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

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, 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

e. **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 **(Handout F)**
b. Part B **(Handout G1, G2)**
c. Part C **(Handout H)**
d. Part D **(Handout I)**
e. Part F
f. HOPWA
g. HIV Prevention *(Quarterly - April, July, October, January)* **(Handout J)**

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.
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 • Steve Geller • Beam Furr • Alexandra P. Davis • Hazelle P. Rogers

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

August 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
						1
2	3	Community Empowerment Committee (CEC) 3:00PM - 5:00PM 4	5	System of Care Meeting (SOC) 9:30AM - 11:30AM 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 20	21	22
23	24	25	26	27 HIV Planning Council Meeting 9:30AM to 11:30AM	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**.

August 2026

Broward HIV Health Services Planning Council Calendar

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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 fét: 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 tande, 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.

Handout A

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

Broward County HIV Health Services Emergency Planning Council Meeting

Thursday, June 25, 2026 – 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

HIVPC Members Present: B. Barnes, R. Bhrangger, V. Biggs, J. Castillo, F. D'Amore, J. De La Nuez, K. Hayes, R. Jimenez, A. Machado, W. Marcoviche, T. Moragne, L. Robertson, M. Schweizer, S. Tinsley, Y. Barrientos, R. Hadley, S. Hafley, C. Williams, J. Rogers

Members Absent: B. Fortune-Evans (excused), B. Mester, J. Rodriguez, H. Bahi

Recipient Part A Staff Present: G. James, T. Thompson, B. Spaulding, R. Pena, W. Cius, J. Roy, C. Evans, D. Watkins, T. Currie, R. Honick, A. Tareq

FL Department of Health/Recipient Part B Staff Present: No representatives

Planning Council Support & Clinical Quality Management Staff Present: G. Berkeley-Martinez, M. Rosiere, M. Lacroix, S. Isidore, D. Liao

Guests Present: M. Patterson, K. Tyree, O. Acosta, A. Mayfaire, A. Tender, D. Martinez, R. Labissiere, T. Adeagbo

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

The HIVPC Chair called the meeting to order at **9:39 AM**. and welcomed all attendees. The Chair noted that the meeting operates under Florida's "Government-in-the-Sunshine Law," which includes meeting reporting requirements and the recording of minutes. Additionally, attendees were informed that while acknowledgment of HIV status is not required, any disclosure would be subject to public record. PCS conducted a roll call of Council members, Ryan White Part A recipient staff, PCS/CQM staff, and guests, followed by a moment of silence.

1. **Public Comment:**

   None.

2. **Meeting Approvals**

   Motion #1: M. Schweizer, on behalf of HIVPC, made a motion to approve the June 25, 2026, HIV Health Services Planning Council agenda. The motion was seconded by L. Robertson and was passed unanimously.

Motion #2: J. Castillo, on behalf of HIVPC, made a motion to approve the May 28, 2026, HIV Health Services Planning Council minutes with an amendment from F. D'Amore to include the presence of S. Tinsley at the previous meeting. The motion was seconded by V. Biggs and was passed unanimously.

3. **Federal Legislative Report**

The report was included in the meeting packet.

4. **Consent Items**:
   a. **Action Item**: Motion to approve the follow HIVPC Members for Reappointment for the next term limit cycle January 2027 through December 2029; Brad Barnes, Ronald Bhrangger, Von Biggs, Jose Castillo, Franchesca D'Amore, Bisiola Fortune-Evans, Kendra Hayes, Rafael Jimenez, William Marcoviche, Brad Mester, Dr. Timothy Moragne, Lorenzo Robertson, Joshua Rodriguez, Dr. Mark Schweizer, and Shawn Tinsley.

   Justification: *In accordance with the HIVPC By-Laws, Article IV, Section 7, the Membership/Council Development Committee (MCDC) has reviewed members whose first terms conclude on December 31, 2026, and has voted to certify those seeking reappointment. Approval of these reappointments will enable the recommendations to be forwarded to the Broward County Board of County Commissioners for consideration, ensuring continuity of membership, sustained representation, and compliance with established appointment requirements.*
   PROPOSED BY: Membership/Council Development Committee

   Motion #3: R. Hadley made a motion to approve the follow HIVPC Members for Reappointment for the next term limit cycle January 2027 through December 2029; Brad Barnes, Ronald Bhrangger, Von Biggs, Jose Castillo, Franchesca D'Amore, Bisiola Fortune-Evans, Kendra Hayes, Rafael Jimenez, William Marcoviche, Brad Mester, Dr. Timothy Moragne, Lorenzo Robertson, Joshua Rodriguez, Dr. Mark Schweizer, and Shawn Tinsley. The motion was seconded by M. Schweizer and was passed unanimously.

5. **Standard Committee Items:** None

6. **Old Business:** None

7. **Discussion Items:**
   a. Approval of the 2027–2031 Integrated HIV Prevention and Care Plan Letter of Concurrence; plan highlights presented by Ashley Mayfair, Integrated Planning Workgroup Member
   Justification: *Approval is necessary to meet the June 30 HRSA and CDC deadline. The draft Broward County Integrated HIV Prevention and Care Plan was distributed to HIVPC members on June 9. The Letter of Concurrence authorizes the Chair to sign on behalf of the Council, confirming its agreement with the activities and strategies outlined in the plan.*

   A. Mayfaire, representing SFAN, presented an overview of the 2027–2031 Broward County Integrated HIV Prevention and Care Plan, which was approved several weeks earlier. She explained that the updated plan incorporates significant enhancements informed by extensive community engagement throughout the planning process. The presentation highlighted key improvements, the latest epidemiological data for Broward County, and the

revised priorities and objectives that will guide implementation over the next five years.

Y. Barrientos asked whether the Prevention Group still maintained a committee focused on addressing community needs. A. Mayfaire responded that the group had not been meeting. Y. Barrientos then questioned how the Integrated Plan would address community trust, particularly concerns related to immigration status, given the Prevention Group's inactivity, and asked whether those issues had been incorporated into the plan. B. Barnes clarified that the Prevention Group had, in fact, met on June 19, 2026, and provided an update on its recent activities.

