



**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, January 12, 2023 - 9:30 AM**

**LOCATION: Broward Regional Health Planning Council**

Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

[WebEx Meeting link](#)

**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. Approvals

**ACTION:** Approval of Agenda for January 12, 2023

**ACTION:** Approval of Minutes from April 14, 2022

5. 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 underrepresented. **(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. **(Handouts C)**

Work Plan Objective 1: Ensure HIVPC is representative and reflective.

New Applicants:

1. Brad Mester (Current PSRA Member, AHF)
2. Shannel Reese (Broward House)
3. Jacques Wright (Community Member)
4. Kendra Hayes (Current CEC Member, Community-Based Organization, Arianna Center)
5. Eliza Dudelzak (Community Member)

Existing Members:

1. Request to appoint Von Biggs to the Non-elected Community Leader/Unaffiliated seat (Due to change in employment.)
2. Request to reinstate Dr. Mark Schweizer to the HIV Health Services Planning Council and as a member of the MCDC.
3. Request to appoint Irvin Wilson to the Community Empowerment Committee

6. New Business

- a. **Action Item:** Review the status of the MCDC FY2022-2023 Workplan Activities (**Handout D**)
- b. **Action Item:** Review and Approve FY2023-2024 Workplan Activities (**Handout E**)
- c. **Action Item:** Review and Approve FY 2023-2024 HIVPC Training Activities (**Handout F**)

7. Recipient's Report

8. Public Comment

9. Agenda Items for Next Meeting

- a. Next Meeting Date: April 13, 2023, at 9:30 a.m. Location: BRHPC and via WebEx Videoconference

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

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[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 RÈGLEMEN 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, April 14, 2022 - 9:30 AM**  
Meeting via [WebEx](#)

### **DRAFT MINUTES**

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

Members Absent: None

Ryan White Part A Recipient Staff Present: E. Reynoso

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

Guests Present: S. Magula, P. Valmyr, W. Augustin

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

The MCDC Chair called the meeting to order at 9:35 A.M. The MCDC Chair welcomed all meeting attendees 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 April 14, 2021, Membership/Council Development Committee meeting was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The approval for the minutes of the October 14, 2021, meeting was proposed by A. Cutright, seconded by Y. Arencibia, and approved with no further corrections.

**Motion #1: Ms. Arencibia, on behalf of MCDC, made a motion to approve the April 14, 2022, Membership/Council Development Committee agenda as presented. The motion was adopted unanimously.**

**Motion #2: Mr. Arencibia, on behalf of MCDC, made a motion to approve the October 14, 2021, Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.**

#### 4. Standard Committee Items

The Committee reviewed the MCDC Membership Strategy of the entire Planning Council and the individual committees. There are 21 members with three unaffiliated consumer seats, which is now 14% of the member body. The HRSA mandate is 33%. PCS Staff also discussed the open job-based seats that are occupied and vacant. The Committee brainstormed ideas that could help increase recruitment and retention. PCS Staff informed the Committee that more HIVPC-informational banners are being distributed to provider agencies. The HIVPC Demographics were also discussed.

The Committee reviewed pending HIVPC & Committee Applications. The motion to approve Andrea Lanear's application to fill the non-affiliated consumer seat was proposed by Y. Arencibia, seconded by I. Wilson, and passed unanimously. The motion to approve Stephanie Magula's application to fill the Mental Health and Substance Abuse seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Johanne Casseus' application to fill the Healthcare Provider seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Shawn Tinsley's application to fill the Hospital or Healthcare Planning Agency seat was proposed by Y. Arencibia, seconded by A. Cutright, and passed unanimously. The motion to approve Semi Spencer's application to fill the non-affiliated consumer seat was proposed by Y. Arencibia, seconded by A. Cutright and passed unanimously. The motion to approve a seat change for Vincent Foster from the Healthcare Provider seat to the Part C representative seat was proposed by A. Cutright, seconded by I. Wilson, and passed unanimously.

**Motion #3:** Ms. Arencibia, on behalf of MCDC, made a motion to approve Andrea Lanear's application to fill the Non-affiliated consumer seat. The motion was adopted unanimously.

**Motion #4:** Ms. Arencibia, on behalf of MCDC, made a motion to approve Stephanie Magula's application to fill the Mental Health and Substance Abuse seat. The motion was adopted unanimously.

**Motion #5:** Ms. Arencibia, on behalf of MCDC, made a motion to approve Johanne Casseus' application to fill the mandated Healthcare Providers seat. The motion was adopted unanimously.

**Motion #6:** Ms. Arencibia., on behalf of MCDC, made a motion to approve Shawn Tinsley's application to fill the Hospital or Healthcare Provider seat. The motion was adopted unanimously.

**Motion #7:** Ms. Arencibia, on behalf of the MCDC, made a motion to approve Semi Spencer's application to fill the Non-affiliated consumer seat. The motion was adopted unanimously.

**Motion 8:** Mr. Cutright, on behalf of the MCDC, made a motion to approve a seat change for Vincent Foster from Healthcare Provider seat to Part C representative seat. The motion was adopted unanimously.

#### 5. New Business

Committee Members received an update on HIVPC social media. The Facebook, Twitter, and Instagram social media pages have scheduled posts every week. Staff noted that one person was recruited through the social media page, and encouraged members to like and share the social media pages to increase followers.

Additionally, members reviewed HIVPC recruitment materials as PCS Staff made edits to the promotional materials and included a QR code that directs persons to the county's website with the provider's locations and contact information. Another QR code has the link for the HIVPC Interest Application. The motion to approve the HIVPC recruitment materials was proposed by Y. Arencibia, seconded by T. Moragne, and passed unanimously.

**Motion #9:** Ms. Arencibia, on behalf of the MCDC, made a motion to approve the HIVPC recruitment materials. The motion was adopted unanimously.

Committee members discussed developing a system to recognize Member of the Year. This award will be presented during the February 2023 membership retreat. During the next meeting, members will brainstorm criteria for nominations. In the past, members were recognized for their hard work and dedication to the Planning Council and Committees.

Lastly, members reviewed the FY22 work plan, and PCS Staff discussed the changes to this work plan. The Committee voted to approve the FY 2022-2023 workplan as presented. The approval for the MCDC Committee Work Plan as presented was proposed by I. Wilson, seconded by Y. Arencibia, and passed unanimously.

