HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

Our Best. Nothing Less.

BEHAVIORAL HEALTH NETWORK MEETING

Date: June 12, 2019 at 2:00 pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., GC-301
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

I. Call to Order

II. Welcome/Introductions (15 mins)
- Name/Title/Agency
- Length of time in current role
- Contact and alternate information **(Handout A)**

III. Activity: QI IQ Survey Completion

IV. Mentimeter Break

V. Data Talk: Numbers and Drill Downs

VI. Broward EMA Continuum of Care 2016-2018 Data Review
- 4 National Disparity Groups
- Providing data-driven care

VII. Rapid start process for early mental/behavioral health services/interventions (15 min)
- Screening process (screening instruments, screening personnel, scoring)
- Primary Care and Behavioral health integration successes and challenges
- Behavioral health service delivery (scheduling, appointments, reminders)

VIII. Customer Service Intervention Updates (10 min)

IX. Announcements
- CQII Plus Consumer QI Training AHF & Poverello
- Quality Network Training Day June 12, 2019
- Peer Counselor Training Certification (PCTC) Program Graduation June 2019

X. Next Meeting Agenda

XI. Meeting Evaluation

XII. Adjournment

Next Meeting Date: August 16th, 2019 2:00 p.m.

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BEHAVIORAL HEALTH NETWORK MEETING
Friday, February 15th, 2019 at 2:00 P.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

Minutes

PROVIDERS PRESENT
Kerry Ann Brown-Feison, AHF
David Shelton, AHF
Glynette Roberts, BCFHC
Nilda Montalvo, BCFHC
Jamie Powers, Broward House
Hugo Rocchia, Care Resource
Elizabeth Johnson, Memorial Health
Heather Coll, Sunserve

PROVIDERS ABSENT
North Broward Hospital District

GUEST
None

PART A RECIPIENT STAFF
Edith Garcia

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Brithney Johnson
Dr. Gritell Martinez
Anitha Joseph
Marcus Guice

I. Call to Order
The meeting was called to order at 2:10 p.m.

I. Welcome/Introductions
CQM Staff welcomed everyone and individual introductions were made.

II. Test & Treat: Intersection with Behavioral Health
The CQM Staff presented a list of questions for providers and allotted time for self-reflection and discussion. During discussion, providers were asked several questions to obtain agency-specific information regarding how Behavioral Health providers have worked in coordination with the Test & Treat initiative.

"What is the process for Test & Treat clients entering Behavioral Health services?"

AIDS Healthcare Foundation (AHF)
AHF provider detailed that new Test and Treat clients are educated on services in which the agency provides and are given the option to be linked to a Behavioral Health provider. If patients want to utilize services, they are given access to care within fourteen days. An AHF provider at a different location explained that their clinic offers crisis intervention therapy for Test & Treat clients. She noted that a barrier to this service is that therapists' schedules are not always open to conduct these intervention sessions. There is only one therapist at each AHF location. If the client cannot see a therapist at one location for crisis intervention or other services, they are either scheduled for a later opening or referred to another AHF location.

Care Resource

The Care Resource provider noted different ways patients get to the Behavioral Health department. Mainly, physicians identify patients and those patients are then referred to therapists. Additionally, PHQ-9 self-report inventories contained within patient registration packets are used to determine whether behavioral health interventions are needed. The agency has also created a *Passport to Health* –pamphlet that explains the scope of services and details what is expected of the patient.

Broward Community & Family Health Centers (BCFHC)

Provider noted that their former methodology was using the scores for the PHQ-2 and PHQ-9s for behavioral health referrals upon entering services. This method produced inefficiencies in the ability to schedule Test & Treat clients at their time of visit. The agency is now in the process of making Test & Treat referrals a part of their integrated care initial setup, creating an automatic referral if client chooses the Behavioral Care option.

SunServe

SunServe only provides the Behavioral Health component. They do not offer on-site HIV testing.. The provider remarked that her referrals usually come from their intake coordinator or the case managers at comprehensive care. The agency is not involved in the early portion of the Test & Treat intervention stage.

Broward House

Test & Treat clients are immediately linked with case managers and therapy is generally available on the same day as their initial visit to minimize transportation challenges. Referrals are also accepted, and clients can be scheduled to receive therapy at their convenience. If necessary, the agency also has staff on hand to conduct crisis intervention. The provider noted that the agency has mobile vans to provide remote testing at any Broward House location.

South Broward Hospital District (Memorial Health)

HIV testing is offered at various locations within their health care system. People who test positive are immediately linked with case managers and are given medications until client is linked with Ryan White services. The provider remarks that one barrier is the length of time that it takes to get clients qualified for extending Ryan White funding past the initial 30-day coverage window. Additionally, agency uses PHQ-2s to link clients to Behavioral Health services.

Barriers

Broward House

The provider noted that care is provided at initial visit, however, she says that she has to submit a request to override restrictions on client profile for them to continue receiving services. Clients are accepted into care without knowing if Ryan White eligibility will be established. Using this system, the agency could potentially accept clients who may not be funded if override is not approved. Delayed availability of resources could promote feelings of helplessness and distress in new clients.

Memorial Health

People who have been lost to care are re-engaged in care through Test & Treat, however, the waiting period for receiving Ryan White funding to utilize behavioral health services could lead to clients falling out of care. The provider suggested that there should be a way to bridge new Test & Treat clients to mental health services so that the 30-day waiting period is not an additional barrier to receiving care.

Care Resource

Because of the 30-day Test & Treat window, clients initially receive care navigators instead of case managers, due to funding. The provider noted an increase in loss to care during this 30-day period.

"How are Test & Treat clients arriving to receive services at the agency?"

Memorial Health
Some Test & Treat clients are identified through the Emergency Room where others are engaged through testing sites.

AHF
AHF has three points of entry: 1) Long-term health care centers where clients are provided immediate care, 2) patients who are transient or from outside the county and are aware of their HIV+ status, and 3) Test & Treat clients referred through the agency's wellness centers. Clients are referred to a health care facility closest to their place of residence.

Care Resource
Every department within Care Resource refers patients for Test & Treat. The Testing and Health Promotion department refers newly diagnosed clients to Test & Treat. All other departments identify their patients that have dropped out of care and then make referrals to medical services.

"Test & Treat has different components and one of the components is the collaboration with the local health department. They are supposed to be helping clients navigate the system. Are you aware of that?"

AHF
An AHF provider remarked that she has had a few patients from the FDOH that were accompanied by a Linkage and Retention Specialist to the initial appointment.

Memorial Health
The Memorial Health provider gave commendation to her experiences with the navigators from FDOH. One particular navigator provided a comprehensive walk-through for their client, managing expectations and explaining options regarding receiving care beyond the initial visit. However, she mentioned that more people displaying those skills are needed in navigating Test & Treat.

"When the Test & Treat client shows up to clinics, they should be able to receive services at that time. Issues?

Memorial Health
Provider noted PE complications in processing Test & Treat clients. She says that the only options displayed in PE are for "Integrated Health", "Behavioral Health", or "Trauma" and no matter which tab she opens, the Mental Health option is unavailable. She thinks that these clients are populating within the Ambulatory/Medical section.

> The Recipient staff noted that any Test & Treat client profile should be open. This is the only way they could be eligible for Ryan White and each agency that does Test & Treat should have this capability. Once profiles are open, eligibility should be done at that moment. Once initial eligibility is completed, the client has 30 days to complete the full eligibility. After that, case management should be working with the client to assure that they are eligible for the next 6 months.

Broward House
The Broward House provider noted that when clients come in for Test & Treat, the profile is only open for clients to receive medical care--not mental health services. Within a few days, if client is still compliant, the client will be able to get the 30-day approval. She noted that she is having a difficult time getting eligibility established for clients that know they their status but use Test & Treat to get back into care.

Regarding questions about eligibility, has anyone tried contacting CIED?

The majority of providers stated that they have not tried contacting CIED. CQM staff advised the network to contact the program manager of CIED for any questions, clarifications, or help in streamlining the Test & Treat process. Her contact information is as follows:

Natasha Markman
CIED, HICP, BISS Program Manager
Phone: (954) 561 - 9681 Ext. 1203
Email: nmarkman@brhpc.org

Care Resource
The Care Resource provider mentioned that a disease case manager does not usually get involved until Ryan White eligibility is established. She explained that in her perspective, it is a waste of resources to not have a disease case manger assigned to newly diagnosed clients. As their process currently stands, the disease case manager does not get involved until much later because there is no initial eligibility for the service.

For clients that come in under crisis circumstances, how are these appointments followed up and who is coordinating mental health services for these clients?

Broward House
The provider noted that HIV testing staff coordinate mental health services for the client. Testing staff contact therapists directly, send referrals, and the patient leaves the testing site with an appointment scheduled .

Memorial Health
The agency uses case managers to reach out for mental health services. Appointments are set up with client at initial visit.

