



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, April 14, 2022 - 9:30 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: 2632 216 8637)

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 April 14, 2022
5. **ACTION:** Approval of Minutes from October 14, 2021
6. Standard Committee Items
 - a. **Action Item:** MCDC Membership Strategy – Review the HIVPC membership strategy and determine the best course of action to address vacancies. (Handout A)
Work Plan Activity 1.2: Review seat status and ensure mandated seats are filled.
 - b. **Action Item:** HIVPC Demographics – Review demographics and identify populations that are over or under-represented. (Handout B)
Work Plan Objective 1: Ensure HIVPC is representative and reflective.
 - c. **Action Item:** Current Applicants, Interested Parties, and Appointments – Review current HIVPC & Committee applications.
Work Plan Objective 1: Ensure HIVPC is representative and reflective.
7. New Business
 - a. **Action Item:** HIVPC Social Media Update- Receive an update on the progress of HIVPC Social Media Accounts
 - b. **Action Item:** Review HIVPC recruitment materials. (Handout C)

Work Plan Activity 2.3 Develop recruitment and website materials as needed.

- c. **Action Item:** Develop a system by which to recognize a member for his/her/their contributions to the work of the HIVPC.

Work Plan Objective 4.2 Recognize Member of the Year annually.

- d. **Action Item:** MCDC Work Plan Review (Handout D)- Review progress towards FY21 work plan and approve FY22 Committee Work Plan.

8. Recipient's Report

9. Public Comment

10. Agenda Items for Next Meeting

- a. Next Meeting Date: July 14, 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 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.

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.

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 respekte 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 posèsyon 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 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, October 14, 2021 - 9:00 AM
Meeting via [WebEx](#)

DRAFT MINUTES

MCDC Members Present: V. Foster (Committee Chair), T. Moragne (Committee Vice-Chair), A. Cutright, H. Bradley Katz

Members Absent: Y. Arencibia, I. Wilson,

Ryan White Part A Recipient Staff Present: None.

Planning Council & CQM Support Staff Present: F. Ukpai, T. Williams, B. Miller, J. Rohoman

Guests Present: E. Dsouza, R. Jimenez

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

The MCDC Chair called the meeting to order at 9:10 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 & 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 give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

The approval for the agenda of the October 14, 2021, Membership/Council Development Committee meeting was proposed by A. Cutright, seconded by T. Moragne, and passed unanimously. The approval for the minutes of the September 9, 2021, meeting was proposed by A. Cutright, seconded by T. Moragne, and approved with no further corrections.

Motion #1: Mr. Cutright, on behalf of MCDC, made a motion to approve the October 14, 2021, Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Cutright, on behalf of MCDC, made a motion to approve the September 9, 2021, Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

The Committee reviewed pending HIVPC & Committee Applications. The motion to approve Jose Castillo's application to fill the Non-Elected Community Leader seat was proposed by T. Moragne, seconded by A. Cutright, and passed unanimously. The motion to approve Shawn Jackson's application to fill the non-affiliated Consumer seat was proposed by A. Cutright, seconded by T. Moragne, and passed unanimously. The motion to approve Eveline Dsouza's application to fill the mandated Housing opportunities for Persons with AIDS (HOPWA) seat was proposed by A. Cutright, seconded by T. Moragne, and passed unanimously. The motion to approve Rafael Jimenez's application to fill the mandated Federally Qualified Health Centers/Health Care Provider seat was proposed by T. Moragne, seconded by A. Cutright, and passed unanimously.

Motion #3: Mr. Cutright, on behalf of MCDC, made a motion to approve Jose Castillo's application to fill the Non-Elected Community Leader seat. The motion was adopted unanimously.

Motion #4: Mr. Cutright, on behalf of MCDC, made a motion to approve Shawn Jackson's application to fill the non-affiliated Consumer seat. The motion was adopted unanimously.

Motion #5: Mr. Cutright, on behalf of MCDC, made a motion to approve Eveline Dsouza's application to fill the mandated HOPWA seat. The motion was adopted unanimously.

Motion #6: Dr. Moragne, on behalf of MCDC, made a motion to approve Rafael Jimenez's application to fill the Federally Qualified Health Centers/Health Care Provider seat. The motion was adopted unanimously.

