



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

Executive Committee Meeting

Thursday, July 16, 2026 – 12:45 PM

Meeting location: BRHPC and Microsoft Teams

Join Executive Committee Meeting

Meeting ID: 293 527 114 588 49

Passcode: T2vy3nN2

Dial in by phone: [+1 469-998-5921](tel:+14699985921),,285085237#

Phone conference ID: 285 085 237#

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

This meeting is audio/video recorded.

The Executive Committee conducts Council business, including setting meeting agendas, addressing conflicts of interest, reviewing attendance reports, overseeing integrated HIV prevention and care planning, managing committee work plans, and ratifying removal recommendations.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for July 16, 2026
5. **ACTION:** Approval of Minutes for May 21, 2026 (**Handout A**)
6. Standard Committee Items
 - a. **Action Item:** Review and Approve July 23, 2026, HIVPC Agenda, Meeting Materials, and Motions (**Handout B**)
 - b. **Action Item:** Review August 2026 HIVPC Calendar (**Handout C**)
7. Discussion Items:
 - a. **Action Item:** Ad-Hoc By-Laws Committee – Approve Recommended Bylaws Revisions (**Handout D1, D2**)
Workplan Activity 1.2: Review the need for reinstating the By-Laws ad-hoc Committee annually.
 - b. **Action Item:** Authorize the Planning Council Chair to sign the Memorandum of Understanding between the HIV Health Services Planning Council and the Ryan White Part A Office. (**Handout E**)
Justification: The current MOU was executed in March 2023. Due to changes in

both Recipient and Planning Council leadership, it is recommended that the MOU be reviewed and re-executed to reflect the current leadership structure.

- c. **Action Item:** Approve Member of the Quarter Results, Quarter 1 FY 2026-2027
(Handout F)

Workplan Activity 1.3: Monitor committee activities to ensure goals and objectives of work plans are met quarterly

- d. **Action Item:** Appoint Yahaira Barrientos to represent the Planning Council on the Integrated Planning Workgroup for the 2027-2031 cycle; HIVPC Chair **(Handout G)**

Justification: Tom Pietrogallo was previously appointed to represent the Planning Council on the Integrated Planning Workgroup. Due to his passing, the HIVPC Chair will appoint Yahaira Barrientos to serve as the Planning Council representative.

8. New Business:

- a. **Review:** Committee Workplans; Committee Chair/Vice Chair **(Handout H1-H7)**
Workplan Activity 1.3: Monitor committee activities to ensure goals and objectives of work plans are met quarterly
- b. **Review:** HIVPC Membership Budget & Reflectiveness; MCDC Chair **(Handout I1, I2)**
Workplan Activity 1.4: Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly.

9. Unfinished Business: None

10. Recipient Report

11. Data Request

12. Public Comment

13. **Next Meeting Date:**

- a. August 20, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference

14. Agenda Items for next meeting

- a. Standard Committee Items
- i. Review and approve August 27, 2026, HIVPC Agenda, Meeting Materials, and Motions
 - ii. Review of the September 2026 HIVPC Calendar

15. Announcements

16. Adjournment

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

Please complete your meeting evaluation.

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

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

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

Broward County Board of County Commissioners

Mark D. Bogen (**Mayor**) • Robert McKinzie (**Vice-Mayor**) • Nan H. Rich • Michael Udine • Lamar P. Fisher •
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[Broward County Website](#)



July 2026

Broward HIV Health Services Planning Council Calendar



All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit [HIV Health Service Planning Council](#) for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			Oral Health Network Meeting (CQM) 3:00PM - 4:15PM		 BRHPC Office Closed	HAPPY 4TH OF JULY
5	6	Community Empowerment Committee (CEC) 3:00PM - 5:00PM	8	Membership/Council Development Committee Meeting (MCDC) 9:30AM - 11:30AM	10	11
12	13	14	15	Executive Committee Meeting 12:45PM - 2:45PM	17	18
19	Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	 ZERO HIV STIGMA DAY	22	HIV Planning Council Meeting 9:30AM to 11:30AM	24	25
26	27	28	29	30	31	

Broward Regional Health Planning Council (BRHPC):
 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
 Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

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TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.
HIVPC Committee Descriptions		
HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.		
Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interes, and review attendance.		
Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.		
Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.		
Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.		
Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.		
System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.		



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Executive Committee

Thursday, May 21, 2026 – 12:45PM

Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

Executive Members Present: S. Tinsley, F. D'Amore, L. Robertson, B. Fortune-Evans, T. Moragne, M. Schweizer, K. Hayes

Members Absent: J. Castillo (excused), M. Patterson (excused)

Ryan White Part A Recipient Staff Present: G. James, J. Roy

Planning Council/Clinical Quality Support Staff Present: G. Berkeley-Martinez, M. Lacroix, S. Isidore, D. Liao, E. Mondesir

Guests Present: V. Biggs

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

The Executive Committee Chair called the meeting to order at **12:55 PM**. and welcomed all meeting attendees. The Chair notified attendees that the Executive Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, he 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 Executive Committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

1. Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions on items on the agenda or to discuss other matters related to HIV/AIDS services in Broward County. *No public comments were made.*

2. Meeting Approvals

Motion #1: On behalf of the Executive Committee, T. Moragne moved to approve the May 21, 2026, agenda. The motion was seconded by K. Hayes and approved unanimously.

Motion #2: M. Schweizer on behalf of the Executive Committee, made a motion to approve the April 16, 2026, Executive Committee meeting minutes. The motion was seconded by T. Moragne and adopted unanimously.

3. Standard Committee Items

a. Review and Approve May 28, 2026, HIVPC Agenda, Meeting Materials, and Motions

M. Lacroix reviewed the meeting agenda, noting that the new business items resulted from the PSRA data workshops held over the past three days. S. Isidore shared that the June HIVPC meeting will include a leadership training facilitated by NMAC focused on advocacy. B. Fortune-Evans noted that the Part C and D office will be undergoing monitoring and, as

a result, may have limited involvement and may not provide a report, but staff will be kept informed. Following the updates and brief discussion, the committee made a motion.

Motion #3: T. Moragne on behalf of the Executive Committee, made a motion to approve the May 28, 2026, HIVPC. The motion was seconded by B. Fortune-Evans and adopted unanimously.

b. Review May 2026 HIVPC Calendar

The committee reviewed the calendar. M. Lacroix noted that the Bylaws Committee will meet on June 6, and the MCDC will hold a special meeting to review term limits. M. Lacroix also shared that the Local Pharmacy Advisory Committee is currently planning its next meeting date, which will be added to the calendar once finalized.

- 4. Discussion Items: None.
- 5. Unfinished Business: None.
- 6. New Business: None.
- 7. Recipient's Report:

J. Roy provided updates on ongoing efforts to fill the two vacant positions under Ryan White and EHE, noting there were no new developments since the previous report. She also shared that a successful Ryan White provider orientation was held at the end of April. In preparation for the upcoming HRSA conference, staff are conducting mock presentations to strengthen delivery and ensure information is presented clearly and professionally.

Additional updates included the completion of a force eligibility update for active clients in response to the new FPL changes, the development of a monitoring dashboard integrating care continuum, ledger, and state data, and the completion of the FY2025–2026 contract closeout process. The committee was also reminded that the Federal Financial Report is due May 29.

- 8. Data Request: None.
- 9. Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions on agenda items or to discuss other matters related to HIV/AIDS services in Broward County. There was no public comment.

10. Agenda Items for Next Meeting

11. Next Meeting Date:

- a. June 18, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- b. Agenda Items for next meeting
 - i. Review and approve the June 25, 2026, HIVPC Agenda, Meeting Materials, and Motions
 - ii. Review the July 2026 HIVPC Calendar

12. Announcements: None.

13. Adjournment

There being no further business, the meeting was adjourned at **1:06 PM**.

Executive Committee for CY 2026

Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	15 (Election Cert.)	19	19	9	16	21								
1	Barnes, B.	X	X	X	X	X	X	A								
2	Castillo, J	X	X	X	X	X	X	E								
3	D'Amore, F., Vice-Chair	X		X	X	E	X	X								
4	Fortune-Evans, B.	X	X	X	X	X	X	X								
5	Hayes, K.	A	A	X	A	X	X	X								
6	Moragne, T.	X	X	X	X	X	X	X								
7	Robertson, L.	X		X	X	A	A	X								
8	Tinsley, S., Chair	X		A	X	X	X	X								
9	Schweizer, M.	X	X	X	E	X	X	X								
10	Patterson, Matthew				E	E	X	E								
	Biggs, V.	X		X												
	Chery-Davis, E.	X	X	A												
	Creary, Karen	X	A	E	A	X										
	Quorum = 7	11	6	9	7	8	9	7								

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

Executive Committee Meeting Minutes – May 21, 2026 - Minutes prepared by PCS Staff



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Broward County HIV Health Services Planning Council
Thursday, July 23, 2026 – 9:30AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

[Click to Join the HIVPC General Body Meeting](#)

Meeting ID: 276 548 094 708 69

Passcode: p3AJ7gj6

Dial in by phone

[+1 469-998-5921,,954300600#](#) United States, Dallas

[Find a local number](#)

Phone conference ID: 954 300 600#

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

This meeting is audio and video recorded.

Quorum for this meeting is 13

DRAFT AGENDA

ORDER OF BUSINESS

I. CALL TO ORDER/ESTABLISHMENT OF QUORUM

I. WELCOME FROM THE CHAIR

- a. Meeting Ground Rules
- b. Statement of Sunshine
- c. Introductions & Abstentions
- d. Moment of Silence

II. PUBLIC COMMENT

III. ACTION: Approval of Agenda for July 23, 2026

IV. ACTION: Approval of Minutes for June 25, 2026 ([Handout A](#))

V. FEDERAL LEGISLATIVE REPORT– Federal and State Legislative Report

VI. CONSENT ITEMS

- a. **Action Item:** Motion to authorize Shawn Tinsley, Planning Council Chair to sign the Memorandum of Understanding between the HIV Health Services Planning Council and the Ryan White Part A Office ([Handout B](#))

Justification: The current MOU was executed in March 2023. With a new Recipient Director

and new Planning Council leadership, it is recommended to review and re-execute the MOU to reflect the current leadership.

PROPOSED By: Executive Committee

- b. **Action Item:** Motion to approve Local Pharmacy Advisory Committee (LPAC) Policies & Procedures **(Handout C)**

Justification: At the June HIV Planning Council meeting, it was approved that MCDC review the By-Laws to ensure the newly approved standing committee's meeting schedule is in compliance. Upon review during its July 9, 2026, meeting, MCDC determined that the committee's schedule to meet quarterly, or at least annually, is consistent with Article VIII, Section 2 of the By-Laws.

PROPOSED BY: LPAC and MCDC Committees

- c. **Action Item:** Motion to approve Committee Only Application for Oliva Acosta **(Handout D)**

Justification: Olivia Acosta's experience as a Medical Case Manager serving Ryan White Program clients provides valuable firsthand insight into the HIV care continuum, client needs, and service gaps. Her background in client advocacy and care coordination would make her a valuable contributor to the Planning Council's work in improving equitable, client-centered HIV care.

PROPOSED By: Quality Management and System of Care Committees

- d. **Action Item:** Motion to appoint Yahaira Barrientos to represent the Planning Council on the Integrated Planning Workgroup for the 2027-2031 cycle; HIVPC Chair

Justification: Tom Pietrogallo was previously appointed to represent the Planning Council on the Integrated Planning Workgroup. Due to his passing, the HIVPC Chair appoints Yahaira Barrientos to serve as the Planning Council representative.

PROPOSED BY: Executive Committee

VII. **STANDARD COMMITTEE ITEMS:** None.

VIII. **OLD BUSINESS:** None.

IX. **DISCUSSION ITEMS:** None.

X. **NEW BUSINESS**

- a. **Award:** Member of the Quarter: Quarter 1 or FY 2026-2027; MCDC Chair & HIVPC Chair

- b. **Review:** Ad-Hoc By-Laws Committee recommended revisions to the Broward HIVPC By-Laws; Vote Scheduled for August 27, 2026, HIVPC Meeting **(Handout E1 and E2)**

Justification: HIVPC By-Laws, Article X, Section 2 requires that all proposed amendments, along with the full text of the changes, shall be sent to each Council member and alternate—either by mail or electronically—at least ten (10) days prior to the meeting where the amendments will be considered for adoption. Members are scheduled to vote on By-Laws changes at the August 27th meeting.

