CFHPC Data Presentation Parking Lot

September 20, 2024

Section	Questions
Epidemiology By Yasmin Andre	**Q: Would women who have sex with women be classified as "other" (compared to the MMSC population)? (Anthony)** *A: If a woman's only mode of exposure was sex with women, it would be considered other, especially if the person that they had sex with had a known HIV risk.* **Q: For HIV Incidence, can this data be broken down by FPL? (Guest)** *A: This information comes from several data sources and can possibly be requested from surveillance. The data we receive is not broken down by poverty level.* **Q: Regarding the AIDS incidence by exposure category, it is hard to believe that there are no individuals who have received a new diagnosis through "other risk" (i.e. women who have been diagnosed with HIV through sexual contact with women). Is it safe to say that we are possibly not properly reaching women who have sex with women and that is why they are not reported in the data? (Anthony)** *A: The data only covers the 5-county area (Orange, Osceola, Lake, Seminole, & Brevard); therefore, there could have been cases reported outside of our area for women whose mode of exposure was having sexual contact with women. The responses are based on testing data, and on the DH1628, the mode of exposure options have not been broken down beyond the categories that are presented in the epi data (MMSC, IDU, MMSC/IDU, Heterosexual Contact, Trans Sexual Contact, Perinatal, Other Risk). There is also the chance that these women may not yet know their status if they have not been tested in the area. We know from the data that HIV transmission between women who have sex with women where no other risk factors exist is uncommon, however, this may incorrectly lead women to believe that they are in a low-risk category and not get tested for HIV as often as they should.* **Q: Can you explain how cisgender is defined? (Vel)** *A: Cis means "on this side of" in Latin. Cisgender means that the individual identifies as the gender that they were assigned at birth.*

	Q: Regarding prevalence by age group- For the age group that is going up (age 60+) are those people not in care? (Charlie) *A: We cannot determine who is in care or not in care based on the total number of PWH in the area (prevalence). This information can be found in Outcomes & Care Continuum; however, it's not currently broken down by age. Because we are examining prevalence, which includes new and existing cases, as people live longer with HIV, they are aging into the 60+ category. Bryan stated that Florida is considered a retirement state, so it is possible that people aging with HIV are moving to Florida, thus increasing the prevalence numbers for the 60+ age group.* **Q: Regarding conditions co-occurring with HIV, are these considered 2,592 new cases of substance use? (Andres)** *A: Yes. A person who received an HIV diagnosis in a previous year could be counted in this data if they also reported a history of substance use in the most recent year, 2023.* **Q: Regarding conditions co-occurring with HIV, would it be the same if the HIV diagnosis happened at diagnosis, as well? (Andrea)** *A: Yes, this would still be included if both diagnoses happened in 2023. We are not able to determine how many of these cases were also newly diagnosed with HIV in 2023.* **Q: Why wasn't Hepatitis A captured? (Charlie)** *A: Hepatitis A data has not been included for the last couple of years, but it can be requested.* **Q: Regarding HIV-related deaths compared with all deaths among PWH- How do you know HIV did or didn't affect the individual's death? (Vel)** *A: When cause of death is determined, there are medical assessments that are completed to identify if the individual's death was related to HIV. Jessica stated that the individual's medical provider may sometimes also be contacted to request more information and determine the cause of death.*
Outcomes- Care Continuum By Evan Cochuyt & Andres Acosta	**Q: Regarding HIV Care Continuum 2023- Lake County: How many individuals does the 14% of PWH in Lake County who are Out of Care represent? (Charlie)** *A: The total number of people out of care was 172.* **Q: Doesn't it seem like we are just removing the out of care data from the VLS trends slides to make the lines (outcomes) look better? (Vel)** *A: Viral load suppression trends only take into consideration the PWH who have a VL of under 200 copies whether they are in care or not in care. We know that the higher the rate of viral suppression, the more likely it is that the individual is in care or retained in care, which reduces the percentage of people who are Out of Care. We also know that*

individuals captured in the Out of Care totals are likely contributing to the gap between the Community VLS rate and the goal of 85% Viral Load Suppression.

