



RYAN WHITE COMMUNITY MEETING

PLEASE TURN ALL CELL PHONES ON SILENT AND KEEP USAGE TO A MINIMUM

Only the PWH Representatives need to disclose their HIV status.

ALL MEETINGS ARE AUDIO RECORDED

HOLDEN HEIGHTS COMMUNITY CENTER IS A NON-SMOKING/SMOKE-FREE FACILITY

CORE VALUES: EMPOWERMENT, COMMITMENT, QUALITY & INTEGRITY

February 18, 2025

Holden Heights Community Center

1201 20th Street, Orlando, FL 32805

6:00 PM	Call to Order Welcome, Housekeeping & Introductions Moment of Silence		Ira Westbrook
	Vision Statement Mission Statement Core Values Ways to be heard		Jessica Seidita
	Consensus Building Overview Approval of the Agenda Approval of January 21 st Minutes		PCS Ira Westbrook
6:10 PM	Open the floor for Public Comment <ul style="list-style-type: none"> • Please fill out a form at the sign in table 		All Participants
6:20 PM	Reports Membership and Engagement Committee Service Systems Planning & Quality Committee	Purpose Info Sharing	Ira Westbrook & Jessica Seidita
6:30 PM	New Business Home & Community-Based Health Service Standard HIV Stigma Taskforce Activity HIV Stigma Taskforce Yearly Recap	Purpose Info Sharing	Presenter <i>PCS</i> <i>HIV Stigma Taskforce & Descolonizarte Teatro</i> <i>Anthony McNeil</i>
7:45 PM	Announcements <ul style="list-style-type: none"> - Any Upcoming Community Events/Activities? 		

8:00 PM	Adjournment Next Month's Meeting: March 18, 2025 Address to be posted on social media & newsletter <u>Lake County, FL</u>		
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Mission: To improve the quality of life of individuals with HIV by responding to their existing and emerging needs, and to provide educational and behavioral strategies to reduce and prevent the spread of HIV.

Planning Council Support

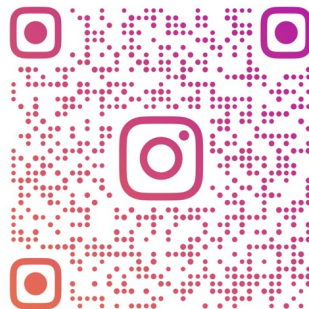
Laura Perez- 407-835-0906- Laura.Perez@hfw.org
David Bent - 407-429-2219 - David.Bent@hfw.org
Whitney Marshall- 407-429-2216- Whitney.Marshall@hfw.org

CFHPC Website: www.CentralFloridaHIVPC.com

Orange County Website: www.ocfl.net/ryanwhite

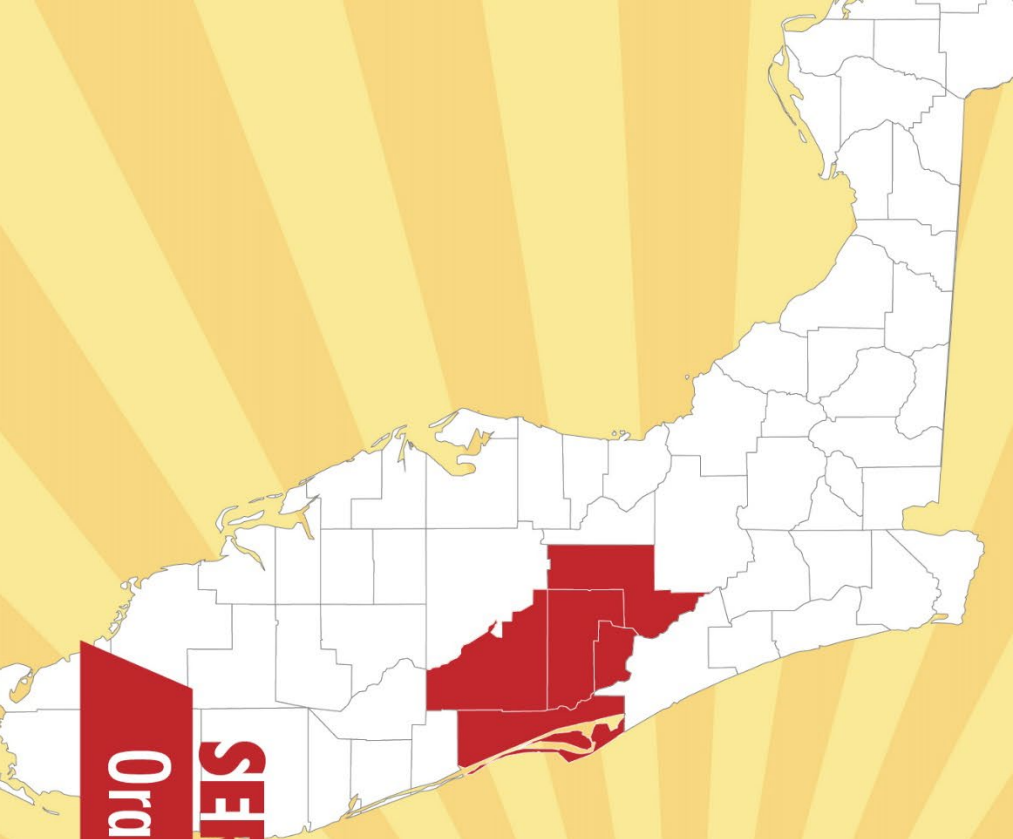
Facebook: www.facebook.com/CentralFloridaHIVPlanningCouncil

