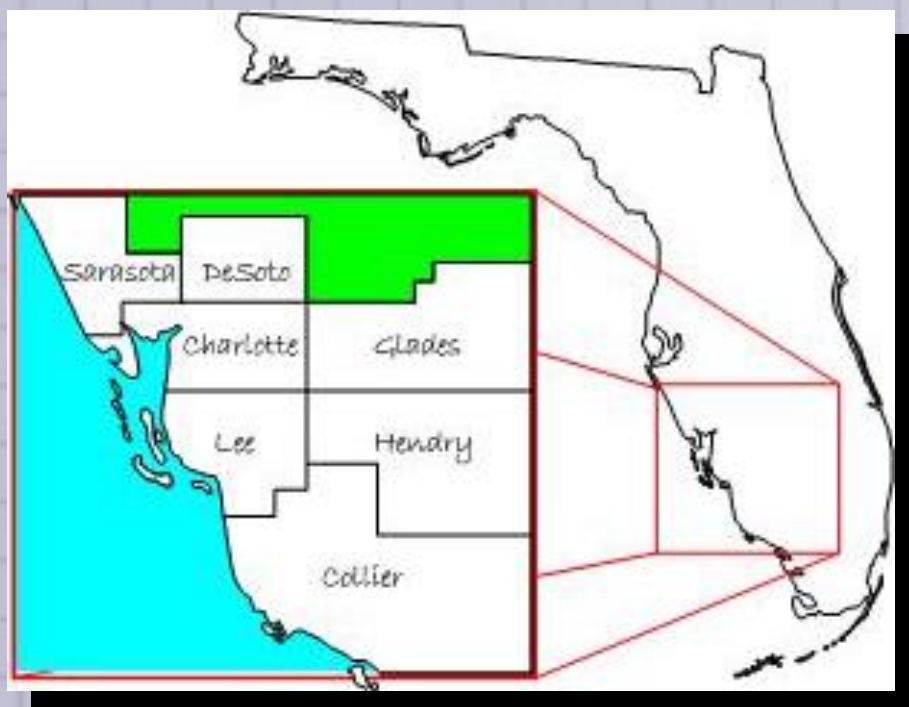




# Southwest Florida Regional HIV/AIDS Consortia

## Comprehensive Service Delivery System Plan 2009-2012



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# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## INTRODUCTION

The Southwest Florida Regional HIV/AIDS Consortia (RHAC) is a community planning body established by the Florida Department of Health to plan for HIV services in Area 8 which includes Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota counties. Toward this end, the RHAC, along with the Health Planning Council of Southwest Florida (HPC) as the contracted lead agency in Area 8, develop a comprehensive plan that is integrated with others around the state into a statewide comprehensive plan. This plan is required in order to draw down federal funding for care and treatment services in the state. These plans are required every three years. Over the past several plans, Area 8 has made innovative improvements and instituted quality measures while adjusting to constant changes in funding and regulatory requirements. The RHAC and HPC have consistently fulfilled their mandated responsibilities, however, in 2008 the RHAC made the decision to develop a local plan that looked not just at patient care and support services but also brought in housing and prevention services and looked not at just operating a service delivery system, but taking actionable steps to improving the system. This document represents the beginning of that task of creating a truly comprehensive collaborative community service delivery system for people affected and infected by HIV.

RHAC made the decision to move beyond the basic requirements in order to capitalize on the strengths present in Area 8. The first strength is the RHAC. Comprised of seventeen members – all public health department directors, a community representative from each county, and two persons representing patient care and prevention at the state level – all members of RHAC bring their unique resources, skills and commitment to the RHAC. The second strength is the lead agency, HPC, which develops and maintains the service delivery system as well as supports the RHAC and its planning functions. The service delivery system operations is functioning and strong allowing the community to be more visionary than reactionary in planning. The last notable strength is the provider community. The system of care is made up of a wide array of providers (medical, social service, support and education) who are committed to providing services and collaborating for the good of the community.

It is the intent that this plan will be a dynamic document that will be used by persons new to the RHAC or the seasoned veteran to take a look at where the community is and where it desires to go in relation to HIV/AIDS services in Southwest Florida.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## DEMOGRAPHIC PROFILE

After years of explosive population growth, Area 8 has seen a tremendous decline in population growth. In most of the urban areas there is still growth but not the 6% annually as had been the case in 2003-2006. In rural areas, the data still shows an increase in population, however, the population not often counted, migrant workers, has dramatically declined.

Southwest Florida Population Estimates					
County	Year				
	2006	2007	2008	2009	%
Charlotte	161,731	165,061	166,473	168,189	10.2%
Collier	327,945	335,235	340,589	347,642	21.1%
Desoto	33,353	34,086	34,294	34,484	2.1%
Glades	10,849	11,113	11,301	11,479	0.7%
Hendry	38,870	39,846	40,295	40,596	2.5%
Lee	594,219	620,778	634,660	645,618	39.3%
Sarasota	381,828	388,641	392,262	396,710	24.1%
Area 8	1,548,795	1,594,760	1,619,874	1,644,718	100.0%
Population Change		3.0%	1.6%	1.5%	
Source: The Florida Legislature, Office of Economic and Demographic Research					

Some of the events that have impacted population growth and may in the future impact population figures include hurricanes, housing prices, and employment opportunities. In 2004, Hurricane Charley hit Charlotte County directly and made a destructive path through DeSoto County. This impacted the availability of affordable housing in those areas. Later, Hurricane Wilma made its way through Collier, Glades and Hendry counties decimating those areas poorer areas with already limited housing options.

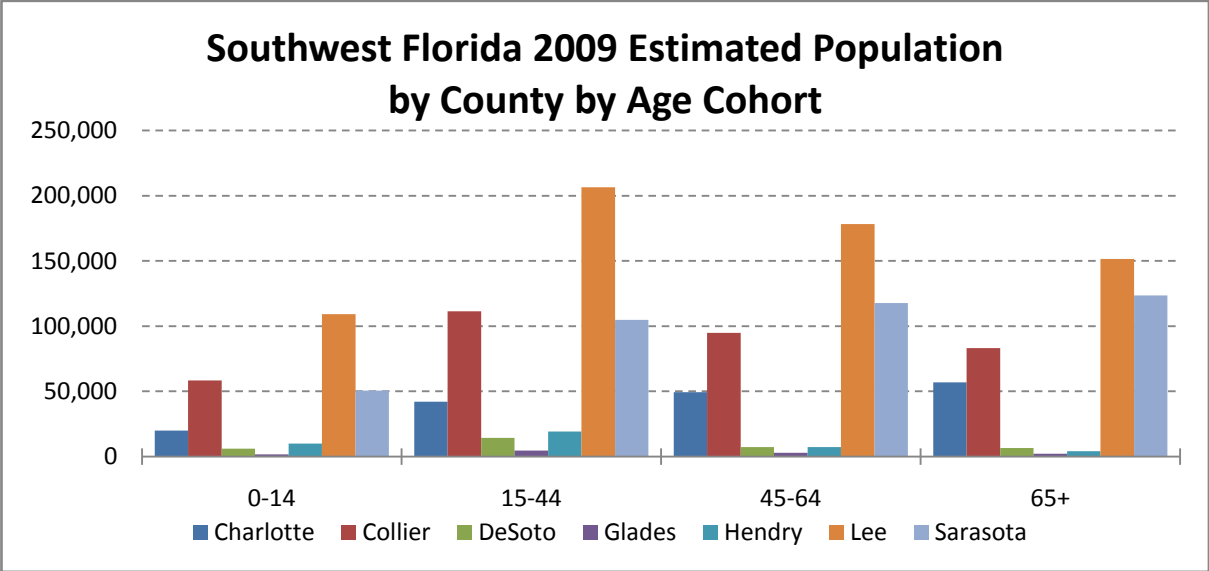
In addition to natural disasters in our area, Hurricanes Katrina and Rita drew day labor and migrant workers whose work opportunities were drying up here in Southwest Florida up to Louisiana and Mississippi.

The more recent economic downturn has had an impact on our population – most notably the working aged population. School enrollment is down in most areas, unemployment is up, people are moving, and businesses are closing. One notable future impact will be the closing of U.S. Sugar in Hendry County. This is the main employer, and provider of health insurance coverage, in the area.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## Age

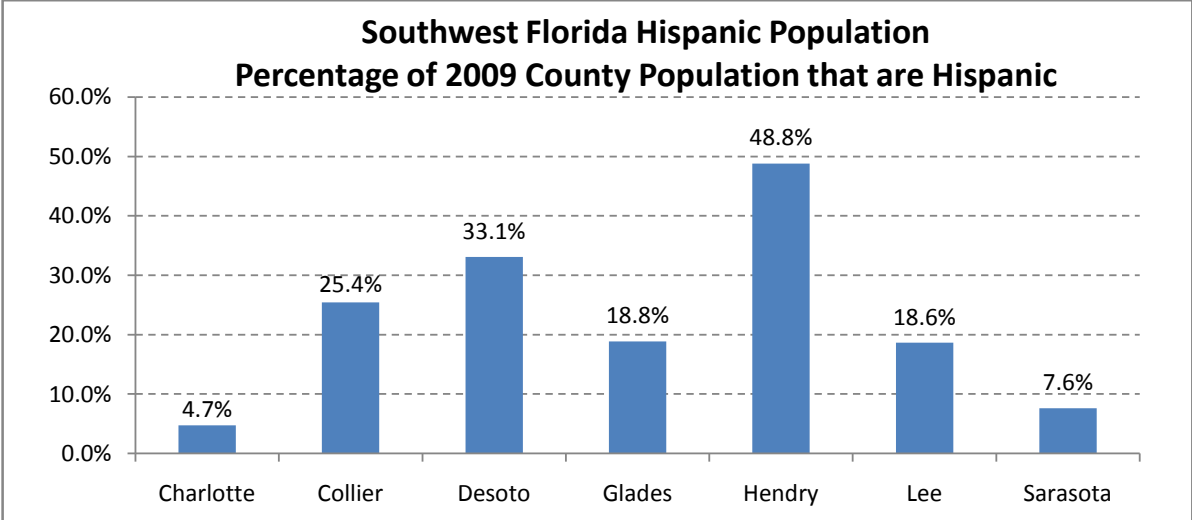
Southwest Florida has long been a retirement destination. Except for the few years of astonishing property value increases, SWF has been affordable, warm and welcoming to seniors. Because of this, the economy is primarily service oriented – health care, retail and construction. With the recent decline in property values the proportion of seniors in the population will likely increase. Lee County has a younger population than the other two urban counties (Collier and Sarasota). Sarasota has the most senior population distribution.



