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


Area Number: Area 2A 850 785-1088
Submitted by: April 12, 2019 Valerie Mincey

Provide details on accomplishments, innovations, and challenges encountered while completing integrated plan activities. Items mentioned should present major findings that impact services related to agency priorities. Explain what the accomplishment, innovation, and/or challenge was. Identify how it was achieved and attempts/plans to overcome the challenge.

<table>
<thead>
<tr>
<th>Subject: FCPN Accomplishments</th>
<th>Type (select): X Accomplishments Innovation Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Priority:</td>
<td>• Increase access to Care and treatment and supporting services;</td>
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<tr>
<td></td>
<td>• Improve health outcomes for PLWH;</td>
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<tr>
<td></td>
<td>• Increase access to HIV prevention services and % of those who are unaware of HIV status</td>
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<tr>
<td>Description:</td>
<td>• Increased number of new clients enrolled for care and treatment services (52 in 2018 vs 39 in 2017)</td>
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<tr>
<td></td>
<td>• Increase % of OASH clients on ART (93% in 2018 vs. 85% in 2017)</td>
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<td></td>
<td>• Maintained high viral suppression rate was around 80-82%.</td>
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<tr>
<td></td>
<td>• Able to mobilize more funding from other sources including SAMHSA, private foundations to support and implement prevention/education services for HIV, Hepatitis and Substance Abuse, for linkage services, and for PrEP education.</td>
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<tr>
<td></td>
<td>• Besides providing some transportation support, staff are trained to be mobile and bring services to clients. Other providers such as Bay CHD and PanCare of Florida are expanding their services.</td>
</tr>
</tbody>
</table>
Subject: FCPN Innovations

Type (select): X Accomplishments  Innovation  Challenge

Related Priority: Increase access to HIV prevention and care services, as well as other support services

Description:

• Social Media Posting - Social Media posting has been a great innovation for the success of our prevention programs. Whenever we have an event or are just trying to get the word out about something in particular, a simple Facebook post can bring a great audience to it. Social Media postings allow for these things to be shared throughout the entire Area of 2A. All of our target demographics are reached at one time with these post's.

• Promote program services and program linkages through enhanced community collaborations/partnerships. Interagency referrals is an innovative way to link potential clients to care. Most of the prevention programs here at BASIC work hand-in-hand when dealing with referrals. One of the ways we have been able to overcome our challenges is by using interagency referrals. All of the prevention programs have different target populations at which they mainly interact with, but through outreach we come across people who may not meet our specific demographic pool. They may qualify for another program such as those that focus on MSM or another that focus on high risk females. We encourage the individual to look into the other programs we offer.

• Besides stretching its limited funding/resources and through enhanced collaborations and partnerships with other local community partners, BASIC has been able to negotiate in receiving reduced fees for services provided to its clients.

• Expanding Community Partners Through MOA’s and MOU’s- with the help of different organizations, we have gained more access to people who we wouldn’t normally reach through street outreach. Community partners refer their clients to us when they see fit. In return, we do the same.

• Establishing Gatekeepers in the rural area to identify target population- Gatekeepers in rural areas allowed us to successfully reach people in areas outside of the more populated areas. This has helped in testing efforts as well as recruitment for different programs that we offer here at BASIC.
<table>
<thead>
<tr>
<th>Subject:</th>
<th>FCPN Challenges</th>
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</thead>
<tbody>
<tr>
<td>Type (select):</td>
<td>Accomplishments  _____ Innovation ___ X Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Address gaps/unmet needs and health disparity related issues</td>
</tr>
</tbody>
</table>
| Description:             | • Limited funding. Address the funding gaps by mobilizing additional funding from other sources. This includes, but not limited to, lack of incentives for the program.  
                          | • Devastating impacts of Hurricane Michael:         |
|                          |   • Slower agency operation and access to HIV care and prevention services including outreach activities. However, BASIC was able to be operational on a trailer unit and clinics in can in our parking lot. Thereby being in the one place clients and community know where we were last, which in turn would be the first place they look. |
|                          |   • Housing, communication, and transportation are even more serious issues/challenges faced by our clients who are trying to access the services provided by or through the agency. Currently, there is no HUD housing available. FEMA trailers are limited. Short term assistance from FEMA ended on the 9th of April. Apartment complexes throughout the area of 2A are closed and undergoing repair causing a serious problem with housing. |
|                          |   • Hurricane impacts funding support from various donors |
|                          | • Rural area in nature with poor infrastructure and limited local resources including HIV medical specialty services. Bay Medical Sacred Heart, the primary hospital in Panama City, took significant damage from Hurricane Michael. With the termination of 2000 employee jobs, specialists such as infectious disease, have relocated. Some clients may drive as far as Tallahassee or Pensacola as needed. |
Provide details on accomplishments, innovations, and challenges encountered while completing integrated plan activities. Items mentioned should present major findings that impact services related to agency priorities. Explain what the accomplishment, innovation, and/or challenge was. Identify how it was achieved and attempts/plans to overcome the challenge.

