**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

# Membership/Council Development Committee Meeting

**Thursday, October 10, 2024 - 9:30 AM**
**LOCATION: Broward Regional Health Planning Council and via Microsoft Teams**

Click here to join the meeting

https://teams.microsoft.com/l/meetup-join/19%3ameeting_OGExZTdhNmEtNTg5Zi00Yjg3LThjMDMtY2E3MmQ1NDI4MTFj%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
***This meeting is audio and video recorded.***

**Purpose**

1. The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council.
2. The Committee shall institute orientation and training programs for new and incumbent members.
3. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

Quorum for this meeting is 4

## 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. Approvals

**ACTION:** Approval of Agenda for October 10, 2024
**ACTION:** Approval of Minutes from July 11, 2024 **(Handout A)**

5. Standard Committee Items
    a. **Action Item:** MCDC Membership Strategy – Review the HIVPC membership strategy and determine the best action to address vacancies. **(Handouts B)**
    *Work Plan Activity 1.2: Review seat status to ensure mandated seats are filled.*
    b. **Action Item:** Reflectiveness: HIVPC Demographics- Review demographics and identify populations that are over or underrepresented. **(Handout C)**
    *Work Plan Objective 1: Ensure HIVPC is representative and reflective.*

6. Discussion Items
    a. **Action Item**: New HIVPC Member Applications for Robert Hadley, Yahaira Barrientos, and Patricia "Patty" Falco (**Handouts D1, D2, D3)**
    b. **Action Item:** New Committee Member Application for Serena McLeod (QMC and MD) **(Handout E)**
    c. **Action Item:** Letter of Appointment for Lemont Lewis **(Handout F)**
    d. **Action Item**: Member of the Quarter Voting Review **(Handout G)**
    e. **Action Item**: Review and revise HIVPC and Committee applications **(Handout H1 and H2)**
    *Work Plan Activity 2.4: Review and revise HIVPC and Committee applications.*
    f. **Discussion:** Host Membership Drive partner with CEC during November 2nd Community Health Fair **(Handout I)**
    *Work Plan Activity 3.1: Hold Membership Drive annually.*
    *Work Plan Activity 4.1: Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.*
    g. **Discussion:** Review outcome of CEC "Aging Gracefully" event. **(Handout J1 and J2)**
    *Work Plan Activity 4.6: Utilize feedback from CEC, collaborate events, and engagement events to update recruitment and engagement strategies on an ongoing basis.*
    h. **Discussion:** Review of new HIVPC website
7. Old Business
8. New Business
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
    a. Next Meeting Date: January 9, 2024, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Videoconference
12. Announcements
13. 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.

# Membership/Council Development Committee Work Plan FY2024-2025

The work plan is intended to help guide the work of the committee and to assist the Membership/Council Development 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: Ensure HIVPC membership reflects the HIV demographics of the Broward EMA including 33% representation of unaffiliated PLWHA. Passionately engage 100 Community Members and recruit 7 members to the HIVPC.**

| Baseline | Target | Q1 | | Q2 | | Q3 | | Q4 | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**Objective 1: Ensure HIVPC is representative and reflective.**

| Activities | Responsible Party | Outcomes | Action Steps | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.1 Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members are unaffiliated PLWHA quarterly. | Staff/MCDC | Ensure HIVPC reflects epidemic | Review council demographics at each MCDC meeting. Review changes to council demographics according to each applicant, prior to committee approval for HIVPC membership. Prioritize unaffiliated consumer demographics in order to maintain minimum of 33% PLWHA representation. | | X | | | X | | | | | | | |
| 1.2 Review seat status and ensure mandated seats are filled quarterly. | Staff/MCDC | Ensure compliance | Monitor current member affiliations; ask members to update their contact information annually. Actively recruit members for vacant federally mandated seats. | | X | | | X | | | | | | | |
| 1.3 Announce vacant positions at each Executive/HIVPC meeting as necessary. | MCDC Chair | Public awareness | Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting. | | X | | | X | | | | | | | |
| 1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders as necessary. | Staff/MCDC | Increased community awareness | Provide information on vacant positions and mandated seats to Case Managers, gatekeepers, and other HIV stakeholders via correspondence and distribution of marketing materials. | | | | | | | | | | | | |

**Objective 2: Member selection process and application procedure development.**

| Activities | Responsible Party | Outcomes | Action Steps | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 Review and update Recruitment & Retention Plan annually. | MCDC/Staff | Recruitment & Retention of new HIVPC and Committee members | Review previous year's Recruitment & Retention Plan and revise based on outcomes and new intitiatives/strategies. | | | | | | | | | | | | |
| 2.2 Complete tasks outlined in Recruitment & Retention Plan on an ongoing basis. | MCDC | Recruitment & Retention of new HIVPC and Committee members | Complete tasks outlined in Recruitment & Retention Plan. | | | | | | | | | | | | |
| 2.3 Develop recruitment and website materials as needed. | Staff | Strategic recruitment of new members | Develop marketing materials as needed. | X | X | X | X | X | | | | | | | |
| 2.4 Review and Revise HIVPC and Committee applications as needed. | MCDC/Staff | Ensure up-to-date language and current information is provided to Interested Parties | Review HIVPC and Committee applications and submitted applications to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications. | | | | | | | | | | | | |

**Objective 3: Recruitment & Engagement Efforts.**

| Activities | Responsible Party | Outcomes | Action Steps | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1 Hold Membership Drive annually. | MCDC/Staff | Increased community awareness | Conduct outreach at multiple provider agencies or other HIV stakeholders via tabling, games, and other engagement activities. | | | | | | | | | | | | |
| 3.2 Collaborate with HIV stakeholders to create engagement opportunities on an ongoing basis. | MCDC/HIVPC | Increased community awareness | Provide brief overviews of the HIVPC at HIV stakeholder events. | | | X | | | | | | | | | |
| 3.3 Develop engagement opportunities for the HIVPC in the community on an ongoing basis. | MCDC | Increased community awareness | Create opportunities for HIVPC to engage and recruit community members. | | | | | X | | | | | | | |
| 3.4 Host ongoing Orientations for prospective members on the scope of committees and expectations of new members as needed. | MCDC | Strategic recruitment of new members | Train prospective members on topics relevant to HIVPC membership. Topics include education about the 3 guiding principles, the Ryan White Program, and the functions of the HIVPC Standing Committees. | | | | | | | | | | | | |

**Objective 4: Planning Council Development and Committee Collaboration.**

| Activities | Responsible Party | Outcomes | Action Steps | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.1 Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis. | MCDC | Cross-Committee Collaboration | Discuss upcoming HIVPC events with host committees and determine opportunities for collaboration. | | | X | | X | | | | | | | |
| 4.2 Recognize Member of the Year annually. | MCDC/HIVPC | Acknowledgement of Member Achievement | Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC. | | | | | | | | | | | | |
| 4.3 Conduct ongoing member training quarterly or as needed. | MCDC/Executive Committee/Staff | Capacity building | Conduct member trainings based on MCDC Training Plan to further educate HIVPC members. | | | | | | | | | | | | |
| 4.4 Conduct post-appointment training to educate newly appointed members on the HIVPC member roles and responsibilities as needed. | MCDC & HIVPC Chair/Vice Chair | Educated HIVPC | Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc. | | | | | | X | | | | | | |
| 4.5 Offer mentorship program as necessary on an ongoing basis. | MCDC | Capacity building | Develop a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law. | | X | | | | | | | | | | |
| 4.6 Utilize feedback from CEC, collaborative events, and engagement events to update recruitment and engagement strategies on an ongoing basis. | MCDC/Staff | Cross-Committee Collaboration/ Recruitment & Retention of new HIVPC and Committee members | Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities. | | | | | | | | | | | | |

# October 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.<br>Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates. | | | | | |
| | | 1 Community Empowerment Committee Meeting (CEC<br>3:00PM– 5:00PM<br>Location: BRHPC/MS Teams | 2 Oral Health Network Meeting (CQM)<br>3:00 PM-4:15PM | 3 System of Care Committee Meeting<br>9:30AM – 11:30AM<br>Location: BRHPC/MS Teams<br>Medical Provider Network Meeting (CQM)<br>2:30 PM-3:45PM | 4 | 5 |
| 6 | 7 | 8 Behavioral Health Network Meeting (CQM)<br>2:00 PM-3:15PM | 9 | 10 Membership/Council Development Meeting<br>9:30AM – 11:30PM | 11 | 12 |
| 13 | 14 | 15 NLAAD National Latinx AIDS Awareness Day | 16 | 17 Joint Executive Committee-Integrated Planning Meeting<br>12:45PM – 2:45PM | 18 | 19 |
| 20 | 21 Quality Management Committee Meeting<br>12:30PM– 2:30PM<br>Location: BRHPC/MS Teams | 22 | 23 | 24 HIV Planning Council Meeting<br>9:30AM – 11:30AM<br>Locations: BRHPC/MS Teams | 25 | 26 |
| 27 | 28 | 29 MAI Sub-Committee Meeting<br>9:30AM– 11:30AM<br>Location: BRHPC/MS Teams | 30 | 31 | | GET CARE BROWARD TREAT HIV \| BEAT HIV RYAN WHITE \| PART A |

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

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

# October 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.

**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

# Membership/Council Development Committee

**July 11, 2024 - 9:30 AM**
**LOCATION: Broward Regional Health Planning Council Meeting via Microsoft Teams**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
**Join the meeting via phone:** 1-408-418-9388 US Toll (access code: 2632 216 8637)

***This meeting is audio and video recorded.***

## DRAFT MINUTES

**MCDC Members Present**: V. Foster (Committee Chair), A. Cutright, L. Robertson, T. Moragne (Committee Vice-Chair), I. Wilson

**Members Absent**: I. Wilson

**Ryan White Part A Recipient Staff Present**: R. Pena

**Planning Council & CQM Support Staff Present**: G. Berkley-Martinez, M. Lacroix, S. Isidore, D. Liao

**Guests Present**: S. Tinsley, R. Richarson, B. Miller

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

   The MCDC Chair called the meeting to order at **9:35 A.M.** The MCDC Chair welcomed all meeting attendees who were present. Attendees were notified that the MCDC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording 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 MCDC Chair, Committee members, Recipient staff, PCS & CQM 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 allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the July 11, 2024 Membership/Council Development Committee meeting was proposed by **A. Cutright,** seconded by **L. Robertson**, and passed unanimously. The approval for the minutes of the May 21, 2024, meeting was proposed **by A. Cutright,** seconded by **L. Robertson**, and approved with no further corrections.

