

2022-2026 Integrated Plan Community Engagement Survey

The 2022-2026 Integrated HIV Prevention and Care Plan is a Countywide plan to guide HIV services throughout the next five years.

Your experience and expertise are vital in developing the Plan! Please take a few moments to share your ideas on how we can provide the best services to people with HIV in Miami-Dade County.

At the end of this brief survey, you will have the opportunity to connect with us for future participation. We hope you will stay connected and continue to lend your voice as we work toward ending the HIV epidemic in Miami-Dade County.

Click the Survey Link or Scan the QR Code!

<https://www.surveymonkey.com/r/KZB6L7S>



University of Miami
Comprehensive AIDS Program
MAI Pilot Program

Planning Update
February 18, 2022

The original goal of the University of Miami CAP MAI pilot was to provide care and treatment for clients with HIV and the additional risk factor of IDU and/or STD in order to reduce barriers among the client population and promote viral suppression.

Original Population

1. Hispanic male MMSC above the age of 19 years
2. African-American/Haitian male heterosexual
3. African-American/Haitian male MMSC)
4. African-American/Haitian female

After monitor progress of the pilot, additional population and risk factors were identified broadening the scope of the initiative to include:

Additional Groups

5. African American and Hispanic females of child-bearing age with comorbidities
6. African American heterosexual males with high-risk sexual behaviors
7. African American and Hispanic MMSCs transitioning into adult HIV care

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Original Population	Additional Groups
<ol style="list-style-type: none">1. Hispanic male MMSC above the age of 19 years2. African-American/Haitian male heterosexual3. African-American/Haitian male MMSC)4. African-American/Haitian female	<ol style="list-style-type: none">5. African American and Hispanic females of child-bearing age with comorbidities6. African American heterosexual males with high-risk sexual behaviors7. African American and Hispanic MMSCs transitioning from pediatric to adult HIV care

Unique Barriers in Target Population

University of Miami CAP MAI pilot clients face numerous barriers unique to this population due to percentage of clients who are homeless.

IDENTIFIED BARRIERS	AMONG CLIENTS SERVED
substance abuse	75%
housing insecurity	62.5%
mental health issues	100%
distrust in the system of care	31.25%
criminal history	18.75%
difficulty obtaining/maintaining RWP enrollment	43.75%

Cost Per Client

University of Miami CAP MAI pilot expects to serve 20 clients with MAI dollars during FY2021 with an average of 61.59 hours spent annually per client.

FY 2021 - 2022
TOTAL HOURS FY 2021 – 2022: 491.9
TOTAL MAI CLIENTS: 16
AVERAGE TIME PER CLIENT ANNUALLY: 30.74 HOURS
AVERAGE COST PER CLIENT: \$35.35

Innovative Approaches

- Initial clients were recruited and engaged from September 2020 to December 2020.
- Protocols were established and revised based on client demographics, risk factors, and barriers to retention and adherence.
- The key difference between our approach to viral load suppression for the MAI population and our Part A clients is the intensive, integrated approach to care in which clients receive more frequent interactions and all providers (medical, mental health, etc.) are involved in collaborative consultations to identify, address, and where possible, prevent barriers to care, motivational interviewing.
- Collaborative care and case consultations are established to engage, monitor, and retain clients in care with a focus on preventing clients from falling out of care. Case consultation with medical providers and IDEA's Community Engagement Team facilitate the MCM's ability to address health disparities and irregularities which interfere with the client's HIV management.
- This method is being developed in partnership with Infectious Disease Elimination Act Needle Exchange Program (IDEA) and AIDS Clinical Research Unit (ACRU) as the primary sources of referral.

Hispanic male MMSC above the age of 19 years with IDU and/or STI

Monitoring and Engagement

- 30 days daily interaction with MCM / peer upon enrollment via telephone, text or other media apps
- Adherence education
- Medication monitoring
- Disclosure support
- Risk reduction education

Care coordination

- Appointment scheduling specific to timing needs (ie no mornings or Mondays/Fridays)
- Appointment reminders
- Linking to support groups and other services
- Mental health promotion within 7 days

Case Consultations

- Pre- and post- appointments with providers
- Pre- and post- appointments with client
- Health literacy training



African-American/Haitian male heterosexual with IDU and/or STI

Monitoring and Engagement

- 30 days daily interaction with MCM / peer upon enrollment
- Adherence education
- Medication monitoring
- Disclosure support
- Risk reduction education

