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# PALM BEACH COUNTY PBC HIV CARE COUNCIL MEMBERSHIP MANUAL

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JULY 12, 2018  
PALM BEACH COUNTY  
810 Datura Street, West Palm Beach, Florida - 33401

## TABLE OF CONTENTS

- 1        **INTRODUCTION**  
Palm Beach County CARE Council Mission Statement
  
- 2        **MEMBERSHIP ROLES and RESPONSIBILITIES**
  1. Orientation to the Palm Beach County HIV CARE Council
  2. Palm Beach County HIV CARE Council Organizational Chart
  3. Palm Beach County HIV CARE Council Committees
  4. Palm Beach County HIV CARE Council Staff Committee Assignments
  5. Membership Application Forms:
  6. Membership Application
  7. Conflict of Interest Memorandum
  8. Request for travel, local mileage, childcare and loss of wages reimbursement
  9. Membership Application Process
  
- 3        **GOVERNING POLICIES**
  1. Bylaws
  2. Policies & Procedures
  3. Sunshine Law and Code of Ethics
  4. Robert Rules of Order
  
- 4        **UNDERSTANDING THE FUNDING SOURCES FOR SERVICES TO PEOPLE LIVING WITH HIV/AIDS IN PALM BEACH COUNTY**
  1. Overview of the Ryan White HIV/AIDS Treatment Modernization Act
  2. Overview of Patient Care and AIDS Network Funding
  3. Overview of Housing Opportunities for Persons with AIDS (HOPWA)\*HOPWA funds are not administered by the PBC HIV CARE Council.
  
- 5        **PRIORITIES AND ALLOCATIONS PROCESS**
  1. Ryan White CARE Act Section V: Technical Assistance Papers: *Priority Setting*
  2. Tools Used in the Priorities and Allocations Process
    - a. Priorities and Allocations Committee Work-Plan
    - b. Funding Charts
    - c. Priorities and Allocations
    - d. Service Category Definitions
    - e. Demographics and Epidemiology of HIV/AIDS in Palm Beach County
  
- 6        **INTEGRATED PLAN 2017 -2021**
  
- 7        **GLOSSARY/ACRONYMS**
  
- 8        **RESOURCES**

*The Palm Beach County HIV  
CARE Council  
here by dedicates this  
Membership Manual  
to all whom have served those  
with HIV/AIDS.*

## **Mission Statement of the Palm Beach County HIV CARE Council**

Establish a collaborative and balanced body of HIV infected and affected individuals, service providers, and community leaders and interested individuals whose responsibilities shall be to plan, develop, monitor, evaluate, and advocate for a medical and support service system for individuals and families affected by HIV Spectrum Disease.

## **THE PALM BEACH COUNTY HIV CARE COUNCIL**

The Palm Beach County HIV Services Planning Council was created through an ordinance of the Board of County Commissioners in November 1993. In August of 1997, the Planning Council and the Palm Beach County AIDS Consortium officially merged and became the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council. On August 19, 1997, the Board of County Commissioners approved the Bylaws for this new organization. The present CARE Council is made up of a maximum of 27 members who represent legislatively mandated membership categories; including individuals, both infected and affected by HIV/AIDS, and reflects the diverse population of Palm Beach County.

### **DUTIES OF THE COUNCIL:**

1. To annually update HIV/AIDS service needs in Palm Beach County by conducting a needs assessment.
2. To develop and maintain Comprehensive HIV/AIDS Service Plan
3. To prioritize and allocate Ryan White Title I and Title II funds within Palm Beach County
4. Assure community participation in needs assessment and priority setting
5. To prioritize and allocate Housing Opportunities for People with AIDS (HOPWA) funds within Palm Beach County
6. To prioritize and allocate Florida State General Revenue Patient Care and AIDS Network funds within Palm Beach County
7. To assess the efficiency of administrative mechanisms in rapidly allocating funds to the areas of greatest need
8. To work with community members and other planning bodies to ensure a coordinated system of care
9. To maintain diversity and inclusion reflective of the epidemic in Palm Beach County in the Council membership
10. Assure services to women, infants, children and youth with the HIV disease
11. Work with other CARE Act representatives to develop the Statewide Coordinated Statement of Need (SCSN)

## LEGISLATIVE REQUIREMENTS OF PLANNING COUNCIL

### **Planning Council Operations**

Open meetings  
Meeting minutes  
Establish operating procedures to make planning tasks function smoothly  
Meeting attendance records

### **Planning Council Membership Requirements**

At least 33% of the members must be PLWH/As.

*Planning Council Membership Categories:*

1. Health Care Providers including federally qualified health centers
2. Community-Based Organizations serving affected populations
3. Social Service Providers
4. Mental Health Providers
5. Substance abuse providers
6. Local Public Health Agencies
7. Hospital or Health Care Planning Agencies
8. Affected Communities including PLWH/As and historically underserved groups
9. Hospital Planning Agencies or other Health Care Planning Agencies
10. Non-elected Community Leaders
11. State government, including the State Medicaid Agency and State Part B Program
12. Part C Grantees (does not exist at this time in Palm Beach County)
13. Part D Programs, or organizations with a history of serving children, youth and families with HIV/AIDS.
14. Other Federal HIV Programs, including HIV Prevention Programs
15. Representative of/or formerly incarcerated PLWHAs
16. Federally Recognized Indian Tribe
17. Co-infection with Hepatitis B or C from an underserved population

### **Planning Council Nomination Process**

The planning council nominations process must be open, with criteria for membership delineated and publicized. Nominations criteria must include a conflict of interest standard.

### **Conflict of Interest**

Planning councils are strictly prohibited from involvement in the selection of particular entities to receive Title I funding. If individual members of planning councils have a financial interest in, are a member of, or are employed by an organization seeking funds, they cannot participate (directly or in an advisory capacity) in the process of selecting entities seeking such funds.

## **Grievance Procedures**

Planning councils and grantees must develop procedures for addressing grievances with respect to funding. Health Resources and Services Administration (HRSA) has developed model grievance procedures describing the elements that must be addressed in the local procedures, and must review and approve grievance procedures developed by grantees and planning councils.

## **Severe Need**

The legislation defines severe need for Eligible Metropolitan Areas (EMAs) applying for supplemental grant funds. Priority consideration is to be given to EMAs based on such factors as sexually transmitted diseases (STDs), substance abuse, tuberculosis, severe mental illness, new or growing populations of PLWH/As, and homelessness, to the extent that such national incidence data is available.

## **Training**

Members must develop/maintain nine competencies determined by HRSA, which include the following:

- Know Ryan White HIV/AIDS Treatment Modernization Act
- Understanding roles and responsibilities
- Be comfortable with meeting procedures
- Understand conflict of interest
- Be sensitive to views of others
- Understand budgets
- Be sensitive to needs of underserved communities
- Understand technical issues, such as use of data in decision-making
- Understand treatment requirements, guidelines, and their impact on cost of care.

Attendance records must be maintained. Each new member is given a membership manual.

## **Coaching Program**

Each new member of the CARE Council is assigned a mentor. The role of the mentor is to help the new member of the CARE Council feel welcome, become comfortable with the CARE Council process and to update them on the latest CARE Council issues.

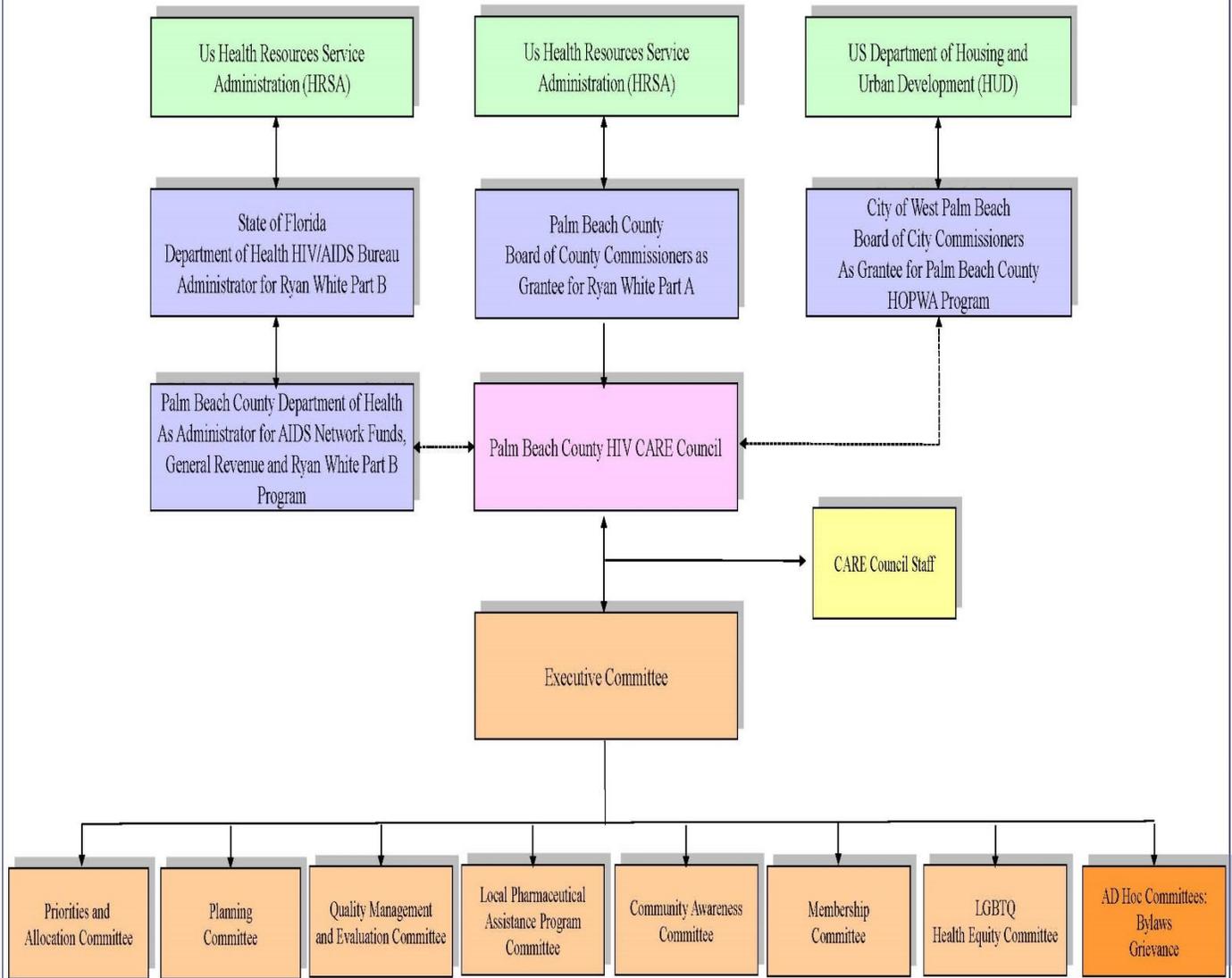
The mentor and the person newly appointed to the CARE Council meet on an as needed basis.” All meetings between 2 or more members of the CARE Council to discuss CARE Council business MUST take place at a public meeting that is noticed as a public meeting, with an agenda, recording, minutes, and opportunity for public comment.

The purpose of the scheduled sessions is so that CARE Council members may remain compliant with the Sunshine Amendment. In Florida, public officials (including CARE Council members) must abide by the Sunshine Amendment, and therefore cannot meet privately to discuss CARE Council matters. The Mentor Sessions are where CARE Council members can meet and discuss CARE Council issues.



# PALM BEACH COUNTY HIV CARE COUNCIL

## ORGANIZATIONAL CHART



\*\*\*\* For additional information contact Shirley White, Secretary (561) 355-4713 \*\*\*\*  
 June 6, 2018

File: PBC HIV CARE Council Org Chart 06/06/2018  
 Shirley White DMR 06/06/2018



## **CARE Council Committees**

### **Purpose of Committees:**

Committees are appointed or elected for specific purposes. They should have defined assignments to complete within a specified time.

Committees work in various ways: as a full body, in smaller groups or sub-committees, or through individuals. During committee meetings, the members work and plan collectively. Specific tasks, however, may be assigned to individuals or teams, during or between meetings.

### **Types of Committees:**

**Standing Committees** and **Program Support Committees** have permanent or ongoing functions. The CARE Council **Standing Committees** include:

- A. Community Awareness Committee
- B. Executive Committee
- C. LGBTQ Health Equity Committee
- D. Local Pharmaceutical Assistance Program
- E. Membership Committee
- F. Quality Management & Evaluation Committee
- G. Planning Committee
- H. Priorities and Allocations Committee

**The CARE Council's Ad hoc Committees may include, but are not limited to:**

- A. Bylaws Ad hoc Committee
- B. Grievance Ad hoc Committee

### **Community Awareness Committee:**

The Community Awareness Committee is responsible for the following activities:

1. Conducting outreach to HIV/AIDS service consumers;
2. Acting as an informal caucus to bring consumer issues to the CARE Council, or CARE Council committees as appropriate. (this would be especially true if there was a general consumer; concern regarding a specific service or service provider);
3. Helping identify ways to reach People Living with HIV/AIDS (PLWHA) communities served, including minority and other special populations;
4. Providing an ongoing link with the community. Bringing community issues to the CARE Council, as well as information about available treatment, research, and care information to the community.

### **Executive Committee:**

1. The Executive Committee shall consist of the Chair, Vice Chair, Treasurer, and Secretary of the CARE Council.
2. The Executive Committee shall also consist of the Chair of each Standing Committee of the CARE Council. At least one committee member with HIV must be present to constitute a quorum for decisions.
3. The Executive Committee will meet on a regularly scheduled basis. It may also be convened by the Chair of the CARE Council and/or at the request of a Grantee or Lead Agency, to take action on time-sensitive issues relating to prioritization or allocation of funds which make it impractical to convene the CARE Council.
4. The duties and responsibilities of the Executive Committee shall include, but are not limited to, oversight of the grant application process, contracting processes implemented by Grantees or Lead Agencies on behalf of the CARE Council, and implementation of policy or actions established by the CARE Council. Emergency actions taken by the Executive Committee shall be subject to ratification of the CARE Council.

### **LGBTQ Health Equity Committee**

1. Creating a platform where individuals are able to lend a significant voice to the issues, barriers and gaps in prevention, medical care and treatment, and biomedical intervention.

2. Conducting community outreach and improved engagement in the LGBTQ community.
3. Identifying barriers to linkages to care, treatment, and other social services to LGBTQ individuals infected/affected by HIV/AIDS.
4. Working with the Planning Committee on development of the CARE Council's Integrated Plan

**Local Pharmaceutical Assistance Program Committee:**

The Local Pharmaceutical Assistance Program Committee is responsible for the following activities:

1. Compiling a written formulary, as well as the process and procedures to add or remove medications. The LPAP Committee shall develop a procedure for clinical review for prior authorization approval;
2. Ensure the system of care meets the LPAP requirements as outlined in the HRSA/HAB Division of Metropolitan HIV/AIDS Program Monitoring Standards and local Standards of Care (SOC) as approved;
3. Provide input on a statement of need, submitted with the annual Ryan White grant application. The statement of need shall include an assessment of the need for an LPAP including the financial feasibility and evaluation of all available resources for medications, and the reasons these resources do not meet the needs of the clients;
4. Include LPAP stakeholders, including affected community, prescribing providers, pharmacy professionals, and AIDS Drug Assistance Program (ADAP) representative, to the extent possible.

**Membership Committee:**

Charged with identifying and recruiting members for the CARE Council and its Committees who are reflective of the HIV/AIDS epidemic in Palm Beach County. The Membership Committee is responsible for the following activities:

1. Developing and implementing recruitment plan;
2. Recruiting new members;
3. Training new and existing members of the CARE Council in CARE Council responsibilities, policies and procedures the CARE Council uses to address its responsibilities;
4. Ensuring the CARE Council membership list complies with necessary grant requirements;

5. Monitoring membership attendance as required by *Policies and Procedures*.

### **Planning**

1. Develops major planning activities of the CARE Council
2. Works with other planning/funding entities in PBC to ensure inclusion of all needed and available resources
3. Develops a county-wide Needs Assessment
4. Contributes to the Integrated Planning process for PBC
5. Develops and implements evaluation tools and programs
6. The Planning Committee is also responsible for the development and implementation of evaluation tools and programs to ensure quality services are provided to persons utilizing HIV/AIDS services in Palm Beach County.

### **Priorities and Allocation**

1. Uses data to establish a list of services to enhance the medical condition and improve quality of life for people living with HIV/AIDS
2. Prioritizes services and appropriately allocates funding

### **Quality Management and Evaluation Committee:**

The Quality Management and Evaluation Committee (QMEC) is responsible for ensuring that HIV funded agencies participating in the Coordinated Services Network (CSN) comply with standards of care established by the CARE Council in the delivery of services to their clients with HIV/AIDS. The QMEC is responsible for detailed planning and oversight of all services relating to the general health of persons living with HIV/AIDS who receive services funded through the collaborative funding sources of the CARE Council.

The QMEC is responsible for the following activities:

1. Overseeing the CARE Council's Quality Management Program;
2. Developing written Quality Management and Evaluation Plans;
3. Establishing quality management and evaluation activities including cost effectiveness analyses, monitoring medical and support services standards of care, outcome indicators (specific information that tracks a program's success), and client-level outcomes (benefits or changes for clients during or after receiving services);
4. Assisting HIV funded agencies participating in the CSN in implementing continuous quality improvement activities that are consistent with the CARE Council's Standards of Care;

5. Working collaboratively with other quality management and evaluation entities in Palm Beach County including persons living with HIV/AIDS;
6. Working with the Planning Committee to develop services definitions relating to each of the funded services;
7. Working with the Planning Committee on development of the CARE Council's Integrated Plan.

**Ad hoc committees**

- Are formed when a specific need arises, and disbanded when the work is completed.

The CARE Council's **Ad hoc** Committee's include, but are not limited to

- A. Bylaws Ad hoc Committee
- B. Grievance Ad hoc Committee



# *The Palm Beach County HIV CARE Council*



## *Telephone and Information Directory*

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The Department of Community Services of Palm Beach County: 810  
Datura Street, West Palm Beach, FL 33401  
Main office (561) 355-4703

The CARE Council Office is located at the 810  
Datura Street, West Palm Beach, FL 33401  
Main office (561) 355-4820

**CARE Council Officers**

**Chair:** Chris Dowden

**Vice Chair:** Kim Enright

**Treasurer:** Glenn Krabec

**Secretary:** Thomas McKissack

**CARE Council meetings are held at the following locations:**

Mayme Frederick Building  
1440 Dr. Martin Luther King Jr. Blvd.  
Riviera Beach, Florida 33404

Department of Community Services 810  
Datura Street, Basement  
West Palm Beach, Florida 33401

**Index**

Directory.....	pp. 3-12	Staff
Contact Information.....	p. 13	Membership
Information.....	p. 13	
Notes.....	p. 14	

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You may visit us on the web at [www.carecouncil.org](http://www.carecouncil.org)

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To update or modify listed information, please contact **Shirley White**, CARE Council Secretary at (561) 355-4713.

### **Membership Information:**

For a membership application, please visit [www.carecouncil.org](http://www.carecouncil.org)

We value your service and participation with the CARE Council. If you have any questions regarding membership to the Council or any committees, please contact **Neeta Mahani** at (561) 355-4820.

Members of the CARE Council are nominated through a process, which is open to public participation. Appointment to the Council is made by the Palm Beach County Board of County Commissioners for a three-year term. Membership is guided by federal principles directing participation which reflects the demographic makeup of the disease in the county.

The Palm Beach County HIV CARE Council is proud to abide by the Florida Open Meetings Act. Minutes from the CARE Council meetings are posted on the web: [www.carecouncil.org](http://www.carecouncil.org).

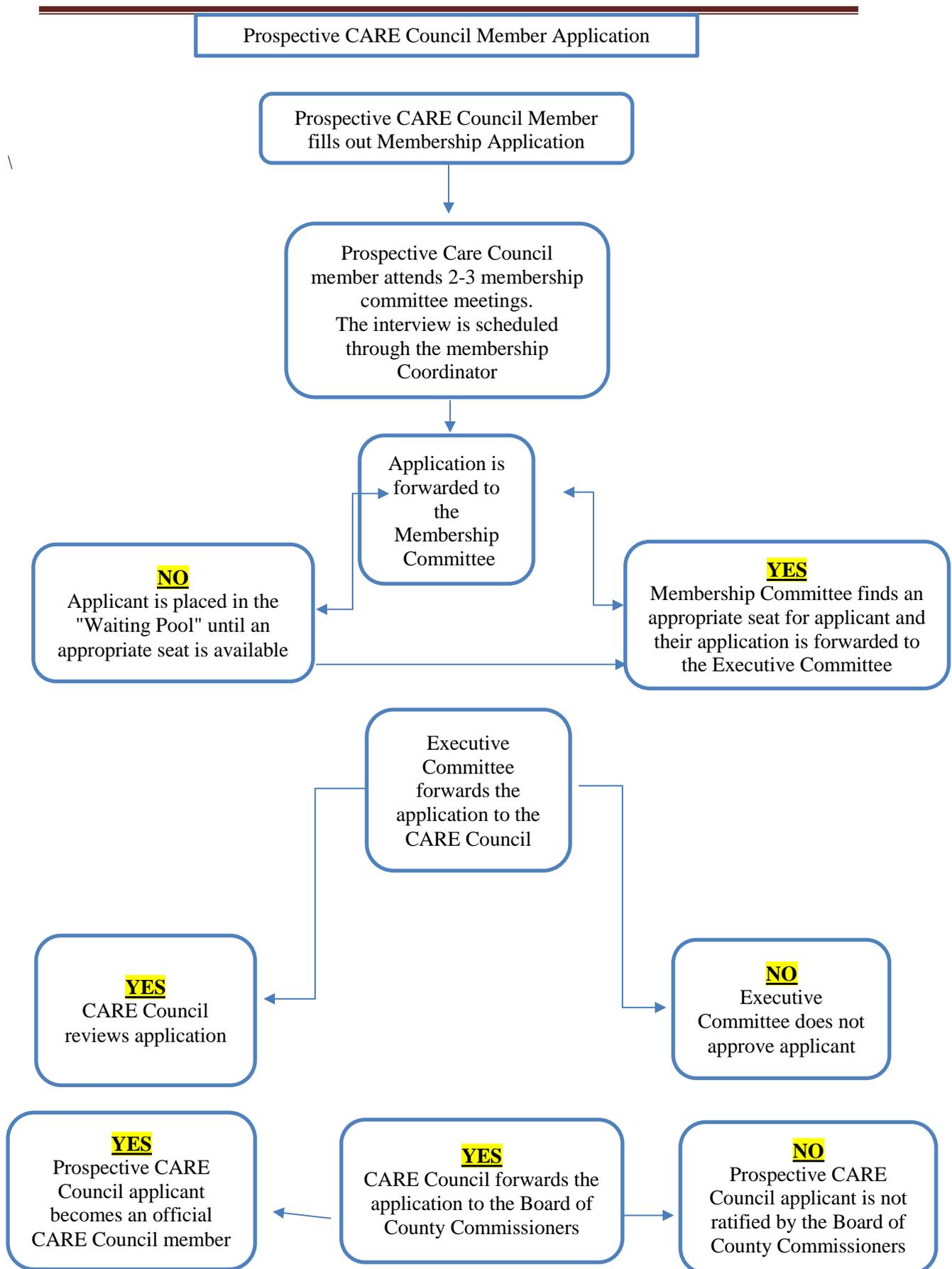
For those interested in joining a committee,

#### **Membership Request by Individual:**

A) Attend one (1) CARE Council meeting or a CARE Council sponsored training (inclusive of annual retreat) and join one (1) committee. (CARE Council Policy 10)

B) Announce your intention to become a member and be voted in by the committee.





Palm Beach County

HIV CARE Council

Bylaws



## ARTICLE I NAME, AREA OF SERVICE, FUNDING AUTHORITIES, AUTHORIZATION

**SECTION 1:** The name of this entity shall be the “Palm Beach County HIV Comprehensive AIDS Resources Emergency Council,” hereinafter referred to as the “CARE Council.”

**SECTION 2:** The area of service shall be defined as Palm Beach County.

**SECTION 3:** The CARE Council shall work with the grantee or fiscally responsible agents for the current funding streams.

## ARTICLE II MISSION AND VISION

**SECTION 1:** Mission: The CARE Council shall be a collaborative and balanced body of HIV infected and affected individuals, service providers, community leaders and interested individuals whose responsibilities shall be to plan, develop, monitor, evaluate and advocate for a medical and support services system for individuals and families affected by HIV/AIDS.

The CARE Council shall:

- (A) Develop a comprehensive plan for the entity and delivery of health services described in the Ryan White CARE Act, as it may be amended (hereinafter referred to as the Ryan White Act) that is compatible with any existing State or local plan regarding the provision of health services to individuals with HIV disease.
- (B) Establish priorities for the allocation of Ryan White Act Part A and Ryan White Part B funds, State of Florida 4B General Revenue and Patient Care Network, and other appropriate funds within Palm Beach County, including how best to meet each such priority and additional factors that the grantees or Lead Agency shall consider based on:
- Documented needs of the HIV infected population;
  - Cost and outcome effectiveness of proposed service strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);
  - Priorities of the HIV infected communities for whom the services are intended; and
  - Availability of other governmental and non-governmental resources.
- (C) Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area. Establish a grievance procedure to address grievances filed against the CARE Council. Develop model consumer grievance procedures which may be implemented at the discretion of the CARE Council to address grievances filed against

providers of HIV/AIDS services; assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.

- (D) Participate in the development of a Statewide Coordinated Statement of Need initiated by the State Public Health Agency responsible for administering grants under Ryan White Part B of the Ryan White Act.
- (E) Establish methods for obtaining input on community needs and priorities which may include public meeting, conducting focus groups, and convening Ad hoc panels.
- (F) Coordinate service provision and planning outcomes with the designated Lead Agencies for the administration of Ryan White Part B funds and State of Florida 4B General Revenue and Patient Care Network.
- (G) Work with community members and other planning bodies to ensure a coordinated system of care.
- (H) Maintain diversity and inclusion reflective of the epidemic in Palm Beach County in the CARE Council membership.
- (I) Perform such other duties as the CARE Council may, from time to time, deem appropriate and /or necessary.

**SECTION 2: Vision:**

(A) A community where individuals who live with HIV/AIDS do so without prejudice, abandonment, or social stigma.

(B) A community where people living with HIV/AIDS are afforded a comprehensive range of medical and support services assuring the person's wellness, independence, and self sufficiency.

(C) A community where HIV medical and support services are eligibility accessed based upon need, and approved CARE Council guidelines.

## **ARTICLE III CARE COUNCIL MEMBERS**

**SECTION 1:** The CARE Council is intended to be a collaborative organization of the affected community, service providers, and non-elected community leaders. Membership of the CARE Council shall be evenly divided among members of these three groups. Every effort shall be made to ensure that the representation of the infected community reflects the demographics of the epidemic in Palm Beach County, with particular consideration given to disproportionately affected and historically under-served groups and subpopulations. Additional membership categories to comply with federal requirements will be complied with as they arise.

**SECTION 2:** Candidates for membership on the CARE Council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Such criteria shall include a conflict-of-interest standard. Membership shall include:

**(A) Affected Communities**

- Persons with HIV or AIDS;
- Historically under-served populations; and
- Persons affected by HIV /AIDS such as, but not limited to, care givers, life partners or family members of persons infected with HIV.

**B) Service Providers**

- Community-based organizations serving HIV affected populations;
- AIDS service organizations;
- Federally Qualified Health Centers;
- Local Public Health Agencies;
- Social Service Providers;
- Mental Health and Substance Abuse Service Providers;
- Medical Professionals serving persons living with HIV/AIDS;
- Palm Beach County Grantees under other Titles of the Ryan White Act.

**(C) Non-Elected Community Leaders**

- Hospital and Health Care Planning Agencies, or other Social Service Planning Agencies;
- State and Local Government (including the State Medicaid Agency);
- Grantees under other Federal HIV Programs;
- Florida Department of Health;
- Local Health and Human Service Boards and
- Other Non-Elected Community Leaders including representatives of public and private business interests.



- SECTION 3:** (A) A CARE Council Member shall be defined as any resident of Palm Beach County, Florida who applied for membership in accordance with the official nominations process for CARE Council Membership prescribed in the policies of the CARE Council, has been recommended for membership by the CARE Council, officially appointed by the Palm Beach County Board of County Commissioners, has complied with financial disclosure requirements of the Board of County Commissioners, and who has maintained attendance and committee participation requirements prescribed by the CARE Council. CARE Council members shall maintain the right to vote on any issue before the CARE Council, with which they have no conflict of interest, following appointment by the Board of County Commissioners.
- (B) A CARE Council member is required to actively participate on at least one standing committee to retain CARE Council membership. Failure to actively participate will result in removal from council membership. The removal process shall be defined by CARE Council policy.
- (C) An affiliate member shall be defined as an individual who has not been approved for full CARE Council membership by the Palm Beach County Board of County Commissioners, but who is a member of a CARE Council committee. Affiliate members may not vote on issues brought before the full CARE Council.
- SECTION 4:** A member may represent only one of the three mandated membership categories. (i.e., Affected Community, Non-Elected Community Leader or Service Provider)
- SECTION 5:** At least one third (33%) of the CARE Council members must be PLWHA (People Living With HIV/AIDS) who receive Part A services and are “unaffiliated”. “Unaffiliated” refers to consumers who do not have a conflict of interest, meaning they are not staff, consultants, or Board members of Ryan White Part A funded agencies. The CARE Council shall maintain a formal program to support participation by HIV positive members. Every effort shall be made to ensure that the representation of the infected community reflects the demographics of the epidemic in Palm Beach County, with particular consideration given to disproportionately affected and historically under-served groups and subpopulations.
- SECTION 6:** The total CARE Council membership shall be a balanced membership of no more than thirty-three (33) members.
- SECTION 7:** The CARE Council member term of office shall be three years. There shall be a limit of three (3) consecutive three-year terms that a member can serve. This provision is effective as of March 1, 2013, and applies to any member who is appointed or reappointed subsequent to that date.
- SECTION 8:** Attendance and participation at CARE Council meetings is crucial to the operation of the CARE Council.

- (A) Members shall be automatically removed by the Palm Beach County Board of County Commissioners for lack of attendance. Lack of attendance is defined as a failure to attend three (3) consecutive meetings or a failure to attend more than one-half (1/2) of the meetings scheduled during preceding calendar year. Participation for less than three-fourths (3/4) of a meeting shall be the same as a failure to attend a meeting. Excused absences due to illness, if approved by majority vote of the CARE Council, shall not constitute lack of attendance. Excused absences shall be entered into the minutes. Members removed pursuant to this paragraph shall not continue to serve on the CARE Council and such removal shall create a vacancy, such members who have been removed may continue as affiliate members.
- (B) Upon accumulation of three (3) consecutive excused absences or any excused absences from more than fifty percent (50%) of CARE Council meetings during the calendar year inclusive of the month of the last absence, members will be asked to discuss their future CARE Council participation with the Membership Committee. The Membership Committee Chair or designee will report to the Executive Committee with the Membership Committee's recommendation for removal or continued membership. The CARE Council shall make a finding for removal or continued membership. In application of this provision, no decisions shall be made which are in conflict with the provisions of *Article III, Section 8, Part A*.
- (C) This attendance requirement applies only to the regularly scheduled CARE Council meetings, and not to emergency meetings.

**SECTION 9:** Vacancies resulting from death, automatic removal, involuntary removal, or voluntary resignation of any member shall be filled pursuant to the policies, procedures and bylaws of the CARE Council.

## ARTICLE IV OFFICERS

**SECTION 1:** The CARE Council will elect the Chair, Vice Chair, Treasurer and Secretary from the CARE Council membership by a majority vote of the quorum of the members present at the Annual Meeting. The officers are elected for a one (1) year term or until their successors are elected. In filling vacancies for unexpired terms, an officer who has served more than half a term in an office is considered to have served a full term. All elected officers will begin their term at the conclusion of the meeting at which they were elected. No officer shall hold the same office for more than three (3) consecutive terms. Officers may be removed from office upon a three-fourths ( $\frac{3}{4}$ ) vote of the membership present and voting at any legally noticed meeting of the CARE Council where a quorum is present. No member who is employed by a grantee shall be eligible to serve as an officer of the CARE Council.

**SECTION 2:** The Chair's duties and responsibilities include, but are not limited to:

- (A) With the consent of the CARE Council, represent the CARE Council to the Grantees, Lead Agency, Health Resources and Services Administration (HRSA) and other interested parties;
- (B) Presiding at all meetings of the CARE Council and Executive Committee;
- (C) Appointing the Chair of all CARE Council Committees, subject to the ratification of the CARE Council membership except as otherwise provided herein;
- (D) Be an ex-officio member of all committees, subcommittees, advisory or ad hoc committees;
- (E) Conduct the business of the CARE Council as authorized by the Bylaws and Policies.

**SECTION 3:** The Vice Chair shall be the Chair of the Bylaws and Grievance Committees and be responsible for maintaining the policies and procedures of the CARE Council. All powers and duties of the Chair shall be performed by the Vice Chair in the absence of the Chair. When fulfilling these duties, the Vice Chair will be considered to be the acting Chair.

**SECTION 4:** The Treasurer shall be Chair of the Priorities and Allocations Committee and shall be free from conflict of interest as defined by Article VII of these Bylaws. All powers and duties of the Chair shall be performed by the Treasurer in the absence of the Chair and Vice Chair. When fulfilling these duties, the Treasurer will be considered to be the acting Chair.

**SECTION 5:** The Secretary shall be the Chair of the Membership Committee and maintain and have responsibility for overseeing Government in the Sunshine meeting notices; recording of minutes; maintenance of CARE Council, committee and subcommittee membership rosters; and act as Chair of the Membership Committee. As funding permits, with the exception of Chairing the Membership Committee, these duties may be delegated to a staff function. All powers and duties of the Chair shall be performed by the Secretary in the absence of the Chair, Vice Chair, and Treasurer. When fulfilling these duties, the Secretary will be considered to be the acting Chair.

**SECTION 6:** Succession

- (A) In the event the office of the Chair of the CARE Council becomes vacant, the Vice Chair shall serve the unexpired term of the Chair. In the event the Vice Chair is unable to serve the unexpired term of the Chair, a special election will be held at the next legally noticed meeting of the CARE Council.
- (B) In the event the office of Vice-Chair, Treasurer or Secretary becomes vacant, the Chair will nominate at least one member of the CARE Council to fill the vacant office and an election, open to nominations from the floor, will be held.
- (C) In the event of succession or special election to replace vacancy, the remaining time served shall not count as time served under Section I, Article IV.

**ARTICLE V COMMITTEES**

**SECTION 1:** The CARE Council's Standing Committees may include:

- (A) Executive Committee
- (B) Planning Committee
- (C) Priorities and Allocations Committee
- (D) Membership Committee
- (E) Community Awareness Committee
- (F) Local Pharmaceutical Assistance Program Committee (LPAP)
- (G) Quality Management and Evaluation Committee
- (H) LGBTQ Health Equity Committee

**SECTION 3:** The CARE Council's Ad hoc Committees may include, but are not limited to:

- (A) Bylaws Ad hoc Committee
- (B) Grievance Ad hoc Committee

The CARE Council Chair may authorize the creation, prescribe the terms, and define the power and duties of any other Ad hoc Committee's as may, from time to time, be necessary or useful in conducting CARE Council business. The Ad hoc Committee's shall be created and managed according to the *Policies and Procedures* of the CARE Council.

**SECTION 4:** Executive Committee:

The Executive Committee shall consist of the Chair, Vice Chair, Treasurer, and Secretary of the CARE Council. The Executive Committee shall also consist of the Chair of each Standing Committee of the CARE Council. At least one committee member with HIV must be present to constitute a quorum for decisions.

The Executive Committee will meet on a regularly scheduled basis. It may also be convened by the Chair of the CARE Council and/or at the request of a Grantee or Lead Agency, to take action on time-sensitive issues relating to prioritization or allocation of funds which make it impractical to convene the CARE Council.

The duties and responsibilities of the Executive Committee shall include, but are not limited to, oversight of the grant application process, contracting processes implemented by Grantees or Lead Agencies on behalf of the CARE Council, and implementation of policy or actions established by the CARE Council. Emergency actions taken by the Executive Committee shall be subject to ratification of the CARE Council.

**SECTION 5:** Priorities and Allocations Committee:

The Priorities and Allocations Committee, utilizing available data and information generated from Grantees and Administrative Agencies, and other CARE Council Committees, through a group process, establishes a list of services appropriate and necessary to enhance the medical condition and improve the quality of life for persons living with HIV/AIDS in Palm Beach County. The Committee is also charged with establishing priorities for these services, and allocating available and/or potential funding to these services. The Priorities and Allocations Committee works closely with current funding streams to redirect underspent funds to those service categories most in need of additional dollars throughout the year.

**SECTION 6:** Planning Committee:

The Planning Committee is charged with the overall development of major planning activities of the CARE Council. Included in these activities is development of a CARE Council Comprehensive Plan for HIV/AIDS Services for Palm Beach County Florida. In a collaborative nature, the Committee will work with all other planning/funding entities in Palm Beach County to ensure the plan encompasses all needed services and available resources. In addition, the Planning Committee is charged with the development of a Needs Assessment as outlined in HIV/AIDS Bureau (HAB) publications

The Planning Committee is also responsible for the development and implementation of evaluation tools and programs to ensure quality services are provided to persons utilizing HIV/AIDS services in Palm Beach County.

**SECTION 7:** Membership Committee:

Charged with identifying and recruiting members for the CARE Council and its Committees who are reflective of the HIV/AIDS epidemic in Palm Beach County. The Membership Committee is responsible for the following activities:

- Developing and implementing recruitment plan;
  - Recruiting new members;
  - Training new and existing members of the CARE Council in CARE Council responsibilities, policies and procedures the CARE Council uses to address its responsibilities;
  - Ensuring the CARE Council membership list complies with necessary grant requirements;
- Monitoring membership attendance as required by *Policies and Procedures*.

**SECTION 8:** Community Awareness Committee:

The Community Awareness Committee is responsible for the following activities:

- Conducting outreach to HIV/AIDS service consumers;
- Acting as an informal caucus to bring consumer issues to the CARE Council, or CARE Council committees as appropriate. (this would be especially true if there was a general consumer concern regarding a specific service or service provider);
  - Helping identify ways to reach People Living with HIV/AIDS (PLWHA) communities served, including minority and other special populations;
  - Providing an ongoing link with the community. Bringing community issues to the CARE Council, as well as information about available treatment, research, and care information to the community.

**SECTION 9:** Local Pharmaceutical Assistance Program Committee:

The Local Pharmaceutical Assistance Program Committee is responsible for the following activities:

- Compiling a written formulary, as well as the process and procedures to add or remove medications. The LPAP Committee shall develop a procedure for clinical review for prior authorization approval;
- Ensure the system of care meets the LPAP requirements as outlined in the HRSA/HAB Division of Metropolitan HIV/AIDS Program Monitoring Standards and local Standards of Care (SOC) as approved;
- Provide input on a statement of need, submitted with the annual Ryan White grant application. The statement of need shall include an assessment of the need for an LPAP including the financial feasibility and evaluation of all available resources for medications, and the reasons these resources do not meet the needs of the clients;

- Include LPAP stakeholders, including affected community, prescribing providers, pharmacy professionals, and AIDS Drug Assistance Program (ADAP) representative, to the extent possible.

**SECTION 10:** Quality Management and Evaluation Committee:

The Quality Management and Evaluation Committee (QMEC) is responsible for ensuring that HIV funded agencies participating in the Coordinated Services Network (CSN) comply with standards of care established by the CARE Council in the delivery of services to their clients with HIV/AIDS. The QMEC is responsible for detailed planning and oversight of all services relating to the general health of persons living with HIV/AIDS who receive services funded through the collaborative funding sources of the CARE Council.