**Motion #10:** Mr. Wilson, on behalf of the MCDC, made a motion to approve the MCDC Committee Work Plan as presented. The motion was passed unanimously.

#### 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 July 14, 2022, at 9:30 a.m. via WebEx Videoconference.

#### 9. Announcements

- A Townhall Meeting is scheduled for Thursday, April 14, 2022, at 5:30 pm for Broward County's HIV Town Hall Meeting! This event will be held virtually via Zoom and is free and open to the public. Members of the public are invited to share their thoughts on addressing HIV-related health disparities in Broward County, Florida.
- CEC will host their second Community Conversations Series in collaboration with the Arianna's Center on April 18, 2022. The conversation will be on optimizing HIV Prevention and Care for Transgender Adults. We invite persons to register for each session. Interested parties are encouraged to contact the Planning Council Support Staff.

#### 10. Adjournment

There being no further business, the meeting was adjourned at 10:36 a.m.

#### 11. MCDC 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	CX			14									
0	0	0	1	Arencibia, Y.	NQX			X									
0	0	0	2	Cutright, A.	NQX			X									
0	0	0	3	Foster, V. Chair	NQX			X									
0	0	1	4	Moragne, T., V. Chair	NQA			X									
0	0	1	5	Wilson, I.	NQA			X									
				Quorum = 4	3	0	0	5	0	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

## MCDC Membership Strategy Member Budget

Member Mix	Current	Goal
Job-Based Seat*	11	18
Consumer / Unaffiliated Seat	2	14
NECL Seat**	4	3
Total Membership	17	35
Unaffiliated Consumers (%)	12%	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)
- Prevention
- Part B
- Part C
- Part D
- Health Care Providers/FQHCs
- ASO/CBO
- Mental Health
- Local Prison
- NECL
- Hospital or Health Care Planning Agency
- Local Public Health Agency
- Social Services including Housing & Homeless

### Recommended Course of Action:

#### Open Job-Based Seats:

- Board of County Commissioners member  
(*per Broward County Ordinance 12.108.b.*)
- Part F
- Representatives of/or formerly-incarcerated PWH
- VA or other federally funded program providing treatment for HIV
  - follow-up is taking place with VA representatives
- Medicaid
- Substance Abuse

- **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%.

#### Open Consumer Seats:

- Affected Communities (Consumers)
- Alternates

## **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.

<b>Race</b>	<b>Population</b>	<b>Percentage</b>
White	6,878	38%
Black	9,815	33%
Hispanic	3,855	24%
Other	500	5%
<b>Total</b>	21,048	100%
<b>Gender</b>	<b>Population</b>	<b>Percentage</b>
Male	15,689	71%
Female	5,359	29%
Transgender	0	0%
<b>Total</b>	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 January 2023**

**HIV Planning Council (HIVPC):** The Council is currently at 17 members and 12% consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be directed towards increasing unaffiliated consumer member participation.

**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):** There is no consumer representation on the committee.

**Priority Setting & Resource Allocation (PSRA):** The Committee's membership has decreased by six members. This committee is under-representative of Black and female consumers.

**Executive Committee:** The Executive Committee membership has remained consistent. There are no 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 remained consistent.

**System of Care (SOC):** SOC's membership has increased by three members. Black, Hispanic, and female consumers are not represented on the Committee. There is one unaffiliated consumer in this committee.

# HANDOUT C



Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



## Contact and Demographic Information

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

First Name: Bradley Last Name: Mester  
Home Address: [REDACTED] Home Phone: [REDACTED]  
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]  
Employer (if applicable): AHF Occupation/Title: Associate Director  
Business Address: 700 SE 3rd Ave Business Phone: 323-217-3256  
City, State, Zip Code: Fort Lauderdale, FL 33316 Fax: \_\_\_\_\_  
Home Email: [REDACTED] Business Email: brad.mester@ahf.org  
Year of Birth: [REDACTED]  
                                yyyy

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

Approved 3.14.19





Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9081 / Fax: 954-561-9085



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

## Recruitment Information

- ❖ How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?
  - ☒ Through a service provider/agency
  - ☐ Email
  - ☐ Online/Facebook/Twitter
  - ☐ Friend/HIVPC member (HIVPC Member name): \_\_\_\_\_

I have more than 40 years of business experience. Along with that I manage and consult on many contracts with ET

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## Categories of Membership (check all that apply)

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

- 4 **Community Empowerment Committee (CEC):** Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting, and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.
- 5 **Membership/Council Development Committee (MCDC):** Recruits and screens applications based on objective criteria for appointment to the Council to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.
- 2 **Quality Management Committee (QMC):** Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.
- 1 **Priority Setting & Resource Allocation Committee (PSRA):** Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, and allocations.
- 3 **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

## General Information

Describe the strengths, skills, and resources you have.

I have many years of outside business experience. Along with that I am involved with many other funders(both EMAs and TGAs) and also direct contact with HRSA. This allows me to bring their processes that can improve ours.

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

I have been involved with the Planning Council and attended almost every meeting for the last 5 years. I am also on the PSRA.

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

I have been with AHF for 5 and 1/2 years. During that time I developed an appreciation for the work we do and the necessity to help stop the spread of the disease and service those affected by HIV/AIDS.

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

I have been involved in this body for more than 5 years. I also have experience as a board member of several for profit and not for profit organizations.

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.

Brad Wester  
Signature

10/28/22  
Date



## AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Broward

Before me this day personally appeared \_\_\_\_\_ who, being duly  
(Applicant's/Employee's Name)  
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with Broward Regional Health Planning Council, Inc., I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

### Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., "Service Provider Personnel" and "Peer Specialists" screened pursuant to s. 397.407, F.S., "Recovery Residence Personnel" screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S.

