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, August 27, 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

II. WELCOME FROM THE CHAIR

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

III. PUBLIC COMMENT

IV. ACTION: Approval of Agenda for August 27, 2026

V. ACTION: Approval of Minutes for July 23, 2026 **(Handout A)**

VI. FEDERAL LEGISLATIVE REPORT– Federal and State Legislative Report

VII. CONSENT ITEMS:

- **a. Action Item:** Motion to appoint Von Biggs to serve as Chair of the Local Pharmacy Committee (LPAC); HIVPC Chair

  Justification: *Von Biggs currently serves on the LPAC Committee and brings valuable*

leadership experience from the HIV Planning Council. Their experience with council leadership and member engagement makes them well suited to support LPAC.

b. **Action Item:** Motion to appoint Robert Hadley to serve as Vice-Chair of the Membership/Council Development Committee; HIVPC Chair

Justification: *Robert Hadley currently serves as a member of MCDC and provides valuable experience, knowledge, and perspective to the committee. His continued involvement and demonstrated commitment to the work of MCDC make him well-suited to serve in a leadership capacity as Vice-Chair.*

c. **Action Item:** Motion to approve Alondra Machado for Reappointment for the next term limit cycle January 2027 through December 2029; MCDC Chair **(Handout B1, B2)**

Justification: *In accordance with the HIVPC By-Laws, Article IV, Section 7, the Membership/Council Development Committee (MCDC) Chair has certified her for reappointment. Approval of this reappointment will enable the recommendation 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.*

VIII. DISCUSSION ITEMS

a. **Action Item:** Motion to approve FY2025-2026 Reallocation/Sweeps – Cycle 2 **(Handout C)**

Part A Core Services: To Sweep From

i. Motion to reallocate **$356,652** from the Ambulatory (Integrated Primary Care and Behavioral Health) Services.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to reallocate **$124,875** from the AIDS Pharmaceutical Assistance.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to reallocate **$15,000** from the Oral Health Care (Routine).
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

iv. Motion to reallocate **$70,260** from the Medical Case Management.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

v. Motion to reallocate **$10,000** from the Mental Health (Trauma-Informed).
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

vi. Motion to reallocate **$50,000** from the Medical Nutrition Therapy.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

Part A Support Services: To Sweep From

i. Motion to reallocate **$20,000** for Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to reallocate **$3,000** for Food Services (Food Voucher)
Justification: Underutilization in this service category.

PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to reallocate **$2,120** for Emergency Financial Assistance
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

iv. Motion to approve **total sweep <u>from</u>** Part A Core and Support Services **of $651,907**
PROPOSED BY: Priority Setting and Resource Management Committee

Part A Core Services: To Sweep To

i. Motion to sweep in **$32,441** for Oral Health Care (Routine)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

ii. Motion to sweep in **$153,013** for Medical Case Management
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

iii. Motion to sweep in **$35,630** for Mental Health (Trauma-Informed)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

iv. Motion to sweep in **$126,064** for Substance Abuse (Outpatient)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

Part A Support Services: To Sweep To

i. Motion to sweep in **$57,139** for Non-Medical Case Management (Centralized Intake and Eligibility Determination)**.**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to sweep in **$358,312** for Non-Medical Case Management (Case Management)**.**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to sweep in **$5,000** for Food Services (Food Bank)**.**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iv. Motion to sweep in **$64,334** for Emergency Financial Assistance**.**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

v. Motion to approve **total sweep <u>to</u>** Part A Core and Support Services **of $831,933***
PROPOSED BY: Priority Setting and Resource Allocation Committee
**Total Sweep includes added carryover funds.*

MAI Core and Support Service: To Sweep From

i. Motion to reallocate **$35,000** for MAI Ambulatory
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to reallocate **$20,000** for MAI Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to approve **total sweep <u>from</u>** MAI Core and Support Services **$55,000**
PROPOSED BY: Priority Setting and Resource Allocation Committee

MAI Core and Support Service: To Sweep To

i. Motion to sweep in **$55,000** for MAI Non-Medical Case Management (Case Management)
Justification: Overutilization in this service category

PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to approve **total sweep <u>to</u>** MAI Core and Support Services of **$55,000**
PROPOSED BY: Priority Setting and Resource Allocation Committee

IX. STANDARD COMMITTEE ITEMS: None.

X. OLD BUSINESS

a. Action Item: Ad-Hoc By-Laws Committee recommended revisions to the Broward HIVPC By-Laws **(Handout D1, D2)**

Justification: *Article X, Section 2 of the HIVPC By-Laws requires that all proposed amendments, including the full text of the recommended revisions, be provided to each Council member and alternate at least ten (10) days before the meeting at which they will be considered for adoption. The recommended revisions were distributed on July 24, 2026.*

