Integrated Plan Evaluation Workgroup Meeting
Behavioral Science Research Corporation
2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134
January 16, 2024 Minutes

#	Members	Present	Absent
1	Ferrer, Luigi	x	
2	Hess, Amaris	x	
3	Ingram, Trillion		x
4	Lowe, Camille	x	
5	Machado, Angela	x	
6	Marqués, Jamie	x	
7	Mooss, Angela	x	
8	Sarmiento, Abril		
	Quorum = 4		

Guests	
Castellano, Dennys	Peterson, Katrina
Darlington, Tajma	Poblete, Karen
Estevez, Sandra	Saxena, Praveena
Jacques, Gregory	Verduga, Kepler
Jordahl, Lori	Williams, Stephen
Nunez, Alejandro	
Staff	
Bontempo, Christina	
Hilton, Karen	
Ladner, Robert	
Sergi, Sandra	

Note: All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at https://aidsnet.org/the-partnership#ipew1.

I. Call to Order

Acting Workgroup Chair, Amaris Hess, called the meeting to order at 10:07 a.m.

II. Introductions

Members, staff, and guests introduced themselves. During Standing Business, the Chair called for introductions for late arrivals.

III. Housekeeping

Staff reviewed the PowerPoint, *Meeting Housekeeping*, which included meeting disclaimer, code of conduct, resources, language matters, meeting participation, and protocol reminders. Members were shown the www.aidsnet.org website which was redesigned and were instructed on how to access meeting documents, reports, and RSVP options.

IV. Floor Open to the Public

Ms. Hess opened the floor to the public with the following statement:

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements

to be read into the record. No statements were received via the telephone line or email."
There were no comments. The floor was then closed.

V. Review/Approve Agenda

Ms. Hess asked members to review the agenda. There were no changes.

Motion to approve the agenda as presented.
Moved: Angela Machado **Seconded: Dr. Angela Mooss** **Motion: Passed**

VI. Review/Approve Minutes of September 12, 2023

Members reviewed the minutes of September 12, 2023. There were no changes.

Motion to approve the minutes of September 12, 2023 as presented.
Moved: Angela Machado **Seconded: Camille Lowe** **Motion: Passed**

VII. Standing Business

- **Update on VMSG Database and Future Reporting**

Behavioral Science Research Corp. (BSR) staff received access to and training on the VMSG Dashboard, the statewide database for tracking Integrated Plan activities. Staff are still working out how to capture historical data, benchmarks, and plan-end date (December 31, 2026) goals. Members should expect to see future reporting on Integrated Plan progress in the VMSG format.

- **Care and Treatment Goals and Activities Evaluation**

The workgroup spent 2023 reviewing all the Goals of the Integrated Plan: Prevention, Linkage, Care and Treatment and Special Populations, and Coordinated Efforts. Attendees were provided with the final handful of Care and Treatment and Coordinated Efforts strategies that still need to be reviewed.

Each page included some questions for the group's consideration. A synopsis of the responses are detailed in Addendum 1, pages 4 -17, below.

VIII. New Business

- **2023 Member Recognition**

The end of year Partnership meeting included recognition of all members contributions during 2023. Staff thanked members for their work throughout last year and distributed certificates to workgroup members who were not able to attend the year-end Partnership meeting.

- **2024 Officer Elections**

Since the Workgroup was established for another year, the Bylaws call for a Chair and Vice Chair to be elected. Ms. Hess served as Vice Chair in 2023, chaired today's meeting, and offered to serve as Chair for the remainder of the year. Jamie Marquez offered to serve as Vice Chair. Members voted to approve the new officers.

Motion to elect Amaris Hess as Chair and Jamie Marquez as Vice Chair of the Integrated Plan Evaluation Workgroup in 2024.
Moved: Angela Machado **Seconded: Abril Sarmiento** **Motion: Passed**

IX. Announcements

Sandra Estevez of FDOH acknowledged the Linkage to Care Quality Improvement agency representatives at today's meeting, and thanked the FDOH linkage staff for attending.

