



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Community Empowerment Committee Meeting

Tuesday, May 3, 2022 - 3:00 PM

Meeting via [WebEx](#)

Chair: Vacant • Vice Chair: Andrew Ruffner

Join the meeting via: +1-408-418-9388 US Toll Access code: 132 916 3211

This meeting is audio and video recorded.

Quorum for this meeting is 8

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for May 3, 2022
5. **ACTION:** Approval of Minutes from April 5, 2022
6. Standard Committee Items
 - a. Action Item: CEC Listening Session (Handout A)- Continue discussion on how to host a series of CEC listening sessions within the community, specifically for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care.

Work Plan Activity 1.1: Engage consumers in townhalls/listening sessions.
7. New Business
 - a. Action Item: CEC Workplan Review (Handout B)- Review progress towards FY2022 Committee work plan.
 - b. Broward EMA 2022 Needs Assessment Presentation (Handout C) - Receive presentation on Broward County EMA Needs Assessment and Provider Survey.

Workplan Activity 3.1: Use Needs Assessment SOC, QMC, and PSRA recommendations to coordinate feedback mechanisms that address HIV Prevention, stigma, and treatment.

- c. Ryan White Health Outcomes (Handout D) - Receive presentation on Ryan White Health Outcomes that discuss the trends in the HIV care continuum in Broward EMA.
- d. CEC Priority Rankings (Handout E)- Receive presentation on Consumer Involvement Prioritizing Ryan White Services. CEC members will rank the Ryan White Part A service categories for the fiscal year.

Workplan 1.2: Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.

8. Public Comment

9. Agenda Items for Next Meeting

- a. Next Meeting Date: June 7, 2022, at 3:00 p.m. via WebEx Videoconference
- b. Agenda Items for Next meeting
 - i. CEC Listening Session

10. Announcements

11. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at: [HIV Planning Council Website](#)

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • Michael Udine

[Broward County Website](#)

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Community Empowerment Committee

Tuesday, April 5, 2022 - 3:00 PM
Meeting via [WebEx](#)

DRAFT MINUTES

CEC Members Present: S. Jackson (Chair), A. Ruffner (Vice-Chair), D. Gunion, H. Franks, L. Robertson, R. Shore, R. Bhrangger, W. Marcoviche, J. Castillo, V. Biggs

Members Absent: I. Wilson,

Members Excused: A. Lanear, S. Magula, S. Spencer

Ryan White Part A Recipient Staff Present: W. Cius, E. Reynoso

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, J. Rohoman, B. Miller

Guests Present: B. Mester

1. Call to Order, Welcome from the Chair & Public Record Requirements

The CEC Chair called the meeting to order at 3:05 p.m. The CEC Chair welcomed all meeting attendees that were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

The approval for the April 5, 2022, agenda of the Community Empowerment Committee meeting was proposed by D. Gunion, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the March 1, 2022, meeting was proposed by A. Ruffner, seconded by D. Gunion, and approved with no further corrections.

Motion #1: Mr. Gunion, on behalf of the CEC, made a motion to approve the April 5, 2022, Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Ruffner, on behalf of the CEC, made a motion to approve the March 1, 2022, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

There were no standing committee items on the agenda for this meeting.

5. Unfinished Business

Members continued the CEC Listening Session discussion and reviewed the Community Listening Session's promotional materials. PCS Staff reviewed the details of both Community Listening Sessions scheduled for April 12, 2022, and April 18, 2022. The April 12th session will discuss youth HIV awareness. Both listening sessions were promoted and shared with the entire HIV Planning Council and the listserv. Members would like council members to join the listening sessions to provide feedback from the event. One panelist is confirmed to speak at the April 12th event. S. Jackson (Chair) volunteered to facilitate the first session. R. Shore volunteered to facilitate the April 18th event. Members requested a "soft-agenda" to have an overview of the first session. CEC members suggested inviting event speakers to future meetings to solidify any details needed for the listening sessions.

Committee members also discussed the event's technical details. The PCS Staff will test run the filming technology for the event and coordinate with AHF for any available technical equipment. In addition, PCS Staff will attend the event to assist with the technical and audio programming as the event will be in person and live streamed through Zoom and Facebook. Members recommended that the HIV Planning Council recruitment video be shown at the beginning of every session.

PCS Staff provided the PSRA Service Category presentation. CEC members actively discussed the role that CEC plays in the service rankings. During the next meeting, members will receive a PSRA ranking presentation. D. Gunion inquired about the eligibility criteria for CIED. PCS Staff informed the members of the new eligibility criteria.

6. New Business

There is no new business.

7. Recipient's Report

There was no Recipient's report for this meeting.

8. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

9. Agenda Items for Next Meeting

The next CEC meeting will be held on May 3, 2022, at 3:00 p.m. via WebEx Videoconference.

- CEC Listening Sessions
- PSRA Ranking Presentation
- FY2023-2024 CEC Rankings

10. Announcements

- A Townhall Meeting is scheduled for Thursday, April 14, 2022, at 5:30 pm for Broward County's HIV Town Hall Meeting! This event will be held virtually via Zoom and is free and open to the public. Members of the public are invited to share their thoughts on addressing HIV-related health disparities in Broward County, Florida.

11. Adjournment

There being no further business, the meeting was adjourned at 4:18 p.m.

12. CEC Attendance for CY 2022

Consumer	PLW/HA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	4	1	1	5									
1	1	0	1	Bhrangger, R.	X	X	X	X									
0	1	1	2	Biggs, V.	X	X	A	X									
0	0	0	3	Franks, H.	X	X	X	X									
0	0	0	4	Gunion, D.	X	X	X	X									
1	1	0	5	Marcoviche, W.	X	X	X	X									
0	1	0	6	Robertson, L.	X	X	X	X									
0	0	0	7	Ruffner, A., V. Chair	X	X	X	X									
0	0	0	8	Shore, R.	X	X	X	X									
0	0	3	9	Wilson, I.	A	E	A	A									
0	1	0	10	Castillo, J.	X	X	X	X									
1	1	1	11	Jackson, S., Chair	A	E	X	X									
0	0	0	12	Magula, S	N-03/24			E									
1	1	0	13	Lanear, A	N-03/24			E									
1	1	0	14	Spencer, S	N-03/24			E									
Quorum = 8					9	9	9	10	0	0	0	0	0	0	0	0	

Legend:

X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

Community Empowerment Committee Meeting Minutes – April 5, 2022
Minutes prepared by PCS Staff

HANDOUT A

Community Conversation Debrief of Events

Youth Awareness Event	Date: April 12, 2022 Location: AHF Healthcare Center, 700 SE 3rd Ave., Fort Lauderdale, FL 33316 Guest Speakers: Valoria Thomas (Broward House), Nikki Andrick (Planned Parenthood), Daneila Mcvea-Smith (Planned Parenthood) In-Person Attendance: 10 people Virtual: 63 views (Facebook) & 15 views (Zoom)
Topics that were discussed	• Stigma is a barrier for youth in accessing prevention and treatment services. • Lack of education, lack of accessibility of resources, lack of awareness and transportation to health services. • Family plays an important role for youth in accessing prevention and treatment services. • Educating the family members, parents, and guardians, is also important. Public health professionals need to understand the older generation and the cultural differences that are presented within this community. Understanding how to best communicate the needs of the youth to the older generation. • Telehealth was also a topic of discussion. Panelist looked at the pros and cons of telehealth and the accessibility for youth.
Recommendations	• Have more hands-on educational programming in schools for students and have a safe place for them to discuss their concerns and create more accessible sexual health resources. • Educational programs for parents and guardians to educate them on sexual health topics. This will create a safe space for parents and guardians along with their youth to have healthy dialogue. • We can also digitize educational materials on popular social media sites that youth utilize. Creating more of a digital presence. Making more applications available online and have Q & A chats. • We also need to have more dialogue with youth. We need to create a seat at the table for them to share their opinions and

	voices in a safe environment free of judgement and consequences. • Provide youth with monetary incentives to retain them into care.
Transgender HIV Testing Day	Date: April 18, 2022 Location: Arianna Center, Guest Speakers: Ariana Lint (Arianna Center), Tatiana Williams (TransInclusive) In-Person Attendance: 25-30 people Virtual: 18 views (Facebook) & 11 views (Zoom)
Topics that were discussed	• Social determinants of health need to be analyzed to understand the barriers of why the transgender community are not utilizing the resources to prevent the transmission and diagnoses of HIV. • More outreach work needs to be continued within the community, and more representation on the Council to advocate the needs of the transgender community. • Educating the staff at the provider agencies on cultural competency for the transgender community. The transgender community does not feel comfortable when attending their scheduled appointments, which deters them from attending future health appointments. • Persons who identify as transgender are discriminated, and when diagnosed with HIV they are further discriminated against and stigmatized. • Immigration is also an issue for persons living with HIV. They fear of being deported and do not seek HIV medical care. • Conversation included funding for gender reassignment. • Housing is a huge issue within the Transgender community. They are displaced from homeless shelters and have no place to go and result to being homeless on the streets. • The transgender community would like more visibility on the Planning Council to voice their concerns and challenges. They would like to advocate and have a seat at the table.

