



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, July 13, 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.

Purpose

1. The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council.
2. The Committee shall institute orientation and training programs for new and incumbent members.
3. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

Quorum for this meeting is 3

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 July 13, 2023

ACTION: Approval of Minutes from January 12, 2023

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:** Reflectiveness: 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. **(Handout C)**
Work Plan Objective 1: Ensure HIVPC is representative and reflective.

New Applicants:

1. Alondra Machado, Memorial Health Care, Hospital planning agencies or other healthcare planning agencies
2. Elizabeth “Kitty” Davis, Non-Elected Community Leaders
3. Franchesca D’Amore, Non-Elected Community Leaders
4. David Shamer, Unaffiliated and Affected Communities
5. Jason Wynn, Broward House, Mental Health & Substance Abuse Provider

Existing Members:

Request to appoint:

1. Kendra Hayes- To Affiliated Seat (Affected Communities, including PWH and historically underserved subpopulations)
2. Shawn Tinsley-Jackson- To the non-elected Community Leader/Unaffiliated Seat

6. New Business

a. **Action Item:** Review the status of the MCDC FY2022-2023 Workplan Activities **(Handout D)**

b. **Action Item:** Review FY 2023-2024 HIVPC Training Activities **(Handout E)**

7. Recipient’s Report

8. Public Comment

9. Agenda Items for Next Meeting

- a. Next Meeting Date: October 12, 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.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

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



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posèsyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

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

Frequently Used Terms

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

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

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

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

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



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(954) 561-9681 • FAX (954) 561-9685

Membership/Council Development Committee

Thursday, January 12, 2023 - 9:30 AM
Meeting via [WebEx](#)

LOCATION: Broward Regional Health Planning Council
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 216 8637)
This meeting is audio and video recorded.

DRAFT MINUTES

MCDC Members Present: V. Foster (Committee Chair), T. Moragne (Committee Vice-Chair), A. Cutright, L. Robertson

Members Absent: I. Wilson

Ryan White Part A Recipient Staff Present: V. Hornsey

Planning Council & CQM Support Staff Present: G. Berkley-Martinez, B. Miller, D. Liao, M. Patel

Guests Present: Brad Mester

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

The MCDC Chair called the meeting to order at 9:45 A.M. The MCDC Chair welcomed all attendees 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.

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.

Meeting Approvals

The approval for the agenda of January 12, 2023, Membership/Council Development Committee meeting was proposed by V. Foster, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the April 14, 2022, meeting was proposed by V. Foster, seconded by T. Moragne, and approved with no further corrections.

Motion #1: V. Foster, on behalf of MCDC, made a motion to approve the January 12, 2023, Membership/Council Development Committee agenda as presented. The motion was seconded by L. Robertson and adopted unanimously.

Motion #2: V. Foster, on behalf of MCDC, made a motion to approve the April 14, 2022, Membership/Council Development Committee meeting minutes as presented. The motion was seconded by T. Moragne and adopted unanimously.

Standard Committee Items

The Committee reviewed the MCDC Membership Strategy of the entire Planning Council and the individual committees. According to the updated membership budget, there are a total of 17 members with 11 of those seats being job-based seats, 2 unaffiliated consumer seats, and 4 non-elected community member seats. At this time, the planning council must adhere to county ordinance or a maximum of 35 individuals with a minimum of 20. The Planning Council's required number of unaffiliated consumers should meet HRSA's mandate of 33%, but the HIVPC is currently at 12%. The Planning Council had set a goal of 37%.

In order to increase the recruitment and retention of unaffiliated consumers, the Committee discussed ideas to address issues of transportation and meeting locations that could help boost the Council's membership goals.

As the HIVPC demographics were being discussed, V. Foster noted that other providers/agencies have funding that is targeted towards certain groups which attract members, while the Planning Council's funding goes to the entire county which makes it difficult to attract new unaffiliated consumers. G. Martinez and V. Foster introduced the idea of having Council Members attend the Black AIDS Advisory Group meetings to serve as another resource for attracting new members.

The Committee reviewed pending HIVPC & Committee Applications.

Motion #3: V. Foster presented Brad Mester's application to fill a job-based seat. The motion was adopted unanimously.

Motion #4: V. Foster, presented Shannel Reese's application to fill the Mental Health and Substance Abuse seat, but the motion was placed on hold until the applicant made a committee selection.

