BROWARD HIV HEALTH SERVICES PLANNING COUNCIL

An Advisory Board of the Broward County Board of County Commissioners

Integrated Planning Workgroup

Friday, May 15, 2026

11:30 AM – 2:30 PM

200 Oakwood Lane, Suite 100, Hollywood, 33020

Microsoft Teams: Join the meeting now

Meeting ID: 292 527 388 393 36 Passcode: Fh6rT3sW

Purpose: *The Integrated PlanningWorkgroup is responsible for monitoring and providing recommendations to ensure the completion of activities outlined in the Broward County Integrated HIV Prevention and Care Plan.*

AGENDA

1. **Call to Order, Welcome, Meeting Ground Rules & Introductions**: T. Williams, Co-Chair
2. **Moment of Silence**: *In Memory of Thomas Pietrogallo; We are deeply saddened by the passing of Thomas Pietrogallo, who served as a valued member of the System of Care Committee and the HIV Integrated Planning Work Group. Tom was a steadfast advocate for individuals and families affected by chronic illness, food insecurity, and HIV/AIDS.*
3. Review and approve the 05/15/2026 Agenda
4. Review and approve 9/16/2025 Meeting Minutes (Attachment #1)
5. **New Business**
   a. **Presentation**: HIV Molecular Cluster Surveillance, Investigation, and Epidemiology - ***Joseph Muller, State FDOH, Viral Hepatitis and Outbreak Response Epidemiologist*** (Attachment #2) *30 Minutes)*
   b. **Broward 2027–2031 Integrated Plan Development: Due to CDC & HRSA on June 30, 2026; *Living document discussion and updates.***
      1. Status of the Integrated Plan preparation (M. Rosiere) (Attachment #3) *(10 Minutes)*
      2. Breakout Sessions; Review of Section 5: Goals & Objectives *(55 Minutes)*
         a. Pillar 1: Diagnose *(15 Minutes)*
         b. Pillar 2: Treat *(15 Minutes)*
         c. Pillar 3: Prevent *(15 Minutes)*
         d. Pillar 4: Respond *(10 Minutes)*
6. **Next Steps**: Planning Bodies Discussion**:** 2027-2031 Integrated Plan Approval Process; HIVPC, SFAN, Prevention, & EHE (15 Minutes)
7. **Vote on Next Steps**
   a. Planning Bodies (Submit to advisory bodies for approval, schedule additional IPWG meetings, or request an extension from HRSA) (15 Minutes)
   b. Discussion: Letters of Concurrence (15 Minutes)
   c. Recommendation: Dedicate the 2027-2031 Integrated Plan to Thomas Pietrogallo, whose unwavering compassion, kindness, commitment to collaboration, and dedication to the HIV/AIDS response continue to guide and inspire our work. (10 Minutes)
8. Old Business: None.
9. Next Meeting:
   - July 28, 2026
     - Agenda Items for Next Meeting; Update on HICP, ACA Open Enrollment & ADAP
10. **Announcements:** PSRA workshops; Monday, May 18 through Wednesday, May 20 at BRHPC from 10:00 AM to 4:00 PM each day.
11. Adjourn

Integrated Planning Workgroup Meeting Minutes

Date: September 16, 2025

Time: 1:00 PM – 4:00 PM

Location: Broward Regional Health Planning Council & Microsoft Teams

Attendees

HIVPC Appointed Members Present: L. Robertson, R. Bhrangger, V. Biggs, T. Pietrogallo
BCHPPC Appointed Members Present: B. Barnes, E. Aponte Sierra Paretti, T. Williams
SFAN Appointed Members Present: J. Wynn, J. Saboe-Rodriguez, A. Mayfaire
Ryan White Part A Recipient Staff Present: J. Roy, G. James, T. Thompson, W. Cius, B. Spaulding**,** R. Pena, J. Hidalgo,
FLDOH (Part B and Prevention) Present: J. Rodriguez, S. Cook, N. Kellman, R. Mills, A. Abdool,
EHE Advisory Body: M. Green, S. Tinsley,
Guest(s): J. Rogers, P. Jenkins, J. Castillo, N. Lewis, L. Machado, J. Rivero, E. Chery, T. Adeagbo
BRHPC Staff Present: M. Rosiere, G. Berkeley-Martinez, D. Liao, M. Lacroix, S. Isidore, J. Beal, D. Cestaro-Seifer

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1. **Call to Order, Welcome, Introductions, and a Moment of Silence: J. Wynn, Co-Chair:** The meeting was called to order at 1:10 pm by Co-Chair J. Wynn, with a welcome with introductions; A moment of silence was observed.

2. **Agenda Approval:** M. Green moved to approve the agenda for the September 16, 2025, V. Biggs seconded the motion, which was unanimously approved.

3. **Minutes Approval:** R. Bhrangger moved to approve the minutes for the March 18, 2025; M. Green seconded the motion, which was unanimously approved.
4. **New Business**
   a) DOH Broward – Ending the HIV Epidemic (EHE) Plan Update (Jan–May 2025): A. Abdool delivered an update on the Ending the HIV Epidemic (EHE) Prevention Plan, highlighting progress to date. Attendees had the opportunity to ask questions, and all concerns were resolved. The following is a summary:
   - Diagnose:
     - 83 in-home HIV test kits distributed in non-healthcare settings: 43 mailed.
     - 1,672 individuals tested via mobile health unit: 3,681 tests by contracted providers.
   - Treat:
     - 1,312 physicians were educated on the Test & Treat program.
     - 310 clients referred: 297 enrolled.
   - Prevent:
     - 3,294 PrEP screenings; 3,189 referrals; 993 PrEP medical visits.
     - 241 outreach events reaching 9,932 individuals.
   - Respond:
     - Molecular cluster analysis is ongoing in collaboration with the State Office.

Questions raised on Test & Treat non-enrolled clients and genotyping data. Follow-up actions noted with a request for year-to-date expenditures.

   b) Selection of new IPWG leadership and planning body representatives for 2026

- Leadership Selection for 2026:
    - Discussion on planning body representation; decisions by the planning council and planning bodies are due to the BRHPC by December 15.

c) Broward 2027-2031 Integrated Plan Development: *due to CDC & HRSA on June 30, 2026*

- Statewide Activities:
    - Needs Assessment Survey launched statewide; goal = 10% response rate.
    - Status updates from DOH and planning bodies; request for the most recent Statewide Coordinated Statement of Need (SCSN).
- Work Plan Approach:
    - Motion approved to integrate existing documents and update current plan rather than create a new plan from scratch.
- Proposed Timeline:
    - Draft plan: Dec 2025–Mar 2026.
    - Public review: April 2026; feedback by May 15.
    - Final submission: June 15, 2026.
- Integrated HIV and Prevention and Care Plan Work Plan and Monitoring Table, 2027- 2031:
    - Reviewed draft goals/objectives under four pillars; additional input needed from Part B and ADAP.

    - Action Items:
        - Send out IP HIV and Prevention and Care Plan Workplan Template
            - Proposed Suggestions & Updates
                - Elaborate on Part B and ADAP – *J. Wynn/A. Mayfaire to meet with S. Cook and N. Kellman*
                - Incorporate Part A, Part B, HIV Prevention, and EHE into the workplan
                - Include Baselines & Projections
                - Insurance activities
                - Update the workplan to include a legend and color code for the pillars: Diagnose, Treat, Prevent, and Respond

7. HIV Planning Council Retreat

- Scheduled for **February 26, 2026,** at the Ann Kolb Nature Center.
- Topics: Data presentations, needs assessment findings (include Parts A, B, and Broward assessments), mission/vision review, integrated workplan finalization.
- All Planning Bodies are invited.

8. Leveraging Partnerships

- Emphasis on engaging non-traditional partners (aging services, transportation, insurance carriers, universities).
- Action: Each planning body to identify missing partners and report back.

9. Old Business

- **ADAP Enrollment & ACA Updates:**
    - Clients must actively enroll in premium assistance annually; passive enrollment is <u>not</u> allowed.
    - One-page summary of changes to be distributed widely.

- Training sessions planned for providers and case managers.

10. Next Meeting and Agenda Items:

- **Date:** January 27, 2026 (1:00 PM – 4:00 PM).
- Agenda to include follow-up on action items, integrated plan progress, and ACA updates.

