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 Meeting

Thursday, August 28, 2025 – 9:30AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDFiMTZiMzEtNTRhZS00NGJmLWFlNmEtNDNiMWEwZTg5YTg1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 273 316 500 415
Passcode: 8AH6AW2B

Dial in by phone
+1 469-998-5921,,978420177# United States, Dallas
Find a local number
Phone conference ID: 978 420 177#

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

This meeting is audio and video recorded.

Quorum for this meeting is 15

DRAFT AGENDA

ORDER OF BUSINESS

CALL TO ORDER/ESTABLISHMENT OF QUORUM
WELCOME FROM THE CHAIR

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

PUBLIC COMMENT

ACTION: Approval of Agenda for August 28, 2025

ACTION: Approval of Minutes for July 24, 2025 **(Handout A)**

FEDERAL LEGISLATIVE REPORT– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office

STANDARD COMMITTEE ITEMS

CONSENT ITEMS

a. **Action Item:** Community Empowerment Policies & Procedures **(Handout B)**

Justification: The Community Empowerment Policies and Procedures were last approved in 2017.

Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

PROPOSED BY: Community Empowerment Committee

b. **Action Item:** System of Care Policies & Procedures **(Handout C)**

Justification: The System of Care Policies and Procedures were last approved in 2017. Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

PROPOSED BY: System of Care Committee

c. **Action Item:** Quality Management Committee Policies & Procedures **(Handout D)**

Justification: The Quality Management Policies and Procedures were last approved in 2017. Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

ROPOSED BY: Quality Management Committee

d. **Action Item:** Executive Committee Policy & Procedures: Voting Abstentions and Conflict Guidelines, Broward County Code of Ethics, Meeting Ground Rules, and Travel Policy **(Handout E1-E4)**
Justification: The HIVPC General Body Policies and Procedures were last approved in 2017. Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

PROPOSED BY: Executive Committee

e. **Action Item**: Approve Nominating Procedure and Candidate Questionnaire **(Handout F1-F2)**

Justification: Approving the Nominating Procedure and Candidate Questionnaire allows the Planning Council to move forward with the upcoming elections.

PROPOSED BY: Executive Committee

f. Action Item: Motion to approve the HIVPC membership application for Haroun Bahi

Justification: Mr. Bahi is committed to advancing equitable access to HIV care and prevention, especially for underserved communities. As a Patient Advocate at AHF, he engages directly with clients and understands the challenges faced by people living with HIV. His on-the-ground experience will allow him to bring valuable insight to the Council and advocate for inclusive programming that drives meaningful change in Broward County.

Seat: Community-Based Organizations (CBO) and AIDS Service Organizations (ASO)

PROPOSED BY: Membership/Council Development Committee

g. Action Item: Motion to approve Matthew Patterson to join the Priority Setting and Resource Allocation (PSRA) Committee and Quality Management Committee (QMC)

Justification: Mr. Patterson currently works for Broward House and, as a former Ryan White client, can offer valuable insights. With a strong interest in data review, he is eager to join the PSRA and QMC committees and contribute to meaningful change.

PROPOSED BY: Priority Setting and Resource Allocation (PSRA) Committee Chair and Quality Management Committee (QMC) Chair

DISCUSSION ITEMS

1. **Action Item:** Motion to approve Parking Lot Items for Current HIVPC By-Laws **(Handout G)**
   PROPOSED BY: Executive Committee

2. **Action Item:** Motion to approve FY2025-2026 Reallocation/Sweeps – Cycle 1 **(Handout H)**

   Part A Core Services: To Sweep From

   i. Motion to reallocate **$121,463** 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 **$176,848** from AIDS Pharmaceutical Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   iii. Motion to reallocate **$200,000** for Oral Health Care (Specialty)
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   iv. Motion to reallocate **$118,945** for Medical Case Management (Disease Case Management) FY2025-2026.
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   v. Motion to reallocate **$63,125** for Mental Health Trauma-Informed FY2025-2026.
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   vi. Motion to reallocate **$250,000** for Substance Abuse-Outpatient
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   Part A Support Services: To Sweep From

   vii. Motion to reallocate **$64,501** for Non-Medical Case Management (Case Management)
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   viii. Motion to reallocate **$125,000** for Food Services (Food Bank)
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

   ix. Motion to reallocate **$30,000** for Food Services (Food Vouchers)
   Justification: Underutilization in this service category
   PROPOSED BY: Priority Setting and Resource Allocation Committee

x. Motion to reallocate **$5,520** for Emergency Financial Services
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

xi. Motion to approve **total sweep <u>from</u>** Part A Core and Support Services **of $1,155,402**
PROPOSED BY: Priority Setting and Resource Management Committee

Part A Core Services: To Sweep To

a. Motion to sweep in **$75,000** for Ambulatory (Integrated Primary Care and Behavioral Health Services
Justification: Overutilization in this service category
BY: Priority Setting and Resource Allocation Committee

b. Motion to sweep in **$225,000** for Oral Health Care (Routine)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

c. Motion to sweep in **$125,000** for Medical Case Management (Disease Case Management).
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

d. Motion to sweep in **$100,000** for Medical Nutrition Therapy
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

Part A Core Support Services: To Sweep To

a. Motion to sweep in **$57,076** for Non-Medical Case Management (Centralized Intake and Eligibility Determination)**.**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

b. Motion to sweep in **$373,326** for Non-Medical Case Management (Case Management)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

c. Motion to sweep in **$100,000** for Food Services (Food Bank)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

d. Motion to sweep in **$100,000** for Emergency Financial Assistance
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

e. Motion to approve **total sweep <u>to</u>** Part A Core and Support Services **of $1,155,402**
PROPOSED BY: Priority Setting and Resource Allocation Committee

MAI Core and Support Service: To Sweep From

f. Motion to reallocate **$50,000** for MAI Ambulatory
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

g. Motion to reallocate **$10,500** for MAI Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

h. Motion to approve **total sweep from** MAI Core and Support Services **of $60,500**
PROPOSED BY: Priority Setting and Resource Allocation Committee

MAI Core and Support Service: To Sweep To

a. Motion to sweep in **$56,818** for MAI Substance Abuse-Outpatient
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

b. Motion to sweep in **$197,432** for MAI Non-Medical Case Management (Case Management)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

c. Motion to sweep in **$86,365** for MAI Non-Medical Case Management (Centralized Intake and Eligibility Determination)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

d. Motion to approve **total sweep to** MAI Core and Support Services of **$340,615***
PROPOSED BY: Priority Setting and Resource Allocation Committee
**Note: Increase in MAI "sweep to" amount is from carryover funds.*

OLD BUSINESS

a. None

NEW BUSINESS

a. **Award:** Presentation of Distinguished Service Award to two Planning Council Members in Recognition of 20 Years of Service on the HIV Health Services Planning Council

COMMITTEE REPORTS

a) **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Edna Chery-Davis
August 5, 2025

i. **Work Plan Item Update/Status Summary:** The committee received updates on upcoming activities and continued planning for the "Aging Gracefully" event in September. Members reviewed and approved the attendee Evaluation Survey, as well as the committee's Policies and Procedures. The committee also accepted invitations to table at the upcoming Quality Network meeting and the Mix, Mingle & Learn: Interactive Table Talk.
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 7, 2025, 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 7, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed its Policies & Procedures and received updates from CQM Support Staff on the Quality Improvement Project (QIP) Toolkit. Members finalized plans for the upcoming Listening Tour on August 12, 2025, and accepted an invitation to table at the Mix, Mingle & Learn: Interactive Table Talk.
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 2, 2025, at 9:30 AM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

c) **Membership/Council Development Committee (MCDC)**
Chair: Dr. Timothy Moragne • Vice Chair: Karen Creary
Next Meeting Scheduled for October 9, 2025 – Meets Quarterly

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:** Review the Member of the Quarter results for Quarter Two, plan for the Membership Drive in November, review updated promotional material, and review feedback from SOC/PSRA Listening Tour Session #2.
vii. **Next Meeting date:** October 9, 2025, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

d) **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
August 18, 2025

i. **Work Plan Item Update/Status Summary:** The committee received key CQM Workplan updates on Support Services, outcomes from the Behavioral Health, Medical, and Medical Case Management Network meetings, and the recent in-person Quality Network Meeting. Members also reviewed and approved the committee's Policies and Procedures.
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 20, 2025, at 12:30 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

e) **Executive Committee**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
July 17, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the HIVPC agenda for August 28, 2025, and the September calendar. Members also approved the policies on Voting Abstentions and Conflict Guidelines, Broward County

Code of Ethics, Meeting Ground Rules, and the Travel Policy. In addition, the committee reviewed the Nominations timeline and approved updates to the By-Laws.

