PALM BEACH COUNTY EMA
COMPREHENSIVE PLAN
January 1, 2006

Prepared by

Treasure Coast Health Council

Promoting Access to High Quality Healthcare

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Funded through the Ryan White CARE Act of 1990

Department of Community Services, Palm Beach County, Florida

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Funded through the Ryan White CARE Act of 1990
Department of Community Services
Palm Beach County, Florida

November 2005
Revised November 2006

C O N T E N T S

T A B L E O F T A B L E S

Letter of Concurrence from the Director of the Palm Beach County Health Department

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

December 1, 2005

Dear Palm Beach County Area Citizens:

I offer my support of the 2006 Comprehensive Plan developed by the Palm Beach County HIV CARE Council. The Palm Beach County area is very fortunate to have the commitment, dedication and expertise of all the volunteers that worked on this community-wide effort. Their hard work is well reflected in the document.

This Comprehensive Plan puts our community on the right track in addressing the needs of persons living with HIV/AIDS. This plan is an important tool to improve prevention, patient care and outcomes for persons living with HIV/AIDS in Palm Beach County.

With limited resources, it is critical that we continue our collaborative efforts and partnerships to ensure that both HIV prevention and patient care activities become more effective and better coordinated. I encourage those involved in implementing our area's Comprehensive Plan, including the Palm Beach County HIV CARE Council, persons living with HIV/AIDS, service providers and community leaders, to utilize the information in this plan to the greatest extent possible in strengthening and improving our systems of prevention and care.

Sincerely,

Jean M. Malecki, MD, MPH, FACPM
Director
Palm Beach County Health Department

PALM BEACH COUNTY HEALTH DEPARTMENT

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Letter of Concurrence from the Director of the Department of Community Services

epartment of Community Services
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December 8, 2005

Dear Elected Officials and Concerned Citizens:

This Comprehensive HIV Services Plan is an important tool to improve health care and outcomes for people living with HIV/AIDS in the Eligible Metropolitan Area (EMA), Palm Beach County.

The Plan was developed with cooperation among funding streams, planning council and agencies involved with the care of individuals affected by and infected with HIV/AIDS.

I would like to thank all of the people involved in developing this Comprehensive Plan which allows our community to better address the needs of the people affected by HIV/AIDS.

Sincerely,

Edward L. Rich
Director, Department of Community Services

Letter of Concurrence from the Chair of the Planning Council

Palm Beach County HIV CARE Council

4152 West Blue Heron Boulevard, Ste. 228
Riviera Beach, Florida 33404

David J. Begley
Chair
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30 November 2005

Dear Friends and all Concerned Citizens;

It is with great pride that on behalf of the Palm Beach HIV CARE Council that I present this *Palm Beach County EMA HIV/AIDS Comprehensive Plan January 2006.*

This plan has been developed with extraordinary cooperation across several funding streams and agencies invlovled with the care of those infected and affected by HIV/AIDS, as well as agencies invloved the preveneetion of further spread of the disease. I am especially appreciative of and commend the community volunteers who developed and incoporated goals and objectives which will imrpove and strengthen our systems of care and prevention in a collabrative effort.

I, on behlaf of the Palm Beach County HIV CARE Council, encourage our elelcted officials and community leaders to familiarize themselves with this document and use the information to determine and fund policies and priorities in the future. It will only be by working together as layed out in the Plan that we will achieve comprehensive and efficient care and effective prevention.

Sincerely,

David J. Begley, Esq.
Chair
Palm Beach County HIV CARE Council

A Program of the Treasure Coast Health Council, Inc. - Funded through the Ryan White CARE Act of 1990

Letter of Concurrence from EPICC

November 30, 2005

Dear Elected Officials and all Concerned Citizens:

This *HIV/AIDS Comprehensive Plan* is an important tool to improve prevention, health care, and outcomes for people living with HIV/AIDS in the Palm Beach County Eligible Metropolitan Area (EMA).

The plan was developed with extraordinary cooperation among the many funding streams and agencies involved with the care of individuals affected by and infected with HIV/AIDS. We commend these community volunteers who incorporated goals and objectives that are intended to improve the system so that both HIV prevention and care activities become more effective and better coordinated. The plan also includes a process to continue this critical collaboration.

We encourage elected officials and concerned citizens to review the document and use the information to determine priorities for the future. Effective prevention, better care and greater efficiency can be attained if we work together as suggested by the *HIV/AIDS Comprehensive Plan*.

Sincerely,

Glenn Krabec, PhD
Chairman of the Board
EPICC, Inc.

Paul A. Moore, MSW
Executive Director
EPICC, Inc.

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C O N T R I B U T O R S

The Comprehensive Plan 2006 would not have been possible without the active participation of a broad and diverse range of community members. Their dedication and commitment to the Palm Beach County HIV CARE Council, Needs Assessment Sub-Committee, Planning Committee, CARE System Assessment Demonstration (CSAD) Project participants, Grantee Staff, and Planning Council Support Staff has enriched this Comprehensive Plan with invaluable insight. A special thanks to Karen Dodge, Ph.D, our former HIV Planner and author of the 2003 Comprehensive Needs Assessment 2003-2006 and CSAD Project, for her dedication and expertise.

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Eugenio Balli
Christopher Bates
David Begley
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Sonja Swanson
Leslie Tipton
Miguel Vasquez
Vikas Virkud, MD
Kathy Wall
Ronald Wiewora, MD
Annette Williams
Inez Williams
Nancy Zemina

I N T R O D U C T I O N

The Palm Beach HIV CARE Council has developed the Comprehensive Plan 2006 that will function as a road map for the maintenance and improvement of the Continuum of Care. The plan reflects and will guide the on-going changes to our system of care to meet the needs of those affected and in care as well those not currently in care.

The Comprehensive Plan 2006 is the result of tremendous community dedication and input. The community has a great commitment to completing the activities and accomplishing the goals set forth in the Implementation Plan, Section 3.

With this plan, the EMA expresses its hope and determination that our system of care must and will include all PLWHA who are aware of their status, and that the community as a whole will overcome the barriers to care, fill the gaps in services and provide a high quality, efficient and effective system of care.

EXECUTIVE SUMMARY

The purpose of the Comprehensive Plan 2006 is to function as an aid to the community in developing the ideal system of care specifically for Palm Beach County. With the implementation of this plan, our hope is that the Continuum of Care will:

- Ensure the availability and adequacy of critical HIV related services;
- Eliminate disparities in access to services and related support services among disproportionately affected sup-populations and historically underserved communities;
- Specify strategies for identifying individuals who know their HIV status but are not in care, informing them about available treatment and services, and assisting them in the use of those services;
- Addressing the primary health care and treatment needs of those who know their HIV status and are not in care, as well as the needs of these currently in the HIV/AIDS care system;
- Provide goals, objectives, timelines, and appropriate allocation of funds (as determined by the needs assessment);
- Coordinate services with HIV prevention programs, including outreach and early intervention service, and;
- Coordinate services with substance abuse prevention and treatment programs.

Where We Are Now: What Is Our Current System of Care?

Palm Beach County (EMA) has an estimated population of 1,249,598 which includes 7.1% of the state's population. The racial composition of the county is 74.6% White, 15.2% Black or African American and 15.6% Hispanic or Latino.

Currently, in Palm Beach County there are an estimated 4,514 living with AIDS and aware of their diagnosis. 65.5% are Black/African American, 24.4 are White and 9.4% are Hispanic. Over the past two years (2003-2004) there has been a decline of 2.5% of new AIDS cases among Blacks, White, not Hispanic new AIDS cases has increased 12.5%, and Hispanic new AIDS cases has increased by 3.1%. In 2003, black males were 14 times as likely as white males and Hispanics were 3 times as likely as white males to be reported with AIDS. The AIDS case rate among black females was 14 times higher than among white females and Hispanic females was 4 times higher than among white females.

Meeting the needs of the special populations that are aware of their status and not in care will be a focus over the next three years. The populations which are the highest priorities are: Black, White and Hispanic WCBA (Women of Child Bearing Age); Black, White and Hispanic MSMs (Men who have Sex with Men); Male and Female Youth (ages 13-24); and Male and Female Haitian Born.

Data from the Florida Department of Health, Bureau of HIV/AIDS suggest that in the state of Florida there is an increase in transmission to women, individuals ages 20-29 years, and Blacks. There is a slight increase in the epidemic among Whites and Hispanics, and that proportionately more females are becoming infected.

Palm Beach County has been receiving Ryan White CARE Act funding since 1991. There has always been a commitment from the community to plan locally. All HIV/AIDS funding sources, including Ryan White Titles I and II, HOPWA, State General Revenue, Veterans Administration and Medicaid work closely together in order to meet the needs of PLWH/A in Palm Beach County.

In 2003, the EMA conducted the Comprehensive Needs Assessment of HIV/AIDS Care Services in Palm Beach County. Consumers reported moderately high levels of utilization for medical services. 52.8% of respondents reported current use of outpatient medical care and 72% reported needing and using laboratory testing. 73.5% utilized case management services.

Consumers identified several service gaps in the Continuum of Care including lack of access to affordable housing, help paying rent/mortgage, help paying for utilities, help paying for groceries, help accessing food services.

In April 2005, the Community Planning Partnership (CPP) the local prevention planning body, which has prioritized PLWH/A as its top priority, conducted the *HIV Prevention Survey of PLWH/As in Palm Beach County*. Highlights of the findings include:

1. 89% of respondents would prefer to receive prevention information in English, while 5.4% would prefer Spanish, and 5.4% would prefer Creole.

2. The three topics and issues that were most frequently identified as "somewhat important" or "very important" were:

- Protecting yourself from infection with another strain of HIV (somewhat important, 0.9%; very important, 99.1 %)
- Protecting yourself from infection with another sexually transmitted disease (STD) (very important, 100%)
- Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.) (somewhat important, 1.8%; very important, 98.2%)

3. In addition to the three topics mentioned above, respondents indicated interest in a broad range of HIV prevention topics.

4. When respondents were asked about topics related to four specific HIV prevention methods, they indicated that "safer sex" was the most frequently discussed topic followed by "condoms", "abstinence", and "cleaning needles".

5. The three most frequently mentioned people from whom respondents receive and want to

receive HIV prevention information were:

- Physician
- Case manager
- Nurse

6. The three most frequently mentioned methods or media by which respondents receive and want to receive HIV prevention information were:

- Individual face-to-face
- Brochures, pamphlets and other written materials
- Magazines

7. 35% of respondents indicated their physician discussed HIV prevention the day of the survey and 33% said their case manager did so.

8. 50% of respondents said they receive HIV prevention information and services from their physician during every visit, compared with only 33% who said they receive such information from their case managers during every visit.

9. Up to 15.2% of respondents reported engaging in some type of risk behavior during the past month; 17% of respondents had engaged in some type of risk behavior during the past six months.

10. Multivariate analyses (e.g., regarding particular populations, providers, prevention topics, etc.) may be conducted in the future depending on available resources.

Palm Beach County EMA conducted a Special Project of National Significance (SPNS) study entitled *Care System Assessment Demonstration (CSAD)*. The study was completed in August 2005. The purposes of the project were to assess the HIV/AIDS system of care and to determine the barriers to care faced by persons living with HIV/AIDS who are not in regular primary care, especially those from racial and ethnic minority groups. The implementation plan for 2006-2008 was derived from the CSAD findings.

Where Do We Need To Go: What System of Care Do We Want?

The current Continuum of Care is a partnership of state and federal funding sources, planning authorities, medical and social support agencies, and people who are living with HIV/AIDS that provides a system of care for persons living with HIV/AIDS. The goal of the Continuum of Care is to improve and maintain optimal health for persons living with HIV/AIDS.

The system of care that Palm Beach County wants is one that provides the highest possible standards of care for all PLWH/As in the EMA and conforms to all federal, state and local principles. The significant issues, critical concerns, areas of focus from Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Florida Bureau of HIV/AIDS, and the Palm Beach County HIV CARE Council are contained in this section. Our Continuum of Care within the EMA has adopted these concepts and has built the Comprehensive Plan 2006 to support and implement them.

How Will We Get There: How Does Our System Need to Change to Assure Availability of and Accessibility to Core Services?

Based on the findings of the CSAD Project, the goals, objectives and activities contained in the Implementation Plan 2006-2008 were created in order to improve the current system of care and enhance the planning for the system of care. The objectives and activities build on the current evaluation process and provide measures by which our performance and progress can be evaluated. Achieving these goals will ensure the provision of high quality care and treatment services to all PLWH/As in our EMA.

As shown in the following table, the goals developed during the planning process relate to and support all of HRSA's guiding principles. A detailed description of each goal (with objectives and activities) is included in Section 3.

Summary of HRSA's Guiding Principles and Palm Beach County EMA's 2006 - 2008 Goals

Guiding Principles	Goals					
	Education	Single Point of Entry	Confidentiality	Treatment Adherence	Stigma	Cultural Beliefs, Practices & Behaviors
Ensure Availability and Adequacy of Core Services	✓	✓	✓	✓	✓	✓
Eliminate Disparities in Access Among Disproportionately Affected and Underserved	✓	✓	✓	✓	✓	✓
Identify Those Who Know Their Status and Are Not in Care	✓	✓	✓	✓	✓	✓
Address Primary Health Care and Treatment Needs of Those In and Out of Care	✓	✓	✓	✓	✓	✓
Provide Appropriate Allocation of Funds Determined by the Needs Assessment	n/a	✓	n/a	✓	✓	✓
Coordinate Services with HIV Prevention Programs	✓	✓	✓	✓	✓	✓
Coordinate Services with Substance Abuse Programs	✓	✓	✓	✓	✓	✓

How Will We Monitor Our Progress: How Will We Evaluate Our Progress in Meeting Our Short and Long Term Goals?

The implementation of the plan that will be in effect FY 2006-2008 will be monitored by the Palm Beach County HIV CARE Council. An Annual Plan will be created with the goals, objectives and activities as well as the party responsible for accomplishing the activities in order to ensure the completion of each goal. This will allow the Planning Council to monitor and evaluate the progress year to year.

S E C T I O N 1

Where Are We Now: What Is Our Current System of Care?

A. Description of the Eligible Metropolitan Area

Palm Beach County (EMA) covers approximately 2,200 square miles and has an estimated population of 1,249,598, 7.1% of the state's entire population. The Florida Department of Health: Bureau of HIV/AIDS, Department of Epidemiology used updated 2004 data from U.S. Census 2000 to estimate the population as of May 2005.

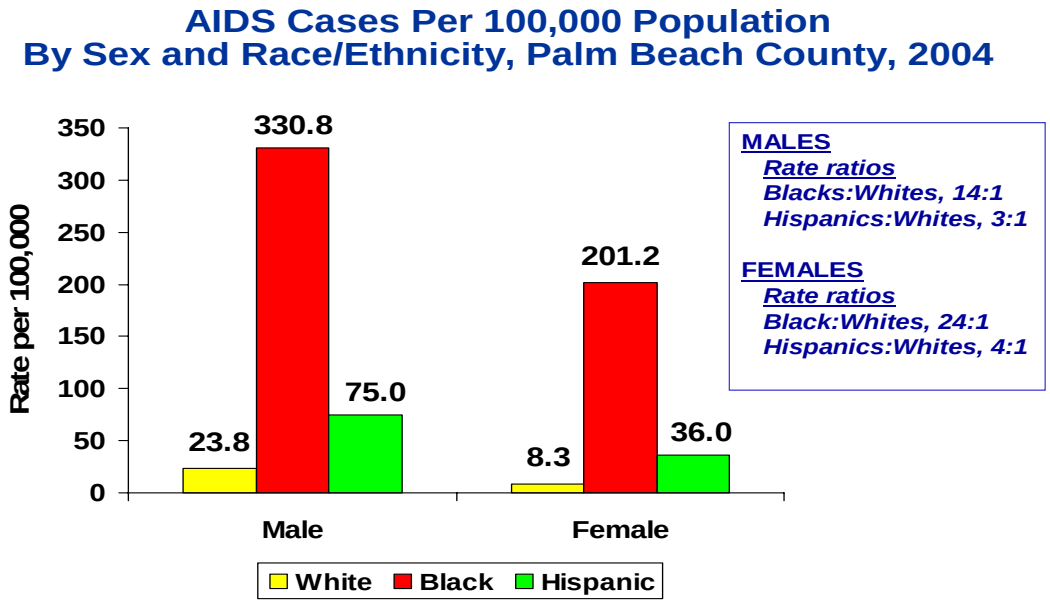
Palm Beach County is the largest of the state's 67 counties and is located on the southeast coast of the peninsula. Most of the population is concentrated in the coastal area between the Atlantic Ocean and the Florida Turnpike. The western portion of the county is predominantly rural and agricultural.

The racial composition of the county's population is 74.6% White, 15.2% Black or African American, and 15.6% Hispanic or Latino origin (of any race). Approximately 21.1% of the population is 65 years of age and over and 77.9% are 18 years of age and over. A mid-1998 Florida Department of Health Services report indicates there were 65,263 seasonal farm workers in the county. Many of these workers are from the Caribbean, Central America, and Mexico. During the past five years, many immigrant workers have become employed in construction, landscaping, and other jobs throughout the county, especially the suburban central and coastal areas which have experienced rapid growth in housing and retail construction.

B. Epidemiological Profile

Of the 4,514 people living with AIDS and aware of their diagnosis in the EMA, 65.5% are African Americans, 24.4% are white and 9.4% are Hispanic. The historical patterns established by the epidemic in the EMA persist and increase with respect to those who become infected and their modes of exposure. AIDS diagnoses over the past two years (2003-2004) indicate a percentage change of the new AIDS cases for African Americans which decreased by 2.5%, White, not Hispanic increased by 12.5%, and Hispanic increased by 3.1%. HIV diagnoses over the past two years (2003-2004) indicate a percentage change of the new HIV cases for African Americans which decreased by 25.4%, White, not Hispanic decreased by 2.8%, and Hispanic increased by 10.1%. Epidemiologic data suggests that women are increasingly at risk for HIV infection. Women currently account for 35.5 % of the live AIDS and aware cases and 45.4 % of live HIV and aware cases.

The distribution of AIDS in the EMA and the state as a whole is uneven across geographic and demographic categories. As of 2005, one in 125 people are presumed to be infected with HIV-spectrum disease in Palm Beach County, higher than the state rate of one in 168 people. One in 286 Whites, one in 50 Blacks and one in 127 Hispanics are estimated to be infected with HIV/AIDS in Florida. In Palm Beach County the rate for Males per 100,000 population is 23.8 for Whites, 330.8 for Blacks, and 75 for Hispanics. In Palm Beach County the rate for Females per 100,000 population is 8.3 for Whites, 201.2 for Blacks, and 36 for Hispanics.



Comment: In 2003, black males were 14 times as likely as white males to be reported with AIDS. The AIDS case rate among black females was 24 times higher than among white females.

Further, the Florida Department of Health Bureau of HIV/AIDS Surveillance estimates the rate of infection in the western areas of the county (2,374 per 100,000) is nearly five times as great as the rate in the eastern part (500 per 100,000).

Services for the affected population are provided by the Palm Beach County Health Department and community-based organizations located in the areas most impacted by HIV/AIDS. The Continuum of Care provides a variety of services as detailed in Section 1.F. The EMA uses Title I funds for support services to ensure access to primary care/treatments and maintain quality of life throughout all geographic areas to serve all demographic categories. On-going analyses of trends and changes in epidemiologic data were used in this process and the outcomes were increases in medical services (particularly nurse care coordination, outreach, and treatment adherence in order to increase accessibility), capacity development, and appropriate location of services.

The planning council included PLWH/As in the planning process by conducting two public forums - one in the southern and one in the western areas of the EMA. Among the concerns consumers raised were access to food, emergency housing, ambulatory outpatient medical

services, case management, residential substance abuse treatment, mental health, and treatment adherence.

Summary of Demographic and HIV/AIDS Data and Analyses of Florida and Palm Beach County EMA

A summary HIV/AIDS data was compiled for the state and the EMA by the Florida Department of Health, Bureau of HIV/AIDS. This section, excerpted from the Bureau's report, includes a brief demographic summary with key data for the state and the EMA concerning adult HIV/AIDS cases reported in the combined three-year period, 2002-2004. Population data are based on the 2000 U.S. census data. When viewing mode of exposure data, please keep in mind that a high number of cases reported with no identified risk (NIR) may obscure actual trends of mode of exposure.

Summary of Demographic and HIV/AIDS Data and Analyses for Florida

Poverty

Thirteen percent of Florida's total population lives below poverty level. Black residents represent the highest percentage at **26%**, Hispanics at **18%** and whites at **10%**.

Percentage of Population of Florida Living in Poverty by Race/Ethnicity, 1999

Race/ Ethnicity	% of Population Living Below Poverty
White	9.5
Black	25.9
Hispanic	18.0
Other*	18.7
Total	**13.3**

Selected Socioeconomic Indicators, Florida (U.S. Census 1999)
**Other race includes Asian/Hawaiian, Native American/Alaska Native, Other and multiple races.*

Characteristics of recently reported adult AIDS (N=15,365) and HIV (N=19,670) cases, 2002-2004:

Sex

- The ratio of male to female AIDS cases was **2.4:1** whereas it was **2.1:1** for HIV cases. ***Since HIV cases tend to represent more recent infections, the data suggests an increase in transmission to women.***

Age

- **1%** of the adult AIDS cases and **3%** of the adult HIV cases were among persons 13-19 years of age at the time of diagnosis.

- **11%** of the adult AIDS cases and **21%** of the HIV cases were among persons 20-29 years of age at the time of diagnosis. ***Since HIV cases tend to represent more recent infections, the data suggests an increase in transmission to individuals in this age group.***
- **34%** of the adult AIDS cases and **35%** of the HIV cases were among persons 30-39 years of age at the time of diagnosis.
- **35%** of the adult AIDS cases and **28%** of the HIV cases were among persons 40-49 years of age at the time of diagnosis.
- **19%** of the adult AIDS cases and **13%** of the HIV cases were among persons 50+ years old at the time of diagnosis.

Race

- **Statewide, the racial breakdown for AIDS and HIV, respectively, was** 53% and 51% **for blacks,** 28 % **for whites and** 17% and 19% **for Hispanics.**

Adult HIV and AIDS Case Rates per 100,000 Population by Race/Ethnicity and Sex, Florida, 2004

Race/ Ethnicity	HIV		AIDS	
	Men	Women	Men	Women
White	35.6	7.4	32.4	6.0
Black	221.1	142.2	222.7	133.5
Hispanic	89.0	24.0	73.5	19.3

Mode

Reminder: A high number of cases reported as NIR may obscure actual trends of mode of exposure.

Statewide, the breakdown by mode of exposure for AIDS and HIV, respectively, was 33% and 35% for men who have sex with men (MSM), 10% and 7% for injection drug users (IDU), 30% and 29% for cases acquired via heterosexual contact and 24% and 27% for cases with no identified risk (NIR)**.**

1) Among adult men with AIDS or HIV for 2002-2004:
   a) The percent of AIDS and HIV cases reported as MSM was **47% and 51%, respectively**.
   b) The percent of AIDS and HIV cases reported as IDUs was **9% and 6%**, **respectively**.
   c) The percent of AIDS and HIV cases reported as acquired via heterosexual contact was **17% and 16%**, **respectively**.
   d) The percent of AIDS and HIV cases reported with **NIR** was **23%**.

2) Among adult women reported with AIDS or HIV for 2002-2004:
   a) The percent of AIDS and HIV cases reported as acquired via heterosexual contact was **59% and 57%, respectively**.
   b) The percent of AIDS and HIV cases reported as IDUs was **13% and 9%, respectively**.
   c) The percent of AIDS and HIV cases reported with **NIR** was **28% and 34%, respectively**.

Percentage of AIDS and HIV, by Mode of Exposure and Race/Ethnicity, Florida, 2002-2004

Risk Category	Florida (%)					
	White		Black		Hispanic	
	AIDS	HIV	AIDS	HIV	AIDS	HIV
MSM	48	49	28	25	21	25
IDU	26	31	54	47	19	21
Hetero	11	12	74	73	14	14
NIR	20	17	64	65	15	16

Summary of Demographic and HIV/AIDS Data and Analyses for Palm Beach County EMA

Palm Beach County represents **7.1%** of the state's total population. The county population is predominantly white (**70.6%**), with **13.5%** black, **12.4%** Hispanic and **3.5%** other.

Poverty

Overall, Palm Beach County has a lower proportion of persons living below poverty level than the state (**10.7%** compared to **13%**). In this EMA, the percentages for all race/ethnicity groups living below poverty level were below that for the state.

Percentage of Population Living in Poverty in Florida and Palm Beach County EMA, 1999

Race/ Ethnicity	% of Population Living Below Poverty	
	Florida	Palm Beach County EMA
White	9.5	6.6
Black	25.9	22.5
Hispanic	18	17.2
Other*	18.7	18.8
Total	**13.3**	**10.7**

Selected Socioeconomic Indicators, Florida (U.S. Census 1999)

*Other race includes Asian/Hawaiian, Native American/Alaska Native, Other and multiple races.

Characteristics of recently reported adult AIDS (N=1,432) and HIV (N=1,631) cases, 2002-2004:

Sex

- The male to female ratio was higher among AIDS cases than among HIV cases reported in this partnership during the same time period. The ratio for AIDS was **1.8:1** whereas it was **1.4:1** for HIV (as compared to the state: **2.4:1** and **2.1:1** respectively). ***Since HIV cases tend to represent more recent infections, the data suggests that proportionately more females in the state are becoming infected.***

Age

- **1%** of the adult AIDS cases and **3%** of the adult HIV cases were among persons 13-19 years of age at the time of diagnosis. Statewide, **1**% of the AIDS cases and **3%** HIV cases were in this age group.
- **12%** of the adult AIDS cases and **18%** of the HIV cases were among persons 20-29 years of age at the time of diagnosis. Statewide, **11%** of the AIDS cases and **21%** HIV cases were in this age group. ***Since HIV cases tend to represent more recent infections, the data suggests an increase in transmission in this age group.***
- **32%** of the adult AIDS cases and **34%** of the HIV cases were among persons 30-39 years of age at the time of diagnosis. Statewide, **34%** of the AIDS cases and **35%** HIV cases were in this age group.
- **34%** of the adult AIDS cases and **30%** of the HIV cases were among persons 40-49 years of age at the time of diagnosis. Statewide, **35%** of the AIDS cases and **28%** HIV cases were in this age group.
- **22%** of the adult AIDS cases and **16%** of the HIV cases were among persons 50+ years old at the time of diagnosis. Statewide, **19%** of the AIDS cases and **13%** HIV cases were in this age group. ***Because HIV data represents more recent trends, this indicates that the people in this age group are decreasingly becoming infected in the EMA.***
- Among adults, person's age 30+ accounts for **88%** of adult AIDS cases compared to **80%** of adult HIV cases in the EMA for 2002-2004. Statewide, adults 30+ years old account for **89%** of AIDS cases and **76%** of HIV cases.

Race

- There are slight differences in the racial breakdown between the AIDS cases and HIV cases reported in this EMA. The racial breakdown for AIDS and HIV, respectively, was 23% and 26% for whites, 65% and 60% for blacks and 11% and 12% for Hispanics. ***Since HIV cases tend to represent more recent infections, the data suggests there was a decrease in the epidemic among blacks.*** Statewide, the racial breakdown for AIDS and HIV, respectively, was 28% for whites, 53% and 51% for blacks and 17% and 19% for Hispanics.

Adult HIV and AIDS Case Rates per 100,000 Population by Race/Ethnicity and Sex, Florida and Palm Beach County EMA, 2002-2004

Palm Beach County EMA, 2002-2004				
Race/ Ethnicity	HIV		AIDS	
	Men	Women	Men	Women
White	34.1	7.3	31.4	4.0
Black	224.8	221.3	280.6	209.6
Hispanic	87.2	39.8	85.5	28.4
Florida, 2002-2004				
Race/ Ethnicity	HIV		AIDS	
	Men	Women	Men	Women
White	35.6	7.4	32.4	6.0
Black	221.1	142.2	222.7	133.5
Hispanic	89.0	24.0	73.5	19.3

Mode

The breakdown by mode of exposure (**NIRs not being redistributed may obscure actual trends of mode of exposure**) of adults reported in 2002-2004 for AIDS and HIV, respectively,

was **23% and 25%** for men who have sex with men (MSM), **6%** for injection drug users (IDU), **39% and 37%** for cases acquired via heterosexual contact and **29% and 31%** for cases with **no identified risk**. Statewide, the breakdown for AIDS and HIV, respectively, was **33% and 35%** for MSM, **10% and 7%** for IDU, **30% and 29%** for cases acquired via heterosexual contact and **24% and 27%** for cases with **no identified risk**.

1) Among adult men with AIDS or HIV for 2002-2004:
   a) The percent of AIDS and HIV cases reported with MSM was **36% and 42%, respectively**.
   b) The percent of AIDS and HIV cases reported as IDUs was **5% and 6%**, **respectively**.
   c) The percent of AIDS and HIV cases reported as acquired via heterosexual contact was **30% and 27%**, **respectively**.
   d) The percent of AIDS and HIV cases reported with no identified risk was **26% and 23%, respectively**.
2) Among adult women reported with AIDS or HIV for 2002-2004:
   The percent of AIDS and HIV cases reported as acquired via heterosexual contact was **56% and 52%, respectively**.
3) The percent of AIDS and HIV cases reported as IDUs was **8% and 6%, respectively**.
4) The percent of AIDS and HIV cases reported with no identified risk was **35% and 42%, respectively**.

Percentage of AIDS and HIV, by Mode of Exposure and Race/Ethnicity
Florida vs. Palm Beach County EMA, 2002-2004

Risk Category	Florida (%)						EMA (%)					
	White		Black		Hispanic		White		Black		Hispanic	
	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV
MSM	48	49	28	25	21	25	53	57	31	26	15	16
IDU	26	31	54	47	19	21	33	37	57	42	10	19
Hetero	11	12	74	73	14	14	8	12	81	78	9	8
NIR	20	17	64	65	15	16	16	16	72	72	12	10

The population of PLWH/As in Palm Beach County is impacted differently when separated out by special populations. When looking at the population of the number of PLWHA that are aware of their status but are not in care we see disparities among the special populations.

- 26% (266 of 1,019) of White MSM are presumed to be out of care
- 25% (127 of 501) of Black MSM are presumed to be out of care
- 27% (61 of 223) of Hispanic MSM are presumed to be out of care
- 24% (180 of 749) of Male Haitian Born presumed to be out of care
- 28% (135 of 486) of Female Haitian Born are presumed to be out of care
- 33% (2 of 6) of White Male Youth (current ages 13-24) are presumed to be out of care
- 30% (18 of 61) of Black Male Youth (current ages 13-24) are presumed to be out of care
- 39% (5 of 13) of Hispanic Male Youth (current ages 13-24) are presumed to be out of care
- 38% (8 of 21) of White Female Youth (current ages 13-24) are presumed to be out of care
- 32% (39 of 121) of Black Female Youth (current ages 13-24) are presumed to be out of care

- 35% (6 of 17) of Hispanic Female Youth (current ages 13-24) are presumed to be out of care
- 31% (83 of 267) of White WCBA* are presumed to be out of care
- 30% (398 of 1,329) of Black WCBA* are presumed to be out of care
- 29% (41 of 142) of Hispanic WCBA* are presumed to be out of care

For more detailed information regarding HIV/AIDS Incidence, Prevalence, Deaths, Co-morbidities, and Trends see the table on the next page and the tables in Appendix C, which were submitted as part of the Title I and Title II grant applications FY 2006.

HIV and AIDS Among Special Populations in the EMA

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Prevalence (excl DOC) through 2004 as of 03/20/05 (Value for Row A of Unmet Need)		HIV (PLWH not AIDS) AWARE (excl DOC) through 2004 as of 03/20/05, (Value for Row B of Unmet Need)		PLWA IN care in CY 2004 as of 03/20/05 (Value for Row C of Unmet Need)		PLWH IN care in CY 2004 as of 03/20/05 (Value for Row D of Unmet Need)		PLWA NOT in care in CY 2004 as of 03/20/05 (Value for Row E of Unmet Need)		PLWH NOT in care in CY 2004 as of 03/20/05 (Value for Row F of Unmet Need)		PLWAH NOT in care in CY 2004 as of 03/20/05 (Value for Row G of Unmet Need)	
	AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		Adjusted for under-reporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		The number of AIDS Prevalence who are presumed to be IN care (81.48% multiply A by .8148)		The number of PLWH AWARE who are presumed to be IN care (57.58% multiply A by .5785)		The number of PLWA (aware) who are presumed to be NOT in care (18.52% multiply A by .1852)		The number of PLWH (aware) who are presumed to be NOT in care (42.42% multiply A by .4242)		The number of PLWAH (aware) who are presumed to be NOT in care (add F+G)	
Special Populations	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**
White MSM*	696	N/A	323	N/A	567	N/A	186	N/A	129	N/A	137	N/A	266	N/A
Black MSM*	358	N/A	143	N/A	292	N/A	83	N/A	66	N/A	61	N/A	127	N/A
Hispanic MSM*	142	N/A	81	N/A	116	N/A	47	N/A	26	N/A	35	N/A	61	N/A
Whte Male IDU**	100	N/A	34	N/A	81	N/A	20	N/A	19	N/A	14	N/A	33	N/A
Black Male IDU**	166	N/A	49	N/A	136	N/A	28	N/A	31	N/A	21	N/A	52	N/A
Hispanic Male IDU**	46	N/A	20	N/A	38	N/A	12	N/A	9	N/A	9	N/A	17	N/A
Whte Female IDU	67	N/A	38	N/A	55	N/A	22	N/A	12	N/A	16	N/A	28	N/A
Black Female IDU	100	N/A	32	N/A	81	N/A	18	N/A	19	N/A	14	N/A	32	N/A
Hispanic Female IDU	18	N/A	11	N/A	15	N/A	6	N/A	3	N/A	5	N/A	8	N/A
Whte Male Homeless	3	N/A	1	N/A	3	N/A	1	N/A	1	N/A	0	N/A	1	N/A
Black Male Homeless	15	N/A	2	N/A	12	N/A	1	N/A	3	N/A	1	N/A	4	N/A
Hispanic Male Homeless	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Whte Female Homeless	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A
Black Female Homeless	5	N/A	4	N/A	4	N/A	2	N/A	1	N/A	2	N/A	3	N/A
Hispanic Female Homeless	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A
Male Haitian Born	578	N/A	171	N/A	471	N/A	98	N/A	107	N/A	72	N/A	180	N/A
Female Haitian Born	297	N/A	189	N/A	242	N/A	109	N/A	55	N/A	80	N/A	135	N/A
Whte Male Youth (current ages 13-24)	3	N/A	3	N/A	3	N/A	2	N/A	1	N/A	1	N/A	2	N/A
Black Male Youth (curent ages 13-24)	34	N/A	27	N/A	27	N/A	15	N/A	6	N/A	11	N/A	18	N/A
Hispanic Male Youth (current ages 13-24)	2	N/A	11	N/A	2	N/A	7	N/A	0	N/A	5	N/A	5	N/A
Whte Female Youth (current ages 13-24)	3	N/A	18	N/A	3	N/A	10	N/A	1	N/A	7	N/A	8	N/A
Black Female Youth (current ages 13-24)	51	N/A	70	N/A	41	N/A	40	N/A	9	N/A	30	N/A	39	N/A
Hispanic Female Youth (current ages 13-24)	5	N/A	12	N/A	4	N/A	7	N/A	1	N/A	5	N/A	6	N/A
White WCBA*** (current ages 15-44)	128	N/A	139	N/A	105	N/A	80	N/A	24	N/A	59	N/A	83	N/A
Black WCBA*** (current ages 15-44)	693	N/A	636	N/A	564	N/A	366	N/A	128	N/A	270	N/A	398	N/A
Hiapanic WCBA*** (current ages 15-44)	78	N/A	64	N/A	63	N/A	37	N/A	14	N/A	27	N/A	41	N/A
White Ped Cases (current current ages 0-12)	1	N/A	1	N/A	1	N/A	1	N/A	0	N/A	0	N/A	1	N/A
Black Ped Cases (current ages 0-12)	44	N/A	8	N/A	36	N/A	4	N/A	8	N/A	3	N/A	11	N/A
Hispanic Ped Cases (current ages 0-12)	3	N/A	0	N/A	3	N/A	0	N/A	1	N/A	0	N/A	1	N/A
DOC Cases	37	N/A	14	N/A	30	N/A	8	N/A	7	N/A	6	N/A	13	N/A

*MSM includes MSM & MSM/IDU (Injection Drug User)

**Male IDU includes IDU & MSM/IDU

***WCBA=Women of Child Bearing Age

HIV data (for 2004) includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive.

C. Future Trends

As mentioned above, the epidemiological data from the Florida Department of Health, Bureau of HIV/AIDS suggest the following as possible future trends:

- The data suggest an increase in transmission to women.
- The data suggest an increase in transmission to individuals 20-29 years of age.
- The data suggest that proportionately more females in the state are becoming infected.
- The data indicate that the people persons 50+ years of age are decreasingly becoming infected in the EMA.
- The data suggest there was a decrease in the epidemic among Blacks.
- The data suggest there was a slight increase in the epidemic among Hispanics and Whites.

In addition to the above data, the Florida Department of Health Bureau of HIV/AIDS also produced the Statewide Coordinated Statement of Need (SCSN) 2004-2006 which includes additional surveillance data regarding HIV/AIDS. SCSN reported that in 2000, Florida ranked second in the nation in the number of reported AIDS cases and first among the states that report HIV cases. Whereas Palm Beach County makes up approximately 7.1% of the state's population, the percentage of AIDS cases in the county is 11% of the state total and 9% of the state's total living HIV/AIDS cases. The SCSN report also identified several trends as follows:

- Increases in MSM and heterosexual transmissions
- Disparities in race/ethnicity & economic status
- Disparities in geographical areas
- Individuals are coming into treatment later, resulting in sicker patients
- Increase in death rate
- Disproportionate impact on MSMs, women and minorities
- Emerging populations including seniors, migrating populations (farm workers, tourists, aliens, and teenagers).

D. Description of the History of Local, State and Regional Response to the Epidemic

Palm Beach County began receiving Title II funds in 1991. In 1994, because of growth in the number of AIDS cases, our area became eligible for Title I funding. Title I funds were used to create a local HIV Health Services Planning Council. In 1997, the Title II Consortia and the Title I planning bodies combined creating the Palm Beach County HIV CARE Council.

The Palm Beach County HIV CARE Council serves as the Title I HIV/AIDS Services Planning Council and Title II AIDS Consortium to provide a broad compendium of services, which form the Continuum of Care for county residents affected by HIV spectrum disease. The CARE Council produced the Palm Beach County 2003-2006 HIV CARE Needs Assessment. Another Needs Assessment will be conducted next year.

The Council's purpose is to conduct a needs assessment, develop a comprehensive plan, establish medical and support service priorities, allocate funds for the services, and evaluate the

effectiveness of those services. The Palm Beach County Board of County Commissioners directs the county's Department of Community Services, as the grantee, to administer the Title I funds and evaluate the effectiveness of those services.

Starting in 1991, Housing Opportunities for People With AIDS (HOPWA) funds, administered by the City of West Palm Beach Department of Economic and Community Development, were utilized to assist PLWH/As in Palm Beach County access critically-needed housing services.

Two additional state funding streams administered by the Palm Beach County Health Department through the Bureau of HIV/AIDS in Tallahassee are used to provide services in Palm Beach County. These funds, General Revenue AIDS Network and General Revenue Patient Care, predate funds provided by the Ryan White C.A.R.E. Act (commencing 1986 and 1989, respectively).

Currently, Palm Beach County does not receive Titles III or IV support. Therefore, early intervention services to prevent transmission, delay onset of symptoms and opportunistic infections must be provided through other funding sources.

Finally, through funding under Ryan White CARE Act Part F, AETC is the designated provider via the University of South Florida (USF), Department of Community Health, Tampa, Florida.

E. Assessment of Need

1. Needs Assessment 2003-2006 Overview

This section, excerpted from (or based on, with minor revisions) the Palm Beach County HIV CARE Council Needs Assessment 2003-2006, includes an overview of HIV/AIDS care needs in the EMA.

Between December 2002 and June 2003, the Palm Beach County HIV CARE Council conducted a Comprehensive Needs Assessment of HIV/AIDS Care Services in Palm Beach County, Florida. The Palm Beach County Department of Health Epidemiology Department in partnership with the Palm Beach County HIV CARE Council collected and analyzed quantitative epidemiological data, including past and current infection and case trends to use as the basis of this planning process.

The main purpose of the 2003 Needs Assessment process was to provide informative data to guide decisions related to the CARE Council's prioritization of services for the Ryan White C.AR.E. Act's Title I, Title II, HOPWA, Patient Care and Network funding allocation processes (See Appendix B for a list of Planning Council's Ryan White Service Category Definition).

