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 2, 2021 - 3:00 PM
Meeting via WebEx Videoconference
Chair: Von Biggs • Vice Chair: Andrew Ruffner

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 916 3211)

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for November 2, 2021
5. **ACTION:** Approval of Minutes from October 5, 2021
6. Unfinished Business
   a. **Action Item:** CEC Engagement Survey – 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. (Handout C)
   Work Plan Activity 2.3: Analyze survey results for each community event, including outreach, trainings, and community forums.
7. New Business

   None.
8. Public Comment
9. Agenda Items for Next Meeting
   a. Next Meeting Date: January 4, 2021, at 3:00 p.m. via WebEx Videoconference
10. Announcements
11. Adjournment

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

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine

Broward County Website

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.

Revised 7/24/14

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 implementation of activities designed to improve patient's 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.

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Community Empowerment Committee

Tuesday, October 5, 2021 - 3:00 PM
Meeting via WebEx

DRAFT MINUTES

CEC Members Present: V. Biggs (Committee Chair), A. Ruffner, D. Gunion, H. Franks, L. Robertson, R. Shore, R. Bhrangger, W. Marcoviche

Members Absent: None.

Members Excused: I. Wilson

Ryan White Part A Recipient Staff Present: W. Cius, T. Thompson

Planning Council Support Staff Present: G. Berkley-Martinez, F. Ukpai, T. Williams

Guests Present: B. Mester, S. Jackson, M. Rodriguez, G. Beltran

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

   The CEC Chair called the meeting to order at 3:00 p.m. The CEC Chair welcomed all meeting attendees that were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting 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 staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

   The approval for the agenda of the October 5, 2021, Community Empowerment Committee meeting was proposed by H. Franks, seconded by R. Shore, and passed unanimously. The approval for the minutes of the September 7, 2021, meeting was proposed by H. Franks, seconded by R. Shore, and approved with no further corrections.

   Mr. Franks, on behalf of CEC, made a motion to approve the October 5, 2021, Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

   Mr. Franks, on behalf of CEC, made a motion to approve the September 7, 2021, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

There were no standing committee items on the agenda for this meeting.

5. Unfinished Business

   Members continued the discussion around hosting a red table talk styled listening session specific for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care. The committee requested an update on the status of the HIVPC's social media proposal as this would provide a space for them to host this event. PCS Staff advised the committee that at this time The Recipient has requested 30 days in which they will provide an update on the status of the proposal. It was suggested that the committee partner with our organizations within the community that potentially serve PWH. Additionally, it was suggested that the initial staging of this event be held in conjunction with case managers and peer navigators as they have a direct link to Ryan White Part A consumers. Lastly, the committee suggested that this item be proposed to The Recipient as a possibly billable service so that providers can commit their time purposefully while still meeting agency quotas. The committee agreed with this. PCS staff advised that they would bring this item to the Recipient's attention and provide an update to the committee.

6. New Business

   The Committee reviewed the progress made toward FY2021-2022 work plan activities. PCS Staff showed the updated work plan, which reflects completed activities through the first half of the fiscal year. PCS staff continues to actively update the work plan to reflect completed activities. The committee agreed with the Chair that they are on track to completing all wok plan items by the end of the fiscal year.

   The committee reviewed the CEC engagement survey. This survey is typically distributed at community events to garner community feedback. This survey was last updated in 2017. As the committee begins to go back out into the community PCS staff would like committee feedback to update this survey. After some discussion, the committee suggested that the survey should be made more user friendly and not so repetitive. PCS staff advised the committee that they would take their suggestions into consideration as they restructure the survey and bring it back to the committee for approval at their next scheduled meeting.

   The committee then reviewed the HIV/AIDS Awareness days calendar. The committee discussed potential of partnering with HIV stakeholders at events being held on or around these awareness days. PCS staff advised committee members that they should bring attention to events being held within the community so that staff can facilitate HIVPC tabling at these events.