Y. Barrientos also emphasized the importance of specifically reaching out to and addressing the needs of women of color. M. Schweizer expressed concern that the Integrated Plan had not demonstrated sufficient progress. A. Mayfaire stated that while committees and planning bodies are essential, meaningful participation depends on ensuring meetings are accessible in both location and scheduling. A. Tender raised concerns about the scheduling of the Prevention Group meeting on Juneteenth, noting that the holiday likely limited participation by Black consumers, community members, and providers.

V. Biggs questioned how the Integrated Plan would ensure that HIV testing and outreach activities are distributed fairly across Broward County. B. Barnes explained that oversight of implementation and evaluation falls to the Integrated Planning Workgroup, whose role is to monitor plan activities and ensure that identified priorities are being addressed. A. Mayfaire added that timely epidemiological data and improved communication among HIV testing organizations regarding cluster detection could help better target services to underserved communities. Y. Barrientos acknowledged the explanations but expressed concern that the plan remained too broad and lacked specificity regarding implementation.

B. Barnes recommended voting via roll call. M. Rosiere reviewed the available voting options—concur, concur with reservations, or not concur—and clarified several points regarding the Integrated Plan. R. Honick guided the committee through the motion and voting process.

Motion #4: R. Jimenez made a motion to accept the Letter of Concurrence as presented. The motion was seconded by J. Castillo and then withdrawn.

Motion #5: V. Biggs made a motion to either concur, concur with reservation, or not concur with the Letter of Concurrence. The motion was seconded by L. Robertson. Eight members voted to concur, six members voted to concur with reservations, and one member voted not to concur.

Name	Vote
1. Barnes, Brad	Concur
2. Bhrangger, Ronald	Concur
3. Biggs, Von	Concur with Reservations
4. Castillo, Jose	Concur
5. D'Amore, Franscheca; **HIVPC Vice-Chair**	Concur
6. De La Nuez, Julio (Jules)	-

7. Fortune-Evans, Bisiola	Absent
8. Hayes, Kendra	-
9. Jimenez, Rafael	Concur
10. Machado, Alondra	Concur
11. Marcoviche, William	Concur
12. Mester, Brad	Absent
13. Moragne, Timothy	Concur with Reservations
14. Robertson, Lorenzo	Concur with Reservations
15. Rodriguez, Joshua	Absent
16. Schweizer, Mark	Concur with Reservations
17. Tinsley - Jackson, Shawn; **HIVPC Chair**	Concur with Reservations
18. Hadley, Robert	Concur
19. Barrientos, Yahaira	Do not concur
20. Jonathan Rogers	-
21. Shalisa Hafley	Concur with Reservations
22. Colby Williams	-
23. Bahi, Haroun	Absent

Motion #6: B. Barnes made a motion to accept the Letter of Concurrence as presented. The motion was seconded by J. Castillo and passed with two votes opposed (V. Biggs and Y. Barrientos).

8. New Business:

a. **Action Item**: Motion to approve Local Pharmacy Advisory Committee (LPAC) Policies & Procedures

Justification: *The LPAC has been reestablished as a standing committee of the Broward HIV Planning Council. Accordingly, it is necessary to develop and implement formal policies and procedures that clearly define the committee's purpose, roles, responsibilities, structure, and operational processes. This framework ensures alignment with Planning Council requirements and supports the committee's effective and consistent functioning.*
PROPOSED BY: Local Pharmacy Advisory Committee

Motion #7: The Local Pharmacy Advisory Committee made a motion to accept the Local Pharmacy Advisory Committee (LPAC) Policies & Procedures as presented. The motion was seconded by V. Biggs. B. Barnes amended the motion to send the Policy and Procedures to MCDC to review the LPAC meeting frequency to ensure compliance with the Bylaws. The motion was passed unanimously.

b. **Discussion:** Motion to approve Local Pharmacy Advisory Committee (LPAC) Committee Work Plan.

Justification*: As a newly established standing committee of the Broward HIV Planning Council, the LPAC requires a work plan to outline its goals, objectives, activities, and priorities. The work plan will provide a framework for the committee's efforts, guide its activities throughout the year, and ensure alignment with the Planning Council's responsibilities and strategic priorities.*
PROPOSED BY: Local Pharmacy Advisory Committee

Motion #8: B. Barnes made a motion to accept the Local Pharmacy Advisory Committee (LPAC) Work Plan as presented. The motion was seconded by V. Biggs and was passed unanimously.

c. **Discussion:** Motion to approve Ryan White Part A Formulary Changes

Justification: *Proposed changes to the LPAC formulary were presented by Dr. Paula Eckardt and Von Biggs and subsequently reviewed and discussed by the committee. A motion was approved to adopt their recommendations, excluding antiretroviral medications (ARVs) and any drugs included in the Tier 2 formulary.*
PROPOSED BY: Local Pharmacy Advisory Committee

Motion #9: V. Biggs made a motion to accept the Ryan White Part A Formulary Changes as presented. The motion was seconded by J. Castillo and was passed unanimously.

d. **Action Item:** Approval of FY2026 Reallocation/Sweeps – Cycle One; *PSRA Chair*
Justification: The PSRA Committee's June 18th meeting was canceled due to the failure to meet the 48-hour agenda notification requirement. The HIVPC general body will review, discuss, and approve the reallocation of Ryan White Part A funds in accordance with the recommendations and justifications provided by the Recipient's Office.

B. Barnes explained why the June PSRA meeting was cancelled, which prevented the committee from reviewing the Reallocation/Sweeps before sending it to the HIVPC General Body. G. James explained that the proposed reallocation serves two purposes: reversing temporary funding changes made in response to earlier ADAP restrictions and correcting the Part A budget after the award was $546,795 less than requested, requiring a reduction of $370,216 to eliminate the budget deficit. He clarified that the current Notice of Award reflects an increase of approximately $200,000 compared with the prior year's award, but the award was also lower than the amount requested in the grant application.

T. Thompson explained that the Part A Office is closely monitoring expenditures and service utilization throughout the year due to several uncertainties affecting funding and service delivery. The Recipient Office learned that issues with electronic data imports may be affecting billing. T. Thompson stated that the office is working with providers to resolve the reporting issues, ensure fair reimbursement, maintain quality client care, and avoid a budget deficit by the end of the fiscal year.

Part A – Sweep From

Motion #10: J. Castillo made a motion to move $280,00 from Outpatient Ambulatory Health Services. The motion was seconded by M. Schweizer and was passed unanimously.

