**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 14, 2021 - 9:00 AM**
**Meeting via WebEx Videoconference**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

**Join the meeting via phone:** 1-408-418-9388 US Toll (access code: 132 137 1658)

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

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. **ACTION:** Approval of Agenda for October 14, 2021
5. **ACTION:** Approval of Minutes from September 9, 2021
6. Standard Committee Items
    a. **Action Item:** Current Applicants, Interested Parties, and Appointments – Review current HIVPC & Committee applications. (Handout A1-A4)
    Work Plan Objective 1: Ensure HIVPC is representative and reflective.
7. New Business

    None.
8. Recipient's Report
9. Public Comment
10. Agenda Items for Next Meeting
    a. Next Meeting Date: January 13, 2022, at 9:30 a.m. via WebEx Videoconference
11. Announcements
12. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:*

*HIV Planning Council Website*

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

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

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

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

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

Broward County Website

# HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

**Revised 7/24/14**

# CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

**Revised 7/24/14**

# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la.  Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

**Revised 7/24/14**

# Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

# Frequently Used Terms

**Recipient:** Government department designated to administer Ryan white Part A funds and monitor contracts.

**Planning Council Support (PCS) Staff/'Staff':** Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

**Clinical Quality Management (CQM) Support Staff:** Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

**Provider/Sub-Recipient:** Agencies contracted to provide HIV Core and Support services to consumers.

**Consumer/Client/Patient:** A person who is an eligible recipient of services under the Ryan White Act.

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# Membership/Council Development Committee

**Thursday, September 9, 2021 - 9:30 AM**
**Meeting via WebEx**

## DRAFT MINUTES

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

Members Absent: H. Bradley Katz, Y. Arencibia.

Ryan White Part A Recipient Staff Present: S. Scott

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

Guests Present: C. Dumas

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

   The MCDC Chair called the meeting to order at 9:37 A.m. The MCDC Chair welcomed all meeting attendees that were present. Attendees were notified that the MCDC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the MCDC Chair, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the September 9, 2021, Membership/Council Development Committee meeting was proposed by T. Moragne, seconded by I. Wilson, and passed unanimously. The approval for the minutes of the July 8, 2021, meeting was proposed by A. Cutright, seconded by I. Wilson, and approved with no further corrections.

   Dr. Moragne, on behalf of MCDC, made a motion to approve the September 9, 2021, Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.

   Mr. Cutright, on behalf of MCDC, made a motion to approve the July 9, 2021, Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

The Planning Council currently has 19 members and is currently well under the HRSA mandated percentage of 33% unaffiliated consumers serving on the planning council. PCS staff advised the committee that they have identified and contacted recruits to fill several of the open job-based seats and are awaiting a response. The chair suggested that PCS staff include a monthly tally of how many 'Get Involved Cards' are being completed and returned. The committee discussed different strategies for recruiting new members to the Council, specifically younger members of the HIV community. The chair inquired about the status of the HIVPC's proposal for social media use. The Recipient informed the committee that the proposal is still awaiting approval. However, in the interim they are open to using the Part A office's newly launched Instagram to post on behalf of the HIVPC to engage the younger age demographic. The Chair encouraged committee members to continue actively recruiting potential members at provider agencies and elsewhere within the community. The committee also discussed recruitment strategies possibly used by other agencies or within the community and how the Council can use those tactics to engage priority groups.

The committee reviewed the HIVPC and Committee Demographics report. The Chair highlighted the importance of representation of the epidemic on the council. The Chair expressed the importance of engaging consumers and providing information on the planning council as much as possible.

The Committee reviewed a pending HIVPC & Committee Application. After some discussion, the motion to approve Christopher Dumas' application was proposed by T. Moragne, seconded by A. Cutright, and passed unanimously.
Dr. Moragne, on behalf of MCDC, made a motion to approve Christopher Dumas's application to the HIVPC. The motion was adopted unanimously.