XI. NEW BUSINESS

a. **Discussion:** 2026 National Ryan White Conference Update; *HIVPC Chair and Vice-Chair*

XII. COMMITTEE REPORTS

a. **Community Empowerment Committee (CEC)**
Chair: Lorenzo Robertson • Vice Chair: Vacant
August 4, 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**: September 1, 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
August 6, 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**: September 3, 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
Meets Quarterly – Next Meeting Scheduled October 8, 2026

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**: 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
August 17, 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**: September 21, 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
August 20, 2026

i. **Work Plan Item Update/Status Summary:** The committee reviewed standard consent items and updates to the Committee and Planning Council agenda procedures. Members also received an update from the HIV Planning Council Chair and Vice-Chair on key highlights and takeaways from the 2026 National Ryan White Conference.
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**: October 15, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

f. **Local Pharmacy Advisory Committee**
Chair: Vacant • 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.
iii. **Data Reports/Data Review Updates:** None.
iv. **Other Business Items:** None.
v. **Agenda Items for Next Meeting**: To be determined
vi. **Next Meeting Date**: September 4, 2026, at 3:00PM, at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

g. **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
August 20, 2026

i. **Work Plan Item Update/Status Summary:** The Committee reviewed and approved the FY2026 Reallocation/Sweeps – Cycle Two recommendations. Members also discussed planning for the 2026 ACA enrollment period and ADAP for FY2027 and discussed Office of Management and Budget (OMB) regulations and their potential impact on the PSRA Committee.

ii. **Rationale for Recommendations:** None.
iii. **Data Reports/Data Review Updates:** None.
iv. **Other Business Items:** None.
v. **Agenda Items for Next Meeting**
    i. **Discussion:** Assess the Efficiency of the Administrative Mechanism (Ryan White Part A Office)
    ii. **Discussion:** Determine the Impact of the Minority AIDS Initiative on Client Outcomes
vi. **Next Meeting Date**: October 15, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

XIII. RECIPIENT REPORTS

a. Part A **(Handout E)**
b. Part B **(Handout F1, F2)**
c. Part C **(Handout G)**
d. Part D **(Handout G)**
e. Part F
f. HOPWA
g. HIV Prevention *(Quarterly - April, July, October, January)*

XIV. DATA REQUEST(S)

XV. PUBLIC COMMENT

XVI. AGENDA ITEMS FOR THE NEXT MEETING

Next Meeting Date:

1. Thursday, October 22, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
2. Agenda Items
    a. To Be Determined

XVII. ANNOUNCEMENTS

XVIII. 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.

September 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 Community Empowerment Committee (CEC) 3:00PM - 5:00PM	2	3 System of Care Meeting (SOC) 9:30AM - 11:30AM	4	5
6	7  BRHPC Office Closed	8	9	10	11	12
13	14	15	16	17 PSRA Committee Meeting CANCELLED Executive Committee Meeting CANCELLED	18	19
20	21 Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	22 AGING Gracefully 10:00 AM - 1:00 PM 520 MLK Blvd Pompano Beach, FL 33060	23	24 HIV Planning Council Meeting CANCELLED	25	26
27	28	29	30			

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**.

September 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, July 23, 2026 – 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

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

Members Absent: V. Biggs, C. Williams, H. Bahi (excused)

Recipient Part A Staff Present: T. Thompson,J. Roy, C. Evans, S. Meza, S. Rimland, R. Honick

FL Department of Health/Recipient Part B Staff Present: S. Cook

Planning Council Support & Clinical Quality Management Staff Present: M. Rosiere, M. Lacroix, D. Liao, D. Cestaro-Seifer

Guests Present: O. Acosta, K. Tyree, A. Tender, K. Giglioli

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

The HIVPC Chair called the meeting to order at **9:36 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: J. Castillo , on behalf of HIVPC, made a motion to approve the July 23, 2026, HIV Health Services Planning Council agenda. The motion was seconded by B. Mester and was passed unanimously.

Motion #2: M. Schweizer, on behalf of HIVPC, made a motion to approve the June 25, 2026, HIV Health Services Planning Council minutes. The motion was seconded by R. Hadley and was passed unanimously.

3. Federal Legislative Report

S. Rimland reported that the Governor had signed the state budget and issued line-item vetoes. The final budget included $75 million in nonrecurring funding to maintain eligibility for the AIDS Drug Assistance Program (ADAP) at 400% of the Federal Poverty Level (FPL). The budget did not impose formulary restrictions, capped enrollment and direct medication provisions at 21,000 participants, and did not authorize the restoration of premium assistance. He noted that the Department of Health has indicated the current funding allocation may be insufficient to maintain ADAP eligibility at 400% FPL for the entire fiscal year.

