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, November 5, 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 6

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 November 5, 2024
IV. **ACTION:** Approval of Minutes from October 16, 2024 **(Handout A)**
V. Public Comment
VI. Standard Committee Items: None
VII. Discussion Items
    a. Action Item: World AIDS Day Updates.
        i. Memorial event on December 4th; 4:30 pm: *Honoring and celebrating the lives of HIVPC members who have transitioned*.
        ii. World AIDS Day Proclamation; Board of County Commissioners, 10:00 am at the Governmental Building;115 S Andrews Ave, Fort Lauderdale, FL 33301

iii. Part A Office Tabling event on December 10th at the Lobby of the Broward County Human Services Department Governmental Building; 115 S Andrews Ave, Fort Lauderdale, FL 33301; 10 am to 2 pm (may extend to 4 pm). Volunteers to table.

ii. *Workplan: 2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.*

VIII. Old Business: None

IX. New Business:

a. Debrief: November 2nd, Community Health Fair

i. Calendar of Community Events

b. Training for CEC Members: Empowering *Leadership in the Ryan White HIV Planning Council: A Guide to Effective Leadership for Council Members* **(Handout B)**

i. Workplan: 4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services.

X. Recipient Report

XI. Public Comment

XII. Data Request

XIII. Next Meeting Date:

- **Tuesday, December 3, 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

November 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 Medical Case Management (CQM) 2:30PM-3:45PM	2 CEC's Community Health Fair 11:00AM-2:00PM Location: Dorothy Mangurian Women's Center
3	4	5 Community Empowerment Committee Meeting (CEC 3:00PM– 5:00PM Location: BRHPC/MS Teams	6 Quality Network Meeting (CQM) 9:00AM-10:15AM	7 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	8	9
10	11 VETERANS DAY	12	13	14	15	16
17	18 Quality Management Committee Meeting 12:30PM– 2:30PM Location: BRHPC/MS Teams	19	20	21 PSRA Committee Meeting 9:30AM-12:30PM Executive Committee-Meeting 12:45PM – 2:45PM	22	23
24 Start of AIDS Awareness Week Nov 24-30	25	26	27	28 Happy Thanksgiving	29	30 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**.

November 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.

Community Empowerment Committee (CEC) Work Plan FY2024-2025

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing by participating in at least 4 community events.	Target	Q1	Q2	Q3	Q4
	4 Events				

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Engage consumers in townhalls/listening sessions at minimum, biannually.	CEC/Staff/Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.		X					X					
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data.			X									
1.3 Educate CEC members on HIVPC & Ryan White Part A.	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations or links to HRSA Ryan White Part A Webinars regarding topics of interest about the HIV Planning Council, Community Outreach, and Involvement.						X						
1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences at minimum, biannually.	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicapble. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.		X										

Objective 2: Promote education and awareness to affirm support for PWHA

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend creation or revision of promotional literature to MCDC as needed.	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC and revise language and visuals of marketing materials surrounding stigma. Provide this information to MCDC to update or create promotional literature.					X							
2.2 Distribute promotional literature - physically and electronically - to the community on an ongoing basis.	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv.	X	X	X	X	X	X	X	X				
2.3 Analyze survey/discussion results from each community event, outreach, training, or community forum.	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives.	X		X					X				
2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BCHPPC, Latinos En Accion, SFAN).		X	X				X					

Objective 3: Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes.Strategy 3.1.4 (2022-2026 Integrated Plan)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy	CEC	Increased awareness and utilization of services for PWH and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute a countywide summit for stakeholder collaborations to address various HIV-related issues including misconceptions and HIV-related Stigma.							X					

Objective 4: Create and promote public leadership opportunities for PWH. Strategy 3.3.1 (Integrated Plan 2022-2026)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services.	CEC	Increased PWH on advisory boards, consumer boards, and employed as Peers	Incorporate programs from the organizations, CHAT Target HIV; Meaningful Involvement of People with HIV/AIDS (MIPA) in Broward; the National Minority AIDS Council's (NMAC) ELEVATE or ESCALATE Programs, or other community partners to address HIV stigma reduction, workforce recruitment, development, and advancement needs for PWH in populations 50+, Young Black Men, T/GNC, and Latinx.			X				X					

Abbreviations: BCHPPC (Broward County HIV Prevention Planning Council); SFAN (South Florida AIDS Network); PCS (Planning Council Support Staff); T/GNC Transgender and gender nonconforming

Handout A

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

Wednesday, October 16, 2024 - 1:00 PM

Location: Broward Regional Health Planning Council and Virtual Meeting via Microsoft Teams

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

Members Absent: E. Dudelzak, I. Wilson (Vice Chair)

Ryan White Part A Recipient Staff Present: R. Pena, S. Cook

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

Guests Present: D. Robertson, S. McLeod, F. Ulffe, D. Spangler

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

The CEC Chair called the meeting to order at 1:11 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 **October 16, 2024,** agenda of the Community Empowerment Committee meeting was proposed by **W. Marcoviche**, seconded by **E. Davis** and passed unanimously. The approval for the minutes of the **October 1, 2024,** meeting was proposed by **H. Franks,** seconded by **K. Hayes**, and approved with no further corrections.