Motion #11: J. Castillo made a motion to move $409,125 from AIDS Pharmaceutical Assistance. The motion was seconded by V. Biggs and was passed with two abstentions (Shalisa, Lorenzo).

Motion #12: V. Biggs made a motion to move $689,125 from Part A. The motion was seconded by J. Castillo and was passed unanimously.

Part A – Sweep To

Motion #13: V. Biggs made a motion to move $38,909 in Medical Case Management. The motion was seconded by J. Castillo and was passed unanimously.

Motion #14: V. Biggs made a motion to move $10,000 in Trauma-Informed Mental Health. The motion was seconded by J. Castillo and was passed with two abstentions (R. Jimenez, L. Robertson).

Motion #15: J. Castillo made a motion to move $40,000 in Substance Abuse - Outpatient. The motion was seconded by F. D'Amore and was passed with two abstentions (L. Robertson).

Motion #16: F. D'Amore made a motion to move $230,000 in Non-Medical Case Management. The motion was seconded by V. Biggs and was passed with one vote opposed (V. Biggs).

Motion #17: J. Castillo made a motion to move a total $318,909 into Part A. The motion was seconded by M. Schweizer and was passed unanimously.

MAI – Sweep To

Motion #18: V. Biggs made a motion to move $7,500 into MAI Mental Health. The motion was seconded by M. Schweizer and was passed with one abstention (L. Robertson).

Motion #19: F. D'Amore made a motion to $7,432 to MAI Substance Abuse - Outpatient. The motion was seconded by J. Castillo and was passed with one abstention (L. Robertson).

Motion #20: T. Moragne made a motion to move $25,000 to MAI Non-Medical Case Management. The motion was seconded by V. Biggs and was passed with two abstentions (R. Jimenez and L. Robertson)

Motion #21: J. Castillo made a motion to move a total of $39,932 into MAI. The motion was seconded by V. Biggs and was passed unanimously.

9. Committee Reports

a. **Community Empowerment Committee – Canceled due to lack of quorum**
Chair: Lorenzo Robertson, Vice Chair: Vacant

The report stands.

b. **System of Care Committee – No meeting scheduled**
Chair: J. Castillo, Vice Chair: K. Hayes

The report stands.

c. **Membership/Council Development Committee – June 11, 2026**
Chair: T. Morange, Vice Chair: Vacant

The report stands.

d. **Quality Management Committee – June 15, 2026**
Chair: Bisiola Fortune-Evans, Vice Chair: Matthew Patterson

The report stands.

e. **Executive Committee – Canceled**
Chair: Shawn Jackson-Tinsley, Vice Chair: Franchesca D'Amore

The meeting was canceled.

f. **Local Pharmacy Advisory Committee – June 5, 2026**
Chair: Brad Mester, Vice Chair: Dr. Paula Eckardt

The report stands.

g. **Priority Setting and Resource Allocation Committee – Canceled**
Chair: B. Barnes, Vice Chair: Mark Schweizer

The report stands. B. Barnes reported that the committee will meet next in August.

S. Tinsley asked whether ADAP eligibility and formulary changes would revert to the current structure if the Governor vetoed or did not sign the budget. B. Barnes responded that his understanding was that the current provisions would remain in effect but noted that the Florida Department of Health had indicated there was no contingency plan in place. R. Honick stated that he could not provide a definitive legal opinion on how the state would proceed.

10. Recipient's Report

a. **Part A:**

The report stands. W. Cius made corrections to the report: that the event scheduled on August 29th will be in honor of National Faith HIV and AIDS Awareness Day and will be focused on creating a coalition between the HIV/AIDS community and the faith-based community.

V. Biggs asked if the Recipient Office experienced any issues with monitoring. T. Thompson discussed ongoing quality management efforts to better understand client service needs, including reviewing why some clients continue to require case management services after two to three years despite achieving viral suppression. In addition, the office is collaborating with case management providers to improve the quality and level of detail in case notes to support more accurate reporting and service documentation.

b. **Part B:** The report stands.

c. **Part C:** The report stands.

d. **Part D:** The report stands.

e. **Part F:** The report stands. M. Schweizer expressed satisfaction with the outcomes of their community partnerships.

f. **HOPWA:** No representative or formal report.

g. **Prevention:** The report stands.

11. Data Request(s): None.

12. Public Comment: None.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on **July 23, 2026**, at **9:30 a.m.** Location: Broward Regional Health Planning Council and Virtual through Microsoft Teams
    a. Recommended Bylaws Revisions
    b. NMAC Community Advocacy Presentation
    c. Discussion of Medical Case Management and Non-Medical Case Management

14. Announcements:

- L. Robertson: Black Art Awakening losing Reception. June 27, 2026, from 3:00 PM to 4:30 PM. The Pride Center at Equality Park, 2040 N Dixie Highway, Wilton Manors, FL 3305
- L. Robertson: "The Brothers Table", which will include a screening of the documentary "Tapestry". It will be held on June 29, 2026 at 7:00 PM, 1033 Sistrunk BLVD, Fort Lauderdale, FL 33311
- V. Biggs: Silver Pride Collective at Holy Cross Health, on the second Monday from 4:30 to 5:30 PM.
- F. D'Amore: October, Positive Living Conference.
    - Franchesca's presentation regards merging Eastern and Western medicine with a focus on chronic illnesses like HIV.
    - Von's presentation will be on finding your voice and finding your story.
    - Robert's presentation will be on faith and HIV.
- M. Schweizer: Will be visiting Workman School of Dentistry to incorporate an HIV curriculum into their school.