S. Rimland also discussed new statutory reporting requirements for the Department of Health. The Department is required to publish monthly reports providing detailed accounting of ADAP operations. He reported that the Department of Health is required to conduct an independent evaluation of ADAP, including a comprehensive review of the March 2026 programmatic changes. Following a question from J. Roy, S. Rimland clarified that the required independent evaluation of ADAP will be conducted by the Office of Program Policy Analysis and Government Accountability (OPPAGA) rather than the Florida Department of Health.

S. Rimland then introduced a federal legislative update, noting that on March 29, 2026, the U.S. Office of Management and Budget (OMB) published a proposed rule that would substantially revise the federal Uniform Guidance governing the administration of all federal grants. According to S. Rimland, the proposed rule would shift the federal grant framework from a primarily compliance-based system to one that places greater emphasis on alignment with federal policy priorities. M. Rosiere informed the Council that she had noticed information related to those proposed changes during the application for a HRSA grant earlier this month. He noted that the proposal would also expand the federal government's authority to suspend or terminate grant awards during the grant period, potentially reducing the predictability and stability of federal funding for grant recipients.

Rimland concluded by reminding members that Florida's primary election is scheduled for August 18, 2026, with early voting preceding Election Day and vote-by-mail ballots already being distributed. He highlighted a proposed constitutional amendment that would appear on the November ballot to increase the state's homestead property tax exemption. The proposal would require approval by 60% of voters and, if adopted, would increase the homestead exemption to $150,000 on January 1, 2027, and $250,000 on January 1, 2028. The measure also directs the Florida Legislature to develop a process for the eventual elimination of homestead property taxes.

B. Mester asked whether the proposed property tax amendment included a mechanism to replace lost local government revenue. Rimland replied that the proposal does not currently designate any funding source to offset the anticipated revenue reductions. He explained that, as drafted, the amendment contains no provisions to replace the decreases in revenue that would affect counties, municipalities, or special taxing districts.

4. 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.*

Motion #3: The Executive Committee made a motion to 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. The motion was seconded by T. Moragne, but he later withdraw the motion.

Motion #4: T. Moragne, on behalf of HIVPC, made a motion to move Consent Item A to New Business. The motion was seconded by B. Mester and passed with two votes opposed (B. Fortune-Evans, B. Barnes).

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 Disease 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

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

Motion #5: The Executive Committee proposed a motion to approve the Consent Items as presented. The motion was seconded by T. Morgane and passed unanimously.

5. **Standard Committee Items:** None

6. **Old Business:** None

7. **Discussion Items:**

8. **New Business:**

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)

M. Lacroix read aloud questions that had been sent by V. Biggs ahead of the meeting, as he was not able to attend. B. Barnes recommended postponing consideration of the questions and referring them back to the Executive Committee for further review. B. Fortune-Evans asked whether the process being proposed was common practice and questioned why the questions were being introduced at this time. B. Mester suggested that the questions could be addressed at a later time.

During the discussion, T. Thompson explained the Recipient Office maintains an internal tracker for grievances and shares all trends or systemic concerns to the SOC and the Planning Council. M. Lacroix noted that all data request forms include a deadline by which the request must be fulfilled. T. Thompson and M. Lacroix confirmed that all patient identifying data is anonymized.

Motion #6: T. Moragne, of behalf of HIVPC, proposed a motion to approve the MOU as presented. The motion was seconded by T. Morgane and passed unanimously.

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

J. Castillo was announced as the winner for Member of Quarter.

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

The committee discussed the role and meeting frequency of the LPAC Committee. B. Mester requested clarification regarding LPAC's status as a standing committee rather than an ad-hoc committee. B. Barnes explained that maintaining an LPAC committee is a requirement under HRSA guidelines. He also stated that one of the primary challenges has been maintaining committee membership but emphasized that ADAP-related issues continue to warrant ongoing committee oversight. T. Thompson, M. Rosiere, and J. Roy expressed support for moving forward with LPAC as a standing committee.

On behalf of V. Biggs, M. Lacroix presented a bylaw-related question asking what criteria would be used to determine which meeting materials are distributed in advance and which are withheld. M. Lacroix clarified that any meeting materials submitted to PCS staff at least 48 hours before a scheduled meeting are included in the meeting packet, while materials received after that deadline are not included.