Motion #1: W. Marcoviche, on behalf of the CEC, made a motion to approve the October 16, 2024, Community Empowerment Committee agenda. The motion was seconded by E. Davis and adopted unanimously.

Motion #2: H. Franks on behalf of the CEC, made a motion to approve the October 1, 2024, Community Empowerment Committee meeting minutes as presented. The motion was seconded by K. Hayes and adopted unanimously.

Public comment.
None.

Standard Committee Items
None.

Discussion Items

a) Action Item: Finalized plans for the Ryan White Community Health Fair scheduled for November 2nd

S. Isidore conducted an overview of the most up-to-date contact sheet and explained which partnering agencies had confirmed their presence at the event. E. Davis stated that Gilead would contact CEC on Friday, October 18, 2024 to confirm whether they would sponsor the event.

R. Shore poses several questions regarding the logistics of the event. M. Lacroix addressed all concerns and confirmed that there will be no testing or medical procedures permitted during the event, per the venue's requirements. PCS staff will provide updates regarding the venue and logistics during the workshop scheduled for October 29th. R. Shore confirmed that the Pride Center would table the event.

E. Davis suggested having a greeter present at the event to direct clients and answer questions. The committee discussed ways to share announcements during the event and agreed that the greeter would provide information to clients upon their arrival.

Per the suggestion of R. Shore, the committee agreed to provide tickets to clients, which they would exchange for a boxed lunch. S. Isidore explained that there will be a raffle for 4 $25 gift cards.

E. Davis suggested playing the sponsor's promotional material in addition to HIVPC promotional during the event. PCS staff confirmed that signs and flags will be used to promote the event.

b) Action Item: Review feedback survey for Ryan White Community Health Fair.

The committee discussed whether to receive feedback via a paper survey or an electronic survey accessible through a QR code. The committee decided to use both options and members expressed a willingness to help participants who have literacy difficulties or vision difficulties. R. Shore suggested that the greeter hand out and keep track of the paper surveys. Per the suggestion of D. Spanger, the committee discussed avenues for radio and TV advertising of the event.

PCS staff conducted an overview of the contents of the feedback form and members of the committee offered suggestions for improvement. W. Marcoviche suggested removing the "Not Applicable" as an answer choice. S. Tinsley suggested replacing "Speakers/Presenters" with "Vendors". E. Davis suggested adding questions about the video presentation from the sponsor. R. Shore suggested removing Question #9 due to redundancy. E. Davis had concerns that the phrasing of Question #13 was not inclusive of the transgender community and made suggestions to improve it. D. Spangler suggested adding a question regarding HIV status. After much debate, the committee agreed to include the question.

Motion #3: H. Franks, on behalf of the CEC, made a motion to approve the feedback survey for the Community Health Fair with the recommendations made by the committee. The motion was

seconded by K. Hayes and adopted unanimously.

Old Business.
None.

New Business

None.

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: November 5, 2024, at 3:00 p.m. LOCATION: Broward Regional Health Planning Council
b. Agenda Items for Next Meeting

Announcements

- K. Hayes: She has been nominated for the Community Advocacy Award for the 10th Annual Bishop SF Makalani-MaHee Transgender Equality Awards.

- K. Hayes: Ads are now available in the Trans Day of Remembrance Monthly Booklet Guide. Financial contributions go to the TransInclusive Emergency Fund

Adjournment

There being no further business, the meeting was adjourned at 2:24 p.m.

CEC Attendance for CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Oct	Nov	Dec	Attendance Letters
	Meeting Date	6	C	5	C	7	4	2	C	3	1	16			
1	Bhrangger, R.	X	C	X	C	X	X	X	C	X	X	X			
2	Biggs, V.	X	Z												
3	Dudelzak, E	X	C	X	C	X	X	E	C	X	E	A			
4	Franks, H.	X	C	X	C	X	X	A	C	X	X	X			
5	Hayes, Kendra	X	C	X	C	X	X	X	C	X	X	X			
6	Tinsley, S., Chair	X	C	X	C	X	X	X	C	X	X	X			
7	Marcoviche, W.	X	C	X	C	X	X	X	C	X	X	X			
8	Robertson, L.	X	C	X	C	X	X	A	C	X	A	X			
9	Shore, R.	X	C	X	C	A	X	X	C	X	X	X			
10	Wilson, I., Vice-Chair	X	C	X	C	X	X	X	C	X	A	A			
11	Wright, J.	A	C	A	C	R									
12	Davis, E.	X	C	X	C	X	X	X	C	X	X	X			
	Quorum = 6	11		11		9	10	7		10	7	9			