Instagram: <https://www.instagram.com/cfhpc/?hl=en>



CFHPC





SERVING

Orange

| Osceola

| Seminole

| Lake

| Brevard Counties

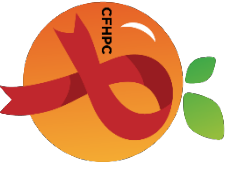


Central Florida HIV

**PLANNING
COUNCIL**

PC Vision, Mission, & Consensus Building

Ryan White Community Meeting



Housekeeping

- No smoking on HFUW Property.
- Location of restrooms.
- Please mute cell phones.
- Refreshments are on the side of the room.
- If you are an audience member, please ensure that you make your comments during the public comment and/or announcement section at the end. Discussions during reports and new business are for full and associate members.

Vision Statement

- A quality continuum of care for all individuals and families with, affected by, and at risk for HIV.



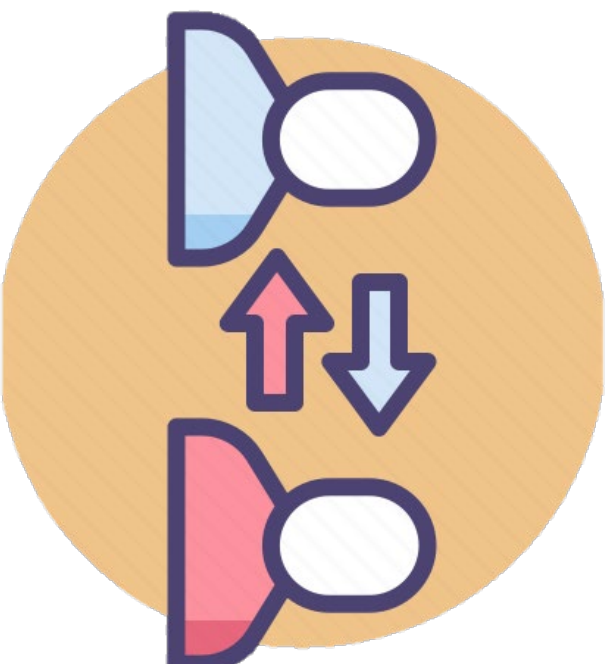
Mission Statement

- To improve the quality of life for individuals with HIV by responding to their existing and emerging needs and to provide educational and behavioral strategies to reduce and prevent the spread of HIV.



Conflict of Interest

- An actual or perceived interest in an action that will result or has the appearance of resulting in personal, organizational, or professional gain.



CFHPC Core Values

- Empowerment
- Commitment
- Quality
- Integrity



Here's How the Council Can Become More Reflective of the HIV Epidemic...

Look to recruit folks that are...

- **PWH members without conflicts (i.e. does not work for a Ryan White HIV/AIDS Program-funded organization)**
- **Race:** All
- **Gender:** Female, specifically women living with HIV with no conflicts
- **Age:** 20-29, 40-49 & 60+, specifically those without conflicts
- **Mandated Seats:** Local Public Health Agencies

Reminder: The Council is always looking for folks who want to see a change in their community and those with various backgrounds and experiences.