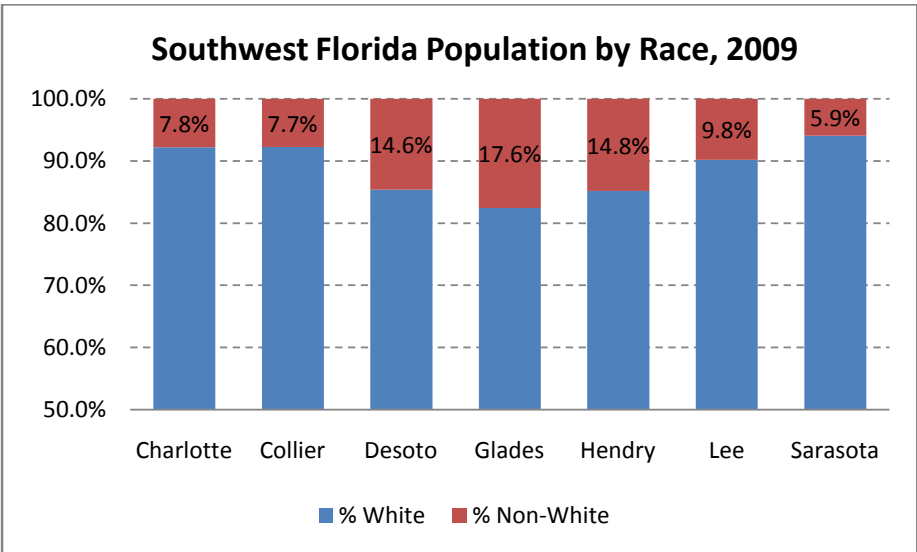
# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## Race and Ethnicity

The rural counties with major agricultural industries have higher proportions of Hispanic residents. Collier County includes Immokalee which is home to large agricultural interests and an active migrant workforce.



Racially, Southwest Florida is primarily white with the rural counties having the largest proportions of non-white populations in the area. The size of the populations are small in those areas so in raw numbers, Lee County has the majority of the non-white population.

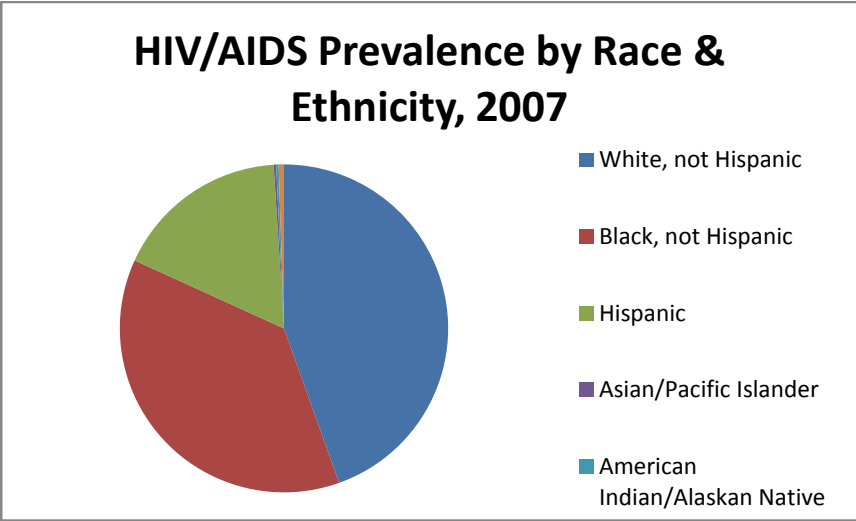


# Southwest Florida Regional HIV/AIDS Comprehensive Plan

Unemployment in Area 8 has reached a new high [insert figures]. It is estimated that nearly a quarter of the population was uninsured, including not on Medicaid, when the unemployment was tagged at just over 6%. With some areas experiencing double-digit unemployment, the rate of uninsured has increased.

### HIV/AIDS Population

According to state reported data<sup>1</sup>, there are 2,234 persons with HIV/AIDS in Area 8. This population is diverse. The HIV/AIDS population has a higher proportion of non-Hispanic Blacks and Hispanics than the overall population in the area. The data supports HIV/AIDS disproportionately affects minorities.

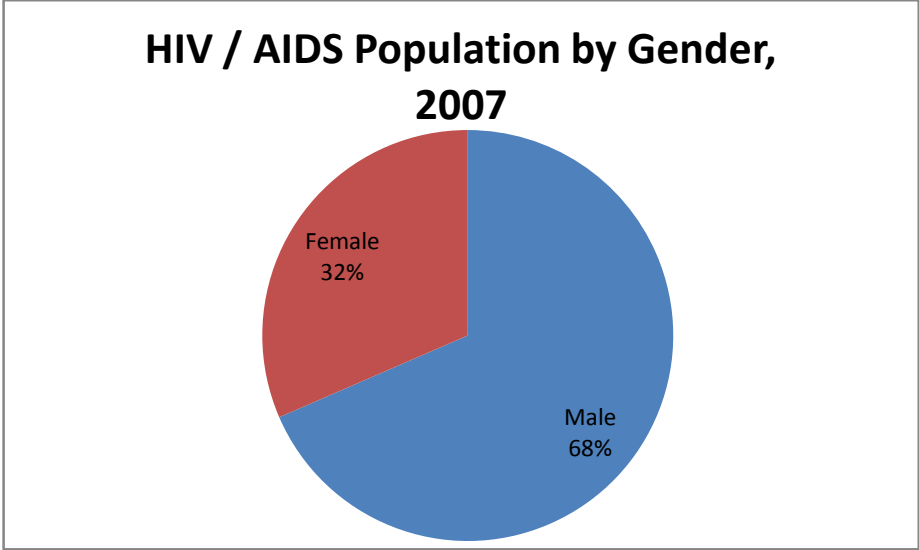


<sup>11</sup> State reported data are by the county where the diagnosis was made, not necessarily where the person resides. Someone diagnosed in another county or another state will not be included in those figures.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

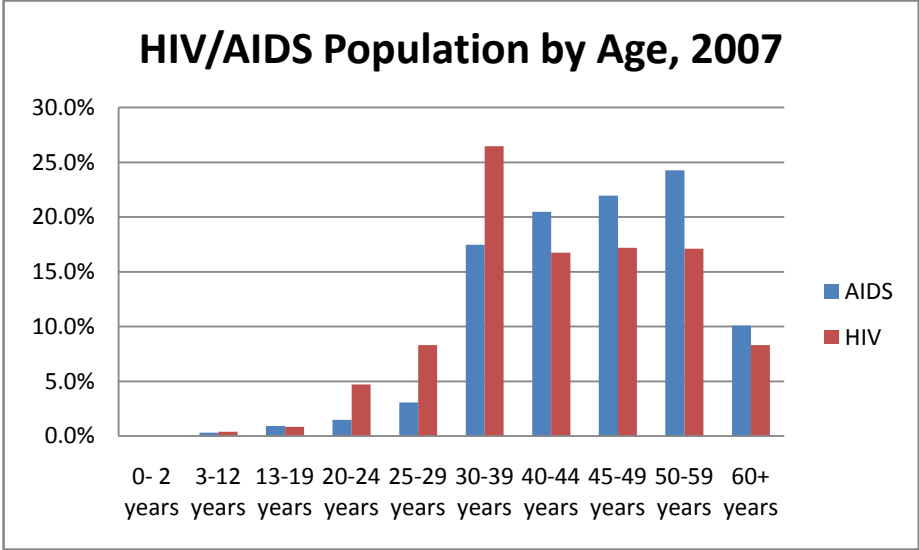
## Gender

The population of persons with HIV/AIDS is more male than the general population. While the combined HIV/AIDS population is 68% male and 32% female, it is important to note that the AIDS population is 72% male and while 63% of the HIV (non-AIDS) population are male.



## Age

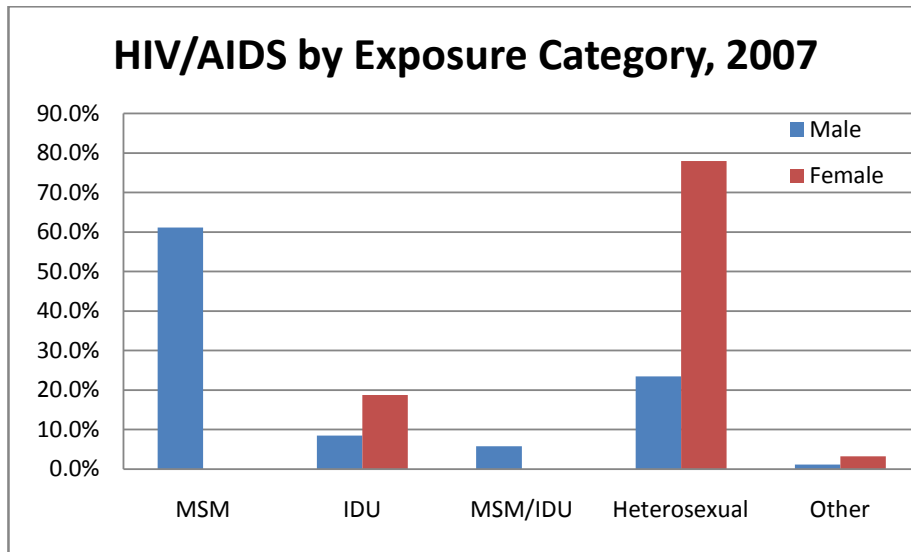
The age of the HIV and AIDS population vary in that the AIDS population is older. There still are very few pediatric HIV/AIDS cases reported in Area 8.



# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## HIV/AIDS Exposure

For men, the most common method of exposure to HIV reported remains Men having Sex with Men (MSM) (over 60%). Women report exposure through heterosexual contact at almost 80%.



## HIV HEALTH STATUS INDICATORS

One indicator of the health of persons with HIV is the hospital discharges for persons with the primary diagnosis of Human Immune Deficiency. Over the past several years, the number of residents discharged from a Florida hospital has gone down. The rate per 100,000 population has therefore declined due to the number of discharges going down and the population increasing.

Hospital Discharges with HIV Diagnosis and Rate per 100,000 Population						
County	Year					
	05-06		06-07		07-08	
Charlotte	23	14.22	24	14.54	18	10.81
Collier	51	15.55	79	23.57	63	18.50
Desoto	3	8.99	9	26.40	6	17.50
Glades	4	36.87	4	35.99	4	35.40
Hendry	17	43.74	18	45.17	8	19.85
Lee	165	27.77	143	23.04	127	20.01
Sarasota	59	15.45	40	10.29	54	13.77
Area 8	322	20.79	317	19.88	280	17.29

Source: Agency for Healthcare Administration

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

This indicator can be used to indicate that people with HIV have access to outpatient care services through the myriad of providers available in the various counties because they are accessing inpatient services less frequently.

## COMMON THEMES AND TRENDS

After a detailed analysis of state and local data, the following themes and trends were identified.

- The number of adult AIDS cases is steady for males and females
- The adults HIV cases are declining for females and increasing for males
- There has been an increase in black AIDS cases over the past three year while white and Hispanic cases have been steady
- Black non-Hispanic HIV cases have declined slightly over the past 10 years. Coupled with the increase in AIDS, this may indicate late diagnosis
- Hispanic males are an increasing proportion of the adult HIV population. This could be a result of either an increase in the Hispanic population over the testing time period of increased diagnosis and testing
- Black non-Hispanic females are an increasing percentage of the adult female HIV population. This could be due to an increase in testing of pregnant women
- In the white and Hispanic populations, HIV and AIDS affects males at a greater rate. In the black population, females are impacted at a higher rate
- MSM transmission has increased significantly over the past three years

The local HIV/AIDS planning body and providers in Area 8 agree that they believe there is underreporting in Area 8 due to an influx of people being diagnosed elsewhere. However, they also see an increase in people being referred directly from the hospitals. These clients are generally diagnosed late with advanced medical issues and are then being tested when presenting to the hospital and/or emergency department. In addition, more emergency departments are testing for MRSA and finding HIV.

## PATIENT CARE PROGRAMS

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH) by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, it was amended and reauthorized in 1996 and again in 2000 and 2006/7. The CARE Act was named after Ryan White, an Indiana teenager whose courageous struggle with HIV/AIDS and against AIDS-related discrimination helped educate the nation.

Like many health problems, HIV disease disproportionately strikes people in poverty, racial/ethnic populations, and others who are underserved by healthcare and prevention systems. HIV often leads to poverty due to costly healthcare or an inability to work that is often accompanied by a loss of employer-related health insurance. CARE Act-funded programs are the "payer of last resort." They fill gaps in care

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

not covered by other resources. Most likely users of CARE Act services include people with no other source of healthcare and those with Medicaid or private insurance whose care needs are not being met.

CARE Act services are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by the epidemic. The CARE Act works toward these goals by funding local and State programs that provide primary medical care and support services; healthcare provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues.

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) has lead responsibility for implementing the CARE Act. HRSA is an agency of the U.S. Department of Health and Human Services (HHS). CARE Act programs include:

- Part A to local areas hit the hardest by the disease
- Part B to states and territories
- Part C to community-based programs for early intervention services
- Part D for children, infants and women with HIV disease
- Special Projects of National Significance for research models
- HIV/AIDS Dental Reimbursement Program for dental care
- AIDS Education and Training Centers for provider education

In Southwest Florida, there is a state Part B program allocation, three (3) Part C programs, AETC opportunities, and access to Part D services. The Health Planning Council of Southwest Florida is the lead agency for the state of Florida in Area 8 for the patient care allocation of Ryan White Part B program. The Florida Ryan White Part B program is administered through the Florida Department of Health, Bureau of HIV/AIDS. In the State of Florida's Statewide Coordinated Statement of Need, there are seven (7) core services: Medical Care, Pharmaceuticals, Dental Care, Case Management, Health Insurance, Substance Abuse Treatment and Mental Health Treatment. In Area 8, the local planning body – Regional HIV/AIDS Council (RHAC) – recommended funding priorities in-line with these core services. The RHAC makes funding priority recommendations to the Health Planning Council of Southwest Florida who in turn develops and implements programs to allocate the funding and serve those most in need.

Under the service delivery model implemented in July 2005, the reduction was absorbed by reducing administrative functions and focusing on the core services, particularly primary medical care. Of the total direct care funding, 75% is spent on "core" services (medical, drugs, health insurance, dental, mental health, substance abuse) and 25% is spent on "support services" (case management, transportation food assistance).

In addition to the funding allocated for patient care, there is the AIDS Drug Assistance Program (ADAP) administered by the state through the county health departments. The ADAP program is low income uninsured persons who need access to HIV related medications.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## PREVENTION

The State of Florida Bureau of HIV/AIDS Prevention Section currently funds community-based organizations and local county health departments to implement HIV/AIDS behavioral evidence-based interventions. Evidence-based interventions are grounded in behavior change theory and have been proven scientifically to have significant impact on changing behavior. Agencies funded through Advancing HIV Prevention (AHP) and Closing the Gap (CTG) funding mechanisms implement CDC Diffusion of Effective Behavioral Interventions (DEBI) in addition to other HIV/AIDS behavioral interventions that are evidence-based. These interventions target both HIV-positive persons and those most at risk for acquiring HIV.

In order to achieve the intended outcomes of evidence-based interventions, it is necessary that interventions be implemented according to their core elements and key characteristics. In an effort to assist community-based organizations and county health departments in implementing interventions, intervention specialists work with agencies to provide technical assistance and support related to intervention implementation.

## HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

The Housing Opportunities for Persons With AIDS, known as HOPWA, is funded through a grant from the Department of Housing and Urban Development (HUD) to provide states ("HOPWA") and designated eligible metropolitan areas ("HUD HOPWA") with resources and incentives for meeting the housing needs of persons with HIV disease and AIDS. The Department of Health, which contracts with lead agency organizations at the local level, administers Florida's HOPWA program. The state HOPWA program provides temporary housing assistance to eligible individuals. The services include: Transitional Housing, Assistance with Rent, Mortgage, Utilities and Supportive Services (such as Case Management).

Services are provided to income eligible individuals with documented HIV disease and their families. By coordinating HOPWA services through the Ryan White Title II consortia, HOPWA participants have ready access to a variety of support services that contribute to a stable housing situation. Services not approved include: payments which exceed actual costs, payments made directly to clients, cash payments of any kind (including checks made out to cash), property taxes that are not included in mortgage payments, long distance telephone charges, fines and penalties, down payment or closing costs on a home.

In Area 8, there are two HOPWA programs: "state HOPWA" in Charlotte, Collier, DeSoto, Glades, Hendry and Lee counties and "HUD HOPWA" in Sarasota county and includes Manatee county. The Health Planning Council of Southwest Florida is the lead agency for both programs.

## AIDS INSURANCE CONTINUATION PROGRAM (AICP)

The AIDS Insurance Continuation Program (AICP) is a statewide program for persons who are diagnosed with AIDS or are HIV positive with symptoms and who, because of their illness, are unable to maintain

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

their private health insurance coverage. The program makes direct payments (up to \$750/month) to each client's employer or insurance company for the continuation of medical, dental, mental health and optical coverage. The AICP does not pay for disability or life insurance. The AICP will also pay any fees associated with conversion of a COBRA policy to an individual policy or policy upgrades. The program will also pay client co-payments and deductibles on an as-needed basis.

The AICP is funded by Florida's Department of Health through a combination of federal and state monies. The overall program is managed by the Health Council of South Florida (Miami). It is administered through local community-based organizations (CBOs), including the Health Planning Council of Southwest Florida.

The AICP benefits participants, health care providers and the government. Participants are able to remain under the care of their doctors without worrying that they will be forced to accept alternative coverage, such as Medicaid. Also, since AICP clients retain their private insurance, they generally have greater access to various HIV/AIDS treatments. Providers such as doctors and hospitals also benefit from the AICP because private health insurance companies tend to offer higher payment rates than public programs. The government and taxpayers achieve savings as a result of the AICP because insurance companies continue to pay for actual health care and treatment, while the program pays for each AICP client's insurance premium. This relieves the public from paying the full cost of HIV/AIDS care.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## PROGRAM FUNDING

Below is a table with the publicly funded HIV/AIDS programs in Area 8 using the current contract year figures.