5. New Business

There were no new business items on the agenda for this meeting.

6. Recipient's Report

There was no representative to provide a Recipient's report.

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

The Planning Council will be tabling at Pride Fort Lauderdale, which is a two-day festival on Fort Lauderdale Beach from November 20-21, 2021. Interested persons are being encouraged to volunteer to work a shift at this tabling opportunity.

10. Adjournment

There being no further business, the meeting was adjourned at 9:36 a.m.

11. MCDC Attendance for CY 2021

Consumer	PL	W	H	A	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	14			
0	0			2		1	Arencibia, Y.		X			X		X		A	A			
0	0			1		2	Cutright, A.		A			X		X		X	X			
0	0			0		3	Foster, V. <i>Chair</i>		X			X		X		X	X			
1	1			1		4	Katz, H.B.		E			X		X		A	X			
0	0			1		5	Moragne, T.		X			X		A		X	X			
0	0			3		6	Wilson, I.		X			A		A		X	A			
							Quorum = 4	0	4	0	0	5	0	4	0	4	4	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

Membership/Council Development Committee Meeting Minutes – October 14, 2021
Minutes prepared by PCS Staff.

MCDC Membership Strategy Member Budget

Handout A

Member Mix	Current	Goal
Job-Based Seat*	13	18
Consumer Seat	3	14
NECL Seat**	5	3
Total Membership	21	35
Unaffiliated Consumers (%)	14%	37%
Alternates	0	3

*Job-based seats are those seats filled based on the basis of employment

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

Seats Currently Filled:

- Affected Communities (Consumers)
- Board of County Commissioners member
(*per Broward County Ordinance 12.108.b.*)
- Prevention
- Part B
- Part D
- Part F
- Health Care Providers/FQHCs
- ASO/CBO
- Mental Health
- Local Prison
- NECL
- Hospital or Health Care Planning Agency
- Local Public Health Agency
- HOPWA

Open Job-Based Seats:

- Part C
 - Representative identified
- VA or other federally funded program providing treatment for HIV
 - follow-up is taking place with VA representatives
- Medicaid
 - recruit identified
- Substance Abuse
 - recruit identified
- Social Services including Housing & Homeless
 - recruit identified

Open Consumer Seats:

- Affected Communities (Consumers)
- Alternates

Recommended Course of Action:

- **Bring job-based members on slowly** to coincide with new unaffiliated consumer members.
- **MCDC must focus on bringing unaffiliated consumers onto the HIV Planning Council.** The Committee must implement its Recruitment & Retention Plan and increase consumer representation to reach the mandated 33%.

Handout B

HIV Planning Council & Committee Demographics Report

It is the work of the Membership/Council Development Committee to ensure the HIV Planning Council is representative of the HIV epidemic in Broward County. One way that MCDC accomplishes this task is by reviewing the Council and Committees' demographics, identifying over and underrepresented populations.

HIV in Broward County

The following table shows HIV in Broward by Race/Ethnicity and by Gender. These data are provided by the Florida Department of Health.

Race	Population	Percentage
White	6,878	38%
Black	9,815	33%
Hispanic	3,855	24%
Other	500	5%
Total	21,048	100%
Gender	Population	Percentage
Male	15,689	71%
Female	5,359	29%
Transgender	0	0%
Total	21,048	100%

How This Information is Compared

The Council and each of its Committees are compared to the epidemic to determine where representation can be improved.

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 which provides these services. This means the consumer does not work for a provider agency or otherwise benefit financially from the agency's success.

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

Key Points for Reflectiveness through April 2022

HIV Planning Council (HIVPC): The Council is currently at 21 members and 14% consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be

directed towards increasing unaffiliated consumer member participation. The Council is under-representative of female, black, and white consumers as well as youth consumers.

Community Empowerment Committee (CEC): CEC remains under-representative of Black membership and is also still under-representative of male consumers despite significant male representation on the Committee. The Committee is also under-representative of female consumers. CEC remains below its 51% consumer membership requirement stated in the Committee's Policies & Procedures.