<table>
<thead>
<tr>
<th>Achievements, Innovations, and Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject</strong>: Routine Screening for HIV and STIs</td>
</tr>
<tr>
<td>Type (select): X Accomplishments ____ Innovation _____ Challenge</td>
</tr>
<tr>
<td>Related Priority: Reducing new HIV Infections</td>
</tr>
<tr>
<td>Description: Routine screenings were added as part of primary care, to test all individuals, identify new HIV and STI infections, then linking to care.</td>
</tr>
<tr>
<td><strong>Subject</strong>: Prioritized HIV and rapid syphilis testing</td>
</tr>
<tr>
<td>Type (select): _<em><strong>X</strong></em> Accomplishments ____ Innovation _____ Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
</tr>
<tr>
<td>Description: Health educators completed necessary training to use Rapid syphilis tests and then added testing for the STI to their outreach and testing work in the community. The high rates of syphilis in the area led Big Bend Cares to implement rapid syphilis testing as part of prioritized testing.</td>
</tr>
<tr>
<td><strong>Subject</strong>: Social Media</td>
</tr>
<tr>
<td>Type (select): _____ Accomplishments <strong><strong>X</strong></strong> Innovation _____ Challenge</td>
</tr>
<tr>
<td>Related Priority: Reducing New Infections</td>
</tr>
<tr>
<td>Description: Big Bend Cares has expanded social media messages to numerous platforms including Facebook, Instagram and Twitter to promote increased testing for HIV and STIs, and help reducing stigma. Messages also provide information about PrEP, treatment options, advocacy, National testing days, education to increase</td>
</tr>
</tbody>
</table>
awareness, etc. Additional platforms are being considered such as Grinder, and others.

### Achievements, Innovations, and Challenges

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Type (select):</th>
<th>Related Priority:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP</td>
<td>X Accomplishments Innovation Challenge</td>
<td>Reducing HIV related health disparities and health inequities</td>
<td>Area 2B has several CBOs and the CHD who have implemented PrEP and are actively educating high risk negatives and linking them to PrEP.</td>
</tr>
<tr>
<td>Viral Load Suppression</td>
<td>X Accomplishments Innovation Challenge</td>
<td>Reducing new HIV infections</td>
<td>Test and Treat between Health Department and Big Bend Cares/Care Point. Provide immediate access to ART and care through timely linkage and reduce viral loads.</td>
</tr>
</tbody>
</table>
Provide details on accomplishments, innovations, and challenges encountered while completing integrated plan activities. Items mentioned should present major findings that impact services related to agency priorities. Explain what the accomplishment, innovation, and/or challenge was. Identify how it was achieved and attempts/plans to overcome the challenge.

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<th>Related Priority</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>JAIL LINK PROGRAM</td>
<td>Accomplishments XXX Innovation _____ Challenge</td>
<td>HIV TESTING</td>
<td>During the calendar year 2018, 2098 HIV tests were conducted within the Duval County Jail. These tests resulted in only 19 HIV positive results.</td>
</tr>
<tr>
<td>RETENTION TO CARE</td>
<td>Accomplishments _____ Innovation _____ Challenge</td>
<td>RETENTION TO CARE</td>
<td>Approximately 175 known HIV positive individ, who were incarcerated during 2018 were screened for the Jail Link Program. During this time frame 87% were enrolled in the program. Of those qualified 97% remained enrolled in the Jail Link Program after release. For those enrolled in the Jail Link program, 79% remained enrolled up to 90 days after release and 60% were referred to ongoing RW Medical Case Management; 88.80% of those remaining in the Jail Link program were linked to HIV Managed Care (58.5% within 3 days/ 25% within 7 days/ 16.2% within 14 days). Over a</td>
</tr>
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</table>
three-year duration 78% of those who had previously been in the Jail Link Program have remained in care.