Care Coordination

- Assistance with appointment scheduling
- Appointment reminders
- Mental health promotion within 7 days

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African-American/Haitian male MMSC with IDU and/or STI

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- Assistance with appointment scheduling
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Case Consultations

- Pre- and post- appointment meetings with providers
- Pre- and post- appointment meetings with client
- Health literacy training



African-American/Haitian female with IDU and/or STI

Monitoring and Engagement

- 30 days daily interaction with MCM / peer upon enrollment
- Adherence education
- Medication monitoring
- Disclosure support
- Risk reduction education

Care Coordination

- Assistance with appointment scheduling
- Appointment reminders
- Assistance with system navigation
- Mental health promotion within 7 days

Case Consultations

- Pre- and post- appointment meetings with providers
- Pre- and post- appointment meetings with client
- Health literacy training



African American and Hispanic females of child-bearing age with comorbidities

Monitoring and Engagement

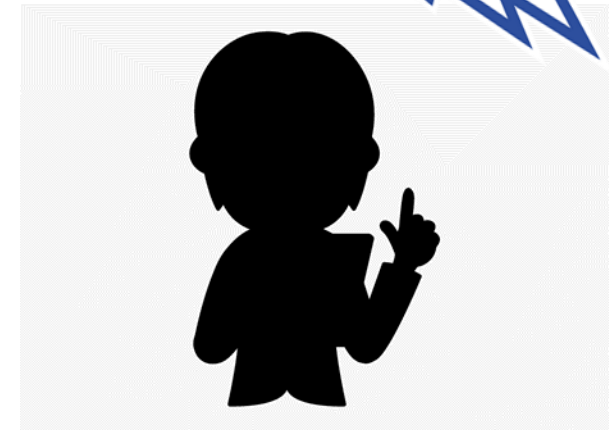
- 14 days daily interaction with MCM / peer upon enrollment
- Adherence education
- Medication monitoring
- Disclosure support
- Risk reduction education

Care Coordination

- Assistance with appointment scheduling
- Appointment reminders
- Assistance with system navigation
- Mental health promotion within 14 days

Case Consultations

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- Health literacy training



African American heterosexual males with high-risk sexual behaviors

Monitoring and Engagement

- 30 days daily interaction with MCM / peer upon enrollment
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- Pre- and post- appointment meetings with client



African American and Hispanic MMSCs diagnosed <26yo now over 26yo accessing adult HIV care

Monitoring and Engagement

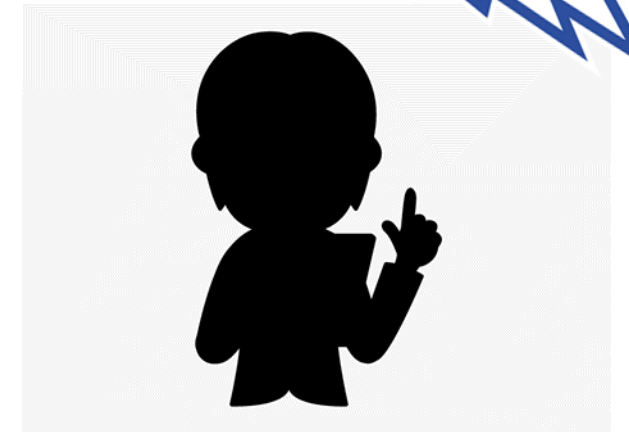
- 45 days daily interaction with MCM / peer upon enrollment via telephone, text or other media apps
- Adherence education
- Medication monitoring
- Disclosure support
- Risk reduction education

Care coordination

- Appointment scheduling specific to timing needs (ie no mornings or Mondays/Fridays)
- Appointment reminders
- Linking to support groups and other services
- Mental health promotion within 14 days

Case Consultations

- Pre- and post- appointments with providers
- Pre- and post- appointments with client
- Health literacy training



Cultural Appropriateness

Several steps are taken to ensure that our MAI target population receive more culturally appropriate services.

Staff are trained in cultural sensitivity.

Staff are trained in Motivational Interviewing.

Staff are trained in structural competency.

Staff are trained in Addictions Counseling.

UM language line is available for interpretation.

