

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, Florida 33020 954-561-9681 • FAX 954-561-9685

Community Empowerment Committee Meeting

AGENDA

Date: July 6, 2021, at 3:00 p.m. Facilitator: Planning Council Support Staff

Location: WebEx Virtual Meeting Platform hivpc@brhpc.org

Chair: Von Biggs Vice Chair: Andrew Ruffner (954) 561-9681 ext. 1250

1. Call to Order

- 2. Welcome & Public Record Requirements
 - a. Welcome
 - b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
 - c. Committee Member, Guest, and Phone Introductions
 - d. Moment of Silence
- 3. Approvals
 - a. Meeting Agenda 07/06/2021
 - b. Last Meeting Minutes 06/01/2021
- 4. Public Comment (10 minutes)
- 5. Standard Committee Items
 - I. Quarterly Review of Meeting Evaluations (Quarter 1: March-May) (Handout A)

ACTION ITEM: Discuss quarter 1 meeting evaluation results.

6. Unfinished Business

None.

- 7. Meeting Activities/New Business
 - I. FY21 CEC Work Plan (Handout B)
 ACTION ITEM: Review progress made toward FY2021-22 work plan activities.
 - II. FY2022-2023 PSRA Priority Ranking Results (Handout C) ACTION ITEM: Receive results of the PSRA committee's Priority ranking of Part A and MAI Service Categories.



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.

III. HIVPC Promotional Opportunity (Handout D)

Work Plan Activity 2.4 Partner with HIV stakeholders to engage in community events. ACTION ITEM: Discuss coordination with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days.

IV. CEC Outreach Event

ACTION ITEM: Discuss the World AIDS Museum's community dialogue series as a potential CEC & WAM collaborated event.

- 8. Recipient's Report
- 9. Public Comment (10 minutes)
- 10. Agenda Items/Tasks for Next Meeting
 - a. Next Meeting Date: September 7, 2021, at 3:00 p.m. via WebEx Videoconference
- 11. Announcements
- 12. Adjournment

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS, PLEASE REFER TO THE MEETING MINUTES.

Meeting Packets are available at: <u>The HIV Planning Council Website</u> (http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations <a href="https://example.com/here-blows-nciples-blows-ncipl



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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 respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
- 8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
- 9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
- 10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
- 11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.//////

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIVPC: Broward County HIV Planning Council

HMSM: Hispanic Men who have Sex with Men

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources and Service Administration

HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

MSM: Men Who Have Sex with Men

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-

Broward's treatment adherence program.

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth



Meeting of the Community Empowerment Committee

Tuesday, June 1, 2021 3:00-5:00 AM By WebEx Videoconference

MINUTES

CEC Members Present: V. Biggs (Committee Chair), A. Ruffner, D. Gunion, H. Franks, R.

Bhrangger, R. Shore, W. Marcoviche

Members Absent: V. Lewis, I. Wilson, L. Robertson

Members Excused: none.

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

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

Ramos

Guests Present: B. Mester

Agenda Item #1: Call to Order

The CEC Chair called the meeting to order at 3:03 p.m.

Agenda Item #2: Welcome & Public Record Requirements

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

Agenda Item #3: Meeting Approvals

The approval for the agenda of the June 1, 2021, Community Empowerment Committee meeting was proposed by *A. Ruffner*, seconded by *R. Shore*, and passed unanimously. The approval for the minutes of the May 4, 2021, meeting was proposed by *R. Shore*, seconded by *A. Ruffner*, and approved with no further corrections.

Mr. Ruffner, on behalf of CEC, made a motion to approve the June 1, 2021, Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Mr. Shore, on behalf of CEC, made a motion to approve the May 4, 2021, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: 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.

Agenda Item #5: Standard Committee Items

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

Agenda Item #6: Unfinished Business

There was no unfinished business to discuss at this meeting.

Agenda Item #7: Meeting Activities/New Business

The committee reviewed progress made toward FY2021-22 work plan activities. The committee was able to identify workplans activities that have already been completed this fiscal year. PCS staff will update the work plan to reflect these accomplishments. There was also discussion around planning events in recognition of upcoming HIV/AIDS awareness days. The chair also floated the idea of partnering with MCDC on their upcoming outreach activities in order to satisfy workplan objectives. The committee also discussed their own roles and responsibilities, as well as support they can receive from PCS towards achieving work plan goals.