**Motion #1: A. Cutright, on behalf of MCDC, made a motion to approve the July 11, 2024,**

**Membership/Council Development Committee agenda as presented. The motion was seconded by L. Robertson and adopted unanimously.**

**Motion #2: A. Cutright, on behalf of MCDC, made a motion to approve May 21, 2024 Membership/Council Development Committee meeting minutes as presented. The motion was seconded by L. Roberton and adopted unanimously.**

4. Standard Committee Item

   MCDC Membership Strategy

   MCDC Members reviewed the MCDC Membership Strategy. According to the updated membership, there are a total of 26 members with 13 of those being Job-Based Seats, 6 Consumers/Unaffiliated Seat, and 7 non-elected community member seats. HIVPC unaffiliated consumers are at 23.08% with a goal of 33%. Members discussed the importance of recruiting the open job-based seats to comply with HRSA's mandated seats.

   Reflectiveness: HIVPC Demographics
   The Committee briefly reviewed the Reflectiveness of the HIVPC Demographics to ensure the HIVPC represents the HIV Epidemic in Broward County. This brief review/discussion was led by the Chair, V. Foster

5. New Business

   a. **Action Item**: New Members Appointed by the Board of Commission: Karen Creary and Julio De La Nuez (Handouts D1 and D2)

      PCS staff informed the committee that, for transparency purposes, appointment letters will be included going forward.

   b. **Action Item:** Member of the Quarter Voting Review (Handout E)

      **Motion #3: A. Cutright motioned to approve the results of the Member of the Quarter Voting Results, name S. Tinsley as the winner of the First Quarter FY2024-2025. The motion was seconded by T. Moragne and adopted unanimously.**

   c. Discussion: Host Membership Drive partner with CEC

      The committee briefly discussed the initial steps for planning a Membership Drive. **S. Tinsley**, CEC Chair, suggested several ideas and highlighted upcoming events that could potentially attract new members to the committee.

   d. Discussion: CEC events scheduled for September and November (Handout F)

      Members of the committee reviewed CEC's Outreach/Community Conversations schedule. **A. Cutright** from AHF volunteered assistance in planning and recommended considering the Pride Center, which hosts an Aging Expo. PCS staff also proposed Broward House as a potential partner, noting their communication with COO Karen Whyte, who expressed interest in collaborating with CEC.

   e. Discussion: Host orientation/post-appointment training for new HIVPC members

      PCS staff briefed the committee on the orientation/post-appointment training, clarifying that it aims to benefit new members while offering a refresher to current members. The training is tentatively scheduled for the first week of August, and PCS staff will send a Doodle poll to finalize the orientation date.

   f. Discussion: Update on L. Lewis Application

      PCS staff updated the committee on L. Lewis' application, mentioning they attempted

to contact him without success. They conducted thorough research, including reviewing past minutes and digital records, but found no record of disciplinary actions against L. Lewis. **T. Moragne** raised concerns about approving L. Lewis' application, while **L. Robertson** suggested that proceeding forward without substantial evidence might be the most prudent approach.

**Motion #4: A. Cutright motioned to approve L. Lewis' application. The motion was seconded by L. Robertson with one opposition from T. Moragne.**

6. Recipient's Report

   There was no Recipient's report.

7. Public Comment

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to raise other matters about HIV/AIDS services in Broward County.

   There were no public comments.

8. Agenda Items for Next Meeting

   - To be determined.

9. Announcements
10. S. Tinsley: She Evolve Conference on Saturday, July 13, 2024
11. Adjournment

    There being no further business, the meeting was adjourned at 10:35 a.m.

MCDC Attendance for CY 2024

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Meeting Date | 11 | | | 11 | 21 | | 11 | | | | | | |
| 0 | 0 | 0 | 1 | Robertson, L. | X | | | X | X | | X | | | | | | |
| 0 | 0 | 0 | 2 | Cutright, A. | X | | | X | X | | X | | | | | | |
| 0 | 0 | 0 | 3 | Foster, V. *Chair* | X | | | X | X | | X | | | | | | |
| 0 | 0 | 0 | 4 | Moragne, T., V. Chair | X | | | X | X | | X | | | | | | |
| 0 | 0 | 3 | 5 | Wilson, I. | A | | | A | X | | A | | | | | | |
| | | | | Quorum = 4 | 4 | | | 4 | 5 | | 4 | | | | | | |

| 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 |

# MCDC Membership Strategy
# HIVPC Member Budget

**Key Terms**

Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency that provides these services. This means the consumer does not work for a provider agency or otherwise benefits financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

| Member Distribution | As of 07/15/2024 | As of 10/10/2024 | Goal |
|---|---|---|---|
| Job-Based Seats* | 12 | 11 | 14 |
| Consumer / Unaffiliated Seat | 8 | 10 | 12 |
| NECL Seat** | 5 | 5 | 9 |
| Total Membership | 25 | 26 | 35 |
| **Unaffiliated Consumers (%)** | **32%** | **38.46%** | **33%** |
| Alternates | 0 | 0 | 3 |

*Job-based seats are those seats filled based on employment

**NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers and do not occupy the Job-Based Seats

Member.Roster.as.of.October.76?8680

## MANDATED SEATS FILLED

People Living with HIV and Community

- ✓ Members of Affected Communities
- ✓ Unaffiliated Consumers
- ✓ Non-Elected Community Leader (NECL)
- ✓ Representatives of/or formerly incarcerated PWH

Federal HIV Programs

- ✓ Part B
- ✓ Part C
- ✓ Part D
- ✓ Part F
- ✓ HOPWA

Public Health & Health Planning

- ✓ Hospital or Health Care Planning Agency
- ✓ Local Public Health Agency

Health & Social Services Providers

- ✓ Health Care Providers/FQHCs
- ✓ CBO/ASO – Community-based organization or AIDS Service Organization
- ✓ Mental Health

Broward County Ordinance 12.108.b

- ✓ Board of County Commissioners member

**OPEN SEATS:**

Job-Based

- State agencies (Medicaid agency)
- Substance Abuse Provider

Unaffiliated Consumers

- Affected Communities (2 additional Unaffiliated RWPA Consumers)
- Alternates (3)

**Handout C**

# HIVPC Membership Reflectiveness

## HIV Planning Council & Committee Demographics Report

**Member Reflectiveness**

The Membership/Council Development Committee ensures that the HIVPC represents the HIV epidemic in Broward County. MCDC accomplishes this task by reviewing the Council and Committees' demographics and identifying over and underrepresented populations.

### *HIV in Broward County and HIVPC Reflectiveness*

The following table shows 1) HIV in Broward by Race/Ethnicity and by Gender; and 2) the current demographics of the HIVPC in comparison to the HIV epidemic data.

| **Race** | **Population*** | **Percentage*** | **HIVPC Membership**** | **HIVPC Percentage** |
|---|---|---|---|---|
| White, not Hispanic | 6,565 | 30.53% | 8 | 30.77% |
| Black, not Hispanic | 9,764 | 45.40% | 9 | 34.62% |
| Hispanic | 4,655 | 21.65% | 7 | 26.92% |
| Multi-Race (Other) | 521 | 2.42% | 2 | 7.69% |
| **Total** | **20,492** | **100%** | **25** | **100%** |
| **Gender** | **Population** | **Percentage** | | |
| Male | 16,277 | 75.69% | 16 | 65% |
| Female*** | 5,228 | 24.31% | 9 | 35% |
| **Total** | **20,492** | **100%** | **25** | **100%** |

**Data Provided by the Florida Department of Health's HIV Surveillance Office as of June 30, 2022.*
***HIVPC membership as of October 2024*
****Female included two Transgender*

### *How This Information is Compared to the Epidemic*

The Council is compared to the epidemic to determine where representation can be improved.

### *Key Points for Reflectiveness through October 10, 2024*

- *The HIVPC comprises 25 members, including nine unaffiliated consumer members. This has increased the percentage of unaffiliated consumers from 32% to 36%, above the HRSA-mandated 33%.*
- *Compared to the HIV epidemic demographic, where 45.40% are Black and not Hispanic, the HIVPC is underrepresented at 32%.*

Handout D1

# Broward County HIV Health Services Planning Council HIVPC MEMBERSHIP APPLICATION


Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.***
***Mail, fax, or email your completed application to:***

*HIVPC Staff*
*Broward Regional Health Planning Council*
*200 Oakwood Lane, Suite 100*
*Hollywood, FL 33020*
*FAX: 954-561-9685*
***EMAIL: HIVPC@BRHPC.ORG***

***If you have any questions, please call: 954-561-9681***

Approved 3.14.19

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

# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

**First Name:** Robert **Last Name:** Hadley

**Home Address:** [redacted] **Home Phone:** [redacted]

**City, State, Zip Code:** [redacted] **Cell Phone:** [redacted]

**Employer (if applicable):** Broward House **Occupation/Title:** Car e Guid e

**Business Address:** 2800 N Andrews Ave **Business Phone:** 954-568-7373 x2252

**City, State, Zip Code:** Wilton Manors, FL 33305 **Fax:** 954-563*5923

**Home Email:** [redacted] **Business Email:** rhadley@browardhouse.org

**Year of Birth:** [redacted]
yyyy

- **I prefer to receive phone calls and messages at:** ☐ Home ■ Work ☐ Cell
- **I prefer to receive mail at:** ■ Home ☐ Work
- **I prefer to receive email at:** ■ Home ■ Work
- **I prefer to receive HIVPC documents:** ■ Electronically (via email) ☐ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):** ■ Male ☐ Female ☐ Decline to state
- **What is the current gender you identify with? (check all that apply)**
  ■ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)
  ☐ Unknown ☐ Decline to state
- **Race (check all that apply):** ■ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander
  ☐ American Indian/Alaska Native ☐ Other (specify)_____
- **Ethnicity (check one):** ☐ Hispanic/Latino ■ Non-Hispanic ☐ Other (specify)_____
- **Hispanic Subgroup (check one if any):**
  ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify)_____
- **Asian Subgroup (check one if any):**
  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify)_____
- **Native Hawaiian/Pacific Islander Subgroup (check one):**
  ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify)_____