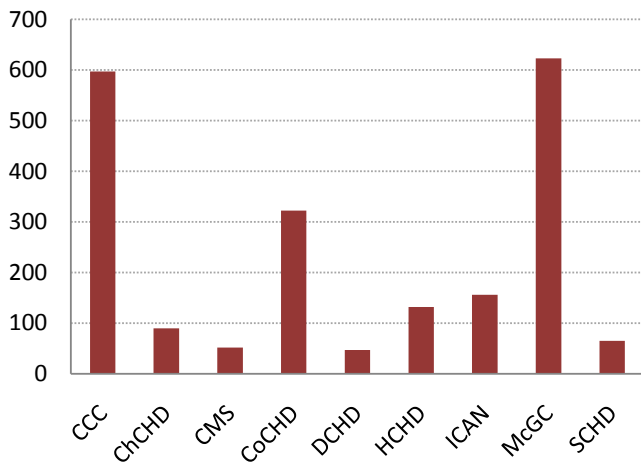
<b>Program (Funding Agency)</b>	<b>Funding Recipient</b>	<b>Purpose</b>	<b>Amount</b>
Ryan White Part B (HRSA)	State of Florida, Bureau of HIV/AIDS (Lead Agency: Health Planning Council of Southwest Florida)	Ambulatory Medical and Supportive Services	\$ 1,785,959
Ryan White Part C (HRSA)	Hendry County Health Department	Early Intervention Services (Medical and Supportive Services)	\$ 319,781
Ryan White Part C (HRSA)	Collier Health Services		\$ 360,726
Ryan White Part C (HRSA)	McGregor Clinic		\$ 292,500
HOPWA (HUD)	State of Florida, Bureau of HIV/AIDS (Lead Agency: Health Planning Council of Southwest Florida)	Emergency Housing Assistance and Supportive Services	\$ 790,000
AICP (Florida Ryan White Part B, Health Council of South Florida)	Health Planning Council of Southwest Florida	Insurance Assistance	\$ 810,000
Prevention (CDC,HRSA)	State of Florida, Bureau of HIV/AIDS	Prevention and Education Services	\$ 322,000

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

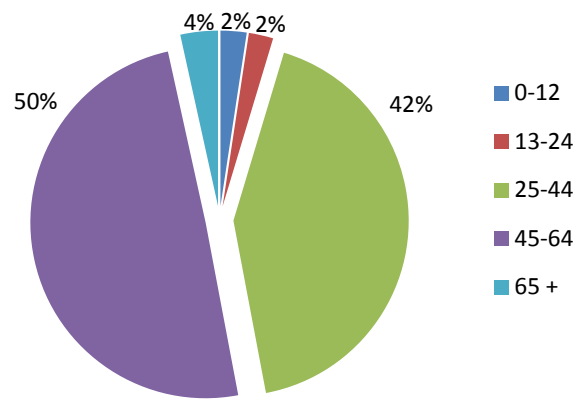
## CLIENTS RECEIVING SERVICES

It is estimated that two-thirds of the HIV infected population knows they are infected. Of those, half are in care. That means two-thirds are not (the third that is aware of their status and not in care and the third that are unaware of their status). In 2008, the Ryan White Part B program served 2,084 persons. Most were HIV+ (2,033) and the rest were negative or undetermined (i.e. exposed newborns). Most of the clients are in the three larger counties (Lee Sarasota, and Collier). Most clients are between the ages of 25 and 64. Most clients are male, white, and poor. Most clients are permanently housed.

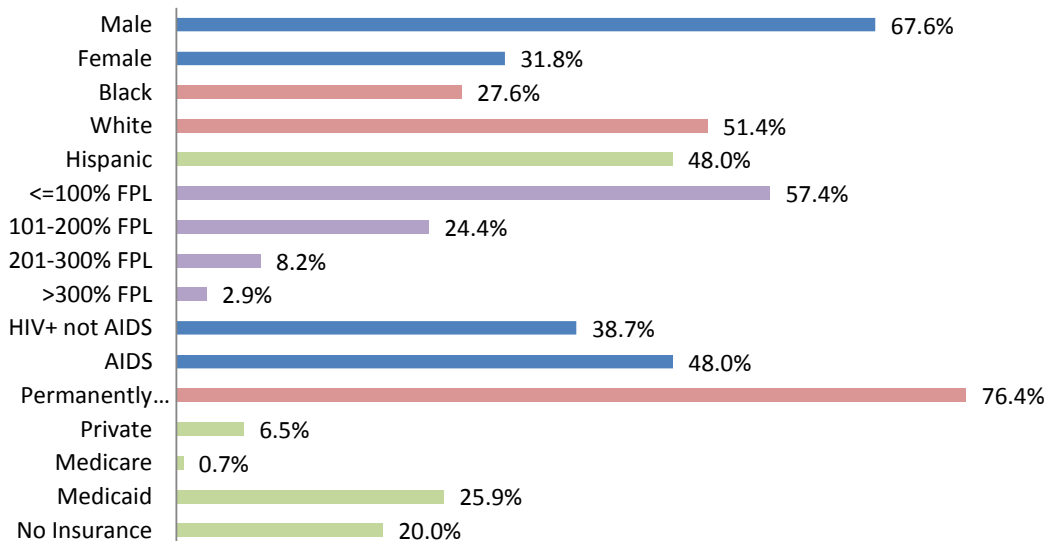
Client Count, 2008



Clients by Age Cohort, 2008



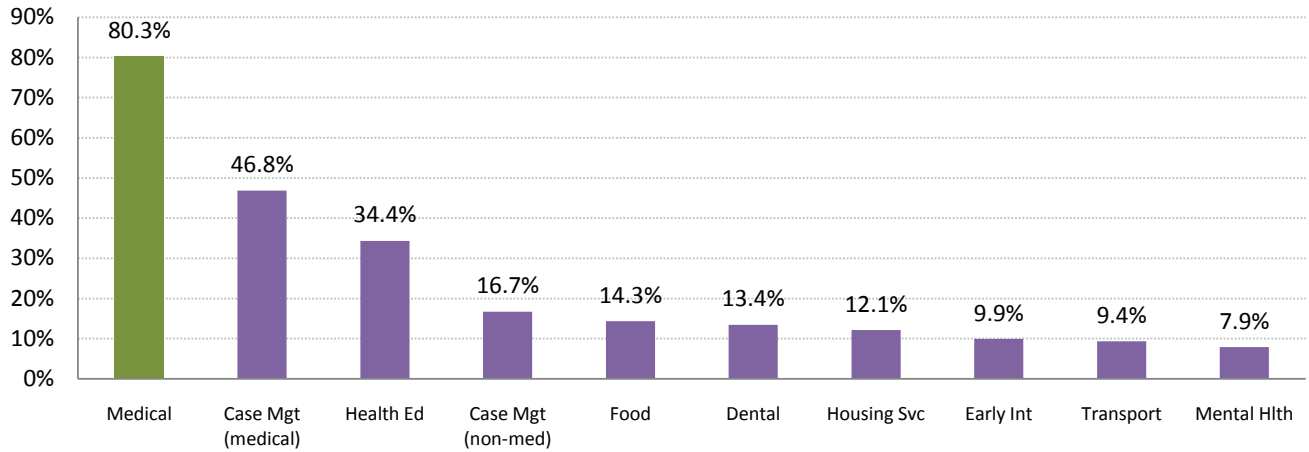
Client Demographics, 2008



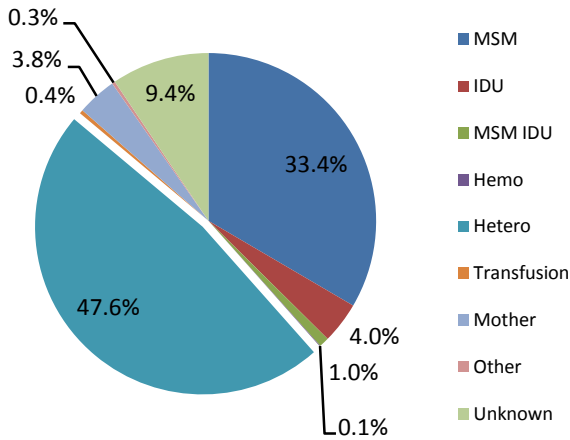
# Southwest Florida Regional HIV/AIDS Comprehensive Plan

Over 80% of the clients served in Area 8 are receiving ambulatory medical care under the Ryan White Part B program. Over 47% of clients receiving Part B funded medical care are heterosexual at-risk and 43% are MSM at-risk. Almost 63% of persons receiving Part B medical care are on HAART (anti-retroviral therapy). Over 25% of Part B funded medical clients are uninsured, 20% are on Medicaid, 20% are on Medicare, and 20% are privately insured.

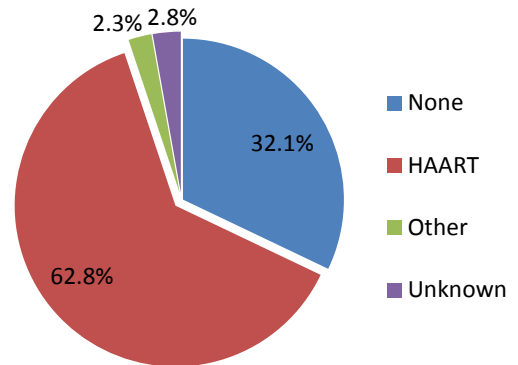
**Service Utilization, 2008**



**Clients Receiving Medical Care  
% of Clients by Risk Factor**



**Clients Receiving Medical Care  
% on Antiretroviral Therapy**

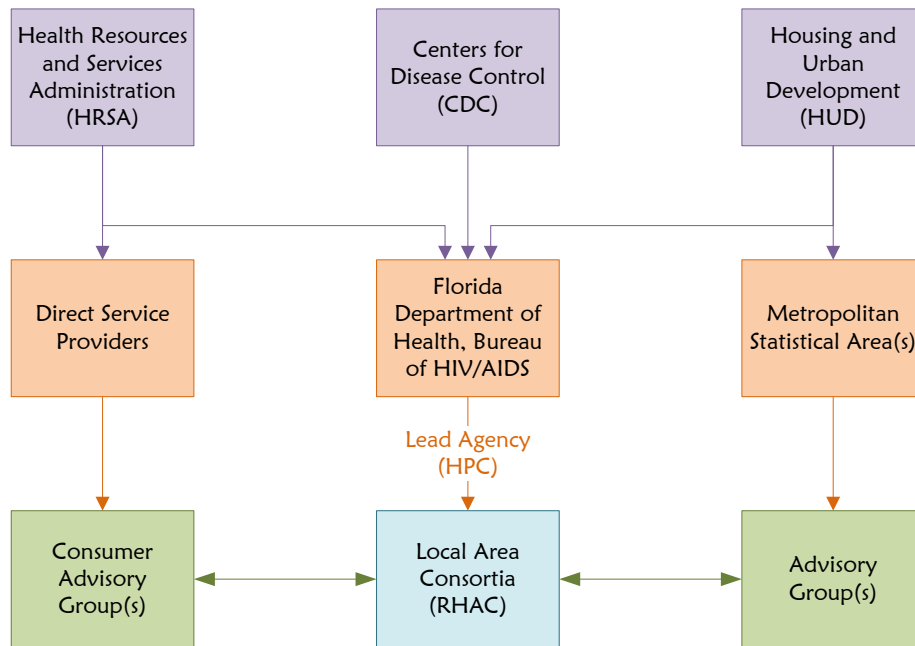


# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## STRUCTURE

HIV/AIDS services planning and delivery system for Area 8 is made up of several key participants: the federal government (Health Resources and Services Administration, Centers for Disease Control and Housing and Urban Development), the state government (Florida Department of Health, Bureau of HIV/AIDS), the lead agency (Health Planning Council of Southwest Florida) and the local consortia, the Regional HIV/AIDS Consortia.