Care Resource
There is coordination between the medical assistants and the behavioral health practitioners in delivering services. After 15 days, the disease case manager is utilized.

AHF
The agency educates the clients on the service and are given the option to utilize services that they need. Follow-up appointments are scheduled before client leaves initial visit.

How is retention supported in Test & Treat clients?

Broward House
Unfortunately, many clients tend to see behavioral health as a luxury service. Clients who come in with depression generally fall in and out of mental health care. The provider also mentioned that they are diligent with updating client information at every visit to minimize communication discrepancies.

Memorial Health
Treatment is based largely on readiness. Perceived importance of care from the client's point of view is a major factor in client adherence to care.

AHF
The provider agrees that mental health is often seen as secondary. Clients/patients are primarily focused on medical services.

SunServe

Clients' lack of resources remains a persistent barrier to retention in care, particularly homelessness and communication. The provider mentions that clients that have more family support generally show more adherence to services. She also mentions that it is easier to engage clients who utilize greater wrap-around services such as housing and food bank. She also mentioned that policy disclosure, specifically about citizenship status, to clients is important. For example, she encountered a potential client who was an undocumented person and therefore, afraid to engage in care. Agencies are not required to report citizenship status, but unfortunately there is a lack of knowledge about this issue. Undocumented persons would feel more comfortable to access care if this information was made more public. She suggested that perhaps Test & Treat linkage & retention specialists (LRS) could make this clear during their initial discussions with new clients.

How has ProAct been working for the agencies?

AHF

AHF provider states that they never hear back from FDOH. The provider stated that he follows guidelines and fills out as much information as he can. Once he confirms that he has faxed the information from his end, there is no follow-up from the FDOH

BCFHC

A BCFHC provider mentioned that the department that processes ProAct is currently short-staffed. She stated that BCFHC has been going back into their records to see if clients have returned. She sometimes hears back from the FDOH, but it is inconsistent.

III. Case Study: Care Resource

Case study can be found attached to meeting packet.

Client is a Test & Treat patient. The client's viral load decreased from 718 to 74 copies/mL. Patient has been in care for two months and receives housing, transportation, and health insurance through Ryan White. The client was unemployed, homeless, and financially struggling at the time he started behavioral health services. Client was also experiencing symptoms of depression related to a variety of life changes—the end of a relationship, financial struggle, and his mother relocating from Florida. . After client enrolled in behavioral health services and adhering to medical and behavioral health appointments, he has effectively turned his life around for the better. He is now living independently, paying off personal debts, and involved in local HIV awareness initiatives.

IV. Complete Meeting Evaluation

V. Adjournment

The meeting was adjourned at 3:32 p.m.

Next Meeting Date: May 17th, 2019

Data Talk: Numbers and Drill Downs

Debbie Cestaro-Seifer, MS, RN, NC-BC
BRHPC Quality Consultant

Overview of the 2019-2020 Quality Improvement Program

RYAN WHITE PART A CLINICAL QUALITY MANAGEMENT (CQM) PLAN

Fort Lauderdale/Broward County EMA

The **mission** of the CQM program in the Fort Lauderdale/Broward County EMA is to ensure equitable access to a seamless system of high-quality comprehensive HIV services that improve health outcomes and eliminate health disparities for people living with HIV/AIDS in Broward County.

The Six Aims of Quality Improvement

The Institute of Medicine's definition further clarifies the CDC's definition by identifying **six aims for improvement**:

1. Safe
2. Effective
3. Patient-centered
4. Timely
5. Efficient
6. Equitable

Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. Washington, D.C.: National Academies of Science; 2001. Accessed on 7/7/2018 at http://www.nap.edu/catalog/10027.html

What is Quality Improvement?

The Center for Disease Control (CDC) and the Institute for Healthcare Improvement (IHI) define Quality Improvement (QI) as those activities that:

1. Improve the heath of populations
2. Reduce the per capita cost of healthcare
3. Improve the patient experience

CDC. Performance Management and Quality Initiativec; 2016, accessed at https://www.cdc.gov/stltpublichealth/performance/index.html
Institute of Healthcare Improvement. Science of improvement. How to improve; 2011, available at http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

What is Continuous Quality Improvement (CQI)?

CQI is a philosophy that encourages all healthcare team members to continuously ask themselves:

"How are we doing?"

AND

"How can we do it better?"

Continuous improvement begins with the development of a culture of ongoing sustainable improvement for the patient, the practice, and the population served by the practice.

Edwards PJ, et al. Maximizing your investment in EHR: Utilizing EHRs to inform continuous quality improvement. *JHIM* 2008;22(1):32-7.

Using Data and Feedback for CQI Initiatives in HIV Care

All That Data!

The Purpose of Using Data

To Be Better!

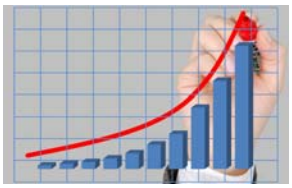


Image accesssd on 6.3.2019 at https://pixabay.com/images/search/improvement/

Data is Granular Unprocessed Information

Accessed on 6.3.2019 at https://pixabay.com/photos/pocket-watch-time-of-sand-time-3156771/

Drilling Down Data

Network Members Look at Data……

- Utilize Data
- Work to Understand Data
- Effectively Communicate Data
- Connect Data to Mission and Goals
- Assist in Making the Data Matter to Our Agencies
- Use Data to Identify Ways for Programs and Staff to Treat Themselves

….and Make Hypotheses to Inform Quality Improvement Projects.

Change Ideas

"All changes do not lead to improvement, but all improvement requires change."

How to identify changes to improve care for people living with HIV (PLWH)

http://www.IHI.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Changes/

Institute for Healthcare Improvement accessed at www.ihi.org on 7/8/2017

Measuring Progress

Measure Progress

How will we know a change is an improvement?

- Only data can tell us whether improvements are made
- Integrate measurement into the daily routine

New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*, National Quality Center, 2006: accessed at http://nationalqualitycenter.org/resources/hivqual-workbook-guide-for-quality-improvement-in-hiv-care-pdf/

FY 2019 Broward EMA Quality Network Plan

AIM: The AIM of the Broward EMA is to use our HIV Care Continuum data for each funded agency to identify disparities and create Quality Improvement Projects (QIPs) for 2019-2020.

The Plan:

- DATA DRILL DOWN for entire Broward EMA (all 13 agencies - 24 month range)
- Drill down data by agency to assess presence of disparities (BAAL, YOUTH, MSM, TRANS).
- Network members will discuss and ask questions about the data and think of possible reasons for disparities so that hypotheses can inform quality improvement projects

Key Takeaways

- **Quality Improvement is about learning**, measuring progress, and sustaining improvements through continuous cycles of changes
- **Focus on the Triple Aim "end goal"** helps healthcare team members avoid complacency and creates a culture of continuous improvement to ultimately support person-centered HIV treatment and care
- **Each QI goal is connected to the aim** of improving the health of PLWH, reducing the cost of delivering primary and comprehensive HIV care (achieving more with less), and improving patient experience

https://pixabay.com

Change Starts Here

FY17 & 18 Disparity Group Drill Down

Support Services Network
June 4, 2019

Definitions

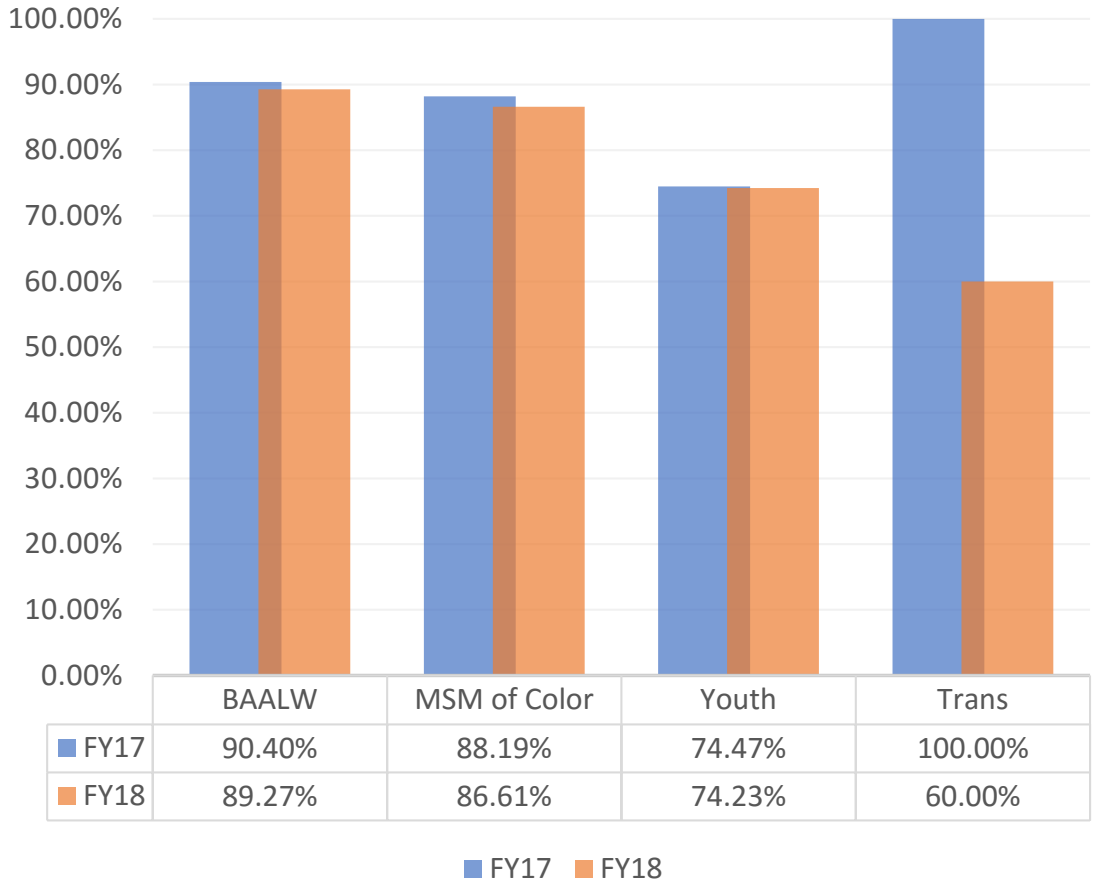
Retention in Care: HIV+ clients who had two or more medical care services at least three months apart in the reporting period.

