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, December 4, 2025 – 9:30AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

Click to Join the HIVPC General Body Meeting
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 14

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
   - **Video Presentation:** *Broward County HIV Health Services Planning Council World AIDS Day Memorial 2025:* Honoring Members We've Lost: *PCS Staff*

PUBLIC COMMENT

ACTION: Approval of Agenda for December 4, 2025

ACTION: Approval of Minutes for October 23, 2025 **(Handout A)**

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

STANDARD COMMITTEE ITEMS

CONSENT ITEMS

a. Motion to approve the FY2026-2027 Community Empowerment Committee Work Plan **(Handout B)**

Justification: The work plan was approved by the Community Empowerment Committee during its November 4, 2025, meeting.
PROPOSED BY: Community Empowerment Committee

b. Motion to approve the FY2026-2027 System of Care Committee Work Plan **(Handout C)**
Justification: The work plan was approved by the System of Care during its November 6, 2025, meeting.
PROPOSED BY: System of Care Committee

c. Motion to approve the FY2026-2027 Quality Management Committee Work Plan **(Handout D)**
Justification: The work plan was approved by the Quality Management Committee during its November 17, 2025, meeting.
PROPOSED BY: Quality Management Committee

d. Motion to approve the FY2026-2027 Priority Setting and Resource Allocation Committee Work Plan **(Handout E)**
Justification: The work plan was approved by the Priority Setting and Resource Allocation Committee *during its November 20, 2025, meeting.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

e. Motion to approve the FY2026-2027 Executive Committee Work Plan **(Handout F)**
Justification: The work plan was approved by the Executive Committee *during its November 20, 2025, meeting.*
PROPOSED BY: Executive Committee

DISCUSSION ITEMS

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

Part A Core Services: To Sweep From

i. Motion to reallocate **$185,000** 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 **$11,425** from AIDS Pharmaceutical Assistance
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to reallocate **$60,000** for Medical Case Management (Disease Case Management).
*Justification: Underutilization in this service categor*y.
PROPOSED BY: Priority Setting and Resource Allocation Committee

iv. Motion to reallocate **$25,000** for Mental Health Trauma-Informed FY2025-2026.
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

v. Motion to reallocate **$131,000** for Health Insurance Continuation Program
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

vi. Motion to reallocate **$45,000** for Medical Nutrition Therapy

Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

Part A Support Services: To Sweep From

i. Motion to reallocate **$40,000** for Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to reallocate **$55,000** for Food Services (Food Bank)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to reallocate **$18,000** for Food Services (Food Vouchers)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iv. Motion to reallocate **$3,600** for Emergency Financial Services
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

v. Motion to approve **total sweep** from Part A Core and Support Services of **$574,025**
PROPOSED BY: Priority Setting and Resource Management Committee

Part A Core Services: To Sweep To

i. Motion to sweep in **$329,100** for Ambulatory (Integrated Primary Care and Behavioral Health Services
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to sweep in **$144,925** for Oral Health Care (Routine)
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to sweep in **$60,000** for Medical Case Management (Disease Case Management).
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

iv. Motion to sweep in **$10,000** for Mental Health – Trauma Informed.
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

v. Motion to sweep in **$30,000** for Substance Abuse – Outpatient
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

vi. Motion to approve **total sweep from** Part A Core Services of **$574,025**
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Management Committee

MAI Core and Support Service: To Sweep From

i. Motion to reallocate **$65,000** for MAI Ambulatory
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to reallocate **$19,500** for MAI Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

iii. Motion to approve **total sweep from** MAI Core and Support Services of **$84,500**
Justification: Underutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

MAI Core and Support Service: To Sweep To

i. Motion to sweep in **$84,500** for MAI Substance Abuse-Outpatient
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

ii. Motion to approve **total sweep** to MAI Core and Support Services of **$84,500**
Justification: Overutilization in this service category
PROPOSED BY: Priority Setting and Resource Allocation Committee