15. Adjournment

There being no further business, the meeting was adjourned at **11:50 AM**

HIVPC Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	26	26	9	23	28	25							
1	Barnes, B.	X	X	X	X	X	X	X							
2	Bhrangger, R.	X	X	X	E	X	X	X							
3	Biggs, V.,	X	X	X	X	X	X	X							
4	Castillo, J.	X	X	X	X	X	X	X							
5	D'Amore, F. (Vice-Chair)	X	X	E	X	X	X	X							
6	B. Fortune-Evans	X	X	X	X	X	X	E							
7	Hayes, K.	A	X	A	X	X	X	X							
8	Jackson-Tinsley, S. (Chair)	X	X	X	X	X	X	X							
9	Jimenez, R.	X	X	X	X	X	A	X							
10	Machado, A.	X	X	X	X	A	X	X							
11	Marcoviche, W.	X	X	E	E	E	X	X							
12	Mester, B.	X	X	X	X	X	X	A							
13	Moragne, T.	X	X	X	X	X	A	A							
14	Robertson, L.	X	X	X	A	X	A	X							
15	Rodriguez, J.	X	X	X	X	X	X	X							
16	Schweizer, M.	X	X	X	X	X	X	X							
17	De La Nuez, J.	A	X	A	X	A	X	X							
18	Hadley, R.	A	X	X	X	X	X	X							
19	Barrientos, Y.	A	X	X	X	X	A	X							
20	Williams, Colby	A	X	X	A	X	X	X							
21	Hafley, Shalisa	X	X	E	X	X	E	X							
22	Rogers, Jonathan	A	A	X	A	X	X	X							
23	Bahi, Haroun	X	A	A	X	X	X	A							
	Commissioner Rogers	A	X	A	A	A	A	X							
	Tyler, Natalie	A	A	A											R
	Creary, K.	X	E	A	A					Z					
	Quorum = 14	18	22	17	18	21	18	19							

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

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

LOCAL PHARMACY ADVISORY COUNCIL COMMITTEE (LPAC)

Revised and Updated:
Approved by HIVPC:

I. Purpose

The **Local Pharmacy Advisory Committee (LPAC)** to provide recommendations to improve the quality, coordination, and allocation of pharmacy services within the Part A system of care; develop standardized pharmacy processes (including policies, procedures, drug access, formulary changes, and impact analysis); evaluate pharmacy utilization, and eligibility data; coordinate pharmacy services across funding streams (e.g., ADAP, Part B, Medicaid, and private insurance); and review current pharmacologic treatment regimens and federal guidelines.

II. Policy Statement & Key Activities

The LPAC Committee is responsible for the following:

A. To make recommendations to the appropriate committees of the HIPVC to improve the quality, effectiveness, and allocation of resources to pharmacy services.
B. To develop and implement a standardized mechanism for pharmacy services. (i.e. policies and procedures, drug access, formulary changes and impact analysis).
C. To efficiently collect and evaluate current pharmacy data (i.e., utilization, eligibility) for the impact on the Part A system of care.
D. To coordinate pharmacy services in collaboration with other funding streams (i.e. ADAP, Part B, Medicaid, private payers, including private insurance providers).

III. Procedures

1. Data Collection and Review
    a. Collect pharmacy-related data, including utilization, eligibility, and outcomes, from relevant sources.
    b. Review and analyze data to identify trends, gaps, and areas for improvement in pharmacy services.
    c. Use data findings to guide recommendations and inform decision-making.

2. Formulary and Drug Access Review
    a. Conduct routine reviews of the local AIDS Pharmacy Assistance Program (LPAP) formulary at least quarterly or as needed based on emerging therapies.
    b. Evaluate requests for:
        i. Addition of new medications
        ii. Removal of outdated or ineffective medications
        iii. Therapeutic substitutions or restrictions
    c. Assess each formulary change based on:
        i. Clinical effectiveness and safety
        ii. Federal HIV treatment guidelines (e.g., DHHS guidelines)
    d. Maintain documentation of all formulary review decisions and rationale

IV. Membership

Individuals interested in serving solely as committee members must submit a standing committee application, which requires approval from the LPAC Chair and the HIVPC General Body.

The ideal committee composition shall include, but not be limited to, members with pharmacological and medical expertise and consumer representatives. Desired member qualifications include:

A. Willingness to collaborate and learn
B. Basic understanding of data interpretation
C. Familiarity with quality standards (local/state/federal)
D. Effective communication skills

Community members are not required to possess all competencies upon joining, but they must be committed to actively learning and engaging with quality management principles and systemic analysis.

Handout D

Broward County HIV Health Services Planning Council

COMMITTEE MEMBERSHIP APPLICATION

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

This application enables the applicant to join a committee(s), but not the general body of the planning council. In order to join the general body, see the HIVPC Membership Application.

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

Dear Interested Party,

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

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

Application Process

1. Complete application and submit to PCS staff.
2. Recieve approval from the chair(s) of the desired committee(s)
3. Recieve approval from the HIVPC General Body

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

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

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

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

Contact and Demographic Information

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

First Name: Olivia Last Name: Acosta

Home Address: Home Phone:

City, State, Zip Code: Cell Phone:

Employer (if applicable): AHF Occupation/Title: RN DCM

Business Address: Business Phone:

City, State, Zip Code: Fax:

Home Email: Business Email:

- I prefer to receive phone calls and messages at: ❑ Home ❑ Work ■ Cell
- I prefer to receive mail at: ■ Home ❑ Work
- I prefer to receive email at: ■ Home ❑ Work
- What is your sex? (check one):

  ❑ Male ■ Female ❑ Decline to state

- Race (check all that apply): White ❑Black ❑Asian Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ■Other (Specify) Brown
- Ethnicity (check one):

  ■Hispanic/Latino ❑Non-Hispanic ❑Other (Specify)
- Hispanic Subgroup (check one if any):

  ❑Mexican ❑Puerto Rican ■Cuban ❑Other (Specify)
- Asian Subgroup (check one if any):

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)
- Native Hawaiian/Pacific Islander Subgroup (check one):

  ❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ❑Yes ❑No
- Do you self-identify as HIV positive?* ❑ Yes, and I am open about my status ■ No ❑ I do not wish to disclose

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- Do you receive Ryan White Part A services? ❑ Yes ■ No ❑ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

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

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Committees of the Broward County HIV Health Services Planning Council:

Community Empowerment Committee (CEC)

Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

Membership/Council Development Committee (MCDC)

Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Priority Setting & Resource Allocation Committee (PSRA)

Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.'

Quality Management Committee (QMC)

Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff and client training and education.

System of Care Committee (SOC)

Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across various groups by engaging community resources to eliminate inefficiencies in access to services.

Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)

- ❑ Community Empowerment Committee (CEC)
- ❑ Membership/Council Development Committee (MCDC)
- ❑ Priority Setting & Resource Allocation Committee (PSRA)
- ❑ Quality Management Committee (QMC)
- ❑ System of Care Committee (SOC)

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

Please see attached

I am interested in serving on the HIV Planning Council because my work as a Disease Case Manager places me on the front lines of the HIV/AIDS care continuum every day. I work directly with Ryan White (RW) Program recipients, supporting clients as they navigate medical care, treatment adherence, housing instability, mental health challenges, stigma, and other barriers that impact their health outcomes. This role gives me a real-time understanding of the systemic gaps, service needs, and strengths within our local HIV care system.

