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

Community Empowerment Committee Meeting

Tuesday, June 3, 2025 – 3:00PM to 5:00PM

LOCATION: Broward Regional Health Planning Council

Click Below to Join the meeting via Microsoft Teams

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Meeting ID: 251 647 749 804
Passcode: mo6kk7Bd

This meeting is audio and video recorded.

Chair: Shawn Tinsley • Vice Chair: Edna Chery-Davis

Purpose

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

HRSA Requirements: RWHAP's planning councils/bodies are unique because they are legislatively required and involve significant community input in decision-making about how funds will be used. HRSA encourages RWHAP recipients to *leverage community outreach and education efforts to increase participation in planning processes*. (RWHAP Part A Planning Council Primer)

The quorum for this meeting is 6

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. **ACTION:** Approval of the Agenda for June 3, 2025
IV. **ACTION:** Approval of Minutes from May 6, 2025 **(Handout A)**
V. Public Comment

VI. Standard Committee Items:
   a. Review of the Committee Workplan **(Handout B)**

VII. Discussion Items
   a. None

VIII. Old Business:
   a. **Planning:** Aging Gracefully (September 23, 2025 10:00 AM – 1:00 PM)
      i. Select Event Venue
      ii. Partnering Organizations
         1. 2024: Broward House, Ryan White Part A Office/EHE, Florida Department of Health
         2. New (Need to Confirm): Community Rightful Center, CAN Community Health, Alive and Well (Fort Lauderdale Office), Positive People Network, the Pride Center, Sunserve, Holy Cross, Hallandale Senior Center, and Pompano Beach Senior Activity Center
      iii. Event Proposed Agenda **(Handout C)**
   b. **Review:** Promotional materials **(Handout E1, E2)**
   Workplan Activity 2.1: Recommend the creation or revision of promotional literature to MCDC as needed.

IX. New Business:
   a. None.

X. Recipient Report

XI. Public Comment

XII. Data Request

XIII. Next Meeting Date:
- **Tuesday, July 1, 2025 @ 3:00 PM**
- **Location: Broward Regional Health Planning Council & Microsoft Teams.**

IX. Agenda Items for Next Meeting:
- To Be Determined

X. Announcements

XI. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website
https://browardhivpc.org/#

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.

June 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	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.					
1	2	3 **Support Services Network** 9:00AM-10:15AM **Community Empowerment Committee Meeting (CEC)** 3:00PM– 5:00PM Location: BRHPC/MS Teams	4	5 **System of Care Committee Meeting (SOC)** 9:30AM – 11:30AM Location: BRHPC/MS Teams **HIV Long-Term Survivors Awareness Day**	6	7
8	9	10	11	12	13	14
15	16	17 **Minority AIDS Initiative Subcommittee Meeting** 9:30AM – 11:30AM Locations: BRHPC/MS Teams	18 **Quality Network Meeting (CQM)** 9:00AM-10:15AM **Priority Setting and Resource Allocation Committee Meeting** 12:00PM – 2:30PM Location: BRHPC/MS Teams **Executive Committee Meeting** 3:00PM – 5:00PM Location: BRHPC/MS Teams	19 JUNETEENTH	20	21
22	23	24	25	26 **HIV Planning Council Meeting** 5:30PM – 7:30PM Locations: Broward Government Center/MS Teams	27 National HIV TESTING Day JUNE 27	28 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
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.

June 2025

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. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Location: 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: Location: 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: Location: 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) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

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

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

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

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

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Community Empowerment Committee

Tuesday, May 6, 2025 – 3:00PM
Location: Broward Regional Health Planning Council and Virtual Meeting via Microsoft Teams

Draft Minutes

CEC Members Present: R. Bhrangger, E. Davis, E. Dudelzak, K. Hayes, W. Marcoviche, R. Shore, S. Tinsley, P. Madadi, L. Robertson, H. Franks, E. Chery-Davis

Members Absent: No members absent

Ryan White Part A Recipient Staff Present: W. Cius, T. Thompson, R. Pena

Florida Department of Health: C. Therancy

Planning Council Support Staff Present: S. Isidore, D. Liao, M. Lacroix. G. Berkeley Martinez, J. Beal, D. Cestaro-Seifer

Guests Present: J. Rogers, J. Shirley, T. Cuyler, O. Desinor, V. Biggs, T. Adeagbo, C. Williams, R. Hadley

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

The CEC Chair called the meeting to order at **3:03 PM.** The CEC Chair welcomed all meeting attendees who were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine" Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters about HIV/AIDS and services in Broward County. There were no public comments.

Meeting Approvals

The approval for the May 6, 2025 agenda of the Community Empowerment Committee meeting agenda was proposed by **R. Bhrangger**, which was then seconded by **L. Robertson** and passed unanimously.

The approval for the minutes of the April 8, 2025, meeting was proposed by **W.**

Marcoviche. The motion was seconded by **E. Davis** and approved with no further corrections.

Motion #1: R. Bhrangger, on behalf of the CEC, moved to approve the May 6, 2025, Community Empowerment Committee agenda. The motion was seconded by L. Robertson and unanimously adopted.

Motion #2: W. Marcoviche on behalf of the CEC, made a motion to approve April 8, 2025, Community Empowerment Committee meeting minutes as presented. The motion was seconded by E. Davis and adopted unanimously.