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:**

a. Review and approve the October 23, 2025, HIVPC Agenda, Meeting Materials, and Motions
b. Review the November 2025 HIVPC Calendar
c. **Next Meeting date**: October 16, 2025, at 12:45 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

f) **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
August 21, 2025

i. **Work Plan Item Update/Status Summary:** The committee received a brief overview from the CQM Support Staff on how to read and interpret scorecards. The Overall Part A scorecard was reviewed, while the remaining scorecards will be addressed at the next meeting. Reallocation/Sweeps Cycle One has been completed. The committee also briefly discussed Listening Tour Session #3, and the Chair recommended that committee Chairs and Vice-Chairs hold a coordination call to determine the next date, time, and venue.

ii. **Data Requests:** Create a one-page report showing units (if applicable) and average client costs by service category, in the same order as the scorecard.

iii. Rationale for Recommendations: None.

iv. Data Reports/Data Review Updates: None.

v. Other Business Items: None.

a. **Agenda Items for Next Meeting:**

i. **Review:** PSRA Scorecards for FY2024-2025
ii. **Data Request:** One-page report showing units (if applicable) and average client costs by service category, in the same order as the scorecard.
iii. **Action Item:** Review and Approve PSRA Policy and Procedures
iv. **Presentation:** Review results of the PSRA/SOC Listening Tour Session #2
v. **Action Item:** Review and Update PSRA Committee Workplan

ii. **Next Meeting date:** October 16, 2025, at 9:30 AM, **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

g) **Ad-Hoc Minority AIDS Initiative Sub-Committee (MAI)**
Chair: Mark Schweizer • Vice Chair: Shawn Tinsley

August 13, 2025

vi. **Work Plan Item Update/Status Summary:** The committee received a data presentation from the Recipient Office, which reviewed Funded Services & Client Data Analysis to Identify Gaps in Care Across Part A, EHE, and MAI.

vii. Data Requests: None.

viii. Rationale for Recommendations: None.

ix. Data Reports/Data Review Updates: None.

x. Other Business Items: None.

xi. Agenda Items for Next Meeting: The committee is inviting Case Managers, Peers, Disease Intervention Specialists (DIS), and CIED Champions/professionals to participate in an in-depth discussion, offering their perspectives, asking questions, and identifying gaps and observations related to MAI funding.

xii. **Next Meeting date:** To Be Determined at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

RECIPIENT REPORTS

a) Part A **(Handout I)**
b) Part B **(Handout J1, J2)**
c) Part C **(Handout K)**
d) Part D **(Handout K)**
e) Part F
f) HOPWA
g) Prevention – Quarterly Update (April, July, **October**, January)

DATA REQUEST(S)

PUBLIC COMMENT

AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date: October 16, 2025, at 9:30 AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams
b) Agenda Items for next meeting: To Be Determined

ANNOUNCEMENTS

Statewide 2025 HIV Care Needs Survey – Now Open (Handout L)

The HIVPC joins the Ryan White Part A Office in announcing the **launch of the 2025 Statewide HIV Care Needs Survey**. We are actively seeking input from individuals living with HIV across Broward County to help shape the future of HIV care in Florida.

- **Action Requested:** Subrecipient staff are encouraged to promote the survey among clients and share it broadly with community networks and partners. Consumer feedback will play a critical role in informing statewide HIV care planning, identifying service gaps, and improving access to essential health care services
  - Click the Link Complete Survey or Scan the QR Code Below: Area 10 - Statewide Care Needs Survey 2025

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 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 HAPPY LABOR DAY	2 **Support Services Network In-person Meeting (CQM) 9:00AM-10:15AM**	3	4 USCHA	5 USCHA	6 USCHA
7 USCHA	8	9 NATIONAL AFRICAN IMMIGRANT & REFUGEE HIV/AIDS AND HEPATITIS AWARENESS DAY SEPTEMBER 9TH	10	11	12	13
14	15	16 **Integrated Planning Workgroup 1:00PM – 4:00PM Location: BRHPC/MS Teams**	17	18 NATIONAL HIV/AIDS AND AGING AWARENESS DAY SEPTEMBER 18	19	20
21	22	23	24	25	26	27 NATIONAL GAY MEN'S HIV/AIDS AWARENESS DAY SEPTEMBER 27
28	29	30				GET CARE BROWARD TREAT HIV | BEAT HIV

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 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.

Broward County HIV Health Services Planning Council Outreach Attedance: March 1, 2025 - February 28, 2026

HIVPC ByLaws: Article IV, Section 13, Subsection H

Count	Planning Council Member	Events												
		FL AIDS Walk: 03/15/2025	CEC/PSRA Listening Tour #1 : 04/17/2025	Man Up Festival: 05/03/2025	Salute to Percussions: 05/10/2025	SOC/CEC Listening Tour #2: 08/12/2025	Quality Network IP Meeting: 08/13/2025	Mix, Mingle, & Learn: 08/14/2025						
1	Barnes, B.		Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025								
2	Bhrangger, R.	FL AIDS Walk: 03/15/2025												
3	Biggs, V., V.Chair		Listening Tour #1: 04/17/2025		Percussions 05/10/2025	Listening Tour #2: 08/12/2025		Mix, Mingle, & Learn: 08/14/2025						
4	Castillo, J.				Percussions 05/10/2025	Listening Tour #2: 08/12/2025								
5	D'Amore, F.					Listening Tour #2: 08/12/2025								
6	Davis, E.			Man Up Festival 05/03/2025	Salute to Percussions 05/10/2025									
7	Fortune-Evans, B.		Listening Tour #1: 04/17/2025		Salute to Percussions 05/10/2025									
8	Hayes, K.	FL AIDS Walk: 03/15/2025	Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025								
9	Jackson-Tinsley, S.	FL AIDS Walk: 03/15/2025	Listening Tour #1: 04/17/2025	Man Up Festival 05/03/2025		Listening Tour #2: 08/12/2025	Quality Network IP Meeting: 08/13/2025							
10	Jimenez, R.													
11	Machado, A.		Listening Tour #1: 04/17/2025											
12	Marcoviche, W.	FL AIDS Walk: 03/15/2025												
13	Mester, B.		Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025								
14	Moragne, T.		Listening Tour #1: 04/17/2025	Man Up Festival 05/03/2025		Listening Tour #2: 08/12/2025								
15	Robertson, L., Chair			Man Up Festival 05/03/2025		Listening Tour #2: 08/12/2025								
16	Rodriguez, J.													

17	Schweizer, M.	**FL AIDS Walk: 03/15/2025**		**Man Up Festival 05/03/2025**	**Salute to Percussions 05/10/2025**	**Listening Tour #2: 08/12/2025**								
18	Creary, K.													
19	De La Nuez, J.													
20	R. Hadley													
21	Barrientos, Y.													
22	Williams, C.					**Listening Tour #2: 08/12/2025**								
23	Hafley, S.					**Listening Tour #2: 08/12/2025**								
24	Rogers, J.					**Listening Tour #2: 08/12/2025**								
25	Tyler, N.													
Planning Council Committee Only Members														
	Shore, R.													
	Murphy, A.													
	Pietrogallo, T.													
	Herb, F.													
	McLeod, S.													
	Chery-Davis, E.			**Man Up Festival 05/03/2025**	**Salute to Percussions 05/10/2025**	**Listening Tour #2: 08/12/2025**	**Quality Network IP Meeting: 08/13/2025**							
	Davy, O.													

