



**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

## **Priority Setting & Resource Allocation Committee Meeting Workshop**

**Thursday, May 18, 2023 - 9:00 AM -1:00 PM**

**Location: Broward Regional Health Planning Council and via [WebEx Videoconference](#)**  
**Chair: Brad Barnes • Vice Chair: Vacant**

***This meeting is audio and video recorded.***

Quorum for this meeting is 5

### **DRAFT AGENDA**

#### **ORDER OF BUSINESS**

- I. Call to Order/Establishment of Quorum
- II. Welcome from the Chair
  - a. Meeting Ground Rules
  - b. Statement of Sunshine
  - c. Introductions & Abstentions
  - d. Moment of Silence
- III. Public Comment
- IV. Standard Committee Items
  - a. **Monthly Expenditure/Utilization Report – by service category**  
None.
- V. Unfinished Business
  - a. None.
- VI. New Business
  1. **Quality Management Part A Client Health Outcomes Presentation (HANDOUT A):**  
Analysis of Part A FY2022 – March 1, 2022- February 28, 2023, client continuum of care health outcomes including:
    - a. Viral Load Suppression
    - b. Retention in Care; Variations by demographics
  2. **FY2022-2023 Service Utilization Scorecards (HANDOUT B)**
    - a. CQM Team Reports on service category utilization
  3. **Present Notable trends of Needs Assessment (HANDOUT C):**
    - a. Youth HIV Service Utilization and Health-related Outcomes  
2021-2023: Debbie Cestaro-Seifer, MS, RN, NC-BC, CTP

4. **Review the Community Empowerment Committee's (CEC) Rankings of Part A Services (HANDOUT D)**
  5. **Complete Rankings of Service Categories via (E-mail/Survey Link)**
- VII. Recipient Report
  - VIII. Public Comment
  - IX. Agenda Items for Next meeting
    - a. Next Meeting Date: June 15, 2023, at 9:00 a.m. Location: Broward Regional Health Planning CouncilNext Meeting Agenda Items:
    1. **Priority Setting:**
      - a. Review and vote on the results of PSRA's core and support services ranking
    2. **FY2024-2025 Resource Allocations:**
      - a. Allocate Part A Core, Support Services & MAI funding based on Ryan White Part A Recipient recommendations.
  - X. Announcements
  - XI. 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

Lamar P. Fisher (Mayor) • Nan H. Rich (Vice Mayor) • Mark D. Bogen • Beam Furr •  
Steve Geller • Michael Udine • Tim Ryan • Robert McKinzie • Hazelle P. Rogers

[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 eskizif pou fè moun tandè-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 priyorite 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 posèsyon 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

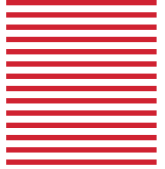
**Recipient:** Government department designated to administer Ryan White Part A funds and monitor contracts.

**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 the implementation of activities designed to improve patient 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.



# **Broward EMA Ryan White Part A Program**

## **Health Outcomes Presentation**

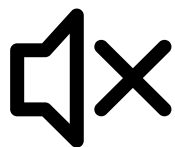
Priority Setting & Resource Allocation Committee Meeting  
**May 17, 2023**



PRESENTED BY  
BRIANNE MILLER, MPH, CHES & DANIELLE LIAO, 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

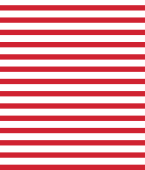
- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical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



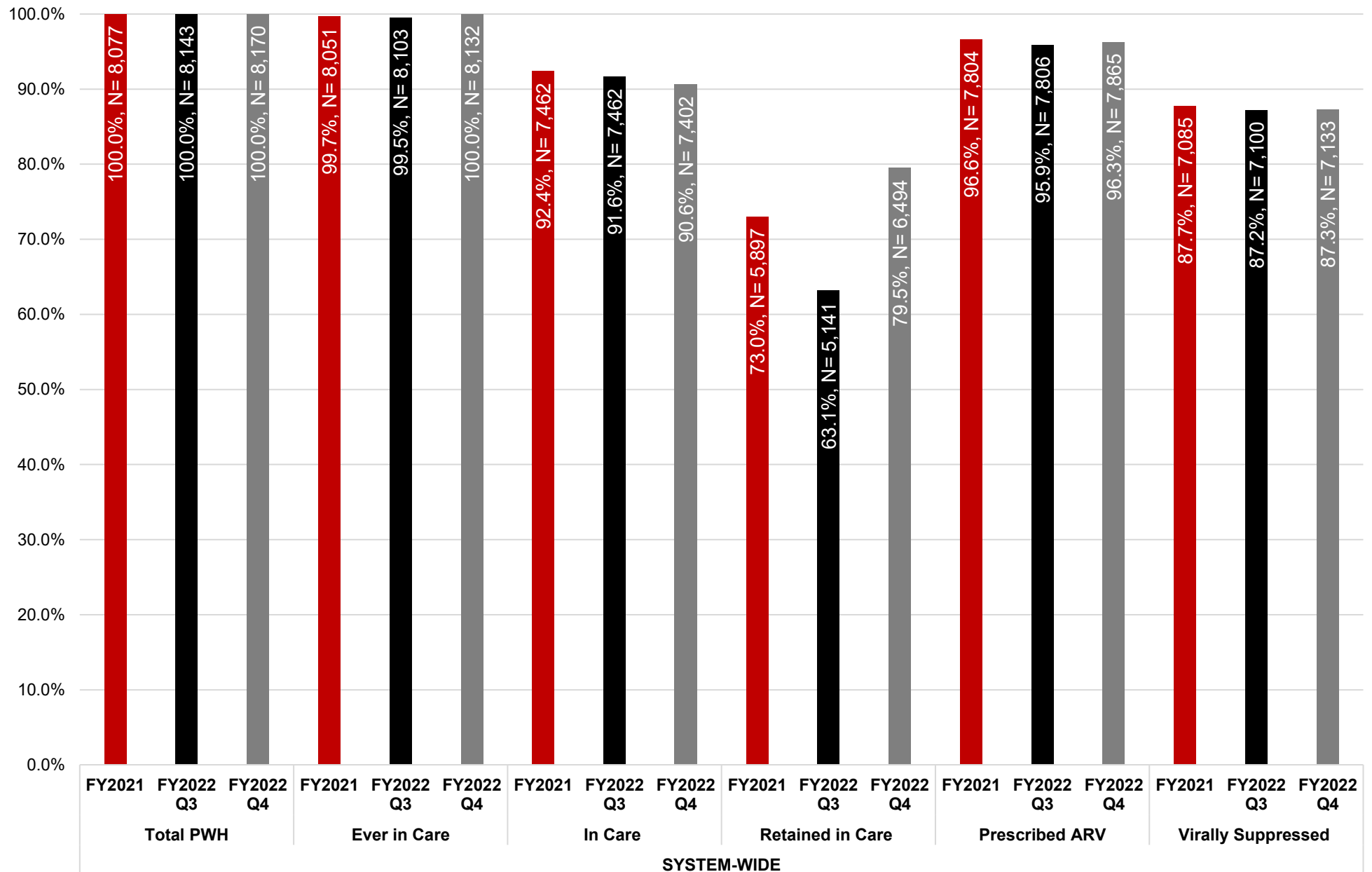
# **FY 22-23 Quarter 4 Data Review**

The purpose of this presentation is to review specific data for quarter 4 and discuss opportunities for improvement.

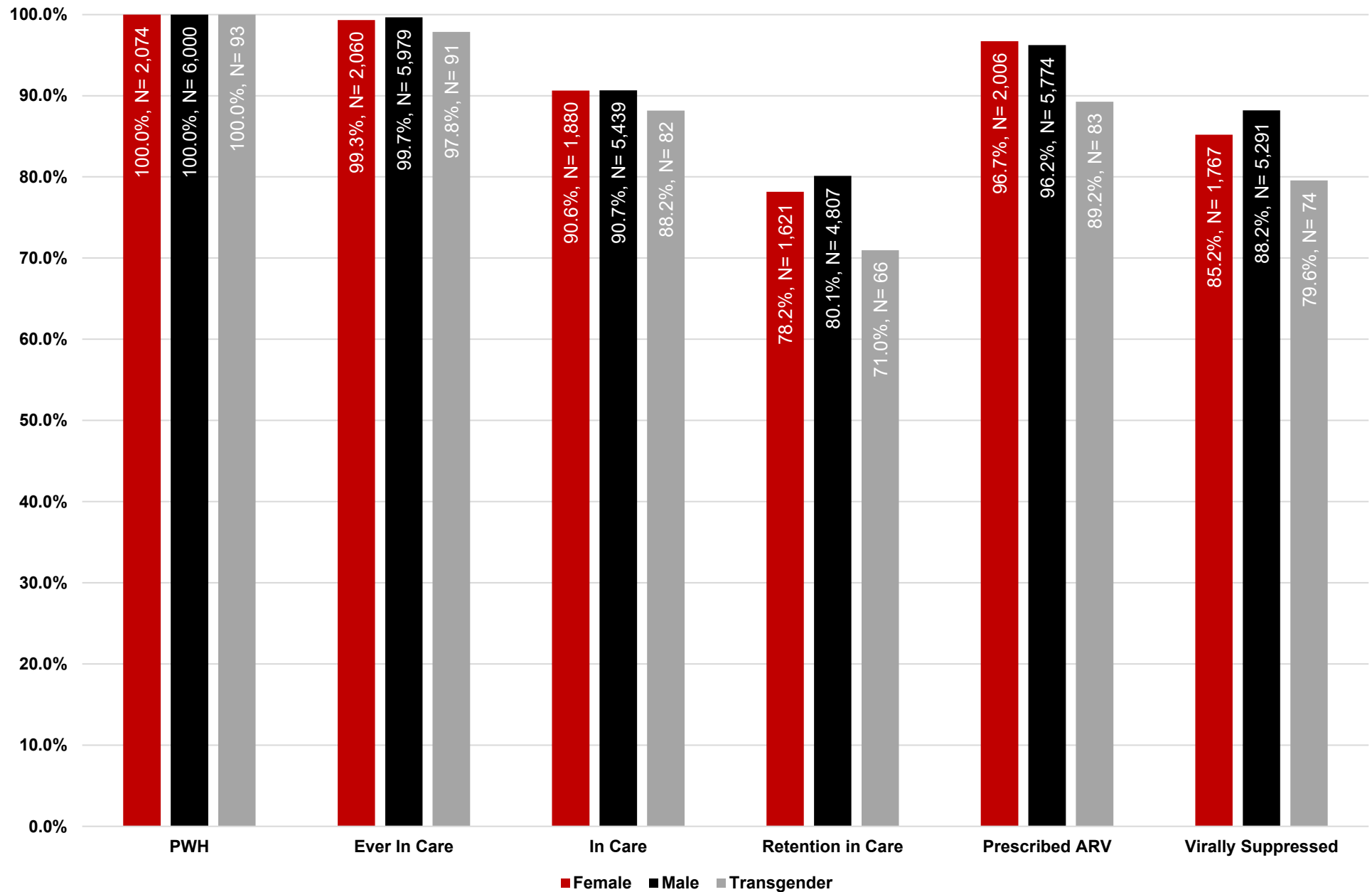
***Data presented is based off information entered in Provide Enterprise.***



# HIV Care Continuum, Systemwide, Broward EMA, FY2021, FY2022 Q3 & FY2022 Q4

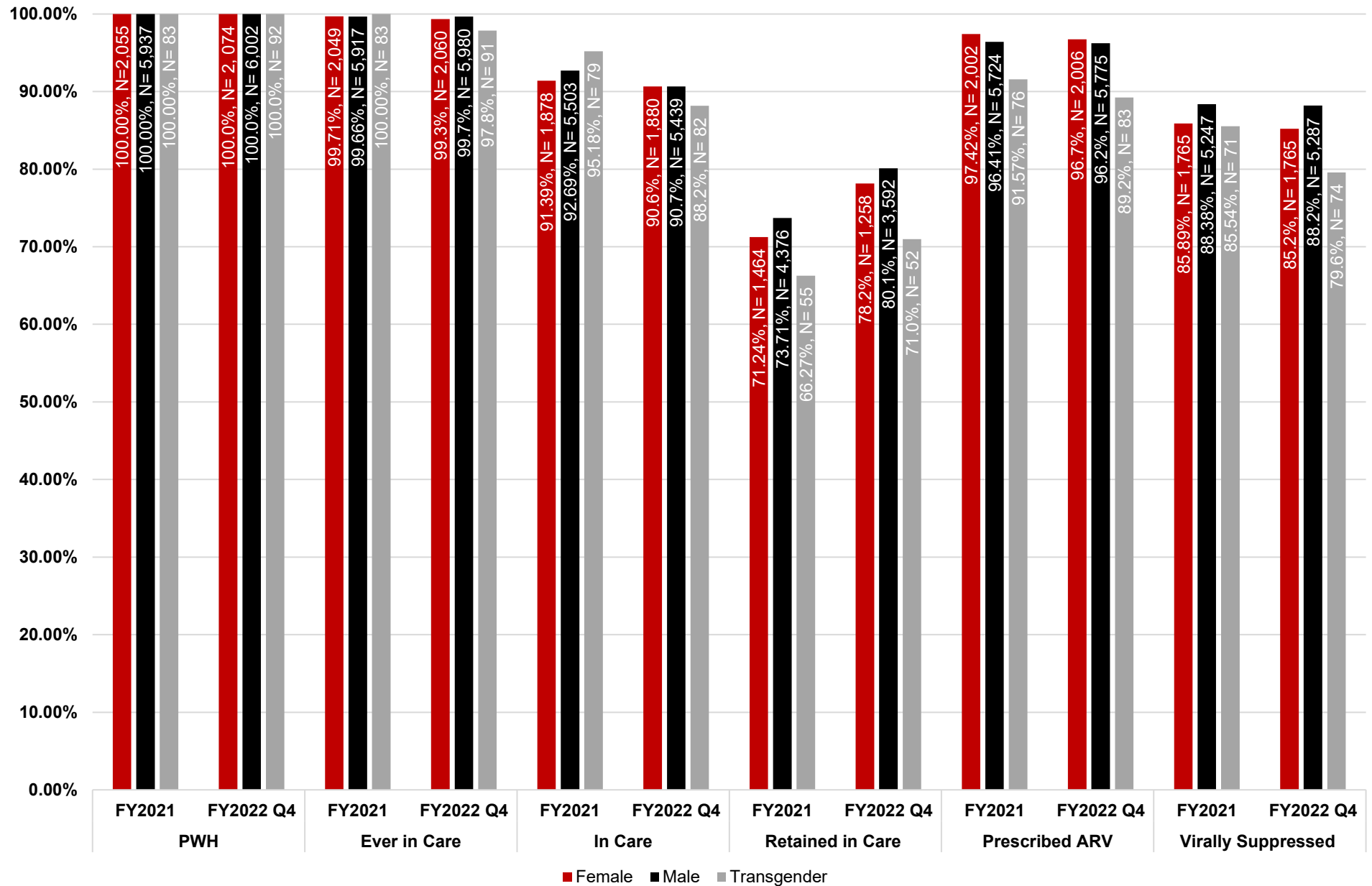


# HIV Care Continuum by Gender, Broward EMA, FY2022 Q4

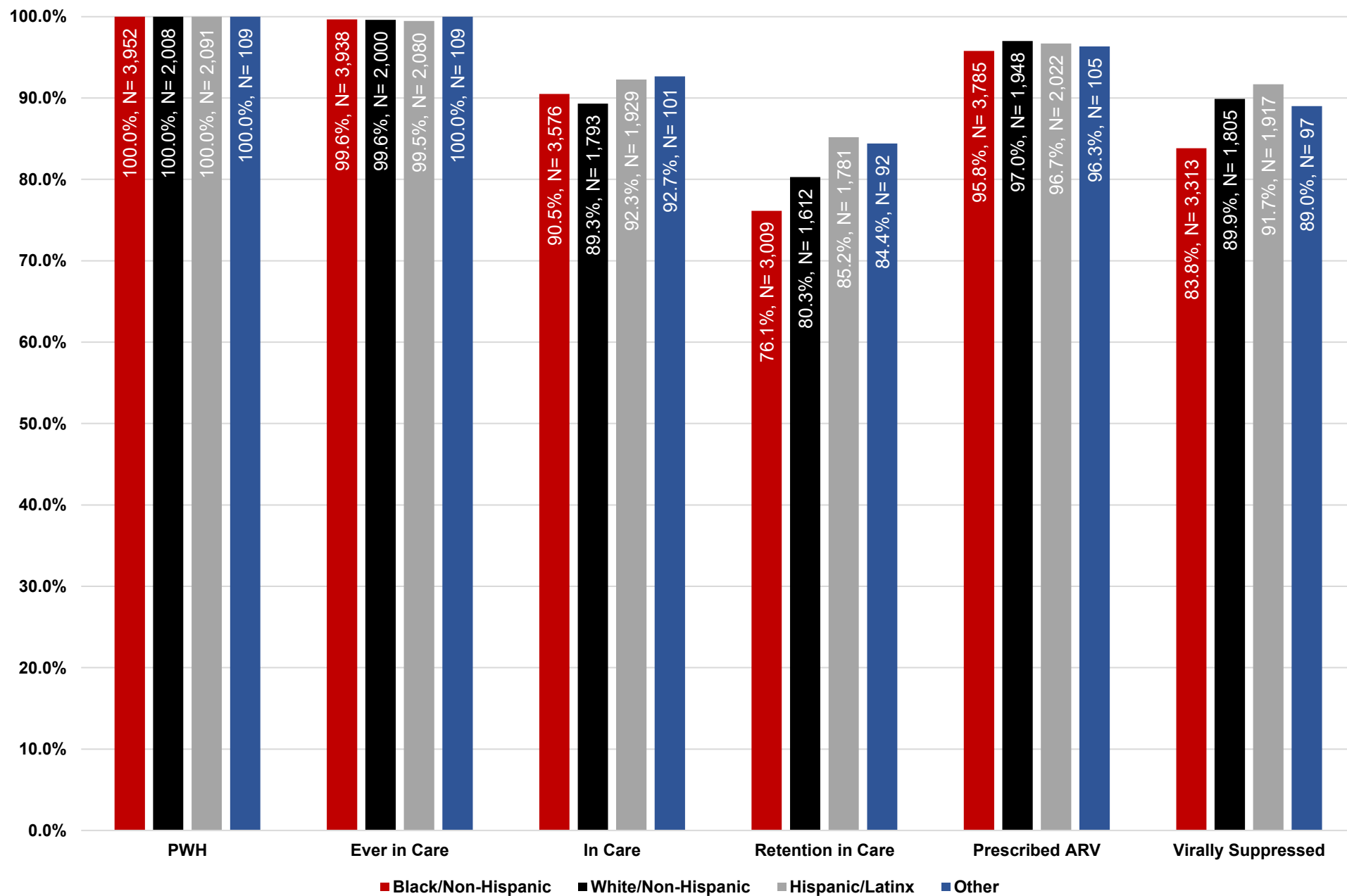




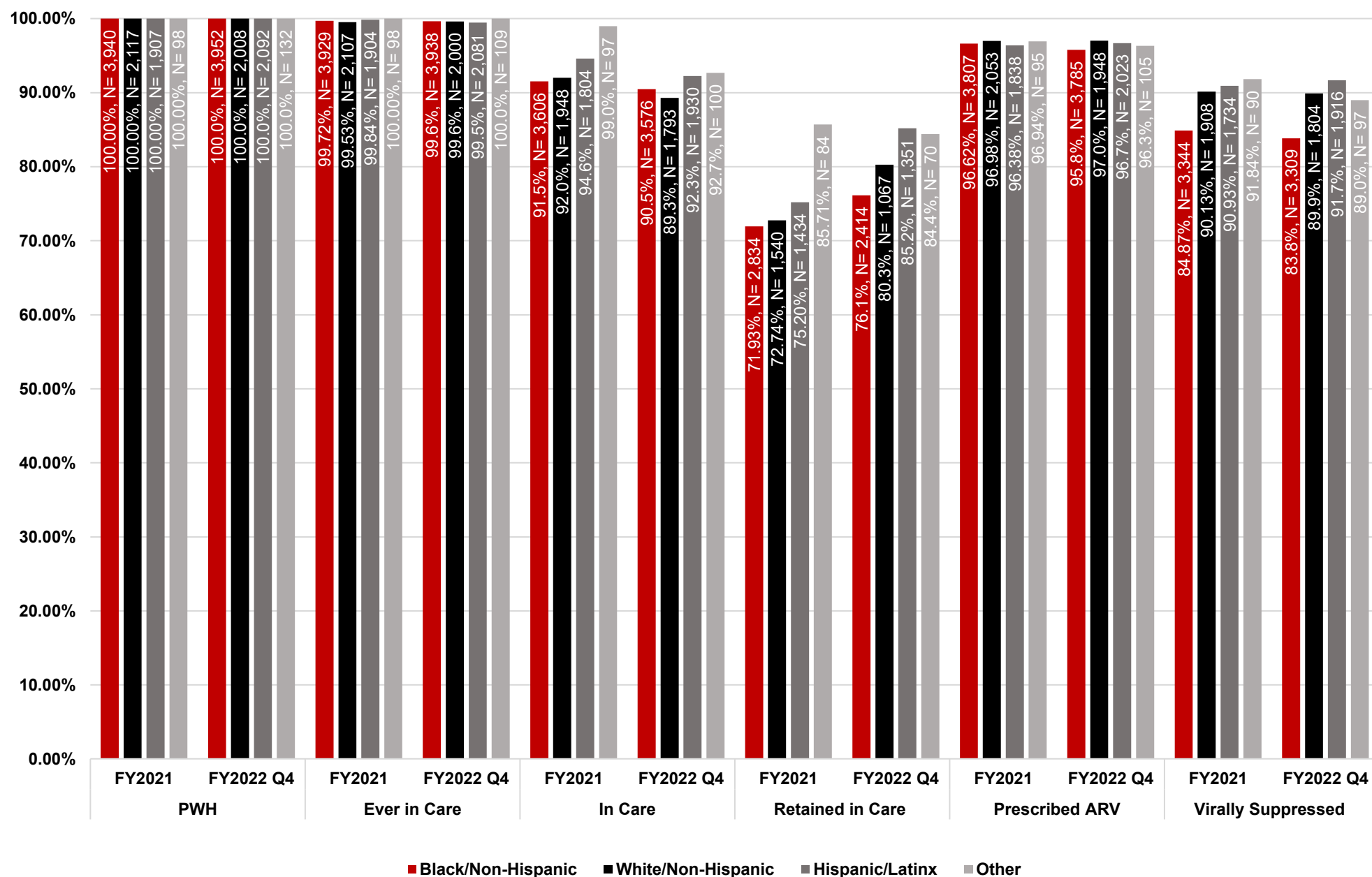
# HIV Care Continuum by Gender, Broward EMA, FY2021 & FY2022 Q4



