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

Community Empowerment Committee Meeting

Tuesday, May 7, 2024 - 3:00 to 5:00 PM

LOCATION: Broward Regional Health Planning Council

Click Below to Join the meeting via Microsoft Teams

Click here to join the meeting

This meeting is audio and video recorded.

Chair: Shawn Tinsley • Vice Chair: Irving Wilson

Purpose: The Community Empowerment Committee (CEC) serves as a bridge between the HIV Health Services Planning Council and people with HIV in Broward. It encourages the involvement of individuals with and affected by HIV/AIDS in the Council process.

The quorum for this meeting is 7

AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
II. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
III. **ACTION:** Approval of Agenda for May 7, 2024
IV. **ACTION:** Approval of Minutes from March 5, 2024 **(Handout A)**
V. Public Comment
VI. Standard Committee Items: None
VII. Old Business: None
VII. New Business
    a. Discussion: Update FY 2024-2025 Community Outreach Activities **(Handout B)**
        i. Possible inclusion of client education on ACA enrollment – PSRA recommendation
    b. Discussion: Feedback from the April 24th Listening Session Tour event: **(Handout C)**
    CEC Workplan Objective 1.1: *Engage Ryan White consumers in townhall/listening sessions at minimum, biannually.*
    CEC Workplan Objective 2.3: *Analyze survey/discussion results from each community event, outreach, training, or community forum.*

c. Discussion: Presentation on Ryan White Part A Program Services **(Handout D)**

i. CEC Ranking of Core and Support Services Ryan White Part A and MAI Service Categories

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

VIII. Public Comment

IX. Data Request

X. Next Meeting Date:

- **Tuesday, June 4, 2024 @ 3:00 PM**
- **Location: Broward Regional Health Planning Council & Microsoft Teams.**

IX. Agenda Items for Next Meeting:

- To be determined

X. Announcements

XI. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:

HIV Planning Council Website

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council

• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

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

Broward County Website

May 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
			1	2 **System of Committee Meeting** 9:30AM – 11:30AM Location: BRHPC/MS Teams	3 South Florida AIDS Network Meeting (SFAN) 9:30AM Medical Case Management 2:30 PM – 3:45 PM	4
5	6	7 **Community Empowerment Committee Meeting (CEC)** 3:00PM– 5:00PM Location: BRHPC/MS Teams	8	9	10	11
12	13	14	15 Quality Meeting 9:00 PM-10:15PM	16 **Priority Setting & Resource Allocation Committee Meeting** 9:30AM -12:30PM **Executive Committee Meeting** 12:45PM – 2:45PM	17	18 HIV VACCINE AWARENESS DAY MAY 18th HIV Vaccines Awareness Day
19	20 **Quality Management Committee Meeting** 11:30AM– 2:30PM Location: BRHPC/MS Teams	21	22	23 **HIV Planning Council Meeting** 9:30AM – 11:30AM Locations: BRHPC/MS Teams	24	25
26	27	28	29	30	31	GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

May 2024

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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Community Empowerment Committee

Tuesday, March 5, 2024 - 3:00 PM
Location: Broward Regional Health Planning Council and Virtual Meeting via Microsoft Teams

Chair: S. Tinsley • Vice Chair: I. Wilson

CEC Members Present: R. Bhrangger, S. Tinsley (Chair), W. Marcoviche, Dr. R. Shore, I. Wilson (Vice Chair), K. Hayes, E. Dudelzak, H. Franks, E. Davis, L. Robertson

Members Absent: J. Wright

Ryan White Part A Recipient Staff Present: G. James, B. Miller, W. Cius, Q. Cowan, J Roy, R. Pena, S. Cook,

Planning Council Support Staff Present: M. Patel, D. Liao, M. Lacroix. G. Berkeley Martinez

Guests Present: M. Barrett, V. Biggs,

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

The CEC Chair called the meeting to order at 3:06 p.m. The CEC Chair welcomed all meeting attendees who were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine" Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

Public Comment

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

Meeting Approvals

The approval for the **March 5, 2024,** agenda of the Community Empowerment Committee meeting with amendments was proposed by **R. Bhrangger**, seconded by **K. Hayes**, and passed unanimously. The approval for the minutes of the **January 9, 2024,** meeting was proposed by **R. Bhrangger,** seconded by **W. Marcoviche**, and approved with no further corrections.

Motion #1: R. Bhrangger, on behalf of the CEC, made a motion to approve the March 5, 2024, Community Empowerment Committee agenda. The motion was seconded by K. Hayes and adopted unanimously.