The Committee was advised that at the May 2021 MCDC meeting, committee members had agreed that they should participate in the 2021 Wilson Manors Stonewall Pride Parade. They were also updated on plans to procure a HIVPC branded tent and flag for increased visibility at community events. The committee discussed their interest in participating in the event and members all agreed that this is something they should do. There was also discussion around the possible budget for a booth at the event slated for June 19th, 2021. PCS staff have called for committee members to volunteer to work at the event. PCS staff has been tasked with finalizing the details of the event and following up with committee members.

The Committee received a presentation from the PCS Staff Health Planner on the results of the FY2022-2023 CEC Priority ranking of Part A and MAI Service Categories. The committee was refreshed on the rationale behind priority ranking of services. The CEC is the first committee to priority rank services. There were no significant changes in the CEC priority rankings from FY2021-2022 compared to 2022-2023 CEC rankings. They were also advised that these results would be shared with the PSRA committee at their June meeting to inform their decisions before the committee does their own ranking of the Part A and MAI services.

CORE MEDICAL SERVICES	FY2022 CEC Rankings
AIDS Pharmaceutical Assistance (Local)	1
Outpatient Ambulatory Health Services (OAHS)	2
Health Insurance Premium & Cost-Sharing Assistance (HICP)	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
AIDS Drugs Assistance Program Treatments (ADAP)	5
Medical Case Management (Disease)	6
Mental Health Services	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Medical Nutrition Therapy	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

SUPPORTSERVICES	FY2022 CEC Rankings
Housing Services	1
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	3
Non-Medical Case Management	4
Legal Services	5
Medical Transportation Services	6
Health Education/Risk Reduction	7
Psychosocial Support Services	8
Child Care Services	9
Referral for Health Care/Supportive Services	10
Outreach Services	11
Linguistics Services (Interpretation and Translation)	12
Substance Abuse Services – Residential	13
Rehabilitation Services	14
Other Professional Services	15
Permanency Planning	16
Respite Care	17

Agenda Item #8: Recipient Report

There was no Recipient update for this meeting.

Agenda Item #9: 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.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next CEC meeting will be held on July 6, 2021, at 3:00 p.m. via WebEx Videoconference.

Agenda Item #11: Announcements

There were no announcements provided during this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 3:41 p.m.

CEC Attendance for CY 2021

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

Community Empowerment Committee Meeting Evaluation Report

Quarter 1: March 1, 2021-May 31, 2021



Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of June 24, 2021.

Purpose

- •The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- This tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.



Process

- 1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
- 2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
- 3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
- 4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
- 5. "Meeting Evaluation" will be a standing item on the Committee agenda.
- 6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
- 7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.



Completion Rate

- 5 meeting evaluations were received out of a potential total of 16.
- There was a 100% completion rate observed for the evaluations that were received.

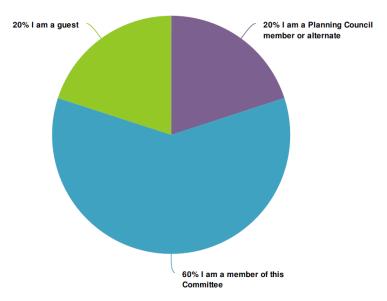
Response Counts

Completion Rate: 100%
Complete 5

Totals: 5



Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	20.0%	1
I am a member of this Committee	60.0%	3
l am a guest	20.0%	1





Logistics

- •100% of respondents agreed that the meeting location was convenient
- •100% of respondents agreed that the meeting times were convenient, and meetings were frequent enough to achieve progress towards workplan goals.
- •80% of respondents agreed that the meeting space was comfortable, accessible and appropriate.
- •40% of the respondents agreed that the frequency of meetings were sufficient to achieve the goals of the committee. However, 20% of respondents did not agree with this.