XI. **COMMITTEE REPORTS**

- a. **Community Empowerment Committee (CEC)**

Chair: Lorenzo Robertson • Vice Chair: Vacant
July 7, 2026

- i. **Work Plan Item Update/Status Summary:** The committee received an update on the results of the Part A Core and Support Services rankings. Members were also provided with updates regarding the first Listening Session scheduled for August 18. Additionally, the committee continued planning efforts for the Aging

- Gracefully event scheduled for September.
 - ii. **Data Requests:** None.
 - iii. **Rationale for Recommendations:** None.
 - iv. **Data Reports/Data Review Updates:** None.
 - v. **Other Business Items:** None.
 - vi. **Agenda Items for Next Meeting:** To be Determined.
 - vii. **Next Meeting Date:** August 4, 2026, at 3:00 PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- b. **System of Care Committee (SOC)**
 Chair: Jose Castillo • Vice Chair: Kendra Hayes
 July 2, 2026 - Meeting Canceled
- i. **Work Plan Item Update/Status Summary:** None.
 - ii. **Data Requests:** None.
 - iii. **Rationale for Recommendations:** None.
 - iv. **Data Reports/Data Review Updates:** None.
 - v. **Other Business Items:** None.
 - vi. **Agenda Items for Next Meeting:** To be Determined.
 - vii. **Next Meeting Date:** August 6, 2026, at 9:30AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- c. **Membership/Council Development Committee (MCDC)**
 Chair: Dr. Timothy Moragne • Vice Chair: Vacant
 July 9, 2026
- i. **Work Plan Item Update/Status Summary:** The committee reviewed the Membership Budget and Reflectiveness report. Members also reviewed the first-quarter Member of the Quarter results and assessed progress on the committee's work plan.
 - ii. **Data Requests:** None.
 - iii. **Rationale for Recommendations:** None.
 - iv. **Data Reports/Data Review Updates:** None.
 - v. **Other Business Items:** None.
 - vi. **Agenda Items for Next Meeting:** To be Determined.
 - vii. **Next Regular Meeting Date:** October 8, 2026, at 9:30 AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- d. **Quality Management Committee (QMC)**
 Chair: Bisiola Fortune-Evans • Vice Chair: Matthew Patterson
 July 20, 2026 – Meeting Canceled
- i. **Work Plan Item Update/Status Summary:** None.
 - ii. **Data Requests:** None.
 - iii. **Rationale for Recommendations:** None.
 - iv. **Data Reports/Data Review Updates:** None.
 - v. **Other Business Items:** None.
 - vi. **Agenda Items for Next Meeting:** To be Determined.
 - vii. **Next Meeting Date:** August 17, 2026, at 12:00PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- di. **Executive Committee**
 Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore
 July 16, 2026
- i. **Work Plan Item Update/Status Summary:** The committee reviewed and

approved the agenda for the July Planning Council meeting. Members also reviewed proposed By-Laws revisions recommended by the By-Laws Ad-Hoc Committee.

- ii. **Data Requests:** None.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Agenda Items for Next Meeting:** To be Determined.
- vii. **Next Meeting Date:** August 20, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

f. **Local Pharmacy Advisory Committee**

Chair: Brad Mester • Vice Chair: Dr. Paula Eckardt

Meets Quarterly – Next Meeting Scheduled September 4, 2026

- i. **Work Plan Item Update/Status Summary:** None.
- ii. **Rationale for Recommendations:** None.
- iv. **Data Reports/Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Next Meeting Date:** September 4, 2026, at 3:00PM, at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- vii. **Agenda Items for Next Meeting:** To be determined

g. **Priority Setting & Resource Allocation Committee (PSRA)**

Chair: Brad Barnes • Vice Chair: Mark Schweizer

July 16, 2026 - Meeting Canceled

- i. **Work Plan Item Update/Status Summary:** None
- ii. **Rationale for Recommendations:** None.
- iii. **Data Reports/Data Review Updates:** None.
- iv. **Other Business Items:** None.
- v. **Agenda Items for Next Meeting**
 - i. FY2026-2027 Reallocation/Sweeps – Cycle 2
- vi. **Next Meeting Date:** August 20, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

XII. RECIPIENT REPORTS

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. HIV Prevention (*Quarterly - April, July, October, January*)

XIII. DATA REQUEST(S)

XIV. PUBLIC COMMENT

XV. AGENDA ITEMS FOR THE NEXT MEETING

Next Meeting Date:

- 1. Thursday, August 23, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- 2. Agenda Items
 - a. **Action Item:** Motion to Approve Recommended By-Laws Revisions
PROPOSED BY: Executive Committee

- b. **Action Item:** Motion to approve FY2026-2027 Reallocation/Sweeps – Cycle 2
PROPOSED BY: Priority Setting and Resource Allocation Committee

XVI. ANNOUNCEMENTS

XVII. 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](#).

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August 2026

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
						1		
2	3	Community Empowerment Committee (CEC) 3:00PM - 5:00PM NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT	4	5	System of Care Meeting (SOC) 9:30AM - 11:30AM NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT	6	7	8
9	10	11	12	13	14	15		
16	Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	17	18	19	PSRA Committee Meeting 9:30AM - 11:30PM Executive Committee Meeting 12:45PM - 2:45PM CHANGE THE PATTERN	20	21	22
23	24	FAITH HIV/AIDS AWARENESS DAY	25	26	27	28	29	
30	31							

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All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit **HIV Health Service Planning Council** for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.
HIVPC Committee Descriptions		
HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.		
Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interes, and review attendance.		
Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.		
Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.		
Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.		
Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.		
System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.		

By-Laws Parking Lot Items Recommended by Ad-Hoc By-Laws Committee – Approved June 9, 2026

#	Proposal	By-Laws Location (Page Number)	Stated Reason
1	Establish ex officio status for immediate past Chairs and Vice Chairs upon completion of their leadership term.	ARTICLE III, Definition 10 (Page 4)	This change formally defines the role of immediate past Chairs and Vice Chairs as ex officio members and clarifies their rights, responsibilities, and duration of service. Establishing this provision promotes leadership continuity, preserves institutional knowledge, and provides additional support during leadership transitions.
2	To define ex officio as a member whose position on the Planning Council is tied to their professional role and employment status within their respective agencies, rather than to a fixed appointment period.	ARTICLE III, Definition 11 (Page 4)	Public Health Agency and Federal HIV Program representatives serve in an ex-officio capacity in accordance with HRSA guidelines. Because these seats are tied to specific professional positions rather than individual appointments, term limits are not applicable. Ex-officio members provide essential expertise, institutional knowledge, and coordination with public health and HIV service systems, helping ensure compliance with Ryan White requirements and continuity in Planning Council operations. When a representative leaves their position, the respective agency designates a successor, maintaining appropriate representation without the need for term-based rotation. Exempting these seats from term limits preserves continuity, strengthens interagency collaboration, and supports the Council's ability to fulfill its responsibilities effectively.
3	To authorize the immediate past Council Vice Chair to preside over a Council meeting in the absence of both the Council's current Chair and Vice Chair.	ARTICLE VI, Section 7, Subsection A and Subsection B (Page 13)	The immediate past Vice Chair of the Planning Council possesses the institutional knowledge and leadership experience necessary to effectively conduct committee meetings. Authorizing this individual to preside in the absence of the committee's current Chair and Vice Chair will help ensure continuity of operations.

4	To reestablish the Local Pharmacy Advisory Committee (LPAC) as a standing committee of the Planning Council. Approved by the Executive Committee on (date).	ARTICLE VIII, Section 2 (Page 16) ARTICLE VIII, Section 12 (Page 21)	Recent changes to Florida's AIDS Drug Assistance Program (ADAP) have created a need for dedicated oversight of the formulary within the Fort Lauderdale/Broward EMA. Reestablishing the Local Pharmacy Advisory Committee as a standing committee of the Planning Council will provide an appropriate structure for ongoing review, coordination, and oversight of formulary-related matters.
5	Add Local Pharmacy Advisory Committee (LPAC) to the line of succession.	ARTICLE VI, Section 7, Subsection A and Subsection B (Page 13)	Adding the Local Pharmacy Advisory Committee (LPAC) to the line of succession recognizes its role as a newly established standing committee and ensures continuity of pharmacy oversight and uninterrupted decision-making within the HIVPC structure.
6	Updating the terminology from "individuals living with HIV/AIDS" to "individuals with HIV."	Across the document (Page 3, Page 16, Page 17, Page 18)	This change aligns the document with current person-centered language and enhances consistency throughout the document.
7	Minimal grammatical and sentence structure errors were identified throughout the document.	Across the document (Page 3, Page 8, Page 12, Page 15,	The revisions consist of minor grammatical and sentence structure corrections intended to improve clarity, readability, and consistency throughout the document. These edits do not alter the intent, meaning, or substance of the content.
8	Changing the requirement for the Council to meet at least eight times per year instead of nine.	ARTICLE VI, Section 1 (Page 10)	Council members noted that the Council narrowly met the current meeting requirement during the previous fiscal year. The proposed change would provide greater flexibility while ensuring meetings are held when substantive business needs to be addressed, promoting meaningful and productive engagement rather than convening solely to satisfy a bylaw requirement.
9	Incorporating term limits into the Integrated Work Group membership section.	ARTICLE VIII, Section 10 (Page 20)	Including this change ensures that the HIVPC bylaws clearly reflect the membership structure of the Integrated Work Group and formally document expectations that were previously not clearly defined in the bylaws.

10	This revision clarifies that the requirement to distribute agendas and meeting materials at least 48 hours in advance applies to both the full Planning Council and its committees , promoting consistency, transparency, and alignment with Broward County's ordinance.	ARTICLE VI: Section 5, Subsection 7 (Page 12)	Establishing a uniform timeline for agenda and meeting material distribution enhances meeting preparedness, supports informed decision-making, and creates a consistent process for all Planning Council committees and the full Council.
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Broward County HIV Health Services Planning Council **BY-LAWS**

Last Amended: July X, 2026

Note: All edits are shown in red. Underlined text indicates an addition, and strikethrough text indicates a deletion.

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Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 5/22/14 (Article III; Article VI, Section 8; Article VIII, Section 1,2,4,5,6,7,8,9), 7/24/14 (Article IV, Section 9; Article V, Section 2; Article VI, Section 5, 8; Article VIII, Section 1,2,5,6,8,10), 3/26/15 (Article IV, Section 9, 11; Article VIII, Section 4; Article X, Section 4), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4); 2/23/2023 (Article II, Sections 2 and 3); Article IV Section7&8, 12A,D,F,G,&H; Article V Section 6; Article VI Section 2(c), Article VII Section 1; Article VIII Section 3B, Section 4 A&B, Section 2 5B, Section 10A, Section 11; Article X Sections 2,3,5, and 6; 1/25/2024 Article IV, Section 7 & 11; Section 13, I; Approved 08/28/25 Article VIII, Section 5, C, Article VI, Section 2, Article IV, Section 11, Article III, Definition 14, Article IV, Section 4, and Article IV, Section 7; 07/X/ 2026 (Article III, Definition 10-11; Article VI, Section 1A and Section 7(A,B); Article VIII, Section 10 (4) and Section 12 (A-C).

By-Laws of the Broward County HIV Health Services Planning Council

Adopted: January 1992

Amended: April 1995, April 1996, November 1996, June 1998, March 1999, May 1999, February 2000, January 2002, September 2004, April 2006, January 2010, January 2012, May 2013, December 2013, May 2014, July 2014, March 2015, July 2015, August 2015, December 2015, April 2017, August 2017, October 2018, February 2023, January 2024, August 2025, July 2026

ARTICLE I: Name and Area of Service

- SECTION 1:** The name of the Planning Council shall be “The Broward County HIV Health Services Planning Council” (Council) or such successor name as may be designated by the Broward County Board of County Commissioners.
- SECTION 2:** The area served by the Council shall be Broward County, Florida. The governing body of Broward County is the Broward County Board of County Commissioners.
- SECTION 3:** The Council is established by a resolution of the Board of County Commissioners codified in Part X of Chapter (12 of the Broward County Administrative Code as amended by the Board of County Commissioners).

ARTICLE II: Purpose, Mission, Vision, and Duties

- SECTION 1:** The ***purpose*** of the Council is to provide planning to promote the development of HIV/AIDS health services, personnel, and facilities that cost-effectively meet identified health needs, reduce inefficiencies, and develop HIV-related health plans.
- SECTION 2:** The Council's ***mission*** is to 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, the council: (1) fosters the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) supports local control of planning and service delivery, and builds partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) monitors and reports progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 5/22/14 (Article III; Article VI, Section 8; Article VIII, Section 1,2,4,5,6,7,8,9), 7/24/14 (Article IV, Section 9; Article V, Section 2; Article VI, Section 5, 8; Article VIII, Section 1,2,5,6,8,10), 3/26/15 (Article IV, Section 9, 11; Article VIII, Section 4; Article X, Section 4), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section 4); 2/23/2023 (Article II, Sections 2 and 3); Article IV Section 7&8, 12A,D,F,G,&H; Article V Section 6; Article VI Section 2(c), Article VII Section 1; Article VIII Section 3B, Section 4 A&B, Section 5B, Section 10A, Section 11; Article X Sections 2,3,5, and 6; 1/25/2024 Article IV, Section 7 & 11; Section 13, I; Approved 08/28/25 Article VIII, Section 5, C, Article VI, Section 2, Article IV, Section 11, Article III, Definition 14, Article IV, Section 4, and Article IV, Section 7; 07/X/2026 (Article III, Definition 10-11; Article VI, Section 1A and Section 7(A,B); Article VIII, Section 10 (4) and Section 12 (A-C).

SECTION 3: The Council's **vision** is 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.

SECTION 4: The **duties** of the Council shall be those specified by the Ryan White Act.