Motion #2: R. Bhrangger, on behalf of the CEC, made a motion to approve the January 9, 2024, Community Empowerment Committee meeting minutes as presented. The

motion was seconded by W. Marcoviche and adopted unanimously.

Public comment.
None.

Standard Committee Items
None.

Old Business
None

New Business

Discussion: Feedback from the January 31, 2024 "Stigma Smashers" activity: E. Davis explained the purpose behind the event and provided a summary of the outcome. While the event was executed successfully, there was low turn-out, which raised concerns among the committee members and led to E. Davis developing a marketing plan proposal for CEC to consider implementing.

Discussion: CEC Marketing Plan Proposal by Elizabeth Davis, CEC Member: This plan is designed to create low-effort systems to stay consistent with social media posting, publicizing CEC events, promoting the HIVPC, press coverage, and event turnout of community members and decision-makers. During this discussion, concerns were raised regarding staffing shortages and the quality of social media engagement in a timely manner. V. Biggs and M. Patel both stated that planning needs to be finalized months before the scheduled event with social media postings being sent out beginning at least 2 months prior to the event.

Part A suggested more accountability for committee members by recommending that members report their engagement and the outcomes. Among other ways to reach our targeted committee, K. Hayes suggested creating incentives that are more tangible and meaningful for attendees.

Finalize activities for FY 2024-2025:

Discussion: For the first fiscal year outreach activity, CEC will partner with PSRA in a Townhall listening session to receive feedback from Ryan White clients. Planning Council Staff will begin to coordinate this event with the Chair of PSRA.

Motion #3: K. Hayes, on behalf of the CEC, made a motion to approve the CEC Community Conversation Activities for Fiscal Year 2024-2025. The motion was seconded by R. Bhrangger and adopted unanimously.

Motion #4: K. Hayes, on behalf of the CEC, made a motion to consider an alternative event (gala/award ceremony to honor those who work in the field of HIV) in case one of the aforementioned events falls through. The motion was seconded by R. Bhrangger. After much discussion, the motion was rescinded by K. Hayes.

Recipient's Report

None.

Public Comment

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

Agenda Items for Next Meeting

a. Next Meeting Date: April 2, 2024, at 3:00 p.m. LOCATION: Broward Regional Health Planning Council

b. Agenda Items for Next Meeting

Finalize logistics for April's Townhall Meeting

PSRA presence mandatory.

CEC show up to their meeting in two weeks.

Discuss a Proposed Reentry Program

Announcements

- G. Martinez: Announced AHF's annual AIDS Walk on Saturday March 9, 2024 from 8:00 a.m. to 2:00 p.m. near Ft. Lauderdale Beach. She requested volunteers.

- V. Biggs: Announced Holy Cross's Vaccine Clinic Event on Thursday March 7, 2024 from 7:00 to 9:00 p.m. at Bear Cave in Wilton Manors.

- V. Biggs: Announced Holy Cross's Lauderdale Tropical Bear Week on Saturday March 9, 2024 from 3:00 to 7:00 p.m. at Bears in the Park in Wilton Manors.

Adjournment

There being no further business, the meeting was adjourned at 5:03 p.m.

CEC Attendance for CY 2024

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	6	C	5										
1	1	0	1	Bhrangger, R.	X	C	X										
0	1	0	2	Biggs, V.	X	Z											
0	0	0	3	Dudelzak, E	X	C	X										
1	1	0	4	Franks, H.	X	C	X										
0	1	0	5	Hayes, Kendra	X	C	X										
0	0	0	6	Jackson, S., Chair	X	C	X										
0	0	0	7	Marcoviche, W.	X	C	X										
1	1	0	8	Robertson, L.	X	C	X										
			9	Shore, R.	X	C	X										
			10	Wilson, I., Vice-Chair	X	C	X										
1	0	2	11	Wright, J.	A	C	A										
			12	Davis, E.	X	C	X										
				Quorum = 6	11		11										

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

HANDOUT B

HIV Health Services Planning Council
Community Empowerment Committee: Outreach/Community Conversations
March 2024 – February 2025

Status	Date/Month of Event	Topic	Partnering Organization	Sample Questions
Completed	April 24, 2024	Ryan White Consumers Listening Tour	PSRA/CEC	**Open Discussion**
Planning	July 24, 25 or 26, 2024	Community Conversation: Young Black MSM receiving Ryan White Services	CEC/TBD	**To Be Determined**
Planning	September 2024	Aging Gracefully (National HIV/AIDS Aging Awareness Day Sept 18th)	TBD	**To Be Determined**
Planning	November 2024	Ryan White Informational Session (Health Fair)	CEC/RWPA Office/RW Provider Agencies/ Other Community Organizations	**To Be Determined**
Planning	To be Determined	"Getting to Know the HIVPC" Radio Stations/Podcast Interviews	CEC/NPR/105.1/Other talk show-based forums	**To Be Determined**

HIVPC
April 24, 2024: 3 PM-5 PM
Listening Session Minutes

B. Barnes, Chair of the PSRA Committee, began the event at 3:15 PM by welcoming the guests and explaining the event's purpose.