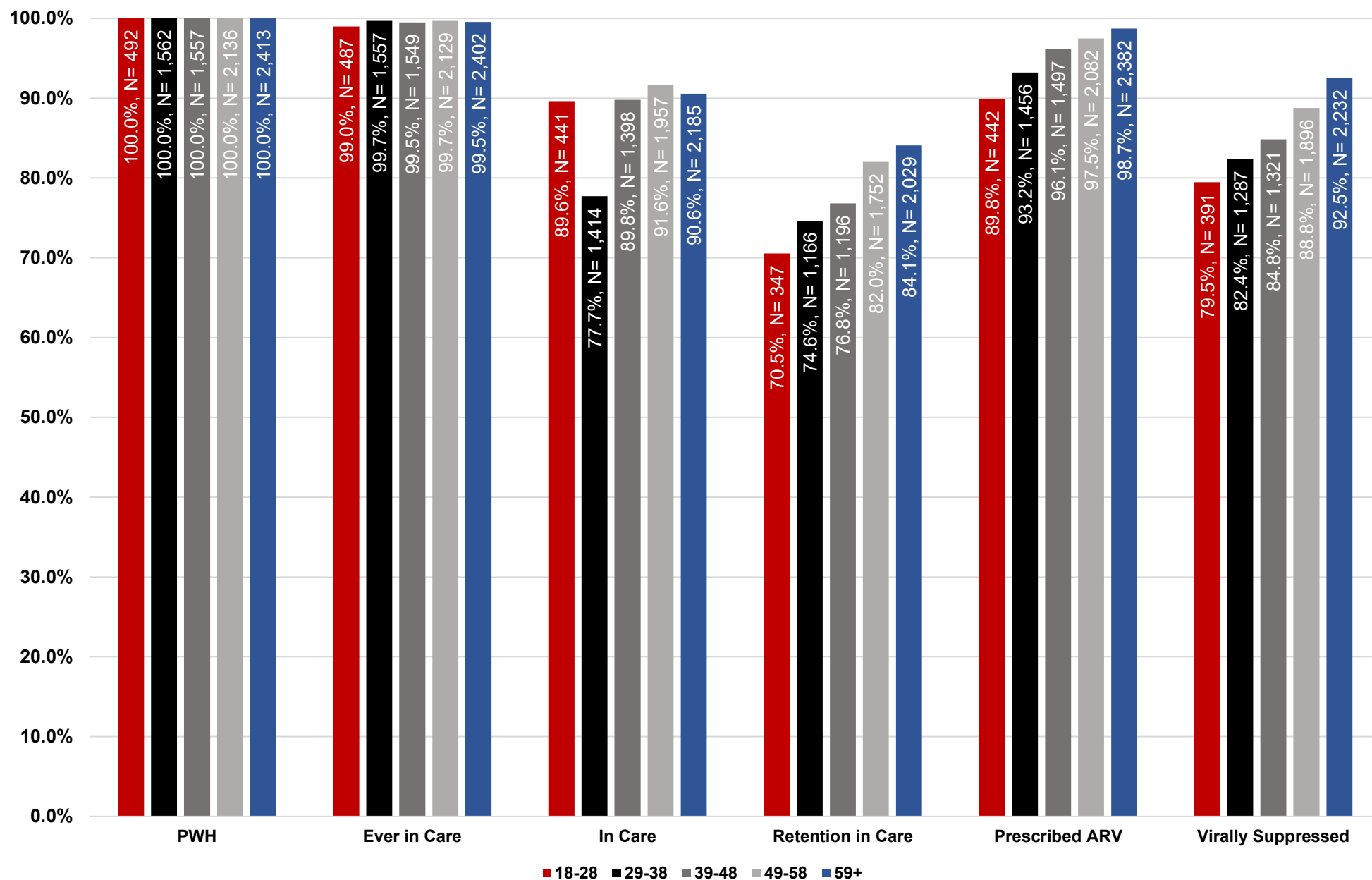
# HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2022 Q4



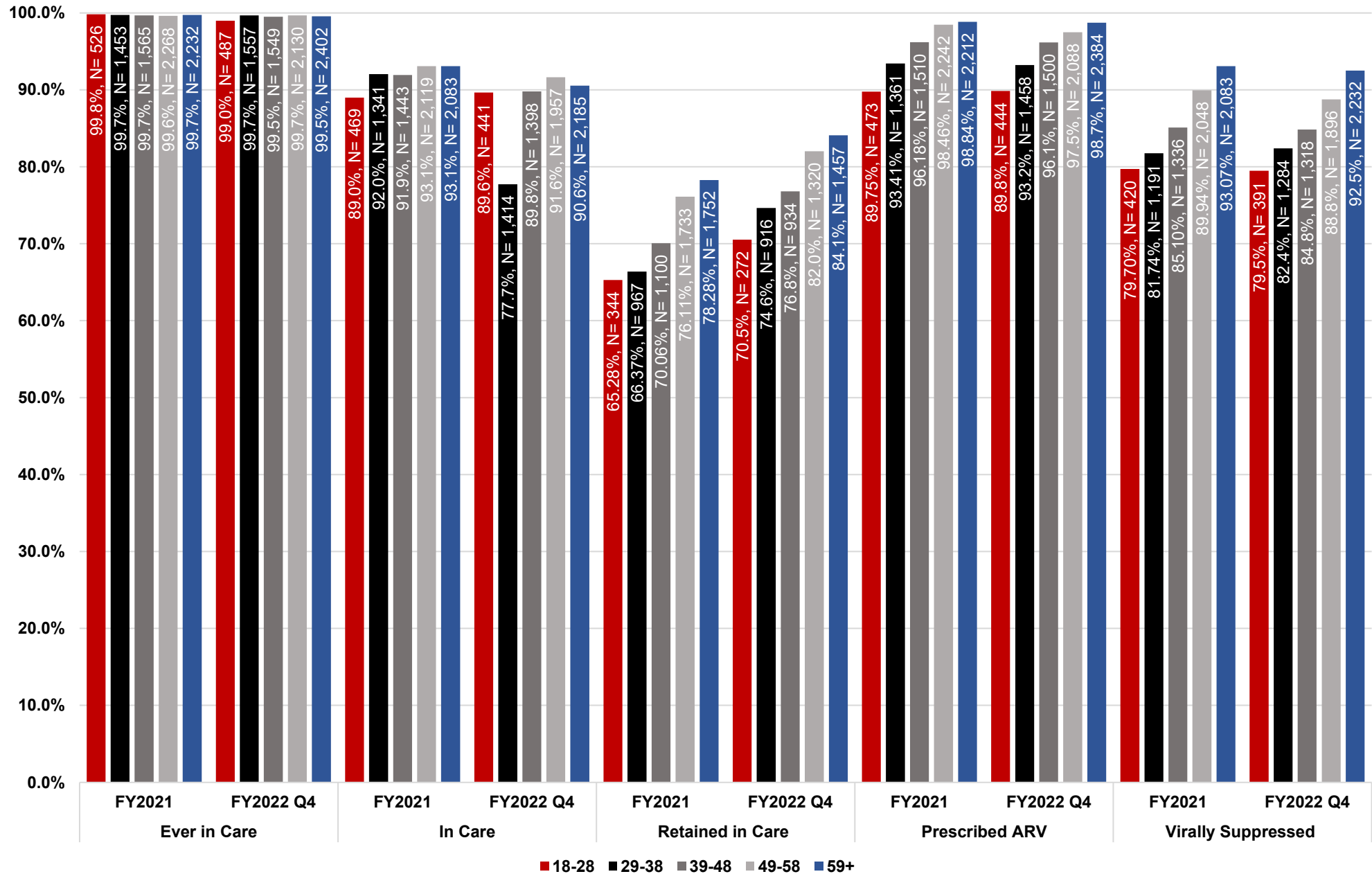
# HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2021 and FY2022 Q4



# HIV Care Continuum by Age, Broward EMA, FY2022 Q4



# HIV Care Continuum by Age, Broward EMA, FY2021 and FY2022 Q4



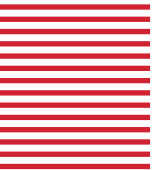
**Total Clients:** FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238, FY 2022 Q4: 18-28 = 492, 29-38 = 1,562, 39-48 = 1,557, 49-58 = 2,137, 59+ = 2,413  
 Continuum of Care Report 3/1/2021-2/28/2022 & 12/1/2022-2/28/2023

# **HIV Care Continuum:**

## **Notable Data Trends**

**FY2021 - FY2022 Q4**

- **6.5% increase in Systemwide retention rate**
- **100% for Ever in Care Systemwide service category**



# **HIV Care Continuum:**

## **Notable Data Trends**

**FY2021 - FY2022 Q4**

### **Subpopulations:**

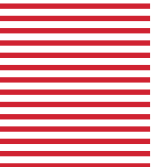
- **Female clients:** 7% retention rate increase
- **Male clients:** 6.4% retention rate increase
- **Transgender clients:** 4.73% retention rate increase
  - 5.94% viral suppression rate decrease from FY2021 to FY2022 Q4

# **HIV Care Continuum:**

## **Notable Data Trends**

**FY2021 - FY2022 Q4**

- **Subpopulations:**
  - **Black (Non-Hispanic) clients:** 4.17% retention rate increase
  - **White (Non-Hispanic) clients:** 7.56% retention rate increase
  - **Hispanic/Latinx clients:** 10% retention rate increase



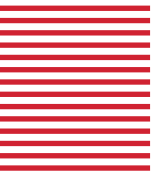


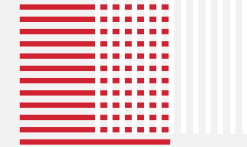
# **HIV Care Continuum:**

## **Notable Data Trends**

**FY2021 - FY2022 Q4**

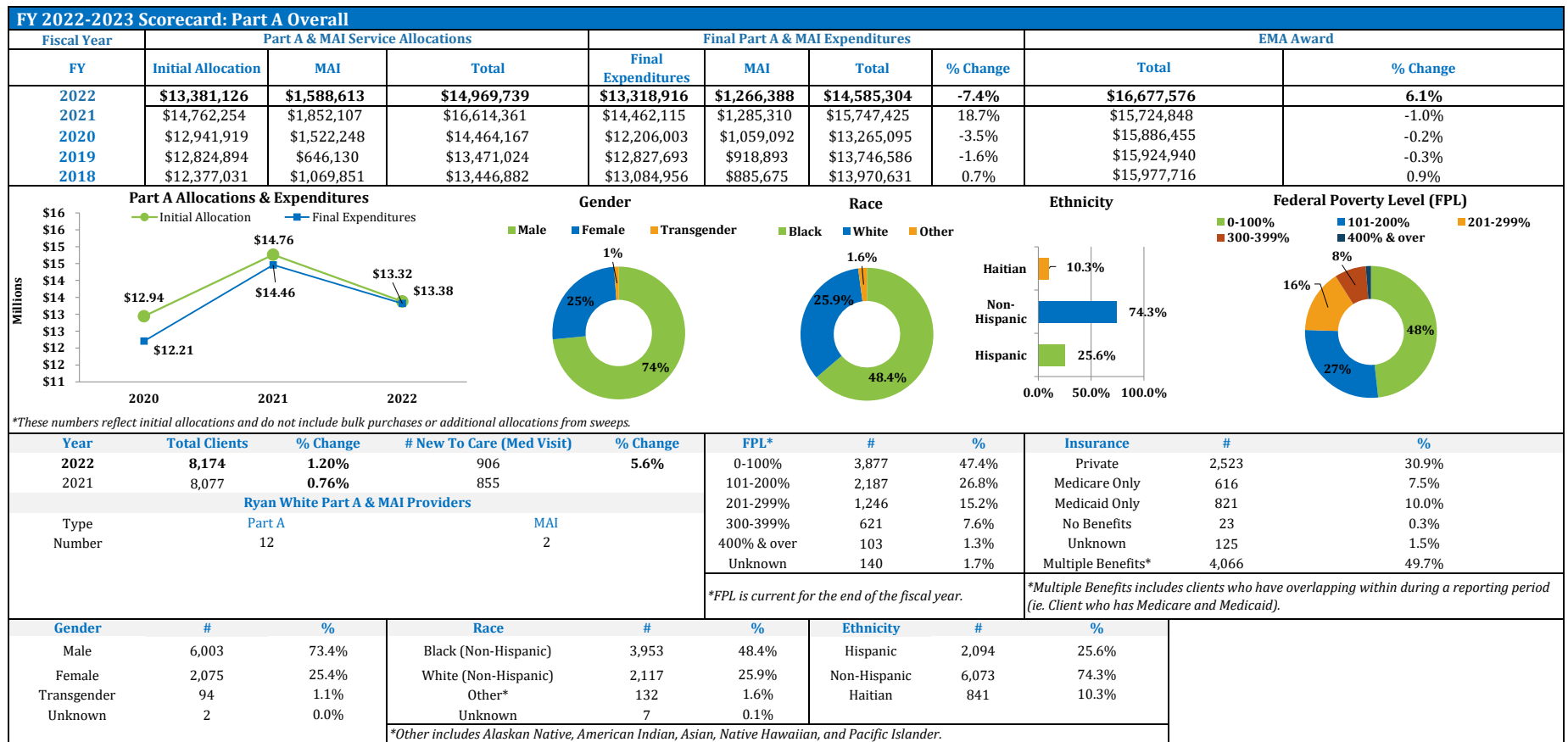
- **Subpopulations:**
  - **18-28 age range:** 5.2% retention rate increase
  - **29-38 age range:** 8.23% retention rate increase
  - **39-48 age range:** 6.8% retention rate increase
  - **49-58 age range:** 5.89% retention rate increase
  - **59+ age range:** 5.82% retention rate increase





# Any Questions? Thank you!

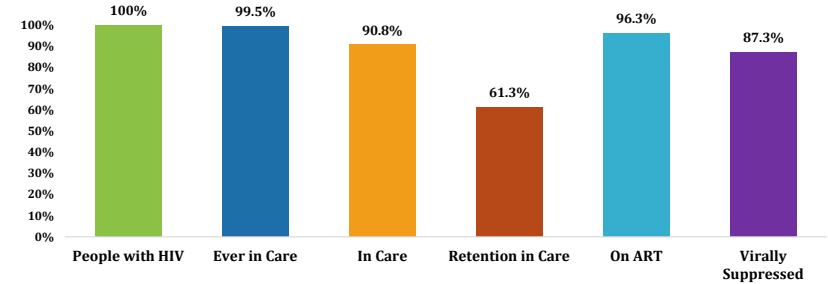
*The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.*



## FY 2022-2023 Scorecard: Part A Overall

**FY 22-23 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)**

Care Continuum	Definition	#	%
<b>People with HIV</b>	Clients who have HIV and received at least one service from the selected service category in the reporting period.	8,174	100%
<b>Ever in Care</b>	Clients with HIV who have ever had a medical care service* documented.	8,137	99.5%
<b>In Care</b>	Clients with HIV who had a medical care service within the reporting period.	7,426	90.8%
<b>Retention in Care</b>	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	5,010	61.3%
<b>On ART</b>	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	7,868	96.3%
<b>Virally Suppressed</b>	Clients with HIV with most recent viral load less than 200 copies/mL, at or of end of the reporting period.	7,137	87.3%



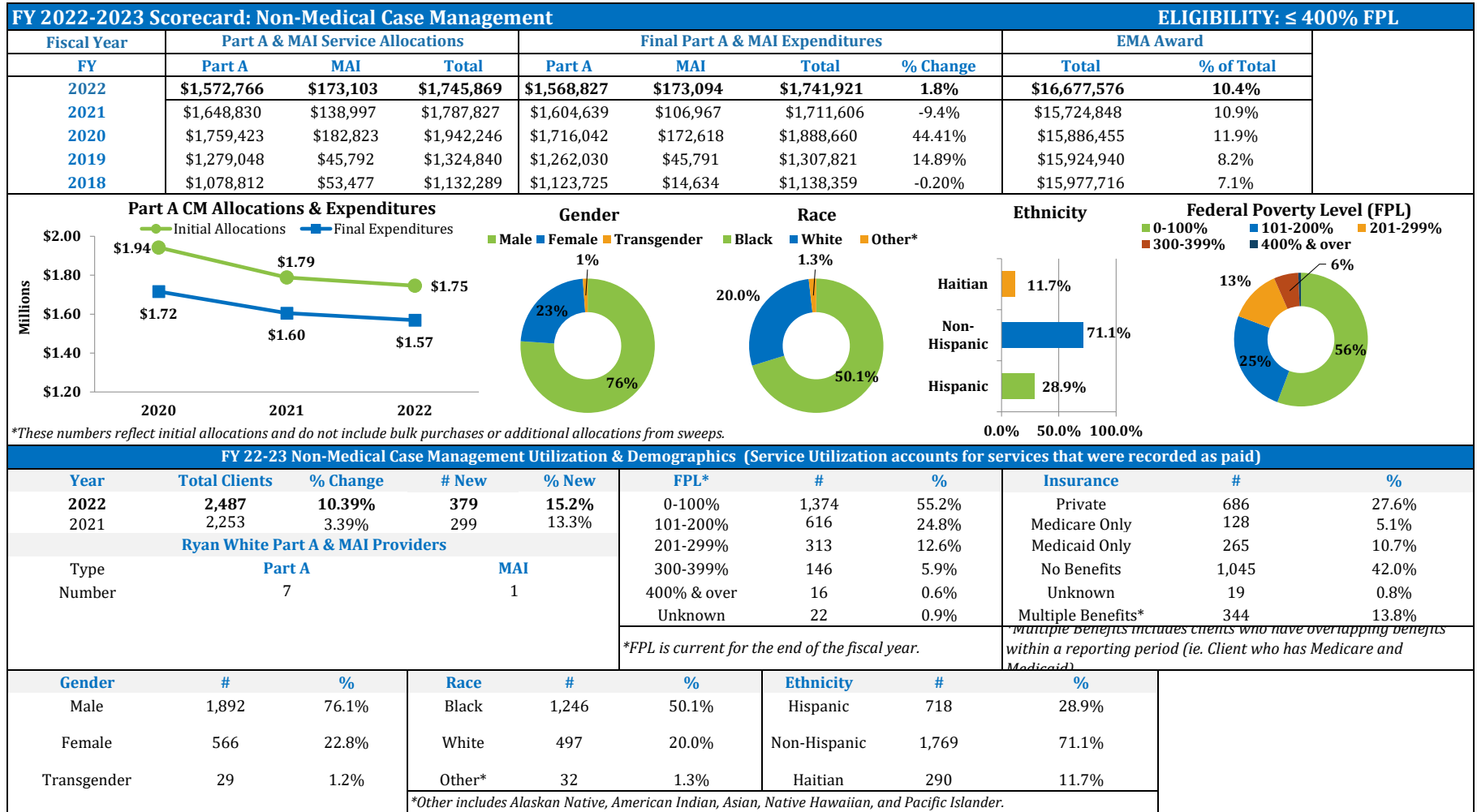
\*Medical Care Service: Medical care appointment, viral load or CD4 count test.