Virally Suppressed: HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test

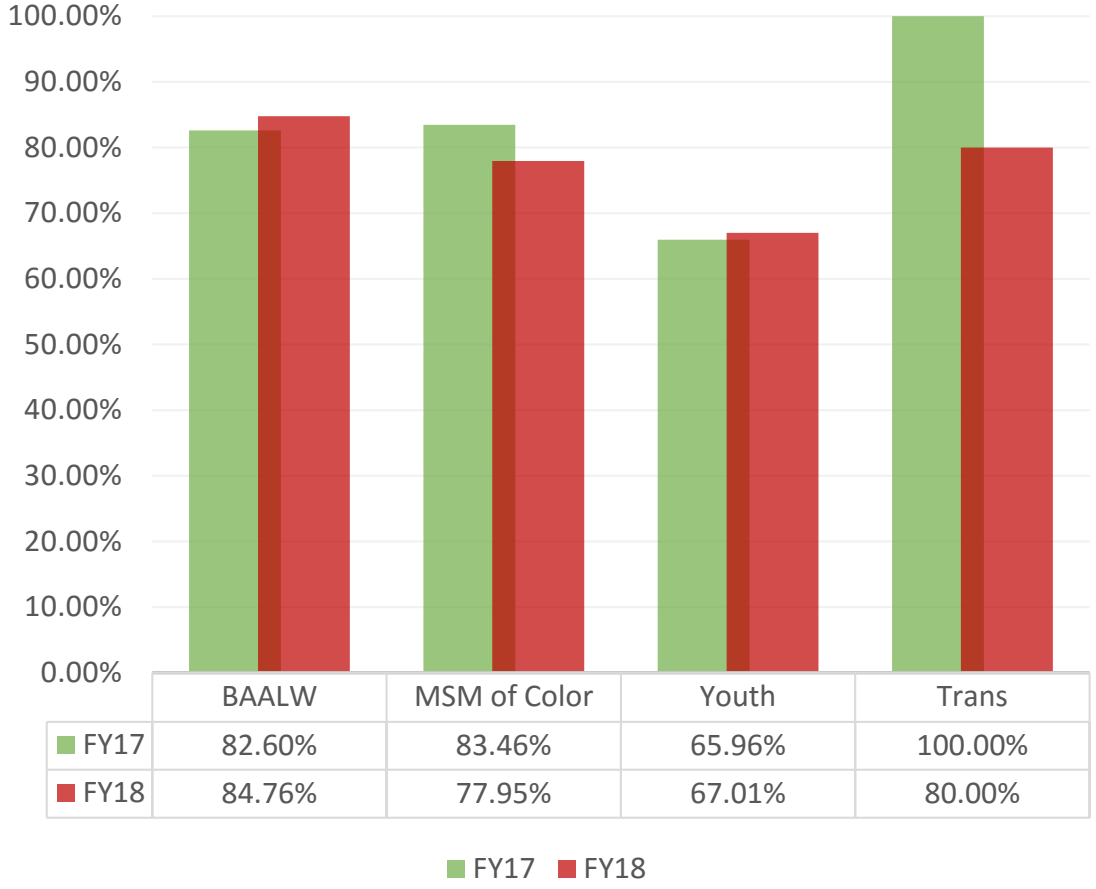
Alpha

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	90.40%	88.19%	74.47%	100.00%
FY18	89.27%	86.61%	74.23%	60.00%

Viral Load Suppression

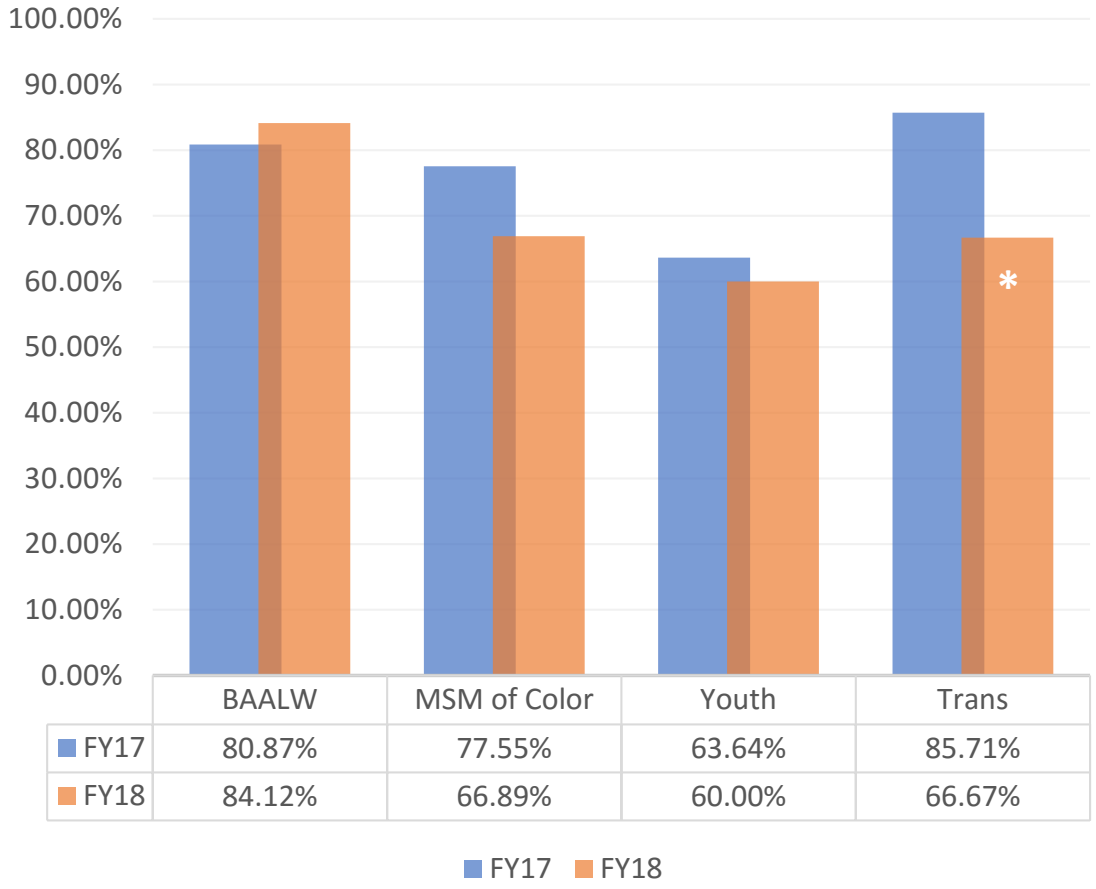


	BAALW	MSM of Color	Youth	Trans
FY17	82.60%	83.46%	65.96%	100.00%
FY18	84.76%	77.95%	67.01%	80.00%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