Membership/Council Development Committee (MCDC): The Committee's size has decreased by one since the last meeting. There is no consumer representation on the committee.

Priority Setting & Resource Allocation (PSRA): The Committee's membership decreased by one since the last meeting. This committee is under-representative of Black and female consumers.

Executive Committee: The Executive Committee membership has remained consistent. There are two unaffiliated consumers in a leadership position on the Council.

Quality Management Committee (QMC): QMC is under-representative of Black members. Black, Hispanic, and female consumers are not represented on the Committee. QMC's membership has decreased by one since the last meeting.

System of Care (SOC): SOC's membership has decreased by one. Black, Hispanic, and female consumers are not represented on the Committee

Attention to Whitney Role

FAX # 954-561-9685

HANDOUT C1

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



Please be aware that this application and all of 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
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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 of 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



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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: ANDREA Last Name: LANEAR
 Home Address: P.O. Box [REDACTED] Home Phone: _____
 City, State, Zip Code: FT LAUDERDALE, FL 33310 Cell Phone: [REDACTED]
 Employer (if applicable): _____ Occupation/Title: _____
 Business Address: _____ Business Phone: _____
 City, State, Zip Code: DO NOT WORK ANYMORE Fax: _____
 Home Email: NONE Business Email: NONE

- I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☒ All [REDACTED]
- I prefer to receive mail at: ☐ Home ☐ Work MY P.O. BOX
- 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):



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 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



☐ 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? **32**

☐ 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
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Categories of Membership (check all that apply)

- | | |
|--|---|
| ☐ Health care providers, including federally qualified health centers | ☐ Members of a Federally recognized Indian tribe |
| ☐ Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs) | ☒ Individuals co-infected with Hepatitis B or C |
| ☒ Social service providers (including housing and homeless-services providers) | ☒ State Medicaid agency |
| ☐ Mental health providers | ☐ Ryan White HIV/AIDS Program (RWHAP) Part B State agency |
| ☐ Substance abuse providers | ☐ RWHAP Part C grantees |
| ☒ Local public health agencies | ☐ RWHAP Part D grantees |
| ☐ Hospital planning agencies or health care planning agencies | ☐ RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees) |
| ☐ Affected communities (people living with HIV/AIDS and underserved communities) | ☒ Housing Opportunities for Persons with AIDS (HOPWA) grantees |
| ☐ PLWHA Recently Released from Jail or Prison or their representatives | ☐ Federally funded HIV prevention program grantees |
| ☐ Non-elected community leaders | ☐ 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 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.
- _____ **Needs Assessment/Evaluation Committee (NAE):** Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated into Broward County's system of care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.
- _____ **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.



Fort Lauderdale / Broward County EMA
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General Information

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

TALK ABOUT HEALTH PEOPLE WITH HIV
 HOUSING ISSUES
 TALKING PEOPLE KNOW ABOUT HIV
 DIFFERENT ISSUES

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

When I found out I was HIV in 1999 I
 thought I was going to die quick but I
 learned HIV was not a death sentence longest
 you take your medication. Having the virus for 20

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

NONE

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

AL 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.

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

AL 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.

AL 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.

AL 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.

AL 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.

Andrea Jones
 Signature

12-29-21
 Date

HANDOUT C2

Respondent



1

Anonymous



33:46



Time to complete

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.

1. Name (first, last) *

STEPHANIE MAGULA

2. Home Address (Please include City, State, Zipcode) *

1820 SW 1ST FORT LAUDERDALE, FLORIDA 33312

3. Home Phone

[REDACTED]

4. Cell Phone *

754 348 2066

5. Employer (if applicable)

HOLY CROSS HOSPITAL

6. Occupation/Title

CERTIFIED PEER SPECIALIST/I HAVE MY MASTERS IN SOCIAL
WORK, APPLYING FOR MASTERS IN CO-OCCURRING DISORDERS

7. Business Address (City, State, Zip code)

4725 N. FEDERAL HIGHWAY, FORT LAUDERDALE, FLA. 33309

8. Business Phone

ED 111 111 CROSS 954 771 8000

9. Home Email

[REDACTED]

10. Fax

0000

11. Business Email

[REDACTED]