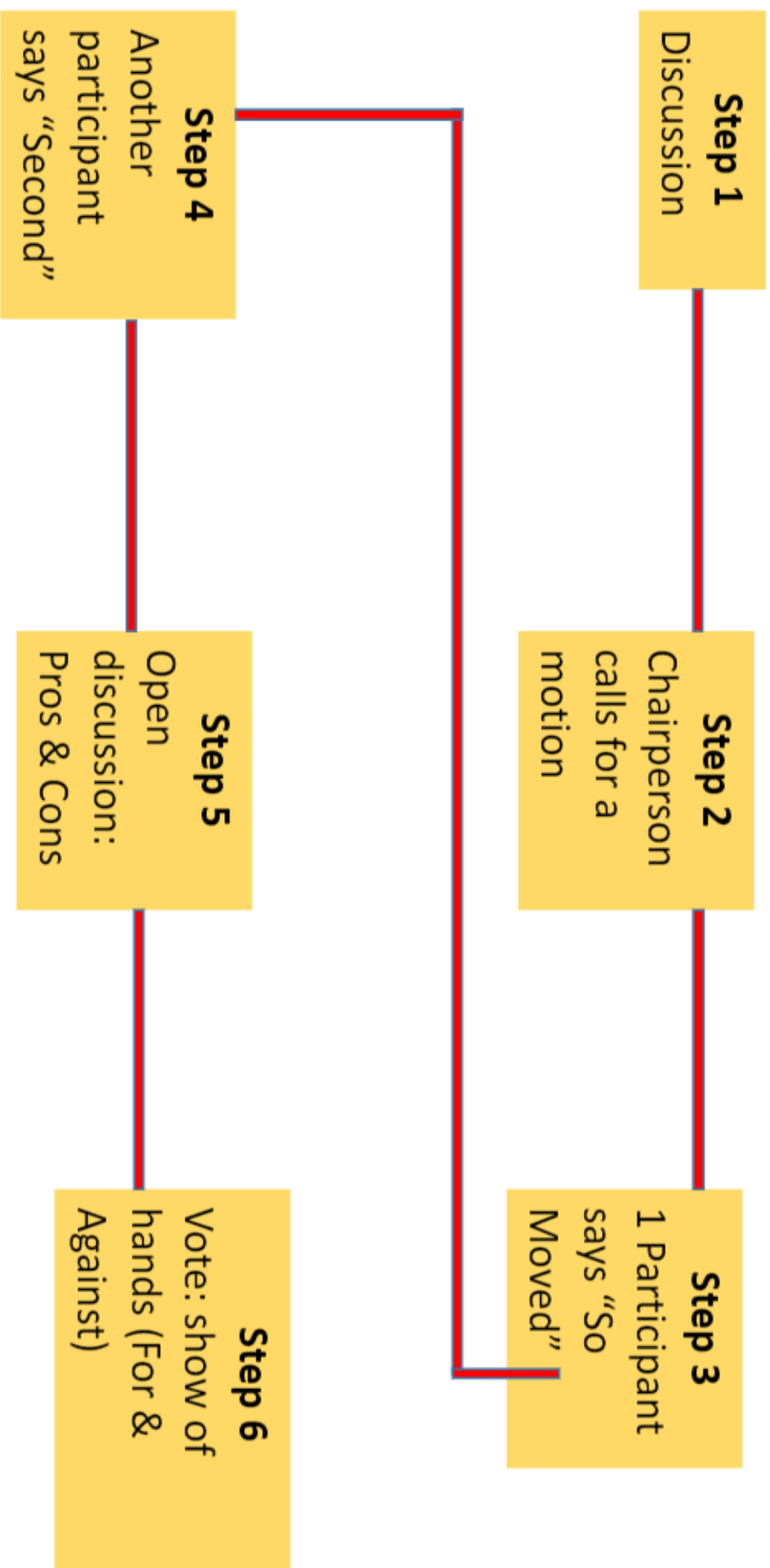


Group Agreement

1. Online, if you are not speaking or presenting, please keep your lines muted. (Be mindful of volume and background noise if online or on the phone).
2. Respect Pronouns. Don't pressure others or feel pressured to disclose pronouns.
3. Make sure everyone has the opportunity to speak and voice opinions respectfully.
4. Freely and shamelessly ask questions.
5. Respect Florida Sunshine Law.
6. Don't disclose anything that you would like to be kept confidential. Meeting audios are recorded, and documents and participation are open to the public.
7. Remember that everyone has different passions, experiences, barriers, and communication styles. Respect others always.
8. Be mindful of others' learning styles and processing ability.



