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

Our Best. Nothing Less.

MEDICAL/DISEASE CASE MANAGEMENT QI NETWORK MEETING

Date: October 24, 2018 at 2:00 pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

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

MINUTES

I. Call to Order

The meeting was called to order at 2:19 p.m.

II. Welcome/Introductions

CQM Staff welcomed everyone and individual introductions were made.

III. Test & Treat Status Report: May 2017- May 2018

Discussion: Provider feedback one year later-- observations, recommendations, comments

The Recipient staff reviewed the report and explained the purpose of Test and Treat. It is a system installed to provide rapid medical engagement to expedite patient entry into the continuum. The Department of Health (DOH) referred clients to five provider agencies, which took the lead and successfully implementing Test and Treat efforts. Test and Treat client demographics look very similar to the Ryan White Part A client demographics regarding trends in the health continuum. The report revealed that 680 test and treat assessments were completed through the Ryan White Part A program. A majority of these clients were non-Hispanic males. Client populations in Test and Treat are more diverse in terms of age group. Clients fallen out of care was allowed re-entry into the system through Test and Treat, which diversified the client population.

Although Test and Treat has been effective at engaging clients rapidly into care, there remains a gap between clients entering into care and remaining in care. Year 1 saw a majority of clients who initially signed up for the service fulfill the 31-day recertification criteria. However, clients that were certified and had their initial Test and Treat review through CIED are now falling out of care. More than 44% of clients who had their initial Test and Treat assessment, which gave them a 30-day eligibility period, are now ineligible because they did not recertify through ADAP. The report revealed that 87% of clients made it through the initial 6-month certification, but 44.2 % of clients did not make it to the second 6-month recertification.

Staff will provide a data breakdown on clients who are newly diagnosed through Test and Treat versus those previously diagnosed. A provider noted that patients who have dropped out of care might be more at risk for falling out of medical care again. Newly diagnosed clients, however, tend to have both higher retention-in-care rates and 6-month recertification rates. The recipient noted that a lack of recertification does not necessarily mean these clients have entirely fallen out of care, though they are not in the Ryan White system. The presented data include only Ryan White Part A clients, and do not include clients with private insurance (which the DOH tracks). The recipient noted that clients who were previously diagnosed positive have a higher rate of not being suppressed. An agency representative asked the recipient for data showing viral suppression by a breakdown of the medical regimen.

Test and Treat clients who have stable housing tend to remain in care. The data showed that clients who are engaged in case management services have a significantly higher viral suppression rate than those who do not have case management. Viral suppression rates also fared worse among the male sub-population.

The Recipient staff asked the committee to provide feedback on what they are observing at the provider level regarding why clients aren't being connected to and staying in case management. Members responded that sometimes the client refuses case management services. Another member stated that some locations do not have DCM's on site every day to accommodate same day-appointments for clients. A provider noted that DOH linkage retention specialist (LRS) accompanies clients for 3 test and treat visits. After they stop accompanying the client, there tends to be a drop-off in client retention. Additionally, the provider noted that there could often be tension between the DOH LRS staff and provider staff because the LRS sometimes provides minimal identification with little explanation before requesting sensitive client information. This creates tension between providers and the DOH LRS because the provider requests client consent prior to the release of confidential medical information. The provider stressed the importance of increased collaboration between the DOH and medical providers, in a client-centered manner.

Providers also identified lack of transportation as a limitation and barrier for clients receiving care. One provider explained that after the first 3 visits, some clients did not receive additional bus passes from ADAP, which hampers return for follow-up appointments and affects retention in care. Discussion continued regarding the services of proACT. The Recipient agreed to schedule a meeting with proACT and DOH to further clarify coordination of services.

Members discussed activities that are implemented in their agencies to prevent losing patients to care. A provider stated that high risk/vulnerable patients receive services by both the physician and case manager during the same visit. Another provider explained that case managers escort the clients to the pharmacy, which creates person-to-person contact, supports medication adherence, and improves trust. The importance of the peer navigator was applauded as certain peers can meet patients at their home and accompany them to appointments. For those peers unable to use personal cars, providers noted that the LRS can fill that gap. The recipient stated that the joint meeting with DOH will include the role of the LRS and to ensure consistency in services to patients.