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at Broward Regional Health Planning Council, Inc. in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and



any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### **Sign Above OR Below, DO NOT Sign Both Lines**

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above**. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me by means of ☐ physical presence or ☒ online notarization  
this 3rd day of January, 2023.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification

Type of identification produced: \_\_\_\_\_



## 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: Shannel Last Name: Rose Se  
Home Address: [REDACTED] Home Phone: [REDACTED]  
City, State, Zip Code: [REDACTED] Cell Phone: \_\_\_\_\_  
Employer (if applicable): Broward House Occupation/Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Email: [REDACTED] Business Email: \_\_\_\_\_  
Year of Birth: [REDACTED] yyyy

- ❖ I prefer to receive phone calls and messages at: ☒ Home ☐ Work ☐ Cell
- ❖ I prefer to receive mail at: ☒ Home ☐ Work
- ❖ I prefer to receive email at: ☒ Home ☐ Work
- ❖ I prefer to receive HIVPC documents: ☒ Electronically (via email) ☐ Hard copy (via mail)
- ❖ What sex were you assigned at birth? (check one): ☐ Male ☒ Female ☐ Decline to state
- ❖ What is the current gender you identify with? (check all that apply)
  - ☐ Male ☒ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)
  - ☐ Unknown ☐ Decline to state
- ❖ Race (check all that apply): ☐ White ☒ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ American Indian/Alaska Native ☐ Other (specify) \_\_\_\_\_
- ❖ 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) \_\_\_\_\_



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

## Recruitment Information

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- ❖ How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?
  - ☐ Through a service provider/agency
  - ☐ Email
  - ☐ Online/Facebook/Twitter
  - ☐ Friend/HIVPC member (HIVPC Member name): \_\_\_\_\_

Approved 3.14.19





## Categories of Membership (check all that apply)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Health care providers, including federally qualified health centers</li> <li><input type="checkbox"/> Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)</li> <li><input type="checkbox"/> Social service providers (including housing and homeless-services providers)</li> <li><input type="checkbox"/> Mental health providers</li> <li><input type="checkbox"/> Substance abuse providers</li> <li><input type="checkbox"/> Local public health agencies</li> <li><input type="checkbox"/> Hospital planning agencies or health care planning agencies</li> <li><input type="checkbox"/> Affected communities (people living with HIV/AIDS and underserved communities)</li> <li><input type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives</li> <li><input type="checkbox"/> Non-elected community leaders</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of a Federally recognized Indian tribe</li> <li><input type="checkbox"/> Individuals co-infected with Hepatitis B or C</li> <li><input type="checkbox"/> State Medicaid agency</li> <li><input type="checkbox"/> Ryan White HIV/AIDS Program (RWHAP) Part B State agency</li> <li><input type="checkbox"/> RWHAP Part C grantees</li> <li><input type="checkbox"/> RWHAP Part D grantees</li> <li><input type="checkbox"/> RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)</li> <li><input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees</li> <li><input type="checkbox"/> Federally funded HIV prevention program grantees</li> <li><input type="checkbox"/> Veterans Health Administration representative</li> </ul> |
|--|--|

## 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.

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\_\_\_\_\_ **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.

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Approved 3.14.19



Fort Lauderdale / Broward County EMA  
**Broward County HIV Health Services Planning Council**  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9881 / Fax: 954-561-9885



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

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

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

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**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

Approved 3.14.19





## 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: Jacques Last Name: Wright  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Occupation/Title: Pastor  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Email: \_\_\_\_\_ Business Email: \_\_\_\_\_  
Year of Birth: 1977

- ❖ 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) \_\_\_\_\_



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

## Recruitment Information

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- ❖ How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?
  - ☐ Through a service provider/agency
  - ☐ Email
  - ☐ Online/Facebook/Twitter
  - ☒ Friend/HIVPC member (HIVPC Member name): \_\_\_\_\_

Approved 3.14.19





## Categories of Membership (check all that apply)

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

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

Personally impacted by the well-being of  
family and close friends who have contracted  
HIV

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

Working with close friends and going through  
these processes that the social side might not be

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

Worked with a group called "Common Ground"  
for those who have contracted HIV, but  
don't have a life of non

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

Approved 3.14.19





## 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: Kendra Last Name: Hayes  
Home Address: [REDACTED] Home Phone: [REDACTED]  
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]  
Employer (if applicable): Arianna Center Occupation/Title: Care Coordinator  
Business Address: 2501 NW 30th Business Phone: [REDACTED]  
City, State, Zip Code: Fort Lauderdale First Last Name: Hayes  
Home Email: [REDACTED] Business Email: [REDACTED]  
Year of Birth: yyyy

Last Name: Hayes

- ❖ I prefer to receive phone calls and messages at: ☐ Home ☐ Work
- ❖ 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) \_\_\_\_\_



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

## Recruitment Information

- ❖ How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?
- ☐ Through a service provider/agency
- ☐ Email
- ☐ Online/Facebook/Twitter
- ☐ Friend/HIVPC member (HIVPC Member name): Cristina Lint

Approved 3.14.19





## Categories of Membership (check all that apply)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Health care providers, including federally qualified health centers</li> <li><input type="checkbox"/> Community-Based Organizations (CBOs) serving affected populations and AIDS Service Organizations (ASOs)</li> <li><input type="checkbox"/> Social service providers (including housing and homeless-services providers)</li> <li><input type="checkbox"/> Mental health providers</li> <li><input type="checkbox"/> Substance abuse providers</li> <li><input type="checkbox"/> Local public health agencies</li> <li><input type="checkbox"/> Hospital planning agencies or health care planning agencies</li> <li><input type="checkbox"/> Affected communities (people living with HIV/AIDS and underserved communities)</li> <li><input type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives</li> <li><input checked="" type="checkbox"/> Non-elected community leaders</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Members of a Federally recognized Indian tribe</li> <li><input type="checkbox"/> Individuals co-infected with Hepatitis B or C</li> <li><input type="checkbox"/> State Medicaid agency</li> <li><input type="checkbox"/> Ryan White HIV/AIDS Program (RWHAP) Part B State agency</li> <li><input type="checkbox"/> RWHAP Part C grantees</li> <li><input type="checkbox"/> RWHAP Part D grantees</li> <li><input type="checkbox"/> RWHAP Part F grantees (including Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and dental program grantees)</li> <li><input type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees</li> <li><input type="checkbox"/> Federally funded HIV prevention program grantees</li> <li><input type="checkbox"/> Veterans Health Administration representative</li> </ul> |
|---|--|

## 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.

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

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

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

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

KH 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.

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

KH 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.

KH 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.

KH 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.

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

KH 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.

