on 2018 Strategic Plans. She began with a discussion on the 4-Key Component Plan, reviewed performance for 2017, highlighted accomplishments and listed concerns.

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths (4-Key Component Plan)

1. Implement routine HIV and Sexually Transmitted Infection (STI) screening in health care settings and priority testing in non-health care settings
2. Provide rapid access to treatment and ensure retention in care (Test and Treat)
3. Improve access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
4. Increase HIV awareness and community response through outreach, engagement, and messaging

Laura reviewed the performance on the objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan (2017-2021)

Objective Name	Baseline	Current Performance	Target	Trend	Status
By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida by 2% annually, from 4,613 (2014) to 4,255	4,613	4,972	4,255	▲	<i>Not on Track</i>
By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,867	2,024	2,088	1,867	▲	<i>Not on Track</i>
By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,182	1,281	1,585	1,182	▲	<i>Not on Track</i>
By December 31, 2018, increase the proportion of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%	56%	61.10%	63%	▲	<i>On Track</i>
By December 31, 2021, increase the proportion of PLWH in Florida who know their serostatus from 87.6% (2015) to 91%	87.60%	84.40%	91%	▼	<i>Not on Track</i>
By December 31, 2021, increase the percent of HIV+ persons linked to care from 91% in 2015 to 97%	91%	92%	97%	▲	<i>On Track</i>
By December 31, 2021, increase the proportion of PLWH retained in care from 66% (2015) to 90%	66%	65.10%	90%	▼	<i>Not on Track</i>
By December 31, 2021, increase the proportion of PLWH with a suppressed viral load from 59% (2015) to 80%	59%	60.80%	80%	▲	<i>On Track</i>

The following successes for 2017 were shared:

- Funded 51 CHD positions for Linkage, Test & Treat, Peer Navigation and Perinatal Coordination
- As of late 2017, 14 of 67 CHDs were providing PrEP
- 800 additional ADAP clients now enrolled and served through comprehensive health insurance
 - 4,374 clients are covered by Insurance Marketplace plans
- \$86 million in Pharmaceutical Rebate funded activities
 - \$36 million in new budget authority

Issues and Concerns:

- Assess level of routine screening for HIV and STIs
- Capacity to get PLWH rapidly into care and on medicine
- Improve retention in care

- Increase knowledge, acceptance and access to PrEP

Local area representatives shared their top three priorities for 2018 (**please see the Attachment 1 - Area Reports for Area-specific priorities**).

Using these priorities, the group participated in a hands-on activity to assist the HIV/AIDS Section in establishing priorities for Integrated Plan activities for 2019, 2020, and 2021.

Based on the responses, the following objectives were listed as priorities:

- By December 2021, increase the proportion of HIV-infected persons who know their status from 87.2% to 90%
 - Reduce stigma through increased marketing campaigns
 - Mobilizing communities
 - A specific focus on corrections and homeless populations
 - Joint media plan
 - Increase and expand Test and Treat
 - Increase access to testing
- Reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 to 4,004
 - Focus on PrEP (education, awareness, and money)
 - Increased marketing and media campaigns
 - Increase routine screening in healthcare settings
 - Mobilizing communities
- Reduce the annual number of newly diagnosed HIV infection in Florida's Hispanic population from 1,281 to 1,112
 - Media and marketing
 - Mobilizing local communities
 - Reducing stigma
 - Improve process for the planning councils
 - Improve process to report and monitor the Integrated Plan and objectives
- Reduce the annual number of newly diagnosed HIV infections in Florida's MSM population from 2,761 to 2,397
 - Address stigma
 - PrEP funding and capacity
 - Media
 - Test and Treat in healthcare organizations and community-based organizations
 - Mobilizing local communities
- By December 31, 2021, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,757
 - Mobilizing communities
 - Increasing PrEP awareness
 - Expanding partnerships with non-traditional providers
 - Reducing stigma
 - Increasing grant resources
 - Recruitment of local planning councils
 - Discrimination
 - Media and marketing priority populations
- Increase the proportion of HIV-infected persons retained in care from 64% to 90%
 - Assess spending patterns
 - Reduce stigma
 - Increase case managers to reduce workload
 - Increase stabilized housing
 - Increase culturally sensitive workforce
 - Implement activities for outlying counties

The HIV/AIDS Section will review the recommendations provided by the PCPPG members and provide a written summary of how local area activities will be used to inform statewide activities.

Clarification was sought on the acronym IPCTCS – increasing patient capacity through cultural sensitivity

Open Forum

PCPPG Members and Guests

- Riley Johnson, At-Large Transgender Representative, and Morgan Mayfaire, At-Large Transgender Alternate, presented slides outlining the discrepancy between the Florida Department of Health (FDOH) estimated HIV prevalence among transgender individuals (0.6%) and the median estimated HIV prevalence based on the Williams Institute/United States Trans Survey (USTS) findings (2.1 %)
- Michael Ruppal, Executive Director, The AIDS Institute, provided a state and federal policy update
 - Federal Budget
 - 2018-2019 President's Budget
 - Minority AIDS Initiative (MAI) and AIDS Education and Training Centers (AETCs) eliminated
 - Need to remain nimble and follow the funding streams
 - Co-Pay Accumulator
 - Assistance patients receive from drug manufacturers is not being counted towards their deductible
 - Exists in fine print of most insurance plans
 - The AIDS Institute is working on legislation to mitigate the co-pay accumulator issue
 - Upcoming elections could have huge impact on HIV policy. Community members must stay involved in advocating and educating those elected into office on the important issues.
- Kamaria Laffrey, Florida HIV Justice Coalition, spoke about the HIV modernization process.
- Jessica Raymond, Co-Chair of the 2018 United States Conference on AIDS (USCA) Orlando Host Committee, informed the group of activities surrounding the 2018 USCA Conference, scheduled September 6-9, 2018 in Orlando, Florida. Individuals interested in participating in Host Committee activities are asked to email Jessica.Raymond@hfuw.org.

Next Steps, Future Meeting Topics and Proposed Dates

Ken Bargar prepared the group for the 2018 Membership Recruitment for even numbered areas (2A, 2B, 4, 5/6/14, 8, 10, and 12) and At-Large PLWH, DOC, and Substance Abuse. The recruitment process will take place over the summer and nominations will be due by September 1, 2018. More information will be distributed soon.

The following topics were suggested for the next meeting:

- State and Federal Update by The AIDS Institute
- ADAP update
- Communication plan
- Reengagement update
- PrEP update and rollout
- Prevention Funding RFA
- Monitoring and Evaluation of PS 18-1802
- Allocation Methodology

The dates of the next meeting were discussed. The group noted the following activities that take place during the Fall of 2018:

- September 6-9, 2018 United States Conference on AIDS (USCA), Orlando, FL
- September 14-16, Positive Living 21 Conference, Sandestin, FL
- September 21-22, 6th Annual Rural HIV Research and Training Conference, Savannah, GA
- November 8-10, National Trans Health Conference, Atlanta, GA

- November 8-10, Association of Nurses in AIDS Care (ANAC) Conference, Denver, CO
- November 9-13, The Liver Meeting®, San Francisco, CA
- November 10-14, American Public Health Association (APHA), San Diego, CA
- November 12, Veteran's Day
- November 22, Thanksgiving
- December 1, World AIDS Day
- December 11-14, 2018, 2018 National Ryan White Conference on HIV Care & Treatment, Washington, DC

The meeting concluded with a discussion of next steps and action items.

Action Items for Follow-up

Summary of Discussion	Action Items	Person(s) Responsible	Time Period
Proposed Patient Care and Prevention Planning Group (PCPPG) Bylaws	Update the proposed PCPPG Bylaws to reflect the changes approved during the meeting and distribute to PCPPG members	The AIDS Institute/PCPPG Membership, Nominations and Bylaws Co-Chairs	Post Meeting
Legislative Update	Distribute the Florida Association of Community Health Center's summary of primary care and medical advancements legislation that was passed during the most recent session with the group.	Joey Wynn/The AIDS Institute	Post Meeting
Ryan White Part B Supplemental Funding	Share budget details of the supplemental funding proposal submitted.	HIV/AIDS Section	When available
HIV/AIDS Section Organizational Chart	Distribute updated HIV/AIDS Section Organizational Chart	HIV/AIDS Section/The AIDS Institute	Post Meeting
90-Day Direct Dispense Program	Investigate the denial of a McGregor Clinic patient from participating in the program.	Dr. Jeffrey Beal	Post Meeting
Communication from the HIV/AIDS Section	Investigate the recent breakdowns in the dissemination of notices of important program/policy changes or implementation. Work with the PCPPG membership to improve and streamline communications.	HIV/AIDS Section/PCPPG Membership/The AIDS Institute	Post Meeting
Integrated Plan-Establishing Priorities for 2018, 2019	Distribute summary of the PCPPG member recommendations for priorities for 2019, 2020, and 2021.	HIV/AIDS Section/The AIDS Institute	Post Meeting
2018 PCPPG Membership Recruitment	Distribute information on recruitment for even numbered areas (2A, 2B, 4, 5/6/14, 8, 10, and 12) and At-Large PLWH, DOC, and Substance Abuse.	HIV/AIDS Section/The AIDS Institute	June-September 1, 2018
PCPPG Standing Committee calls	Distribute call schedule and registration information to representatives, alternates and	The AIDS Institute/HIV/AIDS	Post Meeting

	<p>guests. Distribute a Doodle Poll to survey Needs Assessment Committee members on the best meeting dates/time.</p>	<p>Section Staff/PCPPG Executive Committee</p>	
<p>Standing Agenda Items for Future Meetings</p>	<p>All future meetings should include:</p> <ul style="list-style-type: none"> • Report on progress towards the goals and objectives outlined in the State of Florida Integrated HIV Prevention and Care Plan • Items from Standing Committees that require input from the larger group • Best practices from local areas • Request to hold other meetings during the same time period (e.g. Consumer Advisory Group Meeting, Florida Gay Men's Workgroup Meeting, Part A Meeting, etc.) 	<p>PCPPG Executive Committee/ HIV/AIDS Section</p>	<p>Post Meeting</p>
<p>STD Update</p>	<p>Provide a webinar to address increasing STD rates in Florida with an opportunity for discussion.</p>	<p>HIV/AIDS Section</p>	<p>Post Meeting</p>
<p>Dates for Fall 2018 FCPN Meeting</p>	<p>Secure dates and location for the Fall FCPN Meeting.</p>	<p>The AIDS Institute/HIV/AIDS Section</p>	<p>Post Meeting</p>
<p>Presentation follow-up/Red Ribbon Report</p>	<p>Distribute PowerPoint presentations and handouts from the meeting to the members.</p>	<p>The AIDS Institute/HIV/AIDS Section</p>	<p>Post Meeting</p>