Additional goals of this research and planning activity include the following:

- Identify the extent and types of existing and potential care service needs among persons living with HIV/AIDS in Palm Beach County
- Examine the current service delivery system in the county

- Identify service utilization, priorities, gaps and access barriers
- Create a baseline of client and provider information
- Determine the extent of unmet needs or underutilized resources in order to plan appropriate care services
- Assess the current Continuum of Care to strengthen the system and produce a collaboration between diverse cultures, communities and service systems
- Provide legislatively mandated information to the federal Health Resources Services Administration (HRSA) related to service needs and system response
- Provide planning information for agencies, organizations and health care providers

Efforts were made to collect data from a broad range of persons living with HIV/AIDS, from individuals who were HIV positive but not yet symptomatic, to persons with end-stage illness. Underserved populations were given attention especially: men who have sex with men, women, injection drug users and Hispanics.

While this needs assessment provides an overview of services, priorities, gaps and access barriers as identified by consumers and providers in 2003, we recognize that needs assessments must be ongoing to represent the changing needs of PLWH/A in our EMA vis a vis changes in treatment, care, funding availability, and epidemic trends.

Consumer and Provider Surveys were analyzed for associations, suggesting that that consumers and providers were similar in their recognition that most of the needed medical services, including ADAP, are being provided. Additionally, they were also in agreement regarding gaps in services - most notably, gaps relating to dental care, housing, and payment of food, rent and utilities.

The needs assessment process utilized face-to-face interviews to solicit input. The centerpiece of the process was the creation and distribution of written surveys to persons living with HIV/AIDS (PLWH/As) and receiving HIV/AIDS services throughout Palm Beach County. Six teams totaling 15 professionals were trained in data collection techniques. Surveys were administered in specific geographic areas with high rates of infection or to a designated special-group. Respondents were paid $15.00 for their participation in completing the survey questionnaire. The number of targeted respondents for each geographic area or special group was determined by recent epidemiological distributions of the HIV-spectrum disease. A sampling frame was designed to determine the appropriate number of surveys to administer to each special population as follows:

Total number of surveys and respondents: 400

- Northern Urban Blacks/Whites, Male/Female: 75 respondents
- Men Who Have Sex With Men, Black, White, Hispanic: 50 respondents
- Hispanic/Guatemalan Indians, Male/Female: 50 respondents
- Haitians/Blacks from Delray, Belle Glade, Male/Female: 75 respondents
- Central Costal Blacks/Whites, Male/Females: 75 respondents
- Western Blacks/Whites, Males/Females: 75 respondents

2. HIV Medical Care and Support Service Needs

The table on the next page summarizes data regarding overall service utilization within the EMA. The consumer survey inquired about 48 types of HIV/AIDS related services offered in the Palm Beach County Continuum of Care. Consumers identified each service as one they "needed and used", "did not need", "needed but could not get" or "could get but won't use". Utilization rates were calculated based on services, which consumers checked as "need and use".

In order to make the data more useful in making planning and funding decisions, responses from the 48 services were collapsed into the service categories used for Ryan White for reporting and clarification purposes. This was necessary because several Ryan White service categories include component services. For example, the Ryan White category of "Counseling (emotional support)" includes one-on-one peer support, support groups, and spiritual and religious counseling. (See Appendix B for the current Ryan White Service Category Definitions).

Consumers reported moderately high levels of utilization for medical services. 52.8 percent of respondents reported current use of outpatient medical care. There was a higher utilization of case management services (73.5%), and a low to moderate reporting of counseling/support services. There was a moderate to low utilization rate for housing, food services and utilities and a minimal utilization rate for alternative therapies, nursing, insurance, home health, transportation and employment-related services.

<u>Highlights of responses regarding need and use of medical services include:</u>

- 72% (288 out of 400) of respondents reported needing and using laboratory testing
- 52.8 % (211 out of 400) of the respondents reported needing and using primary medical care
- 62.8 % (251 out of 400) need and use medical referrals
- 61.5 % (246 out of 400) need and use dental services
- 36.5 % (146 out of 400) need and use vitamins and health food
- 56.3 % (225 out400) need and use ADAP
- 58.5 % (234 out of 400) need and use HIV Prevention
- 27.3 % (109 out of 400) need and use inpatient hospitalization
- 22.3 % (89 out of 400) need and use help paying for insurance
- 16 % (64 out of 400) need and use clinical trials
- 13 % (52 out of 400) need and use massage therapy
- 5.8 % (23 out of 400) need and use hospice
- 8.8 % (35 out of 400) need and use alternative medicine
- 5.0 % (20 out of 400) indicated they need and use nursing
- 13.5 % (54 out of 400) need and use physical therapy
- 9.3 % (37 out of 400) need and use acupuncture

Service Utilization from Consumer Surveys (N=400)
"Need and Use"

Rank	Service	Responses	Percent
1	Case Management	294	73.5%
2	Laboratory Test	288	72.0%
3	Medical Referrals	257	64.3%
4	Medical Information	251	62.8%
5	Dental	246	61.5%
6	HIV Prevention	234	58.5%
7	Benefits Information	225	56.3%
7	ADAP	225	56.3%
8	Outpatient Medical Care	211	52.8%
9	Telephone referrals	208	52.0%
10	Help Filling out Govt. Forms	207	51.8%
11	Spiritual/Religious Counseling	192	48.0%
12	Groceries	188	47.0%
13	Getting Support Services	187	46.8%
14	Spiritual/Religious Services	186	46.5%
15	Transportation	179	44.8%
16	Rent/Mortgage Payments	165	41.3%
17	Support Groups	149	37.3%
18	Utility payments	146	36.5%
18	Vitamins/Health Food	146	36.5%
19	Help Finding Housing	14	35.5%
20	Legal Assistance	137	34.3%
21	Peer Support	119	29.8%
22	Inpatient Hospital Care	109	27.3%
23	Mental Health Services	108	27.0%
24	Substance Abuse Services	91	22.8%
25	Help Paying for Insurance	89	22.3%
26	Peer Advocacy	81	20.3%
27	Hospital Discharge	77	19.3%
28	Help Finding a job	72	18.0%
29	Translation	69	17.3%
30	Clinical Trials	64	16.0%
31	Insurance Continuation	57	14.3%
32	Physical Therapy	54	13.5%
33	Massage Therapy	52	13.0%
34	Return to Work	44	11.0%
35	Acupuncture	37	9.3%
36	Adult Day Care/Respite	36	9.0%
37	Alternative Therapies	35	8.8%
38	Home Health Nurse Care	31	7.8%
39	Permanency Planning	26	6.5%
40	Home Delivered Meals	25	6.3%
40	Buddy/Companion	25	6.3%
41	Hospice	23	5.8%
41	Child Care	23	5.8%
42	Home Health Aid	22	5.5%
43	Nursing	20	5.0%

Additionally, consumers were asked by yes/no questions if they received alternative therapy and if they did, did they consider this treatment to be their primary form of medical care. The results were as follows:

- 7.5 % (30 out of 400) indicated that they did receive alternative medicine
- 6.3 % (25 out of 400) reported that alternative medicine was their primary form of medical care.

The data reported that HIV positive symptomatic clients most frequently used alternative medicine. 35% of those who reported using alternative medical practices were HIV positive symptomatic vs. 27% HIV asymptomatic.

Highlights regarding need and use of in-home services include

- 6% (25 out of 400) of survey respondents indicated they need and use buddy/companion care
- 7.8 % (31 out of 400) need and use home health care (nursing)
- 6.3 % (25 out of 400) need and use home delivered meals
- 5.5 % (22 out of 400) indicate they need and use the services of a home health aid (assistance with bathing, blood pressure, etc.)

Survey respondents reported needing and using help getting support services as follows:

- 46.8% or (187 out of 400) reported needing and using support services
- 14.3 % (57 out of 400) reported needing and using continuation of private insurance
- 56.3% (225 out of 400) reported needing and using benefits information (e.g.; Medicaid, Medicare, etc.)
- 51.8% (207 out of 400) reported needing and using help filling out government forms
- 27% (108 out of 400) of survey respondents reported needing and using mental health services
- 37.3 % (149 out of 400) needed and used support groups
- 29.8% (119 out of 400) needed and used one-to-one peer emotional support
- 22.8% (91 out of 400) needed and used substance abuse services; forty-six percent
- 46.5% (186 out of 400) needed and used spiritual/religious services
- 48% (192 out of 400) reported needing and using spiritual and/or religious counseling
- 35% (142 out of 400) of survey respondents reported needing and using help finding affordable housing
- 47 % (188 out of 400) needed and used help paying for groceries
- 36.5% (146 out of 400) needed and used help paying for utilities
- 41.3% (165 out of 400) reported needing and using help paying for rent

Respondents were asked to indicate by yes/no if they were receiving supportive services and/or housing services and if they qualified for housing due to being HIV/AIDS-diagnosed.

- 20% (82 out of 400) reported receiving housing services
- 22.8% (91 out of 400) indicated they were receiving housing services due to a diagnosis of HIV/A1DS
- 44% percent (179 out of 400) survey respondents reported needing and using food bank services
- 5.8% (23 out of 400) reported needing and using child care

- 44.8% (179 out of 400) reported needing and using transportation
- 9.0 % (36 out of 400) needed and used adult day care/respite
- 34.3% (137 out of 400) needed and used legal services
- 11% (44 out of 400) needed and used help returning to work
- 18 % (72 out of 400) needed and used help finding a new job/learning job skills
- 6.5% (26 out of 400) reported needing and using permanency planning

The consumer survey included a one-page list of the 48 types of HIV/AIDS-related services offered in the Palm Beach County Continuum of Care. The survey asked consumers to identify up to seven services that they considered as most important to them. Below in the table entitled "Service Priorities from Consumer Surveys", the responses were ranked by overall percentage of response. The table includes cumulative responses of service categories (highlighting services which consumers rated as one of their seven most important services).

Consumers ranked Case Management as their highest priority, followed by Drugs/Medicine (ADAP), rent/mortgage payments, Dental Services, Food Services (Pantry), Laboratory Tests, Help Paying for utilities, Help paying for groceries, HIV prevention, Help finding affordable housing, and Outpatient Medical Care. The remaining services are displayed by rank. There was not a clear demarcation between the top seven services and the lower ranked services. The percentage difference between the number seventh ranked service, "Help paying for groceries" (n= 140, 35 %) and the eighth ranked service; "HIV prevention "(n= 102, 25.5 %) was not significant ($p>.05$).

Service Priorities from Consumer Surveys (N=400)

Rank	Service	Responses	Percent
1	Case Management	269	67.3%
2	ADAP	215	53.8%
3	Rent/Mortgage	192	48.0%
4	Dental	175	43.8%
5	Food Pantry	148	37.0%
6	Utility	142	35.5%
7	Groceries	140	35.0%
8	HIV Prevention	102	25.5%
9	Help Finding Housing	91	22.8%
10	Out-patient Medical Care	86	21.5%
11	Emergency Assistance	83	20.8%
12	Health Insurance Continuation	76	19.0%
13	Counseling	75	18.8%
14	Legal	72	18.0%
15	Vitamins/Health Food	68	17.0%
16	Spiritual/Religious Counseling	61	15.3%
17	Transportation	57	14.3%
18	Filling out Government Form	54	13.5%
19	Home Delivered Meals	43	10.8%
20	Translation	37	9.3%
21	Massage	37	9.3%
21	Medical Information	34	8.5%
21	Buddy/Comparison	32	8.5%
22	Out-Patient Substance Abuse Treatment	32	8.0%
23	Alternative Therapies	31	7.8%
24	Mental Health	30	7.5%
25	Child Care	29	7.3%
26	One-to-One Emotional Support	28	7.0%
29	Vocational Rehabilitation	21	5.3%
27	Clinical Trials	23	5.8%
28	Telephone Referrals	23	5.8%
29	Acupuncture	21	5.3%
30	Health Aid	19	4.8%
31	Residential Substance Abuse	18	4.5%
32	Inpatient Hospitalization	13	3.3%
33	Hospice	10	2.5%
34	Adult Day Care/Respite	8	2.0%
35	Nurse Care Coordination	7	1.8%
35	Permanency Planning	7	1.8%

The following table entitled “Rankings of Consumer Service Priorities by Level of Illness” shows that there was a percentage difference between level of illness (i.e., HIV positive asymptomatic; HIV positive symptomatic; AIDS-diagnosed based on low t-cell count or AIDS-diagnosed based on opportunistic infections (O.I.) and service priorities (i.e., rankings). Level of illness did appear to have an impact on the ways in which consumers prioritized the services. This applies both to the rank order of the services, as well as the relative importance of the service based on the percentage of those who report it as a priority. The rankings of service priorities by level of illness are summarized in the following table.

Rankings of Service Priorities by Overall and by Level of Illness

Responses	Rank	Service	HIV+ asym	HIV+ sym	AIDS t-cell	AIDS O.I.
269	1	Case Management	23%	25%	13%	6%
215	2	ADAP	21%	19%	8%	6%
192	3	Paying Rent/Mortgage	16%	14%	9%	8%
175	4	Dental	16%	18%	7%	3%
148	5	Food Services (Pantry)	10%	10%	9%	8%
148	5	Laboratory Tests	14%	18%	5%	1%
142	6	Paying Utilities	12%	9%	6%	8%
140	7	Paying Groceries	8%	11%	8%	8%
102	8	HIV Prevention	10%	9%	2%	5%
91	9	Help Finding Housing	10%	8%	3%	2%
86	10	Out-pt. Medical Care	10%	8%	3%	1%
83	11	Direct Emergency Assist.	6%	6%	5%	4%
76	12	Health Insurance Continuation	6%	5%	3%	5%
75	13	Counseling	8%	4%	4%	3%
72	14	Legal Services	7%	6%	3%	2%
68	15	Vitamins/Health Food	6%	7%	3%	1%
61	16	Spiritual/Religious Counseling	7%	5%	2%	1%
57	17	Transportation	7%	5%	3%	1%
54	18	Filling out Govt. Forms	3%	4%	3%	4%
43	19	Home Delivered Meals	2%	2%	4%	4%
37	20	Translation	4%	3%	1%	1%
37	20	Massage	3%	3%	3%	1%
34	21	Medical Information	4%	3%	1%	1%
32	22	O.P. Substance Abuse	5%	3%	1%	0%
31	23	Alternative Therapies	2%	4%	1%	1%
30	24	Mental Health	4%	1%	2%	1%
29	25	Child Care	4%	2%	1%	0%
28	26	l–to-l Emotional Support	3%	2%	1%	1%
28	26	Vocational Rehab.	3%	2%	0%	1%
27	27	Clinical Trials	1%	2%	2%	1%
23	28	Telephone Referrals	2%	2%	2%	1%
21	29	Acupuncture	2%	2%	1%	1%
19	30	Home Health Aid	1%	1%	2%	2%
18	31	Residential Substance	3%	1%	1%	-----
13	32	Inpt. Hospitalization	0%	2%	1%	1%
10	33	Home Health Nurse	1%	0%	1%	1%
10	33	Hospice	0%	1%	1%	1%
8	34	Respite Care	----	1%	0%	1%
7	35	Nurse Care Coordination	1%	0%	1%	0%
7	35	Permanency Planning	1%	0%	0%	0%
27	26	Physical Therapy	2%	2%	3%	1%

As shown in the previous table, HIV positive asymptomatic consumers and persons who indicated they had been diagnosed with AIDS based on an opportunistic infection displayed the largest prioritization differences. HIV asymptomatic ranked ADAP, Paying for Rent/Mortgage,

Paying for Utilities, HIV Prevention, Help Finding Affordable Housing, Out-Patient Medical Care, Health Insurance Continuation, Counseling, Transportation, Translation, Legal Services, Spiritual/Religious Counseling, Medical Information, Out-Patient Substance Abuse, Mental Health Services, Child Care, One-to-One Emotional Support, Vocational Rehabilitation, and Residential Substance Abuse Treatment as important.

HIV symptomatic reported their important priorities as case management, dental, lab tests, paying for groceries, vitamins/health foods, filling out government forms, alternative therapies, inpatient hospitalization, hospice, and Adult Day Care.

Those diagnosed with AIDS based on t-cell or CD-4 counts of below 200 have indicated that the services that are important to them are as follows: Case management, Paying for Rent/Mortgage, Food Services (Pantry), Paying for Groceries, Direct Emergency Assistance, Home Delivered Meals, Massage, Buddy/Companion, Telephone referrals, Home Health Aid, and Physical Therapy.

Persons with AIDS based on diagnoses of opportunistic infections prioritized Paying for Rent/Mortgage, Food Services (Pantry), Paying for Utilities and Paying for Groceries, Filling out Government Forms, and Home Delivered Meals.

Generally, HIV asymptomatic prioritized Drugs and Medical Care services, HIV Prevention and secondarily, Counseling and Case Management as most important. HIV symptomatic reported that Case Management, Counseling, Lab tests and Dental as most important. AIDS T-Cell and AIDS CD-4 <200 ranked Housing, Food Services, and Utilities as most important. AIDS-Diagnosed on the presence of an Opportunistic Infection ranked in-home ancillary services such as Home Delivered Meals, Home Health Nurse, and Home Health Aid as being most important.

For the third tier of services, priorities by level of illness, in-home ancillary services were more likely to be prioritized by those with the most severe level of illness (AIDS-diagnosed based on opportunistic infections). Consumers with the least severe level of illness prioritized medical and advocacy services. Again, the largest prioritization differences were displayed between the HIV positive asymptomatic and the AIDS-diagnosed based on opportunistic infections.

The provider survey included the same one-page list of 48 types of HIV/AIDS-related services as was included in the consumer version. The survey asked each responding provider to identify the services that they considered as most important for the clients they served. The following table reports cumulative responses of provider priorities. Analysis revealed that provider type did not significantly skew identification of priorities or gaps. There are duplications of rankings due to providers voting the same for more than one service at the same rate.

Service Priorities from Provider Surveys (N=17)

Rank	Service	Responses	Percent
1	Case Management	15	88.2%
2	Mental Health	11	64.7%
2	ADAP/Drugs/Medicine	11	64.7%
3	Help Finding Affordable Housing	9	52.9%
4	Out-Patient/Ambulatory Medical Care	8	47.1%
5	Food Services (Pantry)	6	35.3%
6	Counseling	5	29.4%
6	Residential Substance Abuse Treatment	5	29.4%
6	Transportation	5	29.4%
7	Out-patient Substance Abuse Treatment	4	23.5%
7	HIV Prevention	4	23.5%
7	Health Insurance Continuation	4	23.5%
7	Help Paying for Rent/Mortgage	4	23.5%
7	Dental	4	23.5%
8	Nurse Care Coordination	3	17.6%
8	Legal Services	3	17.6%
9	Lab Tests	2	11.8%
9	Utilities	2	11.8%
9	Direct Emergency Assistance	2	11.8%
9	Spiritual/Religious Counseling	2	11.8%
9	Permanency Planning	2	11.8%
10	Home Health Aid	1	5.9%
10	In-Patient Hospitalization	1	5.9%
10	Translation	1	5.9%
10	Child Care	1	5.9%
10	Medical Information	1	5.9%
10	Telephone Referrals	1	5.9%
10	Vitamin/Health Foods	1	5.9%
11	Acupuncture	0	0.0%
11	Alternative Therapies	0	0.0%
11	Buddy/Companion	0	0.0%
11	Clinical Trial Outreach	0	0.0%
11	Adult Day Care/Respite	0	0.0%
11	Help Filling out Govt. Forms	0	0.0%
11	Help Pay for Groceries	0	0.0%
11	Home Delivered Meals	0	0.0%
11	Home Health Nurse	0	0.0%
11	Hospice	0	0.0%
11	Massage	0	0.0%
11	1-to-1 Emotional Support	0	0.0%
11	Physical Therapy	0	0.0%
11	Vocational Rehabilitation	0	0.0%

The following table which compares consumer and provider responses shows numerous differences in both priority rankings and percentages. In general, providers were more likely to prioritize clinical services, while consumers were more likely to prioritize ancillary services, particularly those that provide financial support.

The percentage and ranking differences between providers and consumers for the number three ranked service is noticeable. Consumers ranked help paying for Rent/Mortgage as priority number 3 (48.0 % of respondents indicating this opinion) while providers ranked paying for Rent/Mortgage in the seventh place with 23.5 % of the providers voting it as a service priority. Although providers ranked Help Finding Housing as number 3 (53.9%) which could be viewed as a similar category as paying for Rent/Mortgage.

Providers as well as consumers ranked case management as the highest priority for clients (82.2%), (67.3%) respectively. ADAP was ranked number 2 by both providers and consumers.

There were differences between consumers and providers for the forth ranked service priority; Dental Care (consumers rank 4, 43.8 %; providers rank 7, 23.5 %). Consumers and Providers ranked Food Services (pantry) as the fifth most important service priority (37.0%) and (35.3%), respectively.

Consumers ranked the following service categories with more importance than providers:
Help Paying for Rent/Mortgage, Dental Care, Lab Tests, Utilities, and Groceries.

Providers ranked the following categories as higher priorities than consumers:
Out-Patient Ambulatory Medical Care, Direct Emergency Assistance, Health Insurance Continuation, Counseling, Legal Services, Vitamins/Health Food, Spiritual/Religious Counseling, Transportation, Translation, Medical Information, Out-Patient Substance Abuse Treatment, Mental Health Services, Child Care, Telephone Referrals, Home Health Aid, Residential Substance Abuse Treatment, In-Patient Hospitalization, Nurse Care Coordination, and Permanency Planning.

Both groups assigned similar importance to the following service groups: Case Management, ADAP/Medicine/Drugs, Foods Services, HIV Prevention, and Help Finding Affordable Housing. Providers assigned no Prioritization to the following service categories: Filling out Government Forms, Home delivered Meals, Massage Therapy, Buddy/Companion, Alternative Therapies, One to one Emotional Support, Clinical Trials, Acupuncture, Vocational Rehabilitation, Home Health Nurse, Hospice, and Adult Day Care/Respite.

The similarities and discrepancies are important to notice for funding decision-making.

Comparison of Consumer and Provider Priorities

Service	Consumers		Providers	
	Rank	% of Respondents	Rank	% of Respondents
Case Management	1	67.3%	1	88.2%
ADAP	2	53.8%	2	64.7%
Rent/Mortgage	3	48.0%	7	23.5%
Dental	4	43.8%	7	23.5%
Food Pantry	5	37.0%	5	35.3%
Laboratory Tests	5	37.0%	9	11.8%
Utilities	6	35.5%	9	11.8%
Groceries	7	35.0%	0	0.0%
HIV Prevention	8	25.5%	7	23.5%
Help Finding Housing	9	22.8%	3	53.9%
Out-Patient Medical Care	10	21.5%	4	47.1%
Direct Emergency Assistance	11	20.8%	9	11.8%
Health Insurance Continuation	12	19.9%	7	23.5%
Counseling	13	18.8%	6	29.4%
Legal Services	14	18.0%	8	17.6%
Vitamins/Health Foods	15	17.0%	10	5.9%
Spiritual/Religious Counseling	16	15.3%	9	11.8%
Transportation	17	14.3%	6	29.4%
Filling out Govt. Forms	18	13.5%	11	0.0%
Home Delivered Meals	19	10.8%	11	0.0%
Translation	20	9.3%	10	5.9%
Massage	20	9.3%	11	0.0%
Medical Information	21	8.5%	10	5.9%
Buddy/Companion	21	8.5%	11	0.0%
Out-Pt. Substance Abuse	22	8.0%	7	23.5%
Alternative Therapies	23	7.8%	11	0.0%
Mental Health	24	7.5%	2	64.7%
Child Care	25	7.3%	10	5.9%
1-to-1 Emotional Support	26	7.0%	11	0.0%
Clinical Trials	27	5.8%	11	0.0%
Telephone Referrals	27	5.8%	10	5.9%
Acupuncture	28	5.3%	11	0.0%
Vocational Rehabilitation	28	5.3%	11	0.0%
Home Health Aid	29	4.8%	10	5.9%
Residential Substance Abuse	30	4.5%	6	29.4%
In-Patient Hospitalization	31	3.3%	10	5.9%
Home Health Nurse	32	2.5%	11	0.0%
Hospice	32	2.5%	11	0.0%
Adult Day/Respite	33	2.0%	11	0.0%
Nurse Care Coordination	34	1.8%	8	17.6%
Permanency Planning	34	1.8%	9	11.8%

3. Unmet Need Estimates

The following describes the methodology used by the state of Florida for obtaining the population and care pattern data used to calculate and quantify the estimate of unmet need for HIV primary medical care as well as the limitations of using these estimates.

The HIV/AIDS Reporting System (HARS) data was utilized as one of the primary tools for estimating unmet need with the following limitation: HIV cases were not reportable in Florida until July 1, 1997. HIV reporting is not retroactive; the report is limited to HIV confirmatory tests performed in a confidential setting since that time and only via diagnostic HIV tests (i.e., Western Blot or IFA). Therefore, HIV (not AIDS) cases with diagnostic dates prior to 07/1997 are not reportable. Viral loads and CD4 counts will be reportable January 1, 2006, therefore, the HIV reporting data will become more complete within a few years. Matches of HARS with databases such as Medicaid, ADAP, Medicare, VA or other databases are not profitable as suggested in the HRSA framework since HARS is not complete. A recent match with ADAP and Medicaid had less than 2% duplicity, of which those were closed in ADAP, therefore, it is assumed that these databases are mostly mutually exclusive and the clients are only accessing one or the other or neither. As a result of these limitations, Florida has chosen to develop its own methodology for calculating and quantifying the estimated care patterns of persons living and aware with HIV (not AIDS) (PLWH) and AIDS (PLWA) by utilizing unmatched data from HARS, Medicaid and ADAP databases as well as local data estimates.

The following protocol describes the steps taken to identify the care patterns at the EMA and Consortia area levels. All data were generated at the county level; then the county data were merged to calculate EMA and Consortia level data:

A. PLWA, AIDS Prevalence (Living) and Aware for a recent time period (Data Source is HARS) defined as the number of reported AIDS Cases alive and reported through 12/31/04, as of 03/20/05, plus 5%, to account for unreported AIDS cases. (AIDS Cases / 0.95). Florida has a very timely and complete reporting system. It is assumed that all AIDS cases are aware of their diagnosis.

B. PLWH, HIV (not AIDS) Prevalence (Living) and Aware for a recent time period (Data Source is HARS) defined as the number of PLWHA minus the number of PLWA. The PLWHA are pre-calculated by the state for each Title I EMA area, based on statewide estimates of living PLWHA who are aware.

C. Number of PLWA who received the specified HIV primary medical care services in a 12-month period

D. Number of PLWH who received the specified HIV primary medical care services in a 12-month period. (Data Source is HARS, ADAP, Medicaid, and local primary care resources) To calculate the numbers for both C & D: These data were calculated by a combination of several steps. Keep in mind that these totals combine HIV and AIDS cases together. The total estimate of PLWHA aware in care will be separated out by AIDS and HIV (not AIDS) in a later step.

- Data were generated for HIV/AIDS patients receiving primary medical care via Medicaid or ADAP. For the ADAP and Medicaid data, formulas were utilized separately for each database to determine an unduplicated count of persons by county who requested specific HIV-related laboratory tests (viral loads or CD4s) or filled HIV-related prescriptions in calendar year 2004. As noted above, it is assumed that these data from these two databases are essentially mutually exclusive for our estimations.
- A certain percent of persons are in care by some system other than ADAP or Medicaid (Medicare (not Medicaid), private insurance, VA, etc.).
- Utilizing local resources, the percent of persons accessing care besides Medicaid or AIDS are divided (private care, Medicare, VA, Ryan White, etc.) Chart reviews from top HIV providers will be conducted at the local level to provide these local data estimates.
- We then identify each living case in HARS with a CD4 or Viral load result documented for 2004. Next we determine whether the case is an AIDS or HIV (not AIDS case) and calculate these cases as a percentage of total. Once that percent is calculated, it is applied to the total estimate of PLWHAs (i.e. sum of AIDS and HIV (not AIDS) cases) who were aware and in care, as defined above.

E. Number of PLWA who DID NOT receive the specified HIV primary medical care services in a 12-month period. These numbers were calculated by subtracting the PLWA aware and in care (C above) from the total PLWA aware (A. above).

F. Number of PLWH who DID NOT receive the specified HIV primary medical care services in a 12-month period. These numbers were calculated by subtracting the PLWH aware and in care (D. above) from the total PLWH aware (B. above).

G. Total of PLWHA who DID NOT receive the specified HIV primary medical care services in a 12-month period. This total was calculated by adding the PLWA aware and NOT in care (E. above) to the total of PLWH aware and NOT in care (F. above).

We acknowledge the limitations of the data on which these estimates are based. At present, the biggest assumption we are making is that those records in HARS for which there is a documented CD4 or viral load are represented of those cases for which these variables are missing. To the extent that they are not representative, this may introduce bias in our estimates of the percentage of PLWHAs in care that are AIDS and HIV (not AIDS). Nonetheless, we feel the balance of the data and assumptions are fairly robust to error and bias. Each year, Florida will strive to improve this methodology for calculating unmet need until more accurate in-care data is available via HARS and other matched databases.

HARS for Palm Beach County estimates an AIDS prevalence of 4,514 and an HIV (not AIDS)-Aware of 2,535; whereas, CDC estimates that Palm Beach has an AIDS prevalence of 4,255 and an HIV (not AIDS)-Aware of 2,497. The numbers are similar enough to assume that the Unmet Need Estimate based on HARS Florida is accurate.

Calculation of Unmet Need, 2005

Input	Value	Data Source
Population Sizes		
(A.) Number of persons living with AIDS (PLWA) through 2004,as of 03/20/05, and adjustment factors	4,514	HARS: Florida through 2004, as of 03/20/05, and adjustment factors
(B.) Number of persons living with HIV (PLWH, non-AIDS) and aware of their status through 2004, as of 03/20/05).	2,535	HARS: Florida through 2004, as of 03/20/05, and adjustment factors
Care Patterns		
(C.) Number of PLWA who received the specified primary medical care services in the previous 12-month period. (Through the end of 2004 as of 3/20/05).	4,514 x (. 81) = 3,678	A x (.81). Data sources are: HARS; RW databases; ADAP; Medicaid; VA; HCDPBC and local physicians' data. Estimates were calculated for these care patterns
(D.) Number of PLWH (aware, non-AIDS) who received the specified primary medical care services in the same 12-month period.(Through the end of 2004).	2,535 x (.5756)= 1,460	B x (.5756). Data sources are: HARS; RW databases; ADAP; Medicaid; VA; HCDPBC and local physicians' data. Estimates were calculated for these care patterns
Calculated Results		
To calculate the values, complete the following steps listed in each of the rows.	**Value**	**Calculation**
(E.) Number of PLWA who did not receive any specified primary medical care services in the same previous 12-month period. (Through the end of 2004).	4,514 x (18.52%) = 835	A x (18.52%)
(F.) Number of PLWH (aware, non-AIDS) who did not receive any specified primary medical care services in the same previous 12 month period. (Through the end of 2004).	2,535 x (42.42%) = 1,076	B x (42.42%)
(G.) Total HIV+/aware not receiving specified primary medical care services (quantified estimate of unmet need).	835 + 1,076 = 1911 or 27.11%	= E + F

Unmet Need Calculation Relating to Funding Sources: Palm Beach County EMA

County	Reported PLWA	Reported PLWH	PLWAH Diagnosed And Aware	Medicaid	ADAP	Medicaid + ADAP
PB Medicaid + ADAP	4,514 % Aware In Care (Medicaid + ADAP)	2,535 Estimated percent in care other funding (Priv, VA, HCD Medicare/not Medicaid	7,049 Total PLWAH aware and percent in care	2,277 Total PLWAH aware and percent NOT in care	658 Total PLWAH aware and in care	2,935
2,935 Total PLWAH aware and in care	42% Total PLWAH aware and not in care	32% Percent of PLWAH aware & in care are AIDS (excl DOC)	73% Percent of PLWAH aware & NOT in care HIV (excl DOC)	27.11% Total of PLWAH aware & in care are AIDS	5,138 Total of PLWAH aware & in care are HIV	
5,138	1,911	72.89%	27.11%	3,678	1,460	

The table above displays Unmet Need by diagnosed and reported, diagnosed and aware and funding sources related to the receipt of Primary Medical care. By utilizing a Grande N of 7,049, Palm Beach County estimates that there are 4,514 reported cases of AIDS; 2,535 reported cases of HIV-non-AIDS; 3,678 PLWAs diagnosed and aware; and 1,460 PLWHs-non-AIDS who are diagnosed and aware. According to the County's sources and related to the receipt of primary medical care; Medicaid accounts for approximately 44% (n=2,277), of clients receiving primary medical care; ADAP accounts for 12.7% (n=658) clients receiving primary medical care. The combination of Medicaid and ADAP accounts for approximately 2,935 of the clients receiving primary medical care. The percent aware and in care combining Medicaid and ADAP is 42%. Additionally, 32% of primary medical care is provided by other funding sources (i.e., Health Care District: Palm Beach County; Private Doctors, Veterans Administration, and Medicare). This formula suggests that 72.89% of PLWA/H-aware are in care and 27.11% of PLWA/H-aware are NOT in care. Therefore, a total of 5,138 PLWH/As-aware are in care and 1,911 PLWA/Hs-aware are NOT in primary medical care.

Demographic Analysis of Unmet Need

The following description of data relating to Unmet Need from the State of Florida: Bureau of HIV/AIDS Surveillance corresponds to the two tables above. In Palm Beach County, a total of 4,514 individuals are living with AIDS and aware. 1,102 (24.4%) are white, 2,957 (65.5%) are black, and 422 (9.4%) are Hispanic.

Race

- Of the 2,535 individuals living with HIV-not-AIDS-and-aware 643 (25.4%) are white, 1,616 (63.7%) are black, and 245 (9.6%) are Hispanic.

- Of the 3,678 individuals living with AIDS-and-aware and presumed to be in care, 898 (24.4%) are white, 2,409 (65.5%) are black, and 344 (9.4 %) are Hispanic.
- Of the 1,460 individuals living with HIV-not-AIDS-and-aware and presumed to be in care, 370 (25.4 %) are white, 931 (63.7 %) are black, and 141 (9.6 %) are Hispanic.
- Of the 836 individuals living with AIDS-and-aware and presumed not to be in care, 204 (24.4 %) are white, 548 (65.5 %) are black, and 78 (9.4 %) are Hispanic.
- Of the 1,076 individuals living with HIV-not-AIDS-and-aware and presumed not to be in care, 273 (25.4 %) are white, 686 (63.7 %) are black, and 104 (9.69 %) are Hispanic.
- Of the 1,911 PLWA/H-aware and not in care, 477 (24.9 %) are white, 1,233 (64.5 %) are black and 182 (9.5 %) are Hispanic.

Gender

- Of the 4,514 Live AIDS-aware cases, 2,912 (64.5 %) are male and 1,602 (35.5 %) are female.
- Of those living HIV-not-AIDS and aware; 1,384 (54.6 %) are male and 1,152 (45.4 %) are female.
- Of those 3,678 individuals living with AIDS-and-aware and presumed to be in care, 2,372 (64.5 %) are male, 1,305 (35.5 %) are female.
- Of the 1,460 individuals living with HIV-not-AIDS-and-aware and presumed to be in care, 797 (54.6 %) are male 663 (45.4 %) are female.
- Of the total number of AIDS-aware and presumed not to be in care is 539 (64.5 %) male and 297 (35.5 %) female.
- Of those who are HIV-Not-AIDS and aware and presumed to be not in care 587 (54.6 %) are male and 489 (45.4 %) are female.
- The total PLWA/H-aware and presumed not in care is 1,911; comprised of 1,126 (58.9 %) male 785 (41.1 %) are female.

Age

- The categories 24-29; 30-39; 40-49; and 50-59 have the greatest percentage of ages in all columns relevant to Unmet Need. More in depth discussion appears in the severe need portion of this proposal.

Exposure Categories

- In the adult male category, MSM'S comprise 43 % (n=1,243) , of the AIDS-aware; 45.1 % (n=624), of HIV-non-AIDS-Aware; 43 % (n=1,013), of AIDS-Aware and presumed to be in care; 45.1 % (n=359) of HIV-non-AIDS Aware and presumed to be in care; 43 % (n=230), of AIDS-aware and not in care; 45.1 % (n=265) of HIV-non-AIDS-aware and presumed to not be in care and 44.1 % (n=495), of the of 1,121 male PLWA/H-aware who are not in care.
- In the adult male category, male IDU's compose 8.2% (n=236), of the AIDS-aware; 6.9 % (n=96), of HIV-non-AIDS-Aware; 8.2 % (n=192) , of AIDS-Aware and presumed to be in care; 6.9% (n=55) of HIV-non-AIDS Aware and presumed to be in care; 8.2% (n=44), of AIDS-aware and not in care; 6.9 % (n=41) of HIV-non-AIDS-aware and presumed to not be in care and 0.074 % (n=84), of male PLWA/H-aware who are not in care.

- In the adult male dimension, MSM/IDUs compose 4.4 % (n=128), of the AIDS-aware; 2.4 % (n=33), of HIV-non-AIDS-Aware; 4.4 % (n=105), of AIDS-Aware and presumed to be in care; 2.4 % (n=19) of HIV-non-AIDS Aware and presumed to be in care; 4.4 % (n=24), of AIDS-aware and not in care; 0.024 % (n=14) of HIV-non-AIDS-aware and presumed to not be in care and 0.033 % (n=38), of PLWA/H-aware who are not in care. In the heterosexual category, males comprise compose 43.1% (n=1,246), of the AIDS-aware; 45.3% (n=626), of HIV-non-AIDS-Aware; 43.1 % (n=1,015), of AIDS-Aware and presumed to be in care; 45.3 % (n=360) of HIV-non-AIDS Aware and presumed to be in care; 43.1% (n=231), of AIDS-aware and not in care; 45.3 % (n=265) of HIV-non-AIDS-aware and presumed to not be in care and 44.2 % (n=496) , of PLWA/H-aware who are not in care. In conclusion, there are 1,121 males out of care.
- In the female category, IDU'S compose 14.1% (n=222) of AIDS-Aware; 9.6 % (n=110), of HIV-non-AIDS aware; 14.1% (n=181), of AIDS-aware and presumed in care; 9.6 % (n=63), of HIV-non-AIDS-Aware and presumed in care; 14.1% (n=41) of AIDS-aware and presumed not in care;9.6 % (n=47), of HIV-non-AIDS-aware and presumed not in care and 11.2 % (n= 88) of PLWA/H-aware and not in care. Heterosexual women comprise 83.4% (n=1,315), of AIDS-aware; 89.4% (n=1,025), of HIV-non-AIDS-aware; 83.4% (n=1,071), of AIDS-aware and presumed in care; 89.4% (n = 590), of HIV-non-AIDS-aware and in care; 83.4% (n= 243), of PLWA-aware and presumed not in care; 89.4% (n=435), of PLWH-aware and presumed not in care and 87 % (n = 678) of females PLWA/H-aware who are out of care. In conclusion, there are 779 female PLWA/H aware presumed to be out of care.
- In the pediatric AIDS exposure category, the exposure category entitled Mother at risk for HIV infection, 97.8% (n=47), comprise the AIDS-aware category; 88.3% (n=8) comprise the HIV-non-AIDS-aware category; 97.8% (n = 39), account for the PLWA-aware in care; 88.3% (n=4), for PLWH-aware category; 97.8% (n=9), for PLWA-Aware presumed not in care; 88.3 % (n=3), for PLWH-aware not in care and 92.3% (n=12) accounts for the total pediatric out of care due to this exposure category. In conclusion, there appears to be approximately 13 pediatric cases not in care in total in the pediatric AIDS exposure categories. Risks not reported/Other cases are negligible.

The following narrative describes unmet need among special populations using Florida's methodology as discussed above. This information will be presented in a more comprehensive manner in the Special Population portion of the Severe Need Section of this submission. Some highlights however, are discussed here in terms of the concluding analyses which are a presentation of unmet need (ie, presumed to be out of care) for PLWA/H-aware in numerical value form only. These analyses are presented in terms of the special population categories that appear to have the most concentrations of PLWA/H-aware who are currently **not** in care. Computations are discussed by a total computation of unmet need for each category. White MSM; n=266; Black MSM, n=127;Hispanic MSM, n= 61; White male IDU, n=33; Black male IDU, n=52; Hispanic male IDU, n=17; White female IDU, n=28; Black female IDU, n=32; Hispanic female IDU, n=8; Male Haitian born, n=180 ; Female Haitian born, n= 135; White Women of Childbearing age(WCBA), n= 83; Black women of childbearing age(WCBA), n=

398; Hispanic Women of childbearing age(WCBA), n= 41. In conclusion, these categories comprise 75% (n=1461) of the total (n=1,911) unmet need in Palm beach County.