Next Steps

- Review/revise protocols
- Increase engagement of current clients
- Increase recruitment of clients by
 - expanding recruitment / points of entry to
 - OB/GYN
 - Pediatrics/Adolescent medicine who age out

Care 4 U MAI CQM

DRILLING DOWN ON CLIENTS WITH UNSUPPRESSED VIRAL LOAD

Priority Population

Black and Hispanic Heterosexuals, MSM and Transgender

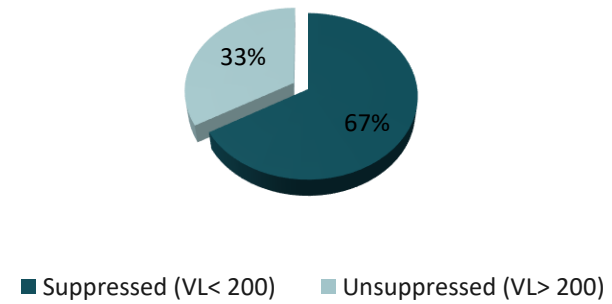
Location

Liberty City and Vicinity (33147, 33127)

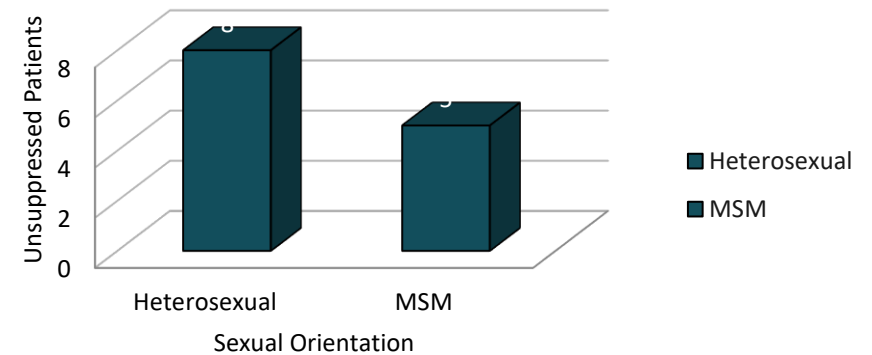


Viral Load Status	Total Patients		39
Suppressed (VL< 200)	26		
Unsuppressed (VL> 200)	13		
Sexual Orientation	Unsuppressed Total Patients	Total Patients	13
Unsuppressed Heterosexual	8		
Unsuppressed MSM	5		
Unsuppressed Heterosexuals	Black	Hispanic	Total Heterosexuals
Females	4	1	5
Males	3	0	3

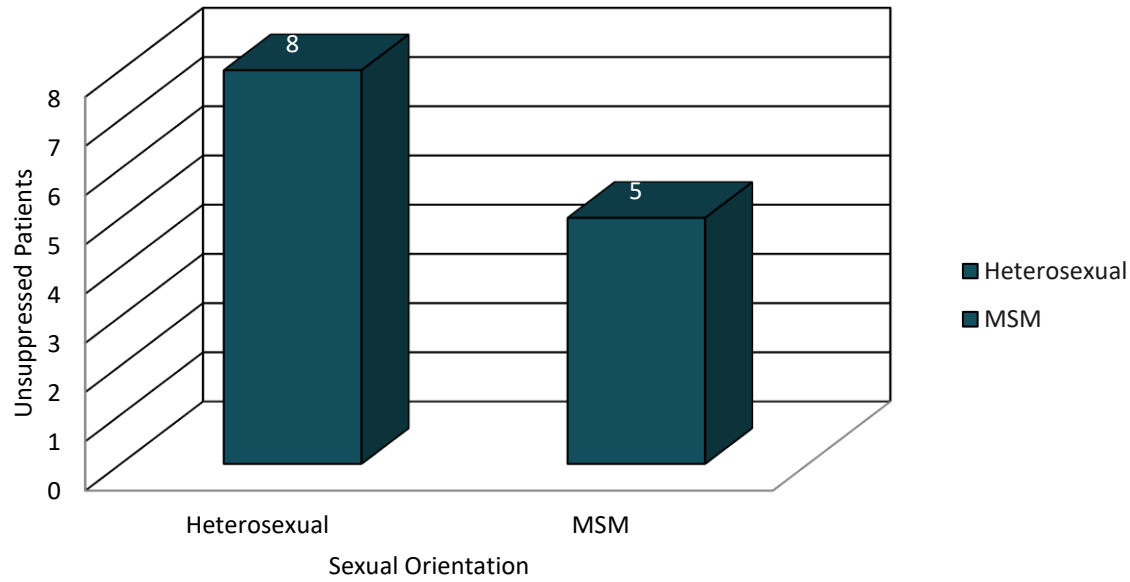
Viral Load Status of all Care 4 U's MAI Patients