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: Area 1

Submitted by: Debbie Carty and James Talley

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	PrEP and nPEP
Objective:	Increase access
Activity:	Okaloosa & Walton Counties began in 2016. Escambia began taking small numbers as pilot program in October 2017. Santa Rosa getting staff trained on rapid testing and working on their internal protocol. The addition of a PrEP Navigator in our CHD greatly assisted in this achievement.
Objective:	Increase nPEP and PrEP awareness
Activity:	Increased awareness via advertising campaign using billboards, Pandora, Grindr and posters in city buses. Also provided training opportunities for providers.
Activity:	PrEP Navigator created "PrEP Connect" business cards with dedicated phone line to handle incoming referrals, requests for information, etc. Working well now that issue with Voice Mailbox was resolved.
Objective:	Increase nPEP access
Activity:	Ensure local ERs, SART members, SANE nurses and Walgreens are familiar with process implemented as a result of AETC workgroup held in 2016.
Activity:	PrEP Navigator in process of meeting staff face-to-face to offer in-service training and assistance for any barriers encountered.
Activity:	FDOH-Escambia provided nPEP service to established primary care patient! However, patient encountered issue with CVS & did not follow-up with CHD. Process now more fine-tuned to avoid same issue in future.
Goal 2:	Prevention for Positives – Reduce HIV infection rate
Objective:	Streamline entry into care process using Test and Treat model.



Activity:	Okaloosa began early 2017. Escambia set to start on May 1, 2018. RW providers streamlining access into care. ADAP conducting RW “presumptive 30 day eligibility” and an increase in number of RW case managers is planned.
Activity:	Peer Program fully active via HIP provider, however, referrals from RW case managers & providers very slow.
Activity:	ADAP Pick-up rate in Area 1 for last 6 months was over 85% state goal.
Activity:	Linkage staff in place & fully trained working closely with DIS. Meeting linkage to care state goal (85% newly diagnosed linked to care within 30 days) is a challenge however. Test & Treat implementation in Escambia CHD expected to make a big difference.
Goal 3:	Targeted and Routine Testing
Objective:	Increase HIV testing in Area 1
Activity:	Held AETC sponsored HIV Symposium on 11/19/2017 with 24 participants.
Activity:	A total of 2,658 HIV were conducted by our area’s registered test sites July – Sept 2017 and 2,933 were conducted in Oct – Dec 2017. Area 1 HIV program office distributed over 160,000 condoms to test sites & community gatekeepers with a total of 22 new HIV testers trained Oct – Dec, which included several members from Preventative Medicine Section of Navy Hospital Pensacola.
Activity:	World AIDS Day testing event held by FDOH-Escambia tested a total of 38 participants for HIV and Syphilis in one afternoon. Several other community partners held events throughout Area 1 with testing offered. HIV and STD work together closely and support each other’s outreach events as much as possible in Area 1.
Activity:	HAPC submitted article about importance of routine HIV testing in a clinical setting with Dr. Lanza’s endorsement to the Escambia County Medical Society newsletter.
Goal 4:	Community Outreach & Messaging
Activity:	PrEP billboard campaign, PrEP & nPEP ads on Pandora and posters in Pensacola public transit buses.
Activity:	CDC intervention for teenagers, Party with a Purpose, was held by Mrs. Georgia Blackmon on 10/21/2017 sponsored by DOH with presentation given by Prevention Training Consultant.
Activity:	STD Regional Program Manager provided over 30 HIV & STD education classes to 4 area Middle and High schools reaching a total of 728 students over the last six months.

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Increase PrEP providers in Area 1 via education and in-service trainings
Impact:	If more people can access, then more HIV can be prevented.
Priority #2:	Increase the number of case managers and Peer Navigators in Area 1



Impact:	Faster entry into care, smaller caseloads mean better service
Priority#3:	Funding needed to maintain in stock supply of nPEP regimens like we do for PrEP.
Impact:	Faster service to anyone who is exposed
	Routine HIV testing awareness for primary care physicians – need more training opportunities for them.



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: Area 2A

Submitted by: April 13, 2018 Valerie Mincey

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reduce new HIV infections
Objective 1.1	By December 31, 2021, increase the proportion of HIV-infected persons who know their serostatus from 87.2 percent (2015) to at least 90 percent.
Objective 1.2	By December 31, 2021, reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 (2014) to 4,004.
Objective 1.3	By December 31, 2021, reduce the annual number of HIV-infected babies born in Florida from 6 (2014) to less than 4.
Activities:	<p>Through expansion and improvement of HIV prevention services, especially outreach services in Area 2A, there was an increased HIV incidence. 60 newly HIV diagnosed in 2017, as compared with 33 newly HIV diagnosed in 2016, and 29 in 2015.</p> <p>The following activities have been implemented and accomplished in the area to support the above objectives:</p> <p>By CHD, all 4-key components are implemented in the Area 2A:</p> <ul style="list-style-type: none"> • HD has expanded and implemented routine HIV screening in health care settings in all 6 counties in the area • Implement Pop Up Clinics



	<ul style="list-style-type: none"> • Outer-counties new testing sites • Newly expanded PrEP clinics in Holmes and Washington Counties. • There are 10 enrolled in PrEP services • Recruited and train a new perinatal HIV Case Worker at Bay CHD • CHD is currently tracking HIV perinatal cases; at least 3 cases are in care along with their mothers. • Will hold HIV Perinatal Symposium for providers, tentative schedule June 7, 2018 <p>By CBOs and others:</p> <ul style="list-style-type: none"> • Besides providing HIV testing and counseling through at least 3 main HIV education/prevention programs (UTHINK?, RAP, PrEP UP) targeting high risk individuals especially African Americans and MSM communities. In 2017, at least 270 individuals in the area were tested and (1%) of them were HIV positive. • Big Bend - Foster Parents • BASIC staff join with PanCare's mobile clinic team, to provide HIV prevention and testing services especially for those in rural areas. • Through FOCUS Program funded by Gilead Sciences, Inc., PanCare of Florida also implement routine HIV and HCV screening a standard of care at their clinics in all 6 counties. This program started in late 2017. During less than 2 months, this program tested 178 individuals with 1% positive rate.
Goal 2:	Increase access to Care and improve health outcomes for PLWH
Objective 2.1	By December 31, 2021, reduce the number of HIV-related resident deaths from 878 (2014) to 762.
Objective 2.2	By December 31, 2021, increase the proportion of PLWHAs linked to care (ever in care) from 90 percent (2014) to 96 percent.
Objective 2.3	By December 31, 2021, increase the proportion of HIV-infected persons retained in care from 64 percent (2014) to 90 percent.
Objective 2.4	By December 31, 2021, increase the proportion of PLWHAs with a suppressed viral load (<200 copies/mL) from 58% (2014) to 80%.
Objective 2.5	By December 31, 2021, increase the proportion of ADAP clients with a suppressed viral load (<200 copies/mL) from 89% (2014) to 94%.



<p>Activities:</p>	<p>The following activities have been implemented and accomplished in the area to support the above objectives:</p> <p>By CHD, all 4-key components are implemented in the Area 2A:</p> <ul style="list-style-type: none"> • Test and Treat: at least 9 were successfully enrolled and have access to care and treatment during the first 3 months of 2018. • Bay CHD has recruited staff as DIS, and Navigator/Linkage to Care Coordinator. • Strengthened reengagement activities. At least 112 clients were contacted for reengagement through 1257 attempts. Of these 31 were reengaged/enrolled. • In 2017, 93.45% ADAP clients achieved a viral load suppression. <p>By CBOs:</p> <ul style="list-style-type: none"> • A total of 281 unduplicated clients were assisted with care and treatment services under the Ryan White Part B funding, including 39 newly enrolled in 2017. • Based on the RSR Report, in 2017, the viral suppression rate was around 83% among those with clinical information, as compared with 76% in 2016. • Besides medical and non-medical Case management services, BASIC also has provided Linkage to Care and Adherence Support services, under a private foundation grant, to engage newly HIV diagnosed individuals and to provide additional adherence support for those who need additional support and reengagement services. <p>Challenges:</p> <ul style="list-style-type: none"> • Poor resources/ lack of funding • Shortage of medical primary and specialist providers • Other barriers to care which are common to rural areas such as Area 2A including lack of public transportation system, poverty, lack of educational opportunities, lack of affordable housing, lack of employment opportunities and, most significantly, stigma and discrimination against HIV communities.
<p>Goal 3:</p>	<p>Reduce HIV related health disparity</p>
<p>Objective 3.1</p>	<p>By December 31, 2021, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,757.</p>



Objective 3.2	By December 31, 2021, reduce the annual number of newly diagnosed HIV infections in Florida's men who have sex with men (MSM) population from 2,761 (2014) to 2,397.
Objective 3.4	By December 31, 2021, reduce the annual number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,112.
Activities:	<p>The following activities have been implemented and accomplished in the area to support the above objectives:</p> <p>By CHD:</p> <ul style="list-style-type: none"> <input type="checkbox"/> As mentioned earlier, all 4 key components have been implemented in Area 2A. <input type="checkbox"/> With newly expanded PrEP clinics in Holmes and Washington Counties. <p>By CBOs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most of BASIC programs, especially HIV prevention programs have been designed for high risk individuals, especially African American, and MSM communities. <input type="checkbox"/> BASIC has implemented High Impact Prevention Program (U Think?) which was designed for very high-risk individuals, black males and females, and MSM of all races and HIV positive clients ages 18 and up. In 2017, at least 163 individuals were tested (including 39 MSM). <input type="checkbox"/> BASIC also has implemented RAP (Respect Awareness Prevention) program, an integrated HIV/Hepatitis C/Substance Abuse prevention program that targets African American/other ethnic minority young adults aged 18-24 and African American women over 24 years old. In 2017, at least 100 were enrolled and tested for HIV and Hepatitis C. <input type="checkbox"/> BASIC has implemented PrEP UP program with a goal to reduce the number of new HIV infections among African American women and MSM of all races. In 2017, at least 440 African American women and MSM (all races) received education and counseling on PrEP. <input type="checkbox"/> BASIC also implement an advocacy program with an overall goal to promote and advocate for a more supportive non-judgmental community and to address stigma related issues in the area. <input type="checkbox"/> With collaboration with City officials and many other communities, we hold the annual celebration of World AIDS Day Candlelight Vigil. Last year, on Dec 1, 2017, BASIC and St. Andrews



Episcopal Church jointly held this event with many other community members to remember those who passed away and to raise community awareness of this epidemic, as well as to show support in reducing stigma/discrimination toward those who live with HIV/AIDS.