Health Services

Meeting Content

- •40% of respondents agreed that the purpose and objectives of meetings are clearly outlined while 20% did not agree.
- •Similarly, most respondents agreed that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way. 20% of respondents did not agree with this.



Preparation

- •Respondents agreed that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.
- Most of the respondent agreed that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.
- However, 20% of the respondents reported that they were not properly prepared for the meeting.



Process/Team-Work

- Most respondents agreed that all attendees were encouraged to participate in meetings discourse.
- Conversely 20% of respondents reported that the meeting space did not allow for healthy debate or purposeful discussions for all attendees.



Meeting Efficiency

- •60% of respondents agree that meetings are being ran efficiently.
- •20% of respondents reported that the meetings are not being ran efficiently.
- •Most(60%) respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.



Strengths

- Sharing of information and participation
- Passion and determination of committee members.
- •Clear agenda and goals.



Suggestions for Improvement

- Find more ways of involving the community instead of meetings focused on recipient questions on how they care for patients or comparisons with other counties.
- More discourse from recipients as opposed to providers.
- Show up and share knowledge.
- •Respondents are concerned if enough is being done in the community overall or if they are just hearing from providers.
- Priorities for what is required for HRSA and how to keep the RW community involved may be at two opposing spectrums. There is a time for administration but where is the real impact
- •What impact can a real Ryan White Recipient make in this committee. And to what involvement is that community?

Halth Services

•Respondents are concerned that discussions are being focused on Non-Ryan White Providers?

QUESTIONS?

DISCUSSION





FY 2021-22 Community Empowerment Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year.

mechanisms to increase HIV literacy (YEAR 3)

For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X". GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing. Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice Responsible Aug Oct Feb **Action Items/Data Prep** April May June July Sept Nov Dec Activities **Outcomes** Jan Frequency **Party** Host events to receive feedback from audiences made up of interested CEC/Staff/ parties (general public, consumers, service providers, etc.) regarding HIV-At Minimum Bi-1.1 Engage consumers in townhalls/listening sessions Consumer Involvement Facilitator related topics. Utilize that information to inform CEC's priority rankings and Annually the HIVPC as a whole. 1.2 Priority rank Part A and MAI Service Categories and Receive presentation on Part A utilization and historical trends. Data: Part A Data driven PSRA Annually CEC/Staff send recommendations to PSRA Scorecards; Historical epi data process Increased knowledge of HIVPC & Ryan White Provide presentations regarding topics of interest about the HIV Planning 1.3 Educate CEC members on HIVPC & Ryan White Part A Monthly Recipient/Staff Program among CEC Council, its Committees, and the Ryan White Part A Program. members Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include Utilize feedback in PSR other community members as applicable. Provide any relevant process and future CEC 1.4 Host focus groups to receive feedback from populations At Minimum Bi-Staff/Facilitator recommendations to PSRA that may inform the PSRA process. Provide any and MCDC event of focus and/or selected audiences Annually relevant recommendations to MCDC that may inform recruitment and planning efforts retention strategies. Utilize any relevant recommendations that may inform the work of CEC. Objective 2: Promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a) Responsible Aug Oct May June July Sept Nov Dec Feb Activities **Outcomes Action Items/Data Prep** April Jan **Party** Collaboration with MCDC Determine information useful to the community in understanding the role of 2.1 Recommend creation or revision of promotional CEC to inform the community the HIVPC. Provide this information to MCDC to update or create As Needed literature to MCDC about HIVPC promotional literature. CEC will distribute promotional literature at community events, talkback 2.2 Distribute promotional literature - physically and Increased consumer sessions and listening sessions. PCS Staff Team will distribute HIVPC and CEC/Staff Ongoing awareness of HIVPC electronically - to the community HIV-related information to its community listserv. Determine successes and failures of each event. Provide any relevant 2.3 Analyze survey results for each community event, recommendations to PSRA that may inform the PSRA process. Data: Staff/CEC Ongoing Measure event outcomes including outreach, trainings and community forums survey results based on demographics, client self identified needs, and learning objectives Coordinate with HIV stakeholders (those living with or otherwise affected by Develop consistent HIV) to hold Community Forums during significant HIV awareness days (e.g. 2.4 Partner with HIV stakeholders to engage in community CEC National HIV Testing Day, Latino HIV Awareness Day, National Black Ongoing presence at community events HIV/AIDS Awareness Day) events (Examples of Stakeholder Organizations: BTAN, Latinos En Accion, SFAN) Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d) Responsible Mar | April | May | June | July | Aug | Sept **Action Items/Data Prep** Oct Nov **Activities Outcomes** Dec Jan Feb **Party** 3.1 Use Needs Assessments, SOC, QM and PSRA Utilize feedback in PSRA recommendations to coordinate feedback mechanisms that Ongoing CEC Host events for target groups based on defined data collection focus process and other address HIV prevention, stigma and treatment (YEAR 1-5) identifiers 3.2 Develop and implement education and awareness Reduce HIV-related Utilize community feedback to develop and implement education and CEC strategies that incorporate results from feedback nealth disparities and Ongoing