Recommendations	• When unionizing forces within the Broward community to ending the HIV epidemic conversations need to also include the transgender community. • Allocate more funding to the Housing services. • Being more creative in dismantling systems and allow a safe space for the transgender community to access services without judgment and oppression from providers. • Revise the language in the cultural competency curriculum for providers.
-----------------	---



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Community Conversations

Uplifting Community Voices

ViiV Healthcare Presents: A Different PrEP Option



Guest Speaker
Matthew Tochtenhagen, MHA
HIV Community Engagement
Specialist

Tuesday, May 17

06:00 pm - 07:00pm

AHF Healthcare Center,
700 SE 3rd Ave.,
Fort Lauderdale, FL 33316
1st Floor Community Room



Can't make it in
person? Join us on
Zoom

Meeting ID
874 0259 0989

Passcode
484889

REGISTER NOW

**Free &
Open to
the Public**

**Refreshments will
be provided**

For More Information: hivpc@brhpc.org or 954 561 9681 ext 1292



BrowardHIVPC



**Broward HIV
Planning Council**



BrowardHIVPC

HANDOUT B

[illegible]

HANDOUT C



2021-2022 BRHPC Broward County HIV Community Needs Assessment Findings

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented May 3, 2022

2020-2021 Needs Assessment Sources

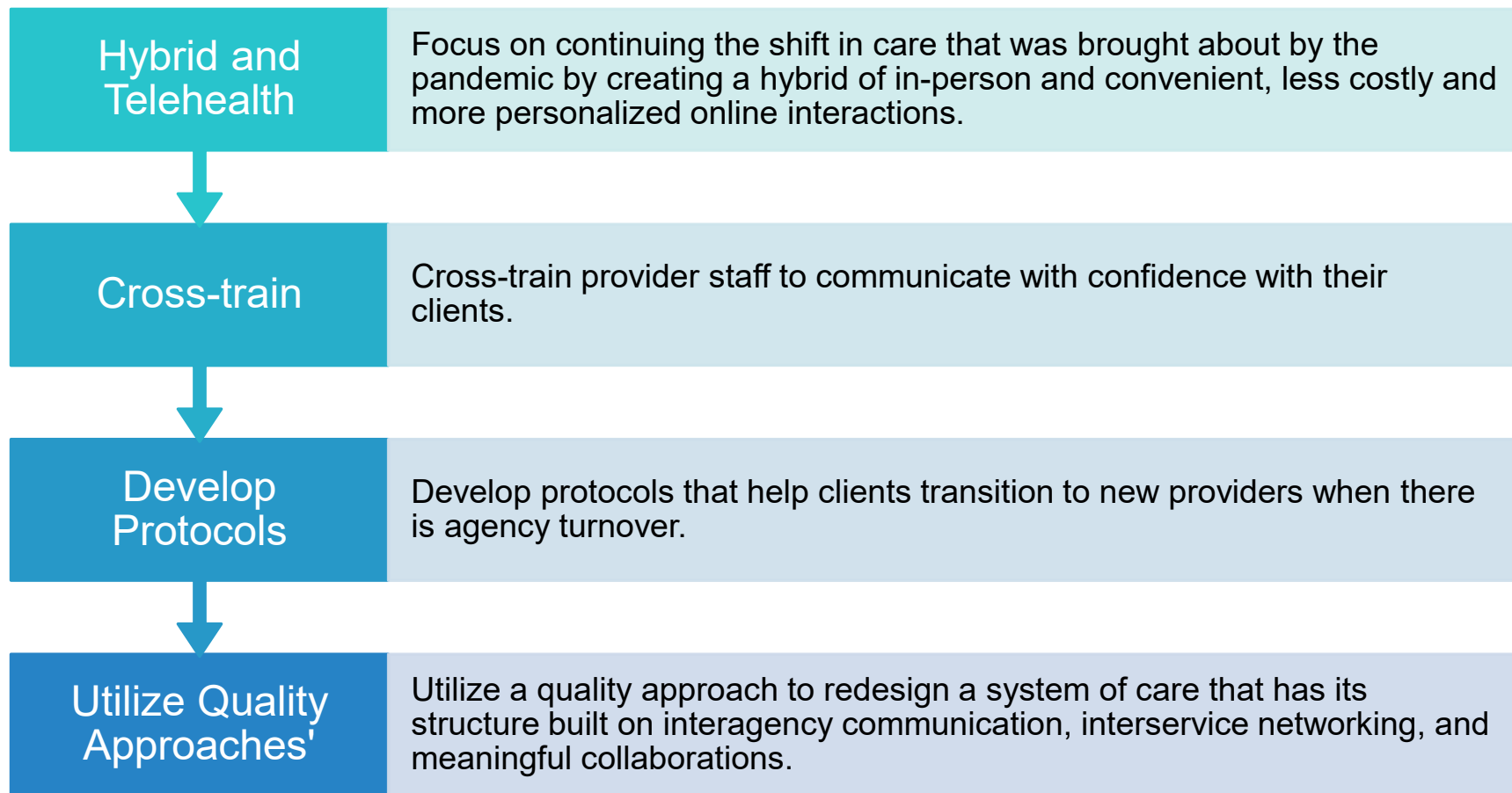
This presentation assessed data from the following projects:

- I. Ryan White Program State-wide Consumer COVID-19 Survey FY2020-2021
 - II. Key Informant Interviews 2020, 2021
 - III. Consumer Focus Group Interviews, 2020, 2021, 2022
 - IV. Ryan White Part A Provider Survey 2022
- This information highlights the strengths and opportunities for improvement of the RW Part A Program as well as possible gaps in the provision of care.
 - These projects were coordinated by Broward Regional Health Planning Council, Needs Assessment Contractor.
 - Consumers are defined as active Ryan White Part A clients.

2020 Part A Providers Focus Groups

Key Findings

1. Medical services, antiretroviral medications and food services are extremely valuable to clients.
2. More transportation options are needed for clients to get to appointments.
3. An age-friendly system of care needs to be established for clients aging with HIV.
4. Enhance oral health services to ensure that all eligible clients can receive needed dental care in a timely manner.
5. Case management and counseling services are the “glue” for some patients to remain in HIV care, but because of stigma and confidentiality concerns, there are many clients who choose not to accept or utilize these services.



2020 Part A Providers Recommendations for Improvement

2020 Part A Providers Recommendations for Improvement

Build processes to ensure consumers feel listened to and communicated with effectively.

Commit to and ensure an integrated approach across agencies to enhance the consumer health experience.

Equip and empower providers and staff to deliver a consistently exceptional experience.

Ensure that all agencies recognize and develop provider/staff onboarding and annual training updates that highlight the HIV continuum of care and its expansion far beyond agency walls.

Enhance the client health experience to outcomes by providing transparent and understandable information on the “steps” to access needed support and eligibility continuation services.

Develop a “help line” to assist and empower consumers when they have access to care and eligibility concerns and/or challenges.

FY 20/21 Part A Consumer Focus Groups

Key Findings

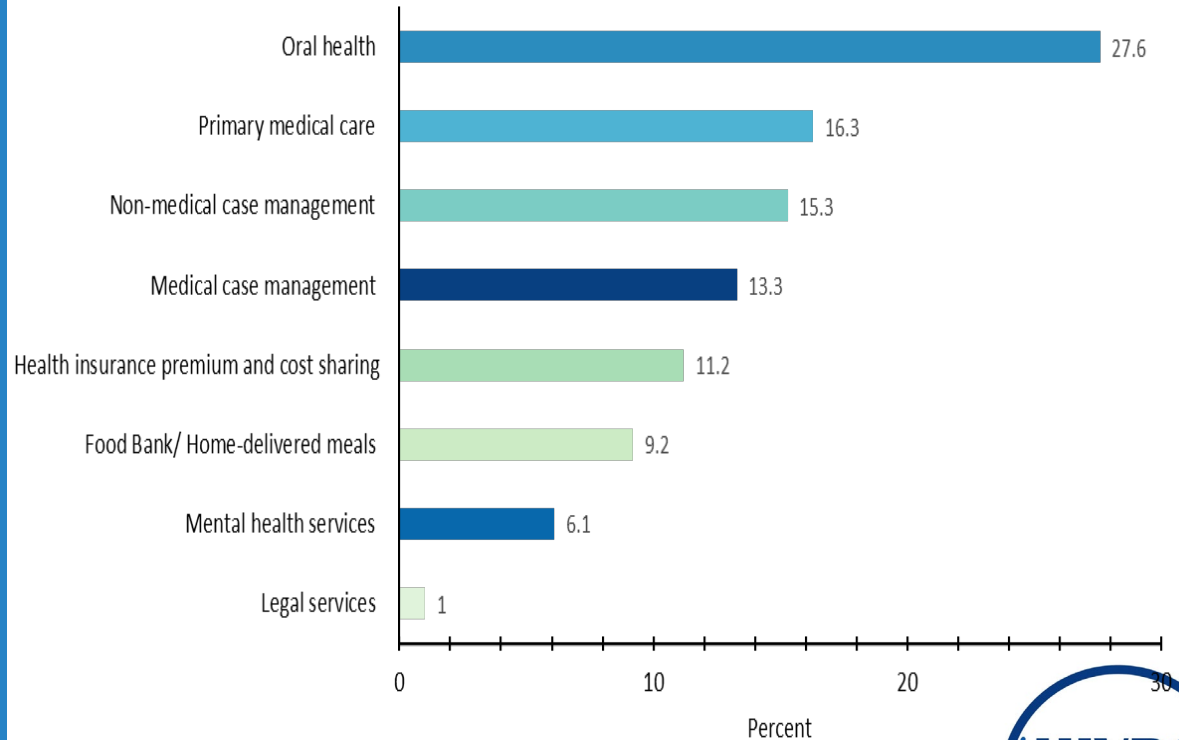


1. Consumers place high value and confidence in Part A Medical Services.
2. Support services are highly valued by clients.
3. Oral Health services were difficult to access and service satisfaction was very low as reported by over 70% of consumers.
4. Negative Customer Service experiences.
5. The EMA does not adequately address **generational** and **gender-specific specialty care**.
6. Consumers do not know what to do when they cannot access a needed service.



Ryan White Service Rankings by Consumers: FY2020-2021

Consumers reported that the most important Ryan White services were oral health services, primary medical care, non-medical, and medical case management, followed closely by health insurance premium and cost sharing.



FY 21/22
Consumer Focus
Groups:

Services
Identified as
Valuable

Services	CFG 1	CFG 2	CFG 3
Housing Case Management	☆	☆	☆
Food Services	☆	☆	
HIV Medications	☆	☆	
Substance Use Treatment Programs		☆	
Medical Specialists	☆	☆	
Peer Navigation Services		☆	
Test and Treat Program		☆	
Part A Program Consistency /Hopefulness		☆	
Mental Health			☆
Therapy and Treatment			☆
Case Management			☆
Eye Exams			
Dental Services			
Transportation			

*CFG – Community Focus Group



Key Findings Consumer Focus Groups

Linkage to Care (LTC)