Q: Why wasn't the data for the Hispanic/Latinx heterosexual population included in the populations of focus? (Guest)
A: Populations of focus come from state EIIHA data. The Outcomes presentation only includes the top 3 populations of focus, but data for Hispanic/Latinx heterosexuals is available upon request.

Q: Would you happen to know the breakdown of people out of care with gender and ethnicities? Do we have the Out of Care data for all black PWH?
A: Out of Care PWH by race/ethnicity in 2023

Race/Ethnicity	*# Out of Care*	*% Out of Care*
White	*808*	*16.8%*
Black	*1333*	*20.3%*
Hispanic/Latinx	*962*	*18.7%*
Other	*76*	*19.1%*

Out of Care PWH by Gender Identity in 2023

	# Out of Care	% Out of Care
Cisgender Man	2401	19.1%
Cisgender Woman	744	18.0%
Transgender Man	2	25.0%
Transgender Woman	32	15.2%
Additional Gender	0	0%

Q: For the populations of focus, are we capturing those who are incarcerated? (Guest)
A: People who have been incarcerated are captured in the totals of each population of focus, but we cannot determine how many from each subgroup are currently or have been incarcerated. We know that if a person with HIV is currently incarcerated, they are more likely to be receiving care if they are already aware of their status, but this is not guaranteed due to stigma and fear of disclosure.

Q: Is the data presented based only on PWH in the Ryan White HIV/AIDS Program (RWHAP) system of care? (Charlie)
A: No, data is based on all PWH, not just those in the RWHAP system.

Q: Are inmates tested before being released? Why is it that they might not be tested? (Sueanne)
Answer: There are a number of factors for why it is difficult to determine the number of incarcerated individuals who are not in care. Many individuals fear disclosure and have

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<td>concerns about stigma and either refuse testing or do not report their status. Testing in the county jail is optional, but routinely offered. Testing in the state and federal prison system is mandatory for people entering prison and being released.</td>
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<tr>
<td>Unmet Need
By Whitney Marshall</td>
<td>No questions were asked.</td>
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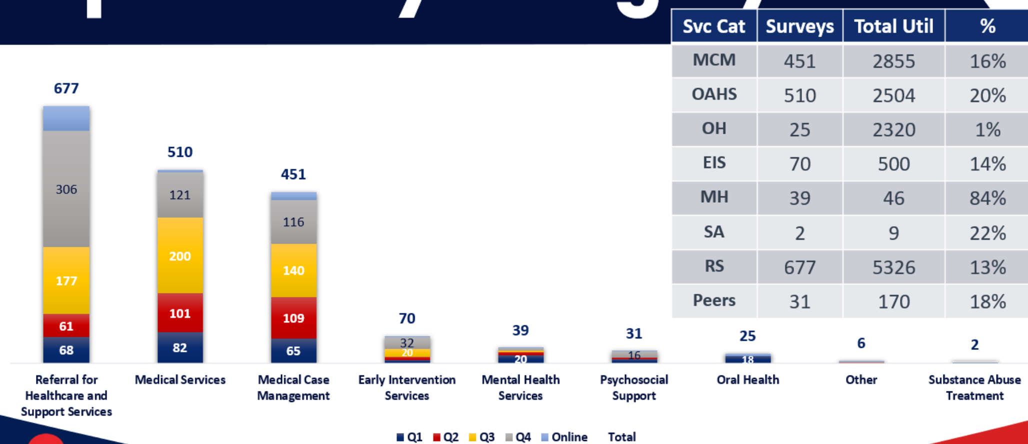
<tr>
<td>Client Satisfaction
By Tessa Bricker</td>
<td>
Q: What percentage of the total case management clients makes up the 743* survey responses for case management services?
A:
<table>
<tr><th>Svc Cat</th><th>Surveys</th><th>Total Util</th><th>%</th></tr>
<tr><td>MCM</td><td>451</td><td>2855</td><td>16%</td></tr>
<tr><td>RS</td><td>677</td><td>58326</td><td>13%</td></tr>
</table>
*Survey total is unduplicated across both case management services.