Through my daily interactions with HIV-positive clients, I see firsthand how planning decisions translate into lived experiences—both the successes and the challenges. I want to bring that perspective to the HIVPC to help ensure that planning, resource allocation, and service priorities reflect the realities faced by the people we serve. My background in case management, client advocacy, and care coordination has equipped me with insight into service delivery, unmet needs, and opportunities for improvement across the continuum.

I am committed to advancing equitable, client-centered HIV care, and I believe my professional experience and direct engagement with RW recipients would allow me to contribute meaningfully to the HIV/AIDS planning process.

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Recruitment Information

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

  ❑ Through a service provider/agency

  ■Email

  ❑Online/Facebook/Twitter

  ❑Friend/HIVPC member (HIVPC Member name): _____

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

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

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

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

Olivia Acosta	06/24/2026
Applicant Signature	Date
Committee Chair Signature	Date
Committee Chair Signature	Date
HIVPC Chair Signature	Date

For PCS Staff Only

Action Taken:

Review Minutes from: _____

Approved 10.10.24

By-Laws Parking Lot Items Recommended by Ad-Hoc By-Laws Committee – Approved June 9, 2026 Approved by Executive Committee – Approved July 16, 2026

Handout E1

#	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 succussion.	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.

Handout E2

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 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, 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).

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/PWHA:** A person living with HIV/AIDS.

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).

~~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

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).

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.

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).

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

optimize access and resource allocation.

C. 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.

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).

END OF DOCUMENT

Handout F

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Admin/Contracts

- The Ryan White Part A Office continues to prepare amendments related to the eligibility modifications, voted on earlier this fiscal year.
- The EHE Program/Project Coordinator Senior position remains vacant.
- One Contract/Grant Administrator position also remains vacant.

Monitoring

- Monitoring season initiated in July of 2026; official notification letters continue to be routed to providers.
- New RW & EHE Monitoring Tool includes all the requitement related to contract, SDM, the Provider Handbook, and HRSA National Monitoring Standards Requirements.
- Final monitoring reports for 2025-2026 are still being sent to providers.

ADAP

- Governor DeSantis signed the State budget for the upcoming 2026-2027 fiscal year which includes:
  - Maintained eligibility at 400% FPL
  - Full restoration of the formulary July 1
  - Remove the review of the program from DOH and transfer responsibility to Office of Program Policy Analysis and Government Accountability (OPPAGA)

Outreach & Community Engagement

Food Insecurity Event-To Be Rescheduled

August 29th, 2026

- National HIV and AIDS Awareness Day 2026 - Pompano Beach Library Multipurpose Room 10 a.m. - 3 p.m.

December 2026

- December 1 - World AIDS Day Celebration- The Recipient Office is actively exploring community collaboration opportunities (African American Research Library and Cultural Center is a possible venue that has been reserved)
- December 8 - World AIDS Day Proclamation- Broward County Government Center East

Questions?

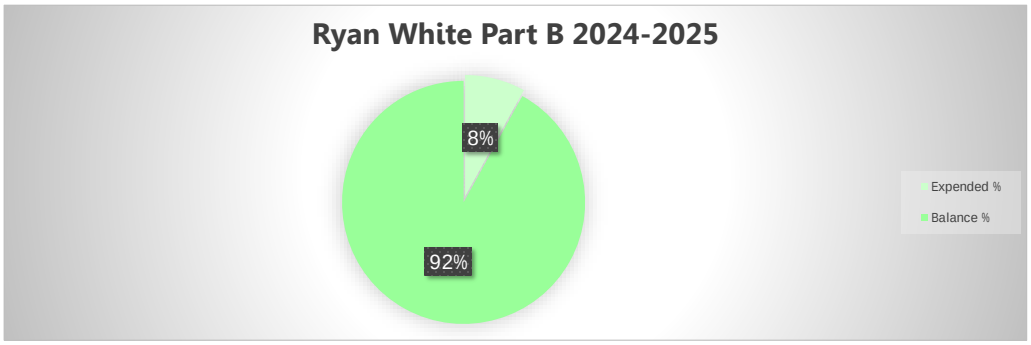
Ryan White Part B

PTC26: April 1, 2026 to March 31, 2027

Handout G1

Expenditures for May 2026

Service Category	*Allocated*	*Expended May 2026*	*Expended YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,825	$ 192	$ 384	0%	100%	$ 85,441.00
Health Insurance Premium/Cost Sharing	$ 187,750	$ 7,991	$ 11,538	6%	94%	$ 176,212.00
Home & Community Based Health	$ 25,000	$ 1,257	$ 2,052	8%	92%	$ 22,948.00
Medical Nutritional Therapy	$ 30,000	$ 9,509	$ 9,509	32%	68%	$ 20,490.62
Emergency Financial Assistance	$ 277,154	$ 1,280	$ 18,920	7%	93%	$ 258,234.00
Home Delivered Meals	$ 10,000		$ -	0%	100%	$ 10,000.00
Medical Transportation	$ 135,476	$ 5,764	$ 5,764	4%	96%	$ 129,711.91
Non-Medical Case Management	$ 227,628	$ 7,171	$ 16,681	7%	93%	$ 210,946.80
Referral For Health Care/Support Services	$ 95,000	$ 13,083	$ 18,724	20%	80%	$ 76,276.00
Residential Substance Abuse	$ 25,000		$ -	0%	100%	$ 25,000.00
Clinical Quality Management	$ 58,096	$ 5,068	$ 9,817	17%	83%	$ 48,279.00
Planning and Evaluation	$ 5,000		$ -	0%	100%	$ 5,000.00
TOTALS	$ 1,161,929	$ 51,316	$ 93,390	8%	92%	$ 1,068,539.33



ADAP REPORT June 2026

Enrollment June 2026

Total Enrolled June 2026	5399
ADAP Enrollments and Re-enrollments processed	354
New Clients (new to PE)	43*
Assessments completed using RWPA NOE	80

Viral Suppression June 2026

Total Virally Suppressed at 6 months	4403
Percentage of Virally Suppressed	92.23%
% Uninsured Virally Suppressed at 6 months	88.17%
% Insured Virally Suppressed at 6 months	95.95%

Missed Original Appointment Report June 2026

Missed Original Appointment Report	32%
Missed Original Appointment Report Last Month	33%

*The 43 new clients include both those who have recently been diagnosed and those who were already in care but faced hardships such as: losing Medicaid, losing employment, relocating, or becoming unable to afford premiums or copays.