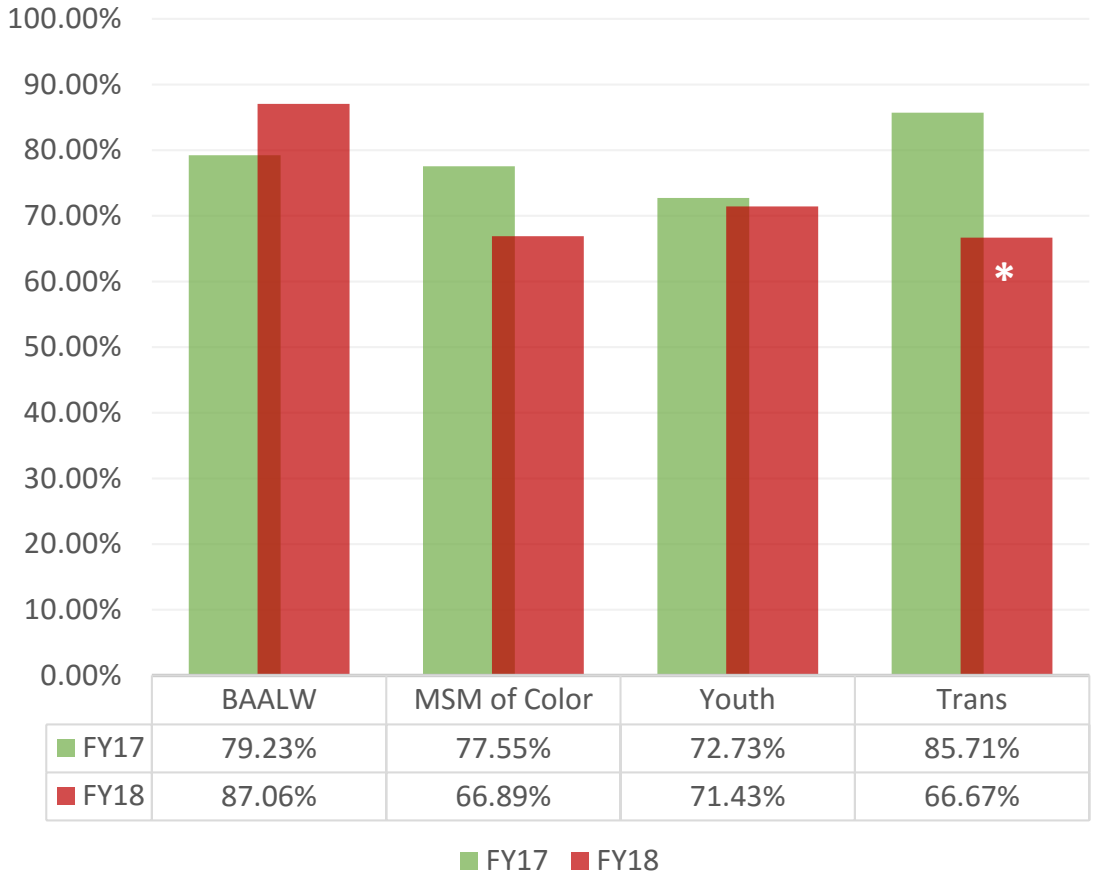
Delta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	80.87%	77.55%	63.64%	85.71%
FY18	84.12%	66.89%	60.00%	66.67%

Viral Load Suppression



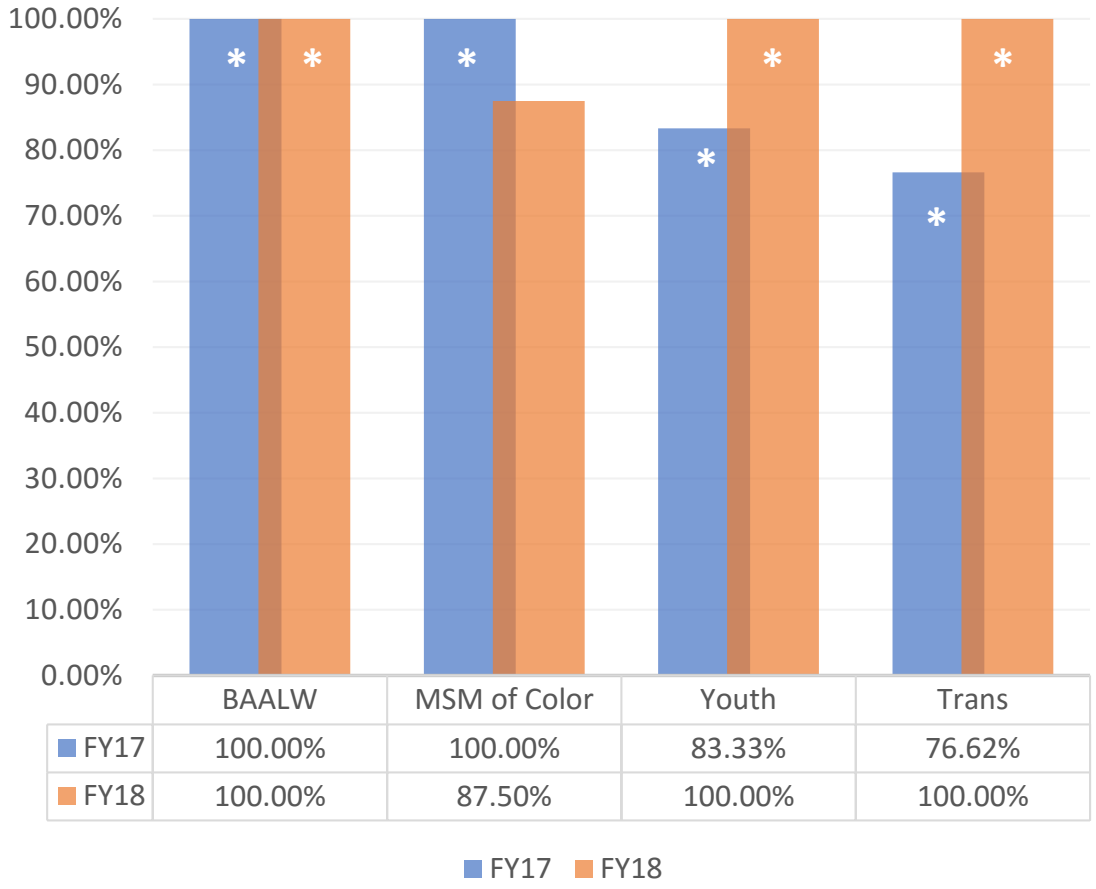
	BAALW	MSM of Color	Youth	Trans
FY17	79.23%	77.55%	72.73%	85.71%
FY18	87.06%	66.89%	71.43%	66.67%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

Zeta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	100.00%	100.00%	83.33%	76.62%
FY18	100.00%	87.50%	100.00%	100.00%

Viral Load Suppression

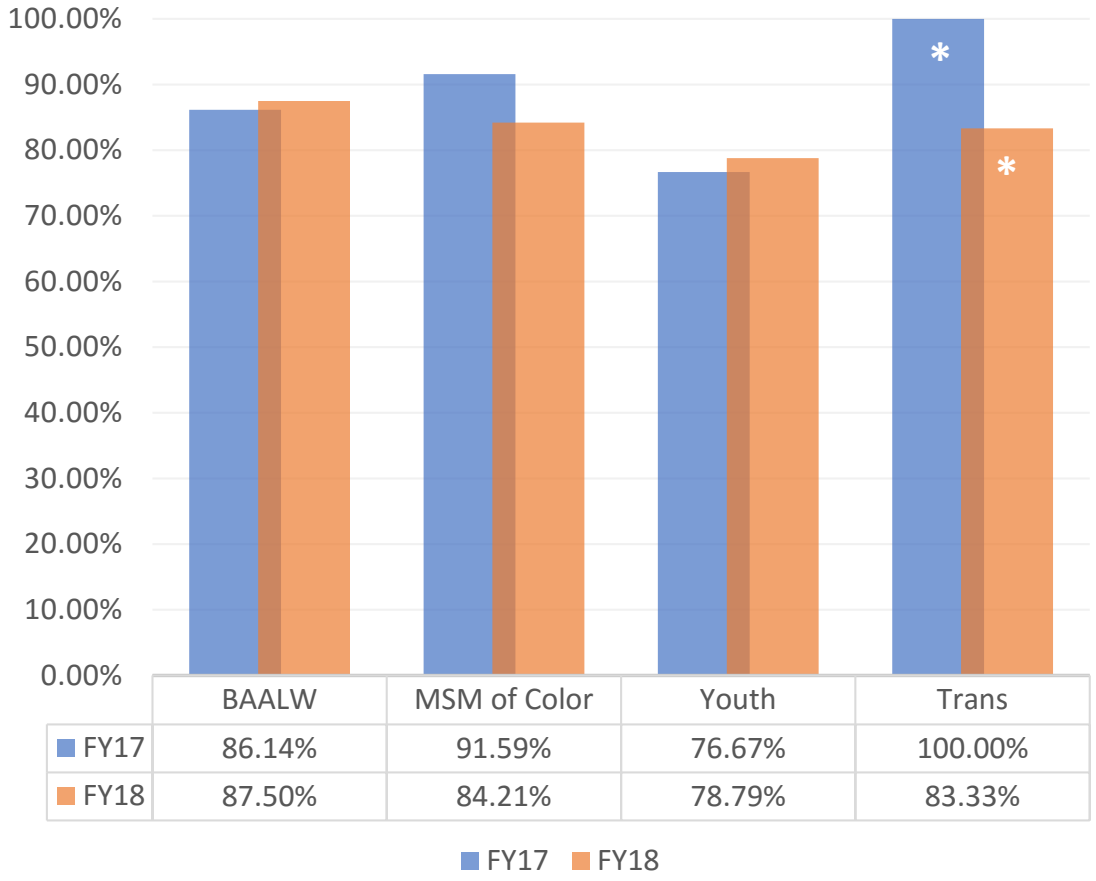
	BAALW	MSM of Color	Youth	Trans
FY17	100.00%	100.00%	66.67%	100.00%
FY18	100.00%	87.50%	100.00%	100.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