The QMEC is responsible for the following activities:

- Overseeing the CARE Council's Quality Management Program;
- Developing written Quality Management and Evaluation Plans;
- Establishing quality management and evaluation activities including cost effectiveness analyses, monitoring medical and support services standards of care, outcome indicators (specific information that tracks a program's success), and client-level outcomes (benefits or changes for clients during or after receiving services);
- Assisting HIV funded agencies participating in the CSN in implementing continuous quality improvement activities that are consistent with the CARE Council's Standards of Care;
- Working collaboratively with other quality management and evaluation entities in Palm Beach County including persons living with HIV/AIDS;
- Working with the Planning Committee to develop services definitions relating to each of the funded services;
- Working with the Planning Committee on development of the CARE Council's Integrated Plan.

**SECTION 11** LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer) Health Equity Committee:

The LGBTQ Health Equity Committee is responsible for the following activities:

- Creating a platform where individuals are able to lend a significant voice to the issues, barriers and gaps in prevention, medical care and treatment, and biomedical intervention;

- Conducting community outreach and improved engagement in the LGBTQ community;
- Identifying barriers to linkages to care, treatment, and other social services to LGBTQ individuals infected/affected by HIV/AIDS.
- Working with the Planning Committee on development of the CARE Council's Integrated Plan.

**SECTION 12** The following provisions shall apply to committees:

- (A) Membership on a committee shall be defined by policy.
- (B) Committee attendance shall be defined by policy.

## **ARTICLE VI MEETINGS**

**SECTION 1:** All meetings of the CARE Council and its Committees and Sub-Committees shall be open to the public and shall be subject to the requirements of Section 286.011, Florida State Statutes as may be amended.

**SECTION 2:** There shall be an Annual Meeting of the CARE Council in the first half of each calendar year. The primary purpose of the Annual Meeting shall be to elect officers for the coming year.

**SECTION 3:** The CARE Council will meet at least four times per year.

**SECTION 4:** CARE Council and Committee meeting quorums shall be defined by policy.

**SECTION 5:** A request for a special meeting of the CARE Council may be made by the Executive Committee, Ryan White Part B Lead Agency, or by the Grantee to take action on time sensitive issues. The meeting shall be scheduled for the exclusive purpose of addressing the specific issue identified in the request for the special meeting.

**SECTION 6:** The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the CARE Council and its Committees in all cases to which they are applicable and in which they are not inconsistent with these bylaws the policies and procedures of the Palm Beach County Board of the County Commissioners and any special rules of order the CARE Council may adopt.

**SECTION 7:** Participation of CARE Council Members at CARE Council and Committee meetings is defined as follows:

- (A) Attendance at CARE Council meetings, committee meetings, special events, and workshops in compliance with applicable policy.
- (B) Voting on CARE Council and committee issues.
- (C) Completing agreed tasks.
- (D) Sharing of skills, time, and other resources appropriate to the CARE Council or committee(s).

## **ARTICLE VII VOTING AND CONFLICT OF INTEREST**

- SECTION 1:** Members of the CARE Council and all Committees established by the CARE Council shall abide by the Ryan White Act, Florida State Statute 112.3143 and Palm Beach County Code of Ethics R-94-693 (as may be amended) regarding voting conflicts.
- SECTION 2:** The CARE Council may not be directly involved in the administration or procurement of a grant under Ryan White Part A of the Ryan White Act. With respect to compliance with the preceding sentence, the CARE Council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amounts provided in the grant. CARE Council members shall not participate in the Ryan White Part A RFP (Request for Proposal) process.
- SECTION 3:** Each CARE Council member present shall vote on every issue with which they have no conflict of interest. Any CARE Council member with a conflict of interest on a specific issue will abstain from voting on that specific issue. In the event a member abstains from a vote due to conflict, he or she must sign a Conflict of Interest Disclosure Form within three days of the vote.
- SECTION 4:** Attendees at a CARE Council meeting who are not members of the CARE Council may participate in discussions, at the discretion of the Chair, but may not vote. Only CARE Council members may vote.
- SECTION 5:** It shall be the responsibility of members to inform the CARE Council Secretary in writing of any affiliation as an employee, board member, independent contractor, vendor or supplier to agencies receiving or seeking funding under the prioritization/allocation process of the CARE Council. A CARE Council member who has an identified conflict of interest and does not abstain from voting on issues related to that conflict will be removed from the CARE Council. The motion for removal of a member due to conflict of interest may be made at one CARE Council meeting for discussion and voted upon at the next regularly scheduled CARE Council meeting. The CARE Council member being discussed must be given an opportunity to respond prior to a removal vote. If the resulting vote is in the affirmative, a recommendation for removal shall be forwarded to the Palm Beach County Board of County Commissioners. Their determination shall be considered final.



## **ARTICLE VIII GRIEVANCE PROCEDURES**

The CARE Council shall maintain a policy to resolve grievances brought forward against the CARE Council.

## **ARTICLE IX OPERATING PROCEDURES**

The CARE Council shall maintain published policies and operating procedures governing the administration and day-to-day functioning of the CARE Council.

## **ARTICLE X AMENDMENTS**

**SECTION 1:** These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by a two-thirds (2/3) majority vote of CARE Council members present at a CARE Council meeting. At least ten (10) days prior, written notice setting forth the proposed action will be sent to the CARE Council membership and all interested parties.

**SECTION 2:** That the CARE Council staff be authorized to correct article and section designations, punctuation, and cross-references and to make such other technical and conforming changes as may be necessary to reflect the intent of the CARE Council in connection with keeping the Bylaws grammatically correct.

## **ARTICLE XI EFFECTIVE DATE**

These Bylaws shall become effective immediately upon vote consistent with Article X, Section 1. These Bylaws supersede all other previous CARE Council Bylaws.

### **CERTIFICATION OF ADOPTION:**

**By my signature below, I certify these Bylaws were officially adopted by a two third (2/3) majority vote of the membership of the CARE Council.**

---

**Christopher Dowden, Chair**  
**July 30, 2018**

CARE Council Bylaws Approved April 29, 2013 Page 6, Section 7  
CARE Council Bylaws Approved February 23, 2015 Pages 1-10  
CARE Council Bylaws Approved October 26, 2015 Pages 6,9,12 -15, moved page 11 to page 16 (the end)  
CARE Council Bylaws Approved June 26, 2017 Pages 9, 11, 12  
CARE Council Bylaws Approved July 24, 2017 Page 10  
CARE Council Bylaws Approved November 27, 2017 Pages 9, 12  
CARE Council Bylaws Approved July 2018, Pages 6, 7, 13, 15

Palm Beach County

HIV CARE Council

# CARE Council Policy



Revised 06/25/2018sw

**Palm Beach County HIV CARE Council**

## Council Policy



## ***Index Reference***

<u><b>Policy Number</b></u>	<u><b>Issue</b></u>	<u><b>Page (s)</b></u>
1.....	CARE Council Member Leave of Absence.....	4
2.....	Request for Excused Absences from CARE..... Council Meetings	5
3.....	Committee Member.....	6
4.....	Committee Attendance and Participation.....	7
5.....	CARE Council Quorum Requirement.....	8
6.....	Standing Committee Quorum Requirement.....	9- 10
7.....	Ad Hoc Committee Quorum Requirement.....	11
8.....	Program Support Committee Quorum Requirements.....	12
9.....	Grievance Policy.....	13 -15
Exhibit A.....	Ryan White Act Palm Beach County..... Submission of Part a Funding Grievance to Dispute Resolution	16
Exhibit B.....	Ryan White Act Palm Beach County..... Part A Request for Third Party Mediation	17
Exhibit C.....	Ryan White Act Palm Beach County..... Part A Binding Arbitration Request Form	18
10.....	Nominations Process for CARE Council Membership.....	19-21
11.....	Travel and Reimbursement for CARE Council and..... Committee	22
12.....	Need Assessment Sub Committee Member.....	23

***Continue***

<u><b>Policy Number</b></u>	<u><b>Issue</b></u>	<u><b>Page</b></u>
13.....	<del>Quality Assurance and Evaluation Committee..... Responsibilities</del>	24
13.....	<del>Quality Management and Evaluation Committee..... Responsibilities</del>	25
14.....	Grievance Committee Responsibilities.....	26
15.....	<del>Elections Committee (Nominating Committee) .....</del>	27

**Responsibilities**

16..... Bylaws Committee Responsibilities..... 28

17..... Removal of CARE Council Members..... 29

18..... Removal of Committee Members..... 30

19..... Occupancy of Service Provider Designated Seats..... 31

20..... Maximum Provider Representation..... 32

21..... Priorities and Allocations Policy Regarding Providers..... 33

22..... Committee Chairmanship..... 34

24..... Election Process for Annual Election..... 35

25..... CARE Council Training Requirement ..... 36

26..... CARE Council Member Childcare Reimbursement Policy..... 37

27.....Process for Notification of Changes to CARE Council Membership....38-39

**Palm Beach County HIV CARE Council**

# **CARE Council Policy**

Policy Number: 1  
Amended: February 23, 2015

Issue: **CARE Council Member Leave of Absence**

Any member of the CARE Council may request a Leave of Absence due to medical reasons, for up to three (3) consecutive months in duration in a twelve-month period. The member must submit the request in writing and include a date of anticipated return.

The request must be voted upon and approved by the CARE Council, with the date of anticipated return recorded in the minutes of the meeting.

Upon three (3) consecutive months of absences in a twelve-month period, the member may request one (1) additional month. This request must be approved by the CARE Council. In the event the member is not able to return after a total of four (4) months of absences, he or she will be asked to discuss continued membership. Decisions will be made in accordance with the *Bylaws* and applicable *Policies and Procedures*.

Those on Leave of Absence shall not be included in the total membership count for purposes of determining a quorum.

A CARE Council member granted a Leave of Absence shall be considered to be on Leave of Absence from all committees on which they are a member.

Resignation from the CARE Council shall not preclude an individual from future application for membership or current participation on a committee.

Approved 04/30/01; Amended 02/23/15.

**Palm Beach County HIV CARE Council**  
**CARE Council Policy**

Policy Number: **2**  
Amended: **June 25, 2018**

Issue: **Request for Excused Absences from CARE Council Meetings**

This policy determines the process for requesting excused absences from CARE Council meetings. The policy does not apply to committee meetings.

It is the member's responsibility to request from CARE Council staff that an absence be excused.

A written request is the preferred method of notification; however, a telephone request is permissible. Advanced notice of an absence from a CARE Council meeting is preferred if practical.

All requests for excused absences will be in accordance with the CARE Council Bylaws and Palm Beach County Board of County Commissioners Resolution R-2002-1606 and per special exception approved in February 2003 pertinent to the CARE Council. No other reason will be considered by the CARE Council as an excused absence.

The only acceptable reason for an excused absence is a medical reason.

A member should be prepared to make a request for an excused absence at the next regularly scheduled CARE Council meeting unless the request has been previously given to the appropriate staff.

Failure to request excused absences within two (2) regularly scheduled meetings of the CARE Council shall result in the absences being classified as unexcused. In special circumstances, the member may request reconsideration by application to the Membership Committee, which will make a recommendation to the CARE Council.

This policy, in no case, shall conflict with the CARE Council Bylaws or related Policies and Procedures.

Approved 04/30/01; Amended 01/26/04, 02/23/15.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 3  
Amended: June 25, 2018

Issue: **Committee Member**

It is a policy of the CARE Council that a “Committee Member” shall be defined as: Any interested individual, whether or not a member of the CARE Council who meets the following criteria, may qualify for membership on a committee:

### **Membership Request by Individual:**

- Announce your intention to become a member and be voted in by the committee.
- Priorities and Allocations Committee membership is also subject to Policy 21, hereinafter.
- Membership on the Membership Committee shall be limited to full CARE Council members.

### **Membership Request by CARE Council:**

- CARE Council members and Affiliate members may be asked to serve by the Committee Chair or the Chair of the CARE Council;

### **Membership is determined by:**

- Approval through committee vote; or
- Appointment by the CARE Council Chair or Committee Chair with ratification by the committee.

Approved 04/30/01; Amended 09/24/12, 02/23/15.

## Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **4**  
Amended: **November 27, 2017**

Issue: **Committee Attendance and Participation**

This policy applies to all Standing, ~~Program Support~~, and Ad hoc Committees unless exception is made in another policy of the CARE Council.

It is the policy of the CARE Council to recognize each seat on a committee as an important and meaningful position of public trust. In order to fully support the commitment of individual members of committees, the following activities will be employed to support member participation.

Feedback to individual members about how their active participation benefits the CARE Council is a responsibility of each Committee Chair. In order to support active members and a fully functioning Committee, the committee may evaluate the following member activities:

- Participation at committee meetings, attendance at committee meetings, special events and workshop
- Attendance at meetings in compliance with applicable policy
- Making a vote on CARE Council and committee issues
- Completing agreed tasks
- Sharing of skills, time, and other resources appropriate to the committee or CARE Council

Attendance and participation at committee meetings is the responsibility of the committee member. Upon accumulation of three (3) consecutive excused absences or any excused absences from more than fifty percent (50%) of committee meetings during the calendar year, inclusive of the month of the last absence, members will be asked to discuss their future committee participation with the committee. The committee will vote for removal or continued membership on the committee. If the committee member is not available to discuss the issue with the committee, the committee may proceed to vote for removal or continued membership.

Attendance and participation records are maintained for each committee member to assist in providing appropriate support to ensure members maintain necessary levels of participation.

Approved 04/30/01; Amended 02/25/02.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **5**  
Amended: **October 26, 2015**

Issue: **CARE Council Quorum Requirements**

It is the policy of the CARE Council that a quorum for CARE Council meetings be defined as follows:

- Unless otherwise herein accepted, a quorum shall consist of fifty-percent (50%) plus one of the CARE Council members.
- At least one HIV positive CARE Council member must be present at any meeting of the CARE Council.
- A majority of those CARE Council members present and voting at any quorum meeting shall be sufficient to enable taking action.

Total membership count shall consist of members in good standing, excluding those on officially sanctioned Leave of Absence.

Approved 04/30/01, Amended 02/23/15

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **6**  
Amended: **November 27, 2017**

Issue: **Standing Committee Quorum Requirements**

The CARE Council's Standing Committees, in accordance with the Bylaws, include the Executive Committee, Planning Committee, Priorities and Allocations Committee, Membership Committee, Community Awareness Committee, Local Pharmaceutical Assistance Program Committee, Quality Management and Evaluation Committee and LGBTQ Health Equity Committee.

It is the policy of the CARE Council that a quorum for each Standing Committee be defined as follows:

## Executive

The CARE Council Chair or Vice Chair and three other CARE Council members. One of those committee members present shall be HIV positive.

## Planning

The Committee Chair or Vice Chair and two other Committee members. One of those committee members present shall be HIV positive.

## Priorities and Allocations

The Committee Chair or Vice Chair and two other Committee members. One of those committee members present shall be HIV positive.

## Membership

The Committee Chair or Vice Chair and two other Committee members. One of those committee members present shall be HIV positive.

## Community Awareness Committee

The Committee Chair or Vice Chair and two other Committee members. One of those committee members present shall be HIV positive.

## Local Pharmaceutical Assistance Program Committee

The Committee Chair or Vice Chair and two other Committee members. One of those committee members present shall be HIV positive.

## Quality Management and Evaluation Committee

The Committee Chair or Vice Chair and two other Committee members.

One of those committee members present shall be HIV positive.

LGBTQ Health Equity Committee

The Committee Chair or Vice Chair and two other Committee members.  
One of those committee members present shall be HIV positive.

Approved 04/30/01; Amended 05/24/04, 01/31/05, 10/26/15, 06/26/17.

Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 7  
Amended: February 23, 2014

Issue: **Ad hoc Committee Quorum Requirements**

It is the policy of the CARE Council that a quorum for any Ad hoc Committee shall be defined as the Committee Chair or Vice Chair and two other Committee members. One of those committee members present should be HIV positive.

Approved 04/30/01.

Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: ~~8~~

Deleted: **November 27, 2017**

Issue: ~~Program Support Committee Quorum Requirements~~

~~It is the policy of the CARE Council that a quorum for any Program Support Committee shall be defined as the Committee Chair or Vice Chair and two other Committee members. One of those committee members present should be HIV positive.~~

Approved 04/30/01.

## Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **9**  
Approved: **April 30, 2001**

Issue: **Grievance Policy**

### **Purpose**

The purpose of this policy is to provide a mechanism for individuals and or organizations to bring forth grievances relative to the allocation or prioritization of HIV and AIDS medical and support services provided in Palm Beach County, Florida under Part A of the Ryan White Act.

### **Authority**

This policy is required by the Ryan White CARE Act Amendments of 1996, Public Law 104-146, as amended, hereinafter referred to as the Ryan White Act.

### **Section A: Persons Eligible to File a Grievance**

Only individuals or entities directly affected by the outcome of a decision related to the prioritization or allocating of funding under Part A of the Ryan White Act may file a grievance under this policy. Such individuals include, but are not limited to, providers eligible to receive Ryan White Part A funding and consumer groups, persons living with HIV or AIDS (PLWH/A) coalitions or caucuses.

### **Section B: Actions Which May Be Grieved**

These procedures relate to the process of establishing priorities of service categories and allocating funds to those categories and any subsequent process to change the priorities and allocations. Persons wishing to file a grievance relating to the process of selecting contractors, making awards, and any subsequent process to change contractors or awards must follow the grievance procedures established by the Palm Beach County Board of County Commissioners.

At least one of the following basic criteria must be the form and basis of the grievance which is being filed:

1. Alleged deviations from the established, written priority setting or resource setting process (such as failure to follow established conflict-of-interest rules).
2. Alleged deviations from an established, written process for any subsequent changes to priorities or allocations.

3. Inconsistency with the findings of the locally published Needs Assessment or Comprehensive Plan for HIV/AIDS Services in Palm Beach County, Florida. Grievances filed merely on the basis of dissatisfaction with the outcome of the prioritization or allocation process will not be accepted unless one of the above deviations is alleged.

### **Section C: Internal Non-Binding Procedures**

The grievance must be filed with the CARE Council within five (5) working days<sup>1</sup> of the date of action by the Planning Council which is being grieved. Grievances must be filed on the form entitled "Palm Beach County HIV CARE Council Grievance Form", a copy of which is attached hereto as Exhibit "A". All grievances will initially be handled through the internal non-binding grievance process.

The CARE Council Chair will review the grievance within five (5) working days of filing to determine if the basis for a grievance exists. If such a determination is made, the Chair will appoint a grievance committee within three (3) working days of a determination to initiate the non-binding process.

The non-binding process will be handled by the grievance committee appointed by the Council Chair. A hearing will be scheduled before the committee within five (5) working days of appointment. The committee shall have five (5) working days to render a decision on the grievance and notify the parties. The grievant shall have five (5) working days from receipt of the final decision of the grievance committee to make a request for third party mediation.

### **Section D: Third Party Mediation**

If a grievant does not accept the decision of the grievance committee, the grievant may request that the grievance be submitted to a third party mediator. A request for third party mediation shall be made within five (5) working days from receipt of the final decision of the grievance committee as described in section C above. A request for third party mediation shall be filed with the CARE Council on a "Request for Third Party Mediation" form, a copy of which is attached as Exhibit "B".

Upon receipt of a request for third party mediation, the HIV CARE Council Chair will establish a date and time within twenty-one (21) working days of receipt of the request for mediation through the Palm Beach County Alternative Dispute Resolution Office. The Chair shall inform the grievant within five (5) working days of receipt of the request for third party mediation as to the date, time, and location of the requested mediation hearing. The grievant must agree that all mediation will be handled through the Palm Beach County Alternative Dispute Resolution Office and must agree to pay at the time of mediation one-half of the cost of all mediation which extends beyond two billable hours. The CARE Council shall be responsible for the other half of the cost of mediation. Mediators will be selected by mutual consent of the parties, from a list of certified

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<sup>1</sup> *Working days excluding holidays and weekends.*

mediators maintained by the Alternative Dispute Resolution Office. A copy of the current list will be made available to the parties within five (5) working days of the request for mediation. Mediators will only seek to resolve the dispute between the parties, but will not make any findings. Grievant must agree that a maximum of eight (8) hours shall be expended in attempting to resolve the dispute through the third party mediator.

Confidential information disclosed to a mediator by the parties or witnesses in the course of the mediation shall not be divulged by the mediator. All records, reports, or other documents received by a mediator while serving in that capacity shall be confidential. The mediator shall not be compelled to divulge such records or to testify in regard to mediation in any adversary proceedings or judicial forum.

If the grievance is not resolved through mediation, the grievant shall have five (5) working days from the conclusion of the mediation to make a request for binding arbitration.

#### **Section E: Binding Arbitration**

If the question is not resolved through mediation, the grievant may request binding arbitration. Such requests must be submitted to the CARE Council on "Palm Beach County HIV CARE Council Request for Binding Arbitration Form", a copy of which is attached as Exhibit "C". The hourly rate shall be determined by the Alternate Dispute Resolution Office. The check shall be made payable to the Alternate Dispute Resolution Office. Such fee shall cover one-half of two-hour arbitration. The grievant must also agree to pay one-half of the total cost of arbitration at the time of arbitration. The CARE Council will be responsible for the other half of the cost of arbitration. Grievant must identify their list of anticipated witnesses and exhibits to be admitted during arbitration. The CARE Council shall have five (5) working days from receipt of the arbitration request form to identify its anticipated witnesses and exhibits and must provide a copy to the grievant. Arbitrators will be selected by mutual consent of the parties, from an approved list maintained by the Office of Alternative Dispute Resolution, based upon availability. Hearings shall be held within ten (10) working days of the appointment of an arbitrator at the Palm Beach County Alternate Dispute Resolution Office. The arbitrator shall have fifteen (15) working days to render a decision after the hearing is concluded. Grievant shall have no further remedies after rendition of the arbitrator's order.

#### **Section F: Remedies**

It should be noted that due to the stringent time frames associated with administration of grant funds, remedies sought through this grievance procedure are limited to future actions and are not applied retroactively.

#### **Section G: Dissemination of Grievance Procedure Process**

Copies of this grievance procedure will be available at the offices of the CARE Council and the Palm Beach County Department of Community Services.

Exhibit A

**RYAN WHITE ACT**  
Palm Beach County  
**Submission of Part A Funding Grievance to Dispute Resolution**

Grievance No.  
(To be filled in by receiving authority)

Date:

The undersigned party (ies) submits the following dispute for resolution under the grievance procedures of the CARE Council.

**Statement of Grievance** (should include date questioned decision was taken, by what entity, and the reasons for filing the grievance; use back of form if necessary)

**Statement of previous action taken** (if arbitration is sought, indicate results of previous attempts at resolution)

**Statement of what result the grievant would like** (the remedy sought by the grievant; use back of form if necessary) *Note that remedies may be limited to future action and may not be able to reverse decisions retroactively.*

If the procedure to be used is binding arbitration, signature constitutes agreement to be bound by the decision of the arbitrator.

\_\_\_\_\_  
Name of grievant

\_\_\_\_\_  
Mail this form to:

\_\_\_\_\_  
If grievant is an organization,

\_\_\_\_\_  
Name of authorized individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/state/zip code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Signature

Palm Beach County HIV CARE Council  
Attention: COUNCIL Chair

at its current address

**STATEMENT OF UNDERSTANDING**

I understand that the Palm Beach County HIV CARE Council and its representatives have no legal authority over any agency, but can act as an advocate and make recommendations to service agencies in my behalf. I understand a representative from the CARE Council will contact me for assistance and I authorize that any of my records or knowledge of me and my health, including HIV/AIDS related information as it pertains to my grievance be released to parties related to the Council. All information will be held in strictest confidence. Grievance will be registered by the staff of Palm Beach County HIV CARE Council, who will notify you of any decisions or determinations made within six weeks. There is no cost to you for voluntary mediation.

Exhibit B

**RYAN WHITE ACT**  
**Palm Beach County Part A Request for Third Party Mediation**

Grievance No. \_\_\_\_\_

Date \_\_\_\_\_

(To be filled in by receiving authority)

The undersigned party(ies) requests the following dispute be submitted to a third party mediation under the grievance procedures of Palm Beach County, as grantee.

**STATEMENT OF GRIEVANCE:**

Date of questioned decision/action:

Description of questioned decision/action:

Description of why grievant believes questioned decision/action was in error:

Description of remedy sought by grievant:

Description of previous action taken:

Name of grievant:

Organization represented, if any:

Address:

Telephone Number:

Fax Number:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Note: The hourly rate shall be determined by the Alternate Dispute Resolution Office made payable to the Alternative Dispute Resolution Office. This amount will cover one-half of the cost of one hour of mediation. By signing this request for third party mediation, the grievant agrees to pay one-half of the full cost of the mediation at the time of mediation. Palm Beach County will pay the remaining half of the cost of mediation.*

Exhibit C

**RYAN WHITE ACT  
Palm Beach County Part A Binding Arbitration Request Form**

Grievance No.  
(To be filled in by receiving authority)

Date:

The undersigned party(ies) requests the following dispute be submitted to a third party mediation under the grievance procedures of Palm Beach County, as grantee.

**STATEMENT OF GRIEVANCE:**

Date of questioned decision/action:

Description of questioned decision/action:

Description of why grievant believes questioned decision/action was in error:

Description of remedy sought by grievant:

Description of previous action taken:

List of witnesses anticipated to testify during arbitration (include name, address and telephone number along with a description of their anticipated testimony):

List of exhibits anticipated to be introduced during arbitration (please attach copies of all exhibits):

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 10  
Amended: June 25, 2018

Issue: **Nominations Process for CARE Council Membership**

This policy is adopted by the CARE Council (CARE Council), for the purpose of ensuring there is an open and fair nomination process which will provide for a CARE Council membership which is reflective of the AIDS epidemic in Palm Beach County, Florida. In addition, it is the intention of the CARE Council to maintain a nomination policy which complies with directives of the Division of HIV Services (DHS) and HRSA as those directives relate to the Ryan White Act.

## **I. Legislative Background**

Section 2602(b) of the reauthorized Ryan White Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

## **II. Expectations**

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to ensure minimum disruption to CARE Council activities.

Nominations to the CARE Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing CARE Council committees and through ongoing solicitation through existing CARE Council members, service providers, outreach through advertising, and staff working with consumers of HIV/AIDS services. Particular consideration shall be given to disproportionately affected and historically underserved groups and sub-populations.

Every member of the CARE Council is encouraged to actively recruit members to fill gaps in CARE Council membership. Recruitment is not just the Membership Committee's responsibility. CARE Council members should use their own network and seek key contacts in other communities to help identify potential members to fill gaps and to provide individuals to participate in CARE Council committee activities.

## **III. Steps in the Nominations Process:**

1. When necessary advertising may be placed in various publications countywide notifying

the public of the need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon the demographics of the epidemic in Palm Beach County, and to ensure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

2. Potential applicants shall be invited to attend membership orientation offered quarterly and provided a nominations packet containing a letter describing roles and responsibilities of the CARE Council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form used to gather information about: relevant experience, expertise, skills, the person's interest in serving, the perspective he or she might bring to the CARE Council, how his or her peer group might relate to groups affected by HIV, and other related information.
3. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. CARE Council staff will review all application forms and will recommend a list of persons for the Membership Committee to interview per "Procedure for Applicant Interviews". When two or more persons apply for the same slot, the committee will interview at least two applicants for the slot. Interviews shall be conducted by at least two committee members-one of which must be the Chair or Vice Chair and a staff member, according to a structured interview format. Open ended questions about past experience on boards, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are completed, the results of each interview are discussed at the next regularly scheduled Membership Committee meeting. When reviewing candidates for membership the committee will consider the following factors: attendance at CARE Council meetings, involvement at Membership Development Sessions and involvement on committees. The Membership Committee may also consider activities as involvement in Membership Development Sessions. In addition, seat availability, the demographics of the board and candidate qualification will be taken into consideration. The final committee recommendations will be forwarded to the Executive Committee and if approved to the CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment. The candidate must document completion of the Palm Beach County ethics training prior to submission of their name to the Palm Beach County Board of County Commissioners. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, a request for a replacement candidate, if available, will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the CARE Council. If the recommendation is accepted by the CARE Council, the individuals name will then be forwarded to the Palm Beach County Board of County

Commissioners for appointment.

- A. Candidates must fulfill the following requirements prior to being forwarded for CARE Council Membership. Candidates must join one (1) committee and attend a CARE Council meeting or CARE Council sponsored training inclusive of annual retreat.
- B. Documented exceptions to these requirements may be made, based upon the need of the CARE Council or in an extenuating circumstance, at the discretion of the Membership Committee Chair with the approval of the Executive Committee.

Approved 04/30/01; Amended 01/26/04, 11/16/09, 11/22/10, 06/27/11, 06/25/12.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 11  
Amended: September 17, 2018

Issue: **Travel and Reimbursement for CARE Council Members, Affiliate Members, and Prospective Committee Members**

## I. PURPOSE

Ryan White funds cannot be used to reimburse expenses of non-members to attend planning council meetings as observers. However, the planning council can reimburse actual meeting expenses for consumers who serve on committees or task forces or make requested presentations to the planning council.<sup>1</sup>

Allowable reimbursement expenses include CARE Council and committee meetings. All reimbursements are subject to available funding.

This policy does not apply to individuals receiving travel reimbursements from other parties or organizations.

## II. AUTHORITY

All travel reimbursements shall be made pursuant to policies and regulations established by the Palm Beach County Board of County Commissioners.

Approved 04/30/01; Amended 01/26/04, 12/05/11, 06/25/18.

<sup>1</sup> Ryan White HIV/AIDS Program Part A Manual – Revised 2013, page 132.

# Palm Beach County HIV CARE Council

# Council Policy

Policy Number: ~~12~~

Deleted: **January 26, 2004**

Issue: ~~Needs Assessment Sub-Committee Member~~

~~It is a policy of the Palm Beach County HIV CARE Council that a Needs Assessment Sub-Committee member may perform tasks related to committee business on a voluntary basis only. Committee members may not be compensated other than for what is stated in the *Palm Beach County HIV CARE Council Bylaws* (mileage, childcare, etc.).~~

Approved 04/30/01.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: ~~13~~

Deleted: ~~June 26, 2017~~

Issue: ~~Quality Assurance and Evaluation Committee Responsibilities~~

~~The Quality Assurance and Evaluation Committee (QAEC) is responsible for ensuring that HIV funded agencies participating in the Coordinated Services Network (CSN) comply with standards of care established by the CARE Council in the delivery of services to their clients with HIV/AIDS.~~

~~Committee responsibilities will include:~~

- ~~1. Overseeing the CARE Council's Quality Assurance Program.~~
- ~~2. Developing written Quality Assurance and Evaluation Plans.~~
- ~~3. Establishing quality assurance and evaluation activities including cost effectiveness analyses, monitoring medical and support service standards of care outcome indicators (specific information that tracks a program's success) and client-level outcomes (benefits or changes for clients during or after receiving services).~~
- ~~4. Assisting Ryan White Part A, Ryan White, Ryan White Part B and State of Florida 4B General Revenue and Patient Care Network Grantees in ensuring funded service providers are implementing their own continuous quality improvement activities that are consistent with the CARE Council's Standards of Care.~~
- ~~5. Working collaboratively with other quality assurance and evaluation entities in Palm Beach County including persons living with HIV/AIDS.~~
- ~~6. Any non-compliance found by the Quality Assurance Coordinator or Quality Assurance and Evaluation Committee must be reported to the funder.~~
- ~~7. Coordinating Management Information Services (MIS) responsibilities with the Part A Grantee.~~

~~Approved 04/30/01; Amended 02/23/15; Accepted as Amended 06/26/17.~~

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: ~~13~~  
Deleted: ~~June 26, 2017~~

Issue: ~~Quality Management and Evaluation Committee Responsibilities~~

~~The Quality Management and Evaluation Committee (QMEC) is responsible for ensuring that HIV funded agencies participating in the Coordinated Services Network (CSN) comply with standards of care established by the CARE Council in the delivery of services to their clients with HIV/AIDS. The QMEC is responsible for detailed planning and oversight of all services relating to the general health of persons living with HIV/AIDS who receive services funded through the collaborative funding sources of the CARE Council.~~

~~Committee responsibilities will include:~~

- ~~1. Overseeing the CARE Council's Quality Management Program.~~
- ~~2. Developing written Quality Management and Evaluation Plans.~~
- ~~3. Establishing quality management and evaluation activities including cost effectiveness analyses, monitoring medical and support services standards of care, outcome indicators (specific information that tracks a program's success), and client-level outcomes (benefits or changes for clients during or after receiving services).~~
- ~~4. Assisting HIV funded agencies participating in the CSN in implementing continuous quality improvement activities that are consistent with the CARE Council's Standards of Care.~~
- ~~5. Working collaboratively with other quality management and evaluation entities in Palm Beach County including persons living with HIV/AIDS.~~
- ~~6. Working with the Planning Committee to develop services definitions relating to each of the funded services~~
- ~~7. Working with the Planning Committee on development of the CARE Council's Integrated Plan.~~

Approved 04/30/01.

Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **14**  
Approved: **April 30, 2001**

Issue: **Grievance Committee Responsibilities**

The Grievance Committee is an Ad hoc Committee called together by the CARE Council Chair to review grievance requests as defined in the *Grievance Policy*. The purpose of this review is to provide a broader consideration of a filing of a grievance to ensure that decisions are consistent with the purposes and spirit of the grievance procedure as called for in the reauthorization of the Ryan White Act.

Palm Beach County HIV CARE Council

# Council Policy

Policy Number: ~~15~~

Deleted: **May 24, 2004**

Issue: ~~\_\_\_\_\_~~ **Elections Committee (Nominating Committee) Responsibilities**

~~The Elections Committee is an Ad hoc Committee called together by the Council Chair. The responsibilities of the committee shall be to coordinate the Annual Election of Officers. Specifically, the Elections Committee shall:~~

Approved 01/27/03.

Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **16**  
Amended: **June 25, 2018**

Issue: **Bylaws Committee Responsibilities**

The Bylaws Committee is an Ad hoc Committee convened by the CARE Council Chair to address issues relating to the *CARE Council Bylaws and Policies and Procedures*.

The Bylaws Committee shall be convened at least triennial, or as needed, to review Bylaws and Policies.

Approved 04/30/01.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 17  
Amended: February 23, 2015

Issue: **Removal of CARE Council Members**

It is a policy of the CARE Council, that a Council Member shall be removed from membership on the CARE Council for any of the following:

- Legal residence changes and member moves out of Palm Beach County;
- Lack of attendance as described in the CARE Council Bylaws and applicable Policies and Procedures;
- Violation of the Sunshine Law;
- Violation of the Ryan White Care Act, Florida Statute 112.3143 and Palm Beach County Code of Ethics R-94-693 (as may be amended) regarding voting conflicts;
- Non-compliance with the training mandates of Policy 25.
- Serious breaches of conduct and procedures as determined by the body according to the procedures of *Roberts Rules of Order*.

Unless the Palm Beach County Board of County Commissioners removes a member, a member may only be removed after a vote of the Membership Committee and approval by the CARE Council.

Approved 04/30/01.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **18**  
Amended: **February 23, 2015**

Issue: **Removal of Committee Members**

- It is a policy of the CARE Council, that a Committee Member shall be removed from membership on a committee for any of the following: Lack of attendance as described in the CARE Council Committee Attendance Policy;
- Violation of the Sunshine Law;
- Violation of the Ryan White Care Act, Florida Statute 112.3143 and Palm Beach County Code of Ethics R-94-693 (as may be amended) regarding voting conflicts;
- Serious breaches of conduct and procedures as determined by the committee according to the procedures of *Roberts Rules of Order*.  
A member may be removed after a vote of the committee.

Approved 04/30/01.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **19**  
Amended: **February 23, 2015**

Issue: **Occupancy of CARE Council Designated Seats**

It is a policy of the CARE Council, that an individual occupying a specific seat on the CARE Council who becomes ineligible to hold that seat shall relate this to the Membership Committee. The Membership Committee shall determine if another seat is available that the individual can occupy. If so, that seat shall be offered to the member. If not, the individual will no longer be a member of the CARE Council.

This policy shall not preclude the individual's participation on committees as a committee member.

Approved 04/30/01; Amended 01/26/04.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **20**  
Amended: **February 23, 2015**

Issue: **Maximum Provider Representation**

### **Provider (Service Provider):**

Any agency receiving Coordinated Services Network (CSN) Funding (Ryan White Part A, Ryan White Part B, State of Florida 4B General Revenue and Patient Care Network, or any future funders).

### **Rule:**

It is a policy of the CARE Council that no more than two (2) individuals (employees or Board Members) from a service provider may be a member of the CARE Council. This policy shall not preclude the individual's participation on committees.

### **Exceptions:**

- Maximum of one (1) part time employee (20 hours or less per week) or temporary employee (average of 20 hours or less per week);
- Individual represents a federally legislated partner such as Part D or a State Agency;
- Non-paid volunteers;
- Independent contractors.

### **Note:**

This policy applies to all individuals no matter what designated seat they may occupy.

Approved 04/30/01.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 21  
Amended: July 24, 2017

Issue: **Priorities and Allocations Policy Regarding Providers**

**Provider (Service Provider):**

Any agency receiving Coordinated Services Network (CSN) Funding (Ryan White Part A, Ryan White Part B, State of Florida 4B General Revenue and Patient Care Network any future funders).

**Rule:**

It is a policy of the CARE Council that the Priorities and Allocations Committee shall consist of a maximum of fifteen (15) members with maximum of one-third (1/3) members who are providers. There shall not be more than one (1) representative from any provider agency.

Approved 04/30/01; Amended 01/26/04, 08/29/05, 02/23/15.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: 22  
Amended: November 27, 2017

Issue: Committee Chairmanship

The following is a policy of the CARE Council regarding Committee Chairmanship:

### **Standing Committees:**

The Chair of any standing committee must be a member of the CARE Council.

The Vice Chair of any standing committee should be, but is not required to be a member of the CARE Council.

### **Program Support, Ad hoc, and Sub-Committees:**

The Chair of any ~~Program Support~~, Ad hoc, or Sub-Committee should be, but is not required to be a member of the CARE Council with the exception of the By-laws Ad hoc committee and Ad hoc Grievance committee which shall be chaired by the CARE Council Chair or Vice Chair.

### **Term of Office:**

The term for a committee chair will be for a period of up to twelve (12) months. Following election of officers at the annual meeting, the newly elected Chair of the CARE Council will then appoint committee chairs. The selection of committee chair/s will be presented for ratification by the CARE Council. If the CARE Council does not ratify a chosen committee chair; the existing committee chair will remain until such a time an acceptable replacement is found. The newly elected Chair of the CARE Council will appoint committee chairs within one (1) meeting of being elected.

When a committee chair resigns during his/her term, a replacement will be appointed by the existing chair of the CARE Council and ratified by the CARE Council. The new chair will serve until committee chairs are appointed or reappointed following the elections.

When in conflict, the CARE Council Bylaws supersede this policy.

Approved 04/30/01; Amended 02/25/02, 02/23/15.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **24**  
Amended: **April 29, 2013**

Issue: **Election Process for Annual Election**

It is a policy of the CARE Council that:

1. The CARE Council will elect the Chair, Vice Chair, Treasurer and Secretary from the CARE Council membership by a majority vote of the quorum of the members present at the Annual Meeting (*as per the CARE Council Bylaws*). Candidate search forms will be distributed at the meeting prior to the Annual Election and mailed to those not in attendance. The candidate search forms must be submitted to the designated staff.
2. The designated staff will compile all names nominated on the Candidate Search Form(s), reflecting whether they are eligible to serve and if they have accepted the nomination for the distribution at the Annual Election.
3. At the meeting prior to the Annual Election and at the Annual Election, nominations will be open from the floor after the designated staff presents the list of those nominated.
4. A brief introduction of each nominee will take place, and if necessary, will be repeated at the Annual Election.
5. Ballots will include all persons nominated and must be signed by the member, and will be open to public inspection.
6. Ballots will be counted by staff.
7. In the event that there is not a majority vote for any one official, the members shall vote again choosing between the candidates with the two highest vote totals.
8. Results are announced prior to adjournment of the Annual meeting.