In 2003, Palm Beach County EMA was the recipient of a Special Project of National Significance (SPNS) called the CARE Systems Assessment Demonstration Project (CSADP). CSADP sought: 1). To determine, by utilizing the Unmet Need framework relating to Special Populations and epidemiological data from HARS, which segment of our HIV-infected populace was the most disproportionately and egregiously affected by HIV-spectrum disease in Palm Beach County. By using our EMA's Unmet Need calculations in concert with the EMA's epidemiological profile we selected to focus our attention on HIV+ Black women who are aware of their status and either not receiving care or who have dropped out of care; 2) To identify and assess barriers which would inhibit/prohibit individuals belonging to that group from receiving medical care; 3) To evaluate the local CARE System from the perspective of the Documents we produce relating to HIV/AIDS, from the perspective of the providers/administrators and key stakeholders in terms of delivering care to PLWA/Hs, and from the point of view of the consumers; and 4) To develop an implementation/action plan to design a system that could encourage those not in care to access care and then maintain care.

After examining the system in terms of the domains of comprehensiveness, capacity, integration, accessibility, acceptability, technical competencies, and client health seeking behaviors, the CSAD Project findings indicated that across all aspects of the research (i.e., Documents, Systems, and the RARE initiative) there were indicators of common impediments or barriers to care and common strengths in the system.

The common barriers to access to care were found to be: Inconvenience (i.e., transportation; location and hours of operation), Impersonality of staff and lack of respect by some staff particularly receptionists; Impediments at the primary care providers (i.e., long waiting, long appointments), lack of follow-up; lack of insurance; ER utilization; Hopelessness/powerlessness; Prioritization that places other obligations ahead of HIV+ primary medical care; abusive spouse; and substance abuse; referral process; lack of confidentiality; lack of knowledge of available services; lack of knowledge about disease and treatment of disease; limited provision of services for non-English speaking clients; evidence of fragmentation of services (i.e., clients need to travel to get specialty medical care and labs and pharmaceuticals); loss of social network; poor quality of care and provider; insufficient capacity; and denial and fear.

The common strengths across domains and aspects of the research were: a multiple provider mix; availability of primary medical care; availability of case management; some convenient provider locations; belief in services; some providers are in safe and secure locations; providers have appropriate credentials; HIV training and knowledge; consumers report knowing where to go for health care.

These collapsed findings were presented to approximately 100 individuals (providers, consumers, planners, community members, and other interested parties) who were invited to participate in a two day strategic planning session. They were given detailed accounts of the findings across the document review, the systems analysis and the RARE initiative. Findings were driven by the data collection that examined seven dimensions of the HIV Continuum of

CARE as were referenced above (i.e., comprehensiveness; capacity; integration; accessibility; acceptability; technical competencies; and client health seeking behaviors).

According to the implementation/action plan that was developed during a two day strategic planning session six themes emerged as interventive goals that we have decided to incorporate into our system to address the Unmet Need of Black Women, the group we selected to focus our attention on. The six supra-themes presented here as goals were in order of importance to the CARE Council: Education; Single Point of Access; Treatment Adherence; Stigma; Confidentiality; and Cultural Beliefs, Attitudes and Practices.

The Grantee as well as the CARE Council has used the results of the Unmet Need Framework in the planning for FY 2006 by allocating significant monies to Outreach in order to find the 1,911 persons aware of their status and are not in primary medical care. In addition, monies have been increased in all Medical Services, Nurse Care Coordination, and Treatment Adherence in preparation for the increase in persons entering into Primary Medical Care.

4. Gaps in Care

As was previously stated in the above section on the 2003-2006 Needs Assessment consumers identified each of the 48 services offered in the Palm Beach County Continuum of Care as ones that they needed and used, did not need, or needed but could not get. Each service that a consumer identified as "needed, but could not get" is considered a service gap. Cumulative categorical service gap responses appear in the following table.

Service Gaps from Client Surveys (N=400)

Rank	Service	Responses	Percent
1	Finding Affordable Housing	135	33.8%
2	Help Paying for Groceries	110	27.5%
3	Food Services (Pantry)	107	27.0%
3	Vitamins/Health Foods	108	27.0%
4	Help Paying for Rent/Mortgage	107	26.8%
5	Help Paying for Utilities	105	26.3%
6	Help Getting Insurance	98	24.5%
7	Insurance Maintenance	95	23.8%
8	Massage	88	22.0%
9	Dental	80	20.0%
10	Benefits Information	79	19.8%
11	Help Finding a Job	69	17.3%
12	Alternative Therapies	67	16.8%
13	Buddy/Companion	66	16.5%
13	Clinical Trials	66	16.5%
14	Help Getting Support	65	16.3%
15	Peer Advocacy	59	14.8%
15	Help Preparing to Return to Work	59	14.8%
16	Telephone Referrals	55	13.8%
16	Acupuncture	55	13.8%
17	Home Delivered Meals	54	13.5%
17	Transportation	54	13.5%
17	Support Groups	54	13.5%
18	Physical Therapy	51	12.8%
18	1-to-1 Emotional Support	51	12.8%
18	Help Filling out Govt. Forms	51	12.8%
19	Legal Services	49	12.3%
20	ADAP/Drugs/Medicine	46	11.5%
21	Hospice	45	11.3%
22	Medical Information	44	11.0%
22	Adult Day Care/Respite	44	11.0%
23	In-Patient Hospitalization	43	10.8%
23	Child Care	43	10.8%
23	Mental Health Services	43	10.8%
24	Case Management	40	10.0%
25	Hospital Discharge	39	9.8%
26	Home Health Care (Nurse)	38	9.5%
26	Out-Patient Medical Care (Ambulatory)	38	9.5%
26	Spiritual/Religious Counseling	38	9.5%
27	Permanency Planning	37	9.3%
28	Substance Abuse Services	36	9.0%
29	Medical Referrals	35	8.8%
29	Home Health Aid	35	8.8%
30	Nurse Care	32	8.0%
31	Lab Tests	31	7.8%
32	Spiritual/Religious Services	30	7.5%
33	Translation	27	6.8%

As shown above, consumers identified several service gaps in the Palm Beach County Continuum of Care as being grossly deficient. Consumers consider lack of access to Finding Affordable Housing as the number one service gap. A companion of this service category is payment of rent/mortgage. Almost one-quarter of survey respondents also consider there to be a lack of access in this category.

Other service categories that were ranked as gaps by one-quarter or nearly one-quarter of survey respondents were: Help Paying for Utilities, Help Paying for Groceries, Food Services (Pantry), Vitamins/Health Foods, Help Getting Insurance, and Help Maintaining Insurance (Continuation).

Service categories that were ranked as gaps by one-fifth, or close to one-fifth, of survey respondents were: Massage Therapy, Dental Services, and Benefits Information.

The table below compares service gaps with service priorities and helps in determining the magnitude of potential system inadequacies, supports strategic planning, and resource allocation decisions. The table lists the top ten consumer-identified service priorities in comparison with the gap ranking and percentage for each service. Six of the top ten consumer priorities also ranked among the top ten gaps.

Priorities as Compared to Service Gaps per Respondents to Consumer Surveys (N=400)

Service	Priority		Gap	
	Rank	% of Respondents	Rank	% of Respondents
Case Management	1	67.3%	24	10.0%
ADAP/drugs	2	53.8%	20	11.5%
Help Pay Rent/Mortgage	3	48.0%	4	26.8%
Dental	4	43.8%	9	20.0%
Food Services (Pantry)	5	37.0%	3	27.0%
Lab Tests	5	37.0%	31	7.8%
Utility Payments	6	35.5%	5	26.3%
Help Pay Groceries	7	35.0%	2	27.5%
HIV Prevention	8	25.5%	--	----
Help Finding Housing	9	22.8%	1	33.8%
Out-Patient Medical Care	10	21.5%	26	9.5%

The services that consumers reported as having the highest priority-to-gap ratios were ADAP/Drugs (53.8 % of consumers rating the service as a priority and 11.5 % rating it as a gap); Laboratory Tests (37% of consumers rating service as a priority and 7.8 % rating as a gap); Dental (43.8% of consumers rating as a priority and 20% rating as a gap); Housing Assistance (22.8% of consumers rating as a priority and 33.8 % rating as a gap); Out-Patient Medical Care (21.5% rating as a priority and 9.5% rating as a gap); and HIV Prevention (21.5% rating as a priority and 0% rating as a gap).

Another way to compare service priorities and gaps is to analyze consumer survey data using paired responses to see what percentage of consumers identified a service as both a priority and a gap as displayed in the table below. This method illustrates the percentage of consumers who report difficulty in accessing services, which they feel are most important for them.

To accurately compare paired priorities and gaps, services had to be categorized based on the analyst's interpretation (e.g., health insurance continuation on consumer priorities equaled help getting/maintaining private insurance in "levels on need" on consumer surveys). They were both collapsed into the category, "insurance". The limitation is that the categories are sometimes not identical therefore, yielding a study limitation. However, the importance of the comparison outweighs the limitation. The table below lists the top ten services, which consumers listed as both priority and gap. Only the top ten out of 48 services are included in the table, due to the low percentages and differences in the remaining 35 categories.

Services Identified as Both Gaps and Priorities in Consumer Surveys (N=400)

Rank	Service
1	Help Paying For Rent/Mortgage
2	Dental
3	Food Services (Pantry)
4	Utility Payments
5	Help Paying for Groceries
6	Help Finding Affordable Housing
7	Health Insurance Continuation
8	Vitamins/Health Foods
9	Transportation
10	Massage

The provider survey asked respondents to identify service gaps for the clients they serve using the same list of HIV/AIDS-related services from which priorities were identified. Each responding provider was asked to check any of the services which a substantial number of their clients needed, but had difficulty accessing. The following table shows the cumulative responses of provider-identified service gaps. (There are duplications in rank orderings due to providers voting the same for multiple services.)

Higher percentages of providers identified gaps in services (e.g., transportation, etc.) than did consumers. This is probably due to the fact that providers were asked to consider a service as a gap if a substantial number of their clients had trouble accessing a service, while each consumer vote represents the response of one individual. As a result, the provider-identified service gaps are useful as a measure of provider opinions about the Continuum of Care, rather than determining the possible magnitude of service gaps for the population of PLWH/As in Palm Beach County.

Providers identified help Finding Affordable Housing as the number one gap for the clients they serve. Health Insurance Continuation and Out-Patient Substance Abuse Treatment were identified as gaps by half of responding providers.

Other services that providers ranked among the top service gaps for their consumer populations were: rent/mortgage payments, utilities payments, and substance abuse treatment (residential).

Service Gaps from Provider Surveys (N=400)

Rank	Service	Responses	Percent
1	Finding Affordable Housing	10	58.8%
2	Out-Patient Substance Abuse Treatment	9	52.9%
3	Health Insurance Continuation	8	47.1%
4	Help Paying for Rent	7	41.2%
5	Help Paying for Utilities	6	35.3%
5	Residential Substance Abuse Treatment	6	35.3%
6	Clinical Trials	5	29.4%
7	Counseling	4	23.5%
7	Alternative Therapies	4	23.5%
7	Child Care	4	23.5%
7	ADAP	4	23.5%
7	HIV Prevention	4	23.5%
7	Home Health Nurse	4	23.5%
7	1-to-1 Emotional Support	4	23.5%
8	Buddy/Companion	3	17.6%
8	Paying for Groceries	3	17.6%
8	In-Patient Hospitalization	3	17.6%
8	Legal Services	3	17.6%
8	Mental Health	3	17.6%
8	Nurse Care Coordination	3	17.6%
8	Transportation	3	17.6%
8	Vocational Rehab.	3	17.6%
9	Vitamins/Health Foods	2	11.8%
9	Permanency Planning	2	11.8%
9	Medical Information	2	11.8%
9	Massage Therapy	2	11.8%
9	Food Services (Pantry)	2	11.8%
9	Acupuncture	2	11.8%
9	Adult Day/Respite	2	11.8%
10	Case Management	1	5.9%
10	Dental	1	5.9%
10	Direct Emergency Assistance	1	5.9%
10	Help Filling out Govt. Forms	1	5.9%
10	Home Delivered Meals	1	5.9%
10	Hospice	1	5.9%
10	Lab Tests	1	5.9%
10	Physical Therapy	1	5.9%
10	Spiritual/Religious Counseling	1	5.9%
10	Telephone Referrals	1	5.9%
11	Health Aid	0	0
11	Out-Patient Hospitalization	0	0

Consumers and providers differed in the service gaps they identified in the Palm Beach County Continuum of Care. The key differences emerged in the percentage of consumers and providers identifying gaps in over half of the categories, with consumers being more likely than providers to identify service gaps.

It is difficult to determine if this disparity represents actual differences in consumer versus provider perceptions of service gaps, or a methodological limitation (since consumers were

asked to identify personal gaps while providers were asked to identify service gaps across the entire population of clients with whom they worked). Aggregate provider response may, in fact, overstate gaps by inflating gaps for small numbers of consumers into system-wide problems. Conversely, it is possible that provider responses were more reflective of actual gaps for populations that the consumer survey may have under-sampled; for example, translation (Haitians and Hispanics), substance abuse services (drug addicts and alcoholics), transportation (people living in poverty without access to transportation).

The largest disparities in consumer and provider-identified service gaps emerged in the areas of Help Paying for Groceries (consumer rank 2, provider rank 8); Food Services (Pantry) (consumer rank 3, provider rank 9); Vitamins/Health Foods (consumer rank 3, provider rank 9); Massage Therapy (consumer rank 8, provider rank 9); Dental (consumer rank 9, provider rank 10); Out Patient Substance Abuse Treatment (consumer rank 28, provider rank 2); Residential Substance abuse treatment (consumer rank 28, provider rank 5; and ADAP (consumer rank 20, provider rank 7). Perhaps providers identify gaps for services they provide yet are not expected to provide (e.g., case managers report that they provide transportation for clients; a service not usually associated with their job description). It is important to consider that Providers had a maximum ranking of only 11 whereas, Consumers had a maximum ranking of 33. Because of this a Consumer ranking in the twenties is similar to a Provider ranking of about nine or ten. An example is contained in the relationship between Consumers and Providers relating to both Medical Out-Patient (Consumers' Gap Rank =26, Providers' Gap Rank = 11) and In-Patient Hospitalization (Consumers' Gap Rank=23, Providers' Gap Rank = 8).

Categories in which consumers and providers agreed that relatively few gaps existed included: Help Finding Affordable Housing, Help Paying for Rent/Mortgage, and Help Paying for Utilities, and Health Insurance Continuation.

5. Prevention Needs

The following is a summary of the findings from the HIV Prevention Survey of PLWH/As in Palm Beach County, April 2005. Surveys were conducted and data were compiled and analyzed by the Community Planning Partnership (CPP). This section, excerpted from the CPP's report, includes a brief description of the study and highlights of the findings.

In April 2003, the Centers for Disease Control and Prevention (CDC) announced that it was refocusing its HIV prevention efforts to address two nationwide trends, specifically, 1) an increase in behaviors that put people at risk of infection with HIV, and 2) an increase in the number of people diagnosed with syphilis and HIV.

To respond to these challenges, the CDC launched its Advancing HIV Prevention (AHP) Initiative which focuses efforts on counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection as well as prevention services for people living with HIV/AIDS who are already receiving HIV related services.

AHP impacts HIV Prevention Community Planning because all HIV Prevention Community Planning Groups will be required to prioritize HIV-infected persons as its highest priority population for prevention services.

In order to keep its Partnership on the cutting edge of HIV prevention planning and maximize HIV prevention efforts in Palm Beach County, in December 2003, the Community Planning Partnership voted to amend its Prevention Plan to include the goals, objectives, and Procedural Guidance of CDC's CBO Program Announcement 04060 aimed at reducing HIV transmission by:

1. Increasing the proportion of individuals at high risk for HIV infection who receive appropriate prevention services.
2. Reducing barriers to early diagnosis of HIV infection.
3. Increasing the proportion of individuals at high risk for HIV infection who become aware of their serostatus.
4. Increasing access to quality HIV medical care and ongoing prevention services for individuals living with HIV.
5. Addressing high priorities identified by the state of local HIV prevention Community Planning Group (CPG).
6. Complementing HIV prevention activities and interventions supported by state and local health departments.

In response to an ITN issued by the Department of Health, the Partnership (CPP) developed a proposal which would provide information needed to develop programs to meet the AHP strategy of reducing "HIV transmission by increasing access to quality HIV medical care and ongoing prevention services for individuals living with HIV". The Department approved the proposal and this report summarizes the findings of the study. It is hoped that the findings will help the EMA identify the HIV prevention needs of PLWH in Palm Beach County and develop programs and strategies to effectively meet these needs.

The Partnership is comprised of individuals who have knowledge of, or are interested in HIV prevention, and includes members of the affected communities, service providers, and community leaders. Although not formally combined with patient care planning, the Partnership has a close working relationship with Palm Beach County's HIV CARE Council. Treasure Coast Health Council provides planning and staff support for the CPP and the CARE Council and several members of the CPP are also members of the CARE Council and/or one of the CARE Council's many committees. CARE Council members and CPP members have collaborated on the RARE Project and the Special Populations Study of Blacks in Palm Beach County. The Partnership's Lead Chair and Co-Chair are almost at the end of their two-year term. It is anticipated that new elections will be held in November 2005.

In addition to the Lead Chair and Co-Chair, the Executive Committee is comprised of the Secretary, the Regional Minority AIDS Coordinator (RMAC) and the PIR Task Force (which is comprised of the Chairs of the Special Populations Committees). As anticipated, the entire membership, which serves as a "Planning Committee of the Whole" was involved in developing and implementing this project. The Project Workgroup (comprised of the Lead Chair, Co-Chair, and all interested members) provided detailed input to the development and implementation of

the Project Outline (with tasks and timeframes). The Coordinator and Lead Chair (or Co-Chair, depending upon availability) modified the Outline as necessary to accommodate changing conditions, including an extraordinarily active and disruptive hurricane season.

The proposal for this project was developed during a meeting of CPP members on May 11, 2004. All CPP members were invited to participate and those who could not attend were encouraged to submit ideas via email. In light of CDC's commitment to prioritize HIV-infected persons as the highest priority population for prevention services and develop appropriate interventions for them, the Partnership proposed to conduct a study to improve its understanding of HIV prevention with PLWH in Palm Beach County.

The study consisted of 112 "exit interviews" with patients/clients of HIV/AIDS medical care and case management services in Palm Beach County (including the Health Department, Comprehensive AIDS Program (CAP), and Compass). The interviews solicited information related to HIV prevention issues and the sources of information regarding those messages. Also included were standard risk behavior questions.

Some of the planning and implementation highlights include the following:

- Experienced interviewers, including those who received extensive training in data collection through the RARE project and the Special Project of National Significance (SPNS) *Care System Assessment Demonstration Project* being conducted in Palm Beach County, and other qualified individuals were recruited and trained for this study.
- Careful site selection ensured that all areas of the county in which services are provided (i.e. Riviera Beach, West Palm Beach, Belle Glade, and Delray Beach) were equitably represented in the study.
- Interviewers coordinated scheduling with providers to ensure that a pool of informed and willing respondents would be available at specific locations on specific dates within specific time ranges.
- Interviewers were provided with appropriate meeting rooms to ensure client privacy.
- Respondents were identified by interviewers who were stationed at provider locations at predetermined dates and times; or, were recruited by data collectors as they exited their medical or case management appointments.
- The interviews were conducted by trained interviewers in English, Spanish, or Creole as needed.
- Each respondent was provided with a $10.00 gift card upon the completion of his or her interview.
- Staff compiled and analyzed the data and prepared this report of findings to be disseminated to the Partnership for use by the entire community.

It is hoped that the findings from this project will improve HIV prevention community planning by increasing knowledge and understanding of HIV Prevention needs of PLWH another step towards prioritizing PLWH as the highest priority population for prevention services in EMA.

The highlights of findings listed below will work to guide HIV prevention planning for PLWH/A in Palm Beach County.

1. 89% of respondents would prefer to receive prevention information in English, while 5.4% would prefer Spanish, and 5.4% would prefer Creole.

2. The three topics and issues that were most frequently identified as "somewhat important" or "very important" were:

- Protecting yourself from infection with another strain of HI V (somewhat important 1, 0.9%; very important 111, 99.1 %)
- Protecting yourself from infection with another sexually transmitted disease (STD) (very important, 112, 100%)
- Protecting yourself from other infectious diseases (for example, tuberculosis, hepatitis C, etc.) (somewhat important, 2, 1.8%, very important 98.2%)

3. In addition to the three topics mentioned above, respondents indicated interest in a broad range of HIV prevention topics.

4. When respondents were asked about topics related to four specific HIV prevention methods, they indicated that "safer sex" was the most frequently discussed topic followed by "condoms", "abstinence", and "cleaning needles".

5. The three most frequently mentioned people from whom respondents receive and want to receive HIV prevention information were:

- Physician
- Case manager
- Nurse

6. The three most frequently mentioned methods or media by which respondents receive and want to receive HIV prevention information were:

- Individual face-to-face
- Brochures, pamphlets and other written materials
- Magazines

7. 35% of respondents indicated their physician discussed HIV prevention the day of the survey and 33% said their case manager did so.

8. 50% of respondents said they receive HIV prevention information and services from their physician during every visit, compared with only 33% who said they receive such information from their case managers during every visit.

9. Up to 15.2% of respondents reported engaging in some type of risk behavior during the past month; 17% of respondents had engaged in some type of risk behavior during the past six months.

10. Multivariate analyses (e.g., regarding particular populations, providers, prevention topics, etc.) may be conducted in the future depending on available resources.

F. Description of the Current Continuum of Care

The Coordinated Services Network (CSN) is a partnership of state and federal funding sources, planning authorities, medical and social support agencies, and people who are living with HIV/AIDS that provides a continuum of care for persons and families living with HIV Spectrum Disease and AIDS.

The CSN participating providers provide services to qualified individuals and families residing in Palm Beach County, Florida. Services are provided based on the medical and financial condition of the client and affected family members. This philosophy reflects congressional mandates to ensure medically needy individuals who have little or no financial resources with a level of medical care comparable to those with greater financial capacity.

There are four categories of partners in the CSN as follows:

Palm Beach County HIV CARE Council, which is comprised of a balanced number of HIV infected or affected individuals, service providers and community leaders working to identify the needs of HIV infected/affected individuals and families, establish the priorities of those needs, allocate potential funding to meet those needs, develop a plan for providing services.

Funding Partners, which includes government bodies responsible to administer state or federal funds for implementation of medical and support programs for the HIV infected, listed as follows: PBC Board of County Commissioners, Ryan White Title I; Treasure Coast Health Council, Inc., Ryan White Title II; WPB Board of City Commissioners, Housing Opportunities for Persons With AIDS (HOPWA); Florida Department of Health, Patient Care and Network.

The funding partners agree to develop service definitions for each of the services contracted, issue public Request(s) For Proposals "RFP" soliciting eligible non-profit and governmental agencies to provide the various services detailed in the HIV Comprehensive Plan, negotiate and enter into contracts with agencies selected through the competitive process, monitor the contracts, monitor the providers' ability and provision of services, make payments to the contracted providers for services, monitor distribution and use of services, ensure services are fairly provided across the county, prepare the official grant applications.

Program Support, which provides general supportive planning, management and system-wide support, to develop service standards, monitor service provision for quality improvement, measure effectiveness of the services provided, collect and provide summarized information on the demographic and service information.

CSN Service Providers are entrusted with providing medical and support services.

The overarching goal of the continuum of care is to improve, stabilize and maintain optimum health for persons living with HIV/AIDS. To this end, consumers and providers of HIV/AIDS services have partnered with others in our community to develop a system of care that meets the needs of a wide variety of individuals and families. The system of care operates within the

constraints of low or no annual funding increases while serving an increasing population with more complex needs.

Early in the AIDS pandemic, it became clear that HIV infected individuals required more than medical care to make health maintenance effective. HIV generally infects individuals during early adulthood and AIDS often becomes a serious health condition during the most productive period of one's life. Often, HIV infected individuals also have young families to support. When the HIV infected individual is, as often is the case, the sole support of a family, loss of earning capacity has severe emotional and physical impact on an HIV infected individual, negatively affecting the person's health even more.

HIV and AIDS quickly made its way into the heterosexual community in Palm Beach County. In the earliest days of the AIDS pandemic, this was in contrast to other areas of the United States where HIV was evidenced among homosexuals. What was to become prevalent around the world was evidenced in Palm Beach County when HIV infection was first observed in the early 1980s. HIV was attacking women of childbearing age at alarming rates. A combination of factors caused this phenomenon, but in the early days of the pandemic these factors were not so clear. Fortunately, local Health Department leaders understood the community needed to come together to meet the challenge. Advocacy for treatment and supportive services funding resulted in some of the earliest state-funded assistance to Palm Beach County.

The resulting holistic approach to maintaining health focused on improving or maintaining a higher quality of life over what initially was a relatively short time span. This was based upon a philosophy of making the AIDS patient as comfortable as possible for the time he or she had left. A program of supportive services was developed to assist HIV/AIDS infected individuals in maintaining a medical regimen of often-unproven therapies. That meant providing all of the necessary resources that could effectively keep someone in care. A list of services including housing assistance, transportation assistance, health education, food and nutritional services, medications and other supports such as mental health counseling and case management was developed. Initially, The Florida Legislature provided the bulk of the funding for these services, with the Palm Beach County Health Care District providing funds for Case Management, a service that coordinated the overall care plan for individuals. Much later, the federal government responded with both Ryan White and HOPWA funding. These programs expanded the number of persons who could receive these services and added additional resources.

As medical treatment and pharmaceuticals became ever more effective, it also became clear that individuals more often sought supportive services to maintain living conditions and were becoming less concerned about their health because on "the cocktail" they were feeling better, stronger, and were returning to a sense of normalcy. With the introduction of multiple drug therapies and Protease Inhibitors, many individuals literally were given a new lease on life. Numerous individuals at highly advanced stages of HIV disease have seen remarkable improvement in health status, including restoration of their immune systems to near normal levels. Along with the new pharmaceuticals to slow disease progression, advances in the treatment of related illnesses have made significant progress toward improving overall health.

Suppression of HIV disease progression and battling opportunistic infections with these potent medications bring other medical complications to many. Over the long term, side effects can appear even though the patient initially responded well to the drugs. Combinations that initially worked well for the patient may fail, or damage to the kidneys, pancreas or other organs can occur. This requires the attending physician to experiment with other combinations until a successful one is found. This often takes months of trial and error. During these periods, the patient often remains medically disabled, requiring the full assistance of the care system.

As stated above, the federal government responded slowly to the pandemic. Underestimating the severity of the disease or the extent it was infecting the population, Congress and the administration in power at the time believed it was the responsibility of individual states to address HIV at a local level. By the late 1980s, it became clear this philosophy was impractical. Congress did respond, and in a very big way. After years of advocating for a national response to AIDS, the Ryan White CARE Act was enacted in 1990. Pouring millions of dollars into the hardest hit regions of the U.S., the federal government quickly became the driving force in HIV/AIDS funding. Requiring that state and local funding resources remain at pre-Ryan White levels, Congress provided an opportunity not only to expand services but to expand the system providing those services.

Five years after enacting the Ryan White CARE Act, Congress acknowledged the necessity to focus on provision of quality services that document effectiveness. In the "Amendments to The CARE Act", enacted in 1996, the Secretary of Health was directed to provide measurement of the program's quality and effectiveness and to develop mechanisms to demonstrate this. Also recognizing a change in the populations affected, the Amendments included additional requirements to ensure services were directed to populations most severely impacted by HIV/AIDS.

Later, the Congressional Black Caucus and representatives of other racial minorities worked to legislate specific funding for minorities. These requirements challenge communities to demonstrate funding is directed to populations hardest hit by HIV/AIDS and that providers have the same cultural and racial characteristics as the individuals served.

Therefore, the Palm Beach County HIV CARE Council and Title I grantee sought assistance to effect responsible program management. As a result of the request, the HIV/AIDS Bureau (HAB), which oversees the Ryan White Program at a federal level, provided technical assistance over a twenty-month period. The goal was to assist the community in addressing the ever-increasing challenges of providing effective health and supportive services to those in need. A core premise of this activity was not only to strengthen the mechanism of delivering care, but also to develop a means to document care delivery and effectiveness. The results of the technical assistance is as follows:

- Development of a better understanding of the responsibilities of each of the partners
- Development of standards of care for all provided services
- Development of minimum eligibility measures
- Development of a management information system
- Development of quality improvement activities

Efforts such as the Management Information System and Quality Improvement activities have brought the community even closer together as partners. Title I and II conduct a joint RFP process. Joint program monitoring activities across funding sources resulted in a reduction of duplicative program monitoring visits.

A summary of how the system works is as follows:

- Outreach activities that raise public awareness of available HIV and AIDS services available to individuals who document HIV infection.
- A wide variety of services are encompassed in the CSN.
- The majority of clients enter the CSN through case management agencies. Currently, there are three agencies providing this service at locations across the entire county.
- Individuals apply for services.

In accordance with the adopted care standards, applicants must be presented with a choice of Case Management Agencies. During the intake process, the interviewer must explain this right, must describe the agencies providing services, provide the client a list of service locations for each agency and ensure that the client signs a form indicating this choice has been explained and offered.

The primary Case Management Agency is responsible for collecting the following information: proof of HIV infection, AIDS and overall health status; proof of financial need, including federal tax forms, payroll data, social security records, etc.; proof of medical insurance, such as VA, Medicaid, Medicare, or Private Insurance if applicable; proof of living expenses, including all debt payments, lease or mortgage obligations, utility and child care costs; other appropriate information documenting the financial status of the client and immediate household.

Based upon the medical and psychosocial assessment suitability for services are determined. If a client only needs one or two supportive services, he or she may be referred to the providing agency. If it is apparent the individual requires, and is eligible for, more comprehensive assistance, a care plan is developed and implemented. Depending on need, various levels of assistance are provided under the adopted plan of care. The Case Manager works with the client, family and service providers to ensure the overall plan of care is the most effective possible. This includes consideration of culturally appropriate services based upon the client's ethnic background. On a regular basis, the plan is reviewed and updated to ensure appropriateness and effectiveness.

During the period of enrollment, Case Managers closely monitor all aspects of the client's well being. Regular contact is maintained not only with the client, but also with medical providers and providers of the client's support services. Each of the service providers involved in serving the client maintains its own care plan, closely monitoring and revising the plan to afford the most appropriate level of support. Coordination and communication between all parties is maintained through the Case Manager. Attention is also given to the client's family and living situation, ensuring the client's family is provided appropriate support. All of this attention is focused on maintaining the client's physical and mental health. The Case Manager tailors the plan of care to the client's needs and ability to independently manage his or her illness. As the client becomes

increasingly capable of independently living with HIV, the Case Manager plays a smaller role in the client's situation.

To ensure responsible program management, all service providers are required to re-evaluate the client's medical and financial eligibility at specific intervals. The intervals are indicted in the Standards of Care established for each service. This ensures only the most needy clients receive services, and moves clients toward self-sufficiency as health status improves. Also, this process ensures there are adequate funds to provide the most crucial services to all in need.

As a client's health improves and is stabilized, focus is on providing support to move the client toward a life independent of the HIV/AIDS continuum of care. This includes directing clients toward resources that will enable the client to return to the workforce. Job training or retraining is often appropriate to ensure reasonable employment opportunities. A coordinated plan is developed and implemented to ensure optimum health is maintained and necessary supports remain in place over the long term.

G. Resource Inventory

THE REDBOOK
A Directory of HIV and AIDS Services
Available in Palm Beach County
Florida
Palm Beach County HIV CARE Council
October 2003

Dedication

This, the fourth edition of the Redbook, is dedicated with love and respect to the memories of those Men, Women and Children who have passed through our lives and then succumbed to diseases associated with AIDS and HIV Spectrum Disease.

In the twenty-three years since evidence of HIV has been detected in our nation, over 550,000 persons have died. Because AIDS knows no boundaries, among those whom we have lost have been our Mothers, Fathers, Brothers, Sisters, Lovers, Children, Grandparents, Uncles, Aunts, Cousins, Neighbors, Friends, Partners, and Soul mates. Rich, poor, brilliant, talented, or just a typical Joe, we have loved them all and have lost them to this disease. In addition, untold thousands have been affected in every personal way; either by being called upon to care for someone with the disease or by the actual loss of someone they love or know.

There can be no better way to honor the memory of those whom we have lost but to offer this simple guide as a helping hand in their journey for those still living with HIV/AIDS.

The agencies, organizations, and individuals listed within these pages are here in part because of the strength, courage and determination of those who have traveled before us. Their commitment

to supporting those with HIV and AIDS was unyielding. In their memories, may we continue forward until AIDS and HIV are a faint memory.

In their honor, may we each continue the fight and stand tall, proud, and empowered to control our destiny and the destinies of those whom we love.
The Redbook

Published by
The Palm Beach County HIV CARE Council

Funded Through
The Ryan White CARE Act of 1990

Produced by
The Treasure Coast Health Council, Inc.

Publication of the 2003 issue of the Redbook has been made possible through the cooperation of the Palm Beach County HIV CARE Council, Palm Beach County Department of Community Services and the Treasure Coast Health Council, Inc.

Through a sustained effort of cooperation, these organizations support the efforts of Palm Beach County's largest citizens advisory board which has a community voice in the identification of needed services for individuals living with HIV Spectrum Disease and AIDS, and the prioritization and allocation of federal and state funds for these important services.

Funding for this publication has been obtained through the Ryan White CARE Act Title I Grant specifically to reach out to individuals who have not been able to locate necessary medical or supportive services. The Ryan White CARE Act also funds medical and supportive services for persons diagnosed HIV positive and who have no medical insurance or other way to pay for necessary services.

Our community-based CARE Council has determined its top priority is to ensure no person seeking HIV/AIDS medical care is turned away. In addition, it is a goal of the CARE Council to collaborate with all available funding sources to ensure important support services are available to those in need. Available funding limits the ability to serve all who require services, but each individual requesting assistance is given consideration based upon medical and financial need.

Editor's Note...

In gathering the information used in this directory of HIV and AIDS services available in Palm Beach County, we attempted to gather the widest list of services and providers as possible.

While inclusion in this directory is not a recommendation of any provider, or guarantee the provision of services will be possible at the time of request, we believe providers listed herein are active in the provision of HIV and AIDS services in Palm Beach County.

The Palm Beach County HIV CARE Council is genuinely interested in the quality of service provided to consumers. If you would like to share your experience concerning a particular provider, especially in regard to a specific incident, please detail the experience in writing to:

Palm Beach County HIV CARE Council
4152 West Blue Heron Boulevard
Suite 228
Riviera Beach, FL 33404
www.carecouncil.org

What is the Ryan White CARE Act?

Ryan White, who became a spokesman for people with AIDS in the late 1980's, died of an AIDS-related illness in April 1990. The Indiana resident was only 18 years old, but his efforts to counter discrimination against people with AIDS had caught the attention of the nation.

Within months, Congress passed and President George W. Bush signed into law a formula-funding bill that was the federal government's broadest response yet to the epidemic. The bill was named the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.

In Palm Beach County, there are a number of Federal and State programs which fund HIV/AIDS medical care and supportive services for those who cannot afford to pay for such care. It is our belief that no one who seeks medical treatment for HIV/AIDS should be denied treatment. Through the Palm Beach County HIV CARE Council, needed services are identified for potential funding and a community- based process determines how available funds are spent on the eligible services.

If you are HIV positive, or have AIDS and need medical care or other support to help you maintain the highest level of wellness possible, but have no way to pay for these services, it is quite possible that necessary services can be provided at no or at a very low cost to you.

The easiest way to find out if you qualify for publicly financed HIV/AIDS services is to contact one of the AIDS Case Management Agencies listed in this directory, go to a Palm Beach County Health Department Clinic, or the Palm Beach County Department of Community Services.

Today, there are many successful treatments, which have been proven to extend life and to dramatically improve the quality of life for those living with HIV or AIDS. The programs identified in this guide are all intended to prolong life and assist those affected to manage the disease. The agencies and individuals who provide these services are dedicated to providing quality services to as many individuals as possible, and will work with you to determine the latest methods of treatment and identify which services are necessary to maintain health.

While not every provider included in this directory provides services funded through the Ryan White CARE Act, the program funds nearly every service. Full time professional Case Managers are a ready resource to help you in determining eligibility, availability and appropriateness of services.

We're on the Web!

The Redbook staff is proud to announce that the entire document is available via the World Wide Web!

Our Internet Address is:
www.carecouncil.org

The online version of the Redbook is best viewed using Netscape 3.0 or higher or Windows Explorer 4.0 or higher and ADOBE READER.

Up-to-date and ready to be downloaded with any printer, our online version is perfect for the professional user to obtain the timeliest information.

For free copies of Netscape, Windows Explorer and Adobe check out our Website.

In addition to the Redbook, this site provides localized information about HIV/AIDS, Services, Needs, Volunteer Opportunities and Other Items of Interest to people in our community.

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A. Hotlines

CDC NATIONAL STD AND AIDS HOTLINES
(800) 342-2437 or (800) 227-8922 / English
(800) 344-7432 / Spanish
(800) 243-7889 / TDD
Hours: Every day / 24 hours / English
Every day/8 am - 2 am / Spanish
Monday - Friday /10 am - 10 pm / TDD
Languages: English/Spanish/TDD
E-mail: std-hivnet@ashastd.org
Website: www.ashastd.org

SERVICES PROVIDED:
The CDC National STD and AIDS Hotlines offer information, referrals and literature at no cost to the caller. Services are free and confidential and are available in English, Spanish and via TDD for the Deaf and Hard of Hearing. Group and classroom calls can be arranged by calling the toll-free numbers.

CENTER FOR INFORMATION AND CRISIS SERVICES, INC.
CRISIS LINE / TEEN LINE / ELDER HELPLINE
2-1-1

Hours: Every day/24 hours
Languages: AT&T Language Line
E-mail: 211@211pbtc.org
Website: www.211palmbeach.org

SERVICES PROVIDED:
Telephone counseling for people experiencing personal problems, emotional stress, and such emergencies as attempted suicide and drug overdoses. Trained volunteers and staff use active listening and non-directive counseling techniques. Provides information and referral to people in need. When required, callers are also assisted by linking them with the appropriate agencies and/or providing advocacy to help them through the maze of services.

DRUG ABUSE HOTLINE
(800) 662-4357 or (800) 662-HELP

Hours: Every day/24 hours
Languages: English/Spanish

SERVICES PROVIDED:
Answers questions about drug abuse and advises about available treatment. Offers information on the AIDS virus and high-risk behavior.

DRUG ABUSE IN THE WORKPLACE HOTLINE
(800) 967-5752

Hours: Monday-Friday / 9 am - 5:30 pm
Languages: English/Spanish

SERVICES PROVIDED:
Assists employers in dealing with drug abuse of employees. Helps to implement a drug-free work place. Technical assistance, mail-outs and resource referrals.

FLORIDA HIV/AIDS HOTLINE
(800) 352-2437 or (800) FLA-AIDS/ English
(800) 545-7432 or (800) 545-SIDA / Spanish
(800) 243-7101 or (800) AIDS-101 / Creole
(888) 503-7118 / TTY

Hours: Monday - Friday/8 am -9 pm; Saturday/10:30 am-6:30 pm
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Counseling, information and referrals for HIV and related concerns for the general public, PLWH/A's, families and friends. Complete information and referral on AIDS; prevention information; counseling; crisis service over the phone. Refers to local resources in Palm Beach County.

GAY AND LESBIAN NATIONAL HOTLINE
(888) 843-4564 or (888) THE-GLNH

Hours: Monday - Friday / 4 pm - 12 pm; Saturday / 12 pm - 5 pm
Languages: English
E-mail: glnh@glnh.org
Website: www.glng.org

SERVICES PROVIDED:
Toll-free anonymous information, resources and peer-counseling services to the gay, lesbian, transgendered and bisexual communities. Also provides information to parents and others needing help or support.

MEDICARE HOTLINE
(800) MEDICARE

Hours: Every day / 24 hours
Languages: English/Spanish

SERVICES PROVIDED:
Answers inquiries from Medicare beneficiaries on Medicare coverage.

PROJECT INFORM TREATMENT HOTLINE
(800) 822-7422

Hours: Monday - Friday / 9 am - 5 pm; Saturday / 10 am - 4 pm
Languages: English/Spanish
Website: www.projectinform.org

SERVICES PROVIDED:
Care, treatment and information on the treatment of HIV/AIDS related diseases including Opportunistic Infections (OI's). The Hotline is staffed by volunteer operators (most of whom are HIV positive themselves). Also provides printed material including journals, various fact sheets, discussion papers, and a newsletter.