## HIV/AIDS Funding and Planning Structure



The role of the federal agencies is to allocate funding to identify, treat, support and prevent HIV/AIDS. To do that, the federal government allocates funding in a variety of ways. In Southwest Florida, the majority of the public funding for treatment and support comes through the Florida Department of Health. It is the responsibility of the **FDOH Bureau of HIV AIDS** to ensure the health and well-being of Floridian by providing access to HIV prevention, outreach, education and patient care and support services. Toward this end, the FDOH BHA is responsible for establishing a mechanism to administer funds for the timely delivery of essential services to PLWH throughout the State under the Part B funds authorized by the Ryan White CARE Act. Part B programs must be used to address gaps in HIV services not being met by other programs. The state, as the grantee and the fiscal administrator of Part B funds, sets policy for statewide programmatic concerns and provides technical assistance. The FDOH Bureau of HIV AIDS allocates the funding locally through lead agencies. In Area 8, the lead agency is the **Health Planning Council of Southwest Florida (HPC)**. The HPC acts on behalf of the FDOH BHA as the programmatic and fiscal administrator of Part B, HOPWA and AICP funds. It is the responsibility of the

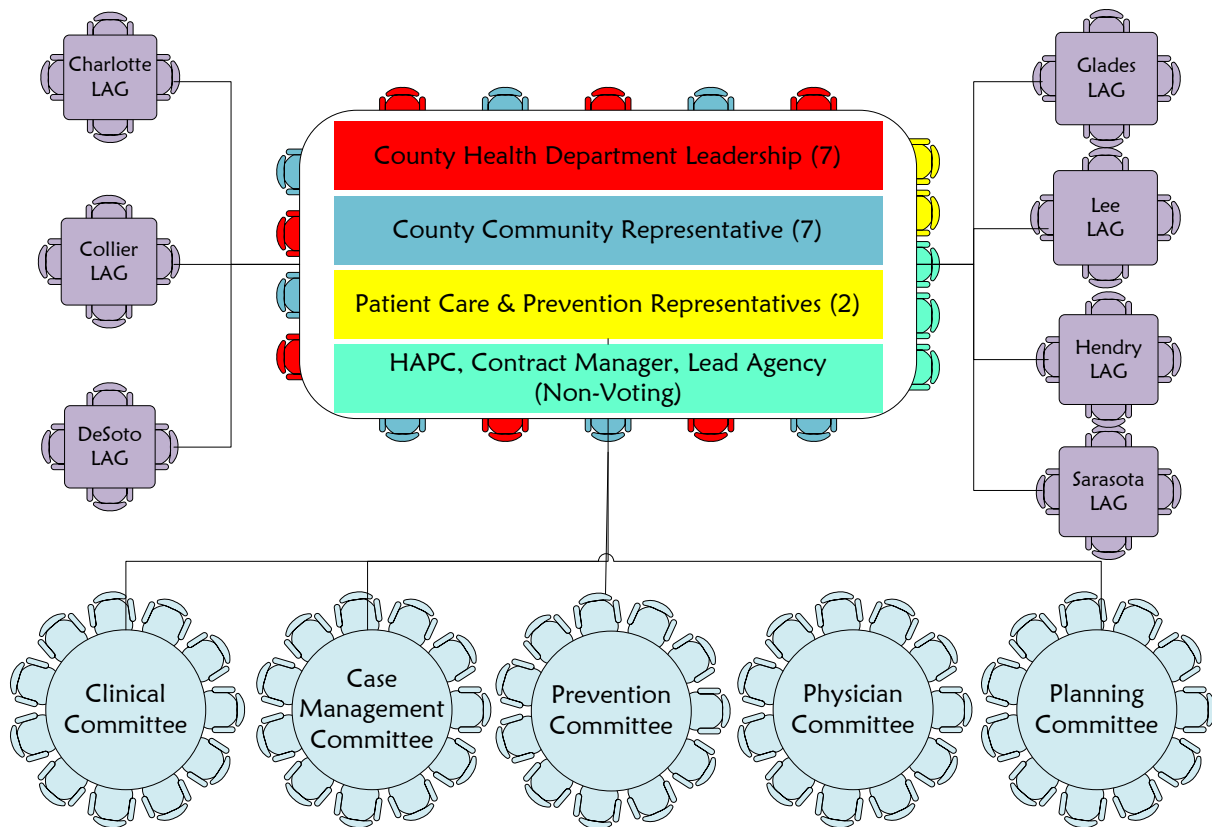
# Southwest Florida Regional HIV/AIDS Comprehensive Plan

HPC to establish and maintain a primary care network for persons with HIV/AIDS in Area 8 and establish a network for housing assistance for persons with HIV/AIDS.

The FDOH BHA also works to ensure a network of prevention, care and services through designated staff support in the local area: HIV/AIDS Program Coordinator (HAPC), Early Intervention Consultant (EIC), Contract Manager, Minority AIDS Initiative Coordinator and Surveillance personnel. These positions work with local providers and consumers in developing testing, reporting, outreach, and services as part of the Florida DOH public health strategy for HIV/AIDS.

In an effort to ensure local input into the planning process for allocating resources, the FDOH BHA require lead agencies to establish and maintain a local consortia. In Area 8, the consortia is the **Southwest Florida Regional HIV/AIDS Consortia (RHAC)** whose role it is to provide a forum for the infected and affected community, providers and others for the purpose of planning and prioritizing for HIV/AIDS funds in an advisory capacity to the state. The role of the RHAC is to advocate for services and resources and work towards making improvements in the system of care. In this capacity, the RHAC is to guide the planning and service delivery system by guiding the direction of area policy. The RHAC is responsible for ensuring a plan for the delivery of HIV/AIDS related services has been established in accordance with the needs identified in the needs assessment, ensure adequate planning has occurred

## Southwest Florida Regional HIV/AIDS Consortia



# Southwest Florida Regional HIV/AIDS Comprehensive Plan

to meet the special needs of families with HIV/AIDS, ensure the consortium is representative of the demographics of the local epidemic or is making efforts to ensure parity, inclusion and representation of the affected population in the planning process.

The Southwest Florida Regional HIV/AIDS Consortia (RHAC) was reorganized in 2002. The RHAC is unique among consortia in that all county health department directors are active members. RHAC is comprised of the directors of the seven CHD s in Area 8, a community representative from each county, a patient care representative and prevention representative who are the liaisons with the state of Florida patient care and prevention planning bodies. The intent is that the community representatives and liaisons be clients or people directly affected by HIV/AIDS.

There are five standing committees under RHAC: Clinical, Case Management Supervisors, Physician, Planning and Prevention . The committees are charged with carrying out the planning functions of the RHAC by eliciting input and providing feedback to case managers, clinicians, and local advisory groups. The **Case Management Supervisors Committee** makes recommendations to RHAC regarding case management policies. This committee also serves as a forum for agencies to share best practices, information on community resources, and disseminating information. All agencies contracted to provide Ryan White Part B and/or HOPWA case management services are required to have the case management supervisor serve on this committee. The **Clinical Committee** makes recommendations to RHAC regarding quality of care policies. The committee will develop, monitor and maintain a quality management plan for Part B funded services. All agencies contracted to provide Ryan White Part B primary care services are required to have a clinical representative serve on this committee. The **Physician Committee** is a peer review committee that meets as needed but also reviews documents and policies relating to medical care and treatment. The committee is comprised of HIV primary care providers contracted under the Ryan White program in Area 8. The **Planning Committee** develops the three-year comprehensive plan for HIV/AIDS services (previously the needs assessment). This includes compiling and reviewing data, developing an inventory of community resources, identifying gaps in services, and receiving input and reports from county advisory groups. There is also a **Prevention Committee** that supports the local prevention representative in developing the area prevention plan documentation and provides RHAC with information on what is going on in the prevention community.

The RHAC obtains local input for planning and priority setting through the **Local Advisory Groups (LAG)** representing each county. They are the county level groups gathering data, sharing information and providing feedback to the RHAC on real time issues at the client and provider level.

In November 2008, the RHAC reviewed and revised the bylaws and overall structure to reflect a new direction. The RHAC is focused on system improvements and affecting real change to realize best use of resources and positive health outcomes.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## NEEDS ANALYSIS

Needs identified in the state planning process (focus groups and survey). Point out this is a system plan not a client-needs plan.

From November 2007 through February 2008, Area 8 conducted focus groups and client surveys to determine the needs for persons with HIV/AIDS in the community. The results of those data collection methods were compiled and presented to the State of Florida Bureau of HIV/AIDS for inclusion in the State of Florida, HIV/AIDS Patient Care Comprehensive Plan & Statewide Coordinated Statement of Need 2009-2012.

## HISTORICALLY UNDERSERVED

Identified as historically underserved populations in Area 8 are minority females, minority populations, and rural populations. Minority females were identified because this population tends to have fewer resources and puts others' needs (i.e. children) before their own. Minority populations in general were identified because this group tends to have fewer resources, higher rates of uninsured, and face stronger community stigma issues. Rural populations were identified as historically underserved because they have fewer medical providers available to them, and transportation issues.