The recipient asked the network to describe how each medical agency attempts to minimize client non-recertification (not including clients that are unstable). A provider noted that the ADAP recertification process is very intimidating for those who are newly diagnosed or new to the system. Another provider emphasized that a major barrier to retention and recertification is the stigma around HIV, and the potential for people in the client's community to discover their status. An agency representative asked the recipient about mobile-enabled electronic certification. The recipient responded that it is not possible at this time. However, the Ryan White Part A office is working on creating an online recertification system, similar to the ADAP online recertification, that will be introduced within the next three to four months. An agency representative suggested same day connection to a mental health provider as a way to keep Test and Treat clients in care. The recipient explained that the integration of primary care and behavioral health allows for same day referrals to medical and mental health services.

Substance abuse was identified as another barrier to care by providers as some clients often report to their medical visits under the influence. A provider noted that the Broward Addiction Recovery Center (BARC) has an agreement with DOH not to reject Ryan White clients. Network members sighted several instances when BARC turned away Ryan White clients. The recipient explained that there is a finite amount of beds in the county so service providers will turn away people due to limited resources. However, members were encouraged to report to the Ryan White Part A program when these instances occur. The recipient ended the discussion by encouraging agencies to continue assessing how they manage Test and Treat clients within their systems.

IV. National Initiative

The end+disparities ECHO project is a national quality improvement project that focuses on improving viral suppression by decreasing HIV related disparities among four focus subpopulations (MSM of color, Youth, Transgender, Black/African American & Latina women). Broward EMA has chosen the Black/African American & Latina women as a subpopulation of focus. The CQM staff reviewed project aims, goals, and asked for feedback about disparities members have observed among their patient population who are African American/Black and Latina women.

Members were given a handout that provided an overview by blinded agency showing where patients fall on HIV related health outcomes within the HIV care continuum.

Discussion: Staff prompted a series of questions for providers to address and ascertain the quality of care being received to Black/African & Latina women within the system and to address any disparities these sub-populations may experience.

What trends and barriers are you seeing with Latina women?

- Providers stated that Latina women are a bit more independent and that the African American population have more drug use and unemployment.
- Both populations (Latina and Black) have issues with health literacy.

What quality improvement projects or interventions implemented by your agency have been shown to be effective?

- Making flexible appointments and working with women's schedules that can focus on their children and career.

What quality improvement projects can providers recommend that might increase viral load suppression among African American and Latina Women?

- Making flexible appointments, providing evening/weekend office hours and walk-in's
- Provide transportation
- Extra phone calls and the extra effort can make a difference
- Many women demonstrate signs of depression; therefore, therapy and counseling are essential.
- Life skills training
- Some women are not able to attend follow up support service appointments because it would mean missing time off work. They lack trust in their therapist as well. So, considering these barriers, creating ways to meet the client where they are would be beneficial.
- Stigma is also a significant issue, and Broward County should consider implementing an HIV stigma campaign. The recipient noted that although a stigma campaign increases awareness, it is challenging to change cultural norms.

V. Adjournment

The meeting adjourned at 3:53 p.m.

Next Meeting Date: January 23, 2019, 2:00 p.m.

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AGENDA

I. Call to Order

II. Welcome/Introductions

III. Test & Treat Status Report: May 2017- May 2018

- Discussion: Provider feedback one year later-- observations, recommendations, comments

IV. National Initiative

- Presentation: end+disparities ECHO Collaboration
- Discussion:
  - What trends are providers observing in the African American and Latina Women subpopulation?
  - What quality improvement projects can providers recommend that might increase viral load suppression among African American and Latina Women?

V. Adjournment

Next Meeting Date: January 23, 2019, 2:00 p.m.