Public comment.
None.

Standard Committee Items
Review of the Committee Workplan

S. Isidore, PCS staff, reviewed the committee workplan with the members. She explained which activities have already been completed, and which activities are scheduled for the future. All concerns were addressed.

Discussion Items: None

Old Business

a. **Update**: Leather and Kink and Smashing Stigma
   S. Isidore explained that Leather and Kink and Smashing Stigma have been cancelled.

   E. Davis asked if it would be possible to modify the events rather than cancel them. L. Robertson asked if the event could move forward without Planning Council involvement. The Chair expressed that the committee wishes to reach the community without going against federal guidelines. The Chair confirmed that this event would no longer be affiliated with the Planning Council, CEC, or PCS staff.

   L. Robertson asked to know the rationale behind cancelling the events. G. Martinez explained that the Project Officer wished to err on the side of caution due to the current political climate. E. Dudelzak requested more information about what CEC ought to be cautious about, however T. Thompson declined to elaborate.

   T. Cuyler shared her experiences with similar planning events.

   The Chair formally introduced the committee to its new Vice-Chair, Edna Chery.

b. **Planning**: Aging Gracefully.
   S. Isidore explained that the official day falls on September 18, 2025, but both the Priority Setting and Resource Allocation Committee and the Executive Committee have meetings on that day. PCS staff recommended that the event be held on either September 22nd or 23rd. E. Davis suggested that the event be held on the 23rd.

   S. Isidore asked if the committee wished to keep the same timeframe: 10 AM to 1 PM. The committee answered affirmatively.

S. Isidore asked which partnering agencies they wished to collaborate with. The Chair recommended reaching out to the same partners as the previous year (Broward House, the Recipient Office, and the Florida Department of Heath), as well as Community Rightful Center, CAN Community Health, Alive and Well (Fort Lauderdale Office), Positive People Network, the Pride Center, Sunserve, Holy Cross, Hallandale Senior Center, and Pompano Beach Senior Activity Center.

The official theme for National Aging and HIV/AIDS Awareness Day was “Protect Our Aging Population!” The theme for 2025 has not yet been released. S. Isidore asked if the committee wished to use the same theme or change it. The Vice Chair recommended keeping the same activities while changing the questions. The Vice Chair recommended finding a speaker who had been diagnosed during the 1980s or 1990s. E. Davis recommended adding a line-dancing segment to the event. T. Cuyler suggested hosting a talent show or fashion show. C. Williams suggested cooking classes or yoga. Q. Cowen recommended reaching out to the 40+ Double Dutch club.

E. Dudelzak asked how the members could help promote the event. The Chair reminded the committee that because of the venue’s rules, the event cannot be venue. Participants must be invited.

The Chair recommended collaborating the Pride Center. E. Davis recommended collaborating with Sunserve. V. Biggs recommended collaborating with Services and Advisory for GLBT Elders (SAGE) and Holy Cross. D. Cestaro-Seifer recommended a program talking about summer travel and ways to stay "cool" in South Florida.

E. Chery-Davis recommended a panel of speakers with representatives for heterosexual man, heterosexual women, and the LGBT community. T. Cuyler recommended syndemic discussions of HIV, STD, and Hep C. D. Liao recommended holding a discussion about isolation and its impact of HIV risk. E. Davis suggesting holding the panel, then breaking up into small groups so participants feel more open to sharing their thoughts and feelings and closing the event with a performance from the 40+ Double Dutch group. J. Beal suggested including discussion of preventive medical exams and tests important to monitoring aging.

E. Davis stated that the event needs to incorporate a fun component. D. Liao noted that the talent show may be too long for the time planned, but she recommended different games and activities that could be held between panels. T. Cuyler recommended making vision boards.

V. Biggs recommended the following panel discussion titles:

- “Aging Out Loud: Living, Thriving, and Leading with HIV”
- A bold, affirming title that centers visibility and empowerment.
- “Golden Years, Fierce Voices: LGBTQ+ Elders & HIV Advocacy”
- Celebrates both aging and activism in the community.
- “Still Here, Still Fierce: Conversations on Aging with Pride”
- Honors long-term survivors and the strength of LGBTQ+ elders.
- “Legacy & Longevity: LGBTQ+ Aging in the Era of U=U”
- Connects modern science with lived experience.
- “From Silence to Strength: Aging, HIV, and the Power of Community”
- Reflects on the journey from stigma to empowerment.

The Chair recommended a motion to approve the date and time, but tabling the discussion of activities and games for the next meeting. The Chair asked if the committee would consider increasing the length of the event, but the committee answered negatively.

V. Biggs asked if it would be possible to hold the venue in a more central location. The Chair answered that it was difficult the previous year to find a venue of the appropriate size in the Fort Lauderdale area. G. Martinez stated that the PCS staff could attempt to find another location and bring it to the committee's attention.

V. Biggs argued that the scope of the event should be limited only to those already in the system of care. The Chair explained that CEC also reaches out to the wider community. R. Shore noted that that CEC is meant to reach out to those living with or affected by HIV, and that aging populations counts.

The Chair excused herself and the Vice Chair took control of the meeting.

Motion #3: E. Davis on behalf of the CEC, made a motion to schedule the event on September 23, 2025 from 10 AM to 1 PM at E. Pat Larkin Community Center. The motion was seconded by R. Bhrangger and adopted unanimously.