Consensus Building



Making Sure Your Voice Is Heard! (Members of the Public)

- Email PCS a list of questions
- Call Planning Council Support
- PCS Face-to-Face (before/after meetings)



Before/After Meetings

- Public Comment Section
- Announcements at end of meetings



During Meetings

- Submit a public comment form (located at the sign in table)



Other Ways to be Heard

Public Comment Expectations

- Please wait to be called on by the Chairperson
- Make sure to fill out the form located at the sign-in table.
- Please remember that if you have a personal concern that needs to be resolved, then PCS will connect you with an appropriate representative in the room after the meeting.



Community Resources

Scan the QR Codes to learn more about the resources available
to PWH in the Orlando Service Area:

**Orange, Osceola, Lake, &
Seminole Counties**



Brevard County



CONNECT WITH US



@CentralFloridaHIVPlanning
Council



@cfhpc

CFHPC



Website & Newsletter Sign Up
CentralFloridaHIVPC.com

CONTACT US



Planning Council Support (PCS)



cfhpc@hfuw.org



407-835-0906

Heart of Florida United Way
1940 Cannery Way
Orlando, FL, 32829



Heart of Florida United Way

Central Florida HIV Planning Council

Ryan White Community Meeting Minutes

January 21, 2025

Call to Order: The Co-Chair, Jessica Seidita called the meeting to order at 6:02 pm at Comprehensive Health Care located at 1509 North Harbor City Boulevard, Melbourne FL 32935.

Participants: Troy Laudermilch, John Hennessy, Daniel Polanco, Troye Johnston, Gilberto Hernandez, Kerie Kingg, Lori Leaf, Shannon Bowen, Mark Canada, Cheryl Fetteihoff, John Curry, Angel Montes, Tashaun Warner, Hilda Morales, Karen Martinez, Jonie Turner, Lester Filer, Shaunda Ocator, Derek Condor, Michael Johnson, Joseph Rocco, Chris Spivey, Dunte Neally, Michael Armstrong, Tiffany Iervose, Erik Hendrickson Cruz, Amaya Vinuela, Michael Henry, Lovella Mitchell, Charlie Wright, Michael Brinkley, Mark Kern, Michelle Oixom Hamilton, Wade Bailey, Jashon Gowins, Frank DeMattie, Michael Reilly, Stephen Terry, John Lebron, Gilberto Hernandez, Jessica Seidita, Jade Thompson

Present via Teleconference: Taisha Santiago, Andre Antenor, AJ Johnson, Brenda Franklin

PCS Staff Present: Whitney Marshall, David Bent, Laura Perez

<p>Approval of the agenda:</p>	<p>The committee reviewed the meeting agenda and made the following changes:</p> <ul style="list-style-type: none"> • Replace all instances of Ira Westbrook with Jessica Seidita <p>Motion: Fernell Neal made a motion to approve the agenda with the recommended changes. Gilberto Hernandez seconded the motion. The motion was approved unanimously without debate.</p>
<p>Approval of the November 19th Minutes:</p>	<p>The committee reviewed the November 19th meeting minutes and recommended the following changes:</p> <ul style="list-style-type: none"> • Add the titles of the two vacant mandated seats to the Membership & Engagement report <p>Motion: Fernell Neal made a motion to approve the November 19th minutes with the recommended changes. John Curry seconded the motion. The motion passed with a unanimous vote.</p>
<p>Open the floor for public comment:</p>	<ul style="list-style-type: none"> • A member of the public made a comment on the state of the Brevard HOPWA program, sharing their lived experience, noting issues such as overcrowding and lack of transportation, and calling for an examination of the overall HOPWA system to identify areas of improvement. • Another member of the public commented on the need for specific housing programs for individuals requiring psychological treatment. • There were no public comments online.