Challenges:

- As mentioned earlier besides poor resources/ lack of funding, poverty, lack of educational opportunities, lack of affordable housing, lack of employment opportunities and, most significantly, stigma and discrimination against HIV communities.
- These barriers are exacerbated in high-risk individuals, such as MSM, intravenous drug users, and substance abusers.



Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Increase funding and mobilize resources in community
Impact:	Address gaps/unmet needs and health disparity related issues and increase community partnership
Priority #2:	Addressing stigma /discrimination against PLWHA: Stigma/discrimination are among several other factors including fear, homophobia, apathy, fatalism and lack of knowledge are among the top barriers to accessing both HIV prevention as well as care and treatment services. Principle reasons for persons not acknowledging their HIV status are fear of a real or perceived stigma that may be associated with that information becoming a known fact in their community, denial, lack of readiness to accept their positive status and seek care, and/or fear of the medical system. Moreover, people with HIV/AIDS can be reluctant to access services in their area given the stigma of having HIV and how it might result in rejection by the community, family, friends, and co-workers who are lacking knowledge and understanding about risk of HIV transmission, prevention and treatment.
Impact:	Increase community awareness of HIV/AIDS epidemics especially in rural areas through outreach activities and reduce stigma.
Priority#3:	Staff and providers' capacity through training/certification in order to provide quality services with cultural competency to the target or preferred population
Impact:	Maintain and improve service quality.



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: 2B

Submitted by: Rebecca Arrington/Suzanne Stevens

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reducing new HIV Infections
Objective:	Expand routine HIV screening in healthcare settings
Activity:	Big Bend Cares opened a new clinic, Care Point Health and Wellness and provides routine testing on site in the clinic with both rapid testing and blood draw for faster confirmatory results.
Objective:	Effectively identify and test individuals in populations at highest risk
Activity:	Big Bend Cares d/b/a Care Point Health and Wellness conducts routine testing at the clinic which is located on the Southside of town where the HIV epidemic is highest.
Objective:	Ensure universal access to and availability of pre-exposure prophylaxis (PrEP) and increase awareness of non-occupational post-exposure prophylaxis (nPEP)
Activity:	Big Bend Cares has developed a PrEP program including protocols for referrals, testing, and appointments with ID doctors in the clinic to prescribe PrEP to appropriate patients and refer them to the onsite pharmacy for Truvada.
Objective:	Expand condom distribution to target PLWHs and persons at highest risk of acquiring HIV
Activity:	Big Bend Cares has placed condom dispensers in the clinic bathrooms for patients to have easy access without having to ask for condoms.
Objective:	Ensure health care providers are complying with the opt out HIV and STI screening law for pregnant women



Activity:	Big Bend Cares d/b/a Care Point Health and Wellness offers HIV and STI screening for all patients seen in the clinic using the opt out method to ensure we test all pregnant women appropriately
Goal 2:	Increasing access to care and improving outcomes for persons living with HIV
Objective:	Reduce barriers for linkage to and retention in care
Activity:	Big Bend Cares opened a new clinic called Care Point Health and Wellness where PCP and ID care from local physicians is provided along with onsite lab draws, an onsite pharmacy and Ryan White eligibility and case management. This allows for timely medical appointments especially for new positives and increases the retention in care rates.
Objective:	Create approaches to locate and link PLWH not in care
Activity:	Big Bend Cares has a collaboration with the local county health department linkage coordinators to find clients who have fallen out of care and reengage them in care with the use of Peers.
Objective:	Reduce barriers to linkage
Activity:	Big Bend Cares d/b/a Care Point Health and Wellness has created a clinic for ID care and Primary Care for the southside community to reduce stigma by having a non-HIV specific clinic. The clinic works with several infectious disease providers and both FQHC's to provide care at the clinic several days a week to HIV patients for easier access, less stigma and a more collaborative process.
Objective:	Strategize on the development of a family focused model for HIV care to increase retention.
Activity:	Big Bend Cares has included the Part C and Part D providers as part of the new Care Point Health and Wellness clinic to promote inclusion for care and both ID and Primary care are provided so the HIV patient can bring partners/spouses/family to be seen which also promotes PrEP.
Objective:	Ensure that care systems include access to support and behavioral health services
Activity:	Big Bend Cares d/b/a Care Point Health and Wellness now has two on site mental health and substance abuse counselors from Apalachee Center for Human Services where clients can be referred
Goal 3:	Reducing HIV related disparities and health inequities
Objective:	Ensure universal access to and availability of PrEP and increase awareness of nPEP
Activity:	Big Bend Cares d/b/a Care Point Health and Wellness has developed protocols and a toolkit for a new PrEP program and now has PrEP navigators as part of the education program. We also market and promote the program to as a PrEP site for persons interested in PrEP.
Activity:	Bond, Leon County Health Department and Neighborhood Medical Center all have implemented a PrEP program within their respective agencies.
Objective:	Reduce barriers to service access and address social determinants that increase risk
Activity:	Big Bend Cares has created support group called "Capital T - a Transgender Support Group" and will hold the first meeting 4/26/2018.



Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Continue to promote PrEP for the community to reduce HIV infections
Impact:	Increase marketing and awareness in the community about PrEP to help reduce the number of new positives and reduce HIV infection
Priority #2:	Strengthen local CQM initiatives
Impact:	Create a solid tool that will identify areas needing improvement. These results will allow agencies to create positive changes through new avenues, programs, protocols, funding sources and existing programs, and thus the local community.
Priority#3:	Continue efforts on Test and Treat to ensure new positives can access ARV's immediately and enroll in care and treatment
Impact:	Reduce viral load, decrease window period of possible transmission, educate community.



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN) Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area 3/13 Number:

Submitted by Gay Koehler-Sides

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Decrease the number of new HIV infections
Objective:	Decrease the annual number of newly diagnosed HIV infections from 4613 to 4004
Activity:	Area 3/13 saw ~89 patients for test and treat in the 1 st quarter of 2018
Goal 2:	Increase access to care
Objective:	Increase proportion of PLWA's linked to care from 90% to 96%
Activity:	Area 3/13 hired two linkage to care specialists in 2017 and just hired one Spanish Speaking linkage to care specialist in 2018 97% of PLWA's linked to care in 2016
Goal 3:	Decrease HIV related disparities
Objective:	Ensure access to and availability of culturally-appropriate prevention and care activities.
Activity:	Held SOS conference in Gainesville, PrEP was included.

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Stigma



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Impact:	High impact, barrier to care, area 3/13 has developed a new brochure that targets young people and minorities and a new website is being developed by a graphic designer. Peer program also helps to address stigma.
Priority #2:	nPEP medications
Impact:	Medium impact, requests from the field to get nPEP medications available on site like test and treat and PrEP. Prior authorizations take too long and ER's won't do the prior authorization for the medications, PAP's take too long.
Priority#3:	
Impact:	

Florida HIV/AIDS Comprehensive Planning Network (FCPN) Patient Care and Prevention Planning Group (PCPPG)

Area: 4

Submitted by: Damon Gross, Justin Bell, Herb Smith

Goal # 1 Reduce New Infections:

- Teen health centers have increased locations up to 7 local high schools
- Youth Prevention Block Party 8/18/2018
- Increased Marketing on Billboards and on Radio
- Rebranding HIV/Prevention Mobile unit
- Contracted with community partners to provide HIV/Prevention services to outlying counties.
- S.O.S.(Sistas Organizing to Survive) Summit completed on 4/7/2018
 - Designed to bring black women together to raise awareness on HIV, educate on prevention, care, and treatment services, and empower women to educate others where they live, play, work, and worship.
- Working on Ujima Men's Conference which will be held 6/23/2018

Goal # 2 Increase Access to Care and Improve Health Outcomes for People Living With HIV:

- Test and Treat available in all five counties in Area 4.
- One week training for a class of 13 Peer Navigators was provided by our local Ryan White network, facilitated by Part A
- Continue to work towards viral load suppression by increasing ADAP pick up rate which currently runs between 85% - 91%.

Goal # 3 Reduce HIV Related Health Disparities and Inequalities:

- Increasing Marketing distribution, and provider awareness and access to testing.
- 4 Partners assigned to address retention care by locating clients and re-linking them to care.
- Working diligently to have mobile medical unit up and running.
- Also working on the Tele Health Nurse
 - Will address clients through skype or web based platform.
- Will be involved in all major festivals in Jacksonville
 - Pepsi Funk Fest May 11-12
- Will increase prevention activities in all outlying counties.



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area 5/6/14 Number: _____

Submitted by Nolan Finn and Kirsty Gutierrez

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reduce New Infections
Objective:	By January 2019, Increase the number of providers offering PrEP in the EMA by 50%
Activity:	We have been tracking the number of education sessions held in the community. For CY 2017 our HIP Providers reported counseling 2,633 individuals about PrEP. DOH is planning a PrEP Education seminar for April prior to opening their PrEP clinic. We've talked about the use of the PrEP locator website as a resource guide. We have identified 8 providers in our community that are currently providing PrEP as a service, and will be using the aforementioned trainings to increase capacity for new providers to provide PrEP
Objective:	By December, 2021, increase to 90% the number of personals living with HIV in the EMA that know their status.
Activity:	We have been making efforts to collect and track HIV testing data in unconventional locations, such as correctional facilities, those experiencing homelessness, and testing in emergency departments. We are working with the Tampa General Hospital to gather testing information in their ER. We have trained peer educators in our areas, as well as at least 8 individuals trained to facilitate the EBI Community PROMISE.