Shirley Hays  
Signature

7-28-2022  
Date



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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: ELIZA Last Name: DUDELZAK  
Home Address: [REDACTED] Home Phone: N/A  
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]  
Employer (if applicable): N/A Occupation/Title: family Maxlen active sales account representative  
Business Address: N/A Business Phone: N/A  
City, State, Zip Code: N/A Fax: N/A  
Home Email: [REDACTED] Business Email: N/A  
Year of Birth: [REDACTED] (yyyy)

- > I prefer to receive phone calls and messages at: ☐ Home ☐ Work ☒ Cell
- > I prefer to receive mail at: ☒ Home ☐ Work
- > I prefer to receive email at: ☒ Home ☐ Work
- > I prefer to receive HIVPC documents: ☒ Electronically (via email) ☐ Hard copy (via mail)
- > What sex were you assigned at birth? (check one):  
☐ Male ☒ Female ☐ Decline to state
- > What is the current gender you identify with? (check all that apply):  
☐ Male ☒ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)  
☐ Unknown ☒ Decline to state
- > Race (check all that apply): ☒ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ American Indian/Alaska Native ☐ Other (Specify) \_\_\_\_\_
- > 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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☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (Specify)

> Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ☐ Yes ☒ No

> Do you self-identify as HIV positive? ☐ Yes, and I am open about my status ☒ No ☐ I do not wish to disclose

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

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

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

> Do you receive Ryan White Part A services? ☐ Yes ☒ No ☐ I do not wish to disclose

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

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

## Recruitment Information

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

☒ Through a service provider/agency

☐ Email

☐ Online/Facebook/Twitter

☒ Friend/HIVPC member (HIVPC Member name): Andrew Buffner



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## Categories of Membership (check all that apply)

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

- 1 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.
- 4 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.
- 3 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.
- 5 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.
- 2 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.

Please refer to the sheets attached for full description



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

*Please refer to the printed sheet for the description.*

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

*Please see attached separate sheets*

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

*Please see attached separate sheets*

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

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

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

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

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

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

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

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

Elvira Duda  
Signature

12/07/22  
Date

**Describe the strengths, skills, and resources you have**

I have been doing service at four different alcohol and drug addiction treatment facilities in Broward as chairperson for an AA speaker meeting every other week since August 2020. After my one year sober anniversary I joined and became a member of the Alcoholics Anonymous (AA) service organization called Broward County Institutions Committee (BCIC). I am now also the co-chair for BCIC Bridging the Gap. Bridging the Gap (BTG) is a program that is part of AA service that helps alcoholics and addicts when they are discharged from treatment and correctional facilities to speak with an AA member.

This is more about what BTG BCIC is and does:  
When someone calls the BCIC BTG number I get the Google Voice call on my mobile device. I listen to their voice message and read the voice to text transcription of the voice message. Myself, the co chair or another BCIC BTG volunteer will call the person back to help them get to an in person meeting, give them information about how to join an online AA meeting on Zoom, tell them about AA approved literature and about what a sponsor is and how to find one. It is BCIC group conscience that the person calling and the BCIC BTG volunteer identify on the same gender spectrum.

At the 2021 annual event called Carry the Message that happened on Zoom, I made a presentation about what BCIC BTG does. Carry the Message is an AA event to help AA members in the community learn about AA service opportunities available in Broward. I got invited to and assisted at this year's in person event held at the Community Presbyterian Church in Lauderdale by the Sea.

I wrote a story about my recovery from alcoholism, drug addiction, and codependency for the Daily Online Women in Recovery AA meeting newsletter and it was included in the November 2021 issue. I am a member of the Daily Online Women in Recovery AA group. This group was started by members living in San Francisco and meets every day on Zoom at 9 am Pacific/12 pm Eastern. This meeting is for anyone who identifies as a woman or on the female gender spectrum.

I have over six months of experience facilitating peer support groups. I co-facilitated a weekly closed peer support group for the transgender community on the masculine gender spectrum at the LGB&T Community Center in New York City from September to December 2013. I found relevant articles and narrative on the internet to use as an ice breaker at the beginning of group discussion and had this prepared before every weekly session. I learned to create a safe, open and confidential space and informed participants about ground rules for sharing. I called community members to invite them to events and to remind them about support group programming. I attended monthly supervision meetings and got training with other peer support group facilitators with the supervising psychologist there. I completed specialized training for service providers working with the LGBTQ community that was made available to anyone that was interested who was working at the Center.

I facilitated an Intensive Outpatient (IOP) group for women in recovery from substance addiction three times a week. As part of the on the field job training I co-facilitated an IOP group in the afternoons that was open for both women and men. I followed a curriculum created by the treatment center. I chose discussion topics and activities based on the 12 step program model to help clients learn about new coping skills and tools to stay sober.

When I was a psychology intern for Research Institute Without Walls (RIWW) in New York I helped with a psychology study of the mental health effects of immigration detention on LGBTQ refugees who experienced immigration detention. I sent emails that I could edit, using a template created and signed by the psychologist conducting the study, to legal and immigration advocacy groups and service providers he had a relationship with or knew of in the US and other countries. These are groups who work with LGBTQ community members who have experienced persecution based on their sexual orientation or gender identity and had to leave their country of origin to seek legal protection and safety in United States that they made their new home. The email gave a description of what the RIWW study is about and asked if someone they know would be interested and could participate in the study. The email had attachments with e-flyers that had information about this study to post and to share with prospective study participants and another to give to other service providers and a copy translated to Spanish to give to Spanish only speaking study participants. I followed up with people who emailed back and called them to facilitate an opportunity for the psychologist conducting the study to meet with prospective participants.

RIWW ([www.riww.org](http://www.riww.org)) is a not for profit organization that is now based out of San Francisco. The Bay Area Asylum Mental Health Project of RIWW connects immigration attorneys with licensed mental health clinicians who can provide psychological evaluations to asylum seekers.

RIWW's website had a resources area with information and links to national groups that help LGBTQ refugees get asylum and access to LGBTQ affirmative mental health services and other service providers. I helped to create an e-flyer in Russian asking to find person to help translate the RIWW website about to section from English to Russian.

I asked and got input to help with this e flyer from a Russian speaking person who then lived in Moscow who I met and got to know while doing my work for the internship who then worked for menZDRAV Foundation. MenZDRAV Foundation, now a Ukrainian based non government organization, is an LGBTQ affirmative group that helps men who have sex with men to get access to affirmative HIV treatment and prevention information and other resources.