The Vice Chair decided to table to discussion of activities for the next meeting.

c. **Review**: Results of Priority Rankings for Part A and MAI Service Categories
S. Isidore conducted an overview of the results of the Priority Rankings. The survey had a completion rate of 100%.

The core services were ranked as follows:

1. Health Insurance Premium and Cost Sharing (HICP)
2. AIDS Pharmaceutical Assistance (Local)
3. Medical Case Management (Disease)
4. Mental Health Services
5. Outpatient/Ambulatory Health Services (OAHS)
6. Early Intervention Services (EIS)
7. Oral Health Services (Dental) [Routine & Specialty Care)
8. Home and Community-Based Health Services
9. Substance Abuse – Outpatient
10. Medical Nutrition Therapy
11. Home Health Care
12. Hospice
13. AIDS Drug Assistance Program Treatments (ADAP)

The support services were ranked as follows:

1. Housing (EHE Part A)
2. Food Bank/Home-Delivery Meals
3. Emergency Financial Assistance
4. Legal Services
5. Non-Medical Case Management
6. Medical Transportation Services
7. Health Education/Risk Reduction
8. Psychosocial Support
9. Outreach
10. Referral for Health Care and Support Services

11. Child Care
12. Rehabilitation Services
13. Substance Abuse – Residential (Part B)
14. Permanency Planning (Part A)
15. Other Professional Services (Part A)
16. Linguistics Services (Interpretation and Translation)
17. Respite Care

G. Martinez noted that the AIDS Drug Assistance program is funded under Part B and is not a Part A funded program. Therefore, ADAP was ranked last.

Motion #4: R. Bhrangger on behalf of the CEC, made a motion to accept the ranking and forward them to PSRA. The motion was seconded by W. Marcoviche and adopted unanimously.

New Business

a. Review: Promotional materials

S. Isidore presented the current promotional palm cards used by HIVPC.

E. Chery did not feel that the first palm card accurately represented gay and bisexual men and did not convey a serious tone. R. Bhrangger stated that he believed that both the cartoon and photograph were adequate representation and that the cartoon may appeal more to young people.

R. Shore asked if the statistics on the palm cards were up to date. The committee requested that PCS staff update the statistics and include the statistics.

S. Isidore, on behalf of PCS staff, recommended swapping the QR which links to the promotional YouTube video with one that links to the Broward HIVPC website because the latter is up to date.

Motion #5: R. Bhrangger on behalf of the CEC, made a motion to made the recommended changes to the promotional material. The motion was seconded by W. Marcoviche and adopted unanimously.

b. Review: Priority Setting and Resource Allocation and Community Empowerment Committee Listening Tour Session & Evaluation Survey

S. Isidore explained that there were eight complete surveys at the Listening Session held on April 17th. She conducted an overview of the survey results.

The Chair asked how many of the survey respondents were consumers. S. Isidore answered that two respondents identified themselves as consumers.

E. Chery asked what is being done to bring in more consumers. The Chair explained the various strategies that were discussed by the HIVPC General Body meeting in April.

S. Isidore explained that the summary of the event is included in the meeting packet.

c. Discussion: Reaching out to local colleges' Public Health Departments to recruit youth members.

S. Isidore explained that the Executive Committee wishes to recruit more young people to the Planning Council, noting that the youth are underrepresented in the Planning Council. PCS staff have reached out to Nova Southeastern University. The Director of the Public Health program at NSU had agreed to distribute information about the Planning Council to her students. One student has reached out so far.

E. Davis asked if it was possible to hold a lecture on campus explaining the purpose of the Planning Council to students. S. Isidore answered that PCS staff would look into the possibility.

Recipient's Report

None.

Public Comment
The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Items for Next Meeting

a. Next Meeting Date**:** June 3, 2025 at 3:00 p.m. LOCATION: Broward Regional Health Planning Council
b. Agenda Items for Next Meeting
   - To be determined.

Announcements

- **S. Tinsley: Join us for A Salute to Percussions**: Music to Soothe the Soul & Heal the Community, featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. Saturday, May 10, 2025, from 2:00 PM to 6:00 PM at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!
- **PCS Staff: June 1st Ryan White-eligible participants in the Health Insurance Continuation Program** (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.
- **S. Tinsley: Grassroots Look at Cybersecurity**: A session to provide professional guidance to small, local organizations to understand what is means to have cybersecurity and cyber-monitoring as part of their planning. June 12th, from 10 AM to 2 PM in collaboration with the Fresh Connection Group and World AIDS Museum.
- **J. Shirley**: BRHPC will be reconvening its Client Advisory Committee. The purpose of this committee is to assess the quality of services provided by BRHPC. They seek to recruit members (preferably not affiliated with a provider agency) to meet quarterly.

- **Tolu**: The next Navigator Network meeting will be held virtually on June 3rd from 12:00 PM to 1:00 PM
- **E. Davis**: Saturday July 26th, Moving Froward with Wellness will be holding a High Art Pop-Up at the Wilton Collective from noon to 5 PM. There will be mobile testing, games, art, and music.
- **S**. **Tinsley**: June 27th Sip and Sculpt event with HIVPOSSIBLE and SOS. At the World AIDS Museum from 5:00 PM to 7:30 PM.