Approved 01/27/03; Amended 05/24/04.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **25**  
Amended: **February 23, 2015**

Issue: **CARE Council Training Requirement**

This policy applies to all CARE Council members.

HRSA requires that all CARE Council members have competencies in the following areas:

- the CARE Act legislation, roles and responsibilities in planning, conflict of interest, and how it can affect their deliberations, how to control its impact grievance procedures and way to minimize grievances related to funding,
- meeting procedures such as *Robert's Rules of Order* or other procedures used locally,
- cultural sensitivity to viewpoints of all members and culturally competency about the needs of underserved communities in their jurisdictions,
- technical issues, like how to interpret and use data as tools for decision-making, and
- treatment requirements of HIV disease and how they affect the cost of ambulatory outpatient care, especially primary care.

After being appointed to the CARE Council members must attend at least one training per year. CARE Council members must maintain a high level of competency in all of the areas listed above.

Within the first two months of being appointed to the CARE Council, the member must attend the CARE Council Orientation which includes information on the roles and responsibilities in planning, conflict of interest, ethics, grievance procedures, and a brief summary of *Roberts Rules of Order*.

All committee chairs and CARE Council officers should attend the Chair Workshop.

It is the policy of the CARE Council to recognize each seat on a committee as an important and meaningful position of public trust and fully support the commitment of individual members of committees.

Records of attendance and participation in Membership Development Session are maintained for each CARE Council member to assist in providing appropriate support to ensure members maintain necessary levels of proficiency.

Approved 05/24/04; Amended 06/25/12.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **26**  
Amended: **June 25, 2018**

Issue: **CARE Council Member, Affiliate Member, and Prospective Member  
Day Care Reimbursement Policy**

It is the policy of the CARE Council that members who request and receive reimbursement for childcare must fulfill the requirements below and submit the following to CARE Council staff prior to reimbursement:

- Birth certificates for children who need childcare. A child is considered to be an individual under 13 years of age at the time of care (IRS, Publication 503, "Child and Dependent Care Expenses"); or
- Legal document recognized by state law as giving the member legal responsibility for the child; and
- Proof of the caregiver's receipt of payment.

The childcare reimbursement is only to be used for hours when a CARE Council member, affiliate member, or prospective member is attending a meeting and commuting to and from the meeting, subject to available funding. Reimbursement shall be hourly, not to exceed current federal minimum wage guidelines, paid in half hour increments.

In special circumstances reimbursement for care giving shall be with the approval of the grantee. Such circumstances may include care of an individual who does not meet age requirements to be considered a child but is unable to care for him or herself (IRS, Publication 503, "Child and Dependent Care Expenses").

Approved 07/26/04; Amended 12/05/11, 02/23/15.

# Palm Beach County HIV CARE Council

# CARE Council Policy

Policy Number: **27**  
Approved: **January 27, 2014**

Issue: **Process for Notification of  
Changes to CARE Council Membership**

This policy is adopted by the CARE Council for the purpose of ensuring that the process for system-wide notification of CARE Council membership changes is followed. In addition, it is the intention of the CARE Council to ensure policies regarding changes to CARE Council membership comply with directives and policies of Palm Beach County and HRSA as those directives relate to the CARE Council.

## **I. Authority**

Per the grant year 2012 Notice of Grant Award, HRSA requires the Grantee to notify the Division of Grants Management Operations (DGMO) and the Project Officer, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with “reflectiveness” of the mandated membership categories. Additionally, the Grantee must ensure accurate documentation of advisory board member appointments in the County Advisory Board Appointment Database.

## **II. Expectations**

The parties that must be made aware of changes to CARE Council membership are multifaceted. To ensure solid communication across all parties this policy is being implemented.

## **III. Steps in the Process for Notification of Changes to CARE Council Membership:**

1. Staff who receive official notification of changes to CARE Council membership (e.g. member resignation letter, Membership Committee/CARE Council removal of member, etc.) must ensure the following parties are noticed of the change: Ryan White Program Manager, Financial Analyst I, Member Liaison, CARE Council Secretary, Membership Committee and CARE Council Chair, or appropriate staff assigned to complete the duties of the staff titles listed above.
2. Ryan White Program Manager notifies the County Agenda Coordinator who manages the Advisory Board Appointment Database.

3. Ryan White Program Manager notices the HRSA Project Officer.
4. Financial Analyst I notices Grant Management.



## **Florida’s Sunshine Law – Brief Overview**

### **The Wedding Song by Noel “Paul” Stookey of Peter, Paul and Mary (1971)**

He is now to be among you at the calling of your hearts  
Rest assured this troubador is acting on His part.  
The union of your spirits, here, has caused Him to remain  
For whenever two or more of you are gathered in His name  
There is Love. There is Love.

**Florida’s Sunshine Law – Applies to any gathering of two (2) or more members of the same board to discuss some matter which will foreseeably come before that board for action.**

### **Sunshine Law - 3 Requirements**

1. Meetings of public boards, commissions, advisory boards must be open to the public;
2. Reasonable notice of such meetings must be given; and
3. Minutes of the meetings must be taken and promptly recorded.

### **Sunshine Law - E-mail, text messages, and other written communications between board members**

The Sunshine Law requires boards to meet in public; boards may not take action on or engage in private discussions of board business via written correspondence, e-mails, text messages, or other electronic communications. See AGO 89-39 (members of a public board may not use computers to conduct private discussions among themselves about board business).

Example 1 – Mary W. speaks to Chris before a meeting about an agenda item

Example 2 – Helene emails Mary K., Mary Jane, and Kim with a recipe

Example 3 – Helene conference calls Mary W. and Mary K. about an agenda item

Example 4 – Chris posts on facebook about an upcoming CARE Council event and Mark comments on the post

A knowing violation of the Sunshine Law is a misdemeanor of the second degree, punishable up to 60 days

imprisonment and/or fined up to \$500.

# **HIV/AIDS Integrated Needs Assessment 2017 Palm Beach County**

Prepared by Health Council of Southeast Florida



## Table of Contents

Introduction .....	1
Client Survey .....	2
Background .....	2
Methodology.....	3
Respondent Demographics.....	4
Results and Themes .....	13
HIV Diagnosis .....	13
HIV Medical Care.....	15
Anti-retroviral Therapy & Adherence .....	19
Viral Suppression .....	25
Substance Use.....	26
Hospitalization .....	28
Medical and Support Services.....	29
Barriers to Accessing Services.....	31
Health Insurance .....	33
Patient Satisfaction .....	37
AIDS Drug Assistance Program (ADAP) .....	41
Disclosure of Status.....	42
HIV & Prevention .....	44
Incarceration .....	52
Housing/ Living Arrangements.....	59
Household Income .....	69
Next Steps .....	74
Appendix A: Integrated HIV Needs Assessment – Palm Beach County 2016	75

## Introduction

The Palm Beach County Department of Community Services (Ryan White Part A) contracted with the Health Council of Southeast Florida (HCSEF) to support the local Needs Assessment of individuals living with HIV in Palm Beach County. HCSEF conducted and coordinated primary data collection via a Client Survey. The resulting data is part of a broader Needs Assessment effort in Palm Beach County, and represents a subset of HIV-related need throughout the county. This report contains a summary and analysis of those findings.

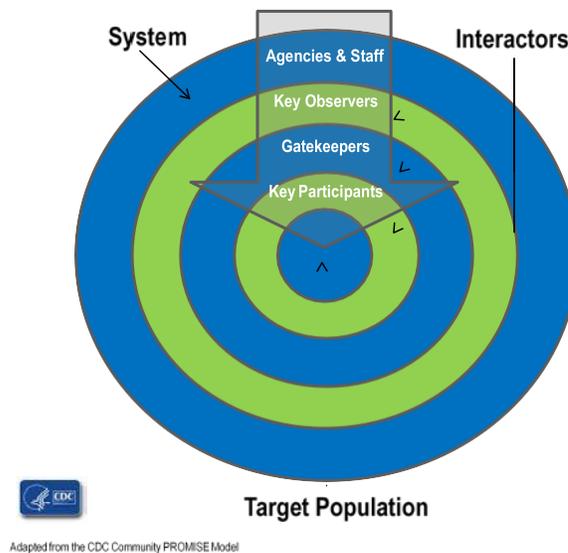
# Client Survey

## Background

### Community Engagement Model

The Community Identification (CID) Process is a core component of Community PROMISE, a CDC community-level prevention intervention. Outlined as a key recommendation of HCSEF’s RARE 2015 project, which encourages system-wide adoption, HCSEF utilizes CID, as a formative process to collect important information and learn from the perspective of the community. So, this approach was integrated into the data collection plan for the Palm Beach County HIV Needs Assessment. Ultimately, it increases community engagement, particularly among those who have been more challenging to reach. Another benefit is that it establishes a degree of parity between providers and the community. Additionally, with increased diversity among the participants, some of the barriers to sharing, e.g. language, cultural, and stigma, are also reduced. Essentially, this approach creates a 2-way conversation with the community.

Figure 1: Community Identification Process



### Integrating Prevention

The 2016 Ryan White Needs Assessment was conducted as an integrated effort that included patient care and prevention, reflective of the National and Statewide guidance and trends. Traditionally, prevention efforts target HIV-negative and HIV-status unknown populations; however, health management and risk reduction for individuals living with HIV is a critical prevention strategy. Therefore, this assessment includes both patient care and prevention to help determine gaps in services and opportunities in the system of care. Information might also inform resource allocation and service delivery models.

## Methodology

In accordance with the community engagement model described above, the data collection process began with a systems analysis through the local HIV service providers, as reflected in the outermost ring of the CID model shown in the figure above. Then, individuals who were actively involved in the community, such as through HIV planning bodies, committees, and advisory groups were engaged. Also in these early stages, clients were identified, engaged, and surveyed, as well as offered the opportunity to serve as survey administrators for peer-to-peer data collection. This is critically important, as this approach provides key perspectives and valuable information because of the deeper penetration in the community, particularly when successful in reaching those who are not consistently engaged in the system of care, may be out-of-care, or are not actively involved with any of the planning bodies.

Individuals were surveyed using a hard copy questionnaire, which was administered primarily by peers, as well as HCSEF and Palm Beach County staff during the initial phases. Language barriers were mitigated by using Spanish-speaking and Haitian Creole-speaking staff at some of the sites. All participants were assured that the survey was anonymous and voluntary. Respondents were offered a \$15 gift card for their time and participation. Additionally, clients who chose to be survey administrators were similarly incentivized.

The Client Survey tool (Appendix A) was adapted from the Statewide Needs Assessment Tool developed by the University of Florida for the Florida Department of Health's HIV/AIDS Section. While no questions were omitted, some, relating to HIV prevention, were added. The tool consisted of 77 questions, including demographic information.

HCSEF staff entered the data from the hard copy surveys into Survey Monkey, a web-based survey administration and analytical program. It should also be noted that responses to open-ended questions were transcribed verbatim, except in a few instances where minor edits to grammar and/or spelling were made to facilitate a better understanding of the comment. The results reported herein include feedback provided by the 357 respondents who completed the survey.

## Respondent Demographics

The following section includes data regarding client demographics for the 357 respondents.

### *Resident Zip Codes*

The first question on the survey asked, “What is your Zip Code?” Three hundred forty-eight respondents answered this question.

The most frequently reported zip codes were 33407 (79 or 22.1%), which is northern West Palm Beach, 33401 (39 or 10.9%), which is West Palm Beach, 33435 (33 or 9.2%), and 33430 (31 or 8.7%) which is Boynton Beach. Nine individuals (2.5%) did not respond to this question.

Table 1: Respondents by Zip Code, Palm Beach County Client Survey, 2016

Zip Code	Number	Percentage
33407	79	22.1%
33401	39	10.9%
33435	33	9.2%
33430	31	8.7%
33444	28	7.8%
33404	18	5.0%
33460	16	4.5%
33436	9	2.5%
33415	8	2.2%
33405	7	2.0%
Other	80	22.4%
No Answer	9	2.5%
Total	357	100.0%

### Gender

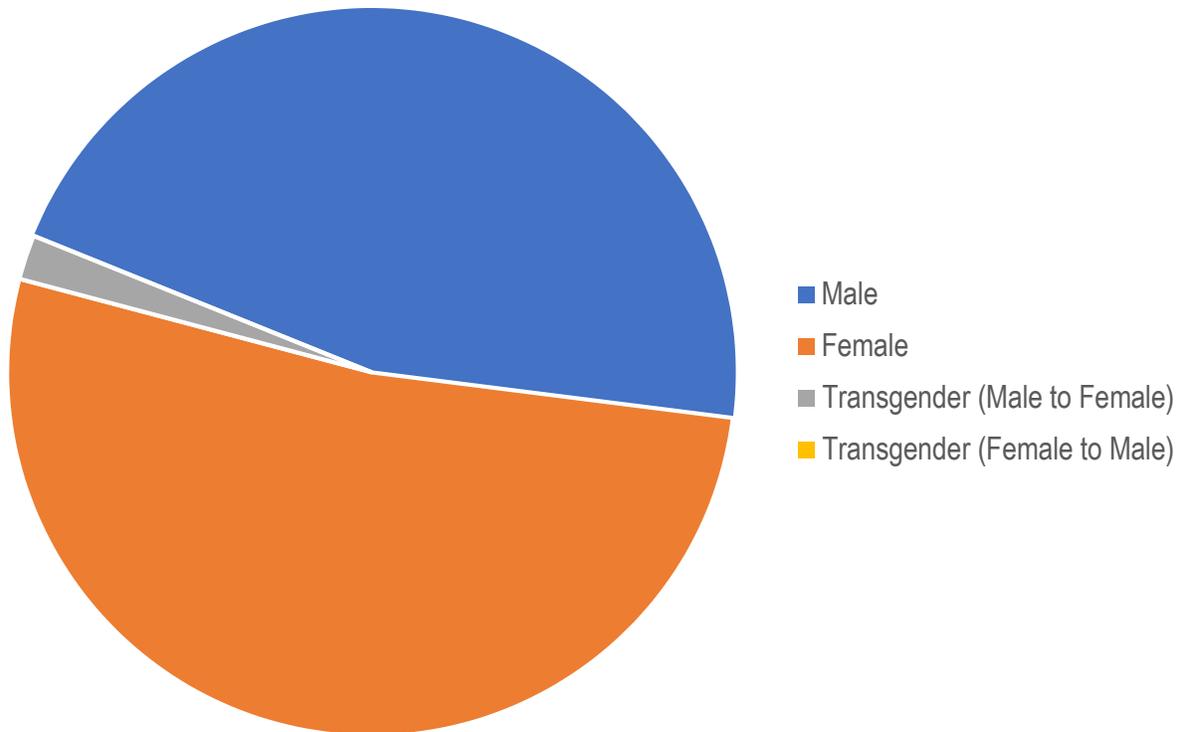
The third question on the survey asked respondents, “What is your gender?”

Three hundred fifty-three respondents answered this question. More than half (51.5% or 184) of the respondents were ‘Female’ and 45.4% (162) were ‘Male.’ Seven (2.0%) respondents identified as ‘Transgender (Male to Female)’ and 4 (1.1%) did not respond to the question.

Table 2: Respondents by Gender, Palm Beach County Client Survey, 2016

Gender	Number	Percentage
Male	162	45.4%
Female	184	51.5%
Transgender (Male to Female)	7	2.0%
Transgender (Female to Male)	0	0.0%
No Response	4	1.1%
Total	357	100.0%

Figure 3: Respondents by Gender, Palm Beach County Client Survey, 2016



### Sexual Orientation

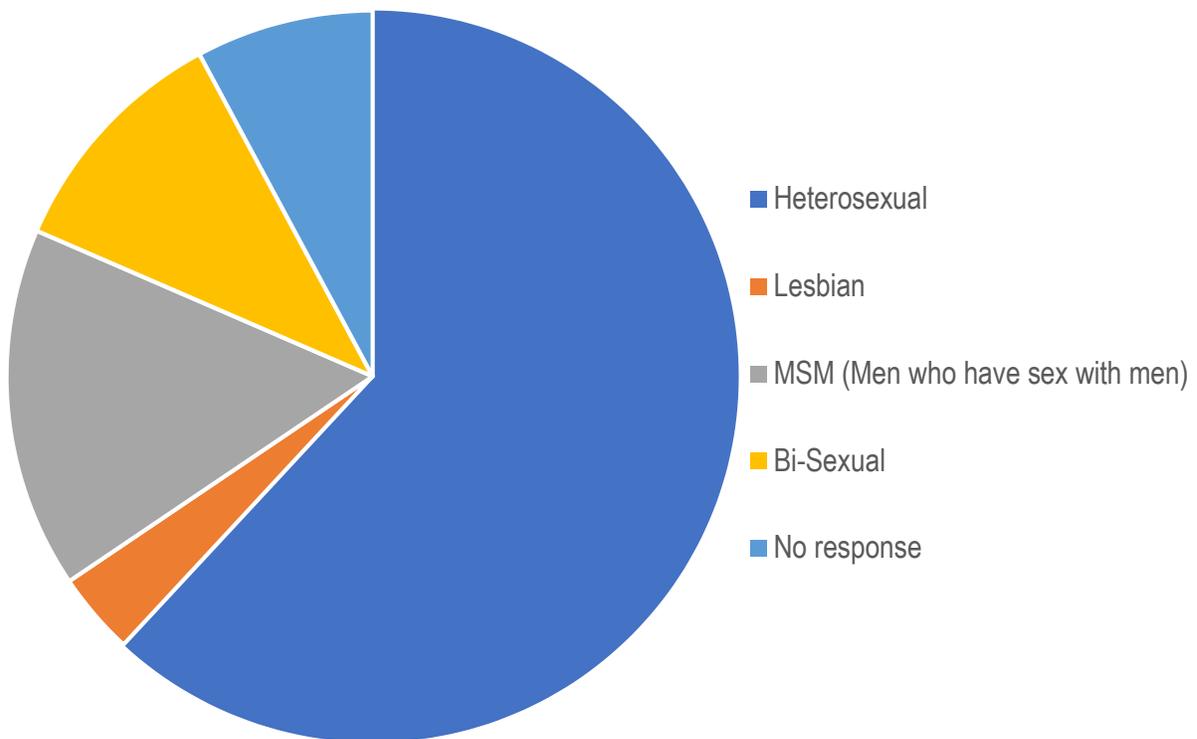
The next question asked respondents, "How do you identify yourself?"

Three hundred twenty-nine respondents answered the question. The majority (221 or 61.9%) identified as 'Heterosexual', followed by fifty-seven (16.0%) respondents that identified as 'MSM (Men who have sex with men)', thirty-eight (10.6%) identified as 'Bi-Sexual,' and thirteen (3.6%) of the respondents identified as 'Lesbian.' There were 28 individuals who did not respond to this question.

Table 3: Respondents by Sexual Orientation. Palm Beach County Client Survey, 2016

Sexual Orientation	Number	Percentage
Heterosexual	221	61.9%
Lesbian	13	3.6%
MSM (Men who have sex with men)	57	16.0%
Bi-Sexual	38	10.6%
No response	28	7.8%
Total	357	100.0%

Figure 4: Respondents by Sexual Orientation. Palm Beach County Client Survey, 2016



## Race

The survey also included a question on race, with the following response options:

- 'White/Caucasian'
- 'Black or African-American'
- 'Asian', 'Native Hawaiian or Pacific Islander'
- 'American Indian or Alaskan Native'
- 'Mixed/more than one race'

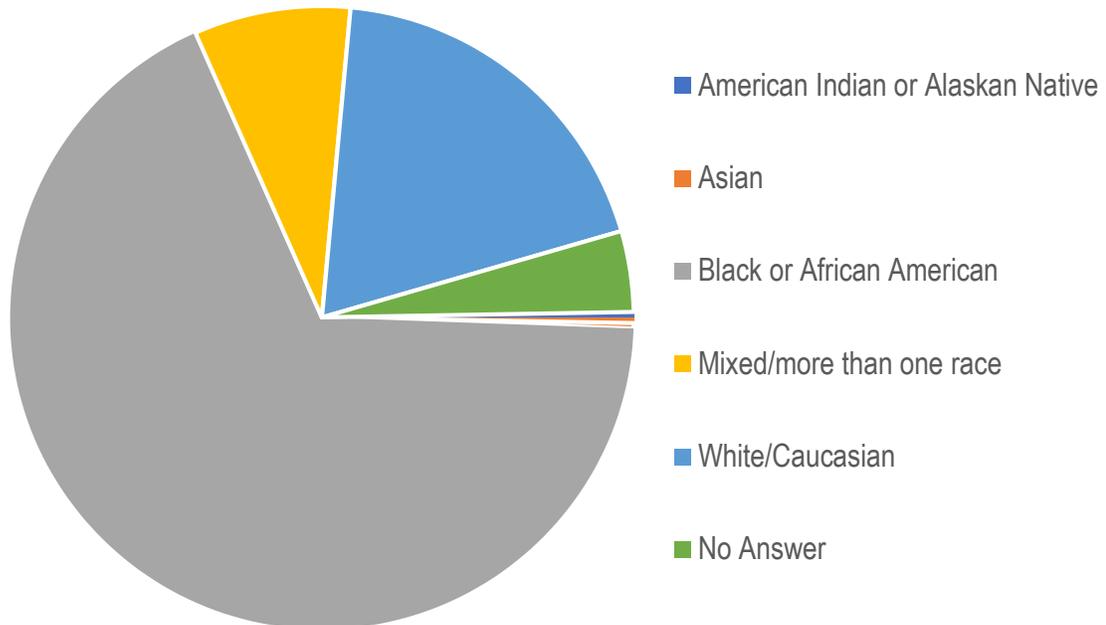
Three hundred forty-two respondents answered this question.

The majority (242 or 67.8%) of respondents identified as 'Black or African American,' followed by 'White/Caucasian' (68 or 19.0%), twenty-nine (8.1%) that reported as 'Mixed/more than one race,' two (0.6%) reported as 'American Indian or Alaskan Native,' and one (0.3%) respondent identified as 'Asian.'

Table 4: Respondents by Race, Palm Beach County Client Survey, 2016

Race	Number	Percentage
American Indian or Alaskan Native	2	0.6%
Asian	1	0.3%
Black or African American	242	67.8%
Mixed/more than one race	29	8.1%
White/Caucasian	68	19.0%
No Response	15	4.2%
Total	357	100%

Figure 5: Respondents by Race, Palm Beach County Client Survey, 2016



### Ethnicity

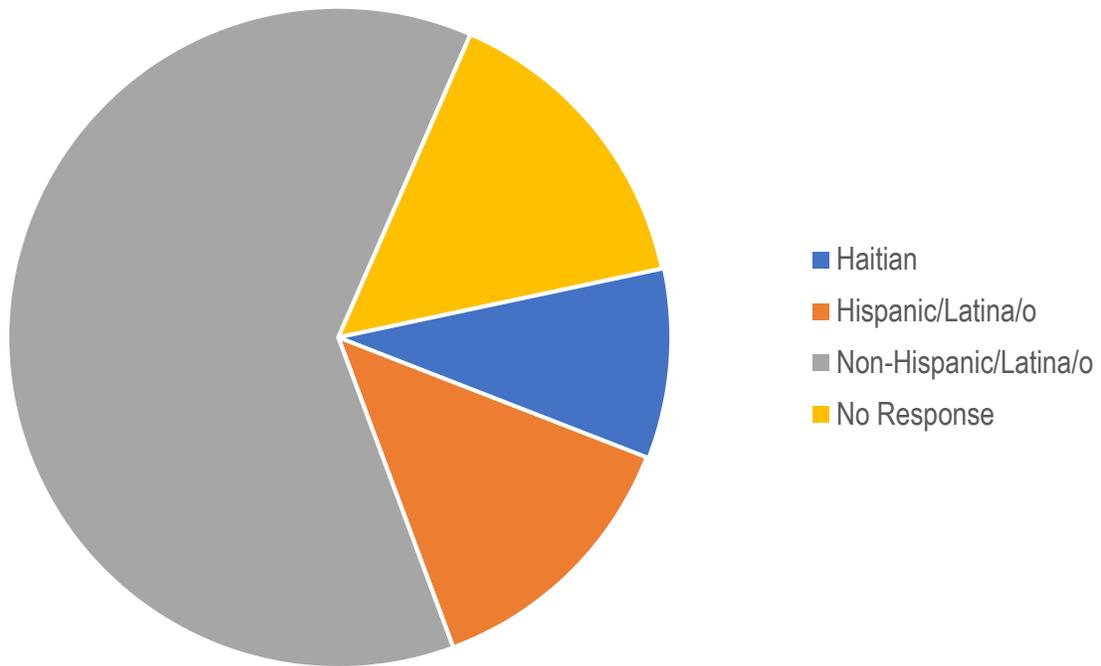
The survey also included a question on ethnicity. Three hundred three individuals responded to the question, “What is your Ethnicity?”

Most (222 or 62.2%) identified as ‘Non-Hispanic or Latino,’ forty-eight (13.4%) reported as Hispanic/Latino. Thirty-three (9.2%) of participants identified as ‘Haitian’ and fifty-four (15.1%) of participants did not answer the question.

Table 5: Respondents by Ethnicity, Palm Beach County Client Survey, 2016

Ethnicity	Number	Percentage
Haitian	33	9.2%
Hispanic/Latina/o	48	13.4%
Non-Hispanic/Latina/o	222	62.2%
No Response	54	15.1%
Total	357	100%

Figure 6: Respondents by Ethnicity, Palm Beach County Client Survey, 2016



*Age*

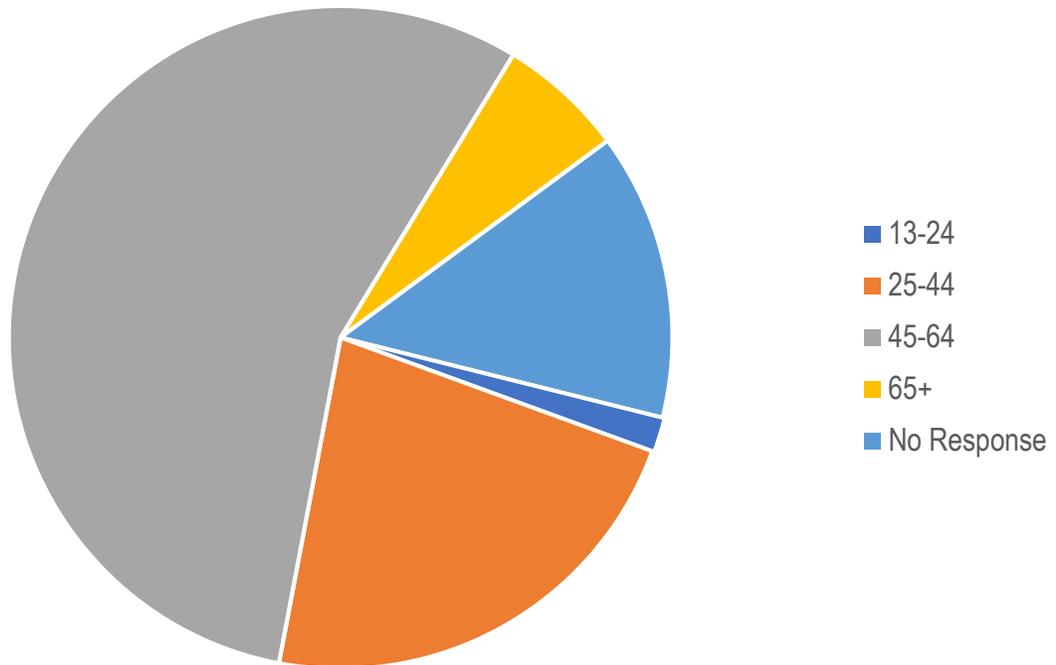
Three hundred seven respondents answered the question “What year were you born?” This was an open-ended question.

Responses for year of birth ranged from 1943 to 1998 and the most common age group was 45-64 (199 or 55.7%), which coincides with current prevalence rates by age group in Palm Beach County.

*Table 7: Respondents by Age, Palm Beach County Client Survey, 2016*

Age	Number	Percentage
13-24	6	1.7%
25-44	80	22.4%
45-64	199	55.7%
65+	22	6.2%
No Response	50	14.0%
Total	357	100.0%

*Figure 6: Respondents by Age, Palm Beach County Client Survey, 2016*



### Education Level

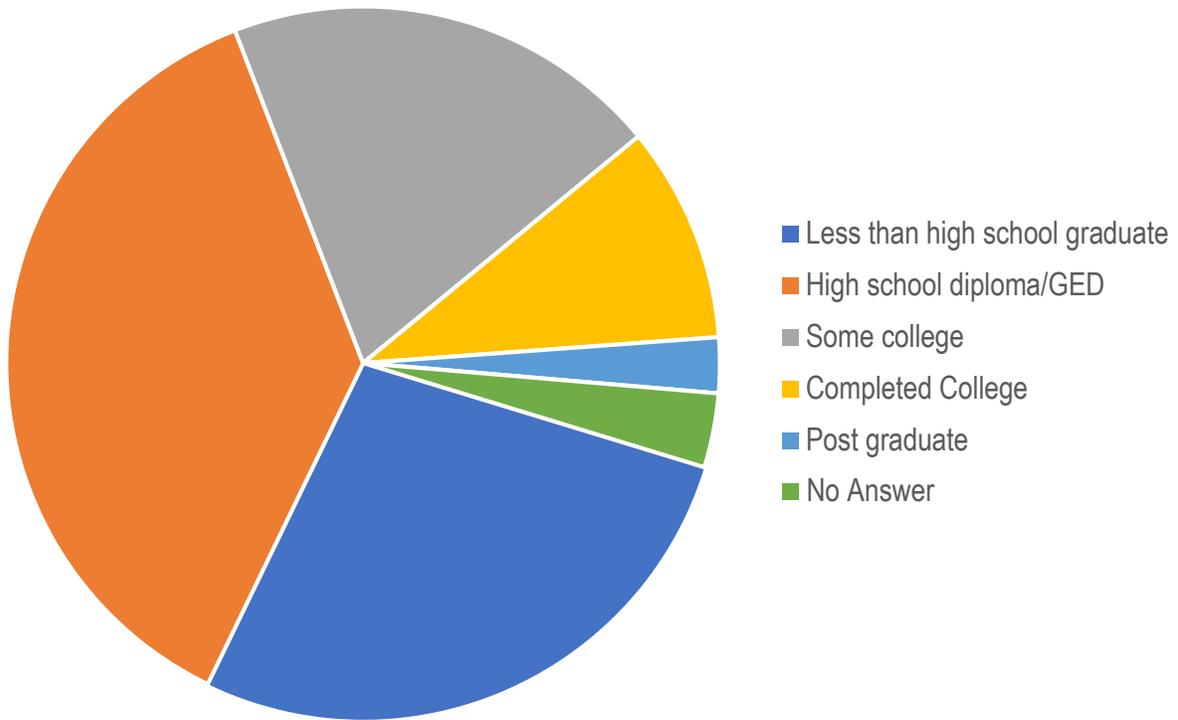
Three hundred forty-five individuals responded to the question, “What is your education level?”

Most participants (64.5%) reported having a high school education or less. Nearly 20% reported having some college and just over 12% reported having completed college or post graduate studies. Twelve individuals did not respond to this question.

Table 7: Respondents by Education Level, Palm Beach County Client Survey, 2016

Education	Number	Percentage
Less than high school graduate	98	27.5%
High school diploma/GED	132	37.0%
Some college	71	19.9%
Completed College	35	9.8%
Post graduate	9	2.5%
No Response	12	3.4%
Total	357	100.0%

Figure 8: Respondents by Education Level, Palm Beach County Client Survey, 2016



### Employment

Three hundred fifty individuals responded to the question “What best describes your current work situation?” This question also allowed multiple responses, as respondents were asked to mark all that applied to them, so the percentages will exceed 100.

Nearly half the respondents reported that they were ‘Not currently working.’ Approximately one-quarter reported that they were working, either full-time (10.9%) or part-time (14.6%). Another 10.6% said they were ‘Looking for a job/unable to find employment.’ Fourteen percent were ‘Retired,’ while 18% (63) reported ‘[having] been unemployed over a year.’ There were 7 individuals that did not respond to the question.

Table 8: Respondents by Employment Status, Palm Beach County Client Survey, 2016

Employment	Number	Percentage
Working full-time job	38	10.9%
Working part-time job	51	14.6%
Student	10	2.9%
Looking for a job/unable to find employment	37	10.6%
Retired	49	14.0%
Not currently working	172	49.1%
I have been unemployed for over a year	63	18.0%
No Response	7	1.90%

### County of Residence

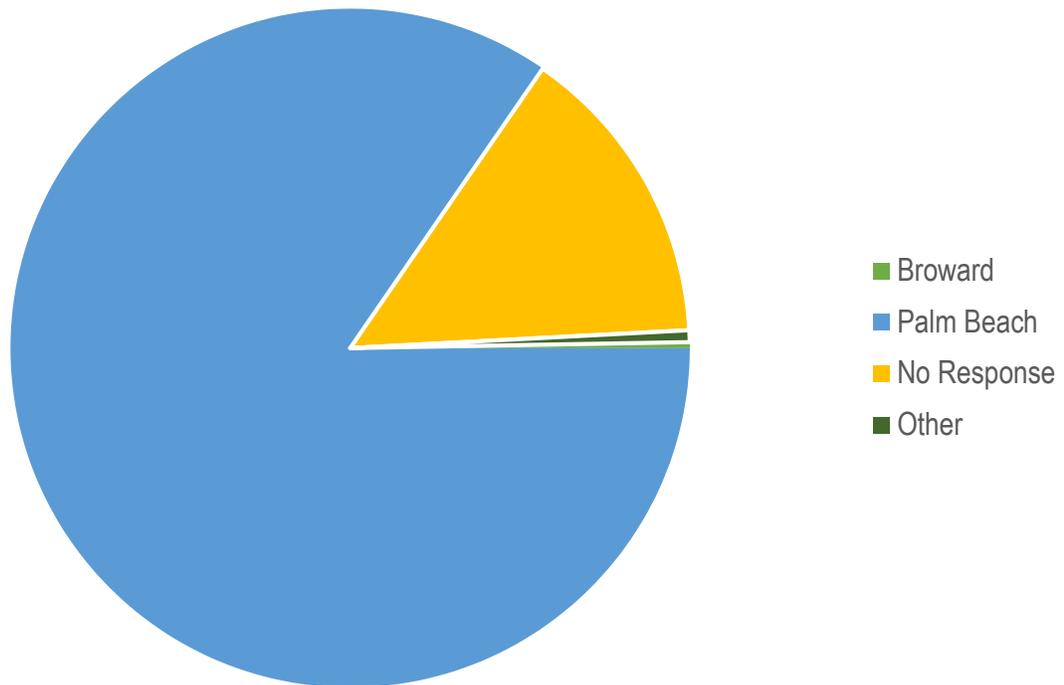
Three hundred fifty-five responded to the next open-ended question, “What county do you live in currently?”

Most of the respondents (302 or 84.6%) reported to reside in Palm Beach County and one (0.3%) person reporting Broward as their county of residence. Just over 15% either did not respond or listed ‘other.’

Table 9: Participants by County of Residence, Palm Beach County Client Survey, 2016

County of Residence	Number	Percentage
Broward	1	0.3%
Palm Beach	302	84.6%
No Response	52	14.6%
Other	2	0.6%
Total	357	100.0%

Figure 10: Respondents by County of Residence, Palm Beach County Client Survey, 2016



## Results and Themes

### HIV Diagnosis

The next question asked, “How old were you when you tested positive?”

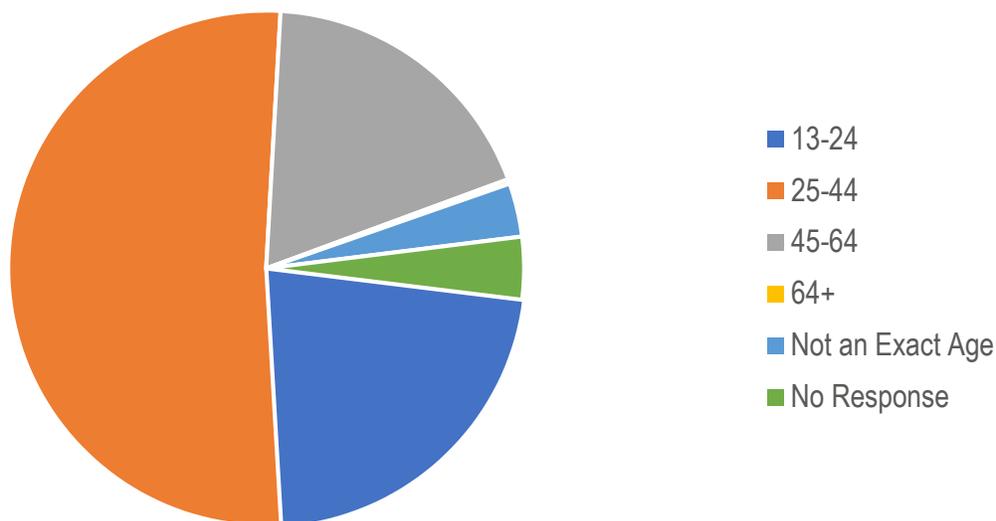
This was an open-ended question, 331 respondents answered this question with a number or an exact age, while a small number of respondents (3.4%) provided an estimated age, a range, a year, or other response. Fourteen individuals did not respond to this question.

Answers were grouped into the following age groups, ‘13-24,’ ‘25-44,’ ‘45-64,’ and ‘65+.’ More than half of respondents (51.8%) reported being between ‘25 – 44’ when they tested positive. Twenty-two percent reported being between 13 and 24, 18.5% said they were between 45 and 64. One individual reported being over the age of 65.

Table 10: Respondents by Age at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016

Age	Number	Percentage
13-24	79	22.1%
25-44	185	51.8%
45-64	66	18.5%
65+	1	0.3%
Not an Exact Age	12	3.4%
No Response	14	3.9%
Total	357	100.0%

Figure 11: Respondents by Age at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016



Three hundred fifty individuals responded to the question, “Where were you living when you first tested positive for HIV?” The responses were:

- ‘In the same county I live in now’
- ‘In another county in Florida’
- ‘In another state’
- ‘Outside of the United States’

The majority (259 or 72.5%) of respondents reported ‘In the same county I live in now’ (which would be Palm Beach County), 12.0% (43) reported, ‘In another state’, 10.9% (39) reported, ‘In another county in Florida’, and 2.5% (9) of respondents reported ‘Outside of the United States’.