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

Empowering Leadership in the Ryan White HIV Planning Council: *A Guide to Effective Leadership for Council Members*

Fort Lauderdale EMA/Broward County HIV Health Services Planning Council

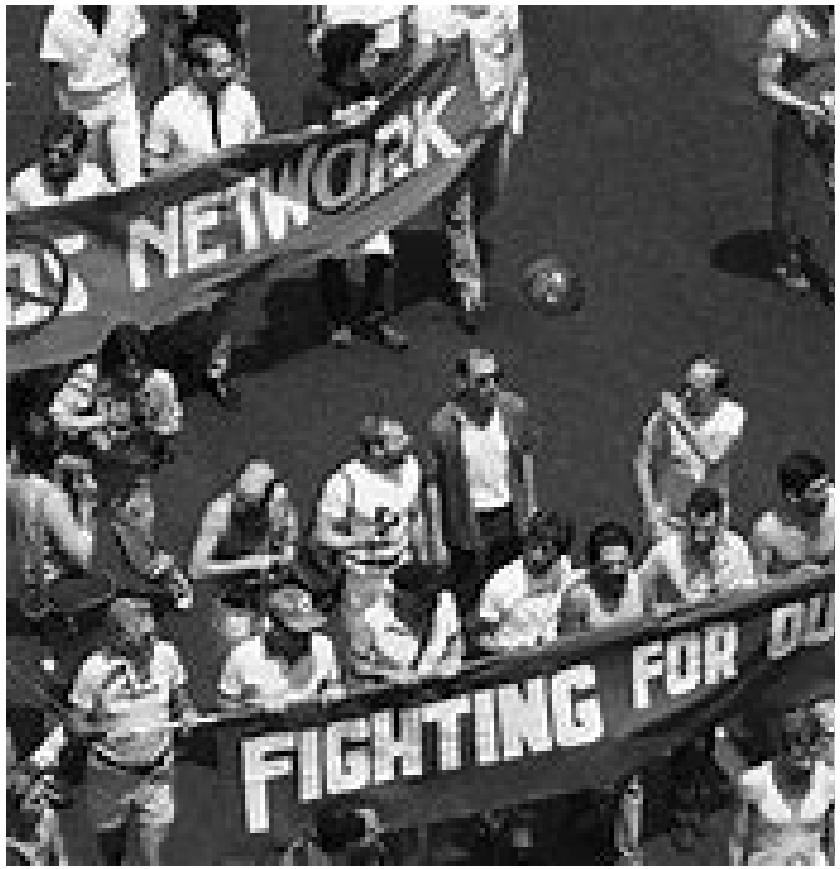
Prepared by: Planning Council Support Staff
October 2024

Learning Objectives:

- Identify the guiding principles for PWH involvement in decision-making: Denver Principles, MIPA, and GIPA
- Identify the traits and characteristics of leaders
- Transformational and Cultural Responsible Leadership
- Identify Cultural Humility
- Use self-assessment to think about areas for leadership development critically
- Define culturally relevant leadership
- Call-In versus Call-Out Modeling

Guiding Principles: PWH Leadership

- **The Denver Principles**, a Bill of Rights / Declaration of Independence for the AIDS movement written in 1983. At its core, the Denver Principles
  - Demanded a set of rights and recommendations for people living with HIV.
  - These principles are built on social justice movements building power for African Americans, Native Americans, Asian Americans, Latinos and Chicanos, women's health, and LGBT liberation.



Guiding Principles PWH Leadership: MIPA

- The principle of **Meaningful Involvement of People Living with HIV/AIDS (MIPA)** demands that people living with HIV be substantively engaged in policy and programmatic decision-making activities

PWH Leadership: MIPA

- **Engagement:** Involve PWH in decision-making.
- **Equity:** Ensure their voices are heard and valued.
- **Representation:** Advocate for diverse leadership.

PWH Leadership: GIPA Principles

- The **Greater Involvement of People Living with HIV/AIDS (GIPA)** principles were developed to ensure that people living with HIV (PLHIV) are meaningfully involved in the decisions that affect their lives. Originating from the 1994 Paris Declaration, GIPA promotes the active participation of PLHIV in policy-making, program design, service delivery, and research related to HIV/AIDS.
- Self-determination or the belief that individuals and communities should have the right to participate in the decision-making processes, is a value held by people living with HIV globally.