   Lastly, the Committee discussed potential HIV community needs. The CEC Chair brought it attention that PWH may not have access to the services they need because some providers do not operate outside of normal business hours. There is some concern that PWH who work traditional 9-5 jobs cannot make accommodations in their schedule to facilitate visits to these provider agencies. The committee discussed the potential implications of this and provided some suggestions on how this situation could possibly be rectified. After some discussion, the committee agreed that this item should be moved to SOC and QMC; both committees which are designated to deal with issues such as these. The motion to request that SOC and QMC address nontraditional hours access to services for clients that cannot obtain services during traditional hours was proposed by R. Shore, seconded by D. Gunion, and passed unanimously. PCS staff advised the committee that this item would be brought to SOC and invited committee members to attend the scheduled SOC meeting on October 7, 2021, at 9:30 a.m. to lead this discussion. The motion to request that PCS staff draft language on this issue to present to SOC was proposed by R. Shore, seconded by D. Gunion, and passed unanimously. PCS Staff advised that they will draft language and share with the committee for feedback in advance of the OSC meeting.

   Mr. Shore, on behalf of CEC, made the motion to request that SOC and QMC address nontraditional hours access to services for clients that cannot obtain services during traditional hours. The motion was adopted unanimously.

   Mr. Shore, on behalf of CEC, made the motion to request that PCS staff draft language on

this issue to present to SOC. The motion was adopted unanimously.

7. Recipient's Report

   There was no Recipient report for this meeting.

8. 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.

9. Agenda Items for Next Meeting

   The next CEC meeting will be held on November 2, 2021, at 3:00 p.m. via WebEx Videoconference.

10. Announcements

    - The UJIMA Men's Collective Conference will be hosted October 22-24, 2021. A flyer will be shared that contains contact and registration information for the conference, which will focus on leadership, advocacy, spirituality, relationships, and health and wellness. There will also be an award banquet on the evening of Saturday, October 23, 2021. Interested persons are welcome to attend.
    - The CEC Chair announced that meeting evaluations would be available after the meeting and encouraged all attendees to complete it.

11. Adjournment

    There being no further business, the meeting was adjourned at 4:31 p.m.

12. CEC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	11	C	6	4	1	6	C	7	5			
1	1	0	**1**	Bhrangger, R.		X		X	X	X	X		X	X			
0	1	0	**2**	Biggs, V., *Chair*		N-4/7			X	X	X		X	X			
0	0	1	**3**	Franks, H.		A		X	X	X	X		X	X			
0	0	0	**4**	Gunion, D.		X		X	X	X	X		X	X			
1	1	5	**5**	Lewis, V.		A		A	A	A	A		R - 8/1				
1	1	0	**6**	Marcoviche, W.		X		X	X	X	X		X	X			
0	1	1	**7**	Robertson, L.		X		X	X	A	X		X	X			
0	0	0	**8**	Ruffner, A., *V. Chair*		X		X	E	X	X		X	X			
0	0	1	**9**	Shore, R.		X		X	X	X	A		X	X			
0	0	2	**10**	Wilson, I.		X		X	X	A	A		E	E			
				Quorum = 6	0	7	0	8	8	7	7	0	8	8	0	0	

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**

CEC Outreach Survey - 11.02.21

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1) **Age**
    - 17 or younger
    - 18 to 24
    - 25 to 34
    - 35 to 44
    - 45 to 54
    - 55 to 64
    - 65 to 74
    - 75 or older

2) **Race/Ethnicity:**
    - American Indian/Alaskan Native
    - Asian
    - Black non-Hispanic
    - Hispanic
    - Native Hawaiian/Pacific Islander
    - White non-Hispanic

3) **Zip Code: _____**

4) **Gender**
    - Male
    - Female
    - Transgender
    - Other: _____

5) **Have you had an HIV test in the last year?**
    - Yes
    - No

6) **Are you or anyone you know HIV+?**
    - Yes
    - No
    - I prefer not to disclose

7) **Do you receive Ryan White services?**
    - Yes
    - No
    - I prefer not to disclose

8) **Have you heard about the Ryan White HIV Planning Council (HIVPC)?**

- o Yes
- o No

9) **Who do you think is most at risk for getting HIV?**

_____

10) **How do you pay for your healthcare services?**

- o Insurance
- o Insurance through the ACA (Obamacare)
- o Medicare
- o Medicaid
- o Ryan White
- o I do not receive healthcare services
- o Other - Write In: _____

11) **What are some topics affecting the HIV community that you would like to know more about?**

- o Transportation
- o Housing
- o HIV Prevention
- o Available HIV Services
- o HIV Medications
- o Social and Community Support
- o Other - Write In: _____

12) **Would you be willing to participate in an/a:**

	YES	NO
Educational forum about one of the topics listed above?		
Focus group or to help you get more information about HIV care?		

Thank You!