Lastly, The PCS Staff Health Planner presented the MCDC meeting evaluation results from the second quarter to the committee. Meeting evaluations are used as a tool to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of meetings, and they identify strengths, deficiencies, and potential training/development needs. The MCDC had three completed surveys out of a potential total of four, with a 100% completion rate for the surveys received.

5. New Business

The Committee discussed the FY21-22 and FY22-23 HIVPC training Plan. The committee agreed that it would be beneficial to receive trainings/presentations on Systems outside the HIV: Drug Use & Substance Abuse as well as Affordable Care Act Updates at this time. The committee will revisit the training plan on an ongoing basis to suggest other training topics based on current issues or topics beneficial to the council.

The HIVPC Health Planner discussed the HIVPC Succession Planning Guide with the committee. PCS Staff advised the committee that succession planning helps to identify future needs and the people with the skills and potential to perform in these future roles. Committee members agreed that this exercise will be beneficial to the continuity of the HIVPC. The committee has been tasked with completing and returning the toolkit to PCS Staff so that they can draft a Succession Plan for discussion at the next scheduled committee meeting.

6. Recipient's Report

The Recipient reported the following:

a) They have launched their official Instagram account @GetCareBroward and asked for everyone's support. Additionally, they invited the Council and its Committees to share infographics and other pertinent information via their account.
b) They will be launching their 'SAFE Syringe Exchange Program' in collaboration with Care Resources.
c) They are finalizing their grant application which is due October 6, 2021.
d) They reported that they are currently recruiting for an Administrator for the Health Care Services Section, a Planner and an Ending the HIV Epidemic Program Coordinator.

7. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

8. Agenda Items for Next Meeting

   The next MCDC meeting will be held on January 13, 2022, at 9:30 a.m. via WebEx Videoconference.

9. Announcements

   Pride Fort Lauderdale will be hosting a two-day festival on Fort Lauderdale Beach on November 20-21, 2021, and they are inviting interested persons to attend.

10. Adjournment

    There being no further business, the meeting was adjourned at 11:02 a.m.

11. MCDC Attendance for CY 2021

| Consumer | PLWHA | Absences | Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Meeting Date** | C | 11 | C | CX | 13 | C | 8 | C | 9 | | | | |
| 0 | 0 | 1 | **1** | Arencibia, Y. | | X | | | X | | X | | A | | | | |
| 0 | 0 | 1 | **2** | Cutright, A. | | A | | | X | | X | | X | | | | |
| 0 | 0 | 0 | **3** | Foster, V. *Chair* | | X | | | X | | X | | X | | | | |
| 1 | 1 | 1 | **4** | Katz, H.B. | | E | | | X | | X | | A | | | | |
| 0 | 0 | 1 | **5** | Moragne, T. | | X | | | X | | A | | X | | | | |
| 0 | 0 | 2 | **6** | Wilson, I. | | X | | | A | | A | | X | | | | |
| | | | | **Quorum = 4** | 0 | 4 | 0 | 0 | 5 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | |

| **Legend:** | |
|---|---|
| **X - present** | **N - newly appointed** |
| **A - absent** | **Z - resigned** |
| **E - excused** | **C - canceled** |
| **NQA - no quorum absent** | **W - warning letter** |
| **NQX - no quorum present** | **Z - resigned** |
| **CX - canceled due to quorum** | **R - removal letter** |

# HANDOUT A1

# 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

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# 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:** Jose
**Last Name:** Castillo
**Home Address:**
**Home Phone:** n/a
**City, State, Zip Code:**
**Cell Phone:**
**Employer (if applicable):** The Poverello Center
**Occupation/Title:** Operations Manager
**Business Address:**
**Business Phone:**
**City, State, Zip Code:**
**Fax:**
**Home Email:**
**Business Email:**
**Year of Birth:** 1962 (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

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- **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

knowledge of how ryan white works and relations with some of the sub recipient agencies, i am in the finance department and as such have to complete many of the financial requirements of the food pantry gran we have with both Broward and Palm Beach counties