OLD BUSINESS

a. None

NEW BUSINESS

a. **FY2026-2028 Election of Chair & Vice-Chair**

i. **Question & Answer Session of Candidates;** *Campaign Presentation Moderator, Bisiola Fortune-Evans and Timekeeper; PCS Staff (10 Minutes per Candidate)*

i. **Chair**
1. Von Biggs **(Handout H)**
2. Shawn Tinsley **(Handout I)**

ii. Vice-Chair
1. Franchesca D'Amore **(Handout J)**
2. Lorenzo Robertson **(Handout K)**

b. **Action Item:** Confirm Appointments Planning Council members to serve on the Integrated Planning Workgroup for 2027-2031 Cycle **(Handout L)**

COMMITTEE REPORTS

a) **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Edna Chery-Davis
November 4, 2025

i. **Work Plan Item Update/Status Summary:** The Community Empowerment Committee reviewed and approved its FY2026–2027 Work Plan and continued discussions on upcoming outreach events for World AIDS Day.

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:** January 6, 2026, at 3:00 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

b) **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
November 6, 2025

i. **Work Plan Item Update/Status Summary:** The committee received an update from the Recipient Office on the System Mapping project, reviewed a data presentation comparing non-medical case management and programs like CIED in Broward County to other Florida EMAs, and provided feedback on the Provider Capacity and Capability Survey**.**
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:** Tuesday, January 6, 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 Scheduled Meeting January 8, 2026 – 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 Quarter 3 “Member of the Quarter” results, evaluate feedback from the QMC/PSRA Listening Tour Session #3, and review and approve the committee’s FY2026–2027 Work Plan.
vii. **Next Meeting date:** January 8, 2026, 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
November 17, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the QMC Work Plan for FY2026–2027, received a summary of the Listening Tour Session #3 results, and key updates on Clinical Quality Management and network activities from the CQM Planner.
ii. **Rationale for Recommendations:** None.
iii. **Data Reports/Data Review Updates:** None.
iv. **Other Business Items:** None.
v. **Agenda Items for Next Meeting:** To be Determined.
vi. **Next Meeting date**: January 12, 2026, 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
November 20, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the standard HIVPC agenda items and calendar of events. It also approved the FY2026–2027 work plan, confirmed the slate of candidates for the FY2026–2028 Planning Council Chair and Vice-Chair election, and reviewed the proposed HIVPC members for the HIV Integrated Planning Group Cycle 2027–2031.
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 approval January 22, 2026, HIVPC Agenda
   b. Review the February and March HIVPC Calendars
   c. **Next Meeting date**: January 15, 2026, 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
November 20, 2025

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved its FY2026–2027 work plan, conducted Sweeps Cycle 2, reviewed a summary of the Listening Tour Session #3 results, and received a high-level overview of the epidemiological data.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/Data Review Updates:** None.
v. **Other Business Items:** None.

a. **Agenda Items for Next Meeting:**
   i. To be determined.
   ii. **Next Meeting date:** January 15, 2026, 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
November 12, 2025

vi. **Work Plan Item Update/Status Summary:** The committee reviewed the year-long meeting process, examined a summary of findings from each session, and finalized recommendations to forward to the PSRA Committee.
vii. **Rationale for Recommendations:** Based on data findings, the needs assessment presentation, and input from case managers and Peer Navigators.
viii. **Data Reports/Data Review Updates:** None.
ix. **Other Business Items:** None.
x. **Agenda Items for Next Meeting:** Committee Dissolved.
xi. **Next Meeting date:** Committee Dissolved.

RECIPIENT REPORTS

a) Part A **(Handout M)**

b) Part B **(Handout N1, N2)**
c) Part C **(Handout O)**
d) Part D **(Handout O)**
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: January 22, 2026, at 9:30 AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams
b) Agenda Items for next meeting:
    a. Announcement of new Chair and Vice Chair for FY2026-2028
    b. Presentation on the Assessment of the Administrative Mechanism Survey Results

ANNOUNCEMENTS

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.