Barrier

PWH do not understand the full range of services

Recommendations

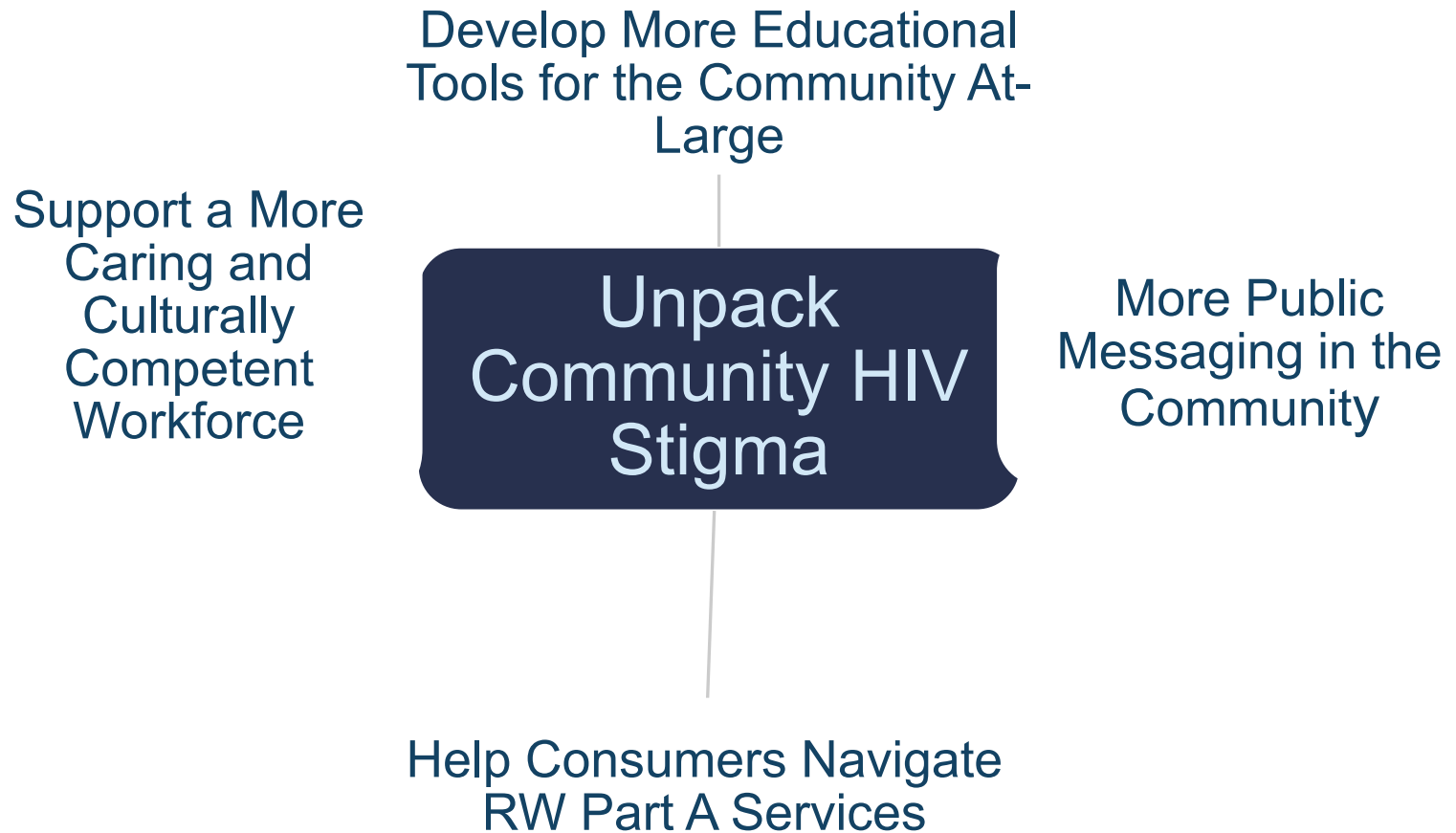
1. Develop a **formal client orientation program** that includes a visual tour and access procedures explained by a CHW or Peer.
2. **Offer substance use treatment** services to all consumers with an active substance use disorder when they are linked to treatment.

Consumer Focus Group Recommendations

Stigma is a Barrier

Many PLWH are fearful of external stigma and have internalized stigma about people with HIV causing shame, self-doubt, and refusal to receive services, including, CM, DCM, and CIED.

Priority Consumer Focus Group Recommendations



Consumer Focus Group #3:

Healthy Aging Services

Destigmatize and Offer
Integrated Emotional
Support Services

RECOMMENDATIONS

Understandable Information
on Food Services to
Support Access to
Nutritionists and Food

Training for Case
Managers on Local and
State Support Services



Peer/Consumer Focus Group Key Findings

- Peers acknowledge that patients are **more likely to be retained in care** and follow their HIV medication regimen **when they feel supported** by their **medical providers**.
- **Case managers** should be more informed about HIV treatment and management and the various support services.
- Clients and providers that are not a good “match” can cause consumers not to return to care.
- Peers acknowledge **dental care** as an **essential service** for PWH.
- PWH entering the RW system of care greatly benefit from the ability to receive **food services**.
- Peers see **eligibility** services as **limiting barriers** to PWH staying retained in care.
- The Part A MIS (PE) creates challenges that **negatively affect the delivery of food services**, one of the most valued support services.



Peer/Consumer Focus Group Recommendations

Create supportive, person-centered care experiences where employees want to know their clients

Build a strong healthcare team that can deal with frustration

Ensure clients are informed and feel confident to navigate a complex system of care

Employ and train a competent and helpful front desk staff

Hire and retain providers and staff who have compassion, empathy, and passion for their work

Place peer navigators in every agency working with the care team to better empower clients

Peer/Consumer Focus Group Recommendations



Create a more
coordinated
eligibility and
recertification
system for
RW Parts A
and B

Continue Providing Support Services
and Work to Improve Food Bank and
Gift Card System

Improve the operability of
Provide Enterprise (PE) to
support Food Services

Create a
universal
eligibility system
for the Broward
EMA RW Part A
Program

Key Informant* Interviews Findings

Support Services Providers



Services that best support clients going through challenging situations are **peer support, mental and behavioral health, food, and transportation**



Improve interagency communication to make the treatment and care **process more seamless** and accessible to clients.



Clients have limited energy and resources; some have limited social networks. The **system of care should be more “cohesive”** so patients are not burdened but are energized and engaged by the services and system as a whole.



Develop **integrated care strategies** for clients who require complex care due to the impact of **SDOH** and **comorbidities**.



Provide **more competitive reimbursement** so that agencies providing Part A services can “break even.”



Health Services

Recommendations on Eligibility Services

1. Create a system of care that is more “cohesive”. More “one-stop-shop” services were identified as a way to improve the connectivity of the system of care.
2. Develop a yearly recertification process and a “hybrid” process whereby recertification could mirror the eligibility of persons who have commercial insurance.
3. Create a less stigmatizing and fatiguing process that will ultimately empower clients to stay connected to their care.



RW HIV Provider Survey 2022

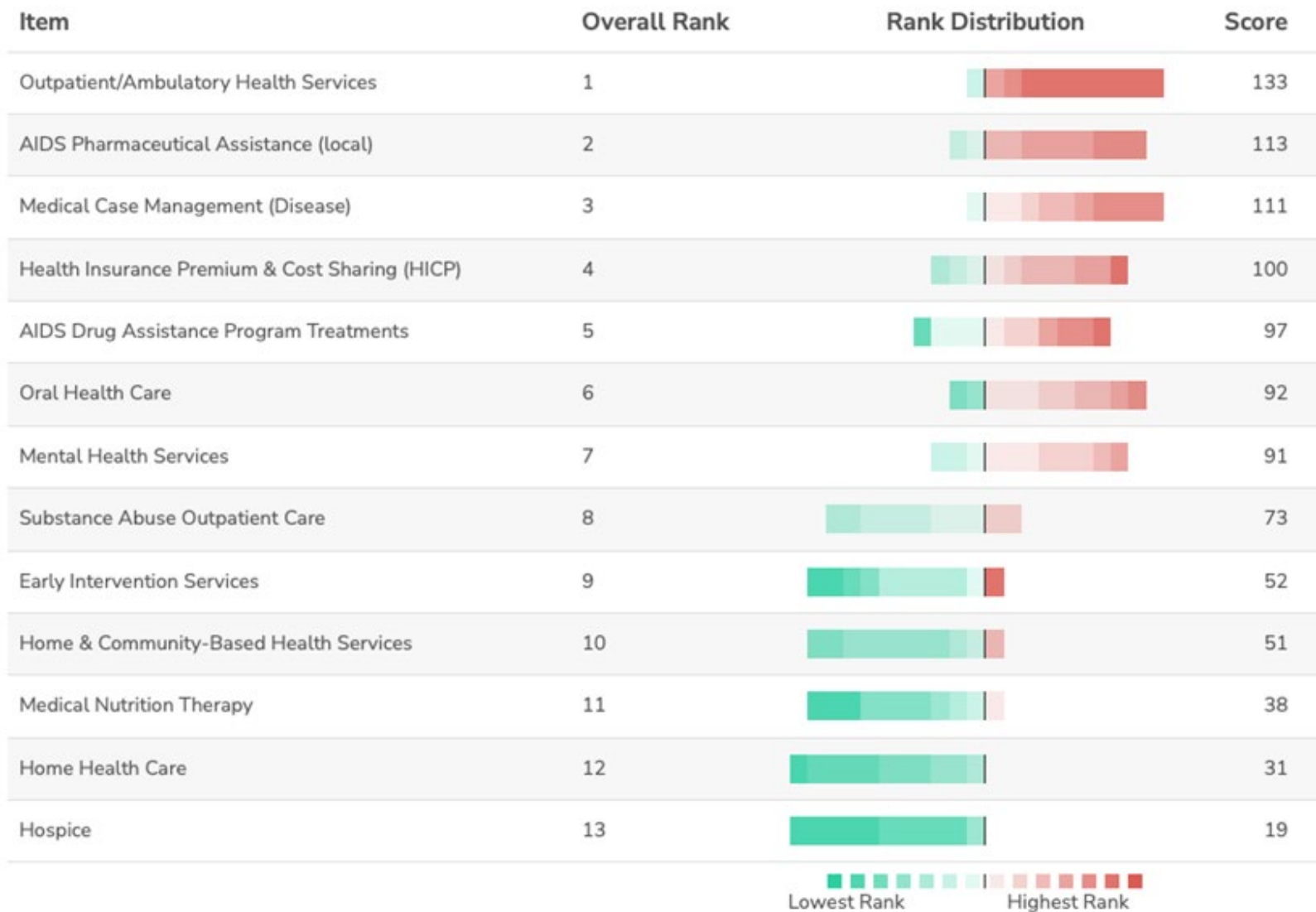
GAUGE PROVIDER CAPACITY AND CAPABILITY
AND DOCUMENTS PROVIDERS' ABILITY TO
DELIVER SERVICES TO SPECIFIC POPULATIONS
AND/OR GEOGRAPHIC AREAS