I have had HIV since 1996 at a time when not all the current neds were around and as such back then was diagnosed with AIDS thru my stuggles to become undectable i have had many of my meds changed due to developing immunity to many of the compounds available and as such still have to take a cocktail of meds i also participated early on with clinical studies for HIV meds

I would like to get more involved in the HIV community as an HIV positive individual since 1996 I have the opportunity to bring to the council both being HIV positive and working for a provider with client needs and concerns to the council, knowing that I would be totally impartial and help bring solutions to the council

Approved 3.14.19

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# 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.*

2 **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.

1 **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.

Pharmaceutical Distributor for 26years, Finance Knowledge and Quickbooks efficient, Real estate background

provide enterprise knowledge in both Broward and Palm Beach County, knowledgeable in creating federal and local geant budgets

provide enterprise knowledge in both Broward and Palm Beach County, knowledgeable in creating federal and local geant budgets

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.

I would like to get more involved in the HIV community as an HIV positive individual since 1996 I have the opportunity to bring to the council both being HIV positive and working for a provider with client needs and concerns to the council, knowing thai I would be totally impartial and help bring solutions to the council

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

I have had HIV since 1996 at a time when not all the current neds were around and as such back then was diagnosed with AIDS thru my stuggles to become undectable i have had many of my meds changed due to developing immunity to many of the compounds available and as such still have to take a cocktail of meds i also participated early on with clinical studies for HIV meds

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

knowledge of how ryan white works and relations with some of the sub recipient agencies, i am in the finance department and as such have to complete many of the financial requirements of the food pantry gran we have with both Broward and Palm Beach counties

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

jc 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.

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

jc 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.

jc 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.

jc 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.

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

jc 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.

Jose Castillo Digitally signed by Jose Castillo Date: 2021.09.30 07:58:21 -04'00'

Signature

9-30-2021

Date

# HANDOUT A2

## 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

# 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:** Shaun #3104 **Last Name:** Jackson

**Home Address:** **Home Phone:**

**City, State, Zip Code:** **Cell Phone:**

**Employer (if applicable):** AFLAC **Occupation/Title:**

**Business Address:** **Business Phone:**

**City, State, Zip Code:** **Fax:**

**Home Email:** **Business Email:**

**Year of Birth:** 8/14/1972 (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) Mixed
- **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)_____

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.

_✓_ **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.

See my Resume

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: 954-561-0881 / Fax: 954-561-9685

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

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

I have been positive Since 1989

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

Fayetteville NC HIV Board
SC/ Domestic Violence Committe planning board

**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.

Signature

9-28-21
Date

Approved 3.14.19

# HANDOUT A3

## 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:** Eveline **Last Name:** Dsouza

**Home Address:** _____ **Home Phone:** _____

**City, State, Zip Code:** _____ **Cell Phone:** _____

**Employer (if applicable):** City of Fort Lauderdale **Occupation/Title:** _____

**Business Address:** _____ **Business Phone:** _____

**City, State, Zip Code:** _____ **Fax:** _____

**Home Email:** N/A **Business Email:** _____

**Year of Birth:** 1968
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):_____

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.

____ **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.

____ **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.

I'm a Degree in Finance. Have been working in the Fiance industry for 25years in USA, and 7yrs in India.

I have good knowledge of Accounting Principals. I'm a member of the Florida Government Finance Officers Association (FGFOA)

I have good knowledge of Accounting Principals. I'm a member of the Florida Government Finance Officers Association (FGFOA)

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.

I joined the City of Fort Lauderdale, Housing and Community Development Division in 2020 I'm Senior Administrative Assist, and I administer the HOPWA Grant for the City.