Agency African American and Hispanic Women Continuum Thru Q2 FY2018-2019

	In Care	Retention In Care	On ARV	Virally Suppressed	Suppression Rate
Agency A					
African American Women	184	159	182	145	**78.8%**
Hispanic/Latina Women	30	26	28	27	**90.0%**
Agency B					
African American Women	131	114	125	108	**82.4%**
Hispanic/Latina Women	12	9	10	7	**58.3%**
Agency C					
African American Women	140	119	132	118	**84.3%**
Hispanic/Latina Women	30	27	29	27	**90.0%**
Agency D					
African American Women	462	421	441	389	**84.2%**
Hispanic/Latina Women	32	29	30	25	**78.1%**
Agency E					
African American Women	143	132	146	130	**90.9%**
Hispanic/Latina Women	42	41	41	39	**92.9%**

>80% Suppression (Satisfactory)

<80% Suppression But Negligible

<80% Suppression (Needs Work)

Total African American and Hispanic Women Continuum Thru Q2 FY2018-2019

	Ever in Care	In Care	Retention In Care	On ARV	Virally Suppressed	Suppression Rate
African American Women	1566	1506	1285	1507	1326	**0.85**
Hispanic/Latina Women	195	195	171	190	167	**0.86**

end+disparities ECHO Collaborative

Presented by:
Broward Regional Health Planning Council
Clinical Quality Management Office
Quality Management Network -Broward EMA
October 24, 2018

About end+disparities ECHO Collaborative

- end+disparities Learning Exchange continued
- Program Timeline: March 2018 – October 2019
- Managed by the **HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII)** and supported by the **HRSA HIV/AIDS Bureau (HAB)**
- Collaborative framework is based on the **Institute for Healthcare Improvement (IHI) Breakthrough Series model** with elements of virtual case presentations and discussions developed by the University of New Mexico's **Project Extension for Community Health Outcomes (ECHO)**

What is the end+disparities ECHO Collaborative?

- Mission: To promote the application of quality improvement interventions with the **ultimate goal** of **increasing viral suppression rates** for four **disproportionately affected HIV subpopulations**.
  - MSM of Color
  - Youth (ages 13-24)
  - Transgender People
  - African American and Latina Women

Collaborative AIMS

- Aim 1: **Increase viral suppression rates** for people living with HIV by focusing on **four disproportionately affected HIV subpopulations** and increase the average viral suppression rate across all PLWH served by Collaborative participants
- Aim 2: **Implement and document effective improvement activities** to **reduce gaps in HIV care** for disproportionately affected HIV subpopulations
- Aim 3: **Sustain regional quality management networks** of **cross-Part RWHAP recipients and sub recipients** in local improvement groups