11. Announcements

a) New Part A Providers & Notice of Award Update:

J. Roy shared that the final determination is still pending and has been delayed. For FY25-26, five new providers will be joining the system, bringing the total to 17 providers and two consulting agreements. The network will oversee more than 100 programs, 30 agreements, and 30 service categories. Orientation for incoming providers is scheduled for March 28. Glenroy James noted that a partial Notice of Award (NOA) has been received, though it remains subject to change.

b) Poverello Updates:

- Women's Health Support Group: Held on the third Monday of each month.
- Men's Health Support Group: Held on the third Wednesday of each month.
- Snack and Shop: Takes place every Tuesday.
- Syringe Exchange & Care Resource Mobile Clinic: Available every Friday.
- Live Band at the Thrift Store: Hosted every Thursday.

c) HIVPOSSIBLE and SOS Initiatives:

These organizations are recruiting participants already engaged in planning efforts.

- April 8: Hosting a passport party in collaboration with the World AIDS Museum, focusing on missionary and leisure travel opportunities.
- May 10: Organizing a Salute to Percussion event to honor percussionists in Broward County. The event will be held at Smitty's on Sistrunk.

d) Ujima Men's Collective:

The group will host the Men Up Festival in the Park on May 3 at Delevo Park. The festival will feature games, competitions, health screenings, and workshops. This event is organized in partnership with Ending the HIV Epidemic (EHE).

12. Key Action Items

a) Department of Health (DOH) is to provide year-to-date expenditure data and genotyping metrics.
b) Request the latest Statewide Coordinated Statement of Need (SCSN) from the State Office.
c) Share the ADAP/ACA update summary with all planning bodies.
d) Each planning body is to identify additional community partners for engagement.
e) Compile needs assessment results from all entities for the upcoming retreat.
f) Finalize the integrated plan draft by **March 2026**.

<u>Documents to be distributed by PCS Staff:</u>

a) One-page HICP Summary & Requirements
b) Three-page HICP Overview
c) "Dear Colleague" letter from HRSA, April 7, 2025: Make America Healthy Again
d) "Save the Date" notice for the next Integrated Planning Meeting scheduled for **January 27th**

13. Adjournment

- Motion to adjourn approved at 3:20 PM.

Attachment #2

Florida Department of Health

HIV Molecular Cluster Surveillance, Investigation, and Epidemiology

May 15, 2026

Presenter

Kyle Nowotny, MPH
Surveillance Program Manager
Viral Hepatitis and Outbreak Response Section
Florida Department of Health

Objectives

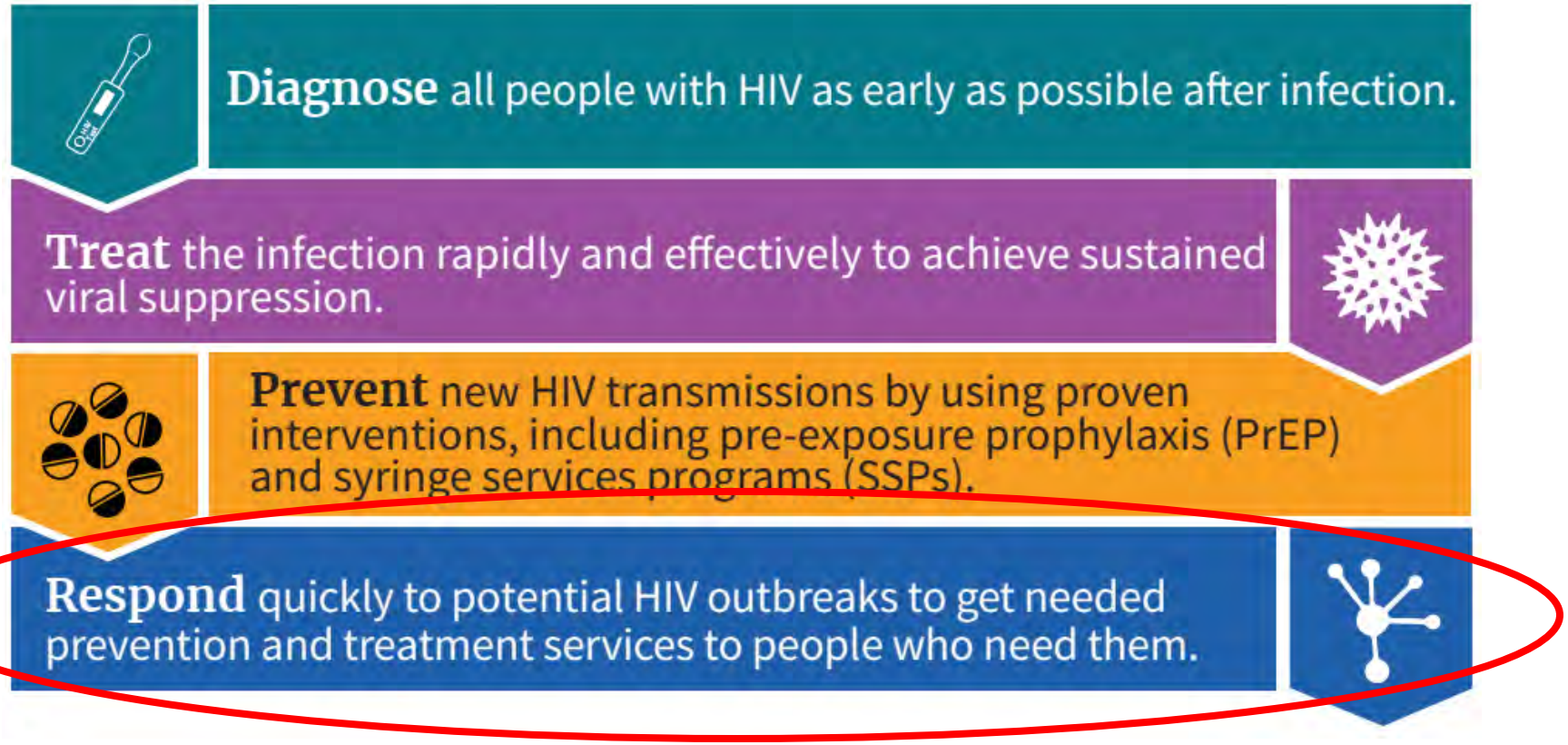
- Review the rationale for molecular cluster detection and response.
- Describe HIV transmission clusters and risk networks.
- Describe the epidemiology of Florida's HIV molecular clusters.
- Discuss the relationship between risk networks and prevention.

All data comes from eHARS and FLCharts unless otherwise noted.

Ending the HIV Epidemic (EHE)

GOAL:

reaching **75%** reduction in new HIV infections by 2025 and at least **90%** reduction by 2030.



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Source: Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/endhiv/docs/ending-HIV-epidemic-overview-508.pdf