12. Date of Birth

4/1/1952 

13. I prefer to receive phone calls and messages at:

- ☐ Home
- ☐ Work
- ☒ Cell

14. I prefer to receive mail at:

Home

Work

15. I prefer to receive email at:

Home

☐ Work

16. I prefer to receive HIVPC documents at:

☐ Electronically (via email)

☐ Hard copy (via mail)

17. What sex were you assigned at birth

Male

Female

Decline to state

18. 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

Other

19. Race (check all that apply):

White

Black

Asian

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Other

20. Ethnicity

Hispanic/Latino

Non-Hispanic

Other

21. Hispanic Subgroup

Mexican

Puerto Rican

Cuban

Other

22. Asian Subgroup

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other

23. Native Hawaiian/Pacific Islander Subgroup

Native Hawaiian

Guamanian

Samoaan

Other

24. Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency

Yes

No

25. Do you identify as HIV Positive? *Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*

Yes, and I am open about my status

No

I do not wish to disclose

26. If you 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

27. Do you receive Ryan White Part A services?

Yes

☐ No

I do not wish to disclose

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

0-12 years old

13-19 years older

20-29 years old

30-39 years old

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

Recruitment Information

29. 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

30. 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
- ☐ Social service providers (including housing and homeless-service 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 representative
- 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.

31. **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.

1 2 3 4 5

☐ ☐ ☐ ☐ ☒

32. **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.

1 2 3 4 5

☒ ☐ ☐ ☐ ☐

33. **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 services from program evaluation studies, assess client satisfaction, and provides QM staff and client training and education.

1 2 3 4 5

34. **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 2 3 4 5

35. **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 accross diverse groups by engaing community resources to eliminate disparties in access to services.



General Information

36. Describe the strengths, skills, and resources you have.

I am very interested in helping people, honest, have integrity, ambition, caring. empathic, not a quitter. friendly. i am a team player.

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

i have always been interested. I was an HIV peer educator at Broward College 20 years ago,. I am a social worker, and I worked at Henderson Behavioral Health for 20 years as certified peer specialist and case manager. I now work in the ER at Holy Cross with people that use substances and on the Community Response Team sub-committee.

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

I have had clients that were HIV positive, and I did some counseling at the former gay and lesbian center in Sunrise.

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

I am on a subcommittee with the Community Response Team, I sit in on the surveillance committee that keeps track of the drugs coming into Broward County, and I am a member of the National Alliance on Mental Illness, I am training for Smart Recovery, a member of AA and NA.

40. Please review and check all to indicate 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.

41. Today's Date

Please input date (M/d/yyyy)





Contact and Demographic Information **HANDOUT C3**

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: Johanne Last Name: Casseus
Home Address: [REDACTED] Home Phone: _____
City, State, Zip Code: West Park, FL 33023 Cell Phone: [REDACTED]
Employer (if applicable): Broward Health Medical Center Occupation/Title: Registered Nurse
Business Address: _____ Business Phone: _____
City, State, Zip Code: Fort Lauderdale, FL 33316 Fax: _____
Home Email: [REDACTED] Business Email: _____
Year of Birth: 1988
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) _____



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: Johanne Last Name: Casseus
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: West Park, FL 33023 Cell Phone: [REDACTED]
Employer (if applicable): [REDACTED] Occupation/Title: Registered Nurse
Business Address: [REDACTED] Business Phone: [REDACTED]
City, State, Zip Code: Fort Lauderdale, FL 33316 Fax: [REDACTED]
Home Email: [REDACTED] Business Email: [REDACTED]
Year of Birth: 1988
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) _____



- ❖ **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

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)

☒ Quality Management Committee (QMC)

☒ Priority Setting & Resource Allocation Committee (PSRA)

☒ System of Care Committee (SOC)

☐ Membership/Council Development Committee (MCDC)



Describe the strengths, skills, and resources you have.

I have great communication, problem solving, critical thinking and people skills. I work well in collaborative groups.

With a B.S in Biology and B.S in Nursing; I am very knowledgeable in the disease process, prevention and treatment of HIV. As a healthcare worker, I have experience working with this population. I am also bilingual; I speak Creole.