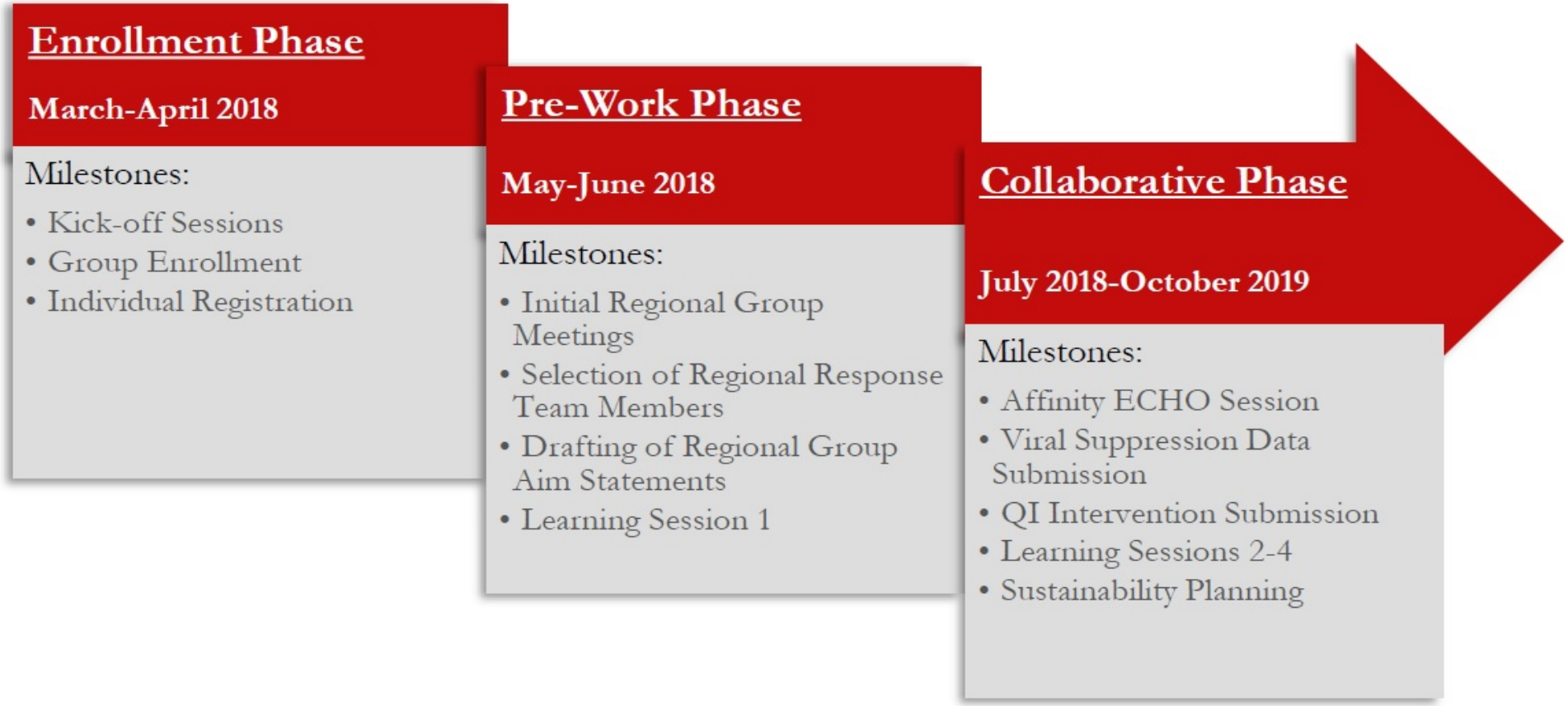
A Call to Action

- https://youtu.be/nJCbRTq_3zw

Benefits of Participation

- Improve viral suppression rates
- Align with HIV/AIDS Bureau clinical quality management expectations
- Strengthen partnerships with other RWHAP recipients and sub recipients locally and across the country
- Increase quality improvement capacity of HIV providers and consumers

Timeline: March 2018 – October 2019



South Florida Regional Group Members

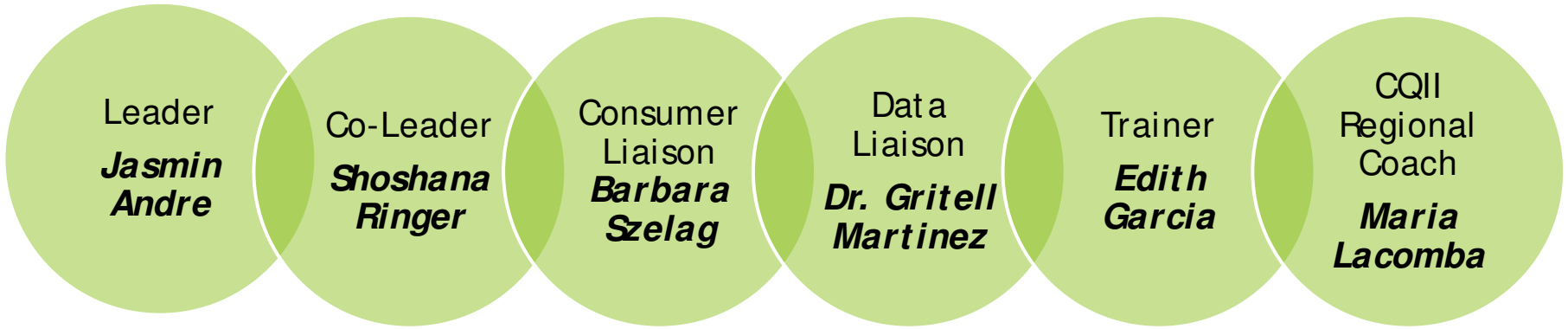
Broward EMA

Orlando EMA

Palm Beach EMA

Tampa EMA

South Florida Regional QM Infrastructure



South Florida Regional Group GOAL

- The goals of South Florida Regional Group Quality Management (QM) Plan:

1. ***To ensure a collaborative path toward sustainable improvements*** *in the delivery of RW funded medical and support services throughout the region;*

and

2. ***To ensure an accessible continuum of high quality care*** *and support to aid in the* ***elimination of health disparities among PLWHA***