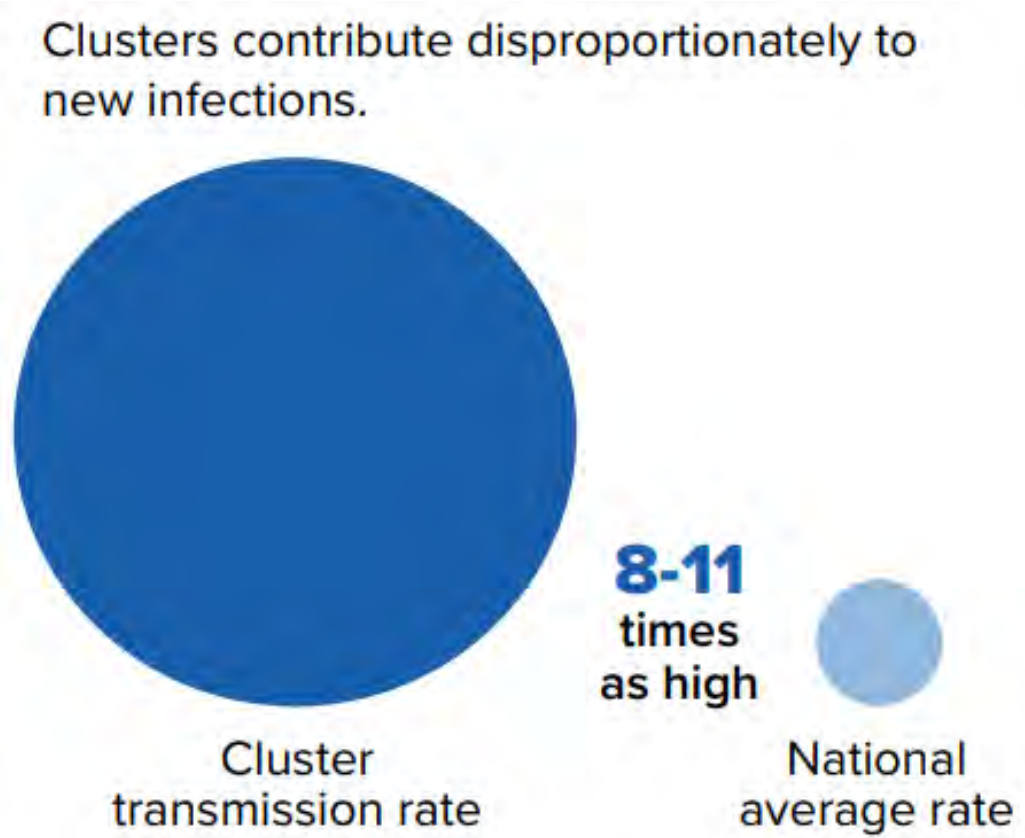
National Priority Clusters

- Priority clusters are defined as those with at least five cases, with ≤0.5% genetic distance, and diagnosed within the most recent 12-month period.
- These clusters represent recent and rapid transmission.
- Transmission rates in rapidly growing molecular clusters have been found, on average, to be eight times the estimated baseline transmission rate.[1]

1. Oster, A.M., et. al., Identifying clusters of recent and rapid HIV transmission through analysis of molecular surveillance data. *J Acquir Immune Defic Syndr*. 2018 December 15; 79(5): 543–550. doi:10.1097/QAI.0000000000001856.

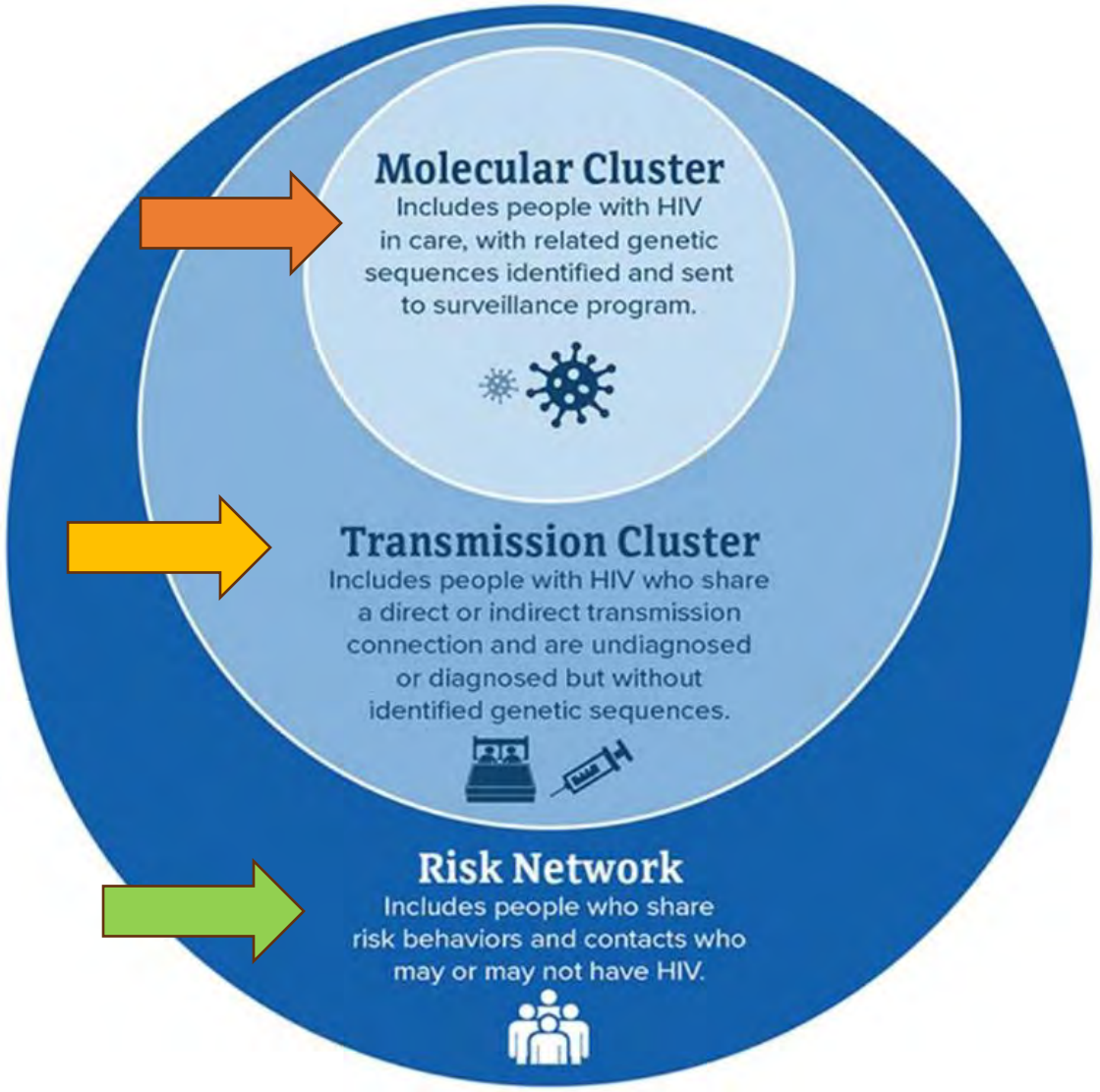
Rapid Growth = Rapid Spread

Rapidly growing transmission networks represent gaps in community prevention efforts and pose an elevated risk to Florida residents.



Source: www.cdc.gov/hivcluster

Molecular Clusters—The Big Picture



Source: Detecting and Responding to HIV Transmission Clusters: A guide for health departments. CDC. June 2018. Version 2.0. https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-AttachmentE-Detecting-Investigating-and-Responding-to-HIV-Transmission-Clusters.pdf

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Response Activity Examples[1]

HIV Testing Activities	Individual cluster members	Network	Systems
Offer testing to all sex or drug equipment-sharing partners and social contacts not known to have HIV.		✔	
Expand testing where the affected network gathers (e.g., homeless encampments or social services organizations).		✔	✔
Expand HIV self-testing programs.		✔	✔
Expand testing at existing clinical sites (e.g., emergency departments, primary care clinics, syringe services programs, sexual health clinics, correctional facilities).		✔	✔
Increase testing in clinical settings through provider training and improved cultural competency.		✔	✔

HIV Care Activities	Individual cluster members	Network	Systems
Facilitate rapid linkage to care for cluster members who are out of HIV care or are not virally suppressed.	✔		
Provide rapid linkage to care for all sex or drug equipment-sharing partners with HIV.		✔	
Establish HIV clinical services in locations where the affected network gathers.	✔	✔	✔
Increase the number of HIV care providers available through additional training.	✔	✔	✔
Make HIV clinical services more accessible by implementing low-barrier care (e.g., treatment initiation on mobile van).	✔	✔	✔
Enhance HIV care coordination by personalizing approaches to HIV linkage and retention.	✔	✔	✔

