



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

**Community Empowerment
Committee Meeting**
Tuesday, July 5, 2022 - 3:00 PM
LOCATION: Broward Regional Health Planning Council
Chair: Shawn Tinsley • Vice Chair: Andrew Ruffner

Join the meeting via: +1-408-418-9388 US Toll Access code: 132 916 3211

This meeting is audio and video recorded.

Quorum for this meeting is 8

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 July 5, 2022
5. **ACTION:** Approval of Minutes from May 3, 2022
6. Standard Committee Items
 - a. Action Item: CEC Listening Session (Handout A)- Continue discussion on how to host a series of CEC listening sessions within the community, specifically for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care.
Work Plan Activity 1.1: Engage consumers in townhalls/listening sessions.
7. New Business
 - a. FY2023-2023 CEC Rankings Results (Handout B)- Receive results of the CEC Priority ranking of Part A and MAI Service Categories.
Workplan 1.2: : Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.
 - b. Action Item: Review Policy and Procedures. (Handout C)
 - c. Action Item: Integrated Prevention and Care Planning Updates

8. Public Comment
9. Agenda Items for Next Meeting
 - a. Next Meeting Date: September 6, 2022, at 3:00 p.m. LOCATION: Broward Regional Health Planning Council
 - b. Agenda Items for Next meeting
 - i. CEC Listening Session

10. Announcements

11. Adjournment

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

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • 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 posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

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

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with 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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(954) 561-9681 • FAX (954) 561-9685

Community Empowerment Committee

Tuesday, May 3, 2022 - 3:00 PM
Meeting via [WebEx](#)

DRAFT MINUTES

CEC Members Present: S. Jackson (Chair), A. Ruffner (Vice-Chair), D. Gunion, , L. Robertson, , R. Bhrangger, W. Marcoviche, J. Castillo, V. Biggs, I. Wilson, S. Magula

Members Absent: S. Spencer, H. Franks

Members Excused: A. Lanear,, R. Shore

Ryan White Part A Recipient Staff Present: G James, J. Roy, T. Thompson, V. Hornsey

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, J. Rohoman, B. Miller

Guests Present: B. Mester

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

The CEC Chair called the meeting to order at 3:07 p.m. The CEC Chair welcomed all meeting attendees that were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient staff, PCS & 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 May 3, 2022, agenda of the Community Empowerment Committee meeting was proposed by A. Ruffner, seconded by H. Franks, and passed unanimously. The approval for the minutes of the April 5, 2022, meeting was proposed by V. Biggs, seconded by D. Gunion, and approved with no further corrections.

Motion #1: Mr. Ruffner, on behalf of the CEC, made a motion to approve the May 3, 2022, Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Biggs, on behalf of the CEC, made a motion to approve the April 5, 2022, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

Members continued the CEC listening sessions discussion and reviewed the debrief with recommendations from the April 12th and April 18th events. The first event was hosted at AIDS Healthcare Foundation (AHF) with three guest panelists. The panelist discussed topics that brought awareness to National Youth HIV Awareness Day, such as stigma, a continuous barrier within the community. They recommended the importance of educating parents, guardians, and older family members to create healthier conversations and awareness.

The second event was hosted on April 18th at the Arianna Center with two guest panelists. The event brought awareness of Transgender HIV Testing Day. The panelist discussed the social determinants of health within the transgender community. The panelist also expressed their concern about having more representation on the Planning Council to voice their concerns and issues within their community.

Additionally, the members reviewed the timeline for the next Community Conversation session scheduled for May 17th. ViiV Healthcare will present on PrEP usage and other HIV preventative treatments. Members agreed that this presentation can be presented during another session and would like to continue with the presentation from the Cabenuva Representatives. PCS Staff will contact the Cabenuva representatives to confirm their ability for this next session. Members will also send in their recommendations for upcoming Community Conversations sessions. The June 14th session will collaborate with the World AIDS Museum and Educational Center (WAM) to discuss topics that bring awareness to HIV Long-Term Survivors.

5. Unfinished Business

Committee members reviewed the progress made toward the FY2022 Committee Workplan. Significant progress was made on the committee's workplan. The committee will complete all its workplan activities by the end of May.