I wrote to a person who I got introduced to through a friend who was working with them who was organizing the Soho Film Festival in NYC in 2013 to learn if they would be interested in an opportunity for RIWW to work together and help. RIWW participated by taking photos of the film screening of an LGBTQ affirmative documentary film about women who are of transgender experience called "What's the T?" A fellow RIWW intern who is a photographer took pictures of the film actors who are part of the transgender community and others who were there on the red carpet. RIWW staff and interns were invited to attend the film screening.



I was invited by the RIWW internship supervising psychologist and went to two United Nations events. One was the UN Human Rights Day 2012 where Ricky Martin was the speaker where I got to learn about what others were doing to support international LGBTQ rights. I also went to the UN Commission on the Status of Women (CSW) event in March 2013 where I went to the panel discussion: Killings and Violence Against Women based on SOGI. Tamara Adrian was the presenter. Tamara Adrian is an attorney from Venezuela. She is an educator and an international activist for transgender and LGB plus community. In 2013 she was the World Trans Secretary of The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA.) She spoke about the global research project on violence against trans women at the event I went to.

I was invited to attend the 2013 Lunar New Year for All informational meeting hosted by the LGBTQ plus Asian Pacific Islander groups in NYC: Q-Wave, GAPIMNY, API Rainbow Parents. They gave information about what they are doing for the annual Chinatown Lunar New Year Parade and festival in February 2013 and how people could help. I volunteered to help for the Lunar New Year for All event. I helped to bring signs and walked with the LGBTQ contingent wearing an RIWW shirt and holding up a sign in the annual lunar new year parade in 2013.

I learned to make regular posts on the RIWW Twitter and Facebook accounts with links to articles, events and narrative from other groups, that would be of interest to LGBTQ plus refugees living in the US, allies and people who are interested to learn how to support and help. I made a group presentation with my fellow interns about the experiences and effects of trauma on LGBT refugees to a support group for women of transgender experience from Latin America.

From 2008 to 2009 I studied full time at the Columbia University Post Post-Baccalaureate Psychology Certificate program. I was a Research Assistant for the Barnard-Columbia Personality Study, a clinical study of Borderline and Avoidant Personality disorders. I also volunteered at The Affect and Relationships Lab at Barnard College in 2009. I helped to recruit psychology research study participants from the New York metropolitan area. I worked together to create a list of places to contact with one of the psychologists conducting the study. I created an email to send to these places with information about the study and how people could participate.

In 2017 I worked as a Marketing Assistant for Dr. Carol Clark, PhD, a psychologist and educator, to help promote in person and online education and training programs in sex therapy, addiction counseling and transgender care that she founded to mental health professionals and graduate students. I used Facebook, Twitter and LinkedIn to advertise. I also helped to market and promote on Facebook a book she wrote called: "Addict America: The Lost Connection". This is a first person narrative and resource about addiction and recovery. It has information about and tools to recover from substance and process addictions.

I have more than 15 years of experience working in field sales, and over 8 years working in the bar and nightclub industry selling high end bottles of alcohol to guests at top nightclubs in Manhattan.

I post on my Facebook, Instagram and Twitter social media accounts about events happening in the local community that I go to that support the LGBTQ community, 12 step recovery programs, and Reiki and people living with HIV. I speak, write, read and understand Russian and Spanish. I am a Level 2 Reiki practitioner. From 2010 to 2011 I took an APP Polarity therapy training program at the Soma-Psyche Institute in NYC to practice polarity therapy.

Polarity Therapy is an energy healing practice based on the principles of the universal movement of energy and the teachings of natural healer Dr Randolph Stone. Polarity therapy combines Eastern Ayurvedic studies and philosophy and therapeutic massage and healing bodywork. Practitioners hold space for the client after the session to speak about their experience and can counsel on practical holistic nutrition. This practice helps to relieve stress and bring balance to the entire system.

**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**

I am inspired and informed to work together to create safe culturally responsive open and affirmative opportunities for conversation action and commitment to doing what supports people living with HIV. I learned this with the support of the recovery community that I'm a part of and from the people I met who help and advocate for people living with HIV. These are people who are part of diverse communities in Broward and from around the world who I met and communicate with on social media.

This summer at ArtServe I attended three community panels co-hosted by WAM and the HIVPC. One I went to on Zoom and two were in person. I enjoyed listening to, learning, asking questions and meeting and speaking with others who volunteer or work for service providers that work with and for people living with HIV and supporters. At the community panels I met people from HIVPC, AHF, Arianna's Center, faith community leaders and people from other service organizations in Broward and who called in from other parts of the country over zoom. I asked a question about trauma informed support.

I have been a volunteer for the World AIDS Museum and Education Center (WAM) in Fort Lauderdale since February 2022. I assisted with the exhibit that started in March and ended in June about Pedro Zamora, AIDS educator and activist.

Call Me Peter: 50 years of Pedro Zamora

was curated to commemorate Pedro Zamora's 50th birthday. I learned about Pedro Zamora and his work and family and friends and compiled background information from online articles that I found on Google. I was also asked to find videos on YouTube about Pedro Zamora's work and life that were about 10 minutes in length. I created a list of 10 YouTube videos about Pedro and included the video title, YouTube channel, one line synopsis and video length about each

video and put this information in a Google Doc and sent it to the Director of Educational Programming. This list of YouTube videos was used to playback in a continuous reel at the exhibit. At the opening reception for the exhibit I volunteered to greet guests and helped to sign them in. I also helped with the digitization project for the exhibit by numbering each of the 95 plus photos in the exhibit and creating a one sentence summary for every photo and for the sign that was made by former members of ACT UP Miami. This sign was for the counter peace and love protest that was organized as a response to the hate protest by Fred Phelps and his followers who traveled to spread anti LGBTQ hate rhetoric on the day of Pedro's memorial on South Beach on November 20, 1994.

I assisted with the exhibit about visual artist Keith Haring: Keith Haring Remembered, at the Art Gallery 21 in Wilton Manors. I volunteered at the opening reception and on other days I committed to staff the information desk with another museum volunteer. I helped to greet, sign in and give information to people who went to view the exhibit.