For the respondents who reported somewhere else other than Palm Beach County, places of residence included:

- |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Florida Counties</p> <ul style="list-style-type: none"> <li>• Broward</li> <li>• Dade</li> <li>• Duval</li> <li>• Hillsborough</li> <li>• Hollywood</li> <li>• Lee</li> <li>• Leesburg</li> <li>• Miami-Dade</li> <li>• Orange</li> <li>• Orlando</li> <li>• Perry</li> </ul> | <p>States outside of Florida</p> <ul style="list-style-type: none"> <li>• Arizona</li> <li>• Massachusetts</li> <li>• California</li> <li>• Connecticut</li> <li>• Washington DC</li> <li>• Georgia</li> <li>• North Carolina</li> <li>• New Jersey</li> <li>• New York</li> <li>• Ohio</li> <li>• Pennsylvania</li> <li>• South Carolina</li> <li>• Virginia</li> <li>• Wisconsin</li> <li>• West Virginia</li> </ul> | <p>Countries outside of the U.S.</p> <ul style="list-style-type: none"> <li>• Bahamas</li> <li>• Cuba</li> <li>• Haiti</li> <li>• Italy</li> <li>• Korea</li> <li>• Puerto Rico</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 11: Respondents by Residence at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016

Residence	Number	Percentage
In the same county I live in now	259	72.5%
In another county in Florida. County	39	10.9%
In another state	43	12.0%
Outside of the United States. Country	9	2.5%
No Response	7	2.0%
<b>Total</b>	<b>357</b>	<b>100.0%</b>

### HIV Medical Care

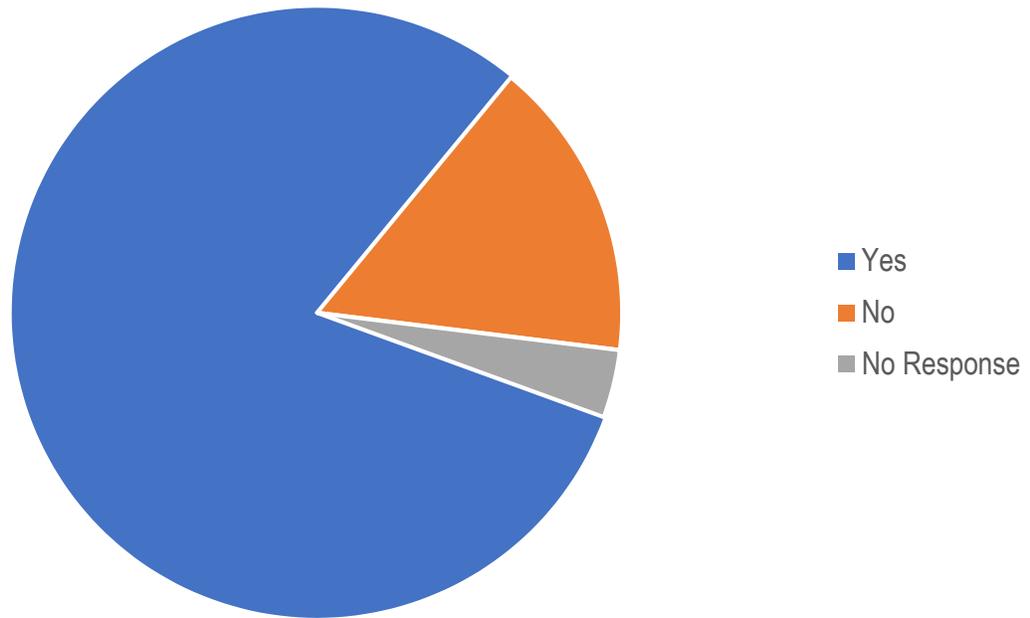
The next set of questions asked respondents about medical care and medication adherence.

Question 13 asked, “Were you in care for HIV/AIDS between June 1st, 2015 and May 31st, 2016?” Three hundred forty-four respondents answered this question. Fifty-seven (16.0%) of respondents reported not being in care between June 1, 2015 and May 31, 2016.

Table 12: Respondents by Utilization of Medical Care, Palm Beach County Client Survey, 2016

Utilization of Medical Care	Number	Percentage
Yes	287	80.4%
No	57	16.0%
No Response	13	3.6%
Total	357	100.0%

Figure 12: Respondents by Utilization of Medical Care, Palm Beach County Client Survey, 2016

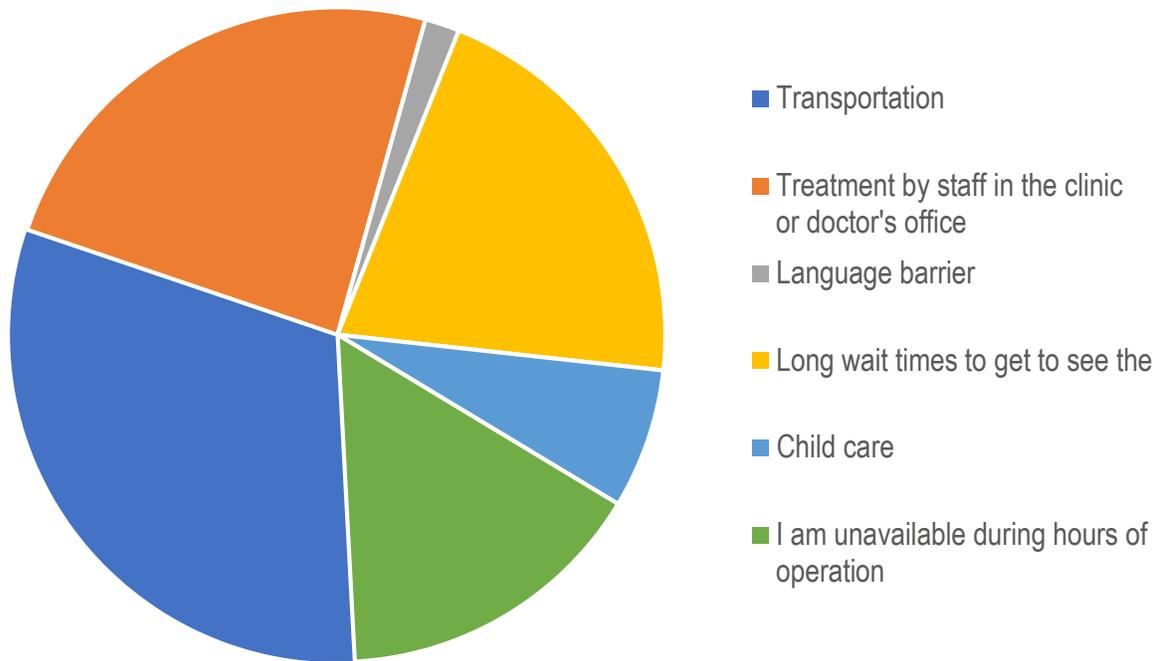


The subsequent question gleans further insight, with the question, “What are the reasons you are not in care?” and 52 of the 57 participants responded. The table below displays the reasons why medical care was received. Within the 52 respondents, eighteen (34.6%) reported ‘Transportation,’ fourteen (26.9%) reported ‘Treatment by staff in the clinic or doctor’s office,’ twelve (23.1%) reported ‘Long wait times to get to see the doctor,’ four (7.7%) reported ‘child care,’ and one (1.9%) respondent reported ‘Language barrier’ as their reason not in care.

Table 13: Respondents by Reasons why not receiving Medical Care, Palm Beach County Client Survey, 2016

Reason not in care	Number	Percentage
Transportation	18	34.6%
Treatment by staff in the clinic or doctor's office	14	26.9%
Language barrier	1	1.9%
Long wait times to get to see the	12	23.1%
Child care	4	7.7%
I am unavailable during hours of operation	9	17.3%

Figure 13: Respondents by Reasons for not receiving Medical Care, Palm Beach County Client Survey, 2016



Three hundred two responded to the next question, “In which Florida county or counties did you get your HIV/AIDS medical care between June 1st, 2015 and May 31st, 2016?” This was an open-ended question. Most (259 or 72.5%) reported that Palm Beach was where they received medical care. The table below displays locations where medical care was received.

Table 14: Respondents by Location of Medical Care Received, Palm Beach County Client Survey, 2016

Location	Number	Percentage
Palm Beach	259	72.5%
Broward	7	2.0%
No Response	55	15.4%
Other	36	10.1%
Total	357	100.0%

The next question asked, “If you get your HIV/AIDS medical care in a different county than you live, please indicate why. Please mark only one answer.”

A total of two hundred ninety-four participants answered this question. Two hundred seventy-one (75.9%) participants reported, ‘This does not apply to me, I get medical care in the same county I live in,’ while a small number (2.5%) said ‘I got care at a clinic that is located closer to where I live or work’, and five (1.4%) reported ‘Other.’

For the participants who reported ‘Other,’ a few noted that they were not currently ‘in care.’

Table 15: Respondents by Cause for Services that were utilized in a Different County, Palm Beach County Client Survey, 2016

Cause	Responses	Percentage
This does not apply to me. I got medical care in the same county I live in.	271	75.9%
Services were not available in my county	3	0.8%
Dissatisfied with services provided in my county	1	0.3%
I did not want people to know that I have HIV	5	1.4%
I got care at a clinic that is located closer to where I live or work	9	2.5%
Other	5	1.4%
No Response	63	17.6%
Total	357	100.0%

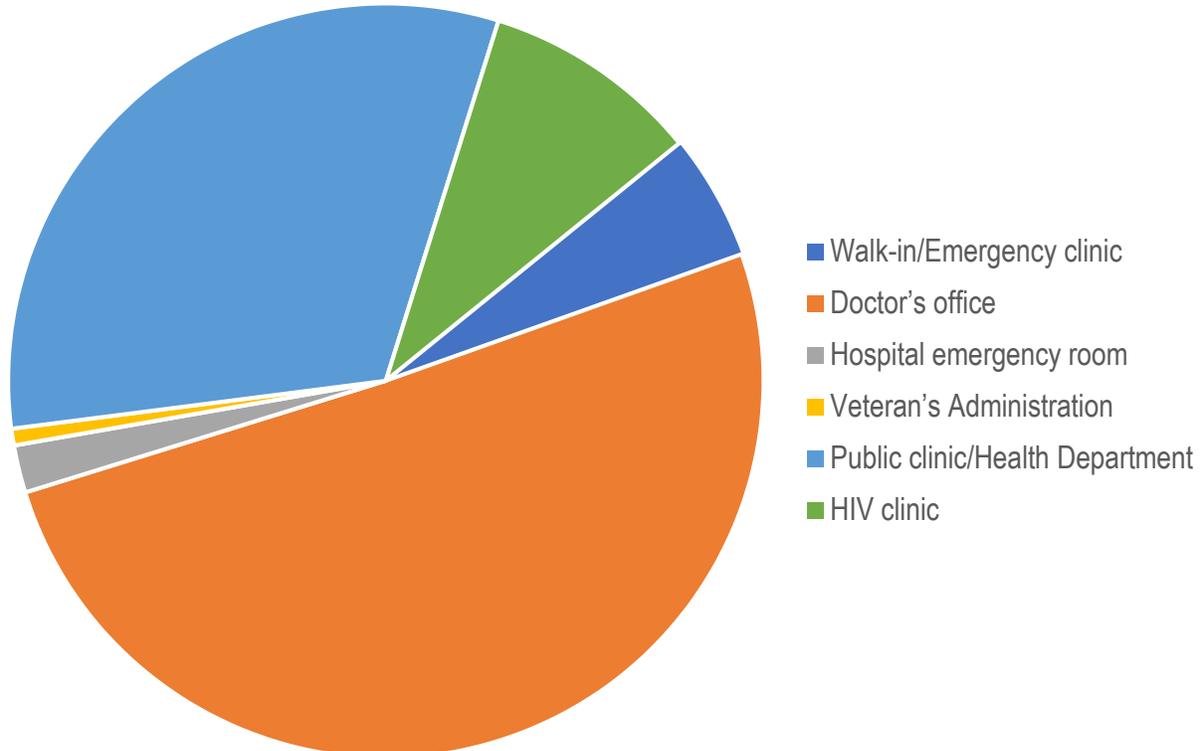
A total of three hundred thirty participants answered the next question, “Where did you regularly receive your HIV/AIDS medical care between June 1st, 2015 and May 31st, 2016? Please mark only one answer.”

One hundred fifty-one (42.3%) respondents reported ‘Doctor’s Office,’ ninety-five (26.6%) respondents reported, ‘Public clinic/health department,’ thirty-two (9.0%) respondents reported ‘Federally Qualified Community Health Center (FQHC),’ and twenty-eight (7.8%) reported ‘HIV Clinic.’

Table 16: Respondents by Location of Medical Services Utilized, Palm Beach County Client Survey, 2016

Location of Medical Services	Number	Percentage
Walk-in/Emergency clinic	16	4.5%
Doctor’s office	151	42.3%
Hospital emergency room	6	1.7%
Veteran’s Administration	2	0.6%
Public clinic/Health Department	95	26.6%
HIV clinic	28	7.8%
Federally Qualified Community Health Center (FQHC) debated yes or no?	32	9.0%
No Response	27	7.6%
Total	357	100.0%

Figure 14: Respondents by Location of Medical Services Utilized, Palm Beach County Client Survey, 2016



## Anti-retroviral Therapy & Adherence

For the question regarding HIV medication, the survey asked participants “Are you on antiretroviral (HIV medication) therapy?” Only three participants did not answer this question, and 74.2% (265) of respondents reported ‘Yes.’ Antiretroviral therapy continues to be the most effective form of treatment for HIV/AIDS and is the key component to viral suppression.

Table 17: Respondents by Antiretroviral Therapy, Palm Beach County Client Survey, 2016

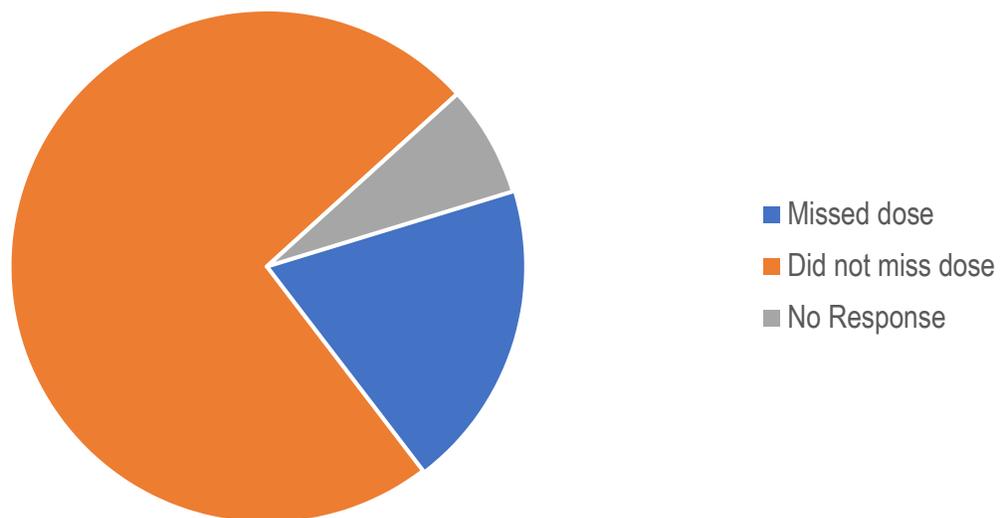
Antiretroviral Therapy	Number	Percentage
Yes	265	74.2%
No	89	24.9%
No Response	3	0.8%
Total	357	100.0%

A total of three hundred thirty-two individuals responded to the question, “Did you miss any of your HIV medications over the past month?” The majority (263 or 73.7%) of respondents reported that they did not miss taking their medication in the past month, and just under 20% or 69 of respondents reported that they had missed taking their medication during the previous month.

Table 18: Respondents by Medication Adherence, Palm Beach County Client Survey, 2016

Medication Adherence	Number	Percentage
Yes	69	19.3%
No	263	73.7%
No Response	25	7.0%
Total	357	100.0%

Figure 15: Respondents by Medication Adherence, Palm Beach County Client Survey, 2016



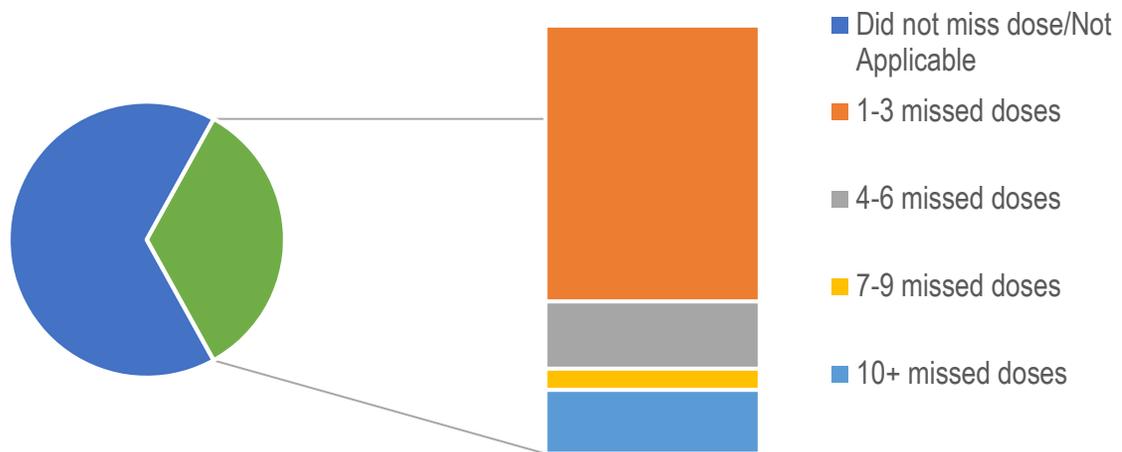
The survey asked another question regarding medication adherence, “How many times in the past month have you missed taking your medication?” and yielded more respondents acknowledging missed doses.

Table 19: Respondents by Frequency of Missed Medication, Palm Beach County Client Survey, 2016

Frequency	Number	Percentage
1-3 missed doses	78	21.8%
4-6 missed doses	19	5.3%
7-9 missed doses	6	1.7%
10+ missed doses	18	5.0%
N/A	236	66.1%
Total	357	100.0%

From the 121 respondents that reported lack of adherence, over 20% reported ‘1-3 missed doses,’ about 5% reported ‘4-6 missed doses,’ 1.7% reported ‘7-9 missed doses,’ and eighteen reported ‘10 or more times.’

Figure 16: Respondents by Frequency of Missed Antiretroviral Medication, Palm Beach County Client Survey, 2016



The following question inquired further asking, “If yes, what are some of the reasons why you missed taking your HIV medication?” Of the respondents, fifty-nine (15.8%) respondents stated, ‘I Forgot,’ twenty-one (5.6%) said ‘Needed to get my prescription renewed,’ thirteen (3.5%) reported “Change insurance plan.’ In addition, ‘Cost’ and ‘Side-effects’ were each reported by a small number of the respondents. Twenty-four respondents cited ‘Other’ reasons, including:

- No insurance, no medication
- Insurance dropped
- Fell asleep
- Timing and schedule
- No food to take medication
- Living arrangements
- No documents
- Did not go to the doctor
- Bad taste and hard to swallow
- Out of pills
- Drug use
- Transportation
- Not in care
- Life issues
- Lost medicine
- ADAP claims fell through cracks. Could not get in touch with ADAP
- I was in the ER
- Did not want to take them
- Daughter messed with medication
- Homeless and misplaced medication

Table 20: Respondents by Cause for Missed Medication, Palm Beach County Client Survey, 2016

Cause for Missed Medication	Number	Percentage
Cost	5	1.3%
Change insurance plan	13	3.5%
Needed to get my prescription renewed	21	5.6%
Forgot	59	15.8%
I had side effects	5	1.3%
My Eligibility documentation for ADAP was not completed timely	11	2.9%
Other	24	6.4%
N/A	235	63.0%

## Viral Suppression

The following question, “*In your last blood test was your viral load greater than 1000?*” was answered by most (353) of the respondents. Just over a quarter of the respondents reported ‘Yes,’ 42.6% said ‘No,’ and nearly a third said, ‘*I don’t know.*’

Table 21: Respondents by Viral Load Greater than 1,000, Palm Beach County Client Survey, 2016

Viral Load Greater than 1,000	Number	Percentage
Yes	92	25.8%
No	152	42.6%
I don't know	109	30.5%
No Response	4	1.1%
Total	357	100.0%

A total of 355 respondents answer the question, “*In your last blood test, was your viral load below 200?*” Just over one-third of the participants reported, ‘Yes,’ nearly another third reported ‘No,’ and nearly another third said, ‘*I don’t know.*’ And nearly 6% of the respondents reported ‘No, but it has been going down.’

Table 22: Respondents by Viral Load below 200, Palm Beach County Client Survey, 2016

Viral Load Below 200	Number	Percentage
Yes	122	34.2%
No	106	29.7%
No, but it has been going down	20	5.6%
I don't know	107	30.0%
No Response	2	0.6%
Total	357	100.0%

## Substance Use

The succeeding question asked, “*In the past month, how often did you smoke cigarettes?*” A total of three hundred fifty-one respondents answered this question. Two hundred four (57.1%) respondents reported ‘*Not at all,*’ 102 (28.6%) reported ‘*Every day,*’ and forty-five (12.6%) reported ‘*Some days.*’

*Table 23: Respondents by Cigarette Use, Palm Beach County Client Survey, 2016*

<b>Cigarette Use</b>	<b>Number</b>	<b>Percentage</b>
Every day	102	28.6%
Some days	45	12.6%
Not at all	204	57.1%
No Response	6	1.7%
Total	357	100.0%

Most participants (352) answered the next question, “*In the past month, how often have you used marijuana?*” Many participants (274 or 76.8%) reported ‘*Not at all,*’ 13.7% (49) of participants reported ‘*Some days,*’ and 8.1% (29) of participants reported, ‘*Every day.*’

*Table 24: Respondents by Marijuana Use, Palm Beach County Client Survey, 2016*

<b>Marijuana Use</b>	<b>Number</b>	<b>Percentage</b>
Every day	29	8.1%
Some days	49	13.7%
Not at all	274	76.8%
No Response	5	1.4%
Total	357	100.0%

A total of three hundred fifty-four individuals responded to the following question, “*In the past month how often did you consume illegal drugs other than marijuana (cocaine, crack, meth, heroin, etc.)?*” While most (83.8% or 299) reported ‘*Not at all,*’ 43 respondents or 12.0% reported using illegal drugs ‘*Some days*’ and 12 (3.4%) respondents reported using illegal drugs ‘*Every day.*’

*Table 25: Respondents by Illegal Drug Use, Palm Beach County Client Survey, 2016*

<b>Illegal Drug Use</b>	<b>Number</b>	<b>Percentage</b>
Every day	12	3.4%
Some days	43	12.0%
Not at all	299	83.8%
No Response	3	0.8%
Total	357	100.0%

The next question asked, “*In the past month, how often did you share needles?*” Most participants (354) answered this question, with one respondent reporting ‘*Every day*’ and 10 respondents reported ‘*Some days.*’ However, most (96.1%) reported ‘*Not at all*’ to sharing needles.

*Table 26: Respondents by Sharing of Needles, Palm Beach County Client Survey, 2016*

<b>Sharing of Needles</b>	<b>Number</b>	<b>Percentage</b>
Every day	1	0.3%
Some days	10	2.8%
Not at all	343	96.1%
No Response	3	0.8%
Total	357	100.0%

In the next question, most participants (352) answered to, “*In the past month, how often did you have unprotected sex?*” Two hundred ninety-three (82.1%) participants reported ‘*Not at all,*’ 49 (13.7%) reported ‘*Some days*’ and ten (2.8%) participants reported ‘*Every day.*’

*Table 27: Respondents by Unprotected Sex Activity, Palm Beach County Client Survey, 2016*

<b>Unprotected Sex Activity</b>	<b>Number</b>	<b>Percentage</b>
Every day	10	2.8%
Some days	49	13.7%
Not at all	293	82.1%
No Response	5	1.4%
Total	357	100.0%

## Hospitalization

Most (355) participants answered the question, “Have you been hospitalized for an HIV/AIDS related condition between June 1st, 2015 and May 31st, 2016? If so what was it for?” Three hundred twenty-three (90.5%) participants responded ‘No’ and thirty-two (9.0%) respondents reported ‘Yes.’

Of the thirty-two who reported ‘Yes,’ the listed the following as causes for their hospitalization.

- Bronchitis
- Pneumonia
- Tuberculosis
- Excessive weight loss and fatigue
- Cold
- HPV
- Hernia
- Dizziness from ear infection
- Enlargement of the spleen and lymph nodes
- Low viral load
- Gallbladder
- Fever

It is important to note that the term “HIV-related” may be interpreted differently, possibly affecting the responses to this question.

*Table 28: Respondents by Hospitalization, Palm Beach County Client Survey, 2016*

<b>Hospitalization</b>	<b>Number</b>	<b>Percentage</b>
Yes	32	9.0%
No	323	90.5%
No Response	2	0.6%
<b>Total</b>	<b>357</b>	<b>100.0%</b>

## Medical and Support Services

The next set of questions was related to the various services provided to persons living with HIV/AIDS in Palm Beach County. The Survey asked respondents to *“Please fill in the boxes next to the services that you have used or needed in the past 12 months.”*

The survey listed the following services:

- Outpatient Medical Care
- Case Management
- Medications
- Dental/Oral Health
- Mental Health Services
- Substance Abuse Treatment
- Nutritional Counseling
- Early Intervention Services
- Home Health Care
- Hospice Services
- Food Bank or Food Vouchers
- Transportation
- Outreach
- Health Education/Risk Reduction
- Treatment Adherence
- Legal Support
- Rehabilitation
- Peer Mentoring
- Housing
- Other

The following were answer options:

- *I received this service without difficulty*
- *I received this service but it was difficult to get*
- *I needed this service but was unable to get it*
- *I did not need this service*

The table below presents the responses. It is important to note that most respondents indicate that they have been able to access many services they needed, even when they had challenges or difficulty doing so. That said, there were a few services that participants said they had been unable to access: dental/oral health, housing, transportation, food bank vouchers, nutritional counseling, and health insurance.

Table 29: Utilization of Medical and Support Services, Palm Beach County Client Survey, 2016

Medical/Support Service	Received Service Without Difficulty		Received Service but with Difficulty		Unable to Receive Service		Service Not Needed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Outpatient Medical Care	267	74.8%	21	5.9%	22	6.2%	35	9.8%
Case Management	262	73.4%	23	6.4%	34	9.5%	32	9.0%
Medications	269	75.4%	26	7.3%	31	8.7%	19	5.3%
Dental/Oral Health	203	56.9%	29	8.1%	59	16.5%	53	14.8%
Health Insurance	206	57.7%	28	7.8%	44	12.3%	66	18.5%
Mental Health Services	148	41.5%	21	5.9%	34	9.5%	144	40.3%
Substance Abuse Treatments	68	19.0%	9	2.5%	29	8.1%	239	66.9%
Nutritional Counseling	158	44.3%	18	5.0%	39	10.9%	126	35.3%
Early Intervention Services	149	41.7%	16	4.5%	28	7.8%	152	42.6%
Home Health Care	60	16.8%	11	3.1%	28	7.8%	246	68.9%
Hospice Services	41	11.5%	10	2.8%	21	5.9%	271	75.9%
Food Bank/Food Vouchers	190	53.2%	20	5.6%	50	14.0%	89	24.9%
Transportation	185	51.8%	14	3.9%	44	12.3%	104	29.1%
Outreach	113	31.7%	16	4.5%	25	7.0%	188	52.7%
Health Education/risk Reduction	211	59.1%	10	2.8%	27	7.6%	99	27.7%
Treatment Adherence	215	60.2%	14	3.9%	28	7.8%	86	24.1%
Legal Support	140	39.2%	13	3.6%	29	8.1%	161	45.1%
Rehabilitation	79	22.1%	9	2.5%	29	8.1%	225	63.0%
Peer Mentoring	152	42.6%	18	5.0%	34	9.5%	138	38.7%
Housing	118	33.1%	25	7.0%	70	19.6%	133	37.3%

## Barriers to Accessing Services

The subsequent question was a follow-up question regarding difficulty-receiving services. The question asked, *“If you had problems receiving services between June 1st, 2015 and May 31st, 2016, what were some of the reasons? Mark all that apply.”*

The following were answer options:

- *‘This does not apply to me. I had no problems receiving services’*
- *‘I did not know where to get services’*
- *‘I could not get an appointment’*
- *‘I could not get transportation’*
- *‘I could not get childcare’*
- *‘I could not pay for services’*
- *‘I did not want people to know that I have HIV’*
- *‘I could not get time off work’*
- *‘I was depressed’*
- *‘I had a bad experience with the staff’*
- *‘Services were not in my language’*
- *‘I did not qualify for services’*
- *‘Other’*

A total of three hundred thirty-one participants answered this question. Two hundred twenty-nine (64.1%) (229) reported, *“This does not apply to me. I had no problems receiving services”*, twenty-six (7.3%) of respondents reported *‘I did not want people to know I was HIV positive’*, twenty-two (6.2%) listed *‘I did not know where to get services’*, fifteen (4.2%) reported *‘I could not get transportation’*, fourteen (3.9%) reported *‘I could not pay for services’*, eight (2.2%) reported *‘I could not get time off work’*, six (1.7%) reported *‘I could not get an appointment’*, and one (0.3%) respondent reported *‘I could not get childcare’*.

The respondents specified the following for *‘Other’*:

- Did not use services
- The process was long
- Lack of communication
- Housing not available
- Process was invasive
- Difficulty finding documents for services
- Services were not covered by insurance
- Lack of follow up
- Eligibility
- Difficulty with prescriptions
- Homeless

This data suggests that most of the sample population could obtain and utilize the services they needed. However, transportation and insurance eligibility processes influence the ability to obtain services and therefore affecting overall health and wellness.

*Table 30: Respondents by Barriers to Accessing Medical/Support Services, Palm Beach County Client Survey, 2016*

<b>Barriers to Medical/Support Services</b>	<b>Number</b>	<b>Percentage</b>
This does not apply to me. I had no problems receiving services.	229	64.1%
I did not know where to get services	22	6.2%
I could not get an appointment	6	1.7%
I could not get transportation	15	4.2%
I could not get childcare	1	0.3%
I could not pay for services	14	3.9%
I did not want people to know I have HIV	26	7.3%
I could not get time off work	8	2.2%
I was depressed	22	6.2%
I had a bad experience with the staff	21	5.9%
Services were not in my language	3	0.8%
I did not qualify for services	13	3.6%
Other (please specify)	18	5.0%
No Response	26	7.3%

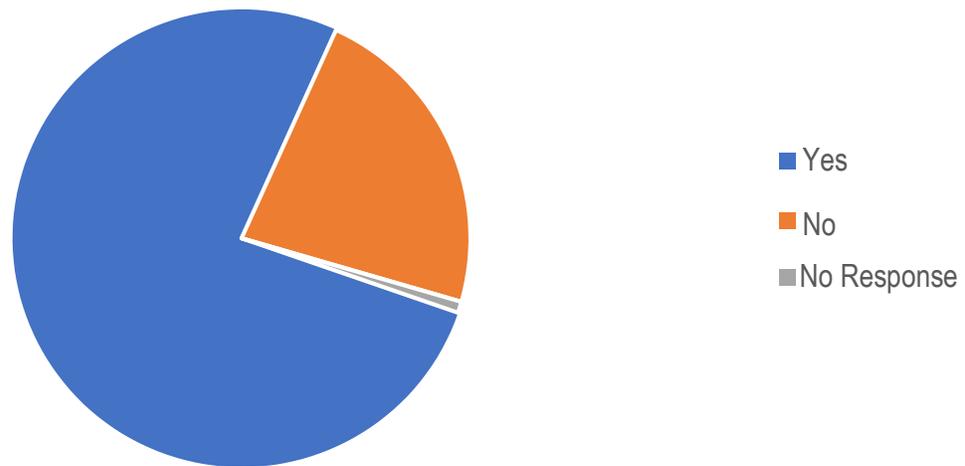
## Health Insurance

The question regarding health insurance asked, “Do you have insurance?” Most participants (354) answered this question, with 76.5% (273) reporting ‘Yes’ and 22.7% (81) reporting ‘No’. This data suggests that clients experience differing challenges accessing healthcare services and likely poorer health outcomes. Respondents may have varied interpretations of what they consider “insurance” (Ryan White, Medicaid, Marketplace, Healthcare District).

Table 31: Respondents by Health Insurance Status, Palm Beach County Client Survey, 2016

Health Insurance Status	Number	Percentage
Yes	273	76.5%
No	81	22.7%
No Response	3	0.8%
Total	357	100.0%

Figure 17: Respondents by Health Insurance Status, Palm Beach County Client Survey, 2016



The next question asked, “Has your health insurance status or plan changed between June 1st, 2015 and May 31st, 2016?” The following were answer options:

- ‘Yes, from uninsured to insured’
- ‘Yes, from insured to uninsured’
- ‘Yes, I changed insurance plan’
- ‘No, I have been insured for all that period’
- ‘No, I have been uninsured for all that period’

Three hundred forty-seven participants answered this question. Of the two hundred seventy-three respondents who reported having health insurance, 55.2% (197) also reported ‘No I have been insured for all that period’, 16.0% (57) reported ‘No I have been uninsured for all that period’, which speaks to the importance of healthcare coverage for all individuals of greatest need.

Table 32: Respondents by Change in Health Insurance Status, Palm Beach County Client Survey, 2016

Change in Health Insurance Status	Number	Percentage
Yes, from uninsured to insured	36	10.1%
Yes, from insured to uninsured	24	6.7%
Yes, I changed insurance plan	33	9.2%
No, I have been insured for all that period	197	55.2%
No, I have been uninsured for all that period	57	16.0%
No response	10	2.8%
Total	357	100.0%

The next question asked, “What are some of the reasons why you do not have health insurance? Mark all that apply.” Three hundred fifteen participants answered this question. The following were answer options:

- ‘This does not apply to me. I have health insurance’
- ‘I have not looked into it’
- ‘My employer does not offer insurance’
- ‘I am not eligible for Medicaid or Obama Care Also known as Marketplace’
- ‘I find the premiums too expensive’
- ‘I didn’t look into it’
- ‘Other’

About two-thirds (66.7% or 238) of participants reported, ‘This does not apply to me. I have health insurance’, twenty-three (6.4%) reported ‘I have not looked into it’, eighteen (5.0%) reported ‘I find the premiums too expensive’, sixteen (4.5%) reported ‘I am not eligible for Medicaid or Obama Care (also known as Marketplace)’, nine (2.5%) reported ‘My employer does not offer insurance’ and 4.5% reported ‘Other’. Of those respondents who reported ‘Other’, the following reasons for not having health insurance were:

- Did not receive services/Not in care
- Housing not available
- Long process
- Lack of communication
- Process seemed invasive
- Difficulty getting documents for services
- Services not covered by insurance
- Did not return phone calls
- Eligibility problems
- Difficulty with prescriptions
- Homeless

Table 33: Respondents by Barriers to Health Insurance, Palm Beach County Client Survey, 2016

Barriers to Health Insurance	Number	Percentage
This does not apply to me. I have health insurance	238	66.7%
I have not looked into it	23	6.4%
My employer does not offer insurance	9	2.5%
I am not eligible for Medicaid or Obama Care (also known as Marketplace)	16	4.5%
I find the premiums too expensive	18	5.0%
I didn’t look into it	4	1.1%
Other	16	4.5%
No Response	42	11.8%

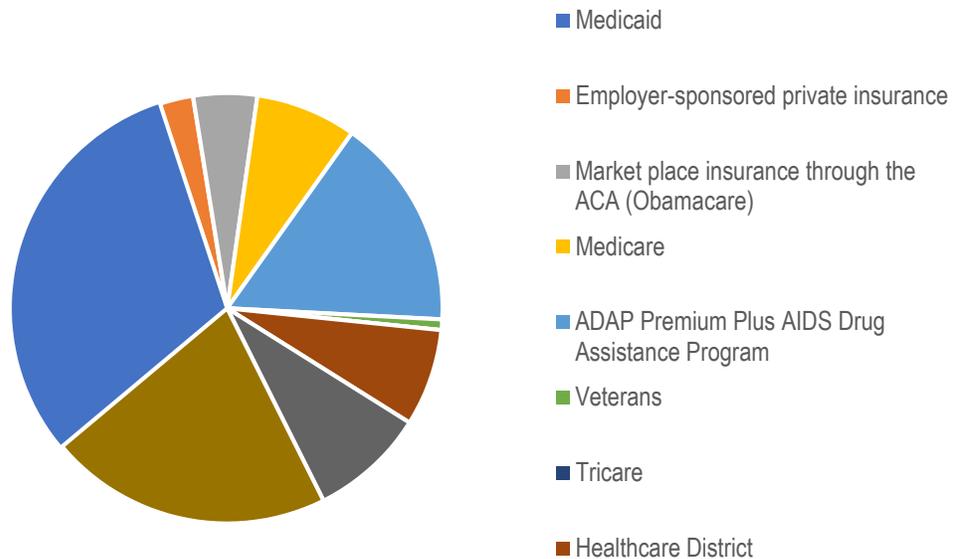
Two hundred eight-one individuals responded to the question, “What type of health insurance do you have?” 111 (31.1%) participants reported ‘Medicaid’, fifty-seven (16.0%) reported ‘ADAP Premium Plus AIDS Drug Assistance Program’, thirty-one (8.7%) reported ‘Other Private Insurance’, twenty-seven (7.6%) of participants reported ‘Medicare’, twenty-six (7.3%) reported ‘Healthcare District’, seventeen of (4.8%) participants reported ‘Market place insurance through the ACA’, nine (2.5%) participants reported ‘Employer-sponsored private insurance’ and three (0.8%) reported ‘Veterans’ insurance. Of the 281 participants that answered this question, it should be noted that zero respondents reported having ‘Tricare’ as health insurance.

As more clients enroll in health insurance, they will be able to access other services outside of the Ryan White network and therefore improve overall health and wellness.

Table 34: Respondents by Type of Health Insurance, Palm Beach County Client Survey, 2016

Type of Health Insurance	Number	Percentage
Medicaid	111	31.1%
Employer-sponsored private insurance	9	2.5%
Market place insurance through the ACA (Obamacare)	17	4.8%
Medicare	27	7.6%
ADAP Premium Plus AIDS Drug Assistance Program	57	16.0%
Veterans	3	0.8%
Tricare	0	0.0%
Healthcare District	26	7.3%
Other Private Insurance	31	8.7%
No Response	76	21.3%
Total	357	100.0%

Figure 18: Respondents by Type of Health Insurance, Palm Beach County Client Survey, 2016



## Patient Satisfaction

A total of two hundred ninety-six participants answered the question, “How would you rate your satisfaction with the health insurance that you currently have? The responses available were:

- ‘I am very satisfied’
- ‘I am satisfied’
- ‘Neutral’
- ‘I am dissatisfied’
- I am very dissatisfied’

One hundred ninety-seven (55.2%) participants responded, ‘I am very satisfied’, forty-seven (13.2%) participants responded, ‘I am satisfied’, twenty-nine (8.1%) participants responded ‘Neutral’, thirteen (3.6%) reported ‘I am dissatisfied’, and ten (2.8%) responded ‘I am very dissatisfied’. This evidence suggests that most of the sample population is satisfied with their health insurance and therefore the health insurance coverage is meeting their needs.

Table 35: Respondents by Level of Satisfaction with Health Insurance, Palm Beach County Client Survey, 2016

Level of Satisfaction with Health Insurance	Number	Percentage
I am very satisfied	197	55.2%
I am satisfied	47	13.2%
Neutral	29	8.1%
I am dissatisfied	13	3.6%
I am very dissatisfied	10	2.8%
No Response	61	17.1%
Total	357	100.0%

The follow-up question to the previous asked, “If you rated your satisfaction with your insurance as neutral or below, what are some aspects of your insurance you are dissatisfied with? Mark all that apply.” Two hundred sixty-eight participants answered this question, and 89 participants skipped the question. More than half (57.1% or 204) respondents reported satisfaction with their health insurance. Twenty-one (5.9%) listed ‘The co-pays on visits/medications are too high’, twenty-six (7.3%) reported, ‘It does not cover all the providers I want (e.g. I had to change doctors)’, eight (2.2%) participants reported ‘My premiums are too high’, seven (2.0%) reported ‘My deductible is too high’, and four (1.1%) respondents reported ‘I do not like my doctor but I cannot find another one in my area that my insurance will cover’.

It is important to note that costs and lack of coverage influence clients’ satisfaction with health insurance, which also affects their ability to obtain services such as doctor’s visits and medications.