9. Committee Reports

a. **Community Empowerment Committee – July 7, 2026 (Canceled)**
Chair: Lorenzo Robertson, Vice Chair: Vacant

The report stands.

b. **System of Care Committee – July 2, 2026 (Canceled)**
Chair: J. Castillo, Vice Chair: K. Hayes

The report stands. J. Castillo welcomed O. Acosta to SOC.

c. **Membership/Council Development Committee – July 9, 2026**
Chair: T. Morange, Vice Chair: Vacant

The report stands. The committee is on target to complete its workplan by the end of the fiscal year.

d. **Quality Management Committee – July 20, 2026 (Canceled)**
Chair: Bisiola Fortune-Evans, Vice Chair: Matthew Patterson

The report stands. Due to monitoring, QMC had to be cancelled. B. Fortune-Evans welcomed O. Acosta to QMC.

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

The report stands.

f. **Local Pharmacy Advisory Committee – July 16, 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 announced that in August, this committee will conduct Sweeps.

10. Recipient's Report

a. **Part A:**

J. Roy reported that it continues preparing contract amendments related to the eligibility modifications approved earlier in the fiscal year. Hiring remains on hold for the Ending the HIV Epidemic (EHE) Program Project Coordinator Senior position and a Grants Administration position due to ongoing staffing challenges.

The 2026–2027 monitoring cycle began in July 2026, with notifications continuing to be distributed to providers. Under T. Thompson's leadership, the office developed a new Ryan White/EHE monitoring tool that consolidates contractual requirements, Service Delivery Model standards, Provider Handbook requirements, and HRSA National Monitoring Standards. Final monitoring reports for the 2025–2026 cycle are nearly complete, with only a few remaining. Staff noted that the delays are unusual and attributable to staffing

shortages.

J. Roy deferred the ADAP update, noting that a comprehensive legislative update had already been provided. She also reported that the food insecurity event is being rescheduled but remains a priority because of its impact on client health outcomes. Planning continues for National Faith HIV/AIDS Awareness Day on August 29, 2026, which will bring together faith leaders, healthcare providers, and community advocates. Commissioner Fisher has been invited to participate in the proclamation ceremony, and several faith leaders will be recognized.

The Recipient Office reported ongoing efforts to organize a collaborative World AIDS Day event on December 1, 2026, at the African American Research Library and Cultural Center. A Broward County World AIDS Day proclamation is planned for December 8, 2026, with Commissioner Davis expected to recognize community partnerships and the ongoing commitment to ending the HIV epidemic.

b. **Part B:**
S. Cook reported that the Ryan White Part B report was presented as written. She highlighted that the program was $100,265 under budget at the end of the second month but explained that the variance is consistent with historical spending patterns. Cook noted that expenditures typically increase during the third quarter and stated that the current underspending is not expected to affect the program's ability to fully expend its grant award during the current grant year.

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

d. **Part D:**
B. Fortune-Evans presented the Ryan White Part D report, noting that 1,455 clients were served during the reporting period. Of those, 565 were women, children, and youth, including 531 women, 4 children, 30 youth, and 6 HIV-exposed infants. She also reported that 295 clients received medical care during the month of May. In addition, the Test and Treat program served one newly diagnosed youth and four re-engaged clients, one of whom was pregnant.

J. Roy asked about the recent HRSA site visit. B. Fortune-Evans reported that the visit went well and that HRSA was aware of the challenges associated with recent ADAP changes, including concerns about medication changes. Fortune-Evans stated that HRSA advised recipients to use caution with the language included in grant applications, in regards to DEI. R. Honick added that no action is required at this time and that any ongoing developments are being communicated through appropriate leadership channels.

e. **Part F:** M. Schweizer reported that the funding notice for the next grant cycle had been received with funding remaining at the same level as the current cycle. He also noted that, based on his work with the state, there is increased sensitivity to DEI-related language and expressed concern that the AETC program may not be renewed.

B.Mester asked about MAI. Lawyer: Anybody's collaborating with uh Community Center to have a basketball league and that basketball league has boys teams girls teams guess what that's on the list now whether any of that now there are exceptions for things like state holidays federal requirements things like that but they're just at the information providing

cities so you know anything that's required by and again the minority aids initiative stuff like that specifically i'm not the one making any decisions with respect to any of this stuff but we are listing all that all of those things because that's what the state law requires it's a very broad state law and i need to refrain to commenting further.

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

g. **Prevention:** The report stands.
J. Rodriguez explained that the Florida DOH now requires documentation before approving a client's transition from insurance coverage to direct dispense. In addition to processing the benefit update, providers must submit documentation verifying the cancellation of the client's insurance and a statement explaining why coverage ended. He also reminded members that clients do not need to visit the ADAP office in person, as eligibility appointments and benefit updates can be completed by telephone.