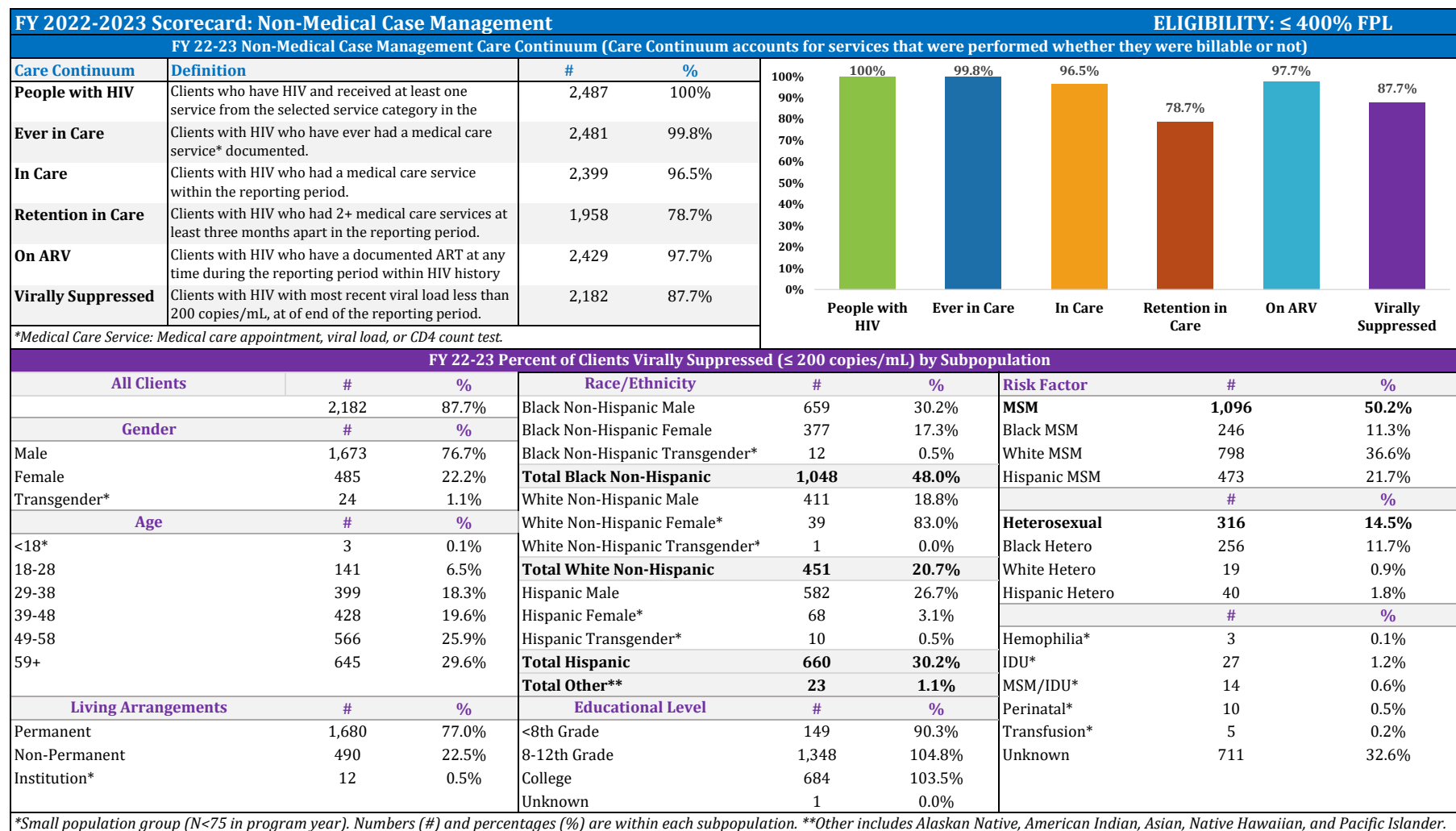
**FY 22-23 Percent of Clients Virally Suppressed ( $\leq 200$  copies/mL) by Subpopulation**

All Clients Virally Suppressed			Race/Ethnicity			Risk Factor		
	#	%		#	%		#	%
	7,137	87.3%	Black Non-Hispanic Male	1,889	26.5%	MSM	3,661	51.3%
Gender	#	%	Black Non-Hispanic Female	1,386	19.4%	Black MSM	804	11.3%
Male	5,295	74.2%	Black Non-Hispanic Transgender*	39	0.5%	White MSM	1,452	20.3%
Female	1,767	24.8%	Total Black Non-Hispanic	3,314	46.4%	Hispanic MSM	1,335	18.7%
Transgender*	74	1.0%	White Non-Hispanic Male	1,652	23.1%		#	%
Unknown	1	0.0%	White Non-Hispanic Female	145	2.0%	Heterosexual	915	12.8%
Age	#	%	White Non-Hispanic Transgender*	7	0.1%	Black Hetero	723	10.1%
<18*	6	0.1%	Total White Non-Hispanic	1,804	25.3%	White Hetero	75	1.1%
18-28	391	5.5%	Hispanic Male	1,672	23.4%	Hispanic Hetero	114	1.6%
29-38	1,290	18.1%	Hispanic Female	223	3.1%		#	%
39-48	1,321	18.5%	Hispanic Transgender*	25	0.4%			
49-58	1,897	26.6%	Total Hispanic	1,921	26.9%	Hemophilia*	14	0.2%
59+	2,232	31.3%	Unknown Race/Ethnicity	1	0.0%	IDU	87	1.2%
			Total Other**	97	1.4%	MSM/IDU	32	0.4%
						Perinatal	69	1.0%
						Transfusion*	30	0.4%
						Unknown	2,329	32.6%
Living Arrangements	#	%	Educational Level	#	%			
Permanent	5,881	82.4%	<8th Grade	351	4.9%			
Non-Permanent	1,234	17.3%	8-12th Grade	4,338	60.8%			
Institution*	22	0.3%	College	2,441	34.2%			
			Unknown	7	0.1%			

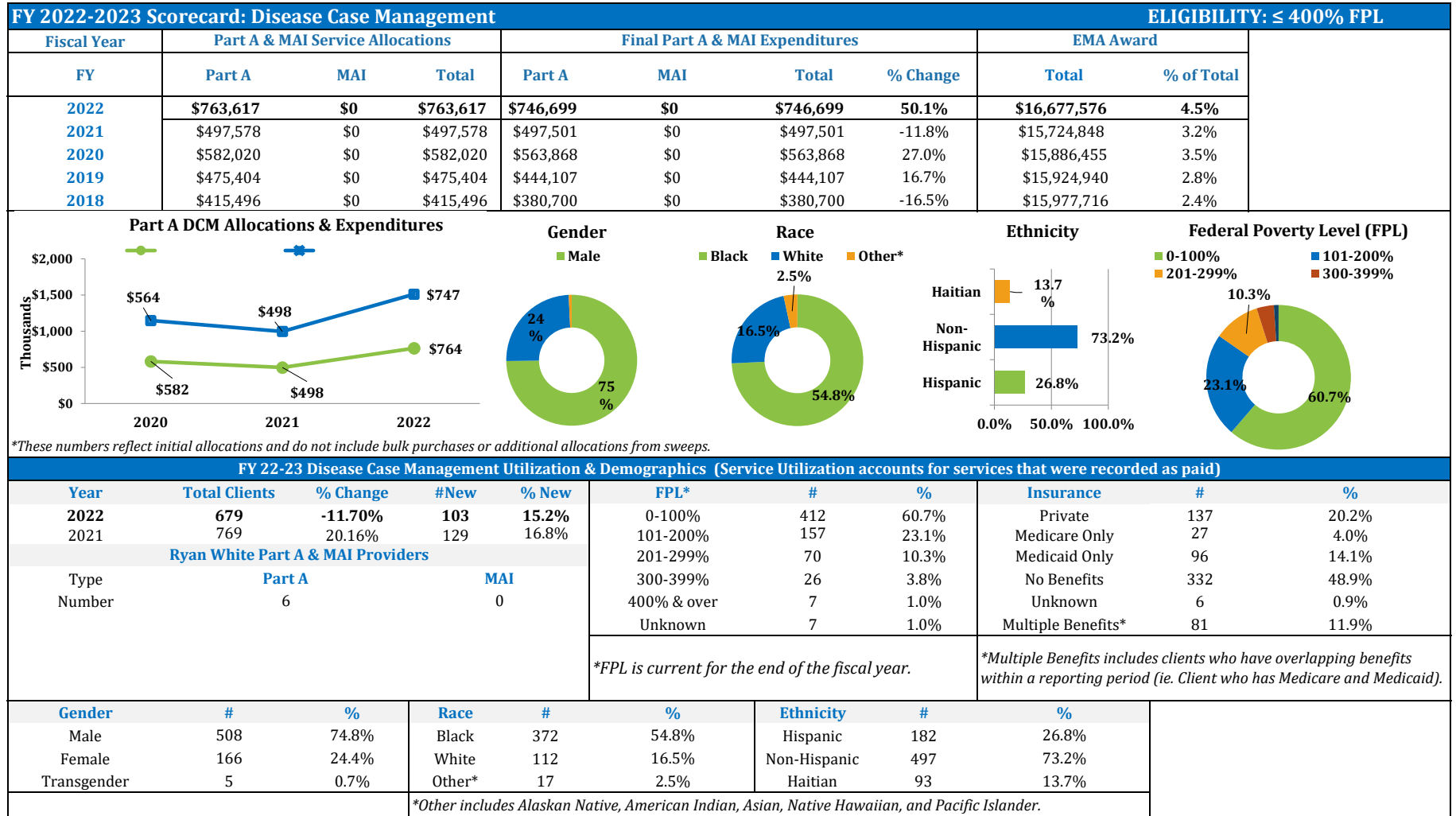
\*Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. \*\*Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.

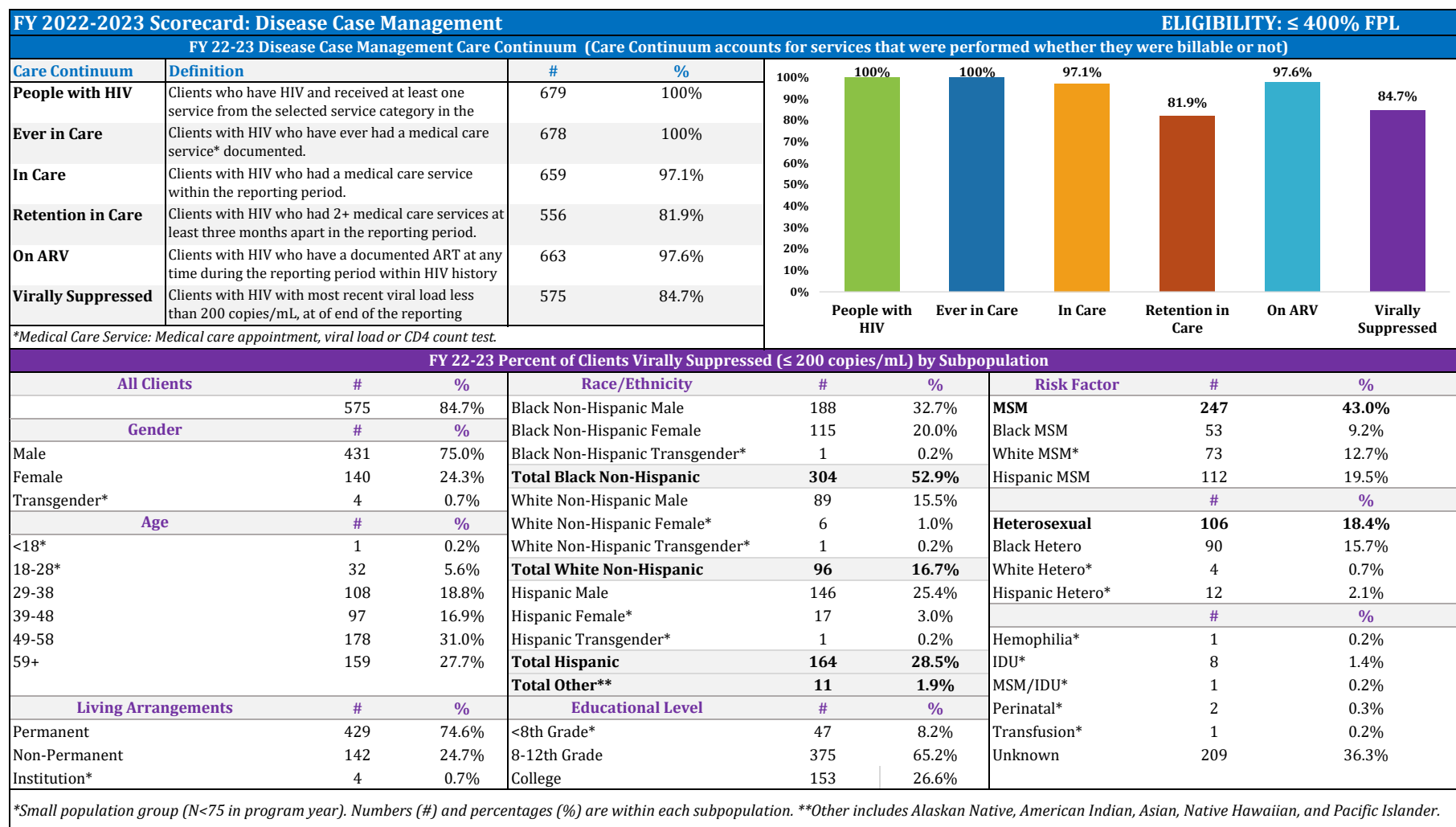
FY 2022-2023 PSRA SCORECARDS





FY 2022-2023 PSRA SCORECARDS







FY 2022-2023 PSRA SCORECARDS

FY 2022-2023 Scorecard: Centralized Intake and Eligibility Determination (CIED)								ELIGIBILITY: HIV+, Broward Resident	
Fiscal Year	Initial Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award	
FY	Part A	MAI	Total	Part A	MAI	Total	% Change	Total	% of Total
2022	\$228,488	\$640,956	\$869,444	\$228,483	\$426,241	\$654,724	-32.74%	\$16,677,576	3.9%
2021	\$582,488	\$390,956	\$973,444	\$582,481	\$390,949	\$973,430	13.42%	\$15,724,848	6.2%
2020	\$582,488	\$290,956	\$873,444	\$567,327	\$290,954	\$858,281	10.78%	\$15,886,455	5.4%
2019	\$350,513	\$551,421	\$901,934	\$350,513	\$424,222	\$774,735	-4.63%	\$15,924,940	4.9%
2018	\$560,513	\$290,957	\$851,470	\$521,422	\$290,946	\$812,368	-12.70%	\$15,977,716	5.1%

**Part A CIED Allocations & Expenditures**

Year	Initial Allocations	Expenditures
2020	\$567	\$582
2021	\$582	\$582
2022	\$228	\$228

**Gender**

Gender	%
Male	73.4%
Female	25.5%
Transgender	1.1%

**Race**

Race	%
Black	48.4%
White	24.6%
Other*	1.3%

**Ethnicity**

Ethnicity	%
Non-Hispanic	74.3%
Haitian	10.3%
Hispanic	25.6%

**Federal Poverty Level (FPL)**

FPL Category	%
0-100%	47.3%
101-200%	26.9%
201-299%	15.4%
300-399%	7.7%

*\*These numbers reflect initial allocations and do not include bulk purchases or additional allocations from sweeps.*

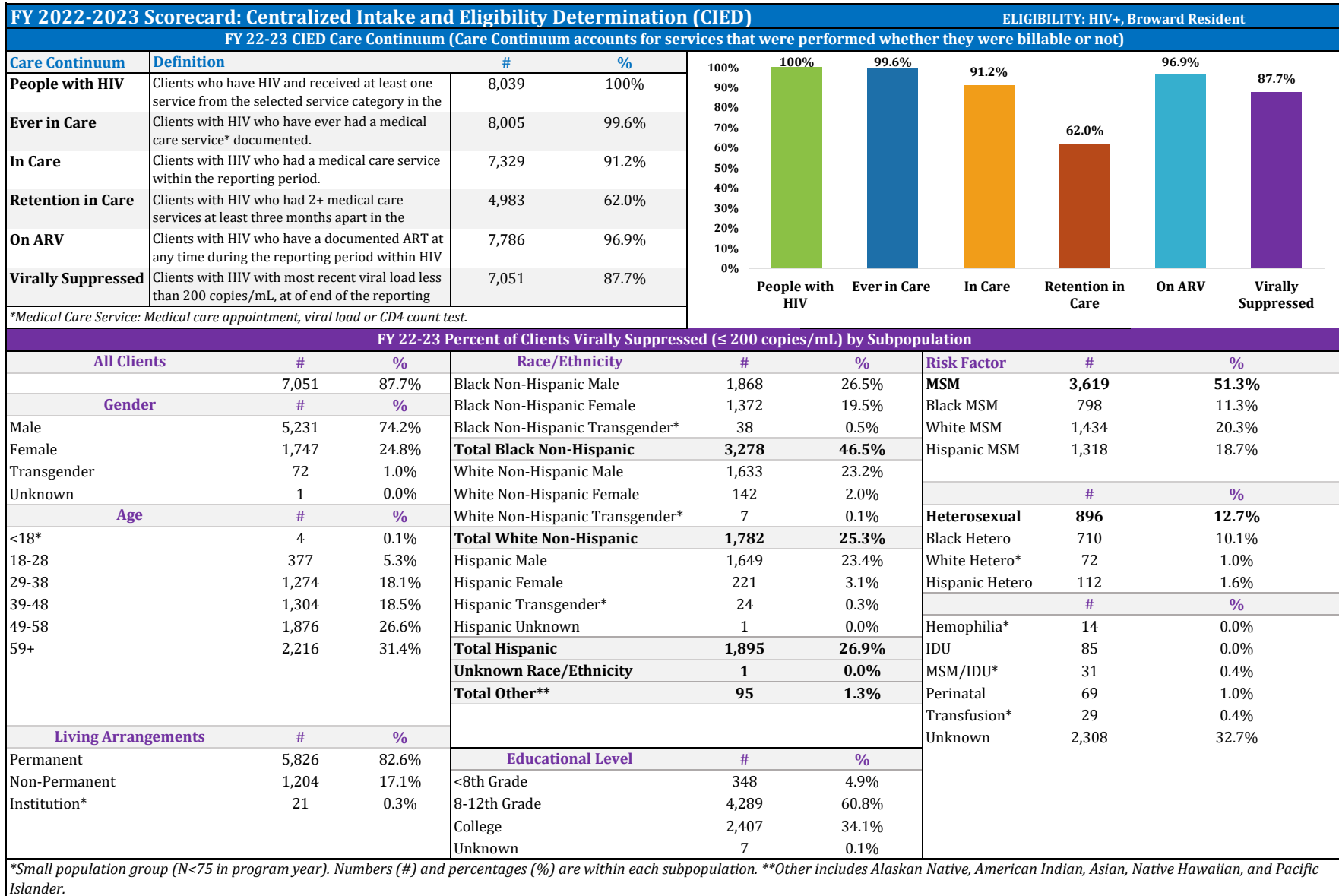
Year	Total Clients	% Change	# New	% New	FPL*	#	%	Insurance	#	%
2022	8,039	-1.55%	876	10.9%	0-100%	3,800	47.3%	Private	2,515	31.3%
2021	7,916	-1.58%	749	9.5%	101-200%	2,165	26.9%	Medicare Only	612	7.6%
Ryan White Part A & MAI Providers					201-299%	1,240	15.4%	Medicaid Only	798	9.9%
Type	Part A		MAI		300-399%	618	7.7%	No Benefits	2,956	36.8%
Number	1		1		400% & over	102	1.3%	Unknown	101	1.3%
					Unknown	114	1.4%	Multiple Benefits*	1,057	13.1%
					*FPL is current for the end of the fiscal year.			*Multiple Benefits includes clients who have overlapping benefits within a reporting period (ie. Client who has Medicare and Medicaid).		

