Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Community Empowerment Committee
Date/Time: Tuesday, May 5, 2015, 1:00 p.m.
Location: Governmental Center Annex Room A-337
Chair: Arianna Lint

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 5/5/15 Agenda, 4/7/15 Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Testimonials
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Service Category Priority Rankings (W.P. Item 3.2) HANDOUT A	ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA.
Peer Educators (W.P. Item 2.3) HANDOUTS B and C	ACTION ITEM: Educate CEC members on the role of peer educators.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** June 4, 2015 **Venue:** TBD

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Community Event/Forum (W.P. Item 3.1)	Hold annual community forum to gather feedback from consumers about barriers to obtaining HIV services and staying in treatment.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

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MEETING MINUTES

COMMITTEE: Community Empowerment Committee (CEC)
Date/Time: Tuesday, April 7, 2015, 1:00 p.m.
Location: Broward House Assisted Living Facility
Chair: Arianna Lint **Vice Chair:** Vacant

	Members	Present	Absent		Guests
1	Burgess, D.	X			Myers, J.
2	Bhrangger, R.	X			Louis, M.
3	Creary, K.	X			Young, T.
4	Clayton, L.		A		Thiessen, J.
5	Culpepper, K.	X			Oliveras, R.
6	Franks, H.	X			Kenp, G.
7	Katz, H.B.	X			Duncan, T.
8	Lint, A., *Chair*	X			Frederick, J.
9	Marcoviche, W.	X			Charenfont, D.
10	Myers, L.	X			Stone, D.
11	Parker, P.	X			Bartholomew, E.
12	Reed, Y.		A		
13	Robertson, P.	X			**Grantee Staff**
14	Runkle, D.	X			Vargas, J.
15	Wilkins, D.	X			
					HIVPC Staff
					Bente, A.
					Beckford, R.
	Quorum = 9	**13**			Johnson, B.

1. CALL TO ORDER:

The Chair called the meeting to order at 1:05 p.m.
The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Katz, H.B. **Seconded by:** Creary, K.
Action: Passed Unanimously

Motion #2: To approve 3/3/15 meeting minutes
Proposed by: Runkle, D. **Seconded by:** Creary, K.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. Testimonials – A member shared that she was a tenant at Broward House and received substance abuse services in 2001. She announced that she has been clean for over 15 years since her stay in the assisted living facility. She also mentioned that she learned of the HIV Planning Council through Broward House. A guest announced that he is very fortunate to be at Broward House, and

he stated that he is looking forward to full recovery. The Chair spoke about how difficult it is to be open about her status, because of the bullying that takes place in the Transgender HIV/AIDS community. Another guest stated that she is also very grateful for the services provided through the Ryan White program.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a. CEC 18 Month Work Plan (WP Item 4.3) (HANDOUT A)

Planning Council Staff provided updates on the progress of the committee's 18 month work plan. All of the work plan items are centered on the three guiding principles of the HIV Planning Council: linkage to care, retention in care, and viral load suppression. Next, PC Staff mentioned last year's event, Transgender 101, as well as the photos from the event. A feedback form was provided at Transgender 101 to see how we will move forward on future events. She stated that the information acquired from the survey will definitely be taken into consideration and future events will illustrate the information provided from the survey.

Future work plan items include training members to become peer educators and completing priority rankings for the Priority Setting and Resource Allocation committee in May. Staff explained the importance of the ranking procedure to the committee members and guests. A guest asked a question about how the ranking is assessed. PC Staff informed the guest that members rank services based on how essential they believe specific programs/services are.