December 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.					
Nov 30 **CAN Community Health World AIDS Day Concert Las Olas Oceanside Park, Ft. Lauderdale 6:00 PM – 9:00 PM**	1 WORLD AIDS DAY 01DEC **Tabling 8:30 AM – 4:00PM Broward County Governmental Center** **WAD Candlelight Walk 5:30 PM Esplanade Park**	2 **Support Services Network Meeting (CQM) 9:90AM-10:15AM**	3	4 **HIV Planning Council Meeting 9:30AM – 11:30AM Locations: Broward Government Center/MS Teams**	5	6 Light Up Sistrunk **Sistrunk Boulevard, Fort Lauderdale 5:00PM – 8:00PM**
7	8	9 **World AIDS Day Proclamation 9:00 AM Broward County Governmental Center**	10	11	12	13
14	15 HAPPY Hanukkah **Dec 15 – Dec 22**	16	17	18 **Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: MS Teams Only**	19	20
21	22	23	24	25 MERRY CHRISTMAS **BRHPC Office Closed**	26 HAPPY KWANZAA **(Dec 26 - Jan 1)**	27
28	29	30	31 NEW Year's EVE			GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

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**.

December 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 living with and affected by 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	CEC'S Aging Gracefully: 09/23/2025	QMC/PSRA Listening Tour #3: 10/20/2025	CAN Community WAD: 11/30/2025	World AIDS Day Tabling: 12/01/2025	World AIDS Day Proclamation 12/09/2025		
1	Barnes, B.		Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025				QMC/PSRA Listening Tour #3:					
2	Bhrangger, R.	FL AIDS Walk: 03/15/2025							CEC'S Aging Gracefully: 09/23/2025						
3	Biggs, V., V.Chair		Listening Tour #1: 04/17/2025		Salute to Percussions 05/10/2025	Listening Tour #2: 08/12/2025		Mix, Mingle, & Learn: 08/14/2025		QMC/PSRA Listening Tour #3: 10/20/2025					
4	Castillo, J.				Salute to Percussions 05/10/2025	Listening Tour #2: 08/12/2025			CEC'S Aging Gracefully: 09/23/2025						
5	D'Amore, F.					Listening Tour #2: 08/12/2025				QMC/PSRA Listening Tour #3: 10/20/2025	CAN Community WAD: 11/30/2025				
6	Fortune-Evans, B.		Listening Tour #1: 04/17/2025		Salute to Percussions 05/10/2025					QMC/PSRA Listening Tour #3: 10/20/2025		World AIDS Day Tabling: 12/01/2025			
7	Hayes, K.	FL AIDS Walk: 03/15/2025	Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025			CEC'S Aging Gracefully: 09/23/2025	QMC/PSRA Listening Tour #3:					
8	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		CEC'S Aging Gracefully: 09/23/2025			World AIDS Day Tabling: 12/01/2025			
9	Jimenez, R.														
10	Machado, A.		Listening Tour #1: 04/17/2025												
11	Marcoviche, W.	FL AIDS Walk: 03/15/2025							CEC'S Aging Gracefully: 09/23/2025						
12	Mester, B.		Listening Tour #1: 04/17/2025			Listening Tour #2: 08/12/2025									
13	Moragne, T.		Listening Tour #1: 04/17/2025	Man Up Festival 05/03/2025		Listening Tour #2: 08/12/2025									
14	Robertson, L., Chair			Man Up Festival 05/03/2025		Listening Tour #2: 08/12/2025									
15	Rodriguez, J.														
16	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			CEC'S Aging Gracefully: 09/23/2025	QMC/PSRA Listening Tour #3:					
17	Creary, K.														