Approved 3.14.19

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

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ■ Yes ❑ No

- **Do you self-identify as HIV positive?*** ■ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose
  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*

- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

  ❑ Hemophilia ❑ Heterosexual (straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion

  ❑ Perinatal Transmission (mother-to-child) ■ Man who has sex with Men (MSM) ❑ I don't know/Unsure

  ❑ I do not wish to disclose

- **Do you receive Ryan White Part A services?** ❑ Yes ■ No ❑ I do not wish to disclose

- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑ 0-12 years old ❑ 13-19 years old ❑ 20-29 years old ❑ 30-39 years old

  ❑ 40-49 years old ❑ 50-59 years old ■ 60 years old or older ❑ I do not wish to disclose

# Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  ■ Through a service provider/agency

  ❑ Email

  ❑ Online/Facebook/Twitter

  ❑ Friend/HIVPC member (HIVPC Member name):_____

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

# Categories of Membership (check all that apply)

- ☐ Health care providers, including federally qualified health centers
- ■ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ☐ Social service providers (including housing and homeless-services providers)
- ☐ Mental health providers
- ☐ Substance abuse providers
- ☐ Local public health agencies
- ☐ Hospital planning agencies or health care planning agencies
- ■ Affected communities (people living with HIV/AIDS and underserved communities)
- ☐ PLWHA Recently Released from Jail or Prison or their representatives
- ■ Non-elected community leaders
- ☐ Members of a Federally recognized Indian tribe
- ☐ Individuals co-infected with Hepatitis B or C
- ☐ State Medicaid agency
- ☐ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ☐ RWHAP Part C grantees
- ☐ RWHAP Part D grantees
- ☐ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ☐ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ☐ Federally funded HIV prevention program grantees
- ☐ Veterans Health Administration representative

# Committee Assessment

*All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.*

RJH **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

RJH **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council 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.

RJH **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 and client training and education.

RJH **Priority Setting & Resource Allocation Committee (PSRA):** 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, and allocations.

RJH **System of Care Committee (SOC):** 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.

# General Information

Describe the strengths, skills, and resources you have.

Having lived with HIV since mid 1980s I've become keenly aware of services and how they are administed. I honestly share my thoughts and ideas too

Approved 3.14.19

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

Describe your interest in becoming a member of the HIV Planning Council.

Thinking of 'The Denver' principals I see myself as that voice and action at the table and I care about the general welfare of others

Describe how HIV/AIDS has impacted your life, either personally or professionally.

In the mid to late 1990's when I was diagnosed I was lucky to have people around me supporting me. In the middle of an awesome career in 1994 I got an AIDS diagnosis having a rare form of cancer. Since then I've been outspoken and in charge. I began long

Please list any experiences you have related to community decision making or planning bodies.

Chicago HIV Planning Council for six years. Currently on two Broward County HIV advisory groups: MSM and Black AIDS Group. Within my city I've served on a community affairs advisory board and now on parks and recreation board

**Please review and initial, indicating your acknowledgement of the following:**

RJH I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

RJH I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

RJH I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

RJH I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

RJH If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

RJH I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

RJH I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Signature

7/25/2024
Date

Approved 3.14.19

Handout D2

# Broward County HIV Health Services Planning Council HIVPC MEMBERSHIP APPLICATION

**Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.**

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.***
***Mail, fax, or email your completed application to:***

*HIVPC Staff*
*Broward Regional Health Planning Council*
*200 Oakwood Lane, Suite 100*
*Hollywood, FL 33020*
*FAX: 954-561-9685*
***EMAIL: HIVPC@BRHPC.ORG***

***If you have any questions, please call: 954-561-9681***

Approved 3.14.19

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

# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

**First Name:** Cruz Yahaira (preferred name Yahaira) **Last Name:** Barrientos

**Home Address:** [redacted] **Home Phone:** N/A

**City, State, Zip Code:** [redacted] **Cell Phone:** [redacted]

**Employer (if applicable):** Henderson Behavioral Health **Occupation/Title:** Mental Health Clinician

**Business Address:** 2900 W Prospect Rd. **Business Phone:** n/a

**City, State, Zip Code:** Tamarac, FL. 33309 **Fax:** n/a

**Home Email:** [redacted] **Business Email:** n/a

**Year of Birth:** [redacted]
yyyy

- **I prefer to receive phone calls and messages at:** ☐ Home ☐ Work ☒ Cell
- **I prefer to receive mail at:** ☒ Home ☐ Work
- **I prefer to receive email at:** ☒ Home ☐ Work
- **I prefer to receive HIVPC documents:** ☒ Electronically (via email) ☐ Hard copy (via mail)
- **What sex were you assigned at birth? (check one):** ☐ Male ☐ Female ☒ Decline to state
- **What is the current gender you identify with? (check all that apply)**
  ☐ Male ☐ Female ☒ Transgender (Male to Female) ☐ Transgender (Female to Male)
  ☐ Unknown ☐ Decline to state
- **Race (check all that apply):** ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander
  ☐ American Indian/Alaska Native ☒ Other (specify) W/B/N
- **Ethnicity (check one):** ☒ Hispanic/Latino ☐ Non-Hispanic ☐ Other (specify) _____
- **Hispanic Subgroup (check one if any):**
  ☐ Mexican ☒ Puerto Rican ☐ Cuban ☐ Other (specify) _____
- **Asian Subgroup (check one if any):**
  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify) _____
- **Native Hawaiian/Pacific Islander Subgroup (check one):**
  ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify) _____

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

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ☐ Yes ■ No
- **Do you self-identify as HIV positive?*** ☐ Yes, and I am open about my status ☐ No ■ I do not wish to disclose
  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*
- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**
  ☐ Hemophilia ☐ Heterosexual (straight) ☐ Intravenous Drug User (IDU) ☐ Blood Transfusion
  ☐ Perinatal Transmission (mother-to-child) ☐ Man who has sex with Men (MSM) ☐ I don't know/Unsure
  ☐ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ■ Yes ☐ No ☐ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**
  ☐ 0-12 years old ☐ 13-19 years old ☐ 20-29 years old ☐ 30-39 years old
  ☐ 40-49 years old ☐ 50-59 years old ☐ 60 years old or older ☐ I do not wish to disclose

## Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**
  ☐ Through a service provider/agency
  ☐ Email
  ☐ Online/Facebook/Twitter
  ☐ Friend/HIVPC member (HIVPC Member name): Brad Barnes ( I was a member of the council in 2018)

Approved 3.14.19

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

# Categories of Membership (check all that apply)

- ☐ Health care providers, including federally qualified health centers
- ☐ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ☐ Social service providers (including housing and homeless-services providers)
- ☒ Mental health providers
- ☒ Substance abuse providers
- ☐ Local public health agencies
- ☐ Hospital planning agencies or health care planning agencies
- ☐ Affected communities (people living with HIV/AIDS and underserved communities)
- ☐ PLWHA Recently Released from Jail or Prison or their representatives
- ☐ Non-elected community leaders
- ☐ Members of a Federally recognized Indian tribe
- ☐ Individuals co-infected with Hepatitis B or C
- ☐ State Medicaid agency
- ☐ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ☐ RWHAP Part C grantees
- ☐ RWHAP Part D grantees
- ☐ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ☐ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ☐ Federally funded HIV prevention program grantees
- ☐ Veterans Health Administration representative

# Committee Assessment

*All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.*

____ **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

____ **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council 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.

x **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 and client training and education.

x **Priority Setting & Resource Allocation Committee (PSRA):** 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, and allocations.

x **System of Care Committee (SOC):** 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.

# General Information

Describe the strengths, skills, and resources you have.

Critical thinking, understanding of human behavior, and ability to assess hierarchical needs.

Connected to the community, especially the transgender community. Knowledge of service areas still not met.

Approved 3.14.19

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

Describe your interest in becoming a member of the HIV Planning Council.

To continue to bring awareness of long-term survivors' needs,
in particular, their mental health needs as they face life challenges.
In addition, advocate for a greater understanding of the needs of the transgender community.
Especially the trans-masculine community. The rate of transmission is alarmingly rising in this subset.

Describe how HIV/AIDS has impacted your life, either personally or professionally.

I witnessed how the virus devastated the LGBT community in NYC in the late 1980s. I saw friends and family members deteriorate, and suffer, often lonely.
I have advocated for HIV prevention and care, both personally, and professionally.
Here in South Florida, I worked at Care Resources and was an active member of the HIVPC.

Please list any experiences you have related to community decision making or planning bodies.

During my tenure at the HIVPC, I was a member of the Priority Setting & Resource Allocation Committee (PSRA),
and Quality Management Committee (QMC).
I was later nominated chair of the Community Empowerment Committee (CEC).

**Please review and initial, indicating your acknowledgement of the following:**

I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

C. Yahaira Barrientos MSW, RCSWI Digitally signed by C. Yahaira Barrientos MSW, RCSWI Date: 2024.09.05 21:29:56 -04'00'

Signature

9/6/2024

Date

Approved 3.14.19

**Handout D3**

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: 954-561-9651/ Fax: 954-561-9685

# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

**First Name:** Patricia **Last Name:** Falco

**Home Address:** [redacted] **Home Phone:**

**City, State, Zip Code:** [redacted] **Cell Phone:** [redacted]

**Employer (if applicable):** Broward House **Occupation/Title:** Client Service Manager

**Business Address:** 2800 N Andrews Avenue **Business Phone:** 954-568-7373 ext. 2232

**City, State, Zip Code:** Wilton Manors, FL 33311 **Fax:** 954-563-5923

**Home Email:** [redacted] **Business Email:** Pfalco@browardhouse.org

**Year of Birth:** [redacted] (yyyy)

- **I prefer to receive phone calls and messages at:** ☐ Home ☐ Work ■ Cell
- **I prefer to receive mail at:** ■ Home ☐ Work
- **I prefer to receive email at:** ☐ Home ■ Work
- **What sex were you assigned at birth? (check one):**

  ☐ Male ■ Female ☐ Decline to state

- **What is the current gender you identify with? (check all that apply):**

  ☐ Male ■ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)

  ☐ Unknown ☐ Decline to state

- **Race (check all that apply):** ■ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander

  ☐ American Indian/Alaska Native ☐ Other (Specify)_____

- **Ethnicity (check one):**

  ■ Hispanic/Latino ☐ Non-Hispanic ☐ Other (Specify)_____

- **Hispanic Subgroup (check one if any):**

  ☐ Mexican ☐ Puerto Rican ■ Cuban ☐ Other (Specify)

- **Asian Subgroup (check one if any):**

  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (Specify)

- **Native Hawaiian/Pacific Islander Subgroup (check one):**

  ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (Specify)

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

- **Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency?** ■Yes ❑No
- **Do you self-identify as HIV positive?*** ❑ Yes, and I am open about my status ■ No ❑ I do not wish to disclose

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- **If you self-identify as HIV positive, do you self-identify with any of the following risk factors?**

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- **Do you receive Ryan White Part A services?** ❑ Yes ■ No ❑ I do not wish to disclose
- **If you self-identify as HIV positive, how old were you when you were diagnosed?**

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

## Committees of the Broward County HIV Health Services Planning Council:

**Community Empowerment Committee (CEC)**
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

**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.

**Priority Setting & Resource Allocation Committee (PSRA)**
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 and client training and education.