*Table 36: Respondents by Cause for Dissatisfaction with Health Insurance, Palm Beach County Client Survey, 2016*

Cause for Dissatisfaction with Health Insurance	Number	Percentage
This does not apply to me. I am satisfied with my health insurance	204	57.1%
The co-pays on visits/medications are too high	21	5.9%
My premiums are too high	8	2.2%
My deductible is too high	7	2.0%
It does not cover all the providers I want (e.g. I had to change doctors)	26	7.3%
I do not like my doctor but I cannot find another one in my area that my insurance will cover	4	1.1%
I don’t understand how it works	17	4.8%
No Response	89	24.9%

Three hundred forty-nine participants answered the next question, “Do you have a doctor that you regularly see for HIV/AIDS medical care?” Most (83.8% or 299) respondents reported ‘Yes’ and fifty (14.0%) respondents reported ‘No’. This data suggests that most clients regularly seek medical care and treatment, however the term “regularly” is subjective and while 100% indicated consistent care, this does not align with the “Linkage Gap” observed in Palm Beach County’s HIV Continuum of Care for retention in care.

*Table 37: Respondents by Use of Regular Doctor for Medical Care, Palm Beach County Client Survey, 2016*

Use of Regular Doctor for Medical Care	Number	Percentage
Yes	299	83.8%
No	50	14.0%
No Response	8	2.2%
Total	357	100.0%

The following question asked, “How would you rate your satisfaction with the health doctor you usually see for your HIV/AIDS care?” Over half (63.9% or 228) of respondents reported, ‘I am very satisfied,’ forty-seven (13.2%) reported, ‘I am satisfied,’ twenty-eight (7.8%) of participants reported, ‘I am dissatisfied’ and one (0.3%) participant reported ‘I am very dissatisfied’. This evidence suggests that clients typically have positive experiences with their medical doctor, which is an important factor in retention to care.

*Table 38: Respondents by Level of Satisfaction with Medical Doctor, Palm Beach County Client Survey, 2016*

<b>Level of Satisfaction with Medical Doctor</b>	<b>Number</b>	<b>Percentage</b>
I am very satisfied	228	63.9%
I am satisfied	47	13.2%
Neutral	28	7.8%
I am dissatisfied	7	2.0%
I am very dissatisfied	1	0.3%
No Response	46	12.9%
Total	357	100.0%

The next question asked, “If you rated your satisfaction with your provider as neutral or below, what are some reasons why you are dissatisfied? Mark all that apply.”

The following were the response options:

- ‘This does not apply to me. I am satisfied with my health care provider.’
- ‘I feel like my health care provider judges me’
- ‘I feel like my health care provider doesn’t know enough about HIV/AIDS’
- ‘I feel like I cannot trust my health care provider’
- ‘I feel like my health care provider doesn’t care about me’
- ‘The duration of the visit is too short and rushed’
- ‘It takes a long time to get an appointment’
- ‘It is far to go for the appointment’
- ‘Other (please specify)’

Two hundred sixty-seven individuals responded to the question. 227 or 59.3% of participants reported, ‘This does not apply to me. I am satisfied with my health care provider’, thirteen (3.4%) participants reported, ‘It takes a long time to get an appointment’, twelve (3.1%) reported, ‘I feel like my health care provider doesn’t really listen to me’, nine (2.3%) reported ‘The duration of the visit is too short and rushed’, six (1.6%) reported ‘I feel like my health care provider judges me’, five (1.3%) reported ‘I feel like my health care provider doesn’t know enough about HIV/AIDS’, four (1.0%) reported ‘I feel like I cannot trust my health care provider’, four (1.0%) reported ‘I feel like my health care provider doesn’t care about me’ and three (0.8%) reported ‘It is far to go for the appointment’.

This data is important to note because doctors and other medical providers can have a direct impact on helping to retain clients in medical care.

Table 39: Respondents by Cause for Dissatisfaction with Medical Doctor, Palm Beach County Client Survey, 2016

Cause for Dissatisfaction with Medical Doctor	Number	Percentage
This does not apply to me. I am satisfied with my health care provider	227	59.3%
I feel like my health care provider judges me	6	1.6%
I feel like my health care provider doesn't know enough about HIV/AIDS	5	1.3%
I feel like I cannot trust my health care provider	4	1.0%
I feel like my health care provider doesn't really listen to me	12	3.1%
I feel like my health care provider doesn't care about me	4	1.0%
The duration of the visit is too short and rushed	9	2.3%
It takes a long time to get an appointment	13	3.4%
It is far to go for the appointment	3	0.8%
Other	10	2.6%
No Response	90	23.5%

## AIDS Drug Assistance Program (ADAP)

The following questions asked about the Aids Drugs Assistance Program (ADAP) application process as well as the services. The survey asked, “Between June 1st, 2015 and May 31st, 2016, have you had difficulty getting HIV medications for any of the following reasons?” About half of participants reported ‘No’ to all the ADAP related questions. This data suggests a need to assist individuals in the eligibility and application process.

Table 40: Respondents by Difficulty with ADAP, Palm Beach County Client Survey, 2016

Type of ADAP Difficulty	Yes		No		N/A	
	Number	Percent	Number	Percent	Number	Percent
Long wait to get an appointment with case worker or doctor	55	15.4%	213	59.7%	75	21.0%
Difficulty with the ADAP application process	46	12.9%	178	49.9%	115	32.2%
Unenrolled from ADAP without an explanation	32	9.0%	167	46.8%	139	38.9%
Difficulty seeing case worker or doctor at least twice a year to remain enrolled in ADAP	46	12.9%	177	49.6%	113	31.7%

The table below shows responses regarding ADAP funds that can cover health insurance costs and hardship exemptions. One hundred fifty-three (2.9%) of participants reported that they were not aware that ‘ADAP can cover “hardship exemptions” and 123 (34.5%) of participants reported that they were not aware that ADAP can cover costs associated with health insurance. This data shows the need for improved awareness and education about ADAP and its benefits that can reduce financial burdens for clients who have a financial need.

Table 41: Respondents by Knowledge of ADAP Coverage, Palm Beach County Client Survey, 2016

Knowledge of ADAP Coverage	Yes		No		N/A	
	Number	Percent	Number	Percent	Number	Percent
ADAP can cover health insurance costs	106	29.7%	123	34.5%	112	31.4%
ADAP can cover “hardship exemptions”	93	26.1%	153	42.9%	95	26.6%

## Disclosure of Status

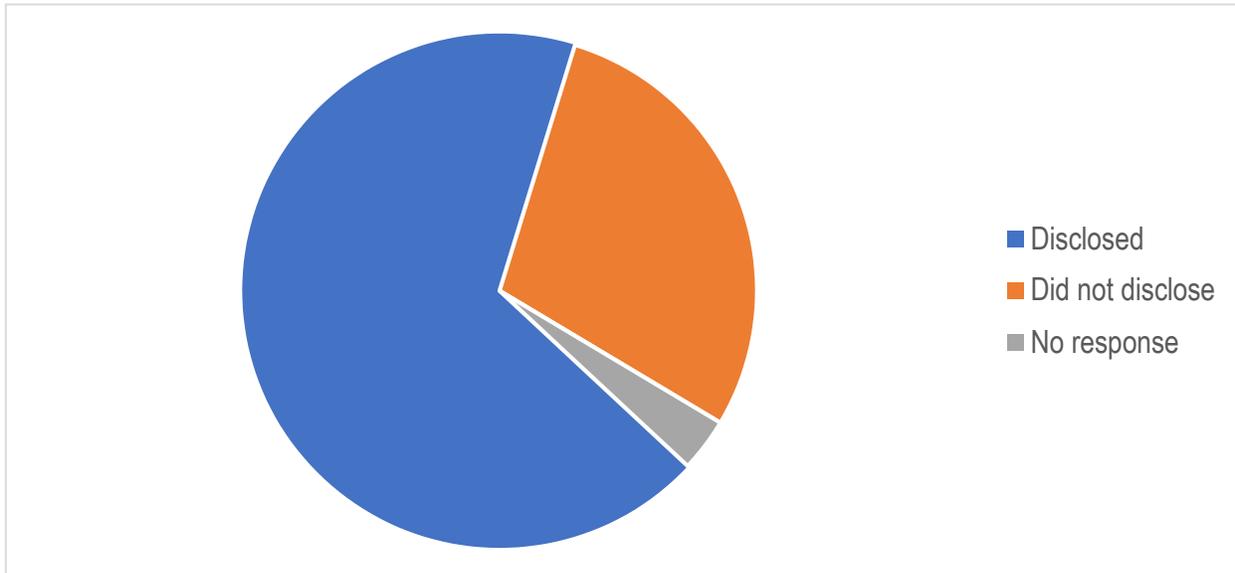
The next questions asked participants, “Have you disclosed your HIV status to anyone? (If no skip to question 46)”.

Three hundred forty-five participants answered this question. More than two-thirds (67.8%) of participants responded ‘Yes’. This suggests reduction in stigma and other factors that affect clients’ willingness and likeliness of disclosing their status, which contributes to isolation, lack of support and stress.

Table 42: Respondents by HIV Status Disclosure, Palm Beach County Client Survey, 2016

HIV Status Disclosure	Number	Percentage
Yes	242	67.8%
No	103	28.9%
No response	12	3.4%
Total	357	100.0%

Figure 19: Respondents by HIV Status Disclosure, Palm Beach County Client Survey, 2016

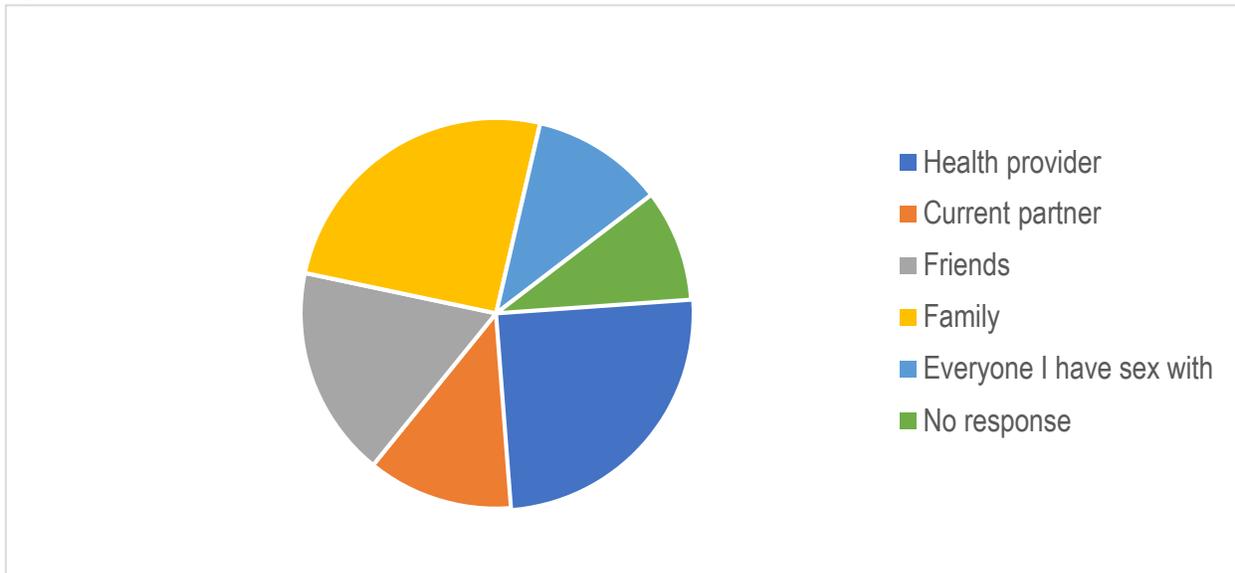


The next question asked, “Who have you disclosed your HIV status to? Sixty-one participants answered this question and they selected all answers that applied to them. Of the 287 that reported, 191 (66.6%) of participants reported, ‘Family’, 188 (65.5%) reported ‘Health Provider’, 132 (46.0%) reported ‘Friends’ and ninety-one (31.7%) reported ‘Current partner’. Eighty-three (28.9%) of the participants reported disclosing their status to everyone they have sex with which points to a larger issue of disclosure, the fear of retaliation and perception of risk living with HIV/AIDS. It is noteworthy that respondents were much more likely to disclose their status to family versus sexual partners. This suggests that trust and comfort level affects individual’s decision to disclose more than the risk of transmission.

Table 43: Respondents by who they disclosed their HIV status to, Palm Beach County Client Survey, 2016

Person Disclosed to	Number	Percentage
Health provider	188	65.5%
Current partner	91	31.7%
Friends	132	46.0%
Family	191	66.6%
Everyone I have sex with	83	28.9%
No response	70	24.4%

Figure 20: Respondents by who they disclosed their HIV status to, Palm Beach County Client Survey, 2016



## HIV & Prevention

Most (337) participants answered the next question, “Did you talk to your partner about taking medication to prevent HIV? (PrEP).” Ninety-seven (27.2%) of respondents reported, ‘No, I currently do not have a sexual partner,’ ninety-one (25.5%) reported ‘Yes and he/she is taking medication,’ seventy-six (21.3%) reported, ‘No, I have not yet had the conversation,’ thirty-two, (9.0%) reported, ‘No, but he/she is also HIV+,’ twenty-seven (7.6%) reported ‘Yes but he/she decided not to take the medication,’ and fourteen respondents reported, ‘No, I do not know there are medications to prevent HIV.’

Table 44: Respondents by Conversation with partner about taking Medication to Prevent HIV, Palm Beach County Client Survey, 2016

Conversation with Partner about Medication to Prevent HIV	Number	Percentage
Yes, and he/she is taking medication	91	25.5%
Yes, and he/she decided not to take medication	27	7.6%
No, but he/she is also HIV+	32	9.0%
No, I currently do not have a sexual partner	97	27.2%
No, I do not know there are medications to prevent HIV	14	3.9%
No, I have not yet had the conversation	76	21.3%
No response	20	5.6%
Total	357	100.0%

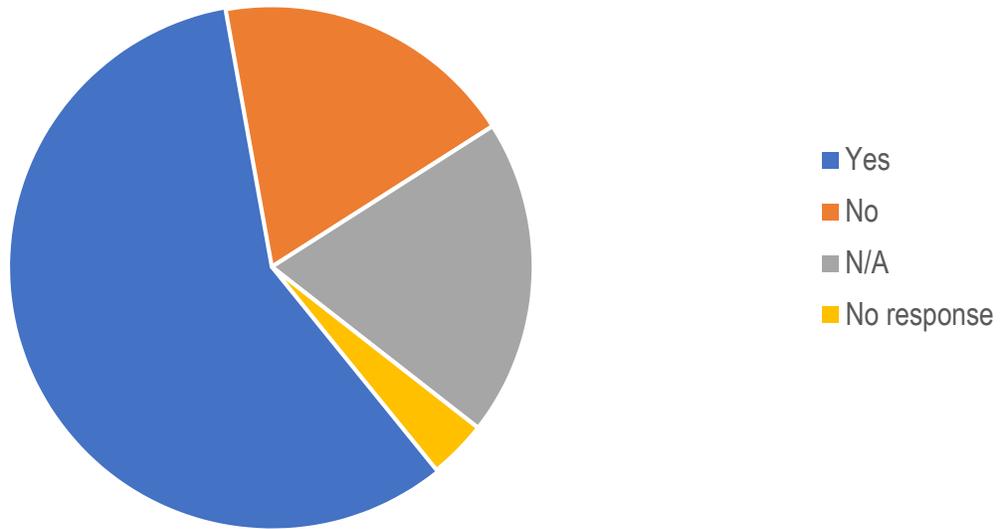
## Condom Usage

The next question asked, “Do you always wear a condom?” Most (344) respondents answered this question, with 58.0% (207) of participants responding ‘Yes’, 19.6% responded ‘N/A,’ and 18.8% responded ‘No.’

Table 45: Respondents by Condom Usage, Palm Beach County Client Survey, 2016

Condom Usage	Number	Percentage
Yes	207	58.0%
No	67	18.8%
N/A	70	19.6%
No response	13	3.6%
Total	357	100.0%

Figure 21: Respondents by Condom Usage, Palm Beach County Client Survey, 2016



The next question was a follow-up question regarding the reasons for not using condoms. The question asked, “If no, what are the reasons you do not?” Eighty participants answered this question and ‘I don’t like the way condoms feel’ was the reason reported most frequently (31.3% or 25).

The responses listed for ‘Other’ were:

- Not sexually involved
- Abstinent
- In a monogamous relationship
- Don’t like using condoms

It is important to note that the response, “My partner does not like to use condoms” points to the power dynamics in sexual relationships. In addition, the responses, “My partner is also HIV positive,” “I don’t like the way condoms feel,” “I’m on birth control, or my partner is,” suggests a lack of awareness about re-infection and virus resistance, which can hinder the ability to effectively treat the disease. Lastly, a few (5) respondents mentioned that “[they] don’t want to spend money on condoms.

*Table 46: Respondents by Barriers to Condom Use, Palm Beach County Client Survey, 2016*

Barriers to Condom Use	Number	Percentage
I don’t like the way condoms feel	25	31.3%
My partner is also HIV positive	16	20.0%
My partner does not like to use condoms	16	20.0%
Not enough time	4	5.0%
I’m on birth control or my partner is	3	3.8%
I don’t want to spend money on condoms	5	6.3%
Other	20	25.0%
No response	277	346.3%

## Prevention Information

The next set of questions asked participants about prevention related information if, *“In the last six months have you received information on:”*

- *‘How to prevent HIV transmission’*
- *‘How to protect one’s-self from reinfection’*
- *‘How to use a condom or other barrier’*
- *‘How viral load is linked to HIV prevention’*
- *‘How to talk to partners about condom use’*
- *‘How to disclose HIV status to partners’*
- *‘How to clean needles or other items that cause infection’*

Over seventy percent of participants reported ‘Yes’ for ‘How to prevent HIV transmission’, ‘How to protect one’s-self from reinfection’, ‘How to use a condom or other barrier’, ‘How Viral Load is linked to HIV prevention’, ‘How to talk to partners about condom use’ and ‘How to disclose HIV status to partners’.

Almost fifty percent (177) of participants reported ‘Yes’ for ‘How to clean needles or other items that can cause infection’.

*Table 47: Respondents by Prevention Information Type of Prevention Information Received, Palm Beach County Client Survey, 2016*

HIV Prevention Information	Yes		No	
	Number	Percent	Number	Percent
How to prevent HIV transmission	284	79.6%	64	17.9%
How to protect one’s-self from reinfection	281	78.7%	68	19.0%
How to use a condom or other barrier	283	79.3%	65	18.2%
How Viral Load is linked to HIV prevention	282	79.0%	65	18.2%
How to talk to partners about condom use	275	77.0%	72	20.2%
How to disclose HIV status to partners	267	74.8%	79	22.1%
How to clean needles or other items that can cause infection	177	49.6%	159	44.5%

The next question was a follow-up question to the previous question. The survey asked, “Where did you receive the information above?” Three hundred twenty-eight respondents answered this question and selected all answers that applied to them. The majority, 61.3%, of participants responded, ‘Medical Provider,’ about half responded, ‘Case manager,’ just about 12% responded ‘Internet Search,’ and just under 5% reported utilizing social media. Another 12.8% (42) reported receiving prevention information from their family members or friends. And 20.1% selected ‘Other.’

The following are the responses from participants who responded ‘Other’

- Walk In clinic
- School
- Community Organizations
- Educators
- Jail/Prison
- Outreach workers
- AA meetings
- Jerome Golden Center
- Own knowledge
- Television, radio, magazines
- Peer Mentors
- Department of Health
- Nurse

Table 48: Respondents by Where Prevention Information was Received, Palm Beach County Client Survey, 2016

Source of Prevention Information	Number	Percent
Medical Provider	201	61.3%
Case Manager	163	49.7%
Internet Search	38	11.6%
Social Media	16	4.9%
Family member or friend	42	12.8%
Other	66	20.1%

The next question asked, “Where do you generally receive health-related information.” Three hundred thirty-eight respondents answered this question and were asked to select all answers that applied to them. The category with the most responses, 73.1% (247) was ‘Medical provider’, ‘Case Manager’ was selected by 46.2% (156) of respondents, ‘Internet Search’ was selected by 15.7% (53) of respondents, ‘Family member or friend’ was selected by 12.1% (41), and ‘Social Media’ was selected by 4.4% (15) respondents.

For “Other”, participants listed:

- Community Organizations
- Word of mouth
- Walk in Clinic
- YouTube
- Employer
- Jail/Prison
- Health Fairs

- Cell phone
- AA Meetings/Support Groups
- Outreach
- Books/Literature
- Hospital
- Radio/TV

Health Department

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Table 49: Respondents by Where General Health Information is Received, Palm Beach County Client Survey, 2016

Source of General Health Information	Number	Percent
Medical Provider	247	73.1%
Case Manager	156	46.2%
Internet Search	53	15.7%
Social Media	15	4.4%
Family member or friend	41	12.1%
Other	56	16.6%

Three hundred twenty-five participants answered the next question, which asked, “Where do you receive general non-health related information?” One hundred twenty-four participants reported, ‘Internet Search,’ ninety-one (28.0%) participants reported, ‘Family member or friend,’ fifty-nine (18.2%) reported ‘Library/Community Center,’ forty-eight (14.8%) reported ‘Faith based organizations’ and forty-seven (14.5%) reported ‘Social media.’ Just under 17% noted ‘Other.’

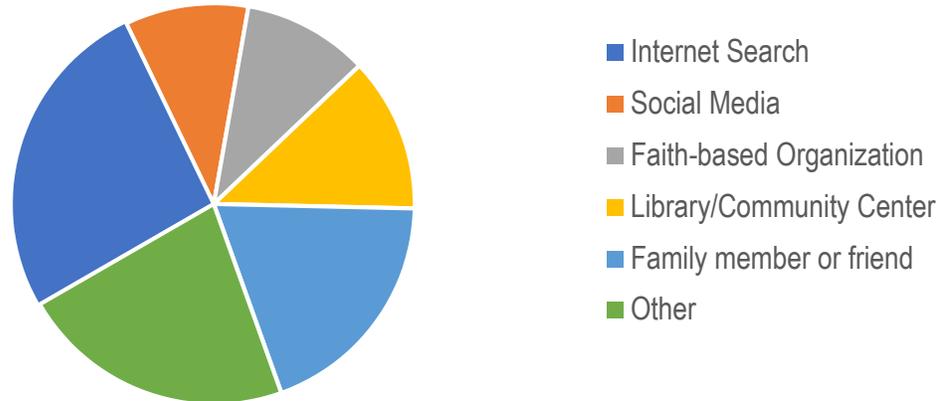
For those selecting ‘Other,’ they noted the following:

- Doctor
- Walk in Clinic
- Newspaper
- Television
- Books/Magazines
- Radio
- Health Center
- Case Manager
- Community Organizations
- Health Center
- Word of Mouth/Peers
- Groups

Table 50: Respondents by Where Non-Health Related Information is Received, Palm Beach County Client Survey, 2016

Source of Non-Health Information	Number	Percent
Internet Search	124	38.2%
Social Media	47	14.5%
Faith-based Organization	48	14.8%
Library/Community Center	59	18.2%
Family member or friend	91	28.0%
Other	105	32.3%

Figure 22: Respondents by Where Non-Health Related Information is Received, Palm Beach County Client Survey, 2016



The next question asked, “How much do you feel you are engaged with your care?” Three hundred forty participants answered this question. The majority, 58.8% (210) of participants responded, ‘Very engaged, I do all I can to be healthy and I have a great support from providers and from friends/family/partner’, eighty-one (22.7%) participants responded, ‘Quite engaged. I try to go to all my appointments, take all my medications, etc.’, forty-one (11.5%) participants responded, ‘Not much, I am still figuring out my diagnoses,’ and eight (2.2%) participants responded, ‘I only go to my appointments because it is a Ryan White requirement.’

Table 51: Respondents by Level of Engagement in Care, Palm Beach County Client Survey, 2016

Level of Engagement in Medical Care	Number	Percent
Not much, I am still figuring out my diagnosis	41	11.5%
I only go to my appointments because it is a Ryan White requirement	8	2.2%
Quite engaged. I try to go to all my appointments, take all my medication, etc.	81	22.7%
Very engaged, I do all I can to be healthy and I have great support from providers and from friends/family/partner	210	58.8%
No response	17	4.8%
Total	357	100.0%

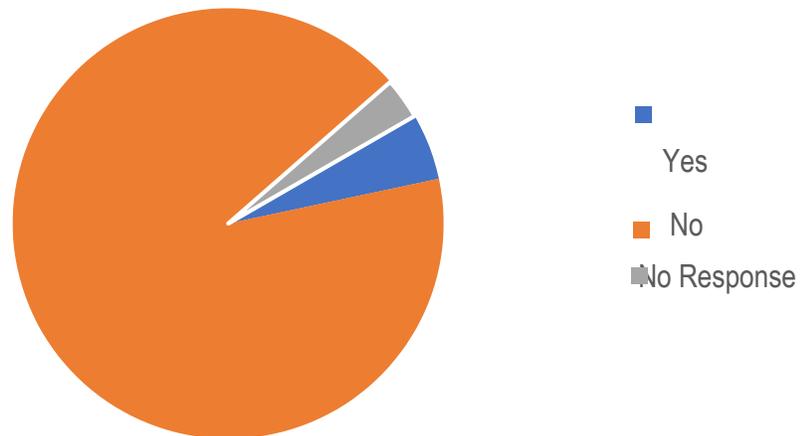
## Incarceration

Three hundred forty-six participants answered the next question, which asked, “Were you in city or county Jail (not prison) between June 1<sup>st</sup>, 2015 and May 31<sup>st</sup>, 2016?” Eighteen (5.0%) respondents reported ‘Yes,’ and 328 (91.9%) reported ‘No.’

Table 52: Respondents by Incarceration in city or county jail, Palm Beach County Client Survey, 2016

Incarceration in Jail	Number	Percent
Yes	18	5.0%
No	328	91.9%
No Response	11	3.1%
Total	357	100.0%

Figure 23: Respondents by Incarceration in city or county jail, Palm Beach County Client Survey, 2016

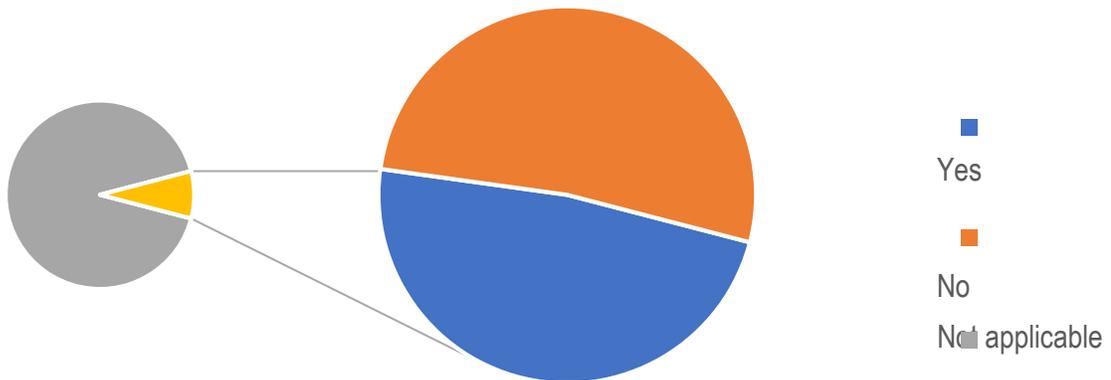


The following question asked, “Did the city or county jail (not prison) medical staff know you had HIV/AIDS?” Not directly correlated with responses to the preceding question, there were 29 participants responding to this question. Fourteen (3.9%) participants reported ‘Yes,’ and fifteen (4.2%) participants reported ‘No.’

Table 53: Respondents by Knowledge of Jail Medical Staff of HIV/AIDS Status, Palm Beach County Client Survey, 2016

Knowledge of Jail Staff of HIV/AIDS Status	Number	Percent
Yes	14	3.9%
No	15	4.2%
N/A	328	91.9%
Total	357	100.0%

Figure 24: Respondents by Knowledge of Jail Medical Staff of HIV/AIDS Status, Palm Beach County Client Survey, 2016

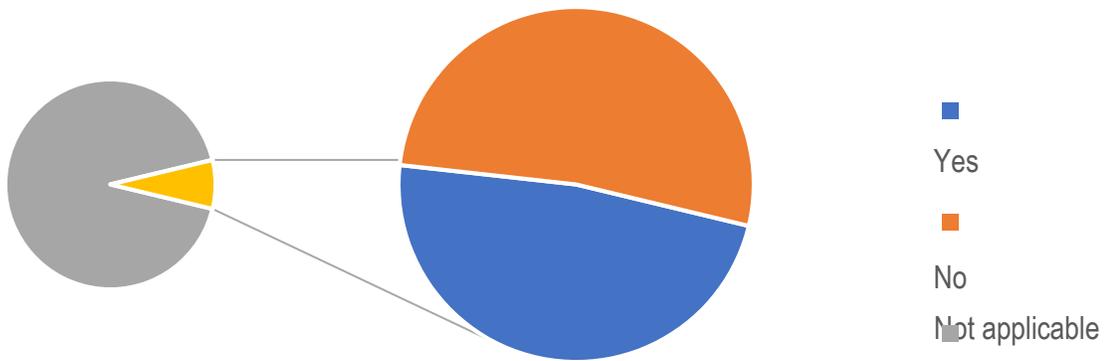


Twenty-seven participants answered the next question, “Did you get your HIV medication in jail without interruption?” Fourteen (3.9%) reported ‘No’ and thirteen (3.6%) reported ‘Yes.’

Table 54: Respondents by HIV Medication received without Interruption, Palm Beach County Client Survey, 2016

HIV Medication Received without Interruption	Number	Percent
Yes	13	3.6%
No	14	3.9%
N/A	330	92.4%
Total	357	100.0%

Figure 25: Respondents by HIV Medication Received without Interruption in Jail, Palm Beach County Client Survey, 2016



The next question asked about services received when released from jail. The question asked, “When you were released from city or county jail (not prison), which of the following did you receive? Mark all that apply.”

Twenty-three participants answered this question. Eleven (47.8%) participants reported, ‘None of the above,’ nine (39.1%) participants reported, ‘Information about finding housing,’ six participants reported ‘Referral to medical care,’ six (26.1%) reported ‘A referral to case management,’ and three (13.0%) reported ‘A day(s) supply of HIV medication to take with.’

The responses for ‘Other’ were:

- 30-day supply of medication
- 4-day supply of medication
- Left over medication

*Table 55: Respondents by Services Received When Released from Jail, Palm Beach County Client Survey, 2016*

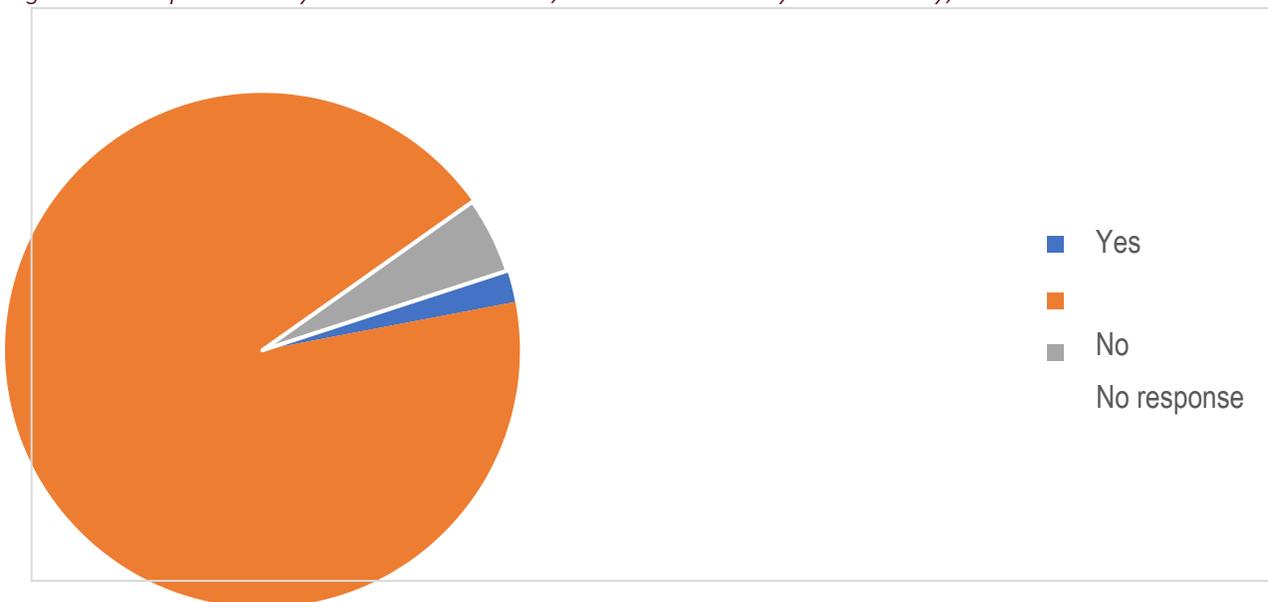
<b>Services offered at Release from Jail</b>	<b>Number</b>	<b>Percent</b>
Information about finding housing	9	39.1%
Referral to medical care	6	26.1%
A referral to case management	6	26.1%
A _____ day(s) supply of HIV medication to take with	3	13.0%
None of the above	11	47.8%
Other	4	17.4%

The following question asked, “Were you in prison between June 1st, 2015 and May 31st, 2016? (If no, skip to question 61).” Most (333) participants reported, ‘No’ and seven reported ‘Yes’. This data suggests the need for coordination among prisons, staff, and the local Ryan White system of care. This will ensure that individuals living with HIV/AIDS receive the care they need while incarcerated.

Table 56: Respondents by Prison Incarceration, Palm Beach County Client Survey, 2016

Prison Incarceration	Number	Percent
Yes	7	2.0%
No	333	93.3%
No response	17	4.8%
Total	357	100.0%

Figure 26: Respondents by Prison Incarceration, Palm Beach County Client Survey, 2016

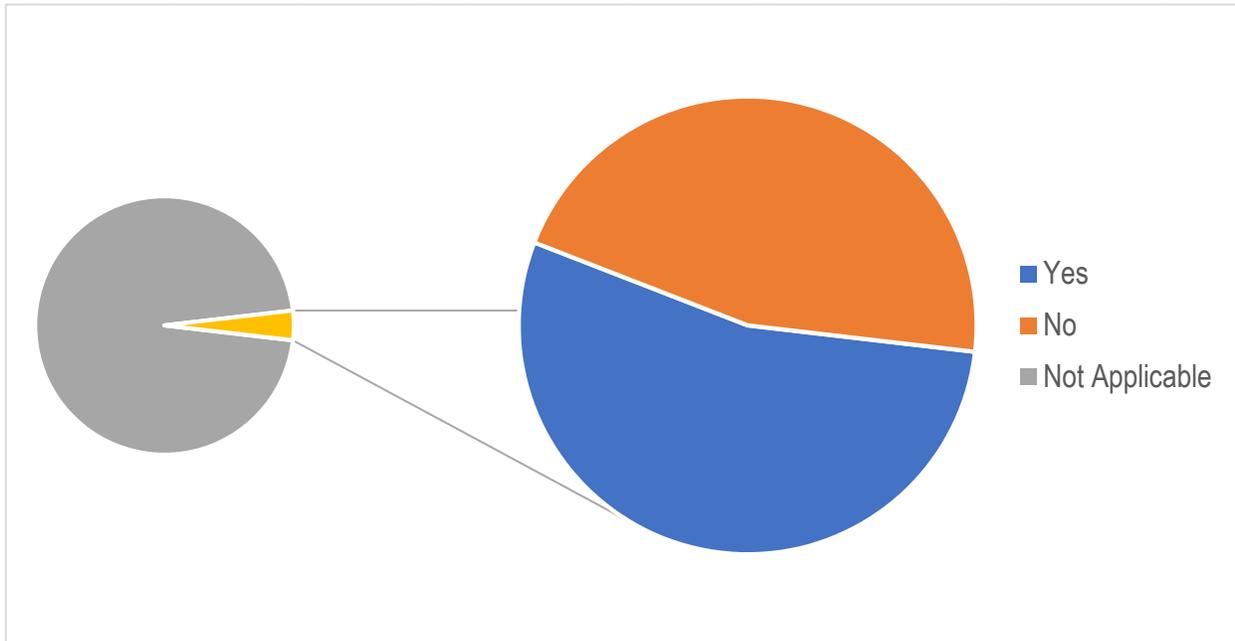


Question 59 asked, “Did the prison medical staff know you had HIV/AIDS?” Of the thirteen that responded to this question seven reported ‘Yes’ and six reported ‘No’.

Table 57: Respondents by Knowledge of HIV Status by Prison Staff, Palm Beach County Client Survey, 2016

Prison Staff Knowledge of HIV Status	Number	Percent
Yes	7	2.0%
No	6	1.7%
Not Applicable	344	96.4%
Total	357	100.0%

Figure 27: Respondents by Knowledge of HIV Status by Prison Staff, Palm Beach County Client Survey, 2016

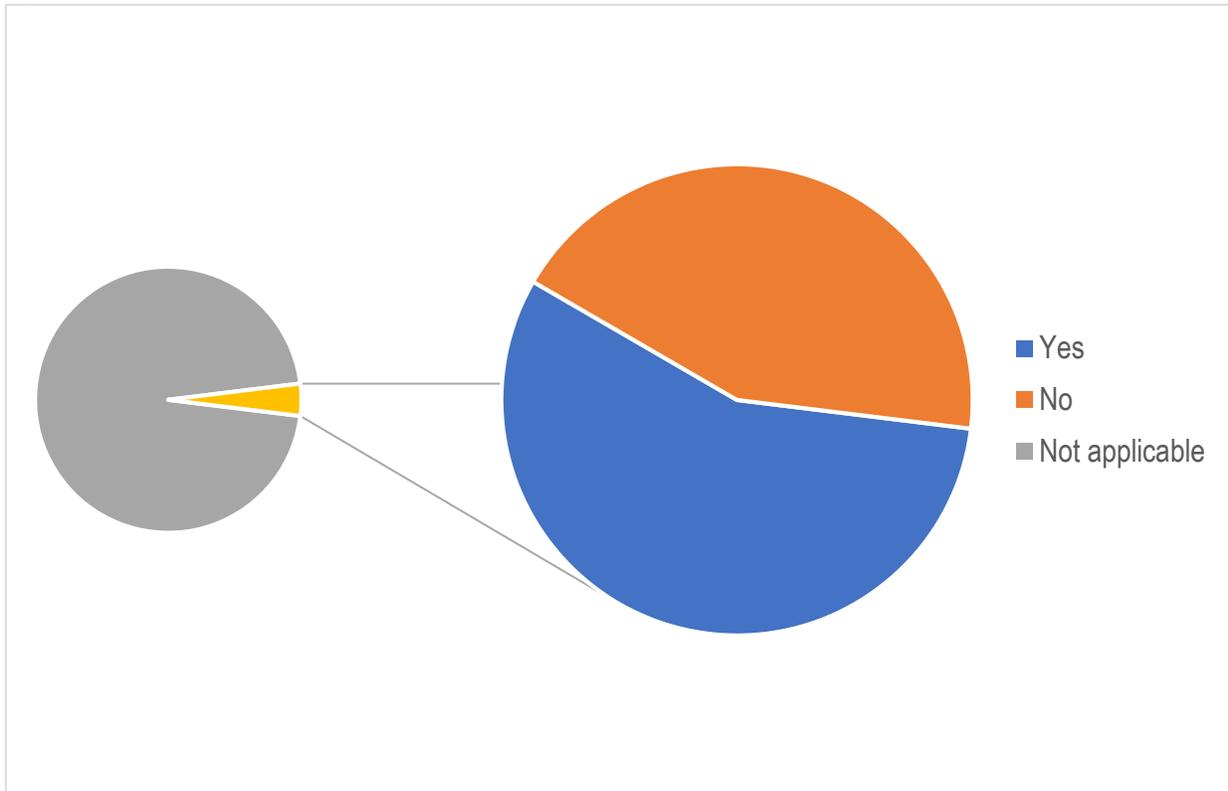


Question 60 asked, “Did you get your HIV medication in prison without interruption?” Of the fourteen that responded to this question, eight (2.2%) participants reported ‘Yes’ and six (1.7%) reported ‘No’.