Adjournment

There being no further business, the meeting was adjourned at **4:58PM.**

CEC Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Oct	Nov	Dec	Attendance Letters
	Meeting Date	7	4	4	8	6									
1	Bhrangger, R.	X	X	X	X	X									
2	Dudelzak, E	X	X	X	X	X									
3	Franks, H.	X	X	X	A	X									
4	Hayes, Kendra	X	X	X	X	X									
5	Tinsley, S., **Chair**	X	X	X	X	X									
6	Marcoviche, W.	X	X	X	X	X									
7	Robertson, L.	X	E	E	X	X									
8	Shore, R.	X	X	X	X	X									
9	Davis, E.	X	X	X	X	X									
10	Madadi, P.	N		X	X	X									
11	Chery-Davis, E.				N	X									
12	Tyler, N.					N									
	Wilson, I., *Former Vice-Chair*	A	R												
	Quorum = 7	9	8	9	9	11									

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

Handout B

Community Empowerment Committee (CEC) Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing by participating in at least 4 community events.

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Recieve consumer/community feedback at minimum, twice a year.	CEC/Staff/Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies.		x										
1.2 Receive presentation on Part A and MAI Service Categories to assist with ranking of core and support service categories.	CEC/Staff	Increased knowledge of Ryan White Program Core and Support Services among CEC members	Receive presentation on Part A utilization and historical trends.		x										
1.3 Priority rank Part A and MAI Service Categories and send recommendations to PSRA annually.	CEC/Staff	Data driven PSRA process	Rank Part A and MAI Service Categories by priority and send recommendations to PSRA as part of the PSRA process.		x	x									
1.4 Educate CEC members on HIVPC & Ryan White Part A.	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations or links to HRSA Ryan White Part A Webinars regarding topics of interest about the HIV Planning Council, Community Outreach, and Involvement.	x											

Objective 2: Promote education and awareness to affirm support for PWHA

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend creation or revision of promotional literature to MCDC as needed.	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC and revise language and visuals of marketing materials surrounding stigma. Provide this information to MCDC to update or create promotional literature.			x									
2.2 Distribute promotional literature - physically and electronically - to the community on an ongoing basis.	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff will distribute HIVPC and HIV-related information to its community listserv.	x	x	x									
2.3 Analyze survey/discussion results from each community event, outreach, training, or community forum.	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives.			x									
2.4 Partner with HIV stakeholders to engage in community events on an ongoing basis.	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BCHPPC, Latinos En Accion, SFAN, etc.).	x		x									

Objective 3: Support communities in efforts to address misconceptions and reduce HIV-related stigma and other stigmas that negatively affect HIV outcomes. Strategy 3.1.4 (2022-2026 Integrated Plan)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Develop and implement education and awareness strategies to increase HIV literacy	CEC	Increased awareness and utilization of services for PWH and Reduce HIV-related health disparities and health inequities	Partner with community organizations to institute stakeholder collaborations to address various HIV-related issues.		x										

Objective 4: Create and promote public leadership opportunities for PWH. Strategy 3.3.1 (Integrated Plan 2022-2026)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
4.1 Build the capacity of PWH to be meaningfully involved in the planning, delivering, and improvement of RWHAP services.	CEC	Increased PWH on advisory boards, consumer boards, and employed as Peers	Promote programs from the organizations, such as CHAT Target HIV; Meaningful Involvement of People with HIV/AIDS (MIPA); the National Minority AIDS Council's (NMAC) ELEVATE or ESCALATE Programs, or other community partners to address HIV stigma reduction, workforce recruitment, development, and advancement needs for PWH in populations 50+, Young Black Men, T/GNC, and Latinx.			x									

LEGEND: "**X**" =Action Completed; **Blue** = Planned

Abbreviations: BCHPPC (Broward County HIV Prevention Planning Council); SFAN (South Florida AIDS Network); PCS (Planning Council Support Staff); T/GNC Transgender and gender nonconforming

Community Empowerment Aging Gracefully Event Preparation

CEC Aging Gracefully Event Ideas

Guest Speaker Options

- Geriatrician or Medical Provider
- Behavioral Health Provider
- Testimony from Client

Activity Options

- Words of Wisdom Tree & Discussion
- Low Impact Yoga or Chair Yoga
- BINGO
- Trivia

CEC Aging Gracefully Event Draft Schedule

10:00AM-10:15AM

- Arrival

10:15AM-10:30AM

- Intro from CEC Chair + Discussion about the HIVPC

10:30AM-11:00AM

- Guest Speaker 1 + Q&A

11:00AM-11:05AM

- Break

11:05AM-11:35AM

- Activity 1

11:35AM-12:05PM

- Guest Speaker 2 + Q&A

12:05PM-12:10PM

- Break

12:10PM-12:45PM

- Activity 2

12:45PM-1:00PM

- Closing + Recruitment & Discussion about HIVPC

WE NEED YOUR VOICE

Gay and bisexual men accounted for 71% of the total new HIV diagnosis in the United States

Handout D1

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward Council.