Key aspects of the GIPA principles

- **Empowerment** of PWH to take leadership roles and participate in decision-making processes at all levels.
- **Reduction of stigma and discrimination** by involving PWH in shaping and implementing HIV-related policies and programs.
- **Human rights** focus, ensuring that PWH have equal opportunities and are treated with dignity and respect.
- **Improvement in health outcomes** by ensuring that the experiences and insights of PWH are incorporated into services, leading to more effective and relevant interventions.

Leadership and the Ryan White HIV/AIDS Program

Leadership is about guiding communities and advocating for care.

Ryan White Program supports low-income PWH through HRSA funding.

Council helps allocate funds and determine service needs.

Council's Leadership Responsibilities

Setting Priorities & Allocations: Deciding which services receive funding.

Needs Assessment: Identifying gaps in HIV care.

Comprehensive Planning: Creating long-term strategies for service delivery.

Service Evaluation: Monitoring the effectiveness of funded services.

Leadership Traits for Success

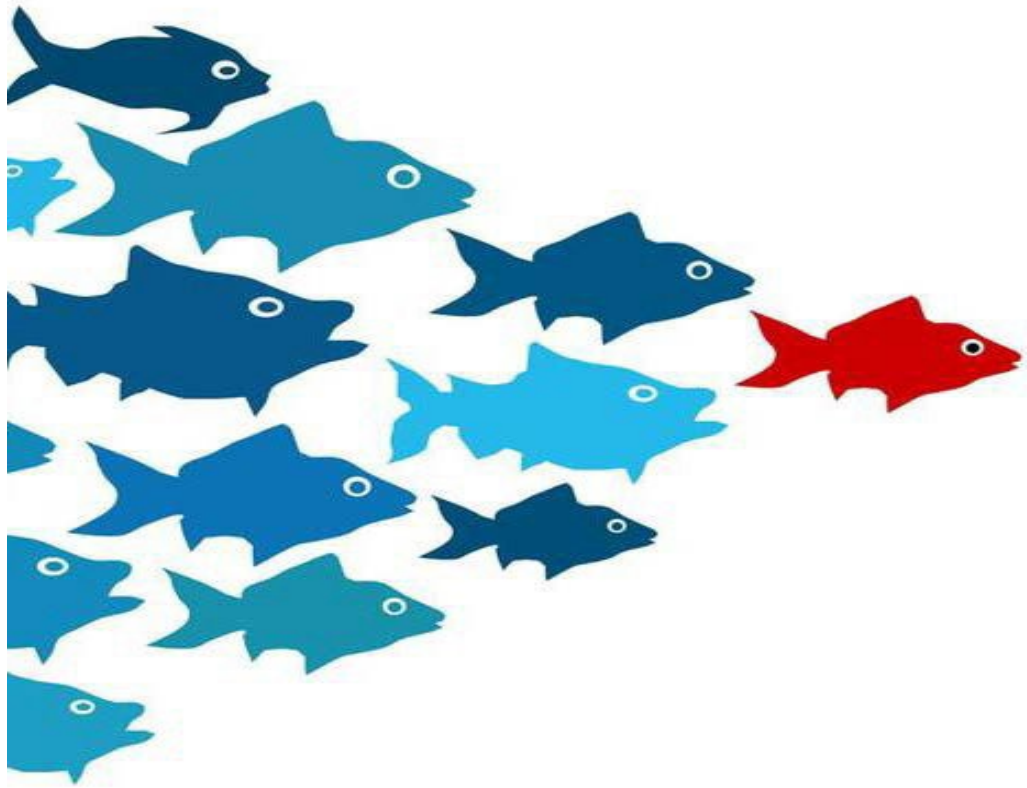
- **Visionary Thinking:** Understand the big picture.
- **Communication:** Be clear and transparent.
- **Empathy and Inclusivity:** Value all perspectives.
- **Collaboration:** Work effectively with others.
- **Adaptability:** Be open to new ideas and changes.

Skills

CONFIDENCE.

While you are lost in music, we never loose our grip.

- **Leadership** is the action of leading a group of people or an organization.
- **Leaders** are individuals who are called to use their skills and knowledge to lift communities up and bring forward their voice



- **Can anyone name some traits and characteristics that we often find in leaders and in leadership?**

Leadership Characteristics

Types of Leadership

TRANSFORMATIONAL LEADERSHIP

CULTURALLY RESPONSIVE LEADERSHIP

Transformational Leadership

Transformational leadership is defined as a leadership approach that causes **change in individuals and social systems**.

In its ideal form, it **creates valuable and positive change** in the followers to develop followers into leaders.