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Objective:	Disseminate HIV Prevention Messages
Activity:	<p>One of the targeted groups that this focused on were hard to reach areas. 15 outreach activities were completed in faith based settings. Over 900,000 condoms have been distributed, as well as over 3,500 safe sex kits.</p> <p>Over 85,000 educational pamphlets were distributed by DOH Hillsborough, which includes those set to DOH-Hernando for dissemination.</p> <p>1,383 text messages received a response by HIP providers in Hillsborough County. We are searching for mechanisms to track this type of data in surrounding counties.</p>
Goal 2:	Increasing Access to Care and Improving Health Outcomes for PLWH
Objective:	By December 2021, increase the percentage of difficult to reach persons newly diagnosed with HIV who are linked to Ryan White funded medical care
Activity:	<p>We established a written process for linkage to care utilizing the DOH process Map. **** individuals were linked to care through the DOH LTC program.</p> <p>In order to track the strengthened relationships and referral systems among providers we are using the ARTAS Linkage to Care data, in which 365 individuals were linked through this program.</p> <p>We have explored the use of a community resource guide, however we realize that a resource guide is out dated too frequently to take to print. We are exploring other options for resource collection, such as the GreaterThanAIDS.org, Aunt Betha, the CDC's Whats Next resource.</p>
Objective:	By December, 2021, increase the percentage of persons with diagnosed HIV infection, who are accessing RW Medical Care, and who are retained in care, from 81% to 86%
Activity:	<p>We will Offer ongoing support services and health education for PLWH, which requires a survey of current CBOs to determine what support groups are in the community. Not all support groups will be funded, so a survey is necessary to determine a comprehensive list of resources.</p> <p>We will increase the availability of medical case management services by increasing the number of trainings offered for MCMs. A comprehensive training was held in March by the Part A Recipient and Part B Lead Agency to increase capacity and ensure maintenance of quality service delivery across our areas. We will be reviewing the Quality Management Technical Workgroup report in June to evaluate the number of clients receiving a semi-annual service plan.</p>
Objective:	By December 2021, increase the percentage of persons with diagnoses HIV infections, who are accessing RW medical care, and who are virally suppressed from 78% to at least 83%.
Activity:	IN 2017, 94.5% of diagnoses patients were prescribed ART, and 85.7% percent of those on treatment had a suppressed viral load.



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Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Increase capacity of PrEP through ongoing provider and consumer education, and implementation of PrEP in our HDs
Impact:	Move us towards increasing the number of provider offering PrEP in the EMA by 50%, and decrease HIV infection rates especially among those disproportionately affected
Priority #2:	Develop a system of data collection, tracking and communication. With 8 different counties in our area, across more than 4 different data systems, tracking and reporting on accurate data is difficult.
Impact:	Challenge: no funding for data integration or staffing to monitor the data and reporting for the individual objectives in our plan. For example: How can we track PrEP across the three areas? How can we be certain that we are capturing all of the providers of PrEP? Insured patients going to private ID practices are not captured in the data sets, how can we capture this information in our continuum of care. All of these are data points that we have been reviewing to, one, make sure we can actually capture and report on data that we included in our plan; and two, update our plan appropriately and in a consistent manner each year.
Priority#3:	
Impact:	



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: Area 7

Submitted by: Aaron Sanford-Wetherell

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Combine Part A and Part B Planning Bodies
Objective:	To streamline the planning processes and to merge the planning bodies in Area 7 including both Ryan White Part A & Part B and prevention services
Activity:	In 2017 we were able to successfully combine the planning bodies and create the Central Florida HIV Planning Council
Goal 2:	Align Ryan White with the Housing First Initiative through increased integration with HOPWA
Objective:	To strengthen the HOPWA and RW programs to reduce the number of homeless PLWH/A
Activity:	The HOPWA program manager now works directly with the RW Part A lead agency. HOPWA and RW Case Managers are now also utilizing the Provide system so consumers are able to utilize the same intake for both services.
Goal 3:	Increase access to PrEP and test and treat programs
Objective:	To increase consumers access to PrEP and to allow newly diagnosed consumers to directly be linked into test and treat programs.
Activity:	PrEP clinics have been established at 2 local health departments with more being added in the near future. 4 HD locations are also utilizing the test and treat model for newly diagnosed consumers.

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.



Integrated Plan Priorities	
Priority #1:	Reduce the viral loads among individuals between the ages of 13 and 24 through focusing efforts on this priority population.
Impact:	Initiate study of priority population, evaluate and make recommendations. Develop strategies to reduce viral load and implement. Also empower PLWH in the 13-24 age group and hopefully get them more involved in the Planning and Prevention process.
Priority #2:	Continue to streamline and create a more inclusive PR and Marketing plan around prevention, care and Planning Council activities and initiatives.
Impact:	To reach priority populations and get them engaged in education, medical care and prevention strategies.
Priority#3:	Continue to provide access to PrEP and nPEP to more diverse populations through creating a guide of providers that are providing PrEP and nPEP services in Central Florida
Impact:	To increase access to medication based interventions to decrease HIV infections in Central Florida as well as engage more members of the medical community that are prescribing these medications,



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN) Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: 8 (Charlotte, Collier, DeSoto, Hendry/Glades, Lee, Sarasota)

Submitted by: Art Gallagher

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reduce New Infections
Objective:	Area Wide Introduction of PrEP, nPEP and Test and Treat protocols; Addition of (2) Linkage to Care Specialists and a Perinatal Nurse to cover Area, HIP (High Impact Prevention) testing.
Activity:	CHD and CBO participation in PrEP and T&T; Area presentations by Dr. Jeff Beal to medical case managers, RHAC, prevention staff, program managers. Area 8 Regional STD staff presentation of STD infection data to MCM and Program Managers, marketing/billboards Media Campaign throughout Area, education and testing events; very active Prevention Committee. Perinatal Nurse provides linkage/case management to pregnant clients. (see Prevention Regional HIVAIDS Committee document endnote)
Goal 2:	Access and Retention “In Care”: Processes to ensure RWP clients receive at least 2 medical visits annually, thereby ensuring retention in health care services; reduction in barriers.
Objective:	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period.
Activity:	Met: Core Medical Visits Average for Area 8 providers is 3.89. Range of visits is: 2.51-6.61
Objective:	Develop mechanisms to identify and respond to individuals at risk of dropping out of care
Activity:	Ongoing: Provided training and education to RW case managers on their role in retaining PLWHs in care; how to contact/utilize ARTAS and LTC staff; and re-link clients.
Goal 2a:	Measure consumer satisfaction with RW Care in Area 8 through satisfaction survey.
Objective:	Lead Agency will coordinate an annual distribution of a client satisfaction survey for a confidential, anonymous sampling to clients receiving any Ryan White funded service at provider sites in Area 8 during the contract year.



Activity:	1. Provider agencies have submitted survey(s) obtained with monthly reports, by mail (from agency or consumer) during contract year. Challenge Customer Satisfaction Sampling	Lessons learned / solutions Previous: Labor intensive, paper method. To: Ongoing sampling and automated. Solution: 2018 launch of sampling utilizing iPads and software (Loop Survey) for all Area 8 Part B providers.
Goal 3:	Reduce HIV-Related Disparities and Health Inequities	
Objective:	a. Provide education and awareness to increase HIV literacy. (LTC, Prevention) b. Coordinate Area 8/Media Messaging for education regarding prevention and to combat stigma. c. Use CAREWare Data via RSR Readiness/Completeness reports to demonstrate client-level and provider-level data; targeting In Care, VL Suppression, ARV HAB goals d. Utilize STD data and normalization of HIV testing in Area.	
Activity:	a/b. MCM trainings – March 2018 (AETC: Stigma) January 2018 (AETC Stigma & Motivational Interviewing) Sept. 2017 (STD Update/High Risk Behaviors) July 2017 (Education for HIV Professionals). RHAC Meeting – Reducing Stigmatizing Language c. AOMC Visits (Met-See Goal 2) Area VL Suppression at 87.73% (2017 RSR) d. Media campaigns—particularly those emphasizing HIV testing—and HIV prevention interventions for uninfected people who engage in risky behaviors (including PrEP where medically indicated). Focus in Area 8: Lee County.	

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	Service Standards and Funding Allocation Methodology Alignment
Impact:	Assure Service Access and Delivery if funding is not meeting expenditures benchmarks.
Priority #2:	Equity: Linking to and staying in HIV medical care, starting treatment, and getting virally suppressed
Impact:	People with HIV are living longer, healthier, and more productive lives with the access to and utilization of effective treatments for HIV.
Priority#3:	Utilization of Epidemiologic Data in Decision Making
Impact:	Funding Allocation assurance to areas of need based on incidence and prevalence data.





FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: AREA 09

Submitted by: Phillip Dulmage

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reduce New HIV Infections
Objective:	Increase the percentage of PLWHA who know their sero-status from 87.2 to 90%
Activity:	Promote routing HIV Testing in Medical Facilities – Local Community Health Centers are providing Routine and Rapid Testing in their medical facilities
Goal 2:	Increase Access to Care and Improve Health Outcomes for PLWHA
Objective:	Increase the percentage of newly diagnosed persons linked to medical care within one month of their HIV diagnosis to at least 85%
Activity:	All three (3) of FDOH-PBC HIV/AIDS Clinics are now offering Test and Treat
Goal 3:	Reduce HIV-related Health Disparities and Health Inequities
Objective:	Increase the percentage of Black, Hispanic and Homeless individuals who are virally suppressed by 5%
Activity:	The Delray Beach Annex and the West Palm Beach IDC have on-site Peer Mentors to provide empowerment techniques to PLWHA in order to achieve viral suppression.

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	PrEp – Reduce HIV Transmission



Impact:	PrEp services have been initiated in the West Palm Beach IDC as well as one community based organization, FoundCare. Genesis Community Health will be starting to offer PrEp services soon.
Priority #2:	Test and Treat – Offered at all the FDOH-PBC HIV/AIDS clinics located in Belle Glade, Delray Beach and West Palm Beach
Impact:	Will help identify those persons who are newly diagnosed or will re-engage those who have fallen out of care.
Priority#3:	Increase Marketing to Targeted Population
Impact:	Reaching out through additional marketing will increase HIV Routine Testing and the administering of PrEp in order to increase the Prevention of HIV disease.