X. Next Meeting

Ms. Hess announced the next meetings: Joint Integrated Plan Review Team on Tuesday, February 13, 2024, 10:00 a.m. – 1:00 p.m. at the Miami-Dade County Library; and Integrated Plan Evaluation Workgroup on Tuesday, June 11, 2024 10:00 a.m. – 1:00 p.m. at BSR.

XI. Adjournment

Ms. Hess adjourned the meeting at 12:32 p.m.

Addendum 1

Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan - Notes on Care and Treatment Goals and Activities Evaluation

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Blue text and underline is feedback from the January 16, 2024 Integrated Plan Evaluation Workgroup.

Acronyms and Abbreviations

- BSR: Behavioral Science Research Corporation
- EHE: Ending the HIV Epidemic
- FDOH: Florida Department of Health in Miami-Dade County
- MCM: Medical Case Managers or Medical Case Management, depending on the context
- MSM: Men who have Sex with Men
- MDC: Miami-Dade County
- OMB: Miami-Dade County Office of Management and Budgets
- PE Miami: Provide Enterprise® by Groupware Technologies (client database)
- Recipient: Miami-Dade County Office of Management and Budgets
- RWHAP: Ryan White HIV/AIDS Program
- STI: Sexually Transmitted Infections

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Retention in Care (R)*

Questions

1. What is the peer certification intended to do? Is it intended to be "certification for all" or "advanced certification for some"?
   - Current minimum qualifications for FDOH peers is high school diploma and lived experience (being a person with HIV).
   - Training of peers is already part of the on-boarding process at all agencies.
   - If certification is mandated, there should be a grandfather period to account for peers with extensive experience.
   - Training modules should take into account language differences/barriers among peers.
   - Agencies should identify experienced peers for peer to peer training.
   - Advanced training certification should be pursued; BSR will coordinate with the Recipient.

2. Once certification is established, will it be required on an annual basis?
   - Training should be on an ongoing basis. For RWHAP, the training requirements, including frequency, will need to be incorporated into the Service Delivery Manual and/or Service Definition.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.
Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.
Activity R1.2.a. Convene listening sessions among peers and peer supervisors in CY 2024 to identify potential areas of increased peer involvement with client care, advanced peer skill development, and advanced peer skill certification.
Measurements
1. # of listening sessions conducted with (1) peers and (2) peer supervisors in CY 2024.
2. # of peers and peer supervisors attending sessions.
3. Specification of peer certification and/or advanced peer certification areas identified by RWHAP and approved for training.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Retention in Care (R)*

Questions

1. If peer certification is completed, could or should reimbursement rates for peer services be raised for "certified" vs. "non-certified" peers?
   - Yes.
   - Suggested goal: 50% of peers should receive the advanced training by the end of 2026., If additional salary is attached to the advanced certification, peers will be incentivized to become certified.
   - The rate of billing units will need to be increased to account for the increase in salaries.

2. Who should be in charge of developing or identifying peer certification training curriculum?
   - Suggested existing training modules are available at HealthHIV (online), the FDOH HIV Capacity Development Academy, and South East AIDS Education and Training Centers (AETC).
   - Testing and certification are available through the Florida Certification Board (FCB).
   - The Florida Department of Children and Families (DCF) and Florida Agency for Health Care Administration (AHCA) offer a two-year peer certification program.

Note

1. Certification can be done online using readily available resources and allowing peers to proceed at their own pace This would mean that the training curriculum is *identified*, not *developed.* This is a capacity-building activity.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.
Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.
Activity R1.2.b. Develop or identify peer certification and/or advanced peer certification training/resources; conduct training; and certify [75%] of peers.
Measurements
1. Peer certification and/or advanced peer certification training curriculum *developed* or *identified*.
2. # of advanced certification trainings conducted by close of 2024 and annually.
3. # and % of peers trained and certified by close of 2024 and annually.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Retention in Care (R)*