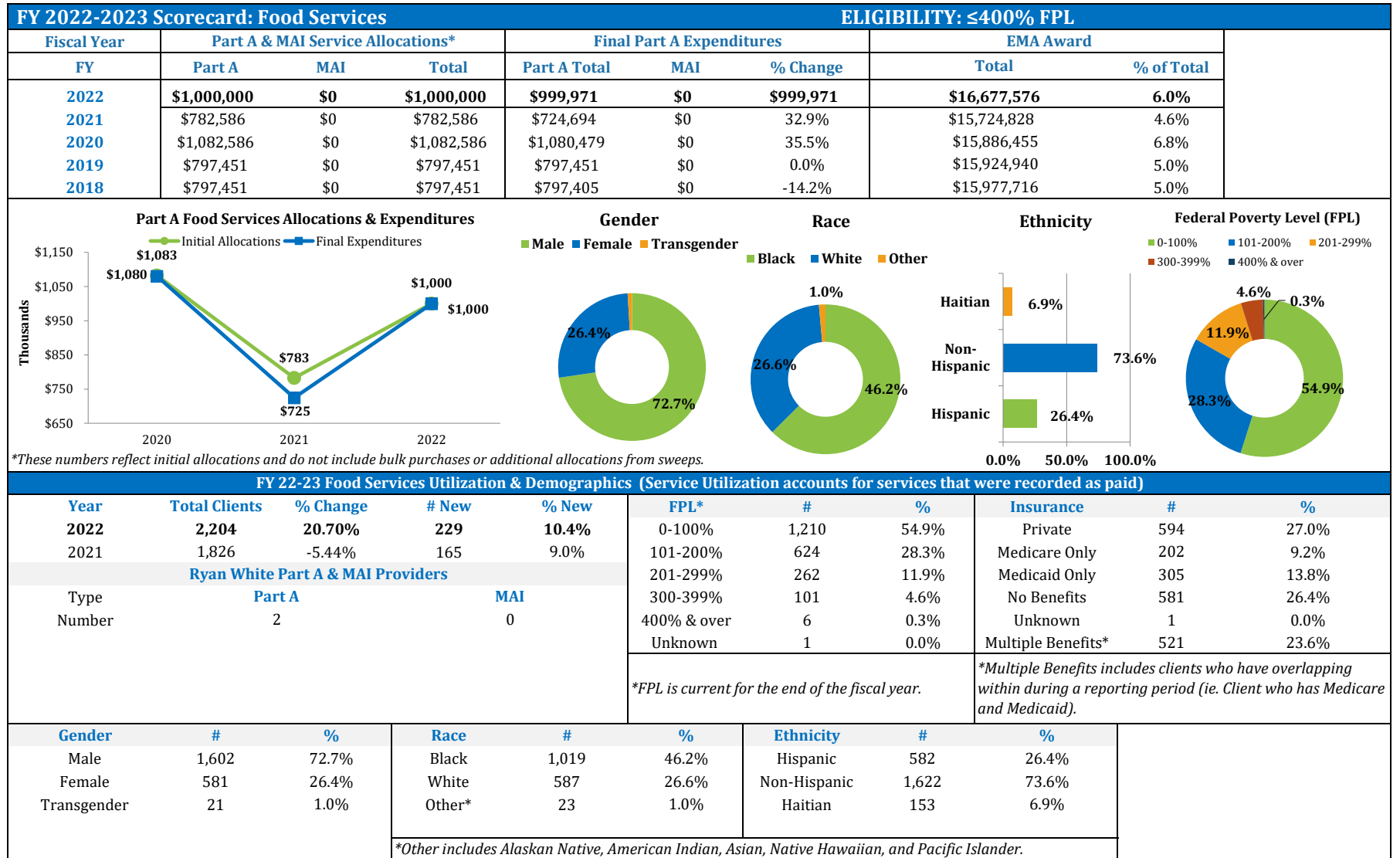
Gender	#	%	Race	#	%	Ethnicity	#	%
Male	5,901	73.4%	Black	3,888	48.4%	Hispanic	2,062	25.6%
Female	2,046	25.5%	White	1,974	24.6%	Non-Hispanic	5,970	74.3%
Transgender	90	1.1%	Other*	106	1.3%	Haitian	832	10.3%
Unknown	2	0.0%	Unknown	7	0.0%			

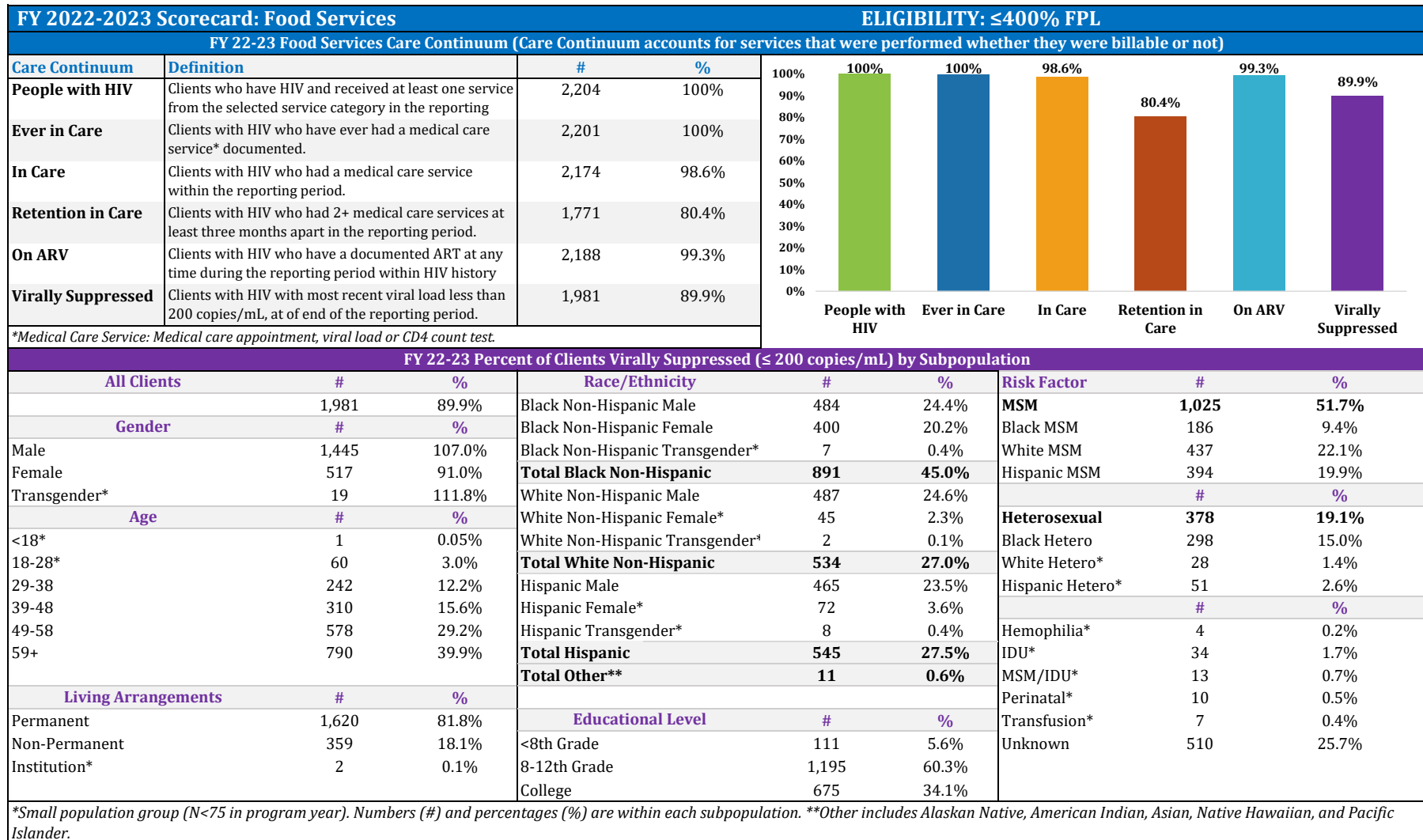
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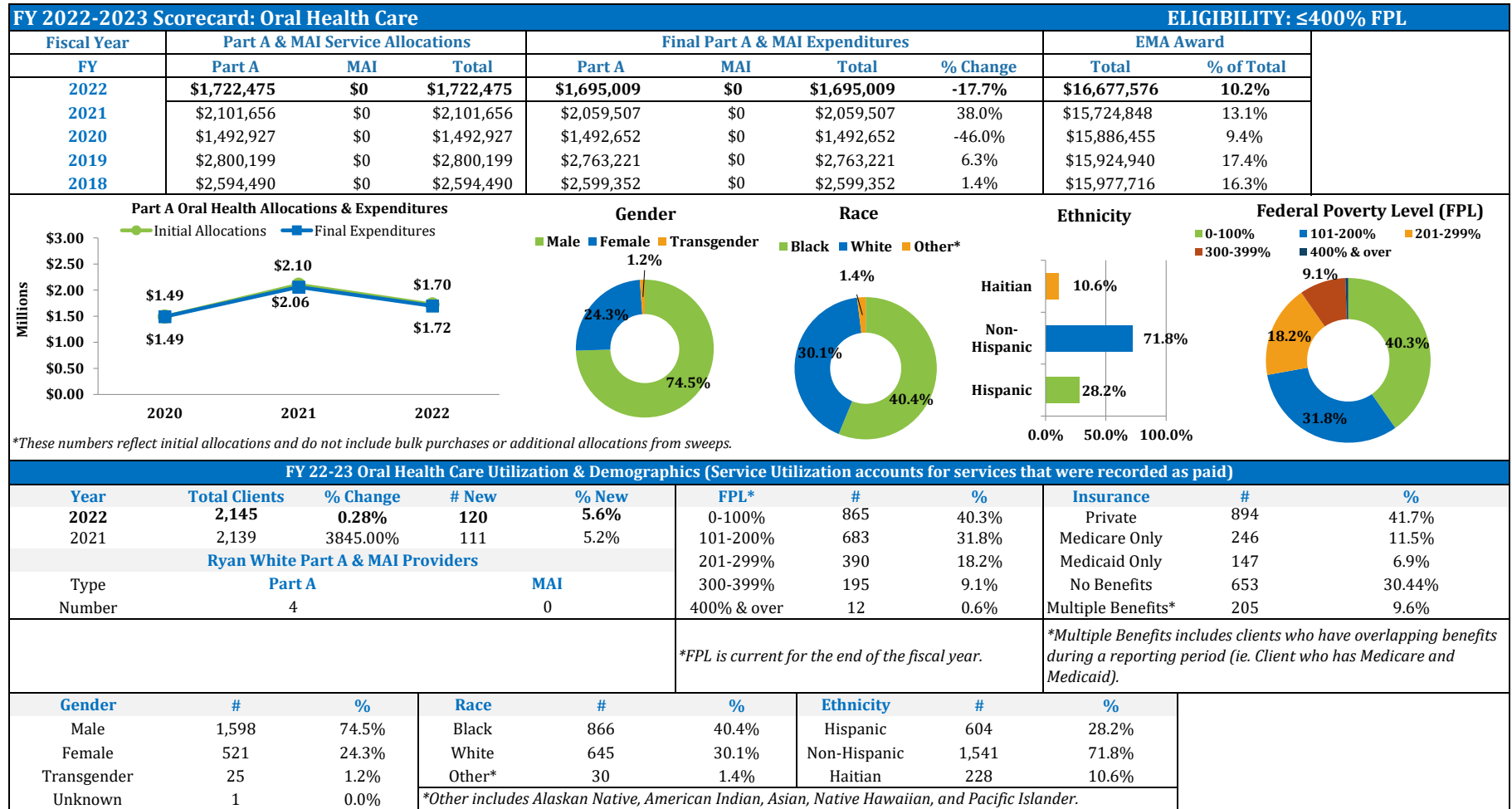
FY 2022-2023 PSRA SCORECARDS