I.B. Advocacy

AIDS ACTION FOUNDATION
1906 Sunderland Place NW
Washington, DC 20036
Phone: (202) 530-8030
Fax: (202) 530-8031
Website: www.aidsaction.org
Hours: Monday - Friday / 9 pm - 6 pm
Languages: English/Spanish

SERVICES PROVIDED:
Services include lobbying, advocacy and public policy on issues related to HIV/AIDS at the federal level. The agency disseminates information on Federal policy to individuals and groups.

AIDS ALLIANCE FOR CHILDREN, YOUTH & FAMILIES
1600 K Street NW, Suite 300
Washington, DC 20006
Phone: (202) 785-3564 or 1-888-917-AIDS
Fax: (202) 785-3579
E-mail: info@aids-alliance.org
Website: www.aidspolicycenter.org
Hours: Monday - Friday / 9 am - 5:30 pm
Languages: English/Spanish

SERVICES PROVIDED:
AIDS Alliance is a forum for consumers and care providers to create and share information about programs that work. We are dedicated to ensuring that women, children, youth and families affected by HIV/AIDS and their care providers are heard in the public debate on AIDS. Our vision is that no voice be diminished in spirit or volume because of age, race, gender, or sexual orientation.

AIDS COALITION TO UNLEASH POWER (ACTUP)
332 Bleecker Street, Suite G5
New York, NY 10014
Phone: (212) 966-4873
E-mail: actupny@panix.com
Website: www.actupny.org
Hours: Every day/24 hours
Languages: English/Spanish

SERVICES PROVIDED:
ACTUP is a diverse, non-partisan group of individuals united and committed to direct action to end the AIDS crisis. ACTUP encourages further debate and scholarship on the AIDS crisis and direct action activism.

AIDS INTERFAITH NETWORK
1005 W. Jefferson Blvd., Suite 301
Dallas, TX 75208
Phone: (214) 941-7696
Website: www.aidsinterfaithnetwork.org
Hours: Monday - Friday / 8:30 am - 5:30 pm
Languages: English/Spanish

SERVICES PROVIDED:
Technical assistance, collaboration, public policy advocacy, information, publications, National Interfaith AIDS Ministries Database.

COMPASS, INC.
7600 South Dixie Highway

West Palm Beach, FL 33405
Phone: (561) 533-9699
Fax: (561) 533-5131
E-mail: compass@compassglcc.com
Website: www.compassglcc.com
Hours: Monday - Thursday / 10 am - 8:30 pm / Friday / 10 am - 5 pm/ Sunday / 5 pm - 9 pm
Languages: English/Spanish

SERVICES PROVIDED:
Support for the gay, lesbian and bisexual community.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)

25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org

Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Assistance to clients in securing benefits and needed services.

FLORIDA AIDS ACTION
P.O. Box 16705
Tampa, Florida 33687-6705
Phone: (813) 232-5886 or (800) 779-4898
Fax: (813) 232-0857
E-mail: information@floridaaidsaction.org
Website: www.floridaaidsaction.org
Hours: Monday - Friday / 9 pm - 5 pm
Languages: English/Spanish

SERVICES PROVIDED:
Promotes social change through community planning, education, public policy research and advocacy.

FLORIDA RURAL LEGAL SERVICES, INC.
423 Fern Street, Suite 220
West Palm Beach, FL 33401
Phone: (561) 820-8902 North/Central Palm Beach County
(561) 996-5266 Glades Area Palm Beach County
Toll Free: (800) 277-7447 All other areas
Fax: (561) 820-8892

416 NW 16th Street, Suite 8
Belle Glade, FL 33430
Phone: (561) 993-0003 or (800) 284-4588

E-mail: hazel@frls.org
Website: www.frls.org
Hours: Monday - Friday / 8:30 am - 5 pm
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Legal services for civil matters in the following areas: unemployment compensation, landlord/tenant, discrimination, welfare, food stamps, WAGES, disability, and other civil matters.

GAY & LESBIAN ALLIANCE AGAINST DEFAMATION
Phone: (212) 807-6655
Website: glaad@glaad.org
Hours: Monday - Friday / 10 am - 9 pm / Saturday / 12 pm - 3 pm
Languages: English/Spanish/Asian

SERVICES PROVIDED:
Advocates for equal rights and human right issues for gays and lesbians.

MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.
909 Fern Street
West Palm Beach, FL 33401
Phone: (561) 832-3755
Fax: (561) 832-3900
E-mail: mhapbc@gate.net
Hours: Monday - Friday / 8:30 am - 5 pm
Languages: English/Spanish

SERVICES PROVIDED:
Advocates for improved care and treatment for individuals who suffer from mental/emotional illnesses.

NATIONAL AIDS TREATMENT ADVOCACY PROJECT
580 Broadway, Suite 1010
New York, NY 10012
Phone: (888) 26-NATAP or (212) 219-0106
Fax: (212) 219-8473
E-mail: info@natap.org
Website: www.natap.org
Hours: Monday - Friday / 9 am - 5 pm
Languages: English/Spanish

SERVICES PROVIDED:
Educates individuals about HIV and Hepatitis treatments and advocates on the behalf of all people living with HIV/AIDS and HCV.

NATIONAL HEMOPHILIA AIDS FOUNDATION (NHF)
116 West 32nd Street, 11th Floor
New York, NY 10001
Phone: (800) 42-HANDI or (212) 328-3700
Fax: (212) 328-3777
E-mail: info@hemophilia.org
Website: www.hemophilia.org

Florida (Region 3)
Florida Chapter of the NHF
17810 Littlewood Drive
Springhill, FL 34610
Phone: (888) 880-8330 or (727) 856-7057
Fax: (727) 856-2257
E-mail: Hemoph5011@aol.com

Website: www.floridahemophilia.org

Hours: Every day / 24 hours
Languages: English/Spanish

SERVICES PROVIDED:
Advocates for compensation for HIV infected members of the bleeding disorders community. Supports access to clinical trials for new drugs in the fight against HIV/AIDS within the bleeding disorders community.

AFRICAN-AMERICANS
African American AIDS Policy & Training(213) 353-3610
American Red Cross, HIV/AIDS Program(703) 206-7411
Black Coalition on AIDS (BCA)(415) 615-9945
Black, Gay & Lesbian Leadership Forum(323) 964-7820
Florida African American HIV/AIDS Council of Palm Beach County, Inc. (FAAHAC)(561) 371-4704
Gay Men of African Descent (GMAD)(212) 828-1697
National AIDS Minority Information Program(202) 865-3720
National Black Women's Health Project(404) 758-9590
National Task Force on AIDS Prevention(415) 356-8100
People of Color Against AIDS Network(206) 322-7061
United Lesbians of African Heritage(323) 960-5051

ASIAN-PACIFIC ISLANDERS
Asian Pacific AIDS Intervention Team(213) 553-1830
Asian/Pacific Community Health Organizations(510) 272-9536
Asian & Pacific Islander Coalition on HIV/AIDS(212) 334-7940
Gay Asian Pacific Alliance(415) 282-GAPA
National Asian Pacific Families Against Substance Abuse (323) 278-0031
Organization of Chinese American Women(301) 907-3898

HAITIANS
Haitian American Community Council, Inc(561) 272-2520
Haitian Center for Family Services(561) 366-8003
Haitian Outreach(561) 547-3708
Intercultural Family Health Education Center(561) 688-1890

HISPANICS/LATINOS
American Red Cross, Hispanic HIV/AIDS Program (703) 206-7602
Association of Latino Men for Action(773) 929-7688
Ellas en Acción(415) 292-3261
Gay & Lesbian Association of Cuban Exiles(305) 541-6097
Grupo Vida(214) 521-8357

Latin American Immigrant & Refugee Organization, Inc.(LAIRO)(561) 966-4515
Latino AIDS Education Initiative(215) 985-3382
Mano a Mano(212) 584-9306
National Coalition of Hispanic Health & Human Services Organizations(202) 387-5000
National Council of La Raza(202) 785-1670
National Puerto Rican Coalition(202) 223-3915

NATIVE AMERICANS
American Indian Disability Legislation Project(866) 4-AIDTAC
Indian AIDS Information(800) 283-2437
Indian Health Service Home Page(301) 443-1040
National American Indian Housing Council(800) 284-9165
National Native American AIDS Prevention Center(510) 261-2505
National Congress of American Indians(202) 466-7767
Native American AIDS Project(415) 522-2460
Native American Women's Health(605) 487-7072
Three Feathers Associates(405) 360-2919

WOMEN
Black Women for Wellness(323) 290-5955
International Center for Research on Women(202) 797-0007
National Resource Center on Women & AIDS(202) 872-1770
National Women's Health Network(202) 347-1140
National Women's Health Resource Center(202) 293-6045
Women Organized to Respond to Life-Threatening Diseases (WORLD)(510) 986-0340

I.C. HIV/AIDS Education/Information

ACCESSIBLE LIFE SAVING EDUCATION FOR AT RISK TEENS (ALERT)
6800 Forest Hill Boulevard
West Palm Beach, FL 33413
Phone: (561) 966-4288 North/Central Palm Beach County
(800) 683-7337 Statewide
(561) 641-6538 TDD
Fax: (561) 641-6619
Hours: Monday, Tuesday, Thursday, Friday / 8 am - 5 pm / Wednesday / 8 am - 8 pm
Fees: No fees charged
Eligibility: Ages 12-18 with any/all disabilities
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:

Pregnancy and HIV prevention program for adolescents ages 12-18 who have some type of disability. The program includes mentorship, decision making skills, independent living skills training and recreation activities.

AMERICAN FOUNDATION FOR AIDS RESEARCH (AMFAR)
120 Wall Street, 13th Floor
New York, NY 10005-3902
Phone: (800) 39-amfar or (212) 806-1600
Fax: (212) 806-1601

1828 L Street, NW, #802
Washington, DC 20036-5104
Phone: (800) 39-amfar or (202) 331-8600
Fax: (202) 331-8606

Website: www.amfar.org
Hours: Monday - Friday / 8 am - 6 pm
Fees: No fees charged

Eligibility: No restrictions
Intake Procedure: Contact agency

SERVICES PROVIDED:
Treatment information, clinical trials information, research information, social service referrals, national speaker bureau.

CDC NATIONAL AIDS CLEARINGHOUSE
(800) 311-3435
(800) 243-7012 / TDD

Website: www.cdc.gov
Hours: Monday - Friday / 9 am - 7 pm
Fees: No fees charged
Eligibility: No restrictions
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
A centralized source of information about AIDS and the human immunodeficiency virus (HIV). Provides information and data on the relationship between drug abuse and AIDS. English and Spanish speaking reference specialists provide access to more than 15,000 educational materials and computerized data bases of materials, service organizations, funding sources, and conferences. Maintains specialized hotlines for the hearing impaired and persons seeking information on AIDS clinical trials and experimental drugs.

CHILDREN WITH AIDS PROJECT OF AMERICA

P.O. Box 23778
Tempe, AZ 85285-3778
Phone: (480) 774-9718
Fax: (480) 921-0449
E-mail: jimjenkins@aidskids.org
Website: www.aidskids.org

Hours: Every day / 24 hours
Fees: No fees charged
Eligibility: Anyone interested in any matters pertaining to HIV children, AIDS orphans and drug addicted infants.
Intake Procedure: Contact by phone

SERVICES PROVIDED:
Recruits families to adopt HIV children, AIDS orphans and drug addicted infants and refer them to private and public adoption agencies around the United States. Locates HIV infants and children as well as AIDS orphans, who need homes.

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
Phone: (561) 533-9699
Fax: (561) 533-5131
E-Mail: compass@compassglcc.com
Website: www.compassglcc.com

Hours: Monday - Thursday / 10 am - 8:30 pm / Friday / 10 am - 5 pm / Sunday/ 5 pm - 9 pm
Fees: No fees charged. Donations accepted.
Eligibility: Gay, lesbian and bisexual and transgender persons and their families, or any HIV positive and those affected by the disease.
Intake Procedure: Contact agency
Languages: English/Spanish

SERVICES PROVIDED:
Offers information and referral, counseling, AIDS education, prevention/intervention, and outreach.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445

Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone
E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
HIV Education nformation, HIV Prevention, Risk Reduction, Community Mobilization, Peer Education, various Outreach Activities, and Counseling and Testing to prevent the spread of HIV.

DRUG ABUSE TREATMENT ASSOCIATION (DATA)
HEALTH EDUCATION TEAM
1720 East Tiffany Drive, Suite 102
West Palm Beach, FL 33407
Phone: (561) 845-8600

Hours: Monday - Thursday / 9 am - 8 pm; Friday / 8:30 am-5 pm
Fees: Call for information
Eligibility: Call
Intake Procedure: Contact by phone. Education services available upon request. Other services provided for DATA clients only.
Languages: English

SERVICES PROVIDED:
Education and prevention for HIV infection. HIV testing at no charge.

HAITIAN CENTER FOR FAMILY SERVICES, INC.
2715 North Australian Avenue
West Palm Beach, FL 33407
Phone: (561) 366-8003
Fax: (561) 366-8342

805 Park Avenue
Lake Park, FL 33403
Phone: (561) 840-8443
Fax: (561) 840-8054

241 SE 2nd Street
Belle Glade, FL 33430
Phone: (561) 992-0503
Fax: (561) 992-0501

Hours: Monday - Friday / 8:30 am - 5 pm
Fees: No fees charged
Eligibility: Low income families
Intake Procedure: Contact by phone or in person
Languages: English/Creole/French

SERVICES PROVIDED:
Aims to meet the basic needs of the Haitian community. Planning program in HIV/AIDS education and prevention.

HOPE HOUSE OF THE PALM BEACHES, INC.
2001 Palm Beach Lakes Boulevard
West Palm Beach, FL 33409
Phone: (561) 697-2600
Fax: (561) 697-4822
E-mail: newhope@HopeHouse-PBC.org
Website: www.HopeHouse-PBC.org
Hours: Monday - Friday / 9 am - 5 pm
Fees: Contact for information
Eligibility: HIV/AIDS clients whose household income is equal to or less than 300% of Federal Poverty Guidelines
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Community prevention education for HIV/AIDS.

INFECTIOUS DISEASE CONSULTANTS
16244 South Military Trail, Suite 150
Delray Beach, FL 33484
Phone: (561) 499-1442
Fax: (561) 499-5353

Hours: Monday - Friday / 8:30 am - 5 pm
Fees: Contact for information
Eligibility: Contact for information
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Education and prevention for HIV infection.

PALM BEACH COUNTY HEALTH DEPARTMENT
HEALTH EDUCATION/RISK REDUCTION
110 North "F" Street
Lake Worth, FL 33460
Phone: (561) 540-1300

Hours: Monday - Friday / 8 am - 5 pm
Fees: Contact for information
Eligibility: Contact for information
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Community prevention education for HIV/AIDS, sexually transmitted diseases and tuberculosis.

PALM BEACH COUNTY HEALTH DEPARTMENT
SENIOR HIV INTERVENTION PROJECT (SHIP)
110 North 'F' Street
Lake Worth, FL 33460
Phone: (561) 540-1300

Hours: Monday - Friday / 8 am - 5 pm
Fees: Contact for information
Eligibility: Age 50 or older
Intake Procedure: Contact by phone
Languages: English/American Sign Language

SERVICES PROVIDED:
HIV education and support to seniors over the age of 50 in Palm Beach County.

PLANNED PARENTHOOD OF THE PALM BEACH &

TREASURE COAST
4889 Lake Worth Road, Suite 109
Lake Worth, FL 33463
Phone: (561) 641-1998

217 West Avenue 'A'
Belle Glade, FL 33430
Phone: (561) 992-4888

5312 Broadway
West Palm Beach, FL 33407
Phone: (561) 848-0777

1250 Southwinds Drive
Lantana, FL 33462
Phone: (561) 547-6800

455 NW 35th Street
Boca Raton, FL 33431
Phone: (561) 368-1023

Hours: Call for hours
Fees: No fees charged
Eligibility: No restrictions
Intake Procedure: Contact by phone. Appointment needed.
Languages: English/Spanish

SERVICES PROVIDED:
Free educational programs for preschool through adult professional audiences on a wide variety of topics including sexual responsibility, family planning, STD/HIV/AIDS prevention, teen issues and more.

RED CROSS, AMERICAN
HIV/AIDS PREVENTION EDUCATION
825 Fern Street
West Palm Beach, FL 34401
Phone: (561) 833-7711

5820 North Federal Hwy
Boca Raton, FL 33431
Phone: (561) 994-2060

195 U.S. Highway 275
South Bay, FL 33493
Phone: (561) 992-9703 or (888) 237-7408

Website: www.redcross-pbc.org
Hours: Monday - Friday / 8:30 am - 4:30 pm
Fees: No fees charged. $15 for professional licensing classes
Eligibility: No restrictions
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
HIV/AIDS educational programs. Also provides peer educator classes for high school, middle school and elementary schools.

D. COMMUNITY-BASED PLANNING

An important aspect of HIV/AIDS services in Palm Beach County is that people who actually use the services have a voice in what those services are and what they look like.

Right here in our community a group of individuals including people living with the virus are making decisions on what our system of HIV/AIDS care looks like. It is an important job, and most times difficult. However, it is because there is a diverse group of people working toward our vision of a comprehensive, effective and appropriate system of care serving the needs of people living with HIV/AIDS that the task is a manageable one.

Individuals with an understanding of how services are actually provided, management of health care services, accounting, quality monitoring, and just sound common sense make up our membership.

In collaboration with the PBC Health Department, PBC Department of Community Services, PBC Health Care District, Treasure Coast Health Council and many others, the CARE Council develops a Comprehensive HIV/AIDS Health Plan.

If you are interested in becoming part of this planning effort, you are invited to contact the CARE Council at (561) 844-4430. Ask for the Council Coordinator or Membership Coordinator. We will be pleased to discuss your participation in this important effort.

II. MEDICAL SERVICES

II.A. HIV/AIDS TESTING

Individuals who test positive for HIV anonymously are exempt from HIV infection reporting. However, they are required to re-test confidentially to receive services from a publicly funded health provider.

CONFIDENTIAL TESTING:
Positive test results are reported to the local County Health Department in a way similar to other Sexually Transmitted Diseases. HIV infection reporting allows Department of Health staff to offer follow-up activities to those who test positive, including post-test counseling for those who do not return for test results, linkages to medical and psychosocial services, and voluntary PCRS. Confidential testing can more readily facilitate access into medical care for positive clients and can assist medical providers in offering more integrated care with other medical conditions that positive clients may have.

The following offers anonymous and confidential testing:

COMPREHENSIVE AIDS PROGRAM, INC.

2330 South Congress Avenue	2222 West Atlantic Avenue
Palm Springs, FL 33406	Delray Beach, FL 33445
(561) 472-9160	(561) 274-6400

82 East Atlantic Avenue, Suite 1
Riviera Beach, FL 33404
(561) 844-1266

GLADES HEALTH INITIATIVE, INC.
136 South Main Street
Belle Glade, FL 33430
(561) 996-0500

PALM BEACH COUNTY HEALTH DEPARTMENT

345 South Congress Avenue
Delray Beach, FL 33445
(561) 274-3105

6405 Indiantown Road
Jupiter, FL 33458
(561) 746-6751

1250 Southwinds Drive
Lantana, FL 33462
(561) 547-6800

38754 State Road 80
Belle Glade, FL 33430
(561) 996-1600

PLANNED PARENTHOOD

455 NW 35th Street
Boca Raton, FL 33431
(561) 368-1022

801 Village Blvd., Suite 304
West Palm Beach, FL 33409
(561) 683-0302

4889 Lake Worth Road, #109
Lake Worth, FL 33463
(561) 641-0300

The following offers confidential testing only:

A.G. HOLLEY HOSPITAL
1199 West Lantana Road, Bldg. 1
Lantana, FL 33462
(561) 582-5666

CHILDREN'S CASE MANAGEMENT ORG./TARGETED OUTREACH FOR PREGNANT WOMEN WITH AIDS (CCMO/TOPWA)
2708 North Australian Avenue, #13
West Palm Beach, FL 33407
(561) 804-9441

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
(561) 533-9699

COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAM, INC. (CARP)

5410 East Avenue
West Palm Beach, FL 33402
(561) 844-6400

DRUG ABUSE FOUNDATION OF PALM BEACH, INC.
400 South Swinton Avenue
Delray Beach, FL 33444
(561) 278-0000

DRUG ABUSE TREATMENT ASSOCIATION (DATA)
1720 East Tiffany Drive, #102
Mangonia Park, FL 3407
(561) 844-3556

FARMWORKERS COORDINATING COUNCIL OF PALM BEACH
1010 Tenth Avenue North
Lake Worth, FL 33460
(561) 533-7227

FAU STUDENT HEALTH SERVICES
777 Glades Road, Bldg. SS-8W
Boca Raton, FL 33431
(561) 287-3516

FLORIDA INSTITUTE FOR GIRLS
8680 Fairgrounds Road
West Palm Beach, FL 33411
(561) 782-1280

HOPE HOUSE OF THE PALM BEACHES, INC.
2001 Palm Beach Lakes Blvd.
West Palm Beach, FL 33409
(561) 697-2600

OAKWOOD CENTER OF THE PALM BEACHES, INC.
1041 45th Street
West Palm Beach, FL 33407
(561) 383-8000

PALM BEACH COUNTY HEALTH DEPARTMENT

1150 45th Street
West Palm Beach, FL 33407
(561) 514-5360

301 Broadway
Riviera Beach, FL 33404
(561) 882-3100

225 South Congress Avenue
Delray Beach, FL 33445

(561) 274-3105

PENTECOSTAL CHURCH OF GOD IN CHRIST, INC.
540 Cheerful Street
West Palm Beach, FL 33407
(561) 832-832-1459

SAINT JAMES MISSIONARY BAPTIST CHURCH
1524 West 35th Street
Riviera Beach, FL 33404
(561) 842-5971

THE HAITIAN CENTER FOR FAMILY SERVICES, INC.
2715 North Australian Avenue
West Palm Beach, FL 33407
(561) 366-8003

UNITED DELIVERANCE COMMUNITY RESOURCE CENTER
821 Grant Street
West Palm Beach, FL 33407
(561) 659-7988

II.B. Private Physicians

BARRY ABRAMS, MD; LARRY BUSH, MD; SUZANNE SUCCOP, MD
5503 South Congress Avenue, Suite 102
Atlantis, FL 33462
Phone: (561) 967-0101
Fax: (561) 967-6260
Hours: Monday - Friday / 9 am - 5 pm
Services: Infectious Disease Specialty Care (Board Certified)
Languages: English/Spanish
Accepts all insurance

FLOYD M. BEIL, DC
2240 Woolbright Road, Suite 414
Boynton Beach, FL 33426
Phone: (561) 735-0907
Fax: (561) 735-0731
E-mail: DOCFMB@aol.com
Hours: Monday - Friday / 10am - 1pm, 2pm - 6pm;
Saturday / 10 am - 12 pm
Services: Chiropractic, Massage, Physical Therapy
Languages: English/Spanish
Medicare, private insurance, self pay

FRED C. BLUMENFELD, DC
4676 Okeechobee Boulevard
West Palm Beach, FL 33417
Phone: (561) 684-0710
Fax: (561) 689-7571
E-mail: backcare@bellsouth.net
Hours: Monday, Wednesday, Friday / 10am - 1pm, 3:30pm - 6:30pm;Tuesday/10am-1pm;Thursday/3:30pm-6:30pm; Saturday/10am-12pm
Services: Chiropractic
Languages: English/Spanish/Creole
Medicare, private insurance, self pay

ALEXANDER CARDEN, MD; DAVID DODSON, MD
1411 North Flagler Drive, Suite 7900
West Palm Beach, FL 33401
Phone: (561) 655-8448
Hours: Monday - Friday / 8:30 am - 4:30 pm
Services: Infectious disease
Private insurance, self pay

JULIO CARDENAS, MD; KURT WIESE, MD
1050 NW 15th Street, Suite 205
Boca Raton, FL 33486
Phone: (561) 393-8224
Fax: (561) 367-9727
Hours: Monday - Friday / 9 am - 5 pm
Services: Infectious disease
Languages: English/Spanish/German
Medicare, private insurance, self pay

FLORIDA LIGHTHOUSE
16244 South Military Trail, Suite 150
Delray Beach, FL 33484
Phone: (561) 499-1442
Hours: Monday - Friday / 9 am - 5 pm
Services: Infectious disease
Languages: English/Spanish
Medicare, Medicaid, private insurance, self pay

BETH FROSCH, DC
112 South Federal Highway, Suite 2
Boynton Beach, FL 33435
Phone: (561) 731-0041
Hours: Monday, Wednesday, Friday / 8am -12:00pm; 3 pm-6pm;
Tuesday / 3 pm - 6 pm; Saturday / 9 am - 12 pm

Services: Chiropractic
Medicare, Medicaid, private insurance, self pay

JACQUES H. GUITEAU, MD
1233 45th Street, B-4
West Palm Beach, FL 33407
Phone: (561) 842-0749
Fax: (561) 842-3612
Hours: Monday - Friday /9am-12pm; 1pm-6pm / Saturday / 10am-4pm
Services: Family Practice
Languages: English/Creole/French
Medicare, Medicaid, HMO, private insurance, self pay

INFECTIOUS DISEASE ASSOCIATION OF PALM BEACH
LESLIE DIAZ, MD
840 U.S. Highway One, Suite 120
North Palm Beach, FL 33408
Phone: (561) 776-8300
Hours: Monday - Friday / 9 am - 5 pm
Services: HIV Specialists
Languages: English/Spanish
Medicare, Medicaid, private insurance, self pay

INFECTIOUS DISEASE CONSULTANTS
MELVIN S. KOHAN, MD, HAMED A. KOMAIHA, MD, JAROSLAV F. ONDRUSEK, MD, CESAR A. RANDICH, MD, JOSE C. VILLALBA, MD
16244 South Military Trail, Suite 150
Delray Beach, FL 33484
Phone: (561) 499-1442
Fax: (561) 499-5353
Hours: Call for appointment
Services: HIV Specialists
Languages: English/Spanish
All insurances accepted

INFECTIOUS DISEASE CONSULTANTS, INC.
SUNKEY AHKEE, MD, KITONGA KIMINYO, MD, LATHA SRINATCH, MD
2623 South Seacrest Blvd., Suite 108
Boynton Beach, FL 33435
Phone: (561) 735-7531
Fax: (561) 742-8250
Hours: Call for appointment
Services: HIV Specialists
Languages: English/Spanish/French/Creole
Medicaid, Medicare, HCD, Option 1

JOHN MEREY, MD, PA
5405 Okeechobee Boulevard, Suite 302-B
West Palm Beach, FL 33417
Phone: (561) 686-8202
Hours: Monday - Friday / 8:30 am - 4:30 pm
Services: General Practice
Languages: English/Spanish/Creole/French/German
Medicare, Medicaid, private insurance, HMO, self pay

MIL-LAKE HEALTH CARE CENTER, INC.
DAVID ABELLARD, MD, JEAN-MICHEL LAMOUR, MD, YANICK P. DAUPHIN-EUGENE, MD
4849 Lake Worth Road
Lake Worth, FL 33463
Phone: (561) 433-4446
Fax: (561) 433-3026
Hours: Monday - Friday / 9 am - 5 pm
Services: Internal Medicine, Infectious disease
Languages: English/French/Creole

KENNETH NESS, MD
2617 North Flagler Drive, Suite 203
West Palm Beach, FL 33407
Phone: (561) 655-8388
Fax: (561) 655-8357
Hours: Monday / 1:30 pm - 4:30 pm / Tuesday / 9 am -11:30 am/ Thursday / 1:30 pm - 4:30 pm / Friday / 9 am - 11:30 am
Services: Infectious disease
Languages: English
Insurance: Call

OLAYEMI O. OSIYEMI, MD
1411 North Flagler Drive, Suite 9000
West Palm Beach, FL 33401
Phone: (561) 832-6770
Fax: (561) 832-3292
Hours: Monday - Thursday / 8 am - 5 pm; Friday / 8 am - 4:30 pm
Services: Infectious disease
Languages: English/Spanish/Creole
Medicare, Medicaid, Medipass, HMO, PPO, Neighborhood, Ryan White, HCD, One Source, Health Palm Beaches, self pay

SACRED HEART FAMILY HEALTH CENTER
LYONEL JEAN-BAPTISTE, MD
301 SE 1st Street
Belle Glade, FL 33430
Phone: (561) 992-9216

Hours: Monday - Friday / 3 pm - 8 pm
Services: Infectious disease
Languages: English
Medicare, Medicaid, private insurance, HMO, self pay

VIJAY SAMANT, MD
1050 NW 15th Street, Suite 112-A
Boca Raton, FL 33486
Phone: (561) 395-0737
Hours: Monday - Friday / 9 am - 12:00 pm
Services: Infectious disease
Languages: English/Hindus
Medicare, Medicaid, private insurance, HMO, self pay

STEVEN SCHAEFFER, MD
9970 Central Park Boulevard, Suite 303
Boca Raton, FL 33428
Phone: (561) 487-6673
Hours: Monday - Thursday / 8:30 am - 5 pm; Friday / 8:30 am - 1:30 pm
Services: Family Practice
Languages: English/Spanish
Medicare, Medicaid, private insurance, HMO, PPO, self pay

ANDRES SUAREZ, MD
11211 Prosperity Farms Road, Suite B-105
Palm Beach Gardens, FL 33410
Phone: (561) 626-2914
Fax: (561) 626-2915
Hours: Tuesday, Friday / 3 pm - 5 pm
Services: Infectious disease
Languages: English/Spanish
Medicare, Health Options, HCD, Humana, private insurance, self pay

SERGE THYS, MD
2151 45th Street, Suite 204
West Palm Beach, FL 33407
Phone: (561) 840-1698

Fax: (561) 840-0747
Hours: Monday - Thursday / 10:30 am - 5:30 pm; Friday / 10:30 am - 4 pm
Services: Psychiatry
Languages: English/Spanish/Creole/French
Medicare, private insurance, self pay

RONALD WAGNER, MD
11 South Swinton Avenue

Delray Beach, FL 33444
Phone: (561) 272-4748
Hours: Monday - Friday / 9 am - 4 pm
Services: Infectious disease
Languages: English/Spanish
Medicare, private insurance, credit card, self pay

DONALD WATREN, MD
1500 North Dixie Highway, Suite 102
West Palm Beach, FL 33401
Phone: (561) 655-9660
Fax: (561) 655-9684
Hours: Monday - Friday / 9 am - 4:30 pm
Services: Family Practice, HIV testing, HIV care
Languages: English
Medicare, private insurance, Health Options, self pay

WOMEN'S HEALTH SERVICES
927 45th Street, Suite 301
West Palm Beach, FL 33407
Phone: (561) 881-5454
Fax: (561) 881-5559
Hours: Monday - Friday / 9 am - 4 pm
Services: Gynecology
Languages: English/Spanish/Creole
Medicaid, private insurance, self pay

II.C. DENTAL OFFICES

ATLANTIC COAST RESEARCH CLINIC
4200 South Congress Avenue
Lake Worth, FL 33461
Phone: (561) 868-3747

Hours: Monday - Thursday / 8 am - 4 pm; Friday / 8 am - 12 pm
Fees: Contact clinic for details
Eligibility: No restrictions
Intake Procedure: Contact by phone to schedule an appointment
Languages: English

SERVICES PROVIDED:
Low-cost dental work, about 50% below average private office fees.

CARIDAD HEALTH CLINIC
8645 West Boynton Beach Blvd.
Boynton Beach, FL 33437
Phone: (561) 369-0932

Fax: (561) 369-8527

Hours: Wednesday / 4 pm - 8 pm; Thursday / 9 am - 12 pm; Saturday / 8 am - 12 pm
Fees: No fees charged. Donations accepted.
Eligibility: Primarily for migrants and their families. Must fall 150% below the poverty level.
Intake Procedure: Contact by phone or walk-in
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Dental care for migrant and other farmworkers unable/ineligible through other sources.

HEALTH DEPARTMENT, PALM BEACH COUNTY
BROADWAY DENTAL OFFICE
301 Broadway
Riviera Beach, FL 33404
Phone: (561) 882-3126
Fax: (561) 840-4507

DELRAY BEACH DENTAL OFFICE
225 South Congress Avenue
Delray Beach, FL 33444
Phone: (561) 274-3111
Fax: (561) 274-3144

LANTANA DENTAL OFFICE
1250 Southwinds Drive
Lantana, FL 33462
Phone: (561) 547-6811
Fax: (561) 540-5437

BELLE GLADE DENTAL OFFICE
C.L. Brumback Health Center
38754 State Road 80
Belle Glade, FL 33430
Phone: (561) 996-1636
Fax: (561) 992-1031

WEST PALM BEACH DENTAL OFFICE
1150 45th Street
West Palm Beach, FL 33407
Phone: (561) 514-5350
Fax: (561) 514-5541

Hours: Monday - Friday / 8 am - 5 pm
Fees: Contact clinic for details
Eligibility: Contact clinic for details

Intake Procedure: Contact clinic for information
Languages: English/Spanish, some Creole/French

SERVICES PROVIDED:
Specialized clinic providing dental care services for County residents with AIDS and HIV infection.

DENTAL ADMINISTRATION
901 Evernia Street
West Palm Beach, FL 33401
(561) 355-3082

Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees for eligible clients
Eligibility: Contact clinic for information
Intake Procedure: Contact nearest public health center
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Administrative unit for dental programs within the County Health Department.

II.D. Hospitals / Clinics

A.G. HOLLEY STATE HOSPITAL COMPLEX
1199 West Lantana Road
Lantana, FL 33462
Phone: (561) 582-5666
(800) 482-4636 (Tuberculosis Hotline)

Hours: 24 hour facility
Fees: Contact agency
Eligibility: Contact agency
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
State hospital treating only tuberculosis patients. The 155-acre complex includes a County Health Department services center; Economic Services and Medicaid service center; large municipal sports complex; State Laboratory; State and non-profit agency residential treatment centers for juvenile delinquents, mentally ill adults, and developmentally disabled persons; offices of Department of Health, Department of Juvenile Justice, and Department of Children & Families; and a day care center for children. A call to the Tuberculosis Hotline from anywhere in the United States will be returned with medical, pharmaceutical or legal information on tuberculosis.

BETHESDA MEMORIAL HOSPITAL
2815 South Seacrest Boulevard
Boynton Beach, FL 33435
Phone:
(561) 737-7733 North/Central Palm Beach County
(561) 278-7733 Boca Raton
Fax: (561) 737-4534
Website: www.bethesdaweb.com

Hours: Every day/24 hrs. Admin./Monday-Friday 8:30 am - 5 pm
Fees: Contact clinic for details
Eligibility: Contact clinic for details
Intake Procedure: Contact clinic for information
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Community hospital offering full services including 24 hour emergency department, comprehensive cancer center, maternity services and same day surgery.

BOCA RATON COMMUNITY HOSPITAL, INC.
800 Meadows Road
Boca Raton, FL 33486
Phone: (561) 395-7100
(561) 393-4087 Physician Referral
(561) 362-5000 Women's Center
(561) 393-4063 Education Programs
Fax: (561) 362-5040
E-mail: info@brch.com
Website: www.brch.com

Hours: Every day/ 24 hours, Program hours / Contact agency
Fees: Most managed care/insurance. Medicare, Medicaid
Eligibility: No restrictions
Intake Procedure: Call or go to hospital
Languages: English/Spanish

SERVICES PROVIDED:
A community hospital with state-of-the-art equipment and facilities available to all in need, quality health care and health promotion through educational programs, physicians, employees, and volunteers committed to the values of our health care system.

CHILDREN'S MEDICAL SERVICES, DEPARTMENT OF HEALTH
5101 Greenwood Avenue
West Palm Beach, FL 33407
Phone: (561) 881-5040 North/Central Palm Beach County
(877) 882-5203 All other areas

Fax: (561) 881-5075
E-mail: Shelley_Greif@doh.state.fl.us

Hours: Monday - Friday / 7 am - 5:30 pm
Fees: No direct fees, insurance and Medicaid billed. Medipass clients and Title XXI clients enrolling in CMS network.
Eligibility: Birth to age 21 with chronic medical illness who meet established guidelines.
Intake Procedure: Financial and medical review application process.
Languages: English/Creole/Spanish

SERVICES PROVIDED:
Offers comprehensive treatment for children with special health care needs ranging from outpatient clinical services to hospitalization. Services include pediatric primary and secondary care, referrals for physical/occupational therapy, prosthetic and orthotic equipment, medical supplies and equipment. Nursing care coordination and social service support offered.

COLUMBIA HOSPITAL
2201 45th Street
West Palm Beach, FL 33407
Phone:
(561) 842-6141 Administration
(561) 863-3900 Emergency Room
(561) 881-2670 Mental Health Services
(561) 881-2661 Community Wellness Programs

Hours: Every day/ 24 hours
Fees: Most managed care/insurance. Medicare, Medicaid

Eligibility: No restrictions
Intake Procedure: Call or go to hospital
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Columbia Hospital is a 250-bed full service medical/surgical facility. Specialized services include a full continuum of mental health services, an eight-suite maternity unit, a comprehensive center for breast care, wound management, a comprehensive aquatic and rehabilitation center, a women and children's medical center, outpatient surgery, 24 hour emergency care, as well as full service medical, surgical and emergency services.

GLADES GENERAL HOSPITAL
1201 South Main Street
Belle Glade, FL 33430
Phone: (561) 996-6571
Fax: (561) 996-2898

Hours: Every day/ 24 hours

Fees: Call for information
Eligibility: No restrictions
Intake Procedure: Contact by phone or walk-in
Languages: English/Spanish

SERVICES PROVIDED:
Acute care hospital serving Belle Glade and surrounding area.

GOOD SAMARITAN MEDICAL CENTER
1309 North Flagler Drive
West Palm Beach, FL 33401
Phone: (561) 655-5511
(561) 650-6240
(561) 650-6127
Website: www.goodsamaritanmc.com
Hours: Every day/ 24 hours
Fees: Based on services rendered
Eligibility: No restrictions
Intake Procedure: Call or go to hospital
Languages: English

SERVICES PROVIDED:
341-bed full service Tenet Healthcare hospital provide the following: The Cancer Institute, Bone Marrow Transplant Program, Outpatient Surgical Center, Cardiac Service, Cardiac Rehabilitation, Level III Neonatal Intensive Care Unit, Sleep Disorders Center, Health and Wellness Center, Orthopedic Research Laboratory, emergency care and Outpatient Diagnostic Center, featuring ultra-sound, endoscopy, MRI and low-dose mammography.

JFK MEDICAL CENTER
5301 South Congress Avenue
Atlantis, FL 33462
Phone: (561) 965-7300
Fax: (561) 642-3685
Website: www.jfkmc.com

Hours: Every day/ 24 hours
Fees: Variable according to service; most insurance accepted.
Eligibility: No restrictions
Intake Procedure: Call for information
Languages: English/Spanish/Interpreters available

SERVICES PROVIDED:
A 369-bed, acute care, community hospital. Services include cardiovascular, comprehensive cancer services, diagnostic imaging; breast center, inpatient and outpatient surgery, cardiac rehabilitation center, chest pain emergency center, wound care; lung institute, pain management, physician referral services, neuroscience center, cardiac education, diabetes education,

orthopedic services, rehabilitative service: physical; occupational and speech, sleep disorder center, stroke center, women's services, electropohysiology, (EECP) enhanced external counter pulsation, cardiac catherization, company care, senior friends, live and learn physician lecture series and volunteer auxiliary.

JUPITER MEDICAL CENTER
1210 South Old Dixie Highway
Jupiter, FL 33458
Phone: (561) 747-2234

Hours: Every day/ 24 hours
Fees: Call for information
Eligibility: Call for information
Intake Procedure: Call for information
Languages: English/Spanish/Creole

SERVICES PROVIDED:
General and acute care hospital.

MEDICAL CENTER OF DELRAY
5352 Linton Boulevard
Delray Beach, FL 33484
Phone: (561) 498-4440
Fax: (561) 637-5297
E-mail: pat.mccarthy@tenethealth.com

Hours: Every day/ 24 hours
Fees: Call for information
Eligibility: Call for information
Intake Procedure: Call or go to hospital
Languages: English

SERVICES PROVIDED:
343-bed acute care facility.

PALM BEACH GARDENS MEDICAL CENTER
3360 Burns Road
Palm Beach Gardens, FL 33410
Phone: (561) 622-1411
(800) 958-3638 Physician Referral
Fax: (561) 686-0124
E-mail: vickishaughnessy@tenethealth.com

Hours: Every day/ 24 hours
Fees: Contact hospital
Eligibility: No restrictions

Intake Procedure: Contact hospital
Languages: English/Spanish/Creole

SERVICES PROVIDED:
A 204-bed acute care and general Tenet Healthcare hospital with a variety of specialized programs.