Motion #5: V. Foster, presented Jacques Wright's application to fill the non-elected committee seat. The motion was adopted unanimously.

Motion #6: V. Foster, presented Kendra Hayes' application to join the HIVPC. The motion was adopted unanimously.

Motion #7: V. Foster, presented Eliza Dudelzak's application to fill the non-elected community leader seat. The motion was adopted unanimously.

Motion #8: V. Foster, presented Irvin Wilson's application to rejoin the CEC. The motion was adopted unanimously.

Motion #9: V. Foster, presented Von Biggs' application to change seats to an unaffiliated consumer. The motion was adopted unanimously.

Motion #10: V. Foster, presented Dr. Mark Schweizer's reinstatement request to the Planning Council and to switch seats from PSRA to MCDC. The motion was adopted unanimously.

New Business

For MCDC's FY 2022-2023 Workplan Activities, PCS notified committee members that they have

met all their goals except creating mentoring project for new members.

Motion #11: T. Moragne, on behalf of the MCDC, made a motion to approve FY 2023-2024 Workplan Activities. The motion was seconded by L. Robertson and adopted unanimously.

Motion #12: V. Foster, on behalf of the MCDC, made a motion to approve FY 2023-2024 HIVPC Training Activities. The motion was seconded by L. Robertson and adopted unanimously.

Recipient's Report

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

Public Comment

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

Agenda Items for Next Meeting

The next MCDC meeting will be held on April 13, 2023, at 9:30 a.m. via WebEx Videoconference.

Announcements

- My Hollywood Pride – HIVPC Members will be tabling this event on January 29, 2023
- Pride of the Americas – HIVPC Member will be tabling this event on February 11, 2023
- Florida AIDS Walk and Music Festival – March 18, 2023 – Ft. Lauderdale Beach Park

Adjournment

There being no further business, the meeting was adjourned at 10:45 a.m.

MCDC Attendance for CY 2022 - 2023

Consumer	PLM-HA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	12												
0	0	0		Robertson, L.	X												
0	0	0	1	Cutright, A.	X												
0	0	0	2	Foster, V. Chair	X												
0	0	0	3	Moragne, T., V. Chair	X												
0	0	1	4	Wilson, I.	A												
				Quorum = 3	4												

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

Membership/Council Development Committee Meeting Minutes – January 12, 2023
Minutes prepared by PCS Staff.

MCDC Membership Strategy Member Budget

Member Mix	Current	Goal
Job-Based Seat*	11	18
Consumer / Unaffiliated Seat	4	12
NECL Seat**	7	3
Total Membership	22	35
Unaffiliated Consumers (%)	18.18%	34%
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

Job-Based Seats Currently Filled:

- Affected Communities (Consumers)
- Part B
- Part C
- Part D
- Health Care Providers/FQHCs
- CBO/ASO – Community-based organization or AIDS Service Organization
- Mental Health
- NECL
- Local Public Health Agency
- Board of County Commissioners member
(per Broward County Ordinance 12.108.b.)
- Other Federal HIV Programs
 - Part F
 - HOPWA
 - Prevention

Open Consumer Seats:

- Affected Communities (8 additional Unaffiliated RWPA Consumers)
- Alternates

Open Job-Based Seats:

- Social Services including Housing & Homeless
- Representatives of/or formerly incarcerated PWH
- Substance Abuse Provider
- Hospital or Health Care Planning Agency

Recommended Course of Action:

- **Bring job-based members on slowly** to coincide with new unaffiliated consumer members.
- **During FY2023 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%.

Outreach Activities to Date:

1. On February 3rd about 6 HIVPC members attended the Black AIDS Advisory Gala.
2. On April 4th, HIVPC Chair and CEC Chair made a presentation during the BAAG meeting. CEC members joined the BAAG meeting. The Vice-Chair and other members promoted the activities of the Council.

Reflectiveness

HIV Planning Council & Committee Demographics Report

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

HIV in Broward County

The following table shows 1) HIV in Broward by Race/Ethnicity and by Gender; and 2) the current demographics of the HIVPC in comparison to the HIV epidemic data.