<p>Reports:</p>	<p>Membership & Engagement Committee:</p> <ul style="list-style-type: none"> • The committee reviewed the membership matrix, PC reflectiveness and PC attendance roster. • There are currently 21 Planning Council members, 52% are PWH, 43% are unaffiliated/unaligned PWH, and 29% are conflicted members. There is currently one vacant mandated seat (Local Public Health Agency). • The committee reviewed the social media insights for Facebook and Instagram. The committee also reviewed and approved the social media posting guidelines. • The committee reviewed and approved articles and photographs to be included in volume 15 of the Red Ribbon Times magazine. • The committee reviewed the agenda for the first quarterly training. • The committee discussed and provided feedback about the World AIDS Day event that took place on December 1, 2024. • The next Membership & Engagement Committee meeting will be held on Tuesday, February 4, 2025, at 2:00 pm. <p>Service Systems Planning & Quality Committee Meeting:</p> <ul style="list-style-type: none"> • The committee received an overview of the Part A monthly expenditure report, the Part A Quarter 2 utilization report, and the Part B & GR monthly expenditure reports. • They also received a follow-up on the utilization and expenditures for the Orlando EMA Ending the Epidemic (EHE) initiatives that were presented during the 2024 Data Presentation. • The committee received an update on the proposal of an Ad Hoc Housing Committee. The committee decided that before a new group is formed, a Homeless Services Network (HSN) representative will be brought in to speak at the next Planning Council Business meeting on January 29th. The purpose of the presentation will be to assist with understanding the role that the Planning Council might play in the existing housing crisis efforts. • The committee reviewed and updated the Mental Health Service Standard. • They also continued to create the Other Professional Services and Home and Community-Based Health Service Standards. • Lastly, the committee received copies of the 2025 HIV Care Needs Survey and the updated Needs Assessment Toolkit. The HIV Care Needs Survey will be released in February 2025. • The next SSPQ meeting will be held on Thursday, February 6, 2025, at 9:30 am.
<p>New Business:</p>	<p>Mental Health Service Standard</p>

Attendees were presented with the most current version of the Mental Health Service Standards for review. Whitney Marshall explained the process and the purpose of the review of Service Standards. Attendees did not make additional changes to the Service Standard.

Attendees discussed Mental Health services and Substance Abuse services. Attendees also discussed disclosure of HIV status to sexual partners.

Mentimeter on Future RWCM Topics

Attendees were given the opportunity to submit suggestions for future RWCM topics through Mentimeter.

HOPWA Program

Jade Thompson of Comprehensive Health Care gave a presentation on the Housing Opportunities for Persons with AIDS (HOPWA) program in Brevard County, covering the following information:

- A brief introduction to HOPWA
- Overviews of local HOPWA services
 - TBRA: Tenant-Based Rental Assistance
 - STRMU: Short-Term Rent, Mortgage, & Utility Assistance
 - Transitional Housing Assistance
 - PHP: Permanent Housing Placement
- Criteria required to qualify for services
- Examples of situations where clients would qualify
- Agencies in Brevard County that partner with local HOPWA

Jade also answered questions from attendees about the Brevard HOPWA program and encouraged attendees to attend city council meetings about housing.

Sober Living with SUD Counseling

John Curry and Chris Spivey of Safe Place Treatment Services (SPTS) gave a presentation on sober living with substance use disorder counseling, as well as the services SPTS offers. Their presentation included the following information:

- The mission of Safe Place Treatment Services (SPTS)
- Challenges and successes in the recovery process
 - Challenges: Relapse, funding, vermin, non-rental payments, stigma, negative peer influence, levels of recovery, managing triggers
 - Successes: Recovery, family reunification, sustained employment, certification of completion, long-term stable housing, self-esteem, improved mental health, decreased criminal activities
- SAMHSA Advisory – Substance Use Disorders are more prevalent among people with HIV than the general population.