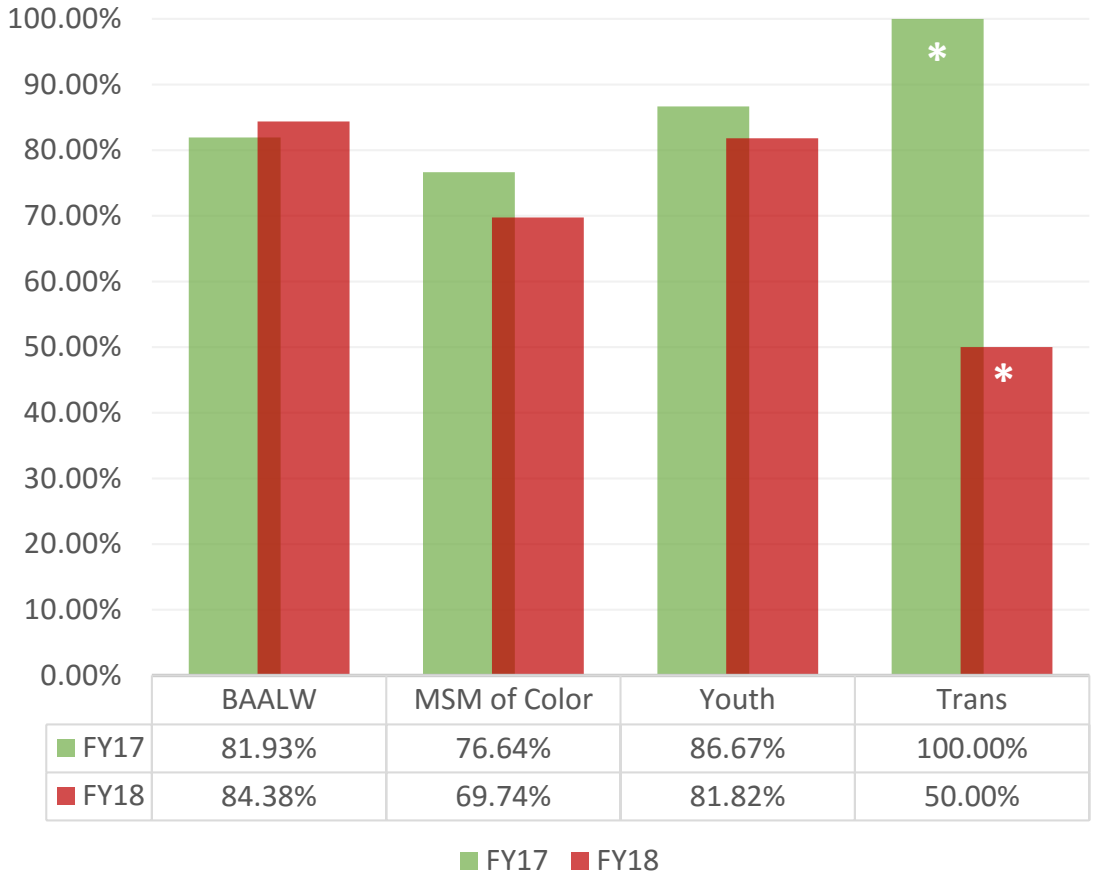
Theta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	86.14%	91.59%	76.67%	100.00%
FY18	87.50%	84.21%	78.79%	83.33%

Viral Load Suppression



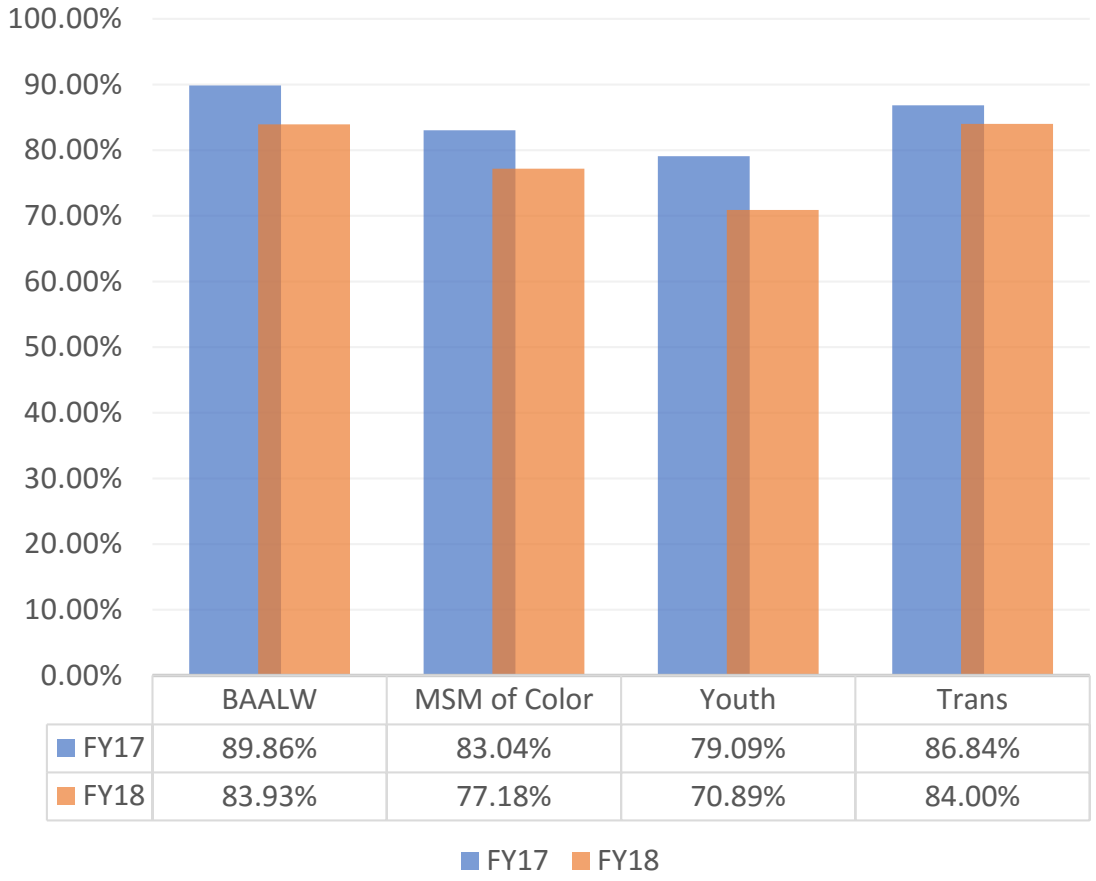
	BAALW	MSM of Color	Youth	Trans
FY17	81.93%	76.64%	86.67%	100.00%
FY18	84.38%	69.74%	81.82%	50.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