Race	Population*	Percentage*	HIVPC Membership**	HIVPC Percentage
White, not Hispanic	6,472	31.6%	8	36.4%
Black, not Hispanic	9,564	46.7%	9	40.9%
Hispanic	3,957	19.3%	4	18.2%
Multi-Race (Other)	499	2.4%	1	4.5%
Total	20,492	100%	22	100%
Gender	Population	Percentage		
Male	15,255	74.44%	16	72.8%
Female	5,178	25.26%	5	22.7%
Transgender: male to female	56	.29%	1	4.5%
Transgender: female to male	3	.01%	0	0%
Total	20,492	100%	22	100%

**Data: as reported in the RWPA FY2022 Application. These data are provided by the Florida Department of Health's HIV Surveillance Office.*

***HIVPC membership as of June 2023*

How This Information is Compared

The Council and 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 that provides these services. This means the consumer does not work for a provider agency or otherwise benefits financially from the agency's success.

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

Key Points for Reflectiveness through July 2023

HIV Planning Council (HIVPC): Twenty-two (22) members at 18 % unaffiliated consumer membership. This percentage remains below the HRSA-mandated 33% and efforts must be directed toward prioritizing recruitment for 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): No consumer representation is 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 is one unaffiliated consumer in a leadership position on the Council.

Quality Management Committee (QMC): QMC is an 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 on this committee.

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



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.



Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.
Mail, fax, **or email** your completed application to:***

*HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG*

If you have any questions, please call: 954-561-9681



Contact and Demographic Information

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

First Name: Alondra Last Name: Machado
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): Memorial Healthcare System Occupation/Title: Practice Manager
Business Address: 5647 Hollywood Blvd. Business Phone: 954-276-1617
City, State, Zip Code: Hollywood, FL, 33018 Fax: 954-276-0186
Home Email: _____ Business Email: almachado@mhs.net
Year of Birth: 1995
yyyy

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



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

Recruitment Information

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



Categories of Membership (check all that apply)

- | | |
|--|---|
| <input checked="" 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 checked="" 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 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.

- 5 **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.
- 3 **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.
- 4 **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.

Effective communication, collaboration and problem solving are 3 of my top strengths. As a healthcare leader, I have learned the important of working together with others to acheive a common goal.



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

I would like to join the HIV Planning council to become more involved in the HIV Prevention and treatment community. As well as join forces with other agencies and members of the public alike in any planning and coordinating for ways to help end the HIV epidemic and implent the Broward County Integrated HIV prevention and care plan.

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

HIV/AIDS has impacted my life professionally and personally by showing me that HIV/AIDS does not, (just like many other disease), discriminate against a person due to age, race, ethnicity, etc. Living in Miami Dade County and working in Broward County, I see the effect that HIV/AIDS has on both communities and the importance of public awareness that HIV/AIDS is still very much apart of the public health crisis, and how knowledge of a person's HIV status is the power that the patient holds for their health and the health of their community.

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

I have joined in he past several committees both in my organization as well as back in college. Being a part of these committees, I have learned the importance of working as a team to develop an excute a common goal.

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

AM 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.

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

AM 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.

AM 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.

AM 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.

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

AM **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.**

Alondra Machado

Signature

06/12/2023

Date



Committee Membership Application



Broward County HIV Planning Council's Committees and Subcommittees

Executive Committee

Conducts business of the Council (excluding priority-setting and allocation decisions). Sets agenda for Council meetings. addresses Conflict of Interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, develops and oversees committee work plans, reviews committee recommendations to determine whether the items should be referred to the appropriate committee, ratifies recommendations for removal for cause, and addresses JCCR Committee unresolved grievance issues.

Joint Priorities Committee

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

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/client training/education.

Joint Planning Committee

Develops and updates annual needs assessment and other planning activities to ensure quality core medical services are integrated in the Broward County EMA System of Care. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Joint Client/Community Relations Committee Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A and Part B funding.

Membership Council Development Committee

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.

Ad Hoc Local Pharmacy Advisory Committee

Makes recommendations to the appropriate committees to improve the quality, cost-effectiveness and allocation of resources to pharmacy services. Develops and implements a standardized mechanism for pharmacy services. Efficiently collect and evaluate current pharmacy data. Coordinates pharmacy services in collaboration with other funding streams Reviews current pharmacologic therapeutic regimes and federal guidelines.