	<ul style="list-style-type: none"> ○ Effective SUD treatment improves both HIV and SUD related health outcomes ● List of services provided by SPTS ● Partner agencies – Florida Association of Recovery Residence (FARR); National Alliance for Recovery Residences (NARR) <p>Attendees asked questions, discussed the state of SUD treatment in Brevard County, and shared personal stories of sober living and recovery.</p>
Announcements:	<ul style="list-style-type: none"> ● Unconditional Love, Inc. will be hosting Getting to Zero, a 5k run/walk on Sunday, March 23, 2025 beginning at 8 AM in Eau Gallie Square. ● Brevard Recovery Fest 2025 will be happening Saturday, September 13th in Melbourne, FL.
ACTION ITEMS	
Item	Responsible
Next Meeting:	February 18, 2025 in Orange County
Adjournment:	8:00pm

Prepared by: Laura Peres Date: 01/27/2025

Approved by: _____ Date: _____

Central Florida HIV Planning Council

Bridge Report

February 2025

Membership & Engagement Committee

Date: February 4, 2025

Membership & Engagement Committee Chair: Vel Cline

Membership & Engagement Committee Vice Chair: Kara Johnson Williams

Summary:

- The committee reviewed the membership matrix, PC reflectiveness and PC attendance roster.
 - There are currently 21 Planning Council members, 52% are PWH, 43% are unaffiliated/unaligned PWH, and 29% are conflicted members. There is currently one vacant mandated seat (Local Public Health Agency).
 - The committee reviewed the social media insights for Facebook and Instagram over the past 28 days.
 - The committee reviewed and approved the draft of volume 15 of the Red Ribbon Times magazine.
 - The committee engaged in a recruitment brainstorming session to develop creative strategies for attracting and retaining members.
 - The committee reviewed the interview summary of a new applicant. After a brief discussion, the committee unanimously recommended the applicant for appointment to the Planning Council. The summary will be forwarded to the Executive committee for review and vote.
 - The committee discussed advertising and distribution strategies for the 2025 HIV Care Needs survey.
 - The committee reviewed the CFHPC Marketing Plan and suggested additions, including analytics, metrics, target demographics, social media guidelines, and enhanced digital marketing strategies.
 - The committee completed their leadership evaluations via Mentimeter.
 - The next Membership & Engagement Committee meeting will be held on Tuesday, March 4, 2025, at 2:00 pm.
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Service Systems Planning & Quality Committee

Date: February 6, 2025

Service Systems Planning & Quality Chair: Alelia Munroe

Service Systems Planning & Quality Committee Vice Chair: Anthony McNeil

Summary:

- The committee received an overview of the Part A monthly expenditure report, Part B Monthly Expenditure & GR reports and the PCS Budget report.
- The committee reviewed and approved the Home & Community-Based Health Service Standard.
- The committee reviewed and updated the Mental Health Service Standard.
- The committee discussed client eligibility requirements.

Central Florida HIV Planning Council

Bridge Report

February 2025

- The committee discussed the Homeless Service Network of Central Florida presentation. After a brief discussion, the committee determined that a housing ad hoc committee is not necessary at this time.
- The committee reviewed and approved the Memorandum of Understanding between the RW HIV/AIDS Program Part A Recipient, Area 7 Lead Agency and the Central Florida HIV Planning Council.
- The next SSPQ meeting will be held on Thursday, March 6, 2025, at 9:30 am.

Home & Community-Based Health Services

Health Resources and Services Administration Definition: Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client’s needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment (DME)
- Home health aide services and personal care services in the home

Program Guidance: Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Eligibility: Clients shall meet eligibility requirements as defined in the System-Wide Service Standards.

Note: In the Orlando Service Area, only durable medical equipment is funded; however, other allowable activities under this service category may be approved on a case-by-case basis by the Ryan White HIV/AIDS Program (RWHAP) Part A Recipient or the RWHAP Part B Lead Agency.

1.0 Treatment Guideline Standards and Measures

The agencies shall ensure compliance with the most current U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Guide for HIV/AIDS Clinical Care – 2014 Edition as cited in the following standards.

1.0 Treatment Guideline Standards and Measures

Standards	Measures
1.1 Agencies must ensure clients have a written plan of care established by a licensed clinical provider. Initial plans of care shall be established within seven (7) calendar days of the initial visit. Re-evaluation of the plan of care should occur at least every sixty (60) calendar days with adaptations as necessary.	1.1 Documentation in client’s electronic health record.