PALMS WEST HOSPITAL
13001 Southern Boulevard
Loxahatchee, FL 33470
Phone: (561) 798-3300
Fax: (561) 791-8108

Hours: Every day / 24 hours
Fees: Contact hospital
Eligibility: No restrictions
Intake Procedure: Call or go to hospital
Languages: English/Spanish/Creole/AT&T Language Line

SERVICES PROVIDED:
A 117-bed acute care medical and surgical facility. Services include: medical and surgical inpatient and outpatient services, Telemetry Unit, inpatient and outpatient pediatric services, 24-hour pediatric emergency services, pediatric intensive care services, pediatric transport team, pediatric specialists, maternity services, same-day surgery, 24-hour staffed emergency department, chest pain center, diagnostic imaging services and cardiovascular diagnostic services, inpatient and outpatient cardiac catheterization, rehabilitative services, company Care Workers' compensation program, physician referral service, diabetes education center, critical care unit, homecare services, full service laboratory, pain management services, free non-emergency transportation, volunteer auxiliary and Senior Friends program.

ST. MARY'S MEDICAL CENTER
901 45th Street
West Palm Beach, FL 33407
Phone:(561) 844-6300
(561) 650-6240 Physician Referral
Fax: (561) 882-1025
Website: www.ihswpb.com/stmarymc.htm

Hours: Every day / 24 hours
Fees: Based on services provided
Eligibility: No restrictions
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:

460-bed full service Tenet Healthcare hospital providing the following: The Children's Hospital, Child Development Center, The Birthplace, Pediatric Oncology, 24-hour Pediatric Emergency Department, Pediatric Intensive Care Unit, Pediatric Transport Team, Level III Neonatal Intensive Care Unit, Level II Trauma Center, Pediatric Trauma Referral Center, Cardiac Rehabilitation, Inpatient Cardiac Catheterization, Wound Healing and Hyperbaric Medicine Center, Rehabilitation Unit, Imaging Center, Kaplan Radiation Center, Institute for Mental Health, Kimmel Outpatient Surgery Center, Cystic Fibrosis Center and Acute and Chronic Dialysis.

VETERANS AFFAIRS MEDICAL CENTER
7305 North Military Trail
Riviera Beach, FL 33411
Phone: (561) 882-8262
(800) 972-8262
(800) 827-1000 Veterans Information Hotline

Hours: Every day/ 24 hours
Fees: No fee charged if eligible for services
Eligibility: Must be veteran
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Provides primary and secondary medical care to eligible veterans of the United States Armed forces.

WELLINGTON REGIONAL MEDICAL CENTER
10101 Forest Hill Boulevard
Wellington, FL 33414
Phone: (561) 798-8500 Administration
(561) 798-9880 Physician Referral
(561) 798-8535 Emergency Services
Fax: (561) 790-7174
E-mail: wrmchosp@icanect.net
Website: www.wellingtonregmedctr.com
Languages: English/Spanish
Hours: Every day / 24 hours
Fees: Most managed care/insurance. Medicare, Medicaid
Eligibility: No restrictions
Intake Procedure: Call or go to hospital

SERVICES PROVIDED:
120-bed acute care, community hospital. Services include an obstetrics unit (Center for Family Beginnings), Regional Cancer Center, cardiac and intensive care units, comprehensive diagnostic imaging center, outpatient surgery, endoscopy, lithotripsy, Emergency Room, physical therapy, cardio-pulmonary, Pain Care Center, Senior Day Treatment Program,

Spine Center, Total Joint Replacement Program, Center for Women Care and Hyperbaric Medicine, Women's Center, various educational classes (including CPR) and support groups.

PALM BEACH COUNTY HEALTH DEPARTMENT
P.O. Box 29
West Palm Beach, FL 33402
Phone: (561) 840-4500
Fax: (561) 833-8633
Hours: Varies, call
Fees: Medicaid; Health Care District eligibility. Contact for more.
Eligibility: Varies
Intake Procedure: Contact for information and appointments
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Preventive health services; primary medical care for eligible clients; environmental health services;and birth and death certificates.

WEST BOCA MEDICAL CENTER
21644 State Road #7
Boca Raton, FL 33428
Phone: (561) 488-8000
(800) 836-3848 Physician Referral
Fax: (561) 488-8105
E-mail: melissa.dula@tenethealth.com
Website: www.westbocamedctr.com
Hours: Every day / 24 hours; Visiting: Every day / 12 pm - 8 pm
Fees: Contact hospital
Eligibility: Contact hospital
Intake Procedure: Contact hospital
Languages: English/Spanish

SERVICES PROVIDED:
Family-centered Tenet Healthcare facility. Specialized services include care for seniors, women, infant and children while providing a wide range of medical, surgical and 24-hour emergency services.

II.E. Home Health Care

Editor's Note:
Home Health Care eligibility requirements are based on various criteria for different programs. Call for information.

BETHESDACARE HOME HEALTH AGENCY

2815 South Seacrest Boulevard
Boynton Beach, FL 33435
Phone: (561) 735-7900
Fax: (561) 737-4534
Hours: Business hours: Monday - Friday / 8 am - 4:30 pm; Services: Every day / 24 hours
Fees: Varies
Eligibility: No restrictions
Intake Procedure: Contact agency
Languages: English/Interpreters available

SERVICES PROVIDED:
Comprehensive and coordinated home care services. Services available: Medicare/commercial home health nursing; medical equipment; home infusion therapy; private duty nursing.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)

25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Referral and financial assistance to secure home health services that include homemaker, aide, routine nursing or rehab, and durable medical equipment services.

DIVISION OF SENIOR SERVICES
INTAKE SERVICES
810 Datura Street, Suite 100
West Palm Beach, FL 33401
Phone: (561) 996-4818
Languages: English/Spanish

HOMECARE BY THE SEA

1531 West Palmetto Park Road
Boca Raton, FL 33486
Phone:
(561) 395-8444
(800) 264-8874
Languages: English/Spanish/Creole
(Nursing agency for Hospice by the Sea)

HOSPICE OF PALM BEACH COUNTY
5300 East Avenue
West Palm Beach, FL 33407
Phone: (561) 848-5200
Languages: English/Spanish/Creole

II.F. Nursing Homes/Hospices

NURSING HOMES

ABBEY DELRAY HEALTH CENTER
2000 Lowson Blvd.
Delray Beach, FL 33445
Phone: (561) 454-1300
Languages: English

ABBEY DELRAY SOUTH HEALTH CENTER
1717 Homewood Blvd.
Delray Beach, FL 33445
Phone: (561) 272-9600
Languages: English

BISHOP GRAY INN (SKILLED NURSING FACILITY)
4445 Pine Forest Drive
Lake Worth, FL 33463
Phone: (561) 965-5954
(800) 332-5954
Languages: English

GLADES HEALTH CARE, INC.
230 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-5561
Languages: English/Spanish

GREENWOOD REHABILITATION CENTER
1101 54th Street

West Palm Beach, FL 33407
Phone: (561) 844-4343

INTEGRATED HEALTH SERVICES (IHS)
1201 12th Avenue South
Lake Worth, FL 33460
Phone: (561) 586-7404
Languages: English/Spanish

JUPITER MEDICAL CENTER PAVILION
1230 South Old Dixie Highway
Jupiter, FL 33458
Phone: (561) 744-4444
Languages: English/Spanish/Italian/French/Portuguese/Creole

PALM BEACH COUNTY HOME
1200 45th Street
West Palm Beach, FL 33407
Phone: (561) 842-6111
Languages: English/Spanish/French/Creole/Chinese

HOSPICES
HOSPICE-BY-THE-SEA
1531 West Palmetto Park Road
Boca Raton, FL 33486
Phone: (561) 395-5031
Languages: English/Spanish/Creole

HOSPICE OF GOLD COAST HOME HEALTH SERVICES
911 East Atlantic Blvd.
Pompano Beach, FL 33060
Phone: (561) 737-8180
Languages: English/Translators can be made available

HOSPICE OF PALM BEACH COUNTY, INC.
5300 East Avenue
West Palm Beach, FL 33407
Phone: (561) 848-5200
Languages: English/Spanish

II.G. Substance Abuse Treatment

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)

25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency. HIV positive and Palm Beach County resident.
Intake Procedure: Contact agency
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Referral to substance abuse treatment and counseling, and financial assistance to procure treatment in a residential substance abuse facility. Also available as a database for private, for-profit, private insurance, inpatient residential, outpatient, half-way house, three-quarter-way house and sober homes.

COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC. (CARP)

Adolescent Residential Treatment Program
5400 East Avenue
West Palm Beach, FL 33407

Phone: (561) 844-6400
Hours: Call agency
Fees: Sliding fee scale
Eligibility: Age 13 - 17 inclusive, clearance form Medical Director. Contact agency for details.
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:
Residential substance abuse treatment for adolescents in a therapeutic environment where behavior change can take place using traditional therapeutic concepts and the family systems approach to treatment.

Intensive Residential Program
5400 East Avenue
West Palm Beach, FL 33407
Phone: (561) 844-6400
Hours: Call agency
Fees: Sliding scale, based on ability to pay
Eligibility: Age 18 and older; medical clearance
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:
Residential treatment program which provides a supportive environment so that the recovering chemically dependent client can devote his/her energies toward acquiring the skills, knowledge, and insights about the disease of chemical dependency necessary for a successful recovery.

Minimal Residential Program
5402 East Avenue
West Palm Beach, FL 33407
Phone: (561) 844-2947
Hours: Contact agency
Fees: Sliding scale
Eligibility: Age 18 and older; medical clearance. Contact agency for details.
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Intermediate residential care services. Moderate, non-intensive, supportive treatment regime to increase the clients
nderstanding of the dynamic of his/her disease along with the serious secondary complications which may affect the physical, mental, emotional, social and spiritual aspect of personhood. Emphasis is on the development of social, vocational and employment skills.

Outpatient Services

607 South Main Street
Belle Glade, FL 33430
Phone: (561) 992-1351

6415 Lake Worth Road, Suite 101
Green Acres, FL 33463
Phone: (561) 642-8737

5400 East Avenue
West Palm Beach, FL 33407
Phone: (561) 844-6400

Hours: Variable depending upon services
Fees: Sliding fee scale
Eligibility: Age 18 and older. Contact agency for details.
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Provides, on an outpatient basis, services that include comprehensive, non-emergency admission evaluations; chemical dependency and co-dependency treatment and aftercare. Average length of treatment is three months for Basic Programs and six months for the Aftercare Program.

DRUG ABUSE FOUNDATION OF PALM BEACH COUNTY, INC. (DAF)
400 South Swinton Avenue
Delray Beach, FL 33444
Phone: (561) 278-0000 Southern Palm Beach County
(561) 732-0800 North/Central Palm Beach County
Fax: (561) 276-8852
Website: www.dafpbc.org
Hours: Business hours: Monday - Friday / 8 am - 10 pm
Fees: Contact by phone
Eligibility: Varies, contact agency
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:
Evaluation, assessment and treatment for those with substance abuse problems.

DRUG ABUSE TREATMENT ASSOCIATION (DATA)
1016 Clemons Street, Suite 406
Jupiter, FL 33477
Phone: (561) 743-1034
Fax: (561) 743-1037

Outpatient Services

1720 East Tiffany Drive, Suite 102
West Palm Beach, FL 33407
Phone: (561) 844-3556
Hours: Monday - Thursday / 8:30 am - 8 pm; Friday /
8:30 am - 5 pm
Fees: Sliding fee scale
Eligibility: Contact agency
Intake Procedure: Call Outpatient Director
Languages: English

SERVICES PROVIDED:
Evaluation, assessment and treatment for those with substance abuse problems.

Walter D. Kelly Treatment Center
1041 45th Street
West Palm Beach, FL 33407
Phone: (561) 844-9661
(561) 844-3556 Intake Specialist
Hours: Call agency
Fees: Sliding fee scale
Eligibility: Must have substance abuse problem; age 13 - 17; parental consent; birth certificate.
Intake Procedure: Call Intake Specialist
Languages: English

SERVICES PROVIDED:
Adolescent residential substance abuse treatment.

FAITH FARM MINISTRIES
9538 Highway 441
Boynton Beach, FL 33436
Phone: (561) 737-2222
Fax: (561) 735-0227
E-mail: faith@ix.netcom.com
Website: www.faithfarm.org

Hours: Business hours: Monday - Friday / 9 am - 5 pm
Fees: No fees charges
Eligibility: Must be age 18 - 60
Intake Procedure: Contact agency
Languages: English/Spanish

SERVICES PROVIDED:
Provides a home and services to indigent male and female substance abusers and addicts.

GRATITUDE GUILD, INC.

1700 North Dixie Highway
West Palm Beach, FL 33407
Phone: (561) 833-6826
(561) 833-6833
Fax: (561) 832-4087
E-mail: gayld@gratitudehouse.org

Hours: Administration - Monday - Friday / 9 am - 5 pm
Fees: Fees vary, sliding scale, contact by phone
Eligibility: Female chemically dependant. Must be age 18 or older. Ready to accept treatment.
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Residential facility for female alcoholics and drug abusers offering counseling and treatment services. Also offers day treatment and counseling programs for women. Pregnant women, age 18 or older, can receive treatment in either the residential or day treatment program. Also serves women with dual diagnosis and HIV/AIDS through providing safe housing and day treatment services.

Hibiscus Haven
317 North Lakeside Court
West Palm Beach, FL 33407
Phone: (561) 833-6826
(561) 833-6833
Fax: (561) 832-4087
Hours: Monday - Friday / 9 am - 5 pm
Fees: Sliding scale for chemical dependency treatment component.
Eligibility: Must be age 18 or older; ready to accept treatment.
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Safe residence for women who have tested HIV positive and are chemically dependent. Women can live at the safe house while attending the day treatment program at Gratitude Guild.

GROWING TOGETHER, INC.
1000 Lake Avenue
Lake Worth, FL 33460
Phone: (561) 585-0892
Fax: (561) 588-9971
E-mail: mickey@gtoi.org
Website: www.growingtogether.com
Hours: Every day / 24 hours
Fees: Contact for details

Eligibility: Must be adolescent and have substance abuse or behavioral problem. Parent and/or legal guardian participation required.
Intake Procedure: Contact agency
Languages: English/Spanish

SERVICES PROVIDED:
Long-term chemical dependency treatment and rehabilitation program for teens and their families.

HANLEY-HAZELDEN CENTER AT ST. MARY'S
5200 East Avenue
West Palm Beach, FL 33407
Phone: (561) 841-1000
Fax: (561) 841-1100
Website: www.hazelden.org
Hours: Business hours: Every day / 24 hours
Fees: Varies, contact agency
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:
Inpatient and outpatient detox and rehabilitation for adults 18 and older.

WAYSIDE HOUSE
378 NE Sixth Avenue
Delray Beach, FL 33483
Phone:(561) 278-0055
(561) 732-5511 Central/North Palm Beach County
Fax:(561) 276-6368
E-mail: waysidehouse@hotmail.com
Hours: Administration - Monday - Friday / 9 am - 5 pm
Fees: No fees charged for indigents, contact by phone
Eligibility: Must have 4 days of detoxification and physician's examination.
Intake Procedure: Personal interview required
Languages: English

SERVICES PROVIDED:
Residential alcohol and drug treatment for women age 18 and over.

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.
1024 NW Avenue 'D'
Belle Glade, FL 33430
Phone: (561) 992-1330
(561) 992-1667 After hours
(561) 992-1336 After hours

(561) 233-1330 Suncom
Fax: (561) 993-1335
E-mail: wcmhc@flite.net
Hours: Administration - Monday - Friday / 8:30 am - 5 pm
Fees: Sliding scale
Eligibility: Contact agency
Intake Procedure: Contact by phone

SERVICES PROVIDED:
Comprehensive mental health and substance abuse treatment to all residents of Western Palm Beach County.

Glades Crisis Stabilization Unit (CSU)
808 NW Avenue "D"
Belle Glade, FL 33430
Phone: (561) 992-1336
Hours: Every day / 24 hours
Fees: Sliding scale
Eligibility: Mentally ill, emotionally disturbed, alcoholic, or drug abusing patients are admitted to the CSU if various criteria are met.
Intake Procedure: Baker Act receiving facility. Voluntary and involuntary admissions are made directly at unit.
Languages: English/Spanish

SERVICES PROVIDED:
A 24-hour, 14-bed facility which provides a full range of treatment interventions and ongoing care for patients with acute mental or emotional problems. The CSU also serves patients who require alcohol or drug detoxification and has two beds available for children under 18 unit acute psychiatric problems.

Panda
816 NW Avenue 'D'
Belle Glade, FL 33430
Phone: (561) 992-1377
Hours: Call for information
Fees: Sliding scale
Eligibility: Female, pregnant or with children
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Substance abuse treatment for pregnant and post-partum women.

II.H. Alternative Therapies

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)

25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Referral and financial assistance to provide prescribed alternative therapies.

VETERANS AFFAIRS MEDICAL CENTER
7305 North Military Trail

West Palm Beach, FL 33410
Phone: (561) 882-8262
Hours: Call for information
Fees: No fees charged
Eligibility: Must be a veteran
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Provides psychotherapy programs to eligible veterans.

III. Social Services

III.A. HIV/AIDS Case Management

Case management is a client-centered service that links clients and other family members with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health and support services and continuity of care. The key activities of case management include:

- Initial and ongoing assessment of the client's and other family members' needs and personal support systems;
- Development of a comprehensive, individualized service plan;
- Coordination of services required to implement the plan and client monitoring to assess the efficacy of the plan; and
- Periodic re-evaluation and adaptation of the plan as necessary over the life of the client. This may include client specific advocacy and/or review of the utilization of services.

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
Phone: (561) 533-9699
Fax: (561) 533-5131
E-mail: compass@compassglcc.com
Website: www.compasglcc.com

Hours: Monday - Thursday / 10 am - 8:30 pm / Friday / 10 am - 5 pm/ Sunday / 5 pm - 9 pm
Fees: No fees charged. Donations accepted.
Eligibility: HIV positive status and Palm Beach County resident.
Intake Procedure: Contact agency
Languages: English/Spanish

SERVICES PROVIDED:
Links clients to appropriate providers of healthcare, psychosocial, and other services to provide support and continuity of care.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone
E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Assessment of need and eligibility, creation of an individual care plan, and referrals and follow-up to coordinate a comprehensive continuum of care.

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY
1010 10th Avenue North, Suite 1
Lake Worth, FL 33460
Phone: (561) 533-7227
(800) 727-6224

Fax: (561) 533-6099
E-mail: farmworker@juno.com
Hours: Monday-Friday / 9 am - 5 pm
Eligibility: Based on need. Farmworkers receive priority.
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Case management for migrants and seasonal workers, Central American Refugees and other rural poor.

III.B. Social Security

SOCIAL SECURITY ADMINISTRATION
Phone: (800) 772-1213 Client Services
(800) 325-0778 TDD
Website: www.ssa.gov

925 SE First Street
Belle Glade, FL 33430
Phone: (561) 992-7304
(561) 992-7510
Languages: English/Spanish/Creole

Delray Square II
14548 South Military Trail
Delray Beach, FL 33483
Phone: (561) 278-0403
Languages: English/Spanish

3650 Shawnee Avenue
West Palm Beach, FL 33409
Phone: (561) 616-5199
(561) 616-5128
Languages: English/Spanish

Hours: Monday - Friday / 8:30 am - 3:30 pm
Fees: No fees charged
Intake Procedure: Contact by phone

There are two programs for the disabled that are administered by the Social Security Administration.

(1) Supplemental Security Income (SSI); and
(2) Social Security Disability (SSD).

Every patient with a diagnosis of HIV/AIDS may be eligible for one program or the other or both. These programs have two main criteria that are assessed to determine your eligibility. For SSI, they assess your medical condition and your current financial situation (monthly income, assets, etc.). For SSD, they assess your medical condition and review your employment history to see how much and how long you have paid into Social Security (FICA on wage stub) through your employment.

Both SSI and SSD use the same medical criteria to determine whether or not you are disabled. "Disability" is defined as any medical condition (physical or mental) which prevents or is expected to prevent you from working for a minimum of 12 months. People who have a Centers for Disease Control (CDC) diagnosis of AIDS (KS, PCP, etc.) may be eligible for "Presumptive Disability" for a period of up to six months while awaiting a final medical decision, thereby meeting the medical criteria for both SSI and SSD. People who have an AIDS-related diagnosis are evaluated on a case-by-case basis but are not automatically presumed disabled. Following is a more complete outline of both of these programs to help you determine your eligibility and prepare you for applying to these programs.

SOCIAL SECURITY DISABILITY (SSA)

WHO IS ELIGIBLE?

In order to qualify for SSD benefits, you must be determined disabled and you must have paid into the Social Security system through your employers five (5) of the last ten (10) years. This means you must have worked in a job or jobs where Social Security taxes (FICA) were withheld from your paycheck.

WHEN SHOULD I APPLY?

An individual should apply for benefits as soon as they become disabled. SSD benefits become payable on the sixth month after onset of disability. What this actually means is that if you are determined disabled during the five (5) months after you stop working due to the onset of your disability, you will not receive any payments (you may be eligible for SSI). Exceptions: If you have been disabled for five (5) months or longer, before applying for benefits, payments begin soon after a disability determination.

HOW MUCH ARE THE BENEFITS?

There is no fixed amount that is paid. The amount of your benefits depends entirely on your earnings; how much and how long you have paid into the Social Security system.

HOW DO I APPLY?

You may apply in person, by phone (800) 772-1213 or online (www.ssa.gov). Let them know that you have a diagnosis of HIV/AIDS or related-complex so they will expedite your application.

WHAT DO I BRING WITH ME?

The following is a list of the documentation you will need to bring in when you apply or have on hand to provide information. Bring as much as you can to the initial appointment, and you will have some time to gather the other information you need.
1. A letter signed by your doctor stating your diagnosis and when you were diagnosed.
2. Your social security number (SSN) and card, and any other SSN's on which you have received social security benefits (parents, etc.).
3. A certified copy of your birth certificate.
4. A thorough list of all aspects of your condition which prevent you from working.
5. A list of all treating sources (complete names, addresses, telephone numbers for all doctors, hospitals, clinics), dates and types of treatment received. List of all medications you are taking for your condition. List of restrictions placed on you by your physician.
6. W-2 forms for the past two years. If W-2s are not available, bring names and addresses of employers for the past two years.
7. Be prepared to describe your employment history.
8. If previously or currently married, name of spouse and dates of marriage(s), spouse's social security number.

SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)

HOW DO I APPLY?

See section on Social Security Disability.

WHO IS ELIGIBLE?

In order to qualify for SSI, you must be disabled and have a financial need. Basic eligibility criteria are:
1. Your assets cannot exceed $2,000 for an individual or $3,000 for a couple. Assets include: money in the bank, saleable real property other than your home, and co-owned bank accounts, stocks and bonds. Excluded assets include: your home, household goods and personal effects, one car or truck valued up to $4,500, one wedding and engagement ring, a limited burial fund, or property essential for self-support.
2. Your monthly income must be below SSD guidelines. Income includes: AFDC, veteran's benefits, retirement pensions, worker's and unemployment compensation, wages, in-kind support such as food, clothing and shelter, and unearned income such as money received from rental property, stock dividends and interest from savings accounts.
3. If you own a house, you must live in it.

WHEN SHOULD I APPLY?
As soon as disability prevents you from working at a full time job, you have little or no income, and your assets do not exceed the guidelines.

HOW DO I APPLY?

You may apply in person or by phone (800) 772-1213. You cannot apply for SSI online ass of the date of printing. Let them know that you have a diagnosis of HIV/AIDS or related-complex to facilitate your application.

HOW MUCH ARE THE BENEFITS?
The maximum monthly benefit rate for a single individual is $552 and the maximum monthly benefit rate for a couple is $629 (for 2003). Each January, as authorized by Congress, a cost-of-living raise usually increases the monthly benefit rate.

WHAT DO I BRING WITH ME?
The following is a list of the documentation you will need to apply for SSI.
1. A letter signed by your doctor stating your diagnosis and when you were diagnosed.
2. Your social security number (SSN), social security card and any other SSN's on which you have received social security benefits (parents, etc.).
3. A certified copy of your birth certificate.
4. A list of all aspects of your condition, which prevent you from working.
5. A list of all treating sources (complete names, addresses and telephone numbers for all doctors, hospitals, clinics), dates and types of treatment received. List of all medications you are taking. List of any restrictions placed on you by your physician.
6. Be prepared to describe the types of jobs you have held for the past 15 years.
7. Proof of any income you have, or expect to receive (including claim number under which you receive benefits; i.e., V.A. number, welfare number, etc.).
8. Bank statements for the last two months (passbooks, checking account statements, check registers).
9. Car registration, life insurance policies, stocks/bonds certificates.
10. If you rent, bring proof of your rental payment. If you share, the names of other members of your household, who pays, how much, and proof of household expenses (utilities, food, etc.) for the past twelve months.

MEDICARE

Medicare is a program of health insurance available for disabled persons under age 65 who have been receiving Social Security Disability (SSD) benefits for 24 months. Personal income is not a factor in eligibility determination. No application is necessary; Social Security will notify you shortly before the 24th month of your eligibility.

Medicare is comprised of two parts. Part A (hospital insurance) provides hospital benefits, post-hospital skilled nursing facility care, part-time home health services and hospice care. Medicare eligible people pay for Part A services through deductibles and co-payments which are paid directly by the patient to the provider. Part A deductible is $840.

Medicare Part B (supplemental medical insurance) is a voluntary health insurance program. Part B covers physician's services, certain outpatient services, home health care, diagnostic tests and medical appliances. Part B has a $100 deductible per year and pays 80% of covered charges. The premium payment is $58.70 monthly.

Part A covered services are paid directly to the provider by Medicare. Part B services may be paid to the provider or the beneficiary.

MEDICAID

If you are SSI eligible, you are automatically eligible for Medicaid. Medicaid is a program of medical assistance for eligible needy persons and is administered and funded jointly by the federal government and the state.

Application for all Medicaid programs should be made at the local Department of Children & Families. Eligibility is retroactive to the third month prior to the month of application.

To receive Medicaid benefits you must be eligible for SSI and/or Temporary Assistance to Needy Families(TANF) or be financially needy. There are 27 categories of eligibility that have different income/resource guidelines. Some of these resources include: bank accounts, stocks/bonds, life insurance and real property.

Medicaid eligibility also includes three (3) exemptions to resource guidelines:
1. Homestead property if: you, your spouse or dependent relative is living in the home or you state that you intend to return to the home.
2. Burial funds under certain conditions, up to $2,500 of individual's assets.
3. One automobile.

ADDITIONAL PROGRAMS
MEDICALLY NEEDY PROGRAM
This program provides payment of medical bills that you cannot afford to pay even though your income and resources are slightly higher than permitted under Medicaid. You must be disabled and have medical bills that exceed your share of cost of the bills.

The share of cost is calculated by subtracting the Medically Needy Income Limit ($180 for an individual, $241 for a couple who both are in the program) from your net gross income. Assets are limited to $5,000 for an individual and $6,000 for a couple.

INSTITUTIONAL CARE PROGRAM (ICP)
The ICP is a medical assistance program administered by the PBC Health Department to help pay for the cost of nursing home or hospice care. You must be disabled to be eligible for the ICP program. Assets must not exceed $2,000 for an individual and $3,000 for a couple; monthly income must not exceed $1,656 for an individual and $3,312 for a couple. Eligible individuals receive a $35 monthly allowance for personal needs.

QUALIFIED MEDICARE BENEFICIARIES (QMB)

This program entitles certain individuals who are currently or conditionally enrolled in Medicare Part A to receive Medicare cost-sharing benefits; i.e., payment of premiums, deductibles and co-insurance. Benefits are paid directly to the Medicare provider. Individuals who do not have full Medicaid benefits should apply for this program.

Eligibility requirements limit assets to $5,000 per individual and $6,000 per couple; a monthly income of no more than $749 per individual and $1,010 per couple and have filed for all other benefits for which you meet eligibility.

SPECIAL LOW-INCOME MEDICARE BENEFICIARY (SLMB)

This program provides payment of Medicare Part B premiums for individuals who are either enrolled or conditionally enrolled in Medicare Part A. Medicaid pays Medicare directly for the Part B premium. Eligibility requires enrollment or conditional enrollment in Medicare Part A; assets totaling no more than $5,000 per individual and $6,000 per couple; a monthly income of no more than $898 per individual and $1,212 per couple and file for all other benefits for which you are eligible.

III.C. Florida Assistance Programs

FOOD STAMPS
2290 Main Street
Belle Glade, FL 33430
(561) 992-1900
(888) 356-3281 Citibank Helpline

1845 South Federal Highway
Delray Beach, FL 33483
(561) 279-1600
(888) 356-3281 Citibank Helpline

4220 Lake Worth Road
Lake Worth, FL 33461
(561) 963-3000
(888) 356-3281 Citibank Helpline

1199 Lantana Road
Lantana, FL 33462
(561) 540-1213
(888) 356-3281 Citibank Helpline

2051 Martin Luther King Jr. Blvd., Suite 200
Riviera Beach, FL 33404
(561) 841-2000
(888) 356-3281 Citibank Helpline

4100 Okeechobee Boulevard
West Palm Beach, FL 33409
(561) 616-1500

(888) 356-3281 Citibank Helpline

Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Determined at time of interview
Intake Procedure: Completion of application requesting assistance.
Languages: English

SERVICES PROVIDED:
Approves eligible families and individuals for food stamp benefits to purchase food items. Benefits are accessed through a plastic debit card similar to a credit card. When a client purchases food, the card is swiped through a machine. If there are any questions about the debit, call the Citibank Helpline.

DIVISION OF HUMAN SERVICES (PALM BEACH COUNTY)
810 Datura Street, Suite 350
West Palm Beach, FL 33401
(561) 355-4766 Administration
(561) 355-4775 Director's Office
(561) 845-4644 North County Office
(561) 274-3130 South County Office
(561) 996-1630 West County Office

Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Contact agency. If eligible for assistance, bus passes to access services may be provided. Information on bus routes can be obtained.
Intake Procedure: Contact social services staff at field location nearest client.

SERVICES PROVIDED:
Variety of social services to individuals and families who meet financial eligibility and need assistance.

PALM BEACH COUNTY HEALTH CARE DISTRICT
324 Datura Street, Suite 401
West Palm Beach, FL 33401
Phone: (561) 659-1270 North/Central Palm Beach County
(800) 273-9977 All other areas
Fax: (561) 659-1628
Website: www.hcdpbc.org

Hours: Monday - Friday / 8 am - 5 pm
Eligibility: The eligibility criteria includes proof of Palm Beach County residency, identification, income verification and asset information.
Intake Procedure: Contact program for information
Languages: English/Spanish/Creole

SERVICES PROVIDED:
A special taxing district established in 1988. The HCD plans, funds and coordinates a number of health-related services throughout the County. The services include: Health insurance program for financially disadvantaged County residents who are uninsured and do not qualify for full Medicaid, and Medicare or private insurance benefits.

PROJECT AIDS CARE (MEDICAID WAIVER)
4605 Community Drive
West Palm Beach, FL 33417
Phone: (561) 684-1991 North/Central Palm Beach County
(561) 369-3800 Boynton Beach office

Hours: Monday - Friday / 9 am - 5 pm
Fees: Contact intake department
Eligibility: Contact intake department
Intake Procedure: Contact by phone

SERVICES PROVIDED:
Federal home and community-based waiver program which allows Florida Medicaid to purchase additional services for HIV/AIDS eligible individuals. The intent of the program is to help the individual remain in his/her own home and out of hospitals or nursing homes by paying for and providing home-based or community-based services such as case management, homemaker, home health, personal care, adult day care, respite care and transportation.

III.D. Housing/Shelters

COMMUNITY ACTION PROGRAM OF PALM BEACH COUNTY
810 Datura Street
West Palm Beach, FL 33401
Phone: (561) 355-4727 Administration
(561) 355-4733 LIHEAP Administration
(561) 355-4726 Administration/TDD
Fax: (561) 355-4192
Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: County resident; must meet poverty income guidelines.
Intake Procedure: Must have proof of income
Languages: English/Spanish

SERVICES PROVIDED:
Serves low-income families and individuals in the county.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue “E”, Suite 1

Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Referral and financial assistance to maintain or secure housing.

HOPE HOUSE OF THE PALM BEACHES, INC.
2001 Palm Beach Lakes Boulevard, Suite 204
West Palm Beach, FL 33409
Phone: (561) 697-2600
Fax: (561) 697-2666
Hours: Monday - Friday / 8:30 am - 5 pm
Fees: Contact for information

Eligibility: Contact for information
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Housing and residential support for men, women and children infected and affected with HIV/AIDS.

PALM BEACH ASSISTED LIVING FACILITY
HIV/AIDS PROGRAM
534 Datura Street
West Palm Beach, FL 33401
Phone: (561) 659-9330

Hours: Monday - Friday / 9 am - 4 pm
Fees: No fees required for basic program
Eligibility: 18 years of age and older and suffering from HIV/AIDS. No pregnant women.
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Provision of housing and supportive services to adults, 18 years and older, suffering from HIV/AIDS.

REVITALAX VICTORIAN RESORT, INC.
P.O. Box 17363
West Palm Beach, FL 33416
Phone: (561) 968-2533
Fax: (561) 432-2991
E-mail: coneygary@aol.com

Hours: Monday - Friday / 9 am - 5 pm
Fees: Rent assest up to 30% of adjusted income
Eligibility: HIV/Homeless, mentally challenged men
Intake Procedure: Contact by phone

SERVICES PROVIDED:
Provider-based housing to HIV infected individuals, recovering addicts or mentally challenged men.

SISTAH TO SISTAH RECOVERY HOUSE
736 50th Street
West Palm Beach, FL 33407
Phone: (561) 837-9997
Fax: (561) 837-9997
Hours: Every day / 8 am - 8 pm

Fees: Call for rates, includes room, board and all utilities
Eligibility: Must be female, age 18 or older, no suicide attempts within 30 days of admit. Must be willing to enter detox until medically stable, if actively using drugs or alcohol.
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Transitional housing for women substance abusers seeking recovery in a safe, sober environment.

THE CHILDREN'S PLACE AT HOME SAFE, INC.
2309 Ponce DeLeon Avenue
West Palm Beach, FL 33407
Phone: (561) 832-6185 North/Central Palm Beach County
(561) 995-0490 Southern Palm Beach County
Fax: (561) 832-4786

Hours: Every day / 24 hours
Fees: DCF board rate
Eligibility: Mother must be in a substance abuse treatment program and/or children may be ordered into shelter.
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
A continuum of residential shelters and sheltercare families providing a safe haven for children, newborn through age 18 who have been or are at risk of being abused, abondoned or neglected or homeless.

THE LORD'S PLACE, INC.
1750 NE Fourth Street
Boynton Beach, FL 33435
Phone: (561) 736-7006
Fax: (561) 739-9266
Website: www.thelorsplace.org

Hours: Monday-Friday / 8:30 am - 4:30 pm
Fees: No fees charged
Eligibility: Contact agency
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Transitional and emergency housing for homeless families with dependent children.

THE SALVATION ARMY

CENTER OF HOPE

1577 North Military Trail
West Palm Beach, FL 33409
Phone: (561) 682-1118

Hours: Every day / 24 hours
Fees: No fees charged, until 3rd day, unless authorized by Director.
Eligibility: Must be referred by another agency or contact Social Services. Client needs state-issued picture ID.
Intake Procedure: Contact Shelter by phone or in person.
Languages: English/Spanish

SERVICES PROVIDED:
Transitional living with support services.

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.
COMMUNITY TREATMENT TEAM

408 SE Avenue 'A'
Belle Glade, FL 33430
Phone: (561) 992- 2043
(561) 992-2044

Hours: Monday - Friday / 8:30 am - 5 pm; on-call evenings and weekends.
Fees: Sliding fee scale
Eligibility: Contact agency
Intake Procedure: Contact by phone
Languages: English

SERVICES PROVIDED:
Temporary transitional housing for recovering substance abusers who are HIV positive.

III.E. Emergency Food

BELVEDERE BAPTIST CHURCH
301 Cherry Road
West Palm Beach, FL 33409
Phone: (561) 683-2636
E-mail: belvederebaptist@aol.com
Hours: Monday - Friday / 10 am - 12 pm
Fees: No fees charged
Languages: English

SERVICES PROVIDED:

Food pantry for needy.

BOCA HELPING HANDS
Friendship Missionary Baptist Church
1421 NE 2nd Court
Boca Raton, FL 33432
Phone: (561) 447-9275
Hours: Monday, Wednesday, Thursday, Saturday / 11:30 am - 12:30 pm
Fees: No fees charged
Languages: English

SERVICES PROVIDED:
Helps feed the needy in our community through a lunch program and food pantry.

CARE MINISTRY
St. Joan of Arc Catholic Church
370 SW Third Street
Boca Raton, FL 33432
Phone: (561) 392-0007
Hours: Saturday / 10:30 am - 12 pm
Fees: No fees charged

SERVICES PROVIDED:
Food pantry.

CATHOLIC CHARITIES
425 SW Fourth Street
Belle Glade, FL 33430
Phone: (561) 996-0485
Fees: No fees charged
Hours: Monday - Friday / 9 am - 5 pm
Languages: English/Creole

SERVICES PROVIDED:
Food pantry.

CHRISTIANS REACHING OUT TO SOCIETY (CROS)
4401 Garden Avenue
West Palm Beach, FL 33405
Phone: (561) 833-9499 North/Central Palm Beach County
Fax: (561) 833-1299
E-mail: crosmin@juno.com

SERVICES PROVIDED:
Food Pantries.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Provision of grocery vouchers and home delivered meals.

G-D'S KITCHEN, INC.
204 NE 13th Avenue
Boynton Beach, FL 33435
Phone: (561) 736-6440
Hours: Monday - Friday/ 10 am - 1 pm; Food Pantry: Monday - Friday / 1 pm - 5 pm

Fees: No fees charged
Languages: English
SERVICES PROVIDED:
Free hot meals and food pantry.

HOUSE OF BREAD
3900 Broadway
West Palm Beach, FL 33407
Phone: (561) 845-5201
Hours: Monday - Friday / 5:30 pm - 6:30 pm
Fees: No fees charged

SERVICES PROVIDED:
A hot meal for those in need. Distributes emergency food boxes as needed.

SERVICES PROVIDED:
Emergency food assistance.

HUMAN SERVICES AND VETERANS SERVICES
1440 Martin Luther King Blvd.
Riviera Beach, FL 33404
Phone: (561) 845-4644
Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Languages: English/Spanish

SERVICES PROVIDED:
Emergency food.

THE CARING KITCHEN
American Legion
196 NW 8th Avenue
Delray Beach, FL 33444
Phone: (561) 278-0918
Hours: Monday - Friday / 11:30 am - 12:30 pm
Fees: No fees charged
SERVICES PROVIDED:
Serves hot meals Monday-Friday 11:30 am - 12:30 pm. An evening meal is served Monday, Wednesday and Thursday 5-6 pm, from the Caring Kitchen Van.

THE SALVATION ARMY
2100 Palm Beach Lakes Boulevard
West Palm Beach, FL 33409
Phone: (561) 686-3530 North/Central Palm Beach County
(561) 582-6686 Lake Worth

(561) 391-1344 Boca Raton
Fax: (561) 686-7858
Fees: No fees charged.

THE SOUP KITCHEN, INC.
8645 Boynton Beach Boulevard
Boynton Beach, FL 33437
Phone: (561) 732-7595
Hours: Monday - Saturday / 10 am - 1 pm
Fees: No fees charged
Languages: English/Spanish

SERVICES PROVIDED:
Volunteer organization providing hot meal during hours indicated. Also provides groceries during open hours on Mondays, Wednesdays and Fridays.

III.F. TRANSPORTATION ASSISTANCE

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
Phone: (561) 533-9699
Fax: (561) 533-5131
E-mail: compass@compassglcc.com
Website: www.compasglcc.com
Hours: Monday - Thursday / 10 am - 8:30 pm / Friday / 10 am - 5 pm/ Sunday / 5 pm - 9 pm
Fees: No fees charged. Donations accepted.
Languages: English/Spanish

SERVICES PROVIDED:
Transportation vouchers to medical and social services providers.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1

Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

TRANSPORTATION ASSISTANCE

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Provision of bus passes and cab vouchers that link the client to health care services.

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY
1010 10th Avenue North, Suite 1
Lake Worth, FL 33460
Phone: (561) 533-7227
(800) 727-6224
Fax: (561) 533-6099
E-mail: farmworker@juno.com
Hours: Monday-Friday / 9 am - 5 pm
Eligibility: Based on need. Farmworkers receive priority.
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Transportation for migrants and seasonal workers, Central American Refugees and other rural poor.

OUTPATIENT TRANSPORTATION VAN SERVICE

Boca Raton Community Hospital
Phone: (561) 395-7100
Hours: Monday - Friday / 7 am - 3:30 pm

SERVICES PROVIDED:
Outpatient transportation is available for ambulatory patients who have no other means of getting to the hospital and back to their residences.