Update for quarter 1: January-March 2018

Four Key Components: Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

1. Test and Treat

- From May 1st to April 10th, 2018, 1070 clients have been referred to the program; and of the those referred, 938 have been enrolled. Of the those enrolled, 421 (44.8%) are newly diagnosed HIV-positive individuals and 517 (55.1%) are previous diagnosed HIV-positive individuals. Of those enrolled, 830 are on ART medication. Of the 1070 referred, 45 refused the Test and Treat Program, 87 were ineligible (Jail:10, Out of Jurisdiction:61, Negative confirmatory after a positive rapid:10, Deceased:6).
- As of date, the Test and Treat program has 6 Linkage & Retention Specialists, 6 Navigators, and a Program Consultant.
- DOH-Broward and Ryan White Part A presented in a series of webinars to highlight the collaborative partnership of Broward County's Test and Treat program in addressing the HIV epidemic. The webinars were hosted by HRSA/HAB's Division of Metropolitan HIV/AIDS Programs (DMHAP) and was facilitated to gain feedback for its upcoming Notice of Funding Opportunity for its "Getting to Zero by Addressing Hard to Reach Populations in RWHAP Part A Jurisdictions (Getting to Zero)."

2. Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)

- For Quarter 1, 15 PrEP educational sessions were held with 182 attendees in total.
- For Quarter 1, public health detailing field activities to enhance provider knowledge on PrEP continue with 12 Physicians that were visited and participated in an educational FAQ session in conjunction with toolkits disseminated to clinical staff and providers.
- For Quarter 1, 10 physicians have agreed to begin providing PrEP services and will be reported on the Broward County's PrEP referral directory.
- PrEP/nPEP Navigation as of June 2017-March 30th, 2018:
 - Total referred to PrEP Program- 222
 - Total number accepted navigation services (includes PrEP and/or essential support services)-132
 - Total number received PrEP medication-57
 - Total number received PEP: 6

3. Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings

- Public health detailing field activities to enhance provider knowledge on PrEP, Routine Testing, and Test/Treat continue with 12 physicians that were visited and participated in an educational FAQ session.
- A testing observational tool has been created to assist in the observations of HIV, STI, and/or HCV testing conducted by testing counselors. The objective of the tool is to identify technical assistance needs and provide vital feedback for counseling and test sites.
- Continual site visits and technical assistance are provided to counseling and testing sites. For Quarter 1, 13 site visits were conducted in which there were observations of testing staff conducting HIV, STD and/or HCV testing, review of form completion (DH (1628 and DH 1818), and ensure referral and linkage to prevention and essential support services.
- Rapid Testing Technologies held this quarter:
 - OraQuick HIV ½ Rapid Test Training (6 attendees)
 - SureCheck HIV ½ Rapid Test Training (9 attendees)
 - Syphilis Health Check Test Training (12 attendees)

4. Community outreach and messaging

- DOH-Broward participated in the U=U Town hall held by the PRIDE Center on January 25th, 2018. About 80 community members were in attendance and over 1000 views via social media platforms where audiences received information on 2016 HIV surveillance in Broward County, Test and Treat, Ryan White and ADAP services.
- DOH-Broward participated in the Community Dialog: Impact of HIV Stigma in the Latino Community of South Florida held on February 13th, 2017 at the World AIDS Museum. The HIV Prevention Planner and MSM Coordinator participated in the panel discussion on how stigma impacts the Latino community and identifying strategies on combating stigma to improve health outcomes.
- On February 24th, 2018, DOH Broward and the BTAN workgroup of the Broward County HIV Prevention Planning Council partnered with the City of Ft. Lauderdale for the Annual Sistrunk Festival. DOH Broward staff provided condom education sessions & PrEP information to 197 individuals. The event contracted community partners conducted 23 HIV tests, 13 STD tests, 8 HEP C tests and 25 Surveys were collected. The staff also distributed 1,200 condoms.
- On March 24th, 2018 DOH HIV Prevention team attended the DOH Spring into Health Fair at Lauderhill Mall. 89 community members visited the resource table and 13 completed a survey on their knowledge, attitude and beliefs on HIV prevention. 17 HIV tests were conducted by a contracted community partner during the event.

- Broward Beach Blitz, a demonstrated High Impact Prevention initiative conducted in collaboration with community partners, providers, and DOH-Broward occurred during, PRIDE Ft. Lauderdale February 11th, 2018; National Condom Week, February 12-17, 2018 and continued through Winter Break March 8-21, 2018. The outcomes were the following for National Condom Week and Winter Break:
 - Total Organizations participating: 5 (4 CBOs and DOH-Broward)
 - Total Condoms Distributed by DOH: 29,375*
 - Total HIV testing provided by CBOs: 33*
 - Total Prevention Polls collected: 741*
 - BRTA re-engagements: 17

** Please note that additional reports are pending by Community Based Organizations and the outcomes reflected may change.*

- DOH-Broward participated in the Phase 1 of Broward Beach Blitz initiative which is the annual PRIDE Ft. Lauderdale event held on February 11th, 2018. The team engaged 697 individuals at the event through tabling efforts, this included education on HIV/STI testing, PrEP, condom use, and treatment as prevention. 270 surveys were collected along with 24 HIV tests and 10 STD tests were administered by a contracted community partner.
- In observance of National Women and Girls HIV/AIDS Awareness Day, DOH-Broward facilitated a HIV 101 presentation to teen mothers at Seagull High School on March 16th, 2018. There were 13 women in attendance who were educated on HIV/STI testing, PrEP/nPEP, treatment as prevention, and condom use.
- On March 29th, 2018, there was a HIV 101 presentation held at Northwest Gardens III in which 10 participants receive HIV prevention education on HIV/STI testing, PrEP/nPEP, treatment as prevention, and condom use.
- A Lunch and Learn on the topic of "Trauma-Informed Care and HIV" was hosted by DOH-Broward on March 29th, 2018. Guest speaker Dr. Ana Puga of Community AIDS Network educated providers, community stakeholders and advocates on how common trauma is experienced in the HIV community as well as how traumatic experiences impact health seeking behaviors of individuals living with HIV.
- The Business Responds to AIDS (BRTA) initiative recruited 19 new business partners and re-engaged 145 businesses for this quarter. Business partners are educated about routine testing, condom use, PrEP and treatment as prevention through the BRTA 201 curriculum. For this quarter, there were 96 BRTA 201 sessions held with 96 participants in total.
- There were 2 HIV 101s facilitated in Spanish this quarter with 10 total attendees.
- Prevention for Positives groups facilitated in Spanish: For this quarter, 8 support groups were held with 88 attendees in total.



FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)
Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area Number: 11A

Submitted by: Kira Villamizar, Dan Wall

1.) Accomplishments

Provide details on accomplishments achieved to date while completing integrated plan activities. Identify accomplishments related to meeting or exceeding goals and/or timeframes, major findings that impact or modify the nature and/or delivery of services, overcoming barriers and challenges to activity completion, etc. Provide qualitative and/or quantitative data in describing the accomplishment.

Integrated Plan Activity Accomplishments	
Goal 1:	Reduce New HIV Infections (NHAS Goal 1, FDOH-MDC emphasis)
Objective:	Increase the number of adults prescribed PrEP by at least 500 percent, from the baseline of 663 persons (2016) to 3,978 persons by 2021.
Activity:	<p>Since the implementation of the IP, the number of adults prescribed PrEP has risen from the baseline of 663 persons cited in the IP to 1,014 as of October, 2017. This is an increase of 53%. The activities engaged in by the FDOH-MDC as listed in the IP include:</p> <p><i>P1.2a Create a process for a PrEP external referral system (added Q3, 2017)</i> <i>P1.2c Create and disseminate a local directory of providers prescribing PrEP and nPEP.</i></p> <p>Although the principal first-year activities engaged in by the FDOH-MDC under this IP objective are “planning and process” activities, the impact of the publicity and the dissemination of information on PrEP providers through RWP and FDOH-MDC provider networks resulted in increased awareness of the PrEP option and a significant uptick in the number of adults enrolled in PrEP protocols. These activities are vetted through the PrEP Workgroup, which is a community mobilization group for community advocates and providers to collaborate and use capacity building to create a local service model for PrEP/nPEP in Miami-Dade County. This group focuses on building relationships among providers, increasing</p>



	uptake for appropriate clients, strategic planning, capacity building, resource sharing, and opportunities for networking.
Goal 2:	Increase access to care and improve health outcomes for people living with HIV or AIDS (NHAS Goal 2, joint RWP/FDOH-MDC emphasis)
Objective:	Increase the percentage of PLWHA linked to medical care [at least one (1) outpatient medical care visit, as documented by a billed OMC encounter, or a CD4 or VL test] within 30 days post-diagnosis from 55% in 2015 to at least 85% by 2021.
Activity:	<p>Since the implementation of the IP, the linkage rate for newly-diagnosed clients has risen from the 55% 2015 baseline to 78% as of the close of 2017, with some subrecipient agencies reporting linkage rates as high as 82%. The key to improving the new-client linkage rates consists of several joint RWP/FDOH quality improvement teams targeting improved linkage processes as well as improved data sharing between FDOH-MDC and RWP, beginning with IP activity L1.1a, below:</p> <p><i>L1.1a: Create an FDOH-MDC / RWP Linkage to Care team, meeting monthly, to identify and address areas of improvement in FDOH-MDC and RWP new-to-care linkage and lost-to-care re-linkage cooperation.</i></p> <p>The team includes FDOH-MDC and RWP outreach workers, RWP medical case managers, FDOH-MDC surveillance supervisors and facilitators from the RWP contracted CQM provider. First Year efforts were directed toward identifying structural and organizational barriers to linkage and identifying potential Quality Improvement opportunities; the improved coordination of FDOH-MDC and RWP linkage processes arising from this work in the first year represents a major contribution to the improved linkage rates.</p> <p>Several other joint RWP/FDOH-MDC initiatives have been added in CY2018, including expansion of the FDOH-MDC “Test and Treat” program, which enables rapid access to medical and prescription drug services to newly-diagnosed PLWHA, to go beyond a small number of Test and Treat sites to provide these services to be provided to all new-to-care clients, and the expansion of the rapid access protocols to clients who are returned to care through RWP outreach efforts. A second expansion is an enhanced data-sharing process between the FDOH-MDC and the RWP, enabling PLWHA who have been potentially identified as out of care in the RWP to be followed up through FDOH surveillance and determined to either be truly out of care (with no HIV laboratory data reported anywhere in the State of Florida) or simply not in care within the Miami-Dade RWP system.</p>