ARTICLE III: Definitions

1. **Ad-Hoc Committee:** A committee established for a limited time or for a specific, defined purpose.
2. **Alternate:** A person appointed by the Board who may be called upon to serve as a voting member of the Council under certain conditions.
3. **Board:** The Broward County Board of County Commissioners.
4. **Cause:** An action determined by the Council to warrant discipline or removal from the Council or a Committee.
5. **Committee:** A group established by the Council to carry out Council-related business.
6. **Community Stakeholder:** A representative from Ryan White Parts B, C, D, or F, Prevention, or from the broader HIV/AIDS care community, including consumers, providers, Recipient agencies, and policy makers.
7. **Consumer:** An individual eligible to receive services under the Ryan White Care Act.
8. **Council:** The Broward HIV Health Services Planning Council, created under Chapter 21, Part X of the Broward County Administrative Code and mandated by the Ryan White Act, Part A.
9. **EMA (Eligible Metropolitan Area):** A geographic area designated for Ryan White Part A funding.
10. **Ex Officio:** Upon completing a term as Chair or Vice Chair, an individual becomes an ex officio member with all corresponding rights and responsibilities. This status continues until the individual leaves the Council or a new leadership team is elected. The immediate past Chair and Vice Chair may be authorized to preside over meetings in the absence of the current Chair or Vice Chair.
11. **Ex Officio for Term Limits:** Members whose Planning Council participation is tied to their professional role and employment within their respective agencies serve for the duration of their position. These individuals occupy job-based seats and are not required to formally renew term limits.
12. **Manual:** The Council's Local Policies and Procedures Manual.
13. **Member:** An individual appointed to the Council by the Board of County Commissioners.
14. **Non-Elected Community Leader:** A person active in the community who has not been elected through formal governmental elections.
15. **PWH/PWA:** A person living with HIV/AIDS.

16. **Part A:** The section of the Ryan White Act administered by Broward County (Department of Human Services – Community Partnership Division). ~~with input from the Council.~~
17. **Ryan White Act:** The Ryan White HIV/AIDS Treatment Extension Act of 2009.
18. **Unaffiliated Consumer:** An individual receiving HIV-related services from Ryan White Part A-funded providers who is not compensated by, employed by, or representing any provider funded under the Ryan White Act.
19. **Work Group:** A task-specific group that provides recommendations but is not subject to attendance, membership, or quorum requirements.

ARTICLE IV: Membership

SECTION 1: Appointment to the Council

1. The Broward County Board of County Commissioners shall appoint all Members and Alternates of the Council.
2. The Council shall consist of not less than twenty (20) members nor more than thirty-five (35) members.
3. The process for forwarding recommendations to the Board is outlined in the Membership/Council Development Committee Section of the Local Policies and Procedure Manual.

SECTION 2: Financial Interest

No individual shall serve on the Planning Council unless they agree to the following: If the individual is employed by, or is a member of, any public or private entity or organization that is seeking funding under the Ryan White HIV/AIDS Program, and the individual has a financial interest in said entity or organization, the individual shall abstain from participating, either directly or in an advisory capacity, in any deliberation, decision-making, or voting process related to the selection of entities to receive such funding for the purpose in question.

SECTION 3: Council Membership Requirements

The composition of the Planning Council shall adhere to the requirements outlined in the Ryan White HIV/AIDS Treatment Extension Act, as amended. Membership must reflect the structure and representation mandated by the Act to ensure compliance and reflectiveness.

SECTION 4: Recruitment Efforts

Active recruitment efforts shall be undertaken to attract qualified candidates for membership of the Planning Council and its committees. Special emphasis will be placed on ensuring membership reflects the demographics of the Eligible Metropolitan Area (EMA), including gender balance and meaningful representation of racial and ethnic minorities.

SECTION 5: HIV Representation

To support the Council's goal of increasing representation of individuals ~~living~~ with HIV/AIDS, it is recommended that, whenever possible, the Council prioritize nominating PWH to fill vacancies across all applicable membership categories.

SECTION 6: Office Term.

The term of office for Planning Council members and their alternates shall be determined at the discretion of the Broward County Board of County Commissioners, in accordance with Article XII, Section 1-233 of the Broward County Code.

SECTION 7: Term Limits.

The Council will adhere to the March 14, 2023, resolution of the Board of County Commissioners of Broward County, pertaining to Term Limits and membership rotations based on the amended Section 12.109 of the Broward County Administrative Code. The Term Limits procedures are as follows:

The Council members shall each serve a three (3) year term, subject to the provisions of Section 1-233, Broward County Code. Council members shall not serve more than three (3) consecutive three-year terms.

- 1) Following any three (3) consecutive terms, a member is ineligible to serve for one (1) year, after which that individual may be reappointed to the Council by the County Commission.
- 2) The MCDC will recommend prospective members six months prior to the end of each three-year term to the Council.
- 3) The Council will recommend prospective members for appointment four months prior to the end of each three-year term to the County Commission.
- 4) Each term for existing Council members, as defined by the newly established term limits, will commence on January 1, 2024, and conclude on December 31, 2026.
- 5) *For members appointed after January 2024, their term will begin in the month they are officially appointed by the Board of County Commissioners*
- 6) Ex officio members whose Planning Council participation is tied to their professional role and employment within their respective agencies serve for the duration of their position. These individuals occupy job-based seats and are not required to formally renew term limits.

SECTION 8: Attendance.

Attendance of Council meetings shall be in accordance with the Broward County Code of Ordinances section 1-233. The Council may recommend reappointing members who were removed pursuant to the Broward County Code of Ordinances section 1-233. The committee attendance policy mirrors the Council attendance policy. The Chair of the Council shall, at their discretion, determine whether the member's absence meets any of the criteria for an excused absence as set forth in Broward County Code of Ordinance section 1-233. Excused

absences for COUNCIL-related business means business outside the regular time and place of COUNCIL business. Failure to adhere to attendance requirements shall be grounds for removal from the Council or committees.

SECTION 9: Designation of Alternates.

There shall be a minimum of at least three persons living with HIV who reflect the demographics of the epidemic in the County who shall serve as Alternates, appointed, and approved by the Broward County Board of County Commissioners.

- a) An Alternate may only serve as a voting member of the Council when a member with HIV is unable to serve due to HIV-related illness. In such case, the Chair shall appoint an alternate who, to the greatest extent possible, matches the gender, race, and ethnic background of the individual with HIV that is absent. Thereafter, alternates, as directed by the Chair, shall alternate their substitution for PWH members unable to serve due to HIV-related illness.
- b) Alternates may be appointed by the chair as voting members only after Quorum has been established. Alternates may be removed from their seats as described in Section 11 below.

SECTION 10: Membership on Standing Committees.

Council members and Alternates shall join at least one standing committee. Failure to participate on a standing committee within thirty (30) days of appointment shall be grounds for removal from the Council.

SECTION 11: Maximum Standing Committees Council Members May Join.

To be effective (and to avoid burnout), Council members should generally not serve on more than two standing committees. Limiting service to one or two standing committees can allow Council members to focus on an area and develop expertise that can further the work of the Council. Ad-Hoc committees are excluded from this count, as they are temporary and dissolve once their specific tasks are completed.

SECTION 12: Meeting Ground Rules.

All persons in attendance at a meeting of the Council and Committees shall comply with the meeting ground rules adopted by the Council.

SECTION 13: Removal of Members and Alternates, Seat Changes, Outreach/Training, Provider Representatives

- A. Removal of Council members and alternates shall be in accordance with the Broward County Code of Ordinances section 1-233:

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.

2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing four (4) properly noticed meetings in one (1) calendar year. If the committee has a joint meeting, the same attendance policy applies.

- B. **Procedure for removal.** If a member or alternate fails to comply with Paragraphs B or C, or for reasons documented in Paragraph D, the Council shall recommend to the Broward County Board of County Commissioners the removal of that Member or Alternate. A removal recommendation requires a majority vote by Council members present at a meeting where Staff has provided written notice to the member or alternate in question, indicating that the item will appear on the agenda. Unaffiliated members and alternates may also be automatically removed for reasons outlined in Paragraph E.
- C. **Recommendation for Removal by Council.**
- a) The Council shall recommend that a member or alternate be removed from service on the Council for refusing to cooperate in a conflict-of-interest review, or when it is determined that the member or alternate knowingly acted or intended to influence the conduct of the Council in a manner as defined in ARTICLE IV, SECTION 2 of these By-laws.
 - b) The Council shall recommend that a member or alternate be removed from the Council for, but not limited to, failure to comply with County regulations or the Council's Local Procedures Manual, failure to comply with meeting ground rules, or failure to maintain committee membership.
- D. **Recommendation for Removal by Individual Council Members.** A Council Member, Council Chair, or Committee Chair may recommend removal for cause of a member or alternate by forwarding to the Membership Committee said recommendation, documenting the reasons for requesting removal. The Membership Committee will review the evidence and make recommendations to the Executive Committee. The Executive Committee will review the recommendation and forward the recommendation to the Council. The final decision to remove a member or alternate must be ratified by the Council. Once ratified, the Council will forward all recommendations for removal to the Board of County Commissioners.
- E. **Automatic Removal.** A member or alternate shall be automatically removed from the Council for failure to comply with attendance policies as outlined in ARTICLE IV, SECTION 8 of these By-laws. A member or alternate shall be automatically removed from the Council in accordance with the Broward County Administrative Code Section 12.108c.
- F. **Affiliated and Unaffiliated Status.** Members changing from affiliated

status to unaffiliated status can be appointed by majority vote from one seat to the other without resigning from the Council. An official letter stating that the Council has voted to appoint a member in the new position with an updated application must be secured and submitted to the Intergovernmental Affairs/Board Section of the Broward County Board of Commission within ten (10) business days.

- G. **Seat Change.** MCDC and the Council shall be notified of changes to representation involving members of the Council holding a mandated seat due to their employment. Such changes shall be informational and immediately forwarded to the Broward County Board of County Commissioners.
- H. **Member participation in outreach and training activities.** Members are expected to participate in a minimum of two (2) Council outreach and training activities per calendar year.
- I. **Number of providers on the HIVPC General Body.** There shall be a maximum of three members from the same provider agency.

ARTICLE V: Officers

SECTION 1: The officers of the Council shall be members of the Council and shall be a Chair and a Vice Chair.

SECTION 2: ELECTIONS

- A. **Election of Officers** shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which the election is held.
- B. **Regular Biannual Elections.** Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating procedure. The Officers shall take office on March 1 or at the first Council meeting of the calendar year. All Officers shall serve a two-year term and shall remain in office until a successor is selected. No officers shall serve more than two consecutive terms in one office.
- C. **Special Elections.** Special Elections will take place as needed. In the event of resignation or other reasons for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in the Nominating Procedure (Article VIII, Section 3, Part A). Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 7 (Line of Succession). Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

SECTION 3: **The Duties of the Officers** are those which usually apply to such officers and in addition thereto, such other duties as may be designated from time to time by the Council.

SECTION 4: **The Official Liaison.** The Chair of the Council will serve as the official liaison of the Council with the Broward County Board of County Commissioners and its designated administrative entity. No other Member of the Council or its committees may speak for the Council.

SECTION 5: **Council Officers.** Except for the Executive Committee, the current Council officers may not serve as Chair or Vice Chair of any Council committee while holding office.

SECTION 6: **Acting Committee Chair.** Upon proper notice to the committee, the Council Chair or Vice Chair may sit as acting chair of the committee when the Committee Chair or Vice Chair is unable to attend a properly scheduled meeting of the committee. In the event the Council Chair or Council Vice Chair is serving as acting committee chairs, they count towards quorum and have a vote. If the Council Chair or Vice-Chair attends as a guest for a committee meeting, the Chair or Vice-Chair can count toward quorum if needed.

ARTICLE VI: Meetings

SECTION 1: Meeting Protocol

- A. The Council shall meet at least eight (8) ~~nine (9)~~ times per fiscal year (March 1 – February 29).
- B. Special meetings may be called by the Chair or upon petition of one-third of the membership of the Council.
- C. Written notice shall be given at least one week prior to each meeting.
- D. All HIV Council meetings are open to the public.
- E. Attendance at mandatory Training Activities is also part of Council attendance requirements.

SECTION 2: Quorum

- A. Fifty percent (50%) of the members plus one shall constitute a quorum for the HIV Council, and all standing and ad-Hoc Committees, but with no less than three (3) members voting.
- B. A quorum will be established by Members physically present and Members attending by telephone or video.

- C. A quorum should be established within fifteen minutes of the meeting time.
- D. A majority of Members present and voting at any meeting at which a quorum is present shall be sufficient to act on behalf of the Council.
- E. The number of Members needed to determine quorum shall be the total number of Members of the Council, not including the Member representing the Broward County Board of County Commissioners.
- F. If quorum is not established within fifteen minutes of the meeting time, the meeting may be transitioned to a workshop. Members will be allowed to discuss the items on the agenda, but they are not permitted to vote on those items.

SECTION 3: Voting Privileges

- A. Only duly appointed Members of the Council and/or committee (or the appointed Alternate in their absence) may vote, and each Member (or Alternate) shall have one vote.
- B. Voting privileges are non-transferable. In the event of a tie vote, there shall be a roll call vote and the Chair shall vote last.

SECTION 4: Public Notice of Council Meetings

- A. Public notice of Council meetings shall be given in accordance with Florida Statutes and Broward County Ordinances.
- B. Meetings shall be open to the public.
- C. Records and data shall be made available to the public under the applicable laws.
- D. Minutes of each meeting of the Council or Committee shall be kept.
- E. The accuracy of all minutes shall be certified by the Chair of the Council and/or committees.