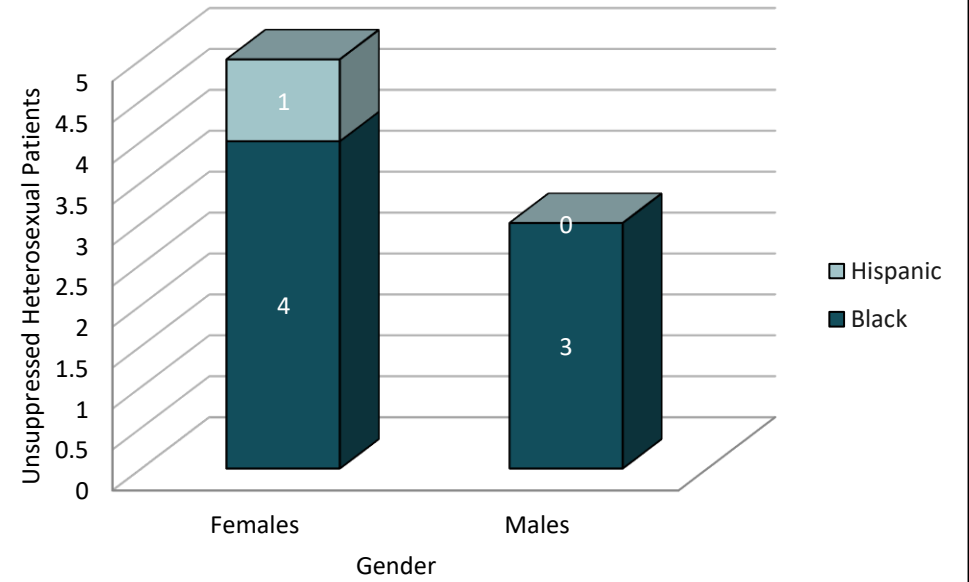
Sexual Orientation of Care 4 U's Unsuppressed MAI Patients (N=13)



Sexual Orientation of Care 4 U's Unsuppressed MAI Patients (N=13)