South Florida Regional Improvement AIM Statement

1. The South Florida Regional Group will improve the collaboration across all Ryan White HIV/AIDS Program-funded recipients across the region. We will focus on establishing a consistent and routine communication flow to share and exchange among all participating agencies:
   - By Nov 2018, a detailed written communication plan will be in place to share local disparity improvement efforts by local agencies.
   - At least 90% of regional agencies will share their improvement updates with the Regional Group and will be distributed back to all agencies on a quarterly basis
   - At least 50% of all regional agencies will reach their individually identified improvement goals by December 2019
   - By December 2019, the average regional viral suppression rate across all agencies will increase from the current 73% to 80%
   - 90% of all regional groups will have written strategies to sustain their regional group beyond the collaborative by learning session 4 in September 2019
2. The South Florida Regional Group will improve the regional viral suppression rate within our community by 10% point across all agencies from the onset of the Collaborative.

Performance Measurement

- The following list of measures, consistent with HAB measure definitions, are collected every other month, from July 20, 2018:
  - For all HIV patients receiving HIV outpatient ambulatory health services **(entire HIV caseload):** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ mL at last HIV viral load test during the measurement year (HAB Measure: HIV Viral Load Suppression)
  - For all HIV patients identified in the participant-selected disparity group who receive HIV outpatient ambulatory health services **(identified HIV subpopulation):** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ mL at last HIV viral load test during the measurement year (HAB Measure: HIV Viral Load Suppression)

Broward EMA Subpopulation

- **Black/African American & Latina Women**

- Next steps:
  - Focus local quality improvement efforts to reduce HIV disparities
  - Set individual agency-specific improvement goals (Community Partner AIM statement)
  - Conduct improvement activities to meet the local & regional improvement needs
  - Collect performance data & track improvement efforts over time

Broward AIMS

- By Nov 2018, a detailed written communication plan will be in place to share local disparity improvement efforts by local agencies
- At least 90% of community agencies will share their improvement updates with the Broward EMA and will be distributed back to all agencies on a quarterly basis
- At least 50% of all community agencies will reach their individually identified improvement goals by December 2019
- 90% of all community groups will have written strategies to sustain their community group beyond the collaborative by learning session 4 in September 2019

THANK YOU

Broward EMA CQM Annual Work Plan FY 2018 (March 1, 2018-Febuary 28, 2019)

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual "All Networks Retreat" among Networks and celebrate accomplishments.	X												All CQM Staff