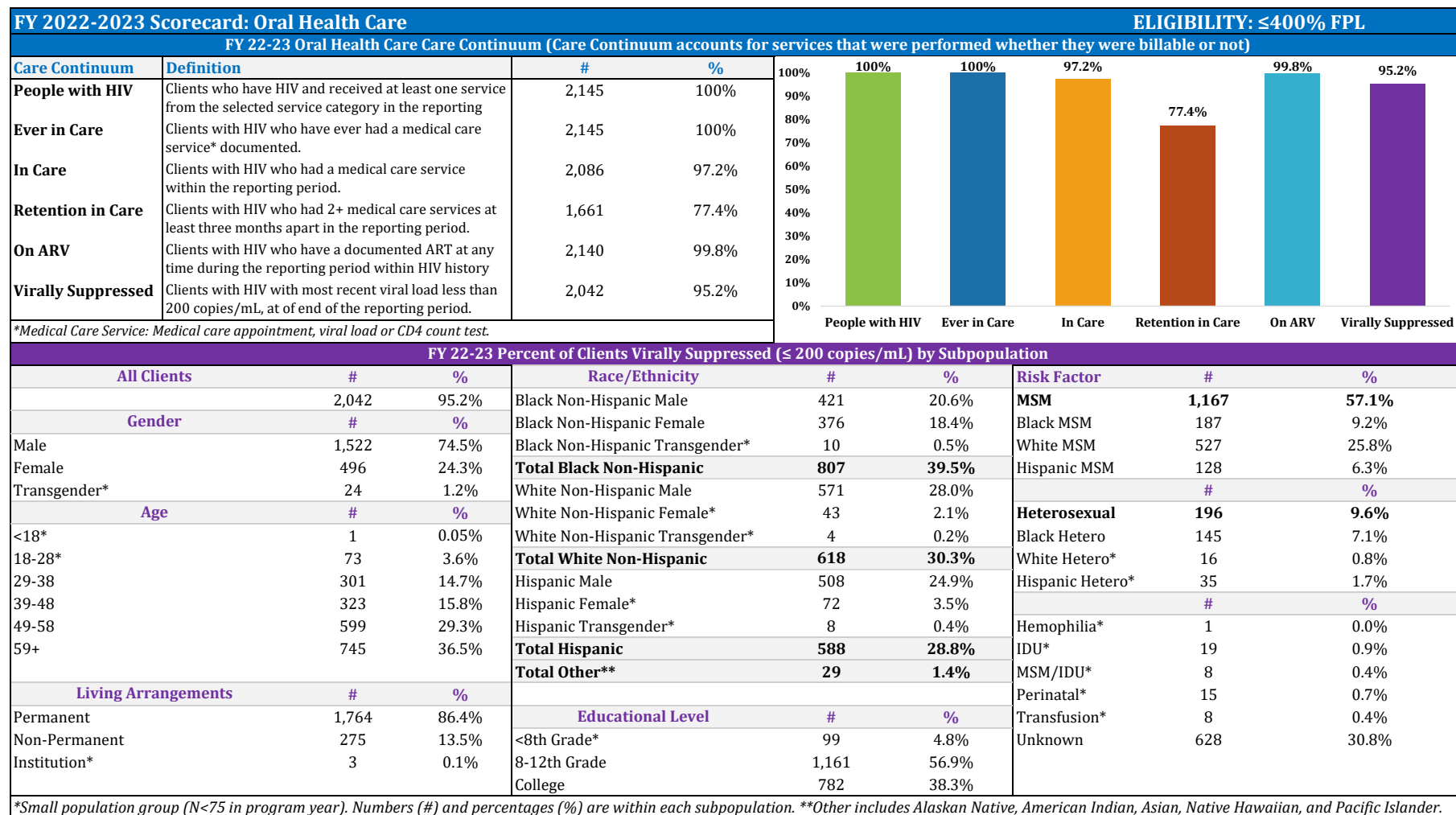


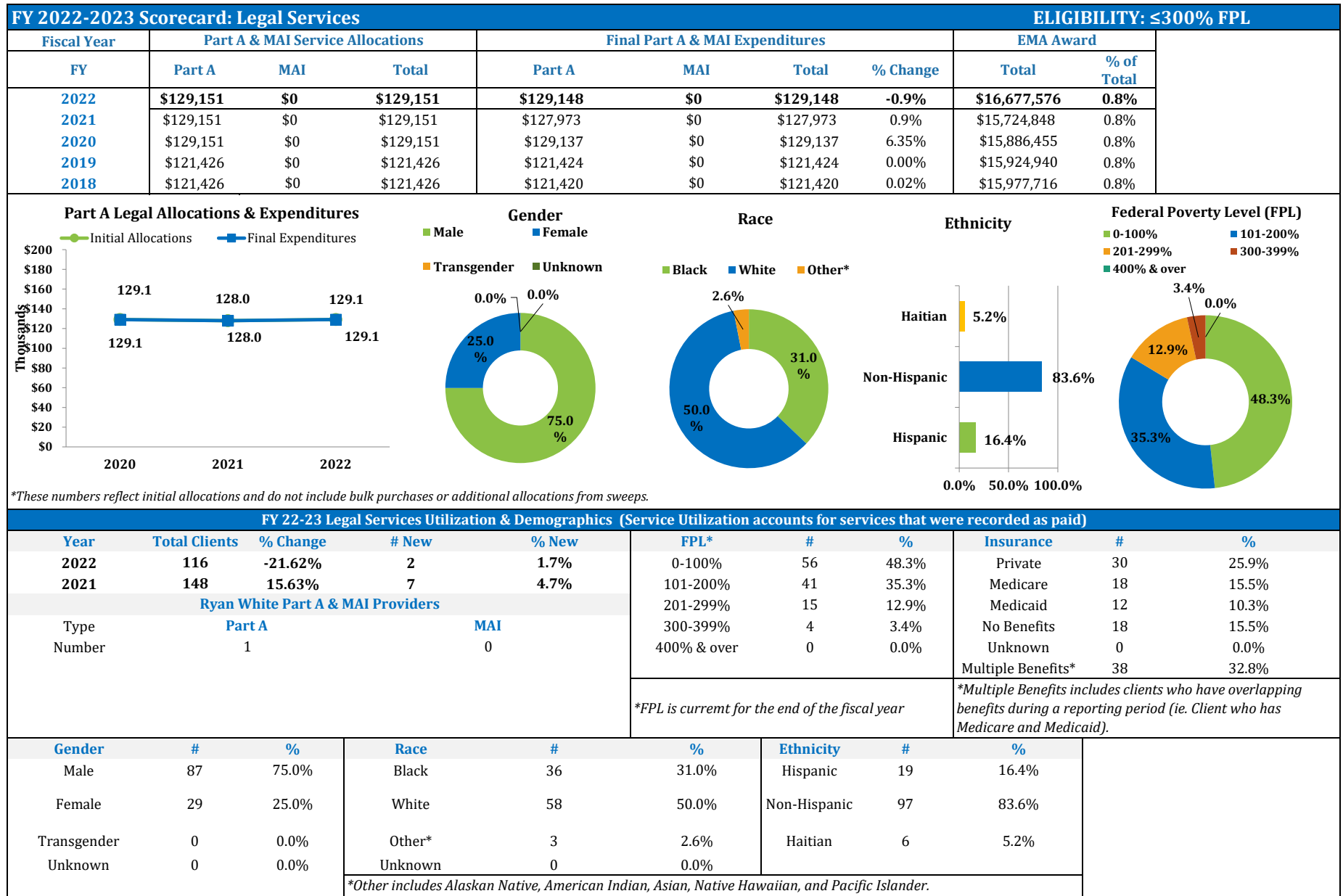
FY 2022-2023 PSRA SCORECARDS

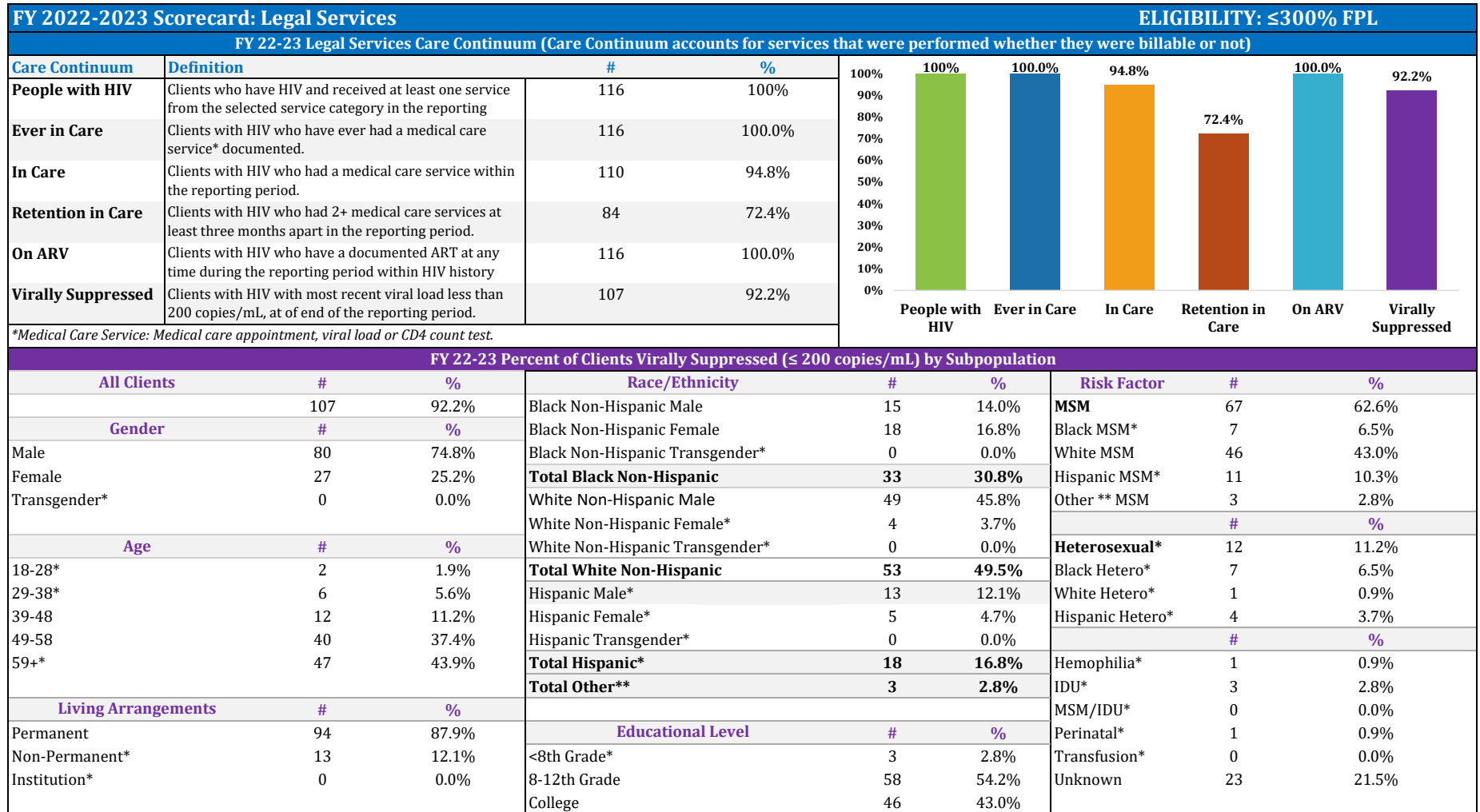






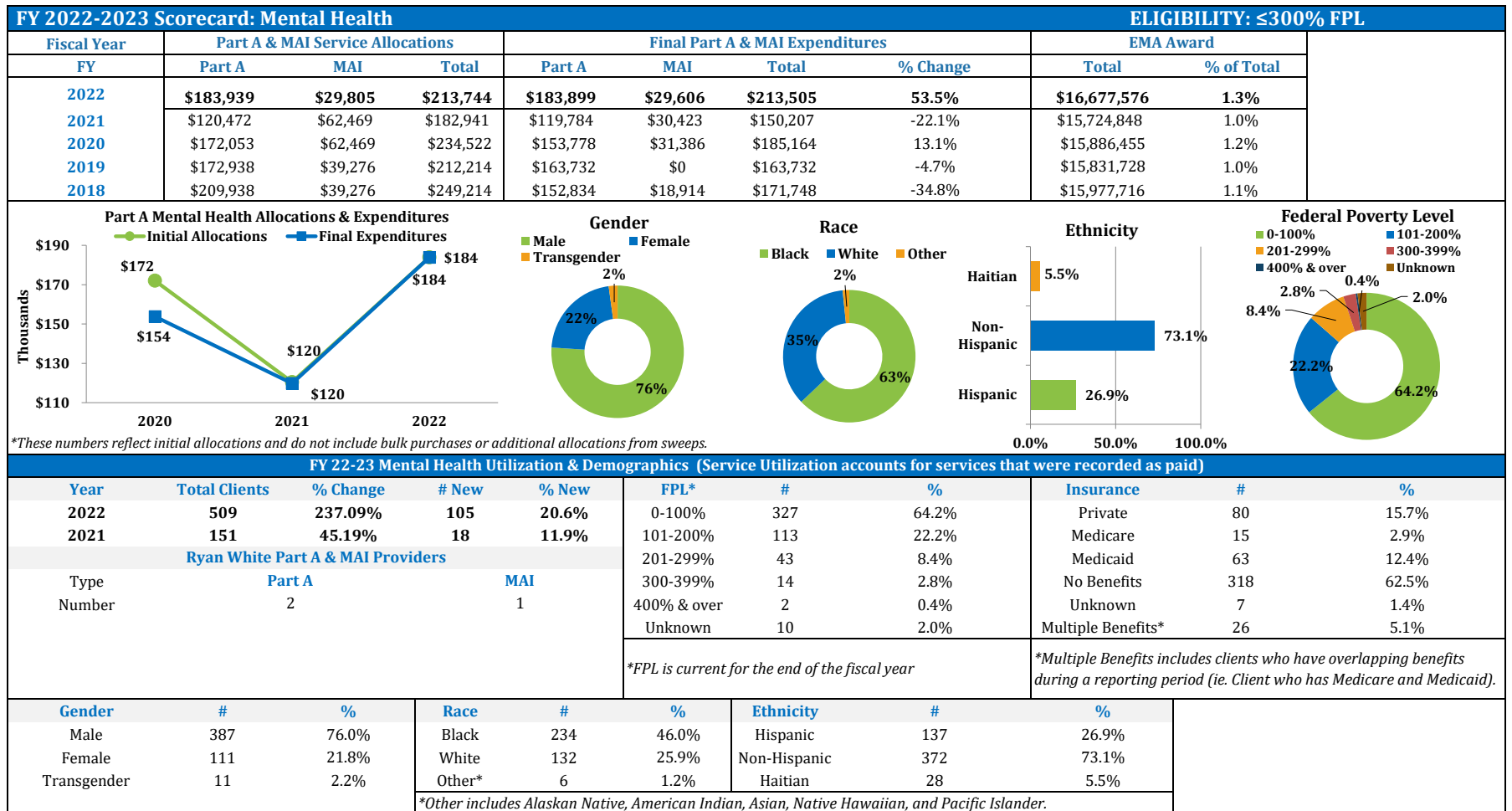


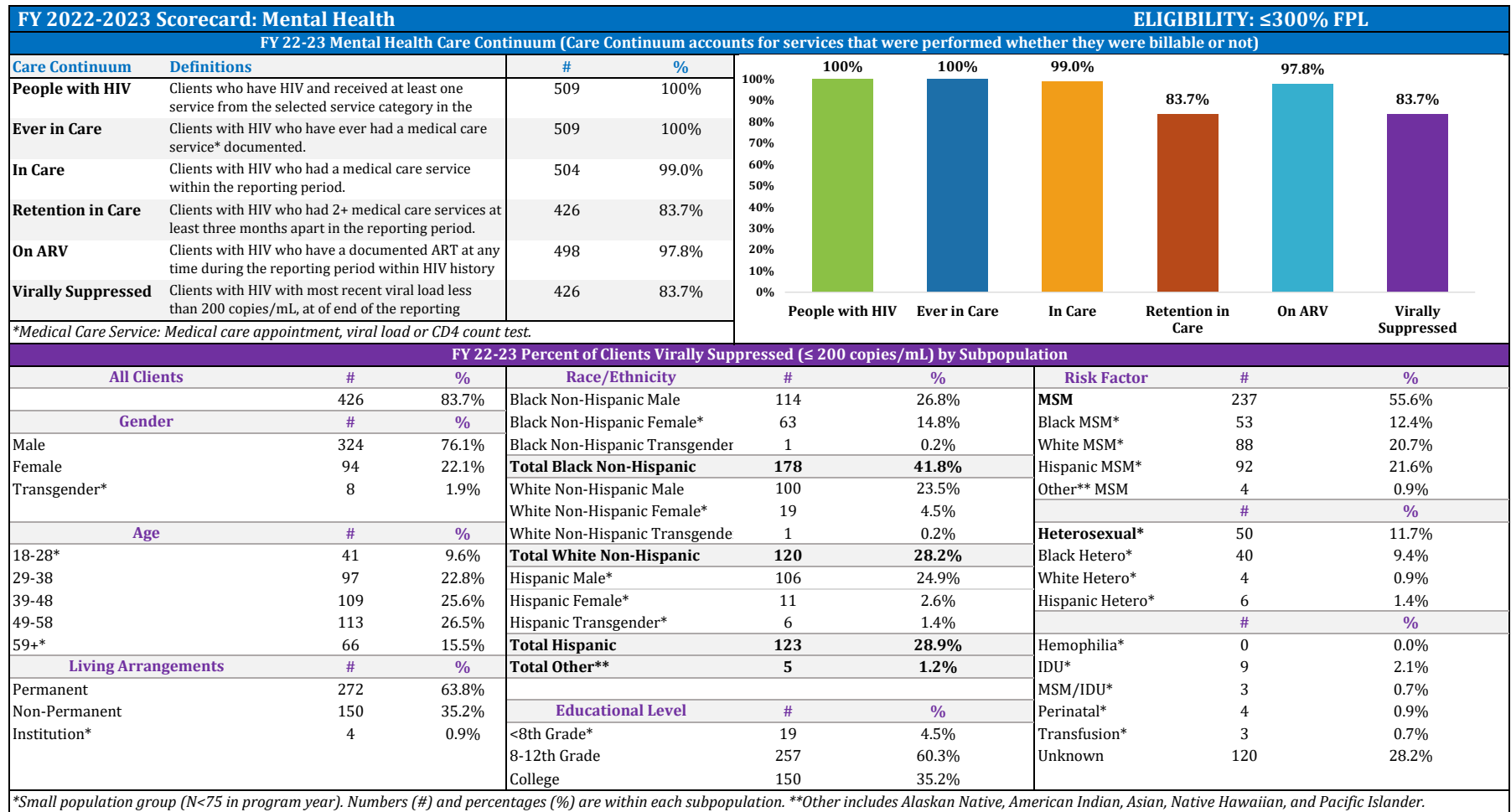




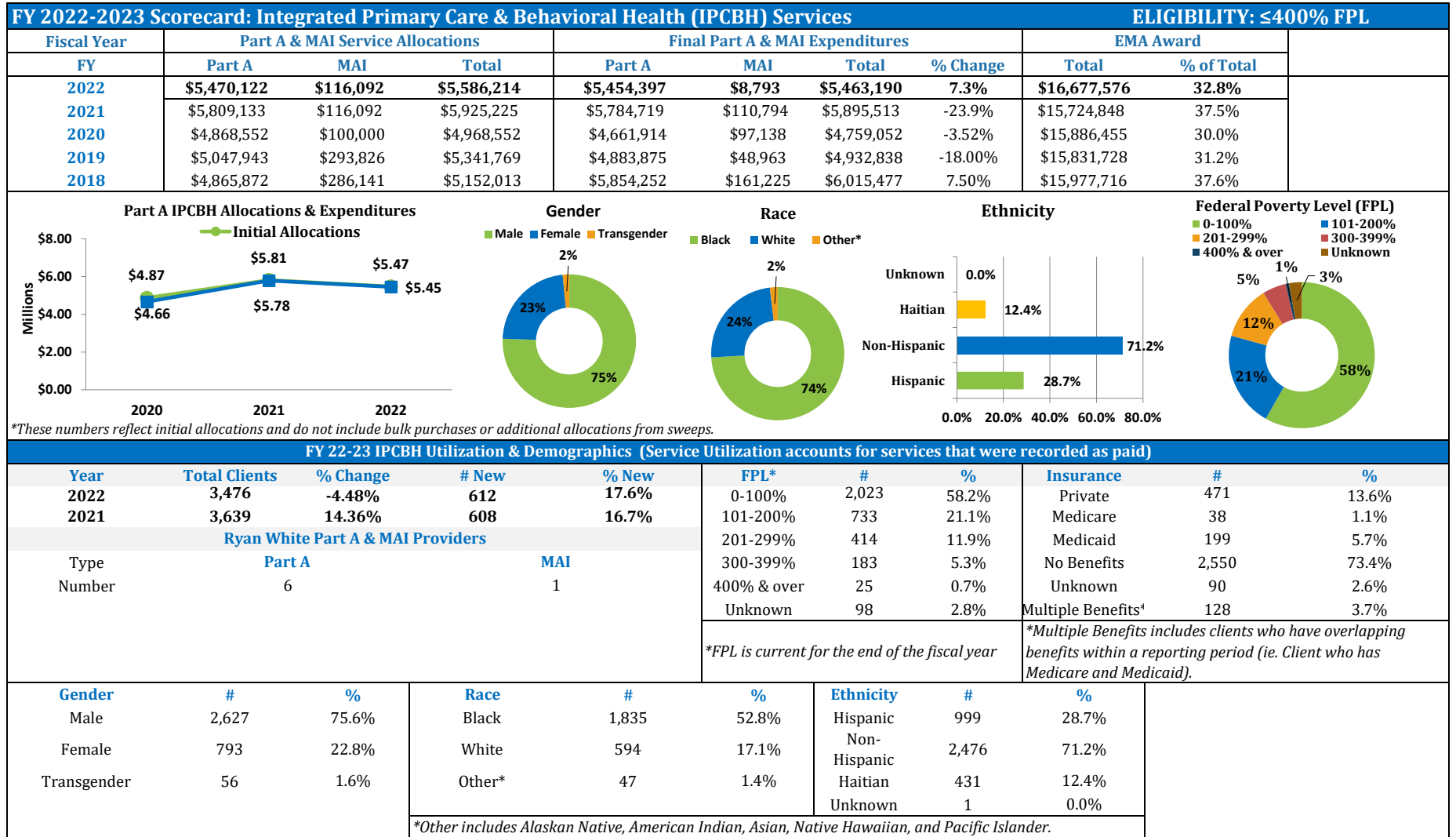


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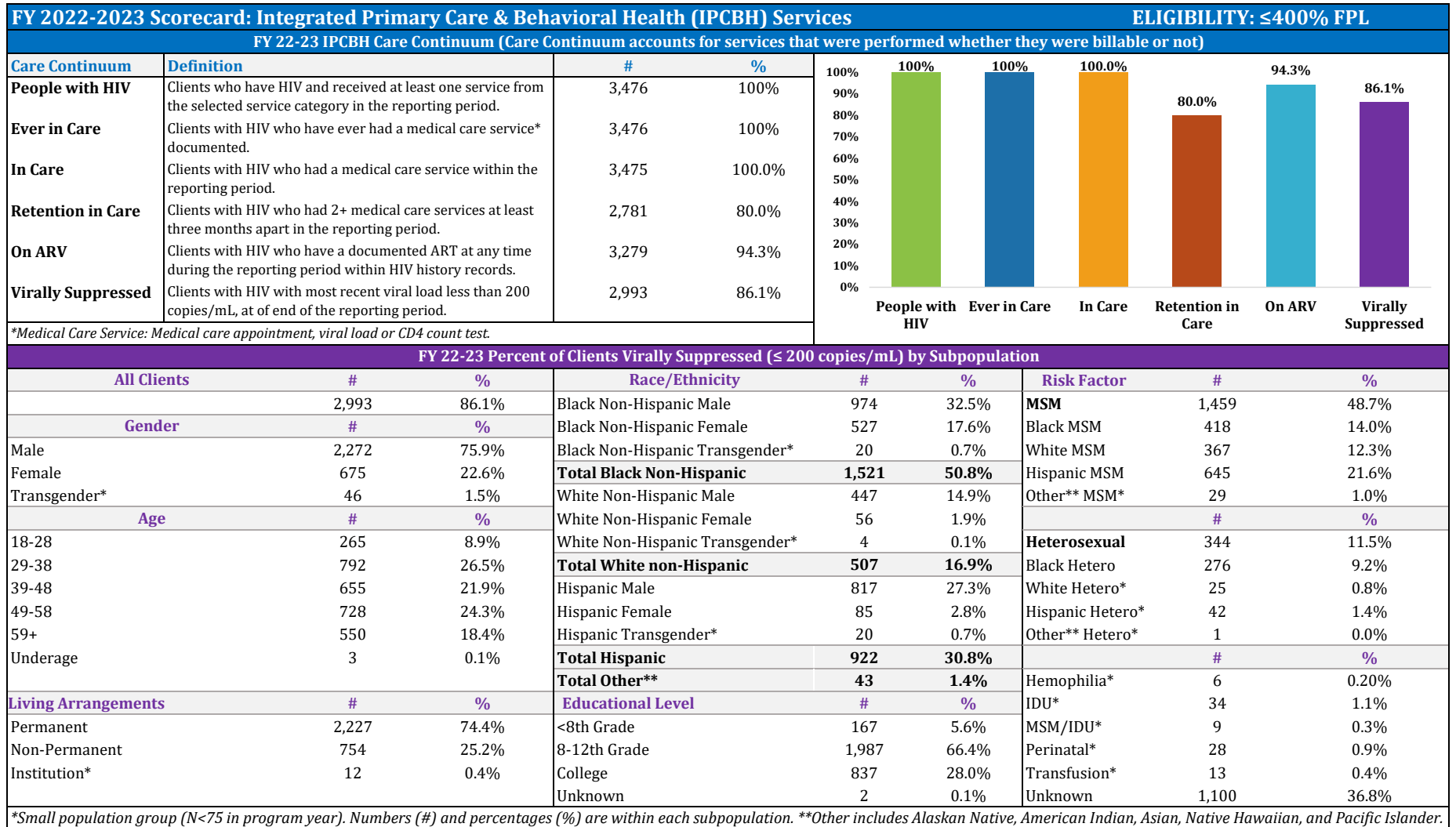


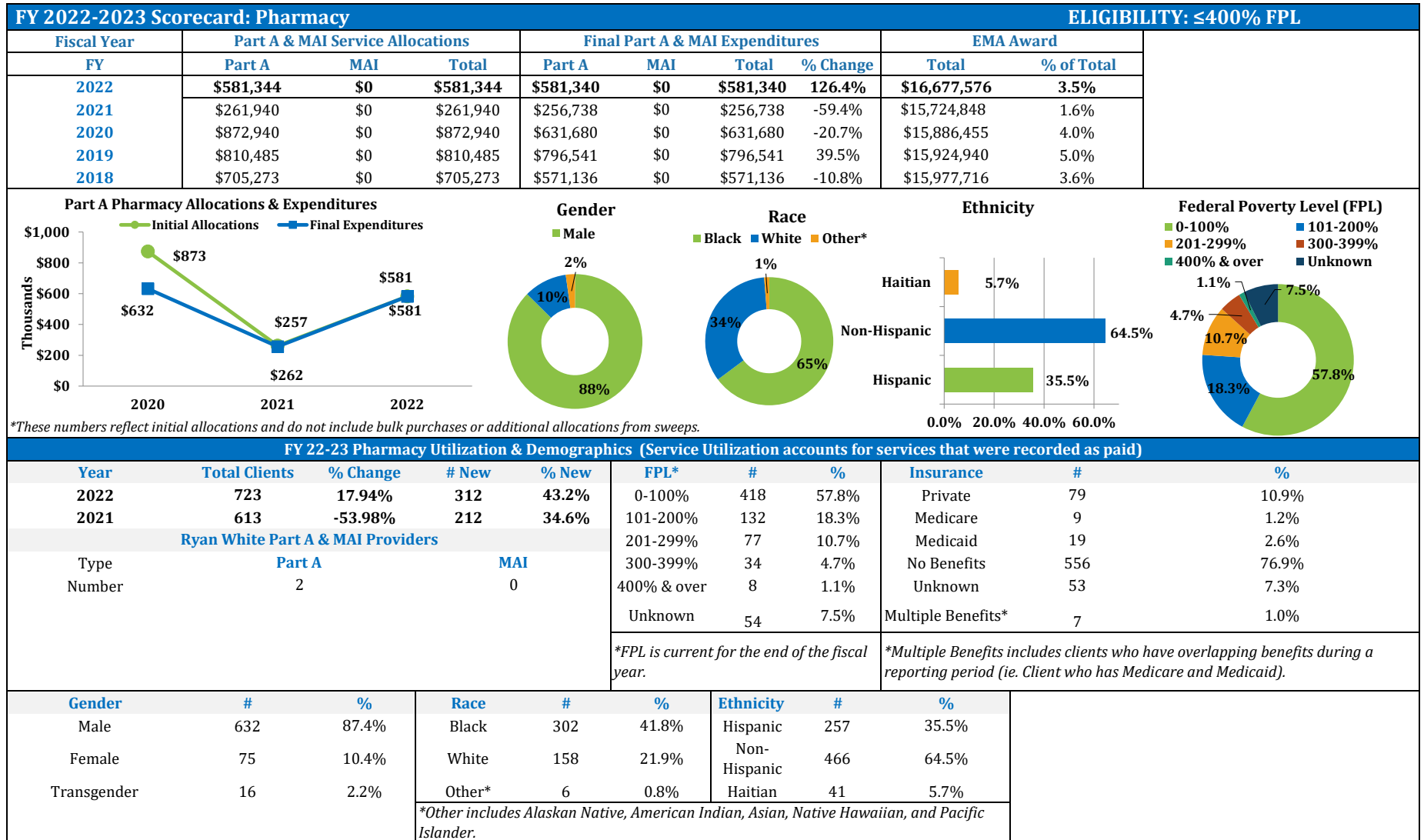


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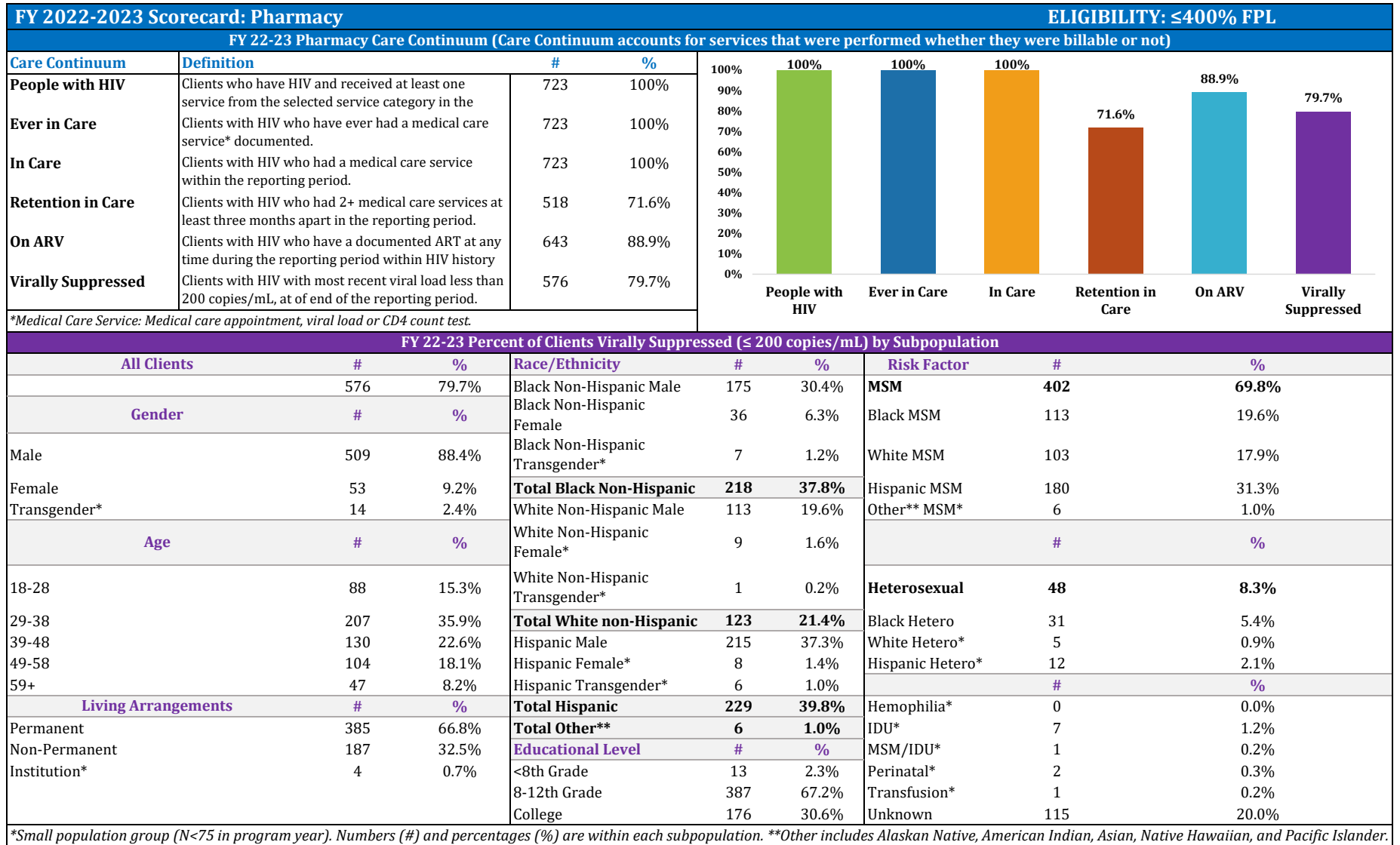