Note

1. *If peer certification is mandatory*, the RWHAP Part A Service Delivery Manual/Service Definition (SDM) for MCM/Peer Education and Support Network (MCM/PESN) and contract language will need to be updated; if it is *not mandatory*, this activity can be removed.
   - The certification should at least be optional; as noted above, peers will be incentivized to get the certification if there is a salary increase attached.
   - Whether optional or mandatory, the SDM will need to be reviewed and updated to identify the approved training module, establish new reimbursement rate/billing rates, and amend other language as needed for MCM/PESN.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.
Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.
Activity R1.2.c. Based on certification requirements, revise local RW Part A Service Delivery Manual/Service Definition for MCM/Peer Education and Support Network.
Measurements
1. Peer section of MCM service delivery manual revised by Part A/MAI Recipient and Care and Treatment Committee.
2. Annual review of service standards conducted by Care and Treatment Committee and Recipient.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Retention in Care (R)*

Note

1. This activity was originally limited to EHE HealthTec, but there is no linkage to EHE Health Tec in the measurements.

Questions

1. Is this activity for EHE or for all RWHAP MCMs?
   - This is for RWHAP; reference to EHE can be removed.

2. Does **Activity R1.3.a.** (access facilitation) overlap with or supplement **Activity R1.3.b.** (social determinants of health)?
   - The two activities can be combined.
   - Need to review the mandatory assessment screens in PE Miami to ensure all social determinants of health components are covered.
   - Substance use and depression screenings are required in the initial intake.
   - The measurement is that the assessment was completed; the assessment is already part of the standards of care.
   - After a completed assessment, if a need for additional resources (housing, domestic violence, etc.) is identified, MCM need to know how to connect clients to those resources.
   - FDOH is hosting "speed networking" events to personalize available resources.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.
Strategy R1.3. Ensure a **"whole person,"** holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.
Activity R1.3.a. Develop guidelines and procedures **related to EHE HealthTec** to facilitate client access to a medical practitioner; mental health provider; substance abuse treatment provider; client enrollment and re-enrollment in Part A Program; and treatment adherence confirmation for program clients.
Measurements
1. Conduct review with MCMs, MCM Supervisors and Recipient to determine areas where **access facilitation** may be built into MCM activities.
2. MCM service delivery manual revised by Part A/MAI Recipient and Care and Treatment Committee to address **access facilitation.**
3. # of annual training sessions with MCM and MCM Supervisors to build MCM capacity to implement access facilitation.

Activity R1.3.b. Review and revise local MCM standards of care to address protocols for addressing **social determinants of health** (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.
Measurements
1. Conduct review with MCMs, MCM Supervisors and Recipient to determine areas where **social determinants of health** may be addressed in MCM activities.
2. MCM service delivery manual revised by Part A/MAI Recipient and Care and Treatment Committee to address **social determinants of health.**
3. # of annual training sessions with MCM and MCM Supervisors to build MCM capacity to address social determinants of health.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Retention in Care (R)*

Notes

1. Some subrecipients currently have initiatives in place to destigmatize or normalize mental health services.
2. There is no clear mechanism for developing these protocols, no provision for looking for input from subrecipients with initiatives in place, and no reliable way to measure the impact of these initiatives.

Questions

1. What are suggestions for clarifying this process? Having one uniform protocol? Or encouraging subrecipients to develop their own protocol?
   - A single protocol is not the solution; instead there should be a minimum standard as part of the assessment. It is not clear if everyone is asking the same questions during the client assessments.
   - PE Miami includes an acuity screening but it is not a mandatory part of the client assessment; the acuity screening tool in PE Miami is not complete.
   - DCF offers a Functional Assessment Rating Scales (FARS) Training and Certification System which may be an option for training. There is a cost involved.
   - It is difficult to standardize a protocol, particularly in Miami-Dade County which has such a diverse population.
   - Media campaigns ("It's Okay to Not Be Okay") have been impactful and similar campaigns could be developed. Already existing campaigns should be tapped into since the cost of developing a new campaign could be prohibitive.
   - Social media should also be used to promote whole person care messaging.
   - Generally, medical personnel are required to refer to mental health/psychosocial treatment. In the RWHAP, this means referrals will come through the Outpatient Ambulatory Medical Care (OAHS) providers.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.
Strategy R1.3. Ensure a "whole person," holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.
Activity R1.3.c. Develop or identify protocols for how mental health services are destigmatized ("normalized") and clients are encouraged to make use of them.
Measurements
1. # of destigmatizing protocols developed or identified.
2. # of subrecipients documenting the application of destigmatizing protocols.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Health Outcomes for Special Populations (SP):*