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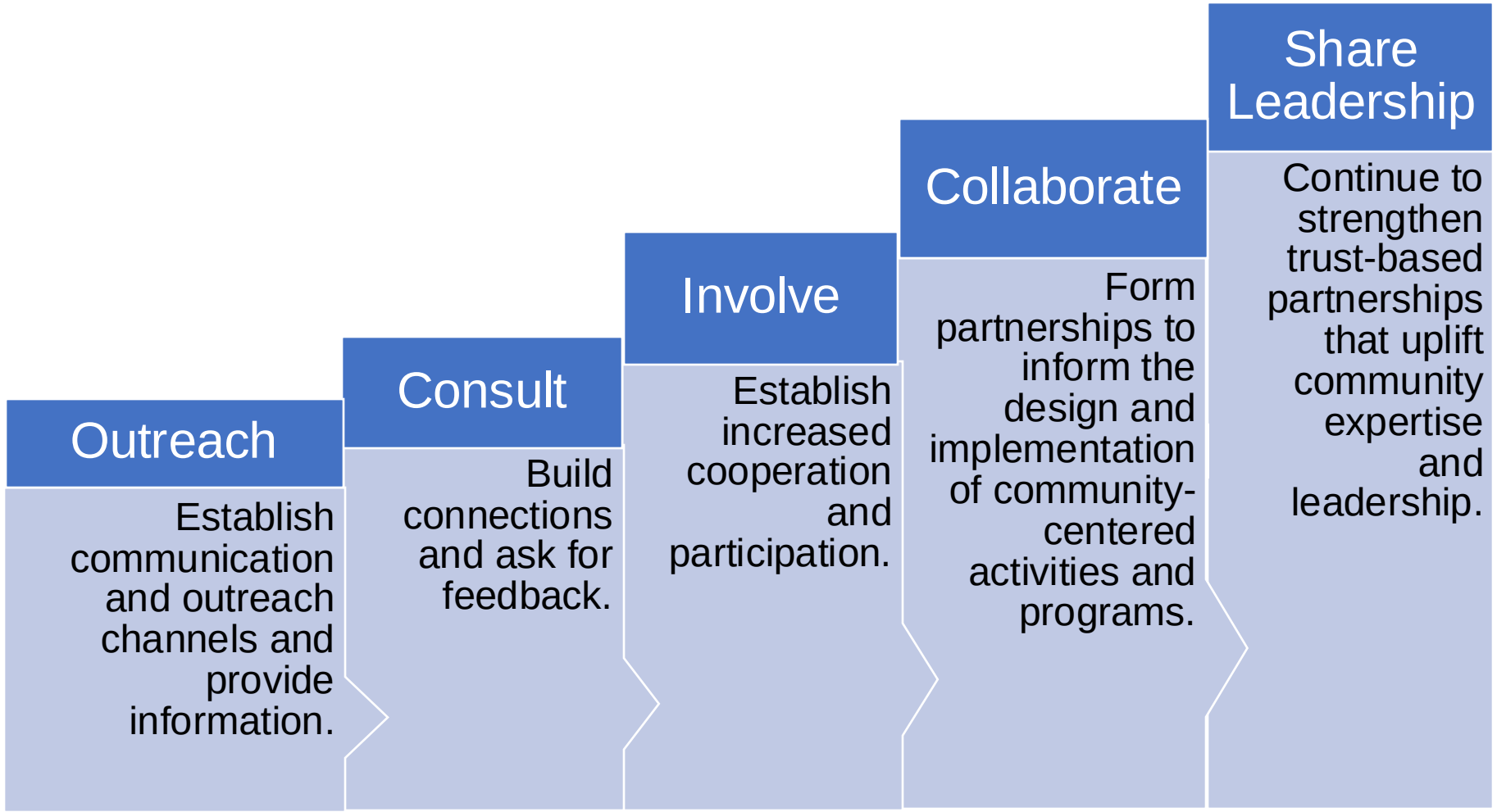
[1]Source: https://www.cdc.gov/hivpartners/php/cdr/health-department-guidance.html

Spectrum of Meaningful Community Engagement



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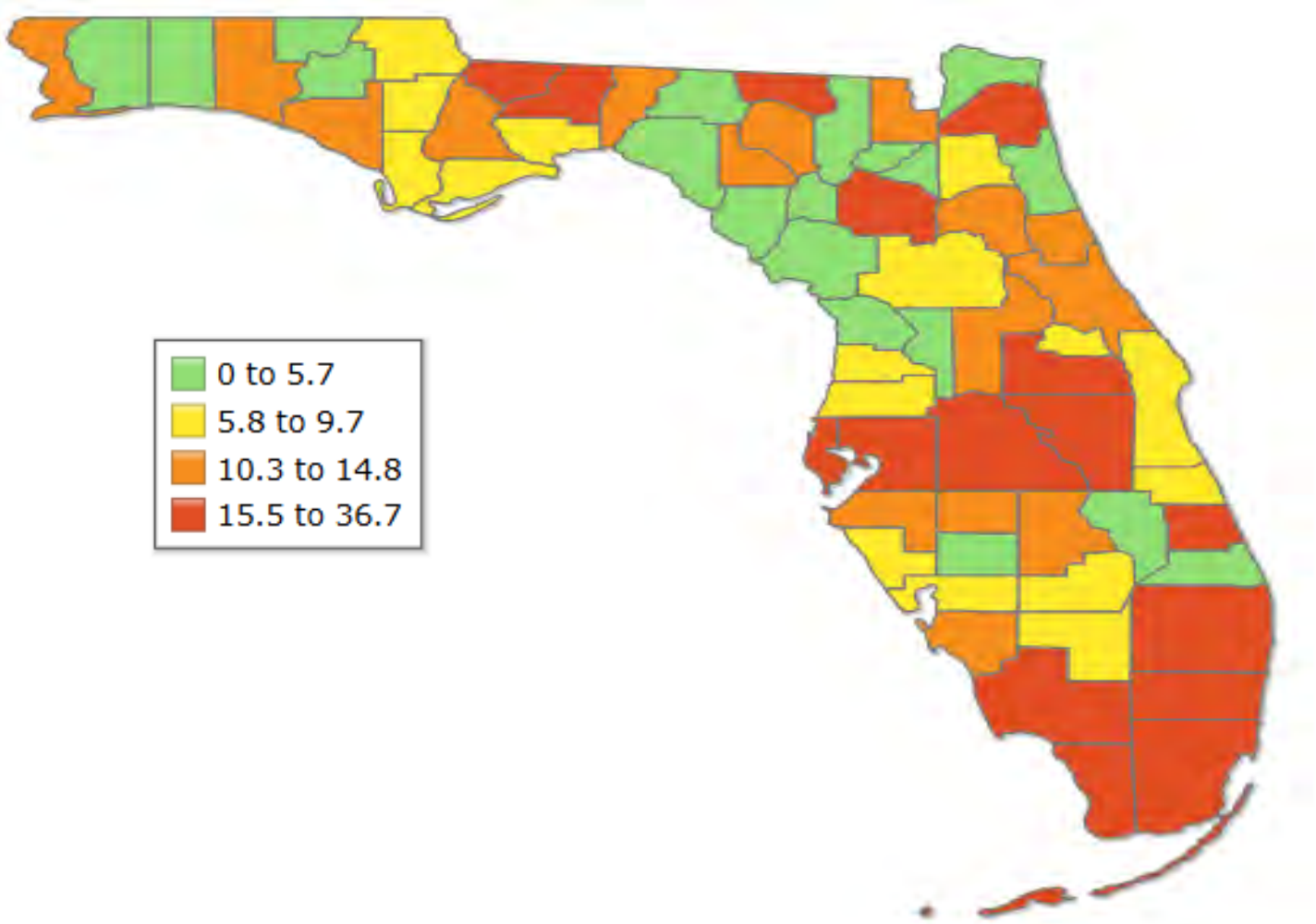
Updated Verbiage

Community feedback has led to change in verbiage.