**System of Care Committee (SOC)**
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.

**Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)**

❑Community Empowerment Committee (CEC)
❑Membership/Council Development Committee (MCDC)
■Quality Management Committee (QMC)
❑Priority Setting & Resource Allocation Committee (PSRA)
■System of Care Committee (SOC)

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: 954-561-9631/ Fax: 954-561-9685

Describe the strengths, skills, and resources you have.

My adaptability allows me to navigate changing environments and challenges with ease, ensuring that I stay productive and focused regardless the situation. I have excellent communication skills, which enable me to articulate ideas clearly and collaborate effectively with others. My problem solving abilities and analytical thinking allow me to identify issues and develop practical solutions efficiently. These tools help me excel and also contribute meaningfully to any project or team.

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

I am interested in contributing to the HIV/AIDS planning process due to my strong commitment to public health and my desire to make a meaningful impact in the fight against HIV/AIDS. Throughout my work at Broward House, I have gained valuable insights into the challenges faced by individuals living with HIV and the broader community. I am passionate about promoting education, prevention and support services for those in need.

## Recruitment Information

- **How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?**

  ■ Through a service provider/agency

  ❑ Email

  ❑ Online/Facebook/Twitter

  ❑ Friend/HIVPC member (HIVPC Member name): _____

**Please review and initial, indicating your acknowledgement of the following:**

PF I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

PF I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

PF I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Signature

08/21/2024
Date

**Handout E**

# Broward County HIV Health Services Planning Council
# COMMITTEE MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

*Note: This application expires six (6) months from date of submission.*
*Mail, fax, or email your completed application to:*

*HIVPC Staff*
*Broward Regional Health Planning Council*
*200 Oakwood Lane, Suite 100*
*Hollywood, FL 33020*
*FAX: 954-561-9685*
*EMAIL: HIVPC@BRHPC.ORG*

*If you have any questions, please call: 954-561-9681*

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

# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

First Name: Serena Last Name: McLeod

Home Address: [redacted] Home Phone:

City, State, Zip Code: [redacted] Cell Phone: [redacted]

Employer (if applicable): Broward House Occupation/Title: Client Service Manager

Business Address: 2800 N. Andrewws Ave Business Phone: 954-568-7373 x2257

City, State, Zip Code: Wilton Manors, FL 33315 Fax:

Home Email: [redacted] Business Email: smcleod@browardhouse.org

**Year** of Birth: [redacted]
(yyyy)

- I prefer to receive phone calls and messages at: ❑ Home ❑ Work ■ Cell
- I prefer to receive mail at: ❑ Home ■ Work
- I prefer to receive email at: ■ Home ■ Work
- What sex were you assigned at birth? (check one):

  ❑ Male ■ Female ❑ Decline to state
- What is the current gender you identify with? (check all that apply):

  ❑ Male ■ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- Race (check all that apply): ❑White ■Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____
- Ethnicity (check one):

  ❑Hispanic/Latino ■Non-Hispanic ❑Other (Specify)_____
- Hispanic Subgroup (check one if any):

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- Asian Subgroup (check one if any):

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):

  ❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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

- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ■Yes ❑No
- Do you self-identify as HIV positive?* ❑ Yes, and I am open about my status ■ No ❑ I do not wish to disclose

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- Do you receive Ryan White Part A services? ❑ Yes ❑ No ❑ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

## Committees of the Broward County HIV Health Services Planning Council:

### Community Empowerment Committee (CEC)
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

### 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.

### Priority Setting & Resource Allocation Committee (PSRA)
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 and client training and education.

### System of Care Committee (SOC)
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.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

❑Community Empowerment Committee (CEC)

■Membership/Council Development Committee (MCDC)

■Quality Management Committee (QMC)

❑Priority Setting & Resource Allocation Committee (PSRA)

❑System of Care Committee (SOC)

Describe the strengths, skills, and resources you have.

My strengths include teamwork, adaptability and communicating effectively. This allows me to work well with a diverse group of individuals while adjusting to changing circumstances as it pertains to clients impacted by HIV as well as mental health and substance use disorders. While working at Broward House, I am connected to various resources within the community in addition to various services that Broward House provides in helping to end the HIV epidemic by allowing clients to become more self-sufficient while maintaining medical and dental care.

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

I am interested in the HIVPC and HIV/AIDS planning process because I would like to help end the HIV epidemic by improving the linkage to various services for individuals and their families impacted by HIV. While working at Broward House, I provide education and services to help reduce the number of individuals living with HIV while receiving care or linking them them to the care they need to sustain viral suppression. Being an advocate for this population will increase HIV awareness and help reduce the stigma that remains in the community.

# Recruitment Information

- How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?

  ■ Through a service provider/agency

  ❑Email

  ❑Online/Facebook/Twitter

  ❑Friend/HIVPC member (HIVPC Member name): _____

Please review and initial, indicating your acknowledgement of the following:

SM I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

SM I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

SM I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Signature

8/21/24
Date

**Handout F**

# Broward County HIV Health Services Planning Council
# HIVPC MEMBERSHIP APPLICATION

Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.

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

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

*Note: This application expires six (6) months from date of submission.*
*Mail, fax, or email your completed application to:*

*HIVPC Staff*
*Broward Regional Health Planning Council*
*200 Oakwood Lane, Suite 100*
*Hollywood, FL 33020*
*FAX: 954-561-9685*
*EMAIL: HIVPC@BRHPC.ORG*

*If you have any questions, please call: 954-561-9681*

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

# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

First Name: Rev. Lamont Last Name: Lewis MDiv.

Home Address: [redacted] Home Phone: [redacted]

City, State, Zip Code: [redacted] Cell Phone: [redacted]

Employer (if applicable): Elohim Urban Mission Occupation/Title: CEO

Business Address: 828 East 44th Street Business Phone: _____

City, State, Zip Code: Chicago IL 60653 Fax: _____

Home Email: [redacted] Business Email: _____

Year of Birth: [redacted]
(yyyy)

- I prefer to receive phone calls and messages at: ❑ Home ❑ Work ❑ Cell
- I prefer to receive mail at: ❑ Home ❑ Work
- I prefer to receive email at: ❑ Home ❑ Work
- I prefer to receive HIVPC documents: ❑ Electronically (via email) ❑ Hard copy (via mail)
- What sex were you assigned at birth? (check one):

  ❑ Male ❑ Female ❑ Decline to state
- What is the current gender you identify with? (check all that apply):

  ❑ Male ❑ Female ❑ Transgender (Male to Female) ❑ Transgender (Female to Male)

  ❑ Unknown ❑ Decline to state
- Race (check all that apply): ❑White ❑Black ❑Asian ❑Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify) Cameroon
- Ethnicity (check one):

  ❑Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)_____
- Hispanic Subgroup (check one if any):

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)
- Asian Subgroup (check one if any):

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):

❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ❑Yes ❑No
- Do you self-identify as HIV positive?* ❑ Yes, and I am open about my status ❑ No ❑ I do not wish to disclose

**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*

- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Blood Transfusion
❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ I don't know/Unsure
❑ I do not wish to disclose

- Do you receive Ryan White Part A services? ❑ Yes ❑ No ❑ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?

❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old
❑40-49 years old ❑50-59 years old ❑60 years old or older ❑I do not wish to disclose

## Recruitment Information

- How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?

❑ Through a service provider/agency

❑Email

❑Online/Facebook/Twitter

❑Friend/HIVPC member (HIVPC Member name): Returning Member

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

# Categories of Membership (check all that apply)

- ❑ Health care providers, including federally qualified health centers
- ❑ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- ❑ Social service providers (including housing and homeless-services providers)
- ❑ Mental health providers
- ❑ Substance abuse providers
- ❑ Local public health agencies
- ❑ Hospital planning agencies or health care planning agencies
- ❑ Affected communities (people living with HIV/AIDS and underserved communities)
- ❑ PLWHA Recently Released from Jail or Prison or their representatives
- ❑ Non-elected community leaders
- ❑ Members of a Federally recognized Indian tribe
- ❑ Individuals co-infected with Hepatitis B or C
- ❑ State Medicaid agency
- ❑ Ryan White HIV/AIDS Program (RWHAP) Part B State agency
- ❑ RWHAP Part C grantees
- ❑ RWHAP Part D grantees
- ❑ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)
- ❑ Housing Opportunities for Persons with AIDS (HOPWA) grantees
- ❑ Federally funded HIV prevention program grantees
- ❑ Veterans Health Administration representative

# Committee Assessment

*All HIVPC members are required to serve on at least one standing committee. Please rank the committees below to indicate your interest.*

____ * Community Empowerment Committee (CEC): Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

____ * Membership/Council Development Committee (MCDC): Recruits and screens applications based on objective criteria for appointment to the Council 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.

____ * 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 and client training and education.

____ * Priority Setting & Resource Allocation Committee (PSRA): 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, and allocations.

____ * System of Care Committee (SOC): 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.

# General Information

Describe the strengths, skills, and resources you have.

A dedication to leadership abilities and academic achievement in research and teaching is an area of unique specialization.

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

Describe your interest in becoming a member of the HIV Planning Council.

Gives me the chance to have an impact on the vision and direction of the community's future

Describe how HIV/AIDS has impacted your life, either personally or professionally.

HIV is only a physical ailment; it doesn't undermine my sense of wellbeing or exacerbate my behavioral health.
The secret to my healthy existence has been my spirituality.
I've continued to serve as a role model for other people living with HIV,
demonstrating to them that it's feasible to achieve your goals and use activism to advance the community.