Questions

1. ***Activity SP3.1.a.*** overlaps with ***Activity SP5.1.a.*** Could the two trainings/activities be combined into a comprehensive LGBTQ+ sensitivity training covering sexual identity, gender identity, providing services to transgender persons, and cultural competency/humility?
   - Positive health outcomes for MSM with HIV and Co-occurring STIs in Ryan White Care are amongst the highest in the program.
   - The training activity can be redefined as a comprehensive LGBTQ+ sensitivity training which can be cross-referenced under SP3 and SP5 so that completion of one constitutes completion of both.
   - The training should not presume to lump every group of "LGBTQ+" together; different modules are needed which focus on the specific needs of transgender people, MSM with HIV and Co-occurring STIs, etc.

2. Who should create and conduct this training?
   - Sexual orientation and gender identity (SOGI) training modules are available.
   - Need to identify the best curricula for Miami-Dade County.

SP3 - Transgender People with HIV

Objective SP3. Improve health outcomes for transgender people with HIV.
Strategy SP3.1. Expand existing programs and collaborations to address specific needs of transgender people with HIV.
Activity SP3.1.a. Conduct basic and annual trainings for RWHAP subrecipients' MCM/Peer, front desk and medical staff on issues related to sexual identity, gender identity, and providing service to transgender persons.
Measurements
1. Develop or identify appropriate training curricula.
2. # of trainings conducted to front-desk staff; medical staff; MCM/Peer staff *(3 separate measurements)*
3. #/% of front-desk staff; medical staff; and MCM/Peer staff that received the training *(3 separate measurements)*

SP5 - MSM with HIV and Co-occurring STIs in Ryan White Care

Objective SP5. Improve health outcomes for MSM with HIV and co-occurring STIs in Ryan White Care.
Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and sexually transmitted infections as co-occurring health conditions.
Activity SP5.1.a. Provide annual LGBTQ cultural competency/cultural humility trainings for RWHAP.
Measurements
1. Identify/generate the appropriate training curricula needed to address these issues.
2. # and % of RWHAP agencies that have completed at least one annual training

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV: *Health Outcomes for Special Populations (SP):* People with HIV who are Homeless or Unstably Housed

Notes

1. Staff is asking the Integrated Plan Evaluation Workgroup (IPEW) to consider separating this into two strategies:
   a. For people experiencing housing instability or who need "emergency funding"; and
   b. For people experiencing homelessness.
      - Yes, make it two strategies.
        - Chronic Homelessness, see HUD: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/
        - Unstably Housed, see CDC: https://www.cdc.gov/orr/science/homelessness/definition.html,

2. Staff is also suggesting that we ask JIPRT to revise activities under each strategy for later IPEW evaluation and implementation mechanisms.
   - Yes.

Objective SP4. Improve health outcomes for homeless or unstably housed people with HIV.
Strategy SP4.1. Expand existing programs and collaborations to address specific needs of people with HIV experiencing homelessness or housing instability.
Activity SP4.1.a. ▪ Reorganize the Partnership's Housing Committee to identify and administrate housing assistance beyond the Housing Opportunities for Persons with AIDS Program (HOPWA).
Measurements
1. List of resources identified.
2. List of resources distributed.
3. # of additional grants awarded in Miami-Dade County.
4. # of opportunities for short-term housing assistance identified outside RWHAP and HOPWA limitations.
5. # of opportunities for long-term housing assistance identified outside RWHAP and HOPWA limitations.