Another guest inquired about requirements for services provided at Broward House. A representative from the Grantee's office informed him that for specific grants there are individual requirements and elements that each agency must deliver. The guest restated his question to ask if there is a Ryan White liaison for Broward House. The grantee staff responded by explaining how the grant process works, and how to serve clients and meet their individual needs. PC Staff reiterated that the CEC is meant to provide education to consumers and a member further explained that the HIV Planning Council and its committees provides guests the opportunity to educate and empower themselves through participation. She urged the guests to get involved and to come to the table. Another member reiterated that consumers also empower themselves by understanding how to navigate the Ryan White system, how to properly take their medications, etc. PC Staff informed the guests of the Quality Improvement Networks and their contribution to the process as well. A member mentioned that any program that receives funding must have a grievance procedure and that he should voice any concerns to Broward House through the grievance process.

b. Hot Topic Locations (HANDOUT B)

HIVPC staff reviewed the list of proposed HOT Topic locations with CEC members and reminded the members that the April CEC meeting occurred at Broward House because it was recommended by majority of the committees, and recognized as a staple location in the community. Staff announced that they called on Shadowood, Memorial Hospital, E. Pat Larkins Center, the FLDOH Paul Hughes location, Care Resource, and the PRIDE Center to secure upcoming Hot Topic meeting locations. She explained that Shadowood's location is too small to host a meeting for the community. Memorial is available to host a meeting in the month of November. The Pat Larkins Center is on schedule for a July Hot Topic meeting once all necessary forms are submitted. The Paul Hughes center doesn't have the amenities or space available for a community meeting. Care Resource is available in September. However, members

mentioned that there is not have enough parking available, so the committee decided not to use Care Resource as a Hot Topic community meeting location. PC Staff also informed the committee that the PRIDE Center is available to host the first CEC community event regarding PrEP in June. A member gave an update on the planning process and that the System of Care (SOC) committee would be partnering with the CEC as vendors at this event.

Action Item:

- Remove Care Resource from the list of Hot Topic Meeting Locations

c. Hot Topic Presentation (W.P. Item 1.3)

Jamie Powers, Clinical Manager at Broward House gave a presentation highlighting the work and impact of the Broward House. She provided an overview of the substance abuse program, as well as other services offered by Broward House. She distributed handouts and palm cards with information about the many programs Broward House offers, including support groups, safe sex education, at-risk programs, outreach, and homeless services. . She encouraged CEC members and guests to pick up a handout before leaving in order to see the full list of programs and services offered. A member asked a question about mental services offered for someone who is homeless but not receiving Ryan White Services. Jamie recommended the individual access the outpatient counseling program. Another CEC member inquired about the family housing program. Ms. Powers referred her to the list of extensions provided on the flyer. Members were informed that a tour of the facility was available at the end of the meeting for those who are interested.

6. GRANTEE REPORT

Grantee staff stated that 217 clients have been enrolled through the Ryan White Part A Health Insurance Continuation Program (HICP), which is separate from the Florida ADAP program. The basic allocation per person has been raised from 47 to 65, so that insurance can cover the individual for as long as necessary. The Low Income Assistance program, L.I.P; which covers people that cannot pay medical bills is said to possibly be phased out in the future due to the implementation of the Affordable Care Act, which is also meant to cover low income individuals. Grantee staff also recommended that clients write their representatives to advocate for essential health programs and services in their community such as Ryan White and Medicaid. Finally, the Grantee representative announced the CBS4 Campaign, which includes PSA's geared toward empowering the community to "Treat HIV/Beat HIV." The goal of these advertisements is to remove the shame and stigma of getting tested and treated for HIV/AIDS.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: **Date:** May 5, 2015 **Venue:** Gov't Center Annex A-337

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Priority Rankings (WP Item 3.2)	ACTION ITEM: Priority rank Part A and MAI service categories and send recommendations to PSRA

9. ANNOUNCEMENTS

The Membership Council/Development Committee Chair announced that there will be a quarterly Welcome Brunch hosted at Hispanic Unity on May 15th. CEC members and guests are encouraged to attend. Designated CEC members will provide testimonies and individuals interested in HIVPC

membership will be assigned buddies to assist with committee membership selection, HIVPC meeting protocol, etc. HIVPC applications will be provided at the event.