18	De La Nuez, J.													
19	R. Hadley													
20	Barrientos, Y.									QMC/PSRA Listening Tour #3:				
21	Williams, C.	Newly Appointed April 2025				Listening Tour #2: 08/12/2025			CEC'S Aging Gracefully: 09/23/2025					
22	Hafley, S.	Newly Appointed April 2025				Listening Tour #2: 08/12/2025			CEC'S Aging Gracefully: 09/23/2025	QMC/PSRA Listening Tour #3:				
23	Rogers, J.	Newly Appointed April 2025				Listening Tour #2: 08/12/2025			CEC'S Aging Gracefully: 09/23/2025	QMC/PSRA Listening Tour #3: 10/20/2025				
24	Tyler, N.	Newly Appointed May 2025												
25	Bahi, H.	Newly Appointed Oct 2025												
		Planning Council Committee Only Members												
	Shore, R.								CEC'S Aging Gracefully: 09/23/2025		CAN Community WAD:			
	Murphy, A.													
	Pietrogallo, T.									QMC/PSRA Listening Tour #3:				
	Herb, F.													
	McLeod, S.								CEC'S Aging Gracefully: 09/23/2025					
	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		CEC'S Aging Gracefully: 09/23/2025			World AIDS Day Tabling: 12/01/2025		
	Davy, O.													
		Past Planning Council Members FY2025-2026												
	Cutright, A.	FL AIDS Walk: 03/15/2025												
	Dudelzak, E.													
	P. Madadi	FL AIDS Walk: 03/15/2025												
	Davis, E.			Man Up Festival 05/03/2025	Salute to Percussions 05/10/2025									

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, October 23, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

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

Members Absent: B. Barnes, K. Creary, B. Fortune-Evans, J. Castillo (excused), N. Tyler

Recipient Staff Present: G. James, A. Maloney, T. Thompson, B. Spaulding, R. Pena, R. Baker, C. Evans, D. Watkins, Atty T. Fender, Atty R. Honnick

Florida Department of Health: No representatives

Planning Council Support Staff Present: G. Berkeley, M. Rosiere, M. Lacroix, S. Isidore, D. Liao

Guests Present: J. Alterman, R. Knepp, K. Gajraj, H. Singh, A. Mayfaire, M. DiMaria, J. Shirley, J. Hidalgo, F. Young

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

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

3. **Meeting Approvals:**

   The approval for the agenda of the October 23, 2025, HIVPC meeting was proposed by R. Bhrangger, seconded by B. Mester, and passed unanimously. The approval for the minutes of the August 28, 2025, meeting was proposed by S. Tinsley, seconded by M. Schweizer, and passed unanimously.

   Motion #1: R. Bhrannger, on behalf of HIVPC, made a motion to approve the October 23, 2025, HIV Health Services Planning Council Agenda. The motion was seconded by B. Mester and adopted unanimously.

Motion #2: S. Tinsley, on behalf of HIVPC, made a motion to approve the August 28, 2025, HIV Health Services Planning Council Minutes. The motion was seconded by M. Schweizer and was passed unanimously.

4. **Federal Legislative Report**
   No report provided.

5. **Standard Committee Items:** None

6. **Consent Items**
   Action Item: Priority Setting and Resource Allocation Policies and Procedures
   Justification: The Priority Setting and Resource Allocation Committee's Policies and Procedures were updated and expanded with new policies to ensure alignment with the Broward County Ordinance, federal requirements, and the Council's current operations and practices.

   PROPOSED BY: Priority Setting and Resource Allocation

   Motion #3: M. Schweizer on behalf of HIVPC, made a motion to approve the Consent Items. The motion was seconded by S. Tinsley and was passed unanimously.

7. **Discussion Items:** None.

8. **Old Business:** None.

9. **New Business:**
   10. **Award**: Member of the Quarter for Quarter 2 (June 1, 2025 – August 31, 2025) of FY2025-2026; HIVPC Chair & MCDC Chair

       The award was presented by HIVPC Vice-Chair V. Biggs, and all attendees joined in congratulating Francesca D'Amore on being recognized as the Member of the Quarter for Quarter 2.