Molecular Clusters = Transmission Networks

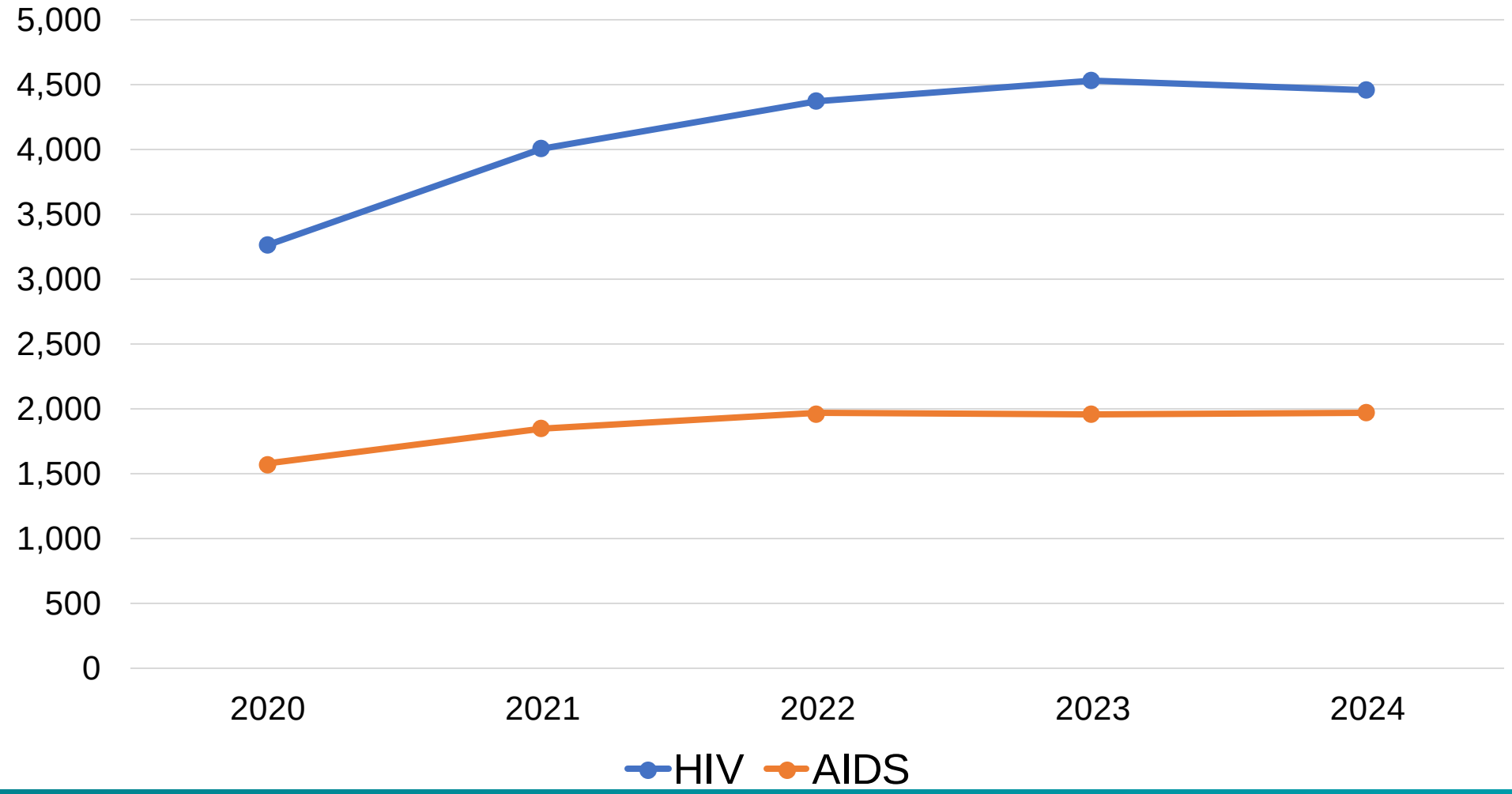
HIV in Florida, 2020-2024

HIV Diagnoses Rates,[1] 2024

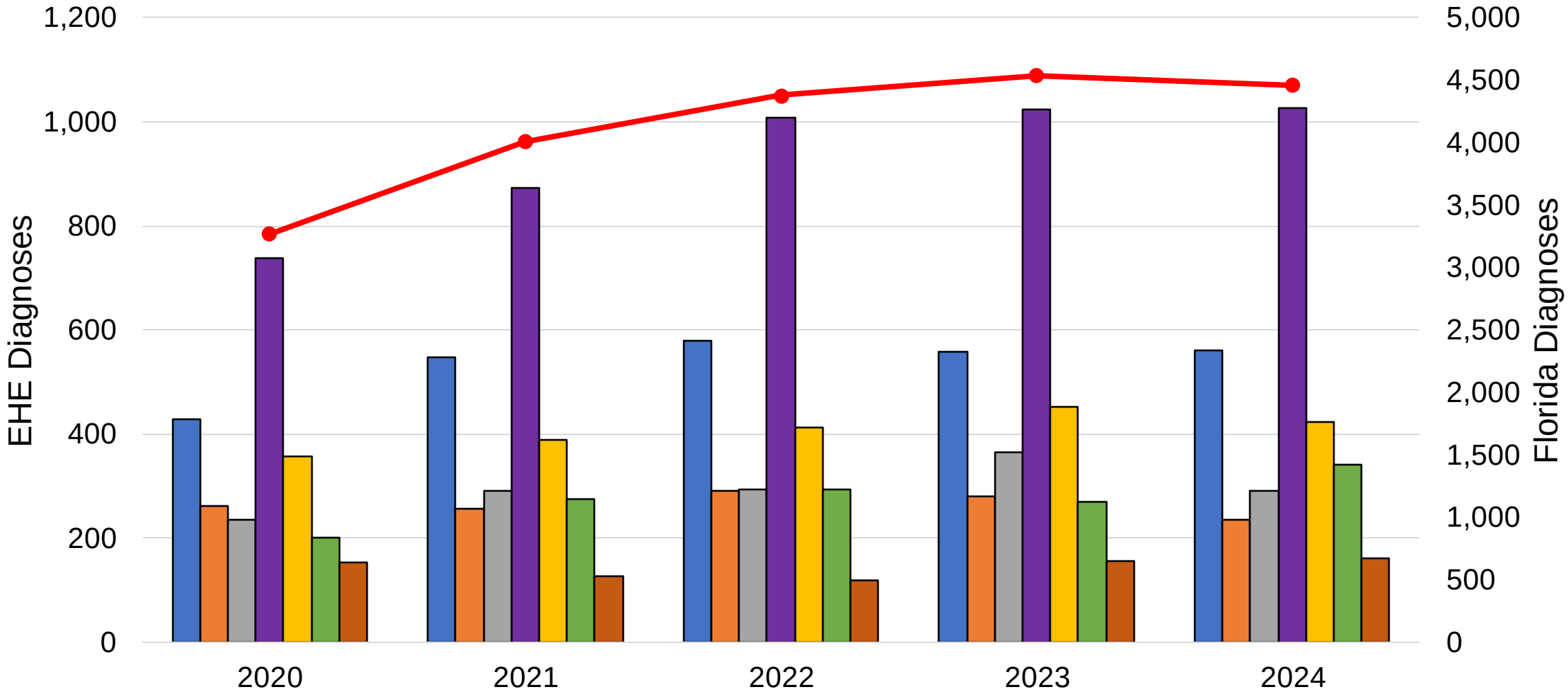


1. Rates per 100,000 population

Number of Newly Reported HIV and AIDS Diagnoses in Florida, 2020-2024



HIV Incidence in Florida 2020-2024



Florida Rapidly Growing HIV Transmission Networks 2020-2024

Overview of Transmission Networks

2018–2023, the CDC reported 404 rapidly growing networks nationally. Florida reported 80 (20%) rapidly growing networks during that time frame, with 70 (17%) of them being newly identified networks.

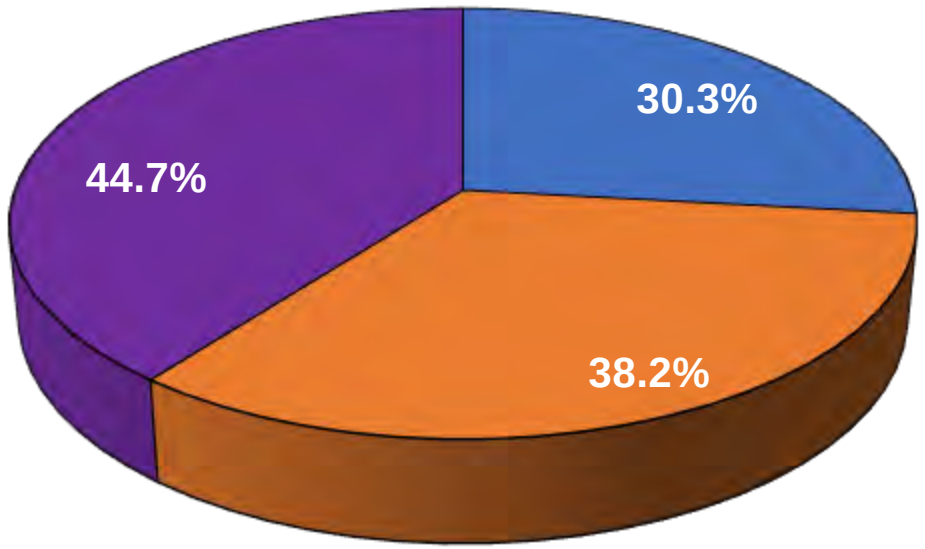
2020 - 2024 reporting as of December 2025:

- 76 Transmission networks
- 62 Rapidly growing
- 8 newly identified in 2024
- 1,687 people comprise all transmission networks
- 1,528 (94%) people in all rapidly growing networks

Source: www.cdc.gov/hivcluster

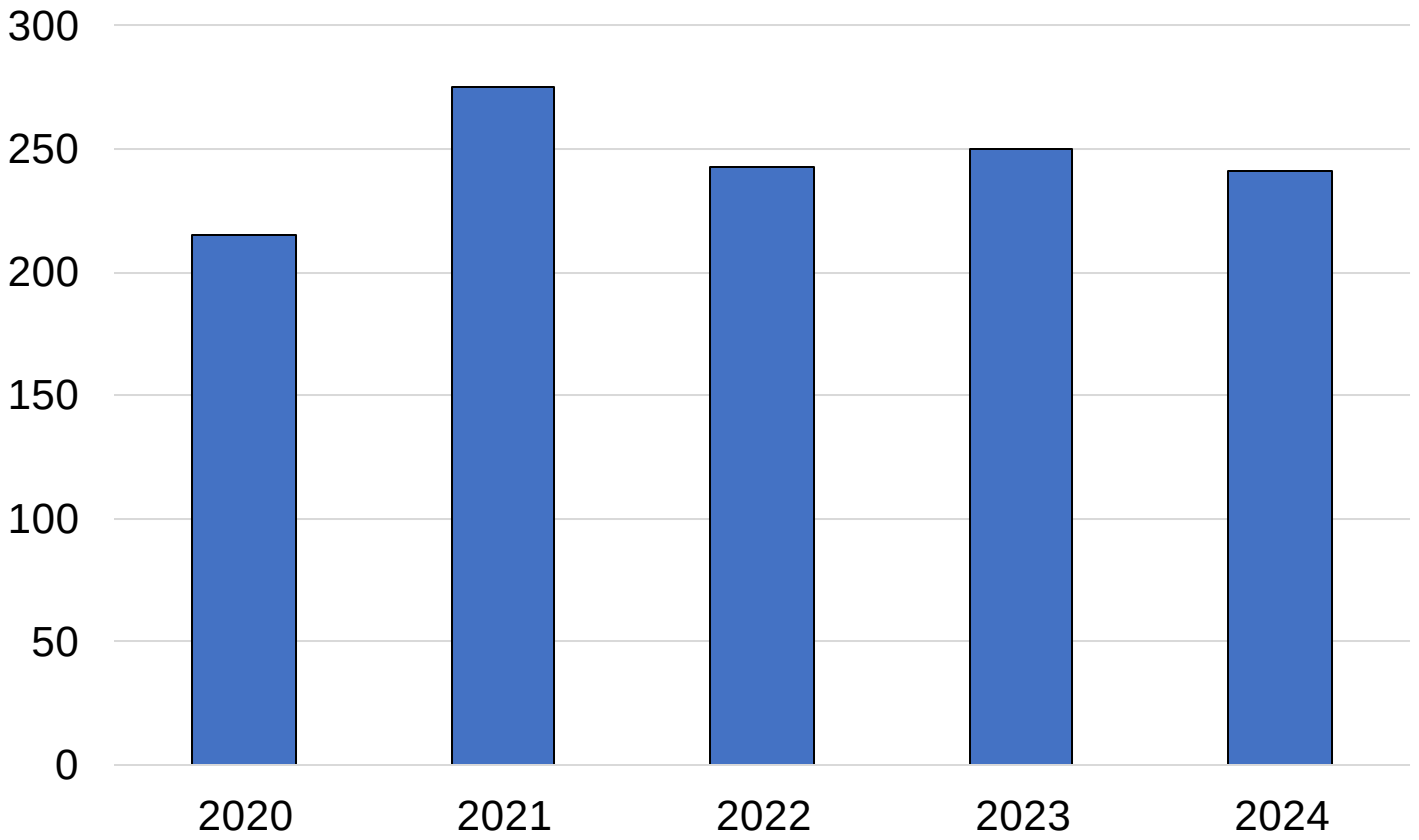
Transmission Network Data

Percent of Transmission Networks Experiencing Growth 2022 - 2024; n = 76

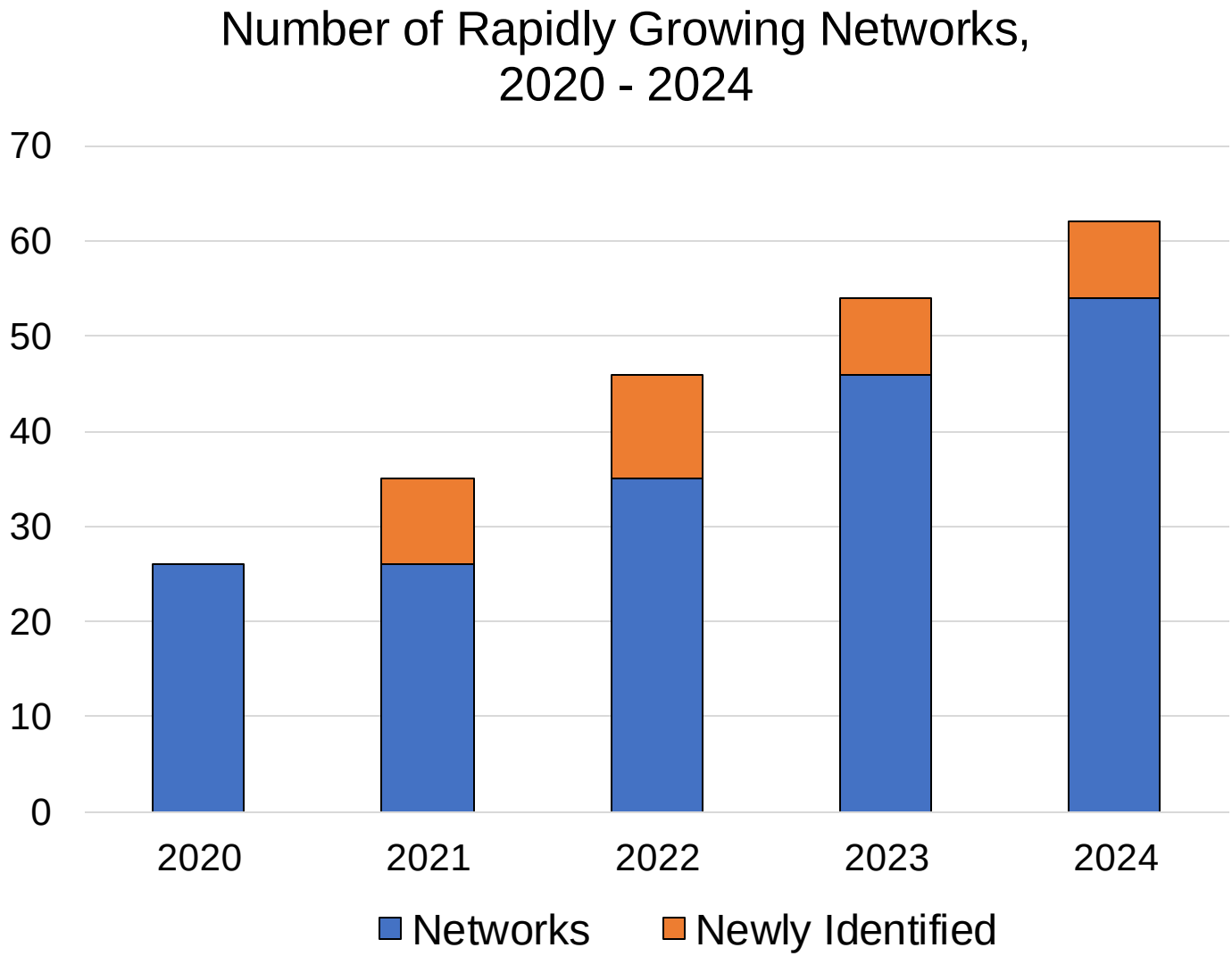


2022 2023 2024

HIV Diagnosis of Newly Identified Transmission Network Members; 2020 - 2024



Rapidly Growing Networks



Summary

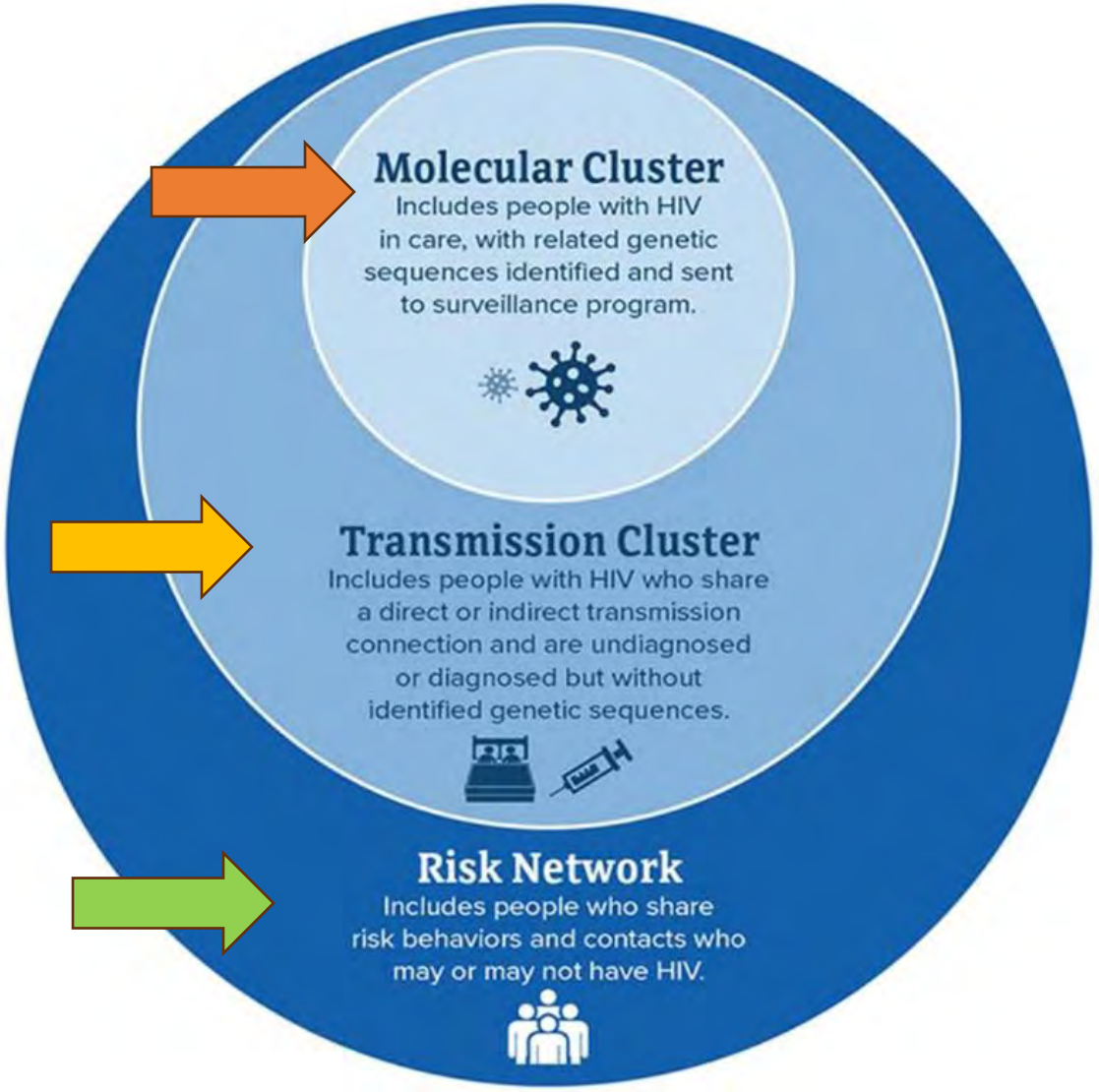