Please keep this page for your records

Membership on the Broward County HIV Planning Council and its committees is open to people living with HIV or AIDS and other individuals. Committee members are expected to participate in and prepare for monthly meetings, treat other committee members with respect and courtesy, and put aside special interests and personal perspectives in order to assist with recommendations and decisions for the good of the HIV/AIDS community as a whole.

The Partnership is funded through the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The purpose of the Act is to establish services and improve the availability of care for individuals and families with HIV/AIDS who would otherwise have no access to health care. The Partnership maintains at all times a fair and open nominations process. Membership is based on availability of positions.

Applicants are encouraged to attend a committee meeting before completing the attached application. Within three months of appointment, members are required to complete the Broward County HIV Planning Council New Member Orientation and Training and the Broward County Commission on Ethics and Public Trust Mandatory Ethics Training.

Applicants must be permanent residents and registered voters of Broward County and must not be serving on any other board, agency or advisory board created by or funded by the Broward Board of County Commission.

Questions? Call Planning Council's Staff Support at 954.561.9681 Ext 1219/1345/1244 for assistance.



Committee Membership Application



Disclosure of Personal Health Information Authorization

Elizabeth Annah Davis

I, (print your full name) _____ understand that if I wish to be considered for membership as a Person Living with HIV/AIDS (PLWHA) it is necessary to identify my HIV status.

By signing this authorization, I willingly disclose my status.

THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED.

Please check "Yes" or "No" for each of the following statements:

- ☐ Yes ☒ No I am HIV positive.
- ☐ Yes ☒ No I am a recipient of Ryan White Part A services.

If I choose not to disclose my HIV status, I understand that I will be considered for membership in other membership categories, provided there is an open seat and I meet the qualifications for that seat.

I understand that this information will become public record and may be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.

I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next Community Coalition Committee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.

I authorize the release and exchange of information about my HIV status among and between the Broward County Office of Grants Coordination, the Office of the Mayor of Broward County, the Broward County Office of the Inspector General, the Broward County HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Signature

4/10/2023

Date



Committee Membership Application



Contact and Demographic Information

This is the application for membership on the Broward County HIV Planning Council's committees and / or subcommittees. If you wish to apply for membership on the Broward County HIV Planning Council's Committees, please complete the Committee Membership Application below:

First Name: Elizabeth Last Name: Davis Middle Initial: A.

Home Address: [REDACTED] Home Phone: NA

City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]

Employer (if applicable): Founder/ED Moving Forward Wellness Coaching Occupation/Title: trauma-informed wellness coach

Business Address: same as above Business Phone: 954-715-1646

City, State, Zip Code: _____ Fax: _____

Home Email: [REDACTED] Business Email: movingfwdwellness@gmail.com

Where may we contact you confidentially? ☐ Home ☒ Cell ☐ Email ☐ Work ☐ Other

➤ Gender: ☐ Male ☒ Female

➤ Race/Ethnicity: ☐ White/Non-Hispanic ☐ Black/Non-Hispanic ☐ Hispanic
☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☒ Other (Specify) _____

➤ Are you an officer, employee, representative or consultant to any Ryan White Part A Program funded provider? ☐ Yes ☒ No

➤ On which committee(s) would you like to serve? (See cover page for an explanation of committee responsibilities)

☐ Joint Executive ☐ Part A Executive ☐ Joint Priorities ☐ Joint Planning
☐ Joint Client/Community Relations ☒ Quality Management ☒ Community Empowerment Committee ☐ QI Networks

➤ If you are applying as a Person Living with HIV / AIDS (PLWHA), you must complete the Purpose of Disclosure Personal Health Information on Page 2 of this application.

NOTE: The identity of any applicant who has disclosed his or her HIV status will not be released without prior written consent.

NOTE: Notwithstanding the requirements of Sections 119.07 and 381.004 of the Florida Statutes, information about your HIV status may be released upon receipt of the executed *Disclosure of Personal Health Information Authorization* – see Page 2 of this application.

Provide a brief statement explaining your interest in the Partnership 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.

Greetings Membership Committee, I'm interested to join the Broward County HIV Planning Council so that I can be more involved in the grassroots of HIV care in Broward. As someone who has always been around people living with HIV and working in HIV advocacy here in Broward, this is a great step to being able to use my passion and expertise and contribute to maintaining and improving of HIV care through the Ryan White system.

Broward County HIV Health Services Planning Council HIVPC MEMBERSHIP APPLICATION



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.



Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.
Mail, fax, **or email** your completed application to:***

*HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG*

If you have any questions, please call: 954-561-9681



Contact and Demographic Information

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

First Name: Franchesca Last Name: D'Amore
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): DAmore Ventures Occupation/Title: President
Business Address: 2125 Polk Street Apt 7 Business Phone: 305-742-6538
City, State, Zip Code: Hollywood, FL 33020 Fax: _____
Home Email: [REDACTED] Business Email: franchescadamore1@yahoo.com
Year of Birth: 1967
 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) Italian
- ❖ Hispanic Subgroup (check one if any): ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify) _____
- ❖ Asian Subgroup (check one if any): ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify) _____
- ❖ Native Hawaiian/Pacific Islander Subgroup (check one): ☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify) _____



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

❖ Do you self-identify as HIV positive?* ☐ Yes, and I am open about my status ☐ No ☒ I do not wish to disclose
**Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of public record.*

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

- ☐ Hemophilia ☐ Heterosexual (straight) ☐ Intravenous Drug User (IDU) ☐ Blood Transfusion
☐ Perinatal Transmission (mother-to-child) ☐ Man who has sex with Men (MSM) ☐ I don't know/Unsure

☐ XX 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): JOSE CASTILLO/VON BIGGS



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 checked="" 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.
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- X **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 BEEN ON THE SYSTEM OF CARE COMMITTEE SINCE 2022 AND HAVE BECOME FAMILIARIZED WITH THE OPERATIONS OF HIVPC AS WELL AS MEMBERS. MY BACKGROUND IN THE HEALTH AND WELLNESS ARENAS AND NON-PROFIT ARENAS STRENGTHS WHICH CAN CONTRIBUTE TO THE HIVPC MISSION.

Approved 3.14.19



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

I HAVE BEEN A COMMITTEE MEMBER ON THE SYTEM OF CARE COMMITTEE SINCE 2022. AS AN OPEN

TRANSGENDER WOMAN. I WOULD LIKE TO BE A PART OF THE SOLUTION TO IMPROVE HIV REDUCTION
IN BROWARD COUNTY.

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

I HAVE LOST MANY FRIENDS TO HIV/AIDS . I WAS A TEENAGER LIVING IN ZIMBABWE, AFRICA AND THEN

MIAMI DURING THE BEGINNING AND PROGRESSION OF THE EPIDEMIC.

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

I HAVE SERVED ON 10 COMMUNITY NON-PROFIT BOARDS AND HAVE BEEN A TEAM PLAYER
IN IMPLEMENTING CHANGE.

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.**

Franchesca D'Amore

Signature

6/27/2023

Date

Broward County HIV Health Services Planning Council HIVPC MEMBERSHIP APPLICATION



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.



Broward County HIV Health Services Planning Council

An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.
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*HIVPC Staff
Broward Regional Health Planning Council
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Hollywood, FL 33020
FAX: 954-561-9685
EMAIL: HIVPC@BRHPC.ORG*

If you have any questions, please call: 954-561-9681

☐ 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



Broward County HIV Health Services Planning Council

An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



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

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

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

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

☐ Hemophilia ☐ Heterosexual (straight) ☐ Intravenous Drug User (IDU) ☐ Blood Transfusion

☐ Perinatal Transmission (mother-to-child) ☒ Man who has sex with Men (MSM) ☐ I don't know/Unsure

☐ I do not wish to disclose

❖ **Do you receive Ryan White Part A services?** ☒ Yes ☐ No ☐ I do not wish to disclose ❖ **If you self-identify as HIV positive, how old were you when you were diagnosed?**

☐ 0-12 years old ☐ 13-19 years old ☒ 20-29 years old ☐ 30-39 years old

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

Recruitment Information

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

☒ Through a service provider/agency

☐ Email

☐ Online/Facebook/Twitter

☐ Friend/HIVPC member (HIVPC Member name):

Approved

3.14.19



Broward County HIV Health Services Planning Council

An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



Categories of Membership (check all that apply)

- | | |
|--|---|
| <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 checked="" 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"/> Veterans Health Administration representative |
| <input checked="" type="checkbox"/> Non-elected community leaders | |

Committee Assessment

All HIVPC members are **required** to serve on at least one **standing** committee. Please rank the committees below to indicate your interest.

5 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.

1 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.

2 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.