10. ADJOURNMENT

Without objection the meeting was adjourned at 2:28 p.m.

Community Empowerment Committee (CEC) CY 2015 Attendance

Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date:	6	3	3	7									
1	Bhrangger, R.	X	X	X	X									
2	Burgess, D.	X	X	X	X									
3	Clayton, L.	E	X	A	A									
4	Creary, K.	X	X	X	X									
5	Culpepper, K.	X	X	X	X									
6	Franks, H.	X	X	X	X									
7	Katz, H.B.	X	E	A	X									
8	King, J.	A	A	R - 2/13										W - 1/15
9	Lint, A., *Chair*	X	X	X	X									
10	Marcoviche, W.	E	X	X	X									
11	Myers, L.	X	X	X	X									
12	Parker, P.	A	X	A	X									
13	Reed, Y.	X	X	A	A									
14	Robertson, P.	X	X	A	X									
15	Runkle, D.	X	X	X	X									
16	Wilkins, D.	X	X	A	X									
	Quorum = 9	12	14	9	13									

Service Category Definitions and Descriptions Using the National Monitoring Standards (Part A Program Standards)

Updated April 2014

Core Services

1. **Outpatient and Ambulatory Medical Care:** the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Health and Health Services (HHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Allowable services include:
   - Diagnostic testing
   - Early intervention and risk assessment
   - Preventive care and screening
   - Practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions
   - Prescribing and managing of medication therapy
   - Education and counseling on health issues
   - Well-baby care
   - Continuing care and management of chronic conditions
   - Referral to and provision of HIV-related specialty care (includes all medical subspecialties, even ophthalmic and optometric services)

   Includes provision of **laboratory tests** integral to the treatment of HIV infection and related complications.

2. **AIDS Drug Assistance Program (ADAP):** funding allocated to a State-supported AIDS Drug Assistance Program that provides an approved formulary of medications to HIV-infected individuals for the treatment of HIV disease or the prevention of opportunistic infections, based on income guidelines and Federal Poverty Level (FPL) set by the State.

3. **Local AIDS Pharmaceutical Assistance Program (LPAP):** a program for the provision of HIV/AIDS medications using a drug distribution system that has:
   - A client enrollment and eligibility process that includes screening for ADAP and LPAP eligibility with rescreening every six months
   - A LPAP advisory board
   - Uniform benefits for all enrolled clients throughout the EMA or TGA
   - A drug formulary approved by the local advisory committee/board
   - A recordkeeping system for distributed medications
   - A drug distribution system
   - A system for drug therapy management

   An LPAP may not dispense medications as:
   - A result or component of a primary medical visit

- A single occurrence of short duration (an emergency)
- Vouchers to clients on an emergency basis

Program must be:
1. Consistent with the most current HIV/AIDS Treatment Guidelines
2. Coordinated with the State's Part B AIDS Drug Assistance Program

4. **Oral Health Services:** includes diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

5. **Early Intervention Services (EIS):** includes identification of individuals at points of entry and access to services and provision of:
   - HIV testing and targeted counseling
   - Referral services
   - Linkage to care
   - Health education and literacy training that enable clients to navigate the HIV system of care

   All four components should be present, but Part A funds are to be used for HIV testing only as necessary to supplement, not supplant, existing funding.

6. **Health Insurance Premium and Cost-sharing Assistance:** provides a cost-effective alternative to ADAP by:
   - Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low-income clients that provide a full range of HIV medications
   - Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
   - Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs [an allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act]

7. **Home Health Care:** services provided in the patient's home by licensed health care workers such as nurses. Services exclude personal care. Services include:
   - The administration of intravenous and aerosolized treatment
   - Parenteral [intravenous] feeding
   - Diagnostic testing
   - Other medical therapies

8. **Home and Community-based Health Services:** skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals. Allowable services include:
   - Durable medical equipment
   - Home health aide and personal care services
   - Day treatment or other partial hospitalization services
   - Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy)