(Center for Disease Control and Prevention, 2022)

WE NEED YOUR VOICE

Male-to-Male sexual contact accounted for 49% of the total new HIV diagnosis in Broward County, FL.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County

(FL Health Charts, 2023)

WE NEED YOUR VOICE

Black Females accounted for 19% of new HIV diagnosis in Broward County, FL.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

WE NEED YOUR VOICE

21,975 people with HIV in Broward County, FL

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

WE NEED YOUR VOICE

26% of new HIV diagnosis in Broward County, FL were ages 13-29

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

WE NEED YOUR VOICE

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

WE NEED YOUR VOICE

Black Non-Hispanic Males accounted for 34% of HIV diagnosis in Broward County, FL.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

JOIN TODAY!

Planning Council Support Staff
Email: hivpc@brhpc.org
Tel: 954-561-9681 x 1244 or x 1343
Website: browardhivpc.org

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WE NEED YOUR VOICE

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

(FL Health Charts, 2023)

WE NEED YOUR VOICE

According to AIDSvu.org men who have sex with men (MSM)—account for approximately 76% of all people living with HIV in Broward County.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

WE NEED YOUR VOICE

According to AIDSvu.org Black men account for a large share of new HIV diagnoses, especially among those aged 20–39.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

WE NEED YOUR VOICE

Acording to AIDSvu.org Among women, Black women represent the majority of HIV cases, despite being a smaller share of the population.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

WE NEED YOUR VOICE

According to AIDSvu.org over 20,000 (1 in 98) people in Broward County are living with HIV.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

JOIN TODAY!

APPLY TODAY!

HIVPC
Broward County HIV Health Services Planning Council

for questions reach out to
Planning Council Support Staff at
hivpc@brhpc.org
or call (954) 561-9681 ext 1343

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WE NEED YOUR VOICE

Transgender women, particularly Black and Latina trans women, are among the most disproportionately affected by HIV.

Join the Broward County HIV Health Services Planning Council

Be inspired to make a difference in the lives of people living with HIV and affected communities in Broward County.

Handout D2

Total HIV Diagnosis in Broward County

FLHealthCHARTS

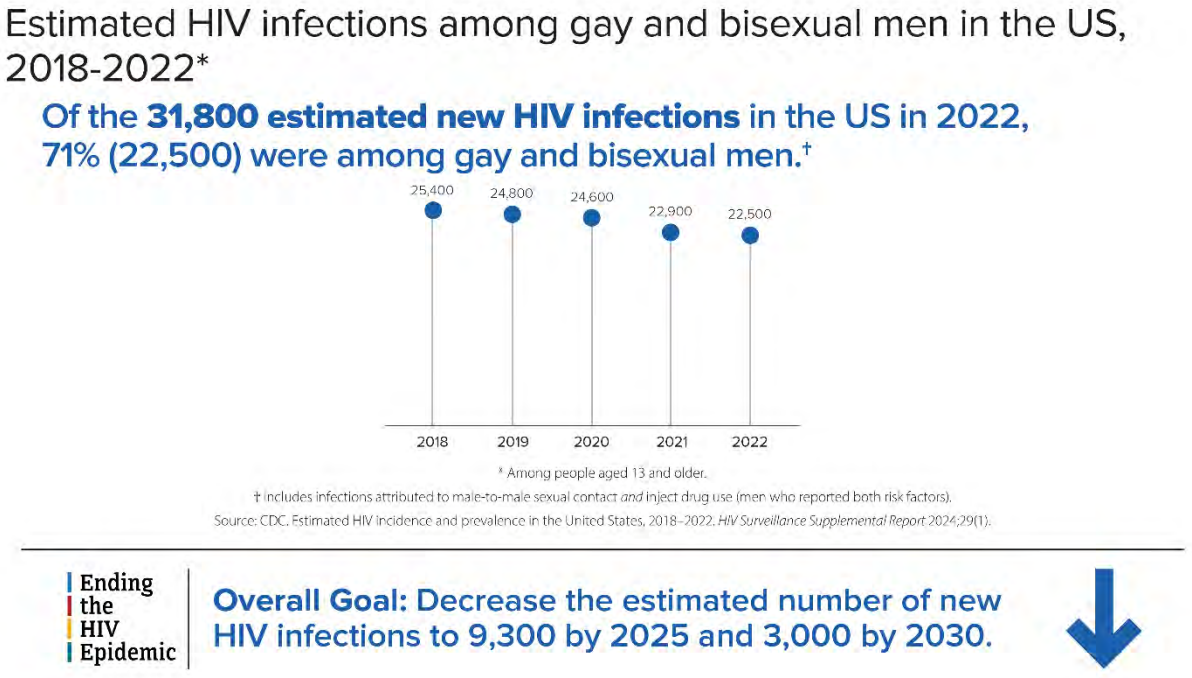
Human Immunodeficiency Virus (HIV) Diagnoses