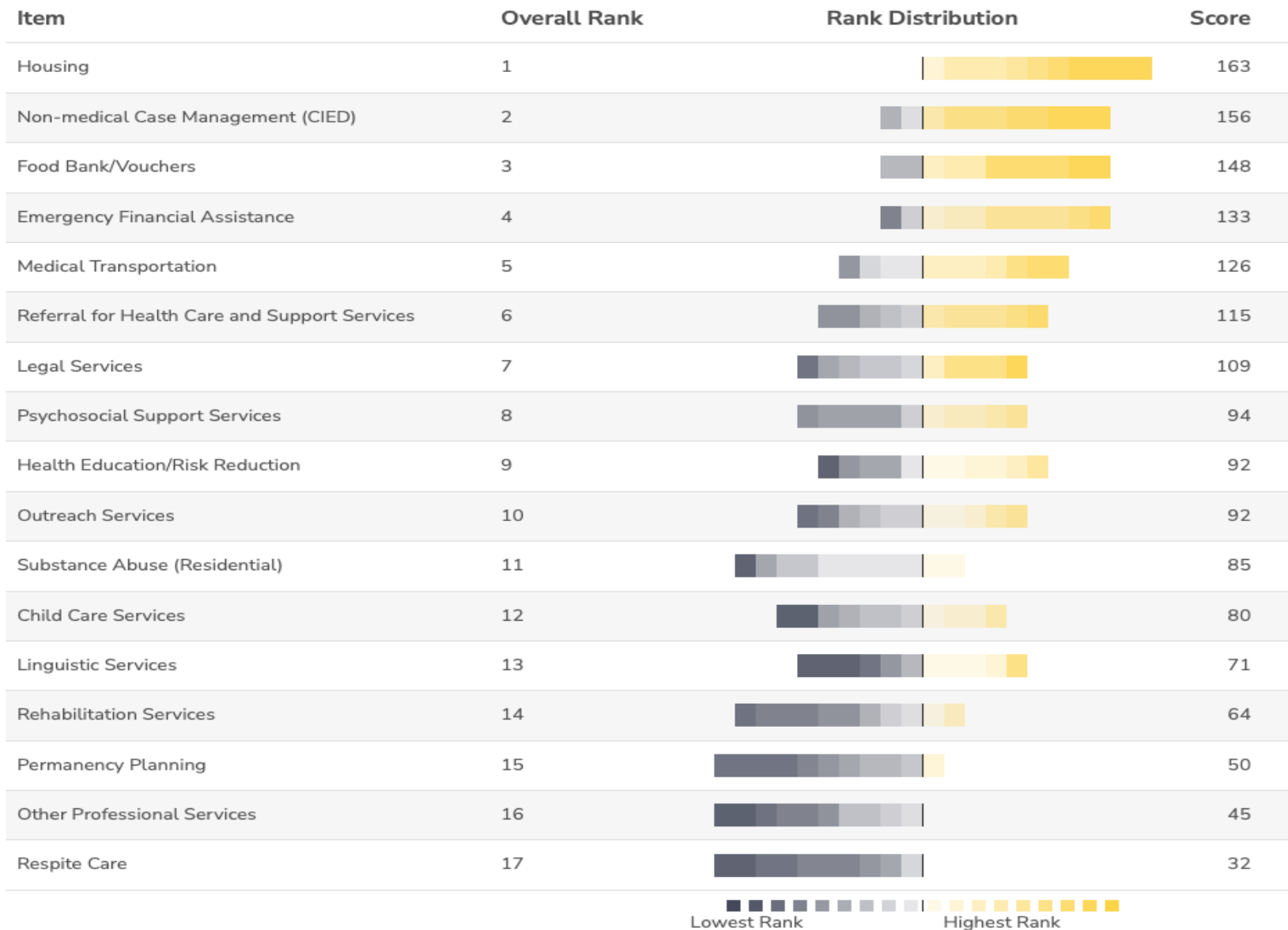
Eleven (11) of the twelve
(12) Ryan White Part A
providers completed the
survey for a response rate
of 92%



Ryan White Core Medical Services Ranking



Ryan White Support Services Rankings



	Improved	Same	Worse	Don't Know
AIDS Pharmacy Assistance (LPAP)	27%	64%		9%
Outpatient/Ambulatory Health	27%	56%	9%	9%
Insurance Deductibles and Co-Pays		73%	9%	18%
Medical Case Management	18%	64%	9%	9%
Mental Health	9%	64%	9%	18%
Oral Health - Routine	9%	73%	9%	9%
Oral Health - Specialty		55%	27%	18%
Substance Abuse - Outpatient	9%	55%	18%	18%

Access to Support Services During the Last 12 Months

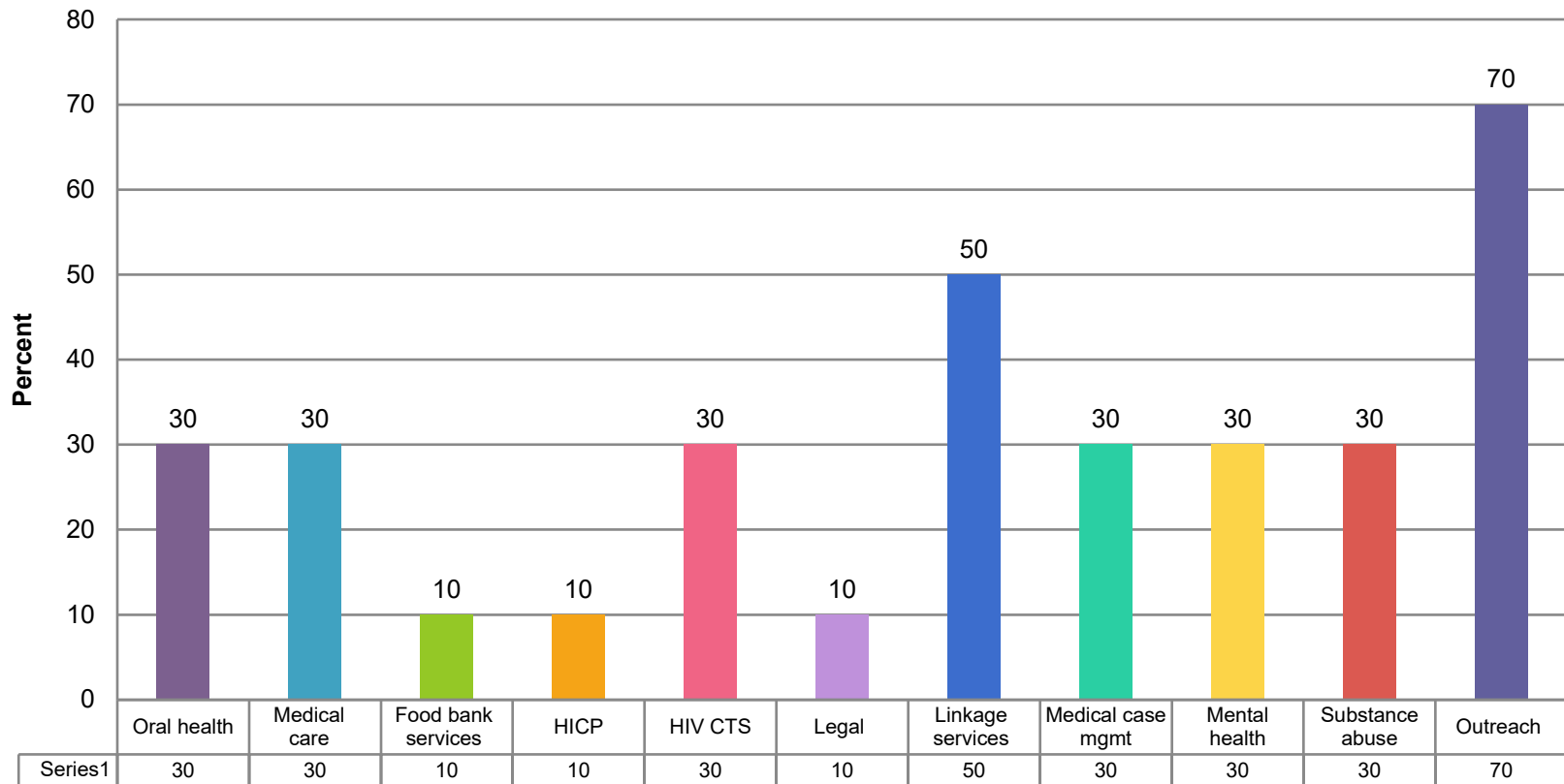
In the last 12 months, select the item that best describes access to care among your clients for the following core services:

	Improved	Same	Worse	Don't Know
CIED	36%	55%		9%
Food Bank	37%	55%		9%
Legal Services	9%	73%		18%
Food Vouchers	27%	46%	9%	18%
Emergency Financial Assistance	9%	55%	9%	27%

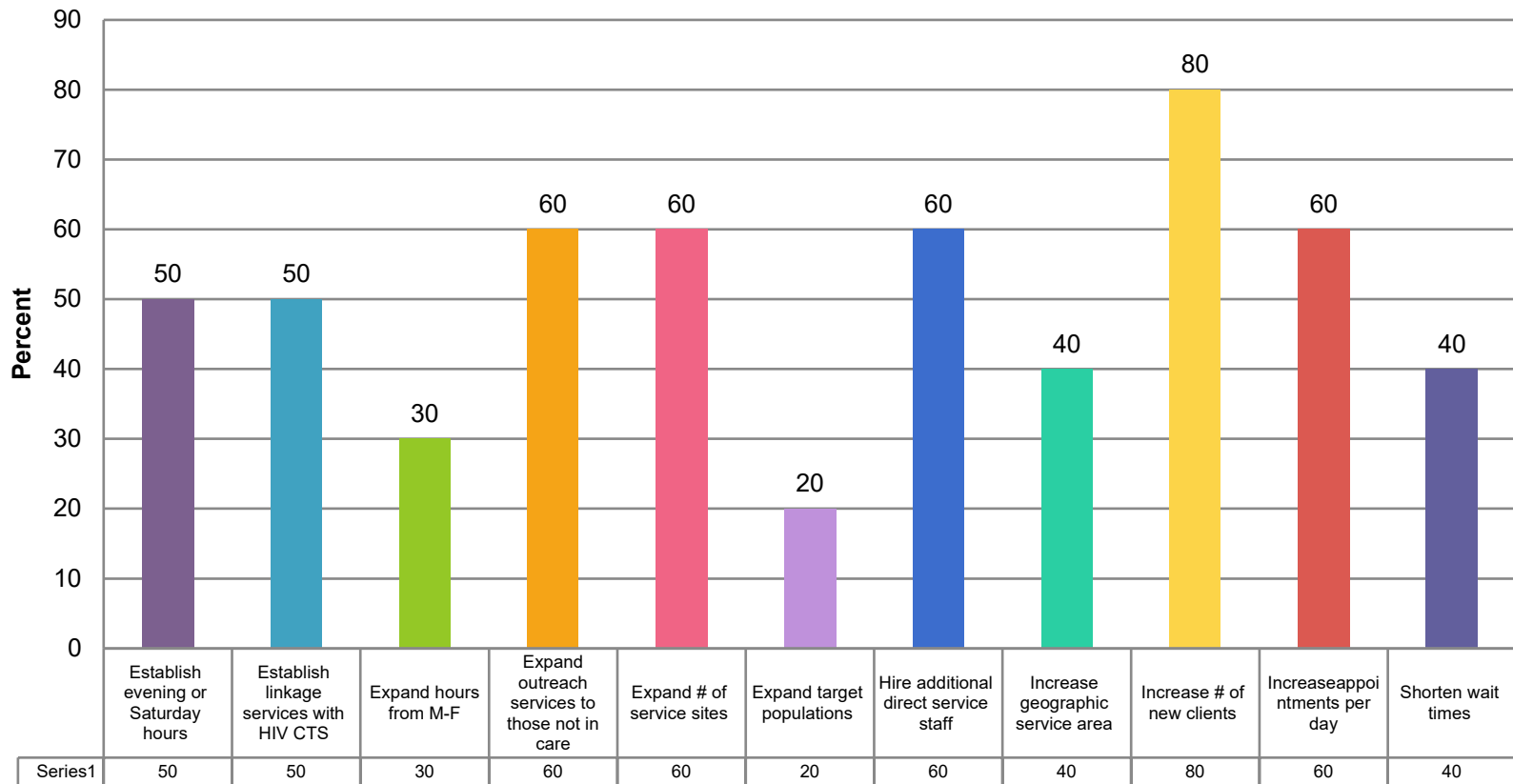
Access to Support Services During the Last 12 Months