- Routine diagnostic testing
- Appropriate mental health, developmental, and rehabilitation services

Non-allowable services include:

- Inpatient hospital services
- Nursing home and other long term care facilities

9. **Hospice Care:** services provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. Allowable services include:
   - Room
   - Board
   - Nursing care
   - Mental health counseling
   - Physician services
   - Palliative therapeutics

10. **Mental Health Services:** includes psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

11. **Medical Nutrition Therapy:** services including nutritional supplements provided outside of a primary care visit by a licensed registered dietician; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietician.

12. **Medical Case Management Services** (including treatment adherence): services to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities are to include at least the following:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Coordination of services required to implement the plan
    - Continuous client monitoring to assess the efficacy of the plan
    - Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary

    Service components may include:

    - A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services)
    - Coordination and follow up of medical treatments

- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

13. **Abuse Treatment Services-Outpatient:** services provided by or under the supervision of a physician or other qualified/licensed personnel. May include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available.

    Services are limited to the following:
    - Pre-treatment/recovery readiness programs
    - Harm reduction
    - Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
    - Outpatient drug-free treatment and counseling
    - Opiate Assisted Therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention
    - Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists

    Services provided must include a treatment plan that calls only for allowable activities and includes:
    - The quantity, frequency, and modality of treatment provided
    - The date treatment begins and ends
    - Regular monitoring and assessment of client progress
    - The signature of the individual providing the service and/or the supervisor as applicable

Supportive Services

14. **Case Management (Non-medical):** services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. May include:
    - Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
    - All types of case management encounters and communications (face-to-face, telephone contact, other)
    - Transitional case management for incarcerated persons as they prepare to exit the correctional system

    Note: Does not involve coordination and follow up of medical treatments.

15. **Child Care Services:** services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. May include use of funds to support:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
      Such allocations to be limited and carefully monitored to assure:
      - Compliance with the prohibition on direct payments to eligible individuals
      - Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program

    May include Recreational and Social Activities for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities.

    Excludes use of funds for off-premise social/recreational activities or gym membership.

16. **Emergency Financial Assistance (EFA**): assistance for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either:
    - Short-term payments to agencies
    - Establishment of voucher programs

    Note: Direct cash payments to clients are not permitted.

17. **Food Bank/Home-delivered Meals:** may include:
    - The provision of actual food items
    - Provision of hot meals
    - A voucher program to purchase food

    May also include the provision of non-food items that are limited to:
    - Personal hygiene products
    - Household cleaning supplies
    - Water filtration/purification systems in communities where issues with water purity exist

    Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations

    No funds are to be used for:
    - Permanent water filtration systems for water entering the house
    - Household appliances
    - Pet foods
    - Other non-essential products

18. **Health Education/Risk Reduction:** services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. Includes:
    - Provision of information about available medical and psychosocial support services
    - Education on HIV transmission and how to reduce the risk of transmission
    - Counseling on how to improve their health status and reduce the risk of HIV transmission to others

19. **Housing Services:** the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Funds received under the Ryan White HIV/AIDS Program may be used for the following housing expenditures:
    - Housing referral services, defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these can be accessed; or
    - Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:
        - Housing services that provide some type of medical or supportive service, including, but not limited to, residential substance abuse treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
        - Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented.
    - Grantees must develop mechanisms to allow newly identified clients access to housing services.

      Upon request, Ryan White HIV/AIDS Program Grantees must provide HAB with an individualized written housing plan, consistent with this Housing Policy, covering each client receiving short-term, transitional, and emergency housing services.

    - Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

    - Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments.

***Note*:** Ryan White HIV/AIDS Program Grantees and local decision-making planning bodies, *i.e.* Part A and Part B, are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HUD defines transitional housing as 24 months and HRSA/HAB recommends that grantees consider using HUD's definition as their standard.