"X" indicates completed objectives
indicates in progress/on target

Ryan White Part A Program Office
Access To Care Schedule
October 2018

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
AIDS Health Care Foundation	Medical	NPH	George Butchko	(954) 772-2411 Ext. 3617	(954) 761-2231			1st Clinical Encounter 45 minutes minimum intake appt with goal of being seen within 3 days of contact	
	Medical	AHF Ft. Lauderdale Downtown	Dan Sheridan	(954) 767-0887					
	Medical	OPK	Barbara Santamaria	(954) 561-6900					
	Medical	AHF Ft. Lauderdale Downtown	Patrick Nuss	(954) 767-0887 Ext. 2558				16 to 30 min appt and seen the same day or next day. Triaged by Nurse and sees the medical provider as applicable.	Emergency (Non-ER Contact)
	Dental	700 SE 3rd Ave Ste. 206	Dr. Deborah Davis	(954) 761-2230 deborah.davis@aidshealth.org		Email	English, Spanish	1-2 Months for an initial; Same day for an Emergency	M-F 8:00AM-5:00PM; Leave a Voice Message.
	Integrated Behavioral Health	OPK	Kerry Ann Brown-Faison	(954) 561-6900 (Office) Ext. 2657 kerry.brown@aidshealth.org					
	Integrated Behavioral Health	700 SE 3rd Ave Ste. 301 Floor	Dr. Robert Wilson	(954) 522-3132 (Office) (954) 423-9439 (Cell) drwilson@aidshealth.org		Phone/Email			Tues, Fri- 8AM-12PM
	Integrated Behavioral Health	700 SE 3rd Ave Ste. 301 Floor	Damon Jones	(954) 767-0887 Ext. 2251 damon.jones@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	NPH: 6405 N. Federal Highway Ste 205	Christopher "David" Shelton LMHC	(954) 767-2411 Ext. 3625 David.shelton@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Disease Case Management	NPH: 6405 N. Federal Highway Ste 205	Lisyani Machado	(954) 540-3435 lisyani.machado@aidshealth.org			English, Spanish		
	Disease Case Management	AHF Ft. Lauderdale Downtown	Carlos Pina	(954) 859-4114 carlos.pina@aidshealth.org			English, Spanish		
	Case Management	AHF Ft. Lauderdale Downtown	Richard Ortiz	(954) 547-8812 richard.ortiz@aidshealth.org			English, Spanish		
	Case Management	NPH: 6405 N. Federal Highway Ste 205	Patrick Saint Fleur Lead NMCM	(954) 488-0441 patrick.saintfleur@aidshealth.org		Phone/Email	English, French, Creole		
	Disease Case Management	1164 E. Oakland Park Blvd. 3rd Floor	Paulo dos Santos	(954) 859-4108 paulo.dossantos@aidshealth.org			English, Spanish, Portuguese		M-F
	Case Management	NPH: 6405 N. Federal Highway Ste 205	Greg Beltran	(954) 405-7655 greg.beltran@aidshealth.org			English	Existing clients seen on same day/New clients within 1 week	
Broward Addiction Recovery Center	Substance Abuse	900 NW 31st Ave., Suite 2000 Fort Lauderdale, FL 33311	Polly Cacurak	(954) 357-5093 pcacurak@broward.org	(954) 564-5058			Detoxification Provided 24 Hours/7 Days a week	Admissions: M,T,Th,F: 7-5/ W: 7-7 Detox Unit: M,W,Th,F: 7-5/ T: 7-7

FOR PROVIDER USE ONLY

The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
Broward Community & Family Health Center	Medical	168 N Powerline Road 1229 NW 40th Ave. Lauderhill, FL 33313 5010 Hollywood Blvd Ste. 100-B Hollywood, FL 33021 5801 W. Hallandale Beach Blvd. West Park, FL 33023	Jennifer Jaen Roque	(954) 967-0028 JJroque@bcfhc.org	(954) 970-7325	Email	English, Spanish	1-2 days with an Appointment; Same day for Emergencies. All New Patients must contact our RW Patient Service Coordinator in order make their initial apt with one of our CM	M,W,Th, F 8:30-5/ T10-7
	Integrated/ Mental Health/ Substance Abuse								
	RW Program Manager		Brenda Colon	(954) 214-8767 bcolon@bcfhc.org		Email	English, Spanish		
	Medical		Sophonie Simeon	(954) 970-8805 Ext. 215 ssimeon@bcfhc.org			English, Creole		
	Dental		Ryan Robinson	(954) 970-8805 Ext. 210 Rrobinson@bcfhc.org					
	Disease Case Management		Karen Jean Pierre	(954) 970-8805 Ext. 211 kjpierre@bcfhc.org		Phone	English, Creole		
	Case Management		Timothy Romero	(954) 967-0028 Ext. 386 tromero@bcfhc.org	(954) 967-8141	Phone	English, Spanish		
	Case Management		Roseline Labissiere	(954) 970-8805 Ext. 212 Rlabissiere@bcfhc.org	(954) 970-7325	Phone	English, Creole		
Broward Health (NBHD)	Medical	CCC	Claudette Grant	(954) 274-7175 cgrant@browardhealth.org		Phone		Existing CCC Client – Triaged by nurse, seen by physician	(954) 557-6918
	Medical	Multiple Locations	Roxan Simpson	(954) 356-5031 rmsimpson@browardhealth.org		Phone	English, Spanish, Creole	Dependent on Site; Same day to 2 Days.	M 8-7p, T-Th 8-5p, F 8-1p, Every 3rd Tuesday 8-1p
	Medical	SCC	Arlene Campbell	(954) 527-6007		Phone		Existing SCC Client- evaluated by a PA or Nurse/Case manager for walk-in appts.	
	Medical	Pompano	Sharon Crum	(954) 786-5903					
	Disease Case Management	CCC	Marlena Salomon	(954)356-5035 msalomon@browardhealth.org	(954-767-5565	Phone			M-F 8:00AM-4:30PM
	Case Management	CCC	Twana Williams	(954) 356-5025					
	Case Management	SCC	Edna Ferguson-walker	(954) 527-6064 efergusonwalker@browardhealth.org					
	Case Management	SCC	Vincent Foster	(954)527-6065 vfoster@browardhealth.org					
	Case Management	CCC/Pompano	Tamika Johnson	(954) 786-5929 tojohnson@browardhealth.org					
Broward House	Case Management	2800 N. Andrews Ave	Karen Whyte	(954) 568-7373 Ext. 2221 kwhyte@browardhouse.org	(954) 532-7622	Phone/Email	English, Spanish, Creole	1-2 days with an Appointment; Same day for Emergencies.	M-F 8:30AM-5:00 PM
	Mental Health	2800 N. Andrews Ave	Jamie Powers, Director of Behavioral Health	(954) 552-4749 Ext. 3220 jpowers@browardhouse.org			English, Spanish		
	Substance Abuse	501 SE 18th Court							
Broward Regional Health Planning Council	CIED	200 Oakwood Lane, Suite 100 Hollywood	Marlen Salcedo Vanessa Sooknanan	(954) 566-1417 msalcedo@brhpc.org vsooknanan@brhpc.org	(954) 564-1185	Phone	English, Spanish, Creole, French	1-2 days with an Appointment; Same day for Emergency Eligibility.	Operations 8-5 Emergencies: (954) 892-2726 BRHPC Main Line: (954) 561-9681 Dial 3 For Ryan White; Dial 1 for Eligibility