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 Planning Council Meeting

Thursday, July 24, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, J. Castillo, B. Fortune-Evans, B. Mester, S. Tinsley, J. Rodriguez, M. Schweizer, K. Hayes, R. Hadley, E. Dudelzak, K. Creary, R. McKinzie, Y. Barrientos, R. Jimenez, F. D'Amore, N. Tyler, S. Hafley, C. Williams, J. Rogers

Members Absent: E. Davis, R. Bhrangger, W. Marcoviche, A. Machado, J. de La Nuez, T. Moragne

Ryan White Part A Recipient Staff Present: G. James, B. Spaulding, R. Pena, W. Cius, J. Roy

Ryan White Pat B Recipient Staff Present: No representatives

Florida Department of Health: Q. Cowen, N. Kellman

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

Guests Present: J. Alterman, H. Singh, J. Saboe-Rodriguez, A. Tender, B. Baker, D. Robertson, H. Bahi, N. Anguilar, A. Occelien, D. Walker, E. Johnson, N. Graham, J. Shirley, T. Currie, L. Arvelo, M. DiMaria, M. Anyan, A. Mayfaire

1. **Call to Order, Welcome from the Chair & Public Record Requirements:**
The HIVPC Chair called the meeting to order at 9:45 a.m. 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.

2. **Public Comment:**
There was no public comment.

3. **Meeting Approvals:**

The approval for the agenda of the July 24, 2025, HIVPC meeting was proposed by K. Creary with the amendment that "Item A" be moved to Old Business, seconded by V. Biggs, and passed unanimously.

The approval for the minutes of the April 24, 2025, meeting was proposed by V. Biggs, seconded by S. Tinsley, and passed unanimously.

Discussion: K. Creary stated to change T. Morange to Chair and her to Vice Chair in the agenda.

Motion #1: K. Creary, on behalf of HIVPC, made a motion to approve the June 26, 2025, HIV Health Services Planning Council Agenda with the amendment that "Item A" be moved to Old Business. The motion was seconded by V. Biggs and adopted unanimously.

Motion #2: V. Biggs, on behalf of HIVPC, made a motion to approve the April 24, 2025, HIV Health Services Planning Council Minutes with the amendment that T. Morange be changed to "Chair" and K. Creary to "Vice Chair". The motion was seconded by S. Tinsley and was passed unanimously.

4. **Federal Legislative Report:**

   None.

5. **Standard Committee Items:** None

6. **Consent Items:**

7. **Action Item:** Motion to approve Membership/Council Development Committee Policy & Procedures

   Justification: The HIVPC General Body Policies and Procedures were last approved in 2017. Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

   PROPOSED BY: Executive Committee

8. **Action Item:** Motion to approve Executive Committee Policy & Procedures: Reporting Violations of Council Bylaws & Committee Policies and Procedures; Member Removal Process; Grievance Policy and Procedure for Planning Council Actions

   Justification: The HIVPC General Body Policies and Procedures were last approved in 2017. Outdated policies were revised and new policies added to ensure they align with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

   PROPOSED BY: Executive Committee

9.

10. **Action Item**: Motion to approve the Executive Committee will serve as the Nomination/Bylaws Committee for the upcoming election cycle, following the previous nomination process. Members not seeking election will be assigned specific responsibilities.

    PROPOSED BY: Executive Committee

    The Consent Items were seconded by K. Creary and passed unanimously.

11. **Discussion Items:** None

12. **Old Business:** None

13. **New Business:**

    a) **Award:** Member of the Quarter, Quarter 1 of FY 2025-2026 was announced. B. Fortune-Evans is the winner.

b) **Update**: New MCDC Vice Chair:

K. Creary has been appointed the Vice Chair of the Membership Committee.

c) **Update:** Listening Session, August 12th, Time: 6:00 PM – 8:00 PM at the African American Research Library and Cultural Center (2650 Sistrunk Blvd, Fort Lauderdale, FL 33311).

PCS staff showed the flyer and shared details about the event. They also explained that providers may either bill client transportation assistance toward Medical Transportation funding or ask the Recipient Office for assistance in transporting clients to this event.

9. Committee Reports:

a. Community Empowerment Committee – July 1, 2025
Chair: Shawn Tinsley, Vice Chair: Vacant
The report stands.

b. System of Care Committee – Meeting was cancelled.
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands. SOC will not be meeting in July.

c. Membership/Council Development Committee (meets Quarterly) – July 10, 2025
Chair: T. Morange, Vice Chair: K. Creary
The report stands.

d. Quality Management Committee – No meeting scheduled
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands. QMC will not meet in July; they will be meeting on August 18th.

e. Executive Committee – July 17, 2025
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands. The Chair thanked the committee members for their action and stated that the Executive committee will take over the election process due to lack of members to create an Ad-Hoc committee.

f. Priority Setting & Resource Allocation Committee – June 18, 2025
Chair: B. Barnes, Vice Chair: Mark Schweizer
The report stands. B. Barnes noted that sweeps are happening in August so quorum is needed. The committee had a coordination meeting and looked at their workplan and upcoming activities.

g. Minority AIDS Initiative Subcommittee – July 9, 2025
Chair: Mark Schweizer • Vice Chair: Shawn Tinsley
The report stands. S. Tinsley states that they will be having a meeting in August.

10. Recipient's Report:

a. Part A: J. Roy provided an overview of the activities of the Part A Office.

Sandra Meza Hernandez has been added as the new HCS Administrative Assistant. G. James introduced D. Watson as the new Assistant Director of Community Partnership Division.

All 34 contracts were released to agencies: 23 are fully executed, 6 contracts are waiting approval from providers, and 5 are waiting approval from county administrators.

Part A and MAI Sweeps levers have been sent to providers. Providers that had not invoiced in PE will be asked to estimate their utilization.

The Recipient Office conducted a Provider Feedback Survey to assess the financial state of providers so far in the fiscal year, considering the contract delays. J. Roy and G. James answered all questions regarding the survey results.

J. Roy informed the council of proper use of the official Broward County logo. W. Cius shared information regarding the Second Annual Haitian Mental Health Initiative in partnership with United Way of Broward and the Second Annual Faith-Based Imitative. J. Roy shared updates about the HRSA Reverse Site Visit that members of the Recipient Office will participate in on August 5th-7th.

Luis Nicola "Nico" Aguilar, Human Resources at Broward County, manages housing support services funded to assist individuals experiencing homelessness and domestic violence.

G. James mentioned they received a notice of award amounting to $7,418,691 and are awaiting the final part of the notice. S. Tinsley inquired about the number of units in the new apartment developments designated for programs supporting those in need of housing.

N. Anguilar mentioned they are exploring options for affordable housing. In his area, Broward County has very limited affordable housing. The exact number of units or the budget allocated for it is unknown. However, he believes this information can be obtained.

B. Barnes asked J. Roy how the Ryan White program would be affected by the restructuring of HRSA. J. Roy answered that she would bring this up with the Project Officer. J. Roy stated that M. Cassini has been actively preparing for the DOGE visit to Broward County, which is why he was unable to attend the meeting.

K. Craery is concerned that nothing is being done and there are homeless people living with HIV. B. Barnes asked if the county is working on facilities that will provide free air conditioning and rest to the homeless. N. Aguilar stated that Broward County does have cooling stations for the homeless. G. James also stated that emergency management has some space as well. C. Willaims asked if they will have safe places to park for people with cars. The council continued discussing the homelessness issue in Broward County for several minutes.

G. James informed the council that HRSA and SAMSA are going to be combined under a new administration.

b. **Part B:** The report stands. N. Kellman, the ADAP Program Manager, reported that the 39% missed appointments in June have decreased because 11% recertified in June, bringing that figure down to 28%. B. Barnes asked if there are any trends in ADAP. N. Kellman stated that there are no new trends.

   V. Biggs began a discussion about ensuring that eligible clients are enrolled for ACA insurance on time.

   K. Creary asked for clarification regarding the viral suppression rates that were reported. N. Kellman explained that these figures represent clients who have been in the system for at least 6 months

c. **Part C:** The report stands. J. Roy asked if these figures were typically for a Part C report. S. Hafley answered that the figures can vary greatly from month to month.

d. Part D: The report stands. They had a pregnant mother and 2 youths that came in last month. No new incidences of HIV in babies. S. Tinsley asked if the change in Florida Blue not being contracted with Broward Healthpoint affects care. B. Fortune-Evans answered that if Florida Blue no longer contracted under Broward HealthPoint, client care will not be interrupted. Business will continue as usual. G. James asked for the cutoff age for youth clients. B. Fortune-Evans answered that the cutoff age for male clients is 24 years old, while female clients have no cutoff.

e. Part F: The report stands.

f. HOPWA: According to J. Rogers, the grant award for FY25-26 is $ 981,453. J. Rogers shared updates on current expenditures and HOPWA. As of April 1st, they serve 1,179 clients across all programs. Affordable housing and rising rental rates remain ongoing issues. One of our agencies has exhausted its funds for vouchers. HOPWA will still continue for FY25-26.