I have been helping to create the museum docent guides for the signature permanent exhibit: Chronology of AIDS Reimagined with assistance from the Director of Educational Programming. I used voice to text on the notes app with my iPhone to transcribe what the Director of Educational Programming said about every exhibit and then to create a Google Doc to copy and paste the content. I continue to edit it and will send what I have by Thursday December 8 to the current Director of Educational Programming. I participated in and helped WAM at the 2021 Florida AIDS Walk.

I am in the process of completing the Florida Department of Health FDOH HIV/AIDS 501 online course needed to get certified as an HIV testing and prevention counselor in Broward county. I have completed the FDOH HIV/AIDS 500 online course. I plan to register for the in person course in January 2023.

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

I came to the United States as a nine year old Jewish refugee from the former Soviet Union in 1988 with my parents and grandparents. I was asked by my fourth grade ESL teacher to write a speech in English to present at a class assembly about what had happened in China at the Tiananmen Square massacre. A group of students were gathered before the assembly to practice and one of the students was arguing with me and yelled out in front of others as an insult that I have AIDS. I think she felt jealous that I got chosen to speak at the class assembly and she didn't and she was trying to show others that she knew something more than I did. I felt hurt and knew she was scared

I wondered where she learned this information that was a lie because I knew then that to have AIDS a person needs to be positive for the HIV virus and one can get HIV through having vaginal or anal sex, from a needle that has HIV infected blood on it or getting HIV infected blood, semen or vaginal fluids into open cuts or sores on your body. I didn't tell the teacher what she told me. This was the first time that I experienced the stigma around HIV and AIDS

and how much ignorance and fear there was around it and that youth could use it as a verbal insult, youth who were immigrants to this country like both she and I were.

After I became sexually active in my early 20s in college I didn't always use protection during sex. I decided to get my first HIV test when I came back from my study abroad year in Copenhagen in 2000. Before I got the results I was so nervous and thought about all the ways a positive status would put a stop to my dreams and goals that I lost track of time during my lunch break and was late going back to my job. I didn't tell anyone about my fears and the test came back negative. I don't remember getting any kind of educational information about prevention, treatment or support where I got the test. This was in the Spring of 2001 in Middlesex county NJ.

My mother worked as an attending pediatrician and did her residency at Jersey City Medical Center Jersey City, New Jersey in the early 1990s. She told me about her traumatic experiences working on the unit when infants and their mothers and caregivers tested positive for HIV and how some got sick with AIDS related illnesses and passed. She still speaks about her experience now.

In December of 2013 when living in NYC I was experiencing a lot of intense pain in my pelvic area and it affected my daily functioning. I did not have health insurance and I was sexually active then and I feared it could have been an STI. I got a HIV test and was tested for other STIs at Apicha Community Health Center in NYC for free. Apicha is a community health center that serves the Asian Pacific Islander, Latin, African American and allies and the LGBTQ community and people living with HIV/AIDS. Apicha offers access to medical and supportive services to people who are uninsured or underinsured and have low income. At that time I called a woman I know who worked there then who I was friendly with who I had met while I was a psychology intern for RIWW and she helped me to get an appointment there. My test came back negative for HIV.

When I moved to Fort Lauderdale in May of 2014 I went shopping at the Out of the Closet thrift store in Fort Lauderdale and took the free literature that was laying there, which was POZ magazine and SOMA.

The Miami Dade Gay and Lesbian Chamber of Commerce publishes a free annual Membership Directory and Resource Guide known as SOMA. This resource for the LGBTQ community and allies helps people find LGBTQ friendly and supportive places of business and is a directory for services and events in South Florida. This was the first time I got a bird's eye view about the community I had just moved to. I got an opportunity to learn about things I could do that I was interested in. SOMA is where I first read about My Uncle Gloria, a documentary film based on a memoir written by Steven Shulman, the nephew of transgender woman and activist Gloria Stein who lives in Fort Lauderdale. I emailed and talked to her nephew who introduced me to Gloria. Gloria invited me to come and meet her at Dr Carol Clark's Friday night support group for people who are transgender and allies that was held at the Pride Center at Equality Park and gave me a ride home with her partner.

At the Out of the Closet thrift store I saw that they had free HIV testing. I had a new sexual partner that summer with whom I was not using protection. I decided to get an HIV test there,



after we had ended our relationship because he told me that he doesn't like to use protection. The HIV testing counselor was a Latino man and he had a calm demeanor and I remember that he listened to me and took down my information and told me that it was confidential.

I have had loving experiences since 2013 in Fort Lauderdale and in New York City with people who work with and for community members who are living with HIV and who help people to get a HIV test. I felt mostly supported and safe speaking with them about my fears and intimate sexual history.

I am inspired by their knowledge and skills and I was accepted. This motivates me to pursue a career to help people of all gender identities and backgrounds to get tested. To give people accurate current unbiased information about HIV and to help them to identify behaviors in their life that are hurt them and others and that they are willing to change. To help them understand that when they do choose a healthier action, this will help them to make healthier choices to support their health and well being. I am also there to do my part and not think about them or judge. I am grateful for the opportunity to tell them about financial, medical and mental health resources that are available in the area that give support and access to medical treatment and prevention, regardless of people's HIV status or economic situation. I could do this if I choose to work as an HIV testing and prevention counselor in Broward. I look forward to helping people living with HIV and allies if I become a member of HIVPC. I have an idea for a workshop to help other learn about mindfulness and somatic practices I do that help me to reduce stress and my anxiety and depression and that empower and support me. I would like to help others to have a voice that is heard.



## 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: Irving Last Name: Wilson  
Home Address: [REDACTED] Home Phone: [REDACTED]  
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]  
Employer (if applicable): Self Employed Occupation/Title: Sun-Sentinel Independent Contr.  
Business Address: [REDACTED] Business Phone: (954) 592-9716  
City, State, Zip Code: [REDACTED] Fax: [REDACTED]  
Home Email: [REDACTED] Business Email: [REDACTED]  
Year of Birth: [REDACTED] yyy

- ❖ 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) \_\_\_\_\_



Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL 33020 • Tel: 954-561-9681 / Fax: 954-561-9685



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

## 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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Community Empowerment Committee (CEC)                   | <input type="checkbox"/> Quality Management Committee (QMC) |
| <input type="checkbox"/> Priority Setting & Resource Allocation Committee (PSRA) | <input type="checkbox"/> System of Care Committee (SOC)     |
| <input type="checkbox"/> Membership/Council Development Committee (MCDC)         |   |





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200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



Describe the strengths, skills, and resources you have.