Type	Year	Age Group	Group	Mode of Exposure (counts only)	Count/Rate
HIV	2023	All	All	All	Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
County	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Florida	**4,725**	**4,413**	**4,027**	**3,258**	**4,240**	**4,437**	**4,528**	**4,595**	**4,538**	**4,462**
Alachua	44	40	32	28	35	42	51	38	55	65
Baker	2	1	1	4	1	2	1	5	1	0
Bay	53	40	43	13	32	32	31	18	17	22
Bradford	1	2	4	3	4	4	3	2	3	1
Brevard	54	76	65	76	83	60	59	61	59	51
Broward	588	586	547	426	560	581	665	667	603	664
Calhoun	2	2	1	0	2	2	4	0	1	0
Charlotte	9	13	23	10	5	5	5	8	8	8
Citrus	12	8	3	4	6	9	6	6	9	8
Clay	31	19	13	14	11	24	10	20	14	20
Collier	64	58	32	14	35	36	43	50	44	32
Columbia	2	9	12	2	5	9	8	1	11	9
Miami-Dade	1,048	1,011	869	731	1,054	1,082	1,083	1,215	1,292	1,135
DeSoto	4	4	4	1	5	2	3	1	2	4

1. Gay and Bisexual Men



2. Male-to-Male Sexual Contact

FLHealthCHARTS

Human Immunodeficiency Virus (HIV) Diagnoses

Type	Year	Age Group	Group	Mode of Exposure (counts only)	Count/Rate
HIV	2023	All	All	MMSC	Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, MMSC

County	2023 Count	2022 Count	2021 Count	2020 Count	2019 Count	2018 Count	2017 Count	2016 Count	2015 Count	2014 Count
Florida	**2,622**	**2,575**	**2,335**	**1,905**	**2,426**	**2,522**	**2,650**	**2,669**	**2,681**	**2,560**
Alachua	28	28	20	14	20	30	30	27	36	39
Baker	0	1	0	1	0	2	0	3	0	0
Bay	29	34	29	4	12	14	22	12	9	14
Bradford	1	2	3	2	2	1	0	1	2	1
Brevard	24	40	31	27	35	31	31	28	33	26
Broward	286	290	292	226	281	324	385	369	330	361
Calhoun	2	2	0	0	0	0	2	0	0	0
Charlotte	5	6	11	4	3	4	2	4	3	4
Citrus	5	3	1	2	0	6	2	2	6	4
Clay	14	10	7	5	5	13	4	9	5	10
Collier	21	24	15	7	24	18	28	27	24	12
Columbia	2	4	7	2	2	4	2	0	7	5
Miami-Dade	648	700	595	513	706	701	718	821	851	757
DeSoto	1	0	2	1	0	1	2	0	1	1

3. Non-Hispanic Black Women

FLHealthCHARTS

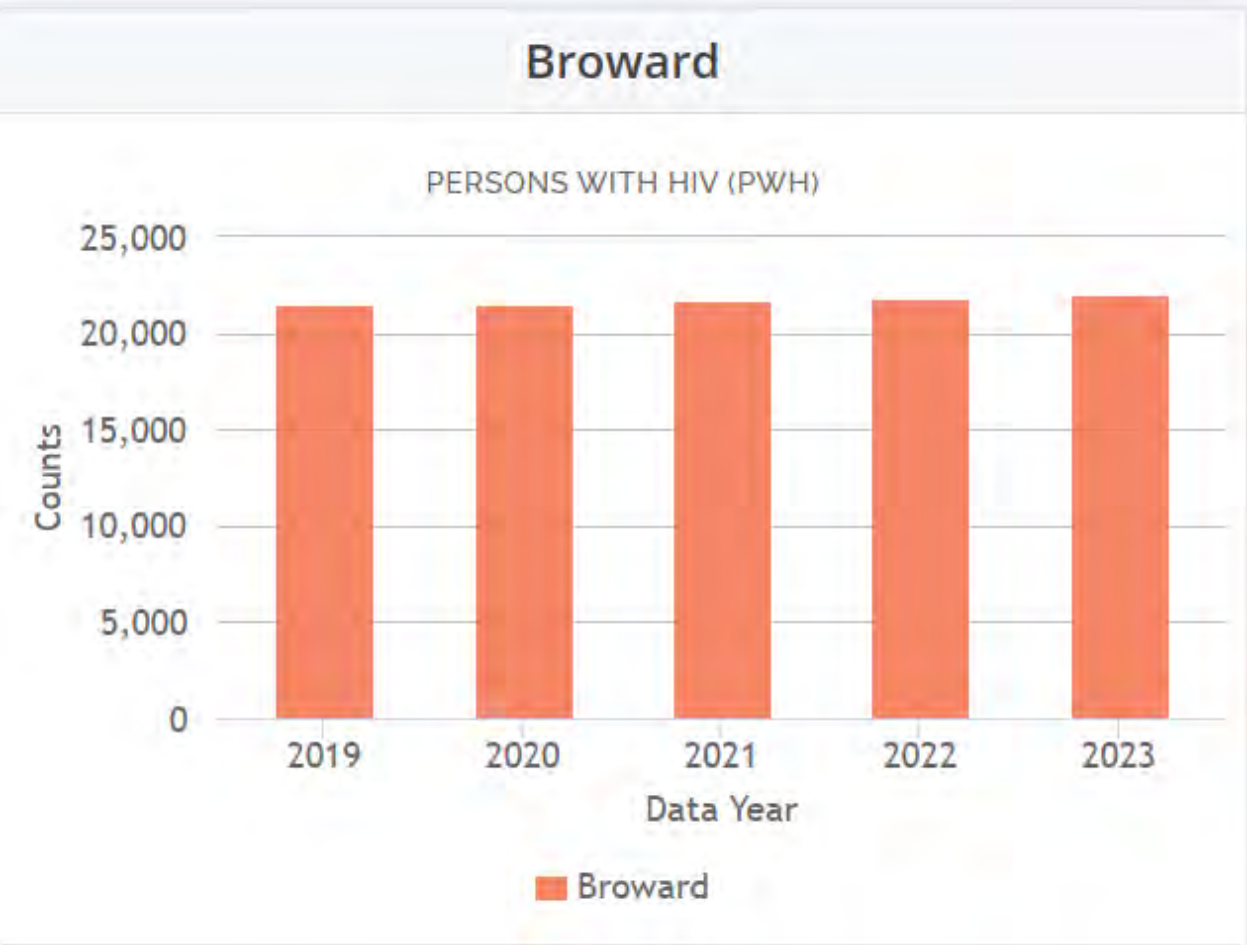
Human Immunodeficiency Virus (HIV) Diagnoses