E. Davis, the moderator for the event, introduced herself and explained to the audience what types of concerns the PSRA and CEC Committees are interested in.

Accessing HIV Care

- Client 1 stated that he had been diagnosed with HIV 25 years ago and began using Part B and HOPWA services two years ago due to circumstances resulting from the COVID-19 pandemic.
    - The Two agencies made the process of receiving services strenuous and he faced several barriers to assistance.
    - Agencies are overly bureaucratic, unethical, and duplicitous.
    - Agencies should be mindful that money is for the client services, not the agencies.
    - Client 1 felt micromanaged by the two agencies.
    - The client felt that the facilities operated on erroneous assumptions based on exterior factors such as skin color.
    - The client expressed a lack of feeling heard by physicians: *Client 1 recounted an incident in which he requested a medical test. The physician denied him the test based on his lab results without addressing the symptoms he was experiencing at the time. According to Client 1, the AIDS Healthcare Foundation told him his insurance did not cover the requested test. He became angry with AHF for contacting his insurance provider without his knowledge or consent.*
        - Deflecting blame onto clients: Client 1 stated that agencies must stop deflecting blame onto clients when issues arise and take accountability when clients do not receive the services they need.
    - Client 1 felt that the Palm Beach EMA system operates more effectively than the Broward County and Miami-Dade County EMAs.
- Client 2 began by informing the audience that she had been a member of the HIV Planning Council in the 2000s but stepped back for personal reasons. Since returning to Broward County, she has noticed that the situation has stayed the same for consumers.
- Client 3 described negative experiences with facilities that were supposed to be covered by Ryan White funding. He stated that the bills were not paid on time, leaving him with debts he doesn't believe should be his responsibility. He has been denied service and asked to produce a credit card because providers were unsure if they would be reimbursed.

Provider Sensitivity/Responsiveness when giving an HIV Diagnosis

- Client 2 described an incident during a medical visit, overhearing a conversation between another patient who had recently been diagnosed with HIV and a provider.

- Client 2 stated that this person received no guidance, comfort, or emotional support from the provider: She went on to recount the mental and emotional hardship she experienced when she learned of her own HIV diagnosis and implored providers to be more *sensitive and responsive* to consumers' mental and emotional needs. She said, *"Once you lose your empathy, compassion, and professionalism, it's time to find a new job."*

Fear of filing a complaint

- Client 3 reported that consumers are referred to specialists for Ryan White Part B, who are supposed to take co-payments. However, after the third referral, the specialists find an excuse not to continue seeing the consumer.
  - Consumers don't report these incidents for fear of retaliation, such as denied access to services.

Case Management Referral process

- According to Client 3, private clinics are willing to see consumers but need more help referring them to specialists.
  - Client 3 complained he had to jump through hoops to see a specialist.
  - Client 3 expresses discontent with case managers because he has had negative experiences with, in his words, "divas."
  - He later elaborated that case managers' body language puts consumers off.
  - He said he was not aware of peer specialists.

Lack of Continuity in Care

- Client 1 said that when he was a client at Care Resources, he could see his preferred physicians.
- When he switched to AHF, he was instructed to change his insurance and physician, and it took him three months to find a case manager.
- Client 1 reported that case managers have acknowledged the shortcomings of case management. He stated that Palm Beach County's Ryan White services are better, while Broward County and Miami-Dade County are seeing increased HIV cases.
- He firmly believes that AHF must focus on providing medication, not case management. - - Client 1 expressed interest in joining the PSRA committee to be part of the financial decision-making process for the program.

Provider Empathy / Listening to Clients

- Client 3 says that agencies must listen to the consumers first and stop "putting [their] issues onto the clients."
- This also applies to case management. Case managers must be patient and empathetic toward clients because only some consumers are communication savvy.
- Client 3 stated that physicians don't listen to clients and that clients need to be empowered to advocate for their needs.

- Client 3 said that consumers are seen mainly by nurse practitioners, who may not have all the necessary information to treat the consumers' conditions appropriately.