B. Fortune-Evans commended N. Kellman and J. Rodriguez for their prompt response in assisting a two-year-old child who was without medication, noting that their efforts ensured the child received medication quickly. J. Rodriguez was recognized and received a national award as a test-and-treat model practice.

11. Data Request(s): None.

12. Public Comment: None.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on **August 27, 2026**, at **9:30 a.m.** Location: Broward Regional Health Planning Council and Virtual through Microsoft Teams

14. 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

15. Announcements:

- S. Tinsley thanked R. Honick for his guidance and assistance to the Planning Council is regard to legal matters.

16. Adjournment

There being no further business, the meeting was adjourned at **11:04 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	23						
1	Barnes, B.	X	X	X	X	X	X	X	X						
2	Bhrangger, R.	X	X	X	E	X	X	X	X						
3	Biggs, V.,	X	X	X	X	X	X	X	A						
4	Castillo, J.	X	X	X	X	X	X	X	X						
5	D'Amore, F. (Vice-Chair)	X	X	E	X	X	X	X	X						
6	B. Fortune-Evans	X	X	X	X	X	X	E	X						
7	Hayes, K.	A	X	A	X	X	X	X	X						
8	Jackson-Tinsley, S. (Chair)	X	X	X	X	X	X	X	X						
9	Jimenez, R.	X	X	X	X	X	A	X	X						
10	Machado, A.	X	X	X	X	A	X	X	X						
11	Marcoviche, W.	X	X	E	E	E	X	X	X						
12	Mester, B.	X	X	X	X	X	X	A	X						
13	Moragne, T.	X	X	X	X	X	A	A	X						
14	Robertson, L.	X	X	X	A	X	A	X	A						
15	Rodriguez, J.	X	X	X	X	X	X	X	X						
16	Schweizer, M.	X	X	X	X	X	X	X	X						
17	De La Nuez, J.	A	X	A	X	A	X	X	X						
18	Hadley, R.	A	X	X	X	X	X	X	X						
19	Barrientos, Y.	A	X	X	X	X	A	X	X						
20	Williams, Colby	A	X	X	A	X	X	X	A						
21	Hafley, Shalisa	X	X	E	X	X	E	X	X						
22	Rogers, Jonathan	A	A	X	A	X	X	X	X						
23	Bahi, Haroun	X	A	A	X	X	X	A	E						
	Commissioner Rogers	A	X	A	A	A	A	X	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	

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

Handout B1

August 20, 2026

Kilishi St Preux
Intergovernmental Affairs / Boards Section- Office of the County Administrator
100 S Andrews Avenue, Main Library, 8th Floor
Fort Lauderdale, Florida 33301

Subject: Term Limit Re-Appointments

Dear Ms. St. Preux,

At its August 27, 2026, meeting, the HIV Health Services Planning Council (HIVPC) unanimously voted to recommend **Alondra Machado** for reappointment by the Broward County Board of County Commissioners. Ms. Machado is completing her first term, which runs from January 2024 through December 31, 2026. The proposed reappointment would cover the term from January 2027 through December 2029.

In accordance with the HIVPC By-Laws, Article IV, Section 7, "The Membership/Council Development Committee (MCDC) will recommend prospective members six months prior to the end of each three-year term to the Council." Upon receipt of these recommendations, "The Council will recommend prospective members for appointment four months prior to the end of each three-year term to the County Commission" (Article IV, Section 7, Subsection 3).

A copy of Ms. Machado's reappointment application is provided for reference.

Sincerely,

Shawn Tinsley
Chair, Broward County HIV Health Services Planning Council

bcc: Franchesca D'Amore, Vice-Chair, Broward County HIV Health Services Planning Council

Dr. Timonthy Morgane, Membership/Council Development Committee Chair

Enclosures: Term Limit Survey Response (1)

HIVPC FY2026 Term Limit Survey

Handout B2

Response ID:16 Data

1. Notification of Term Limit Conclusion & Next Steps for Planning Council Membership

1. What is your name?

Machado, Alondra

2. Please indicate your intent regarding continued service on the Planning Council

Yes, I would like to continue my service as a member of the Planning Council.

I understand that this response will be reviewed as part of the membership recommendation process in accordance with the Planning Council By-Laws, and that, if applicable, my next term will run from January 2027 through December 2029.

2. Thank You!

Thank you for taking our survey. Your response is very important to us.