In the last 12 months, select the item that best describes access to care among your clients for the following support services:

Which NEW services would your HIV program establish if additional funds were available?



In what ways would your HIV program expand EXISTING services if more funds were available?



Provider Recommendations

Improving the Continuum & Addressing Unmet Need

- [ADAP services should be made easier for clients to obtain.](#) They should be contracted through providers instead of a central location.
- [It is essential to allocate more money into outreach and prevention.](#) It is important to focus on clients that fall out of care. Many clients will not come to care if someone does not call or get them. The system needs to promote methods that work to bring clients to care. For example, self-termination, transportation, meet the clients where they are. Feasibility is very important as well.
- [Implement quality improvement projects pertaining to unmet needs in the continuum of care.](#) Addressing local and state initiatives and alignment with community needs. As an example, Insurance Companies in states with Medicaid Expansion have invested hundreds of millions of dollars for housing needs of their members on Medicaid. Collaborative efforts among public/private entities increases better health outcomes in the communities.

Housing Case
Management

Behavioral and
Mental Health
Services

Comprehensive
Yearly
Recertification
Process

Connectivity of
System of Care

Peer Navigation
Services

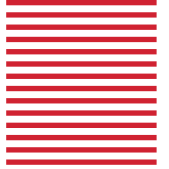
Food Services
Expanded Nutrition
Counseling
Services

Common Themes in Key Findings

QUESTIONS?

DISCUSSION





Broward EMA Ryan White Part A Program

Health Outcomes

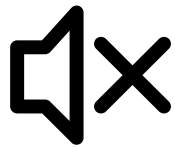
Priority Setting & Resource Allocation Committee Meeting
May 19, 2022



PRESENTED BY
BRIANNE MILLER, MPH, CHES & JASMINE ROHOMAN, MPH



Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise



Identify Yourself

State your name and agency when speaking



Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification



Raise Your Hand

The "raise hand" option will notify the presenter of any questions that may arise



Ask Questions

Please save questions until the end of each slide

HIV Care Continuum Definitions

- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **Retained in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

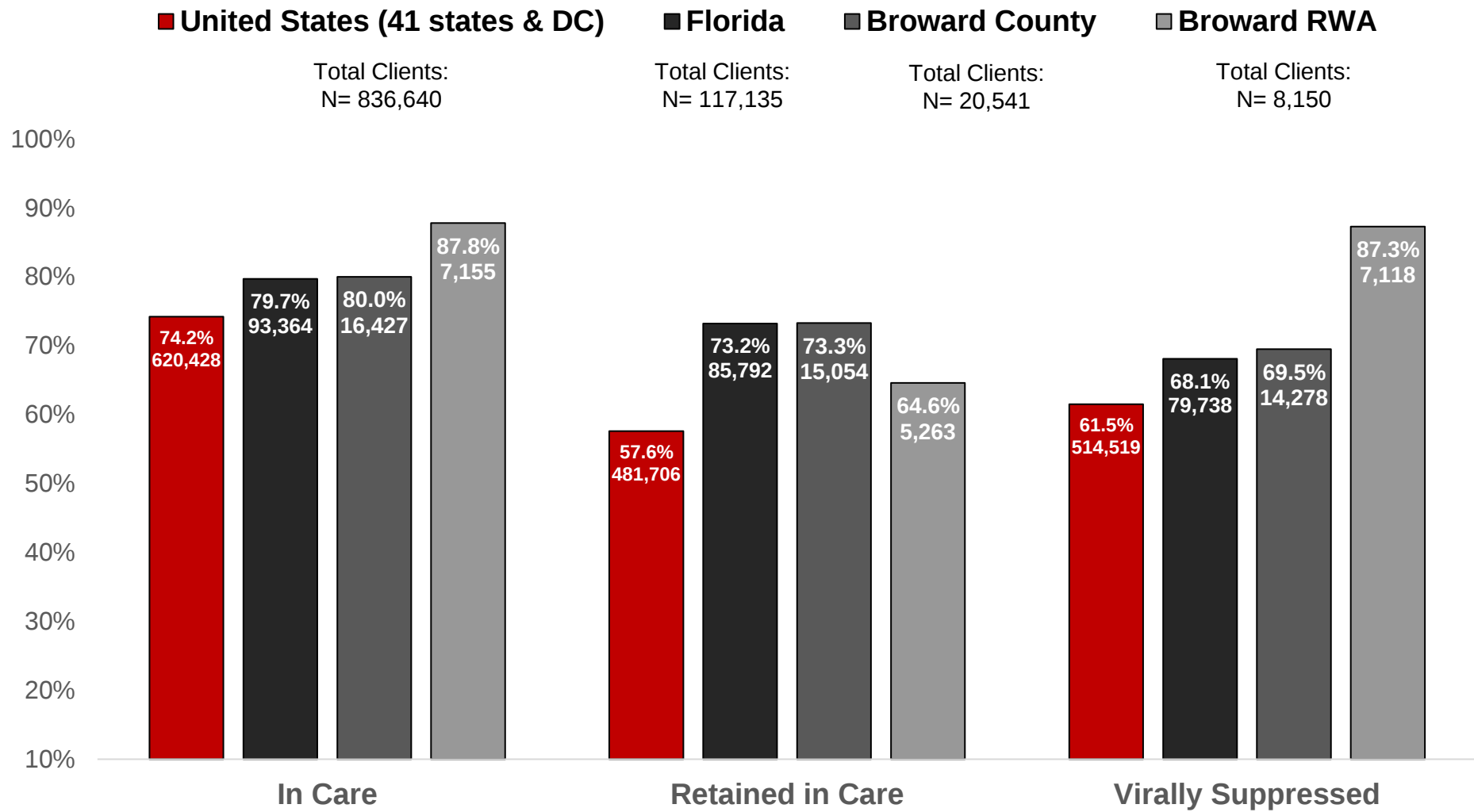
**Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*



HIV Care Continuum Definitions

- **Retention in Care:** Measure impact due to limited accountability for information from:
 - Clients who move, are incarcerated, or deceased during the measurement period
 - Clients with private insurance/doctors
 - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.
- Impact of COVID-19 on FY 2020 data.

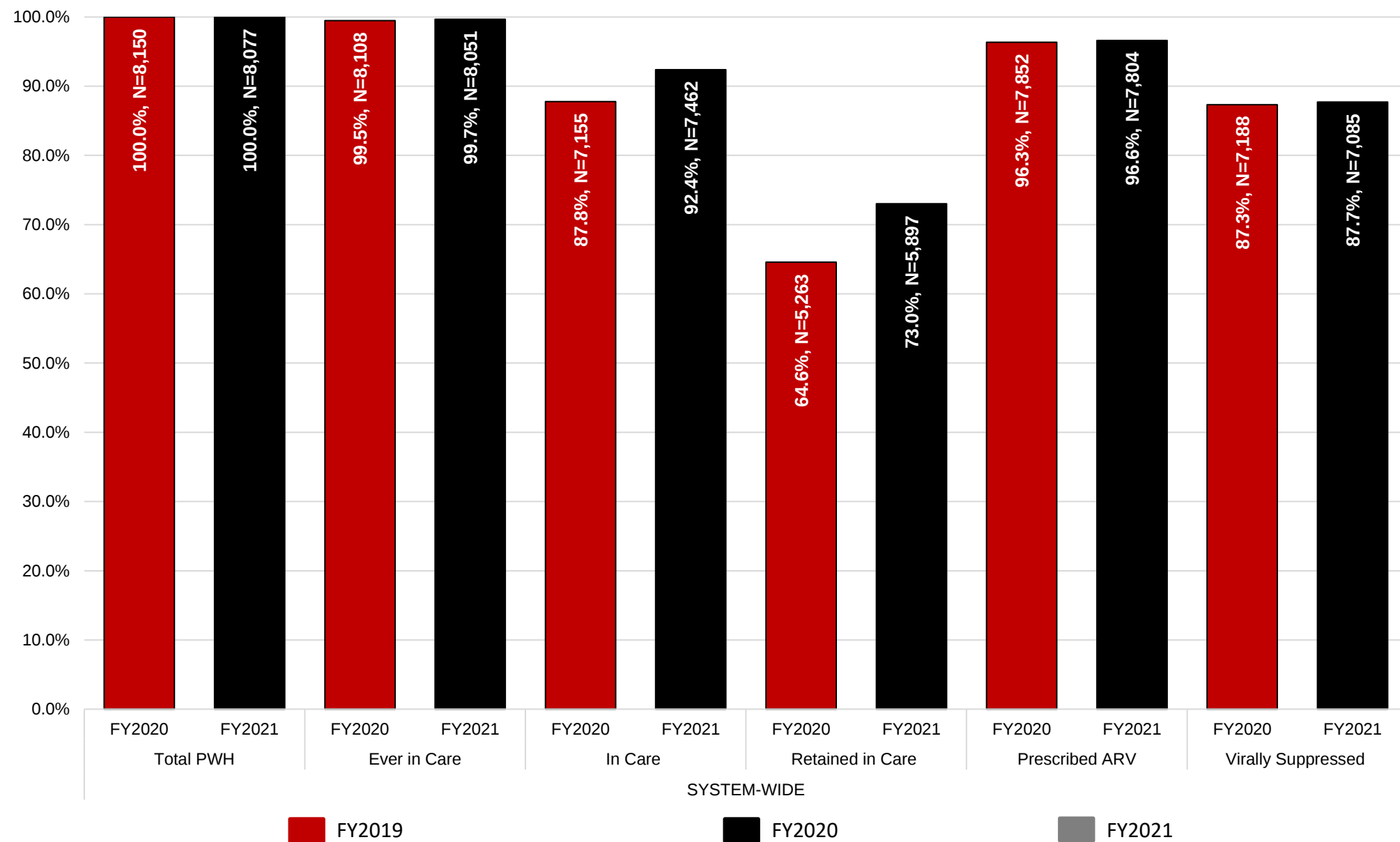
US, Florida, Broward County, & Broward Part A HIV Care Continuum