Please list any experiences you have related to community decision making or planning bodies.

Broward HIV Planing Council
Chicago Area HIV Integrated Services Council (CAHISC)
Elohim Urban Mission

Please review and initial, indicating your acknowledgement of the following:

LL I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.

LL I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.

LL I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.

LL I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.

LL If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.

LL I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.

LL I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Rev. Tamara Jones — Signature

January 11, 2024 — Date

**Handout G**

Member of the Quarter Vote Results -- Second Quarter FY2024-2025

| First Round | | | Second Round | | |
|---|---|---|---|---|---|
| Vince Foster | 1 | 7.69% | | | |
| Brad Barnes | 3 | 23.08% | Brad Barnes | 4 | 100% |
| Bisiola Fortune-Evans | 2 | 15.38% | Bisiola | 0 | 0% |
| Lorenzo Robertson | 1 | 7.69% | | | |
| Franchesca D'Amore | 1 | 7.69% | | | |
| Robert Shore | 1 | 7.69% | | | |
| Elizabeth Davis | 1 | 7.69% | | | |
| Von Biggs | 2 | 15.38% | Von Biggs | 0 | 0% |
| Jose Castillo | 1 | 7.69% | | | |
| Total | 13 | | | 4 | |

# Handout H

## CEC November Community Health Fair Provider Contact List

**Event Information: Saturday, November 2**

**Set Up Time: 10:00AM-11:00AM  Event: 11:00AM-2:00PM  Break down: 2:00PM-3:00PM**

| Agency Name | Contact Name | Contact Phone Number | Contact Email | Confirmed for November Event (Y/N) | Notes |
|---|---|---|---|---|---|
| **AIDS Healthcare Foundation (AHF)** | Aaron Cutright | (304) 517-9952 | aaron.cutright@ahf.org | | When calling ask about inviting Navigators |
| | Pete Pavoli? (Insurance/ACA) | N/A | N/A | | |
| **Broward Community & Family Health Centers (BCOM)** | Damary Martinez | N/A | dmartinez@bcfhc.org | **Confirmed** | Emailed us on 09/20; we replied on 09/26 |
| | Roseline Labissiere | 954-247-4839 | rlabissiere@bcomhealth.org | | |
| **Broward Health** | Bisola Fortune-Evans (Part D) | 954-604-0203 | bfortune@browardhealth.org | | |
| | Vince Foster (Part C) | 954-298-9610 | vfoster@browardhealth.org | | |
| | Leonard Jones | **NEED NEW CONTACT INFO** | | | |
| **Broward House** | Patricia Falco | N/A | pfalco@browardhouse.org | **Confirmed** | |
| **BRHPC** | Michele Rosiere | x 1247 | mrosiere@brhpc.org | | |
| | Jasmin Shirley **(CIED) - oversees HICP and CIED** | x 1203 | jshirley@brhpc.org | | Spoke to her on 9/25; will be sending Save-the-Date to all CIED clients |
| | Natalie Lewis **(HICP Manager)** | x 1275 | nlewis@brhpc.org | | |
| | Esperanza DeLaRosa **(ACA)** | x 1399 | edelarosa@brhpc.org | ***Confirmed if circumstances allow*** | |
| | Cristy Kozla **(ADAP Payments)** | x 1334 | ckozla@brhpc.org | **Confirmed** | We emailed her on 09/26 |
| **Care Resource** | Rafael Jimenez | 305-576-1234 x251 | rjimenez@careresource.org / mbeauregard@careresource.org | **Confirmed** | Emailed confirmation on 10/02 - offered rapid testing |
| **Community Rightful Center** | Roseline Louis XVI | N/A | RLouisXVI@communityrightfulcenter.org | | |
| **Latinos Salud** | Richard Ortiz | N/A | rortiz@latinossalud.org | | |
| **Memorial Healthcare System** | Alondra Machado | 954-276-1617 | almachado@mhs.net | | |
| **Nova Southeastern University** | Mark Schweizer | 954-557-3003 | schweize@nova.edu | **Confirmed** | We emailed them on 09/26 |
| | Kaitlyn Mooney | N/A | mkaitlin@nova.edu | | |
| **Poverello Center** | Jose Castillo | 754-619-5874 | jcastillo@poverello.org | | |
| | Brad Barnes | (702) 265-3876 | bbarnes@poverello.org | | |
| | Tom Pietrogallo | (954) 561-3663 ext 101 | tpietrogallo@poverello.org | | |
| **Legal Aid** | Kara Schickowski | 954-358-5635 | kschickowski@legalaid.org | **Confirmed** | Emailed us on 09/20 ; emailed back on 09/26 / follow up on 09/30 |
| | Erica Tolentino | N/A | etolentino1@legalaid.org | | |
| **ViiV (FOOD)** | Matt Tochtenhagen | 305-504-0719 | N/A | | |
| **Gilead (FOOD)** | Elizabeth "Kitty" Davis / Bolo | 954-715-1646 | movingfwdwellness@gmail.com / bolivar.nieto@gilead.com | | |
| **Holy Cross** | Joey Wynn | 954-542-1665 | joey.wynn@holy-cross.com | **Confirmed** | Emailed us on 09/17; we replied on 09/26; left Von as VM on 09/26 |
| | Von Biggs | (317) 410-9450 | Von.Biggs@holy-cross.com | | |
| **Part A Office + EHE (2)** | Jessica Roy | N/A | jeroy@broward.org | **Confirmed** | We emailed them on 09/26 ; waiting a response from Julia ; confirmed for Part A & EHE |
| | **Julia Batres Franco** | (954) 357-5937 | jbatresfranco@broward.org | | |
| **Florida Department of Heath** | Rania Mills | 954-847-8069 | rania.mills@flhealth.gov | **Confirmed** | We emailed them on 09/26 |
| | Quasia Cowen | N/A | quasia.cowen@flhealth.gov | | |
| | James Lewis | 347-526-9466 | jhljr57@gmail.com | | |
| | **Christella Therency** | N/A | christella.therency@flhealth.gov | | |
| **Sisters Organizing for Success** | Shawn Tinsley | 803-297-6966 | sm.tinsley1023@gmail.com | | |
| **Ujima** | Lorenzo Robertson | (813) 391-6710 | lorenz762.lr@gmail.com | | |
| **Part C Office** | Leonard Jones | (954) 473-7331 | ljones@browardhealth.org | | |
| **Bernard P. Alicki Health Center Pharmacy** | N/A | 954-527-6041 | N/A | | |
| **PBSAC** | Consuelo Lewis | N | consuelo.lewis@copbfl.com | | LVM & emailed on 09/30 |
| **Hallandale** | Cora T. Daise | (954) 457-2231 | CDaise@hallandalebeachfl.gov / cdaise@cohb.org | | We emailed them on 09/26 |
| **CAN Community Health** | Ashley Smith | 754-701-6911 Ext 23317 | ajsmith@cancommunityhealth.org | **Confirmed** | Expressed interest - offer rapid testing in mobile unit |
| **Ariana's Center** | Kendra Hayes | 754-715-8002 | f25907800@gmail.com | **Confirmed** | Expressed interest via phone call on 10/01 |
| **County** | Tiffany Currie | | tcurrie@broward.org | **Unable to attend** | Broward Heart Project - called on 10/03 |

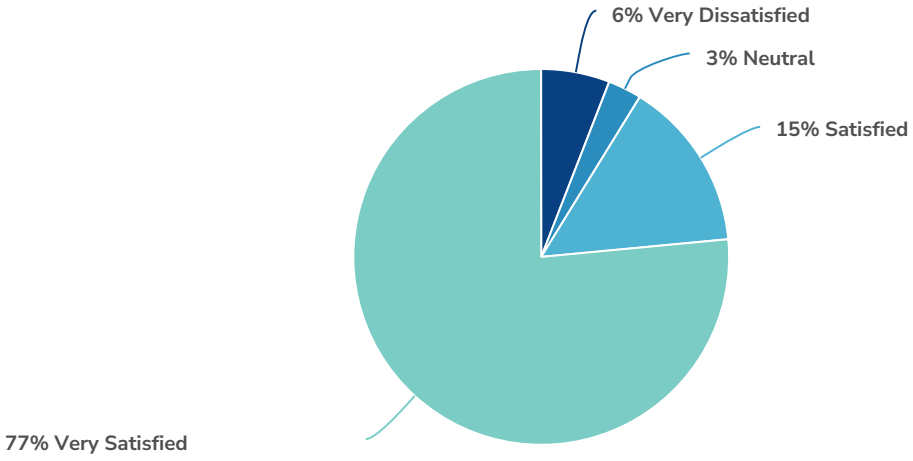
# Report for Event Feedback from Consumers for Aging Gracefully

## Response Counts

| | | |
|---|---|---|
| **Completion Rate:** | **100%** | |
| | Complete | 35 |

**Totals: 35**

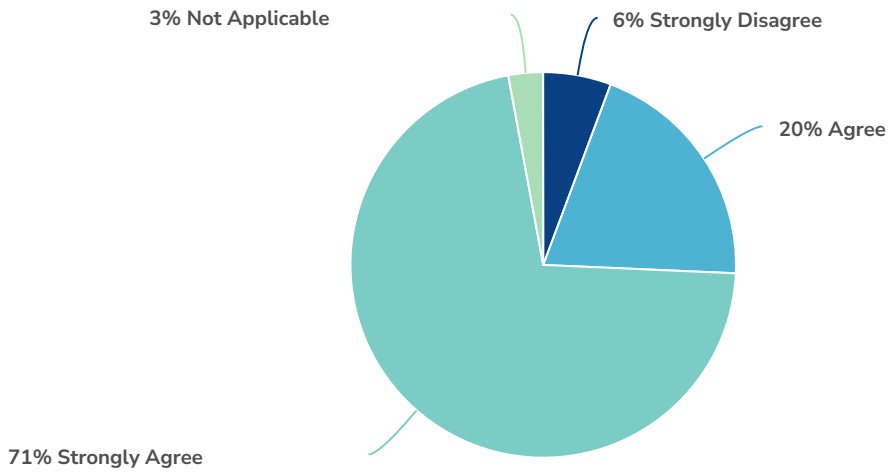
## 1. How satisfied were you with this event?




| Value | Percent | Responses |
|---|---|---|
| Very Dissatisfied | 5.9% | 2 |
| Neutral | 2.9% | 1 |
| Satisfied | 14.7% | 5 |
| Very Satisfied | 76.5% | 26 |