Transformational Leadership in HIV Advocacy

- **Inspiring Change:** Motivate others for positive change.
- **Fostering Growth:** Encourage development in others.
- **Creating Lasting Impact:** Lay the foundation for sustainable change.

Examples of Transformational Leaders

•**Nelson Mandela**: Mandela is a classic example of transformational leadership. He united a deeply divided South Africa by promoting reconciliation and peace after the fall of apartheid. His vision of a multiracial democracy inspired the nation and transformed its social and political landscape, moving beyond resentment and toward healing.

•**Barack Obama**: Obama's leadership style often emphasized inspiration and empowerment. His messages of hope and change during his presidency aimed to transform the political and social climate in the U.S., promoting unity and progress while focusing on building a more inclusive society.

•**Oprah Winfrey**: Oprah's transformational leadership is seen through her ability to inspire millions of people with her story, her philanthropy, and her media empire. She encourages personal growth, emotional well-being, and overcoming adversity, shaping her influence far beyond the entertainment industry.

•**Steve Jobs**: As the co-founder of Apple, Steve Jobs transformed the technology industry through his visionary leadership. He motivated his teams to innovate and create groundbreaking products like the iPhone, iPad, and Mac, revolutionizing the way people interact with technology.

•**Jacinda Ardern**: As Prime Minister of New Zealand, Ardern's response to the Christchurch mosque shootings and her handling of the COVID-19 pandemic showcased her transformational leadership. She promoted empathy, inclusivity, and decisive action, gaining trust and loyalty from both her country and the global community.

•**Satya Nadella**: As CEO of Microsoft, Nadella transformed the company's culture from a competitive environment to one focused on empathy, innovation, and collaboration. His leadership revitalized Microsoft's business approach, steering it toward cloud computing and artificial intelligence, boosting employee morale and company success.

•**Howard Schultz**: As the CEO of Starbucks, Schultz transformed the coffee industry by promoting a company culture centered on social responsibility, employee empowerment, and community engagement. His leadership style promoted collaboration and inclusivity while also revolutionizing the customer experience.

Benefits of Transformative Leadership

- **Transformational leadership** focuses on **inspiring and motivating followers to achieve their highest potential**, fostering innovation, and driving change.
- Leaders practicing this style often **build a strong vision, encourage team collaboration, and promote personal and professional growth**. Here are some examples of transformational leadership.
- Transformational leadership **often leads to lasting impact**, reshaping organizations, industries, and even societies.

Culturally Responsive Leadership

Understanding	Challenging	Building
Understanding Cultural Contexts: Reflect the community's diversity	Challenging Bias: Eliminate biases in care delivery.	Building Trust: Build trust with marginalized communities

Examples of Culturally Responsive Leadership

- **Arne Duncan (U.S. Department of Education)** As the former U.S. Secretary of Education, Duncan championed educational reforms that aimed at closing achievement gaps for students from different racial, ethnic, and socioeconomic backgrounds. He supported policies to increase access to high-quality education for underserved communities, demonstrating responsiveness to diverse educational needs.
- **Linda Darling-Hammond (Educational Leadership)** As an educational leader, Darling-Hammond has advocated for equity in education by promoting culturally responsive teaching practices. She emphasizes the importance of teachers understanding students' cultural contexts and adapting curriculum and teaching strategies to meet the diverse needs of learners.
- **Nelson Mandela (Political Leadership)** Mandela's leadership in post-apartheid South Africa exemplified cultural responsiveness. He worked to dismantle institutionalized racial segregation and create a nation where all cultures and ethnicities were embraced. His ability to lead with compassion and understanding toward all racial groups helped heal a divided nation.
- **Indra Nooyi (PepsiCo)** As the former CEO of PepsiCo, Nooyi promoted a global culture of inclusion by recognizing and addressing the diverse needs of PepsiCo’s consumers and employees. She emphasized the importance of understanding global cultural trends and adapting business strategies to align with cultural values, especially in emerging markets.


Indra Nooyi (PepsiCo)

Benefits of Cultural Responsible Leadership

- Culturally responsive leaders demonstrate an awareness of cultural diversity, take deliberate actions to foster inclusion and work to ensure that the perspectives of all individuals are valued and integrated into organizational or societal practices.
- These leaders seek to create environments where everyone, regardless of background, can contribute meaningfully and succeed.

Overcoming Leadership Challenges in HIV Care

Funding Shortages: Make tough allocation decisions.

Stigma and Discrimination: Advocate against stigma and exclusion.

Health Disparities: Address social determinants impacting care.

Impactful Leadership

- **What are some ways to ensure culturally responsive services in leadership?**

Cultural Humility

Cultural humility is an approach that acknowledges and challenges power imbalances to foster respectful partnerships.