PCS Staff presented the 2020-2021 Needs Assessment. The presentation assessed data from various presentations:

- Ryan White Program State-wide Consumer COVID-19 Survey FY2020-2021
- Key Informant Interview 2020 and 2021
- Consumer Focus Group Interview 2020, 2021, and 2022
- Ryan White Part A Provider Survey 2022

The information presented highlighted the strengths and opportunities for improvement of the RW Part A Program and possible gaps in provision of care. Members discussed the possibility of comparing Broward County to the care systems of other EMAs.

Additionally, the CQM Support staff presented on the Ryan White Health Outcomes. This presentation discussed the notable trends in the HIV care continuum in Broward EMA. Data presented ranged in the years from 2019, 2020, and 2021. CQM Staff also discussed the recommendations for continuum of care by subgroup populations. Members inquired about the data report for the transgender community and how they are identified in Provide Expertise (PE).

Lastly, PCS Staff presented the Consumer Involvement Prioritizing Ryan White Services presentation. CEC is the first to rank support and core services. The reason

for ranking services is to direct the recipients on how best to meet the service priorities and ensure that funds are allocated to priority service categories. Reallocations are made during the year to ensure all funds are spent. At the end of the presentation, members ranked the services and submitted them after completion.

6. New Business

There was no new business.

7. Recipient's Report

There was no Recipient's report for this meeting.

8. Public Comment

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

9. Agenda Items for Next Meeting

The next CEC meeting will be held on June 7, 2022, at 3:00 p.m. at Broward Regional Health Planning Council and via WebEx Videoconference.

- CEC Listening Sessions

10. Announcements

- There were no announcements during this meeting.

11. Adjournment

There being no further business, the meeting was adjourned at 4:58 p.m.

12. CEC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date	4	1	1	5	3									
1	1	0	1	Bhrangger, R.	X	X	X	X	X									
0	1	1	2	Biggs, V.	X	X	A	X	X									
0	0	0	3	Franks, H.	X	X	X	X	X									
0	0	0	4	Gunion, D.	X	X	X	X	X									
1	1	0	5	Marcoviche, W.	X	X	X	X	X									
0	1	0	6	Robertson, L.	X	X	X	X	X									
0	0	0	7	Ruffner, A., V. Chair	X	X	X	X	X									
0	0	0	8	Shore, R.	X	X	X	X	E									
0	0	3	9	Wilson, I.	A	E	A	A	X									
0	1	0	10	Castillo, J.	X	X	X	X	X									
1	1	1	11	Jackson, S., Chair	A	E	X	X	N-4/28									
0	0	0		Magula, S	N-03/24			E	X	Z- 05/05								
1	1	0	12	Lanear, A	N-03/24			E	E									
1	1	1	13	Spencer, S	N-03/24			E	A									
5				Quorum = 8	9	9	9	10	10	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 Minutes – May 3, 2022
Minutes prepared by PCS Staff

Community Empowerment Committee Listening Sessions

Handout A

Session Date	Topic	Presenters	Key Questions
August 2022 August 9, 2022 National Faith HIV/AIDS Awareness Day	Faith-Based and HIV/AIDS	WAM	<ol style="list-style-type: none"> 1. Do you feel that faith is important to someone living with HIV for them to have a healthy and thriving life? 2. Is the need for spiritual guidance or healing for an HIV-positive person any different than it is for someone who is not positive, or who is living with a different illness? 3. Do you provide other services to people who are HIV-positive besides spiritual guidance, or do you work in collaboration with other individuals and groups?
September 16, 2022 (September 18 National HIV/AIDS Aging Awareness Day)	Meeting the Needs of People Aging with HIV		<ol style="list-style-type: none"> 1. What does a comprehensive care plan for 50+ PWH look like for Broward County?
September 23, 2022 (September 27 National Gay Men's HIV/AIDS Awareness Day)	HIV/AIDS in the Gay Community	Lorenzo Robertson* Sunserv*	<ol style="list-style-type: none"> 1. Why do gay men have an increased risk of HIV? 2. What can be done to address the inequities that Gay men living with HIV experience? 3. What are the biggest issues in the gay community today? 4. How do you feel hearing about AIDS in the Gay Community?
October 14, 2022 (October 15 National Latinx AIDS Awareness Day)	The HIV Crisis in the Latinx Community	Latino Salud*	<ol style="list-style-type: none"> 1. What are the factors driving the HIV epidemic in the Latino population? 2. What are some of the challenges with HIV prevention in this community?
December 1 World AIDS Day	Ending the HIV Epidemic (EHE)	Neil Walker (EHE Program Project Coordinator) *	<ol style="list-style-type: none"> 1. What are the most important things for the public to know and understand about HIV/AIDS as we head into 2023? 2. What are the hopes for the future of HIV/AIDS treatment? 3. What are some of the struggles against HIV today? 4. What are some of the greatest advancements for HIV and PWH?