SECTION 5: COUNCIL AGENDAS

- A. The Executive Committee shall meet five (5) working days before the regularly scheduled full Council meeting. The Executive Committee (or in the absence of Executive Meeting action), the Council's Designated Staff Member shall prepare an agenda for full Council meetings based upon the following:
 - 1) Each committee chair, the Recipient, or the Council Support Staff will inform the Executive Committee (or Council Designated Staff Member) of committee recommendations and other actions to be presented for the full Council's approval.
 - 2) Motions passed by Committees may be sponsored by the Chair of the Committee on behalf of the Committee and annotated on the Council Agenda as sponsored by the Committee.
 - 3) Individual Members of the Council may request action items be placed on the agenda by providing them in writing to the Council Designated

Staff Member before the Executive Committee meeting.

- 4) Members of the public who wish to bring matters before the full Council for consideration must obtain sponsorship of the item by a Member of the Council.
- 5) Requesters of Council actions must provide appropriate backup documentation to explain the requested action.
- 6) The Executive Committee may refer proposed actions to the appropriate committee to examine and make a recommendation before presenting the matter to the full Council for action.
- 7) **Proposed motions requiring a vote of the full Council shall be included on the agenda, and all committee agendas and materials shall be prepared and distributed to members at least 48 hours in advance of Committee and full Council meetings.**
- 8) At the Executive Committee's discretion, backup documentation will be labeled and distributed on the Council's agenda.
- 9) At the discretion of the Council Chair, action items requested at the Council meeting, not on the published agenda, may be added to the agenda's old/new business portion of the agenda, deferred until the next Council meeting, or referred to the appropriate committee.

B. **The Council agenda shall include:** A Call to Order, Welcome, and Self-introductions (includes an explanation of Ground Rules, Sunshine Law, and HIV self-disclosure), Moment of Silence, Excused Absences, and Appointment of Alternates, Adoption of Agenda, Approval of Minutes, Consent Items, (no discussion required), Discussion Items (discussion required), Committee Reports, Recipient and Other Reports (including, but not limited to Part A, **Part B**, Part C, Part D, Part F, HOPWA, Prevention), Old/New Business, Public Comment, Announcements, Next Meeting Date, Agenda Items for the Next Meeting, Adjournment. The Executive Committee may order agenda items to administer the Council's business efficiently and effectively.

C. The Executive Committee (or Council Chair in the absence of the Executive Committee) will determine the order of discussion action items on the agenda.

SECTION 6: TIME LIMITS

The Executive Committee will establish time limits for each agenda item for each meeting. The Chair may use discretion to impose time limits on each speaker, to be consistently applied. Upon expiration of the time for discussion of a particular action item, the Chair shall close the debate and call for a vote. A person who has spoken once on a pending matter may not speak again on that matter until all others requesting the floor have been recognized.

SECTION 7: LINE OF SUCCESSION

In the event that both the Chair and Vice Chair are unable to attend a Planning Council meeting, the immediate past Chair or Vice Chair, if currently serving as a member of the Council, shall preside over the meeting.

A. In the absence of the immediate past Chair or Vice Chair, the meeting shall be chaired by Committee Chairs in the following order:

1. Chair of Priority Setting and Resource Allocation
2. Chair of Membership/Council Development
3. Chair of Community Empowerment
4. Chair of Quality Management
5. Chair of System of Care
6. Chair of the Local Pharmacy Advisory Committee

B. In the event that the Planning Council Chair position becomes vacant, the duties of the Chair will be assumed by the current Vice Chair. If the Vice Chair position becomes vacant, or otherwise unable to assume the role, duties will be assumed in the following order to ensure continuity of leadership:

1. Immediate past Council Chair or Vice Chair
2. Chair of Community Empowerment
3. Chair of Priority Setting and Resource Allocation
4. Chair of Quality Management
5. Chair of System of Care
6. Chair of Membership/Council Development
7. Chair of the Local Pharmacy Advisory Committee

Pursuant to paragraph B, the order of assumption of duties is established to ensure continuity of meetings. Planning Council Support (PCS) staff will oversee the special election process, while leadership duties are temporarily assumed until the Chair or Vice Chair vacancy is filled in accordance with Article V, Section 2C.

ARTICLE VII: Conflict of Interest

SECTION 1: Compliance with Legal and Ethical Standards

All members and alternates of the Council and its committees shall comply with the Florida Statutes, Broward County Ordinances, and the Broward County Administrative Code, as amended, regarding conflicts of interest for public officials and the Government in the Sunshine Law. Copies of these governing documents will be provided to all Council members and alternates. Each member is required to:

A. Submit a conflict of interest form at the beginning of each fiscal year

- B. Declare any conflicts of interest at every Council and Priority Setting & Resource Allocation (PSRA) Committee meeting

SECTION 2: Executive Committee Authority

The Executive Committee is empowered to establish Council policies, review concerns, and make recommendations to the full Council regarding conflict-of-interest matters.

SECTION 3: Disclosure of Conflicts

All Council members and alternates are required to disclose any conflicts of interest. They are also encouraged to request a review of potential conflicts for themselves or for other members or alternates.

SECTION 4: Documentation and Review Process

All conflict-of-interest concerns must be documented in the Council's meeting minutes and referred to the Executive Committee for evaluation. Based on the Committee's recommendations, the full Council will take appropriate action in accordance with established policies.

SECTION 5: Participation During Review

During the review of a conflict of interest, the members or alternates involved may participate in discussions related to the issue but must abstain from voting on the matter.

SECTION 6: Non-Compliance and Termination

A member or alternate may be recommended for termination from the Council and its committees if they refuse to cooperate with a conflict-of-interest review or are found to have knowingly acted to improperly influence Council decisions, in violation of the By-Laws or applicable laws.

ARTICLE VIII: Committees

SECTION 1: Establishment of Committees

- A. The Council shall establish standing and Ad-Hoc committees necessary to fulfill the requirements of the Ryan White Act.
- B. **Committee Chairs and Vice Chairs.**
 - 1. All Council committees shall be chaired by a Part A member of the Council.
 - 2. The Council Chair shall appoint the Committee Chairs and Vice Chairs of each Committee beginning with the date of the Council Chair's term of office.
 - 3. The current Committee Chairs and Vice Chairs shall continue to serve

until the new Committee Chairs and Vice Chairs are appointed; the Council Chair may ask current Committee Chairs and Vice Chairs to remain in their positions.

4. Committee Chairs and Vice Chairs may be appointed, removed, or replaced at the sole discretion of the Council Chair.

C. Appointment of Committee members.

1. Committee Chairs shall appoint, with the approval of the Council, the members of each committee.
2. Except as otherwise provided by the By-Laws, a standing or ad-Hoc Committee may include members of the Council and community stakeholders.
3. Committee membership should all be based on the demographics of the epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV ~~status~~ ~~positivity~~, and ~~sex~~ ~~gender~~.

D. Removal of Committee membership. The removal of Committee members shall be that of Council members as provided for in Article 4, Section 12, where applicable.

E. Committee Policies and Procedures.

1. The Council will approve written policies and procedures for all Committees which will be published in the "Local Procedures Manual."
2. The policies and procedures of each committee must be periodically reviewed by that committee and subsequently approved by the council.

SECTION 2: Standing Committees

A standing committee of the Council is a committee which has a purpose that requires a standing membership and a regular meeting schedule. The standing committees of the Council are:

- A. Executive
- B. Community Empowerment
- C. Membership/Council Development
- D. Priority Setting and Resource Allocation
- E. Quality Management
- F. System of Care
- G. Local Pharmacy Advisory

SECTION 3: There shall be an Executive Committee.

- A. Membership. The Executive Committee shall consist of the Council Chair, the Council Vice Chair, and the Chair or Vice-Chair of each of the standing committees. The immediate past Council Chair or Vice Chair (if the past Chair or Vice Chair is currently a member of the Council) will serve as an ex officio member of the Committee. In the absence of the Standing Committee Chair, the Standing Committee Vice Chair may serve and count towards quorum.
- B. A Vice Chair of a committee does not need to be a member of the Council.
- C. The Executive Committee meets to conduct the business of the Council (excluding priority setting and allocation decisions). The Executive Committee shall:
 - 1. Set the agenda for Council meetings.
 - 2. Address Conflict of Interest issues.
 - 3. Review Membership/Council Development Committee Attendance report to identify Council members, not in compliance with attendance requirements.
 - 4. Oversee the planning activities established in the integrated HIV prevention and care plan.
 - 5. Develop and oversee committee work plans that address comprehensive planning goals and objectives.
 - 6. Ratify recommendations for removal for cause from the Membership/Council Development Committee.
- D. The Committee shall have responsibility for oversight of the planning activities established in the integrated HIV prevention and care plan and development and oversight of committee work plans to address integrated planning goals and objectives.

SECTION 4: There shall be a Community Empowerment Committee.

- A. Membership. The members of the committee shall include but are not limited to representatives of the Council and community stakeholders. No less than 51% of the Council committee members shall be unaffiliated individuals ~~living~~ with HIV.
- B. Chair. The Committee Chair or Vice Chair shall be an unaffiliated individual with HIV.
- C. Purpose. The Committee shall inform and solicit the participation of

individuals **living**-with and affected by HIV/AIDS in the planning, priority setting, and resource allocation processes. This Committee serves as a bridge between the Council and people with HIV in Broward. It encourages the involvement of individuals **living** with and affected by HIV/AIDS in the Council process.

SECTION 5: There shall be a Priority Setting and Resource Allocation Committee.

- A. Membership. The Members of the Committee shall include but are not limited to representatives of the Council and community stakeholders.
- B. Purpose.
 - 1. The Committee shall recommend to the Council priorities and allocation of Ryan White Part A funds.
 - 2. The Committee shall review, at least quarterly, any deviations in planned expenditure exceeding 10% in any given funding category for reallocation and/or possible reprioritization.
 - 3. The Committee will facilitate the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data).
 - 4. The Committee shall develop, review, and monitor eligibility, and service definitions, including improving quality, cost-effectiveness, and allocation of resources to pharmacy services.
 - 5. When recommended, the Committee shall develop and implement a standardized mechanism for pharmacy services (i.e., drug access, formulary changes, and cost/impact analysis) and coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers).
 - 6. The Committee shall determine eligibility for Part A services and the Federal Poverty Level.

SECTION 6: There shall be a Membership/Council Development Committee.

- A. Membership.
 - 1. The Members of the Committee shall include but are not limited to, representatives of the Council and community stakeholders.
 - 2. At least two-thirds of the committee members must be Council members.

- B. 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.

SECTION 7: There shall be a Quality Management Committee.

- A. Membership. The members of the Committee shall include but are not limited to representatives of the Council and community stakeholders.
- B. Purpose. The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

SECTION 8: There shall be a System of Care Committee

- A. Membership. The members of the Committee shall include representatives of Part A, consumers, community stakeholders, and health policy or healthcare system experts.
- B. Purpose. The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people ~~living~~ with HIV in Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

SECTION 9: Ad-Hoc Committees

An Ad-Hoc committee of the Council does not require standing membership and may meet on a periodic but not regular schedule. The continuing ad-Hoc committees are the ad-Hoc Nominating Committee and the ad-Hoc By-Laws / Memorandum of Understanding (MOU) Committee. The Council may establish other ad-Hoc committees as necessary.

- A. Ad-Hoc Nominating Committee.
 1. Membership. The Nominating Committee shall be composed of not less than five (5) Council members who shall be appointed by the Chair. At least one member shall be a person living with HIV/AIDS.
 2. Purpose. The Nominating Committee shall provide a slate of nominations for Members for Chair and Vice Chair of the Council from among current Council Members. The process utilized by the Nominating Committee to prepare and present the slate of officers for consideration for office is identified in that committee's written policies and procedures.
- B. Ad-Hoc By-Laws/ MOU Committee.
 1. Membership. The members of the committee shall only include Council members and alternates.
 2. Purpose. The ad-Hoc By-Laws/MOU Committee shall have the responsibility of periodically reviewing, updating, and maintaining the Council's By-Laws.

SECTION 10: There shall be an Integrated Work Group

- A. Membership. The workgroup will be composed of the Ryan White Part A HIV Health Services Planning Council, South Florida AIDS Network (SFAN), the Broward County HIV Prevention Planning Council (BCHPPC), and the Ending the HIV Epidemic Advisory Group, with three members and one alternate representing their respective planning or advisory body, as applicable.
 1. Members from the Part A program may include Council members, committee members, or other appropriate community stakeholders, such as Housing Opportunities for People with AIDS (HOPWA) /housing; Federally Qualified Health Centers (FQHC)/Hospital districts; Broward County Public Schools; Funded community-based service providers; Behavioral health provider; Client engagement systems, including linkage and re-linkage to care and retention in care; Community leaders.
 2. Part A members will be selected for recommendation by the Executive Committee but must be approved by the Council.
 3. The desired membership of the workgroup should be reflective of the demographics of the epidemic in Broward County, and consideration shall be given to race, ethnicity, self-acknowledged HIV status positivity, and sex gender.
 4. Term limits will be determined by the Integrated Planning

Workgroup.

B. Purpose.

1. The workgroup will be responsible for monitoring and providing recommendations for the completion of the activities outlined in the Broward County Integrated HIV Prevention and Care Plan.
2. The workgroup will conduct a comprehensive analysis and review of data from community stakeholders to provide robust recommendations to the Prevention and Care planning bodies and to the Recipients.
3. The workgroup will serve as the feedback loop for the collaborative implementation of the Plan and make appropriate recommendations to the respective planning bodies and HIV funders.