- 76 transmission networks between 2020-2024.
- 1,687 cases associated with those networks.
- Network size
  - Range: 5-126
  - Median: 16
  - Average: 22

Transmission Networks—The Big Picture

Transmission Network:
1,687 cases

PWH Network:
3,000 – 5,000

Community at Risk:
6,000 – 10,000



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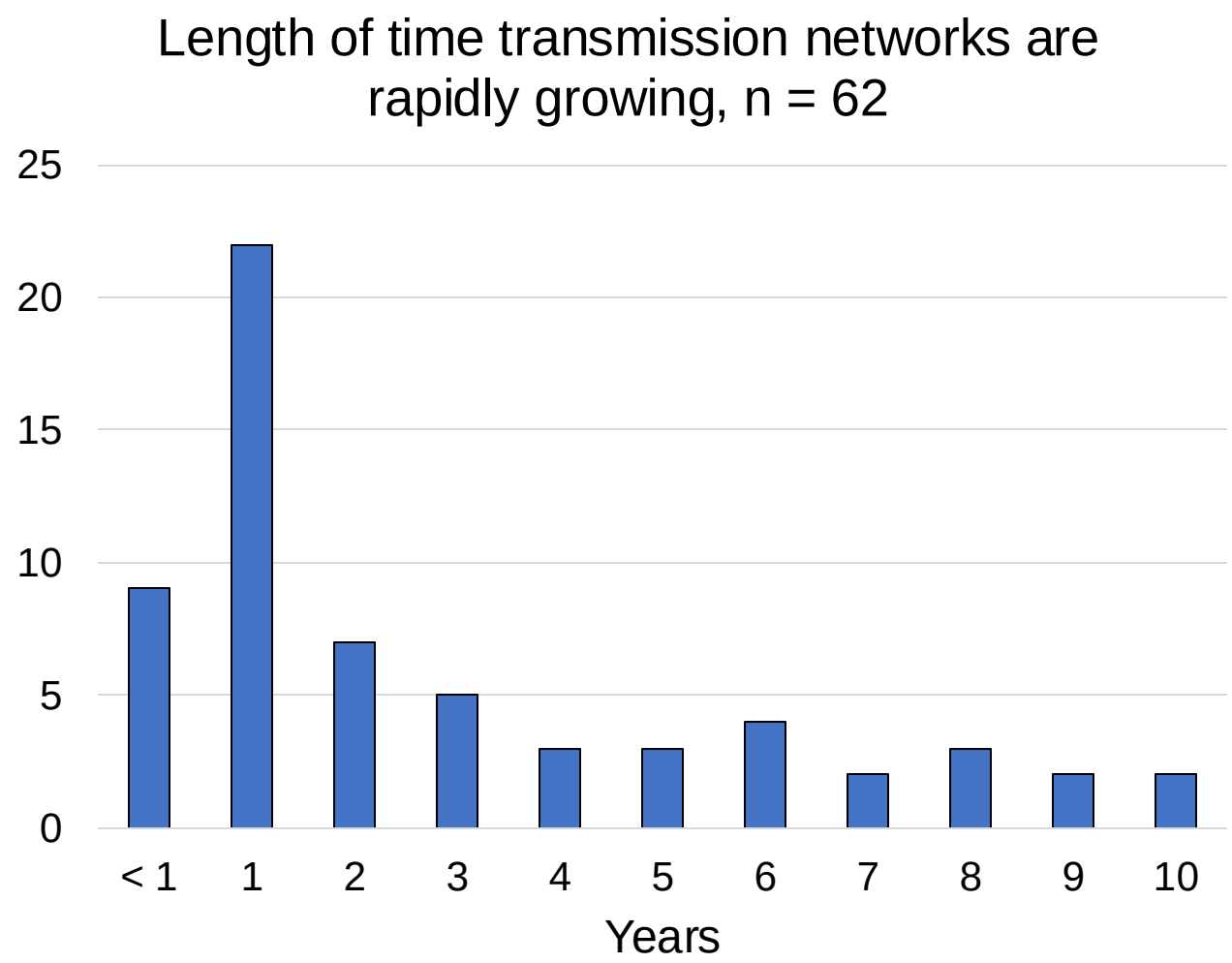
Hepatitis Co-infection

- 0.47% of network members diagnosed with hepatitis A.
- 1.72% diagnosed with hepatitis B.
- 7.65% diagnosed with hepatitis C.