FY 2022-2023 PSRA SCORECARDS

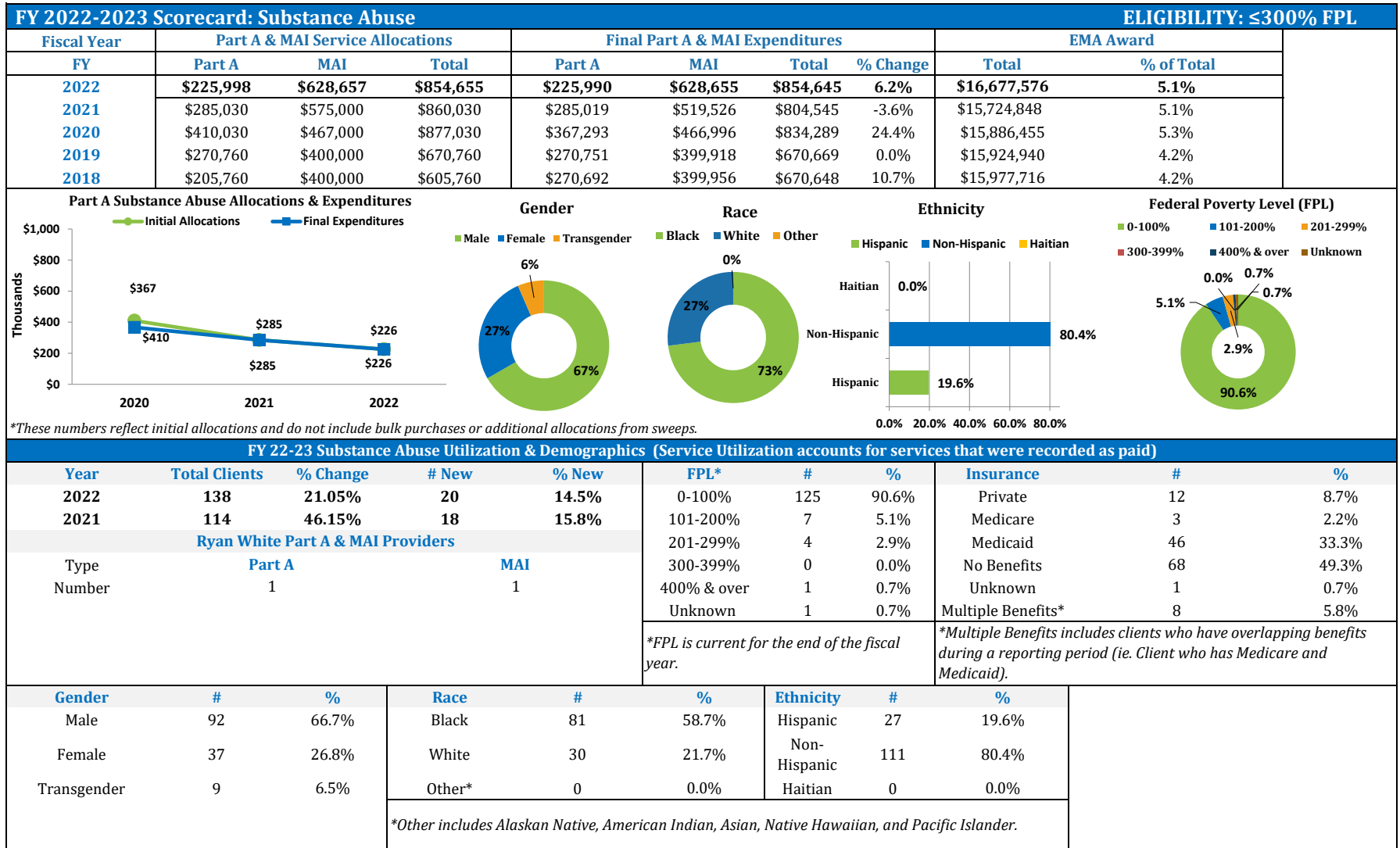


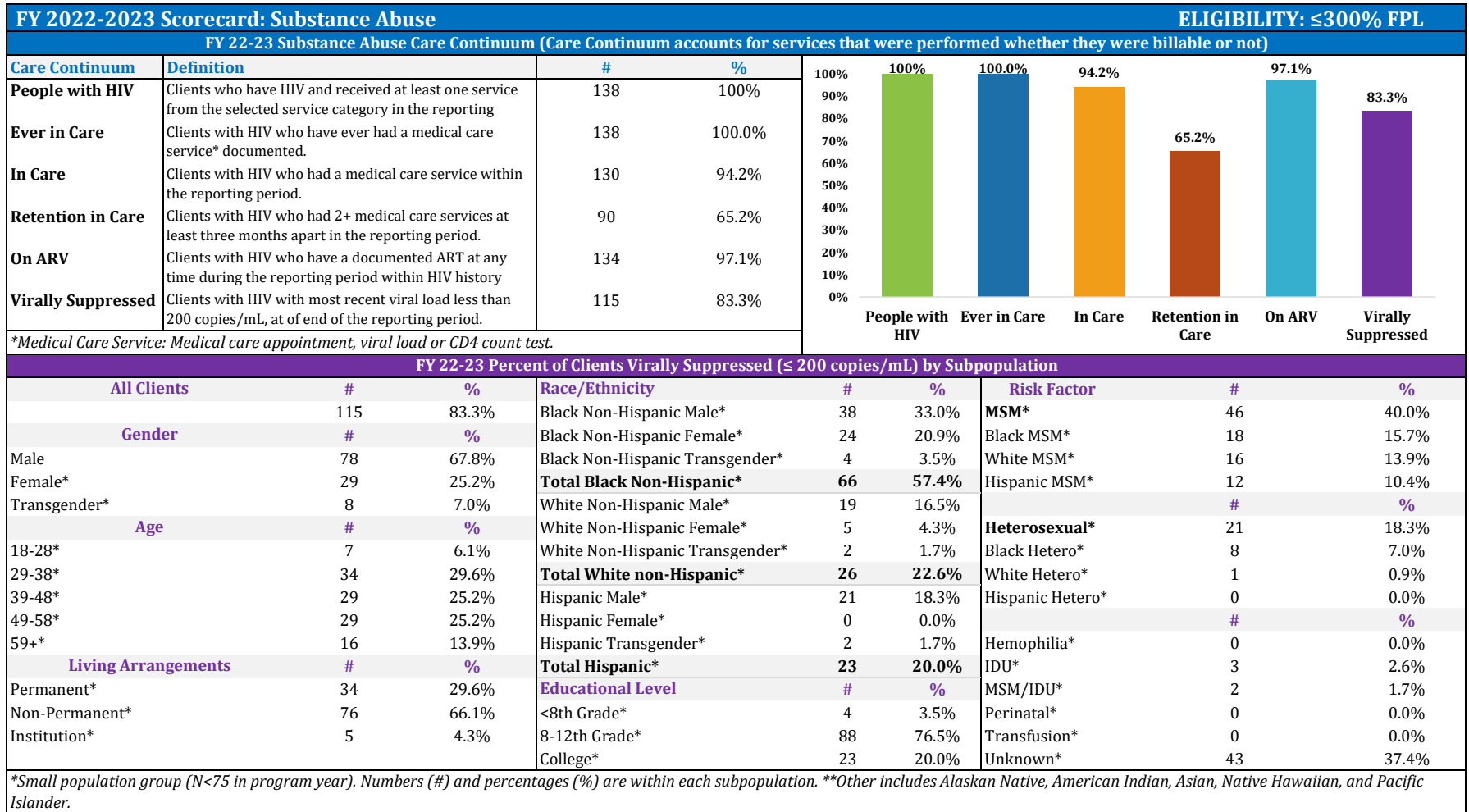


FY 2022-2023 PSRA SCORECARDS



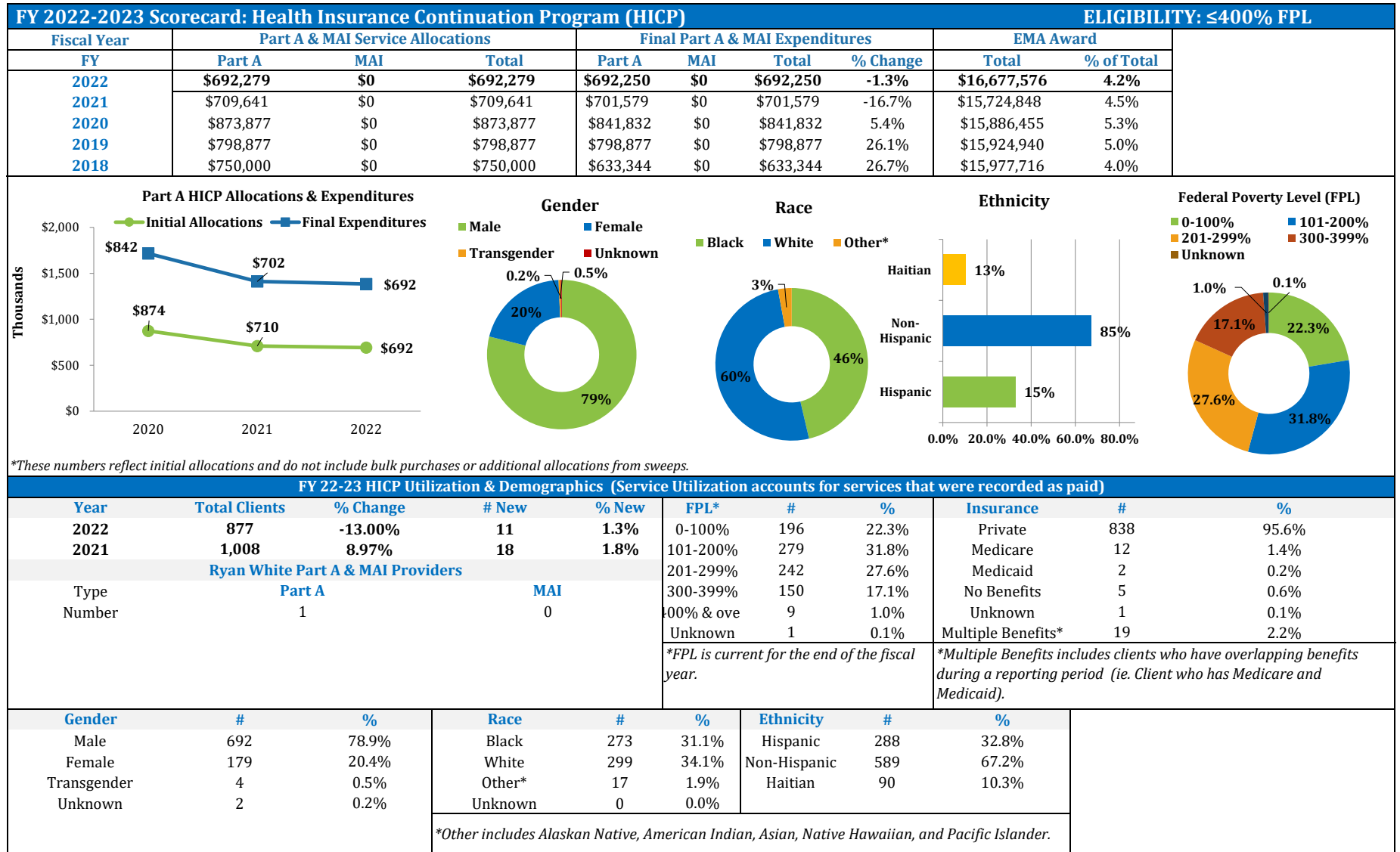
FY 2022-2023 PSRA SCORECARDS



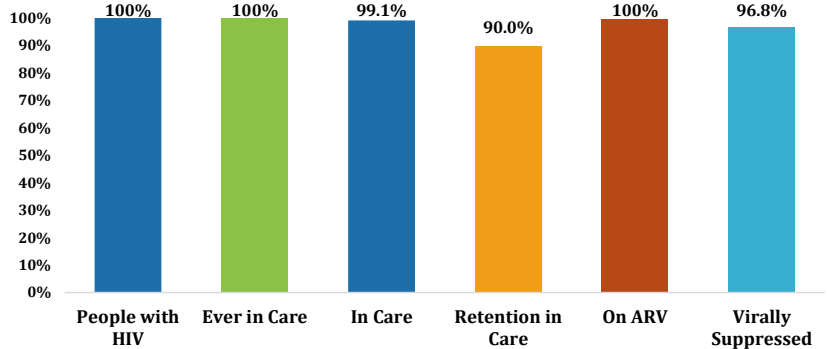




FY 2022-2023 PSRA SCORECARDS



FY 2022-2023 PSRA SCORECARDS

FY 22-23 Part A Care Continuum (Care Continuum accounts for services that were performed whether they were billable or not)									
Care Continuum	Definition	#	%						
People with HIV	Clients who have HIV and received at least one service from the selected service category in the reporting period.	877	100%						
Ever in Care	Clients with HIV who have ever had a medical care service* documented.	877	100%						
In Care	Clients with HIV who had a medical care service within the reporting period.	869	99.1%						
Retention in Care	Clients with HIV who had 2+ medical care services at least three months apart in the reporting period.	789	90.0%						
On ARV	Clients with HIV who have a documented ART at any time during the reporting period within HIV history records.	873	100%						
Virally Suppressed	Clients with HIV with most recent viral load less than 200 copies/mL, at of end of the reporting period.	849	96.8%						
*Medical Care Service: Medical care appointment, viral load or CD4 count test.									
FY 22-23 Percent of Clients Virally Suppressed (≤ 200 copies/mL) by Subpopulation									
All Virally Suppressed Clients		#	%	Race/Ethnicity	#	%	Risk Factor	#	%
		849	96.8%	Black Non-Hispanic Male	139	16.4%	MSM	534	62.9%
Gender		#	%	Black Non-Hispanic Female	120	14.1%	Black MSM	63	7.4%
Male	672	79.2%	Black Non-Hispanic Transgender*	2	0.2%	White MSM	257	30.3%	
Female	172	20.3%	Total Black Non-Hispanic	261	30.7%	Hispanic MSM	202	23.8%	
Transgender*	4	0.5%	White Non-Hispanic Male	276	32.5%	Other** MSM	10	1.2%	
Unknown	1	0.1%	White Non-Hispanic Female*	14	1.6%		#	%	
Age		#	%	White Non-Hispanic Transgender*	0	0.0%	Heterosexual*	34	4.0%
18-28*	18	2.1%	Total White Non-Hispanic	290	34.2%	Black Hetero*	21	2.5%	
29-38	86	10.1%	Hispanic Male	243	28.6%	White Hetero*	3	23.1%	
39-48	136	16.0%	Hispanic Female*	36	4.2%	Hispanic Hetero*	10	1.2%	
49-58	320	37.7%	Hispanic Transgender*	2	0.2%		#	%	
59+	289	34.0%	Unknown	1	0.1%				
			Total Hispanic	282	33.2%	Hemophilia*	0	0.0%	
Living Arrangements		#	%	Total Other**	16	1.9%	IDU*	4	0.5%
Permanent	782	92.1%	Educational Level	#	%	MSM/IDU*	9	1.1%	
Non-Permanent	65	7.7%	<8th Grade*	27	3.2%	Perinatal*	8	0.9%	
Institution*	2	0.2%	8-12th Grade	464	54.7%	Transfusion*	2	0.2%	
			College	358	42.2%	Unknown	258	30.4%	
*Small population group (N<75 in program year). Numbers (#) and percentages (%) are within each subpopulation. **Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander.									



# **2022-2023 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  
**Presentation Date May 18, 2023**

# Youth HIV Service Utilization and Health-related Outcomes 2021-2023

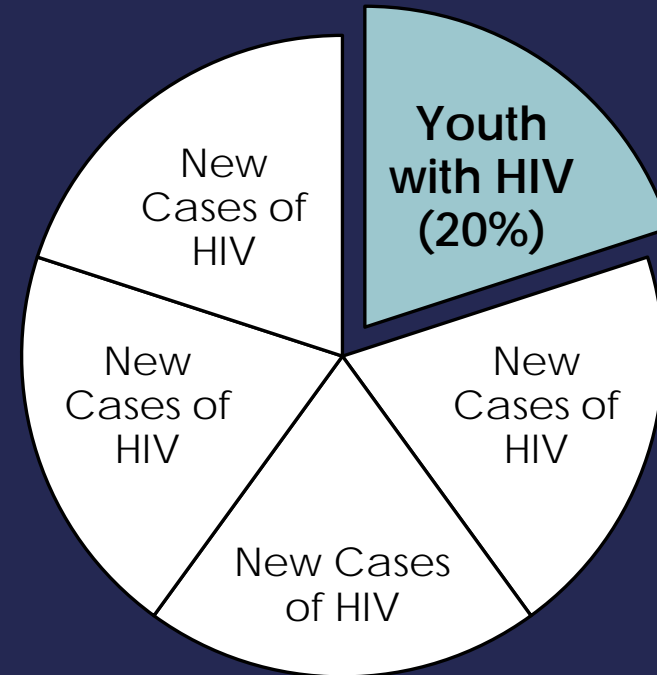
Presented by Debbie Cestaro-Seifer, MS, RN, NC-BC, CTP

Broward Regional Health Planning Council Quality Improvement Consultant

# Emerging Issues for Youth with or Impacted by HIV

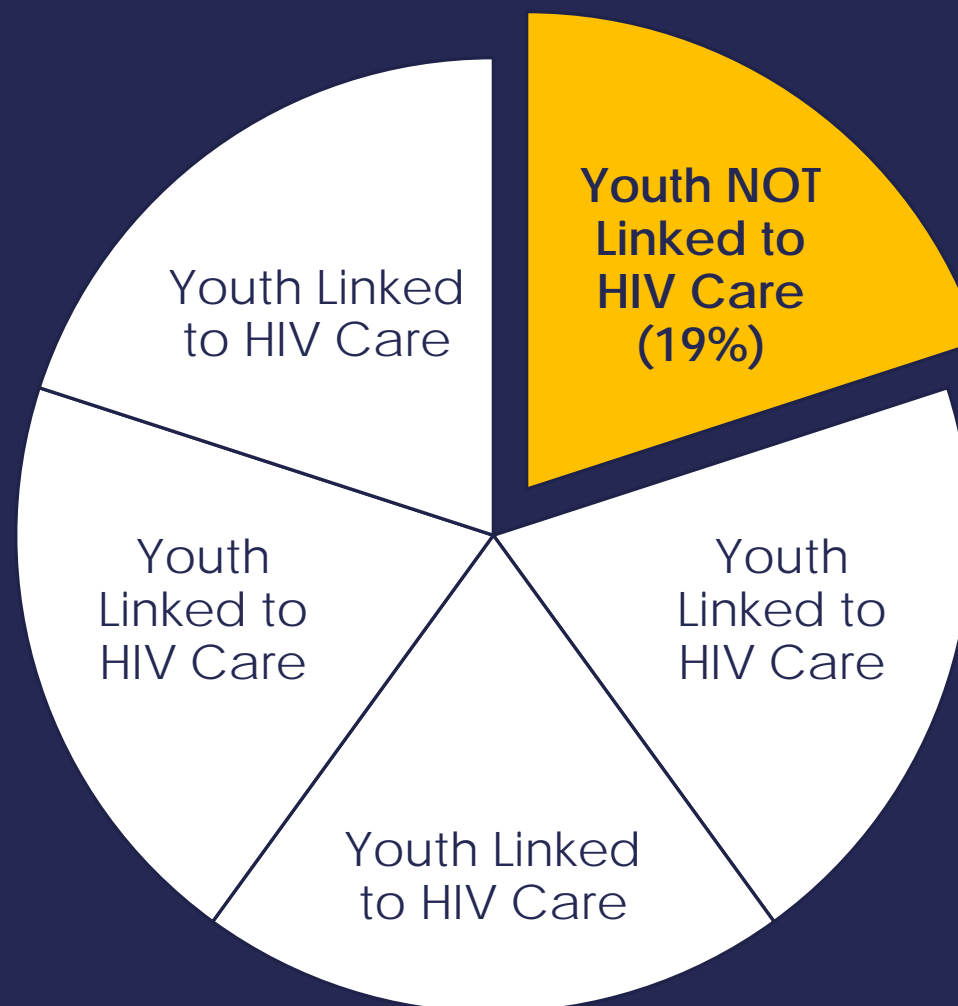
## National View: Disparities Experienced by Youth

- ❑ 2020– Youth made up 20% of all new HIV diagnoses.
- ❑ 2020- Over 61% of young cisgender women with HIV were Black.
- ❑ 2021- 53% of new HIV diagnoses among youth aged 13-24 were among Black youth.
- ❑ 2021- Young people under age 24 years accounted for 20% of new HIV diagnoses, but only 13% of PrEP users.