PALM TRAN CONNECTION
3040 South Military Trail
Lake Worth, FL 33463
Phone: (561) 649-9848
Fax: (561) 649-0685
Website: www.palmtran.org
Fees: No fees charged.
Languages: English/Spanish

SERVICES PROVIDED:
Public transportation, paratransit system.

III.G. Financial Assistance

AMERICAN RED CROSS
825 Fern Street
West Palm Beach, FL 33401
Phone: (561) 833-7711
Fax: (561) 833-8771
Website: www.redcross-pbc.org
Hours: Monday - Friday / 8:30 am - 4:30 pm
Fees: No fees charged
Eligibility: No restrictions
Intake Procedure: Contact by phone.

SERVICES PROVIDED:
Provides food, clothing, and emergency housing to families burned out by fire or other disaster causes. Provides variety of relief in event of natural disaster.

ADOPT-A-FAMILY OF THE PALM BEACHES, INC.
2330 South Congress Avenue, Suite 1-C
West Palm Beach, FL 33406
Phone: (561) 434-4960 West Palm Beach
(800) 493-5902 Toll free
Hours: Contact agency
Fees: No fees charged
Eligibility: Contact agency

Intake Procedure: Contact by phone.

SERVICES PROVIDED:
Links families in distress with local business, religious groups, service clubs or individuals who provide financial and emotional support to a family while the family works to regain self sufficiency. Assistance provided based on availability of funds.

CATHOLIC CHARITIES
425 SW 4th Street
Belle Glade, FL 33430
Phone: (561) 996-0485
Hours: Monday - Friday / 8:30 am - 4:30 pm
Fees: No fees charged

Eligibility: Residency, income, social security number
Intake Procedure: Contact by phone.
Languages: English/Creole

SERVICES PROVIDED:
Social welfare assistance to those in crisis. (Food pantry, clothing, financial assistance for rent and utilities.)

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1
Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Referral and financial assistance to help with a variety of emergency needs.

DIVISION OF HUMAN SERVICES (PALM BEACH COUNTY)
810 Datura Street, Suite 350
West Palm Beach, FL 33401
Phone: (561) 355-4766 Administration
(561) 355-4775 Director's Office
(561) 747-2007 Jupiter
(561) 848-0601 Riviera Beach
(561) 274-3130 Delray Beach
Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Contact agency. If eligible for assistance, bus passes to access services may be provided. Information on bus routes can be obtained.
Intake Procedure: Contact social services staff at field location nearest client.

SERVICES PROVIDED:
Emergency food; rent/mortgage assistance; assisted living facility placement; delinquent utility payments; transportation;

and temporary shelter services to individuals and families who are residents of Palm Beach County in need of services; provides case management to assess needs for self-sufficiency, and delivers services through Individual Service Plans with measurable outcomes.

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES
EMERGENCY FINANCIAL ASSISTANCE FOR HOUSING

2990 North Main Street	1845 South Federal Highway
Belle Glade, FL 33430	Delray Beach, FL 33486
Phone: (561) 992-1900	Phone: (561) 279-1479
4220 Lake Worth Road	2051 Martin Luther King Blvd.
Lake Worth, FL 33462	Riviera Beach, FL 33404

Phone: (561) 963-3137 Phone: (561) 841-2052

4100 Okeechobee Boulevard
West Palm Beach, FL 33409
Phone: (561) 616-1509

Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Determined after interview.
Intake Procedure: Completion of application requesting assistance.
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Approves Medicaid and food stamps for eligible disabled adults.

HEALTH CARE DISTRICT OF PALM BEACH COUNTY
ELIGIBILITY OFFICES

1500A NW Avenue 'L'	225 South Congress Avenue
Belle Glade, FL 33430	Delray Beach, FL 33444
Phone: (561) 992-4255	Phone: (561) 274-3133
1150 45th Street	1250 Southwinds Drive
West Palm Beach, FL 33407	Lantana, FL 33463
Phone: (561) 514-5390	Phone: (561) 547-6842

Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Proof of Palm Beach County residency, identification, income verification and asset information.
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Health maintenance program for Palm Beach County residents who don't qualify for full Medicaid, Medicare or private insurance benefits

JEWISH FAMILY & CHILDREN'S SERVICES
4605 Community Drive
West Palm Beach, FL 33417
Phone: (561) 684-1991 North/Central Palm Beach County
(561) 369-3800 Boynton Beach
Hours: Monday - Friday / 9 am - 5 pm
Fees: No fees charged
Eligibility: Contact agency
Intake Procedure: Contact by phone

SERVICES PROVIDED:

Direct emergency assistance for clients of the Jewish Family & Children's Services.

ST. VINCENT DE PAUL SOCIETY
2647 Old Dixie Highway
Riviera Beach, FL 33404
Phone: (561) 845-0562
Hours: Tuesday - Friday / 10 am - 3 pm
Fees: No fees charged
Eligibility: No restrictions
Intake Procedure: Contact by phone only

SERVICES PROVIDED:
Emergency food and clothing. Rent/utilities and furniture as funds permit.

IV. Emotional Support Services

IV.A. Mental Health Counseling

CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY
471 Spencer Drive
West Palm Beach, FL 33409
Phone: (561) 616-1222
(800) 404-7960 Centralized Intake
Hours: Monday - Thursday / 9 am - 9 pm; Friday / 9 am - 5 pm;
Saturday / 9 am - 2 pm
Languages: English/Spanish/Swedish

400 East Linton Blvd., Suite G5
Delray Beach, FL 33483
Phone: (561) 330-2266
(800) 404-7960 Centralized Intake
Hours: Monday - Thursday / 9 am - 9 pm; Friday / 9 am - 5 pm;
Saturday / 9 am - 2 pm
Languages: English/Spanish

745 US Highway 1, Suite 203
North Palm Beach, FL 33408
Phone: (561) 494-0529
(800) 404-7960 Centralized Intake
Hours: Variable, call for appointment
Languages: English

12794 West Forest Hill Blvd., Suite 32
Wellington, FL 33414
Phone: (561) 793-1698

(800) 404-7960 Centralized Intake
Hours: Monday - Thursday / 9 am - 9 pm; Friday / 9 am - 5 pm;
Saturday / 9 am - 2 pm
Languages: English

Fees: Sliding scale based on family income, private insurance and Medicare accepted.
Eligibility: Resident of Palm Beach County; proof of income.
Intake Procedure: Contact centralized intake by phone

SERVICES PROVIDED:
Professional counseling provided to children and adults of all ages, couples, families and groups for empowerment to deal with the situational or life problems they are experiencing.

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
Phone: (561) 533-9699
Fax: (561) 533-5131
E-mail: compass@compassglcc.com
Website: www.compassglcc.com

Hours: Monday - Thursday / 10 am - 8:30 pm / Friday / 10 am -
5 pm/ Sunday / 5 pm - 9 pm
Fees: No fees charged. Donations accepted.
Eligibility: Gay, lesbian and bisexual persons and their families, or any HIV positive and those affected by the disease.
Intake Procedure: Contact agency
Languages: English/Spanish

SERVICES PROVIDED:
Mental health counseling to infected individuals and affected family members.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY (CAP)
25 SE Avenue "E", Suite 1
Belle Glade, FL 33430
Phone: (561) 996-7059
Fax: (561) 996-1567
Hours: Monday - Friday / 8 am - 4:30 pm

2222 West Atlantic Avenue
Delray Beach, FL 33445
Phone: (561) 274-6400
Fax: (561) 274-3912
Hours: Monday - Friday / 8 am - 4:30 pm

92 East 30th Street, Suite A1

Riviera Beach, FL 33404
Phone: (561) 844-1266
Fax: (561) 844-3393
Hours: Monday - Friday / 8 am - 4:30 pm

2330 South Congress Avenue
Palm Springs, FL 33406
Phone: (561) 472-2466
Fax: (561) 304-0472
Hours: Monday, Wednesday, Friday / 8 am - 4:30 pm / Tuesday, Thursday / 8 am - 7 pm

170 South Barfield Highway
Pahokee, FL 33476
Phone: (561) 924-7773
Fax: (561) 924-2442
Hours: Contact by phone

E-mail: info@cappbc.org
Website: www.cappbc.org
Fees: Sliding scale for some services
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish/Creole/French

SERVICES PROVIDED:
Referral and financial assistance to secure needed psychological counseling in individual or support groups provided by licensed mental health professionals.

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY
1010 10th Avenue North, Suite 1
Lake Worth, FL 33460
Phone: (561) 533-7227
(800) 727-6224
Fax: (561) 533-6099
E-mail: farmworker@juno.com
Hours: Monday-Friday / 9 am - 5 pm
Eligibility: Based on need. Farmworkers receive priority.
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Counseling for migrants and seasonal workers, Central American Refugees and other rural poor.

HEARTS AND HOPE
317 10th Street
West Palm Beach, FL 33401

Phone: (561) 832-1913
Fax: (561) 832-1947
E-mail: info@heartsandhope.org

Hours: Monday, Wednesday - Friday / 9 am - 5 pm / Tuesday / 9 am - 10 pm
Fees: No fees charged.
Eligibility: Loss due to death
Intake Procedure: Contact agency
Languages: English

SERVICES PROVIDED:
Children, ages three to seventeen and their families who have experienced the death of a loved-one, a safe place in which to share and experience loving support while moving through the grieving and healing process.

MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY, INC.
909 Fern Street
West Palm Beach, FL 33401
Phone: (561) 832-3755
(561) 276-3581
Fax: (561) 832-3900
E-mail: mhapbc@gate.net
Hours: Monday-Friday / 8:30 am - 5 pm
Fees: No fees charged
Eligibility: Contact agency
Intake Procedure: Contact agency
Languages: English/Spanish
SERVICES PROVIDED:
Supportive services for mental health and mental/emotional health issues.

OAKWOOD CENTER OF THE PALM BEACHES, INC.
1041 45th Street
West Palm Beach, FL 33407
Phone: (561) 383-8000 8 am - 5 pm
(561) 383-5777 Every day / 24 hours
Fax: (561) 514-1280
Hours: Monday - Friday / 8:30 am - 5 pm; Emergency / Every day / 24 hours
Fees: Contact agency
Eligibility: Contact agency
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Full range of mental health services designed to help adults and children who are experiencing mental illness or acute emotional disturbances to overcome their problems and live productive meaningful lives.

WESTERN PALM BEACH COUNTY MENTAL HEALTH CLINIC, INC.

1024 NW Avenue "D"
Belle Glade, FL 33430
Phone: (561) 992-1330
(561) 992-1667 After hours
(561) 992-1336 After hours
(561) 233-1330 Suncom
Fax: (561) 993-1335
Email: wcmhc@flite.net

Hours: Administration - Monday - Friday / 8:30 am - 5 pm
Fees: Sliding scale
Eligibility: Contact agency
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Comprehensive mental health and substance abuse treatment for residents of Western Palm Beach County.

IV.B. SUPPORT GROUPS

SHIP (Senior HIV Intervention Project)
110 North 'F' Street
Lake Worth, FL 33460
Phone: (561) 540-1300
Hours: Monday - Friday / 8 am - 5 pm
Fees: No fees charged
Eligibility: Ages 50 and older
Intake Procedure: Contact by phone
Languages: English/American Sign Language

Support group for HIV positive adults 50 years and older. The group is open to their friends and family.

COMPASS, INC.
7600 South Dixie Highway
West Palm Beach, FL 33405
Phone: (561) 533-9699

HIV/AIDS Support Group
Positive Steps
Hours: Wednesday's / 8:00 pm
Fees: No fees charged

Eligibility: No restrictions
Intake Procedure: Contact by phone
Languages: English

HIV+ support group.

HIV/AIDS Support Group
Positive Living
Hours: Thursday's / 8:00 pm
Fees: No fees charged
Eligibility: Must be HIV+
Intake Procedure: Contact by phone
Languages: English

Support group for those with HIV/AIDS. Predominately HIV positive gay men's group.

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY

HIV+ Gay Men's Support Group
2330 South Congress Avenue
Palm Springs, FL 33406
(561) 472-2466
Hours: Thursdays / 7 pm - 8:30 p.m.
Fees: No fees charged
Eligibility: HIV+ hay men
Intake Procedure: Contact by phone
Languages: English

HIV positive gay men's support group facilitated by a licensed mental health professional.

V. LEGAL ASSISTANCE

FLORIDA RURAL LEGAL SERVICES, INC.
423 Fern street, Suite 220
West Palm Beach, FL 33401
Phone: (561) 820-8902 North/Central Palm Beach County
(561) 996-5266 Glades Area Palm Beach County
(800) 277-7447 All other areas
Fax: (561) 820-8892
E-mail: hazel@frls.org
Website: www.frls.org

Hours: Monday - Friday / 8:30 am - 5 pm
Fees: No fees charged
Eligibility: Low-income persons, families below poverty level
Intake Procedure: Contact by phone
Languages: English/Spanish/Creole

SERVICES PROVIDED:
Provides legal services for civil matters in the following areas: unemployment compensation, landlord/tenant, discrimination, welfare, food stamps, WAGES, disability, and other civil matters. Speakers when available. Agency has attorney specializing in education matters.

GUATEMALAN-MAYA CENTER
110 North "F" Street
Lake Worth, FL 33460
Phone: (561) 547-9190
Fax: (561) 586-6446

Hours: Monday - Friday / 9 am - 6 pm; by appointment
Fees: No fees charged
Eligibility: No restrictions. However, most clients are low-income Guatemalan-Mayas.
Intake Procedure: Contact by phone
Languages: English/Spanish/Kanjobal
SERVICES PROVIDED:
A staff attorney provides free or low-cost assistance with immigration matters.

LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.
423 Fern Street, Suite 200
West Palm Beach, FL 33401
Phone: (561) 655-8944
Fax: (561) 655-5269
E-mail: info@legalaidpbc.org

HIV/AIDS Legal Project
Hours: Monday - Friday / 9 am - 5 pm
Fees: No fees charged
Eligibility: Diagnosis of HIV infection
Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Ryan White Title I funds provide free comprehensive legal services to individuals who are HIV positive and/or have been diagnosed with AIDS. The legal areas covered include: employment discrimination, insurance discrimination and related insurance matters; Social Security and Supplemental Security Income (SSI) disability, Medicaid, Medicare; advance directives (living will, health care surrogate and durable power of attorney); housing; family law (divorce, visitation, custody); probate and consumer law.

Project Permanent Placement
Hours: Monday - Friday / 9 am - 5 pm
Fees: No fees charged
Eligibility: Call for information

Intake Procedure: Contact by phone
Languages: English/Spanish

SERVICES PROVIDED:
Addresses the legal needs of children whose lives have been disrupted due to the death of a parent to AIDS or other catastrophic illness. Files guardianship, adoption and custody actions on behalf of a grandparent, aunt, uncle, or other relative or friend now caring for a child left without a legal guardian to care for his/her needs. Hopes to provide these new substitute caregivers with the legal means to ensure that the health, educational, and welfare needs of these children do not go unmet for lack of a new, legal permanent family.

VI. Appendices

VI.A. UNDERSTANDING YOUR LAB RESULTS

When physicians want to know how a patient is doing clinically they often ask "what are the numbers"? These "numbers" are lab results, usually from tests done on blood. For people with AIDS and their care givers the "numbers" are quite important and are often used in deciding key issues of care. Of course lab results are no substitute for a complete evaluation, and no one lab test is ever an answer, yet we know enough about AIDS now to tell a good deal from these tests. The lab tests used to examine PLWH/A's are not difficult to understand, but they are often explained in medical jargon, a language closer to old church Latin than to plain English or Spanish. Here, then, is an explanation of what some of the "numbers" mean.

The first test many of us encounter is the HIV test. This is sometimes mistakenly called the "AIDS Test" but it is nothing of the kind. AIDS is a syndrome, which means it is diagnosed on the overall picture of the patient. There is no one test for AIDS. The HIV test looks for antibodies to the HIV virus. Antibodies are proteins the body makes in response to an infection or to an exposure, or to a vaccine. So the HIV test tells us if a person has been exposed and made antibodies to the virus. It can take the body up to six months to make these antibodies after exposure to HIV, so a negative test can still occur when the virus has been in the body only a short time.

The second important test is the Complete Blood Count (CBC). The CBC counts the cells in the blood (the red cells, white cells and platelets). Blood is made up of these various cells and the clear fluid is plasma, which is examined by blood chemistries. The majority of cells are red cells, the cells that carry oxygen. There are too many to count, so the Percentage (%) of whole blood, which is red cells, is used. Typically, the blood is 38-54% red cells in men and about 36-47% in women. This percentage is called the Hematocrit. A low Hematocrit is seen in anemia, a common problem in PLWH/A's and a common complication of therapy with AZT. Hemoglobin (Hgb), the iron containing protein in red cells, is measured along with the hematocrit to evaluate the red cells.

After the red cells, we look at the white cells (the cells involved in immunity). The total number of white cells is measured by the White Blood Count (WBC) and is normally between 5,000-9,000 (doctors often drop these zeros and say the WBC's are 5 or 9). A low WBC is often a sign

of low immune resistance. In healthy people, a high WBC is a sign of an acute infection. Very low WBC's (below 3,000) are often seen in AIDS and can be a complication of numerous drugs including antiviral drugs like Gancyclovir.

The white cells are actually a family of cells, which includes, among others, the lymphocytes. Lymphocytes means simply the lymph cells and are also the cells in lymph nodes. Lymphocytes again are a family (or cell line) and are of central importance in AIDS (the "L" in HTLV-III, an older name for HIV, was for lymphocytes). Two key members of this family of cells are the T-helpers and T-suppressors; the "T" here stands for Thymus (the immune gland in the neck where the cells develop). The names get hairy here, but the following means the same thing: T4=CD4=T-helper. A healthy person has about 1,100-1,400 T-helpers and about 700-900 T-suppressors. This means a ratio, or proportion, of 1400 to 700 or 2 to 1. This number is called the helper to suppressor ratio and has been used to measure the severity of disease with HIV. When you have only 700-900 T-helpers and the same number of T-suppressors, the ratio becomes one to one and the virus is then considered to be actively affecting the immune system. When the T-helpers (remember your doctor may say T4's, CD4's) fall below 400-500, the risk of developing "full-blown" AIDS is high. Many physicians begin preventive treatment for HIV when the T4's reach this level. When T4's fall to below 200, the patient usually has signs and symptoms of severe immune deficiency and is at risk for many infections. T4 cells below 100 make physicians nervous--and they should, at this level of immunity a PLWH/A needs careful management to avoid infections. So "the numbers" here are watched very closely.

CBC also looks at the last cell type, the platelets. Platelets are tiny cell fragments that play an essential part in blood clotting. There are usually between 200,000 to 500,000 in a blood sample. Low platelets are often seen in early HIV disease (especially in children) and very low platelets are sometimes seen in advanced disease. This can lead to easy bruising and easy bleeding.

There are, of course, many other kinds of tests important to PLWH/A's and they are usually geared to each person's particular problem. The ones described here are likely to be given to every PLWH/A.

We need to stress again that no one test tells the story of a disease. There are, for example, people with very low T4 cells who somehow avoid infections and others with much higher levels who do not do as well (explain this and you may get a Nobel prize!). Yet, these numbers do have value and need to be understood by PLWH/A's if we are to understand and, therefore, participate in our medical care.

VI.B. WHAT IS VIRAL LOAD

What is viral load?

Viral load refers to the amount of HIV present in the blood. From the start of infection, HIV reproduces continuously and rapidly. An average of 10 billion new copies of the virus are produced by your body every day from the first day of infection. At the same time, your immune system - the body's natural source of protection from all types of infection - produces about 2 billion CD4 cells to fight the virus. HIV attacks, infects, and kills your CD4 cells.

Although you may continue to feel fine for months or even years, new copies of the virus continue to be produced and continue to infect your CD4 cells. Because HIV continues to copy at such a rapid rate, the body is unable to continue to fight off the infection. As a result, the signs and symptoms of AIDS begin to develop. It is also easier for you to get sick from other infections that the body can usually fight off.

What is the significance of viral load?

Disease stage

Viral load may predict the rate of disease progression even before symptoms begin. Studies have shown a direct relationship between viral load and disease stage. In fact, results of recent studies show that viral load may be a better predictor of progression to AIDS than the number of CD4 cells alone.

Treatment of HIV
Many healthcare professionals now believe that viral load should be used (in conjunction with your CD4 count) to determine when to start treatment and the best medications to use to treat HIV. A higher or rapidly increasing viral load, for example, may indicate that your infection is advancing, which may prompt your physician to talk to you about starting or changing your treatment.

An important treatment goal is to reduce viral load to as low a level as possible, for as long as possible.

How is viral load measured?

A viral load test is a simple blood test that measures the amount of HIV in the blood. Results can range from 50 to well over a million copies.

How often should viral load be measured?

Many healthcare providers now believe that viral load should be used in conjunction with CD4 counts as the signal to begin or change therapy.

Guidelines for viral load testing

- For initial determination, or baseline levels, two tests (2 - 4 weeks apart);
- Regularly, along with CD4 counts (every 3 - 4 months);
- 3 - 4 weeds after beginning or changing antiretroviral treatments to measure response to therapy.

VI.C. AIDS Related Diseases by Category

AIDS - RELATED CANCERS

- Kaposi's Sarcoma
- Lymphoma of the B-cell
- Lymphoma of the brain

HIV INFECTIONS AND DISEASES

- HIV encephalopathy
- HIV wasting syndrome

OPPORTUNISTIC INFECTIONS AND DISEASES

- Parasitic Infections
  - Protozoal
- Cryptospridiosis
  - Entamoeba Histolytica Infection
  - Giardiasis
  - Isosporiasis
  - Pneumocystis Carinii Pneumonia
  - Toxoplamosis

FUNGAL

- Aspergillosis
- Blastomycosis
- Candidiasis
- Coccidiodomycosis
- Histoplasmosis
- Mucormycosis
- Torulopsis Infection

BACTERIAL

- Mycobacterium Avium Intracellular
- Recurrent Bacterial Infections
- Salmonella Septocemia
- Tuberculosis

VIRAL

- Cytomegalovirus
- Herpes Simplex I & II
- Herpes Zoster-Varicella
- Human Papilloma Virus
- Progressive Multifocal Leukoencephalopathy
- Epstein-Barr Virus

VI.D. Glossary of AIDS Terms and Diseases

CANDIDA ALBICANS/THRUSH: A severe yeast infection commonly of the mouth, esophagus, vagina and occasionally the nail beds and the skin around the armpits, groin and rectum. Symptoms: White or gray patchy coating on the tongue, lips, throat and inside the mouth; severe vaginal itching and thick curdlike discharge.

CRYPTOCOCCOL MENINGITIS: A fungal infection of the membrane covering the brain and spinal cord. Symptoms: Increasingly severe headaches, blurred or double vision, dizziness, confusion, nausea or vomiting, speech difficulties, ringing in the ears, difficulty walking, memory changes, inappropriate behavior, irritability, psychotic symptoms, seizures and/or fever.

CRYPTOSPORIDIUM: A disease caused by a protozoan found in animal and human feces. Symptoms: Severe diarrhea often accompanied by abdominal cramping, nausea, vomiting and/or appetite loss.

CYTOMEGALOVIRUS (CMV): A virus related to the herpes family found in the lung, liver, blood, bowel, brain and eyes. Symptoms: May produce no symptoms or mild flu-like symptoms; infections can produce hepatitis, pneumonia, retinitis, colitis and/or encephalitis.

DIRECT NEUROLOGICAL COMPLICATIONS: Dysfunction of the brain and/or central nervous system caused by HIV infection. Symptoms: Motor control problems, memory loss, seizures, headache, confusion, dizziness and/or mood swings.

EPSTEIN-BARR VIRUS (EBV): A herpes-family virus that can cause infectious mononucleosis and lymphomas. Symptoms: Headaches, malaise, fatigue and/or swollen lymph nodes.

HAIRY LEUKOPLAKIA: A combination of two viruses living together, sometimes mistaken for thrush. Symptoms: "Hairy" or corrugated lesion or white patch that appears on the sides of the tongue.
HERPES SIMPLEX I (HSV I): A virus that results in cold sores or fever blisters on the mouth and face. Symptoms: Cold sores or fever blisters that do not heal or are on non-mucous skin.

HERPES SIMPLEX II (HSV II): A virus that causes painful sores around the anus or genitals. Symptoms: Sores or blisters around the anus or genitals that do not heal or are on non-mucous skin.

HERPES ZOSTER-VARICELLA: Also called shingles, a disease caused by
the same virus that causes chicken pox. Symptoms: Painful lesions or blisters on the body, usually around the torso.

SYM HISTOPLASMOSIS: A fungal infection particularly common in the Midwestern United States that usually develops in the lungs and spreads to other internal organs. Symptoms: May include coughing, weight loss, night sweats, swollen lymph glands and/or hard lesions in the lungs and mouth.

HUMAN PAPILLOMA VIRUS (HPV): A virus that causes warts generally found in the anal and genital area. Symptoms: Bumpy warts on or near the anal and genital area.

IDEOPATHIC THROMBOCYTOPENIC PURPURA (ITP): A condition in which the body produces antibodies against its own platelets, which are the blood cells that cause blood clotting. Symptoms: Bruising, easy bleeding in stools and gums and slow healing of wounds.

KAPOSI'S SARCOMA (KS): A cancer of the cells that line certain small blood vessels. Symptoms: Raised bluish to reddish purple skin lesions anywhere on the body and/or internal organs.

MYCOBACTERIUM AVIUM INTRACELLULAR (MAI): A bacterial infection that lives in and infects the respiratory tract. May progress and spread to many other organs by way of the blood stream. Symptoms: Fatigue, wasting, fever, swollen glands, enlarged spleen, night sweats, cough and diarrhea.

PNEUMOCYSTIS CARINII PNEUMONIA (PCP): A protozoan infection of the lungs. Symptoms: Dry hacking cough, shortness of breath, an unusual chest discomfort, fevers and/or difficulty walking up stairs.

PROGRESSIVE MULTI FOCAL LEUKOENCEPHALOPATHY (PML): A viral infection of the coating around the nerves of the brain. Symptoms: Memory loss, motor control problems, mood changes, seizures, vision impairment and/or speech impairment.

TOXOPLASMOSIS: A protozoan infection of the brain, lungs or heart. Symptoms: Seizures, confusion, dizziness, headaches, fever and/or generalized weakness.

VII.A. Web Sites

Aegis AIDS Databasewww.aegis.com
AIDS Action, Washington, DCwww.aidsaction.org
AIDS Gateway to the Internetwww.aids.org
AIDS Voice of Palm Beach Countywww.aidsvoice.org
American Foundation for AIDS Researchwww.amfar.org
American Red Crosswww.redcross.org
A Portal to all Government Web Siteswww.firstgov.gov
A Portal to all State of Florida Siteswww.myflorida.com
CDC Aids Clearinghousewww.cdcpin.org
Compass, Incwww.compassglcc.com
Comprehensive AIDS Program, Inc.www.cappbc.org
Data Base in Eng., Span., & Port.www.aidsinfo.nig.gov
Department of Health & Human Serviceswww.hivatis.org
Drug Info Netwww.druginfonet.com
Extensive Treatment Informationwww.aidsmeds.com
Faith Farm Ministrieswww.faithfarm.org
Florida AIDS Actionwww.floridaaidsaction.org
Florida Rural Legal Services, Incwww.frls.org
Global AIDS Resource Directorywww.aids.org

Hanley-Hazelden Centerwww.hazelden.org
HIV and Hepititiswww.hivandhepatitis.com
HIV In Sitewww.hivinsite.ucsf.edu
Hope House of the Palm Beacheswww.hopehouse-pbc.org
John Hopkins University HIV/AIDSwww.hopkins-aids.org
Kaiser Family Networkwww.kaisernetwork.org
Legal Aid Society of Palm Beach Countywww.legalaidpbc.org
National AIDS Advocacy Projectwww.natap.org
National Association of People with AIDSwww.napwa.org
Palm Beach County Health Care Districtwww.hcdpbc.org
Palm Beach County HIV CARE Councilwww.carecouncil.org
Palm Beach County Web-sitewww.pbcgov.com
Pharm Webwww.pharmaweeb.com
Positive HealthCarewww.aidshealth.org
Project Informwww.projectinform.org
Rx Listwww.rxlist.com
Web MDwww.webmd.com

VII.B. How You Can Participate

The Palm Beach County HIV CARE Council is a community based organization dedicated to providing an appropriate level of HIV/AIDS services to residents of Palm Beach County, Florida.

Residents of the infected community, those affected by HIV by reason of the fact that someone they love is infected by HIV are encouraged to participate in this system through membership in the CARE Council.

It is easy to participate as a member, but due to the importance of the work of this organization, members must be able to dedicate a minimum of five to ten hours per month. The Council coordinates efforts to provide for rapid distribution of funds in a responsible manner. Through joint needs assessments, coordinated monitoring of the quality of provided services and networking of professional services, the Council provides an excellent community forum for exchange of ideas resulting in an improved quality and level of service.

All members go through a formal membership application process, including in-depth interviews detailing the exact responsibility of membership, and members of the CARE Council are appointed by the Palm Beach County Board of County Commissioners.

Contact the Palm Beach County HIV CARE Council at 561-844-4430, ext. 14 regarding membership information and applications.

VII.C. Request for Additional Copies

The design, production and printing of the Redbook was funded by the Palm Beach County HIV CARE Council through Title I, Ryan White CARE Act of 1990.

The Council is pleased to offer additional copies at no cost to individuals, organizations and agencies interested in the availability of HIV/AIDS services to residents of Palm Beach County, Florida. Call or write the Palm Beach County HIV CARE Council as noted below to request up to five additional copies. For requests in excess of five copies, please telephone to inquire about shipping costs.

PALM BEACH COUNTY HIV CARE COUNCIL
4152 West Blue Heron Boulevard
Suite 228
Riviera Beach, FL 33404
561-844-4430, ext. 12
561-844-3310 - Fax

VII.D. Request for Addition/Corrections

PALM BEACH COUNTY HIV CARE COUNCIL
4152 West Blue Heron Boulevard
Suite 228
Riviera Beach, FL 33404
561-844-4430, ext. 12
Rhonda J. Feldman

VII.E. Publications

AIDS TREATMENT NEWS
ATN Publications
P.O. Box 411256
San Francisco, CA 94141
415-255-0588

AIDS TREATMENT REGISTRY
Information on clinical trials
259 W. 30th Street
New York, NY 10001
212-719-0033

AMFAR EXPERIMENTAL TREATMENT DIRECTORY
1515 Broadway, Suite 3601
New York, NY 10023
212-271-1346

BULLETIN OF EXPERIMENTAL TREATMENT FOR AIDS
San Francisco AIDS Foundation
P.O. Box 6182
San Francisco, CA 94101
415-863-2437

GMHC'S TREATMENT ISSUES
Department of Medical Information
129 W. 20th Street
New York, NY 10011
212-807-6655

NOTES FROM THE UNDERGROUND
PWA Health Group Newsletter
31 W. 26th Street
New York, NY 10010
212-532-0280

PI PERSPECTIVE
Project Inform
347 Delores Street, Suite 301
San Francisco, CA 94110
800-822-742

H. Profile for the Ryan White CARE Act Funded Providers by Service Category

As summarized in the following table, the Palm Beach County Health Department as well as nine community–based agencies provide a wide range of services to PLWH/As in Palm Beach County.

Ryan White CARE Act Service Category	Provider
Outpatient Primary Care	Health Department, Treasure Coast Health Council
Lab/Diagnostic	Health Department, Treasure Coast Health Council
Drugs-Local and ADAP	Health Care District
Nutritional Supplements	Health Care District
Specialty Outpatient Medical Care	Treasure Coast Health Council
Dental Care	Health Department
Nurse Care Coordination	Health Department
Outreach	We Promise to Care
Health Insurance Continuation	Comprehensive AIDS Program
Case Management	Comprehensive AIDS Program, Compass
Food Bank	Comprehensive AIDS Program, We Promise to Care
Substance Abuse Treatment	Comprehensive Alcohol Rehabilitation Program, Gratitude Guild, Comprehensive AIDS Program, Oakwood Center
Transportation	Comprehensive AIDS Program, Compass
Mental Health Counseling/Therapy	Comprehensive AIDS Program, Compass, Oakwood Center
Legal Services	Legal Aid
Home Health Care	Comprehensive AIDS Program, Florida Housing Corporation
Direct Emergency Assistance	Comprehensive AIDS Program
Planning Council Support	Treasure Coast Health Council
Program Support/MIS	Treasure Coast Health Council

I. Barriers to Care

1. Care System Assessment Demonstration (CSAD) Project Summary and Findings

This section includes a summary of the data and findings from the Care System Assessment Demonstration (CSAD) Project excerpted from (or based on, with minor revisions) the CSAD final report.

The *Care System Assessment Demonstration Project (CSAD)* is a Special Project of National Significance funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. The purposes of the project are to (1) assess systems of HIV/AIDS care; and (2) determine the barriers to care faced by persons living with HIV/AIDS (PLWH/A) who are not in regular primary care, especially those from racial and ethnic minority groups. Palm Beach County, Florida is one of three sites selected nationally for this project. The two other sites are Orange County, California, and Minneapolis, Minnesota).

The special population under consideration by the CARE System Assessment Demonstration Project in Palm Beach County is Black women.

The CSAD consists of two complementary components as follows

(1) Rapid Assessment, Response, and Evaluation (RARE), which examines the research topic from the perspectives of the affected population (i.e., HIV+ Black women who are not in care); and

(2) Service System Assessment, which examines the research topic from the perspectives of persons within the HIV/AIDS care system (e.g., health care providers, HIV+ Black women in care).

In this study, a variety of qualitative methods were used to capture the perspectives of members of the system of care. The qualitative data collection techniques used were:

- Document review
- Individual interviews
- Group-administered interviews
- Focus groups
- Cultural consensus survey
- Direct observations
- Geo-mapping

The major findings in relation to seven domains of care are shown in the table on the following page. Overall, the findings yielded a conceptual framework that identifies eight factors that influence HIV/AIDS care utilization. Four of these are system factors and four are client factors.

The system factors are:

- Insufficiency: The care system lacks comprehensiveness and capacity.
- Inconvenience: Services are located at multiple sites that are difficult for clients to get to.
- Impersonality: Some staff treat clients disrespectfully and the atmosphere in the care settings is unappealing.
- Impediments: There are features of the care system that obstruct access to services.

The client factors are:

- Poverty: Clients lead lives of hardship lacking in basic resources.
- Powerlessness: Clients lack agency to act on their own behalf.
- Prioritization: Clients place other individual and family needs before the need for HIV care.
- Privacy: Clients do not use the care system because they fear having their HIV status exposed to members of their community.

Summary of CSAD Findings

Domain	Documents say…	Providers say…	Those needing care say…
Comprehensiveness	There are many types of case management and medical services	Medical care and case management are the top priorities, but…	…financial services are more important to them than medical services
	Funding is used as intended	It is difficult to coordinate effectively with other services within their own agencies or to collaborate with other providers	They are not too sure what case management is
	There are multiple funding sources		They don't want to have to be clean from drugs or speak to case managers to qualify for medical care
Capacity	There are gaps in every service category	They do not have enough time, money or staff to administer all of the needed services	They are sick and can't get services
	About 800 black females are not receiving primary medical care		The wait is so long that they get discouraged, leave providers' offices, and take care of themselves
			They can't get referrals
Integration	There is formal coordination between and within agencies	Agencies are top-heavy and too bureaucratic	They can't figure out what to do, where to go, or how to get there
	Case management is in place as gateway to services	There is no coordination between services	They can't get referrals for what they need
	There is an effort to centralize information technology	There is no one specifically to provide treatment adherence and other forms of follow-up	They are reluctant to take the medicine because it makes them sick (side effects)
		Formal agreements are not implemented	They need to have other services in place before they even think about getting medical care—things like food, shelter, safety

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Summary of CSAD Findings

Domain	Documents say…	Providers say…	Those needing care say…
Accessibility	There are convenient provider locations, with most services being located close to each other	The eligibility process is time-consuming and labor-intensive, so they bypass difficult eligibility forms for other funding streams and use the CARE Act immediately	Getting eligibility is too hard; they would rather go home and die
	Public transportation information is available in 3 languages		The buses come only once in a while, and the stops are far away from where people live
			They work and have families, and the doctors and other workers are off work when they're off work
Acceptability	There are established standards of care	They are confident in the services they provide	Side effects are unacceptable
	A monitoring system is in place	There are too many clients and not enough time	Some workers are short-tempered, disrespectful, and rude
	Providers are in safe and secure locations	Burnout and frustration among staff are high	They are afraid to go to any services because they don't want friends, family, and neighbors to see them
Technical Competency	Providers are aware of each other	Clients' beliefs are incompatible with scientific understanding of HIV	They are 'carriers' of HIV but don't really have it
	Providers are well-trained in HIV-related services	Clients have limited knowledge of HIV disease and treatment	They don't need to go to care because they're not sick
	There is availability of HIV medical specialists		They get healed in their own way
			HIV isn't a disease, it's a curse/punishment, and they pray for healing
Client Health-Seeking Behaviors	Clients have a misunderstanding of HIV/AIDS, experience stigma, and a mistrust of the health care system	Clients typically use the emergency room to access primary health care. Use of preventive health care is not common.	They prefer to use home remedies and faith healing.

2. Changes Medicare Part D

According to the HRSA website, Medicare is the national health insurance program for those over 65, some people under age 65 with disabilities (including people with AIDS), and people with End-Stage Renal Disease (ESRD). Medicare's new prescription drug coverage starts January 1, 2006. This new benefit, referred to as Part D, will change the way many Medicare-eligible clients access HIV medications.

Enrollment in Part D is voluntary for most Medicare beneficiaries. However, the 50,000 to 60,000 PLWH who are covered under both Medicaid and Medicare (known as dual-eligibles) will be automatically enrolled in Medicare Part D. This is to ensure continuity of their drug benefits because medication coverage for these individuals will be switched from Medicaid to Medicare on January 1, 2006.

Additionally, many PLWH on Medicare will qualify for what are called "low-income subsidies" to help pay for the Medicare benefit. These individuals will likely turn to CARE Act programs for guidance. For more information, visit http://www.hrsa.gov/medicare/HIV/about.htm.

The Centers for Medicare & Medicaid Services has begun mailing letters to these 5.5 million Medicare beneficiaries. The letters let the beneficiary know which Medicare prescription drug plan they will be enrolled in if they take no action prior to January 1.

The letters are just one in a series of actions CMS is taking to make sure people who get Medicare and Medicaid are aware of the coming changes in their prescription drug coverage.

Also, if a full-benefit dual eligible beneficiary goes to a pharmacy after January 1 unaware that prescription drug coverage is now through Medicare, the pharmacist can determine the beneficiary's enrollment information by submitting an on-line query through its billing system. If the pharmacy is in network, the pharmacist can then fill the prescription with no further information required from the beneficiary for billing. If the pharmacy is not in network, the pharmacist can help the beneficiary call their plan's help desk or 1-800-MEDICARE to determine a participating pharmacy.

All of the plans that qualify for the automatic enrollment must meet Medicare's standards for access to medically necessary drugs at a convenient local pharmacy. Beneficiaries who prefer a different plan can change at any time.

Before they choose another plan, beneficiaries have many sources of accurate, personalized information on their coverage options:

- Even before enrollment began on November 15, beneficiaries can get personalized information by calling 1-800-MEDICARE. They, a counselor or caregiver can also get the same material at www.medicare.gov.

- Medicare's thousands of outreach and enrollment partners nationwide have complete information on plans in their area. They have received training on using this information to help beneficiaries choose.
- Many states are also providing assistance, and have access to the same personalized information to help beneficiaries choose.
- Nursing facilities caring for Medicare beneficiaries can also get information on whether the beneficiary is eligible for extra help, and the plan to which the beneficiary has been assigned, enabling them to help make sure prescription drug needs will be met as effectively as possible.

Palm Beach County is keeping a close eye on the changes with the Medicare prescription drug plan. Being diligent about these changes will aid the EMA in properly allocating funds for persons in need of assistance with their prescriptions due to the changes in Medicare. ty Social Security Administration has been working to educate the community of Part D. There is a system being developed to assist persons in enrollment and in deciding on a health plan.

All persons receiving ADAP are asked to sign up for the Medicare Drug plan as Ryan White is the payer of last resort.

3. Changes to Medicaid

Currently there are Medicaid reform proposals on the federal and state level. Until specifics of the proposed reform are implemented we will not be sure how these decisions may impact our system of care.