Handout H

Ryan White Part C Monthly Report- **May 2026**

Broward HealthPoint

i. Total clients enrolled in the Part C program 1043

ii. HIV positive individuals who **attended medical care** as of **5/1/2026-5/31/2026**- **453**

iii. Test and Treat- Month- May 2026- (2-new, 12 re-engage)

Ryan White Part C Monthly Report- **June 2026**

Broward HealthPoint

i. Total clients enrolled in the Part C program 1045

ii. HIV positive individuals who **attended medical care** as of **6/1/2026-6/30/2026**- **529**

iii. Test and Treat- Month-June 2026- 9 re-engage

07/08/2026

Handout I

Ryan White Part D Monthly Report-**June 2026**

Broward HealthPoint

- Total clients enrolled in the Part D program - **1465**
- Approximate Total Number of HIV Positive Individuals - **578**
  - Total number of HIV Positive Individuals enrolled in Program break down-**Women-544 Children-4 Youth-30**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old **- 10**
- HIV positive individuals who **attended medical care** as of **06/1/2026- 06/30/2026**- **325**
- Test and Treat- Month-June 2026- 7 re-engage

07/08/2026

Handout J

AREA: 10 (Broward County)
HAPC: Joshua Rodriguez
Quarter: April-June 2026

What activities have you and/or your staff accomplished this quarter regarding the Four Key Components?

Test and Treat

- The table below displays the Test and Treat enrollments in Q2 2026:

	Quarter beginning	4/1/2026
	n	%
Referred	**179**	
Newly HIV Positive	42	23%
Reengagement	137	77%
unspecified*	0	0%
Enrolled	**170**	**95%**
Newly HIV Positive	38	90%
Reengagement	132	96%
Refused	3	2%
Unable to Locate	6	3%
Pending	0	0%
Ineligible	**55**	
Jail	51	
Out of Jurisdiction	4	
Negative	0	
Deceased	0	
Navigation	11	
Already in care	33	
Avg Days from Referral to Enrollment	0.65	
<1 day	138	81%
2 to 3 Days	11	6%
4 to 7 Days	10	6%
8+ days	11	6%

Ineligible, Navigation, and Already in Care are not included in the Total Referred. Navigation Clients already have medication, but need assistance navigating care. Ineligible Clients are either incarcerated, out of jurisdiction, found to be a false positive, or deceased.

Antiretroviral pre-exposure prophylaxis (PrEP)

- The table below displays oral PrEP enrollments from its inception in June 2018 to the end of Q2 2026:

Program through	6/30/2026	
TOTAL Oral R-PrEP Recipients	**16260**	
Total Enrolled in PrEP Navigation:	**13487**	**83%**
Private Insurance	7349	54%
PAP Assistance	6138	46%
Ineligible for Navigation	**2773**	**17%**
OOJ	2772	100%
Walk Outs:	1	0%
CONTRAINDICATED POST ENROLLMENT:	**174**	**1%**
HIV Positive	15	9%
Laboratory	159	91%

- The table below displays oral PrEP enrollments during Q2 2026:

Quarter beginning	4/1/2026	
TOTAL Oral R-PrEP Recipients	**678**	
Total Enrolled in PrEP Navigation:	**633**	**93%**
Private Insurance	342	54%
PAP Assistance	291	46%
Ineligible for Navigation	**45**	**7%**
OOJ	45	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**0**	**0%**
HIV Positive	0	-
Laboratory	0	-

- Among enrolled/in-jurisdiction clients, there were **1029** follow-up visits to BWC for lab work and oral PrEP prescription renewal between 4/1/2026 and 6/30/2026.

- The table below displays bimonthly cabotegravir injection PrEP enrollments from its introduction in October 2022 to the end of Q2 2026:

Program through	6/30/2026	
TOTAL Bimonthly cabotegravir R-PrEP Recipients	**406**	
Total Enrolled in PrEP Navigation:	**347**	**85%**
Private Insurance	283	82%
PAP Assistance	64	18%
Ineligible for Navigation	**59**	**15%**
OOJ	59	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**0**	**0%**
HIV Positive	0	-
Laboratory	0	-

- The table below displays bimonthly cabotegravir injection PrEP enrollments during Q2 2026:

Quarter beginning	4/1/2026	
TOTAL Bimonthly cabotegravir R-PrEP Recipients	**51**	
Total Enrolled in PrEP Navigation:	**46**	**90%**
Private Insurance	39	85%
PAP Assistance	7	15%
Ineligible for Navigation	**5**	**10%**
OOJ	5	100%
Walk Outs:	0	0%
CONTRAINDICATED POST ENROLLMENT:	**0**	**0%**
HIV Positive	0	-
Laboratory	0	-

- Among enrolled/in-jurisdiction clients, there were **148** follow-up visits to BWC for lab work and follow up injection between 4/1/2026 and 6/30/2026.

Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings.

HIV 500/501 Courses held:

- 500/501 on 04/15/26 with 10 participants
- 501 update on 04/09/26 with 16 participants
- 500/501 on 05/13/26 with 11 participants
- 501 update on 05/07/26 with 22 participants

Rapid Testing Technologies held:

- INSTI on 04/17/26 with 5 participants
- Oraquick on 04/17/26 with 5 participants
- SureCheck on 04/17/26 with 5 participants
- INSTI on 05/15/26 with 12 participants
- Oraquick on 05/15/26 with 12 participants
- SureCheck on 05/15/26 with 12 participants

- DOH Broward and non-contracted agencies distributed **454,404** prevention materials in the community during Q2 2026.
- DOH Broward staff delivered **32** Get PrEP Broward presentations reaching **221** community members. (**10** in April with **71** participants, **12** in May with **80** participants, **10** in June with **70** participants)
- DOH Broward staff made **435** visits to businesses participating in the Business Response to AIDS (BRTA) initiative. (**118** in April, **158** in May, **159** in June). They also recruited **5** new businesses to join the BRTA program. (**1** in April, **4** in May, **0** in June).
- A total of **161** free At Home HIV Test Kits and **65** At Home Syphilis Test Kits were shipped to community members who requested them via https://broward.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids/hiv-counseling-and-testing/index.html
- Additionally, HIV Prevention outreach staff distributed **324** free At Home HIV Test Kits and **32** At Home Syphilis Test Kits directly to community members during community events, presentations, and outreach activities.