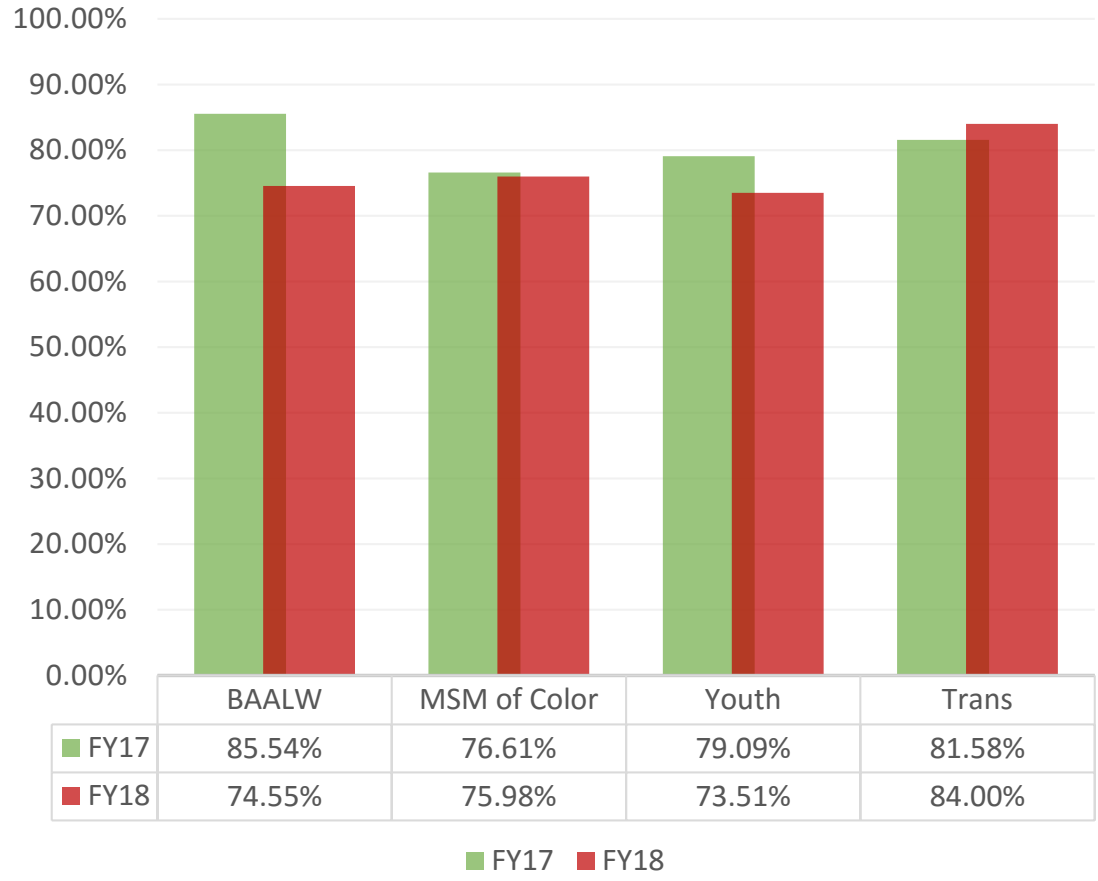
Iota

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	89.86%	83.04%	79.09%	86.84%
FY18	83.93%	77.18%	70.89%	84.00%

Viral Load Suppression

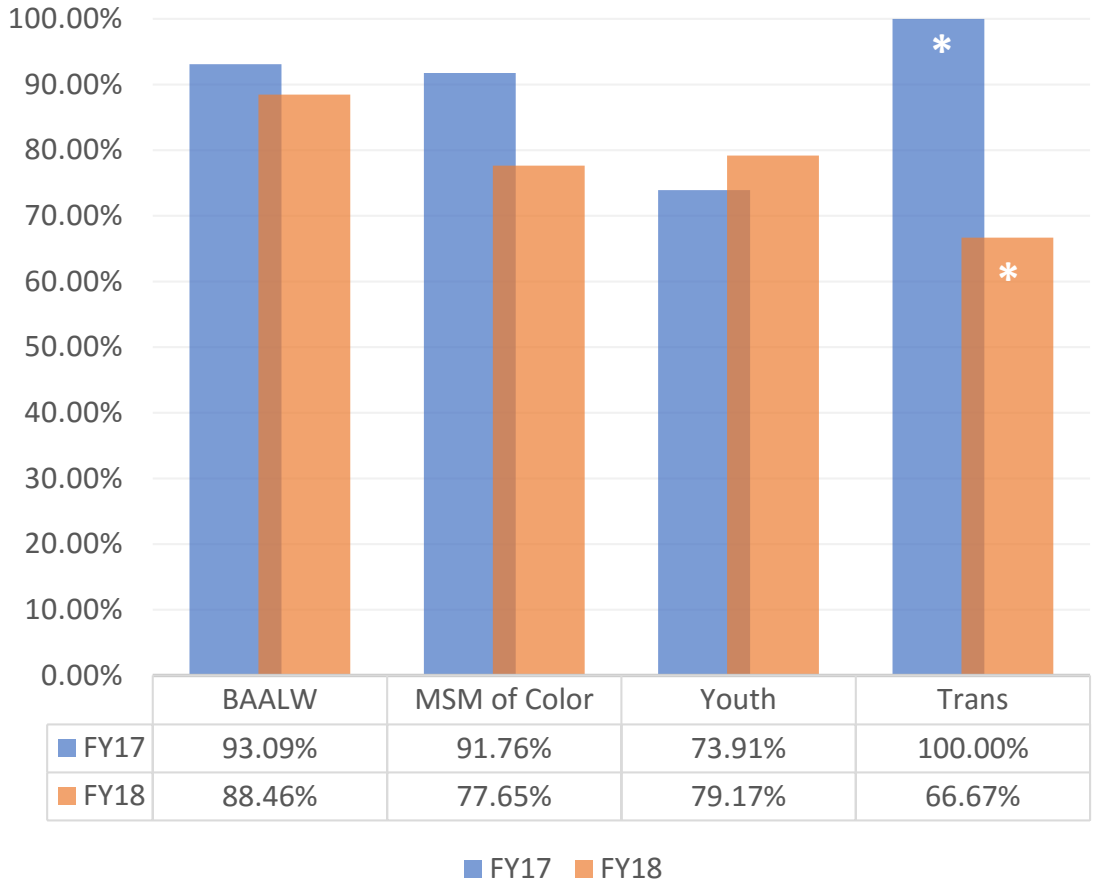


	BAALW	MSM of Color	Youth	Trans
FY17	85.54%	76.61%	79.09%	81.58%
FY18	74.55%	75.98%	73.51%	84.00%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

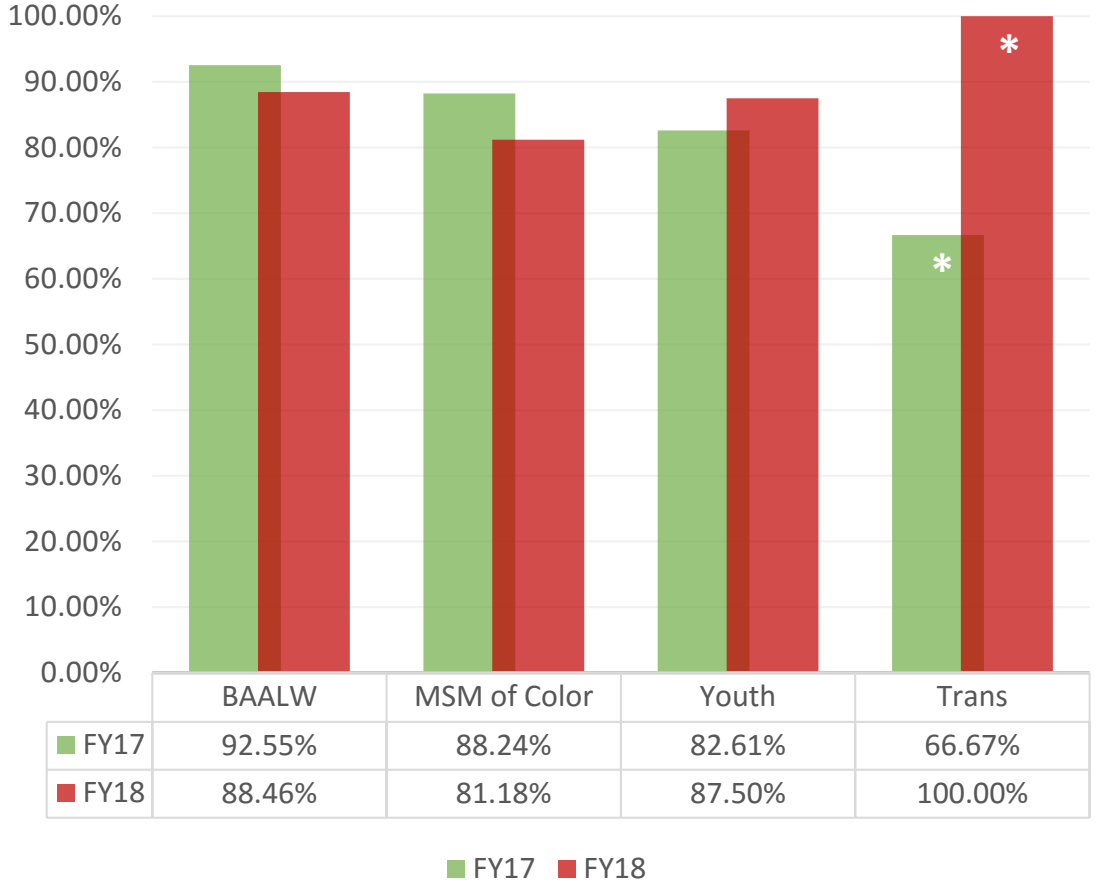
Kappa

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	93.09%	91.76%	73.91%	100.00%
FY18	88.46%	77.65%	79.17%	66.67%