## Youth Access to and Maintenance on HIV Treatment (ages 13-24)

81% of young people receiving RW care services were linked to HIV care in 2021, the **LOWEST RATE OF ANY AGE GROUP**





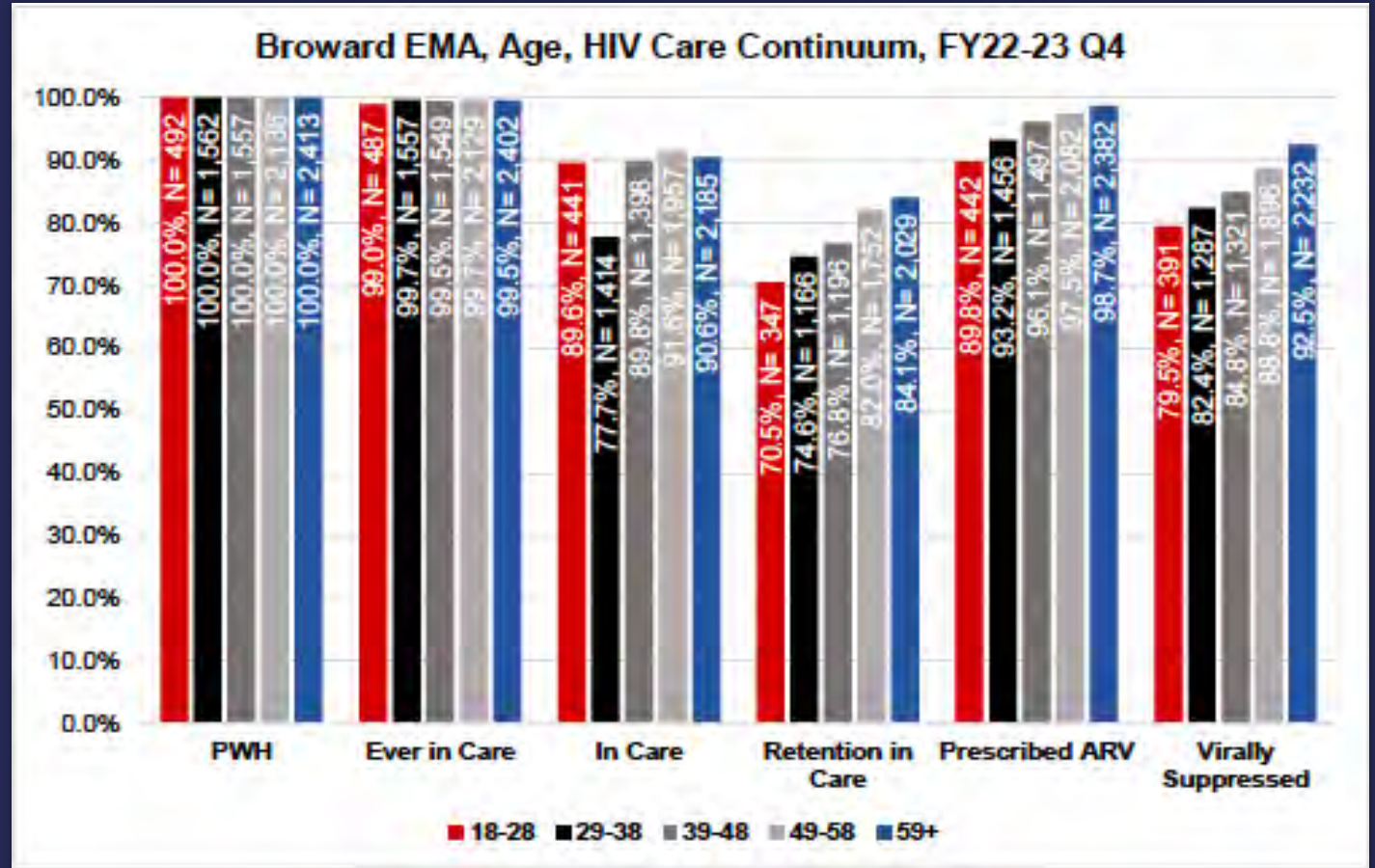
# Youth Ages 18-28

## Broward RW Part A

### EMA 2022-23

#### Data Findings (n=492)

- In the fourth quarter of 2022-23, youth had a retention rate of 70.5% and a viral suppression rate of 79.5%, which were the LOWEST RATES OF ANY AGE GROUP
- When comparing 2021-22 and 2022-23 fourth quarter data, the retention of youth had declined by 0.8%.



# Youth with HIV (YWH) Priority Population

## National HIV/AIDS Strategy (NHAS) Federal Implementation Plan

1. Youth/students must receive “scientifically factual, honest and culturally competent sexual health education that includes information on HIV and its effects on Black and Latino communities.
2. Agencies need to partner with Historically Black Colleges and Universities (HBCUs) to increase access HIV-related services for youth.
3. Create systems of HIV care and services that are accessible at times and locations that work for the lives of youth.
4. Build coalitions and partnerships across intersecting whole health issues including but not limited to mental and behavioral health, sexual health education, trauma and violence.



# National Youth HIV & AIDS Awareness Day (NYHAAD) April 10, 2023

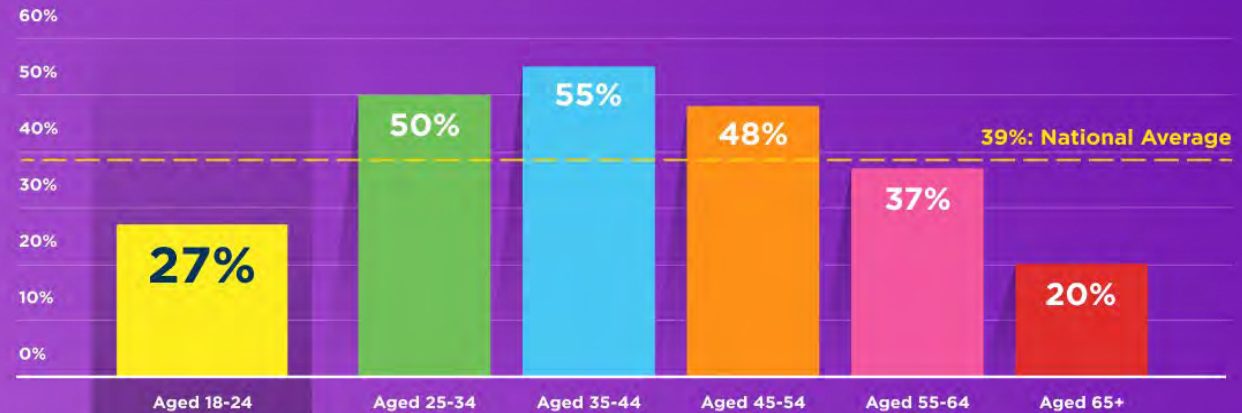
- Started in 2013
- Directed by Advocates for Youth



# HIV Testing Among Youth

According to the Center for Disease Control (CDC) only 6% of all high school students have ever been tested for HIV.

In **2020**, **27% of 18-24-year-olds** reported having ever been tested for HIV — the **second lowest** among all age groups and **lower than the national average**.



Percentage Tested for HIV, by Age, 2020

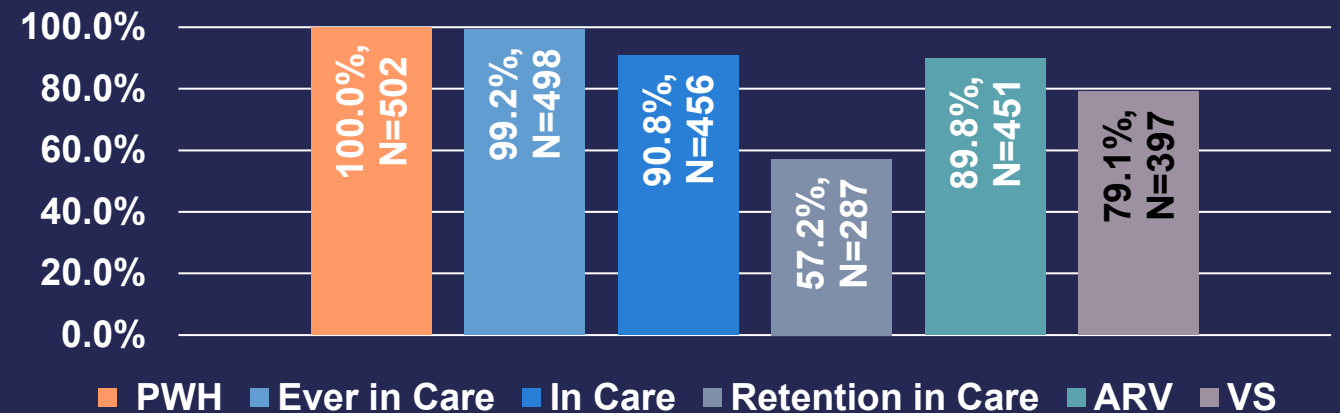
# Youth Viral Suppression Rates

## National and Broward RW Part A EMA

### 2021 National Youth Data (Ages 13-24)

- Viral Suppression Rate (VSR) among YWH was 82.7%.

References accessed on 5/12/23 at 2021 RWHAP Annual Client-Level Data Report, HRSA 2022 & 2021-22 Annual Broward Ryan White Part A HIV Care Continuum: Age 18-28.



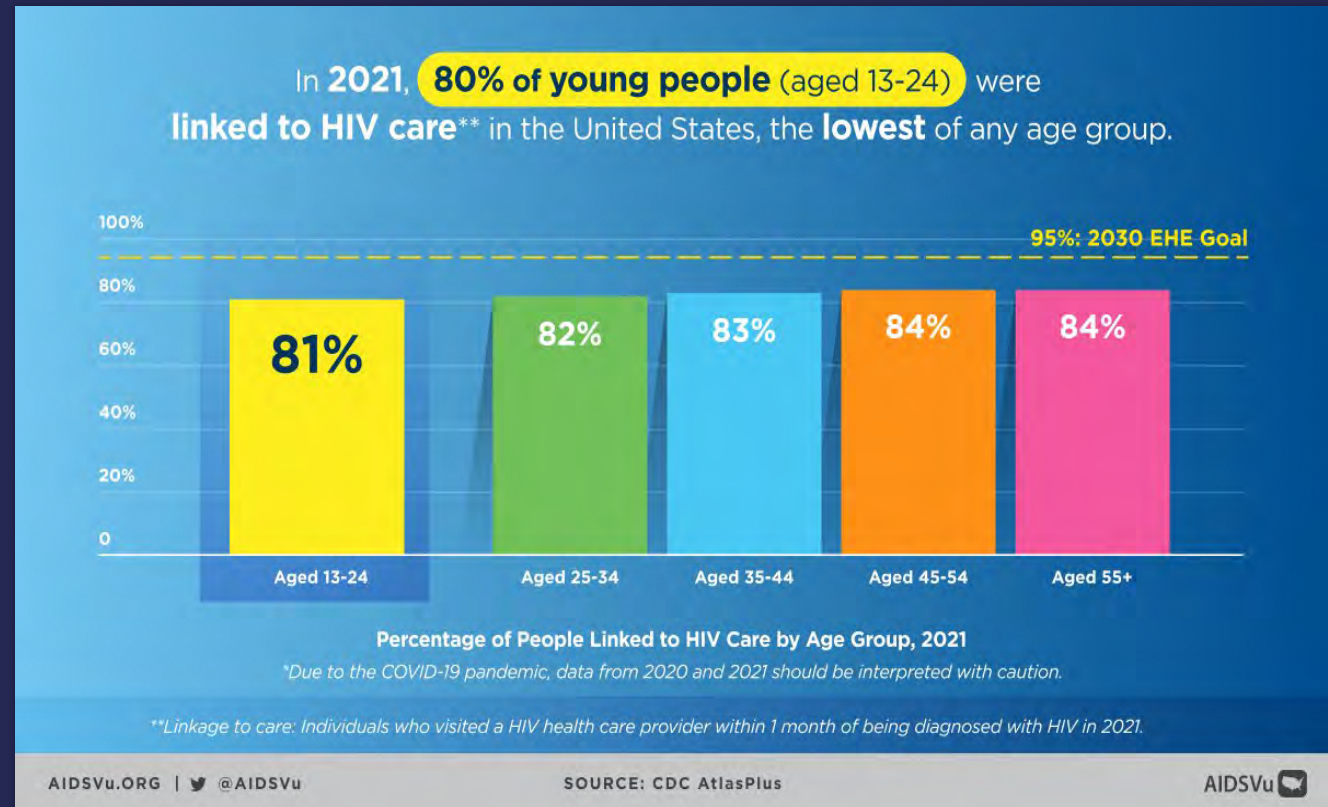
### 2021-22 Broward RW Part A EMA Youth Data (Ages 18-28)

- Viral Suppression Rate (VSR): 79.1% (↑0.4% in 2022-23)
- Retention in Care (RIC) Rate: 57.2% (↑13.3% in 2022-23)

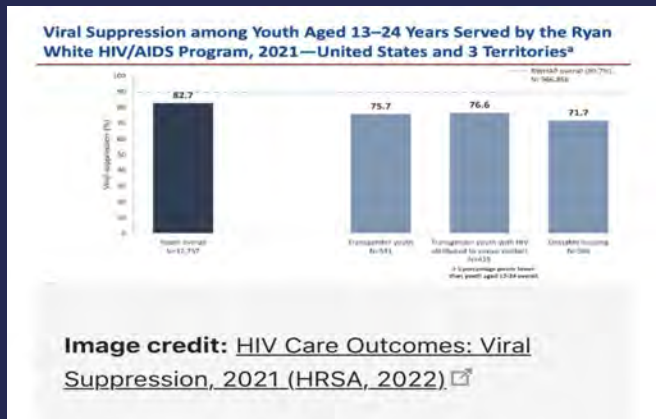


# Linkage to HIV Care Among YWH

According to the Center for Disease Control (CDC) 80% of young people aged 13-24 were linked to HIV care in the United States, the lowest of any age group.



# Youth Experience the Lowest VSR of any Age Group



## YWH Broward RW Part A EMA (2021; n=502)

- ❑ 71.01% identified as bisexual
- ❑ 74.15% were non-permanently housed
- ❑ 72.73% had less than an 8<sup>th</sup> grade education
- ❑ 30% reported a Federal Poverty Level (FPL) between 0%-50%
- ❑ 6.7% received Disease Case Management Services
- ❑ 6.7% received Behavioral Health Services
- ❑ 4.2% received Oral Health Care Services

## YWH National Data (2021)

- ❑ 71.7% of youth with unstable housing were virally suppressed
- ❑ 75.7% of transgender youth were virally suppressed

References accessed on 5/12/23 at HIV Care Outcomes: Viral Suppression, 2021, PPTX, HRSA, 2022 & 2021-22 Annual Broward Ryan White Part A HIV Care Continuum: Age 18-28.

# **Broward Ryan White Part A EMA**

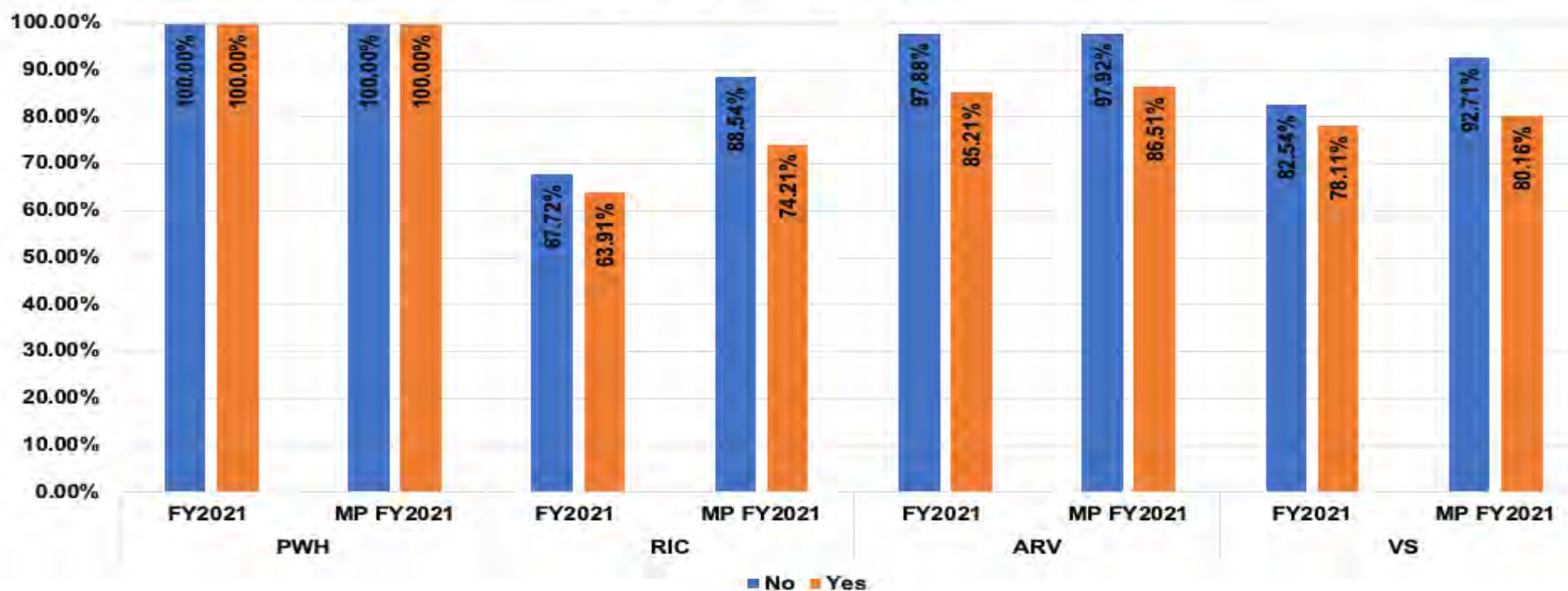
## **Addressing the Needs & Barriers of YWH**

Further probes into the logistical barriers and health disparities Ryan White Part A YWH experience are necessary to address the lower retention and viral suppression rates among this subpopulation. Additionally, developing evidenced-based tailored interventions to reduce these barriers within the EMA will ultimately improve health outcomes for YWH in Broward County.

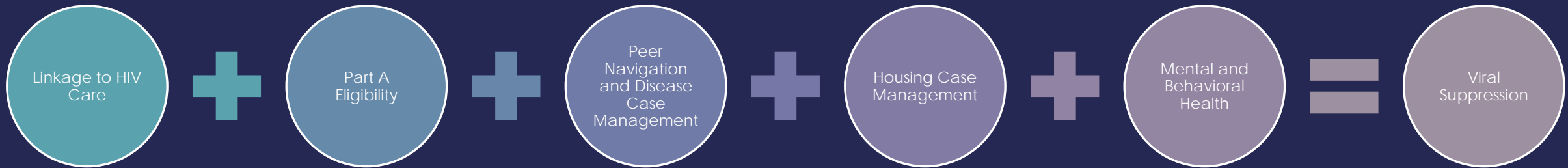


# Broward RW Part A YWH Care Continuum Linked to HIV Care Through Test and Treat 2021-22

Age 18-28 FY21-22 CC vs FY21-22 CC Medical Provider by  
Test and Treat



# Service Access Processes and Linkages that are Not Well Understood







# Key Recommendations

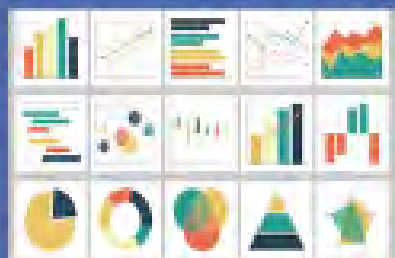
## Peer Navigation and DCM Services

### Barriers

1. PE data do not identify the number of YWH in the Broward EMA who receive peer specialist services starting at the linkage to HIV point of care.
2. PE data do not identify YWH who were perinatally infected with HIV and who may benefit from Disease Case Management (DCM).
3. PE data do not identify YWH who transfer from a RW Part D Program. DCM services may be very helpful for these individuals.

### Recommendations

- Make an effort to support a [State of Florida Peer Certification process](#) and have a peer navigator at all RW Part A Agencies serving as Test and Treat sites.
- [Help youth](#) and all consumers navigate RW Part A services.
- [Enhance collaboration](#) and sharing of knowledge [between Providers and Peers](#) to deliver a more collaborative and integrative approach to HIV treatment and care.
- Employ a purposeful approach to build “trust, diversity, and equity” into service delivery models that uses a [trauma informed approach to care](#).
- [Prioritize connection to HIV care](#) from the point of linkage to HIV care in the Broward RW Part A EMA.



# Key Recommendations

## Review Additional Data

**HELPING HAND**



### Barrier

Provide Enterprise (PE) data have a limited ability to explore service delivery processes and timelines. Additional data sources including but not limited to agency EMR data (Medical Provider, Support Services, Disease Case Management Services) AND Florida Department of Health (FLDOH) Test and Treat Data should be reviewed to better understand retention and viral suppression rates and linkage to care services over short intervals (baseline, 6 week, 6 months, 9 months and 12 months)

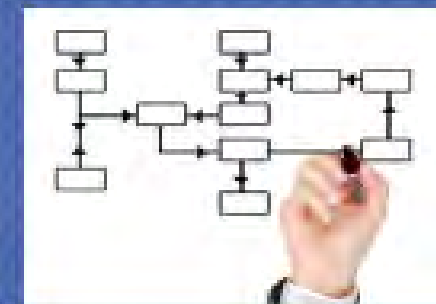
### Recommendations

- Develop a memo of understanding with the FLDOH that supports health information exchange to follow client-level data during the first 12-months of youth newly diagnosed with HIV and/or reengaging in HIV treatment and care through the Test and Treat Program.
- Tract youth retention and viral suppression, case management, oral health and support service data “journeys and touch points.”
- Identify “critical point” data that include missed appointments and changing physical, social and emotional health needs.



# Key Recommendations

## Service Processing Mapping



### Barrier

The process of how clients enter, engage and experience the FL DOH Test and Treat Program as delivered by the Broward RW Part A Medical Providers is not well understood. There are no protocols that explain the process in-depth including how clients complete Part A eligibility and access RW Part A non-medical case management, disease case management, mental and behavioral health, and support services.

### Recommendations

- Create and plan a key informant process-mapping initiative focused on youth entering the HIV Test and Treat Program who receive medical services from Broward RW Part A EMA agencies/providers.
- Gather data and information in preparation for the key stakeholders group process map generation meeting.
- Analyze process map and review for accuracy by key stakeholders, including clients.
- Use Process Map to inform quality improvement projects/interventions to improve client access to care/services and health outcomes.



# Key Recommendations

## Quality Improvement Projects & Evidence-based Interventions

### Barrier

Support Quality Improvement Projects (QIPs) that employ evidence-based innovative solutions to treatment and care processes within the Broward RW Part A EMA System of Care.