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services



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 7, 2022

PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

- Priority setting – of up to 30 allowable service categories
- Directives to Recipient on how best to meet priorities
- Allocation of funds to priority service categories
- Reallocation – during the year to ensure all funds are spent



THE CEC'S ROLE IN THE PSRA PROCESS

- HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations
- The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year
- As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community
- When the PSRA Committee ranks the Part A service categories in coming months, the CEC rankings will be considered as a part of their decision-making process.



PART A CORE SERVICES

FY2023 CEC RANKINGS



CORE MEDICAL SERVICES

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



CORE MEDICAL SERVICES	FY2022 CEC Rankings	FY2023 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	2	7
Medical Case Management (Disease)	6	3
AIDS Pharmaceutical Assistance (Local)	1	5
Health Insurance Premium & Cost-Sharing Assistance (HICP)	3	6
Oral Health Care (Dental)	4	2
Mental Health Services	7	4
AIDS Drugs Assistance Program Treatments (ADAP)	5	1
Substance Abuse Services - Outpatient	8	9
Medical Nutrition Therapy	10	12
Early Intervention Services (EIS)	9	11
Home and Community-Based Health Services	11	8
Home Health Care	12	10
Hospice Services	13	13

CORE MEDICAL SERVICES	FY2023 CEC Rankings
AIDS Drugs Assistance Program Treatments (ADAP)	1
Oral Health Care (Dental)	2
Medical Case Management (Disease)	3
Mental Health	4
AIDS Pharmaceutical Assistance (Local)	5
Health Insurance Premium and Cost Sharing (HICP)	6
Outpatient/Health Services (OAHS)	7
Home and Community-Based Health Services	8
Substance Abuse-Outpatient	9
Home Health Care	10
Earl Intervention Services (EIS)	11
Medical Nutrition Therapy	12
Hospice	13

PART A SUPPORT SERVICES

FY2023 CEC RANKINGS



SUPPORT SERVICES

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



SUPPORT SERVICES	FY2022 CEC Rankings	FY2023 CEC Rankings
Housing Services	1	1
Food Bank/Home-Delivered Meals	2	2
Non-Medical Case Management	4	6
Medical Transportation Services	6	3
Emergency Financial Assistance	3	4
Psychosocial Support Services	8	7
Legal Services	5	10
Substance Abuse Services – Residential	13	9
Health Education/Risk Reduction	7	13
Referral for Health Care/Supportive Services	10	8
Outreach Services	11	11
Linguistics Services (Interpretation and Translation)	12	15
Child Care Services	9	5
Other Professional Services	15	16
Rehabilitation Services	14	14
Permanency Planning	16	12
Respite Care	17	17

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

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

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

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QUESTIONS?

DISCUSSION



COMMUNITY EMPOWERMENT COMMITTEE Policies and Procedures

Policies

The Community Empowerment Committee (CEC) shall inform and empower the community, and particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.

The Committee shall actively recruit and encourage the public, and particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council).

The Committee shall provide a forum for the discussion of Council agenda items and items of concern. This will provide an opportunity to gain a better understanding of issues.

The Committee will develop policies to encourage participation of consumers in Council activities.

Procedures

The Committee will utilize available resources to promote and market Council activities and events.

By utilizing the resources, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

The Committee will also collaborate with various community partners to host outreach events and activities to enhance their presence in the community.

The Committee will review, and provide a consumer perspective to the Council on policies, processes, and documents.

Membership

Prospective members of the CEC shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should reflect the demographics of the local epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender.

Membership should include Ryan White consumers, community stakeholders and individuals infected and affected by the disease to ensure that diverse consumer input and participation are included in all Planning Council and committee activities.