20. **Legal Services:** services provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status. Such services include (but are not limited to:

- Preparation of Powers of Attorney and Living Wills
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White
- Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, and (2) preparation for custody options for legal dependents including standby guardianship, joint custody or adoption

Funds may not be used for:

- Criminal defense
- Class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program

21. **Linguistic Services:** includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.

22. **Medical Transportation Services:** services that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens. Services may be provided through:
    - Contracts with providers of transportation services
    - Voucher or token systems
    - Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle

23. **Outreach Services:** services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care. Outreach programs must be:
    - Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort
    - Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
    - Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior
    - Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
    - Designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness

    Note: Funds may not be used to pay for HIV counseling or testing.

24. **Psychosocial Support Services:** may include:
    - Support and counseling activities
    - Child abuse and neglect counseling
    - HIV support groups
    - Pastoral care/counseling
    - Caregiver support
    - Bereavement counseling
    - Nutrition counseling provided by a non-registered dietitian

    Note: Funds under this service category may not be used to provide nutritional supplements.

    Pastoral care/counseling supported under this service category to be:
    - Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)
    - Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available
    - Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation

25. **Referral for Health Care/Supportive Services:** referrals that direct a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/ Outpatient Medical Care or Case Management services.

    May include benefits/entitlement counseling and referrals to assist eligible clients in obtaining access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services.

    Referrals may be made:
    - Within the Non-medical Case Management system by professional case managers
    - Informally through community health workers or support staff
    - As part of an outreach program

26. **Rehabilitation Services:** services intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care. May include:
    - Physical and occupational therapy
    - Speech pathology services
    - Low-vision training

27. **Respite Care:** includes non-medical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

Note: Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs, and no cash payments are made to clients or primary caregivers.

28. **Substance Abuse Treatment – Residential:** treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting. Requirements include the following:
    - Services are to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided
    - Services are to be provided in accordance with a treatment plan
    - Detoxification is to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital)
    - Limited acupuncture services are permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists

29. **Treatment Adherence Counseling:** the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting.

HANDOUT B

PEER EDUCATOR FACTS

PEs

- Cannot provide services to clients who do not have Medical Case Management services
- Work in collaboration with Medical Case Managers (MCMs)
- Can provide services to any eligible client who resides in Broward County
- Cannot receive referrals directly—must go through each agency's referral process
- Assist in helping clients who are newly diagnosed, lost to care or at risk of being lost to care

PE Responsibilities

- Discuss client confidentiality, rights and responsibilities, grievance process, other providers of the same service
- Monitor service delivery and client adherence to Plan of Care (POC)
- Follow up on POC
- Promote medical adherence, including medication
- Facilitate access to primary medical care, medications, specialty care
- Coordinate medical referrals
- Monitor referral status
- Document all interventions
- Link clients to services, including CIED if necessary
- Assist MCMs in care coordination

PEER EDUCATION BASICS

Am I ready to become a Peer Educator?

HANDOUT C

A BASIC DEFINITION FOR PEER EDUCATION:

- Peer Education is the use of simple listening and problem-solving skills-in combination with learned knowledge and lived experience-to counsel people who are your peers.

THE GOAL OF A PEER EDUCATOR:

- To help your peer find his/her own solutions to their own problems, not to solve their problems for them.

WHAT DO YOU THINK MAKES A GOOD PEER EDUCATOR?

- Serves as someone to talk to
- Has the desire to help
- Provides encouragement and support
- Makes no false promises
- Works together to solve and learn about issues
- Gives no advice, judges not
- Asks questions on behalf of peers
- Is trusting
- Knows how to build good relationships
- Knows how to listen and be compassionate

WHAT DO YOU THINK MAKES A GOOD PEER EDUCATOR?

- *As peers it is important to build a relationship of trust with each other. It is important for you, as the peer educator, to be trusted, especially when peers may need to disclose confidential information to you.*

WHAT DO YOU THINK MAKES A GOOD PEER EDUCATOR?