S. Tinsley stated that Rachel Williams stated that in the new bill, HOPWA was cut from everything. J. Rogers explained that for FY 25-26, they have funding but funding for subsequent years is currently unknown. HOPWA will be absorbed into EHE funds. Extended vouchers will be taken away. K. Hayes asked if TRBV will go as well. J. Rogers answered that he can't really say for sure. J. Shirley wanted to confirm the money that was allocated this year, which is around $82,000.

K. Creary has expressed her concerns about those living with HIV and these changes. She asked if something is being done in case this does happen. J. Rogers stated that there is no concrete plan in place just that HOPWA will be absorbed into EHE. V. Biggs and W. Cius emphasized the need to empower clients to graduate from HOPWA and become self-sufficient.

F. D'Amore suggested creating a task force and coming up with solutions for the problem. L. Robertson said we should take this to SOC and QMC to help decide.

Y. Barrientos emphasized the need to form concrete plans to help clients transition out of HOPWA housing. K. Hayes stated that her salary cannot help her transition out of HOPWA. She said we need a way to support them financially such as a salary increase. S. Tinsley stated that the concerns are valid. We need to break out into silos and to advocate in front of Congress. B. Mester, said we need to come up with an integrated plan between Part A and Part B. Y. Barrientos also echoed that salaries are not enough given the cost of living.

B. Barnes reminded us that the council is in a Sunshine meeting and has to be mindful. G. James reminded the council that it is the HIV Planning Council under Part A and it does not cover HOPWA. HIVPC should focus on what Part A can provide.

g. Prevention: The report stands. The report was sent after the packet so L. Robertson stated that all questions for the report can be held until the next HIVPC meeting.

11. Data Request(s): None.

12. Public Comment:

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

The was no public comment.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on October 23, 2025, at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through Microsoft Teams
b. Agenda Items for next meeting: To be determined.

14. Announcements:

14. K. Hayes: Poverello will be holding two new support groups from 2:00 PM to 4:00 PM. The women's group will meet every third Monday, and the men's group will meet every third Wednesday.
15. V. Biggs: Holy Cross in August is hosting a support group for the LGBTQ community for those living with chronic diseases.
16. T. Adeagbo: Provider Network Meetings and trainings August 14th . This will be more of a table talk. Dinner will be included with RSVP.
17. J. Shirley: Client Consumer Advisory group is meeting on the third Friday of the month from 11 a.m. to 12 p.m. The next meeting will be on August 15th.

15. Adjournment:

There being no further business, the meeting was adjourned at 11:47 a.m.

HIVPC Attendance for CY 2025

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	23	C	27	24	C	26	24						
	1	Barnes, B.	X	C	X	X	C	X	X						
	2	Bhrangger, R.	X	C	X	X	C	X	A						
	3	Biggs, V., V.Chair	X	C	X	X	C	X	X						
	4	Castillo, J.	X	C	X	X	C	X	X						
	5	D'Amore, F.	X	C	X	X	C	A	X						
	6	Davis, E.	X	C	E	A	C	A	A						
	7	Fortune-Evans, B.	X	C	X	X	C	X	X						
	8	Hayes, K.	X	C	X	X	C	X	X						
	9	Jackson-Tinsley, S.	X	C	X	X	C	X	X						
	10	Jimenez, R.	X	C	X	X	C	A	X						
	11	Machado, A.	X	C	X	X	C	X	A						
	12	Marcoviche, W.	X	C	X	X	C	X	A						
	13	Mester, B.	X	C	X	X	C	X	X						
	14	Moragne, T.	E	C	A	X	C	X	A						
	15	Robertson, L., Chair	X	C	X	X	C	X	X						
	16	Rodriguez, J.	X	C	X	X	C	X	X						
	17	Schweizer, M.	X	C	X	X	C	X	X						
	18	Creary, K.	X	C	A	A	C	X	X						
	19	De La Nuez, J.	X	C	A	X	C	X	A						
	20	Hadley, R.	N	C	X	X	C	X	X						
	21	Barrientos, Y.	N	C	X	X	C	E	X						
	22	Williams, Colby				N	C	X	X						
	23	Hafley, Shalisa				N	C	X	X						
	24	Rogers, Jonathan				N	C	X	X						
	25	Tyler, Natalie				N	C	A	X						
		Commissioner McKinzie	A	A	A	A	C	X	A						
		Wilson, I.													R
		Lewis, L.													R
		V. Foster													Z
		Shamer, D.													Z
		Cutright, A.	A	C	X	X	C	A	Z						Z
		Madadi, P.	N	C	A	A	C	X	Z						Z
		Dudelzak, E.	E	C	X	X	C	X	X	Z					Z
		Quorum = 14	17	C	20	21	C	22	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	

COMMUNITY EMPOWERMENT COMMITTEE (CEC) Handout B

Policies and Procedures
Approved 3/23/17
Revised and Updated: _____

I. Purpose

The Community Empowerment Committee (CEC) informs and solicits the participation of individuals living with and affected by HIV in the planning, prioritization, and allocation of resources. This Committee serves as a bridge between the Council and people with HIV in Broward, focusing on engaging and empowering community members. It aims to foster active participation, ensuring that the community's voices are heard and integrated into the Council's initiatives. This Committee works to build strong relationships and promote inclusivity.

II. Policies

A. Community Engagement:
The CEC shall work to inform and empower community members, with a focus on individuals living with HIV, to take part in HIV policy development, planning processes, and oversight activities.

B. Recruitment and Participation:
The Committee shall actively recruit members of the public, especially people with HIV, to participate in the decision-making processes of the Broward County HIV Health Services Planning Council (HIVPC).

C. Dialogue and Understanding:
The CEC shall provide a safe and inclusive forum for community members to discuss HIVPC agenda items and other concerns, fostering better understanding and transparency.

D. Consumer Participation:
The Committee shall develop and recommend policies that promote and sustain consumer participation in all Planning Council activities.

III. Procedures

A. Outreach and Visibility:
The CEC shall use available marketing and communication resources to promote the Council's events, services, and opportunities for involvement.

B. Community Events:
The Committee will organize and host outreach meetings and events in accordance with the approved annual work plan to enhance public engagement and visibility.

C. Partnerships:
The Committee shall collaborate with community organizations and partners to co-host outreach efforts, strengthen community ties, and extend the Council's reach.

D. Consumer Review and Feedback:
The CEC shall review Council-related policies, documents, and procedures to provide input from a consumer perspective, ensuring that all materials reflect the community's voice and experience.

IV. Membership

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

B. Representation and Inclusion:
Committee composition should reflect the demographics of Broward County's HIV epidemic, including considerations of race, ethnicity, gender, and self-identified HIV-positive status.

C. Diverse Participation:
Membership shall include Ryan White consumers, stakeholders, and people living with or affected by HIV. This ensures that diverse voices and lived experiences inform the Council's work.

Handout C

SYSTEM OF CARE COMMITTEE (SOC)

Policies and Procedures
Approved 3/23/17
Revised and Updated: _____

Purpose

The **System of Care Committee (SOC)** oversees the coordination and integration of services within the Ryan White Part A system of care. It aims to create a cohesive and efficient system that meets the community's needs. This Committee systematically monitors and evaluates 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.

Policy Statement

The SOC Committee is responsible for the following:

1. The SOC functions as a standing committee of the Broward County HIV Planning Council.
2. The Chair must be a Planning Council member.
3. Reviewing the continuum of HIV services to identify and recommend system-level improvements.
4. Overseeing the Needs Assessment process to ensure it effectively captures community needs.
5. Advising on disparities, service delivery gaps, and barriers to access that impact affected populations.
6. Providing recommendations to other Planning Council committees regarding the service needs of specific subpopulations and offering input on service delivery standards.