C. Flow of Information.

1. The work group is expected to interact with numerous Prevention, Part A, and Part B teams, work groups, and committees.
2. The workgroup's main points of contact and coordination will be the designated Integrated Planning consultant, Executive Committees of the Council, BCHPPC, SFAN, and EHE Advisory Board.

D. Ratification. The work of the workgroup is provided to the Council, the BCHPPC, SFAN, and the EHE Advisory Body in the form of recommendations and is subject to the approval of the respective planning body.

SECTION 11: Joint Planning Body Meeting.

A joint planning body meeting does not require a standing membership and may meet on a periodic but not regular schedule. The joint planning bodies are the Ryan White Part A HIV Health Services Planning Council, the South Florida AIDS Network, the Broward County HIV Prevention Planning Council, and the EHE Advisory Board.

SECTION 12: There shall be a Local Pharmacy Advisory Committee (LPAC)

- A. Membership. The members of the committee shall include, but are not limited to, members with pharmacological and medical expertise as well as consumer members.
- B. Mission: To improve the quality, effectiveness, and coordination of pharmacy services within the Part A system by providing strategic recommendations, standardizing policies and processes, analyzing utilization data, and ensuring alignment across funding sources to

- C. optimize access and resource allocation.
Purpose: The LPAC provides recommendations to enhance the quality, coordination, and resource allocation of pharmacy services within the Part A system of care by:
1. Developing and standardizing pharmacy processes, including policies, procedures, drug access, formulary management, and impact analysis;
 2. Evaluating pharmacy utilization and related data; and
 3. Reviewing pharmacy services across funded entities (e.g., ADAP, Part A, Part B, Medicaid, and private insurance), as well as current pharmacologic treatment regimens and federal guidelines.

ARTICLE IX: General Provisions

Section 1: Fiscal Year

The fiscal year for the Planning Council shall begin on March 1st and end on the last day of February.

Section 2: Procedures and Governance

When procedures are not addressed by Broward County Ordinance or these By-Laws, the most recent version of the Council's Policies and Procedures shall apply. The Chair of the Council and its committees shall conduct meetings in accordance with *Robert's Rules of Order*.

Section 3: Relationship with the Recipient

Unless otherwise specified in the Ryan White Act or other applicable laws or regulations, the relationship between the Planning Council and the Recipient is outlined in the *Ryan White Part A Manual* and the *Ryan White Part A Planning Council Primer*. The Recipient is responsible for managing relationships between subrecipients/providers and clients.

Section 4: Member Reimbursement

Planning Council Support (PCS) funds may be used to reimburse Council and committee members who are consumers of Ryan White HIV/AIDS Program Part A services for reasonable and allowable expenses incurred while performing their duties. Reimbursements are subject to approved Council policies, applicable laws, and available PCS budget. Eligible expenses include:

- Local travel and transportation (coordinated by PCS staff)
- Parking and mileage
- Childcare costs (babysitter or childcare center) at a reasonable and customary rate
- Meeting refreshments

To receive reimbursement, members or alternates must complete the required forms.

Section 5: Review of By-Laws

The Executive Committee shall ensure that the Council's By-Laws are reviewed every two years, or as needed, in response to changes in County ordinances, HRSA policies, or federal legislation.

Section 6: Virtual Meetings

The Council shall conduct virtual meetings in accordance with applicable County Ordinances or Executive Orders.

ARTICLE X: Adoption and Amendments of By-Laws

Section 1: Authority to Adopt or Amend

These By-Laws may be adopted, amended, or repealed by a majority vote of the Planning Council.

Section 2: Notice of Proposed Amendments

All proposed amendments, along with the full text of the changes, shall be sent to each Council member and alternate—either by mail or electronically—at least ten (10) days prior to the meeting where the amendments will be considered for adoption.

Section 3: Effective Date

Unless otherwise specified, these By-Laws and any approved amendments shall take effect immediately upon approval by the Council.

END OF DOCUMENT

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2), 5/23/13 (Article III, Section 15, 18; Article IV, Section 7, 8, 11A,B; Article VI, Section 1, 2, 5A, 8B; Article VIII, Section 1B, 1C, 4A), 12/12/13 (Article IV, Section 11; Article VI, Section 5; Article VIII, Section 4, 5, 7), 5/22/14 (Article III; Article VI, Section 8; Article VIII, Section 1,2,4,5,6,7,8,9), 7/24/14 (Article IV, Section 9; Article V, Section 2; Article VI, Section 5, 8; Article VIII, Section 1,2,5,6,8,10), 3/26/15 (Article IV, Section 9, 11; Article VIII, Section 4; Article X, Section 4), 4/17/17 (Article VIII, Section 2; Article VIII, Section 3, C; Article VIII, Section 6; Article VIII, Section 7, B), 8/31/17 (Article VIII, Section 11); 10/25/18 (Article IV, Section 1; Article X, Section4); 2/23/2023 (Article II, Sections 2 and 3); Article IV Section7&8, 12A,D,F,G,&H; Article V Section 6; Article VI Section 2(c), Article VII Section 1; Article VIII Section 3B, Section 4 A&B, Section 5B, Section 10A, Section 11; Article X Sections 2,3,5, and 6; 1/25/2024 Article IV, Section 7 & 11; Section 13, I; Approved 08/28/25 Article VIII, Section 5, C, Article VI, Section 2, Article IV, Section 11, Article III, Definition 14, Article IV, Section 4, and Article IV, Section 7; 07/X/ 2026 (Article III, Definition 10-11; Article VI, Section 1A and Section 7(A,B); Article VIII, Section 10 (4) and Section 12 (A-C).

**Memorandum of Understanding
between
Broward County, Human Services Department,
Community Partnerships Division
and the
Broward County HIV Health Services Planning Council**

I. Purpose Statement

- A. The Broward County, Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (Planning Council), hereinafter referred to as the PLANNING COUNCIL, have individual and shared responsibilities under Part A of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:
- 1) Create a shared understanding of the relationship between the Recipient and the Planning Council.
 - 2) Delineate the roles and responsibilities of each entity.
 - 3) Encourage a mutually beneficial relationship between these important partners.
 - 4) Describe the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons living with HIV (PLWH) in the Fort Lauderdale EMA.

II. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient

- A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:
- 1) **Planning Council Operations:** Establishing and following Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict-of-interest standards.
 - 2) **Priority Setting and Resource Allocation:** Setting priorities among service categories, allocating funds to those service categories, and providing directives to the Recipient on How Best to Meet the Need (HBTMTN). This includes acting upon Recipient recommendations

for the reallocation of funds as required during the program year and the allocation of carryover funds.

- 3) **Assessment of the Administrative Mechanism:** Assessing the efficiency of the administrative mechanism, which entails the evaluation of how rapidly funds are allocated. The purpose of this assessment is to ensure that funds are being contracted quickly in an open process and that providers are paid in a timely manner. The assessment is to be done annually. The Planning Council and the Recipient may establish before the procurement process begins, a written memorandum of understanding outlining a process and the timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the results of the procurement process. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should provide anonymous information only, without the identification of individual providers. If the Planning Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Evaluation of individual service providers is the Recipient's responsibility.
- 4) **Conditions of Award and Grant Application Documents:** The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
 - a) Letter from the Planning Council Chair that provides assurance that the Planning Council has met its legislative responsibilities including Planning, PSRA, Training, and Assessment of Administrative Mechanisms. This letter will include the year of the most recent comprehensive needs assessment and the date of annual membership training.
 - b) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter. This table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services category. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. Planning Council Support staff (PCS) is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation. PCS is accountable to the Planning Council for the following activities:

- 1) PCS provides logistical support, research, and coordination for all Planning Council meetings and authorized committee meetings.
- 2) PCS prepares formal correspondence on behalf of the Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
- 3) PCS works with the Planning Council to ensure that data needed for the members to make data-driven health planning decisions are available.
- 4) PCS assists the Planning Council with implementing the annual Assessment of the Administrative Mechanism.
- 5) PCS works in coordination with the Planning Council to update membership reflectiveness, representation, and attendance records.
- 6) PCS ensures member orientation and training, including the development and implementation of a training plan.
- 7) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines including Planning Council roles and responsibilities.
- 8) PCS will analyze the impact of policy changes made by the Planning Council and its committees and report any findings to the Planning Council and Recipient as identified in the Annual Work Plan of PCS Activities.
- 9) PCS will research best practices to ensure that the Planning Council's by-laws, governance policies, and procedures are amended as needed.
- 10) PCS will conduct the administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of Recipient and Planning Council.
- 11) PCS will develop and maintain the Planning Council's website and social media accounts.
- 12) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:

- 1) **Procurement:** Managing the process for awarding contracts to specific service providers
 - 2) **Contracting:** Distributing funds according to the priorities, allocations, and directives of the Planning Council.
 - 3) **Contract Monitoring:** Monitoring contracts to be sure that providers are meeting their contracted responsibilities in compliance with established standards of care. Recommending re-allocations during the grant year based on service category performance.
 - 4) **Grant Application:** Preparing and submitting the Ryan White Program Part A grant application for the EMA.
 - 5) **Expenditure Reporting:** Reporting Ryan White Part A and MAI expenditures monthly to the Planning Council.
 - 6) **Assessment of the Administrative Mechanism Response:** Providing information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
 - 7) **Requests for Technical Assistance:** Submit requests for Technical Assistance to HRSA when the Planning Council desires Technical Assistance. Providing technical assistance to service providers on an as-needed basis to build capacity and improve contract compliance and service delivery.
 - 8) **Relay of Communications from HRSA:** Providing the Planning Council with HRSA Ryan White Program policy and guidance communications.
 - 9) **Consumer Grievances:** Establishing and carrying out a mechanism to assist consumers with grievances about the services they receive.
- D. The Recipient and the Planning Council share the following legislative responsibilities with one entity having the lead role for each as stated below:
- 1) **Needs Assessment:** Determining the size and demographics of the population of persons living with HIV in the EMA, and their service needs. The Planning Council has primary responsibility for needs assessment, with the recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category
 - 2) **Comprehensive Planning:** Developing an Integrated HIV Prevention and Care plan for the delivery of core and support service within the EMA. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The Recipient can rereview and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS bureau (HRSA/HAB)

- 3) **Evaluation:** The Recipient is responsible for measuring the Ryan White Part A and MAI programs' success in meeting performance measure provided by HRSA; determining the impact services are having on overall client health outcomes; and evaluating the cost effectiveness of services. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient which may incorporate the findings of special studies.
- 4) **Standards of Care:** Developing and maintaining standards of care indicators in accordance with best practice standards where available for the relevant service categories. Recommendations from a committee of experts will be sought in the development of the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. **Administrative Responsibilities-** In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and management with the recipient:

- 1) **Fiscal Management of PCS Funds:** The Recipient provides fiscal management of PCS funds. The annual PCS budget is part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff monitors Planning Council expenditures, based on fiscal reports provided by the PCS provider agency. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines and Broward County financial management regulations.
- 2) **Contract for Planning Council Consultants or Services:** The PCS provider agency provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the qualifications of the provider and the scope of work required of the consultants and other contractors that are paid through Planning Council funds. The Planning Council must consult the Recipient in this process to meet Broward County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by PCS.
- 3) **Office Space:** Where possible, the Recipient and the PCS will maintain separate distinct office spaces. The Recipient takes the lead in providing appropriate office space for both entities. Office space for PCS must meet all Americans with Disabilities Act (ADA) requirements.

- 4) **Operational Support:** The Recipient and PCS will provide operational support for the Planning Council including, but not limited to office space, computers, software, telephones, copier, printing services, fax machine, and office supplies; meeting space for Planning Council meetings.
- 5) **Hiring of Planning Council Support Staff:** PCS are hired by the PCS provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.
- 6) **Annual Application Process:** The Recipient has primary responsibility for preparation and submission of the Part A application. PCS provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves the action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

III. Information/Document Sharing and Reports/Deliverables

- A. Overview: It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality. The responsibilities of the Planning Council are used as the framework for structuring Section III of this MOU. This section is intended to clarify the deliverables of both parties as they relate to the roles and responsibilities defined in the previous section. Further, the Recipient in its role as Grantee recognizes that the Planning Council has sole responsibility for determining priorities and allocations during the priority-setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives, or changes in the current process must be brought to the Planning Council for approval ninety (90) days prior to implementation.
- B. The Planning Council will provide the Recipient with the following information and materials:
 - 1) A dated list of Council members and their terms of office, with primary affiliations as appropriate to be provided annually and updated as needed throughout the year, in accordance with current Notice of Award (NoA) guidelines.
 - 2) Notification of the Planning Council's monthly meetings, retreats, orientation, training sessions, and other Planning Council events, at the same time notification goes to Planning Council members.

- 3) The meeting notice, agenda, and meeting packet for each Planning Council meeting, are to be provided at the same time they are provided to Planning Council members.
 - 4) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities. This is the same information that is submitted to HRSA/HAB as part of the Part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.
 - 5) Copies of final planning documents prepared for the Planning Council.
 - 6) Information or documents needed by the Recipient to complete sections of the Part A grant application related to the Planning Council and its functions, to be provided on a mutually agreed upon schedule.
- C. The Recipient will provide the PCS Coordinator with the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year.
- 1) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
 - 2) Utilization of data by service category, including client numbers and demographics to be provided monthly.
 - 3) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, the amount spent to date, over- and under-expenditures, and any unobligated balances by service category and suggested reallocations, will be provided on an as need basis by the Recipient. Any suggested reallocations will be presented to the PSRA Committee when the Recipient determines that a reallocation of funds between categories is necessary.
 - 4) Information and recommendations requested as needed by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year, but it will typically include epidemiological data, cost and utilization data, and an estimate of unmet needs for primary health care among people living with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at mutually agreed-upon dates and times.