Goal 3:	Increase access to care and improve health outcomes for people living with HIV or AIDS (NHAS Goal 2: joint RWP/FDOH-MDC emphasis)
Objective:	V1. Increase the percentage of people living with HIV in the EMA who are virally suppressed (<200 copies/mL) from 67% in 2015 to at least 80% by 2021.
Activities:	<p>While FDOH-MDC data for 2017 have not yet been released, data from clients in the RWP are available, and VL suppression rates for active RWP clients with verified outpatient care in CY 2017 are already at 88.4%. One of the factors contributing to this increase is an aggressive push by the RWP Recipient to reduce the number of clients with missing VL, since missing VL data are calculated as “non-suppressed.” Two activities in particular will contribute to continued suppression levels, not only among RWP clients in care but for all PLWHA in the County whose VL data are reported to the FDOH-MDC.</p> <p><i>V1.1a Develop increased Test and Treat capacity throughout the County, reconfiguring the process of initial client engagement and client re-engagement in care to bring clients into medical care and antiretroviral medication within 30 days of presentation for services.</i></p> <p>The Test and Treat Program has been operating 2 years, celebrating its launch March 1, 2016. The program has a total 148 patients enrolled, and all patients entering 1st quarter 2018 have received medication, same day as enrollment. The retention rate has been at 97%. Beginning May 2018, the Test and Treat program will expand to other Ryan White Part A sub recipients.</p> <p><i>V1.3a On a monthly basis, detect PLWHA in Part A/MAI care who have persistently high viremia (high VL over two consecutive semi-annual measurements) and notify Outpatient/Ambulatory Health Services and Medical Case Management subrecipients to enable their targeted response to these clients. Monitor improvement in their VL levels to ensure efficacy of subrecipient response.</i></p> <p>The question of who is to be included in Viral Load suppression statistics is an ongoing one for both the RWP and the FDOH-MDC. Surveillance data from the FDOH-MDC do not always distinguish between persons who are residing in (and in care in) Miami-Dade County and those who are not; clients receiving medical care through the ACA are only visible to the RWP if they have VL data reported to the RWP, and those who are not are rendered invisible; and with the termination of the Medicaid PAC Waiver program, there is a significant number of clients whose payer status (and hence, whose medical data and VL data) are in flux. These issues were not foreseen during the construction of the IP in 2016, and are now being addressed as surveillance, data sharing and client outcome issues are being thrashed out in the HIV/AIDS treatment community in Miami-Dade County.</p>



2.) Priorities

Provide details on priorities that must be addressed to meet integrated plan goals. State the priority and the impact it has on plan progress. Priorities should include needs, challenges, and things that affect the plan being carried out successfully.

Integrated Plan Priorities	
Priority #1:	FDOH-MDC emphasis: Creating new Prevention Contracts that capture how FDOH contracted agencies feed in to the Integrated Plan
Impact:	Updating the contracts will allow FDOH to better capture data for the Integrated Plan to identify how our partners are contributing to the plan’s impact (high priority). As the Integrated Plan continues implementation, gaps in inter-agency data sharing become more apparent, and the thrust of agency activities continues to move beyond level-of-effort reporting to accountability for target group HIV prevention and rapid integration of newly-identified HIV+ clients into care.
Priority #2:	Joint FDOH-MDC / RWP emphasis: coordinating newly-diagnosed, new-to-care and return-to-care outreach and linkage activities, using shared FDOH-MDC / RWP data and cooperative resources to speed access to medical care and prescription drug support
Impact:	Bringing FDOH-MDC counseling and testing activities and the RWP outreach and return-to-care linkage activities under a single operational banner (Test and Treat / Rapid Access) creates a more seamless engagement into care for clients with newly-identified (or re-identified) HIV+ status. This addresses multiple treatment outcome areas within the Integrated Plan: improving rates of linkage, improving levels of viral load suppression, and improving retention in care.
Priority 3:	RWP emphasis: Concentrating service quality improvements and best practices on high-disparity PLWHA populations, to place the greatest emphasis on the groups with the lowest levels of VL suppression and treatment adherence.
Impact:	The Black/African American Male and Black/African American Female populations are major components of the PLWHA in RWP care – representing over 26% of the clients receiving RWP services and 22% of the clients receiving outpatient medical care – and efforts made to improve treatment adherence, retention in care and VL reduction in these groups will have the greatest impact on the PLWHA treatment outcome statistics across the County as a whole. Among the Black/African American males in care in 2017, only 74% showed VL suppression rates (compared to 88% overall: see above); for Black/African American females, the proportion was 79%. These groups have been identified in the Integrated Plan as key disparity-reduction populations, with the most serious co-occurring condition profiles. While outcome statistics for non-Hispanic white males and females are also bleak, and



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	<p>their co-occurring condition profiles equally serious, these demographic groups represent barely 7% of the clients in care. Efforts to reduce community-level VL suppression will not meet Integrated Plan goals without concentrated efforts directed toward these highest-risk treatment groups.</p>
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FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)

Patient Care and Prevention Planning Group (PCPPG)

PCPPG Integrated Plan Accomplishment Report | Spring 2018

Area 15

Counties of Indian River, Martin, Okeechobee and St.Lucie

Goal 1: Reducing New Infections

- Conducted monthly education and testing events;
- Established new test sites;
- Routine testing Media campaign(cable television; theatre commercials; radio spots);
- Added test and treat site at local FQHC

Goal 2: Increasing access to care and improving health outcomes for people living with HIV

- Expanded collaboration between DIS, linkage specialist and case management;
- Provided guidance and support to outside medical providers on linking HIV infected persons To services;
- Established peer navigator program

Goal 3: Reducing HIV related disparities and health inequities

- PrEP in-service provided to providers, case management and community partners;
- Conducted Town hall meeting;
- PrEP toolkits distributed to providers
- Black Women's Consultation Group Summit -June 30 in St. Lucie County

Integrated Plan Priorities

Priority 1:

Continue increase of routine testing sites

Impact: Will assist in number of individuals being tested and knowing HIV status.

Priority 2:

Increase access and awareness of PrEP and nPEP

Impact: Assist in education of high risk populations about benefits of PrEP and nPEP

Priority 3:

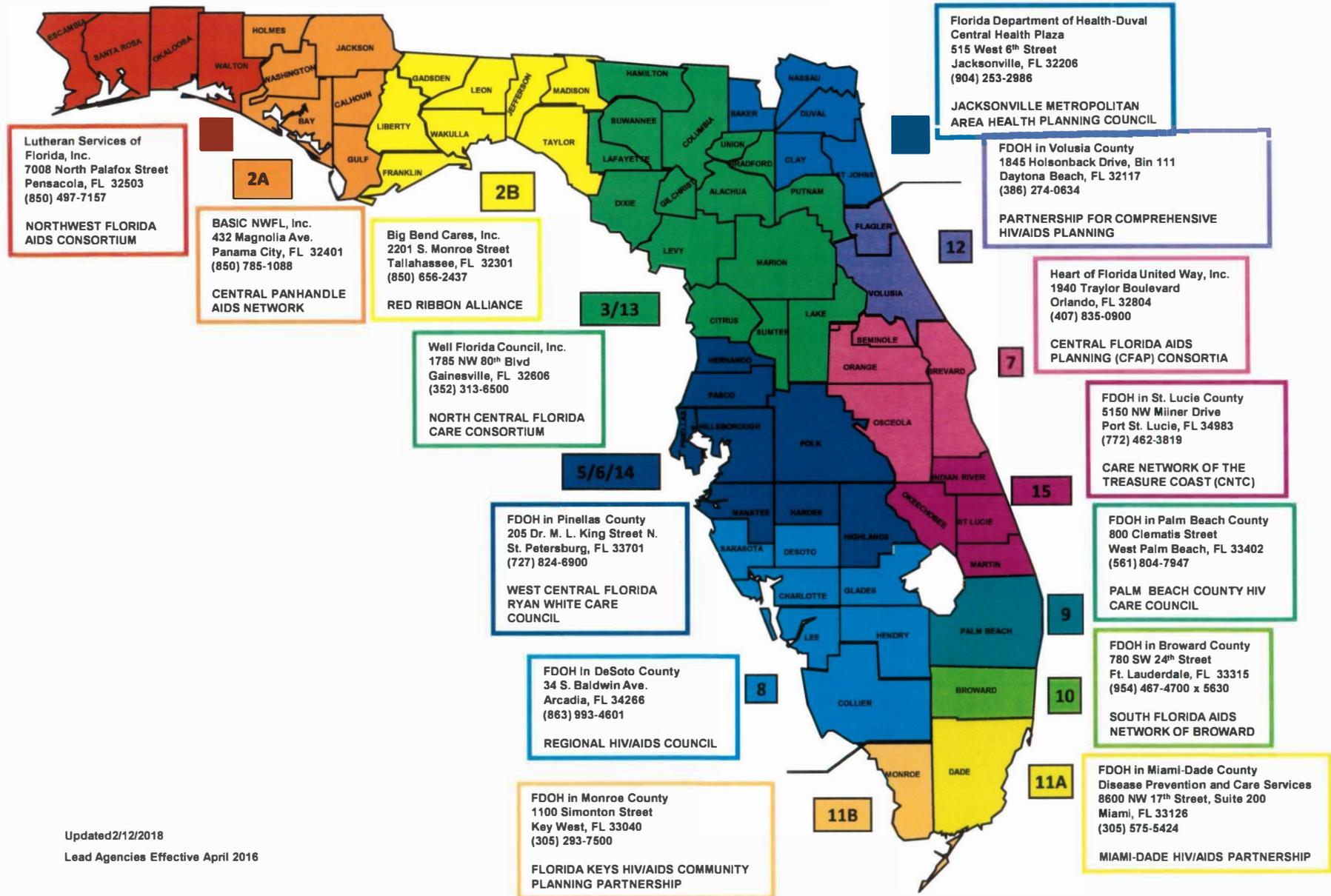
Mobilizing community partners and stakeholders through outreach and messaging

Impact: Foster buy-in in order to maximize resources in serving our PLWHA's and those at risk for HIV infection.