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Care Resource	Medical	871 W. Oakland Park Blvd.	Ausline Perry	(305) 576-1234 Ext. 201 aperry@careresource.org		Email	English, Spanish, Haitian-Creole	Walk-In for Labs if New to Care or previous Care Resource Patient	
	Dental		Curtis Barnes	(954) 567-7141 Ext. 152 cbarnes@careresource.org	(954) 565-5624	Email		1-2 Months for an initial; Same day for an Emergency	M-F 8:30AM-5:15PM
	Case Management		Stephanie Booth	(954) 567-7141 Ext. 155 sbooth@careresource.org	(954) 565-5624	Email			Case Management Supervisor
	Case Management-Referrals		Edgar Mojica	(954) 567-7141 Ext. 256 emojica@careresources.org	(954) 565-5624	Phone			
	Disease Case Management		Alfredo Hidalgo, DCM Supervisor	(954) 576-1234 Ext. 284 ahidalgo@careresource.org	(954) 565-5604	Email		Health Center's on-call feature can be accessed in the event of an emergency	M,T,Th, F 8:00 AM-5:15 PM/ W 8:00 AM- 7:30 PM
	MAI MCM/Case Management		Rafael Jimenez	(954) 567-7141 Ext. 251 rijimenez@careresource.org					
	Integrated/ Mental Health/ Substance Abuse		Rocco Vega	(954) 567-7141 Ext. 137 lvega@careresource.org					
	Integrated/ Mental Health/ Substance Abuse		Hugo Rocchia	(954) 567-7141 Ext. 130 hrocchia@careresource.org	(954) 703-2029	Email			M-F 8:30AM-5:15PM
	Integrated/ Mental Health/ Substance Abuse		Thomas Smith	(954) 567-7141 Ext. 102 tsmith@careresource.org				Within 24 Hours through sliding Fee Schedule	
Florida Department of Health- Broward	Pharmacy	Paul Hughes Health Center	Call Center	(954) 467-4700 Ext. 5925 Janet.Carter@flhealth.gov (954) 467-4700 Ext. 5550 Jose.Rodriguez@flhealth.gov		Phone	(Any through Language line)	Walk-In Service Available	M,T,Th,Fr 8:00-5/ W 9:30-6:30 Except 2nd Fr 1-5
	Pharmacy	Fort Lauderdale Health Center							M 11:00-8/ T,W,Th 8:30-5/ 1&3 F: 8:30-5/ 2&4 F: 1:00-5
	Dental	Paul Hughes Health Center						1-2 days with an Appointment; Same day for Emergencies.	M,T,Th,F 8:00-5/ W 9:30-6:30
	Dental	Fort Lauderdale Health Center							M-F 8:00AM-5:00PM
	Dental	South Regional Health Center							M-F 8:00AM-5:00PM
Latinos Salud	Case Management	2330 Wilton Drive Wilton Manors, FL33305	Jorge Rodriguez	(954) 765-6239 Ext. 211 jrodriguez@latinossalud.org	(954) 252-4360	Email	English, Spanish	Within 1 business day	M-Fr 11:00AM-9:00 PM; S 10:00 AM-2:00 PM; After Hours Contact Joshua Caraballo, PsyD Phone # (954) 336-1191 General Email: Casemanager@latinossalud.org
			Daniel Bravo	(954) 765-6239 Ext. 206 dbravo@latinossalud.org					