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 26-27 Allocations

Handout C

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUL Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2026-27 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	Notes
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,466,053	1,006,837	18%	2401	$419.34	4,459,216	201,367	2,416,410	-	3,049,643	-	(100,000)	(356,652.00)	-	(356,652)	(356,652)	5,109,401	
	AIDS Pharmaceutical Assistance (3)	140,875	-	0%	0	$0.00	140,875	-	-	-	140,875	-	(121,537)	(124,875.00)	-	(124,875)	(124,875)	16,000	
	Oral Health Care Routine (4)	2,404,053	767,727	32%	1534	$581.78	1,636,326	153,545	1,842,545	-	561,508	43,255	(15,000)	17,441.00	32,441	(15,000)	17,441	2,421,494	
	Specialty (1)	346,964	124,717	36%			222,247	24,943	299,320	-	47,644	-	-	-	-	-	-	346,964	
	Medical Case Management Disease Case Management (9)	858,990	386,979	45%	496	$780.20	472,011	77,396	928,749	-	(69,759)	204,017	(40,260)	82,753.00	153,013	(70,260)	82,753	941,743	
	Mental Health- Trauma-Informed (3)	140,000	59,234	42%	41	$1,444.72	80,766	11,847	142,161	-	(2,161)	27,398	-	25,630	35,630	(10,000)	25,630	165,630	
	Health Insurance Premium & Cost Sharing Assistance	650,000	147,898	23%	542	$272.87	502,102	29,580	354,955	-	295,045	-	-	-	-	-	-	650,000	
	Medical Nutrition Therapy (1)	250,000	13,479	5%	28	$481.40	236,521	2,696	32,350	-	217,650	-	-	(50,000)	-	(50,000)	(50,000)	200,000	
	Substance Abuse-Outpatient (1)	190,000	119,072	63%	27	$4,410.07	70,928	23,814	285,773	-	(95,773)	95,773	-	126,064	126,064	-	126,064	316,064	
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	95,388	27%	1219	$78.25	253,990	19,078	228,930	-	120,448	62,852	-	57,139	57,139	-	57,139	406,517	
	Non-Medical Case Management Case Management (10)	1,050,081	565,587	54%	1994	$283.64	484,494	113,117	1,357,408	-	(307,327)	427,013	-	338,312	358,312	(20,000)	338,312	1,388,393	
	Food Services Food Bank (2)	600,000	227,084	38%	1079	$210.46	372,917	45,417	545,000	-	55,000	-	-	-	5,000	-	5,000	605,000	
	Food Voucher (2)	35,000	20,137	58%	209	$96.35	14,863	4,027	48,329	-	(13,329)	-	-	-	-	(3,000)	(3,000)	32,000	
	Legal Assistance (1)	129,151	45,776	35%	52	$880.31	83,375	9,155	109,862	-	19,289	-	-	-	-	-	-	129,151	
	Emergency Financial Assistance (3)	115,872	27,958	24%	70	$399.40	87,914	5,592	67,099	-	48,773	85,779	-	62,214	64,334	(2,120)	62,214	178,086	
	Total Part A Funds	**12,726,417**	**3,607,871**	**28%**			**9,118,546**	**721,574**	**8,658,890**	**-**	**4,067,527**	**946,087**	**(276,797)**	**178,026**	**831,933**	**(651,907)**	**180,026**	**12,906,443**	
	*** Some providers have not billed for the month of July 2026, and the recipient office may not have paid all invoices through July 2026.**																		

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUL Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2026-27 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	Notes
Core Medical Services	MAI Ambulatory (1)	50,000	1,751		5		48,249	350	4,201	-	45,799	-	-	(35,000)	-	(35,000)	(35,000)	15,000	
	MAI Mental Health (1)	72,500	38,587	53%	22	$1,753.93	33,914	7,717	92,608	-	(20,108)	20,108	-	-	-	-	-	72,500	
	MAI Substance Abuse-Outpatient (1)	307,432	217,136	71%	31	$7,004.39	90,296	43,427	521,126	-	(213,694)	221,126	-	-	-	-	-	307,432	
Support Services	MAI Non-Medical Case Management Case Management (4)	212,004	148,153	70%	349	$424.51	63,851	29,631	355,567	-	(143,563)	194,306	-	35,000	55,000	(20,000)	35,000	247,004	
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	424,066	298,857	70%	3622	$82.51	125,209	59,771	717,256	-	(293,190)	76,294	-	-	-	-	-	424,066	
	Total MAI Funds	**1,066,002**	**704,483**	**66%**			**361,519**	**140,897**	**1,690,758**	**-**	**(624,756)**	**511,834**	**-**	**-**	**55,000**	**(55,000)**	**-**	**1,066,002**	
	*** Some providers have not billed for the month of July 2026, and the recipient office may not have paid all invoices through July 2026.**																		
	Total Part A and MAI Funding	**13,792,419**	**4,312,353**	**31%**			**9,480,066**	**862,471**	**10,349,648**	**-**	**3,442,771**	**1,457,921**	**(276,797)**	**178,026**	**886,933**	**(706,907)**	**180,026**	**13,972,445**	