It encourages us to **critically examine power, privilege, and biases**, recognizing that formal education and credentials alone are not sufficient to address social inequality.

Moreover, it **promotes cross-cultural dialogue**, enabling individuals and communities to define their own identities, rather than being shaped by external generalizations.

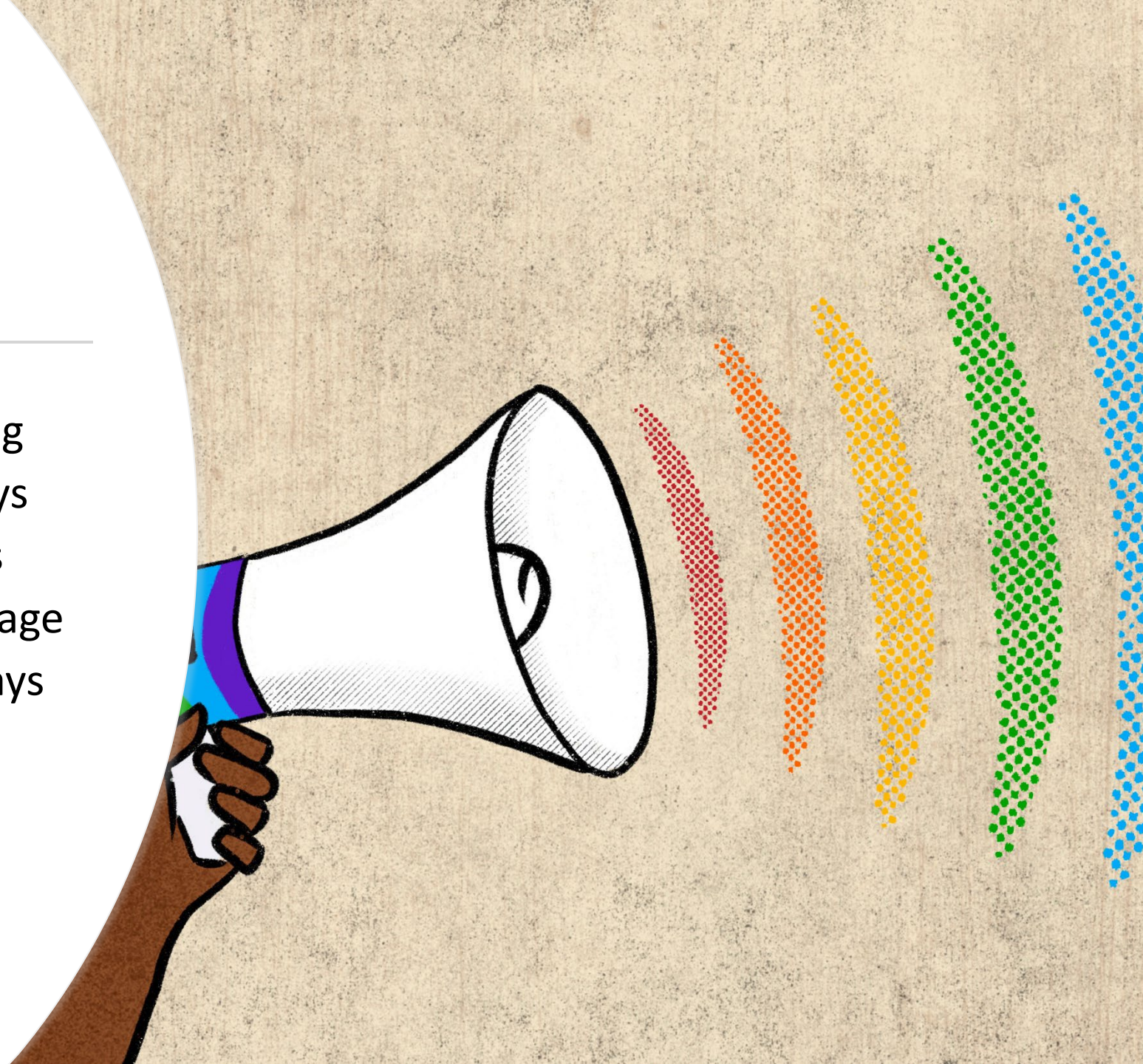
Cultural Humility

YouTube Video: What is Cultural Humility: by PsychHUB: https://youtu.be/wDIGXUzULug?si=nVPgZEd6HvbA-l_Z

Cultural humility involves engaging with individuals whose values, beliefs, or behaviors differ from our own.

Communication: Calling Out versus Calling In

- Calling someone out can be jarring and unwelcome, and it isn't always the most effective way to address important issues. While the message may be delivered, it may not always be received or understood.
- Calling in focuses on fostering understanding and growth, in a nonconfrontational manner.