Q: What percentage of the total health service clients makes up the 613* survey responses for health service services?
A:
<table>
<tr><th>Svc Cat</th><th>Surveys</th><th>Total Util</th><th>%</th></tr>
<tr><td>OAHS</td><td>510</td><td>2504</td><td>20%</td></tr>
<tr><td>OH</td><td>25</td><td>2320</td><td>1%</td></tr>
<tr><td>EIS</td><td>70</td><td>500</td><td>14%</td></tr>
<tr><td>EIS</td><td>70</td><td>500</td><td>14%</td></tr>
<tr><td>MH</td><td>39</td><td>46</td><td>84%</td></tr>
<tr><td>SA</td><td>2</td><td>9</td><td>22%</td></tr>
<tr><td>Peers</td><td>31</td><td>170</td><td>18%</td></tr>
</table>
*Survey total is unduplicated across all health services.


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	Q: Why were clients asked if the environment of the clinic was safe and non-threatening for the Health Services survey but were instead asked if the building was neat and clean for the Case Management survey? *A: It is important to make sure people feel comfortable with their medical providers.*
Ending the HIV Epidemic (EHE) Update By Nicole Virtue	**Q: Regarding the One-Stop shop, what's the utilization of the extended Thursday night hours and the Saturday hours? (Alelia)** *A: Data unavailable.* **Q: What age group is the peers? (regarding Peer Support services) (Vel)** *A: This category serves all adults.* **Q: What are the support services under the Enhanced Case Management program? (Andrea)** *A: Part of housing is working on budgets, creating action plans for stable housing, connecting them to employment opportunities, vocational, anything that would be under a housing program in addition to the medical case management.* **Q: Which agencies do you partner with for the Enhanced Case Management services? (Guest)** *A: Hope and Health and Miracle of Love.* **Q: What's the waiting period for the housing assistance? (Anthony)** *A: They are currently at capacity for housing clients. It's expensive to live in Central Florida, due to the funding amount, they can only help so many people.* **Q: Of the 1,690 tests performed as part of the emergency room HIV coordination, how many positives and what percentage were linked to care?** *A: Data unavailable.* ***Q: What locations are the emergency room HIV coordination?*** *A: Downtown, or ORMC the main location.* ***Q: How many of the 8,086 tests completed in the jail were ultimately positive?*** *A: Data unavailable.* ***Q: Were the people tested when they entered the jail? (Charlie)*** *A: There are 4 testers at the jail providing HIV testing and it is preferred that we capture people while they are being booked, however this is not always possible in a 24/7 environment.* **Q: There's no linkage to they said earlier they brought up that normal population you could perhaps encounter somewhere getting this virus and you're on your own? I'm talking about whether or not knowing that you've contracted the virus upon leaving the jail now that you volunteered to be tested? (Charlie)**