*** The recipient office added an additional $180,026 to the Part A budget from the HRSA-authorized carryover funds**

By-Laws Parking Lot Items Recommended by Ad-Hoc By-Laws Committee – Distributed July 24, 2026			
#	**Proposal**	**By-Laws Location (Page Number)**	**Stated Reason** **Handout D1**
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 D2

Broward County HIV Health Services Planning Council

BY-LAWS

Last Amended: August 27, 2026

Table of Contents

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; 08/27/2026 (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, August 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; 08/27/2026 (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.

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16. **Part A:** The section of the Ryan White Act administered by Broward County (Department of Human Services – Community Partnership Division).
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 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

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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) 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.

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

SECTION 3: Voting Privileges

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

SECTION 4: Public Notice of Council Meetings

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

SECTION 5: COUNCIL AGENDAS

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

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

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

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

SECTION 6: TIME LIMITS

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

SECTION 7: LINE OF SUCCESSION

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

A. In the absence of the immediate past Chair or Vice Chair, the meeting shall be chaired by Committee Chairs in the following order:
    1. Chair of Priority Setting and Resource Allocation
    2. Chair of Membership/Council Development
    3. Chair of Community Empowerment
    4. Chair of Quality Management
    5. Chair of System of Care
    6. Chair of the Local Pharmacy Advisory Committee

B. In the event that the Planning Council Chair position becomes vacant, the duties of the Chair will be assumed by the current Vice Chair. If the Vice Chair position becomes vacant, or otherwise unable to assume the role, duties will be assumed in the following order to ensure continuity of leadership:
    1. Immediate past Council Chair or Vice Chair
    2. Chair of Community Empowerment
    3. Chair of Priority Setting and Resource Allocation
    4. Chair of Quality Management
    5. Chair of System of Care
    6. Chair of Membership/Council Development
    7. Chair of the Local Pharmacy Advisory Committee

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

ARTICLE VII: Conflict of Interest

SECTION 1: Compliance with Legal and Ethical Standards

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

A. Submit a conflict of interest form at the beginning of each fiscal year
B. Declare any conflicts of interest at every Council and Priority Setting & Resource

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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 and sex.

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 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 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 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 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 and sex.
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; 08/27/2026 (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 E

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Admin

- Wismy Cius has resigned and his last day was August 18, 2026.
- Broward County Leadership has approved to move forward with hiring for the Ending the HIV Epidemic (EHE) PPC Senior Position.
- At this point, ADAP collaborative meetings are temporarily postponed since there is no immediate need for weekly discussions. The Recipient Office will determine a staff lead to facilitate future discussions.

Contracts

- Reallocation adjustments from the previous reallocation period are in Provide Enterprise and most of our contract adjustments are fully executed.
- The amendments related to eligibility are still pending.

Monitoring

- First half of the FY2026-2027 monitoring is wrapping up as of the end of August. Monitoring will resume the first week of November.

Community Engagement

The Recipient Office is facilitating the 3rd Annual Intersection of Faith and Health Event on **Saturday, August 29, 2026.**

Free event with free HIV testing available on-site. Registration is required.

Speakers:

- Stella Tokar (United Way of Broward County) – How faith influences wellness and how our brains receive health information.
- Dr. Lawrence – Trauma-informed care and breaking barriers.
- Sonia White (AETC) –Community engagement and healing.

Continued Education Credits available for professionals (categories provided by AETC).

Free lunch, **refreshments**, and **resource tables** from United Way, AHF, and the Florida Department of Health.

Community Engagement

Jessica Roy and Brianne Spaulding were invited as guests to be featured on the Black Health Podcast with Dr. Kirwan, which was recorded on Friday, August 14, 2026.

The purpose of the interview was to discuss HIV basics, local Broward County community resources, and the importance of destigmatizing HIV to aid our goal in ending the epidemic.

2026 National Ryan White Conference on HIV Care & Treatment

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

AUGUST 4–7, 2026

Building on 35 Years of Care:

Strengthening our Foundation and Advancing Access to End the HIV Epidemic

Broward County is an Eligible Metropolitan Area (EMA) and has been receiving HRSA Ryan White Part A funds for over 35 years.