Attachment 2

CONSORTIA SCHEDULE C	2017-18 Original Approved Allocation	2018-19 Proposed Allocation
Baker	\$ 22,000	\$ 22,000
Clay	\$ 165,000	\$ 165,000
Duval	\$ 1,150,000	\$ 1,150,000
Nassau	\$ 45,000	\$ 45,000
AREA 4 TOTAL	\$ 1,382,000	\$ 1,382,000
Hillsborough	\$ 40,000	\$ 40,000
Pasco	\$ 50,000	\$ 50,000
Pinellas	\$ 2,046,610	\$ 2,046,610
Polk	\$ 500,000	\$ 500,000
AREA 5/6/14 TOTAL	\$ 2,636,610	\$ 2,636,610
Charlotte	\$ 8,349	\$ 97,595
Collier	\$ 287,051	\$ 252,551
Desoto	\$ 1,519,063	\$ 1,409,121
Hendry/Glades	\$ 126,238	\$ 122,434
Lee	\$ 169,387	\$ 250,387
Sarasota	\$ 147,324	\$ 125,324
AREA 8 TOTAL	\$ 2,257,412	\$ 2,257,412
Palm Beach (AREA 9 TOTAL)	\$ 773,137	\$ 773,137
Broward (AREA 10 TOTAL)	\$ 1,161,929	\$ 1,161,929
Miami-Dade (AREA 11A TOTAL)	\$ 856,544	\$ 1,755,140
Monroe (AREA 11B TOTAL)	\$ 481,668	\$ 481,668
Flagler	\$ 23,800	\$ 100,000
Volusia	\$ 1,666,825	\$ 1,590,625
AREA 12 TOTAL	\$ 1,690,625	\$ 1,690,625
Indian River	\$ 90,000	\$90,000
Martin	\$ 105,000	\$105,000
St. Lucie	\$ 2,334,167	\$2,334,167
AREA 15 TOTAL	\$ 2,529,167	\$2,529,167
SCHEDULE C CONSORTIA TOTAL	\$ 13,769,092	\$ 14,667,688

State of Florida Ryan White CARE Act Part B Service Areas Consortia – Lead Agencies

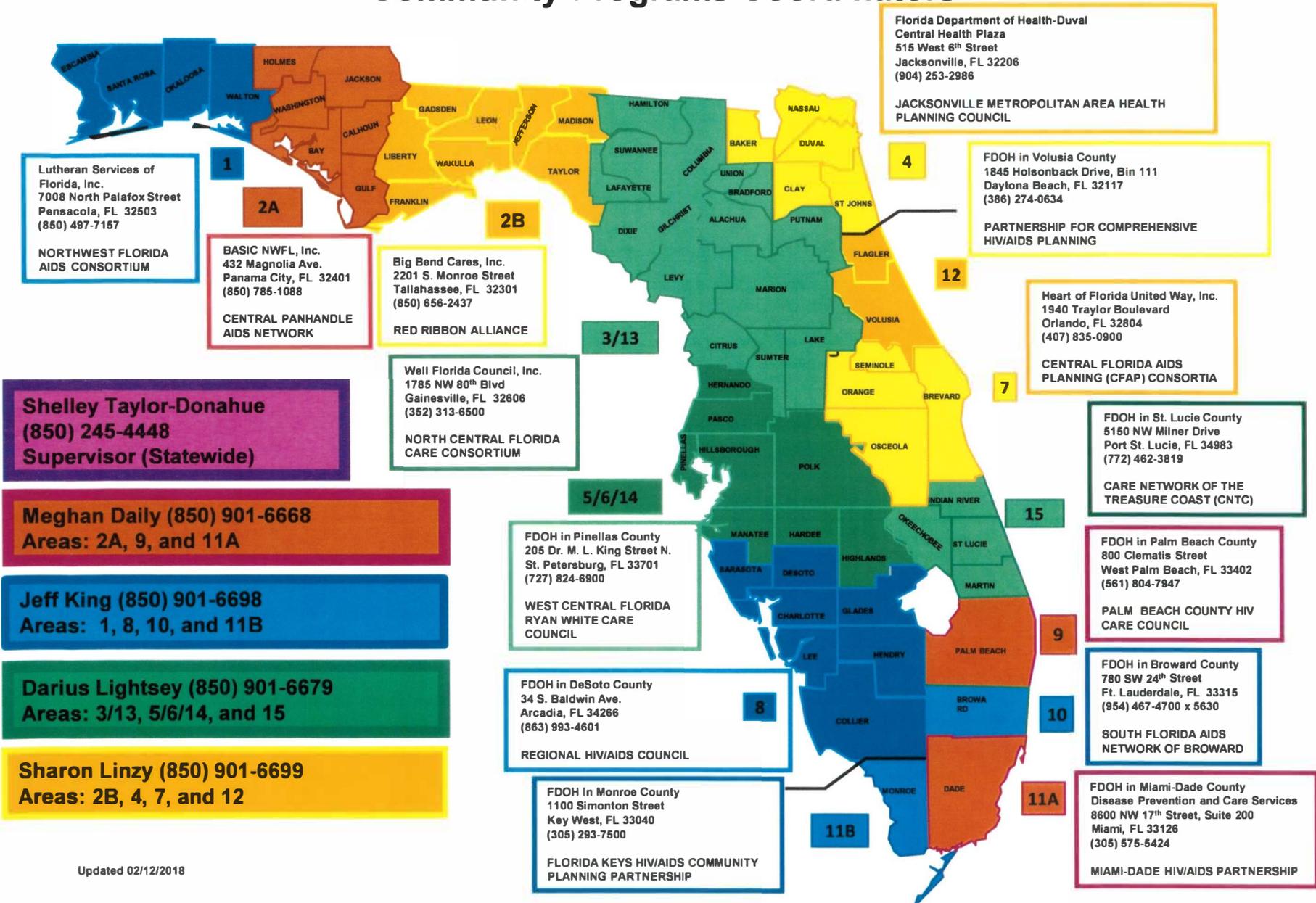


Updated 2/12/2018
Lead Agencies Effective April 2016

State of Florida

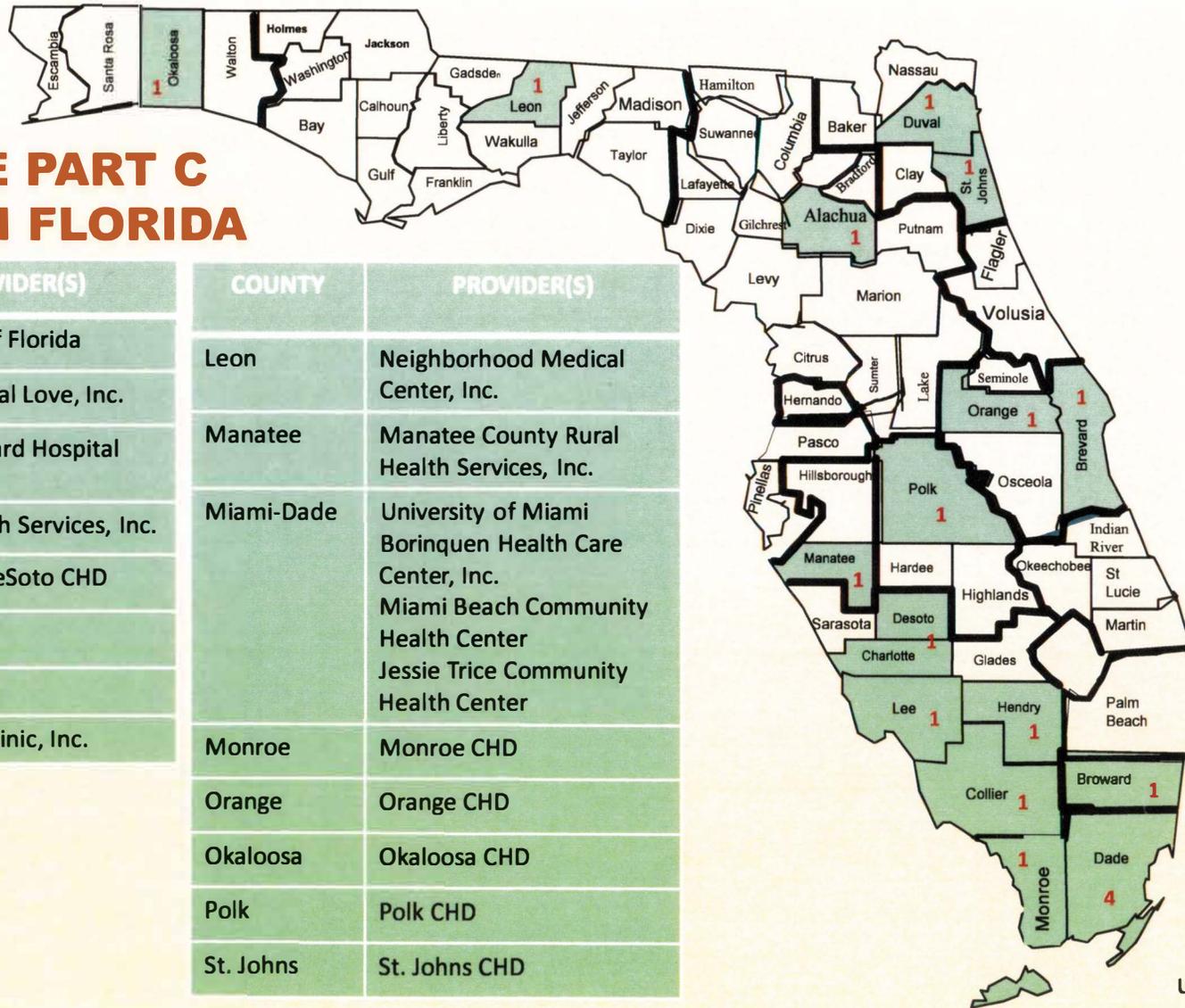
Ryan White CARE Act Part B Service Areas