The Agency for Health Care Administration (ACHA), Florida Agency for Health Care Administration has released the Florida Medicaid Reform Application for 1115 Research and Demonstration Waiver to the public. This document states that the Florida Medicaid program was created in 1970. Like many states, Florida operates its Medicaid program in a centralized fashion, with the government taking the lead in structuring coverage and making direct payments to providers. Medicaid-eligible individuals are often left out of the decision-making process and must seek services on their own with little understanding of service options and alternatives. Florida seeks to create a new Medicaid program that recognizes the individual's role in planning and purchasing health care services, provides transparency in the performance of health care plans and providers, assures access to quality service, provides stability to Florida budgeting, reduces confusion about coverage, and leverages the dollars spent to measurably improve service and invest in prevention. The new Medicaid system will rely heavily on measurement of, and transparency in, outcomes.

Medicaid covers 2.2 million Floridians. Both enrollment and expenditures are growing, and it is clear the current design is unsustainable for reasons that include:

- Program expenditure growth has averaged 13% per year over the past six years. In 2005, Medicaid will represent approximately 24% of the entire state budget with total expenditures exceeding $14 billion dollars. If these trends continue, it is anticipated that by 2015 Medicaid will represent 59% of the state's total budget with expenditures over

$50 billion dollars.

- Florida covers over 47 different services on a fee-for-service basis and through contracted managed care entities. Individuals can receive care through 11 contracted HMOs; the statewide primary care case management (PCCM) system, MediPass; or three enhanced PCCM systems. In addition, the state maintains several carve-out programs for mental health services and dental care. These multiple delivery systems, representing more than 80,000 providers and generating more than 140 million individual claims, have become increasingly difficult to sustain. Additionally, this episodic system, where dollars are only paid once people have an interaction with a health care provider - typically once they are ill - does not leverage the dollars spent to improve the health status of the Medicaid population. A more properly designed system would create incentives for identifying recipients with chronic health conditions rather than waiting until the conditions become so severe they need intensive and expensive treatment.

- Florida operates 20 distinct waivers that provide authority for various programs. Specifically, Florida has 13 home and community-based waivers, two 1115 Research and Demonstration Waivers and five 1915(b) waivers for managed care or selective contracting. Florida's waiver programs are needed to provide the state enough flexibility to serve its neediest residents, control costs and monitor quality. However, each new waiver program complicates overall management of Medicaid.

The result is a large, complex and cumbersome system that is difficult for people to navigate and the state to manage. While costs continue to escalate, the number of people dissatisfied with the program also grows, and individuals feel like second class citizens due to the stigma of public assistance.

Another factor contributing to the need to reform Medicaid is fraud and abuse. While as much as one-third of all Florida Medicaid recipients are served through a managed care delivery system, the remaining two-thirds of the population are served through the traditional fee-for-service program. Currently approximately 80,000 providers are enrolled as fee-for-service providers. As in most state Medicaid programs, the incidence of fraud and abuse is found predominately in fee-for-service. Florida Medicaid is recognized as a leader in the battle against fraud and abuse and has put in place many automated and manual safeguards to detect and prevent inappropriate payments. We have had some success; however, with a $14 billion program and so many providers operating in a fee-for-service environment that generates more than 140 million individual claims, it is doubtful that additional substantial gains can be realized without reforming the basic principles that guide the program. Converting to a premium-based system will reduce fraud and abuse inherent in a large and complex fee-for-service system.

Due to increasing dissatisfaction and the mounting strain on state resources, Medicaid must change. The current system is often incapable of meeting participants' needs, and it is costly and inefficient. The change cannot be timid or tentative. It must fundamentally transform relationships, responsibilities and economic incentives. The Florida Medicaid Reform model provides the framework for this change - without eliminating services or eligibility.

Specialty Plans (including PLWH/A)

In addition to, or in lieu of, providing the comprehensive and catastrophic care components of Medicaid Reform for a broad mix of enrollees, managed care plans will be encouraged to develop and offer specialty plans to serve individuals with specific conditions or select eligibility groups.

A specialty plan is defined as a plan that exclusively enrolls, or enrolls a disproportionate percentage of; special needs individuals and which has been approved by the state as a specialty plan. The state will approve specialty plans on a case-by-case basis using criteria that include appropriateness of the target population and the existence of clinical programs or special expertise to serve that target population. The state will not approve plans that discriminate against sicker members of a target population.

Specialty capitated managed care programs may focus on a population of individuals with chronic illnesses or specific diseases such as HIV/AIDS. SB 838 included the following requirement for special needs populations:

- **Children with Chronic Conditions -** develop and recommend a service delivery alternative for children having a chronic medical condition which establishes a medical home project to provide primary care services to this population.

- **Individuals with Developmental Disabilities -** develop and recommend service delivery mechanisms within capitated managed care plans to provide Medicaid services to persons with developmental disabilities sufficient to meet the medical, developmental, and emotional needs of these persons.

- **Children in Foster Care -** develop and recommend service delivery mechanisms within capitated-managed care plans to provide Medicaid services which must be coordinated with community-based care providers as specified in ss. 409.6175, Florida Statutes, where available, and be sufficient to meet the medical, developmental, and emotional needs of these children.

The state may also contract with Medicare Advantage Plans, designated as Special Needs Plans, to serve dual eligible enrollees, authorized by the Centers for Medicare and Medicaid Services.

In addition to financial reserve requirements and general network sufficiency requirements, the state will develop enhanced standards for specialty managed care plans that include but are not limited to:

- Appropriate integrated provider network of primary care physicians and specialists who are trained to provide services for a particular condition or population. The network should be an integrated network of primary care physicians (e.g., nephrologists for kidney disease; cardiologists for cardiac disease; infectious disease specialists and immunologists for HIV/AIDS).
- Network with sufficient capacity of board-certified specialists in the care and management of the disease for plans that seek to focus services for enrollees with a particular disease state. In addition, it is recognized that individuals have multiple diagnoses, and, therefore, the plan should have sufficient capacity of additional

specialists to manage the different diagnoses.

- The plan should have a defined network of facilities that are used for inpatient care, including the use of accredited tertiary hospitals and hospitals that have been designated for specific conditions (e.g., end stage renal disease centers, comprehensive hemophilia centers).
- Availability of specialty pharmacies, where appropriate.
- Availability of a range of community-based care options as alternatives to hospitalization and institutionalization.
- Clearly defined coordination of care component that links and shares information between and among the primary care provider, the specialists, and the family to appropriately manage co-morbidities.
- Use of evidence-based clinical guidelines in the management of the disorder.
- Development of a care plan and involvement of the family in the development and management of the care plan, as appropriate.

4. Access Barriers from the Comprehensive Needs Assessment

In the Comprehensive Needs Assessment Consumer Survey, respondents were asked to identify services as "can get, won't use" to represent access barriers. Additionally, an adjacent comment space was made available to gather qualitative information to provide a more in-depth understanding about what consumers considered obstacles and why. The results are summarized in the table on the next page. Note there are duplications in rank orderings.

In most service categories, patterns did not emerge regarding specific access barriers, with consumers reporting a mix of different barriers. The services that consumers identified as having the greatest amounts of barriers were Religious/Spiritual Services, Religious/Spiritual Counseling, Alternative Therapies, Support Groups, Massage Therapy, Peer Advocacy and Acupuncture. Of the aforementioned barriers, the most prominent obstacle was lack of information.

The services that reported the fewest service barriers were: Outpatient Medical Care, Maintaining Insurance, Benefits Information, The Payment of Rent, Groceries and Utilities, Translation, Help Filling Out government Forms, In-Patient Hospitalization, Lab Tests, Home Health Nurse, Respite Care, Transportation, Child Care, and Help Finding Affordable Housing. The consumers did not generally assign a comment to these service categories.

Access Barriers from Consumer Surveys (N=400)

Rank	Service	Respondents	Percent	Barriers
13	Home Delivered Meals	9	2.3%	1. Not Available 2. Don't Qualify 3. Don't like the food
13	Mental Health	9	2.3%	1. No issue w/Mental Health 2. Not enough services 3. Not mentally ill
14	Dental	8	2.0%	1. Fear 2. Bad previous experience 3. Don't like the quality care
14	Vitamins/Health Foods	8	2.0%	1. Not available. Don't Quality 2. Quality of service is
14	Hospice	8	2.0%	1. Quality of service is
14	Help Getting Support	8	2.0%	1. Geography
15	Legal	7	1.8%	1. Too much paperwork 2. Takes too long to get
15	1-to-1 Emotional Support	7	1.8%	No comments
15	Telephone Referrals	7	1.8%	1. Lack of Information
15	Case Management	7	1.8%	1. Can't afford 2. Eligibility 3. Don't like case manager
16	Hospital Discharge	6	1.5%	No Comments
16	Buddy/Companion	6	1.5%	No Comments
16	Home Health Aid	6	1.5%	No Comments
16	Food Services (Pantry)	6	1.5%	No Comments
16	Return to Work	6	1.5%	No Comments
17	Permanency Planning	5	1.3%	1. Too much paperwork 2. I'll do it on my own
17	Pay Rent/Mortgage	5	1.3%	No Comments
17	Pay Utilities	5	1.3%	No Comments
17	Benefits Information	5	1.3%	1. Not available 2. Don't like it 3. Too far from neighborhood
17	Maintaining Insurance	5	1.3%	No Comments
18	Out-Patient Medical Care	4	1.0%	No Comments
18	Translation	4	1.0%	No Comments
18	Help Filling out Govt. Forms	4	1.0%	No Comments
19	In-Patient Hospitalization	3	0.8%	No Comments
19	Laboratory Tests	3	0.8%	Not available
19	Home Health Nurse	3	0.8%	No Comments
19	Adult Day Care/Respite	3	0.8%	No Comments
19	Pay Groceries	3	0.8%	No Comments
20	Transportation	2	0.5%	No Comments
20	Child Care	2	0.5%	No Comments
21	Help Finding Housing	1	0.3%	No Comments

S E C T I O N 2

Where Do We Need To Go: What System of Care Do We Want?

The system of care that Palm Beach County wants is one that provides the highest possible standard of care for all PLWH/As in the EMA and conforms to all federal, state and local principles. The significant issues, critical concerns, areas of focus from Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Florida Bureau of HIV/AIDS, and the Palm Beach County HIV CARE Council are listed below. Our Continuum of Care within the EMA has adopted these concepts and has built the Comprehensive Plan 2006 to support and implement them all.

A. Ryan White CARE Act Reauthorization Principles

The following principles for the Ryan White CARE Act Reauthorization 2006 were articulated in the Fact Sheet released by HRSA July 27, 2005.

"Because HIV/AIDS brings suffering and fear into so many lives, I ask you to reauthorize the Ryan White Act to encourage prevention, and provide care and treatment to the victims of that disease. And as we update this important law, we must focus our efforts on fellow citizens with the highest rates of new cases, African-American men and women."

-President George W. Bush, State of the Union Address, February 2, 2005

Background: Extending and Improving The Lives Of Those Living With HIV/AIDS

In his State of the Union Address, President Bush called for the reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act based on the principles of focusing Federal resources on life-extending care; ensuring flexibility by targeting resources to address areas of greatest need; and achieving results.

The President has made fighting the spread of HIV/AIDS a top priority of his Administration, and he will continue to work with Congress to support effective prevention and compassionate care and treatment. The President's FY06 budget request provides a total of $2.1 billion for Ryan White activities to address the health needs of Americans living with HIV/AIDS.

The Ryan White CARE Act is a comprehensive approach to providing medical care, antiretroviral treatments, and counseling and testing for those in greatest need of HIV/AIDS assistance. The legislation must be reauthorized every five years, and the next reauthorization is set for September 2005.

Principles for Reauthorization: Greater Flexibility to Serve Those Most in Need

Much has changed in the epidemiology and medical management of HIV/AIDS since the Ryan White CARE Act was enacted in 1990. While it used to be that those diagnosed with the disease had little hope, patients today are living longer and healthier lives.

In order to make the legislation more responsive going forward, especially for African-American and other minority communities who disproportionately suffer from the disease, the Administration is proposing the following principles for reauthorization:

Serve the Neediest First

Establish Objective Indicators To Determine Severity Of Need For Funding Core Medical Services. Those in greatest need of HIV/AIDS assistance, including African-American and low-income individuals, have the fewest resources available to meet them. There are also significant differences in access to HIV care throughout the country. Recognizing the circumstances that contribute to different care needs is an important part of assisting those hardest to reach. To address the needs of these populations, the Secretary of Health and Human Services (HHS) would develop a "severity of need" for core services index (SNCSI). This index would be based upon objective criteria and be focused on core services. It would take into account not only HIV incidence, but levels of poverty, availability of other resources including local, state, and federal programs and support, and private resources. This SNCSI would determine formula allocations among states and eligible metropolitan areas. When combined with a requirement of maintenance of effort on the part of state and local governments, the SNCSI would address the differences in HIV/AIDS care.

Focus on Life-Saving and Life-Extending Services

Establish A Set Of Core Medical Services. It is essential to identify the basic, primary medical care and medication needs of individuals with HIV/AIDS.

Require That 75 Percent Of Ryan White Funds In Titles I-IV Be Used For Core Medical Services So That Federal Funds Are First Used To Support Life-Saving Services For The Most Impoverished Americans. A person living with HIV/AIDS receives benefits from a range of services. Some of these are clearly life prolonging and essential to maintaining physical and mental health; others are not. Services that are essential (core services) should be prioritized for Federal funding.

Maintain A Federal List Of AIDS Drug Assistance Plan (ADAP) Core Medications. The HHS Secretary will develop and maintain a list of core ADAP drugs based upon those included in the U.S. Department of Health and Human Service's Public Health Service HIV/AIDS Clinical

Practice Guidelines for use of HIV/AIDS Drugs, drugs needed for the treatment and prophylaxis of opportunistic diseases and drugs needed to manage symptoms associated with HIV infection. These medications should be prioritized for Federal funding.

Increase Prevention Efforts

Require States To Implement Routine Voluntary HIV Testing In Public Facilities And Work With Private Healthcare Providers To That Same End. With an estimated 250,000 HIV-positive individuals unaware of their HIV-positive status, testing is a key element in prevention efforts. States will be encouraged, upon receipt of their Ryan White allocations, to adopt various important HIV prevention strategies, such as routine opt out HIV testing, contact tracing, and the recommendations of the CDC Advancing HIV Prevention Initiative.

Increase Accountability

Maintain The Current Statutory Requirement That All States Submit HIV Data By The Start Of Fiscal Year 2007. Having a full picture of the scope of HIV is critical to successful care and treatment programs that prevent people from advancing to AIDS; because newer infections are increasingly likely to take place among minorities, this provision will better target funds to heavily impacted communities and aid in getting people into care sooner.

Hold Grantees Accountable For Reporting On System And Client-Level Data And Progress. Accurate counts of those served and those receiving core services will help better serve those in need, as well as enable caregivers to define performance measures and evaluate progress.

Maximize Investments Through Stronger And More Specific Payer-Of-Last-Resort Provisions And Require Grantees To Seek Alternative Payment Sources Before Using Ryan White Funds. The Ryan White program is to be used as a last resort for only HIV-positive individuals who are not able to access medical care through other means. To ensure that this is the case, other payers of care need to be exhausted before turning to Ryan White funds. HHS would conduct regular audits to ensure RWCA funds are used as the payer of last resort. Federal and state investments would be directed to fill gaps in the existing health care system rather than duplicate existing public or private activities.

Require State And Local Care Delivery Coordination. A coordinated effort between the states, cities, and other care providers is essential to effective, comprehensive care and prevention services. HHS would consult with state AIDS officials on discretionary grants and would provide to state AIDS officials all information necessary for states to coordinate HIV care and treatment with other Federally funded projects to maximize efficiency and effectiveness of AIDS services.

Eliminate The Double Counting Of HIV/AIDS Cases Between Major Metropolitan Areas And The States. Currently, in major metropolitan cities, AIDS cases are counted once as part of a city count and a second time in the overall state count. Therefore, HIV/AIDS cases in major metropolitan cities are counted twice. In an effort to ensure that every AIDS case is counted

equally and to make sure that Federal funds are distributed fairly to those most in need of assistance, we must eliminate this double counting.

Eliminate Current Provisions That Entitle Cities To Be "Held Harmless" In Funding Reductions. Today, because of the way the existing formulae count the number of AIDS cases (by including cases spanning the last 10 years), metropolitan areas with newer epidemics receive disproportionately less than those with more longstanding problems. In order to more accurately reflect the current status of the epidemic, we must eliminate provisions that entitle cities to be "held harmless" in funding reductions.

Increase Flexibility

Allow The Secretary Of HHS To Redistribute Unallocated Balances Based On Need As Determined By Severity Of Need Measures. To maximize all Ryan White funding, unspent funds from Titles I and II would revert to the Secretary of HHS for discretionary reprogramming to state ADAP programs with the greatest need.

Allow Planning Councils To Serve As Voluntary And Advisory Bodies To Mayors. State and local officials need maximum flexibility to respond to the epidemic and to direct funding to those in greatest need. Planning councils would be structured at the discretion of the mayor; could not have conflicts of interest; and would no longer be required to set priorities for spending.

This Fact Sheet can be located at: http://www.hhs.gov/news/press/2005pres/ryanwhite.html

B. Health Resources and Services Administration's Four Factors of Significant Implications

Health Resources and Services Administration has identified four factors with significant implications for HIV/AIDS care, services and treatment as follows:

1. The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations.
2. The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV.
3. Changes in the economics of health care are affecting the HIV/AIDS care network.
4. Policy and funding increasingly are determined by outcomes.

These factors can be found at: http://hab.hrsa.gov/aboutus.htm

C. Centers for Disease Control and Prevention's Refocus on HIV Prevention Efforts

The following is an addendum to the EMA's 2004-2006 HIV/AIDS Prevention Plan:

In April 2003, CDC announced that it was refocusing its HIV prevention efforts to address two nationwide trends, specifically 1) an increase in behaviors that put people at risk of infection with HIV, and 2) an increase in the number of people diagnosed with syphilis and HIV.

To respond to these challenges, the CDC launched its *Advancing HIV Prevention (AHP) Initiative* which focuses efforts on counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection.

AHP will impact HIV Prevention Community Planning because all HIV Prevention Community Planning Groups will be required to prioritize HIV-infected persons as its highest priority population for appropriate prevention services.

In order to keep our Partnership on the cutting edge of HIV prevention planning and maximize HIV prevention efforts in Palm Beach County, members amended our Prevention Plan to include the goals, objectives, and Procedural Guidance of CDC's CBO Program Announcement 04060 aimed at reducing HIV transmission by:

1. Increasing the proportion of individuals at high risk for HIV infection who receive appropriate prevention services.
2. Reducing barriers to early diagnosis of HIV infection.
3. Increasing the proportion of individuals at high risk for HIV infection who become aware of their serostatus.
4. Increasing access to quality HIV medical care and ongoing prevention services for individuals living with HIV.
5. Addressing high priorities identified by the state or local HIV prevention Community Planning Group (CPG).
6. Complementing HIV prevention activities and interventions supported by state and local health departments.

Detailed information about the program announcement is available on CDC's website at http://www/cdc/gov/nchstp/od/program_announcement.htm. The announcement specifies that the only interventions that will be funded are those described in the *Procedural Guidance,* available online at http://www2a.cdc.gov/hivpra/documents/Attachments/CBOProcedures26Nov03FinalDraft.pdf. Although some aspects of the interventions may be "adapted" or "tailored" to specific populations or locales, the core elements, must replicate the specific evidenced-based interventions in the *Guidance.*

The following table summarizes the populations and interventions included in the *Procedural Guidance.*

Summary of Procedural Guidance for Prevention Priorities

Population	*Strategies and Interventions*
High Risk Individuals	**Targeted outreach and health education and risk reduction**
	Procedural Guidance for Recruitment
	Popular Opinion Leader (POL) Program
	The Mpowerment Project
	Real AIDS Prevention Project (RAPP)
	Safety Counts Program
	The SISTA Project
	Many Men, Many Voices Program
	Community Promise Program
	Targeted outreach and counseling, testing, and referral
	Procedural Guidance for Implementation of Counseling, Testing, and Referral
	Procedural Guidance for Implementation of Rapid Testing in Non-Clinical Settings
	Procedural Guidance for Implementation of Routine Testing of Inmates in Correctional Facilities
	Procedural Guidance for Implementation of Universal HIV Testing of Pregnant Women
PLWH and Persons with Negative or Unknown Serostatus at Very High Risk	**Prevention for individuals living with HIV and their sex or drug using partners who are IV negative or unaware of their HIV status.**
	Procedural Guidance for Implementation of Prevention Case Management for Persons Living with HIV
	Procedural Guidance for Implementation of Integrating Prevention Services into Medical Care for People Living with HIV
	Procedural Guidance for Implementation of Teens Linked to Care
	Procedural Guidance for Implementation of Holistic Harm Reduction Program
	Procedural Guidance for Implementation of Healthy Relationships
	Prevention for individuals at very high risk for HIV infection
	VOICES/VOCES Program
	The SISTA Project
	Street Start Program
	Many Men, Many Voices Program
	Partner Counseling and Referral Services (PCRS)
	Procedural Guidance for Implementation of Partner Counseling and Referral

Source: Procedural Guidance for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064. Centers for Disease Control and Prevention, November 2003.

It should be noted that this Addendum is intended to complement rather than supplant *Section 8, Priority Populations and Interventions* of the current plan. The Community Planning Partnership's Coordinator will continue to provide the members with additional information as new guidance and funding opportunities are published by the CDC. Questions or corrections should be addressed to the Coordinator, Barbara Feeney, MPA, at (561) 844-4220 Extension 27.

D. Statewide Coordinated Statement of Need's "Identified Statewide Concerns"

The 2004-2006 Statewide Coordinated Statement of Need was prepared by the Quality Management Institute of the Patient Care Resources Section, Bureau of HIV/AIDS on behalf of the Florida Ryan White CARE Act Coalition and was released in November 2003. The SCSN is in compliance with the guidance from HRSA and is inclusive of the participation by all Ryan White CARE Act grantees in Florida, including Part F programs. It is recommended for best use in the local and statewide planning processes as a documentation of the broad array of problem areas still confronting PLWH/As in the state and the generalized goals and strategies to be undertaken in tackling those problems.

Unmet Needs

1.1 The need to assess the shifting demographics of new HIV/AIDS cases throughout the state or regional areas would help in adapting those care systems to respond to needs of emerging communities and populations, as well as to identify people living with HIV who know their status but are not receiving regular HIV-related primary health care. There has not been a standardized approach in the state for calculating unmet need.

Emerging Trends

2.1 Shifts in co-morbidities influence care and treatment and impact on the HIV/AIDS systems of care and the need for integrated and interdisciplinary team approaches, include but are not limited to the following: The increase and impact of hepatitis A, B, C; The increase and impact of STDs; The increase and impact of substance abuse and mental health concerns on the HIV/AIDS systems of care; The increase and impact of tuberculosis on the HIV/AIDS systems of care.

2.2 The prevalence of HIV is increasing at the rate of 3% every year, thus increasing the demand and costs for medical care. This demand and costs for services places stress on the funding for the state and regional systems of care.

2.3 Trends in the epidemic have shown disparities in race/ethnicity, economic status, and in geographic areas of the state.

2.4 There appears to be a trend in people coming into the treatment and care system at a later point of time than their original date of testing positive for HIV.

2.5 Shifts in the populations affected by the disease influence care and treatment and impact the HIV/AIDS systems of care and the need for integrated and interdisciplinary team approaches, include but are not limited to the following: The increase in MSM and heterosexual transmissions; The increase in emerging populations such as seniors, migrating populations, teens, women, minorities, and the incarcerated.

2.6 The death rate has increased in the state.

Cross-Cutting Issues and Challenges

3.1 Transportation issues present challenges in both rural and urban areas of the state.

3.2 Data management is a continual concern within the state and regional areas. Additional requirements for quality and performance measures, place stress on those systems of care that have little or no experience in the development and implementation of such measures. Additionally, there is no consistent method for managing, collecting, and reporting data.

3.3 There are evolving requirements imposed by federal, state, and/or other private sources for a comprehensive approach to quality management and evaluation of services that are cost effective, efficient, and performance based: There is a lack of understanding of what quality management consists of, what evaluation is, and what the differences are in quality improvement and quality assurance; There is a lack of standardized methods and approaches for planning, process management, determining customer satisfaction and dissatisfaction, for information and analysis, for human resource issues, and for determining business results.
3.4 Accessibility to client information is impeded by confidentiality and security policies. It is becoming more difficult to share information between agencies.
3.5 Identifying people not in care and determining the reasons why they are not in care may lead to potential opportunities for serving those clients.
3.6 There appears to be a general attitude amongst clients statewide that they are entitled to Ryan White funding.
3.7 There is a need for more integration of prevention with patient care along a continuum of care. Prevention activities need to be planned and coordinated as part of the continuum of care, rather than viewed as distinctly separate form patient care. Gaps in service can be more easily addressed when these activities are planned together.
3.8 Separate funding streams for the organizational partners in the state tend to cause misalignment and lack of integrative approaches to care and treatment services.

Critical Gaps
4.1 Lack of availability of specialty providers, including dental providers.
4.2 Lack of collaboration at the federal level and state level mental health and substance abuse agencies.
4.3 Lack of providers who accept Medicaid reimbursement.
4.4 Lack of data related to migrations in or out of the state and in or out of the local areas.
4.5 Inadequate communication between partners throughout the system in the state of Florida and with our neighboring Caribbean partners.
4.6 Lack of available childcare options for women with children that may need residential treatment or may require regular medical care visits.
4.7 Lack of availability or comprehensiveness of services for perinatally-infected children who are now becoming adolescents.
4.8 Lack of trust from the clients being serviced and continued stigma associated with disclosure of HIV/AIDS status, which impedes access to care and/or services.
4.9 Lack of integrated and interdisciplinary approaches to care and support service.
4.10 Lack of interventions with demonstrative cost-effectiveness.
4.11 Lack of consistent, standardized, accessible, and affordable staff development and training across the systems of care.

The SCSN states that while progress has been made in the state in reaching many of the goals and objectives, the HIV/AIDS epidemic is shifting to new populations which is posing a challenge. Women, persons with low socioeconomic class, minority populations, incarcerated and other marginalized groups are inequitably becoming infected. These are people who have many great needs, creating a barrier to adherence and accessing medical care. Ryan White planners, administrators, service providers, and consumers continue to be actively engaged in ongoing work within the various collaborative partnerships established in Florida. This

collaboration has caused a reduction in duplication of services creating an effective and efficient system. In the areas of quality management, fiscal and administrative tasks of respective grants there has been statewide coordination. Collaboration is becoming critical as the epidemic grows, needs of clients increase and become more complex, and outstripping any increases in HIV funding.

In 2003, when this report was released, a great effort was and continues to be made in the collaborative planning efforts between grantees within the state of Florida. The networks of care developed as a result of the CARE Act, while comprehensive in scope, have not eliminated all the barriers and gaps within the service delivery systems. It is the intent of SCSN that barriers and gaps identified may be lessened in number and narrowed in scope. For the full report visit: www.doh.state.fl.us/disease_ctrl/ aids/care/SCSN04-06.pdf.

The 2006-2009 SCSN is currently being developed.

E. Palm Beach County HIV CARE Council's Critical Issues

As mentioned previously, the CARE System Assessment Demonstration (CSAD) Project was conducted in the EMA. During a two day strategic planning session six themes emerged as goals that we have decided to incorporate into our system to address the Unmet Need of Black Women. The CARE Council has determined that the six supra-themes presented below are the critical issues for the Continuum of Care in Palm Beach County.

1. Education
2. Single Point of Entry
3. Confidentiality
4. Treatment Adherence
5. Stigma
6. Cultural Beliefs and practices and behaviors

S E C T I O N 3

How Will We Get There: How Does Our System Need to Change to Assure Availability of and Accessibility to Core Services?

Based on the goals of Healthy People 2010 as well as the findings of the CSAD Project completed in August 2005 the following goals were created in order to improve the current system of care, and enhance the planning for the system of care. The objectives and activities build on the current evaluation process and providing measures by which our performance and progress can be evaluated. Achieving these goals will ensure the provision of high quality care and treatment services to all PLWH/As in our EMA.

As shown in the following table, the goals developed during the planning process relate to and support all of HRSA's guiding principles. A detailed description of each goal (with objectives and activities) is included in this section.

Summary of HRSA's Guiding Principles and Palm Beach County EMA's 2006 - 2008 Goals

Guiding Principles	Goals					
	Education	Single Point of Entry	Confidentiality	Treatment Adherence	Stigma	Cultural Beliefs, Practices & Behaviors
Ensure Availability and Adequacy of Core Services	✓	✓	✓	✓	✓	✓
Eliminate Disparities in Access Among Disproportionately Affected and Underserved	✓	✓	✓	✓	✓	✓
Identify Those Who Know Their Status and Are Not in Care	✓	✓	✓	✓	✓	✓
Address Primary Health Care and Treatment Needs of Those In and Out of Care	✓	✓	✓	✓	✓	✓
Provide Appropriate Allocation of Funds Determined by the Needs Assessment	n/a	✓	n/a	✓	✓	✓
Coordinate Services with HIV Prevention Programs	✓	✓	✓	✓	✓	✓
Coordinate Services with Substance Abuse Programs	✓	✓	✓	✓	✓	✓

Goals, Objectives and Activities 2006-2009

Goal 1: Improve Access to Health Care					
Activity		**Time**	**Responsible Party**	**Progress Reporting**	**Status**
Objective 1.1: Improve Linkages with local Counseling and Testing facilities.					
1.1.a	Coordinate and collaborate with Counseling and Testing facilities to create an effective and efficient system of referral for newly diagnosed Persons Living with HIV/AIDS (PLWHA) that can be monitored and evaluated.	FY 2007	Health Planner & Early Intervention Consultant (DOH)	CARE Council	
1.1.b	Maintain state goal of 90% of those testing positive for HIV referred to care.	FY 2007-2009	Outreach & Counseling and Testing Providers	Planning Committee	
Objective 1.2: Enhance capacity of continuum of care to accommodate all PLWHAs that are aware of their status.					
1.2.a	Train Priorities and Allocations (P&A) Committee and CARE Council members on their roles and responsibilities including how to allocate monies to meet service needs as well as administration needs.	FY 2006	HRSA Consultant [Academy for Educational Development (AED), Mosaica]	CARE Council	
1.2.b	Allocate funding based on the documented health care needs of the community.	Annually in August	Priorities and Allocations Committee & CARE Council	Health Planner	

1.2.c	Support proposals to increase capacity within the Eligible Metropolitan Area (EMA) to meet the needs of PLWHA.	FY 2007-2009	Grantee	CARE Council	
Objective 1.3: Remove existing barriers to care particularly for hard-to-reach and marginalized populations.					
1.3.a	Support funding for programs recommended in the CARE System Assessment Demonstration (CSAD) Project report August 2005, particularly the Peer Navigation Program.	FY 2007-2009	Grantee	CARE Council	
1.3.b	Support marketing campaigns that increase awareness of available services [i.e. Education, Prevention, Intervention, Continuous Care (EPICC), Silence is Death-Department of Health.]	FY 2007-2009	Grantee, Ryan White Funded Programs, CARE Council	CARE Council	
1.3.c	Offer confidentiality trainings for consumers.	FY 2007-2009	Ryan White Funded Programs	Grantee	
1.3.d	Require adherence of the confidentiality standards and trainings for all Ryan White providers.	FY 2006-2009	Grantee	CARE Council	
1.3.e	Conduct zip code analysis of epidemic and service inventory to ensure availability/accessibility.	FY 2007	Health Planner	Planning Committee & CARE Council	

1.3.f	Prepare a Geographic Information System (GIS) map displaying PLWHA cases and service inventory.	FY 2007	Grantee	Health Planner	
Objective 1.4: Enhance collaborations with non-Ryan White organizations and links to other funding sources.					
1.4.a	Seek Substance Abuse and Mental Health Services Administration (SAMHSA) funding.	FY 2007	Collaboration of organizations	Report at Provider Meeting	
Objective 1.5: Enhance collaborations with HIV Outreach Programs.					
1.5.a	Contact ARTAS providers within the EMA for their outcomes.	FY 2007-2009	Health Planner	CARE Council	
1.5.b	Coordinate and collaborate with Ryan White funded outreach workers in order to increase community knowledge of HIV services.	FY 2007-2009	Health Planner & Ryan White funded Outreach Workers	CARE Council	
Goal 2: Eliminate Health Disparities					
Activity		**Time**	**Responsible Party**	**Progress Reporting**	**Status**
Objective 2.1: Increase the number of underserved and marginalized populations of PLWHA in primary medical care.					
2.1.a	Ensure that all Ryan White provider agencies receive training on cultural compentence.	FY 2007-2009	Grantee	CARE Council	
2.1.b	Assess tabulated Client Satisfaction Surveys on the availability of care and cultural sensitivity.	FY 2007-2009	Grantee	CARE Council	

2.1.c	Appropriate funding according to local and State Needs Assessment findings and other available data.	Annually in August	Priorities and Allocations Committee & CARE Council	Health Planner	
2.1.d	Review and implement recommendations from all special population studies [Rapid Assessment Response Evaluation (RARE), CSAD, etc.]	FY 2007-2009	Ryan White Funded Programs	Grantee	
2.1.e	Continue to use Minority AIDS Initiative (MAI) monies for case management. Consider also using MAI monies for Outreach.	FY 2007-2009	Grantee	CARE Council	
2.1.f	Conduct special study on Men who have Sex with Men (MSMs) of color and their medical care adherence and their needs.	FY 2008	Health Planner	Planning Committee & CARE Council	
2.1.g	Support campaigns and programs that work to lower stigma (i.e. EPICC)	FY 2007-2009	Ryan White Funded Programs & Health Planner	CARE Council	
Goal 3: Improve Quality of Care					
Activity		**Time**	**Responsible Party**	**Progress Reporting**	**Status**
Objective 3.1: Develop and implement a Quality Management (QM) Plan.					
3.1.a	Conduct assessment the goals and objectives of the current QM Plan.	FY 2006	Quality Assurance (QA) Committees and QA Program	Grantee and CARE Council	

3.1.b	Review and revise the QM Plan according to assessment results.	FY 2007	QA Committees and QA Program	Grantee and CARE Council	
Objective 3.2: Ensure Ryan White funded agencies adhere to the Standards of Care.					
3.2.a	Update Social and Medical Standards of Care.	FY 2007	QA Committees and QA Program	Grantee and CARE Council	
3.2.b	Require that adherence to the Standards of Care is included in contracts with agencies.	FY 2007-2009	QA Committees and QA Program	Grantee and CARE Council	
3.2.c	Monitor compliance with Standards of Care and quality indicators.	FY 2007-2009	QA Committees and QA Program	Grantee and CARE Council	
3.2.d	Report all QM/CQI findings to the CARE Council.	FY 2007-2009	QA Committees and QA Program	Grantee and CARE Council	
Objective 3.3: Ensure cost effectiveness.					
3.3.a	Assess cost effectiveness of each provider and service category.	FY 2007	Grantee	CARE Council	
3.3.b	Monitor cost effectiveness of each provider and service category.	FY 2007	Grantee	CARE Council	
Objective 3.4: Ensure Third Party Payment.					
3.4.a	Continue to meet with taxing district to discuss future provision of HIV services.	FY 2007	Grantee & Health Planner	CARE Council	
Goal 4: Improve Health Outcomes					
Activity		**Time**	**Responsible Party**	**Progress Reporting**	**Status**
Objective 4.1: Increase the number of PLWHA that are aware of their HIV status but are not in primary medical care.					

4.1.a	Conduct an assessment of PLWHA aware and not in primary medical care.	FY 2006-2007	Health Planner	CARE Council	
4.1.b	Create strategies and programs that will get PLWHA aware and out of care, into primary medical care.	FY 2007-2009	Ryan White Funded Programs	Grantee	
4.1.c	Develop and implement standards for connecting PLWHA to primary medical care.	FY 2006-2007	Medical Services Committee	CARE Council	
4.1.d	Provide training for RW[14] providers on the standards for assessing, documenting and referring PLWHA to primary medical care.	FY 2007-2009	Grantee	CARE Council	
4.1.e	Target PLWHA that have been and PLWHA that have never been in primary medical care but have dropped out and work to reconnect them in to care.	FY 2007-2009	Ryan White Funded Programs	Grantee	
4.1.f	Ensure Case Managers accurately document the Ryan White clients in the Management Information System (MIS) that are in/not in primary medical care as well as the medical care payer source.	FY 2006-2009	Ryan White Funded Programs	Grantee	

4.1.g	Monitor the RW clients in the MIS that are in/not in primary medical care.	FY 2006-2009	Health Planner & MIS staff	Grantee and CARE Council	
Objective 4.2: Raise community awareness of HIV/AIDS services within the EMA.					
4.2.a	Update Redbook on www.carecouncil.org adding a section on church/temple HIV programs.	FY 2006	CARE Council Secretary	CARE Council	
4.2.b	Publish updated Redbook on www.carecouncil.org and promote throughout EMA.	FY 2006-2009	Ryan White Funded Programs & Health Planner	CARE Council	
4.2.c	Meet with the EMA's Elected Officials to discuss issues regarding HIV within the EMA as well as the importance of PLWHA receiving care.	FY 2006-2009	Grantee, Ryan White Funded Programs, CARE Council	CARE Council	
4.2.d	Provide HIV/AIDS service information by participating in health fairs, public speaking engagements, and public awareness campaigns.	FY 2006-2009	Grantee, Ryan White Funded Programs, CARE Council	CARE Council	
Objective 4.3: Maintain PLWHA adherence to HIV medical care and treatment.					
4.3.a	Encourage proposals for innovative treatment adherence models.	FY 2007-2009	Grantee	CARE Council	

4.3.b	Appropriate funding according to local and state Needs Assessment findings and other available data.	FY 2007-2009	Priorities and Allocations Committee & CARE Council	Grantee	
Objective 4.4: Assess health outcomes of PLWHA in the MIS database.					
4.4.a	Identify measurable health outcome and process indicators.	FY 2007	Medical Services Committee	CARE Council	
4.4.b	Develop health outcomes and process indicators evaluation methodology.	FY 2007	Medical Services Committee	CARE Council	
4.4.c	Collect client health outcome and process data.	FY 2007-2008	QA Staff	CARE Council	
4.4.d	Analyze health outcome and process data.	FY 2007	QA Staff	CARE Council	
4.4.e	Develop and implement strategies to improve health outcomes and processes as needed.	FY 2008-2009	CARE Council	Grantee	
Objective 4.5: Increase Prevention for Positive efforts within the EMA.					
4.5.a	Support the implementation of Partnership for Health whereby doctors are trained to discuss sexual behavior with HIV positive patients.	FY 2007-2009	Grantee, Ryan White Funded Programs, CARE Council	CARE Council	
4.5.b	Support funding for health education programs for PLWHA.	FY 2007-2009	Grantee, Ryan White Funded Programs, CARE Council	CARE Council	
Objective 4.6: Involve individual clients with monitoring their quality of care.					

4.6.a	Provide Train the Trainer Workshop on Consumer QA	FY 2007	HRSA Consultant (National Quality Assurance Institute)	CARE Council	
4.6.b	Support continuation of this program.	FY 2007-2009	Grantee, Ryan White Funded Programs	CARE Council	

S E C T I O N 4

How Will We Monitor Our Progress: How Will We Evaluate Our Progress in Meeting Our Short and Long Term Goals?

A. Implementation

Described above in Section 3 are the goals, objectives and activities that will be in effect FY 2006-2008. The Planning Council will create an annual plan at the beginning of each fiscal year in order to accomplish the goals stated above. This will work toward improving the evolving HIV Coordinated System of Care and allow the Planning Council to evaluate and monitor the progress year by year. Appropriate use of systems and organizational theories will enable planners and evaluators to create outcome measures that are relevant to the lives of people with HIV Spectrum Disease. Contract monitoring, quality assurance, evaluation studies, and technical assistance will be used to monitor progress toward achieving the goals, objectives, activities and tasks presented in this plan.

The first step in implementing the plan was the acceptance of the plan by the HIV community. The development of the Palm Beach County HIV CARE Council was based upon the epidemiological ratios and descriptions provided by the Florida Department of Health Bureau of HIV/AIDS. By predicating CARE Council membership to appropriately represent the HIV virus in our EMA, we have ensured that all Palm Beach County HIV stakeholders were represented and fully participated in the planning process and are in agreement with the idea of the comprehensive plan and are committed to its success.

The comprehensive planning process included the diverse population represented by the Palm Beach County HIV CARE Council and its staff. The community will share the responsibility and work for the success of the plan. The plan must be promoted within traditional and non-traditional communities so that all stakeholders have a better understanding of how the system works. The Palm Beach County HIV CARE Council will be the venue for this endeavor.

The planning bodies and funding streams however, will have to move beyond mere acceptance of this plan. They will need to use their resources to ensure that programs and activities are moving the community towards the goals and objectives presented in the comprehensive plan. The CARE Council will serve to promote collaboration, help inform planning bodies of potential areas of need, and improve decision-making about expanding, reducing, adding, eliminating, or refining services.