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities: *Stigma (S)*

Note

1. As seen in other training development areas, the actual development of the curricula has been underspecified.

Questions

1. Is the FDOH-EHE goal included in Strategy S1.1. still valid for this strategy?
   - No.

2. Is inclusion of FDOH agencies for receiving stigma training under Activity S1.1.a. still valid?
   - No.

3. Who is the appropriate responsible agency (RWHAP, BSR, FDOH)?
   - RWHAP and BSR.
   - The strategy and activity are too broad.
   - Not all providers see people with HIV on a regular basis; for those who do, stigma training is already part of regular training.
   - Consider directing providers to existing training, such as Escalate; see https://targethiv.org/escalate/escalate-en-espanol.

Objective S1. Reduce HIV-related stigma and discrimination.
Strategy S1.1. Increase awareness of stigmatizing behaviors throughout the system of care. ~~(FDOH-EHE Goal: Partner with Capacity Building Assistance providers (CBA), and the private sector to train STD/HIV staff on HIV stigma, and discrimination).~~
Activity S1.1.a. Develop and/or identify training curricula for MCM/Peers, front desk personnel and medical providers in RWHAP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.
Measurements
1. Conduct a baseline survey of attitudes toward HIV and people with HIV among all RWHAP direct service providers, and use this to develop the capacity-building curriculum cited below.
2. Create or adapt capacity-building curricula on reducing stigmatizing attitudes and beliefs, and mechanisms for health care professionals and paraprofessionals to become aware of such beliefs in their own practice, and work to overcome them.

NHAS Goal 4: Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners: *Integrated Plan Coordination (IPC)*

Questions

1. Stakeholders need to be identified, recruited and engaged in integrated planning. What can be done to encourage a broader range of stakeholders?
   - Finding members and "stakeholders" is an ongoing struggle for the Partnership.
   - Incentivizing participation and the limitations imposed by the RWHAP were discussed.

2. Are "outbreaks" the same as "transmission clusters"?
   - No. Outbreaks are centered around a specific area or group (e.g., an encampment of people experiencing homelessness); clusters are defined by RNA testing and are reported at the state level.

3. Who is responsible for addressing "outbreaks": RWHAP; FDOH; EHE?
   - FDOH.
   - FDOH has well-established and effective outreach and community coordination in place.

Note

1. Strategic Planning and Prevention Committees will also be asked to give suggestions for stakeholders.

Objective IPC1. Develop strong community partnerships to leverage available services and funding for ongoing HIV care and treatment and to be able to respond quickly to HIV outbreaks.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.a. Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.

Measurements

1. Establishment of a working Integrated Plan Evaluation Workgroup to engage community stakeholders in planning and evaluating IP services.

Activity IPC1.1.a. Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.
Measurements
2. # of nonaffiliated stakeholders recruited and serving on the Strategic Planning Committee, Prevention Committee (collectively Joint Integrated Plan Review Team) and/or IPEW.

Activity IPC1.1.b. Develop a plan among stakeholders for addressing HIV outbreaks.	
Measurements	
1. Progress Report on stakeholder plan.	

NHAS Goal 4: Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners: *Integrated Plan Coordination (IPC)*

Questions

1. Is this measurement appropriate?
   - Not really and the purpose is not clear how data-sharing would impact a response to outbreaks.

2. Who is responsible for negotiating and managing data sharing agreements?
   - RWHAP, GR, and ADAP use PE Miami; GR also uses Careware; other organizations also use Careware.
   - There is no one funding stream or organization that could be tasked with negotiating and managing data-sharing.

NOTE: Staff suggests removing "and to be able to respond quickly to HIV outbreaks." From the Objective.

Objective IPC1. Develop strong community partnerships to leverage available services and funding for ongoing HIV care and treatment ~~and to be able to respond quickly to HIV outbreaks~~.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.d. Coordinate ***client-level*** data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and the AIDS Drug Assistance Program (ADAP); and between the RWHAP and Medicaid.

Measurements

1. Progress report on data sharing agreements