awareness activities in the EMA

nealth inequities

PSRA PROCESS FY2022-2023

PRIORITY SETTING/RANKING



Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of July 15, 2021

PART A CORE SERVICE CATEGORIES

- AIDS Pharmaceutical Assistance (Local)
- 2. Health Insurance Premium and Cost Sharing Assistance (HICP)
- 3. Medical Case Management (Disease)
- 4. Mental Health Services
- Oral Health Care
- 6. Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

- 8. AIDS Drug Assistance Program Treatment
- 9. Early Intervention Services
- 10. Home and Community-Based Health Services
- 11. Home Health Care
- 12. Hospice
- 13. Medical Nutrition Therapy



CORE MEDICAL SERVICES	FY2022 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1
AIDS Drugs Assistance Program Treatments (ADAP)	2
AIDS Pharmaceutical Assistance (Local)	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4
Oral Health Care (Dental)	5
Medical Case Management (Disease)	6
Mental Health Services	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Medical Nutrition Therapy	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice Services	13

PART A SUPPORT SERVICE CATEGORIES

- Emergency Financial Assistance*
- Food Bank/Home Delivered Meals
- 3. Legal Services
- 4. Non-Medical Case Management
 - i. (CIED, Benefit Support Services, Case Management)
- 5. Child Care Services
- 6. Health
 Education/Risk
 Reduction
- 7. Housing
- 8. Linguistics Services (Interpretation & Translation)

- 9. Medical Transportation Services
- 10. Other Professional Services
- 11. Outreach Services
- 12. Permanency Planning
- 13. Psychosocial support services
- 14. Referral for Health Care/Supportive Services
- 15. Rehabilitation services
- 16. Respite care
- 17. Substance Abuse Services (Residential)

^{*} No community/needs assessment input provided



SUPPORT SERVICES	FY2022 PSRA Rankings
Food Bank/Home-Delivered Meals	1
Housing Services	2
Non-Medical Case Management	3
Emergency Financial Assistance	4
Medical Transportation Services	5
Legal Services	6
Health Education/Risk Reduction	7
Psychosocial Support Services	8
Outreach Services	9
Substance Abuse Services – Residential	10
Child Care Services	11
Permanency Planning	12
Referral for Health Care/Supportive Services	13
Rehabilitation Services	14
Linguistics Services (Interpretation and Translation)	15
Other Professional Services	16
Respite Care	17

QUESTIONS?

DISCUSSION







COMMUNITY

RIGHTFUL CENTER, INC.

Community Summer Event

Join us for our first Annual Community Event!

- Free Food and Drinks
- Raffle: Tablets, gift baskets and more!(\$2 entry fee)
- * Bounce House & Games
- *Entertainment & a live DJ
- **❖ Fun for all ages**
- **Covid-19 education**
- Immigration information

Learn more about the organization & providers who serve your area!

- * Employment & training services resources
- Case management resources
- * Free HIV Testing/prep
- ***** Free condoms
- *** Ticket to work**
- Providers: DCF, Vocational Rehab..., Florida Health Department, employment opportunities, etc.

JULY 10, 2021, | 11 AM-3 PM HAITIAN EMMANUEL BAPTIST CHURCH

7321 NE 2ND AVE, MIAMI, FL 33138

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