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
Legal Aid	Legal Services	491 N. State Road 7 Plantation, FL 33317	Kara Schickowski	(954) 765-8950 (954) 358-5635 Kschickowski@legalaid.org		Phone/Email	English, Spanish, Creole (Others through Language line)	3-5 days with an Appointment; Same day for Emergencies.	
			Manuela Felix CCLA Intake	(954) 736-2490 mfelix@legalaid.org				2-3 days with an Appointment; Same day for Emergencies.	Public Benefits issues such as Health Care, Unemployment benefits, social security benefits.
Nova Southeastern University	Dental	1201 West Cypress Creek Road, Fort Lauderdale, FL 33309	Kaiti Mooney	(954) 262-7529 mkaitlin@nova.edu	(954) 262-2230	Email	English, Spanish, Creole	5-7 days with an Appointment; New Patient Intake is 7-9 days. Same day for Emergencies.	Emergency Pager: (954) 262-1751; Otherwise Contact Dr. Schweizer Please send all specialty referrals to nsucreferrals@nova.edu
	Dental		Dr. Schweizer	(954) 557-3003 (954) 262-7530 schweize@nova.edu		Email			
Sunserve	Mental Health	2312 Wilton Drive Wilton Manors, FL 33305	Elena Naranjo, LMHC	(954) 764-5150 Ext. 185 enaranjo@sunserve.org	(954) 764-5143	Email	English, Spanish	24-48 Hours	M-Th 9:00AM-8:00 PM; F 9:00 AM-5:00 PM (954) 764-5150 Ext. 101 After Hours Service
South Broward Hospital District	Medical	1150 N. 35th Ave Suite #445 Hollywood, 33021	Angela Savage	(954) 265-6135 Asavage@mhs.net	(954) 265-6140	Email	English, Spanish, Creole (Others through Language line) (Interpreters available 24/7)	1-2 days with an Appointment	M-F 8:00AM-4:30PM Stat Linx (914) 831-4553 After Hours Service
	Case Management		Guerline Verger	(954) 265-6143 gverger@ccpcares.org				Within 1 business day	
	Case Management		Olga Garcia	(954) 265-6141 olgarcia@ccpcares.org					
	Case Management		Jean-Raymond Alexandre	(954) 265-6142 jalexandre@ccpcares.org					
	Disease Case Management		Tanya Junkermeier	(954) 265-6138 tjunkermeier@ccpcares.org			English		
	Integrated/ Mental Health/ Substance Abuse	MRH-Hollywood 3400 N. 29th Avenue Hollywood, FL 33020	Elizabeth Johnson	(954) 276-3401 Eljohnson@mhs.net		Phone/Email	English, Spanish, Creole	Appointment Within 48 Hours Walk-Ins available M-Th. 8:00 A.M. -10:00 A.M.	Psychiatric Emergency Assessment Center (954) 265-6310
			Dilette Alphonse	(954) 276-3420					
The Poverello Center	Food Bank	2056 N Dixie Hwy, Wilton Manors	Brad Barnes	(954) 561-3663 Ext. 114 (702) 265-3876 Bbarnes@poverello.org		Email	English, Spanish, Creole, ASL	Walk-In Service Available	Operations 9-3 Intake 9-12

FOR PROVIDER USE ONLY

The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.