

12th International  
Conference on  
HIV TREATMENT  
AND PREVENTION  
ADHERENCE



# Adherence 2017

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**PROACTIVE** Linkage, Retention,  
Re-engagement, and Adherence Program in Broward County, FL

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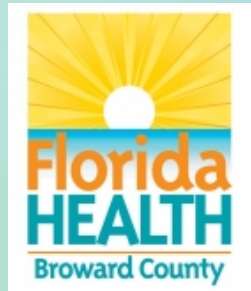
# INTRODUCTION

- In 2015 Broward County had the second highest diagnosis of (HIV) infection.
- The highest prevalence rate of diagnosed HIV in the United States (US).
- In 2015, there were 657 reported new HIV infections
  - 87% linked to care
  - 68% of the estimated 19,585 individuals living with HIV are currently retained in care in Broward County.



# DESCRIPTION

- PROACT was created in October of 2012
  - Linkage to Care Coordinators
  - One MDOT Nurse
  - Peer Navigator
- In June 2013 added the Perinatal Program
- In July of 2014 FDOH Broward County launched the inaugural HIV DIS program the first in the State of Florida.
- In January 2017 added Peer Navigators
- In May 1<sup>st</sup>, 2017 added “Test & Treat” with Linkage and Re-engagement Specialists (LRS).
- In June 2017 will add PrEP Navigators





# Referrals

- DOH- Contracted Providers
- CBOs
- HIV care Providers
- Local Ryan White Part A
- EHARS



**Participate Retain Observe Adhere Communicate Teamwork  
PROACT REFERRAL FORM**

<b>PROACT Program</b> Fort Lauderdale Health Center, Broward County Health Department 2421 SW 6 <sup>th</sup> Avenue, Room 206, Fort Lauderdale, FL 33315 Phone: (954) 467 4700 x 5541 FAX: (954) 467 4476			
<b>Person Making Referral</b>	Name:	<input type="checkbox"/> Physician <input type="checkbox"/> Case Manager <input type="checkbox"/> ADAP <input type="checkbox"/> Other	
	Agency:	Phone: (   )   )	Ext:   )
	E-mail:	FAX: (   )   )	
Is client aware that referral is being made? <input type="checkbox"/> Y <input type="checkbox"/> N		Referral date: _____	
<b>CLIENT INFORMATION</b>			
Name: Last: _____		First: _____ Middle Initial: _____	
Telephone: Home: (   )   )	<b>Best mode of contact</b> <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Home/community visit	<b>Best time to call</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Any Time	<b>Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: <input type="checkbox"/> Client has/needs interpreter
Cell: (   )   )			
Date of Birth: _____			
<b>Identified Risk for HIV Acquisition:</b> <input type="checkbox"/> MSM <input type="checkbox"/> Rectal STI <input type="checkbox"/> HIV + Sex Partner <input type="checkbox"/> Syphilis Infection <input type="checkbox"/> PEP (past 12 months) Other _____			
Address/Street: _____		City: _____	State: _____ Zip Code: _____
<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/unreported	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American Other: _____	<input type="checkbox"/> Pregnant EDD: _____
Insurance Carrier Name _____	<b>Group #</b> _____ <b>Member #</b> _____	<b>Plan #</b> _____ <b>ID #</b> _____	
<b>EMERGENCY CONTACT</b>			
Name: _____		Relationship: _____	Aware of client's HIV status? <input type="checkbox"/> Y <input type="checkbox"/> N
Phone: (   )   )	Address/Street: _____	City: _____	State: _____ Zip Code: _____
<b>REASON FOR REFERRAL (Check all that apply)</b>			
<input type="checkbox"/> Newly diagnosed <input type="checkbox"/> Previously diagnosed/new or returning to healthcare <input type="checkbox"/> Problems with insurance eligibility <input type="checkbox"/> Missed two or more medical appointments <input type="checkbox"/> Needs help navigating healthcare system <input type="checkbox"/> Failed to pick-up ART at pharmacy <input type="checkbox"/> At risk of ADAP noncompliance <input type="checkbox"/> TEST AND TREAT Program		<input type="checkbox"/> Concerns re: lab results <input type="checkbox"/> New prescription(s) <input type="checkbox"/> Self-reported medication interruption <input type="checkbox"/> Unable to manage medications independently; evaluate for DOT <input type="checkbox"/> Requires other medication regimen assistance (e.g., pillbox) <input type="checkbox"/> Not sure: Please assess client for services <input type="checkbox"/> PrEP Navigation Services <input type="checkbox"/> Other: _____	
<b>For PrEP Services Information, only</b>			
Client's last HIV (-) Test: <input type="checkbox"/> Rapid <input type="checkbox"/> EIA <input type="checkbox"/> VL		Date: ____ / ____ / ____	
Has the Client had an exposure to HIV within the last 30 days?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the Client Taken HIV PrEP Before?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Client have a Primary Care Provider? _____		(Name)	
Is the Client Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the Client Seeking Pregnancy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments: _____			





# HIV DIS

- They research individuals that are out of care.
- Provide service to all HIV + individuals that reside in Broward County.
- They provide field visits when clients do not answer phones.
- They inform the HIV/AIDS organization with outcomes of the clients lost to care.
- ADAP/Pharmacy DIS see over 100 clients a month.
- The other two HIV DIS see about 40 cases a month.



# Linkage Coordinators

- Referrals are received from the STD program, HIV DIS, and community organizations.
- Eligibility is that you are HIV +.
- Provide transportation and/or bus passes.
- Each Linkage staff sees around 30-40 clients a month.
- Clients are documented on the DOH and PE database.





# PEER Navigators

- Referrals for basic needs
- Transport clients to the provider.
- Educates clients on HIV and medication compliance.
- Add clients to HPCC database



# Linkage and Re-engagement Specialists (LRS)

- Referrals from STD and/or service providers of a new diagnosis or lost to care.
- Appointments made to see a provider the same day.
- Transport client to provider.
- Facilitate access to the medications.
- Follow up appointments are made.
- Client is followed for one year.
- Documentation of CD4 and VL at baseline and at closure.
- Clients added to DOH and PE database.



# Lessons Learned

- Establishing PROACT has facilitated the provision of seamless services.
- PROACT can improve outcomes across the HIV Continuum of Care
- Monitoring outcomes across the continuum is necessary to be able to evaluate program effectiveness.



# Recommendations

- A comprehensive linkage, retention, re-engagement and adherence program should be established.
- Specialized positions within a program such as PROACT facilitate the effective provision of services.
- The utilization of a tailored data-base is part of the necessary program infrastructure.



# Contact Information

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