Table 58: Respondents by HIV Medication Received in Prison, Palm Beach County Client Survey, 2016

HIV Medication Received in Prison	Number	Percent
Yes	8	2.2%
No	6	1.7%
Not applicable	343	96.1%
Total	357	100.0%

Figure28 : Respondents by HIV Medication Received in Prison, Palm Beach County Client Survey, 2016



## Housing/ Living Arrangements

A total of 282 participants answered the next question, “*In the past year (June 1st, 2015 and May 31st, 2016), how many nights have you not had a place of your own in which to sleep?*”. This was an open-ended question. The majority (67.4%) reported ‘0’ and sixty (21.3%) respondents reported not having anywhere to sleep in the past year, ranging from few days, to 6 months to an entire year.

The following were the responses listed:

- 2-6 days/A few days
- 10+ days
- 30+ days
- 2-5 months
- 6+ months
- Homeless/All year/All nights

*Table 59: Respondents by Number of Nights not having a place to sleep, Palm Beach County Client Survey, 2016*

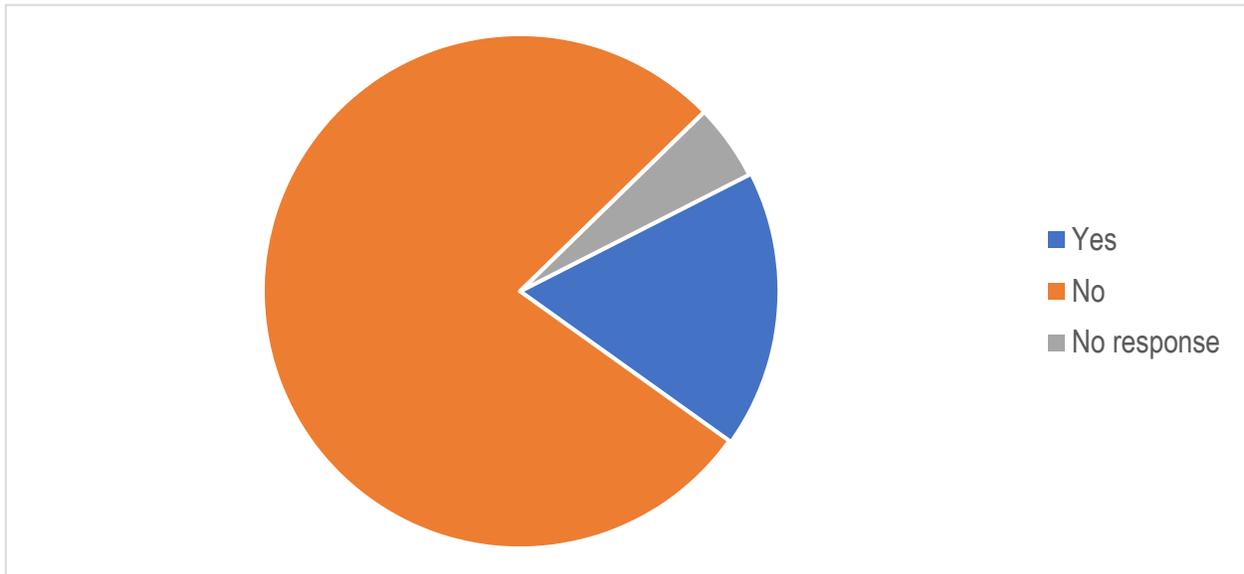
<b>Number of Nights</b>	<b>Number</b>	<b>Percent</b>
0 days	190	67.4%
1 - 30 days	24	8.5%
1-6 months	9	3.2%
6-11months	1	0.4%
Homeless/All year/All nights	21	7.4%

Three hundred forty respondents answered the next question, “Have you been continually homeless for a year or more?” Two hundred seventy-eight (77.9%) participants reported ‘No’ and sixty-two (17.4%) participants reported ‘Yes’. Further investigation regarding the homelessness among individuals living with HIV/AIDS should take place.

Table 60: Respondents by Continuous Homelessness for more than a year, Palm Beach County Client Survey, 2016

Continuous Homelessness for more than a Year	Number	Percent
Yes	62	17.4%
No	278	77.9%
No response	17	4.8%
Total	357	100.0%

Figure 29: Respondents by Continuous Homelessness for more than a year, Palm Beach County Client Survey, 2016

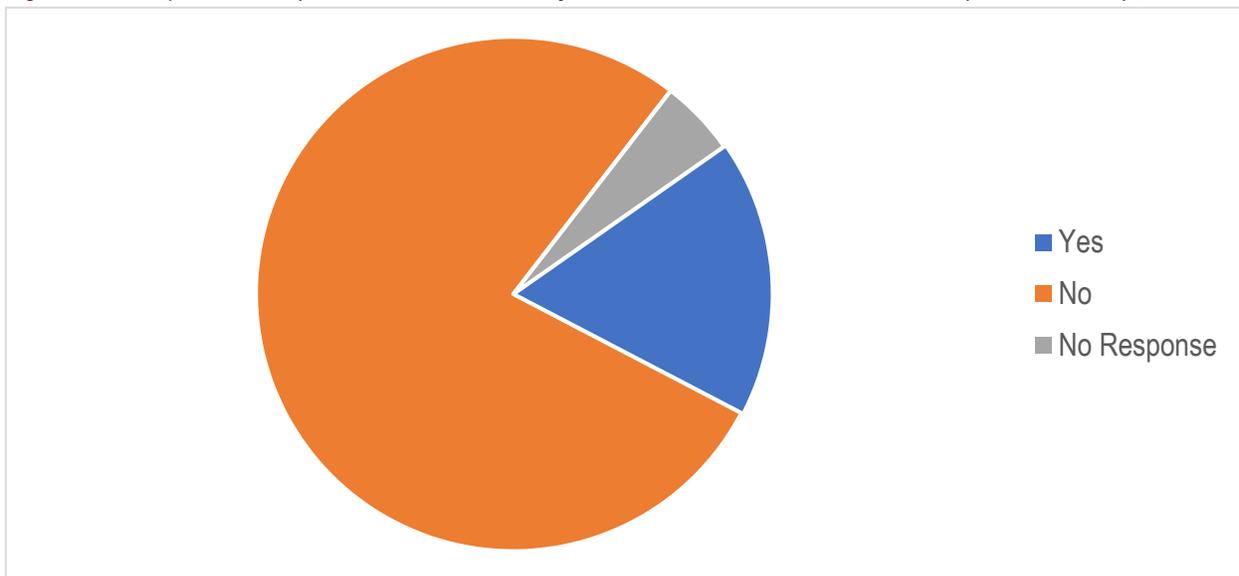


Three hundred forty participants answered the next question, “Have you had four or more times of homelessness in the past three years?” Two hundred seventy-eight (77.9%) participants reported, ‘No’ and sixty-two (17.4%) reported ‘Yes’. It is important to note that further investigation regarding continuous homelessness among individuals living with HIV/AIDS should take place, acknowledging that those who are homeless may be less likely to be respondents.

Table 61: Respondents by Four or more times of Homelessness, Palm Beach County Client Survey, 2016

Four or more times of Homelessness	Number	Percent
Yes	62	17.4%
No	278	77.9%
No Response	17	4.8%
Total	357	100.0%

Figure 30: Respondents by Four or more times of Homelessness, Palm Beach County Client Survey, 2016



The next question asked, “Which of the following best describes your current living situation? If multiple answers apply to you, select the answer that refers to where you stayed last night.” Three hundred seventy-six participants answered this question.

Most (129 or 36.1%) of participants reported, ‘Apartment/house/trailer that I rent’, sixty-four (17.9%) respondents reported ‘Apartment/house/trailer that I own’, twenty-six (7.3%) respondents reported ‘Homeless (on the street/in car/abandoned building)’, twenty-six (7.3%) respondents reported ‘Other housing provided by the state’, twenty-five (7.0%) respondents reported ‘Someone else’s apartment/house/trailer-Temporary Situation’.

In addition, the respondents that reported “Other” listed the following:

- HOPWA
- Jerome Golden Center
- Long-term transitional housing drug/alcohol abuse treatment
- Supportive Housing
- Lewis Center

Over half of participants reported having stable housing however, 12.6% reported “Temporary situation”, which points to the issue of how unstable housing can affect treatment adherence and continuity of care.

Table 62: Respondents by Current Living Situation, Palm Beach County Client Survey, 2016

Current Living Situation	Number	Percent
Apartment/house/trailer that I own	64	17.9%
Apartment/house/trailer that I rent	129	36.1%
At my parent’s/relative’s apartment/house/trailer-Permanent Situation	19	5.3%
At my parent’s/relative’s apartment/house/trailer-Temporary Situation	20	5.6%
Someone else’s apartment/house/trailer-Permanent Situation	14	3.9%
Someone else’s apartment/house/trailer-Temporary Situation	25	7.0%
In a rooming or boarding house	11	3.1%
In a “supportive living” facility (assisted Living Facility)	8	2.2%
Transitional housing such as a half-way house or hotel or motel room	15	4.2%
Nursing home	0	0.0%
Homeless (on the street/in car/abandoned building)	26	7.3%
Homeless shelter	10	2.8%
Domestic violence shelter	0	0.0%
Other housing provided by the city or state	26	7.3%
Hospice	0	0.0%
In Jail/prison	1	0.3%
Other (please specify)	13	3.6%

Three hundred thirty-nine participants answered the next question, “Have you moved two or more times in the past six months?” Fifty-three (14.3%) of participants reported, ‘Yes’ and 286 (80.1%) reported ‘No’.

Table 63: Respondents by Relocation more than twice in six months, Palm Beach County Client Survey, 2016

Relocation more than twice in six months	Number	Percent
Yes	53	14.8%
No	286	80.1%
No Response	18	5.0%
Total	357	100.0%

The follow up to the previous question, asked, “If you moved two or more times in the past six months, why did you have to move? Mark all that apply.” Two hundred thirty-three (65.3%) participants reported, ‘This does not apply to me. I did not move twice or more’, twenty-one (5.9%) participants reported, ‘I didn’t have enough money for the deposit’, thirteen (3.6%) participants reported ‘I had bad credit’.

Thirteen (3.6%) listed the following are responses for ‘Other’:

- Costs
- Homeless
- Moved from in-patient halfway home
- Moved from another state
- Not comfortable

It is important to note that these responses suggest socio-economic challenges and barriers, and stability of housing affects continuity of care.

Table 64: Respondents by Reason for Relocation more than twice in six months, Palm Beach County Client Survey, 2016

Reason for Relocation more than twice in six months	Number	Percent
This does not apply to me. I did not move twice or more	233	65.3%
I didn’t have enough money for the deposit	21	5.9%
I could not find affordable housing	0	0.0%
I had bad credit	13	3.6%
I was put on the waiting list	12	3.4%
I had a mental/physical disability	2	0.6%
I had a criminal record	5	1.4%
I feel I was discriminated against	6	1.7%
I had no transportation to search for housing	7	2.0%
I didn’t qualify for housing assistance	10	2.8%
I had substance use issues	11	3.1%
Other	13	3.6%

Three hundred thirty-four respondents answered the next question, “Think about your housing situation now: do any of the following stop you from doing what you need to do to stay healthy? Mark all that apply.” Around 11% (41) of participants reported, ‘I don’t have a private room’ and ‘I don’t have money to pay rent’. Thirty-three (9.2%) reported ‘I don’t want anyone to know I have HIV’, which points to the issue of privacy, accessibility, and affordability, which can affect the ability to take medications and therefore remain virally suppressed.

Table 65: Respondents by Barriers to Staying Healthy, Palm Beach County Client Survey, 2016

Barriers	Number	Percent
I don’t have a private room	41	11.5%
I don’t have a place to store my medications	22	6.2%
I don’t have a telephone where someone can call me	18	5.0%
I don’t have enough food to eat	34	9.5%
I don’t have money to pay for rent	40	11.2%
I don’t have heat and/or air conditioning	12	3.4%
I don’t want anyone to know I have HIV	33	9.2%
I can’t get away from drugs (in the neighborhood)	23	6.4%
None of the above	230	64.4%
No Response	23	6.4%

Three hundred thirty-nine individuals responded to the following question, “Approximately how long have you lived at your current residence?” Most respondents (56.6% or 202) reported ‘More than a year’, 16.0% (57) reported ‘6 months – year’, 9.5% (34) reported ‘3-6 months’, 4.8% (17) reported, ‘Less than 1 months’, and 3.9% (14) reported ‘1-2 months’. Respondents who have lived a shorter time in one location may have fewer community ties and supports.

Table 66: Respondents by Length of Residence at Current Home, Palm Beach County Client Survey, 2016

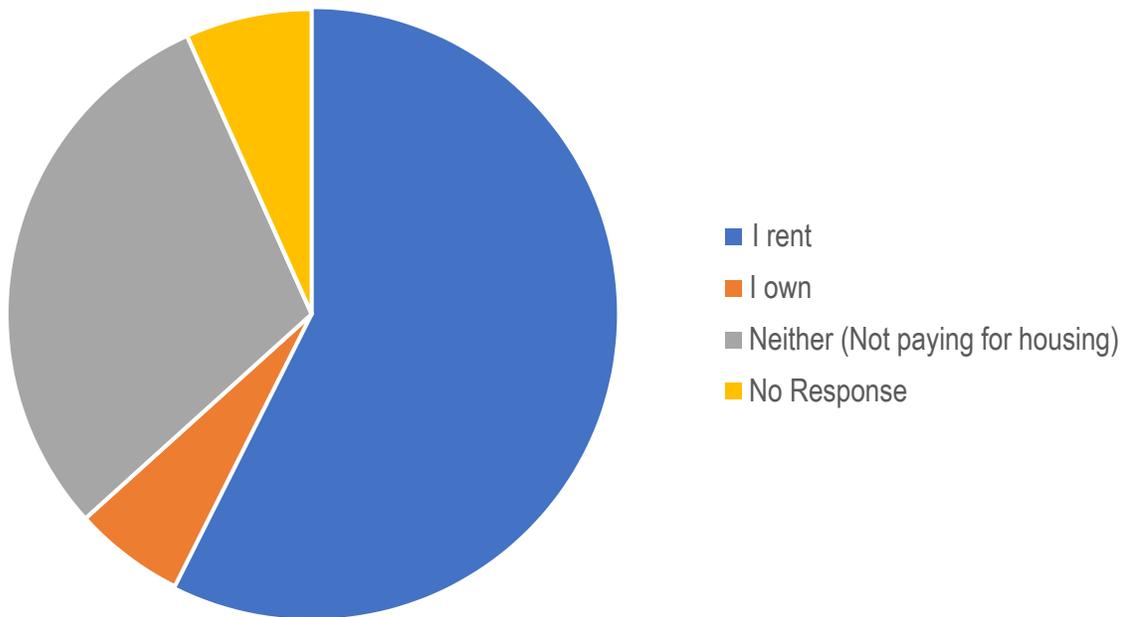
Length of Residence at Current Home	Number	Percent
Less than 1 month	17	4.8%
1-2 months	14	3.9%
3-6 months	34	9.5%
6 months – 1 year	57	16.0%
More than 1 year	202	56.6%
I don’t Know	15	4.2%
No Response	18	5.0%
Total	357	100.0%

The next question asked respondents, “Do you currently own or rent (e.g.: own house/apartment/trailer)?” Three hundred thirty-three responded to this question. Well over half, 57.4% of respondents reported, ‘I rent’, 30.0% (107) reported ‘Neither (Not paying for housing)’ and 5.9% (21) reported, ‘I own’.

Table 67: Respondents by Own or Rent Living Arrangement, Palm Beach County Client Survey, 2016

Own/Rent Status	Number	Percent
I rent	205	57.4%
I own	21	5.9%
Neither (Not paying for housing)	107	30.0%
No response	24	6.7%
Total	357	100.0%

Figure 31: Respondents by Own or Rent Living Arrangement, Palm Beach County Client Survey, 2016



## Housing Assistance

Three hundred thirty three individuals responded to the next question, “If you rent, did you receive housing assistance between June 1st, 2015 and May 31st, 2016?” The majority or 54.1% of participants reported, ‘This does not apply to me,’ sixty-eight individuals (19.0%) reported, ‘Yes and I still currently receive housing assistance,’ sixty-six (18.5%) reported, ‘I have not received assistance between June 1st, 2015 and May 31st, 2016,’ and six (1.7%) participant reported, ‘Yes, but I do not receive assistance anymore.’

Table 68: Respondents by Housing Assistance Received, Palm Beach County Client Survey, 2016

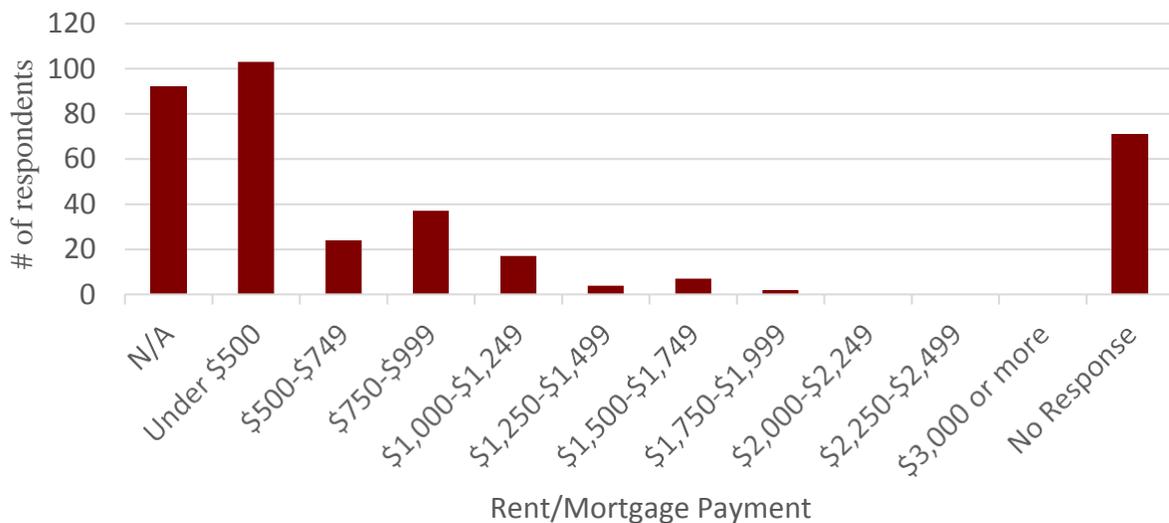
Housing Assistance Received	Number	Percent
This does not apply to me	193	54.1%
Yes, and I still currently receive housing assistance	68	19.0%
Yes, but I do not receive assistance any more	6	1.7%
I have not received assistance between June 1st, 2015 and May 31st 2016	66	18.5%
No response	24	6.7%
Total	357	100.0%

The following question asked, “How much do you and your household pay for rent or mortgage monthly?” Two hundred eighty-six individuals answered this open-ended question; however, responses were tabulated into price ranges for comparison. About a quarter reported, ‘N/A,’ nearly a third of the respondents said, ‘Under \$500,’ just under 7% reported ‘\$500-\$749,’ and about 10% reported ‘\$750-\$999.’ Less than 10% reported rent/mortgage payments over \$1,000.

Table 69: Respondents by Monthly Rent/Mortgage Payment, Palm Beach County Client Survey, 2016

Rent/Mortgage Payment	Number	Percent
N/A	92	25.8%
Under \$500	103	28.9%
\$500-\$749	24	6.7%
\$750-\$999	37	10.4%
\$1,000-\$1,249	17	4.8%
\$1,250-\$1,499	4	1.1%
\$1,500-\$1,749	7	2.0%
\$1,750-\$1,999	2	0.6%
\$2,000-\$2,249	0	0.0%
\$2,250-\$2,499	0	0.0%
\$3,000 or more	0	0.0%
No Response	71	19.9%
Total	357	100.0%

Figure 32: Respondents by Monthly Rent/Mortgage Payment, Palm Beach County Client Survey, 2016



Three hundred forty-one participants answered this question, which asked, “In the past year, have you had to do any of these things to have a place to sleep? Mark all that apply.”

Forty-five (12.6%) participants reported, *Sleep at a family member/friend’s house,* thirty-seven (10.4%) reported *‘Sleep on the streets, in a park, or in another outdoor place,’* twenty-five (7.0%) reported *‘Sleep in car,’* eighteen (5.0%) reported *‘Trade sex for a place to spend the night or money for rent,’* and fourteen (3.9%) reported *‘Sleep in shelter.’*

*Table 70: Respondents by Alternative Living Arrangements, Palm Beach County Client Survey, 2016*

<b>Alternative Living Arrangements</b>	<b>Number</b>	<b>Percent</b>
Sleep in a car	25	7.0%
Trade sex for a place to spend the night or money for rent	18	5.0%
Sleep at a family member/friend’s house	45	12.6%
Sleep on the streets, in a park, or in another outdoor place	37	10.4%
Sleep in a shelter	14	3.9%
None of these	267	74.8%
No Response	16	4.5%

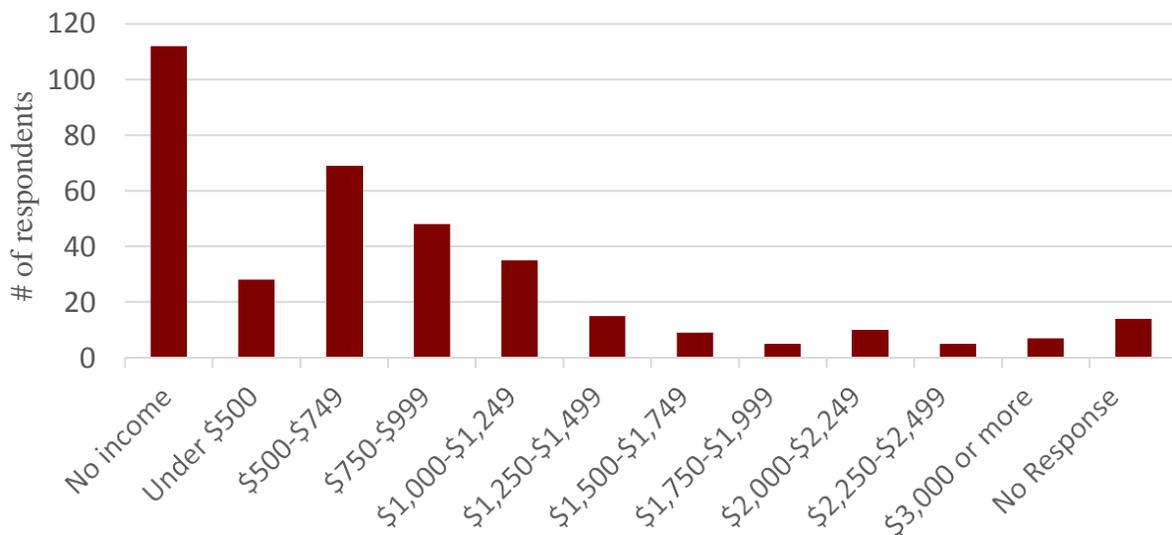
## Household Income

The following question inquires about the financial status of the individuals' household and specifically asked, "What was your total income last month?" A few less than a third of the participants reported 'No income,' and nearly 20% reported '\$500-\$749.' But, just over 4% had monthly incomes between \$2,000 – \$2,499, and 2% reported monthly incomes exceeding \$3,000.

Table 71: Respondents by Monthly Income, Palm Beach County Client Survey, 2016

Monthly Income	Number	Percent
No income	112	31.4%
Under \$500	28	7.8%
\$500-\$749	69	19.3%
\$750-\$999	48	13.4%
\$1,000-\$1,249	35	9.8%
\$1,250-\$1,499	15	4.2%
\$1,500-\$1,749	9	2.5%
\$1,750-\$1,999	5	1.4%
\$2,000-\$2,249	10	2.8%
\$2,250-\$2,499	5	1.4%
\$3,000 or more	7	2.0%
No Response	14	3.9%
Total	357	100.0%

Figure 33: Respondents by Monthly Income, Palm Beach County Client Survey, 2016

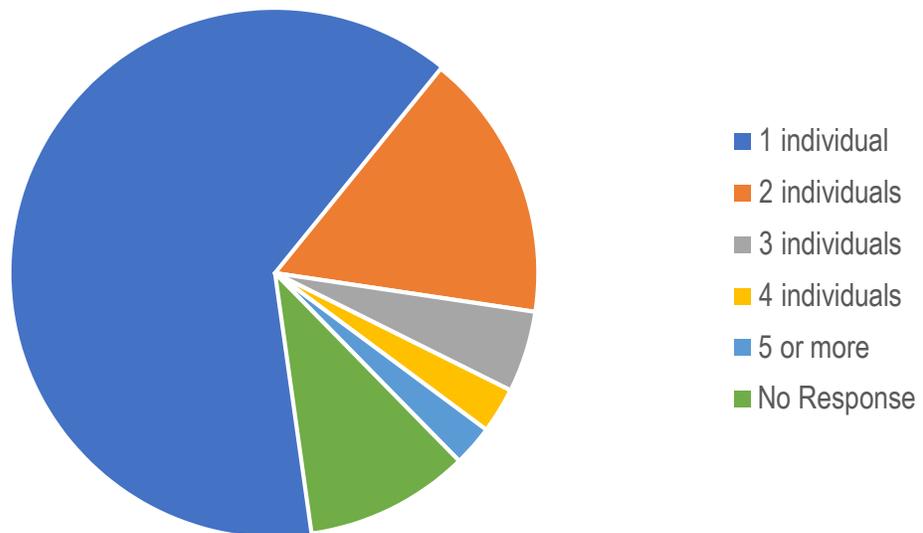


Three hundred twenty-one participants answered the question, “How many people are supported by this income? (Total number of household members including yourself).” Two-thirds participants reported supporting only one person with the income.

Table 72: Respondents by Number of Individuals Supported by Monthly Income, Palm Beach County Client Survey, 2016

Number of Individuals Supported by Income	Number	Percent
1	225	63.0%
2	59	16.5%
3	18	5.0%
4	10	2.8%
5 or more	9	2.5%
No Response	36	10.1%
Total	357	100.0%

Figure 34: Respondents by Number of Individuals Supported by Monthly Income, Palm Beach County Client Survey, 2016



The following question asked, “Including yourself, how many members of your household are HIV positive.”

Three hundred thirty participants answered this question. About 14% of participants responded that two or more members in the household were HIV positive.

*Table 73: Respondents by Number of Individuals in Household who are HIV Positive, Palm Beach County Client Survey, 2016*

Number of Individuals who are HIV Positive	Number	Percent
1	279	78.2%
2	49	13.7%
3	2	0.6%
4	0	0.0%
5 or more	0	0.0%
No Response	27	7.6%
Total	357	100.0%

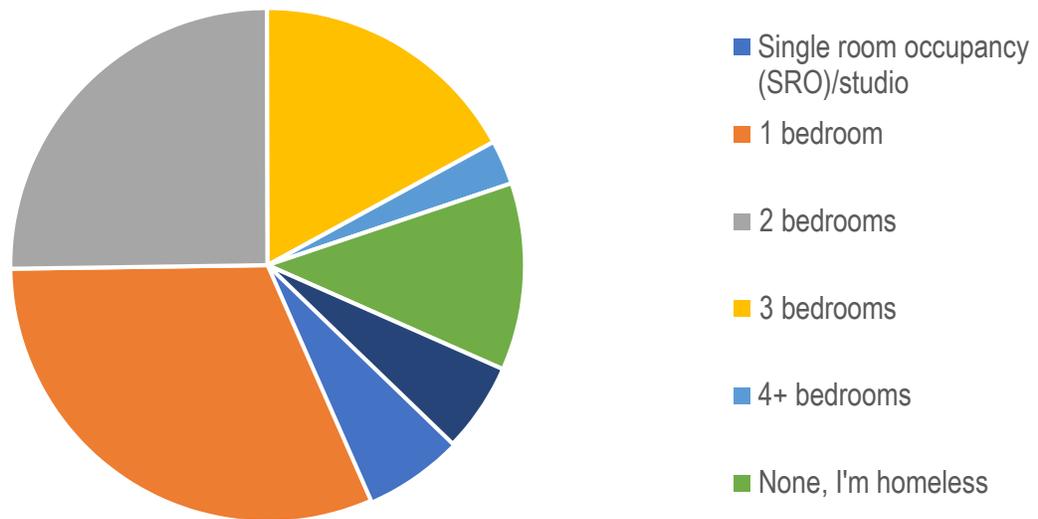
The subsequent question asked, “Please indicate the size of your current home: (Mark one).”

Three hundred thirty seven participants answered this question. Nearly a third of the participants reported ‘1 bedroom’ about a 25.2% reported ‘2 bedrooms,’ sixty-one (17.1%) respondents reported ‘3 bedrooms,’ twenty-two (6.2%) reported ‘Single room occupancy (SRO)/studio,’ and twenty (5.6%) participants reported ‘None, I am homeless.’

Table 74: Respondents by Size of Current Home, Palm Beach County Client Survey, 2016

Size of Current Home	Number	Percent
Single room occupancy (SRO)/studio	22	6.2%
1 bedroom	112	31.4%
2 bedrooms	90	25.2%
3 bedrooms	61	17.1%
4+ bedrooms	10	2.8%
None, I'm homeless	42	11.8%
No Response	20	5.6%
Total	357	100.0%

Figure 35: Respondents by Size of Current Home, Palm Beach County Client Survey, 2016



The last question asked, *“Is there anything else you would like to tell us about your housing situation or healthcare services that was not covered in the survey?”* This was an open-ended question and responses were grouped together based on area of feedback. One hundred ninety-one participants answered this question, but over 46% responded ‘No.’

Below are responses from participants:

- Long waiting list
- Issues with health insurance accessibility
- Issues with doctors
- Additional assistance needed for services
- Need more affordable housing
- Need assistance finding employment, housing and transportation
- Need to improve care for people
- Co-pays are too high
- Need better communication, i.e. health department, doctors, agencies, and primary care providers
- Eligibility process takes too long
- Food accessibility/Don't get enough food stamps or food vouchers
- Help going down stairs because of wheelchair
- Help with transportation, food vouchers. I was never told why the services stopped
- Need youth groups and support groups
- I need a better place to stay that is clean
- Need Mental health services/psychiatric care
- Need help educating people on HIV
- Need legal advice
- Need more Spanish speaking assistance

## Next Steps

The 2016-2018 Ryan White Part A HIV Needs Assessment Client Survey provides valuable insight into the experiences of individuals living with HIV in Palm Beach County. Recognizing that this data set represents only sample of HIV-related need, HCSEF recommends the following next steps:

- Present these findings to policy makers, local partners, providers, consumers, and affected residents.
- Develop a simplified, abbreviated document of key findings, utilizing infographics to appeal to a wider audience.
- Conduct additional qualitative data collection (including focus groups and informant interviews) to glean more insight into the underlying social determinants of health and other factors that contribute to HIV-related health outcomes across the continuum of care.
- Conduct a comparative analysis of similar data reports conducted locally and at the state level.
- Develop a comprehensive Integrated Needs Assessment based on qualitative data collected through Ryan White Part A and Ryan White Part B.

Appendix A: Integrated HIV Needs Assessment Tool – Palm Beach County 2016

**INTEGRATED HIV NEEDS ASSESSMENT  
PALM BEACH COUNTY  
2016**

Date \_\_\_\_\_

Time \_\_\_\_\_

Name of interviewer (please print clearly and sign name)

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature

Venue (i.e. provider and/or location, such as “respondents home”)

\_\_\_\_\_

Survey # \_\_\_\_\_

**GIFT CARD #:** \_\_\_\_\_

**Questions? Contact Indira Case**  
Health Council of Southeast Florida  
600 Sandtree Dr. Suite 101  
Palm Beach Gardens, FL 33403  
Office Phone: (561) 844-4220 ext. 2700  
Fax: (561) 844-3310  
Email: [icase@hcsef.org](mailto:icase@hcsef.org)

## *Introduction*

1. The Health Council of Southeast Florida and Palm Beach County are conducting a survey on the needs of PLWHA who reside in Palm Beach County. This survey is one of the tools being used to gather information. The survey will serve as the basis for planning to better accommodate Persons Living with HIV/AIDS in Palm Beach County.
2. This survey is strictly voluntary and anonymous. Please do not write your name anywhere on this survey.
3. Please complete only one survey.
4. It will take about 15-20 minutes to complete this survey.
5. As a token of our appreciation, the interviewer will give you a \$15.00 gift certificate after you complete the entire survey.

*Thank you for taking the time to help us with this important project. Your answers will provide valuable information for the planning and delivery of vital services to our community.*

### *Notes to the Interviewer*

There are a number of advantages in having a questionnaire administered by an interviewer rather than self-administered the respondent. Most importantly, interview surveys give higher response rates than mail or phone surveys. Second, respondents seem more reluctant to turn down interviewers. Third, interviewers can answer questions for respondents, probe for answers and clarify confusing matters, thereby obtaining relevant responses. Finally, interviewers can observe behavior and pace the questioning if the respondent becomes tired or upset.

#### **General Guidelines for Interviewing:**

1. Try to have fun.

Relax and enjoy yourself. This is an opportunity to forget about your worries for a while and concentrate on someone else. Take a couple of deep breaths and “meet the respondents where they are”.

2. Have a pleasant and appropriate appearance and demeanor.

Dress in a fashion similar to those you’re interviewing. If unsure how you should dress, dress modestly. Your demeanor should be pleasant and communicate a genuine interest in getting to know the respondent. Relax and be friendly.

3. Provide a private and confidential setting. Try to do the interview in a private place where no one will overhear your discussion. If you must do the interview in a public setting, be sure no one is near enough to hear.

4. Read the Introduction to the respondent to emphasize that all survey material is strictly anonymous. No names will be used in gathering or reporting the information.

5. Become thoroughly familiar with the Survey

Study the survey carefully - maybe five or six times. Practice by reading aloud. The goal is to be able to read the survey without error and without stumbling over words. Think of yourself as an actor studying lines for a play. Also, be prepared to give guidance when a respondent doesn’t understand a particular question.

6. Read the wording of each question exactly

Be careful with your wording, even when clarifying questions or probing for answers so that your wording doesn’t distort the answer. In other words, try not to “lead the witness”.

7. Record each response exactly

Record answers. Include details for “other” responses as they are stated by the respondent. Please do not summarize, paraphrase or correct bad grammar.

8. Probe for responses when necessary

Sometimes respondents will respond to a question with an obviously inappropriate answer. This might simply indicate they misunderstood the question. You may have to repeat the question or

rephrase the question and check to make sure the respondent understands. If a respondent answers “Other” to any question, please ask them to be specific.

9. Coordinate efforts to make sure the situation is well controlled.

Whenever more than one interviewer is involved in a survey (e.g. with the help of an interpreter), it is essential that efforts be carefully coordinated and controlled to ensure that everyone is working from the same page.

10. Before the respondent leaves, please validate each survey by reviewing the entire survey (including the cover page) for missing information, unanswered questions, or inappropriate responses. If you find any, re-ask the question or probe for clarification in order to complete that item.

11. Return surveys to Indira Case:

Health Council of Southeast Florida  
600 Sandtree Dr. Suite 101, Palm Beach Gardens, FL 33403  
Office phone: 561-844-4220 ext. 2700  
Fax: 561-844-3310  
Email: [icase@hcsef.org](mailto:icase@hcsef.org)

Palm Beach County EMA  
COMMUNITY NEEDS ASSESSMENT

**Anonymous Persons Living with HIV/AIDS (PLWHA) Survey 2016**

*INTERVIEWER READ: "We are having PLWHA fill out this survey so that you are able to tell your local HIV/AIDS Planning Group what services YOU need. Your input will help the Planning Group make important decisions about how federal and other funds are used in Palm Beach County.*

*Some questions are personal; however, the information you provide helps us better determine how to make our services better. To ensure your privacy, we will combine all the information we receive so no one will be able to identify you as an individual.*

*Please tell your friends about this survey. We want to hear from as many people who are living with HIV/AIDS as possible.*

*If you have completed this survey within the past month, do not complete it again."*

Please check the appropriate box like this  when answering multiple choice questions.

### SECTION A: DEMOGRAPHICS

*INTERVIEWER SAY: "Let's begin by finding out some basic things about you. Please remember that you will never be identified as an individual but rather as part of the whole group of people that take this survey."*

*Read the following questions. Probe to clarify, if necessary.*

1. Survey # \_\_\_\_\_
2. What is your Zip Code? \_\_\_\_\_
3. What is your gender? *(check one only)*  
 Male     Female     Transgender (Male to Female)     Transgender (Female to Male)  
 Other, please specify: \_\_\_\_\_
4. How do you identify yourself? *(check one only)*  
 Heterosexual     Lesbian     Bisexual     MSM (men who have sex with men)
5. What is your race? *(check one only)*  
 White/Caucasian     Black or African American  
 Asian     Native Hawaiian or Pacific Islander  
 American Indian or Alaskan Native     Mixed/more than one race
6. What is your ethnicity? *(check one only)*  
 Hispanic/Latina/o     Non-Hispanic/Latina/o     Haitian
7. What year were you born? \_\_\_\_\_
8. What is your education level?  
 Less than high school graduate     Post graduate  
 High school diploma/GED     Completed College  
 Some college
9. What county do you live in currently? \_\_\_\_\_
10. What best describes your current work situation?  
 Working full-time job  
 Working part-time job  
 Student  
 Looking for a job/unable to find employment  
 Retired  
 Not currently working

I have been unemployed for over a year

11. How old were you when you first tested positive for HIV?

\_\_\_\_\_ Years of age.

12. Where were you living when you first tested positive for HIV?

In the same county I live in now

In another county in Florida. County: \_\_\_\_\_

In another state: \_\_\_\_\_

Outside of the United States. Country: \_\_\_\_\_

13. Were you in care for HIV/AIDS **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016?** (If yes, skip to question 15)

Yes

No

14. What are the reasons why you are not in care?

Transportation

Treatment by staff in the clinic or doctor's office

Language barrier

Long wait times to get to see the doctor

Child care

I am unavailable during hours of operation

15. In which Florida County or counties did you get your HIV/AIDS medical care between **June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016?**

16. If you get your HIV/AIDS medical care in a different county than you live, please indicate why. **Please mark only one answer.**

This does not apply to me. I got medical care in the same county I live in.

Services were not available in my county

Dissatisfied with services provided in my county

I did not want people to know that I have HIV

I got care at a clinic that is located closer to where I live or work

Other: \_\_\_\_\_

17. Where did you **regularly** receive your HIV/AIDS medical care **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016?** **Please Mark only one answer.**

Walk-in/Emergency clinic

Doctor's office

Hospital emergency room

- Veteran's Administration
- Public clinic/Health Department
- HIV clinic
- Federally Qualified Community Health Center (FQHC)
- Other: \_\_\_\_\_

18. Are you on antiretroviral (HIV medication) therapy?

- Yes
- No

19. Did you miss any of your HIV medications over the past month? **(If no, skip to question 22)**

- Yes
- No

20. How many times in the past month have you missed your HIV medications?

- 1-3
- 4-6
- 7-9
- 10+

21. If yes, what are some of the reasons why you missed taking your HIV medication? **Mark all that apply.**

- Cost
- Change insurance plan
- Needed to get my prescription renewed
- Forgot
- I had side-effects
- My **Eligibility documentation** for ADAP was not completed timely
- Other: \_\_\_\_\_

22. In your last blood test, was your viral load **greater** than 1000?

- Yes
- No
- I don't know

23. In your last blood test, was your viral load **below** 200?

- Yes
- No, but it has been going down
- No
- I don't know

24. In the past month, how often did you smoke cigarettes?

- Every day
- Some days
- Not at all

25. In the past month, how often did you consume marijuana?

- Every day
- Some days
- Not at all

26. In the past month, how often did you consume illegal drugs other than marijuana (cocaine, crack, meth, heroin, etc)?

- Every day
- Some days
- Not at all

27. In the past month, how often did you share needles?

- Every day
- Some days
- Not at all

28. In the past month, how often did you have unprotected sex?

- Every day
- Some days
- Not at all

29. Have you been hospitalized for an HIV/AIDS related condition **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016?** If so, what was it for?