<table>
<thead>
<tr>
<th>Subject:</th>
<th>VIRAL SUPPRESSION</th>
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<tbody>
<tr>
<td>Type (select):</td>
<td>Accomplishments _____ Innovation XXX Challenge</td>
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<tr>
<td>Related Priority:</td>
<td></td>
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<tr>
<td>Description:</td>
<td>It is important to note that only 8% of the Jail Link program enrollees are re-offenders. Those who remained in care contributed to the overall viral suppression rate of 80.2% within the TGA.</td>
</tr>
</tbody>
</table>
FLORIDA HIV/AIDS COMPREHENSIVE PLANNING NETWORK (FCPN)

Patient Care and Prevention Planning Group (PCPPG)


Area Number: 5 / 6 / 14

Submitted by: Kirsty Gutierrez and Nolan Finn

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<tbody>
<tr>
<td><strong>Subject:</strong> By January 2019, Increase the number of providers offering PrEP in the EMA by 50%</td>
</tr>
<tr>
<td>Type (select): ☑ Accomplishments ☐ Innovation ☐ Challenge</td>
</tr>
<tr>
<td>Related Priority: Reduce New Infections</td>
</tr>
<tr>
<td>Description: In 2017 we had 8 PrEP providers. In 2018 we had 22 PrEP providers, 175% increase</td>
</tr>
<tr>
<td><strong>Subject:</strong> By December 2021, increase to 90% the number of personals living with HIV in the EMA that know their status.</td>
</tr>
<tr>
<td>Type (select): ☑ Accomplishments ☐ Innovation ☐ Challenge</td>
</tr>
<tr>
<td>Related Priority: Testing sites, condoms distributed</td>
</tr>
<tr>
<td>Description: In 2018: # persons tested in Correctional facilities: 2,278; Testing sites: 42,500; youth under 29 tested: 18,834; Condoms distributed: 907,590; Educational pamphlets distributed: 132,500 In 2017 85% of PLWH were aware of their status</td>
</tr>
<tr>
<td><strong>Subject:</strong> 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%</td>
</tr>
<tr>
<td>Type (select): ☑ Accomplishments ☐ Innovation ☐ Challenge</td>
</tr>
<tr>
<td>Related Priority: # of persons with a Medical Case Management Plan</td>
</tr>
<tr>
<td>Description:</td>
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<tr>
<td><strong>Subject:</strong></td>
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<tr>
<td><strong>Type (select):</strong></td>
</tr>
<tr>
<td>Related Priority:</td>
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<tr>
<td>Description:</td>
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</tbody>
</table>
**Achievements, Innovations, and Challenges**

<table>
<thead>
<tr>
<th>Subject:</th>
<th>NHAS Goal 1: Reducing new HIV infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type (select):</td>
<td><em>X</em> Accomplishments _____ Innovation _____ Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Strategy 1.1.B. Effectively identify and test individuals in populations at highest risk</td>
</tr>
<tr>
<td></td>
<td>Activities:</td>
</tr>
<tr>
<td></td>
<td>1) Encourage and support health department and non-health department providers to</td>
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<td>increase the number of persons diagnosed with HIV through strengthening current</td>
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<td>HIV testing efforts or creating new services</td>
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<tr>
<td>Description:</td>
<td>Via innovative collaborations and partnerships, DOH together with community</td>
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<tr>
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<td>partners in Area 8 have increased both HIV and STI testing in an effort to increase the</td>
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<td>number of individuals aware of their status. Using mobile testing units, outreach</td>
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<td>events and educational opportunities, agencies have partnered to reach targeted</td>
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<td>communities with a unified and comprehensive approach that is addressing stigma</td>
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<tr>
<td></td>
<td>while increasing awareness.</td>
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<td></td>
<td>January – December 2018 over 15,000 HIV tests were performed in Area 8.</td>
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<td>PReP and PEP provider availability and prescription assistance throughout the Area.</td>
</tr>
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<tr>
<td>Type (select):</td>
<td><em>X</em> Accomplishments _____ Innovation _____ Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Strategy 1.2.C. Increase HIV awareness among members of the general public,</td>
</tr>
<tr>
<td></td>
<td>community leaders, and policy makers</td>
</tr>
<tr>
<td>Subject:</td>
<td>NHAS Goal 2: Increasing access to care and improving health outcomes for persons living with HIV (PLWH)</td>
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<tr>
<td>Type (select):</td>
<td>Accomplishments Innovation Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Strategy 2.1.B. Reduce barriers for linkage to and retention in care</td>
</tr>
<tr>
<td>Activities:</td>
<td>5) Examine ways to streamline processes at the state and local level that pose barriers to linkage to and retention in care</td>
</tr>
<tr>
<td>Description:</td>
<td>While the regional consortium prevention committee has been very effective thus far in its collaborative prevention efforts, there has been difficulty getting STI and Hepatitis actively and consistently engaged so that linkage to care can be enhanced. The group is currently exploring ways to meet these challenges and plans to make this a priority for its 2019 strategic plan throughout the next three quarters.</td>
</tr>
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</table>