Viral Load Suppression



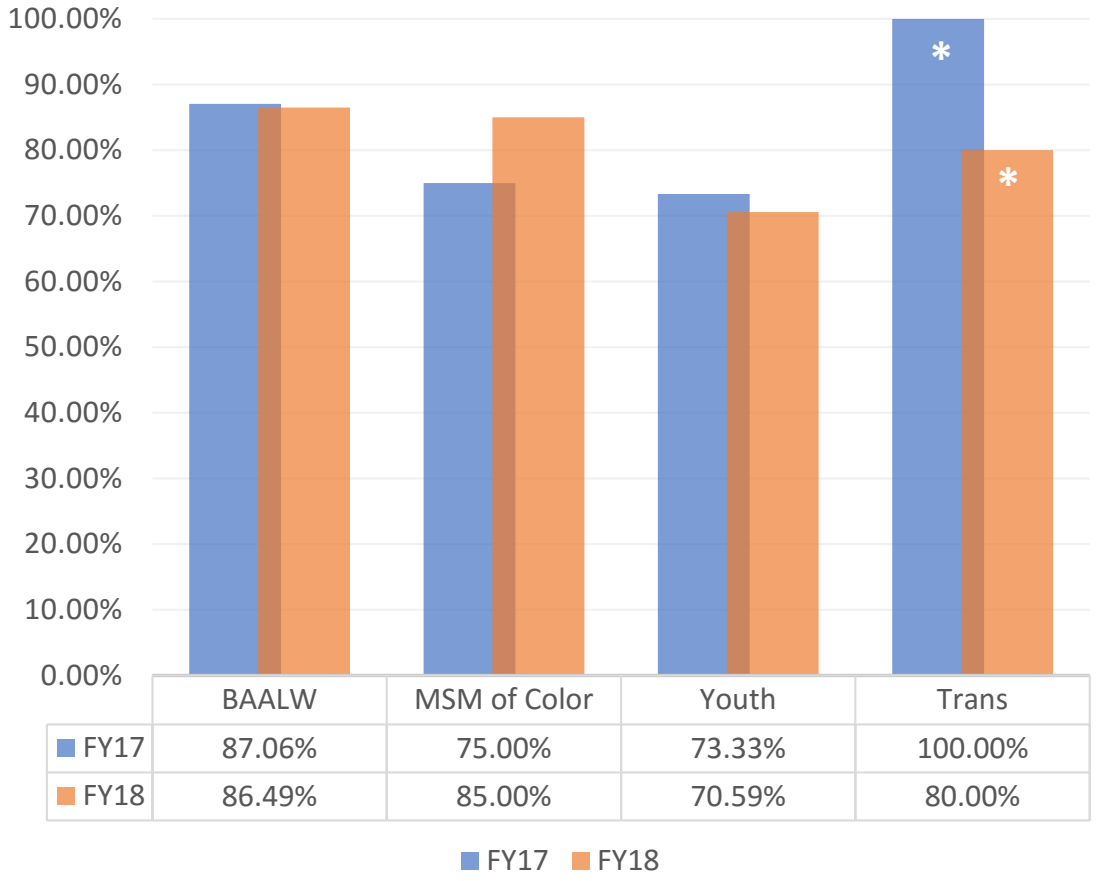
	BAALW	MSM of Color	Youth	Trans
FY17	92.55%	88.24%	82.61%	66.67%
FY18	88.46%	81.18%	87.50%	100.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

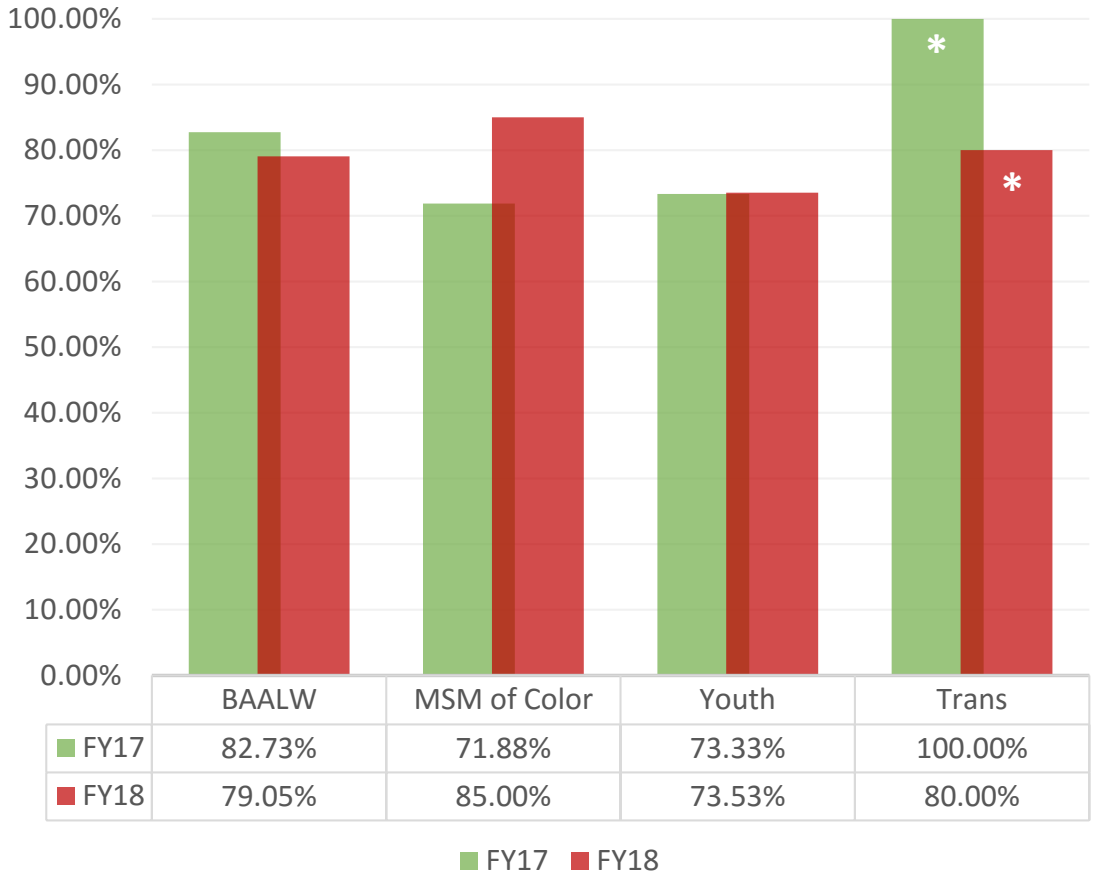
Lambda

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	87.06%	75.00%	73.33%	100.00%
FY18	86.49%	85.00%	70.59%	80.00%

Viral Load Suppression



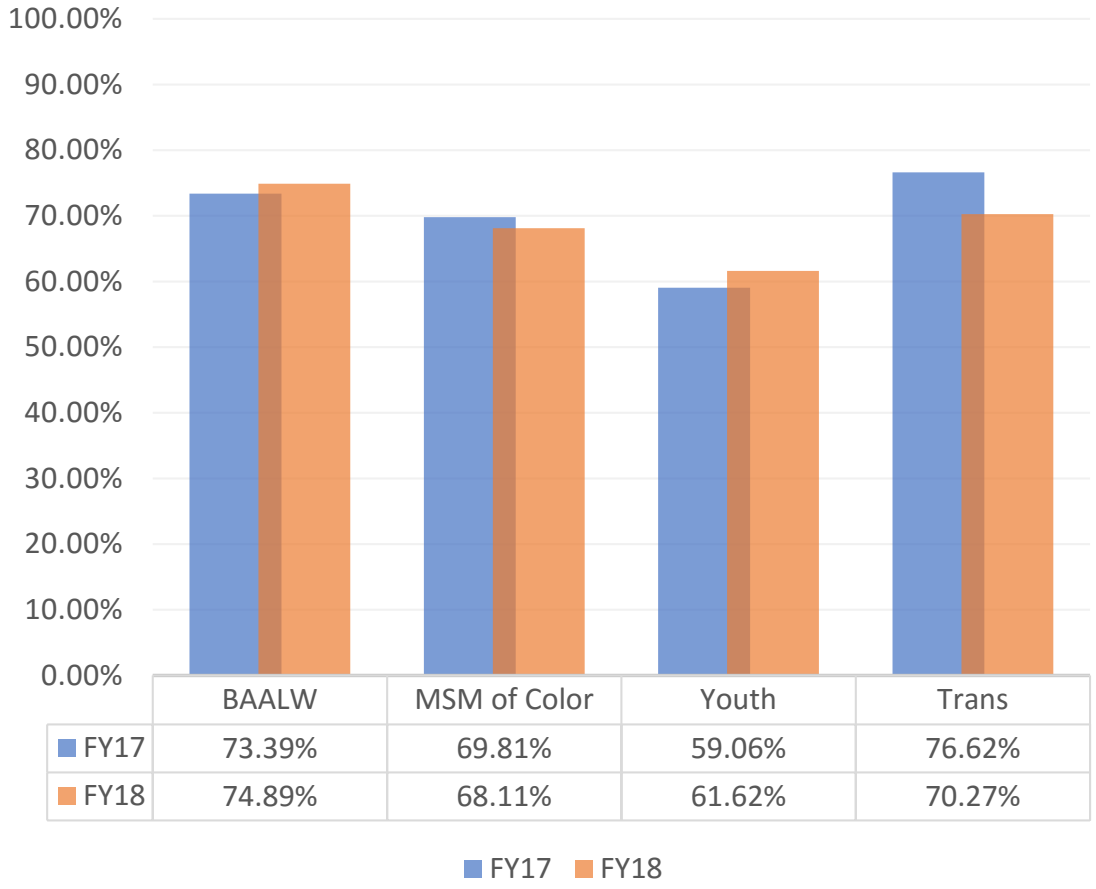
	BAALW	MSM of Color	Youth	Trans
FY17	82.73%	71.88%	73.33%	100.00%
FY18	79.05%	85.00%	73.53%	80.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