The comprehensive planning process provides HIV planning groups, service providers, funders and consumers a picture of the local HIV epidemic and the continuum of care that is in place to meet the challenges of the epidemic for people and families at risk for and living with HIV. It enables the community to make sound decisions about how to organize and maintain an effective

and efficient continuum of care by showing where we are now, where we need to go, how we intend to get there, and how we will monitor our progress.

Comprehensive planning does not end with the construction of the plan. It is important to note that planning is a journey and not a destination. It is only worth the time, effort and expense invested if it helps ensure that a comprehensive system of prevention and care are in place, and are maintained and refined over time to meet the essential health needs in a rapidly changing environment.

The Planning Council engages in the comprehensive planning process as a cooperative effort between the various funding streams and planning bodies. This planning document is intended to embody the goals of, and for, the entire HIV community. This includes the people who plan for, provide, and receive services in Palm Beach County, Florida. The complexity of the HIV disease and the people it affects, in addition to the complexity of funding and administration of HIV prevention and care programs, has produced a diverse system that is often fragmented. Service providers and planning groups are bound by different funding and legislative requirements and therefore, focus their efforts on separate pieces of the continuum of care (e.g., prevention funded primarily by CDC vs. primary care financed nearly entirely by HRSA). Added to the decision-making process are individuals who may or may not share cultural or social backgrounds, sexual orientation, HIV status, or work styles. Furthermore, the planning process is a demanding process that requires a great amount of time and effort. By accepting the comprehensive plan, all parties involved committed to a collaborative effort to implement the plan through the resources available through the various funding streams. This plan hopes to bring all pieces together and address the challenges of a coordinated, collaborative approach to monitoring and evaluating the system of care.

The Palm Beach County HIV CARE Council and its various committees have a role in monitoring the progress toward achieving the Goals, Objectives, and Activities of this Plan. The CARE Council and the Executive Committee will oversee and direct all activities relating to the CARE Council. Over the next three fiscal years they will assure the fulfillment of the activities stated in Section 3. They will be responsible for identifying the appropriate composition for each task force and work group and determine the expertise needed to accomplish all activities. Each committee will make reports to the CARE Council at each meeting. The CARE Council will monitor the progress of each group and report back to the designated committees or groups. Because of the many work groups and committees, the CARE Council will need to periodically review the progress made by each entity. As goals are met, the CARE Council will need to establish priorities through the Executive and Priorities and Allocations Committees for the work of each subsequent group. This is necessary because fiscal constraints do not support work for all the working groups to operate simultaneously. In addition, the CARE Council will maintain representation in the SCSN process.

The Planning Committee is the arm of the HIV CARE Council that has the specific responsibility for the development and implementation of the goals contained within this document. This committee will focus on working toward coordinating a strong collaboration of consumers, providers, and community leaders.

The Priorities and Allocations Committee will hold several public forums annually in order to obtain feedback from the community. The forums also include opportunities for networking, and educational opportunities for the public on issues such as stigma, HIV/AIDS treatment and care, as well as CARE Council activities. All information gathered is forwarded to the CARE Council.

The Community Awareness Committee (CAC) will be critical over the next 3 years in the implementation of the Comprehensive Plan 2006. The CAC will educate the community on advocacy, treatment advances, HIV prevention. This committee will work toward building a network with CPP, EPICC, consumers, and providers.

The Membership Committee will continue to recruit members that are reflective of the epidemic and assure the training of members. Applications will be distributed to each contracted agency so that they might have an opportunity to submit an application for a committee member to represent their constituency, as well as to help promote membership to the clients they serve. The Membership Committee will establish the composition of the CARE Council, taking into consideration expertise and representation of diverse interests. This committee also has the option of recruiting participation from outside sources, when the group requires specific expertise. The Palm Beach County HIV CARE Council can benefit from the expertise available in the community at large in the development and implementation of many of its new programs, particularly those involving the use of advanced computer technologies.

Staff of the Palm Beach County HIV CARE Council has a critical role to play in monitoring the progress of the Comprehensive Plan 2006. The staff will provide consultation and support to each of the committees. Staff will continue to conduct and publicize research such as the Needs Assessments and CARE Systems Demonstration (CSAD) Project. Staff will update the website (www.carecouncil.org), promote all CARE Council activities, and publicize all meetings.

B. Monitoring

Perhaps the biggest motivation behind comprehensive planning is the aim of organizing and delivering services within an ideal continuum of care. The core of the final plan is the implementation plan which includes goals and objectives developed to meet that ideal. Implementation of the plan requires monitoring the progress made in achieving stated goals and objectives. Monitoring allows for early recognition of problems so that barriers to progress can be identified and reported to planning bodies so that adjustments and modifications can be made in programs and services to remedy the problems.

One of the first tasks of the Palm Beach County HIV CARE Council will be to develop baseline data, monitoring tools, and time-frames. When the framework is complete, we can begin to monitor progress and identify barriers in reaching the goals and objectives of the plan. As stated above the CARE Council will create an annual work plan with assignments for appropriate committees and personnel.

Contract monitoring is performed by the Title I grantee. This process includes monitoring of all programs receiving Ryan White Title I funds. It retains a comprehensive annual review of all

contracted programs. The purpose of this process is contract oversight. The methods of the monitoring process focus on accessing the performance of service providers in meeting goals and objectives of their contracts and of the larger HIV Service System. These methods include the monthly review of monthly invoices to compare actual units of service provided with budgeted funding; review of narrative program reports, submitted quarterly, wherein the providers themselves describe their progress in meeting stated goals and objectives and time line completions; and annual contract monitoring.

The monitoring process includes the following reporting requirements which apply to all contractors: 1) monthly invoicing; 2) tracking and reporting deliverables; 3) reporting unduplicated numbers of clients served; 4) administrative and fiscal reporting; 5) annual program, administrative, and fiscal reporting; and 6) quality review and program evaluation reporting. Reports are obtained from contractors monthly, quarterly, and annually.

In order to comply with HRSA's CARE Act Data Report (CADR) requirements, all contracting agencies also must submit annual program reports which are to include: 1) aggregate information on units of services provided; 2) information relevant to the unduplicated clients served (number, gender, age, ethnicity, living situation, income, employment status, medical insurance status, HIV status, and primary health source; and 3) a narrative description of program progress.

For fiscal accounting purposes, contractors must submit monthly invoices that list actual expenditures for each program. Units of service provided must accompany each monthly invoice. Contractors also need to submit an annual agency audit report within 90 days of the end of the contractor's fiscal year.

A task of the Palm Beach County HIV CARE Council's Quality Assurance Committee will be to develop monitoring factors, baseline data, monitoring tools, and time frames. When the framework is complete, the Grantee and CARE Council staff can begin to monitor progress and identify barriers in reaching goals and objectives of the plan. The Quality Assurance Committee will then report their findings to the respective committees, as well as funding streams that are in concurrence with the plan. Relevant groups must use their processes to assist in removing the barriers to progress. If they are unable to remove the obstacles it will be necessary to make recommendations back to the CARE Council about the need to evaluate the plan and make appropriate amendments to the time-line and/or objectives and activities. In addition to monitoring the progress of the comprehensive plan the Palm Beach County HIV CARE Council will collect information that will assist the planning bodies in maintaining a clear picture of the changing face of the HIV virus the people we serve and the services available to these constituents.

C. Evaluation

Because a comprehensive plan only makes sense only if it improves the quality of life for people and families at risk for and living with HIV, it is important that the plan keep pace with the changing dynamics of the HIV Spectrum Disease. Examples of factors that fluctuate and

change over time include the epidemiology of the disease, legislative and funding requirements, treatment protocols and the current health care delivery system. In addition to monitoring the progress made in achieving goals, a comprehensive plan must also address evaluation strategies to assess the continued relevance of the goals and objectives. Such strategies will provide an ongoing process for ensuring that the plan remains a viable working document.

The Palm Beach County HIV CARE Council will serve as the mechanism for tracking changes in the environment and determining when and how each component of the evaluation will be completed. The information gathered by relevant committees will be evaluated and used to determine any report to the planning bodies or funding streams. Below are some examples of information to be collected:

- Changes in the epidemiology include the distribution of AIDS cases and people living with HIV in the EMA Factors such as age, gender, race/ethnicity, mode of transmission, stage of illness, employment and health insurance status, housing status and other socio-economic variables must also be considered. All planning bodies regularly update epidemiological information. The CARE Council will serve to integrate this data and present it to the community.

- Information on service needs is collected through needs assessments activities, including consumer and provider surveys, focus groups, interviews, and public forums. A comprehensive needs assessment is conducted every three years and special studies are produced every subsequent year to examine, explore and describe issues as they emerge from the environment. Much of the HIV community already participates in these endeavors yet, it is hoped that in the future, the CARE Council will be able to encourage more community members to engage in the process.

A P P E N D I X

A. Glossary of Terms

AAR (Annual Administrative Report): The AAR is a provider-based report generating aggregate client, provider, and service data for each State and EMA. Information is reported on all clients who receive at least one service during the reporting period. (For a complete list of AAR terms, please see Section VII of the AAR Manual.)
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 Title II of the CARE 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 CARE 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 Networks: The AIDS Networks 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 Networks. 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; three commonly used types of averages are mean, median and mode (See each in the glossary).
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 of 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 CARE Act's Title I, Title II, 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 "helper" 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 "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/mm3. 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 Title I CARE Act 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 CARE Act in the EMA and ensuring that all legal requirements are met. In EMAs with more than one political jurisdiction, the recipient of Title I CARE Act 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 of "translating" 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 Title II of the CARE Act to plan and sometimes administer Title II services. An association of health care and support service providers that develops and delivers services for PLWH/A under Title II of the CARE Act.
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 Title III, Title IV, 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 metal 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 Titles I and II of the CARE Act.
Diagnosis: Confirmation of illness based on an evaluation of a patient's 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's HIV/AIDS Bureau that is responsible for administering Title I and Title II (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 Title I CARE Act 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.

EPICC (Education, Prevention, Intervention, Care Coalition): To promote a county-wide coalition to develop and integrated action plan for HIV/AIDS education, prevention, intervention, care.

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 1st to September 30th 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 CARE Act 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 CARE Act 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/.)
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. 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 Title II of the CARE Act 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 CARE Act. Within HAB, the Division of Service Systems administers Title I, Title II, and the AIDS Drug Assistance Program (ADAP); the Division of Community Based Programs administers Title III, Title IV, 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 Title II of the CARE Act.

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 CARE 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 Title II 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 Title I and Title II 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 community needs. 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 (CARE 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.
NRTI (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, ddl, 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. Karposi'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's 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 Care Act Title I 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 Care Act Title I 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 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 (=.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 Title I CARE Act 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 of 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 Title I, a responsibility of the grantee, not the planning council; for Title II, 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 (x:y/1), or simply the two numbers separated by a colon (x:y); 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 of 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 CARE Act 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 CARE Act (Ryan White Comprehensive AIDS Resources Emergency 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 CARE Act was enacted in 1990 (Pub. L. 101-381) and reauthorized in 1996 and 2001.
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 Title II grantee, with equal responsibility and input by all programs. Representatives must include all CARE Act Titles and Part F managers, providers, PLWH/As, and public health agency(s).
Secondary Source Data: Information that was collected by someone else, byt which you can 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 CARE 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 Title I 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.
Title I: The part of the CARE Act that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV epidemic.
Title II: The part of the CARE 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.
Title III: The part of the CARE 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.
Title IV: The part of the CARE Act that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.
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 varible 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 (extrapulmonary TB). Extrapulmonary 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 10-10 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.

REFERENCES

HIV/AIDS Funding Map 2000-2002, by Treasure Coast Health Council.
Training Guide, by Health Resources & Services Administration, 1997
Webster's II New Riverside Dictionary, 1996
HIV/AIDS Treatment Information Services (ATIS) Glossary, by ATIS, 2002

B. Palm Beach County HIV CARE Council Ryan White Care Act Title I March 1, 2006 - February 28, 2007 Service Category Definitions

1. MEDICAL CARE

a. Ambulatory/Outpatient Primary Care
Provision of comprehensive professional diagnostic and therapeutic services including comprehensive management of acute and chronic physical and mental conditions and prevention of such conditions through: initial visit and intake; complete medical history and physical examination; completion of lab tests necessary for evaluation and treatment; nutritional counseling; immunizations; referrals to other medical specialists; follow-up visits and maintenance appointments as indicated on the basis of a patients clinical status.

b. Laboratory Diagnostic Testing
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, tuberculin skin-tests, AFB, pap smear, toxoplasmosa, hepatitis B, & CMV serologies) & 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 reimbursement rate.

c. Drug Reimbursement Program/Local Supplemental Drug Program
Provision of injectable and non-injectable prescription drugs, at or below Public Health Service (PHS) price, and/or related supplies prescribed or ordered by a physician to prolong life, improve health, or prevent deterioration of health for HIV+ persons who do not have prescription drug coverage and who are not eligible for Medicaid, Health Care District, or other public sector funding, nor have any other means to pay. This service area also includes assistance for the acquisition of non-Medicaid reimbursable drugs.

c. ADAP Supplemental Drug Program
Program to expand Florida AIDS Drug Assistance Program (ADAP) locally by paying for FDA approved medications on the State of Florida ADAP formulary when the Florida ADAP is unable to pay for such medications for patients enrolled in the Florida ADAP program & patients are ineligible for other local health care programs which pay for these medications. Medications purchased under this program must be purchased at Public Health Services prices or less.

c. Nutritional Supplements
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.

d. Specialty Outpatient Health Care
Short term treatment of specialty medical conditions and associated diagnostic procedures for HIV positive patients based upon referral from a primary care provider. 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.

e. Clinical Trials Outreach
A range of services used to support, enhance and enable patient participation in clinical trials, such as screening of medial charts for patient eligibility for inclusion in clinical trials and research studies.

f. Dental Care
Routine dental care examinations and prophylaxis, X-rays, treatment of gum disease, oral surgery, and medically necessary dentures.

g. Nurse Care Coordination
A range of client-centered services provided by a registered nurse specialist and coordinated with the client's primary outpatient healthcare provider, providing the Ryan White patient's main link with ongoing medical services.

h. Outreach Services
Programs which have as their principal purpose identifying people with HIV disease, particularly those who know their HIV status so that they shall become aware of and be linked in ongoing HIV primary care and treatment. Outreach activities must be planned and delivered in coordination with State and local HIV-prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes. Activities must be conducted in such a manner as to reach those known to have delayed seeking care. Outreach services should be continually reviewed and evaluated in order to maximize the probability of reaching individuals who know their HIV status but are not actively in treatment. Broad activities that market the availability of health-care services for PLWH are not considered appropriate Title I outreach services.

i. Treatment Adherence Services
Provision of counseling or targeted interventions to specifically address barriers to treatment adherence to ensure readiness for and adherence to complex HIV/AIDS treatments for those in ambulatory outpatient medical care.

j. Inpatient Hospital Coordination

k. Health Insurance Continuation
Financial assistance for eligible individuals with HIV disease to maintain continuation of health insurance.

l. Hospice (Home Based Resid.)

m. Complementary Therapies (Other)
Complementary therapies delivered in a cost effective manner that is prescribed as part of a treatment program for HIV related neuropathy or myopathy.

n. Substance Abuse Treatment/counseling

a. Residential Substance Abuse Treatment

Provision of residential substance abuse treatment counseling, including specific HIV counseling in secure, drug-free state licensed residential (non-hospital) substance abuse detoxification and treatment facility, not to exceed 90 days.

b. Individual, Group Outpatient Counseling

Provision for regular, ongoing substance abuse monitoring and counseling, including specific HIV counseling, on an individual and group basis in a state licensed outpatient setting.

o. Mental Health Therapy/counseling

Psychological & psychiatric counseling services, including individual counseling, group counseling, & facilitation of support groups, provided by a mental health professional licensed or authorized to practice within the State, including psychiatrists, psychologists, clinical nurse specialists, social workers & counselors.

p. Home Health Care

Therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home/residential setting in accordance with a written individualized plan of care ordered by a Physician. Provides eligible patients with durable medical equipment (prosthetics, devices & equipment used by clients in a home/residential setting, wheelchairs, inhalation therapy equipment or hospital beds). Also, provide skilled & unskilled nursing care to eligible patients.

2. CASE MANAGEMENT

a. Case Management

Includes: initial intake; preliminary assessment of clients' medical state and financial situation, initial assessment of eligibility for Ryan White and Non-Ryan White funded services, meeting situational needs, and initiating and completing referrals which optimize a coordinated continuum of care for each client. Present information to clients regarding the HIV/AIDS service delivery system across funding streams. Assist clients in preparing applications for other benefit programs, and update care plan.

b. Community Based Peer Advocacy

Staff by peers, preferably living with HIV disease, who interact, both within the case management system and in the community itself, with newly diagnosed clients who are resistant to entering the HIV continuum of care. Primary goal of this program is to assure that hard to reach patients have every opportunity to enter and remain in primary medical care.

3. HOUSING SERVICES

Suitable emergency, short term, or transitional housing and housing referral services. The purpose of short-term, emergency and transitional housing is to move or maintain an individual or family into a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining a long-term living situation. Transitional housing cannot exceed a twenty-four month period (2 year) in accordance with the HIV CARE Council Housing Standards of Care. Housing referral services is defined as assessment, search, placement, and advocacy services and must be provided by case managers or other professionals who possess and advocacy services and must be provided by case managers or other professionals who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed.

4. FOOD

Food Bank/Home Delivered Meals
Provision of actual food, meals or grocery vouchers to enhance the nutritional health of Ryan White eligible clients & their families.

5. TRANSPORTATION

Conveyance services provided to a client in order to access health care or psycho-social support services. May be provided routinely or on an emergency basis. Transportation services shall be appropriate to the client's level of disability & priority shall be given to transportation services that link the client with health care services.

6. LEGAL SERVICES

Assessment of individual need, provision of legal advice and assistance by an individual authorized to render such advice and assistance in the State of Florida in obtaining medical, social, community, legal, financial, or other needed services.

a. Permanency Planning

Assistance in placing children (whose age is less than 20) because their parents are unable to care for them due to HIV related illness or death, in temporary (foster care) or permanent (adoption) homes.

7. DIRECT EMERGENCY FINANCIAL ASSISTANCE
Provision of short-term payments to agencies, or establishment of voucher programs, to assist with emergency expenses related to food, utilities, insurance co-pay or other critical needs to prevent homelessness or institutionalization.

8. VOCATIONAL REHABILITATION

9. HIV PREVENTION

10. COMPLEMENTARY THERAPIES

a. Massage Therapy
Complementary massage therapy delivered in a cost effective manner that is prescribed as part of a treatment program for HIV related neuropathy or myopathy.

11. COUNSELING (OTHER) (DROP-IN & PEER)
Services provided by a licensed or authorized professional or volunteer or peer under the supervision of a licensed or authorized professional in accordance with an individualized plan of care which is intended to improve or maintain a patient's quality of life & optimal capacity for self-care

12. BUDDY/COMPANION SERVICES
Activities provided by volunteers & peers to assist the client in performing household or personal tasks and providing mental & social support. Individual & group counseling services other than mental health, nutritional, or legal which is provided to clients, family and/or friends by non-licensed peer counselors.

13. DAY OR RESPITE CARE

14. TRANSLATION/INTERPRETATION SERVICES

15. CARE COUNCIL SUPPORT
Provision of support for the Planning Council include the following: staff support, member reimbursement, needs assessment, comprehensive plan, facilitating evaluation of administrative mechanism in allocating funds, marketing Planning Council's activities, development and implementation of grievance procedure.

16. PROGRAM SUPPORT
Continuous Quality Improvement & Evaluation, Standards of Care, Outcomes and Measures, Management Information System.

17. CAPACITY DEVELOPMENT
These funds will be utilized to fill gaps in service that were identified by the Rapid Assessment Response Evaluation Project (RARE) that was completed in Palm Beach County during FY 2001. The specific geographic areas identified in this report are 33404, 33460, 33444, and 33430. Capacity development will be used to help add new providers to the continuum of care and/or help current providers improve or expand their service delivery or management capacity in the above mentioned Palm Beach County locations.

C. HIV/AIDS Incidence, Prevalence, Deaths, Co-morbidities, and Trends

Co-Morbidities, Other Factors, Socio Economic Data

Documented Co-morbidity cases in 2004	Prevalence within the HIV/AIDS population in your area	Data Source	Date of Data
AIDS Cases diagnosed through 2004 with Tuberculosis diagnosed in 2004	6	HARS	Data through 2004 (data as of 03/05)
Hepatitis (accute and chronic)	260	HARS	Data through 2004 (data as of 03/05)
Infectious Syphilis (minimal estimate, based on STD client data only)	11	STDMIS	Data through 2004 (data as of 03/05)
Gonorrhea (minimal estimate, based on STD client data only)	11	STDMIS	Data through 2004 (data as of 03/05)
Chlamydia (minimal estimate, based on STD client data only)	21	STDMIS	Data through 2004 (data as of 03/05)
Chronic Mental Illness (defined as: PLWH/A for whom Ryan White Title I provided Mental Health Services during FY 2003)	287 (see notes in the "Incomplete Section" of this document)	Title I Grant Application for FY 2005, Section describing Severe Need	Title 1 FY 2005 Grant Application Guidance -- Tables; Severe Need (data as of 6/14/05)
Substance Abuse (eg. alcohol, methamphetamine, cocaine, inhalants) (defined as PLWH/A for whom Ryan White Title 1 provided substance abuse treatment services during FY 2003)	124 paid by Ryan White (see notes in the "Incomplete Section" of this document)	Title I Grant Application for FY 2005, Section describing Severe Need	Title 1 FY 2005 Grant Application Guidance -- Tables; Severe Need (data as of 6/14/05)
Other Factors Documented in 2004	**Prevalence within the HIV/AIDS population in your area**	**Data Source**	**Date of Data**
HIV-infected Offenders who returned to County	93	Dept. of Corrections Offender-based Information System	CY 2004, data as of 05/02/2005
MSM (estimated)	2,535	Determined by PLWHA data for MSM and MSM/IDU cases	Data through 2004 (data as of 03/05)
IDU (estimated)	1,031	Determined by PLWHA data for MSM/IDU and male and female IDU cases	Data through 2004 (data as of 03/05)

Socio-Economic Data

Insurance and Poverty Status for HIV Infection Individuals	Number	Data Source
Insurance status (List the estimated number and percentage in your Area without insurance coverage, including without Medicaid.) Note: This will be a minimal estimate of those persons known in care in your area.	364 (5.63%)	Title 1 FY 2005 Grant Application Guidance -- Tables; Severe Need (data as of 6/14/05)
Poverty Level (List the number and percentage of people in your area who are below 300% of the Federal Poverty level.) Note: This will be a minimal estimate of those persons known in care in your area.	2,626 (51.11%)	Title 1 FY 2005 Grant Application Guidance -- Tables; Severe Need (data as of 6/14/05)

2003 and 2004 Data and Percent Change

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Incidence in 2003 & 2004					HIV Cases (regardless of current AIDS Status) Reported in 2003 & 2004					HIV/AIDS Case Deaths in 2003 & 2004				
	AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified.					HIV Cases (regardless of current AIDS Status) Reported: is defined as the number of new HIV cases reported during the period specified.					HIV or AIDS cases that died (regardless of cause) in 2004				
Race/Ethnicity	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
White, not Hispanic	104	23%	117	25%	12.5%	142	25%	138	29%	-2.8%	42	23%	35	18%	-16.7%
Black, not Hispanic	283	62%	276	60%	-2.5%	342	61%	255	53%	-25.4%	130	71%	123	64%	-5.4%
Hispanic	64	14%	66	14%	3.1%	69	12%	76	16%	10.1%	10	5%	32	17%	220.0%
Asian/Pacific Islander	0	0%	1	0%	#DIV/0!	1	0%	7	1%	600.0%	0	0%	0	0%	#DIV/0!
American Indian/ Alaskan Native	0	0%	0	0%	#DIV/0!	0	0%	0	0%	#DIV/0!	0	0%	0	0%	#DIV/0!
Not Specified/Other	9	2%	3	1%	-66.7%	7	1%	4	1%	-42.9%	2	1%	1	1%	-50.0%
Total:	460	100%	463	100%	0.7%	561	100%	480	100%	-14.4%	184	100%	191	100%	3.8%
Gender	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
Male	293	64%	308	67%	5.1%	345	61%	294	61%	-14.8%	118	64%	128	67%	8.5%
Female	167	36%	155	33%	-7.2%	216	39%	186	39%	-13.9%	66	36%	63	33%	-4.5%
Total:	460	100%	463	100%	0.7%	561	100%	480	100%	-14.4%	184	100%	191	100%	3.8%
Age at Diagnosis (Years)	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
0- 2 years	0	0%	0	0%	#DIV/0!	1	0%	0	0%	-100.0%	1	1%	2	1%	100.0%
3-12 years	2	0%	2	0%	0.0%	2	0%	1	0%	-50.0%	0	0%	0	0%	#DIV/0!
13-19 years	2	0%	4	1%	100.0%	15	3%	13	3%	-13.3%	4	2%	3	2%	-25.0%
20-24 years	13	3%	15	3%	15.4%	37	7%	27	6%	-27.0%	4	2%	11	6%	175.0%
24-29 years	34	7%	30	6%	-11.8%	66	12%	47	10%	-28.8%	20	11%	15	8%	-25.0%
30-39 years	141	31%	143	31%	1.4%	190	34%	154	32%	-18.9%	66	36%	70	37%	6.1%
40-49 years	173	38%	165	36%	-4.6%	165	29%	157	33%	-4.8%	52	28%	48	25%	-7.7%
50-59 years	73	16%	77	17%	5.5%	59	11%	61	13%	3.4%	30	16%	25	13%	-16.7%
60+ years	22	5%	27	6%	22.7%	26	5%	20	4%	-23.1%	7	4%	17	9%	142.9%
Total:	460	100%	463	100%	0.7%	561	100%	480	100%	-14.4%	184	100%	191	100%	3.8%

HIV data (for 2004) includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive.

*MSM includes MSM & MSM/IDU

**Male IDU includes IDU & MSM/IDU

2003 and 2004 Data and Percent Change (page2)

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Incidence in 2003 & 2004					HIV Cases (regardless of current AIDS Status) Reported in 2003 & 2004					HIV/AIDS Case Deaths in 2003 & 2004				
	AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified.					HIV Cases (regardless of current AIDS Status) Reported: is defined as the number of new HIV cases reported during the period specified.					HIV or AIDS cases that died (regardless of cause) in 2004				
Male Adult/ Adolescent AIDS Exposure Category	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
MSM	140	47.6%	132	43.1%	-5.7%	164	47.7%	171	58.4%	4.3%	55	47.0%	75	46.0%	36.4%
IDU	9	3.1%	27	8.8%	200.0%	31	9.0%	10	3.4%	-67.7%	8	6.8%	12	7.4%	50.0%
MSM/IDU	18	6.1%	5	1.6%	-72.2%	9	2.6%	6	2.0%	-33.3%	9	7.7%	9	5.5%	0.0%
Heterosexual	127	43.2%	141	46.1%	11.0%	139	40.4%	106	36.2%	-23.7%	45	38.5%	67	41.1%	48.9%
Other	0	0.0%	1	0.3%	#DIV/0!	1	0.3%	0	0.0%	-100.0%	0	0.0%	0	0.0%	#DIV/0!
Total:	294	100.0%	306	100.0%	4.1%	344	100.0%	293	100.0%	-14.8%	117	100.0%	163	100.0%	39.3%
Female Adult/ Adolescent AIDS Exposure Category	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
IDU	27	16.4%	13	8.4%	-51.9%	14	6.5%	11	5.9%	-21.4%	12	18.2%	15	24.2%	25.0%
Heterosexual	138	83.6%	140	90.3%	1.4%	121	56.5%	175	94.1%	44.6%	52	78.8%	47	75.8%	-9.6%
Other	0	0.0%	2	1.3%	#DIV/0!	79	36.9%	0	0.0%	-100.0%	2	3.0%	0	0.0%	-100.0%
Total:	165	100.0%	155	100.0%	-6.1%	214	100.0%	186	100.0%	-13.1%	66	100.0%	62	100.0%	-6.1%
Pediatric AIDS Exposure Categories (ages 0-12)	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
Mother with/at risk for HIV infection	2	100%	2	#DIV/0!	#DIV/0!	3	#DIV/0!	1	100%	-66.7%	1	100%	2	100%	100.0%
Risk not reported/Other	0	0%	0	#DIV/0!	#DIV/0!	0	#DIV/0!	0	0%	#DIV/0!	0	0%	0	0%	#DIV/0!
Total:	2	100%	2	#DIV/0!	#DIV/0!	3	#DIV/0!	1	100%	-66.7%	1	100%	2	100%	100.0%

HIV data (for 2004) includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive.

*MSM includes MSM & MSM/IDU

**Male IDU includes IDU & MSM/IDU

2003 and 2004 Data and Percent Change (page3)

Demographic Group/ Exposure Category	AIDS Incidence in 2003 & 2004					HIV Cases (regardless of current AIDS Status) Reported in 2003 & 2004					HIV/AIDS Case Deaths in 2003 & 2004				
	AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified.					HIV Cases (regardless of current AIDS Status) Reported: is defined as the number of new HIV cases reported during the period specified.					HIV or AIDS cases that died (regardless of cause) in 2004				
Special Populations	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**	**2003**	**% of Total**	**2004**	**% of Total**	**% change**
White MSM*	59	N/A	69	N/A	16.9%	77	N/A	93	N/A	20.8%	26	N/A	20	N/A	-23.1%
Black MSM*	43	N/A	30	N/A	-30.2%	43	N/A	33	N/A	-23.3%	25	N/A	23	N/A	-8.0%
Hispanic MSM*	24	N/A	18	N/A	-25.0%	28	N/A	25	N/A	-10.7%	3	N/A	6	N/A	100.0%
Whte Male IDU**	16	N/A	7	N/A	-56.3%	14	N/A	6	N/A	-57.1%	5	N/A	4	N/A	-20.0%
Black Male IDU**	26	N/A	10	N/A	-61.5%	11	N/A	4	N/A	-63.6%	7	N/A	5	N/A	-28.6%
Hispanic Male IDU**	23	N/A	3	N/A	-87.0%	6	N/A	3	N/A	-50.0%	2	N/A	2	N/A	0.0%
Whte Female IDU**	6	N/A	3	N/A	-50.0%	7	N/A	3	N/A	-57.1%	3	N/A	2	N/A	-33.3%
Black Female IDU**	10	N/A	3	N/A	-70.0%	4	N/A	1	N/A	-75.0%	7	N/A	10	N/A	42.9%
Hispanic Female IDU**	1	N/A	4	N/A	300.0%	2	N/A	4	N/A	100.0%	0	N/A	1	N/A	#DIV/0!
Whte Male Homeless	1	N/A	0	N/A	-100.0%	1	N/A	0	N/A	-100.0%	1	N/A	0	N/A	-100.0%
Black Male Homeless	0	N/A	1	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!	2	N/A	0	N/A	-100.0%
Hispanic Male Homeless	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!
Whte Female Homeless	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!
Black Female Homeless	1	N/A	0	N/A	-100.0%	0	N/A	0	N/A	#DIV/0!	0	N/A	1	N/A	#DIV/0!
Hispanic Female Homeless	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!
Male Haitian Born	43	N/A	49	N/A	14.0%	43	N/A	28	N/A	-34.9%	14	N/A	22	N/A	57.1%
Female Haitian Born	24	N/A	29	N/A	20.8%	36	N/A	33	N/A	-8.3%	7	N/A	8	N/A	14.3%
Whte Male Youth (ages 13-24)	0	N/A	2	N/A	#DIV/0!	3	N/A	2	N/A	-33.3%	0	N/A	1	N/A	#DIV/0!
Black Male Youth (ages 13-24)	3	N/A	4	N/A	33.3%	12	N/A	11	N/A	-8.3%	2	N/A	1	N/A	-50.0%
Hispanic Male Youth (ages 13-24)	0	N/A	2	N/A	#DIV/0!	3	N/A	5	N/A	66.7%	0	N/A	1	N/A	#DIV/0!
Whte Female Youth (ages 13-24)	3	N/A	0	N/A	-100.0%	7	N/A	4	N/A	-42.9%	0	N/A	0	N/A	#DIV/0!
Black Female Youth (ages 13-24)	8	N/A	10	N/A	25.0%	22	N/A	12	N/A	-45.5%	2	N/A	4	N/A	100.0%
Hispanic Female Youth (ages 13-24)	1	N/A	0	N/A	-100.0%	5	N/A	4	N/A	-20.0%	0	N/A	0	N/A	#DIV/0!
White WCBA*** (ages 15-44)	20	N/A	9	N/A	-55.0%	30	N/A	16	N/A	-46.7%	7	N/A	6	N/A	-14.3%
Black WCBA*** (ages 15-44)	81	N/A	79	N/A	-2.5%	128	N/A	96	N/A	-25.0%	37	N/A	38	N/A	2.7%
Hiapanic WCBA*** (ages 15-44)	14	N/A	10	N/A	-28.6%	16	N/A	18	N/A	12.5%	0	N/A	4	N/A	#DIV/0!
White Ped Cases (ages 0-12)	0	N/A	0	N/A	#DIV/0!	1	N/A	0	N/A	-100.0%	0	N/A	0	N/A	#DIV/0!
Black Ped Cases (ages 0-12)	2	N/A	2	N/A	0.0%	2	N/A	1	N/A	-50.0%	1	N/A	0	N/A	-100.0%
Hispanic Ped Cases (ages 0-12)	0	N/A	0	N/A	#DIV/0!	0	N/A	0	N/A	#DIV/0!	0	N/A	2	N/A	#DIV/0!
DOC cases	3	N/A	4	N/A	33.3%	8	N/A	7	N/A	-12.5%	1	N/A	0	N/A	-100.0%

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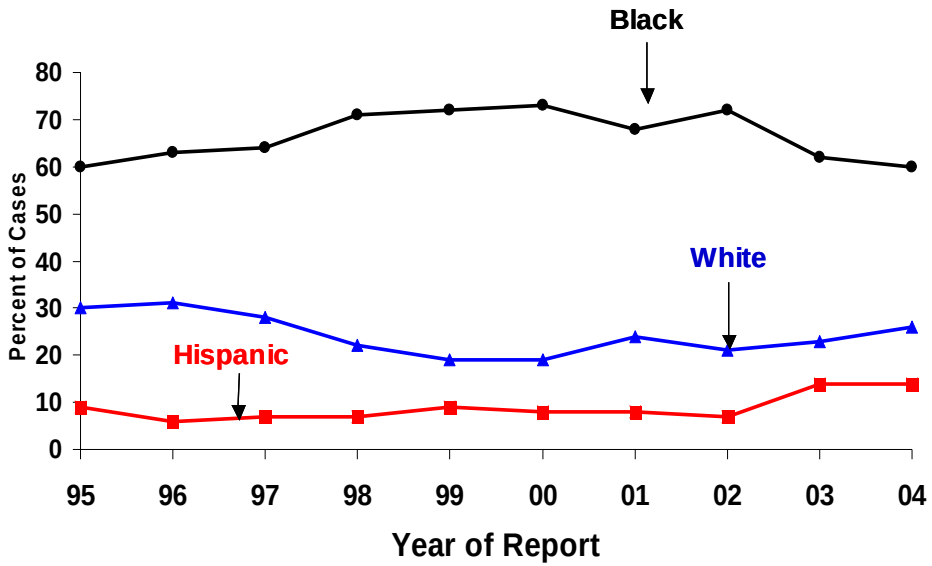
*MSM includes MSM & MSM/IDU

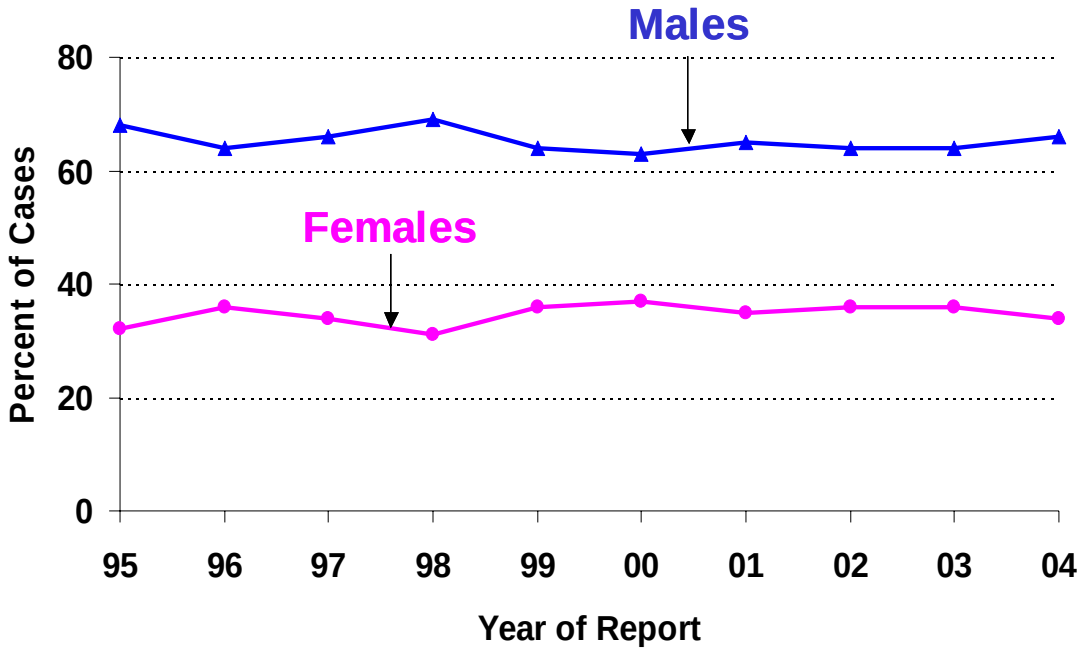
**Male IDU includes IDU & MSM/IDU

***WCBA=Women of Child Bearing Age

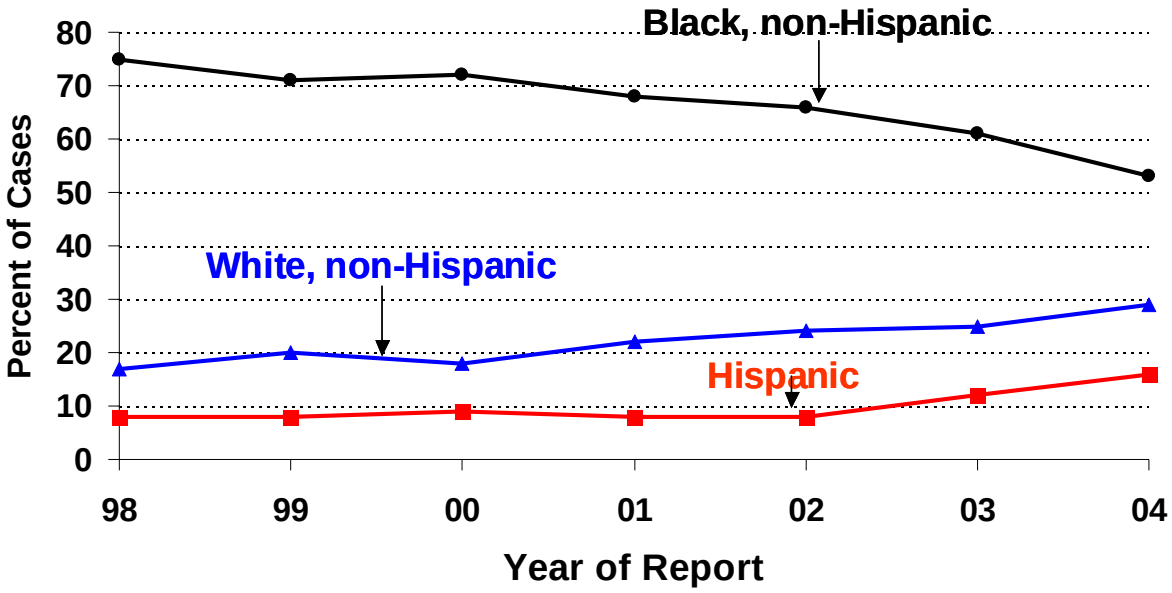
Adult AIDS Cases
by Race/Ethnicity and Year of Report
Palm Beach EMA, 1995-2004



Adult AIDS Cases
by Sex and Year of Report
Palm Beach EMA, 1995-2004



Adult HIV (Regardless of AIDS) Cases by Race/Ethnicity and Year of Report Palm Beach EMA, 1998-2004



Adult HIV (Regardless of AIDS) Cases by Sex and Year of Report Palm Beach EMA, 1998-2004