Approved

Broward County HIV Health Services Planning Council

An Advisory Board of the Broward County Board of County Commissioners 200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

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

Being involved in the R.W. HIV Planning Council gives me the opportunity to share my experiences with the administrators of the program while representing future and current clients.

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

No other event in my life has provided me the depth of ongoing treatment as with HIV my dignosses.

I have worked with resedentual facilities for the homeless who lived with HIV/AIDS. I have volenteered with Ventreans in hospice.

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

I have been active in three diferent EMA's throughout my life. I recall living in Washington D.C. before there was an offical name for the virous, where I attended community committee mettings which was the precursors to the Ryan White program being federaly inacted. In addition to membership on different EMS's including Palmbeach and Broward counties, I have been blessed to watch and expeerince the progression of the program including a hands on series of memberships on dozens of committes where the real work of the program occurs.



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

DES 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.

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

DES 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.

DES 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.

DES 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.

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

DES 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.

6 July 2023

Signature on File, David E. Shamer IV

Signature

Date

Approved

J. WYNN

7/11/23

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



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.



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: Jason Last Name: Wynn
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): Broward House Inc Occupation/Title: Prevention Manager
Business Address: 2800 N Andrews Ave Business Phone: 954 568 7373 OR 2224
City, State, Zip Code: W. H. W. Manors FL 33011 Fax: [REDACTED]
Home Email: SWYNN@BROWARDHOUSE.ORG Business Email: [REDACTED]
Year of Birth: 1979
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



- ❖ 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): _____



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 checked="" type="checkbox"/> Social service providers (including housing and homeless-services providers) | <input type="checkbox"/> State Medicaid agency |
| <input checked="" 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 checked="" type="checkbox"/> Affected communities (people living with HIV/AIDS and underserved communities) | <input checked="" type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees |
| <input type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives | <input checked="" 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.

Approved 3.14.19



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

In actively serving the population and community I find pride and value in addressing changing needs on. I would bring new development to the Council to ensure all demographics are supported.

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

Healthy living and resources should be shared (access to everything). HIV taught me all life has value. Being the hope in people's eyes who they receive care is my driving force.

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

I've worked with Black Aids Task Force. Supported several community based events that provided outreach and services that was used to develop support group for people.

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

- He* 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.
- He* I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.
- He* 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.
- He* 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.
- He* 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.
- He* I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- He* 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

7/11/2023



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: Keneha Last Name: Hayes
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): Care Resource Occupation/Title: Outreach Housing Specialist
Business Address: 871 West Oakland Blvd Business Phone: 305-576-1234-797
City, State, Zip Code: [REDACTED] Fax: 954-703-2029
Home Email: [REDACTED] Business Email: khayes@careresource.org
Year of Birth: 8-8-77
yyyy

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



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

Recruitment Information

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



Categories of Membership (check all that apply)

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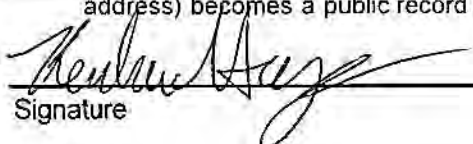
Describe your interest in becoming a member of the HIV Planning Council.

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

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

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

- ☐ I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Council and Committee meetings.
- ☐ I understand that to qualify for nomination to the Planning Council I must be a member of a standing committee and attend an Orientation.
- ☐ I understand that I must attend a post-appointment training within three (3) months of appointment to the Planning Council by the Broward County Board of County Commissioners. If I do not comply with this requirement, I could be removed from the Planning Council.
- ☐ I understand that serving on the Council and at least one of its Committees will require at least five hours per month, and that excessive absence will result in my removal from the Council and/or Committees. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from the Council if he/she misses three (3) consecutive Planning Council meetings or four (4) Planning Council meetings in a year in accordance with the County Ordinance.
- ☐ If appointed, I would be willing and able to fulfill the responsibilities and functions of a member of the Broward County HIV Health Services Planning Council.
- ☐ I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- ☐ I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.