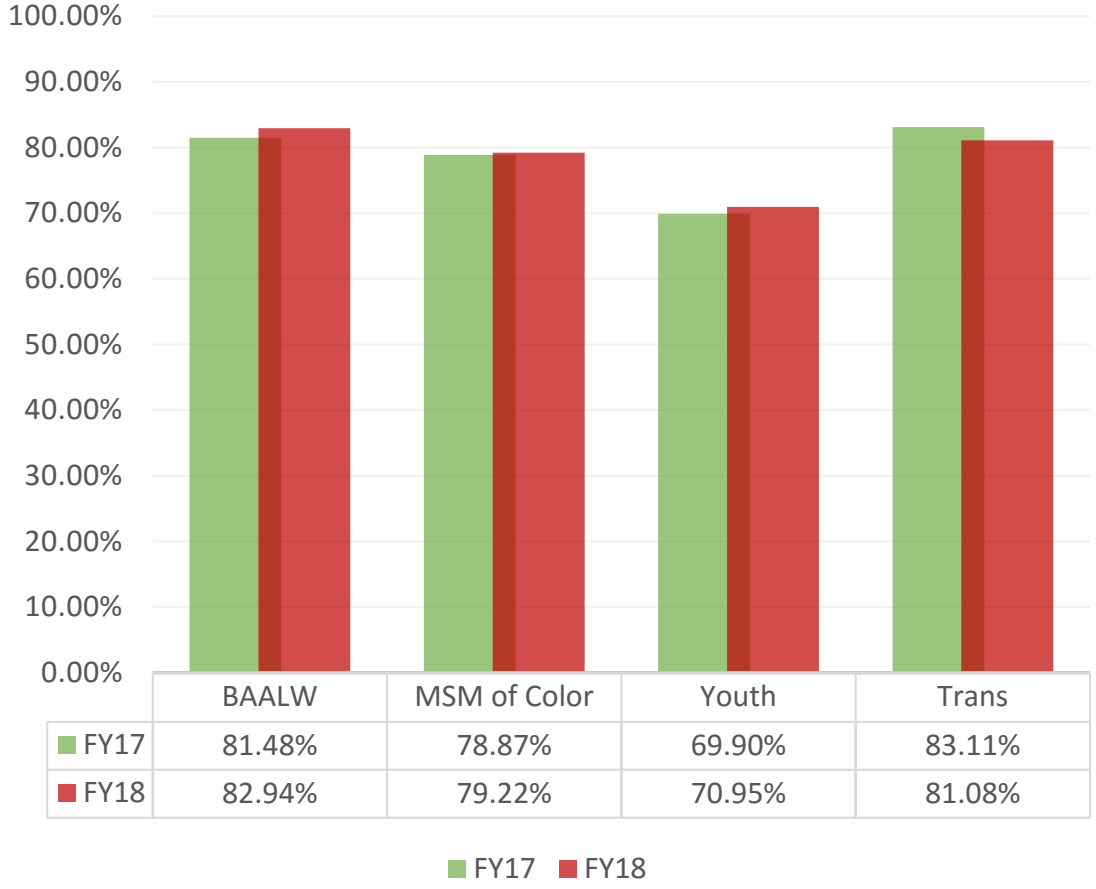
Systemwide

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	73.39%	69.81%	59.06%	76.62%
FY18	74.89%	68.11%	61.62%	70.27%

Viral Load Suppression



	BAALW	MSM of Color	Youth	Trans
FY17	81.48%	78.87%	69.90%	83.11%
FY18	82.94%	79.22%	70.95%	81.08%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
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BEHAVIORAL HEALTH NETWORK MEETING

Friday, June 12th, 2019, at 2:00 P.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

Minutes

PROVIDERS PRESENT
Nilda Montalvo, BCFHC
Glynette Roberts, BCFHC
Daisha Vargas, Broward House
Jamie Powers, Broward House
Hugo Rocchia, Care Resource
Doris Kitchen, North Broward
Heather Coll, Sunserve

PROVIDERS ABSENT
AHF
FDOH
South Broward Hospital District

GUEST
James Agbodzakey

PART A RECIPIENT STAFF
Leonard Jones
Richard Morris

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Debbie Cestaro-Seifer
Anitha Joseph
Marcus Guice

I. Call to Order

The meeting was called to order at 2:20 p.m.

I. Welcome/Introductions

CQM Staff welcomed everyone, and individual introductions were made.

II. Data Talk: Numbers and Drill Downs

Debbie Cestaro-Seifer provided a general presentation about data—why it's important, the aims of the Broward EMA, and the data-related action plan for the Ryan White Part A Networks. The mission of the CQM program in the Broward County EMA was reiterated—to ensure equitable access to a seamless system of high-quality, comprehensive HIV services that improve health outcomes and eliminate health disparities for people living with HIV/AIDS in Broward County.

The Recipient reminded the Network that they can see in their appointment scheduler, all of their client's appointments up to three months from the present day. Members should use this tool to help clients adhere to certification appointments or change their appointments to what fits best for them. Case managers are now able to upload eligibility documentation into a pilot client portal to speed up the process of certification. The portal eliminates the need for clients to go in person to a CIED specialist to receive certification.

The Broward House representative emphasized to the Network that when clients get insurance coverage, they often don't understand the importance of maintaining Ryan White coverage simultaneously. It's crucial for providers to educate clients on the importance of maintaining their Ryan White coverage. Additionally, CQM staff encouraged the Network to gauge how much information a client is retaining when staff educate clients

about Ryan White services and to use motivational interviewing techniques to determine the clients' understanding of the RW information shared with them.

III. Broward EMA Continuum of Care FY17 & FY18 Data Review

CQM Staff facilitated a presentation on the Broward EMA Continuum of Care data for fiscal years 2017 and 2018.

Network members noted that they would like more data around specific characteristics of their youth population, such as sexual and gender identity.

The Recipient stated that a major detriment to valuable data collection is the lack of data or improper documentation of data. The Care Resource member asked if they can learn more about protocols related to data documentation using Provide Enterprise. The Recipient emphasized that all providers and staff should make the most of the sub-recipient monthly technical calls and utilize the calls to their maximum potential by asking questions about technical assistance, service delivery gaps, quality improvement, etc.

The Broward House member pointed out to the group that one commonly missed piece of data are their client action plans. The action plans that case managers enter into PE does not capture the exact progress of the client—because of the way the document is formatted. Case managers want to show how their clients are succeeding and making progress; at the very least, their partial successes. It's also important to show if and why goals were extended—typically because their associated objectives were extended. Even though a goal may not be completed, the client may have still had small successes on their journey to completion. Information like this is not captured in the current formatting of documentation submitted to PE. In response to this discussion, the Recipient asked for volunteers to create a small workgroup to provide feedback to the Recipient. A few network members volunteered, including representatives from Broward Health and Care Resource. The Broward House member has volunteered to lead and steer the specialized workgroup. The Recipient stated that it would take several months to begin and complete this project. Updates will be made available to Network members.

Action Item: Recipient and CQM Support Staff will e-mail network members the ten most common reports that are run on PE. For mental health providers, the Recipient will e-mail the reports that are most beneficial to them specifically.

IV. Rapid start process for early mental/behavioral health services/interventions

The Recipient stated that the reason why all Ryan White services, including Substance Abuse, are not available to test & treat clients during their first 30 days is because of presumptive eligibility. Once a client completes the CIED process, they receive the full 6 months of certification. As of the date of the Network meeting, there was about a 3-week gap for clients getting CIED appointments. Integrated primary and behavioral health services should be available during the presumptive eligibility period. However, substance abuse services are not. The Broward House representative noted that it can be a barrier for test and treat clients when their initial eligibility statement states they are not eligible for mental health services. The Recipient responded saying that mental health services are trauma-informed so there must be documented trauma in order to provide the scope of services that Ryan White offers. Unfortunately, the mental health service category is one of the least utilized categories in the Broward EMA. It may be beneficial for Network members to discuss how agencies are screening for trauma in our EMA.

V. Meeting Evaluation

VI. Adjournment

The meeting was adjourned at 4:10 p.m.

Next Meeting Date: August 16th, 2019, 2:00pm