Consumer Literacy

- Client 2 stressed the importance of making resources available to consumers who are not tech-savvy or who may need to be literate. She explained that it may take ten years for a consumer to learn about the available resources, which she found unacceptable.
- Client 2 raised the issue of consumer literacy, stating that consumers who cannot read are unwilling to disclose this information to providers due to stigma.
    - Agencies must be mindful that clients might sign things they need help understanding.
    - Agencies and providers must spend time ensuring that consumers truly understand how their case is being handled and what they agree to.

Other Health Issues

- Client 4 reported that she has neuropathy in her feet, but her physicians do not show much concern as long as she remains undetectable.
- Client 3 stressed that complications of HIV are a critical issue that must be addressed. Neuropathy, one of these complications, has a detrimental effect on a consumer's quality of life and can develop into something worse.

Support groups for HIV Positive Heterosexual Men and Women

- Client 4 states that there is a lack of mental health services and support groups for heterosexual consumers.
    - She describes having negative experiences when trying to talk to her family because of prejudice and ignorance.
    - People think HIV is a "gay disease" and don't realize that women and heterosexual people can get HIV.
    - She also stated that black men, such as her late husband, face unique struggles when managing their mental health and coping with HIV stigma.
    - Client 4 and her late husband attended an HIV support group, but the group no longer meets following COVID-19.
    - According to Client 4, there are no support groups for black men or for people who don't have family.

Loneliness and Aging

- Client 4 explains that she was alone over Easter and did not reach out to her church for fear of judgment over her HIV status.
    - Consumers go home without support after outreach events such as this Listening Session.

Housing / Possible Homelessness/ Substance Abuse

- Client 1 pointed out that many people in the county who are experiencing homelessness, relying on soup kitchens, or struggling with substance abuse are already taking Ryan White services but have not seen an improvement in their circumstances.
- Client 1 stated that Broward House and Poverello have been stable entities in his experience as a consumer.
- Client 1 recounted an incident in which Care Resource, responsible for providing his housing, did not pay his rent. He also stated that he had to leave his housing because of a mold infestation.
- Client 2 described an incident in which she was evicted from her home even though Care Resources paid the landlord $1800. The eviction harmed her credit report. She sought assistance from Legal Aid because no Social Security lawyers would take her case. However, Legal Aid did not respond to her calls for three weeks. Client 2 called Coast to Coast, who provided her with assistance.
- Client 4 stated that after working at Broward House and retiring, she was at risk of homelessness. She is 20 years sober, but many of the other consumers in Ryan White-funded housing are on drugs.
- She cannot afford to move to regular housing because her health issues impede her efforts to find a job.
- Client 4 describes the circumstance of a friend who cannot move out of Ryan White-funded housing but has not been provided adequate living space for herself, her husband, and her niece, all of whom are disabled and cannot work.
- Client 4 stated that homeless consumers go to agencies for a place to spend the day where they know they will not be kicked out. But after these agencies close for the night, the homeless consumers are out on the street because there is an inadequate number of shelters.
- Client 4 addressed a new law set into effect on October 1, which would permit police to arrest unhoused clients and jail them for the night.
- Many clients can't find full-time work or go back to school and need assistance doing either. Some consumers need to make more money to qualify for the services they need.
- Client 6 said her housing was through HOPWA during the pandemic and had a bug infestation. She lost her material possessions and coped with substance abuse.
    - Code enforcement wouldn't come because it was too dangerous, so Client 6 was forced to remain in the bug-infested housing for two months until her lease expired.
    - She states that HOPWA should have put her in a hotel when she reported the infestation. Client 6 received assistance from other people in the HIV community.

Assistance to the Haitian Community

- Client 5, who was present over Zoom, asked what was done for the Haitian community.
- Client 6 said there needs to be more funding for Haitian Creole resources and more funding for case managers. Client 6 says that she has insight into Ryan White's services, but many consumers don't. She emphasizes that the county needs to check on agencies receiving grants and keep better track of how the funding is being spent.

- Client 1 reports that he has also dealt with housing issues. His housing had mold, which negatively impacted his health. He repeated Client 6's sentiment that there needs to be more accountability regarding how the funding is spent.

Client Empowerment / Stigma/ Education on Ryan White Services

- Clients need to take back the power.
- Client 1 states that he faces two barriers: being black and gay.
    - He said agency leaders must be replaced because they are not doing their jobs.
    - He believes the agencies must change their protocols to ensure consumers receive the necessary resources. "To erase stigma, make sure that clients can fight the good fight."