**Totals: 34**

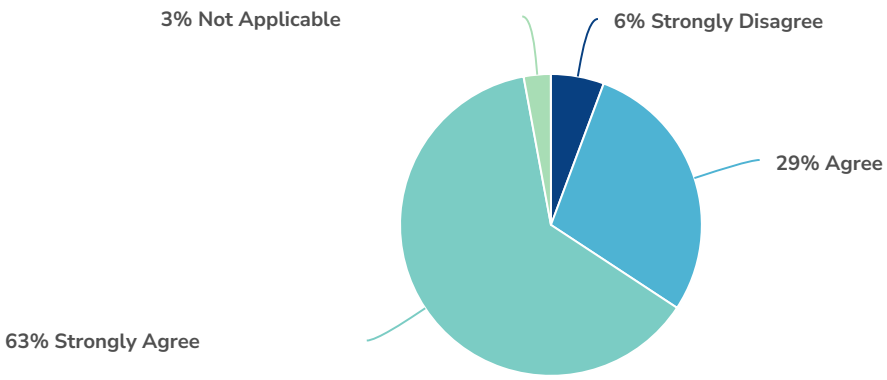
## 2. The content of the event was informative to me.




| Value | Percent | Responses |
|---|---|---|
| Strongly Disagree | 5.7% | 2 |
| Agree | 20.0% | 7 |
| Strongly Agree | 71.4% | 25 |
| Not Applicable | 2.9% | 1 |

**Totals: 35**

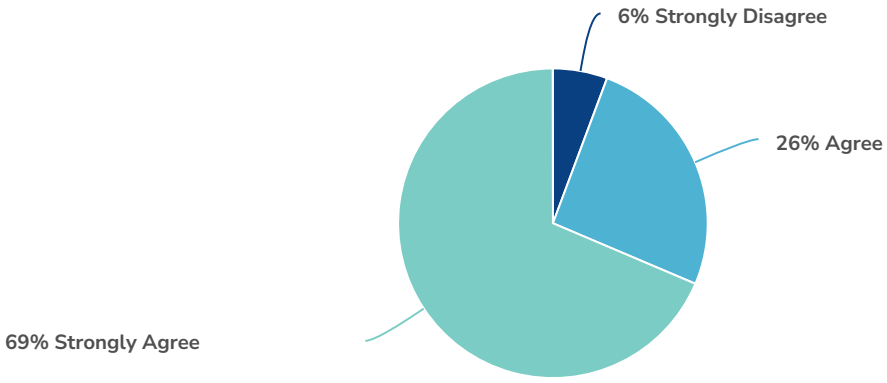
## 3. The content of the event was useful to me.




| Value | Percent | Responses |
|---|---|---|
| Strongly Disagree | 5.7% | 2 |
| Agree | 28.6% | 10 |
| Strongly Agree | 62.9% | 22 |
| Not Applicable | 2.9% | 1 |

**Totals: 35**

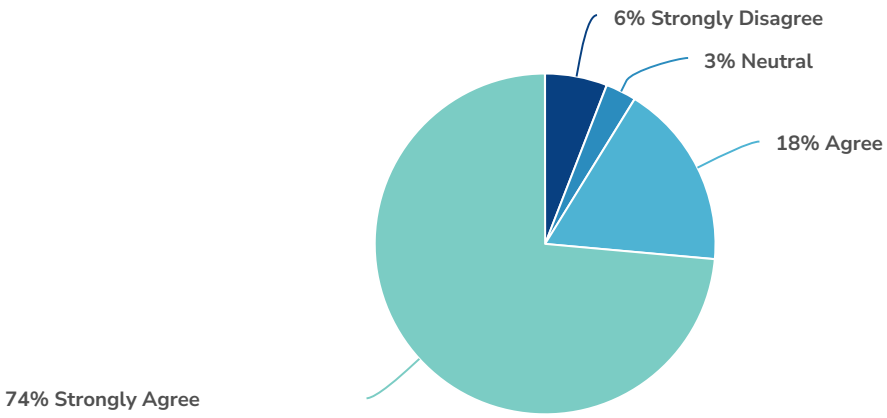
4. The event space was comfortable, accessible, and appropriate for my needs.




| Value | Percent | Responses |
|---|---|---|
| Strongly Disagree | 5.7% | 2 |
| Agree | 25.7% | 9 |
| Strongly Agree | 68.6% | 24 |

**Totals: 35**

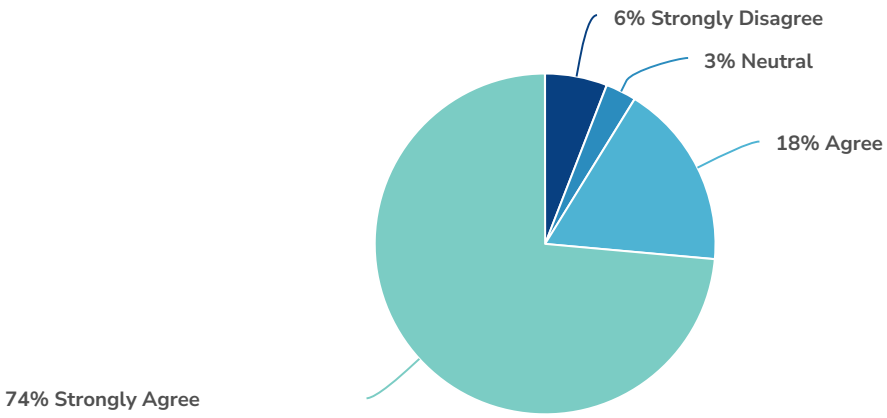
5. The speakers/presenters were well-informed.




| Value | Percent | Responses |
|---|---|---|
| Strongly Disagree | 5.9% | 2 |
| Neutral | 2.9% | 1 |
| Agree | 17.6% | 6 |
| Strongly Agree | 73.5% | 25 |

**Totals: 34**

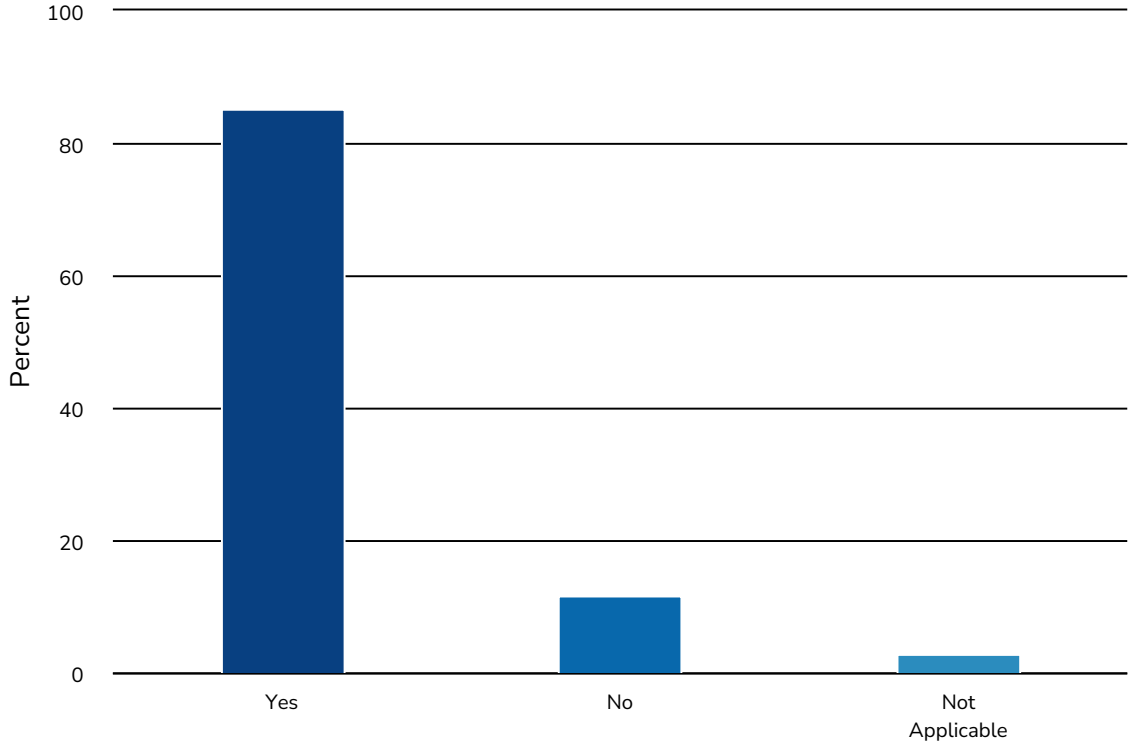
## 6. The speakers/presenters were easy to understand.




| Value | Percent | Responses |
|---|---|---|
| Strongly Disagree | 5.9% | 2 |
| Neutral | 2.9% | 1 |
| Agree | 17.6% | 6 |
| Strongly Agree | 73.5% | 25 |

**Totals: 34**

## 7. Did you learn something new about HIV/AIDS or the HIV/AIDS community?




| Value | Percent | Responses |
|---|---|---|
| Yes | 85.3% | 29 |
| No | 11.8% | 4 |
| Not Applicable | 2.9% | 1 |