1.2	Agencies must ensure that the client's plan of care indicates whether the DME is temporary or permanent.	1.2	Documentation in client's electronic health record.
1.3	Agencies must ensure that clients have a written prescription or referral for the requested service or durable medical equipment.	1.3	Documentation in client's electronic health record.
1.4	<p>Provider shall comply with the Home & Community Based Health Service Standard Exception Request process and guidelines when a client reaches the annual maximum for the fiscal year</p> <p>Note: The annual maximum is determined by the Recipient or Lead Agency.</p>	1.4	<p>Documentation in client's electronic health record should include the following:</p> <ul style="list-style-type: none"> • Exception request letter • Treatment plan • Medical history including medication list • Any other documentation requested by the Recipient or Lead Agency
1.5	<p>Durable Medical Equipment (DME) is limited the allowable items on the approved fee schedule.</p> <p>Equipment must be obtained from a provider who will accept the approved rates on the fee schedule.</p>	1.5	Documentation in client's electronic health record.
1.6	Home Health Aide Providers shall develop/update plan of care at each home visit. Problem list should be documented.	1.6	Documentation in client's electronic health record.

2.0 Scope of Service (*Program Specific Policies & Procedures*)

Agencies shall comply with all of the requirements outlined in this Service Standard unless otherwise specified in their contract.

2.0 Scope of Service

	Standards		Measures
2.1	Home and Community-Based Health Providers work closely with the	2.1	Documentation of verification of location in place.

	<p>client's case manager, primary care provider, and other appropriate health care professionals.</p>
<p>2.2 Initial Assessment: A preliminary assessment will be conducted that includes services needed, perceived barriers to accessing services and/or medical care.</p> <p>Clients will be contacted within one (1) business day of the referral, and services should be initiated at the time specified by the primary medical care provider, or within two (2) business days, whichever is earlier.</p> <p>A comprehensive evaluation of the client's health, psychosocial status, functional status, and home environment will be completed to include:</p> <ul style="list-style-type: none"> • Assessment of client's access to primary care • Adherence to therapies • Disease progression • Symptom management and prevention, and • Need for nursing, caregiver, or rehabilitation services • Information to determine client's ability to perform activities of daily living and the level of attendant care assistance the client needs to maintain living independently. 	<p>2.2 Documentation in client's electronic health record.</p>
<p>2.3 Implementation of Plan of Care: A plan of care will be completed based on the primary medical care provider's order and will include:</p> <ul style="list-style-type: none"> • Current assessment and needs of the client, including activities of daily living needs (personal hygiene care, basic 	<p>2.3 Documentation in client file of plan of care after seven (7) calendar days.</p> <p>Client's needs assessment on file in their electronic health record.</p>

	<p>assistance with cleaning, and cooking activities)</p> <ul style="list-style-type: none"> • Need for Home and Community-Based Health Services • Types, quantity, and length of time services are to be provided <p>A plan of care should be developed within seven (7) days of the initial visit. The plan of care is updated at least every sixty (60)calendar days.</p>		Documentation of the services provided.
2.4	RWHAP services shall be integrated with other services and coordinated with other programs (including Medicaid) to enhance the continuity of care and prevention services for people with HIV (PWH).	2.4	Policies and procedures for the coordination of services available for review.

3.0 Discharge

Clients who are no longer engaged in Home & Community Based Health Services or have achieved self-sufficiency should have their cases closed based on the criteria and protocol outlined in the Agency’s Policies and Procedures Manual.

3.0 Discharge/Graduation

Standards		Measures	
3.1	<p>Transfer/Discharge:</p> <p>A transfer or discharge plan shall be developed when one or more of the following criteria are met:</p> <ul style="list-style-type: none"> • Agency no longer meets the level of care required by the client. • Client transfers services to another service program. • Client discontinues services. • Client relocates out of the service delivery area. 	3.1	<p>Documentation of case closure and evidence, as applicable, of a transfer plan developed and documented with referral to an appropriate service provider agency as indicated in the client’s primary record.</p> <p>Documentation of a discharge plan developed with the client, as applicable, as indicated in the client’s primary record.</p>

-
- Has achieved all goals listed on the plan of care
 - Has become ineligible for services
 - Is deceased
 - Decides to discontinue services
 - The agency is unable to contact the client
 - Is found to be improperly utilizing the service and/or is asked to leave the agency

All services discontinued under the above circumstances must be accompanied by a referral to an appropriate service provider agency involvement, stakeholder involvement, **and** a CQM program evaluation mechanism.