Community Programs Coordinators



Attachment 4

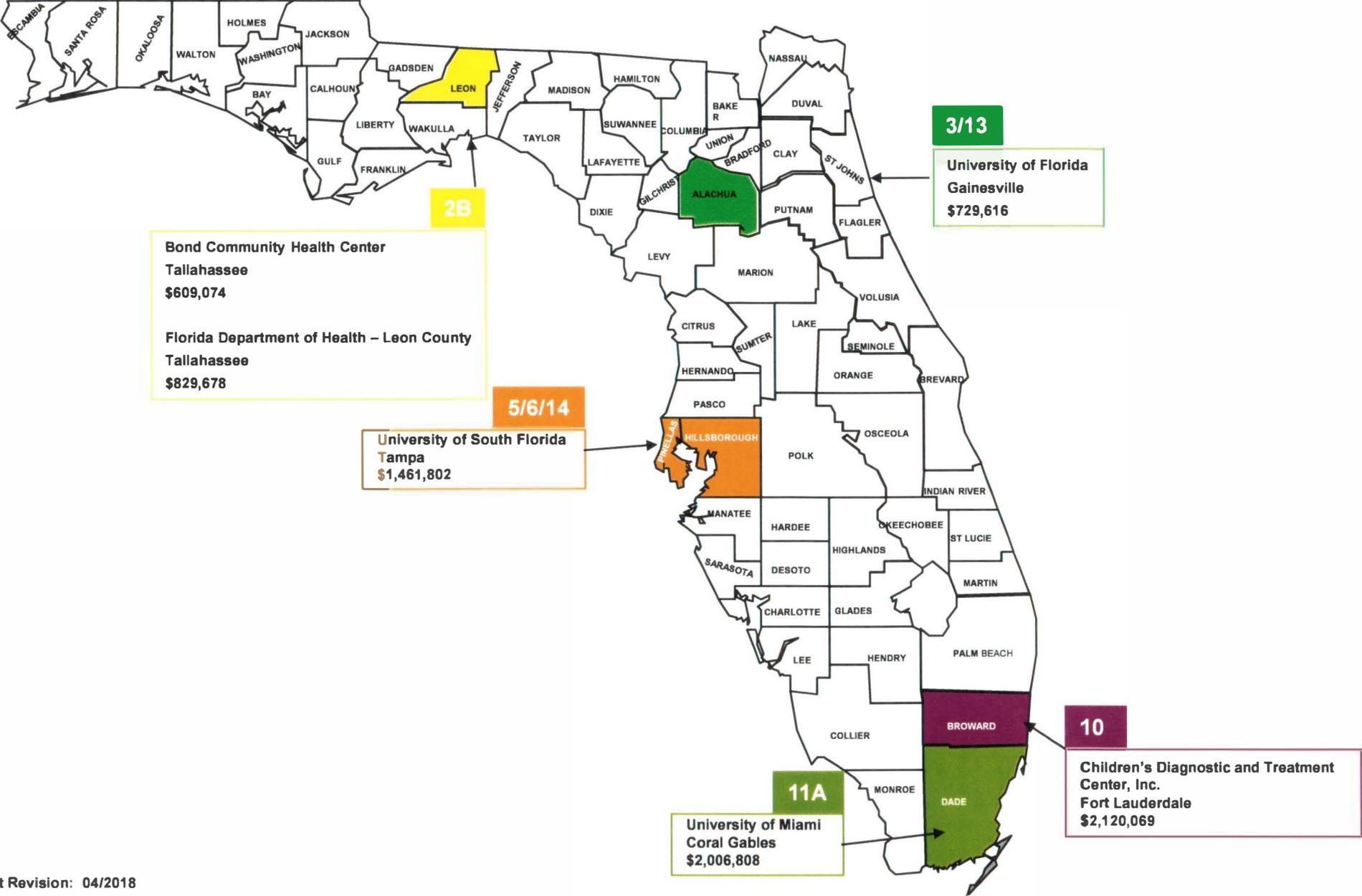
RYAN WHITE PART C PROGRAMS IN FLORIDA



COUNTY	PROVIDER(S)	COUNTY	PROVIDER(S)
Alachua	University of Florida	Leon	Neighborhood Medical Center, Inc.
Brevard	Unconditional Love, Inc.	Manatee	Manatee County Rural Health Services, Inc.
Broward	North Broward Hospital District	Miami-Dade	University of Miami Borinquen Health Care Center, Inc. Miami Beach Community Health Center Jessie Trice Community Health Center
Collier	Collier Health Services, Inc.	Monroe	Monroe CHD
Charlotte/DeSoto	Charlotte/DeSoto CHD	Orange	Orange CHD
Duval	Duval CHD	Okaloosa	Okaloosa CHD
Hendry	Hendry CHD	Polk	Polk CHD
Lee	McGregor Clinic, Inc.	St. Johns	St. Johns CHD

Attachment 5

Ryan White HIV/AIDS Treatment Extension Act of 2009
Part D Programs – FY17



Attachment 6

BUDGET SUMMARY Ryan White Part B Consortia

Organization Name: _____

For Contract Period: April 1, 2018 - March 31, 2019

A. ADMINISTRATIVE COSTS:

(7.5% cap on Administrative costs inclusive of subcontracts)

	Original Allocation	Increase/Decrease	Revised Allocation
Administration Subtotal:	\$ _____	\$ _____	\$ _____

B. CORE MEDICAL AND SUPPORT SERVICES COSTS:

Core Medical Services:

	Original Allocation	Increase/Decrease	Revised Allocation
a. Ambulatory/Outpatient Medical Care	\$ _____	\$ _____	\$ _____
b. AIDS Pharmaceutical Assistance (Local)	\$ _____	\$ _____	\$ _____
c. Early Intervention Services	\$ _____	\$ _____	\$ _____
d. Oral Health Care	\$ _____	\$ _____	\$ _____
e. Health Insurance Premium/Cost Sharing	\$ _____	\$ _____	\$ _____
f. Home and Community -Based Services	\$ _____	\$ _____	\$ _____
g. Home Health Care	\$ _____	\$ _____	\$ _____
h. Mental Health Services - Outpatient	\$ _____	\$ _____	\$ _____
i. Medical Nutrition Therapy	\$ _____	\$ _____	\$ _____
j. Medical Case Management (including treatment adherence)	\$ _____	\$ _____	\$ _____
k. Substance Abuse Services - Outpatient	\$ _____	\$ _____	\$ _____

Support Services:

l. Case Management (Non-Medical)	\$ _____	\$ _____	\$ _____
m. Emergency Financial Assistance	\$ _____	\$ _____	\$ _____
n. Food Bank/Home Delivered Meals	\$ _____	\$ _____	\$ _____
o. Health Education/Risk Reduction	\$ _____	\$ _____	\$ _____
p. Housing	\$ _____	\$ _____	\$ _____
q. Linguistic Services	\$ _____	\$ _____	\$ _____
r. Medical Transportation Services	\$ _____	\$ _____	\$ _____
s. Outreach Services	\$ _____	\$ _____	\$ _____
t. Psychosocial Support Services	\$ _____	\$ _____	\$ _____
u. Referral for Health Care/Supportive Services	\$ _____	\$ _____	\$ _____
v. Substance Abuse Services - Residential	\$ _____	\$ _____	\$ _____

Core Medical and Support Services Subtotal	\$ 0	\$ 0	\$ 0
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C. CLINICAL QUALITY MANAGEMENT

	Original Allocation	Increase/Decrease	Revised Allocation
Clinical Quality Management Subtotal:	\$ _____	\$ _____	\$ _____

(5% cap on CQM costs inclusive of subcontracts)

D. PLANNING AND EVALUATION

(2.5% cap on Planning and Evaluation costs inclusive of subcontracts)

	Original Allocation	Increase/Decrease	Revised Allocation
Planning and Evaluation Subtotal:	\$ _____	\$ _____	\$ _____

GRAND TOTAL A, B, C & D for Ryan White Part B Consortia	\$ 0	\$ 0	\$ 0
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Provider Signature

Date

Contract Manager Signature

Date

Attachment 7

Florida Department of Health, Patient Care Universal and Programmatic Monitoring Tool 2018-2019

Lead Agency Name:	Monitor's Name:
	Service Area (List counties):
Address:	
	Ryan White Part B <input type="checkbox"/>
Contact Name:	Patient Care Network (PCN) <input type="checkbox"/>

Provider Contract Requirements	Rating					Ratings Based Upon: O = Observation D = Documentation (List Who and What)	Comments
	Explain		Fully Met Requirements	Explain			
	Unacceptable	Conditionally Acceptable		Exceeded Requirements	Not Applicable		
	1	2	3	4	N/A		
I. UNIVERSAL STANDARDS							
						http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf	
A. Manner of Service Provision							
1. Grievance logs maintained in accordance with requirements specified in the Client Complaint, Grievance and Appeal Procedures, Patient Care Program Administrative Guidelines. Must have local complaint tracking mechanism available for review during monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Report to the Consortium the expenditures for services from the preceding months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Programmatic: http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/Programmatic_Monitoring_2018-19_Apr18.docx

Florida Department of Health, Patient Care Fiscal and Contract Monitoring Tool 2018-2019

Lead Agency Name:	Monitor's Name:
	Service Area (List counties):
Address:	
	Ryan White Part B <input type="checkbox"/>
Contact Name:	Patient Care Network (PCN) <input type="checkbox"/>

Provider Contract Requirements	Rating					Ratings Based Upon: O = Observation D = Documentation (List Who and What)	Comments
	Explain			Explain			
	Unacceptable	Conditionally Acceptable	Fully Met Requirements	Exceeded Requirements	Not Applicable		
	1	2	3	4	N/A		
STANDARDS							
A. Subcontracts							
1. All subcontracts from prior years will expire and must be renewed consistent with the new Ryan White Contract year April 1 through March 31 or the PCN contract year of July 1 through June 30.	<input type="checkbox"/>						
2. No subcontracts are to be executed prior to execution of the primary contract between the provider and the department.	<input type="checkbox"/>						

Fiscal: http://www.floridahealth.gov/diseases-and-conditions/aids/patient_care/_documents/Fiscal_Monitoring_2018-19_Apr18.docx