Communication: “Calling Out”

- When we “**call someone out**” it can often be received negatively, people can feel like you are shaming them.
  - If this happens publicly, it can damage fragile or nascent (newly developing) relationships with other stakeholder groups.
  - However, when other leaders or stakeholder groups perpetuate stigma and reinforce structures of discrimination, it is important to name this behavior and facilitate a different response.
  - Calling out might not achieve this response given its current usage in our culture.

Communication: “Calling In”

- **Calling in** allows you to state that the word or deed was inappropriate and potentially damaging while also recognizing that perhaps they were unaware.
- Calling in is a way to respectfully address the situation publicly honoring the place where people are while expecting a movement towards inclusion.

Make a “Call-Out” a “Call-in”

Calling Out Sample One

- **Scenario**: During a meeting, someone makes an insensitive comment.
  - **Response**: “That’s a really offensive thing to say. You should know better.”

Calling In Sample One

- **Scenario**: During a meeting, someone makes an insensitive comment.
  - **Response**: “I noticed your comment might come across as insensitive to some people. Can we talk about why that might be and how we can approach it differently?”

Calling Out Sample Two

- **Scenario**: A colleague uses outdated terminology that is no longer considered appropriate.
  - **Response**: “Using that term is completely unacceptable. You need to update your language.”

Calling In Sample Two

- **Scenario**: A colleague uses outdated terminology that is no longer considered appropriate.
  - **Response**: “I wanted to share that the term you used is considered outdated and can be hurtful. Let’s discuss some more inclusive alternatives.”

Make a “Call-Out” a “Call-in”

- **Calling Out Sample Three**
  - **Scenario**: Someone interrupts others frequently during discussions.
    - **Response**: “You always interrupt people. It’s really rude.”

- **Calling In Sample Three**
  - **Scenario**: Someone interrupts others frequently during discussions.
    - **Response**: “I’ve noticed that interruptions happen often during our discussions. Can we find a way to ensure everyone gets a chance to speak?”

Ask Yourself

- Was it easy or difficult to form your “call in” statements?
- Do you think “calling in” is a strategy that might be useful for your work as a leader?
- Are there other strategies like “calling in” that you have seen work well in building relationships with other stakeholder groups?

Contact Information

Planning Council Support

Email: hivpc@brhpc.org

Phone: 954-561-9681; Ext 1244 & 1343

Web: www.Browardhivpc.org

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তোমাকে ধন্যবাদ
감사합니다
merci

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.

Health Insurance Premium Assistance Program

Affordable Care Act (ACA)Health Insurance
Open Enrollment
November 1st – December 15th

Step #1: Enroll in an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll in the Premium Payment Assistance Program (required)

IMPORTANT NEW RULE – PLEASE READ CAREFULLY!

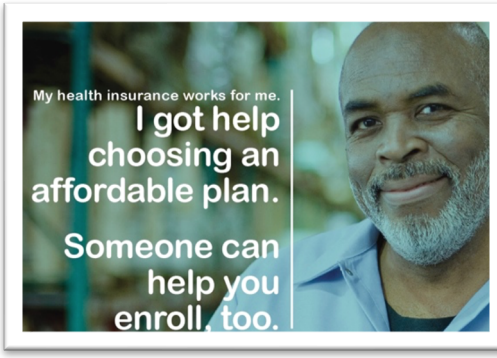
Clients ***MUST*** actively enroll in the premium assistance program **every year** at **https://enroll.brhpc.org** or by calling **1-844-441-4422.** Anyone who does not directly enroll, will be disenrolled for 2025 and NO future payments will be made.

Step #3: Use *CVS Copay Card When You Fill A Prescription (required)*

For medication copayment assistance, call your local county health department.