- 5) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.
 - 6) Carry over information as it becomes available. This includes the actual carryover from the Financial Status Report and the approved carryover plan submitted to HRSA/HAB. Each document will be provided to the Planning Council at the next business meeting following submission or receipt.
 - 7) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
 - 8) When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. If the request comes from a subcommittee of the Planning Council, the request must come from the Chair of the committee.
- D. PCS on behalf of the Planning Council is responsible for submitting reports and deliverables to the Recipient as follows:
- 1) **Monthly Progress Report:** Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.
 - 2) **Quarterly Reports:** Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include a Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report.
 - 3) **Program Evaluation:** Prepare the Planning Council Annual Report with a comparative analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. The report should be presented to the Recipient and the Planning Council.
 - 4) **Marketing Plan:** Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities.
 - 5) **Communication Plan:** Prepare a plan for timely and effective communication between PCS, Planning Council, and Recipient.

- 6) **EMA Benchmarking Report:** Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to assess and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.
- 7) **Recipient's Annual Progress Report:** Prepare client-level data for a report that includes an analysis of the health outcomes of clients. This report must, at a minimum, assess the capacity and determine the impact of the Broward County Ryan White system of care.
- 8) **Calendar of Monthly Activities:** Provide a calendar of the monthly Planning Council meetings and activities by the 15th of each month for the upcoming month.

IV. Communication

A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:

- 1) **Establishing and maintaining open communication:** Recipient staff, PCS, and Planning Council members will share information in a timely fashion and review shared information when it is received.
- 2) **Recipient attendance at Planning Council meetings:** At least one Recipient staff member will attend all full Planning Council and Committee meetings. Every Planning Council standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Request for information from the Planning Council to the Recipient and vice versa, along with a timeline for producing the information will be recorded in the meeting minutes.
- 3) **Designated Liaisons:** The Recipient and Planning Council will have designated liaisons for information requests, questions, or concerns that arise outside of the Planning Council meetings. The Human Services Administrator will be the designated liaison for the Recipient and the Planning Council Chairs, or their designees will be the designated liaisons for the Planning Council. In the absence of the Human Services Administrator, the Recipient will designate a representative to act as the liaison.

B. **Confidentiality:** Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings. However, due to confidentiality, the following information will not be shared:

- 1) To maintain the confidentiality of sensitive information, the Planning Council will not share the HIV status of Planning Council members

who have not publicly disclosed that they are living with HIV. The HIV status of Planning Council members will not be shared with Recipient staff or with other Planning Council members except with those who are involved in the member nomination process and monitor Planning Council membership reflectiveness.

- 2) The Recipient will not disclose information about applicants for funding to provide services or the performance of individual vendors contracted to provide services. Information will be provided only by service area and activity.
- 3) Information about the individual salaries of the Recipient and PCS will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.

C. **Clarification:** The Planning Council and the Recipient will work together to clarify, and revise policies and procedures that are confusing or problematic.

V. Special Requests

- A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) business days from the date of request to notify the requestor if it can or cannot respond to the request and when it can fulfill the request. During the five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether to respond to a request: the amount of information, the financial costs of gathering the information, how the request relates to the committee work plans, and how the request affects the operations of the Planning Council.

Where a Planning Council Committee does not agree with a decision not to respond to a request such a decision may be appealed through the Executive Committee which will then decide whether the issue should be brought before the full Planning Council for a vote.

VI. Settling Disputes of Conflicts

- A. If conflicts or disputes arise regarding the roles and responsibilities specified in Section II of this MOU, the signatories will pursue the following procedures to resolve them:
 - 1) Begin with a meeting between the signatories to attempt to resolve the situation within five working days after the issue or dispute arises.
 - 2) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or his/her representative within five working days after the initial meeting between the signatories to resolve the situation. The decision of the CEO will be final unless the conflict arises from legislative responsibility issues.

- 3) If the meeting with the CEO does not result in a resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within 10 working days of the meeting with the CEO.
- 4) If the meeting with the mediator does not result in the resolution of the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all those involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within 10 working days of the meeting with the mediator and the first arbitration meeting will be held within 20 working days after selection. The costs of the mediation and arbitration processes will be split equally between the Planning Council and the Recipient administration budgets.
- 5) The time for each of the above steps used to settle disagreements may be extended by mutual agreement of the parties involved.

VII. Responsible Parties and Contact Information

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time this MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

1) **For the Planning Council**

Planning Council Chair
c/o Planning Council Support Provider currently:
Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100,
Fort Lauderdale, FL 33020
Tel: 954-561-9681
Fax: 954-564-1885
E-mail: hivpc@brhpc.org

2) **For the Ryan White Administrative Agency**

Director Community Partnerships Division
Broward County Human Services department
115 S. Andrews Ave,
Fort Lauderdale, FL 33301
Tel: 954-357-_____
Fax: 954-357-5897
E-mail: _____

VIII. MOU Duration and Review

- A. **Effective Date:** This MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
- B. **Duration:** This MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the recipient of Part A funding for the EMA.
- C. **Process for reviewing and revising the MOU:** This MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
- 1) Following each reauthorization or legislation revision of the Ryan White legislation by the U.S. Congress, ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
 - 2) At least once every year, at the first meeting of the parties to this MOU.
- D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

IX. Signatures

Ryan White Part A Representative

Date

Planning Council Chair

Date

Planning Council Support

Date

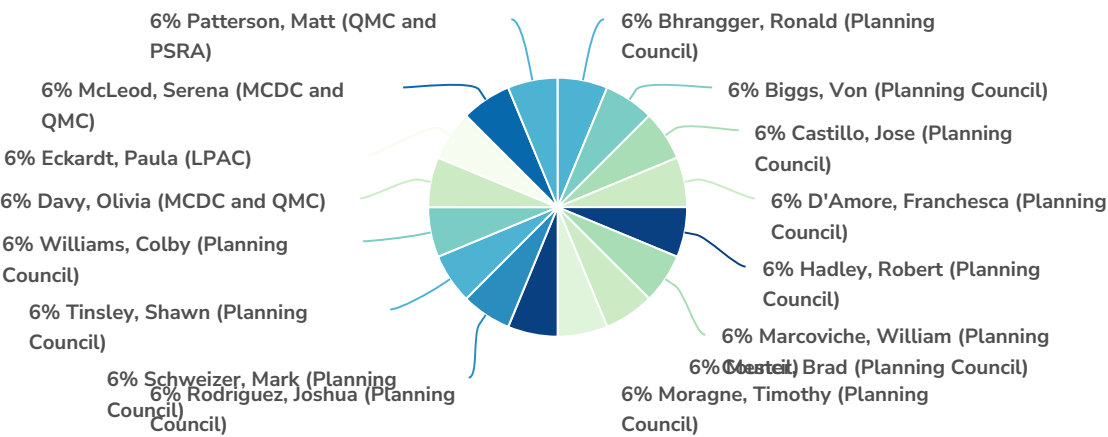
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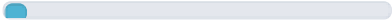
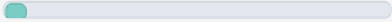
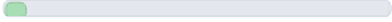
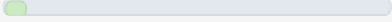
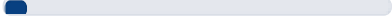
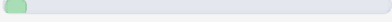
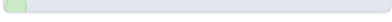
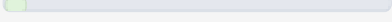
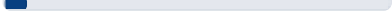
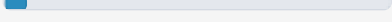
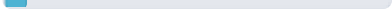
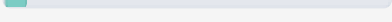
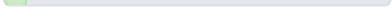
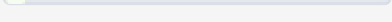
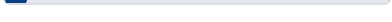
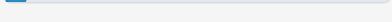
Response Counts



Totals: 16

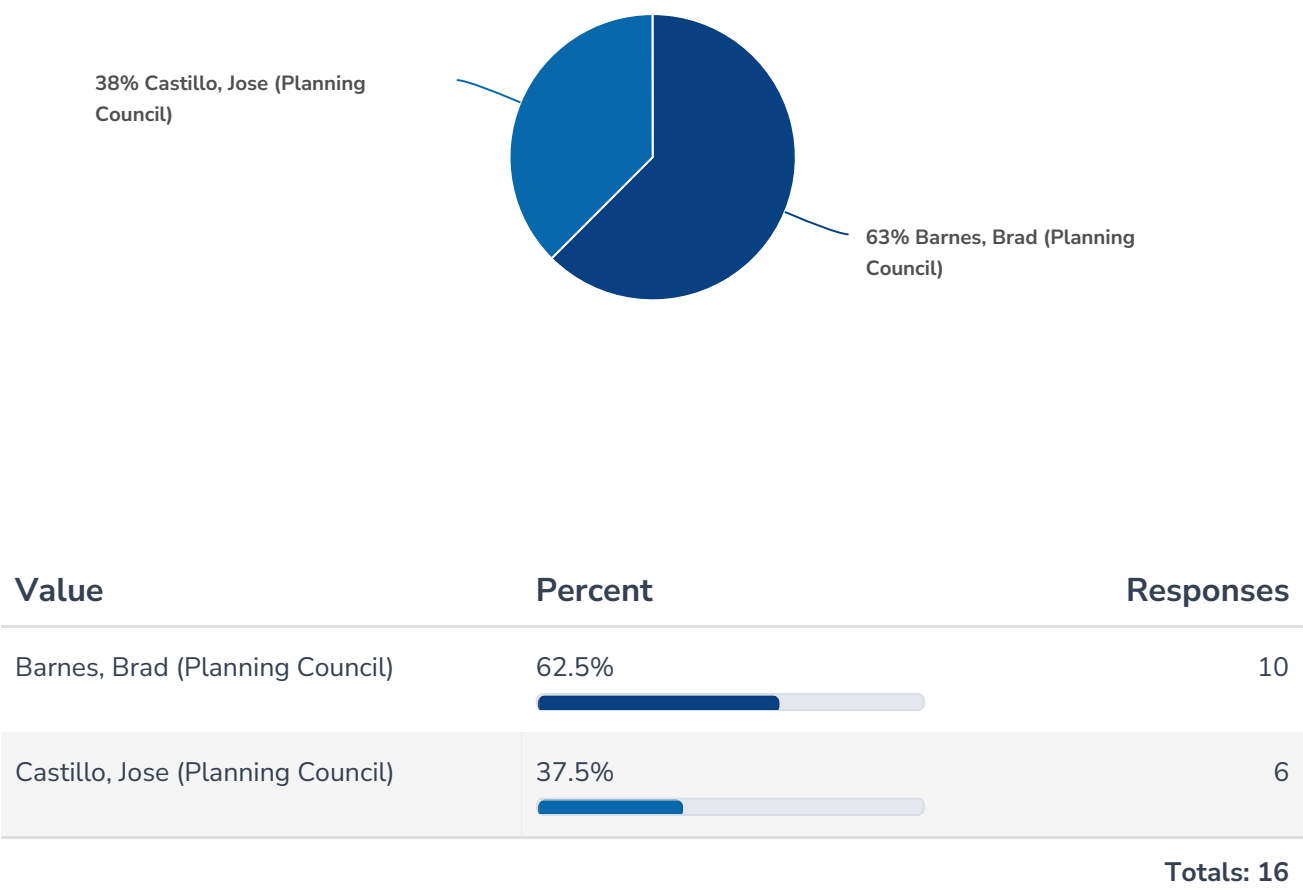
1. What is your name?