Community Activist, HIV Advocacy, Ryan White unaffiliated consumer

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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 have been a Community activist and HIV advocate for a few years and would like to  
reapply for official membership serving on the CEC.

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## 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:

IW        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.

IW        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.

IW        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

Approved 3.14.19





## Contact and Demographic Information

*This is the update form for all HIV Planning Council and committee members. Please note any changes since submission of your application or last update form.*

First Name: VON Last Name: BIGGS  
Home Address: [REDACTED] Home Phone: [REDACTED]  
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]  
Employer (if applicable): Holy Cross Hospital Occupation/Title: HIV Home Testing Specialist  
Business Address: 4725 Federal Highway Business Phone: 954-771-8000  
City, State, Zip Code: Fort Lauderdale FL 33308 Fax:   
Home Email: [REDACTED] Business Email: SAME

- 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):



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☐ 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) ☐ Perinatal Transmission (Mother to Child) ☒ Man who has sex with Men (MSM) ☐ MSM/IDU ☐ Blood Transfusion ☐ I don't know/Unsure  
☐ I do not wish to disclose

➤ Do you receive Ryan White Part A services? ☒ Yes ☐ No ☐ I do not wish to disclose

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

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

### Categories of Membership (check all that apply)

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

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

B 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

Approved 5.21.15

**From:** Labaty, Naomie <NLABATY@broward.org>  
**Sent:** Friday, September 23, 2022 9:04 AM  
**To:** Gritell Martinez <gmartinez@BRHPC.ORG>  
**Cc:** Michele Rosiere <mrosiere@BRHPC.ORG>; Whitney Rolle <wrolle@BRHPC.ORG>; Cassini, C. Marty <MCASSINI@broward.org>  
**Subject:** RE: Clarification Request

CAUTION BRHPC MIS Security Warning: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Yes, as done in the past, we can appoint him from one seat to the other without him having to resign from the board.

We would still need the following:

The official letter stating that the HIVPC has voted to appoint Mr. Biggs in the new position  
His HIVPC application (with updated employer and any other changes, like his residential address)

The latter would serve to update his profile in our system and for my office to determine whether he needs to complete a conflict waiver form.

Please let me know if you have any questions.

Thank you and have a great weekend.

**Naomie Labaty**  
**Intergovernmental Affairs/Boards Section**  
**Boards Administrator**  
100 South Andrews Avenue  
Main Library, 8<sup>th</sup> Floor  
Fort Lauderdale, FL 33301  
(954) 357-5934 (office)  
(954) 295-5970 (mobile)





**From:** Gritell Martinez <[gmartinez@BRHPC.ORG](mailto:gmartinez@BRHPC.ORG)>  
**Sent:** Thursday, September 22, 2022 5:08 PM  
**To:** Labaty, Naomie <[NLABATY@broward.org](mailto:NLABATY@broward.org)>  
**Cc:** Michele Rosiere <[mrosiere@BRHPC.ORG](mailto:mrosiere@BRHPC.ORG)>; Whitney Rolle <[wrulle@BRHPC.ORG](mailto:wrulle@BRHPC.ORG)>  
**Subject:** Clarification Request  
**Importance:** High

Good afternoon Naomie,

Thank you for taking the time to speak with Jasmine Rohoman, our Health Planner. Following your conversation, I wanted to request in writing the procedure regarding the HIV Planning Council Vice-Chair, Von Biggs, who has resigned from Broward Regional Health Planning Council. His last day is tomorrow, Friday, September 23rd. Please provide clarification regarding Broward County Code 12.108 section c, as he will be changing from affiliated to unaffiliated.

Thanks for your time. We appreciate you directing us on how to move forward.

Best Regards,

*Gritell C. Berkeley Martinez*

Gritell C. Berkeley Martinez, PhD, CPM®  
Director, Planning & Quality Management  
Broward Regional Health Planning Council  
200 Oakwood Lane, Suite 100  
Hollywood, FL 33020  
**Office Hours:** 8:30AM – 5:00PM  
**Office Phone:** 954.561.9681 Ext 1250  
**Cellular:** 340-690-0163  
**Fax:** 954.561.9685  
**Email:** [gmartinez@BRHPC.org](mailto:gmartinez@BRHPC.org)



Fort Lauderdale /  
Broward County HIV



Broward County EMA  
Health Services

Planning Council

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 Tel: 954-561-9681 / Fax: 954-561-9685

October 18, 2022

Dr. Mark Schweizer  
[schweize@nova.edu](mailto:schweize@nova.edu)

RE: HIV Health Services Planning Council Member Removal Notice

Dear Dr. Schweizer:

I am writing to inform you that your membership in the HIV Health Services Planning Council has expired as you have not met the requirement of an HIV Planning Council Member to sit on at least one standing committee within 30 days.

A Priority Setting and Resource Allocation removal notice was sent on July 25, 2022, in violation of Section 1-233 of Chapter 1, Article XII of the Broward County Code of Ordinances.

Failure to comply with the thirty-day deadline violates the HIV Planning Council Policy and Procedures, as "Council members and alternates are required to serve on at least one standing committee. If a Council member/alternate should resign or be removed from a committee, s/he will have 30 days to select a new committee in which to become a member. If a committee is not selected within the 30-day timeframe, the member/alternate will be removed from the Council (Approved 2/20/14)."

If seeking reinstatement less than 90 days after removal, submit a letter to Vince Foster, MCDC Chair, which will be forwarded to the Executive Committee and then forwarded to the HIVPC for approval. If seeking reinstatement more than 90 days after removal, submit a new application and follow the same process as a new member.

Thank you for your many years of service to the Broward HIV Health Services Planning Council.