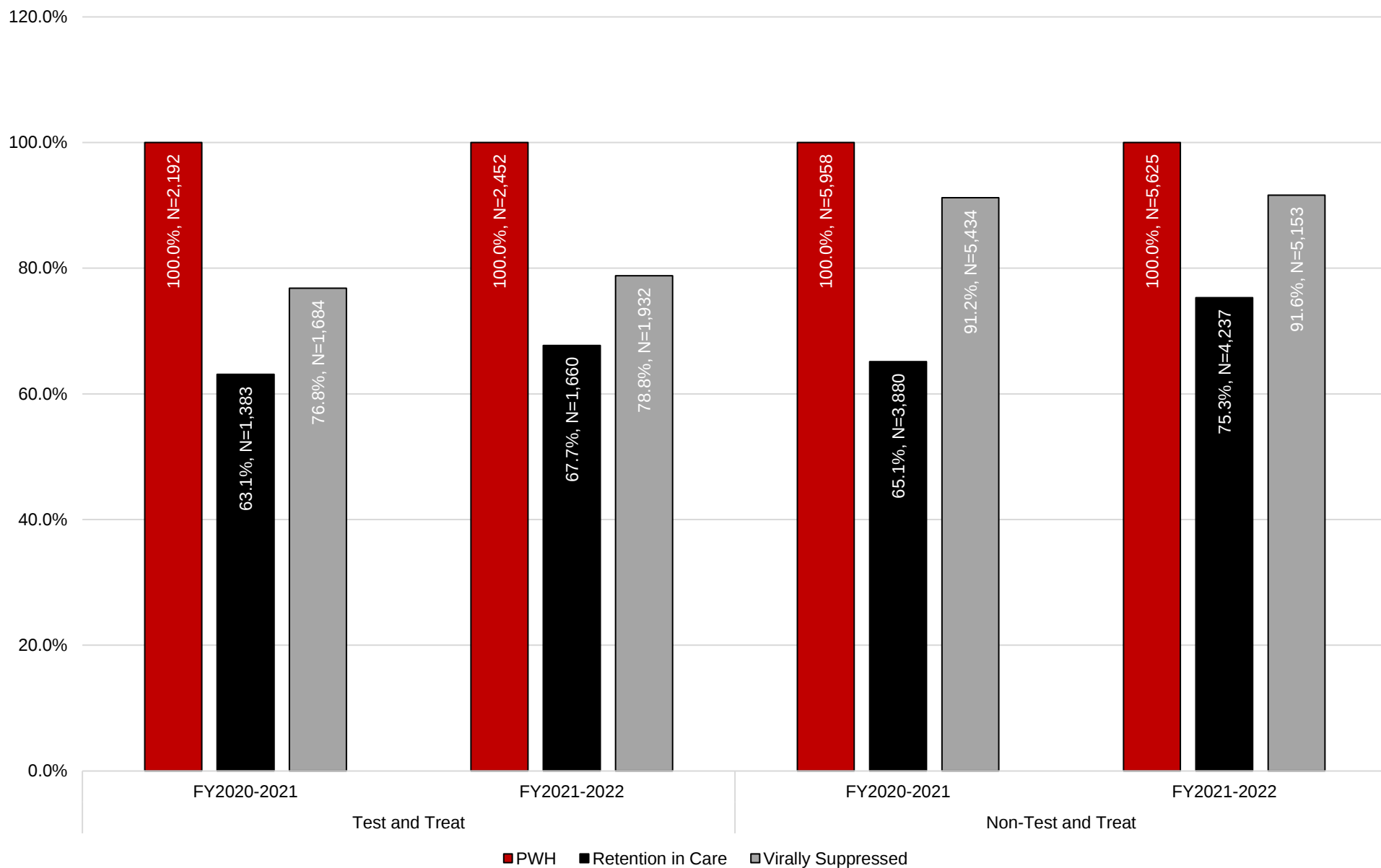
Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

Technical Notes: Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.

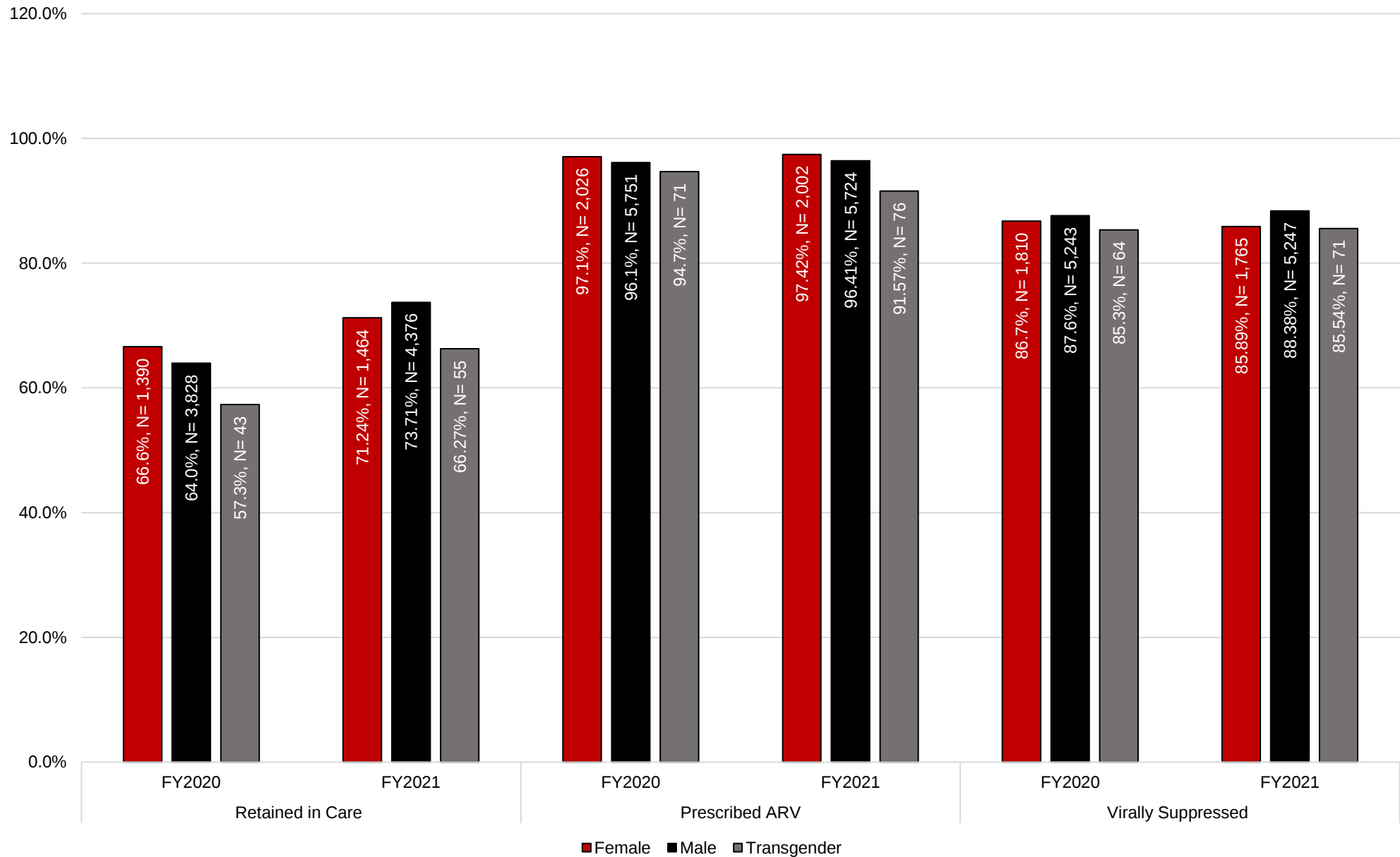
HIV Care Continuum Systemwide, Broward EMA, FY2020 and FY2021



Broward EMA HIV Care Continuum Systemwide, Test and Treat and Non-Test and Treat Clients, FY2020 and FY2021