- Yes: \_\_\_\_\_
- No

30. The first set of questions relate to services provided to people with HIV/AIDS. We are very interested in your use of these services because it allows us to identify gaps in services that we can try to fix.

The services bellow <b>May</b> or <b>May not be</b> available in your area. Please fill in the boxes next to the services that you have used or needed <b>in the past 12 months.</b>	I received this service without difficulty	I received this service but it was difficult to get	I needed this service but was unable to get it	I did not need this service
<b>Outpatient Medical Care:</b> Visits to doctor's office or clinic for HIV medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Case Management:</b> Case managers help clients receive services and then follow-up on their care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b> Pill for HIV and related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental/Oral Health:</b> General teeth and mouth care, dentures, oral surgery, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Insurance:</b> Helps pay insurance costs or co-pays if client has private insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Services:</b> Professional counseling, therapy, or support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Abuse Treatment:</b> Professional counseling for drug or alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutritional Counseling:</b> Professional counseling for healthy eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention Services:</b> Assistance getting a doctor appointment, HIV counseling and testing, linkage and referral to medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Health Care:</b> Professional healthcare services in a client's home by a licensed/certified home-health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospices Services:</b> Nursing and counseling services for the terminally ill and their family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Food Bank or Food Vouchers:</b> Food bags, grocery certificates, home-delivered meals, and nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation:</b> Help getting to the doctor's office and other HIV-related appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outreach:</b> Someone who finds people with HIV not in care and helps them to visit their doctor and get services they may need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Education/Risk Reduction:</b> Someone who tells clients about HIV, how it's spread, current medications, and how to live with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treatment Adherence:</b> Instructions on how to take HIV medications properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Support:</b> Help clients with HIV-related legal issues (will, living will, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rehabilitation:</b> Physical therapy, occupational therapy, Speech therapy, low vision training, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Peer mentoring:</b> Support and counseling from community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing:</b> Helping find and/or maintaining a place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> Is there a service you need that is not listed above? If so, please list it here.				

31. If you had problems receiving services **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016**, what were some of the reasons? **Mark all that apply.**

- This does not apply to me. I had no problems receiving services
- I did not know where to get services
- I could not get an appointment
- I could not get transportation
- I could not get childcare
- I could not pay for services
- I did not want people to know that I have HIV
- I could not get time off work
- I was depressed
- I had a bad experience with the staff
- Services were not in my language
- I did not qualify for services

HIV

Other: \_\_\_\_\_

32. Do you have insurance?

- Yes
- No

33. Has your health insurance status or plan changed **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016**?

- Yes from uninsured to insured
- Yes from insured to uninsured
- Yes, I changed insurance plan
- No I have been insured for all that period
- No, I have been uninsured for all that period

34. What are some of the reasons why you do not have health insurance? **Mark all that apply**

- This does not apply to me. I have health insurance
- I have not looked into it
- My employer does not offer insurance
- I am not eligible for Medicaid or Obama Care (also known as Marketplace)
- I find the premiums too expensive
- I didn't look worth it

Other: \_\_\_\_\_

**If you do not currently have health insurance, skip to question 38**

35. What type of health insurance do you have?

- Medicaid
- Employer-sponsored private insurance
- Market place insurance through the ACA (Obamacare)
- Medicare
- ADAP Premium Plus AIDS Drug Assistance Program (ADAP)
- Veterans
- Healthcare District
- Tricare
- Other private insurance

36. How would you rate your satisfaction with the health insurance that you have currently?

- I am very satisfied
- I am satisfied
- Neutral
- I am dissatisfied
- I am very dissatisfied

37. If you rated your satisfaction with your insurance as neutral or below, what are some aspects of your insurance are you dissatisfied with? **Mark all that apply.**

- This does not apply to me. I am satisfied with my health insurance
- The co-pays on visits/medications are too high
- My premiums are too high
- My deductible is too high
- It does not cover all the providers I want (eg. I had to change doctors)
- I do not like my doctor but I cannot find another one in my area that my insurance will cover
- I don't understand how it works

38. Do you have a specific doctor that you see regularly for your HIV medical care?

- Yes
- No (**If no, skip to question 41**)

39. How would you rate your satisfaction with the health doctor that you usually see for your HIV/AIDS care?

- I am very satisfied
- I am satisfied
- Neutral
- I am dissatisfied
- I am very dissatisfied

40. If you rated your satisfaction with your provider as neutral or below, what are some reasons why you are dissatisfied? **Mark all that apply**

- This does not apply to me. I am satisfied with my health care provider
- I feel like my health care provider judges me
- I feel like my health care provider doesn't know enough about HIV/AIDS
- I feel like I cannot trust my health care provider
- I feel like my health care provider doesn't really listen to me
- I feel like my health care provider doesn't care about me
- The duration of the visit is too short and rushed
- It takes a long time to get an appointment
- It is far to go for the appointment
- Other: \_\_\_\_\_

41. <b>Between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016</b> , have you had difficulty getting HIV medications for any of the following reasons?	Yes	No	Not Applicable
A) Long wait to get an appointment with my Case worker or Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Difficulty with the ADAP application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Difficulty seeing my case worker or doctor at least twice a year to remain enrolled in ADAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Unenrolled from ADAP without an explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Are you aware that ADAP funds may cover costs associated with your health insurance policy, including co-payments, deductibles, or premiums to purchase or maintain health insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Have you been made aware of the “hardship exemptions” that can pay for health insurance coverage based on hardships which affect your ability to pay for health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Have you disclosed your HIV status to anyone? **(If no, skip to question 46)**

- Yes
- No

45. Who have you disclosed your HIV status to? **Mark all that apply**

- Health provider
- Current partner
- Friends
- Family
- Everyone I have a sexual encounter with

46. Did you talk to your partner about taking medication to prevent HIV? (PrEP)

- Yes and he/she is taking medication
- Yes but he/she decided not to take medication
- No, but he/she is also HIV positive
- No, I currently do not have a sexual partner
- No, I do not know there are medications to prevent HIV
- No, I have not yet had that conversation

47. Do you always use a condom? **(If yes, skip to question 49)**

- Yes
- No
- N/A

48. If no, what are the reasons you do not?

- I don't like the way condoms feel
- My partner is also HIV positive
- My partner does not like to use condoms
- Not enough time
- I'm on birth control or my partner is
- I don't want to spend money on condoms
- Other, please specify: \_\_\_\_\_

49. Within the last 6 months have you received information on:	Yes	No
A. How to prevent HIV Transmission?	<input type="checkbox"/>	<input type="checkbox"/>
B. How to protect one's self from HIV re-infection?	<input type="checkbox"/>	<input type="checkbox"/>
C. How to use a condom or other barrier?	<input type="checkbox"/>	<input type="checkbox"/>
D. How Viral Load is linked to HIV Prevention?	<input type="checkbox"/>	<input type="checkbox"/>
E. How to talk to partners about condom use?	<input type="checkbox"/>	<input type="checkbox"/>
F. How to disclose HIV status to partners?	<input type="checkbox"/>	<input type="checkbox"/>
G. How to clean needles or other items that can cause infection?	<input type="checkbox"/>	<input type="checkbox"/>

50. Where did you receive the information above? Select all that apply.

- Medical provider
- Case manager
- Internet search
- Social Media (Facebook, Twitter, Grindr, etc)
- Family member or friend
- Other, please specify: \_\_\_\_\_

51. Where do you generally receive health-related information? Select all that apply.

- Medical provider
- Case manager
- Internet search
- Social Media (Facebook, Twitter, Grindr, etc)
- Family member or friend
- Other, please specify: \_\_\_\_\_

52. Where do you receive general/non-health related information?

- Internet search
- Social Media (Facebook, Twitter, Grindr, etc)
- Faith-based organization
- Library/Community center
- Family member or friend
- Other, please specify: \_\_\_\_\_

53. How much do you feel you are engaged with your care?

- Not much, I am still figuring out my diagnosis
- I only go to my appointments because it is a Ryan White requirement
- Quite engaged, I try to go to all my appointments, take all my medication, etc.
- Very engaged, I do all I can to be healthy and I have great support from providers and from friends/family/partner

54. Were you in city or county Jail (not prison) **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016?**

- Yes
- No (**If no, skip to question 58**)

55. Did the city or county Jail (not prison) medical staff know you had HIV/AIDS?

- Yes
- No

56. Did you get your HIV medication in Jail without interruption?

- Yes
- No

57. When you were released from city or county Jail (not prison), which of the following did you receive?

**(Mark all that apply)**

- Information about finding housing
- Referral to medical care
- Referral to case management
- A \_\_\_\_\_ day(s) supply of HIV medication to take with me
- Other: \_\_\_\_\_
- None of the above

58. Were you in prison between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016? **(If no, skip to question 61)**

- Yes
- No

59. Did the prison medical staff know you had HIV/AIDS?

- Yes
- No

60. Did you get your HIV medication in prison without interruption?

- Yes
- No

**Definitions:** Household for this section means, the total number of persons living in the home.

61. In the past year **(June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016)**, how many nights have you NOT had a place of your own in which to sleep? \_\_\_\_\_

62. Have you been continuously homeless for a year or more?

- Yes
- No

63. Have you had four or more times of homelessness in the past three years?

- Yes
- No

64. Which of the following best describes your current living situation? If multiples answers apply to you, select the answer that refers to where you stayed last night.

- Apartment/house/trailer that I own
- Apartment/house/trailer that I rent
- At my parent's/relative's apartment/house/trailer-Permanent Situation
- At my parent's/relative's apartment/house/trailer-Temporary Situation
- Someone else's apartment/house/trailer-Permanent Situation
- Someone else's apartment/house/trailer-Temporary Situation
- In a rooming or boarding house
- In a "supportive living" facility (assisted Living Facility)
- Transitional housing such as a half-way house or hotel or motel room
- Nursing home
- Homeless (on the street/in car/abandoned building)
- Homeless shelter
- Domestic violence shelter
- Other housing provided by the city or state

- Hospice
- In Jail/prison
- Other (specify): \_\_\_\_\_

65. Have you moved two or more times in the past six months?

- Yes
- No

66. If you moved two or more times in the past six months, why did you have to move? **Mark all that apply**

- This does not apply to me. I did not have to move twice or more during the past six months
- I didn't have enough money for the deposit
- I could not find affordable housing
- I had bad credit
- I was put on the waiting list
- I had a mental/physical disability
- I had a criminal record
- I feel I was discriminated against
- I had no transportation to search for housing
- I didn't qualify for housing assistance
- I had substance use issues
- Other (specify): \_\_\_\_\_

67. Think about your housing situation now: do any of the following stop you from doing what you need to do to stay healthy? **Mark all that**

- I don't have a private room
- I don't have a place to store my medications
- I don't have a telephone where someone can call me
- I don't have enough food to eat
- I don't have money to pay for rent
- I don't have heat and/or air conditioning
- I don't want anyone to know I have HIV
- I can't get away from drugs (in the neighborhood)
- None of the above

68. Approximately how long have you lived at your current residence?

- Less than 1 month
- 1-2 months
- 3-6 months
- 6 months – 1 year
- More than 1 year
- I don't know

69. Do you currently own or rent (eg: own house/apartment/trailer)?

- I rent

- I own
- Neither (Not paying for housing)

70. If you rent, did you receive housing assistance **between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016**? **Mark all that apply**

- This does not that apply to me.
- Yes and I will still currently receive housing assistance
- Yes but I do not receive assistance any more
- I have not received assistance between June 1<sup>st</sup> 2015 and May 31<sup>st</sup> 2016

71. How much do you and/or your household pay monthly for the rent or mortgage? If you receive assistance, this is not necessarily the amount of your rent, but how much you and your household members actually pay? \_\_\_\_\_

72. In the past year, have you had to do any of these things to have a place to sleep? **Mark all that apply**

- Sleep in a car
- Trade sex for a place to spend the night or money for rent
- Sleep at a family member/friend's house
- Sleep on the streets, in a park, or in another outdoor place
- Sleep in a shelter
- None of these

73. What was your total income last month? (Include all of the money you received, plus the money anyone else who lives with you received. Include money from government assistance, except food stamps).

- No income (\$0.00)
- Under \$500
- \$500 - \$749
- \$750 - \$999
- \$1,000 - \$1,249
- \$1,250 - \$1,499
- \$1,500 - \$1,749
- \$1,750 - \$ 1,999
- \$2,000 - \$2,249
- \$2, 250 – 2,499
- \$3,000 or more

74. How many people are supported by this income? (Total number of household members including yourself)

- 1
- 2
- 3

- 4
- 5 or more

75. Including yourself, how many members of our household are HIV positive?

- 1
- 2
- 3
- 4
- 5 or more

76. Please indicate the size of your current home: (Mark one)

- Single room occupancy (SRO)/studio
- 1 bedroom
- 2 bedroom
- 3 bedroom
- 4+ bedroom
- None, I am homeless

77. Is there anything else you would like to tell us about your housing situation or healthcare services that was not covered in this survey?

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\*\* In the coming months, we will be holding focus groups to discuss these issues in further detail. If you would like to be contacted to participate, please write your first name and phone number where you can be reached. Additional incentives (gift cards) will be offered for participation in the focus group.

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**“THANK YOU for taking the time to provide this information. Your responses will affect how *your* local HIV/AIDS funding is spent.” Present participant with a gift card**

## **RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT**

Ryan White HIV/AIDS Treatment Modernization Act was named after an Indiana teenager who was diagnosed with AIDS in the mid-1980s, when there was widespread ignorance about HIV/AIDS. Through active public education, Ryan White put a human face on a disease that had been cloaked in secrecy and fear. Ryan died in 1990 at the age of 18, four months before the Ryan White HIV/AIDS Treatment Modernization Act was passed.

The Ryan White Comprehensive AIDS Resources Emergency Act (i.e. Ryan White CARE Act/CARE Act) is a Federal law that was first passed by Congress in 1990. The law was re-authorized again in 1996 and 2001 with new requirements. In 2006 the Act was changed again to the Ryan White HIV/AIDS Treatment Modernization Act. This Ryan White HIV/AIDS Treatment Modernization Act is intended to help communities and States increase the availability of primary health care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for under-served populations and improve the quality of life of those affected by the epidemic.

The Health Resources and Services Administration (HRSA) has lead responsibility for the implementation of the Ryan White HIV/AIDS Treatment Modernization Act. Within HRSA's Bureau of Health Resources Development, the Division of HIV Services (DHS) administers Parts A and B of the Ryan White HIV/AIDS Treatment Modernization Act, and has the additional responsibility of developing and disseminating technical assistance materials to state and local grantees. The Bureau of Primary Health Care is responsible for Part C; the Maternal and Child Health Bureau is responsible for Part D; and the Bureau of Health Professions is responsible for AIDS Education and Training Center (AETC)-s and the Dental Reimbursement Program under Part F.

## **RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT** **PURPOSE**

TO revise and extend the program for providing life-saving care for those with HIV/AIDS. Address the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care.

## **RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT** **STRUCTURE**

Responsibility for administering the Ryan White HIV/AIDS Treatment Modernization Act falls upon the Health Resources and Services Administration (HRSA), which is part of the Public Health Service, within the U.S. Department of Health and Human Services.

Part A: Subpart I:  
Eligible Metropolitan Areas (EMAs) with the largest number of reported cases of AIDS to meet the emergency service needs of people living with the HIV disease.  
Subpart II:

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~~Transitional Grant Areas (TGAs)~~

Part B:

Base:

Is received by all 50 States (and Puerto Rico, some territories, and District of Columbia -D.C.) to improve the quality, availability and organization of health care and support

services for individuals living with HIV disease and their families.  
ADAP and ADAP Supplemental:  
AIDS Drug Assistance Program  
Emerging Community (EC) Supplemental Grant:  
New Supplemental Grant Program:

- Part C: Public and nonprofit entities, such as Community and Migrant Health Centers, to support capacity building, early intervention services for people living with HIV disease, including HIV counseling and testing, primary care, and referrals to health and support services.
- Part D: Clinical research on therapies for children with HIV disease and pregnant women with HIV, and health care to children and their families.
- Part E: Emergency Response Employees: Provisions to address public health emergencies.
- Part F: AIDS Education and Training Centers (AETCs), Special Projects of National Significance (SPNS), Dental Reimbursement, and Minority AIDS Initiative (MAI).

## **PART A**

Part A is administered by the Division of HIV Services (DHS) within Health Resources and Services Administration (HRSA).

Part A funds go to areas that have been hit hardest by the HIV epidemic. These areas are called eligible metropolitan areas (EMAs) and are usually cities or counties. In order to be eligible, the EMA must have a population of at least 50,000 to qualify as a new EMA. Subpart 1, EMAs, must have cumulative total of more than 2,000 AIDS cases during the most recent 5 year period. Subpart II, TGAs, must have cumulative total of 1,000-1,999 AIDS cases during most recent 5 year period.

### **GRANTEE:**

The grant goes to the chief elected official (CEO) of the major city or county in the EMA. The CEO may be the mayor, county executive, chair of the board of supervisors, or judge. Part A funds may be used for HIV outpatient health and support services, case management and comprehensive treatment services.

Part A funds cannot replace existing local/state funds or be used to pay for services which can be covered by other sources such as Medicaid, Medicare, state/local programs, or private health insurance plans.

**PART A IMPLEMENTATION OVERVIEW**

CHIEF ELECTED OFFICIAL (CEO)	CEO/GRANTEE	PLANNING COUNCIL
Designates planning council	Administers funds in accordance with planning council priorities	Develops comprehensive plan consistent with state and local plans
Must distribute funds in accordance with planning council priorities	Selects providers and contractors	Establishes priorities and allocates funds across service categories
	Prepares grant applications to HRSA and reports	Assesses the efficiency of the administrative mechanism for the allocation of funds
	<p>Monitors contract activities; provides reports to planning council</p> <p>Works with the planning council to:</p> <ul style="list-style-type: none"> <li>Set process and dates for allocation of funds</li> <li>Support planning council work</li> <li>Conduct comprehensive needs assessment</li> <li>Establish grievance procedures</li> </ul>	<p>Assesses, at its discretion, the effectiveness of services offered in meeting identified needs</p> <p>Participates in the development of the Statewide Coordinated Statement of Need (SCSN)</p>

## **PART A IMPLEMENTATION**

### *Funding:*

- Formula funds provide direct financial assistance to EMAs most severely affected by the HIV epidemic and depends on the numbers of persons infected with HIV.
- Supplemental funds provide direct financial assistance to EMAs that demonstrate severe need for funding in addition to their formula-based awards.

### *Use of funds:*

- Cannot replace existing municipal or State funds
- Priority for women, infants, and children- services in proportion to their percentage within the EMAs total AIDS population
- Private for-profit entities, if they are the only providers of high quality HIV care in the area
- Aggregate administrative costs across entities capped at 10%
- Grantee administrative costs capped at 5%
- No funds for construction, land purchase, or cash payments to intended recipients of services
- Payor of last resort

### *Eligible providers and services:*

- Public or nonprofit entities
- Private for-profit entities, if they are the only providers of high quality HIV care in the area
- Substance abuse and mental health treatment programs are also specifically cited as eligible for funding include:
  - < Outpatient and ambulatory health and support services
  - < Inpatient case management services that expedite discharge

**PALM BEACH COUNTY HIV CARE COUNCIL  
PART A - RYAN WHITE CARE ACT GRANT**

**SERVICE CATEGORY DEFINITIONS  
HRSA Policy Notice #16-02  
MARCH 1, 2018- FEBRUARY 28, 2019**

**CORE MEDICAL SERVICES**

**Outpatient/Ambulatory Medical Care**

The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

**\*Laboratory Diagnostic Testing (included in OAMC services, Not a HRSA defined service, no separate SOC)**

HIV viral load testing, CD4/CD8, CBC with diff., blood chemistry profile, & other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, IGRA, AFB, pap smear, toxoplasmosis, hepatitis B, & CMV serologist) & all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease & its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate.

**AIDS Pharmaceutical Assistance (LPAP)**

The purpose of a Local AIDS Pharmaceutical Assistance Program (LPAP) is to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for prevention and treatment of opportunistic infections. An LPAP is a program to ensure that clients receive medications when other means to procure medications are unavailable or insufficient. As such, LPAPs are meant to serve as an ongoing means of providing medications for a period of time.

Limitations:

- Local pharmacy assistance programs are not funded with AIDS Drug Assistance Program (ADAP) earmark funding.

HIV/AIDS Integrated Needs Assessment 2017 - Palm Beach

- LPAPs are not to take the place of the ADAP program.
- LPAPs are not emergency financial assistance for medications; please refer to Emergency Financial Assistance- HIV Medications/Prior Authorization Standards of Care.
- Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-payment discounts.
- Funds may not be used to make direct payments of cash/vouchers to a client.
- No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).

Local AIDS Pharmaceutical Programs provide:

- HIV medications that are not included in the ADAP formulary
- Medications when the ADAP financial eligibility is restrictive
- Medications if there is a protracted State ADAP eligibility process and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs)

**\*Specialty Outpatient Medical Care (Not a HRSA defined service)**

Short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for HIV positive patients based upon referral from a primary care provider, physician, physician assistant, registered nurse. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry.

**Oral Health Care**

Oral HealthCare (Dental Services) will encompass dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Clinical interventions are based on treatment guidelines and recognized clinical protocols established legal and ethical standards. As such, Oral Health Care shall be provided based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection, preservation of dentition and restoration of functioning

Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services rendered by dentists and dental hygienists.

**Early Intervention Services (EIS)**

EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Integrated Needs Assessment/Prevention

May include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals to appropriate services based on HIV status; linkage to care and education and health literacy training for clients to help them navigate the HIV care system; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

Services shall be provided at specific points of entry. Coordination with HIV prevention efforts and programs as well as prevention providers is required. Referrals to care and treatment must be monitored. Grantee may modify targeted areas to include additional key points of entry.

### **Health Insurance Premium & Cost Sharing Assistance**

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
  - Paying cost-sharing on behalf of the client.
- Recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- Recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

### **Medical Nutrition Therapy**

Medical Nutrition Therapy services include nutritional assessment and screening; dietary/nutritional evaluation; food and/or nutritional supplements per medical provider's recommendation; nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory health services.

All services performed under this service category must be pursuant to a medical provider's referral and based upon a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

### **Home and Community-Based Health Services**

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services

- Durable medical equipment
  - Home health aide services and personal care services in the home
- Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

### **Mental Health Services**

Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

### **Medical Case Management Services (including treatment adherence)**

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Determining eligibility status
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

## SUPPORT SERVICES

### **Non-Medical Case Management Services**

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Determining eligibility status
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

### **Emergency Financial Assistance (EFA)**

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

### **Emergency Financial Assistance- HIV Medications/Prior Authorization (EFA-PA) \* (Not a HRSA defined service)**

Emergency Anti-Retroviral medications provided to clients on a limited or short-term basis when no other payer sources are available. Medications purchased under this program must be purchased at Public Health Service (PHS) prices or less.

Limitations:

- Local pharmacy assistance programs are not funded with AIDS Drug Assistance Program (ADAP) earmark funding.
- EFA-PAs are not to take the place of the ADAP program.
- Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-payment discounts.
- Funds may not be used to make direct payments of cash/vouchers to a client.

No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).

**Food Bank/Home Delivered Meals- Nutritional Supplements \* (Not a HRSA defined service, No SOC, old Nutritional Supplements definition)**

Provision of nutritional supplement prescribed as a treatment for diagnosed wasting syndrome.

Counseling linked to Primary Medical Care, Nurse Care Management or Human Services Management.

**Food Bank/Home Delivered Meals**

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

**Emergency Housing Services**

Housing services provide emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and emergency housing assistance.

Emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

**Legal Services**

Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
- Preparation of:
  - Healthcare power of attorney
  - Durable powers of attorney
  - Living wills

Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:

- Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney

- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

### **Medical Transportation Services**

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

### **Substance Abuse Residential Services**

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

## **PART B: FUNDING TO STATES, District of Columbia (D.C.), PUERTO RICO AND ELIGIBLE U.S. TERRITORIES**

Part B Base and ADAP grants are awarded on a formula basis to States, the District of Columbia, Puerto Rico, and eligible U.S. territories to provide health care and support services for people living with HIV disease. Grants are awarded to the State agency designated by the governor to administer Part B, usually the health department.

### **Eligible Services:**

Part B Base funds may be used to support the same service categories as Part A. Part A should be used as a supplemental means.

## **PART C**

Part C supports comprehensive primary health care and other services for individuals who have been diagnosed with HIV disease.

Part C Services include:

- Risk-reduction counseling, partner involvement in risk reduction, education to prevent transmission, antibody testing, medical evaluation, and clinical care;
- Antiretroviral therapies, protection against opportunistic infections, ongoing medical, oral health, nutritional, psychosocial, and other care for HIV infected clients;
- Case management to assure access to services, and continuity of care for HIV infected clients; and
- Addressing co-epidemics that occur frequently in association with HIV infection, including tuberculosis and substance abuse.

## **PART D**

The Part D program is located in the Comprehensive Family Services Branch of the HIV/AIDS Bureau's Division of Community Based Programs. Title IV focuses on providing comprehensive, community-based, and family centered services to children, youth, and women living with HIV and their families. The program services include primary and specialty medical care, psychosocial services, and logistical support, as well as outreach and prevention to provide a continuum of care for at-risk populations.

## **PART E**

### **Aids Education and Training Centers (AETC) Program**

The AIDS Education and Training Centers (AETC) Program currently supports a network of 14 regional centers (and over 70 associated sites) that conduct targeted, multidisciplinary education and training programs for health care providers treating persons with HIV/AIDS. The AETCs, which serve all 50 States, the Virgin Islands, Puerto Rico and the six United States Pacific Jurisdictions, increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat,

and medically manage individuals with HIV infection and to help prevent high risk behaviors that led to HIV transmission.

### **Minority HIV/AIDS Initiative**

Minority HIV/AIDS Initiative funds target programs to enhance effective HIV/AIDS efforts that directly benefit racial and ethnic minority communities in three broad funding categories: technical assistance and infrastructure support, increasing access to prevention and care, and building stronger community linkages to address the HIV prevention and health care needs of specific populations.

### **HIV/AIDS Dental Reimbursement Program**

The HIV/AIDS Dental Reimbursement Program reimburses dental schools and post-doctoral dental education programs for un-reimbursed cost incurred in providing oral health care to patients with HIV infection. Eligible applicants must have documentation of un-reimbursed costs of oral health care for HIV positive persons, and must be accredited by the Commission on Dental Accreditation.

### **Special Projects of National Significance (SPNS)**

Special Projects of National Significance (SPNS) projects are funded by HIV/AIDS Bureau (HAB) and Health Resources and Services Administration (HRSA) to establish innovative demonstration, research and evaluation projects that respond to the challenge of HIV/AIDS service provision to underserved and vulnerable populations.

## **HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

### ***OVERVIEW AND BACKGROUND***

The HOPWA program was authorized by the AIDS Housing Opportunities Act (AHOA) and amended by the Housing and Community Development Act of 1992 (Pub. L 102-550, approved October 28, 1992). The program is designed to provide States and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons and their families with Acquired Immunodeficiency Syndrome (AIDS) and related diseases. The program authorizes formula grants to localities for housing assistance and services. The City of West Palm Beach, as the largest Eligible Metropolitan Statistical Area (EMSA) in Palm Beach County, is the recipient of the HOPWA formula grant funds. The City of West Palm Beach is responsible for serving eligible persons who live anywhere within the EMSA.

### ***HOUSING CATEGORY DESCRIPTIONS***

#### Tenant-Based Independent Housing:

The Tenant-Based Independent Housing Assistance (TBIHA) program serves persons who require assistance with rental payments for an extended period of time. This program is intended to provide housing that enables low and very low income people with HIV/AIDS to live independently. TBIHA refers to a residential setting such as a house, an apartment, congregate apartment clusters or shared group housing. TBIHA refers to the concept of independent living where a resident can maintain activities of daily living (dressing, bathing, eating) without assistance. The goal is to provide eligible households with financial assistance. The goal is to provide eligible households with financial assistance for affordable housing. The maximum amount of monthly assistance under this program is the U.S. Housing and Urban Development (HUD) published fair market rents (FMR) for unit size in Palm Beach County less the amount of the participant's required share of the rent payment, usually thirty percent (30%) of the individual or family's adjusted monthly income. The assistance is ongoing, subject to continued eligibility, and the availability of HOPWA funds. The City will accept proposals of TBIHA directed at persons who required assistance with rental payments for an extended period of time and greater assistance in locating and maintaining housing. In addition, persons receiving assistance through this program must be engaged in participation with Workforce Development agencies and other organizations that promote self sufficiency through job training and educational opportunities (Agencies must provide grantee with guidelines and criteria that determine applicability for client involvement). Review Code of Federal Regulations, Housing and Urban Development, 24 HOPWA Regulations, Part 574, Subpart E, Section 574.320, Additional Standards for Rental Assistance

#### Homeless prevention short term Housing assistance:

The Short-Term, Rent, Mortgage and Utility Assistance (STRMUA) program serves persons who require assistance with rental or mortgage payments for a transitional period, not to exceed twenty-one (21) weeks within a fifty-two (52) week period. In extraordinary circumstances, such as threatened eviction or foreclosure, short-term assistance may be applied to past due rent or mortgage payments not to exceed eight (8) weeks. The goal is to prevent eligible persons from becoming homeless as a result of HIV/AIDS. ~~Integrated Needs Assessment 2017 - Palm Beach~~

temporary financial pressures. The maximum amount of monthly assistance under this Program is the US Housing and Urban Development (HUD) published fair market rents (FMR) for unit size in Palm Beach County. The goal of providing utility assistance is to provide eligible households with assistance in paying utility bills. Eligible costs include fees for reconnecting, ongoing electricity, gas, sewer and water services. *Review Code of Federal Regulations, Housing and Urban Development, 24 HOPWA Regulations, Part 574, Subpart D, Section 574.330, Additional Standards for Short-Term Supported Housing.*

### Provider-Based Supportive Housing

Provider-Based Supportive Housing (PBSH) program refers to housing in a residential setting in which a range of supportive services are provided on-site. Supportive housing programs are required when truly independent living is not appropriate because an individual needs assistance with the activities of daily living. This type of housing incorporates a broad array of supportive living arrangements such as small group homes, single room occupancy (SRO) residences, board and care homes. PBSH should require residents to participate in at least a minimum level of support services, such as weekly meetings, updating care plan and goals, etc. Supportive housing programs should provide or require participation in substance abuse counseling and treatment. To maximize the limited resources available to meet the housing needs of persons living with HIV/AIDS, HOPWA funds are not being directed at support services. Successful awardees are required to ensure that recipients served by their programs receive these services. *Review Code of Federal Regulations, Housing and Urban Development, 24 HOPWA Regulations, Part 574, Subpart E, Section 574.340, Additional Standards for Community Residences.*

### Nursing/Hospice Facility Services

The Nursing/Hospice Facilities Services (NHFS) program serves individuals that need 24-hour nursing and attendant care.

*Nursing Facilities-* Some patients with HIV/AIDS need the continuous availability of procedures including the administration of injections, infusions and application of dressings. Services may also include occupational and physical therapy, respiratory therapy, meals and nutritional counseling and therapeutic activities. To maximize the limited resources available to meet the housing need of persons living with HIV/AIDS, HOPWA funds are not being directed at support services. Successful awardees are required to ensure that recipients served by their programs receive these services.

*Hospice Facilities-* These types of housing services ease the pain and suffering of individuals during the end stage of AIDS. Services include skilled nursing, attendant care, treatment for pain control and symptom management, and dietary services. Nursing facilities are intended for individuals who need the continuous availability of nursing care and are too sick to remain at home, but do not require immediate access to the full range of medical services in an acute care hospital. Hospice facilities are intended for the terminally ill individual whose homes are no longer available or appropriate, or who are homeless and do not require any form of curative care. *Review Code of Federal Regulations, Housing and Urban Development, 24 HOPWA Regulations, Part 574, Subpart D, Section*

574.340, *Additional Standards for Community Residences.*

### Transitional Housing

Transitional Housing (TH) programs provide short-term housing for individuals unable to move into permanent housing. The duration of this type of housing is for a period of up to one (1) year. These programs often target a specific sub-population, and residents can be required to participate in counseling programs to assist them in overcoming a specific problem, such as long term substance abuse recovery. All TH is intended to prepare formerly homeless individuals to move into supportive or permanent housing, either tenant-based independent such as a rental apartment or to provider-based supportive housing. TH can be provided at a single site, scattered sites, or through rental assistance in the communities. TH is often designed to serve special target populations. Special populations that may benefit from transitional housing include (1) individuals who are dually and triply diagnosed, (2) individuals leaving incarceration or with a criminal history, (3) individuals who need support to remain abstinent from drug use, and (4) families with children. *Review Code of Federal Regulations, Housing and Urban Development, 24 HOPWA Regulations, Part 574, Subpart D, Section 574. 340, Additional Standards for Community Residences.*

## **HIV Patient Care Network**

### *Overview*

HIV Patient Care Network funding is from Florida State revenue dollars. The funding is allocated by the Florida State Legislature. The State shows the dollars as matching funds in their application for the Ryan White Title II federal funds. The CARE Council is considered an advisory body in the allocation of Network funds. The other areas that receive Network funding include Dade County, Monroe County, East Central Florida (Orange, Osceola, Seminole and Brevard Counties), West Central Florida (Hillsborough, Polk, Pinellas and Pasco Counties), and Northeast Florida (Duval, St. Johns, Clay, Nassau, Baker, Volusia and Flagler counties).

## **HIV/AIDS Patient Care**

### *Overview*

HIV/AIDS Patient Care funds are from Florida State revenue dollars. These funds are allocated to Health Departments in 29 of the 67 counties. There is no advisory board requirement, but the Palm Beach County Health Department reports the use of these funds on a quarterly basis to the Palm Beach County HIV CARE Council.

## Glossary

**Accountability:** A framework that has been created to determine how a group and its members will be responsive and responsible to itself and the community.

**ACTG (AIDS Clinical Trials Group):** A network of medical centers around the country in which federally-funded clinical trials are conducted to test the safety and efficacy of experimental treatments for AIDS and HIV infection. These studies are funded by the National Institute of Allergy and Infectious Diseases (NIAID).

**Acute:** Reaching a crisis quickly; very sharp or severe.

**ADAP (AIDS Drug Assistance Program):** A State-administered program authorized under Part B of the Ryan White Act that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid.

**Administrative Agent or Fiscal Agent:** An organization, agent, or other entity (i.e., public health department or community based organization) which assists a grantee in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals (RFPs), monitoring contracts). Not all grantees use a separate administrative or fiscal agent.

**Advocacy:** Representation of the needs of a particular community. This can involve education of health and social service providers, local policy makers, elected officials and the media.

**AETC (AIDS Education and Training Center):** Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White Act and administered by HRSA's HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

**Affected Communities:** Groups of people who are either infected with the HIV virus or who are family members/significant others of infected individuals.

**Aggregate Data:** Combined data, composed of multiple elements, often from multiple sources; for example, combining demographic data about clients from all primary care providers in a service area generates aggregate data about client characteristics.

**AIDS (Acquired Immunodeficiency Syndrome):** A severe immunological disorder caused by a retrovirus and resulting in susceptibility of opportunistic infections and certain rare cancers. This disease is caused by the human immunodeficiency virus (H.I.V.).

**AIDS Network:** The AIDS Network were established to plan, develop and deliver comprehensive health and support services to meet the identified needs of individuals with HIV/AIDS in a cost effective manner. The Florida Legislature funds the Network. The department is ultimately responsible and accountable to the legislature for the network's appropriate utilization of the funds as established.

**Allocation:** Total dollar amount that may be expended for a service category.

**Antibody:** A substance in the blood formed in response to invading disease agents such as viruses, bacteria, fungi and parasites. Antibodies defend the body against invading disease agents. Most HIV tests are antibody test including ELISA, Synthetic Peptide, Western Blot.

**Antiretroviral:** A substance that fights against a retrovirus, such as HIV.

**ASO (AIDS Service Organization):** An organization which provides medical or support services primarily or exclusively to populations infected with and affected by HIV disease.

**At-Risk Communities:** Specific groups of people in a defined area who have a greater chance of becoming HIV-infected due to behaviors of actions common to the group (i.e., injection drug users, men who have sex with men).

**Attitude:** A state of mind or feeling regarding a particular subject.

**Average:** A way of describing the typical value or central tendency among a group of numbers, such as average age or average income.

**Bar Graph or Bar Chart:** A visual way to show and compare scores or values for different categories of variables; for example, a bar chart might be used to show the number of reported AIDS cases who are from each major racial/ethnic group; the taller the bar, the larger the number of AIDS cases.

**Behavioral Risk Factor Surveillance System (BRFSS):** A telephone survey conducted by most states which provides information about a variety of health risk behaviors from smoking and alcohol use to seat belt use and knowledge of HIV transmission.

**Behavioral Science:** A science, such as psychology or sociology, that seeks to survey and predict responses (behaviors and actions) of individuals or groups of people to a given situation (i.e. why people do what they do).

**BHRD (Bureau of Health Resources Development):** Bureau within the Health Resources and Services Administration (HRSA, [her-sa]), U.S. Department of Health and Human Services, which is responsible for administering the Ryan White Part A, Part B and SPNS (Special Projects of National Significance), among other programs.

**Bylaws:** Standing rules written by a group to govern their internal function; address issues of voting, quorums, attendance, etc.

**Capacity Development:** Building the abilities and knowledge of individuals or groups so they may fully participate in a process or organization.\*

**Casual Contact:** Normal day-to-day contact (i.e, shaking hands among people at home, school, work or in the community).

**CBO (Community Based Organization):** An organization which provides services to locally-defined populations, which may or may not include populations infected with or affected by HIV disease.

**CDC (Centers for Disease Control and Prevention):** The Department of Health and Human Services (DHHS) agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants and publishes epidemiologic reports such as the *HIV/AIDS Surveillance Report*.

**CD4 or CD4+Cells:** Also known as T-cells, these cells are responsible for coordinating much of the immune response. HIV's preferred targets are cells that have a docking molecule called a cluster designation 4" (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS, and increasing CD4 levels appear to be the best indicator for developing opportunistic infections.

**CD4 Cell Count:** The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. CD4 counts should be rechecked at least every 6 to 12 months if CD4 counts are greater than 500/mm<sup>3</sup>. If the count is lower, testing every 3 months is advised. A CD4 count of 200 or less indicates AIDS.

**CEO: (Chief Elected Official):** The official recipient of the Ryan White Part A funds within the EMA, usually a city mayor, county executive, or chair of the county board of supervisors. The CEO is ultimately responsible for administering all aspects of the Ryan White Act in the EMA and ensuring that all legal requirements are met. In EMAs with more than one political jurisdiction, the recipient of Ryan White Part A funds is the CEO of the city or urban county that administers the public health agency that provides out patient and ambulatory services to the greatest number of people with AIDS in the EMA. In Palm Beach County the CEO is the Board of County Commissioners.

**Chronic:** A prolonged, lingering or recurring state of disease.

**Closed- Ended Questions:** Questions in an interview or survey format that provide a limited set of predefined alternative responses; for example, a survey might ask PLWH/A respondents if they are receiving case management services, and if they say yes, ask about how often have you been in contact with your case manager for services during the past six months, either in person or by telephone? and provide the following response options: Once a week or more, 2-3 times a month,

about once a month, 3-5 times, 1-2 times, not at all.