## BARRIERS TO CARE

Barriers to care were identified in all focus groups. The issues that were most often cited included funding related issues, Medicaid, the local economy and minority programs. As related to funding, the focus groups did not specify there was a lack of funding but that current categorical funding mechanisms have resulted in a fragmented system and inefficient use of resources (i.e. ADAP, HOPWA, Ryan White have varying rules and providers). Medicaid was identified as a barrier to care. In all the focus groups clients lamented about the lack of providers willing to accept Medicaid. This puts a tremendous strain on the Ryan White Part B funds as well as on the existing primary and specialty care providers. This issue also includes inadequate Medicaid transportation. The final identified barrier to care is an overarching issue – there are not Minority AIDS Initiative funded programs in Area 8. These programs are designed to improve services and access to care for minorities.

## ESTIMATE OF NEED

According to state data and estimates for calculating known and unknown infected populations, the state estimates there are over 900 people in Area 8 who are aware of their HIV status and who are not currently receiving regular medical care. That estimate is based on the assumption that 80% of the reported AIDS cases and 60% of the reported HIV cases are receiving regular medical care.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## VALUES, MISSION AND VISION

Part of the strategic planning process included RHAC taking a fresh look at its value statements (guiding principles), and mission and vision statements. It was agreed the value statements still held true but that after almost five years since the development of the mission and vision statements, they could be simplified.

The value statements were developed through what was the “New Model Committee” in 2005. The New Model Committee had been charged with looking at new ways to more efficiently administer the ambulatory medical care and case management Title II (now Part B) funding in Area 8. The values reflect how the community sees the service delivery system operating as well as the role of the lead agency. The value statements are:

- The Primary Care Provider is responsible for all aspects of patient care and treatment including medical care, psychosocial services, and related support services.
- Clients need timely, direct access to quality medical care.
- Case management is a support service under primary care.
- All clients do not need to be case managed.
- Case management resources need to be more efficiently utilized.
- Resources need to be shifted from administrative functions to client services.
- Medical care services do not need to be authorized by the case manager or lead agency.
- Non-medical services do need to be authorized by the lead agency but ordered through the Primary Care Provider.
- Responsibility for monitoring medical spending should be with the primary care provider.
- The lead agency should be responsible for ensuring eligibility of clients through quarterly audits of case management agencies
- The lead agency should be responsible for monitoring quality management activities as prescribed in the contract with primary care providers
- Contracts with providers will be the tool for monitoring
- Providers should be accountable for showing consistent improvement in the quality of care

The RHAC revised the vision and mission states to reflect the values of the system, the desired direction of the consortia and was simplified to be more broadly understood and applied to include the services beyond patient care.

### VISION

All people at-risk or with HIV/AIDS are linked to needed services.

### MISSION

To assure a comprehensive prevention-based, consumer-centered service delivery system to maintain the optimum health and lifestyle of persons at-risk or with HIV/AIDS.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

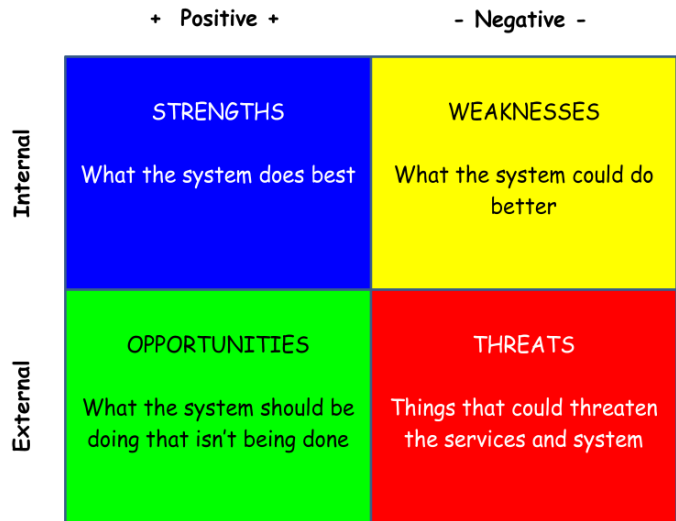
## STRATEGIC PLANNING

In 2008, the Southwest Florida Regional HIV/AIDS Consortia (RHAC) decided to develop a community plan that addressed more local issues than the statewide HIV plan that serves the purpose of the state in its grant application to the federal government. In this planning effort, the RHAC decided to include not the comprehensive HIV/AIDS service delivery system and not just patient care.

### S.W.O.T. Exercise

In November 2008, the RHAC participated in a “S.W.O.T.” exercise to identify Strengths, Weaknesses, Opportunities, and Threats of the HIV/AIDS service delivery system in Southwest Florida. Included in the “service delivery system” are health care and support services education and outreach to the infected, affected and at-risk, other support services such as HOPWA, and prevention.

There were over 40 participants in the S.W.O.T. exercise resulting in 31 strengths, 38 weaknesses, 35 opportunities and 38 threats.



These 142 brainstorming ideas were consolidated to a list of 6 priority areas: Access, Funding, Education, Marketing, Technical Assistance & Training, and Technology. These six areas were operationalized by the planning committee then ranked by the RHAC in priority order.

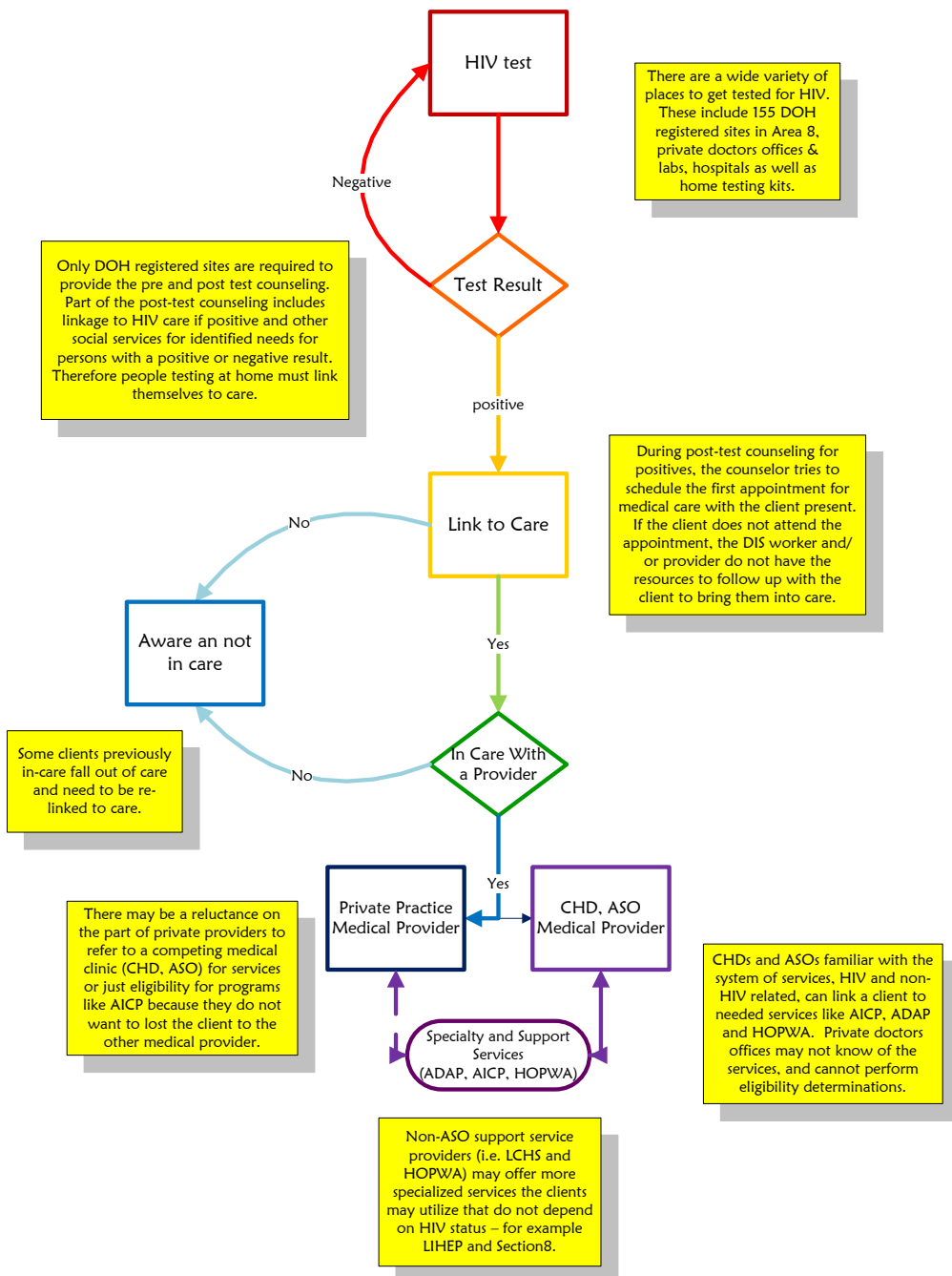
Priority	Area	Operational Definition
1	Access	Ensure access to prevention and patient care services is available. This includes increasing/maintaining capacity and minimizing barriers to accessing currently available services.
2	Funding	Expanding funding opportunities through advocacy to existing federal, state, and local funders, as well as seeking additional funding resources such as grants.
3	Education	Increasing education opportunities to the community regarding HIV. Public and population-specific education includes topics ranging from broad ‘health care reform’ to targeted MSM initiatives in the local community.
4	Marketing	Marketing is making the community aware of the services available. This includes not just HIV-specific services, but services needed by those with HIV or at-risk of becoming HIV positive such as substance abuse, Healthy Start, or prevention education.
5	Technical Assistance & Training	Bringing technical assistance and training opportunities to the provider services network. This includes federal and state technical assistance as well as peer-to-peer.
6	Technology	Utilizing technology to expand services, improve quality and/or create efficiencies to maximize resources.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## PATIENT FLOW ANALYSIS

After setting Access to Care as the community's top priority, the Planning Committee developed a flow chart describing access to the system. The key Access to Care points include Testing and Identification, Link to Care, Staying in Care, Accessing Available Services and Support Services.

### Accessing Care



# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## ANNUAL SYSTEM / CONSORTIA PLAN 2010

After developing the flow chart for Access to Care, the committee selected Linking to Care as the most important and viable component to address for effective improvement. The Linkage issue was split into (1) Linking and Re-Linking People to Services, and (2) Linking Private Sector to Public Services.

