



MEETING AGENDA

COMMITTEE: Community Empowerment Committee

Date/Time: July 5, 2016, 3:00p.m.

Location: Governmental Center Room A-337

Chair: Lorenzo Robertson **Vice Chair:** Pat Fleurinord

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 7/5/16 Agenda, 5/3/16 Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. Testimonials
4. **UNFINISHED BUSINESS**
 - a. None.

5. MEETING ACTIVITIES/NEW BUSINESS

Goal/Work Plan Objective #:	Accomplishments
PSRA Service Category Priority Rankings Overview (Handout A)	ACTION ITEM: Review the CEC rankings table and discuss the importance of Consumer Priority Rankings and other types of Consumer participation opportunities.
Integrated HIV Prevention Care and Treatment Comprehensive Plan Feedback Forum	ACTION Item: Participate in Community feedback forum. Discuss ideas about retention in HIV care, barriers to care, risk factors, etc. and provide ideas for activities to combat issues in the community.

6. GRANTEE REPORTS

7. PUBLIC COMMENT

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: **Date:** TBD **Venue:** 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.

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 •

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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

MEETING MINUTES

COMMITTEE: Community Empowerment Committee (CEC)

Date/Time: Tuesday, May 3, 2016, 3:00 p.m.

Location: A337

Chair: Lorenzo Robertson **Vice Chair:** Pat Fleurinord

	Members	Present	Absent	Guests
1	Bhrangger, R.	X		Arencibia, Y.
2	Burgess, D.	X		King, J.
3	Culpepper, K.		A	Dennis, B.
4	Fleurinord, P. <i>Vice Chair</i>	X		Gammell, B.
5	Franks, H.	X		Grantee Staff
6	Katz, H.B.	X		Jones, L.
7	Lint, A.		A	Morris, R.
8	Marcoviche, W.	X		Green, W.E.
9	Parker, P.	X		HIVPC Staff
10	Robertson, L. , <i>Chair</i>	X		Johnson, B.
11	Robertson, P.		A	Ewart, L.
	Quorum = 7	8		Beckford, R.

1. CALL TO ORDER:

The Chair called the meeting to order at 3:08 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: Franks, H. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #2: To approve 2/2/16 meeting minutes
Proposed by: Katz, H.B. **Seconded by:** Franks, H.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

- a. Testimonials: A member stated that this month marks 20 years of her consistent sobriety.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

- a. PSRA Service Category Priority Rankings Overview: The Planning Council Manager gave an overview of the PSRA process for the CEC members (Handout A on file). The PC Manager explained that rankings are used to communicate service priorities, but that does not necessarily mean that the highest ranked services receive the most funding. Funding allocation is based on utilization, and decided by a set formula. The PC Manager also explained that the Emergency Financial Assistance category is for clients in need of short-term/stop-gap medications until their eligibility for ADAP or other pharmaceutical assistance can be approved. She told the members

that the Centralized Intake and Eligibility Determination services is housed under the Non-Medical Case Management category. The Disease Case Management service is specialized for high-risk individuals and clients with co-morbidities.

- b. PSRA Service Category Priority Rankings: The CEC members ranked the 13 core and 16 support services through a survey administered on iPads through Survey Gizmo. Each member was asked to order the core and support services based on their importance to the community. Once the survey was completed, the PC Manager reviewed the rankings with the committee members. She stated that most of the services categories were split and/or ranked evenly. The final results will be presented at the next CEC meeting in June. The PC Manager encouraged members to participate in the next round of service category rankings at the May 25th PSRA meeting. While only PSRA committee members will be able to rank at the PSRA meeting, all meeting attendees are encouraged to participate in the process.
- c. Community Events Follow-up: The CEC Chair asked if any of the members had participated in any community events in the last month; no members participated in any events. The CEC Chair and Vice Chair reminded that CEC members that they were asked to participate in community events and participate in a feedback loop of information between the community and the committee. The Chair and Vice Chair both participated in a PrEP Town Hall event at Mt. Herman Church in April. The Vice Chair stated that she would have liked to see more participants, but looks forward to seeing more people as they continue to roll out town halls and advertise their events. The PC Manager explained that the CEC members at the February meeting expressed their desire to become more active in the community. Moving forward, she asked members to share community events with one another. There may not be a need to set up a table at all events, but members may go, participate and bring back information to the other committee members. The CEC is the community arm of the HIVPC, and should be informed of the needs and barriers of the community. PC Staff will bring a calendar of events, and the members can look through the calendar and choose goals and for each quarter: education, recruitment, feedback, etc., then choose events that correspond with the goals selected by the committee. The CEC and MCDC will participate in a Turn the Curve Training in June, and may start actively participating in community events in July or August. The group discussed having a combined training with MCDC, and whether they may be agreeable to having a meeting on Thursday, June 9th, at 9:30 a.m. The members seemed agreeable, but Staff will send out a poll.
- d. CEC Goals: The CEC Chair stated that he would like the members to act as part of the community and participate in any type of community activity, church fairs, health fairs, etc. He asked the members to bring their suggestions to the committee so that they could decide as a group which events to attend or if there are enough volunteers to participate in numerous activities.