100% of the 139 Positives were Linked to Care within 90 days in Area 8

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<thead>
<tr>
<th>Subject:</th>
<th>NHAS Goal 2: Increasing Access to Care and Improving Health Outcomes</th>
</tr>
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<tbody>
<tr>
<td>Type (select):</td>
<td>Accomplishments Innovation Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Strategy 2.A Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.</td>
</tr>
<tr>
<td>Description:</td>
<td>Lead Agency received reports describing 13,623 client visits where 27,645 RW Part B Services occurred in Area 8 from April 2018 – February 2018. These visits/services included Outpatient Ambulatory Health Care, Emergency Financial Assistance, Health Insurance Copay and Deductibles, Mental Health Substance Abuse and Medical / NonMedical Case Management. Area 8 offers access in all counties.</td>
</tr>
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<tr>
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<tr>
<td>Type (select):</td>
<td>Accomplishments Innovation Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Strategy 2.A Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.</td>
</tr>
<tr>
<td>Description:</td>
<td>The 2018 RSR Area 8 agencies reported: 85.1% viral load suppression and 89.7% clients were prescribed ART.</td>
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<tr>
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<th>NHAS Goal 2: Increasing Access to Care and Improving Health Outcomes</th>
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<tr>
<td>Type (select):</td>
<td>Accomplishments Innovation Challenge</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Transportation Challenges</td>
</tr>
<tr>
<td>Description:</td>
<td>Additional efforts are needed in the rural communities, Hendry specifically for clients to access care/specialists. Consideration for Mobile Vans with Practitioner, Enhance TeleHealth/TeleMedicine Utilization.</td>
</tr>
</tbody>
</table>

Area Number: 12

Submitted by: Samantha Kwiatkowski, Paula Burns

Provide details on accomplishments, innovations, and challenges encountered while completing integrated plan activities. Items mentioned should present major findings that impact services related to agency priorities. Explain what the accomplishment, innovation, and/or challenge was. Identify how it was achieved and attempts/plans to overcome the challenge.

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<th>Related Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sistas Organizing to Survive-FDOH-Volusia</td>
<td>x Accomplishments  X Innovation  Challenge</td>
<td>Grassroots Mobilization of Black Women in the Fight Against HIV/AIDS</td>
<td>Organizing a local SOS Chapter. First two meetings held as part of the Prevention, Linkage, Outreach and Testing initiative. Initiative to encourage Black Women to get tested where they live, work, play, and worship to prevent, decrease, and stop the spread of HIV/AIDS throughout Volusia County.</td>
</tr>
<tr>
<td>Partnerships and initiatives with Bethune Cookman College, Daytona State, Embry-Riddle, and Stetson</td>
<td>___ Accomplishments ___  X Innovation  Challenge</td>
<td>Community Engagement and targeted Black Youth and zip code</td>
<td>HAPC Partnered with BCU Chambliss Center for Health Equity for presentations for and with the local Links Chapter. DOH HIV and STI testing—over 45 tested in on a single day schedule for two more in April and May (BCU). Ongoing rapid HIV Testing on Fridays and Wednesdays at the BCU Chambliss Center and infirmary by CAN and OCCN</td>
</tr>
</tbody>
</table>
Ongoing HIV/STI educational presentations as invited by, dental assistant, dental hygiene calluses and Daytona State, and community health classes at BCU. BCU Un-Cut Health Awareness and Man-up-partnering for new students attending. Utilized Area 4 HAPC, Joseph Mimms along with the Area 12 RLC, Marvin Hall and EIC/MAC Charles Bethune for some of the male specific meetings and presentations. STD Program Manager Lorrainie Pedro and HAPC Area 12 share or coordinate presenting. Shared testing events with OCCN and CAN at ERU and Stetson.

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Rapid HIV Test site in Deland Florida</th>
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<td>Type (select):</td>
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<tr>
<td>Accomplishments</td>
<td>Innovation</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Rising Against All Odds</td>
</tr>
<tr>
<td>Description:</td>
<td>CBO in Deland Florida became first rapid test site in this region of Area 12</td>
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<tr>
<th>Subject:</th>
<th>New Partnership with Hispanic Health Initiative, Inc.</th>
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<td>Type (select):</td>
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<tr>
<td>Accomplishments</td>
<td>Innovation</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Hispanic populations</td>
</tr>
<tr>
<td>Description:</td>
<td>Small Grassroots CBO in Deland Florida focusing on wellness, early detection of chronic diseases, prevention education and advocacy in the medically underserved communities of central Florida since 2000. Interested in becoming a registered test site and providing HIV information and linkage.</td>
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<tr>
<th>Subject:</th>
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<tr>
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</tr>
<tr>
<td>Accomplishments</td>
<td>Innovation</td>
</tr>
<tr>
<td>Related Priority:</td>
<td>Access to PrEP</td>
</tr>
<tr>
<td>Description:</td>
<td>PrEP is now accessible at CBOs and the DOH in Area 12 for both the insured and the uninsured. One identified challenge is limited access to PrEP services for those located in the more rural parts of Area 12. Several options that would help facilitate access to PrEP in these areas are being considered.</td>
</tr>
</tbody>
</table>