Access to mental health services

- Client 7 asked where to access mental health services.
    - I. Franco, a representative from Broward House, provided a detailed explanation of the mental health services provided by Broward House and how consumers can access them. He also acknowledged that consumers from marginalized groups experience barriers to accessing mental health and need providers who understand their unique needs.
    - J. Roy provided additional information regarding resources available through Part A and how these resources can be accessed.
- Client 6 said that Part A funding should be cut because they are receiving funding for services they are not providing.

Wrap Up

B. Barnes said it has been too long since agencies and providers have listened to clients. He explained that public comment is available for the public to share their concerns during committee and council meetings. He quoted Goger Gail Lyon who said, don't let my epitaph read, " He died of Red Tape."

E. Davis said that according to the Zoom chat, there need to be more Haitian Creole-speaking mental health providers.

Client 2 said that the problem is not the agencies themselves but rather some of the people who work there. She said that the agencies need to empower and educate consumers. She said, "We can only help the client by giving them what they need."

S. Tinsley asked consumers to bring more people to the following sessions so that they could share their experiences and concerns. All consumers are invited to the HIV Planning Council.

E. Davis adjourned the event at 4:55 PM.

HANDOUT D

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of May 7, 2024

PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

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

HIVPC
Broward County HIV Health Services Planning Council

THE CEC'S ROLE IN THE PSRA PROCESS

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

HIVPC
Broward County HIV Health Services Planning Council

CORE MEDICAL SERVICES

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

Note: Current FY 24-25 services are bolded.

SUPPORT SERVICES

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

Note: Current FY 24-25 services are bolded.

HIVPC
Broward County HIV Health Services Planning Council

RESOURCE ALLOCATION

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

HIVPC
Broward County HIV Health Services Planning Council

FY 2024 - 2025
PREVIOUS RANKINGS FOR CORE MEDICAL SERVICES

HIVPC
Broward County HIV Health Services Planning Council

FY2024 - 2025 CEC CORE MEDICAL SERVICES RANKINGS	RANK NUMBER	FY2024 – 2025 PSRA CORE MEDICAL SERVICES RANKINGS
AIDS Pharmaceutical Assistance (Local)	1	Health Insurance Premium & Cost-Sharing Assistance (HICP)
Health Insurance Premium & Cost-Sharing Assistance (HICP)	2	Outpatient Ambulatory Health Services (OAHS)
Medical Case Management (Disease)	3	AIDS Pharmaceutical Assistance (Local)
AIDS Drugs Assistance Program Treatments (ADAP)	4	Medical Case Management (Disease)
Mental Health Services	5	Oral Health Care (Dental)
Oral Health Care (Dental)	6	AIDS Drugs Assistance Program Treatments (ADAP)
Outpatient Ambulatory Health Services (OAHS)	7	Mental Health Services
Substance Abuse Services - Outpatient	8	Substance Abuse Services - Outpatient
Early Intervention Services (EIS)	9	Medical Nutrition Therapy
Home and Community-Based Health Services	10	Home and Community-Based Health Services
Home Health Care	11	Early Intervention Services (EIS)
Medical Nutrition Therapy	12	Home Health Care
Hospice Services	13	Hospice Services

FY 2024 - 2025
PREVIOUS RANKINGS FOR SUPPORT MEDICAL SERVICES

HIVPC
Broward County HIV Health Services Planning Council

FY2024 - 2025 CEC SUPPORT MEDICAL SERVICES RANKINGS	RANK NUMBER	FY2024 – 2025 PSRA SUPPORT MEDICAL SERVICES RANKINGS
Housing Services	1	Food Bank/Home-Delivered Meals
Food Bank/Home-Delivered Meals	2	Emergency Financial Assistance
Emergency Financial Assistance	3	Housing Services
Non-Medical Case Management	4	Non-Medical Case Management
Medical Transportation Services	5	Medical Transportation Services
Legal Services	6	Legal Services
Psychosocial Support Services	7	Outreach Services
Outreach Services	8	Psychosocial Support Services
Child Care Services	9	Health Education/Risk Reduction
Referral for Health Care/Supportive Services	10	Rehabilitation Services
Health Education/Risk Reduction	11	Referral for Health Care/Supportive Services
Substance Abuse Services - Residential	12	Other Professional Services
Rehabilitation Services	13	Substance Abuse Services - Residential
Other Professional Services	14	Linguistics Services (Interpretation and Translation)
Permanency Planning	15	Permanency Planning
Linguistics Services (Interpretation and Translation)	16	Child Care Services
Respite Care	17	Respite Care

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

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

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

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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