Linking and Re-Linking People to Services refer to people who have never been in care and people who have dropped out of care. People who are initially not linked to care are overcoming issues such as denial, depression and real/perceived barriers. People who have dropped out of care face the same issues plus whatever issue resulted in their dropping out (i.e. tired of dealing with it, bad provider experience).

- (1) (A) Select three Ryan White Part B providers for record review of persons who have dropped out of care. Reveal if/how people who fall out of care are tracked. Are “DNKA” (Did Not Keep Appointment) tracked and followed up? Determine the extent of drop out and find commonalities. Include non-Ryan White Part B HOPWA provider charts to see if HOPWA clients are in-care.
  - a. The Planning Committee will develop the tool and give it to the Clinical Committee.
  - b. The Clinical Committee will randomly select a large clinic, a medium clinic and a rural clinic using a variety of software (HMIS, Careware) and oversee the record review.
  - c. The Planning Committee will be responsible for submitting the outcomes of the reviews in a report to the RHAC in 9 to 12 months.

Linking Private Sector to Public Services refers to providing information and referral resource to non-Ryan White or HOPWA providers. County health department surveillance staff is notified by a variety of points of contact about newly infected persons (i.e. hospitals, doctor’s offices, Healthy Start case managers, etc.). However, there are additional points of contact (i.e. insurers, substance abuse treatment providers) where information and referrals could benefit infected persons.

- (1) (2) (A) Develop a 2-page maximum (1 page front/back) containing program information and referral resources for available HIV/AIDS programs in Area 8. Quarterly, update the information and personally provide (and make contact with) non-Ryan White, Prevention or HOPWA affiliated providers including but not limited to hospital discharge planners, Healthy Start case managers, FQHCs, insurers (disease management programs), substance abuse and mental health providers, and private doctor’s offices (infectious disease, primary care, and OBGYN).
  - a. The Planning Committee will contact Positive Health Care to discuss strategies for reaching out to the private sector providers. This includes hospital discharge planners, social workers, etc.
  - b. The Dillard Project will be a link for treatment and prevention. The Planning Committee will communicate to the project leaders/participants the objective of the RHAC and find ways to connect with private sector clients who may be out of the information loop in regards to services available.

# **Southwest Florida Regional HIV/AIDS Comprehensive Plan**

The Planning Committee will be responsible for ensuring progress on the objectives are reported to the RHAC at the regularly scheduled meetings. As resources allow, the RHAC may elect to develop objectives around other items identified as priorities at any time.

The RHAC meetings will be restructured to focus on a specific topic (i.e. prevention initiatives) and will include what is going on in the area, what is missing, what are the barriers, and what can be done to address the needs. RHAC business items have been consolidated to a consent agenda format. The items the RHAC are responsible and the timeline for completion are included as Appendix 3.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## APPENDIX

- A. S.W.O.T. results
- B. Roles and Responsibilities
- C. RHAC Task Checklist and Timeline

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## APPENDIX A

Strengths	Weaknesses	Opportunities	Threats
Local services available (medical, case mgmt, ADAP)	Utilization of funding	Collaboration across funding streams - work together within RHAC	Funding decreases for chronic disease
Collaboration of case managers	Decreased fed/state HIV \$	Utilize funding to close gap between admin \$ & enhance patient care contact	Decrease in providers
Staff cross-trained (Collier)	Inability to capture funding sources (grants, state/fed)	Scheduled local specialty providers & local Medicaid providers collaboration	Decrease in public concern - chronic- i.e. prevention message
Prevention services (jail linkage), EBI, Pfh, VOICES	Lack of providers - Medicaid	Find a way to utilize telemedicine in Area 8 for all CHD and CBO	Cure or vaccine for HIV is good but threat to current system of providers
Medical Case management model	Lack of specialty providers	More CBO participation in EBI, state trainings purchased for others to use	National economy \$
Collaboration of CBO and CHD (HIV testing)	Transportation for services	Jail linkage program in Area 8 - model for curriculum and standards	Non-profits / CBOs struggling financially
Outreach prevention emphasis (CHD)	Lack of MSM prevention services	Collaborate with other diseases (Hep, STD, family planning)	System not timely for clients as to services led to lost to care (WEAKNESS?)
Choice of medical / case manager in Sarasota	Education method abstinence only for youth	Collaborate and coordinate MSM initiatives	Small vs. large # / \$ (providers and funding) - county issue
Providing services	Telemedicine program never worked	Better use of social network websites	Potential programs may be cut due to state decrease in funding
Quality providers	Lee county lack of funding	Better outreach to minority populations	Funding cuts - all levels
Strong back up consultative services (i.e. AETC)	Not enough support groups	Better education programs	Continued stigma
Back up case management	Participation in local advisory groups	Healthcare reform	Misconception of "cure" by people at risk
Good collaboration between RW parts	Certain service gaps (i.e. ADAP)	Increase client participation / involvement	Increase in chronic disease of HIV population
Web outreach (i.e. myspace, CHD sites)	Not adequate transportation	Take advantage of service organizations	Greater demand on services & funding
Team approach w/ medical and case management	Overloaded case managers	Technical assistance - Tallahassee, HRSA, CDC	Increasing costs per patient
"Reasonably" good funding streams	Lack of education programs for clients	More providers increase quality	Unstable funding
Good referral resources	Provider turnover	Adherence protocol increase specialty	Limitation by funders
Access to medical care and social services	Lack of prevention	Funding opportunities comprehensive	Not looking at programs as entitlements
DEBIs	Dental quality care	Reduce & streamline paperwork / reports	More people not enough money
Education outreach - collaboration	Mental health - quality & availability	Integrate patient care & prevention	Inter program conflict / Medicaid
Cutting edge HIV care - AETC	Advertising / marketing	Partnership grant writing	Immigration / ICE
Accessing meds - ADAP & RW	Substance abuse - quality & availability	Linkage	HIPAA
Networking patient & prevention	Not enough outreach, non-english speaking	Publicity - Worlds AIDS Day	Needle exchange / condom

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

Strengths	Weaknesses	Opportunities	Threats
One-stop shopping	Prevention for HIV+	External and internal outreach	Restraints law enforcement
Quality care	PAC services	Training opportunities	Ignorance / stigma
Health department directors	Transportation	Identify people to be part of early intervention	Decrease funding
Education	Loop between HIV/AIDS prevention	Seeking funds & fundraising & grant writing	Lack of providers
Variety of services - continuum of care	Lack of follow up of teams	Meet psycho-social & medical needs	Complacency; patient, public, provider
Multiple locations	Lack of prevention efforts / programs	Recruiting specialty providers, mental health, dental professionals	Institutional/govt trust
Knowledgeable staff	Staff turnover	Improving networking system o encourage patient choice	Lack of transportation
Network thru counties	Lack of funding for support services, primary care, transportation	Partnerships with others in communities (i.e. transportation, food, commerce)	Overall economy
	Lack of publicity & marketing & public relations	Decrease patients that fall through the cracks	Other govt priorities
	Increase in paperwork	Electronic medical records	Emerging infections (HIV2 and others)
	Lack of patient choice - limited network	Less paperwork	Misinformation / myths
	Lack of leadership	More education - community, patients	Innovation/creativity (OPPORUNITY???)
	Lack of fundraising efforts		Changes in reporting and acronyms
	Lack HIV+ peer involvement		Lack of advocacy / involvement
	Poor communication (miscommunication) about linkages and coordination		Manageable disease

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## APPENDIX B

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
<p>Florida Department of Health, Bureau of HIV/AIDS, <b>“Grantee”</b></p> <p>Funded by the Health Resources and Services Administration, CDC HIV Prevention, State of Florida</p>	<p>To ensure the health and wellbeing of Floridian by providing access to HIV prevention, outreach, education and patient care and support services.</p>	<p>Establishes a mechanism to administer funds for the timely delivery of essential services to PLWH throughout the State.</p> <p>Part B programs must be used to address gaps in HIV services not being met by other programs.</p> <p>The grantee is the fiscal administrator of Part B funds, sets policy for statewide programmatic concerns and provides technical assistance.</p>	<p>Contract with lead agencies for programmatic and fiscal management of RWB and HOPWA funds.</p> <p>Create a Statewide Coordinated Statement of Need (SCSN) to prioritize statewide funding allocation.</p> <p>Develop a statewide comprehensive HIV/AIDS service delivery plan.</p> <p>Establish standards for ensuring access for low-income persons (eligibility standards).</p> <p>Establishing and maintaining ADAP.</p> <p>Ensure there is a maintenance of effort for other funding sources and that there is sliding fee scale to maximize Part B funds.</p> <p>Provide technical assistance and training on statewide standards and planning.</p>
<p>Health Planning Council of Southwest Florida (HPC) <b>“Lead Agency”, “Programmatic &amp; Fiscal Agent”</b></p> <p>HIV/AIDS programs funded through Ryan White Part B and</p>	<p>The Lead Agency acts on behalf of the Grantee as the programmatic and fiscal administrator of Part B, HOPWA and AICP funds.</p>	<p>Establish and maintain a primary care network for persons with HIV/AIDS in Area 8.</p> <p>Establish a network for housing assistance for</p>	<p>Sign primary contract with the state BHA.</p> <p>Establish and maintain local program implementation guidelines and operations procedures including authorizations, invoicing and</p>

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
HOPWA		persons with HIV/AIDS.	<p>payments of subcontractors.</p> <p>Contract with providers to establish a network that includes primary care, case management, and housing assistance services.</p> <p>Invoice the state for services performed, monitor subcontractors, and submit program &amp; financial reports to the state.</p> <p>Provide staff support to the local consortium including maintaining consortium files, organize consortium materials, and facilitate consortia meetings.</p> <p>Provide training and technical assistance related to implementation of the subcontracts (i.e. billing processes).</p> <p>Provide planning support to the RHAC for development of a needs assessment and service delivery plan for prevention, outreach, education, treatment and support services in Area 8.</p>
Southwest Florida Regional HIV/AIDS Consortia (RHAC),	To provide a forum for the infected and affected	Responsibilities of consortia include ensure a plan for the	Conduct needs assessments, set service priorities, promote