Racial Demographics of Unsuppressed Heterosexual MAI Patients by Gender

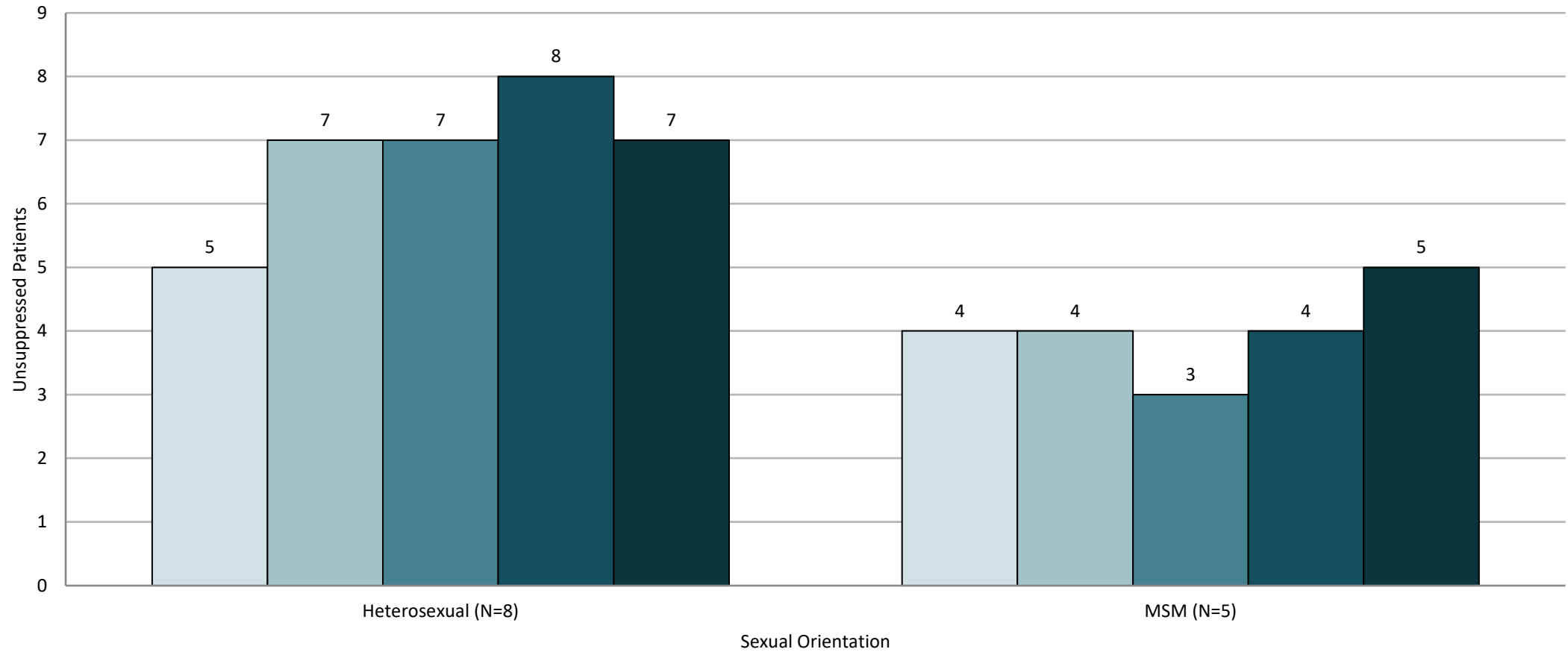


Total Heterosexual=8
MSM not included=5

Root Cause Analysis
Characteristics of Client w/ Unsuppressed Viral Load
e.g.,
(Factors likely to impact viral load suppression)

	Active Substance Use	Homeless	No Income	Mental Health Issue	No Transportation
Heterosexual (N=8)	5	7	7	8	7
MSM (N=5)	4	4	3	4	5

Characteristics of Care 4 U's Unsuppressed MAI Patients by Sexual Orientation



Characteristics of Care 4 U's Unsuppressed MAI Patients Active Substance Use

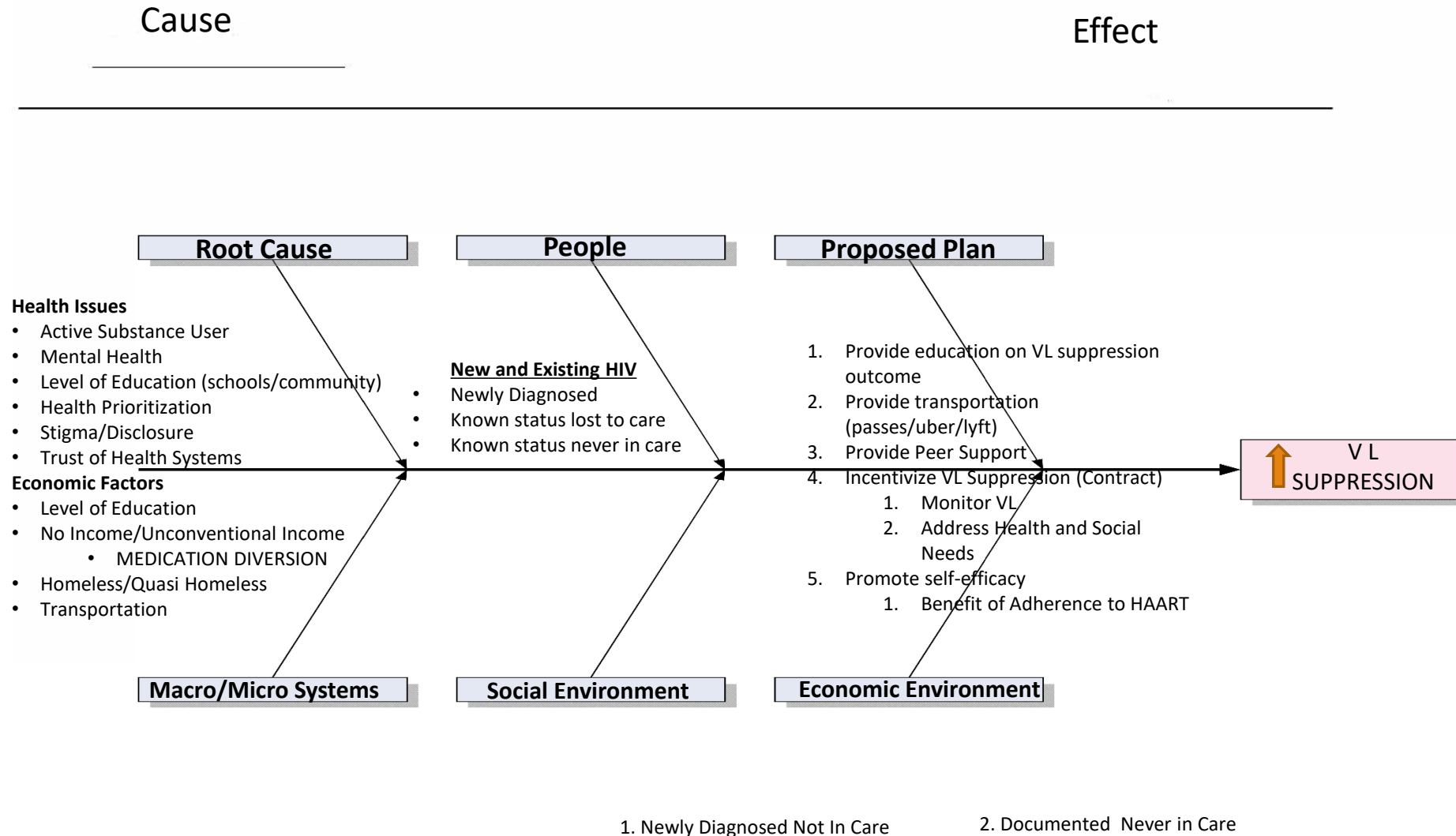
Characteristics of Care 4 U's Unsuppressed MAI Patients Homeless