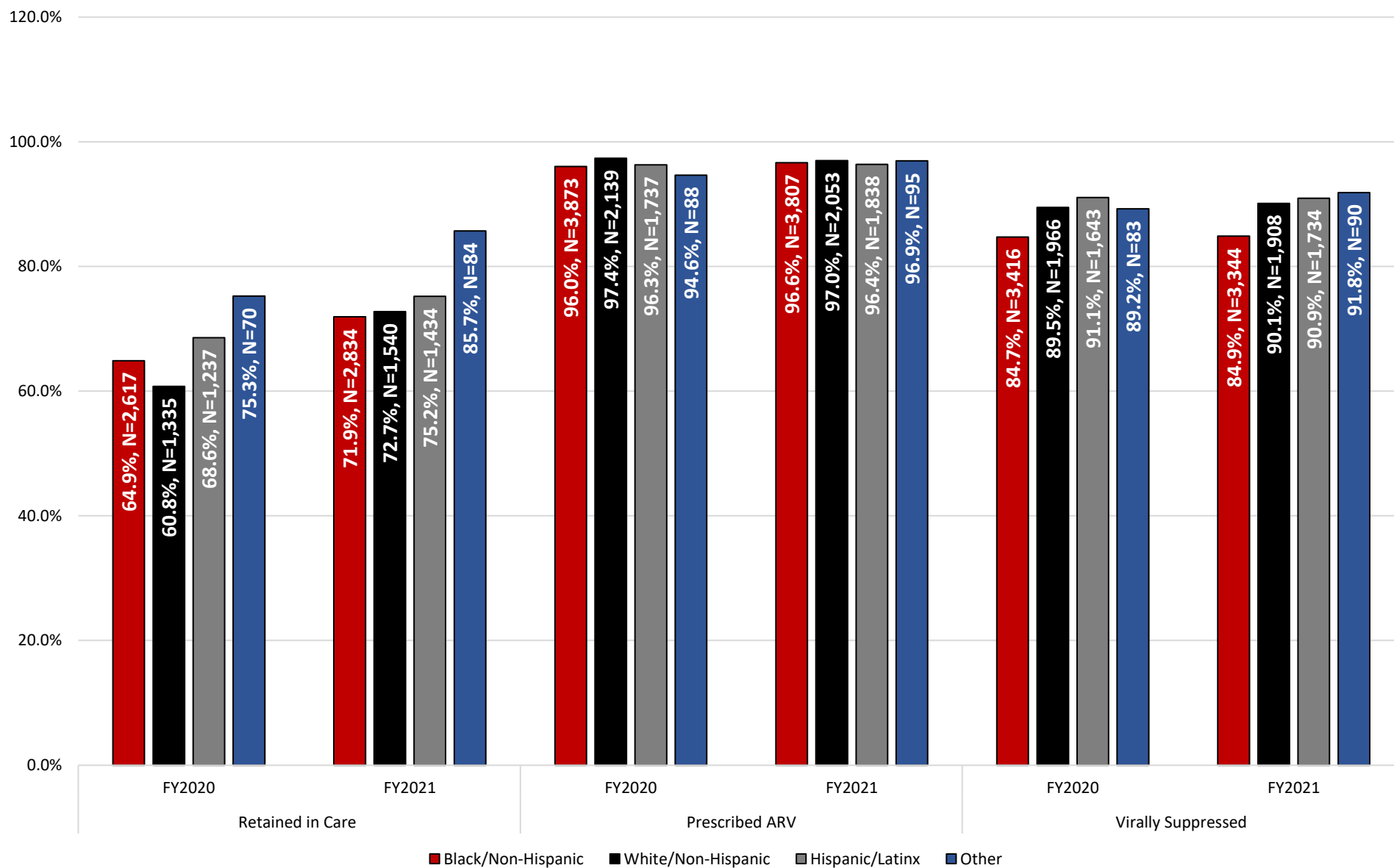


HIV Care Continuum by Gender, Broward EMA, FY2020 and FY2021



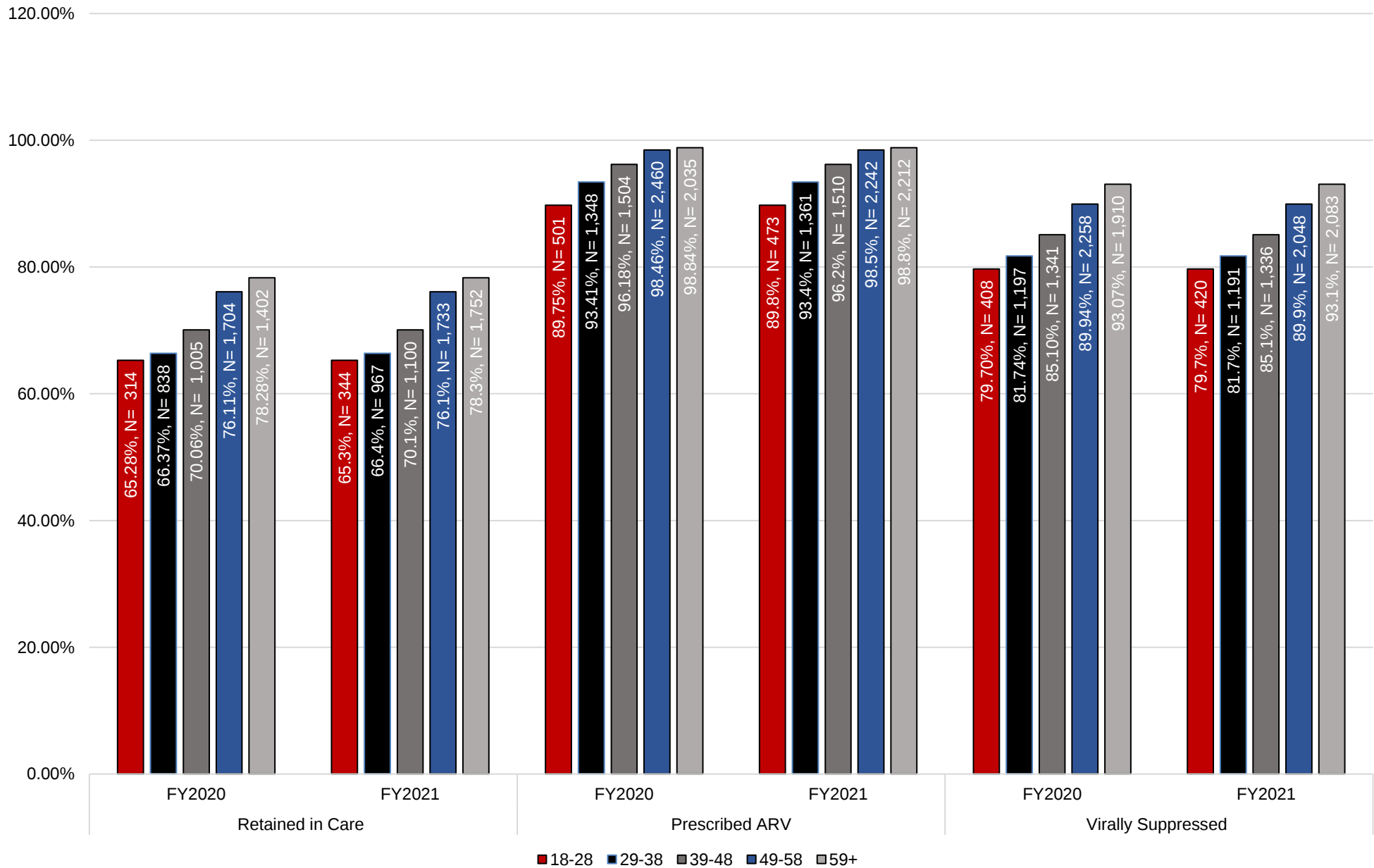
Total Clients: FY 2020: Female = 2,087, Male = 5,984, Transgender = 75; FY 2021: Female = 2,055, Male = 5,937, Transgender = 83

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2020 and FY2021

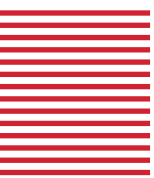


Total Clients: FY 2020: Black, Non-Hispanic = 4,033; White, Non-Hispanic = 2,197; Hispanic/Latinx = 1,804; Other = 93; FY 2021: Black, Non-Hispanic = 3,940; White, Non-Hispanic = 2,117; Hispanic/Latinx = 1,907; Other = 98

HIV Care Continuum by Age, Broward EMA, FY2020 and FY2021



Total Clients: FY 2020: 18-28 = 550, 29-38 = 1,440, 39-48 = 1,573, 49-58 = 2,515, 59+ = 2,066, FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238



HIV Care Continuum: Notable Trends from FY2020 to FY2021

- **Test & Treat Program:**
 - **Test & Treat Clients:**
 - PWH ↑ 260 clients
 - Retention in Care ↑ 4.6%
 - Viral Suppression ↑ 2.0%
 - **Non-Test & Treat Clients:**
 - PWH ↓ 333 clients
 - Retention in Care ↑ 10.2%
 - Viral Suppression ↑ 0.4%

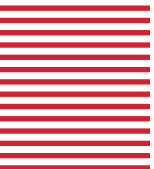
**HIV Care
Continuum:
Notable Trends
from FY2020 to
FY2021**

- **Subpopulations:**
 - **Female clients: RIC increase by 4.6% & VS decrease by 0.8%**
 - **Male clients: RIC increase by 9.7% & VS increase by 0.8%**
 - **Transgender clients: RIC increase by 8.9%**

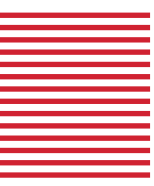
HIV Care Continuum:

Notable Trends from FY2021-2022

- **Subpopulations to monitor:**
 - **Black (Non-Hispanic) clients: RIC increase by 7%**
 - **White (Non-Hispanic) clients: RIC increase by 11.9%**
 - **Hispanic/Latinx clients: RIC increase by 6.6%**



HIV Care Continuum: Notable Trends FY2021



- **No changes were seen amongst the different age groups between the two fiscal years.**
- **Things to consider:**
 - **18-28 age range:** 34.7% not retained in care & 20.3% not virally suppressed
 - **29-38 age range:** 33.6% not retained in care & 18.3% not virally suppressed
 - **39-48 age range:** 29.9% not retained in care & 14.9% not virally suppressed
 - **49-58 age range:** 23.9% not retained in care & 10.1% not virally suppressed
 - **59+ age range:** 21.7% not retained in care & 6.9% not virally suppressed

HIV Care Continuum: Recommendations for Continuum of Care



The Black (Non-Hispanic) subpopulation in the HIV Care Continuum is one of concern. As of FY2021-2022, the Black (Non-Hispanic) subpopulation is 0.4%-7.6% less likely to be in care and 0.2%-13.3% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this age group.

Of the 3,940 Black (Non-Hispanic) clients:

- 79.6% identified as female,
- 38.01% identified as male,
- 71.8% identified as heterosexual,
- 70.2% reported education level between 8th and 12th grade,
- 77.9% reported permanent housing,
- 35.1% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.



HIV Care Continuum: Recommendations for Continuum of Care

Black (Non-Hispanic) clients make up approximately 48% of the HIV Care Continuum. The data showed a 7% systemwide increase in retention when comparing FY2020 and FY2021. However, the FY2021-2022 Q4 data showed a decrease in their numbers when comparing them to Q3 across two service categories: **In Care** and **Retained in Care**.

Black (Non-Hispanic) clients:

- In Care: 6% decrease
- Retained in Care: 8% decrease



HIV Care Continuum: Recommendations for Continuum of Care

Although Black (Non-Hispanic) clients makes up almost half of the HIV Care Continuum, this subpopulation's annual retention rate is 71.9% for FY2021-2022.

Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A clients experience are necessary to address the lower retention and viral suppression rates among this subpopulation. Additionally, developing tailored interventions to combat these barriers within the Broward EMA would be ideal to increase positive health outcomes.



Any Questions?