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

I have been working closing with our HOPWA agencies who provide services to HIV/AID clients. Services include, Housing, Housing Case Management and Legal Services for HOPWA Clients

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

Good knowledge of HOPWA policy and procedures. The City has established the Community Service Board (CSB) as HOPWA Advisory. City accepts the board recommendation and awards its HOPWA agencies with respective funding allocation. I'm the CSB liaison

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

ED 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.

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

ED 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.

ED 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.

ED 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.

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

ED 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.

Eveline Dsouza
Signature

Date

Approved 3.14.19

**HANDOUT A4**

# 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:** RAFAEL **Last Name:** JIMÉNEZ

**Home Address:** _ **Home Phone:** —

**City, State, Zip Code:** _ **Cell Phone:** _

**Employer (if applicable):** CARE RESOURCE **Occupation/Title:** DIRECTOR SOCIAL SERVICES

**Business Address:** _ **Business Phone:** _

**City, State, Zip Code:** FT. LAUDERDALE, FL. 33311 **Fax:** _

**Home Email:** _ **Business Email:** _

**Year of Birth:** 1963 (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):** N/A
  ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify)_____
- **Native Hawaiian/Pacific Islander Subgroup (check one):** N/A
  ☐ 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?** N/A
  ☐ 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?** N/A.
  ☐ 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): Rick Siciari

Approved 3.14.19

Fort Lauderdale / Broward County EMA
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## Categories of Membership (check all that apply)

- [x] Health care providers, including federally qualified health centers
- [x] Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)
- [x] 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
- [x] Affected communities (people living with HIV/AIDS and underserved communities)
- [x] 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.*

2 **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.

5 **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.

4 **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.

1 **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.

3 **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.

I CURRENTLY LEAD TEAMS OF SEVEN MANAGERS AND 65 STAFF MEMBERS IN VARIOUS PROGRAMS INCLUDING: RYAN WHITE PART A, HOPWA SERVICES, FOOD BANK SERVICES, REGISTRATION & INSURANCE VERIFICATION, CALL CENTER & SCHEDULING SERVICES. AS A DIRECTOR, I COLLABORATE WITH LOCAL, STATE, AND FEDERAL LEVELS IN IMPLEMENTATIONS, DELIVERY, AND OUTCOME MEASUREMENTS OF SERVICES PROVIDED.

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

I HAVE WORKED IN THE HIV/AIDS PROGRAMMING FOR THE PAST THIRTEEN YEARS, AND I HAVE COLLABORATED AND SUPPORTED COMMUNITY PARTNERS IN IMPLEMENTATION OF PROGRAMS AND SERVICES FOR THOSE IN NEED AND IMPROVE HEALTH OUTCOMES. AS A MEMBER, I CAN CONTINUE IN COLLABORATION FOR PROVIDING SERVICES IN BROWARD.

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

I GRADUATED FROM HIGH SCHOOL IN THE SUMMER OF '81 WHEN NEWS OF A VIRUS INFLICTING YOUNG MEN. LIKE MANY OF MY FRIENDS, I TOO WAS FRIGHTENED, AND HAVE EXPERIENCED MANY CLOSE FRIENDS/ROOMMATES PASSING AWAY FROM HIV/AIDS. THEIR MEMORIES & STORIES REMAIN WITH ME AS WE CONTINUE TO EDUCATE, TREAT AND FIGHT THE VIRUS.

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

I AM A COMMITTEE MEMBER OF PART A CQMC FOR MIAMI-DADE COUNTY, AND PARTICIPATE IN PART-A PARTNERSHIP MEETINGS PROVIDING REVIEWS, INSIGHT & RECOMMENDATIONS TO PART A ADMINISTRATORS. IN BROWARD COUNTY, I PARTICIPATE IN QUALITY IMPROVEMENT PROJECTS FOR PART-A, AND PROVIDE INSIGHT TO HOPWA COMMUNITY SERVICE BOARD MEMBER.

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

RJT. 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.

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

RJT. 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.

RJT. 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.

RJT. 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.

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

RJT. 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

10/07/2021
Date

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