Community outreach and messaging

A Broward County HIV Prevention Planning Council (BCHPPC) meeting was held at FDOH Broward's main auditorium on 6/19/2026. with 18 attendees. The HAPC provided EHE and prevention program updates, funded providers presented their services and impact, members reviewed updated bylaws and elected community co-chair and community co-chair alternate, and the attendees reviewed and discussed the 2027-2031 Integrated HIV Prevention and Care Plan.

The HIV Prevention team attended **16** community events in Q2: **5** in April, **7** in May, and **4** in June.

- On 04/02/2026, the Broward Sheriff's Office hosted an Education and Employment Resource Expo for recently incarcerated community members. The event included a presentation highlighting available financial and social resources. The expo featured five pillars of reentry support: community services such as Care Plus, employment opportunities, educational opportunities, basic needs such as housing and

food support, and wellness ranging from haircuts to HIV prevention. The HIV Prevention team provided education about HIV prevention and PrEP with 61 attendees and provided at-home syphilis and HIV test kits upon request.

- On 04/03/2026, the FDOH Broward HIV Prevention team attended the Heart Community Corner Resource Fair, a wellness event focused on families receiving maternity services. Organizations offering resources included Memorial Hospital's wellness department, Bluebirds, and Florida Atlantic University. Three attendees discussed HIV awareness, prevention methods, and treatment options.
- On 04/04/2026, the Pathway Pursuit expo to help youth plan for the future was hosted at Delevoe Park in Fort Lauderdale. The event featured workshops on college preparation and entering the job market, college admission reps, financial aid, and community resources. HIV Prevention staff provided educational materials about HIV and STD and information about ordering at-home test kits to 28 attendees.
- On 04/07/2026, the City of Sunrise hosted a World Health Day Senior Expo to connect seniors with resources and support services for an active and healthy lifestyle. Baptist Health offered blood pressure and cholesterol screenings on site, and Memorial Healthcare presented educational lectures. The HIV Prevention team served 37 attendees with information and educational materials.
- On 04/17/2026, HIV Prevention staff attended Carter Park Jamz, a free outdoor concert series. Other organizations in attendance included Herc's Heroes and the Broward County Supervisors of Elections office. Fifty-four attendees visited the HIV Prevention table for incentives and information about HIV Prevention, and 12 attendees also opted to receive free at-home HIV and syphilis testing kits.
- On 5/2/2026, the Ujima Men's Collective held their second annual Man Up! Festival, a community wellness event that featured screenings, health education, and games. Other participants included CAN Community Health, Broward Regional Health Planning Group, Manifestz Jewelz, and Wellness Fitness Training. FDOH Broward HIV Prevention staff provided prevention related literature and discussed HIV prevention methods including PrEP with 30 attendees.
- On 5/2/2026, City of Miramar hosted a Resource Fair for local families. Dozens of community partners offered resources, including Hispanic Unity, the Broward County Tax Appraiser's office, Empowered to Thrive, INC, and more. FarmShare provided free food for attendees. The HIV Prevention team engaged with 89 attendees about HIV Prevention and provided 50 at-home HIV test kits.
- On 5/15/2026, HIV Prevention staff attended Carter Park Jamz, a free outdoor concert series. Other organizations in attendance included Childhelp, Herc's Heroes a variety of food trucks. Twenty-one attendees visited the HIV Prevention table for incentives and information about HIV Prevention, and 9 attendees also opted to receive free at-home HIV testing kits.
- On 5/16/2026, HIV Prevention staff attended Smiley's 12th Annual Stroke Awareness Health Fair & Family Fun Day. The event featured CPR demonstrations, Zumba, activities for children, free food, giveaways, and health screenings including blood pressure, glucose, cholesterol, and HIV testing. Community partners in attendance included Broward Health and Chen Medical, and the tobacco prevention team joined HIV prevention in representing FDOH Broward. The HIV Prevention team discussed prevention strategies with 62 attendees and distributed 32 at-home HIV test kits.
- On 5/16/2026, the Greater Fort Lauderdale Diaper Bank hosted the Birth, Baby & Beyond Health Expo, featuring wellness information and resources geared towards families. Over 80 community programs including WIC, KidCare, the Girl Scouts of America, AvMed Plus, AIDS Healthcare Foundation, and more were in attendance. HIV prevention staff provided prevention education to 144 attendees and distributed 56 at-home HIV test kits.
- On 5/28/2026, HIV Prevention staff attended the Seminole Casino Classic Annual Employee Health Fair, which supplemented employee insurance information with wellness resources and community health organizations including Care Resource. HIV Prevention staff provided 75 attendees with HIV prevention and PrEP education, informational pamphlets, prevention materials, and incentives, and 14 attendees received at-home HIV test kits.