Value	Percent	Responses
Bhrangger, Ronald (Planning Council)	6.3% 	1
Biggs, Von (Planning Council)	6.3% 	1
Castillo, Jose (Planning Council)	6.3% 	1
D'Amore, Franchesca (Planning Council)	6.3% 	1
Hadley, Robert (Planning Council)	6.3% 	1
Marcoviche, William (Planning Council)	6.3% 	1
Mester, Brad (Planning Council)	6.3% 	1
Moragne, Timothy (Planning Council)	6.3% 	1
Rodriguez, Joshua (Planning Council)	6.3% 	1
Schweizer, Mark (Planning Council)	6.3% 	1
Tinsley, Shawn (Planning Council)	6.3% 	1
Williams, Colby (Planning Council)	6.3% 	1
Davy, Olivia (MCDC and QMC)	6.3% 	1
Eckardt, Paula (LPAC)	6.3% 	1
McLeod, Serena (MCDC and QMC)	6.3% 	1
Patterson, Matt (QMC and PSRA)	6.3% 	1

Totals: 16

2. Who is your choice of Member of the Quarter for Q1?



Broward County
HIV Prevention and Care Integrated Planning
Workgroup 2027-2031

[Voting Members](#)

As of July 2026

HIVPC

Lorenzo Robertson

Yahaira Barrientos

Ronald Bhrangger

Jose Castillo (Alternate)

BCHPPC

Emilio Aponte Seirra Paretti

Tatiana Williams

Brad Barnes

Vacant (Alternate)

SFAN

Ashley Mayfaire

Pending

Pending

Pending

Part A EHE Advisory Body Representatives

Michael Greene

Von Biggs

Guerline Verger-Coreus

Shalisa Hafley (Alternate)



Community Empowerment Committee (CEC) Workplan FY2026-2027

Meeting Time & Frequency: The first Tuesday of the month from 3:00 pm to 5:00 pm

Committee Purpose: The Committee shall inform and solicit the participation of individuals with HIV/AIDS in the planning, priority setting, and resource allocation processes. This Committee serves as a bridge between the Council and people with HIV in Broward. It encourages the involvement of individuals living with and affected by HIV/AIDS in the Council process and promotes integrated planning initiatives.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify the consumer voice.						
1.1	Host consumer/community forums/listening sessions.	- Utilize feedback to inform CEC's ranking of Ryan White services and refer results to the PSRA committee. - Utilize feedback to inform recruitment strategies and refer results to the Membership Committee (MCDC).	CEC/PCS Staff	August 2026, October 2026	T	<i>Planning in progress; August 2026</i>
1.2	Enhance CEC members' understanding of community engagement by supporting their development as committee participants.	- PCS staff will provide or coordinate a presentation on community engagement. - PCS staff will provide access to HRSA Ryan White Part A webinars that cover key topics related to the HIV Planning Council, community outreach, and active involvement, as it relates to needs assessments and integrated planning.	PCS staff	April 2026	C	
1.3	Receive presentation on Part A and MAI Service Categories to assist with ranking of core and support service categories.	- Receive a presentation on Part A service categories. - Receive a presentation on service utilization for the prior fiscal year.	PCS Staff/RW Recipient/ CQM Staff	April 2026	C	
1.4	Rank RW Part A Core and Support Service Categories	Rank/prioritize RW Part A Core and Support Service Categories as part of the PSRA process.	CEC/PCS Staff	April 2026 – May 2026	C	



Objective 2: Promote education and increase awareness to strengthen support for People Living with HIV (PWH).

2.1	Ensure consistent distribution of council-approved promotional materials to the community via physical handouts and electronic media.	- CEC will share promotional materials during community outreach events to raise awareness and engagement. - PCS staff will disseminate HIV Planning Council updates and HIV-related resources through the community listserv and social media platforms.	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026	T	Florida AIDS Walk – March 21, 2026 Man Up Festival – May 2, 2026
2.2	Collaborate with local organizations to partner with community stakeholders to engage in community events.	Collaborate with community stakeholders—including individuals living with or affected by HIV, community-based organizations, faith-based groups, healthcare providers, public health agencies, and local residents—to organize events aligned with HIV awareness days and other community initiatives.	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026	T	Florida AIDS Walk – March 21, 2026 Man Up Festival – May 2, 2026
2.3	Evaluate the impact of community activities to refine strategies and improve outreach effectiveness.	- Collect feedback from participants and track engagement metrics. - Provide relevant recommendations to HIVPC Committees such as PSRA, QMC, or SOC.	CEC/PCS Staff	September 2026, November 2026	T	<i>Following focus groups planned for August 2026 and October 2026</i>



Objective 3: Promote leadership development and public engagement opportunities for People Living with HIV (PWH).						
3.1	Support the capacity of PWH to be meaningfully involved in the planning, delivery, and improvement of RWHAP services.	1. Highlight the HIV Planning Council (HIVPC) during outreach efforts to raise awareness and encourage community involvement. 2. Share information about HIV advocacy, leadership, and service programs offered by local and national organizations. 3. Promote Peer engagements initiatives, such as the University of South Florida's "Peer Specialist – HIV Online Certification Program," to support leadership development and community empowerment among PWH.	CEC	Ongoing.	T	Peer Certification Course by the University of South Florida – March 3, 2026 Community Engagement Training from NMAC – date to be determined



System of Care Committee (SOC) Workplan FY2026-2027

Meeting Time & Frequency: Every first Thursday of the month from 9:30am to 11:30am.

Committee Purpose: The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

T =On Target; B = Behind Target; C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Assess whether Ryan White Part A services are being delivered as intended by analyzing client needs, service gaps, barriers to access, and health outcomes.						
1.1	Receive Needs Assessment training and presentation on the most recent Ryan White services needs assessment.	1. Develop committee knowledge of the Needs Assessment purpose and process. 2. Provide recommendations for future needs assessment based on the presentation.	PCS Staff	April 2026 – May 2026	C	
1.2	Receive presentations on service utilization trends and health outcomes within the Ryan White Part A system of care.	1. Utilize data-driven analysis to guide the revision of the How Best to Meet the Need (HBTMTN) language for clarity, accuracy, and effectiveness 2. Make recommendations to PSRA or QMC committees.	PCS/CQM Staff	April 2026 – May 2026	C	
1.3	Review and revise the HBTMTN language. Upon HIVPC approval, it serves as guidance for the Ryan White Part A Recipient on effectively addressing service priorities.	1. Evaluate the language used in HBTMTN and develop recommendations based on input from the Recipient, health outcomes data, and the Needs Assessment. 2. Forward recommendations to the PSRA committee.	SOC	May 2026	C	
Objective 2: Assess viral load suppression challenges within the Ryan White Part A population and provide targeted recommendations for specific subpopulations to the appropriate HIVPC standing committees.						
2.1	Review a system map of services and recommend ways to engage/reengage PWH who are not in	1. Based on evidence-based guidance, recommend targeted strategies and interventions for vulnerable	SOC/PCS Staff	Annually	T	



	care or are not virally suppressed.	populations who may not seek care or who may have fallen out of care. 2. Provide recommendations/findings to the appropriate HIVPC committee.				
Objective 3: Conduct annual review of quality improvement projects						
3.1	Receive presentations on Quality Improvement Projects (QIPs) among service providers.	Receive presentations regarding annual QIPs to identify trends and gaps in performance, helping the committee monitor progress and challenges across the system.	CQM Staff	February 2027	T	
Objective 4: Conduct annual review of service delivery models						
4.1	Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	Review service delivery models and provide recommendations for updates to QMC as needed.	SOC	January 2027	T	Joint Meeting QMC April 2026 – HICP SDM



Membership/Council Development Committee (MCDC) Workplan FY2026-2027

Meeting Time & Frequency: Every second Thursday quarterly (April, July, October, January), from 9:30am to 11:30am

Committee Purpose: 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. The Committee shall institute orientation and training programs for new and incumbent members. 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.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Ensure HIVPC is representative and reflective.						
1.1	Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members who are unaffiliated PWH quarterly.	- Review Council demographics at each MCDC meeting, with a focus on ensuring that at least 33% of members are unaffiliated consumers living with HIV (PWH). - Regularly assess Council composition to confirm it reflects the demographics of Broward County's population of people with HIV.	MCDC/PCS Staff	Quarterly - April - July - October - January	C – April 2026	Next Scheduled July 2026
1.2	Review seat status and ensure mandated seats are filled quarterly.	Monitor current member affiliations. Actively recruit to fill vacant mandated seats.	MCDC/PCS Staff	Quarterly - April - July - October - January	C – April 2026	Next Scheduled July 2026
1.3	Announce vacant positions at each Executive/HIVPC meeting as necessary.	Promote and explore avenues for recruiting new members.	MCDC/PCS Staff	Quarterly - April - July	C – April 2026	Next Scheduled July 2026



				- October - January		
Objective 2: Term Limits - Review and Certify Council Members' term limits schedule						
2.1	The MCDC will recommend prospective members to the Council six months before the conclusion of each three-year term	1. Certify members whose terms are set to expire and submit their names to the Executive Committee for review, then submission to the Council. 2. Once approved by the Council, PCS staff will notify the affected members and inform the Intergovernmental Office of each member's decision to either remain on the Council or step down.	MCDC/PCS Staff	April 2026 June 2026	C – June 2026	Prospective members forwarded to Executive & HIVPC June 2026.
Objective 3: Member selection process and application procedure development.						
3.1	Review and revise HIVPC and Committee applications as needed.	Review HIVPC and Committee applications to ensure that MCDC receives necessary information for its review of applications.	MCDC/PCS Staff	January 2027	T	
Objective 4: Ensure Compliance with the HIVPC Recruitment and Retention Plan						
4.1	Review and update Recruitment & Retention Plan annually.	Review the previous year's Recruitment & Retention Plan and revise based on outcomes and new initiatives/strategies.	MCDC	January 2027	T	
4.2	Conduct a quarterly review of the objectives and activities outlined in the MCDC Work Plan.	Complete the tasks outlined in the Recruitment & Retention MCDC Work Plan on a quarterly basis.	MCDC	Quarterly - April - July - October - January	C – April 2026	Next Scheduled July 2026
4.3	Utilize feedback from CEC and collaborative events to update recruitment and	Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities.	MCDC	Ongoing.	T	To be discussed July 2026



	engagement strategies on an ongoing basis.					
Objective 5: Recruitment & Engagement Efforts.						
5.1	Hold Membership Drive annually.	1. Conduct outreach with provider agencies or other HIV stakeholders via tabling and other engagement activities. 2. Educate HIV stakeholders to create recruitment opportunities for the HIVPC	MCDC/PCS Staff	Annually.	T	
5.2	Develop recruitment and website materials as needed.	Review and update existing marketing materials for distribution.	MCDC/PCS Staff	As needed	T	
5.3	Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.	Partner with HIVPC committees to participate in outreach activities.	MCDC/PCS Staff	As needed.	T	
Objective 6: Planning Council Development and Member Retention						
6.1	Conduct Member recognition: Member of the Quarter and Member of the Year.	Develop a system by which to recognize a member for their contributions to the work of the HIVPC.	MCDC/PCS Staff	Quarterly/Annually	T	Scheduled Q1 review July 2026.
6.2	Conduct orientation to educate newly appointed members on the HIVPC member roles and responsibilities as needed, with the option to include current members.	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.	PCS Staff	As needed.	T	
6.3	Offer mentorship program as necessary on an ongoing basis.	Implement a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law.	MCDC	Ongoing.	T	



Priority Setting and Resource Allocation Committee (PSRA) Workplan FY2026-2027

Meeting Time & Frequency: Every third Thursday of the month, from 9:30am to 11:30am

Committee Purpose: 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”.

T =On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Plan, prioritize, allocate, and monitor Ryan White services and expenditures.						
1.1	PSRA Overview	1. Explain Purpose and Goals a. Define what PSRA is and why it is essential for planning HIV services. b. Highlight its role in meeting HRSA requirements and addressing community needs. 2. Outline Key Components a. Describe the steps: data review, priority setting, resource allocation, and directives. b. Identify committees involved (QMC, SOC, CEC) and their contributions. 3. Present Timeline a. Provide an annual schedule for PSRA activities, including data collection, analysis, and decision-making.	PCS Staff	March 2026	C	
1.2	Federal Poverty Level Eligibility Determination for service categories	1. Define income thresholds based on the current Federal Poverty Level guidelines. 2. Specify percentage limits (e.g., ≤100%, ≤250% FPL) for each service category in compliance with RWHAP requirements.	Recipient Office	April 2026	C – March 2026	



1.3	Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC).	1. Core and support services utilization scorecards 2. Part A Client Health Outcome and HIV Continuum Data 3. HIV Needs Assessment: Community input through focus groups, surveys, community forums, and key informants. 4. HIV Epidemiology (FDOH) 5. Community Empowerment Committee ranking of Part A Services 6. Integrated HIV Prevention & Care Plan 7. RW Parts A-F, EHE, and HOPWA funding presentations. 8. Review 2025 Ryan White Program Services Report (RSR) 9. Unmet Need / (EIIHA- Early Identification of Individuals living with HIV/AIDS) <i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section III. Data Sets and Assessments</i>	PSRA/PCS Staff/HIV Stakeholders	May 2026	C - May PSRA 3 Day Data Workshops	
1.4	Annually review the SOC committee recommendations on language for meeting identified needs. This fulfills the HRSA requirement to provide the Recipient with directives on how best to address established service priorities.	Evaluate “How Best to Meet the Need” language recommendations from the SOC committee. <i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section IV. Situational Analysis</i>	SOC/PCS staff/PSRA	May 2026	C - May PSRA 3 Day Data Workshops	
1.5	Prioritize/Rank core medical and support services as defined in HRSA policy clarification notice 16-02	Use data elements in objectives 1.2, 1.3, 1.4, and 1.5 to inform the prioritization/ranking of core and support services.	PSRA	May 2026	C - May PSRA 3 Day Data Workshops	



		<i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section II. Community Engagement & Planning</i>				
1.6	Allocate RW Part A core medical and support services by service category annually.	Allocate RW Part A core medical and support services funds. <i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section IV. Situational Analysis</i>	PSRA	May 2026	C - May PSRA 3 Day Data Workshops	
1.7	Monitor expenditures and allocations bi-annually.	Recommend fund reallocations ('Sweeps') across service categories to ensure full utilization of RWHAP Part A funds and address priority service needs <i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section IV. Situational Analysis</i>	PSRA	• June 2026 • August 2026 • November 2026	T	PSRA forwarded sweeps work to HIVPC June 2026 Sweeps Cycle scheduled August 2026.
1.8	Review and approve the PSRA work plan annually.	Approve the work plan during the designated annual review session. <i>2027 – 2031 Broward Integrated HIV Prevention & Care Plan; Section V. Goals and Objectives</i>	PSRA	November 2026	T	
1.9	Review and update PSRA committee policies and procedures.	1. Verify compliance with HRSA guidelines and any applicable local or federal regulations. 2. Prepare a revised version of the policy, highlighting changes for transparency.	PSRA	January 2027	T	
1.10	Review Core Medical Services Waiver Updates	Support the Recipient Office submission of the HRSA RWHAP Core Medical Services Waiver Request Attestation Form	Recipient Office	March 2026	C	

Objective 2: Assess the Efficiency of the Administrative Mechanism (Ryan White Part A Office).