Thank you!

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing
Ryan White Services



Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of May 4, 2021

PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

- Priority setting – of up to 30 allowable service categories
- Directives to Recipient on how best to meet priorities
- Allocation of funds to priority service categories
- Reallocation – during the year to ensure all funds are spent



THE CEC'S ROLE IN THE PSRA PROCESS

- HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations
- The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year
- As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community
- When the PSRA Committee ranks the Part A service categories in coming months, the CEC rankings will be considered as a part of their decision-making process.



CORE MEDICAL SERVICES

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (Local)
3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
4. Medical Case Management (Disease)
5. Mental Health Services
6. Oral Health Care (Dental)
7. Substance Abuse Services - Outpatient
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services



SUPPORT SERVICES

1. **Food Bank/Home-Delivered Meals**
2. **Emergency Financial Assistance**
3. **Legal Services**
4. **Non-Medical Case Management (CIED)**
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care



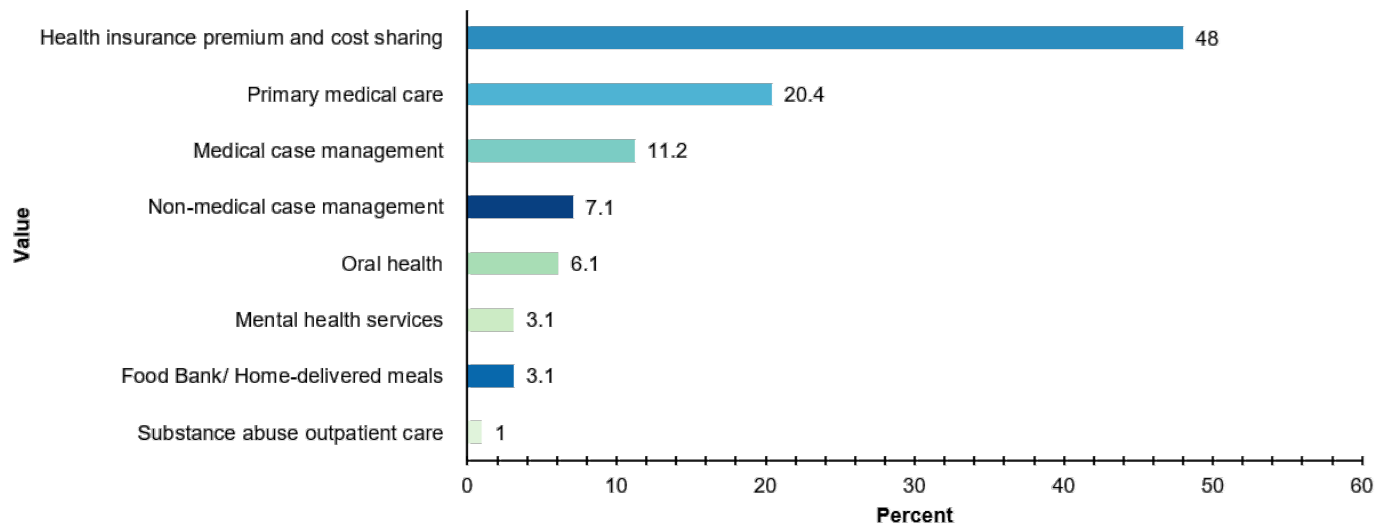
RESOURCE ALLOCATION

- Process of deciding how much money to allow for each priority service category



CONSUMER RANKING OF SERVICES

At this time, the **most important** Ryan White Service for me is:

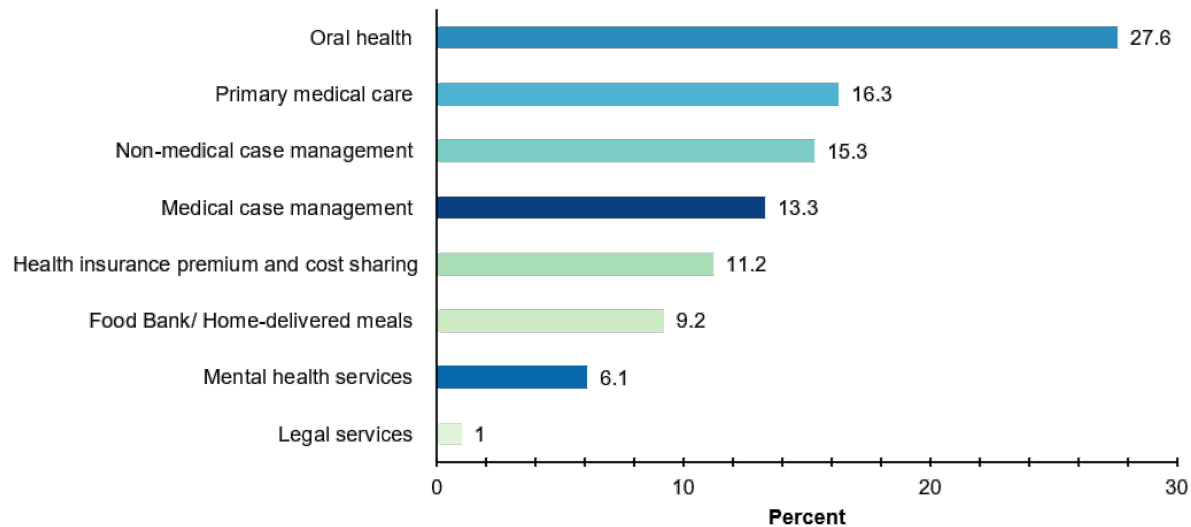


Broward Regional Health Planning Council conducted a Ryan White Program COVID-19 Assessment for the state of Florida. This slide represents survey results from 109 Broward County respondents – individuals receiving Ryan White Part A services.
Reporting Period: March 1, 2020 – December 31, 2020



CONSUMER RANKING OF SERVICES

At this time, the **second** most important Ryan White Service for me is:



Broward Regional Health Planning Council conducted a Ryan White Program COVID-19 Assessment for the state of Florida. This slide represents survey results from 109 Broward County respondents – individuals receiving Ryan White Part A services.
Reporting Period: March 1, 2020 – December 31, 2020



Core Services	CEC	PSRA
AIDS Drug Assistance Program Treatments (ADAP)	2	6
AIDS Pharmaceutical Assistance (Local)	4	2
Early Intervention Services (EIS)	8	9
Health Insurance Premium and Cost Sharing (HICP)	6	4
Home and Community-Based Health Services	12	11
Home Health Care	11	12
Hospice	13	13
Medical Case Management (Disease)	3	3
Medical Nutrition Therapy	9	10
Mental Health Services	7	5
Oral Health Care (Dental)	5	7
Outpatient/Ambulatory Health Services (OAHS)	1	1
Substance Abuse - Outpatient	10	8
Support Services	CEC	PSRA
Child Care	17	17
Emergency Financial Assistance	3	4
Food Bank/Home-Delivered Meals	2	2
Health Education/Risk Reduction	11	10
Housing	1	1
Legal Services	6	7
Linguistics Services (Interpretation and Translation)	16	13
Medical Transportation Services	5	5
Non-Medical Case Management	4	3
Other Professional Services	15	16
Outreach	12	9
Permanency Planning	13	12
Psychosocial Support	7	6
Referral for Health Care and Support Services	8	8

PREVIOUS RANKINGS FOR FY 2021-2022

AS SERVICE USERS, CONSUMERS
ARE WELL POSITIONED TO
EVALUATE THE QUALITY,
APPROPRIATENESS, AND
EFFECTIVENESS OF FUNDED
SERVICES.

QUESTIONS?

DISCUSSION



FY 2023-2024 CEC Ranking Survey

1) What is your name? *

- ☐ Bhrangger, Ronald
- ☐ Biggs, Von
- ☐ Franks, Herb
- ☐ Gunion, David
- ☐ Marcoviche, William
- ☐ Robertson, Lorenzo
- ☐ Ruffner, Andrew
- ☐ Shore, Robert
- ☐ Wilson, Irving
- ☐ Castillo, Jose
- ☐ Jackson, Shawn
- ☐ Magula, Stephanie
- ☐ Lanear, Andrea
- ☐ Spencer, Semi

2) CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

- _____ AIDS Pharmaceutical Assistance (Local)
- _____ Health Insurance Premium and Cost Sharing (HICP)
- _____ Medical Case Management (Disease)
- _____ Mental Health Services
- _____ Oral Health Care (Dental)
- _____ Outpatient/Ambulatory Health Services (OAHS)
- _____ Substance Abuse- Outpatient

_____ AIDS Drugs Assistance Program Treatments (ADAP)
_____ Early Intervention Services (EIS)
_____ Home and Community-Based Health Services
_____ Home Health Care
_____ Hospice
_____ Medical Nutrition Therapy

3) SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.*

_____ Child Care
_____ Emergency Financial Assistance
_____ Food Bank/Home-Delivered Meals
_____ Health Education/Risk Reduction
_____ Housing
_____ Legal Services
_____ Linguistics Services (Interpretation and Translation)
_____ Medical Transportation Services
_____ Non-Medical Case Management
_____ Other Professional Services
_____ Outreach
_____ Permanency Planning
_____ Psychosocial Support
_____ Referral for Health Care and Support Services
_____ Rehabilitation Services
_____ Respite Care
_____ Substance Abuse- Residential

Thank You!

Core Services	CEC	PSRA
AIDS Drug Assistance Program Treatments (ADAP)	5	2
AIDS Pharmaceutical Assistance (Local)	1	3
Early Intervention Services (EIS)	9	9
Health Insurance Premium and Cost Sharing (HICP)	3	4
Home and Community-Based Health Services	11	11
Home Health Care	12	12
Hospice	13	13
Medical Case Management (Disease)	6	6
Medical Nutrition Therapy	10	10
Mental Health Services	7	7
Oral Health Care (Dental)	4	5
Outpatient/Ambulatory Health Services (OAHS)	2	1
Substance Abuse - Outpatient	8	8
Support Services	CEC	PSRA
Child Care	9	11
Emergency Financial Assistance	3	4
Food Bank/Home-Delivered Meals	2	1
Health Education/Risk Reduction	7	7
Housing	1	2
Legal Services	5	6
Linguistics Services (Interpretation and Translation)	12	15
Medical Transportation Services	6	5
Non-Medical Case Management	4	3
Other Professional Services	15	16
Outreach	11	9
Permanency Planning	16	12
Psychosocial Support	8	8
Referral for Health Care and Support Services	10	13
Rehabilitation Services	14	14
Respite Care	17	17
Substance Abuse - Residential	13	10