- On 5/30/2026, Nova Southwestern University hosted a Healthy & Proud Health Fair to promote overall health and wellness. NSU medical students performed free exams including ophthalmology and dermatology. NSU medical students also offered free screenings for blood pressure, blood glucose, and HIV tests. Other vendors in attendance included FDOH-Broward Tobacco Prevention, AT&T, the Pride Center, and Feeding South Florida. The FDOH-Broward HIV Prevention Program had a total of 48 face-to-face contacts. Best practices for sexual health and PrEP were discussed with eligible clients; for those living with HIV, U=U was discussed along with the importance of remaining in care.
- On 6/5/2026, City of Fort Lauderdale hosted the Starlight Music Festival, a free outdoor event featuring live music and food trucks. Other organizations in attendance included Feeding South Florida and the Humane Society. The Prevention team educated 8 attendees about HIV prevention methods, testing, and more.
- On 6/10/2026, HIV Prevention staff attended the Seminole Hard Rock & Casino Employee Health Fair. In addition to health information from attendees including Care Resource, Light of the World Clinic, and Chen Medical, the event featured free lunch for attendees, a DJ, and giveaways. There was a mobile mammogram offering breast cancer screenings. HIV Prevention staff engaged with 181 attendees about HIV Prevention methods and testing, with 102 attendees accepting a free at-home HIV test kit.
- On 6/13/2026, the FDOH Broward HIV Prevention outreach team attended the Third Annual Making Strides Community Health Fair. The event featured educational workshops for men and women and offered exercise sessions, “boot camp,” self-defense training, food distribution, and CPR certification alongside the many organizations offering information about health and wellness services. Several FDOH Broward programs were in attendance including Drowning Prevention, Tobacco Prevention, and Breast and Cervical which provided mammograms on a mobile unit. HIV prevention staff discussed prevention and provided educational materials to 56 attendees, 29 of whom accepted free at-home HIV test kits.
- On 6/27/2026, the HIV prevention team attended the second annual Sound Check Your Status event hosted at a local Walgreens pharmacy for National HIV Testing Day. AIDS Healthcare Foundation provided free HIV testing, and attendees who received an HIV test were eligible for free food, giveaways, and grocery distribution. The event included art activities and dance performances for entertainment. HIV Prevention team discussed the importance of routine HIV testing, prevention strategies, and knowing your status with 27 attendees, 14 of whom accepted a free at-home HIV test kit.

Perinatal Program

In Q2 2026:

- 7 HIV-positive pregnant women have been referred to the Perinatal Prevention program to case manage and ensure they are taking meds and receiving prenatal care.
- 11 infants have been born to HIV-positive women. To date, all infants have at least one negative PCR.
- There have been 1 congenital syphilis case. (April-1, May-0, June-0).
- Perinatal program staff have visited 36 OB/GYN offices to provide education on STI testing/treatment recommendations and reporting guidelines.
- Perinatal program staff have participated in 1 Haitian Radio PODS regarding HIV.

PREP REPORTING

PrEP Support Services

Please indicate whether activities are carried out by DOH, and/or Community Partners.

PrEP Navigation

1. Who provides PrEP navigation services in your area?
   ☒ DOH Lead: Tina Abraham (Broward CHD) ☐ Community Partner(s) ☐ None
2. Are there any gaps for PrEP navigation services in your area? If so, please elaborate.

N/A

PrEP Patient Assistance/Copay Programs Support

1. Who provides assistance with PrEP Patient Assistance Program/Copay paperwork/processes in your area?
   ☒ DOH Lead: Tina Abraham (Broward CHD) ☐ Community Partner(s) ☐ None
2. Are there any gaps for PrEP Patient Assistance/Copay services in your area? If so, please elaborate: **N/A**

DOH PrEP/nPEP Directory Update

Please click on the link, review the Department's PrEP/nPEP Directory and list any updates/changes for your area.
*Please make sure you have consent before adding any new private providers.
https://getprepbroward.com/directory

Please provide updates on any new PrEP/nPEP providers identified in your area during this quarter: **24**

- Concentra Urgent Care 1007 W. Commercial Blvd Fort Lauderdale 33309 954-564-2592
- Infectious Disease Consultants, Pa 3100 Coral Hills Drive Ste. 205 Coral Springs 33065 954-345-0404
- La Colonia Wellness Center 10181 Pines Blvd Pembroke Pines 33026 305-918-1134
- Medical Specialists Of The Palm Beaches 8100 Royal Palm Blvd. Coral Springs 33065 954-344-2288
- My Care Medical 8251 W Broward Blvd, Suite 102 Plantation 33324 954-581-8272
- Practical Management, Inc. 2209 N. University Drive Pembroke Pines 33024 954-674-2455
- Trinity Community Health 3156 S University Drive Miramar 33025 754-217-3929
- Healthstone Primary Care 2297 N University Drive Pembroke Pines 33024 954-322-0600
- Anthony A Chidiac, Md 601 E Sample Rd Ste 103 Deerfield Beach 33064 954-366-6039
- Broward Medical Associates/ Dr. Michael Alexander 7050 NW 4Th Street, Suite 203 Plantation 33317 954-424-9300
- Dove Medical Center 2901 W. Oakland Park Blvd. Unit. A4 Oakland Park 33311 954-510-3687
- Shawnette Saddler 9750 NW 33Rd Street Coral Springs 33065 954-320-3390
- Soma Medical Center, P.A. 5333 N. Dixie Hwy, Ste 209 Oakland Park 33334 954-229-1005
- St. Croix Medical Group 4010 NW 34Th Street Lauderdale Lakes 33319 954-486-7101
- Regine Bardsy 100 North State Road 7 Margate 33063 954-971-0330
- Westgate Medical Center 15814 West State Rd 84 Sunrise 33326 954-384-7200
- Aspire Health 74250 NW 5Th Street, Suite 101 Plantation 33317 954-998-4468
- Broward Medical Associates/ Steve Hizer, Pa-C 7390 NW 5Th Street, Suite 5 Plantation 33317 954-424-9300
- Calixte Medical Center 8910 Miramar Pkwy #117 Miramar 33025 954-442-6100
- Cano Health 3001 NW 49Th Avenue, Suite 100 Lauderdale Lakes 33313 855-226-6633
- Carmen Mejia-Carvajal/Happy Kids Pediatrics 5640 W Atlantic Blvd. Ste. 1 Margate 33063 954-657-8060
- PCC Of Tamarac 7166 Nobhill Rd Tamarac 33321 954-718-8700
- Physician Care Center 601 E Sample Rd. Ste. 110 Deerfield Beach 33064 954-783-5151
- Primary Medical 10650 W State Road 84 Davie 33324 954-399-9014For any new PrEP/nPEP providers identified, did you receive consent to have them listed on the Department's PrEP/nPEP Provider Directory?
  ☒ Yes ☐ No ☐ N/A

PrEP DATA

Number of PrEP Detailing

One-on-one provider/office detailing visits: 300 Providers at Practices: **621**	Provider education (group), summits, meetings, institutes, etc.: 0	Educational materials to providers (toolkits, posters, etc.): **300**

Number of PrEP Referrals

DIS: 255	Navigators: 0	Testing: **144**
Outreach & Education Staff: 0	DOH Clinical Staff: 0	Other: **585**

Total Number of Referrals: Our current PrEP program monitoring system tracks the referral sources listed by self-report only; there are no associated referral forms.

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH- Broward's treatment adherence program.

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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