6. GRANTEE REPORTS

- a. The Part A Grantee informed the CEC members that the Client Survey has been released to gain community feedback from clients/consumers. The CEC members had originally given feedback on the survey questions, and the members' considerations were taken into account when editing the survey. The Grantee encouraged all the CEC members to take the survey, and stated that if they would like to participate after the meeting they could complete the survey on the iPads used for Rankings. He asked the members to send the survey link to people they know in the community. The goal of the survey is to gain insight on what consumers think is working about the Part A program, what is not working, HIV prevention, etc.

7. PUBLIC COMMENT

- a. Bessie Dennis spoke during the Public Comment section of the meeting. She said that she works at Broward Health as an HIV testing counselor and prevention educator. Her daughter is on the Mt. Olive women's ministry, which is having a women's conference on HIV on October 24th. She stated that she noticed at Poverello that their surveys are given to the clients while waiting for their appointments. She thinks that every agency should be responsible for having clients fill out satisfactions surveys, and that there are more than enough clients waiting for appointments to take the Client Surveys. She expressed interest in joining the CEC.

Motion #3: To appoint Bessie Dennis to the CEC
Proposed by: Fleurinord, P. **Seconded by:** Franks, H.
Action: Passed Unanimously

Motion #4: To appoint Yusi Arencibia to the CEC
Proposed by: Katz, H.B. **Seconded by:** Franks, H.
Action: Passed Unanimously

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: Date: TBD, 2016 **Venue:** TBD

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
CEC/MCDC Training	ACTION ITEM: Receive training on Turn The Curve

9. ANNOUNCEMENTS

10. ADJOURNMENT

Without objection the meeting was adjourned at 4:26 p.m.

Consumer	PLWHA	Absences	Count
1	1	1	1
2	1	1	1
3	1	1	1
4	1	1	1
5	1	1	1
6	1	1	1
7	1	1	1
8	1	1	1
9	1	1	1
10	1	1	1
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100	1	1	1

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1	1	0	2
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		2	3
		1	4
		0	5
1		0	6
		0	
1		1	7
1		0	8
		2	
1		2	9
			10
1	1	1	11
1		0	
	1	1	

X - present
A - absent
E - excused
NQA - no quorum
absent
NQX - no quorum
present
N - newly
appointed
Z - resigned
C - cancelled
W - warning
letter
R - removal letter

	FY 16-17 CEC Rankings	FY 17-18 CEC Rankings	FY 17-18 PSRA Rankings
CORE SERVICES			
Outpatient Ambulatory Medical Care	2	1	1
AIDS Pharmaceutical Assistance (Local)	4	2	2
Oral Health (dental) Care	3	3	3
Early Intervention Services	5	4	7
Health Insurance Premium & Cost-Sharing Assistance	1	5	5
Home and Community-Based Health Services	10	10	11
Home Health Care	12	8	10
Hospice Services	8	12	12
Mental Health Services	6	7	6
Medical Nutrition Therapy	11	11	9
Medical Case Management (Disease Case Management)	9	6	4
Substance Abuse Services - Outpatient	7	9	8

BROWARD PART A PROGRAM SERVICE CATEGORY RANKINGS

HANDOUT A

	FY 16-17 CEC Rankings	FY 17-18 CEC Rankings	FY 17-18 PSRA Rankings
SUPPORT SERVICES			
Case Management (Non-Medical)	3	3	1
Child Care Services	11	15	13
Emergency Financial Assistance	1	5	3
Food Bank/Home-Delivered Meals	4	6	4
Health Education/Risk Reduction	7	11	9
Housing Services	2	1	2
Legal Services	5	2	8
Linguistics Services (Interpretation and Translation)	9	16	16
Medical Transportation Services	6	4	5
Outreach Services	13	7	6
Psychosocial Support Services	8	10	10
Referral for Health Care/Supportive Services	12	9	11
Rehabilitation Services	10	14	14
Respite Care	16	13	15
Substance Abuse Services – Residential	14	12	12
Treatment Adherence Counseling	15	8	7