Key Activities

To ensure a responsive and seamless continuum of care, the SOC Committee will:

1. Maintain an updated inventory of HIV-related services in Broward County.
2. Evaluate whether services are being delivered as intended and identify differences in health outcomes by subpopulation.
3. Monitor service utilization trends and identify emerging client needs.
4. Recommend improvements to address inequities, especially to people from historically underserved communities.

Procedures

A. System of Care Analysis – based on presented data

   1. Analyze client service utilization trends across the HIV Care Continuum (Diagnosis of HIV infection; Linkage to HIV medical care; Receipt of HIV medical care; Retention in medical care; Achievement and maintenance of viral suppression).
   2. Identify disparities by geographic region, service provider, and client demographics.
   3. Identify service gaps and recommend capacity-building solutions to close service gaps to the appropriate HIVPC committee.

B. Annual Work Plan Elements

   1. Support the Priority Setting & Resource Allocation (PSRA) process by recommending “How Best to Meet the Need” language for Ryan White service categories.
   2. Collaborate with stakeholders to assess and improve the HIV Care Continuum

3. Recommend targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care, as needed/recommended based on data presentations and assessment recommendations.
4. Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.

C. Service Effectiveness Review

1. Identify tools and data needed for service assessment (e.g., outcome data, surveys, needs assessment, implementation plans, new data collection tools)
2. Analyze and provide recommendations based on needs assessment findings
3. Recommend changes to improve the effectiveness of services and processes

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Membership

Individuals interested in serving solely as committee members must submit a standing committee application, which requires approval from the SOC Chair and the HIVPC General Body. Membership should reflect the demographics of the HIV epidemic in Broward County, with consideration for:

- Race and ethnicity
- Gender
- HIV status (self-acknowledged)

The ideal committee composition includes consumers, service providers, and individuals passionate about improving HIV service quality. Desired member qualifications include:

- Willingness to collaborate and learn
- Basic understanding of data interpretation
- Familiarity with quality standards (local/state/federal)
- Effective communication skills

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

QUALITY MANAGEMENT COMMITTEE (QMC) Handout D

Policies and Procedures
Approved 3/23/17
Revised and Updated: 08/18/2025 by Quality Management Committee
Approved by HIVPC:

I. Purpose

The **Quality Management Committee (QMC)** plays a vital role in ensuring that the Ryan White Part A system of care in Broward County maintains high standards across all operations. Through systematic monitoring, evaluation, and continuous improvement, the QMC supports the delivery of high-quality, appropriate HIV care and services to all clients receiving Ryan White Part A and MAI-funded services. The Committee ensures compliance with relevant regulations and best practices, while fostering service excellence and integrity throughout the care continuum.

II. Policy Statement

The QMC ensures the delivery of the highest quality HIV medical care and support services to eligible residents by:

1. The QMC functions as a standing committee of the Broward County HIV Planning Council.
2. The Chair must be a Planning Council member.
3. Developing client-level and system-level outcomes and indicators.
4. Overseeing the implementation and review of service delivery models.
5. Approving scopes of service for quality-related evaluation studies.
6. Evaluating client satisfaction and training needs.
7. Overseeing quality improvement (QI) activities.

III. Oversight of Service Delivery Models

The QMC is responsible for reviewing and updating service delivery models by:

1. Recommending evidence-based best practice models informed by expert presentations.
2. Reviewing and recommending updates to the standards of care to align with evolving client needs and evidence-based practices.
3. Recommending updates for service protocols based on data, Health and Human Services Guidelines, and needs assessment recommendations.

IV. Procedures

1. Assess the effectiveness of the Quality Management and Clinical Quality Management Work Plans and make necessary adjustments to improve outcomes.
2. Review and analyze performance measures, client-level outcomes, and trends to identify areas for improvement.
3. Ensure committee policies and procedures remain current, effective, and aligned with program goals.
4. Analyze results from Needs Assessments and client satisfaction surveys to inform service enhancements.
5. Identifying opportunities to improve client satisfaction.
6. Review quality improvement projects (QIP) of the Quality Provider network to shape outcome measures and indicators.
7. Contribute to relevant sections of the Integrated HIV Prevention and Care Plan to ensure alignment with quality management objectives.

8. Strategically Integrate Quality Management into the HIV Planning Process: Engage in cross-committee collaboration to ensure that quality management priorities are embedded within the Integrated HIV Prevention and Care Plan, aligning improvement initiatives with long-term strategic goals and system-wide performance outcomes.

V. Membership

Individuals interested in serving solely as committee members must submit a standing committee application, which requires approval from the QMC Chair and the HIVPC General Body. Membership should reflect the demographics of the HIV epidemic in Broward County, with consideration for:

- Race and ethnicity
- Gender
- HIV status (self-acknowledged)

The ideal committee composition includes consumers, service providers, and individuals passionate about improving HIV service quality. Desired member qualifications include:

- Willingness to collaborate and learn
- Basic understanding of data interpretation
- Familiarity with quality standards (local/state/federal)
- Effective communication skills

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

MEETING GROUND RULES

Approved 3/23/17

Revised and Updated: _____

Purpose

To ensure that all Council meetings are conducted in a respectful, orderly, and productive manner that supports open dialogue and effective decision-making.

1. **Respect for the Committee Process**
   The Council, its members, and the public acknowledge that in-depth discussion and analysis occur primarily at the committee level. Council meetings are not intended to revisit committee-level deliberations.
2. **Recognition by the Chair**
   Members must be recognized by the Chair before making a motion or speaking. Only one person may speak at a time.
3. **Respectful Communication**
   All speakers must address the Council respectfully, stay on topic, adhere to time limits, and avoid interruptions. Others must not speak over a recognized speaker.
4. **Priority in Debate**
   The member who made a motion and has not yet spoken on it has the right to be recognized first in debate.
5. **Equal Opportunity to Speak**
   No one may speak a second time on the same issue until all others who wish to speak have had a chance.
6. **Focused Discussion**
   Comments must relate to the current motion or agenda item. Speakers must address the Chair and maintain a courteous tone. The Chair may set time limits to ensure efficient proceedings.
7. **Confidentiality and Professionalism**
   Members should not name specific service providers or individuals unless they are explicitly part of the agenda item. Concerns about providers should be directed to the Grantee outside of the meeting.
8. **Public Participation**
   Members of the public may speak only when recognized by the Chair and must follow the same rules of conduct as Council members.
9. **Substance Use Policy**
   The use of alcohol or non-prescribed drugs is prohibited at Council meetings and in grantee or support staff offices.
10. **Zero Tolerance for Disruptive Behavior**
    Abusive language, threats, or possession of weapons are strictly prohibited in all Council-related settings.
11. **Consequences for Misconduct**
    Repeated violations may result in the Chair refusing to recognize the offending individual for the remainder of the meeting. Serious disruptions may lead to removal and potential administrative or legal action.
12. **Joint Committee Participation**
    Members of the South Florida AIDS Network (SFAN) participating in joint committees must also adhere to these ground rules.

TRAVEL POLICY AND PROCEDURES

Approved 3/23/17

Revised and Updated: _____

Purpose

To support the participation of HIVPC members in out-of-area conferences, workshops, and other eligible events that directly benefit the Council's work under the Ryan White Part A grant.

Scope

This policy applies to all HIVPC Members and Alternates.

Policy Guidelines

1. **Reimbursement Eligibility**
   Only expenses not covered by other funding sources are eligible for reimbursement.
2. **Travel Restrictions**
   International travel is not permitted.
3. **Local Mileage**
   PWH (People Living with HIV/AIDS) may receive local mileage reimbursement as outlined in the Council's Reimbursement Policy.
4. **Travel Representation**
   The Executive Committee will recommend representatives (including caregivers, if needed) to attend eligible out-of-area events.
5. **Policy Alignment**
   This policy aligns with applicable Federal, State, and Local travel regulations.
6. **Reimbursement Standards**
   The Council follows State of Florida reimbursement rules and relevant Broward County policies.
7. **PWH Meal Allowance Exception**
   For PWH, meal allowances will be calculated at twice the State rate to support full participation and medication adherence.
8. **Disability Accommodations**
   Individuals with disabilities (e.g., visual, hearing, or physical impairments) may request caregiver assistance for travel. Caregiver needs must be defined in advance and approved on a case-by-case basis. Reimbursement for caregivers follows State guidelines, with the same meal allowance exception as above.
9. **Traveler Responsibilities**
   Travelers must agree to:
   - Follow the Council Travel Policy and submit all required receipts/documentation.
   - Actively participate in the event.
   - Submit a report to the Executive Committee and the full Council.
10. **Reporting**
    Reports from attended events will be included in the Executive Committee's report to the full Council.