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 volunteer opportunities with the organization because I believe in the mission of the organization.

I also believe the organization is doing exceptional work in the community by being a resource and providing necessary resources to those in need. As a former public school (Science) teacher, STD education, including HIV prevention and treatment, was part of the curriculum that I used to teach to my middle school students as a tool to provide education on this epidemic.

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:

JC 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.

JC 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.

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.

Signature

Date

11/17/2022

HANDOUT C4

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.



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



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: Shawn Last Name: Tinsley (Jackson)
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): / Occupation/Title: _____
Business Address: _____ Business Phone: _____
City, State, Zip Code: _____ Fax: _____
Home Email: _____ Business Email: _____
Year of Birth: _____
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) _____



- ❖ 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 ☒ NO I DO NOT
- ❖ 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): _____



Categories of Membership (check all that apply)

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

Approved 3.14.19



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

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

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

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

Date

HANDOUT D



WHAT YOU NEED TO KNOW ABOUT THE BROWARD COUNTY RYAN WHITE PART A PROGRAM.



SERVICES COVERED

- **Case Management**
- **Outpatient Health Services**
- **Oral Health**
- **Pharmaceutical Assistance**
- **Insurance Assistance**
- **Legal Services**
- **Centralized Intake & Eligibility Determination Services**
- **Mental Health**
- **Outpatient Substance Abuse**
- **Food Services**

**Service
Providers are
located across
Broward
County**



QUESTIONS?



Contact us:

954.561.9681 ext 1295

hivpc@brhpc.org



: BrowardHIVPC



: BrowardHIVCP



**: Broward HIV Planning
Council**

Opportunity To Serve...



Join the Broward County HIV Health Services Planning Council and help people with HIV/AIDS (PWH) get the Healthcare resources and services they need.

Council members must commit to the following:

1. Attend one meeting of the full Planning Council monthly.
2. Attend and actively participate in at least one Sub-Committee meeting per month.
3. Be inspired to make a difference in the lives of PWH and affected communities in Broward.

**Applications are being accepted;
after submission, you will be
notified with further information.**

For questions, contact Planning Council Support Staff at hivpc@brhpc.org or call 954.561.9681 ext 1295

For more information

log on to <https://brhpc.org/hiv-planning-council/>



Broward HIV Planning Council



BrowardHIVPC



BrowardHIVPC

APPLY TODAY!



HANDOUT E

Membership/Council Development Committee Work Plan																					
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															
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															
1.3 Announce vacant positions at each Executive/HIVPC meeting monthly.	MCDC Chair	Public awareness	Announce vacant positions and mandated seats during committee reports at each Executive and HIVPC meeting.		X	X	X														
1.4 Share information regarding vacant positions with Case Managers, gatekeepers, and other HIV stakeholders monthly.	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.		X	X	X														
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 initiatives/strategies.			X															
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.							X	X		X								
2.3 Develop recruitment and website materials as needed.	Staff	Strategic recruitment of new members	Develop marketing materials as needed.											X							
2.4 Develop HIVPC promotional video to be completed in FY2020.	MCDC/Staff	Strategic recruitment of new members	Produce a video that describes the purpose of HIVPC, the work of the Council and Committees, and how to join a Committee or the HIVPC.		X																
2.5 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 to ensure the most current information is available, that language is inclusive, and that HIVPC receives necessary information for its review of applications.							X	X										
Objective 3: Recruitment & Engagement Efforts.																					
Activities	Responsible Party			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.		X		X					X								
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		X				X	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		X					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.																	
3.5 Review Recruitment & Retention tools from other jurisdictions monthly.	MCDC	Increased member awareness of recruitment and retention strategies		At each meeting, an MCDC member will present a recruitment or retention tool utilized by other jurisdictions. This will facilitate discussion of potential new strategies.																	
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				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 Create a Succession Development Plan on an ongoing basis.	MCDC/Staff	Capacity building		Create a framework to empower members to fill leadership positions and be strong advocates for HIVPC and its Committees.							X										
4.5 Conduct post-appontment 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.																	
4.6 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.																	
4.7 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.							X										

[illegible]