Type	Year	Age Group	Group	Mode of Exposure (counts only)	Count/Rate
HIV	2023	All	Non-Hispanic Black Females	All	Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, Non-Hispanic Black Females

County	2023 Count	2022 Count	2021 Count	2020 Count	2019 Count	2018 Count	2017 Count	2016 Count	2015 Count	2014 Count
Florida	**633**	**515**	**469**	**364**	**505**	**544**	**605**	**653**	**574**	**634**
Alachua	7	5	2	4	6	2	5	4	5	7
Baker	1	0	0	2	0	0	1	0	1	0
Bay	7	1	2	4	2	4	0	0	2	1
Bradford	0	0	0	0	0	1	2	0	1	0
Brevard	2	6	8	14	10	3	8	5	5	4
Broward	114	96	83	52	89	91	100	120	95	111
Calhoun	0	0	1	0	0	0	0	0	0	0
Charlotte	2	0	3	0	0	0	0	0	3	0
Citrus	0	1	0	0	1	0	0	0	0	2
Clay	4	2	0	2	1	3	2	2	3	1
Collier	17	11	5	3	7	4	8	8	7	9
Columbia	0	2	1	0	2	3	2	0	3	2
Miami-Dade	110	86	92	60	106	115	142	142	150	130
DeSoto	0	0	0	0	2	0	0	1	0	1

4. Total PWH in Broward County



6. Youth Diagnosis

FLHealthCHARTS

Human Immunodeficiency Virus (HIV) Diagnoses

Type: HIV | Year: 2023 | Age Group: 13-19 | Group: All | Mode of Exposure (counts only): All | Count/Rate: Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, Ages 13-19

County	2023 Count	2022 Count	2021 Count	2020 Count	2019 Count	2018 Count	2017 Count	2016 Count	2015 Count	2014 Count
Florida	**139**	**137**	**111**	**124**	**177**	**170**	**189**	**166**	**198**	**152**
Alachua	1	1	2	0	4	0	7	1	2	1
Baker	0	0	0	0	0	0	0	0	0	0
Bay	0	1	1	1	0	2	1	1	1	0
Bradford	0	1	0	0	0	0	1	0	2	0
Brevard	0	4	1	1	2	1	1	1	2	2
Broward	16	19	15	15	19	23	31	22	23	23
Calhoun	0	0	0	0	0	0	0	0	0	0
Charlotte	0	0	0	0	0	0	0	0	1	0
Citrus	0	0	0	0	0	0	0	0	0	1
Clay	0	0	0	1	1	2	1	1	0	1
Collier	0	1	2	0	1	1	0	1	0	0
Columbia	0	0	2	0	0	2	0	0	0	0
Miami-Dade	23	23	15	25	35	40	41	43	42	28
DeSoto	0	0	0	0	0	0	0	0	0	0

FLHealthCHARTS

Human Immunodeficiency Virus (HIV) Diagnoses

Type: HIV | Year: 2023 | Age Group: 20-24 | Group: All | Mode of Exposure (counts only): All | Count/Rate: Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, Ages 20-24

County	2023 Count	2022 Count	2021 Count	2020 Count	2019 Count	2018 Count	2017 Count	2016 Count	2015 Count	2014 Count
Florida	**550**	**555**	**494**	**408**	**561**	**625**	**614**	**666**	**707**	**691**
Alachua	8	8	2	5	7	11	20	15	8	17
Baker	0	0	0	1	0	2	0	0	0	0
Bay	12	6	12	2	4	4	4	2	4	3
Bradford	0	1	0	1	0	0	0	0	0	0
Brevard	7	8	6	8	10	11	8	11	9	6
Broward	59	69	65	57	66	77	76	90	61	86
Calhoun	0	0	0	0	0	0	0	0	0	0
Charlotte	1	1	0	0	1	0	1	1	1	1
Citrus	0	1	0	0	0	0	0	0	1	1
Clay	6	2	0	2	1	3	0	2	3	3
Collier	4	7	4	1	3	5	2	5	6	3
Columbia	0	0	1	0	1	1	1	0	2	3
Miami-Dade	91	104	100	71	122	119	107	148	161	164
DeSoto	1	0	0	0	0	0	0	0	0	2