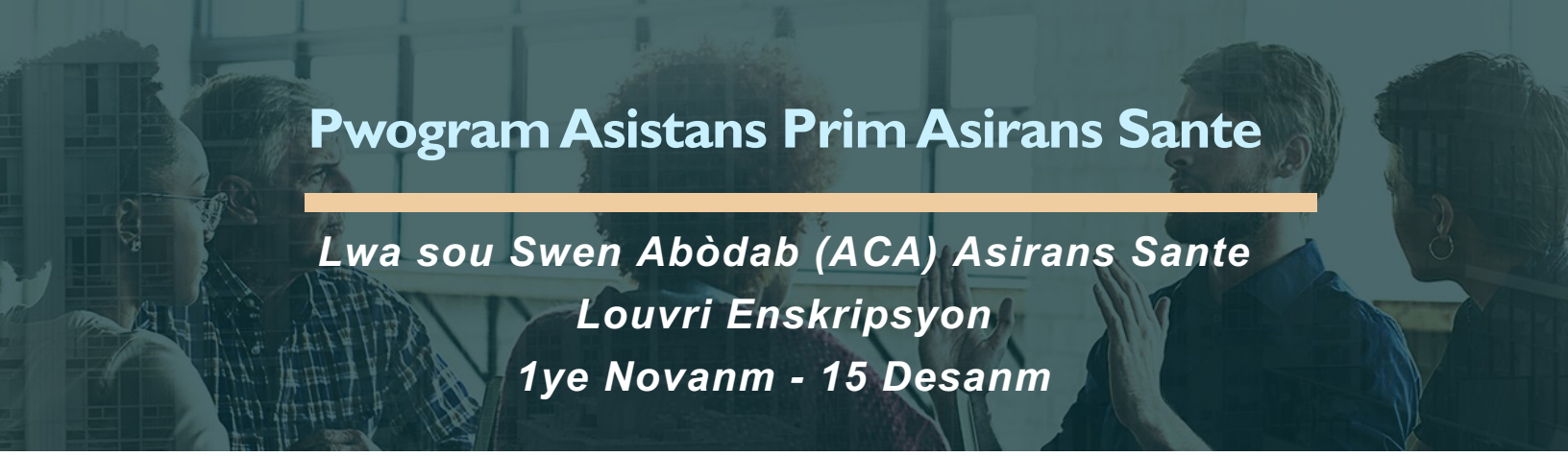
Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.



For more information, contact Broward Regional Health Planning Council or our health insurance enrollment partner, American Exchange at 1-844-441-4422.

BRHPC



Pwogram Asistans Prim Asirans Sante

Lwa sou Swen Abòdab (ACA) Asirans Sante

Louvri Enskripsyon

1ye Novanm - 15 Desanm

Etap #1: Enskri nan yon Plan Asirans Sante APROUVE (obligatwa)

Pou asistans ak enskripsyon nan Asirans: rele 1-844-441-4422 oswa vizite: https://enroll.brhpc.org

Etap #2: Enskri nan Pwogram Asistans Peman Prim (obligatwa)

NOUVO RÈG ENPÒTAN – TANPRI LI AK ATANSYON!

Kliyan yo DWE enskri aktivman nan pwogram asistans prim lan chak ane nan https://enroll.brhpc.org oswa lè yo rele 1-844-441-4422. Nenpòt moun ki pa enskri dirèkteman, yo pral retire enskripsyon an pou 2025 epi yo PA fè okenn peman nan lavni.

Etap #3: Sèvi Ak CVS Copay Card Lè W Ranpli Yon Preskripsyon (obligatwa)

Pou asistans pou kopeman medikaman, rele depatman sante lokal ou a.

Etap #4: Re-Sètifye Elijibilite Chak Ane Epi Pa Kite L Ekspire (obligatwa)

Si kalifikasyon ou ekspire, pwogram nan p ap fè peman prim ou ankò. Pou asistans pou kalifikasyon Pwogram Asistans Medikaman Eta Florid, rele 1-844-381-2327.

Pou plis enfòmasyon, kontakte Broward Regional Health Planning Council oswa patnè enskripsyon asirans sante nou an, American Exchange nan 1-844-441-4422.

BRHPC

Programa Asistencia De Pago Para Primas De Seguro Médico

Affordable Care Act (ACA) Inscripción Abierta Para Seguro Médico

1 de Noviembre al 15 de Diciembre

Paso #1: Inscríbase en un Plan de Seguro Médico APROBADO (necesario)

Para ayuda con la inscripción de Seguro: llame al 1-844-441-4422 o visite: https://enroll.brhpc.org

Paso #2: Inscríbase En El Programa De Asistencia Para El Pago De Primas (necesario)

NUEVA REGLA IMPORTANTE: ¡LEA ATENTAMENTE!

Los clientes DEBEN inscribirse activamente en el programa de asistencia para el pago de primas todos los años en https://enroll.brhpc.org o llamando al 1-844-441-4422. Cualquier persona que no se inscriba directamente será cancelada para el año 2025 y NO se realizarán pagos futuros.

Paso #3: Use La Tarjeta De Copago De CVS Cuando Surtir Receta *(necesario)*

Para ayuda con el copago de medicamentos, llame al departamento de salud de su condado local.

Paso #4: Vuelva A Certificar Su Elegibilidad Anualmente Y No La Deje Vencer *(necesario)*

Si su elegibilidad vence, el programa ya no realizará los pagos de su prima. Para State of Florida Drug Assistance Program asistencia de elegibilidad, llamando al 1-844-381-2327.

Para más información, contacte Broward Regional Health Planning Council o nuestro socio de inscripción de seguro médico, American Exchange, al 1-844-441-4422.

BRHPC