2.1	Ensure surveys are distributed annually to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	Receive update on the annual assessment surveys distribution to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	PCS Staff	September 2026	T	
2.2	Ensure subrecipient contracts are executed, and providers are reimbursed efficiently and promptly by the RWPA Recipient.	Receive survey results and submit final report, recommendations/findings to the HIVPC and the Recipient Office.	PCS Staff	January 2027	T	
Objective 3: Assess the Affordable Care Act (ACA) enrollment and the status of the Minority AIDS Initiative (MAI)						
3.1	Review how the ACA affects access to HIV services and insurance coverage for eligible clients.	1. Track ACA enrollment periods and outreach efforts within the service area. 2. Evaluate enrollment data to identify gaps in coverage among priority populations.	Recipient Office	• July 2026 • October 2026	B	
3.2	Determine the impact of the Minority AIDS Initiative on client outcomes.	Assess MAI funding trends and the impact on service delivery.	Recipient Office	• July 2026	B	



Quality Management Committee (QMC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Monday of the month, from 12:30pm to 2:30pm

Committee Purpose: To systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Evaluate the Clinical Quality Management (CQM) Program for effectiveness and impact						
1.1	Ensure the Clinical Quality Management Program remains responsive, data-informed, and aligned with federal (policy clarification notice 15-02) and local quality standards.	1. Review quarterly progress on the CQM Annual Work Plan. 2. Provide feedback and recommendations to improve program implementation and goal attainment.	QMC/CQM Staff	Quarterly • April • October • January	C – June 2026	
1.2	Review the current Priority Setting and Resource Allocation (PSRA) scorecard template to assess clarity, usability, and alignment with program goals.	Identify any areas for improvement and forward recommendations to the PSRA Committee	QMC	October 2026	T	
Objective 2: Monitor and strengthen implementation of the (QMC) Workplan						
2.1	Develop annual Quality Management Committee goals and identify objectives, strategies/action steps to achieve goals.	Recommend improvement to QMC activities.	PCS/CQM staff	Annually	T	Scheduled for October 2026
2.2	Conduct quarterly reviews of the Quality Management Committee Annual Workplan.	Assess progress on completing QMC activities.	PCS/CQM staff	Quarterly • April • October • January	C – June 2026	
Objective 3: Evaluate quality improvement initiatives to enhance service delivery and client outcomes						
3.1	Assess the effectiveness, relevance, and impact of quality improvement initiatives across the Ryan White Part A system to ensure services are equitable,	1. Review presentations and data on strategies targeting vulnerable or out-of-care populations; assess their effectiveness and recommend improvements to the appropriate	QMC/CQM staff	Bi-annually	C – June 2026	



	client-centered, and aligned with clinical best practices.	HIVPC committee and Ryan White Part A Office. 2. Monitor Quality Improvement Projects (QIPs) implemented by service providers; assess outcomes and provide feedback to strengthen future initiatives.				
Objective 4: Ensure Service Delivery Models reflect current standards and client needs						
4.1	Conduct annual evaluations of Service Delivery Models (SDMs) to verify alignment with the latest HIV clinical guidelines, Public Health Service (PHS) standards, and the evolving needs of clients. This process supports consistent, high-quality care across all Ryan White Part A-funded services and informs necessary updates to improve service effectiveness.	Evaluate SDMs as presented by the Recipient Office to ensure alignment with current HIV clinical guidelines and evolving client needs; recommend updates as needed in coordination with the System of Care Committee.	Recipient CQM staff	Annually	C - Joint SOC Meeting April 2026 – HICP SDM	
Objective 5: Assess and address the evolving service needs of people living with HIV (PWH)						
5.1	Ensure Ryan White services are responsive to the lived experiences, barriers, and priorities of PWH through data-driven analysis and community input.	1. Review findings from annual needs assessments, including focus groups, surveys, listening sessions, community forums, and evaluations. 2. Identify underserved populations and analyze client-level data to uncover disparities across the HIV Care Continuum. 3. Develop recommendations for the PSRA Committee to address identified service gaps.	PCS/CQM Staff	May 2026	C - PSRA Workshop Day 2; May 19, 2026	



Local Pharmacy Advisory Committee (LPAC) Workplan FY2026-2027

Meeting Time & Frequency: Meets quarterly on Fridays at 3:00 PM, with at least one meeting held annually.

Committee Purpose: Provide recommendations to improve the quality, cost-effectiveness, coordination, and allocation of pharmacy services within the Part A system of care; develop standardized pharmacy processes (including policies, procedures, drug access, and formulary changes); evaluate pharmacy utilization and eligibility data; and review current pharmacologic treatment regimens and federal guidelines.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Develop and provide recommendations for the AIDS Pharmaceutical Assistance (LPAP) Formulary.						
1.1	Present newly approved medications to the HIV Planning Council (HIVPC) for review and potential inclusion in the LPAP Formulary and provide recommendations for the removal of medications from the Ryan White Part A Formulary.	Identify newly approved HIV-related medications and develop supporting justifications for presentation to the HIV Planning Council (HIVPC) for consideration for inclusion in the LPAP Formulary and identify recommended medications for removal from the LPAP Formulary with supporting justifications for presentation to the HIVPC.	LPAC, Recipient, PSRA Committee, PCS Support	As needed	T	
Objective 2: Standardized Process for Formulary Change Requests						
2.1	Maintain a standardized process for submitting and reviewing formulary change requests.	Review and recommend updates, as needed, to the <i>RWPA Formulary Change Request Form</i> for submission to the HIVPC for approval.	LPAC, Recipient, & PCS Support	At least annually	T	
Objective 3: Pharmacy Data Analysis and Evaluation						
3.1	Assess pharmacy utilization data and develop a report of findings to support the priority setting and resource allocation process.	Provide recommendations to the PSRA Committee based on an analysis of HIV-related medication utilization, its impact on the Ryan White Part A system of care, and to support informed program decision-making.	Recipient, LPAC, PCS Support	As needed	T	

**Objective 4: Coordinate interdisciplinary review and alignment of pharmacologic regimens.**

4.1	Ensure coordinated, evidence-based pharmacy service delivery by adhering to current federal guidelines and standards of care for pharmacologic practices.	Facilitate structured dialogue among pharmacists and licensed healthcare providers to review pharmacologic regimens and federal guidelines, ensuring alignment with best practices.	LPAC, Recipient, PCS Support	As needed	T	
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Executive Committee (EXEC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Thursday of the month, from 12:45pm to 2:45pm

Committee Purpose: The Executive Committee meets to conduct the business of the Council and shall: Set the agenda for Council meetings; Address Conflict of Interest issues; Review Membership/Council Development Committee Attendance report; Oversee the planning activities established in the integrated HIV prevention and care plan; Develop and oversee committee work plans that address comprehensive planning goals and objectives; and Ratify recommendations for removal for cause from the Membership/Council Development Committee.

T =On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Oversee Planning Council Operations.						
1.1	Conduct assessment of HIVPC Meeting Evaluation Survey annually.	Review outcomes of surveys regarding meeting logistics, productivity, and areas of improvement.	EXEC	Annually	T	
1.2	Reinstate the By-Laws Ad Hoc Committee when necessary.	The committee will be reconvened to address pending parking lot items, and a By-Laws Chair shall be identified and appointed.	EXEC	August 2026	C	PCS Staff began seeking members April 2026. Committee received minimum number of members April 2026. Received an update June 25, 2026, on committee progress.
1.3	Track updates and proposed changes to the HIVPC By-Laws.	Receive updates from the By-Laws Ad Hoc Committee regarding all proposed amendments, revisions, and recommendations as they are developed.	EXEC	Annually	T	



		Forward recommended By-Law changes to HIVPC for final approval.				
1.4	Monitor committee activities and ensure quarterly progress toward work plan goals and objectives.	The Committee Chair or Vice Chair shall report quarterly on committee work plan status to share progress and identify underlying factors contributing to any unmet goals.	Chairs or Vice Chairs of EXEC, MCDC, CEC, QMC, SOC, PSRA, LPAC	Quarterly • April • July • October • January	C - April	
1.5	Monitor HIVPC membership and assess reflectiveness on a quarterly basis.	Report on Council and Committee reflectiveness and identify gaps to determine appropriate interventions to address HRSA requirements.	MCDC Chair/Vice Chair	Quarterly • April • July • October • January	T	
1.6	Receive an annual update on the Membership Recruitment Plan	The Executive Committee shall be provided with updates on the HIVPC Membership Recruitment Plan to ensure alignment with HRSA recruitment and retention requirements.	MCDC EXEC	Annually	T	
1.7	Execute term limit requirements in accordance with the established By-Laws.	Ensure the Council recommends prospective members to the County Commission at least four months prior to the expiration of each three-year term.	MCDC EXEC HIVPC	Annually		
Objective 2: Ensure that the Planning Council participates in integrated planning activities.						
2.1	Receive quarterly updates on the activities of the Integrated Workgroup.	1. Ensure Integrated Planning activities that pertain to the PC are reflected in appropriate PC Committees' work plan. 2. Ensure that an Integrated Workgroup representative provides quarterly updates during the HIVPC General Body meeting.	EXEC/Members appointed to the Integrated Workgroup.	Quarterly • April • July • October • January	T	



		3. Approve the Integrated Plan for the 2027-2031 Cycle and authorize the Chair or Vice /Chair to sign the Letter of Concurrence.				
Objective 3: Implement capacity/leadership development for Planning Council members.						
3.1	Schedule annual Planning Council Development training.	Schedule a training for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A updates, HIVPC policies and procedures, leadership development, Integrated Plan, Robert's Rules of Order, Broward County Code of Ethics.	EXEC/PCS Staff	Annual.	C	

MCDC Membership Strategy HIVPC Member Budget

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).

Member Distribution	As of 04/20/2026	As of 07/12/2026	Goal
Unaffiliated Consumer	8	9	12
Job-based Seat	10	9	14
NECL Seat**	5	5	9
Total Membership	23	23	35
Unaffiliated Consumers (%)	35%	39%	33%
Alternates	0	0	3

**Job-based seats are those seats filled based on employment*

***NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers and do not occupy the Job-Based Seats*

Member Roster as of July 12, 2026

MANDATED SEATS FILLED

People Living with HIV and Community

- ✓ Members of Affected Communities
- ✓ Unaffiliated Consumers
- ✓ Non-Elected Community Leader (NECL)
 - o Representatives of/or formerly incarcerated PWH

Federal HIV Programs

- ✓ Part B
- ✓ Part C
- ✓ Part D
- ✓ Part F
- o HOPWA

Public Health & Health Planning

- ✓ Hospital or Health Care Planning Agency
- ✓ Local Public Health Agency

Health & Social Services Providers

- ✓ Health Care Providers/FQHCs
- ✓ CBO/ASO – Community-based organization or AIDS Service Organization
- ✓ Mental Health
- ✓ Substance Abuse Provider

Broward County Ordinance 12.108.b

- ✓ Board of County Commissioners member

OPEN SEATS:

Job-Based

- State agencies (Medicaid agency)

Unaffiliated Consumers

- Affected Communities (3 additional Unaffiliated RWPA Consumers)
- Alternates (3)

MEMBERS APPOINTED BY BOARD OF COMMISSION

Matthew Patterson's application is pending. Otherwise, no newly appointed members for the quarter.

HIVPC Membership Reflectiveness

HIV Planning Council & Committee Demographics Report

Member Reflectiveness

The Membership/Council Development Committee ensures that the HIVPC represents the HIV epidemic in Broward County. MCDC accomplishes this task by reviewing the Council and Committees' demographics and identifying over and underrepresented populations.

HIV in Broward County and HIVPC Reflectiveness

The following table shows 1) HIV in Broward by Race/Ethnicity and by Sex; 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	6,602	29.31%	5	22%
Black, not Hispanic	10,154	45.08%	8	35%
Hispanic/Latino	5,225	23.20%	9	39%
Asian	195	0.87%	0	0%
American Indian / Alaska Native	16	0.07%	0	0%
Native Hawaiian / Pacific Islander	9	0.04%	0	0%
Multi-race / Other	323	1.34%	1	4%
Total	22,524	100%	23	100%
Sex	Population	Percentage		
Male	17,087	75.86%	19	83%
Female	5,437	24.14%	4	17%
Total	22,524	100%	23	100%

*Data Provided by the Florida Department of Health's HIV Surveillance Office as of August 15, 2025.

**HIVPC membership as of July 12, 2026

How This Information is Compared to the Epidemic

The Council is compared to the epidemic to determine where representation can be improved.

Key Points for Reflectiveness through July 12, 2026

- The HIVPC comprises 23 members, including eight unaffiliated consumer members. The percentage of unaffiliated consumers is 39%, above the HRSA-mandated 33%.
- Compared to the HIV epidemic demographic, where 45.40% are Black and not Hispanic, the HIVPC is underrepresented at 35%. There is still progress to be made.
- Compared to the HIV epidemic demographic, where 24.14% are women, the HIVPC is underrepresented at 17%.



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 eskizif 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 nesèsè 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

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

EIHA: 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 Notice

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.