	A: Testing is offered. We have over 160 people a month being treated for HIV in jails. **Q: Of the clients released from jail, are they linked to a case manager?** *A: If the client is already engaged with a case manager, the linkage coordinator will continue that relationship. A bus pass, routes, and food cards are provided. If that is not the case, the linkage coordinator will send a referral to case managers through the system.* **Q: Many people who are homeless are in and out of jail. It seems that when clients struggle with no place to go, they will do something just to go back to jail. (Anthony)** A: For testing, it is not possible to catch everyone despite completing 700-800 tests per month. For the linkage, some people have case managers, others fall through cracks. Part A is working on a solution to get cell phones to inmates who are being released to help with engagement. **Q: When clients get out of jail they receive a discharge packet, is transitional housing referrals part of the package? (Guest)** *A: The jail linkage case manager sends referrals to transitional housing but there is a waitlist, they may not be able to get in there when released, and depending on the charges they may not qualify for transitional housing assistance.* **Q: Should we [providers] put a freeze on housing referrals? (Guest)** *A: There are agencies accepting referrals. Some clients with substance abuse issues may refuse available housing support because they do not want to get into rehab. If there are programs accepting referrals, case managers should keep sending them.* **Q: Are the peers and case managers able to go into the community to see the clients? It would be helpful if they can meet with clients while they are inpatient and we have not had success getting them in to do that. (Angie)** *A: Yes.* **Q: What are the outcomes for EHE? The goal for EHE for this jurisdiction is to treat people with HIV rapidly and effectively to reach sustained viral suppression, which you have defined rapid linkage as 3 to 5 days, what percentage of the EHE population have been linked to care 3 to 5 days? What percentage of the EHE population are retained in care? What percentage of EHE clients are virally suppressed? (Alelia)** A: Data unavailable. **Q: In your future endeavors, you haven't identified any community engagement activities so the community has input where the next 5 years of funding should go. (Alelia)** *A: The plan is to see what they're doing now. We have no idea year-to-year whether we'll get the funding. It's hard to start programs that would need to run over multiple years to get the outcomes.*

Client Needs By Whitney Marshall & Angie Buckley	**Q: Is Case Management on the top because it's most important? (regarding the top 5 most important services)** *A: According to the survey respondents, yes. The ranking is determined based on how many respondents selected a given service. Of 451 people, case management was selected by the most respondents as one of the top 5 most important services.* **Q: Can you explain why the frequency of medical care is important?** *A: The frequency of care relates to the percentage of clients who are categorized as unmet need. The estimate of unmet need is the percentage of clients who know their HIV status but are not receiving regular primary medical care. At the time that the survey was distributed, the frequency of care shows that 49% of clients received HIV medical care in the past 12 months, 34% received care at least twice in the past 12 months (however, the survey did not specify if the client's appointments were at least 3 months apart), 8% received medical care once in the past 12 months, and 9% did not receive any HIV medical care in the past 12 months. Therefore, 17% of the survey respondents may be included in the estimate of unmet need.*
Provider Capacity & Capability By Yasmin Andre	**Q: What is ambulatory detox? (Andres)** *A: This was typed in by the respondent, not a response option, so it is hard to know without more information. They might have meant outpatient detox.* **Q: Is there a way to know if there was full representation for the agencies in the responses for agency-perceived barriers? (Andres)** *A: We know that there wasn't because there were only 8 respondents, and the survey was sent to 20 provider agencies.* **Q: For the emergency planning, is there a copy of what the emergency plan is for each organization? Is there any oversight? (Andres)** *A: A copy of the emergency response plan was not provided with the survey results and may vary from provider to provider. While it may not be a contractual requirement, the Recipient office does inquire about this with providers and recommend it as a best practice.* **Q: If the people that skipped and answered were swapped would the numbers be different? (Sueanne)** *A: The results can certainly vary with an increase in the response rate.* **Q: Why is there a disconnect between the executive-level staff and the direct-care staff? (Laura)** *A: Provider leadership generally have much more information about the capacity and capability of HIV care services at their agency based on utilization data and relationships forged with other community services. They also have more knowledge about available funding and resources for clients at the agency. When additional*

funding is not available, being able to stretch dollars becomes a priority, and providers will look for ways to reduce costs and maximize savings so that critical services can be offered. However, this does not always translate to needs being met. Direct-care staff may often be closer to the perceived and actual barriers to care that clients experience and have more information about the accessibility of services.

Q: Did we get responses from the 340B (non-Ryan White) providers? (Andres)
A: No. The survey is only sent to Ryan White HIV/AIDS Program providers because the Planning Council only allocates funds and creates directives for these programs.

Q: Why does ADAP seem to be excluded from these surveys? (Guest)
A: That list of agencies that received the surveys does include agencies that provide ADAP services. The information is out there, but people did not respond this year.