Sincerely,

Lorenzo Robertson  
Chair, HIV Health Services Planning Council  
Encl: Broward County Code of Ordinances

**HIV Planning Council Support Staff Contact Information**

Michele Rosiere, Division Director, [mrosiere@browardhivpc.org](mailto:mrosiere@browardhivpc.org) (954) 561-9681 Ext. 1247  
Dr. Gritell Berkely-Martinez, HIV Planning Council Manager, [gjohnson@browardhivpc.org](mailto:gjohnson@browardhivpc.org) (954) 561-9681 Ext. 1250  
Broward Regional Health Planning Council - 200 Oakwood Lane, Suite 100 - Hollywood, FL, 33020 - Fax Number: (954) 561-9685

An Advisory Board of the Broward County Board of County Commissioners

**Gritell Martinez**

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**From:** Mark Schweizer <docmk2@aol.com>  
**Sent:** Tuesday, October 18, 2022 8:34 PM  
**To:** HIVPC  
**Cc:** Gritell Martinez; lorenz762.lr@gmail.com; Lorenzo Robertson  
**Subject:** Re: HIV Health Services Planning Council Member Removal Notice  
**Attachments:** Updated-2019-HIVPC-Committee-Application-fillable-form.pdf; M. Schweizer Removal Letter - HIVPC September 2022.pdf

CAUTION BRHPC MIS Security Warning: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am not sure whether I am being removed and have to reapply or just join the membership committee  
Can you please clarify

Sent from my iPhone

On Oct 18, 2022, at 12:57 PM, HIVPC <hivpc@brhpc.org> wrote:

Dear Dr. Schweizer:

I am writing to inform you that your membership in the HIV Health Services Planning Council has expired as you have not met the requirement of an HIV Planning Council Member to sit on at least one standing committee within 30 days.

A Priority Setting and Resource Allocation removal notice was sent on July 25, 2022, in violation of Section 1-233 of Chapter 1, Article XII of the Broward County Code of Ordinances.

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Thank you for your many years of service to the Broward HIV Health Services Planning  
Council.

Best Regards,



Whitney Rolle, MPH  
HIV Health Services Planning Council Health Planner  
HIV Division – Broward Regional Health Planning Council, Inc.  
200 Oakwood Lane, Suite 100  
Hollywood, FL 33020  
[wrolle@brhpc.org](mailto:wrolle@brhpc.org)  
954.561.9681 x 1343

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Visit our website at [www.brhpc.org](http://www.brhpc.org) | <https://www.brhpc.org/programs/hiv-planning-council/>

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC. is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building

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**From:** Mark Schweizer <[schweize@nova.edu](mailto:schweize@nova.edu)>  
**Sent:** Tuesday, October 25, 2022 1:00 PM  
**To:** Foster, Vincent J <[Vfoster@browardhealth.org](mailto:Vfoster@browardhealth.org)>  
**Cc:** HIVPC <[hivpc@BRHPC.ORG](mailto:hivpc@BRHPC.ORG)>; lrobertson@ujimamen.net <[lrobertson@ujimamen.net](mailto:lrobertson@ujimamen.net)>  
**Subject:** HIVPV

**EXTERNAL EMAIL - Use Caution**

I would like to become a member of the membership committee in order to meet my obligation to remain a member of the HIV Planning Council. As many of you might know my new work responsibilities and well as my increasing role with the AETC make my time limited and I am now increasing my travel. Please let me know the results of the December meeting and I assume I will not be attending meetings until I hear a response.

Thanks

**Mark Schweizer, DDS MPH**

*Assistant Dean, Community Programs and Public Health*

*Associate Professor*

Nova Southeastern University

College of Dental Medicine

Director Infection Prevention Programs

Office (954-262-7530

[schweize@nova.edu](mailto:schweize@nova.edu)

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# HANDOUT D

[illegible]

# HANDOUT E

[illegible]

## HANDOUT F

### HIVPC Training & Presentation Plan March 1, 2023-February 28, 2024

For more information: Contact [hivpc@brhpc.org](mailto:hivpc@brhpc.org); (954) 561-9681  
Ext. 1343/1250



Determine Topics

Outline Training Goal

Contact Appropriate  
Parties

Schedule & Plan

Provide Training to  
HIVPC

#### FY 2023-2024 Training & Presentation Topics

<input type="checkbox"/>	January 19	<b>Ryan White Part A Recruitment and Retention Learning Collaborative:</b> Continuation of a six-week cohort for RWPA Planning Councils <ul style="list-style-type: none"> <li>Session Four: New Member Engagement, Orientation, and Training (January 19)</li> <li>Session Five: Leadership Development and Mentorship (February 16)</li> <li>Session Six: Putting it all Together: Close Out Session (March 16)</li> </ul> <b>Trainer: HRSA Consultant, John Snow Inc.</b>
<input type="checkbox"/>	February 16	
<input type="checkbox"/>	March 16	
<input type="checkbox"/>	March 23	<b>PSRA Process:</b> The PCS Staff will conduct a brief presentation about the Priority Setting and Resource Allocation (PSRA) process for the HIVPC. The PSRA committee ranks services and allocates Ryan White Part A Funds. <b>Trainer: PCS Staff</b>
<input type="checkbox"/>	Projected Month: TBD	<b>Systems Outside of HIV: Broward County's Homeless System:</b> A representative from the Homeless Initiatives Partnership will provide a presentation regarding homelessness in Broward County and the resources available for people experiencing housing instability. This presentation will complement the information provided by Housing Opportunities for People Living with HIV/AIDS (HOPWA). <b>Trainer: To be Determined (Housing Representative)</b>
<input type="checkbox"/>	Projected Month: TBD	<b>Meaningful involvement of people with HIV/AIDS (MIPA)/ National Minority AIDS Council ELEVATE Program:</b> Coordinate training with MIPA to ensure that the communities most affected by HIV are involved in decision-making, at every level of the response. <b>Trainer: To be Determined (MIPA/NMAC Representative)</b>
<input type="checkbox"/>	Projected Month: TBD	<b>National Minority AIDS Council ESCALATE:</b> Continue training to develop strategies addressing HIV stigma in Broward County's HIV Care Continuum. <b>Trainer: To be Determined (NMAC Representative)</b>
<input type="checkbox"/>	February 2024	<b>Robert's Rules and How to Run a Meeting:</b> A consultant will provide a presentation on Robert's Rules to detail the parliamentary procedure utilized by the HIV Planning Council to conduct efficient meetings. <b>Trainer: To be Determined</b>

**Note: Training Topics are subject to change based on current issues.**