### Recommendations

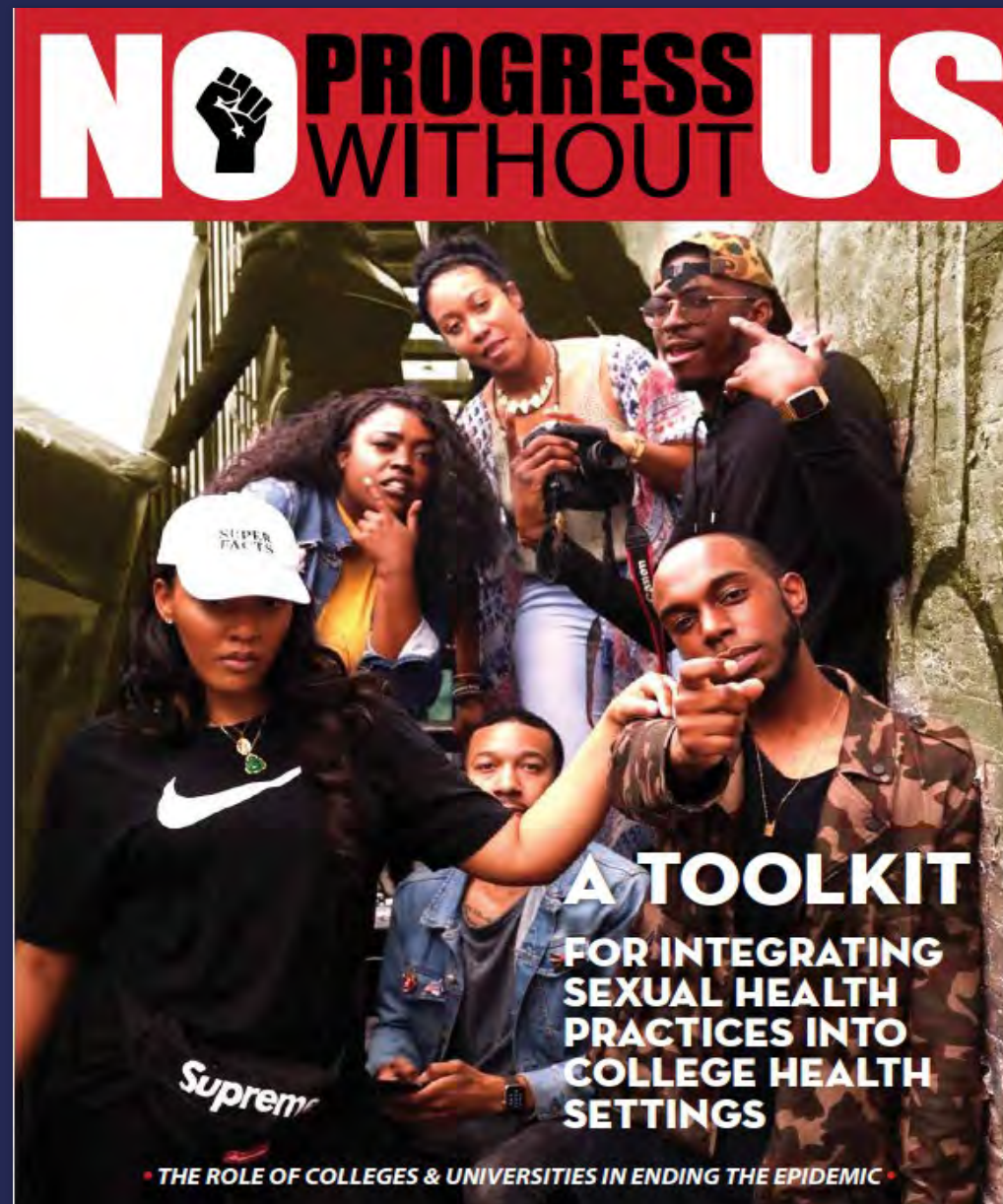
- Heighten the importance of re-engagement in care. In the Southern US, approximately one in three people living with HIV have experienced gaps in care, meaning that they tested positive at some point, but have since lost access to care. It's critical that we re-engage them.
- Stigma is a major reason for YWH staying out of care, and the longer they do, the worse it is for their health.
- The RW Part F Program includes the Special Projects of National Significance (SPNS) that provides numerous evidenced-based interventions that support improved health outcomes for YWH.



# Key Messaging to YWH

"Young people with HIV are not alone. There are fantastic providers and amazing community-based workers at our HIV organizations and within the HIV activist community. Most importantly, there are other youth out there who are living the same shared experience who can be there to support you in getting linked back into care if you've fallen out."

*Dr. Sayward Harrison is an Assistant Professor in the Department of Psychology at the University of South Carolina*




# Enhancing the Peer Specialist in HIV Workforce

When the Ryan White CARES Act was enacted peers became more integrated into the HIV health care delivery model, mostly as volunteers.

Following the passage of the Affordable Care Act (ACA) peer navigation became more widespread to help PWH achieve health and wellness.

With the EHE initiative and the onset of the COVID-19 pandemic, peers have become a critical component of linkage, engagement and reengagement in HIV care

Research strongly supports that peers improve chronic disease health outcomes for PWH.



CERTIFIED  
PEER SPECIALIST IN HIV  
PROGRAM

## CERTIFIED PEER SPECIALIST IN HIV PROGRAM


**MARCH 2023-SEPTEMBER 2023**

You are invited to enroll in Part 1 of the new, no cost Peer Specialist in HIV Care Certification Program. The program provides peer education, tools and mentoring to enrolled students so that they may reach the highest level of competence and confidence to support others in the journey of HIV self-care and management.

### Part 1: Online Modules

March 6, 2023- June 2, 2023


- 12 week, self-paced online course that includes 3 live in-person sessions
- Topics include: the science of HIV, lab values, coaching techniques, medication adherence strategies, teamwork, care plan tools, the code of ethics and motivational interviewing



### Part 2: Preceptorship


June 12, 2023- September 30, 2023

- 80 hours of supervised interaction with clients and flexible scheduling hours
- Preceptorship experiences designed to meet individual peer and agency needs



**Important Dates**

- MARCH 2023**
  - March 1-3: Program orientation
  - March 6: Online classes begin (Module 1)
  - The week of March 13: First live in-person session
- APRIL 2023**
  - The week of April 17: Second live in-person session
- MAY 2023**
  - The week of May 15: Third live in-person session
  - May 22: Last week of class (Module 12)
  - May 30-June 2: Final exam week
- JUNE-SEPTEMBER 2023**
  - Preceptorships may start as early as the week of June 12, 2023 and will continue through September 30, 2023.
  - Preceptorship location and weekly hours worked will be determined by the precepting agency, peer and preceptor supervisor.



**Updated 2.14.23**

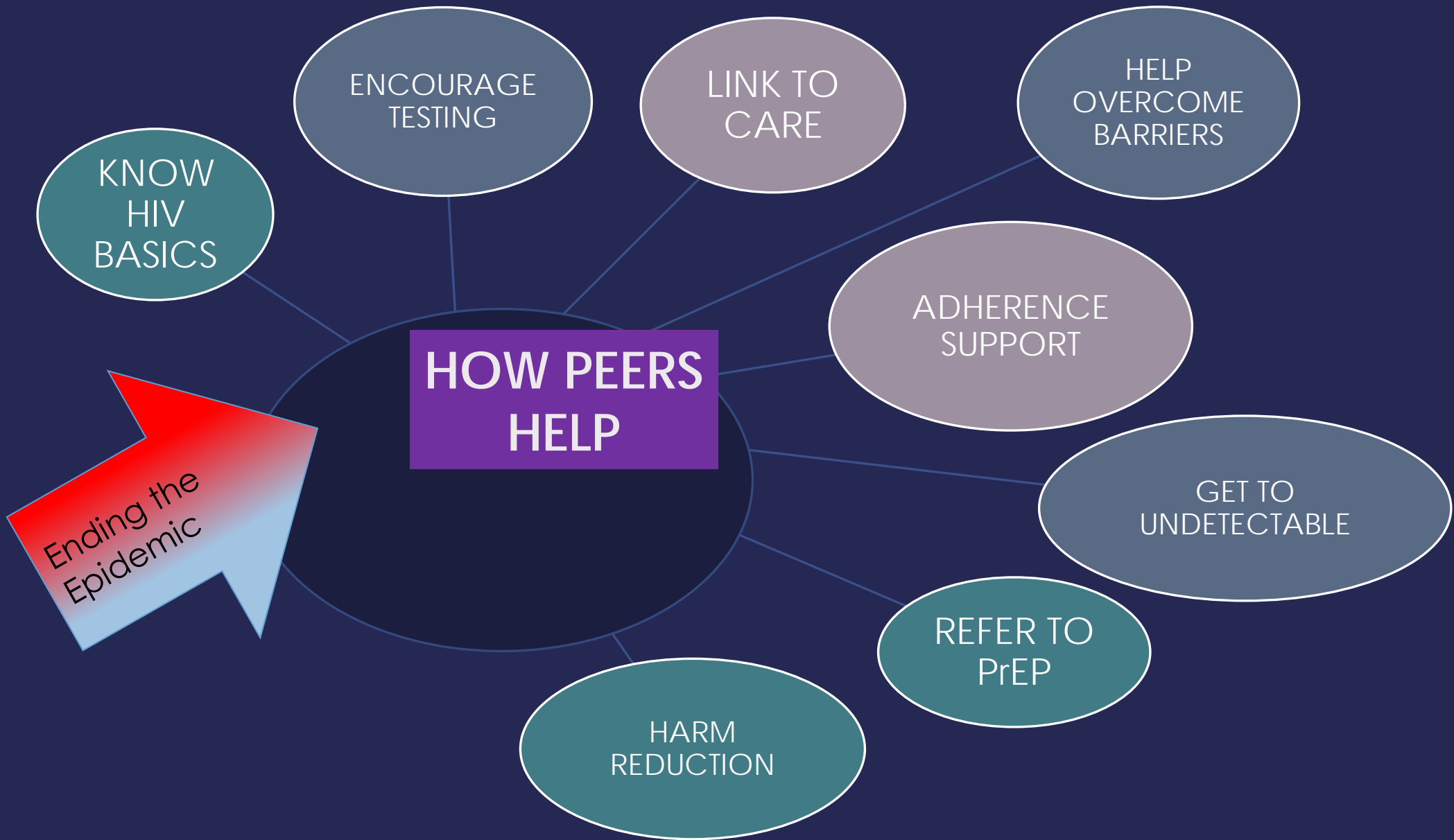
Interested persons living/working in Brevard, Broward, Orange and Putnum Counties please contact your local Ryan White or HIV service agency to apply to the program.

# Who is a Peer Working in HIV?

Peer navigators have been defined as

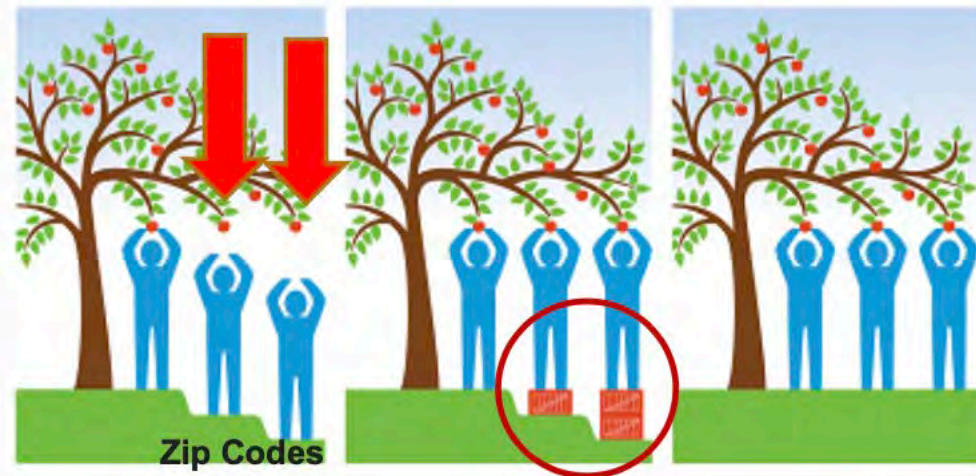
- “HIV-positive, medication-adherent role models living with a shared experience and a shared community membership with the populations they work.” (AIDS United)
- “Specially-trained individuals who provide information, support and assistance in navigating services.” (Target Center)
- “Mentors” of health and disease management.







# Peers Support Health Equity and Access to Care

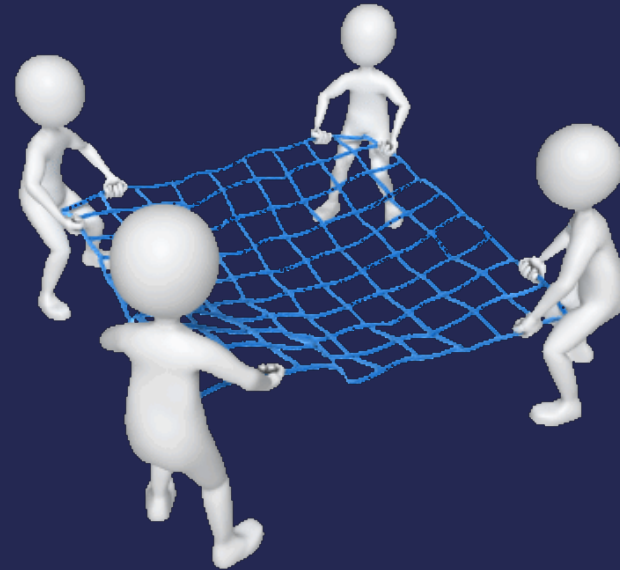


## Healthy People 2020

“The attainment of the highest level of health for all people.”

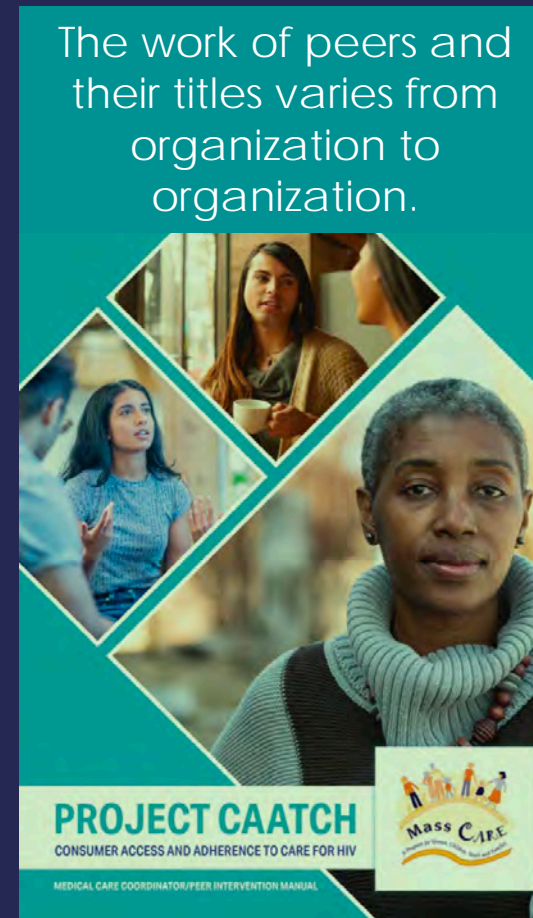
# Peers are Mentors and Leaders

GOAL  
PWH Will Stay  
Connected to HIV Care



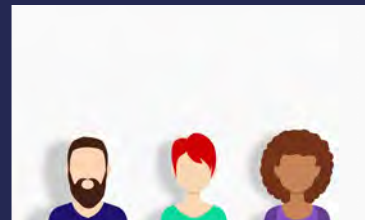
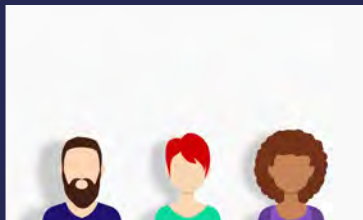
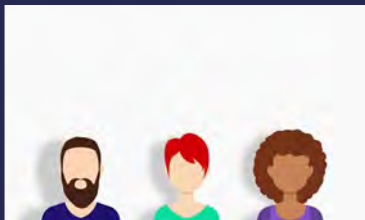
# Peer Titles and Job Descriptions

- Peer Navigator
- Peer Educator
- Peer Worker
- Peer Health Worker
- Peer Support Specialist
- Certified Peer Counselor
- Client Support Assistant
- Client Support Worker
- Community Health Worker
- Medical HIV Care Coordinator



# Peers Are Employees, Not Volunteers

- Peers are compensated for their time and effort, just as other members of the care team.
- Almost all of the AIDS United funded service organizations (92%) pay their peer navigators as staff, and of those who are paid, 58% receive benefits.
- Broward Ryan White Part A EMA has a clause in their contracts with HIV service organizations that 30% of their RW funding be used to employ and support peers as part of their workforce.





# Peer Navigator Needs Assessment Conducted Spring 2022 by the North Florida AETC



- Spring 2022
- 168/225 Surveys completed
- Respondents' location map

# Highly Recommended Peer HIV Education Topics

1. Antiretroviral medications/adherence
2. Behavioral health/SUDs
3. HIPAA
4. Cultural proficiency
5. Engagement in HIV care
6. Health record documentation
7. Health literacy
8. Person-centered care
9. HIV basic science
10. HIV linkage to care
11. HIV prevention
12. HIV testing
13. Peer/client boundaries
14. Ryan White system of care
15. Self-care
16. Sexual health
17. Sexually transmitted infections
18. Viral suppression

# Introducing the Certified Peer Specialist in HIV Program

**A Certified Peer Specialist in HIV** is a person with HIV who supports a status neutral approach to HIV prevention, and HIV treatment and care for all persons as part of a multidisciplinary team. The Certified Peer Specialist in HIV helps people with HIV (PWH) navigate and access needed medical and support services and use evidence-based and evidence-informed strategies to support client engagement in HIV prevention and HIV treatment and viral suppression.

# March 2023 Certified Peer Course Launch



## Working Partners

- Southeast AETC
- North Florida AIDS Education and Training Program
- Florida DOH including the Community HIV Advisory Board (CHAG)
- Brevard RW Part B
- Broward RW Part A EMA
- Orlando RW Part A EMA



## Certified Peer Specialist in HIV Program

- 12 week program currently in week 11/module 11
- Online course at UFL using Canvas Platform with modules released weekly
- 42 total students enrolled with 26 students from Broward County
- Student commitment includes 5 hours of weekly coursework and three additional live virtual sessions lasting three hours.
- Final online exam will be released on 3/31/23 to all students who have completed their online coursework
- Students who pass the exam are eligible to enroll in a 45-hour local preceptorship



# Question, Comments and Conversations



# 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 18, 2023

# PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

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- 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

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- 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.



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# PART A CORE SERVICES

FY2024 CEC RANKINGS



# CORE MEDICAL SERVICES

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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





CORE MEDICAL SERVICES	FY2023 CEC Rankings	FY2024 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	7	7
Medical Case Management (Disease)	3	3
AIDS Pharmaceutical Assistance (Local)	5	1
Health Insurance Premium & Cost-Sharing Assistance (HICP)	6	2
Oral Health Care (Dental)	2	6
Mental Health Services	4	5
AIDS Drugs Assistance Program Treatments (ADAP)	1	4
Substance Abuse Services - Outpatient	9	8
Medical Nutrition Therapy	12	12
Early Intervention Services (EIS)	11	9
Home and Community-Based Health Services	8	10
Home Health Care	10	11
Hospice Services	13	13

CORE MEDICAL SERVICES	FY2024 CEC Rankings
AIDS Pharmaceutical Assistance (Local)	1
Health Insurance Premium and Cost Sharing (HICP)	2
Medical Case Management (Disease)	3
AIDS Drugs Assistance Program Treatments (ADAP)	4
Mental Health	5
Oral Health Care (Dental)	6
Outpatient/Health Services (OAHS)	7
Substance Abuse-Outpatient	8
Early Intervention Services (EIS)	9
Home and Community-Based Health Services	10
Home Health Care	11
Medical Nutrition Therapy	12
Hospice	13

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# PART A SUPPORT SERVICES

FY2024 CEC RANKINGS



# SUPPORT SERVICES

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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



<b>SUPPORT SERVICES</b>	<b>FY2023 CEC Rankings</b>	<b>FY2024 CEC Rankings</b>
Housing Services	1	1
Food Bank/Home-Delivered Meals	2	2
Non-Medical Case Management	6	4
Medical Transportation Services	3	5
Emergency Financial Assistance	4	3
Psychosocial Support Services	7	7
Legal Services	10	6
Substance Abuse Services – Residential	9	12
Health Education/Risk Reduction	13	11
Referral for Health Care/Supportive Services	8	10
Outreach Services	11	8
Linguistics Services (Interpretation and Translation)	15	16
Child Care Services	5	9
Other Professional Services	16	14
Rehabilitation Services	14	13
Permanency Planning	12	15
Respite Care	17	17

<b>SUPPORT SERVICES</b>	<b>FY2022 CEC Rankings</b>
Housing Services	1
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	3
Non-Medical Case Management	4
Medical Transportation Services	5
Legal Services	6
Psychosocial Support Services	7
Outreach	8
Child Care	9
Referral for Health Care and Support Services	10
Health Education/Risk Reduction	11
Substance Abuse-Residential	12
Rehabilitation Services	13
Other Professional Services	14
Permanency Planning	15
Linguistic Services (Interpretation and Translation)	16
Respite Care	17

# QUESTIONS?

## DISCUSSION





**END OF PACKET**