Rapid Network Duration



- 62 identified rapidly growing clusters, 31 (50%) were considered rapidly growing for greater than 12 months.
- Median duration = 31 months.
- 22 clusters continued to be rapidly growing in 2024.

Selected Network Features

Age

- 1 network is >50% 13-19 years
- 24 networks are >50% 20-29
- 17 networks are >50% 30-39
- 6 networks are 50% 40+

Race/Ethnicity

- 25 networks are >50% Black
- 27 networks are >50% Hispanic
- 13 networks are >50% White

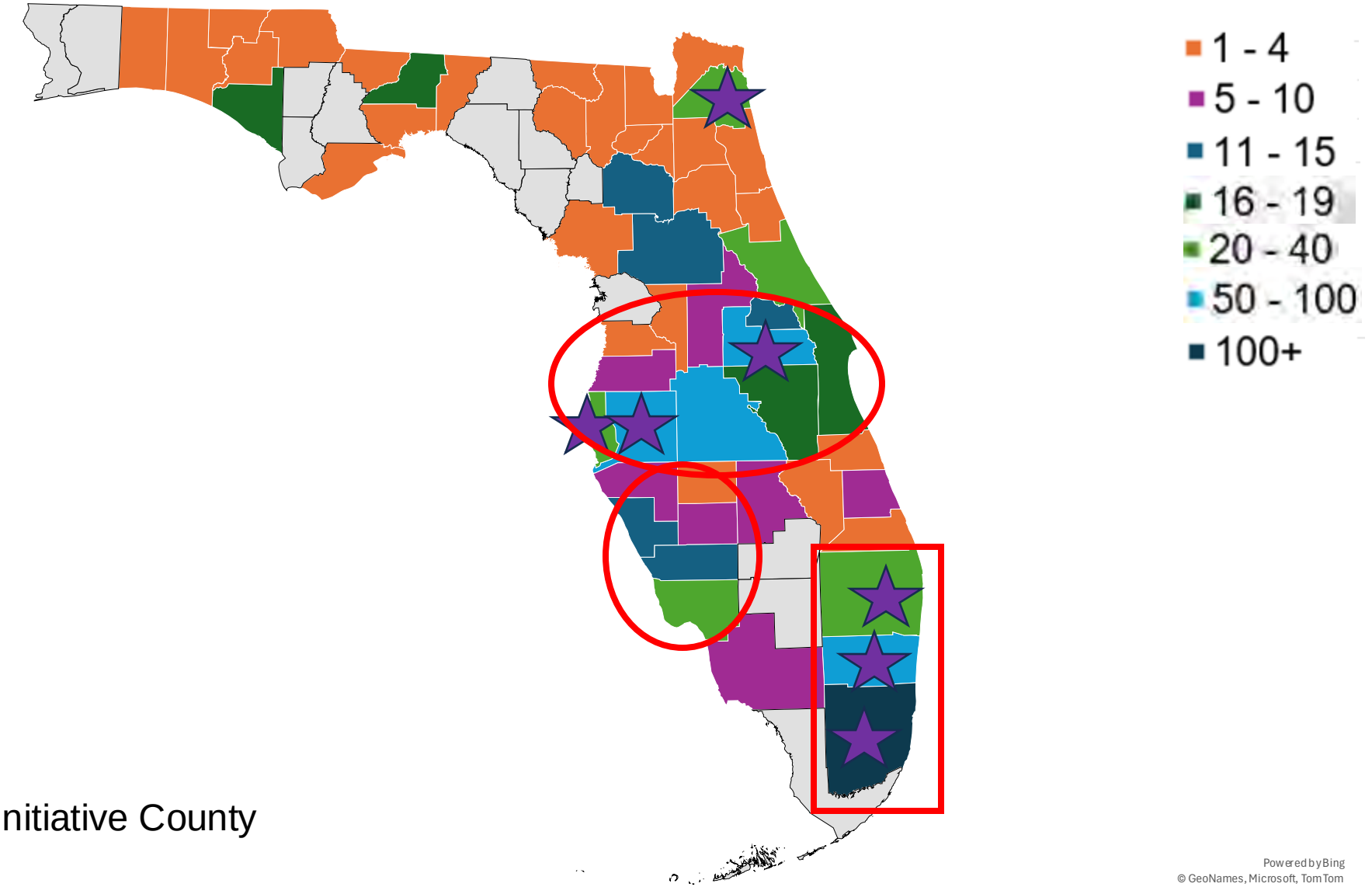
Geographic Patterns of Transmission Networks

Primary Jurisdiction of Transmission Networks

- Defined as having ≥50% of network members that are current residents of the county.
- 43 clusters (57%) have a primary jurisdiction.
- 32 clusters are multicounty with no primary jurisdiction.

Primary Jurisdiction	Number of Networks	% of Total
MIAMI-DADE CO.	18	42%
BROWARD CO.	3	7%
DUVAL CO.	3	7%
ORANGE CO.	3	7%
BREVARD CO.	2	5%
LEE CO.	2	5%
POLK CO.	2	5%
ALACHUA CO.	1	2%
BAY CO.	1	2%
CHARLOTTE CO.	1	2%
COLLIER CO.	1	2%
DESOTO CO.	1	2%
HILLSBOROUGH CO.	1	2%
LAKE CO.	1	2%
LEON CO.	1	2%
PALM BEACH CO.	1	2%
VOLUSIA CO.	1	2%

Transmission Network Cases by County of Diagnosis, 2020 - 2024



= EHE Initiative County

Characteristics of Persons in Transmission Networks

Demographics

Race/Ethnicity	Count	Percent
Hispanic	647	38.4%
Black	606	35.9%
White	405	24.0%
Multi-race	14	0.8%
Asian/Pacific Islander	12	0.7%
American Indian/Alaska Native	3	0.2%

Age	Count	Percent
13-19	26	1.5%
20-29	521	30.9%
30-39	698	41.4%
40-49	258	15.3%
50-59	126	7.5%
60+	58	3.4%
Sex		
Male	1,578	93.5%
Female	109	6.5%
Vital Status		
Alive	1,628	96.5%
Deceased	59	3.5%

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Risk Data

Male	Count	Percent
MMSC	1,335	84.6%
Heterosexual Contact	138	8.8%
IDU	37	2.3%
MMSC/IDU	35	2.2%
NIR	33	2.1%

Female	Count	Percent
Heterosexual Contact	57	52.3%
IDU	46	42.2%
NIR	6	5.5%

- MMSC = Male-to-male sexual contact
- IDU = Injection Drug Use
- NIR = No Identified Risk

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Health Care Data

Health Care Data	Count	Percent
In Clinical Care*	1,265	87.2%
Virally Suppressed*	1,243	85.7%
AIDS Diagnosis	326	19.3%
Antiviral Resistance	321	19.0%
NNRTI Resistance	273	16.2%
Multidrug Resistance	124	7.4%

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*Based on alive, current Florida residents only; n = 1,450

Conclusions

Rapidly-growing cluster members are significantly more likely to be:

- Male
- Age 20-39 years
- Hispanic or Black
- Have a risk of MMSC
- Among females, have a risk of injection drug use and heterosexual contact

Conclusions, continued

- Integration of epidemiologic and laboratory data can be used to detect HIV outbreaks earlier and focus interventions to the most at-risk groups and communities.
- Rapidly-growing transmission networks are commonly identified in Florida in and around urban areas.
- Networks include less than 10% of persons with HIV and a genotype.
- Transmission network members are often spread across multiple counties.
- Rapidly-growing transmission networks are often focused among socio-demographic groups.

Contact Information

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Bureau of Communicable Disease
Division of Disease Control and Health Protection
Florida Department of Health
Kyle.Nowotny@flhealth.gov
850-245-4139

THANK YOU!

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HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

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

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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 the implementation of activities designed to improve patient 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.