Q: Is it possible to separate case management surveys to get the breakdown of responses from the different roles? (Andrea)
A: The survey already filters responses separately for Provider Leadership vs. Direct Service Staff.

EIIHA

By David Bent

Q: What does it mean to be linked to prevention services on the Previously Diagnosed people.
A: Linkage to prevention services can include things like PrEP, behavioral interventions, risk reduction counseling services, and medical services. If a newly diagnosed or previously diagnosed client went to a private provider for linkage and services, it might not get noted in the HIV Counseling & Testing system.

Q: Can someone double check the 0.9% 2022 received CD4 Count & Viral Load Numbers?
A: The state found some discrepancies with the original data sent to us.

Orlando Service Area – Newly Diagnosed EIIHA

	2019	2020	2021	2022	2023
Newly Diagnosed	279	207	193	119	162
Linked to Medical Care	93%	91%	83%	87%	86%
Confirmed Positive Test	95%	87%	85%	95%	60%
Interviewed for Partner Services	92%	86%	76%	91%	54%
Linked to Prevention Services	0.4%	7%	9%	4%	8%
Received CD4 Count & Viral Load Numbers	90%	82%	73%	85%	58%

Orlando Service Area – Previously Diagnosed EIIHA

	2019	2020	2021	2022	2023
Previously Diagnosed	167	147	216	202	138
Re-engaged in Medical Care	92%	89%	81%	83%	81%
Confirmed Positive Test	89%	76%	80%	66%	28%

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<tr><td>Interviewed for Partner Services</td><td>89%</td><td>71%</td><td>75%</td><td>62%</td><td>26%</td></tr>
<tr><td>Linked to Prevention Services</td><td>0.6%</td><td>4%</td><td>7%</td><td>5%</td><td>2%</td></tr>
<tr><td>Received CD4 Count & Viral Load Numbers</td><td>83%</td><td>69%</td><td>68%</td><td>58%</td><td>25%</td></tr>
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Q: What is the difference between the New Diagnosis and Confirmed Positive Test? And what is the purpose of the confirmatory tests?
A: Some patients may not show back up to receive their confirmatory results, which is important for ruling out false positives. Some providers may also forgo the oral confirmatory and initiate services based on the reactive antibody test. Providers will usually draw a viral load as the “confirmatory” test.

Q: Is the 40% of people not receiving confirmatory testing from people not coming back or providers not submitting for confirmatory testing?
A: It could include both.
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<td>Funding Streams

By Doris Huff</td>
<td>Q: Where does General Revenue usually come from? Where does the revenue actually come from?
A: The State of Florida. It is state funding that the legislature earmarks for HIV services through the Florida Department of Health. It is not related to program income or 340B, it is what the state has budgeted for Patient Care Networks (to Heart of Florida United Way) and for County Health Departments.</td>
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<td>Utilization & Expenditures

By Pedro Huertas-Diaz & Yasmin Andre</td>
<td>Q: Part A- Why are the average costs going up and the units not reflecting, the less used it is the more it’s going to cost you? This is referencing the Mental Health Services slide
A: The average cost per client is based on the final expenditures and utilization (number of distinct clients), therefore the average costs will fluctuate based on these two numbers each year. The number of units has also increased each year.

Q: [Unable to hear this question]
A: Yes, the meals that are delivered to the home.

Q: Which EMA was ranked higher than Orlando for Retention In Care, according to the RSR?
A: It is believed to be the Miami EMA.</td>
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<td>Q&A Sessions (General)</td>
<td>Q: Is there someone who can advocate on our behalf at the state level for more funding?
A: While some funding for HIV services is earmarked, formulas are often used to distribute funds for certain patient care programs and these do not always include opportunities for public advocacy. Any constituent can advocate to their legislative and congressional representatives for new funding, especially for innovative programs that will impact their jurisdictions availability of HIV services.</td>
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