Criteria for Selecting Representatives

1. Preference is given to members who best represent the Council and the HIV/AIDS community.
2. Qualified PWH (based on interest/expertise from membership forms) are prioritized.
3. Members who have not previously attended out-of-area events are given preference.
4. Priority may be given to members who first submitted the event for consideration.

Procedures

1. **Executive Committee Meetings**
   Meetings are held as needed and follow Council By-laws, County Ordinances, and Florida Sunshine Laws. PWH and community participation is encouraged.
2. **Decision-Making Process**
   The process is transparent and publicly documented.
3. **Information Clearinghouse**
   Council support staff will collect and distribute information on relevant events.
4. **Event Submission**
   Members should submit event details to support staff (ideally 60 days in advance) and indicate interest in attending.
5. **Information Dissemination**
   Event details will be shared in the monthly HIVPC meeting mailing.
6. **Grantee Notification**
   Upon receiving event details, support staff will notify the Part A grantee and provide a funding availability statement.
7. **Interest Confirmation**
   Members must notify support staff of their interest. A list of interested individuals will be shared with the grantee.
8. **Eligibility and Recommendation**
   The Executive Committee, with input from the grantee, will assess event eligibility and recommend representatives based on the established criteria.
9. **Council Approval**
   The Executive Committee will present recommended attendees to the full Council for approval.
10. **Travel Arrangements**
    Support staff will assist with travel logistics (e.g., hotel, airfare, registration) and prepare the Travel Expense Estimate worksheet.
11. **Post-Travel Requirements**
    Within seven business days of returning, travelers must submit all receipts/documentation and schedule a meeting with support staff to prepare their report.

VOTING ABSTENTIONS AND CONFLICTS GUIDELINES

Revised and Updated: May 30, 2025

Abstaining from Voting Due to Special Private Gain
Under **Florida state law (Section 112.3143, F.S.)**, board members must abstain from voting if the decision would result in a **special private gain** for:

- The board members themselves
- A **relative**, including a parent, child, spouse, in-law, or other immediate family member
- A **business associate**, such as a partner, joint venture participant, co-owner of property, or corporate shareholder (excluding publicly traded companies)
- A **principal** who retains the board member, including their employer
- A **parent organization** or subsidiary of the parent organization, unless it is a state agency

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Abstaining from Voting on Services Categories and Funding Allocations
According to **Planning Council policies**, a member must **abstain** from voting on service categories and allocations when their organization is one of **fewer than three** (<3) Ryan White-funded agencies providing the service.

Note: Abstention is not required if three (3) or more agencies provide the service.

Required Actions for Voting Conflicts
Any council member with a **voting conflict** under **state or county law** must:

1. **Declare the conflict** on the record at the meeting before the vote
2. **Abstain from voting on a service category** if the member's agency is one of **fewer than three** Ryan White-funded agencies
3. **File a Memorandum of Voting Conflict (Form 8B)** within **15 days** of the vote

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Additional Restrictions Under Broward County Ordinance
Broward County expands these restrictions by **prohibiting both discussion and voting** on matters that would result in a **special gain** for:

- Any **private entity** where the board member serves as an officer or board member, regardless of compensation
- Any **public entity** where the board member is employed

All voting conflicts related to service categories are **public records.**

BROWARD COUNTY RYAN WHITE HIV HEALTH SERVICES PLANNING COUNCIL CODE OF ETHICS

Revised: _____

Document reviewed and updated by the Atty Ron Honick 7/14/2025.

HIVPC statement on Ethics: This Broward County Ryan White HIV Health Services Planning Council Code of Ethics summarizes the legal and ethical responsibilities of Broward County's Ryan White HIV Health Services Planning Council ("HIVPC") members in five key areas: **gifts, conflicts of interest, voting conflicts, lobbying, and public communications/social media**. Members of the HIVPC are considered public officers and are expected to uphold and maintain the highest ethical standards. Below is a summary of the key provisions governing HIVPC member responsibilities under federal, state, and local law, including Florida's Sunshine Law, Florida's Code of Ethics for Public Officers and Employees (Chapter 112, Part III, Florida Statutes), the Broward County Code of Ordinances, Administrative Code, and County Administrative Policies and Procedures ("CAPP"). HIVPC Members should always check with the Board Coordinator or the Board Counsel for clarity on these topics. Terms not otherwise defined have the same meaning as in the relevant law or County policy and all conflicts in definitions must be resolved in favor of the relevant law or County policy:

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1) **Gifts**
   a) HIVPC members must comply with strict gift laws in state statutes and Broward County ordinances.
   b) A gift is anything of value received without equal or greater compensation being paid by the recipient within 90 days.
   c) Prohibited sources of gifts include:
      i) Persons or entities doing business with the County (Contractors).
      ii) Suppliers of goods or services to the County, or those that have responded to County procurements, whether currently or within the past 2 years (Vendors).
      iii) Lobbyists or principals/employers of lobbyists.
   d) No HIVPC members may engage in corruption or quid pro quo; gifts must not influence official actions.
   e) HIVPC members who are required to file an annual financial disclosure must report gifts valued over $100 (except from relatives).

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2) **Conflicts of Interest**
   a) HIVPC members (or their families/businesses) must not do business with their own governmental entity without receiving a waiver.
      i) For advisory boards, including the HIVPC, the governmental entity is Broward County.
         (1) For decision-making boards, the governmental entity is the board itself.
   b) *Conflicting employment or contractual relationships are* prohibited when:
      i) They are with businesses regulated by the HIVPC, or
      ii) They create ongoing conflicts between personal interest and public duty.
   c) HIVPC members must disclose potential conflicts, seek a waiver, and abstain from voting when the conflict arises.

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3) **Voting Conflicts**
   a) HIVPC members must not vote on a matter before the HIVPC if the HIVPC's decision

would benefit:
   i) Themselves;
   ii) Their employer, client, principal, or the principal's parent company or subsidiary;
   iii) Their family member; or
   iv) Their business associate.
      (1) A benefit, as used above, means a "special private gain or loss" and refers to personal or narrow economic impacts, not issues broadly affecting the general public.

b) In the event of a conflict of interest, the HIVPC member is required to adhere to the following procedure:
   i) Disclose the conflict orally before the item is considered.
   ii) Submit the appropriate voting conflict form to the Planning Council Support Staff before the meeting or within 15 days after the meeting.
   iii) Abstain from voting when a conflict arises.

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4) Lobbying

a) HIVPC members may not lobby Broward County HIVPC Support Staff while serving or for two years after leaving.
b) Violations may lead to removal and fines.

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5) Public Communications and Social Media (new)

a) **Definitions**
   i) Social media includes official HIVPC presence on platforms such as Facebook, Twitter, YouTube, LinkedIn, and Instagram, as well as personal accounts of HIVPC members.
   ii) *Interactive Posts* are public-facing posts that enable two-way communication (e.g., comments, replies).

b) **Public Records and Sunshine Law on Social Media**
   i) All communications (including Social Media content) with the HIVPC or about HIVPC business are a public record under Florida law and must be archived accordingly.
   ii) HIVPC members should avoid two-way social media interaction about the HIVPC's subject matter.
   iii) HIVPC members may not violate federal, state, or local laws, the social media platform's terms, or the HIVPC's bylaws and policies.

6) **Moderation & Public Interaction**

a) Content inconsistent with this policy—such as attempts to negotiate procurement terms or initiate deliberations—will be removed or hidden per policy.