**Coalesce:** To grow together in order to form one whole unit.

**Coalition:** An alliance of community groups, organizations or individuals to meet a goal or purpose.

**Coding:** The process the data from one format to another, usually so the information can be entered into a computer to be tabulated and analyzed; often, coding involves assigning numbers to all the possible responses to a question, such as Yes=1, No=2, Not Sure =3, No Response=0.

**Collaboration:** A group of people or organizations working together to solve a problem in a process where individual views are shared and discussed and may be changed as the group progresses toward its goals.

**Community:** A group of people living in a defined area who share a common language, ethnicity, geographic area, behavior or belief.

**Co-Morbidity:** A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

**Comprehensive Planning:** The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision making about services and maintain a continuum of care for PLWH/As.

**Compromise:** A give and take process where all points of view are considered and weighed in order to reach a common plan or goal.

**Conflict:** A disagreement among two or more parties.

**Conflict of Interest:** A conflict between one's obligation to the public good and one's self-interest. For example, if the board of a community-based organization is deciding whether to receive services from Company A, and one of the board members also owns stock in Company A, that person would have a *conflict of interest*.

**Confidentiality:** Keeping information private or secret.

**Consortium/HIV Care Consortium:** A regional or Statewide planning entity established by many State grantees under Ryan White Part B to plan and sometimes administer Part B services. An association of health care and support service providers that develops and delivers services for PLWH/A under Ryan White Part B.

**Continuity:** Having the same or a similar situation, person or group over a period of time.

**Continuum of Care:** An approach that helps communities plan for and provide a full range of

emergency and long-term service resources to address the various needs of PLWH/A.

**Cost Effective:** Economical and beneficial in terms of the goods or services received for the money spent.

**County Health Department AIDS Patient Care:** This funding is used for patient care services. An allocation is received by 29 of the 67 County Health Departments (CHD). The CHDs send Annual Plans to the Bureau of HIV/AIDS and report regularly as to the spending by category of these funds.

**Cultural Competence:** The knowledge, understanding and skills to work effectively with individuals from differing cultural backgrounds.

**Data:** Information that is used for a particular purpose.

**Data Analysis:** Careful, rigorous study of data; usually involves studying various elements of information and their relationships.

**DCBP (Division of Community Based Programs):** The division within HRSA's HIV/AIDS Bureau that is responsible for administering Ryan White Part C and Part D, and the HIV/AIDS Dental Reimbursement Program.

**Decimal Places:** Number of digits to the right of the decimal point, which separates numbers with a value greater than one from numbers with a value of less than one; the more numbers or decimal places used, the more precise the number; for example, 34.03 has two decimal places.

**Defined Populations:** People grouped together by gender, ethnicity, age, or other social factors.\*

**Dementia:** The loss of mental capacity that affects a person's ability to function.

**Department of Health and Human Services (DHHS):** The U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS includes more than 300 programs, covering a wide spectrum of activities. The Department's programs are administered by 11 operating divisions such as the Centers for Disease Control and Prevention, the Food and Drug Administration and the National Institutes of Health (see the entries for these agencies). DHHS works closely with state and local governments, and many DHHS-funded services are provided at the local level by state or county agencies, or through private-sector grantees. **Internet address:** <http://www.hhs.gov/>.

**DHS (Division of HIV Services):** The entity within Bureau of Health Resources Development (BHRD) responsible for administering Ryan White Part A and B.

**Diagnosis:** Confirmation of illness based on an evaluation of a patient medical history.

**Dispute:** A conflict in which the parties involved have brought an internal disagreement.

**Diverse/Diversity:** Made up of all kinds; a variety of people and perspectives in one organization, process, etc.

**Double blind Study:** A clinical trial design in which neither the participating individuals nor the study staff know which patients are receiving the experimental drug and which are receiving a placebo or another therapy. Double-blind trials are thought to produce objective results, since the expectations of the doctor and the patient about the experimental drug do not affect the outcome. See Blinded Study.

**Drug Resistance:** The ability of some disease-causing microorganisms, such as bacteria, viruses, and mycoplasma, to adapt themselves, to grow, and to multiply even in the presence of drugs that usually kill them. See Cross-Resistance.

**DSS (Division of Service Systems):** The division within HRSA HIV/AIDS Bureau that is responsible for administering Part A and B (including the AIDS Drug Assistance Program, ADAP).

**DTTA (Division of Training and Technical Assistance):** The division within HRSA's HIV/AIDS Bureau that is responsible for administering the AIDS Education and Training Centers (AETC) Program and technical assistance and training activities of the HIV/AIDS Bureau.

**Efficacy:** Power or capacity to produce a desired effect. If a prevention program has efficacy, it has been successful in achieving what it was intended to do.

**ELISA (Enzymes-Linked Immunosorbent Assay):** The most common test used to detect the presence of HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.

**EMA (Eligible Metropolitan Area):** The geographic area eligible to receive Ryan White Part A funds. The boundaries of the eligible metropolitan area are defined by the Census Bureau. Eligibility is determined by AIDS cases reported to the Centers for Disease Control and Prevention (CDC). Some EMAs include just one city and others are composed of several cities and/or counties. Some EMAs extend over more than one state.

**Encephalitis:** A brain inflammation of viral or other microbial origin. Symptoms include headaches, neck pain, fever, nausea, vomiting, and nervous system problems. Several types of opportunistic infections can cause encephalitis.

**Epidemic:** A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic disease can be spread from person to person or from a contaminated source such as food or water.

**Epidemiologic Profile:** A description of the current status and projected future spread of an

infectious disease (an epidemic) in a specified geographic area; one of the required components of a needs assessment.

**Epidemiology:** The branch of medical science that studies the incidence, distribution, and control of disease in a population.

**Ethnicity:** A group of people who share the same place or origin, language, race, behaviors, or beliefs.

**Etiquette:** Different groups who have certain norms for acceptable and unacceptable behavior that is important when conflict arises.

**Evidence-based:** In prevention planning, evidence is based on scientific data, such as AIDS cases reported to health departments and needs assessments conducted in a scientific manner.

**Exposure Category:** In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, men who have sex with men, and heterosexual contact.

**Family Centered Care:** A model in which systems of care under Ryan White Title IV are designed to address the needs of PLWH/As and affected family members as a unit, providing or arranging for a full range of services. The family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated care givers.

**Fiscal Year:** A twelve-month period set up for accounting purposes. For example, the federal government's fiscal year runs from October 1<sup>st</sup> to September 30<sup>th</sup> of the following year.

**FDA (Food and Drug Administration):** The DHHS agency responsible for ensuring the safety and effectiveness of drugs, biologic, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood-banking industry to safeguard the nation's blood supply.

**Financial Status Report (Form 269):** A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the grantee organization.

**Focus Group:** A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.

**Formula Grant Application:** The application used by EMAs and States each year to request an amount of Ryan White funding which is determined by a formula based on the number of reported AIDS cases in their location and other factors; the application includes guidance from DHS on program requirements and expectations.

**Forum:** A meeting or other outlets that provides an opportunity to share ideas and concerns on a particular topic in order to resolve disputes.

**Frequency Distribution:** A tally of the number of times each score or response occurs in a group of scores or response; for example, if 20 women with HIV provided information about how they were infected with the virus, the frequency distribution might be 8=injection drug use, 5= heterosexual contact with an injection drug user, 3=other heterosexual contact, 1= blood transfusion, and 3=don't know.

**Gender:** A person's sex (i.e. male or female)

**Generalizability:** The extent to which findings or conclusions from a sample can be assumed to be true of the entire population from which the sample was drawn.

**Genotypic Assay:** A test which analyzes a sample of the HIV virus from the patient's blood to identify actual mutations in the virus that are associated with resistance to specific drugs.

**Grant:** The money received from an outside group for a specific program or purpose. A grant application is a competitive process that involves detailed explanations about why there is a need for the money and how it will be spent.

**Grantee:** The recipient of Ryan White funds responsible for administering the funds. (for a full listing of definitions of grants management terms, see the PHS Grants Policy Statement, which can be accessed at [http://www.nih.gov/grants/policy/gps/.](http://www.nih.gov/grants/policy/gps/))

**Guidelines:** Rules and structures for creating a program.

**HAART (Highly Active Antiretroviral Therapy):** An aggressive anti-HIV treatment usually including a combination of two or more drugs with activity against HIV whose purpose is to reduce viral load to undetectable levels in the blood. There is a question about the virus hiding out in lymph glands, sperm, etc.

**HCFA (Health Care Financing Administration):** The DHHS agency that is responsible for administering the Medicaid, Medicare, and Child Health Insurance Programs.

**Hepatitis:** An inflammation of the liver, which may be caused by bacterial or viral infection, parasitic infestation, alcohol, drugs, toxins, or transfusion of incompatible blood. Although many cases of hepatitis are not a serious threat to health, the disease can become chronic and can sometimes lead to liver failure and death. There are four major types of viral hepatitis: (1) hepatitis A, caused by infection with the hepatitis A virus, which is spread by fecal-oral contact; (2) hepatitis B, caused by infection with the hepatitis B virus (HBV), which is most commonly passed on to a partner during intercourse, especially during anal sex, as well as through sharing of drug needles; (3) non-A, non-B hepatitis, caused by the hepatitis C virus, which appears to be spread through sexual contact as well as through sharing of drug needles (another type of non-A, non-B hepatitis is caused

by the hepatitis E virus, principally spread through contaminated water); (4) delta hepatitis, which occurs only in persons who are already infected with HBV and is caused by the HDV virus; most cases of delta hepatitis occur among people who are frequently exposed to blood and blood products such as persons with hemophilia.

**HICP (Health Insurance Continuation Program):** A program authorized and primarily funded under Ryan White Part B that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

**High-Risk Behavior:** Actions or choices that may allow HIV to pass from one person to another, especially through activities such as sexual intercourse and injecting drug use.

**HIV (Human Immunodeficiency Virus):** The virus that causes AIDS.

**HIV/AIDS Bureau (HAB):** The bureau within the Health Resources and Service Administration (HRSA) of the DHHS that is responsible for administering the Ryan White funding. Within HAB, the Division of Service Systems administers Part A, Part B, and the AIDS Drug Assistance Program (ADAP); the Division of Community Based Programs administers Part C, Part D, and the HIV/AIDS Dental Reimbursement Program; and the Division of Training and Technical Assistance administers the AIDS Education and Training Centers (AETC) Program. The Bureau's Office of Science and Epidemiology administers the Special Projects of National Significance (SPNS) Program.

**HIV/EIS (HIV Early Intervention Services/Primary Care):** Applied in the outpatient setting, HIV/EIS assures a continuum of care which include: (1) identifying persons at risk for HIV infection and offering them counseling, testing, and referral services, and (2) providing lifelong comprehensive primary care for those living with HIV/AIDS.

**HIV/AIDS Dental Reimbursement Program:** The program within HRSA's HIV/AIDS Bureau Division of Community Based Programs that assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV positive patients.

**HIV-Related Mortality Data:** Statistics that represent deaths caused by HIV infection.

**Home- and Community-Based Care:** A category of eligible services that States may fund under Ryan White Part B.

**Homophobia:** An aversion to gay, transgender or homosexual person(s).

**HOPWA (Housing Opportunities for Persons With AIDS):** A program administered by the U.S. Department of Housing and Urban Development (HUD) which provides funding to support housing for PLWH/A and their families.

**HRSA (Health Resources and Services Administration):** The DHHS agency that is responsible

for administering the Ryan White Act.

**HUD (Department of Housing and Urban Development):** The federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for Persons with HIV/AIDS (HOPWA).

**IDU/IVDU (Injecting Drug User/Intravenous Drug User):** A term used to refer to people who inject drugs directly into their blood streams by using a needle and syringe.

**IGA (Intergovernmental Agreement):** A written agreement between a governmental agency and an outside agency that provides HIV services.

**Immune System:** An integrated body system of organs, tissues, and cells within the body that protect it from viruses, bacteria, parasites, and fungi.

**Incidence:** The number of new cases of a disease that occur during a specified time period.

**Incidence Rate:** The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 population. AIDS rates are often expressed this way.

**Inclusion:** An assurance that all affected communities are represented in the community planning process.

**Key Informant Interview:** A non-survey information collection method involving in-depth interviews with a small number of individuals carefully selected because of their experiences and/or knowledge related to the topic of interest. An interview guide or checklist is used to guide the discussion. Also called a key person interview.

**KS (Kaposi-s Sarcoma):** A cancer that can involve the skin, mucous membranes, and lymph nodes; appears as grayish purple spots.

**Lead Agency:** The agency responsible for contract administration; also called a fiscal agent. An incorporated consortium sometimes serves as the lead agency. The lead agency for HOPWA is the City of West Palm Beach, the lead agency for Part B is Treasure Coast Health Council, the lead agency for County Health Department Patient Care and AIDS Network is the Department of Health.

**Leadership:** The ability or skills needed to conduct, influence or guide community groups and individuals in any effort, or the process of developing these abilities and skills.\*

**Lipodystrophy:** A disturbance in the way the body produces, uses, and distributes fat. Lipodystrophy is also referred to as "buffalo hump," "protease paunch," or "Crixivan potbelly." In HIV disease, lipodystrophy has come to refer to a group of symptoms that seem to be related to the

use of protease inhibitor drugs. How protease inhibitors may cause or trigger lipodystrophy is not yet known. Lipodystrophy symptoms involve the loss of the thin layer of fat under the skin, making veins seem to protrude; wasting of the face and limbs; and the accumulation of fat on the abdomen (both under the skin and within the abdominal cavity) or between the shoulder blades. Women may also experience narrowing of the hips and enlargement of the breasts.

**Macrophage:** A type of white blood cell that surrounds and consumes infected cells, disease agents, and dead material.

**Maintenance of Effort:** The Part A and Part B requirement to maintain expenditures for HIV-related services/activities at a level equal to or exceeding that of the preceding year.

**Mandate:** A directive or command that can be used to refer to a call for change as authorized by a government agency.

**Mean:** Arithmetic average calculated by adding up all the values or the responses to a particular question and dividing by the number of cases; for example, to determine the mean age of 12 children in a pediatric AIDS program, add up their individual ages and divide by 12.

**Measurable Objective:** An intended goal that can be proved or evaluated.

**Median:** A type of average which calculates the central value, the one that falls in the middle of all the values when they are listed in order from highest to lowest; for example, if the annual incomes of seven families were \$37,231, \$35,554, \$30,896, \$ 27,432, \$24,334, \$19,766, and \$18,564, the median would be \$27,432.

**Minority:** A racial, religious, political, national or other group regarded as different from the larger group of which it is a part.

**Mode:** A type of average which identifies the most frequently occurring value; for example, suppose a prevention project included 13 youth of the following ages: 16,16,15,14,14,14,14,13,13,12,12,11,10; the mode would be 14, which occurs four times.

**Monogamy:** The practice of being married to one person, or being in an intimate relationship with a single individual.

**Mutation:** In biology, a sudden change in a gene or unit of hereditary material that results in a new inheritable characteristic. In higher animals and many higher plants, a mutation may be transmitted to future generations only if it occurs in germ -- or sex cell -- tissue; body cell mutations cannot be inherited. Changes within the chemical structure of single genes may be induced by exposure to radiation, temperature extremes, and certain chemicals. The term mutation may also be used to include losses or rearrangements of segments of chromosomes, the long strands of genes. Mutation, which can establish new traits in a population, is important in evolution. As related to HIV: During the course of HIV disease, HIV strains may emerge in an infected individual that differ widely in

their ability to infect and kill different cell types, as well as in their rate of replication. Of course, HIV does not mutate into another type of virus.

**Myopathy:** Progressive muscle weakness. Myopathy may arise as a toxic reaction to AZT or as a consequence of the HIV infection itself.

**Needs Assessment:** A process of obtaining and analyzing findings about the needs of the community. Needs assessments may use several methods of information and data collection to determine the type and extent of unmet needs in a particular population or community. For example studying the needs of persons with HIV (PLWH) (both those receiving care and those not in care), identifying current resources (Ryan White Act and other) available to meet those needs, and determining what gaps in care exist.

**Networking:** Establishing links among agencies and individuals that may not have existed previously, which strengthens links that are used infrequently. Working relationships can be established to share information and resources on HIV prevention and other areas.

**NIH (National Institute of Health):** The federal agency that includes 24 separate research institutes and centers, among them the National Institute of Allergy and Infectious Diseases, National Institute of Mental Health, and National Institute of Drug Abuse. Within the Office of the NIH Director is the Office of AIDS Research, which is responsible for planning, coordinating, evaluating, and funding all NIH AIDS research.

**NGO (Non-Governmental Organization):** A private group that is not associated with federal, state, or local agencies; however, they often have programs or services that are similar to those offered by government agencies.

**NIH (National Institute of Health):** A division of the federal Health and Human Services agency which conducts medical research and offers the AIDS Clinical Trials Program.

**NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor):** The newest class of antiretroviral agents (e.g., delavirdine, nevirapine). NNRTIs stop HIV production by binding directly onto an enzyme (reverse transcriptase) in a CD4+ cell and preventing the conversion of the HIV virus-RNA to DNA.

**Nucleoside Analog:** Also called NRTI (Nucleoside Reverse Transcriptase Inhibitor) is the first effective class of antiviral drugs (e.g., AZT, ddI, ddC, d4T). NRTIs act by incorporating themselves into the HIV DNA, thereby stopping the building process. The resulting HIV DNA is incomplete and unable to create new virus.

**OMB (Office of Management and Budget):** The office within the executive branch of the Federal government which prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

**Open-Ended Questions:** Questions in an interview or survey format that allow those responding to answer as they choose, rather than having to select one of a limited set of predefined alternative responses.

**Opportunistic Infection (OI):** An infection or cancer that occurs in persons with weak immune systems to fight off bacteria, viruses and microbes due to AIDS, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's Sarcoma (KS), pneumocystis pneumonia (PCP), toxoplasmosis, and cytomegalovirus are all examples of opportunistic infections.

**OSE (Office of Science and Epidemiology):** The office within HRSA HIV/AIDS Bureau that administers the SPNS Program, HIV/AIDS evaluation studies, and the Annual Administrative Report (AAR).

**Over-representation/Under-representation:** Term often used to indicate that a particular sub-population makes up a larger proportion- or a smaller proportion - of a particular group than would be expected, given its representation in the total population; for example, Hispanics and African Americans are both over represented among AIDS cases, compared to their percentage in the U.S. population, while Asians/Pacific Islanders are under-represented.

**Over-sampling:** A procedure in stratified random sampling in which a larger number of individuals from a particular group (or stratum) are selected than would be expected given their representation in the total population being sampled; this is done in order to have enough subjects to permit separate tabulation and analysis of that group; for example, minorities are often over sampled to permit separate analyses of data by racial/ethnic group as well as comparisons among racial/ethnic groups.

**Palm Beach County Board of County Commissioners:** The PBC Board of County Commissioners is the CEO (grantee) of Ryan White Part A funds.

**Palm Beach County Department of Community Services (DCS):** The DCS acts as fiscal agent for the PBC Board of County Commissioners and is responsible for the disbursement of Ryan White Part A funds.

**Pandemic:** An epidemic that occurs in a large area or globally, such as with HIV and AIDS.

**Parity:** A situation in which all members have an equal voice, vote and input into a decision making process.

**Partner Notification:** The confidential process of informing the sexual and needle sharing partners of an HIV infected person that they may also be infected.

**Part A:** The part of the Ryan White Act that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV epidemic.

**Part B:** The part of the Ryan White Act that enables States and Territories to improve the quality, availability, and organization of health care and support services to individuals with HIV and their families.

**Part C:** The part of the Ryan White Act that supports outpatient primary medical care and early intervention services to people living with HIV disease through grants to public and private non-profit organizations.

**Part D:** The part of the Ryan White Act that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

**Part F:** The part of the CARE Act that includes the AETC Program, the SPNS Project, and the HIV/AIDS Dental Reimbursement Program.

**PCP (Pneumocystis Carinii Pneumonia):** A form of pneumonia caused by a parasite that does not usually cause infection in people with fully functioning immune systems; the leading cause of death in people with AIDS.

**Percent:** Literally, per hundred; a proportion of the whole, where the whole is 100; the percent is calculated by dividing the part of interest by the whole, and then multiplying by 100; for example, if you want to know what percent of recently reported AIDS cases are women, take the number of women AIDS cases (the part of interest), divide by the number of total AIDS cases (the whole), and multiply by 100; if your community has a total of 70 recently reported AIDS cases and 14 are women, divide 14 by 70 (=0.2) and multiply by 100, and you get 20%.

**Percentage Point:** One one-hundredth; term used to describe numerical differences between two percent without comparing relative size; for example, if 16% of AIDS cases are Hispanic and 32% are African American, the difference is 16 percentage points (32 minus 16).

**Perinatal:** of, involving, or occurring during the period closely surrounding the time of birth.

**Phenotypic Assay:** A procedure whereby a sample DNA of a patient's HIV is tested against various antiretroviral drugs to see if the virus is susceptible or resistant to these drugs.

**Public Health Service (PHS):** The federal agency that addresses all issues of public health in the United States (the CDC is part of the Public Health Services).

**Planning Council/HIV Health Services Planning Council:** A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to establish a plan for the delivery of HIV care services in the EMA and establish priorities for the use of Ryan White Part A funds.

**Planning Process:** Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

**Population Count:** Data which describe an entire population and were obtained from that entire population without sampling; the U.S. Census conducted every ten years is a population count since it attempts to obtain information from everyone living in the United States.

**Prevalence:** The total number of persons living with a specific disease or condition in a defined population at a given time (compared to the incidence, which refers to the number of new cases).

**Prevalence Rate:** The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

**Primary Source Data:** Original data that you collect and analyze yourself.

**Priority Setting:** The process used by a planning council or consortium to establish numerical priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

**Probability:** The likelihood that a particular event or relationship will occur.

**Probability Value:** The probability that a statistical result- an observed difference or relationship- would have occurred by chance alone, rather than reflecting a real difference or relationship; statistical results are often considered to be significant if the probability, or **p value**, is less than .05, which means that there is less than a 5 % chance - 5 out of 100- that the result would have occurred by chance alone.

**Profile of Provider Capability/Capability:** A description of the extent to which the various services offered by a network of providers in the service area are available, accessible, and appropriate for PLWH/A, including particular populations.

**Procurement:** The process of selecting and contracting with providers, often through a competitive RFP process. For Part A, a responsibility of the grantee, not the planning council; for Part B, consortia are sometimes involved.

**Prophylaxis:** Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has been brought under control (secondary prophylaxis).

**Proportion:** A number smaller than one, which is calculated by dividing the number of subjects having a certain characteristic by the total number of subjects; for example, if 35 new AIDS cases have been reported in the community in the past year and 7 of them are women, the proportion of female AIDS cases is 7 divided by 35 or 1/5 (.2).

**Protease:** An enzyme breaks apart long strands of viral protein into separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off

a cell membrane.

**Protease Inhibitor:** A drug that binds to and blocks HIV protease from working, thus preventing the production of new functional viral particles.

**Public Health Service (PHS):** An administrative entity of the U.S. Department of Health and Human Services; until October 1, 1995, HRSA was a division of the PHS.

**Public Health Surveillance:** An ongoing, systematic process of collecting, analyzing, and using data on specific health conditions and diseases, in order to monitor these health problems, such as the Centers for Disease Control and Prevention surveillance system for AIDS cases.

**QA (Quality Assurance):** A system of establishing standards and measuring performance in the attainment of those standards and with feedback of results in order to better meet those standards.

**QI (Quality Improvement):** A system of repetitive analysis of areas of potential improvement, ever increasing standards of performance, measurement of performance, and systems change to improve performance.

**Ratio:** A combination of two numbers that shows their relative size; the ratio of one number to another is simply the first number divided by the other, with the relation between the two numbers expressed as a fraction ( $x/y$ ) or decimal ( $xy/1$ ), or simply the two numbers separated by a colon ( $xy$ ); for example, the ratio of minority to white pediatric AIDS cases in a community with 75 total cases, 45 among Hispanic and Black children and 30 among white children, would be  $45/30$  ( $45:30$ ),  $3/2$  ( $3:2$ ), or  $1.5:1$ .

**Raw Data:** Data that are in their original form, as collected, and have not been coded or analyzed; for example, if a woman participating in an HIV nutrition workshop is tested to determine her knowledge of nutrition need and gets a score of 11, that is her raw score; if the score represented 11 correct answers out of 20, then the score could be converted to 11 divided by 20 times 100 or 55%, which is not a raw score.

**Reliability:** The consistency of a measure or question, in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times of the same blood sample, it would be reliable if it generated the same results each time. For example, a positive HIV test result is reliable because there are three tests on the blood sample.

**Representative:** Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

**Resource Allocation:** The legislatively mandated responsibility of planning councils to assign the Ryan White Act funding amounts or percentages to established priorities across specific service categories, geographic areas, populations, or sub-populations.

**Retrovirus:** A type of virus that, when not infecting a cell, stores its genetic information on a single stranded RNA molecule instead of the more usual double stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.

**Reverse Transcriptase (RT):** A uniquely viral enzyme that constructs DNA from an RNA template, which is an essential step in the life cycle of a retrovirus such as HIV. The RNA-based genes of HIV and other retro viruses must be converted to DNA if they are to integrate into the cellular genome.

**RFP (Request for Proposal):** An open and competitive process for selecting providers of services (sometimes called RFP or Request for Proposal).

**Rounding:** Presenting numbers in more convenient units; rounding is usually done so that all numbers being compared have the same level of precision (one decimal place, for example); usually numbers under 5 are rounded down while 5 and over are rounded up; for example, you would round 3.08 to 3.1 and 4.14 to 4.1.

**Ryan White HIV/AIDS Treatment and Modernization Act:** The Federal legislation created to address the health care and service needs of people living with HIV/AIDS (PLWH/As) disease and their families in the United States and its Territories. The Act was enacted in 1990 (Pub. L. 101-381) and reauthorized in 1996, 2001 and 2006.

**Salvage Therapy:** A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens, including protease inhibitors. In this case failed refers to the inability to achieve or sustain low viral load levels.

**SAMs (Self Assessment Modules):** Self-assessment tools for planning bodies.

**SAMHSA (Substance Abuse and Mental Health Services Administration):** The DHHS agency that administers programs in alcohol abuse, substance abuse, and mental health.

**Sample:** A group of subjects selected from a total population or universe with the expectation that studying the group will provide important information about the total population.

**SCSN (Statewide Coordinated Statement of Need):** A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN is legislatively mandated and the process is convened by the Part B grantee, with equal responsibility and input by all programs. Representatives must include all Ryan White Part A, B, C, D and Part F managers, providers, PLWH/As, and public health agency(s).

**Secondary Source Data:** Information that was collected by someone else, which can be analyze or re-analyze.

**Secondary Analysis:** Re-analysis of data or other information collected by someone else; for example, you might obtain data on AIDS cases in your metro area from the Centers for Disease Control and Prevention, and carry out some additional analyses of those data.

**Serology:** The study of blood serum and its component parts; blood serum is the fluid that separates from clotted or blood plasma that is allowed to stand. HIV testing is conducted using blood serum from the person being tested.

**Seroconversion:** The development of detectable antibodies of HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies of HIV appear in the blood, a person will test positive in the standard ELISA test for HIV. This is also referred to as the window period.

**Seroprevalence:** The number of persons in a defined population who test HIV-population based on HIV testing of blood specimens. (Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

**Seroprevalence Report:** A report that provides information about the percent or rate of people in specific testing groups and populations who have tested positive for HIV.

**SPNS (Special Projects of National Significance):** A health services demonstration, research, and evaluation program funded under Part F of the Ryan White Act. SPNS projects are awarded competitively.

**Statistical Significance:** A measure of whether an observed difference or relationship is larger or smaller than would be expected to occur by chance alone; statistical results are often considered to be significant if there is less than a 5% chance -5 out of 100- that they would have occurred by chance alone.

**Statistics:** Information or data presented in numerical terms; quantitative data; often refers to numerical summaries of data obtained through surveys or analysis.

**STD (Sexually Transmitted Disease):** Infections spread by the transfer of organisms from person to person during sexual contact. Some examples are, Chlamydia, Syphilis, Gonorrhea, Pubic Lice, Herpes, Human Papilloma virus (warts).

**Stratified Random Sample:** A random sample drawn after dividing the population being studied into several subgroups or strata based on specific characteristics; subsamples are then drawn separately from each of the strata; for example, the population of a community might be stratified by race/ethnicity before random sampling.

**Supplemental Grant Application:** An application for funding that supplements the Part A formula grant, and is awarded to EMAs on a competitive bases based on demonstrated need and ability to use and manage the resources.

**Surrogate Measures:** Substitute measures, used to help understand a situation where adequate direct measures are not available; for example, it may be difficult to obtain good HIV surveillance data on teenagers, but incidence rates of sexually transmitted diseases (STDs) among teenagers can be used as surrogate measures of high-risk sexual behavior, since HIV is an STD, and people get STDs when they engage in unprotected sex.

**Surveillance:** An ongoing, systematic process of collecting, analyzing, and using data on specific health conditions and diseases (e.g. Centers for Disease Control and Prevention surveillance system for AIDS cases).

**Surveillance Reports:** Reports providing information on the number of reported cases of a disease such as AIDS, nationally and for specific locations and subpopulations; the Centers for Disease Control and Prevention issues such reports, providing both cumulative cases and new cases reported during a specific reporting period, such as each of the last two years.

**Survey:** Data collection method in which a number of individuals (often a probability sample) are asked the same set of questions, which are usually largely multiple choice or short-answer, and their responses are tabulated, analyzed, and compared to provide quantitative data about the population surveyed..

**Survey Research:** Research in which a sample of subjects is drawn from a population and then interviewed or otherwise studied to gain information about the total population from which the sample was drawn.

**T-cell:** A type of white blood cell essential to the body's immune system; helps regulate the immune system and control B-cell and macrophage functions.

**Tabulation of Data:** Ordering and counting of quantitative data to determine the frequency of responses, usually the first step in data analysis; typically involves entering data into a computer for manipulation through some form of data analyses program.

**Target Population:** Populations to be reached through some action or intervention; may refer to groups with specific characteristics (e.g., race/ethnicity, age, gender, socioeconomic status) or to specific geographic areas.

**TA (Technical Assistance):** Training and skills development, which allows people and groups to perform their jobs better. This includes education and knowledge development in areas that range from leadership and communication to creating an effective needs assessment tool and understanding statistical data.

**TOPWA:** (Targeted Outreach for Pregnant Women Act): A Florida General Revenue funded HIV prevention intervention project.

**Transmission Category:** A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include injection drug use, men who have sex with men, heterosexual contact, perinatal transmission, etc.

**Trend:** Movement in a particular direction in the value of variables over times.

**Trend Charts:** Line charts which show changes or movement in the values of a particular variable over time; usually, values are recorded periodically as points on a graph, and then connected to show how the values are changing; often used to provide comparisons, such as separate lines showing reported AIDS cases among different population groups over time.

**Tuberculosis (TB):** A bacterial infection caused by *Mycobacterium tuberculosis*. TB bacteria are spread by airborne droplets expelled from the lungs when a person with active TB coughs, sneezes, or speaks. Exposure to these droplets can lead to infection in the air sacs of the lungs. The immune defenses of healthy people usually prevent TB infection from spreading beyond a very small area of the lungs. If the body's immune system is impaired because of infection with HIV, aging, malnutrition, or other factors, the TB bacterium may begin to spread more widely in the lungs or to other tissues. TB is seen with increasing frequency among persons infected with HIV. Most cases of TB occur in the lungs (pulmonary TB). However, the disease may also occur in the larynx, lymph nodes, brain, kidneys, or bones (extra pulmonary TB). Extra pulmonary TB infections are more common among persons living with HIV. See Multidrug Resistant TB.

**Universe:** The total population from which a sample is drawn.

**Unmet Needs:** Service needs of those individuals not currently in care as well as those in care whose needs are only partially met or not being met. Needs might be unmet because available services are either inappropriate for or inaccessible to the target population.

**URS (Uniform Reporting System):** Data collection system designed by HRSA to document the use of Title I and Title II funds.

**Vaccine:** A liquid made from modified or denatured viruses or bacteria that is injected in to the body and produces or increases immunity and protection against a particular disease.

**Validity:** The extent to which a survey question or other measurement instrument actually measures what it is supposed to measure; for example, a question which asks PLWH/A with TB whether they are taking their medication every day is valid if it accurately measures their actual level of medication use (as with directly observed therapy programs in which they are observed taking the medication), and it is not valid if they are not giving honest answers, and the question is really measuring the extent to which they realize that they should take their medication.

**Value:** Individual response or score; for example, if people responding to a survey are asked to state their age, each age is a value.

**Variable:** A characteristic or finding that can change or vary among different people or in the same person over time; for example, race/ethnicity varies among individuals, and income varies for the same individual over time.

**Viral Load Test:** In relation to HIV: Test that measures the quantity of HIV RNA in the blood. Results are expressed as the number of copies per milliliter of blood plasma. This test is employed as a predictor of disease progression and later remission.

**Viremia:** The presence of virus in blood or blood plasma. Plasma viremia is a quantitative measurement of HIV levels similar to viral load but is accomplished by seeing how much of a patient's plasma is required to spark an HIV infection in a laboratory cell culture.

**Virus:** Organism composed mainly of nucleic acid within a protein coat, ranging in size from 100 to 2,000 angstroms (unit of length; 1 angstrom is equal to 10<sup>-10</sup> meters). When viruses enter a living plant, animal, or bacterial cell, they make use of the host cell's chemical energy and protein -- and nucleic acid -- synthesizing ability to replicate themselves. Nucleic acids in viruses are single stranded or double stranded, and may be DNA (deoxyribonucleic acid; see) or RNA (ribonucleic acid; see). After the infected host cell makes viral components and virus particles are released, the host cell is often dissolved. Some viruses do not kill cells but transform them into a cancerous state; some cause illness and then seem to disappear, while remaining latent and later causing another, sometimes much more severe, form of disease. In humans, viruses cause -- among others -- measles, mumps, yellow fever, poliomyelitis, influenza, and the common cold. Some viral infections can be treated with drugs.

**Wasting:** Severe loss of weight and muscle, or lean body mass, common among AIDS patients. Leads to muscle weakness, organ failure, tissue swelling, muscle and joint pain and contributes to fatal outcomes.

**Weighting:** A procedure for adjusting the values of data to reflect each group's percent in the total population; for example, race/ethnicity and oversampled minorities so you could compare findings for each group; in order to combine your findings to describe the entire population, you would weight the data to reflect the percentage of the whole population that comes from each racial/ethnic group.

**Western Blot:** A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive ELISA tests. A Western Blot test is more reliable than the ELISA, but it is harder and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test. Synthetic Peptide test has increased the accuracy of the Western Blot test, inconclusive results are rare.

**Wild Type Virus:** HIV that has not been exposed to antiviral drugs and therefore has not

accumulated mutations conferring drug resistance.

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## ACRONYMS

ADA – Americans with Disabilities Act

ADAP – AIDS Drug Assistance Program

AETC - AIDS Education Training Center

AHCA – Agency for Health Care Administration

AICP – AIDS Insurance Continuation Program

AITRP – AIDS International Training and Research Program, FIC

ART – Anti-Retroviral Treatment

ARTAS – Anti-Retroviral Treatment and Access to Services

ASO – AIDS Services Organization

ATIS – HIV/AIDS Treatment Information Service

B/START – Behavioral Science Track Award for Rapid Transition, NHMH & NIDA

CAB – Community Advisory Board

CAMCODA – Center on AIDS and Other Medical Consequences of Drug Abuse

CAP – Comprehensive AIDS Program

CAPS – Center for AIDS Prevention Studies

CBC – Congressional Black Caucus

CBO – Community Based Organization

CDC – Center for Disease Control

CFAR – Center for AIDS Research

CHD – County Health Department

CM – Case Management

CMS – Children Medical Services

CMV – Cytomegalovirus

CNS – Central Nervous System

CPCRA – Community Program for Clinical Research on AIDS

CPP – Community Planning Partnership

CSF – Cerebrospinal Fluid

CSN – Coordinated Service Network

CTL – Cytotoxic T lymphocyte

DEA – Direct Emergency Assistance

DHHS – Department of Health and Human Services

DIS - Disease Intervention Specialists

DNA – Deoxyribonucleic Acid

DOH – Department of Health

DRG – Division of Research Grants, NIH (now the Center for Scientific Review)

EBV – Epstein - Barr virus

EHB – Electronic Hand Book (HRSA reporting system)

EIIHA – Early Identification of Individuals with HIV/AIDS

EIS – Early Intervention Services

EMA – Eligible Metropolitan Area

ETI – Expanded Testing Initiative

FDOH – Florida Department of Health

FIRCA – Fogarty International Research Collaboration Award, FIC

FLAETC – Florida AIDS Education Treatment Center

FPL – Federal Poverty Level

FQHC – Federally Qualified Healthcare Center

FY – Fiscal Year

GCRC – General Clinical Research Center

GIS - Geographic Information System

HAART – Highly Active Anti-Retroviral Therapy

HAB – HIV/AIDS Bureau

HAPC – HIV/AIDS Program Coordinator

HARS – HIV and AIDS Reporting System

HBCU – Historically Black Colleges and Universities

HCD – Health Care District

HCSEF – Health Council of Southeast Florida

HHV-8 – Human Herpesvirus-8

HIPAA – Health Insurance Portability and Accountability Act

HIVIG – HIV Immunoglobulin

HMS – Health Management System

HOPWA – Housing Opportunities for Persons with AIDS

HPV – Human Papillomavirus

HRSA – Health Resources and Services Administration

HUD – Housing and Urban Development

IDU – Injecting Drug User

IHS – Indian Health Service

IVIG – Intravenous Immunoglobulin

JCV – JC Virus

LPAP – Local Pharmaceutical Assistance Program

MAC – Mycobacterium Avium Complex

MAI – Minority AIDS Initiative

MCT – Mother-to-Child Transmission

MOE – Maintenance of Effort

MSM – Men who have Sex with Men

NAFEO – National Association for Equal Opportunity in Higher Education

NHAS – National HIV/AIDS Strategy

NIH – National Institutes of Health

NOE – Notice of Eligibility

OAR – Office of AIDS Research, NIH

OARAC – Office of AIDS Research Advisory Council

OI – Opportunistic Infection

P&A – Priorities and Allocations Committee, of the CARE Council

PAC – Project AIDS Care

PBCHD – Palm Beach County Health Department

PBCSAC – Palm Beach County Substance Abuse Coalition

PBMC – Peripheral Blood Mononuclear Cell

PCN – Policy Clarification Notice (HRSA)

PIR – Parity, Inclusion and Representation

PLWHA – People Living with HIV/AIDS

PML – Progressive Multifocal Leukoencephalopathy

P & T – Pharmacy and Therapeutics

PWA/PLWA – Person with AIDS/A Person Living with AIDS

QIP – Quality Improvement Plan

RARE – Rapid Assessment Response Evaluation

RCMI – Research Center in Minority

RDR – Ryan White Program Data Report

RFP – Request for Proposals

RNA – Ribonucleic Acid

RSR – Ryan white Services Report

SAMHSA – Substance Abuse and Mental Health Services Administrations

SCID – Severe Combined Immunodeficiency

SI – Syncytia-Inducing

SMART – Specific, Measurable, Achievable, Realistic and Time Sensitive

SRA – Scientific Review Administration

STD – Sexually Transmitted Disease

STI – Structured Treatment Interruption

TB – Tuberculosis

TGA – Transitional Grant Area

TOPWA – Targeted Outreach for Pregnant Women Act

UOB – Unobligated Balance

VA – Veterans Administration

WHO – World Health Organization

WICY – Women, Infant, Children and Youth

ZDV – Zidovudine