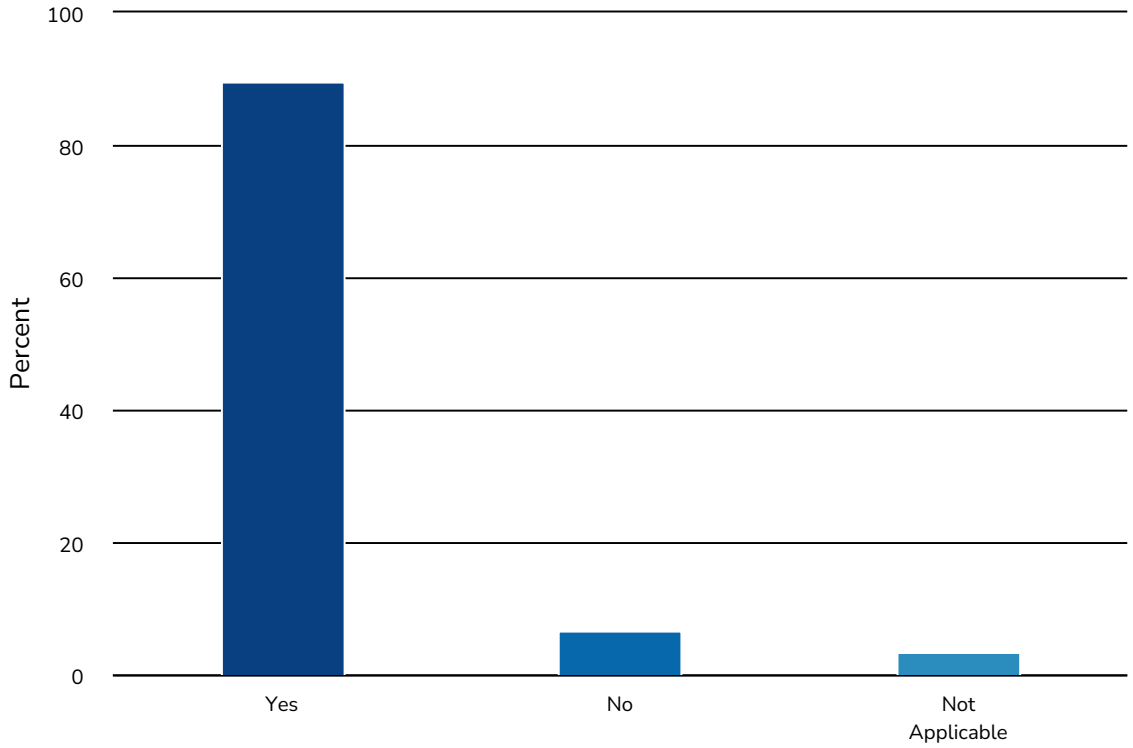
### Statistics

| | |
|---|---|
| Skipped | 1 |

## 8. If you answered "Yes" to the previous question, please tell us what you learned.

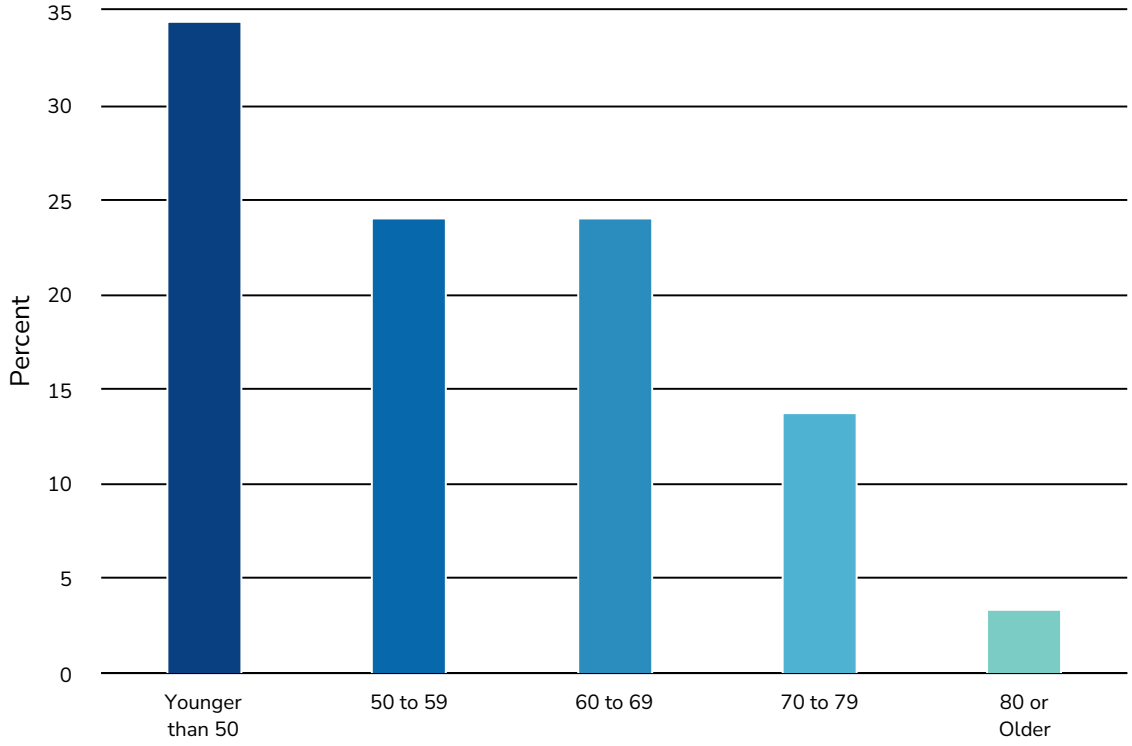
| ResponseID | Response |
|---|---|
| 1 | That there is help for those that are HIV |
| 8 | I learned how to join the council. |
| 9 | About Ryan White. |
| 10 | I learned that keep going to the doctor. Take meds. |
| 11 | I learned today about HIV community is good thing to live good |
| 12 | I learned an approximate number of people living with HIV/AIDS in Broward. I learned about the HIV Planning Committee. |
| 13 | The name of the movie, 1985 An Early Frost, its impact on media and individuals in society. |
| 14 | In 2022, 607 people were newly diagnosed with HIV in Broward of those 50% were Black. |
| 17 | What undetectable means |
| 20 | HIVPC |
| 21 | Three bodily fluids that transmit HIV |
| 24 | Positive engagement. FDR enacted the SSA (Social Security Act). |
| 25 | More experience for HIV |
| 29 | Everything. |
| 33 | You can live with HIV joyfully. |
| 34 | I learned to tell your partner you have HIV/AIDS and get tested. |
| 35 | I learned about elderly men and women are / consider about HIV |

## 9. Were you given information about Ryan White resources in Broward County?



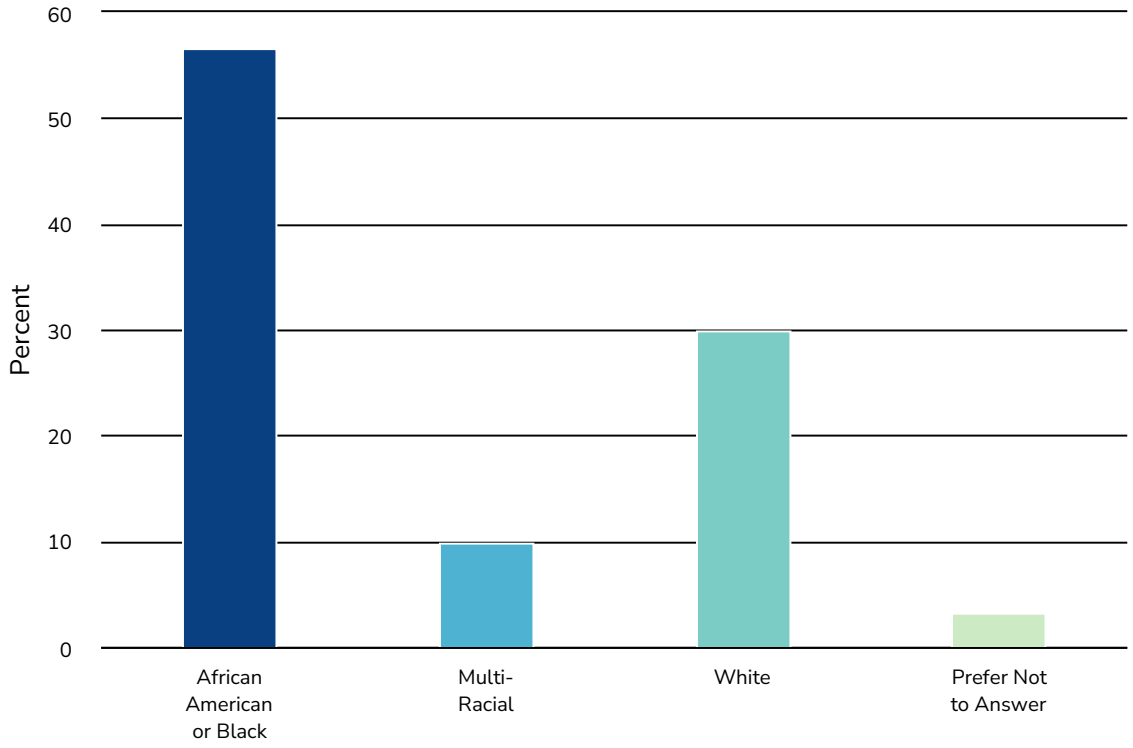

| Value | Percent | Responses |
|---|---|---|
| Yes | 89.7% | 26 |
| No | 6.9% | 2 |
| Not Applicable | 3.4% | 1 |

## 10. What age group do you belong to?



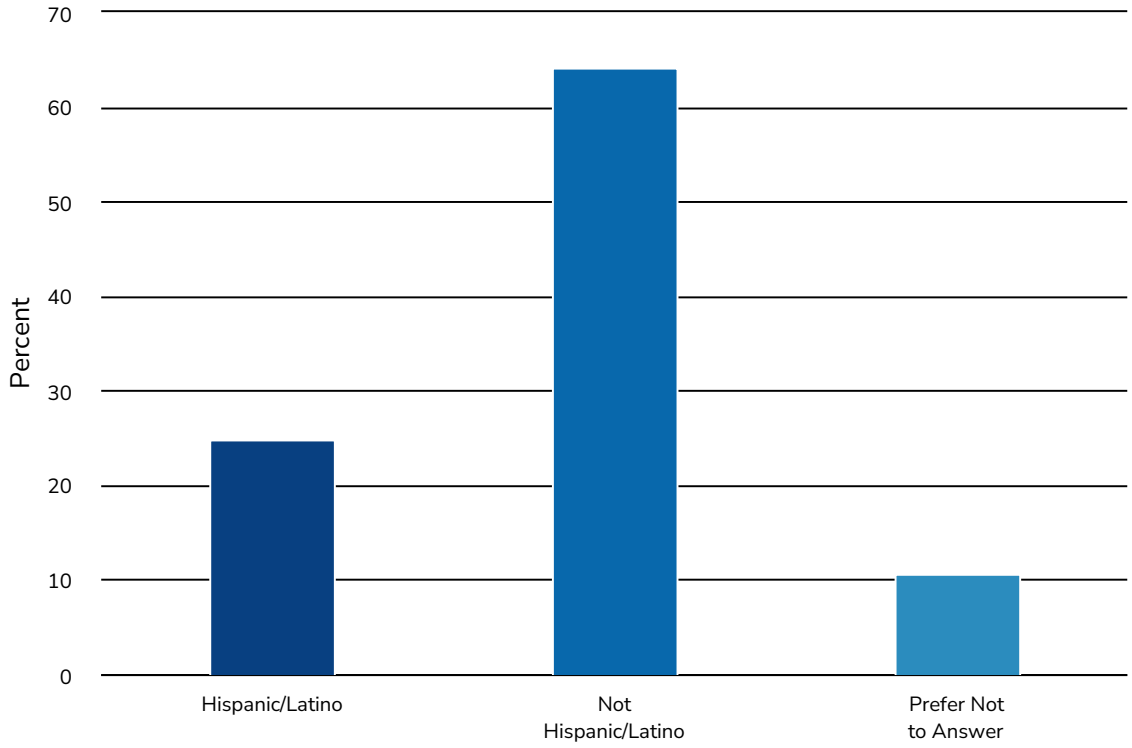

| Value | Percent | Responses |
|---|---|---|
| Younger than 50 | 34.5% | 10 |
| 50 to 59 | 24.1% | 7 |
| 60 to 69 | 24.1% | 7 |
| 70 to 79 | 13.8% | 4 |
| 80 or Older | 3.4% | 1 |