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7) **Conclusion:** Ethics compliance ensures transparency, public trust, and legal integrity. When in doubt, HIVPC members are encouraged to consult--through the Planning Council Support staff—the assigned Assistant County Attorney from the Broward County Attorney's Office before taking action.

8) For further guidance, refer to the legal sources referenced above and the Florida Commission on Ethics Guide to the Sunshine Amendment and Code of Ethics for Public Officers and Employees..

NOMINATING PROCEDURE

Handout F1

FOR REGULAR ELECTIONS

1. **Formation of Nominating Committee**
   a. No later than July, the HIVPC Chair shall appoint a Nominating Committee composed of at least five (5) Planning Council members.
   b. The Committee must include a minimum of one unaffiliated consumer currently living with HIV/AIDS.
2. **Nominations Process**
   a. A verbal call for nominations will be made from the floor during the October HIVPC meeting, in advance of the January election.
   b. Members interested in candidacy for Chair or Vice Chair must submit a formal letter of interest.
   c. All prospective candidates will receive a Candidate Questionnaire designed to assess their leadership experience and motivations for seeking office.
   d. A submission deadline will be communicated.
3. **Candidate Review and Slate Preparation**
   a. Following the close of nominations, the Nominating Committee will convene to evaluate all submissions and compile a slate of candidates.
   b. Candidate responses will be included in the December HIVPC meeting packet for review, along with scheduled candidate presentations.

ELECTION PROCEDURE

1. **Candidate Presentations**
   a. At the HIVPC meeting scheduled for December 4, 2025, each candidate will be allotted up to 10 minutes to present their platform, followed by 2 minutes for questions or clarification.
2. **Electronic Voting**
   a. Voting will be conducted electronically.
   b. One week after the December meeting, Council members will receive an emailed ballot listing candidates for Chair and Vice Chair.
      i. Members may participate in early voting, with final votes due two weeks before the January 22, 2026, HIVPC meeting.
   c. If a position has only one candidate, the ballot will include options to approve or reject the nominee.
   d. Ballots will be pre-printed with member names for accurate record-keeping.
3. **Voting Method**
   a. A double election system will be implemented in accordance with Article V, Section 2 *(Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election).*
      i. Primary Vote – to identify leading candidates.
      ii. Runoff Vote – if no candidate secures a majority in the primary.
4. **Announcement of Results**
   a. Results will be publicly announced during the January 22, 2026, HIVPC meeting.
   b. The Nominating Committee Chair or designated Council representative will read each vote into the official record.
   c. Newly elected officers will begin their terms on March 1.

FOR SPECIAL ELECTIONS

In the event of a resignation or vacancy in the Chair or Vice Chair position:

1. A special election will be held using the same procedures outlined above.
2. Timelines may be adjusted to accommodate the vacancy, but all required steps (nominations, review, presentations, and voting) will be followed.

Approved [insert date] by HIVPC

Handout F2

Candidate Name: _____

Office Sought: _____

Affiliation: _____

Please state your affiliation as an employee, consultant, or board member with Ryan White Part A, if any.

Please answer each question as concisely as possible, using the space provided.

*Talking Points will be presented to the HIVPC during the **Question and Answer (Q&A)** Session*

Leadership

Please describe your leadership style and how you might engage Council members and facilitate the meeting process.

Membership

How will you go about ensuring Council membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County?

Relationships, Community, & Outreach

What will your strategies be to improve the relationship between the Council and the Broward County HIV/AIDS Community?

Health Disparity

What initiatives should the Planning Council focus on to eliminate health disparities and improve access to services?

NOMINEE TALKING POINTS

Conflict of Interest

If elected, how will you avoid conflict of interest, real or perceived, while exercising your duties of office and those of your personal and professional life?

Advocacy

What current issues impacting the HIV/AIDS community would you like the Council to address?

Outlook

How will you help the HIVPC achieve the goals of the Broward County Integrated HIV Prevention and Care Plan, CY2027-2031, and the Ending the HIV Epidemic pillars?

NOMINEE TALKING POINTS

Other (optional)

By-Laws Parking Lot Items as of August 2025 — Handout G

#	Proposal	By-Laws Location	Stated Reason
1	Remove the word “infected” from the Community Empowerment Committee’s (CEC) purpose	Article VIII, Section 5, C	The term 'infected' is considered stigmatizing and should be replaced with 'individuals living with HIV/AIDS' to promote person-first and non-discriminatory language.
2	The by-laws do not explicitly state that a meeting will transition into a workshop when quorum is not met	Article VI, Section 2	Adding a clause or explanation outlining the procedure for meetings converting into workshops when quorum is not met would enhance clarity and support procedural consistency.
3	The current by-laws state that members should not serve on more than two committees. It is recommended to clarify that this limitation applies **only to standing committees**. Ad-Hoc committees should be excluded from this count, as they are temporary and dissolve once their specific tasks are completed.	Article IV, Section 11	During its meeting on January 16, 2025, the Executive Committee voted to merge the Ad-Hoc Nominations Committee and the Ad-Hoc Bylaws/MOU Committee into a single standing committee. However, due to the eligibility criteria outlined in the current governing language, many members were not qualified to join the newly established standing committee.
4	Under definitions for PWH/PWHA remove the word “disease”	Article III, Definition 14	Updating the definition to 'PWH/PWHA means a person living with HIV/AIDS' ensures the use of more appropriate and person-centered language.
5	Under HIV Representation, remove the word “disease”	Article IV, Section 4	Revising the language to 'nominate people living with HIV/AIDS to vacancies in all other categories as appropriate' promotes the use of respectful, person-centered terminology.
6	Under Term Limits the current by-laws state, “Each term begins on January 1 and ends on December 31.” While this language was appropriate for existing Council members at the time of the update,	Article IV, Section 7	New Term Limit Procedure:

	we recommend including an additional clause to address term dates for newly appointed members moving forward..		6) For members appointed after January 2024, their term will begin in the month they are officially appointed by the Board of County Commissioners.

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 25-26 Allocations

Handout H

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 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
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,296,953	654,286	12%	2331	4,642,667	163,571	1,962,858	-	3,334,095	325,000	(121,463)	(46,463.00)	75,000	(121,463)	(46,463)	5,250,490
	AIDS Pharmaceutical Assistance (3)	192,925	-	0%	1	192,925	-	-	-	192,925	-	(176,848)	(176,848.00)	-	(176,848)	(176,848)	16,077
	Oral Health Care Routine (4)	1,944,128	798,975	41%	1659	1,145,153	199,744	2,396,926	-	(452,798)	350,000	-	225,000.00	225,000	-	225,000	2,169,128
	Specialty (1)	546,964	125,062	23%		421,902	31,265	375,185	-	171,779	-	-	-	-	(200,000)	(200,000)	346,964
	Medical Case Management Disease Case Management (9)	837,923	140,765	17%	344	697,158	35,191	422,295	-	415,628	307,059	(58,945)	6,055.00	125,000	(118,945)	6,055	843,978
	Mental Health- Trauma-Informed (4)	203,125	20,722	10%	30	182,403	5,181	62,166	-	140,959	-	-	(63,125)	-	(63,125)	(63,125)	140,000
	Health Insurance Premium & Cost Sharing Assistance	822,465	121,692	15%	764	700,773	30,423	365,075	-	457,390	-	-	-	-	-	-	822,465
	Medical Nutrition Therapy (1)	300,000	139,593	47%	265	160,407	34,898	418,778	-	(118,778)	150,000	-	100,000	100,000	-	100,000	400,000
	Substance Abuse-Outpatient (1)	380,684	38,241	10%	21	342,443	9,560	114,722	-	265,962	-	-	(250,000)	-	(250,000)	(250,000)	130,684
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	110,629	32%	1185	238,749	27,657	331,888	-	17,490	57,566	-	57,076	57,076	-	57,076	406,454
	Non-Medical Case Management Case Management (10)	1,184,359	454,192	38%	2259	730,167	113,548	1,362,576	-	(178,217)	931,036	(24,501)	308,825	373,326	(64,501)	308,825	1,493,184
	Food Services Food Bank (2)	700,000	242,498	35%	1133	457,502	60,625	727,495	-	(27,495)	-	-	-	100,000	(125,000)	(25,000)	675,000
	Food Voucher (3)	82,586	1,397	2%	17	81,189	349	4,192	-	78,394	-	-	-	-	(30,000)	(30,000)	52,586
	Legal Assistance (1)	129,151	-	0%	62	129,151	-	-	-	129,151	-	-	-	-	-	-	129,151
	Emergency Financial Assistance (3)	125,992	22,862	18%	70	103,130	5,715	68,586	-	57,406	198,000	(5,520)	94,480	100,000	(5,520)	94,480	220,472
	Total Part A Funds	**13,096,633**	**2,870,914**	**22%**		**10,225,719**	**717,728**	**8,612,741**	**-**	**4,483,892**	**2,318,661**	**(387,277)**	**255,000**	**1,155,402**	**(1,155,402)**	**-**	**13,096,633**
	*** Some of the providers have not billed for month of JUN 2025**																