An effective Peer Educator IS:

- Someone who gives hope to others
- Someone who provides knowledge
- An effective communicator
- A good role model
- A problem solver
- Knowledgeable of Ryan White System of Services
- Available when needed
- Not judgmental/gives personal advice
- Knowledgeable of BASIC health information

An effective Peer Educator <u>IS/DOES NOT:</u>

- A trained doctor, nurse practitioner, or nurse who gives medical advice
- A licensed counselor
- Judgmental
- Act Aggressively
- Do things for peers that they can do for themselves
- Talk about themselves too much
- Break confidentiality

AN EFFECTIVE PEER EDUCATOR IS NOT:

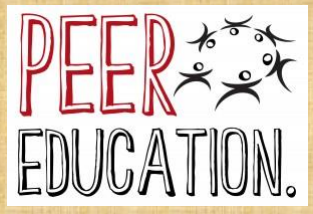
- A trained doctor, nurse practitioner, or nurse who gives medical advice
  - Peers receive updated information on treatment options, side effects of medications, and ALWAYS refer peers back to the providers
- A licensed counselor
  - Peers are there to provide support
- Judgmental
  - The relationship between peers should be that of mutual respect

AN EFFECTIVE PEER EDUCATOR DOES NOT:

- Act aggressively
  - An aggressive peer pushes clients away instead of building healthy trusting relationships
- Do things for peers that they can do for themselves
  - A peer provides a client with knowledge and options. It is up to the client to make their own decisions. The peer motivates the client to become empowered and confident that they can become independent.
- Talks about themselves too much
  - A peer provides comfort to a client and is living proof that it is possible to live a productive, fulfilling life with HIV.
  - Peer education is Client-centered.
- Breaks confidentiality
  - Peers must ensure what is said is kept private. This will open lines of communication between the peer and the client.

WHAT DOES IT TAKE TO BE A PEER EDUCATOR?

1. Basic knowledge of HIV 101- *Modes of transmission; Risk reduction; HIV viral life cycle; CD4 and viral load; drug resistance; opportunistic infections*
2. Awareness of available services in the community
3. Knowledge of how to disclose HIV diagnosis
4. Effective communication
5. Knowledge of where to get HIV/STD testing
6. Awareness of HIV State laws
7. Understanding of workplace code of conduct (including confidentiality)
8. Understanding of paperwork needed for client chart



PEER EDUCATOR FACTS (HANDOUT B)

Peer Educators

- Cannot provide services to clients who do not have Medical Case Management services
- Work in collaboration with Medical Case Managers (MCMs)
- Can provide services to any eligible client who resides in Broward County
- Cannot receive referrals directly—must go through each agency's referral process
- Assist in helping clients who are newly diagnosed, lost to care or at risk of being lost to care

Peer Educator Responsibilities

- Discuss client confidentiality, rights and responsibilities, grievance process, other providers of the same service
- Monitor service delivery and client adherence to Plan of Care (POC) and Follow up on POC
- Promote medical adherence, including medication
- Help with access to primary medical care, medications, specialty care
- Coordinate and monitor medical referrals/status
- Document all interventions
- Link clients to services, including CIED if necessary
- Assist MCMs in care coordination

AM I READY TO BECOME A PEER EDUCATOR?

How confident are you with…	Not Confident	Slightly Confident	Pretty Confident	Very Confident
Helping a client decide to reduce their drug use				
Discuss how to have safer sex with a client				
Help a client understand how HIV meds can improve their health				
Help a client talk openly with his/her doctor				
Go with a client to health care or social service appointment				
Provide emotional support				
Talk to client about behavior changes to better their health				
Help a client understand what confidentiality means				

THE ROLE OF CEC MEMBERS AS ADVOCATES

- The Community Empowerment Committee (CEC) shall:
  - inform and empower the community, particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.
  - Actively recruit and encourage the public, particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council).