       Discussion: Election of New Chair and Vice Chair

   a. **Presentation:** Timeline, Roles and Responsibilities of Chair and Vice Chair of Planning Council, and Letter of Intent (Jose Castillo, Nomination and Election Facilitator)

      In the absence of Nomination and Election Facilitator J. Castillo, PCS staff member S. Isidore stepped in to review the timeline, roles and responsibilities of the Planning Council Chair and Vice Chair, and the Letter of Intent process. Following the explanation, the committee had no further questions or comments.

   b. **Discussion:** Floor is open for Nominees for the FY2026-2028 Chair and Vice Chair positions of the Broward County HIV Health Services Planning Council (Jose Castillo, Nomination and Election Facilitator)

      S. Isidore opened the floor for nominations for the FY2026-2028 Chair and Vice Chair positions of the Broward County HIV Health Services Planning Council.

Nominator	Position(s)	Nominee Response
Brad Barnes (read into the record in his absence)	**Chair:** Shawn Tinsley	Accepted
	Vice-Chair: Franchesca D'Amore	Pending
Franchesca D'Amore	**Chair:** Von Biggs	Accepted
	Vice-Chair: Shawn Tinsley	Accepted
Von Biggs	**Vice-Chair**: Lorenzo Roberson	Accepted

c. **Discussion:** CAN Community Health World AIDS Day Event: Ft. Lauderdale: "No Day but Today", Sunday, November 30th at Las Olas Park **(Handout D)**

Before the discussion began, G. Berkeley Martinez noted that the topic of the upcoming CAN Community event was first introduced at the Community Empowerment Committee (CEC) meeting, then brought to the Executive Committee for further discussion, and subsequently added to the Planning Council agenda for a final decision on the Council's participation in the event.

Vice-Chair V. Biggs then turned the floor over to K. Gajraj, CAN Community Representative, who shared that the event is expecting more than 3,000 attendees and aims to make a significant impact in Broward County. He emphasized efforts to ensure the event is accessible for clients.

During the discussion, L. Robertson inquired whether the Planning Council would be required to pay a tabling fee, to which K. Gajraj confirmed that the fee would be waived. F. D'Amore volunteered to staff the table for the duration of the event and manage materials. T. Moragne asked about the event's duration, and K. Gajraj clarified that it will run from 6:00 PM to 9:00 PM, with setup beginning at 5:00 PM. Following this, the committee proceeded with a motion.

Motion #4: F. D'Amore on behalf of HIVPC, made a motion for the Planning Council to table at the upcoming CAN Community Health World AIDS Day Event. The motion was seconded by L. Robertson and was passed unanimously.

9. Committee Reports:

a. Community Empowerment Committee – August 5, 2025
Chair: Shawn Jackson-Tinsley, Vice Chair: Edna Chery-Davis
The report stands.

b. System of Care Committee – August 7, 2025.
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. Membership/Council Development Committee (meets Quarterly) – Next Meeting Scheduled for October 9, 2025
Chair: T. Morange, Vice Chair: K. Creary
The report stands.

d. Quality Management Committee – August 18, 2025
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands.

e. **Executive Committee – August 21, 2025**
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands.

f. **Priority Setting & Resource Allocation Committee – August 21, 2025**
Chair: B. Barnes, Vice Chair: Mark Schweizer
The report stands.

g. **Minority AIDS Initiative Subcommittee – August 13, 2025**
Chair: M. Schweizer Vice Chair: S. Tinsley

The MAI Chair, M. Schweizer, stated that the report stands and added that the next MAI meeting will be the final one. The committee will work with PCS staff to develop a report summarizing the group's work and outlining final recommendations to be presented to the PSRA Committee.

11. Recipient's Reports:

a. **Part A:** The Recipient Office reported that as part of its Affordable Care Act (ACA) enrollment implementation plan, a joint effort has been established between the Department of Health and the Ryan White Office. Trainings have been conducted to assist staff with client enrollment procedures, effective communication strategies, and eligibility determinations. A brief discussion followed.