FLHealthCHARTS

Human Immunodeficiency Virus (HIV) Diagnoses

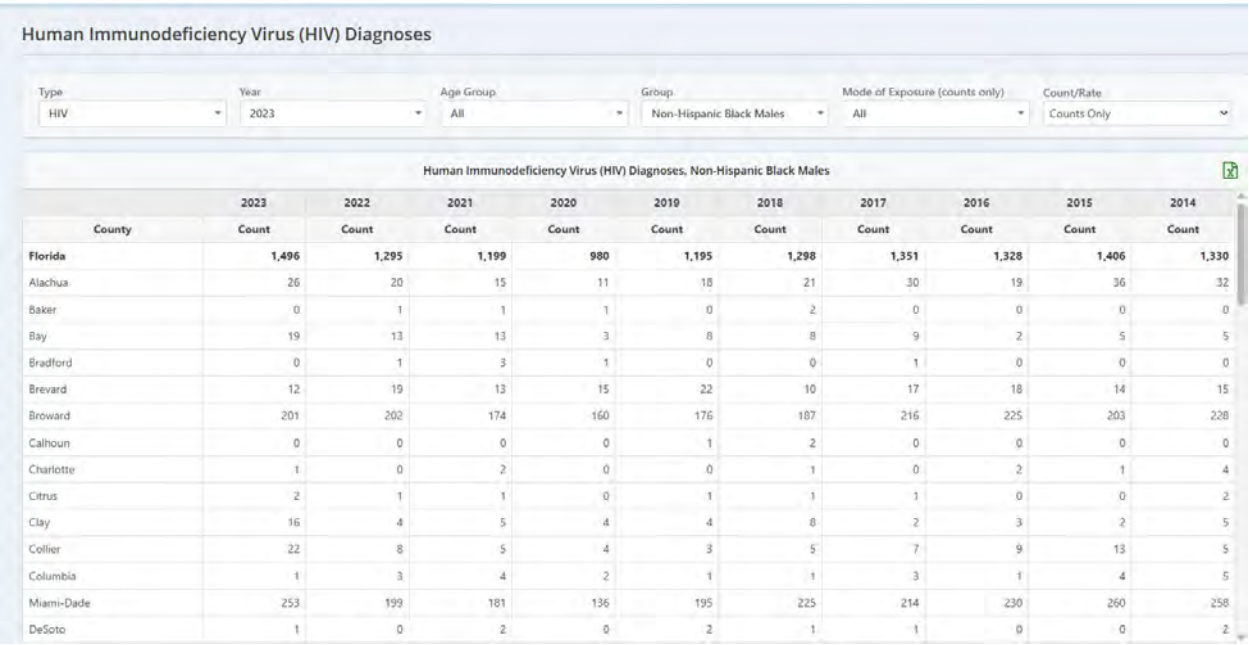
Type: HIV | Year: 2023 | Age Group: 25-29 | Group: All | Mode of Exposure (counts only): All | Count/Rate: Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, Ages 25-29

County	2023 Count	2022 Count	2021 Count	2020 Count	2019 Count	2018 Count	2017 Count	2016 Count	2015 Count	2014 Count
Florida	**735**	**710**	**670**	**572**	**736**	**877**	**797**	**810**	**785**	**738**
Alachua	6	14	9	8	6	8	6	11	16	14
Baker	0	0	0	1	1	0	0	2	0	0
Bay	7	9	5	0	3	5	7	4	0	2
Bradford	0	0	2	0	1	0	0	0	1	0
Brevard	2	11	6	15	13	9	10	14	10	7
Broward	76	86	82	61	77	119	120	108	92	96
Calhoun	0	1	0	0	0	0	0	0	0	0
Charlotte	1	1	4	1	0	1	0	1	1	2
Citrus	1	0	0	1	0	2	0	2	0	2
Clay	6	5	2	3	4	5	1	4	6	5
Collier	9	11	5	2	6	9	8	8	6	2
Columbia	0	2	1	1	0	1	2	0	1	3
Miami-Dade	198	142	124	130	171	201	195	206	240	197
DeSoto	0	1	0	0	0	0	2	0	0	0

8. Non-Hispanic Black Men

FLHealthCHARTS



Human Immunodeficiency Virus (HIV) Diagnoses

Type: HIV | Year: 2023 | Age Group: All | Group: Non-Hispanic Black Males | Mode of Exposure (counts only): All | Count/Rate: Counts Only

Human Immunodeficiency Virus (HIV) Diagnoses, Non-Hispanic Black Males

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
County	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Florida	**1,496**	**1,295**	**1,199**	**980**	**1,195**	**1,298**	**1,351**	**1,328**	**1,406**	**1,330**
Alachua	26	20	15	11	18	21	30	19	36	32
Baker	0	1	1	1	0	2	0	0	0	0
Bay	19	13	13	3	8	8	9	2	5	5
Bradford	0	1	3	1	0	0	1	0	0	0
Brevard	12	19	13	15	22	10	17	18	14	15
Broward	201	202	174	160	176	187	216	225	203	228
Calhoun	0	0	0	0	1	2	0	0	0	0
Charlotte	1	0	2	0	0	1	0	2	1	4
Citrus	2	1	1	0	1	1	1	0	0	2
Clay	16	4	5	4	4	8	2	3	2	5
Collier	22	8	5	4	3	5	7	9	13	5
Columbia	1	3	4	2	1	1	3	1	4	5
Miami-Dade	253	199	181	136	195	225	214	230	260	258
DeSoto	1	0	2	0	2	1	1	0	0	2

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

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

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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