Signature

6-27-2023
Date

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



Please be aware that this application and all the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01



Dear Interested Party,

Please be aware that this application and all the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

***Note: This application expires six (6) months from date of submission.
Mail, fax, **or email** your completed application to:***

HIVPC Staff
Broward Regional Health Planning Council
200 Oakwood Lane, Suite 100
Hollywood, FL 33020
FAX: 954-561-9685

EMAIL: HIVPC@BRHPC.ORG

If you have any questions, please call: 954-561-9681



Contact and Demographic Information

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

First Name: Shawn Last Name: Tinsley
Home Address: [REDACTED] Home Phone: [REDACTED]
City, State, Zip Code: [REDACTED] Cell Phone: [REDACTED]
Employer (if applicable): The Fresh Connection Group Occupation/Title: CEO/Founder
Business Address: 1116 S. 19th AVE Business Phone: 954-300-1901
City, State, Zip Code: Hollywood, FL 33020 Fax: N/A
Home Email: [REDACTED] Business Email: HIVPossiblePsc@gmail.com
Year of Birth: 1972
yyyy

❖ I prefer to receive phone calls and messages at:

☐ Home ☐ Work ☒ Cell

❖ I prefer to receive mail at:

☒ Home ☐ Work

❖ I prefer to receive email at:

☒ Home ☒ Work

❖ I prefer to receive HIVPC documents:

☒ Electronically (via email) ☐ Hard copy (via mail)

❖ What sex were you assigned at birth? (check one):

☐ Male ☒ Female ☐ Decline to state

❖ What is the current gender you identify with? (check all that apply)

☐ Male ☒ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)
☐ Unknown ☐ Decline to state

❖ Race (check all that apply):

☐ White ☒ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaska Native ☐ Other (specify) _____

❖ Ethnicity (check one):

☐ Hispanic/Latino ☐ Non-Hispanic ☐ Other (specify) _____

❖ Hispanic Subgroup (check one if any):

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify) _____

❖ Asian Subgroup (check one if any):

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other (specify) _____

❖ Native Hawaiian/Pacific Islander Subgroup (check one):

☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify) _____



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

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): Von Biggs



Categories of Membership (check all that apply)

- | | |
|---|---|
| <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Housing Opportunities for Persons with AIDS (HOPWA) grantees |
| <input checked="" type="checkbox"/> PLWHA Recently Released from Jail or Prison or their representatives | <input checked="" 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.

- ST **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.
- ST **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.
- ST **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.
- ST **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.
- ST **System of Care Committee (SOC):** Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

General Information

Describe the strengths, skills, and resources you have.

Approved 3.14.19



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

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

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

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

- ST 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.
- ST I understand that to qualify for nomination to the Planning Council I **must be a member of a standing committee** and attend an Orientation.
- ST 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.
- ST 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.
- ST 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.
- ST I am not an appointed member of any other Council or Board appointed solely by the Broward County Board of County Commissioners.
- ST 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.

Sharon Timsky
Signature

11-30-23
Date

[illegible]

HANDOUT E



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

For more information: Contact hivpc@brhpc.org; (954) 561-9681 Ext. 1343/1244

Objective Statement: To train the HIV Planning Council on topics directly related to and surrounding HIV Care and Treatment in Broward County



Determine Topics

Outline Training Goal

Contact Appropriate Parties

Schedule & Plan

Provide Training to HIVPC

FY 2023-2024 Training & Presentation Topics

<input checked="" type="checkbox"/>	March 16	Ryan White Part A Recruitment and Retention Learning Collaborative: Continuation of a six-week cohort for RWPA Planning Councils • Session Six: Putting it all Together: Close Out Session (March 16) Trainer: HRSA Consultant, John Snow Inc.
<input checked="" type="checkbox"/>	March 23	PSRA Process: 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. Trainer: PCS Staff
<input checked="" type="checkbox"/>	Projected Month: April 19	Systems Outside of HIV: Broward County's Homeless System: 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). Community Empowerment Committee: April 19th Navigating Housing for PWH, 7 pm – 9 pm
<input type="checkbox"/>	Projected Month: TBD	Meaningful involvement of people with HIV/AIDS (MIPA)/ National Minority AIDS Council ELEVATE Program: Coordinate training with MIPA to ensure that the communities most affected by HIV are involved in decision-making, at every level of the response.
<input type="checkbox"/>	Projected Month: TBD	National Minority AIDS Council ELEVATE: Continue training to develop strategies addressing HIV stigma in Broward County's HIV Care Continuum.
<input type="checkbox"/>	February 2024	Robert's Rules and How to Run a Meeting: 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. Trainer: To be Determined

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