V. Biggs inquired about the MyBlue plan, noting that specialists are not covered under this plan—only primary care providers—and asked how this issue is being addressed with clients. G. James from the Recipient Office explained that since specific plans have yet to been approved, further planning efforts may still be premature. M. Rosiere, also in attendance, provided additional details on potential plans.

S. Tinsley emphasized the importance of educating clients approaching age 64 to help them make informed decisions and avoid changing plans prematurely. B. Mester added that staff should guide clients toward enrollment options that best support their needs and away from plans that may be less beneficial. Following this exchange, the committee had no further questions and proceeded with the remainder of the report.

b. **Part B:** J. Rodriguez stated that the Part B report stands and opened the floor for questions. V. Biggs inquired whether the Health Department receives data on newly diagnosed individuals, noting that a potential increase in new diagnoses could significantly impact the budget. J. Rodriguez responded that the department does not report on provisional HIV data.

d. **Part C**. The report stands.

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

f. **Part F:** M. Schweizer reported that Part F is fully funded and will likely continue under a continuing resolution.

g. **HOPWA:** During the report, discussion arose regarding the *Amount Expensed* section. B. Mester asked what time period the report covered. J. Rogers, HOPWA representative, explained that the data reflects expenditures through August 2025 and includes only service costs, excluding administrative expenses.

G. James, Part A representative, asked whether funds were fully expended and what the fiscal year

timeline was. J. Rogers responded that expenditures are at 96% and that the fiscal year runs from October 1 through September 30.

In summary, J. Rogers noted that the future of HOPWA funding remains uncertain, as voucher payments cannot be sustained for another year. The office is actively exploring options to maintain client assistance, including the potential use of reserve funds, since the city will not be absorbing the $7 million in funding.

12. **Prevention:** J. Rodriguez stated that the Prevention report stands and opened the floor for questions. B. Mester asked whether there is a way to track how many times a client has been re-engaged in care—such as once, twice, or more—as repeated re-engagements can be costly. J. Rodriguez explained that the Health Department does not currently track this specific data, as the primary focus remains on meeting clients where they are and ensuring access to care.

11. **Data Request(s):** None.

12. **Public Comment:**

There was no public comment.

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

a. The next HIVPC meeting will be held on **December 4, 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:**

- **Statewide 2025 HIV Care Needs Survey:** The HIVPC joins the Ryan White Part A Office in announcing the launch of the 2025 Statewide HIV Care Needs Survey. They are actively seeking input from individuals living with HIV across Broward County to help shape the future of HIV care in Florida. 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.
- **Poverello Center**
    - **Women's Support Group:** Every third Monday of the month
    - **Men's Support Group:** Every third Wednesday of the month
    - **Food Pantry Inventory Notice:** Starting in September, the pantry will close four hours early on the last business day of each month to conduct inventory**.**
    - **Aging with Grace A Poverello Luncheon:** October 29, 2025, from 1:00 PM to 3:00 PM at The United Church of Christ. This event will provide opportunities to learn about Rent and Utilities Assistance, receive free HIV and STI testing, and access chiropractic and massage therapy for pain relief, among other services.
      For more information and to register, visit: Luncheon Registration