Characteristics of Care 4 U's Unsuppressed MAI Patients No Income

Characteristics of Care 4 U's Unsuppressed MAI Patients Mental Health Issue

Characteristics of Care 4 U's Unsuppressed MAI Patients No Transportation

Care 4 U MAI Project Root Cause Analysis



Care 4 U MAI innovation Project
“Getting to Zero Suppression Agreement”

Purpose: The purpose of the Care 4 U and HIV Client Incentive Agreement is to tie a financial reward to the completion of certain objectives aimed at decreasing viral load in the HIV positive unsuppressed patient. Upon completion of the agreement tasks, the incentive payment will be calculated and paid as described in the table below.

Disclaimers:

- The incentives provided by Care 4 U to clients eligible to participate in the Ryan White MAI Contact are supported through the Care 4 U 340B program. No Ryan White funding will be used for incentives.
- Incentives are based solely on outcomes outlined herein.

Goals: To improve the health outcomes for person with HIV to improve and maintain quality of lifestyle. Viral load suppression is a key indicator of favorable health outcomes among people with HIV.

Eligibility: The objective of the project is to improve the health outcomes of patients with HIV infection. To meet the eligibility to receive an incentive the patient, regardless of the ability to pay (e.g., Ryan White, Medicaid, Medicare, private insurance), will be required to complete certain task and accomplish certain goals.

Tasks and Smart Objectives

- Schedule and complete and initial assessment to include baseline viral indicators and HIV medication regimen selection.
- Take medication as ordered by the provider daily.
- Complete follow-up visit with my provider and case manager.
- Complete viral load labs as order by my provider.
- Continue prescribed medication as ordered by the provider daily.
- Achieve and maintain viral suppression within 90 day of beginning HIV medication regimen or continuing current regimen (if indicated).

Incentive tiers for achieving and maintaining viral load suppression:

Viral Load Suppression of less than 200 mg/dl	
Time line	Incentive Amount
Incentive 1: One time incentive to be paid 3-6 Months Post Baseline Viral Load.	\$75.00
Viral Load Suppression of less than 50 mg/dl	
Incentive 2: One time incentive to be paid 6-12 Months after receipt of Incentive 1	\$100.00
Incentive 3: One time incentive to be paid 12-18 Months after receipt of Incentive 2	\$125.00
Incentive 4: One time incentive to be paid 18-24 Months after receipt of Incentive 3	\$150.00

Acknowledgement

I _____, have read the above Care 4 U client incentive agreement aimed and helping me to achieve viral suppression with my HIV Infection. My Case Manager has discussed with me the importance of adherence, viral suppression, and HIV transmission. I agree to keep my appointments with Medical Case Manager and medical provider as scheduled (a minimum of every 90 days) or as indicated by my needs assessment (Acuity Level) and to follow my plan of care. I understand that incentives for this program is based on maintaining viral suppression. My participation is confidential and I agree to not disclose my participation.

Client Name

Case Manager Name

Client Signature

Case Manager Signature

Date

Date