The Broward County EMA had multiple presentations, including:

- Using AI-Enabled Automation for High-Volume HIPCSA Programs
- Integrating State and Local HIV Data Systems to Improve Surveillance and Client Re-Engagement
- Faith in Action: Engaging Faith-Based Communities to Increase Access to Care and Eliminate
- PC/PB Session 301 on Community Engagement and Data-informed Planning
- Poster On: Sustaining cross-sector collaboration, and strategies for enhancing multisector HIV coordination

2026 National Ryan White Conference on HIV Care & Treatment

2026 National Ryan White Conference on HIV Care & Treatment

2026 National Ryan White Conference on HIV Care & Treatment

Questions?

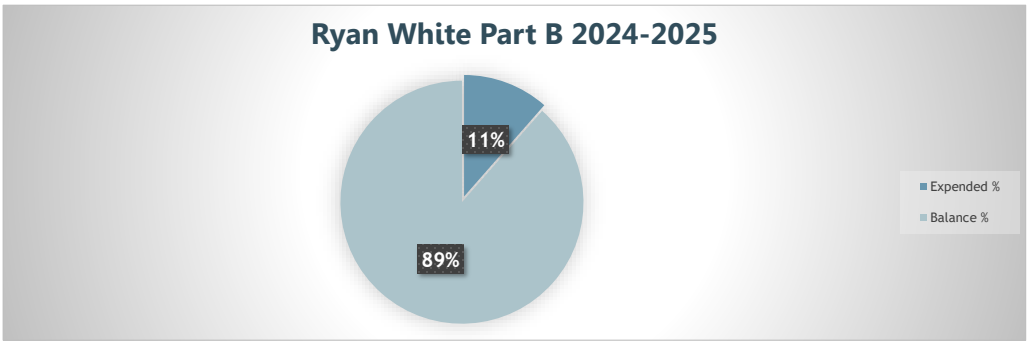
Ryan White Part B

PTC26: April 1, 2026 to March 31, 2027

Expenditures for June 2026

Handout F1

Service Category	Allocated	Expended June 2026	Expended YTD	Expended %	Balance %	Balance
Administrative Services	$ 85,825	$ 132	$ 516	1%	99%	$ 85,309.00
Health Insurance Premium/Cost Sharing	$ 187,750	$ 8,263	$ 19,801	11%	89%	$ 167,949.00
Home & Community Based Health	$ 25,000	$ 1,395	$ 3,447	14%	86%	$ 21,553.00
Medical Nutritional Therapy	$ 30,000	$ 4,085	$ 13,594	45%	55%	$ 16,406.00
Emergency Financial Assistance	$ 277,154	$ 9,967	$ 2,887	1%	99%	$ 274,267.00
Home Delivered Meals	$ 10,000	$ -	$ -	0%	100%	$ 10,000.00
Medical Transportation	$ 135,476	$ 6,773	$ 12,538	9%	91%	$ 122,938.00
Non-Medical Case Management	$ 227,628	$ 19,618	$ 36,299	16%	84%	$ 191,329.00
Referral For Health Care/Support Services	$ 95,000	$ 10,147	$ 28,871	30%	70%	$ 66,129.00
Residential Substance Abuse	$ 25,000	$ -	$ -	0%	100%	$ 25,000.00
Clinical Quality Management	$ 58,096	$ 5,532	$ 15,349	26%	74%	$ 42,747.00
Planning and Evaluation	$ 5,000	$ -	$ -	0%	100%	$ 5,000.00
TOTALS	$ 1,161,929	$ 65,912	$ 133,302	11%	89%	$ 1,028,627.00



ADAP REPORT July 2026

Enrollment July 2026

Total Enrolled July 2026	5364
ADAP Enrollments and Re-enrollments processed	324
New Clients (new to PE)	28*
Assessments completed using RWPA NOE	78

Viral Suppression July 2026

Total Virally Suppressed at 6 months	4489
Percentage of Virally Suppressed	92.67%
% Uninsured Virally Suppressed at 6 months	88.41%
% Insured Virally Suppressed at 6 months	96.52%

Missed Original Appointment Report July 2026

Missed Original Appointment Report	35%
Missed Original Appointment Report Last Month	32%

*The 28 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 G

Ryan White Part C Monthly Report-July 2026

Broward HealthPoint

i. Total clients enrolled in the Part C program 1031

ii. HIV positive individuals who **attended medical care** as of **7/1/2026-7/31/2026**- **328**

iii. Test and Treat- Month-July 2026- 2 new, 8 re-engage

Ryan White Part D Monthly Report-July 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 **07/1/2026- 07/31/2026**- **250**
- Test and Treat- Month-July 2026- 1 new, 4 re-engage

08/19/2026

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.

Revised 7/24/14

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.