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
<p><b>“Consortia”</b></p> <p>Supported by the Lead Agency</p>	<p>community, providers and others for the purpose of planning and prioritizing for HIV/AIDS funds in an <u>advisory</u> capacity to the state.</p> <p>The role of the RHAC is to advocate for services and resources and work towards making improvements in the system of care.</p> <p>The role of the RHAC is to guide the planning and service delivery system by guiding the direction of area policy.</p>	<p>delivery of HIV/AIDS related services has been established in accordance with the needs identified in the needs assessment, ensure adequate planning has occurred to meet the special needs of families with HIV/AIDS, ensure the consortium is representative of the demographics of the local epidemic or is making efforts to ensure parity, inclusion and representation of the affected population in the planning process.</p>	<p>coordination of community resources, evaluate the effectiveness of the consortium and the programs it recommends, establish a structure for consortium meetings that will ensure meetings conducive to effective planning for the HIV/AIDS community, recruit participation for planning that will include low-income individuals with HIV/AIDS, and perform marketing / public awareness for services (prevention, outreach, education, treatment and support services).</p>
<p>Case Management Supervisors Committee</p>	<p>To advise and assist the RHAC in case management related issues.</p>	<p>The committee is comprised of case management supervisors from all agencies contracted to provide case management services for RW B and/or HOPWA in Area 8. The committee takes direction from RHAC and provides input to RHAC and HPC on case management policy issues.</p>	<p>The committee meets every other month to address issues assigned by RHAC, receive education and training from the HPC and to share best practices and skills to take back to their agencies and case managers.</p>
<p>Clinical Committee</p>	<p>To advise and assist the RHAC on clinical / primary care issues.</p>	<p>The committee is comprised of a clinical representative from each RW B agency contracted for primary care in Area 8. The committee takes</p>	<p>The committee meets every other month to address issues assigned by RHAC, receive education and training from the HPC and to share best practices and skills to take back to</p>

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
		its direction from RHAC and provides input to RHAC and HPC on clinical issues.	their agencies. This committee will develop, monitor and maintain a quality management plan for Area 8 providers.
Physician Committee	Peer review committee that meets at the direction of the RHAC and/or HPC as needed	Committee meets as needed to address provider issues and to review policies and documents related to treatment and care. Committee is comprised of physicians from RW contracted providers in Area 8.	Reviews documents such as formularies and deals with provider issues.
Planning Committee	A working planning committee of the RHAC fulfilling its planning responsibilities	To develop the state comprehensive plan elements for Area 8 and the local strategic plan. Members are assigned by RHAC chair.	Coordinates the needs assessment. Analyses data and focus group information. Develops and reviews action plans and narrative.
Prevention Committee	Advises and supports the RHAC on HIV prevention issues	Develop local strategies for prevention activities. Committee is assigned by RHAC chair.	Prioritize local prevention needs. Provide information to RHAC on prevention activities and issues. Takes direction from RHAC to address prevention issues.
Local Advisory Groups (LAG)	County level HIV/AIDS planning groups reporting to RHAC and taking direction from RHAC on planning issues.	To obtain local county level input on the issues related to HIV care, support services, and prevention and report that information to RHAC and HPC.	Disseminate and collect needs assessment information. Conduct and participate in focus groups and key informant interviews.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
HIV/AIDS Program Coordinator (HAPC)	Act as the liaison with the bureau, the local county health departments and the community on HIV/AIDS issues. Educate the community on the bureau goals, objectives and available programs and services. Advocates for services and resources to the local community. Supports the RHAC in planning and policy development. This includes attending local and statewide community planning and consortia meetings.	The HPAC, Contract Manager, Prevention Coordinator and Minority AIDS Coordinator are the local presence of the BHA in the community. This includes being the focal point for legal and legislative Information, coordinate, support and facilitate Early Intervention programs, Surveillance program, and Prevention program. For patient care services, HOPWA, ADAP and AICP, assist consortia in planning for services by supporting with data and information, and facilitating the process.	Establish communication protocols among prevention, outreach, education and patient care networks and providers. Distribute information on funding and surveillance reports. Coordinate special events such as Worlds AIDS Day and National Testing Days. Monitor the Lead Agency contract with BHA. Ensure invoices and reports are completed on time and accurately. Training and technical assistance, and quality improvement activities related to state-level policy and procedural topics.
Contract Manager  Funded by Ryan White Part B Schedule C, Lee County Health Department	Position funded to the Lee County Health Department to Act as the Bureau's liaison to the Lead Agency, CBO's, local County Health Departments throughout Area 8.	The Contract Manager is the local presence of the BHA to the Patient Care Community in Area 8. Responsibilities include but are not limited to: coordinate, support and facilitate Patient care services, including Ryan White Part B and HOPWA	Assist consortia in planning for services by supporting with data and information. Establish and ensure communication among patient care networks and providers. Distribute information on funding. Negotiate, manage and monitor the Lead Agency contract. Ensure invoices and reports are completed on time and accurately. Provide and/or facilitate training, technical assistance and quality improvement activities related to state-level policy and procedural topics, as well as Case management.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
Early Intervention Coordinator	Act as liaison with the Bureau, community providers, local CHDs. Coordinate, support and facilitate outreach, testing, and prevention services throughout area 8. Supports RHAC in planning and policy development.	Voting member of statewide Prevention Planning Group. Coordinate, support and facilitate Prevention Training Consultants. Maintain a register of certified testing sites throughout area 8. In-service training for all Prevention Training Consultants. Contract management responsibilities for all Prevention contracts. Cooreinate set up for HIV 500 and 501 classes.	Attend statewide Prevention Planning Group meetings. Collect testing data and provide analysis for all counties including CBOs in the area. A total of 150 testing sites are registered. Repond to requests for new potential test sites. Monitor test sites as needed. Allocate and distribute testing supplies and incentives for special events. Coordinate Worlds AIDS Day and National HIV Testing Day. Provide technical assistance to CBOs, contracted providers, and prevention training consultants. Attend local community planning groups. Coordinate and develop reports to the Bureau as well as local. Policy and procedure clarification and development. Contract monitoring and invoice approvals. Maintain a network for collaborative efforts among prevention and Early Intervention Providers.
Regional Minority AIDS Coordinator	Role is to coordinate, support and facilitate outreach, prevention and patient care and support service programs to at-risk and underserved minority populations.	Regional Minority AIDS Coordinator identifies service gaps and develop a plan for addressing those needs.	Establish and maintain a network for information sharing and collaboration a targeted to at-risk and underserved minority populations.  Be a resource for grant and other development (capacity, organization, and training) for providers who serve targeted populations.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
			Support the development and implementation of the statewide comprehensive plan at the local level.
<b>Patient Care and Prevention Representatives</b>	Act as liaison between the state and local communities in statewide planning and policy development.	The Patient Care and Prevention Representatives are members of the RHAC. They provide input and direction both to the state from the local level to the local level to the state.	Attend RHAC meetings and report state policies and planning information from the statewide Planning groups. Attend statewide planning group meetings and report local needs and program accomplishments to the state.
<b>Providers</b> of outreach, prevention, testing, patient care, and/or support services including HOPWA, AICP, ADAP). Includes primary care providers, case management providers, housing assistance providers, prevention and education providers, testing providers, ADAP and AICP providers.	To provide quality services in accordance with established standards of care and policies to all clients in a culturally appropriate environment without discrimination.	Providers are responsible for providing quality services, treating clients with dignity, using public and private funds effectively and efficiently.  Collaborate with partners and providers to improve the system of care and support services.  Participate in development of local system planning and improvements.	Determine eligibility of clients; provide contracted services (i.e. primary care, case management, housing assistance) according to guidelines and terms of the contract; developing and maintaining arrangements for specialty and related services (i.e. specialty medical care, housing, dental referrals, support groups); submit reports and invoices on time to lead agency (if applicable).  Participate in local planning processes including assessment survey completion and data collection.
Clients	The clients role is central to all prevention, education and	(rights and responsibilities)	Educate others on risks, prevention

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

ENTITY (FUNDING)	ROLE(S)	RESPONSIBILITY(S)	ACTIVITIES
	treatment policies and programs.		and care.  Utilize services appropriately.  Advocate for the at-risk and underserved.  Participate in local service delivery planning and evaluation.

# Southwest Florida Regional HIV/AIDS Comprehensive Plan

## Southwest Florida Regional HIV/AIDS Consortia Action Plan

FY10-FY12

Mar-09   May-09   Jul-09   Sep-09   Nov-09   Jan-10   Mar-10   May-10   Jul-10   Sep-10   Nov-10   Jan-11   Mar-11   May-11   Jul-11   Sep-11   Nov-11   Jan-12   Mar-12

### I. Policy and Program Input

A. RHAC Meetings	✓	✓	✓	✓																
B. LAG Reports	✓	✓	✓	✓																
C. Committee Reports	✓	✓	✓	✓																
D. HPC Program Report	✓	✓	✓	✓																
E. HPC Financial Report	✓	✓	✓	✓																
F. HAPC Update	✓	✓	✓	✓																
G. Prevention Update	✓	✓	✓	✓																
H. MAI Update	✓	✓	✓	✓																
I. Prevention Prioritization																				
J. HPC Budget Presentation																				
K. Resource Guide Update																				
L. PADR Review																				
M. Statewide HIV Meeting		✓																		

### II. Statewide Planning

A. Area 8 State Comp Plan																		
B. Needs Assessment Survey																		
C. State Data Analysis																		
D. Focus Groups																		
E. Key Interviews																		

### III. Strategic Plan

A. SWOT Exercise																			
B. Mission / Vision Update	✓																		
C. Prioritization of Issues	✓																		
D. Annual RHAC Plan (IV)				✓															

### IV. 2009 - 2010 RHAC System Improvement Objectives

(1)(A) Chart Review																	
(2)(A) Resource Material																	

Assumptions:

RHAC meetings every other month

State Comprehensive Plan next due Summer 2011 (three year plan)