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 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
Core Medical Services	MAI Ambulatory (1)	125,000	-		0	125,000	-	-	-	125,000	-	-	(50,000)	-	(50,000)	(50,000)	75,000
	MAI Mental Health (1)	62,469	7,900	13%	17	54,569	1,975	23,699	-	38,770	-	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	300,000	114,670	38%	47	185,330	28,668	344,010	-	(44,010)	-	-	56,818	56,818	-	56,818	356,818
Support Services	MAI Non-Medical Case Management Case Management (4)	114,535	84,486	74%	287	30,049	21,122	253,459	-	(138,924)	85,000	-	186,932	197,432	(10,500)	186,932	301,467
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	424,066	365,746	86%	3913	58,320	91,436	1,097,237	-	(673,171)	86,365	-	86,365	86,365	-	86,365	510,431
	Total MAI Funds	**1,026,070**	**572,802**	**56%**		**453,268**	**143,200**	**1,718,405**	**-**	**(692,335)**	**171,365**	**-**	**280,115**	**340,615**	**(60,500)**	**280,115**	**1,306,185**
	*** Some of the providers have not billed for month of JUN 2025**																
	*** Carryover amount of $254,837 included in calculations.**																
	Total Part A and MAI Funding	**14,122,703**	**3,443,715**	**24%**		**10,678,988**	**860,929**	**10,331,146**	**-**	**3,791,557**	**2,490,026**	**(387,277)**	**535,115**	**1,496,017**	**(1,215,902)**	**280,115**	**14,402,818**

Handout I

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update 6/26/2025

Ryan White Part A Admin Update

Reverse Site Visit

- Updates and Overall take away

Ryan White Part A Contracts Update

Reallocations

- The recipient office is in the process of Contract Adjustments related to the first round of PSRA Reallocations

Agreement Update

- All 34 Ryan White Part A/MAI and EHE contracts have been executed.

CQM Update

Provider Accountability

- Recipient CQM is currently looking at individuals who are not virally suppressed and having conversations with the providers during their monthly calls on efforts to get these individuals suppressed.
- Recipient CQM is also going through the client files for monthly meetings and comparing the requirements of the SDM to what is in PE in an effort to assure accurate information and quality client care.

Subrecipient Monitoring

- Will begin started in November of 2025 and run through January 2026.

Epi Data

- We just received the 2024 Epidemiological data from the state last week.

Community Engagement Updates

Listening Session Update

- 55 clients/consumers
- 7 total providers had clients attend
- Next Listening Session Oct 16th at 10:00 AM

Intersection of Faith and Health

- BALM in Gilead Wednesday Aug 27th 9:00-11:00 AM

Questions?

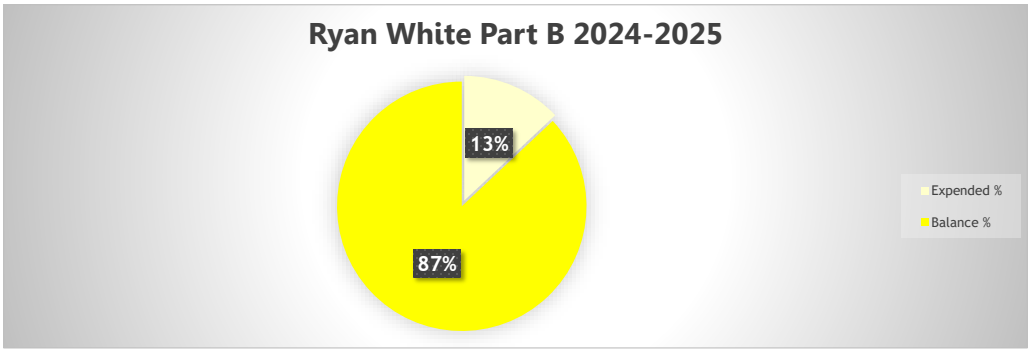
Ryan White Part B

PTC25: April 1, 2025 to March 31, 2026

Handout J1

Expenditures for June 2025

Service Category	*Allocated*	*Expended June 2025*	*Expended YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 63,233	$ 5,653	$ 14,543	23%	77%	$ 48,689.75
Health Insurance Premium/Cost Sharing	$ 187,750	$ 7,659	$ 11,591	6%	94%	$ 176,158.55
Home & Community Based Health	$ 30,000	$ 261	$ 912	3%	97%	$ 29,088.00
Medical Nutritional Therapy	$ 30,000	$ 2,875	$ 4,628	15%	85%	$ 25,371.71
Emergency Financial Assistance	$ 345,000	$ 5,163	$ 31,287	9%	91%	$ 313,713.15
Home Delivered Meals	$ 10,000	$ -	$ -	0%	100%	$ 10,000.00
Medical Transportation	$ 75,423	$ -	$ 27,029	36%	64%	$ 48,394.05
Non-Medical Case Management	$ 227,628	$ 14,153	$ 31,520	14%	86%	$ 196,108.38
Referral For Health Care/Support Services	$ 95,000	$ 17,995	$ 29,598	31%	69%	$ 65,401.75
Residential Substance Abuse	$ 40,000	$ -	$ -	0%	100%	$ 40,000.00
Clinical Quality Management	$ 57,895	$ -	$ -	0%	100%	$ 57,895.00
Planning and Evaluation	$ 0	$ -	$ -	0%	100%	$ 0.10
TOTALS	$ 1,161,929	$ 53,759	$ 151,109	13%	87%	$ 1,010,820.44



ADAP REPORT July 2025

Enrollment July 2025

Total Enrolled July 2025	5938
ADAP Enrollments and Re-enrollments processed	357
New Clients (new to PE)	50*
Assessments completed using RWPA NOE	75

Viral Suppression July 2025

Total Virally Suppressed at 6 months	5149
Percentage of Virally Suppressed	92.88%
% Uninsured Virally Suppressed at 6 months	87.70%
% Insured Virally Suppressed at 6 months	97.14%

Missed Original Appointment Report July 2025

Missed Original Appointment Report	35%
Missed Original Appointment Report Last Month	39%

*The 50 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 K

Ryan White Part C Monthly Report-July 2025

Broward HealthPoint

i. Total clients enrolled in the Part C program 1050

ii. HIV positive individuals who **attended medical care** as of **7/1/2025- 7/31/2025**- **833**

iii. Test and Treat- Month-July 2025- 10 clients (re-engage)

Ryan White Part D Monthly Report-July 2025

Broward HealthPoint

- Total clients enrolled in the Part D program - **1575**
- Approximate Total Number of HIV Positive Individuals - **635**
  - Total number of HIV Positive Individuals enrolled in Program break down-**Women-601 Children-4 Youth-30**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old **-12**
- HIV positive individuals who **attended medical care** as of**7/1/2025- 7/31/2025**- **416**
- Test and Treat- Month-July 2025- 2 clients (re-engage)

8/07/2025

2025 HIV CARE NEEDS SURVEY

The Broward Ryan White Part A Office is excited to launch the statewide 2025 HIV Care Needs Survey, designed to gather feedback from people living with HIV across Florida. The survey will help:

- Influence statewide HIV care planning
- Identify service gaps
- Improve access to essential health services

Who Should Participate?
People living with HIV in Broward County

The Survey Can Be Taken Online
Area 10 (Broward County)
Online Survey Portal

Deadline
November 30, 2025

For more information, contact Scott Wilson
swilson@taimail.org

GET CARE BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

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.