## 11. What is your race?



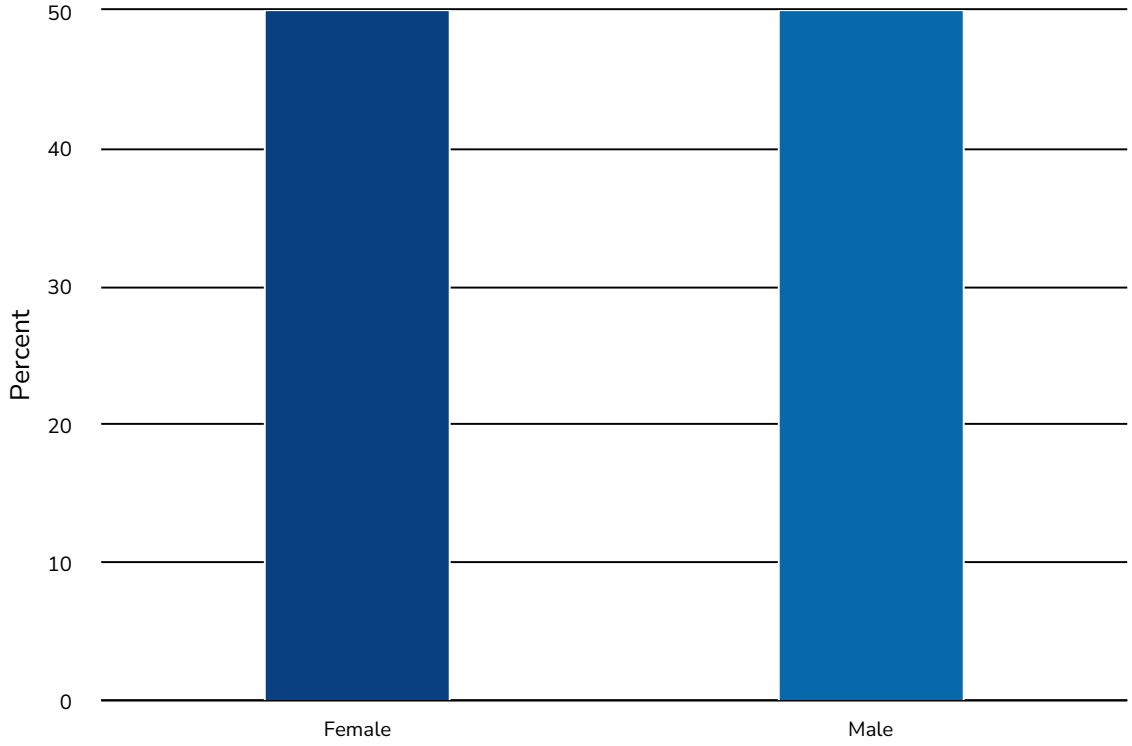

| Value | Percent | Responses |
|---|---|---|
| African American or Black | 56.7% | 17 |
| Multi-Racial | 10.0% | 3 |
| White | 30.0% | 9 |
| Prefer Not to Answer | 3.3% | 1 |

## 12. What is your ethnicity?



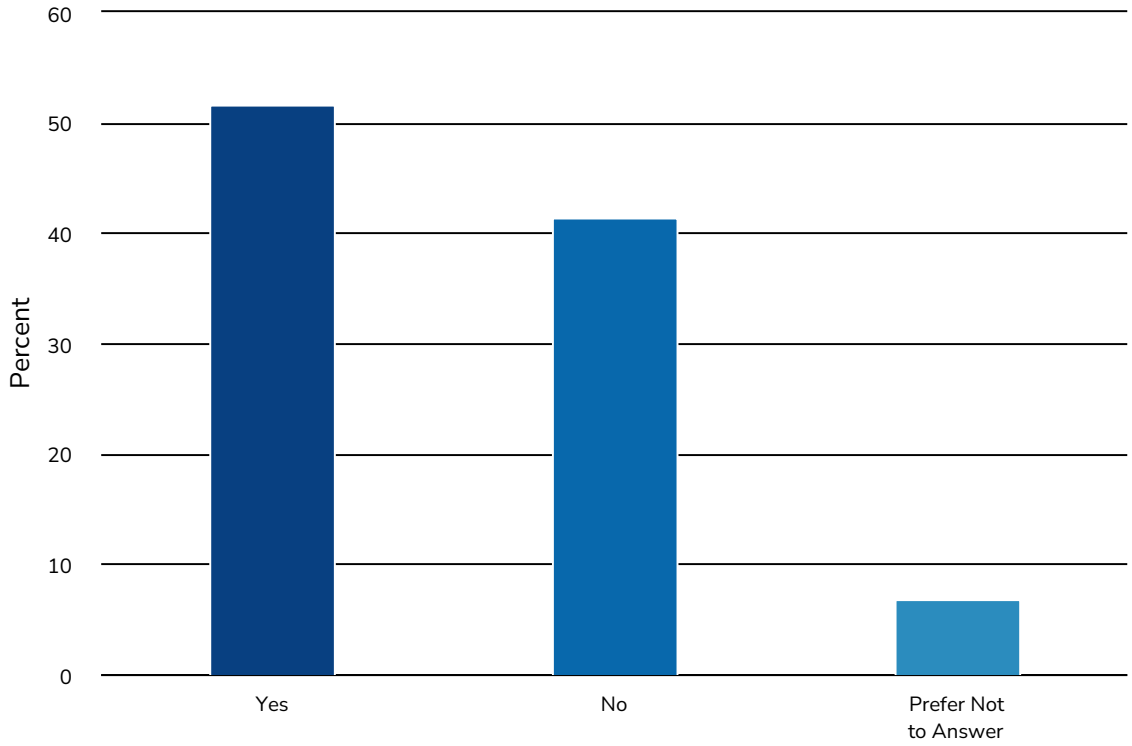

| Value | Percent | Responses |
|---|---|---|
| Hispanic/Latino | 25.0% | 7 |
| Not Hispanic/Latino | 64.3% | 18 |
| Prefer Not to Answer | 10.7% | 3 |

## 13. What gender do you identify as?




| Value | Percent | Responses |
|---|---|---|
| Female | 50.0% | 15 |
| Male | 50.0% | 15 |

## 14. Did you consider yourself part of the LGBT+ community?




| Value | Percent | Responses |
|---|---|---|
| Yes | 51.7% | 15 |
| No | 41.4% | 12 |
| Prefer Not to Answer | 6.9% | 2 |

## 15. Do you have any other comments or suggestions that you would like to add (Optional)?

| ResponseID | Response |
|---|---|
| 7 | I am very happy with Broward Housing. Nothing or bad to say. I am very happy. |
| 10 | Living with HIV help me be stronger take care to know that am someone that God love glad me though it all pary. |
| 11 | I need me a place to stay for good. |
| 12 | No. Thank you! |
| 13 | Bingo was very fun. It was great getting out into the community to learn and have fun. |
| 14 | Very informative and helpful event! Thanks. |
| 17 | Nope. Great! |
| 19 | No |
| 21 | Great event. |
| 32 | Not applicable. |
| 35 | I am trying to find help support to help me speak about my life story and HIV without medication for 25 years. |

# Handout I2

AGING GRACEFULLY

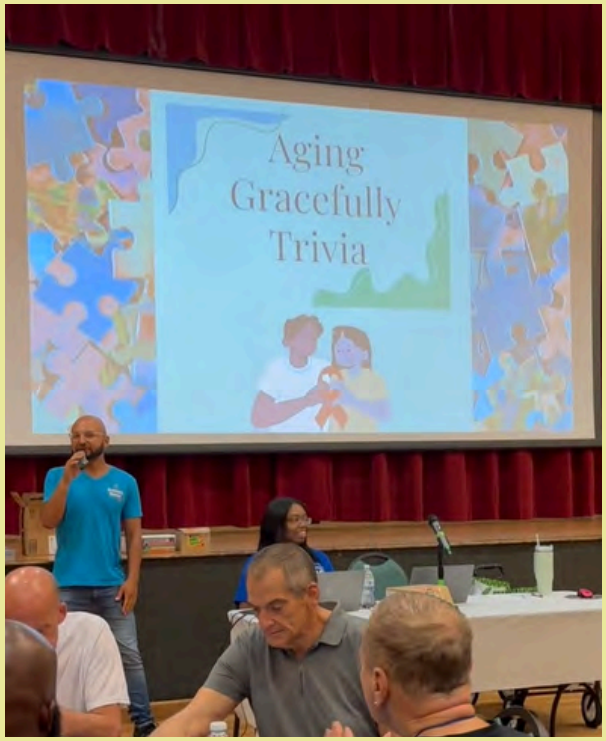
## *Thank You to Our Partners!*




*Community Empowerment Committee*

AGING GRACEFULLY

## *Trivia - The Seniors Know Their Stuff!*


## *Community Empowerment Committee*

AGING GRACEFULLY

## *B-I-N-G-O*


## *Community Empowerment Committee*

AGING GRACEFULLY


*Thank you to everyone who made this possible!*

*Community Empowerment Committee*

HIVPC

# AGING GRACEFULLY

# 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.