15. **Adjournment:**

There being no further business, the meeting was adjourned at **11:03AM.**

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	28	C	23			
	1	Barnes, B.	X	C	X	X	C	X	X	X	C	A			
	2	Bhrangger, R.	X	C	X	X	C	X	A	X	C	X			
	3	Biggs, V., V.Chair	X	C	X	X	C	X	X	A	C	X			
	4	Castillo, J.	X	C	X	X	C	X	X	X	C	E			
	5	D'Amore, F.	X	C	X	X	C	A	X	X	C	X			
	6	B. Fortune-Evans	X	C	X	X	C	X	X	X	C	A			
	7	Hayes, K.	X	C	X	X	C	X	X	X	C	X			
	8	Jackson-Tinsley, S.	X	C	X	X	C	X	X	X	C	X			
	9	Jimenez, R.	X	C	X	X	C	A	X	X	C	X			
	10	Machado, A.	X	C	X	X	C	X	A	X	C	X			
	11	Marcoviche, W.	X	C	X	X	C	X	A	X	C	X			
	12	Mester, B.	X	C	X	X	C	X	X	X	C	X			
	13	Moragne, T.	E	C	A	X	C	X	A	X	C	X			
	14	Robertson, L., Chair	X	C	X	X	C	X	X	X	C	X			
	15	Rodriguez, J.	X	C	X	X	C	X	X	X	C	X			
	16	Schweizer, M.	X	C	X	X	C	X	X	X	C	X			
	17	Creary, K.	X	C	A	A	C	X	X	X	C	A			
	18	De La Nuez, J.	X	C	A	X	C	X	A	X	C	X			
	19	Hadley, R.	N	C	X	X	C	X	X	X	C	X			
	20	Barrientos, Y.	N	C	X	X	C	E	X	X	C	X			
	21	Williams, Colby				N	C	X	X	X	C	X			
	22	Hafley, Shalisa				N	C	X	X	X	C	X			
	23	Rogers, Jonathan				N	C	X	X	E	C	X			
	24	Tyler, Natalie				N	C	A	X	A	C	A			
	25	Bahi, Haroun									N	A			
		Commissioner McKinzie	A	A	A	A	C	X	A	A	C	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
		Davis, E.	X	C	E	A	C	A	A	X	C	R			Z
		Quorum = 14	17	C	20	21	C	22	19	22	C	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) Workplan FY2026-2027

Meeting Time & Frequency: The first Tuesday of the month from 3:00 pm to 5:00 pm
Committee Purpose: The Committee shall inform and solicit the participation of individuals with HIV/AIDS in the planning, priority setting, and resource allocation processes. This Committee serves as a bridge between the Council and people with HIV in Broward. It encourages the involvement of individuals living with and affected by HIV/AIDS in the Council process and promotes integrated planning initiatives.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify the consumer voice.						
1.1	Host consumer/community forums/listening sessions.	1. Utilize feedback to inform CEC's ranking of Ryan White services and refer results to the PSRA committee. 2. Utilize feedback to inform recruitment strategies and refer results to the Membership Committee (MCDC).	CEC/PCS Staff	TBD by CEC scheduled events.		
1.2	Enhance CEC members' understanding of community engagement by supporting their development as committee participants.	1. PCS staff will provide or coordinate a presentation on community engagement. 2. PCS staff will provide access to HRSA Ryan White Part A webinars that cover key topics related to the HIV Planning Council, community outreach, and active involvement, as it relates to needs assessments and integrated planning.	PCS staff	March 2026		
1.3	Receive presentation on Part A and MAI Service Categories to assist with ranking of core and support service categories.	1. Receive a presentation on Part A service categories. 2. Receive a presentation on service utilization for the prior fiscal year.	PCS Staff/RW Recipient/ CQM Staff	April 2026		
1.4	Rank RW Part A Core and Support Service Categories	1. Rank/prioritize RW Part A Core and Support Service Categories as part of the PSRA process.	CEC/PCS Staff	April 2026 – May 2026		

Objective 2: Promote education and increase awareness to strengthen support for People Living with HIV (PWH).						
2.1	Ensure consistent distribution of council-approved promotional materials to the community via physical handouts and electronic media.	1. CEC will share promotional materials during community outreach events to raise awareness and engagement. 2. PCS staff will disseminate HIV Planning Council updates and HIV-related resources through the community listserv and social media platforms.	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026		
2.2	Collaborate with local organizations to partner with community stakeholders to engage in community events.	1. Collaborate with community stakeholders—including individuals living with or affected by HIV, community-based organizations, faith-based groups, healthcare providers, public health agencies, and local residents—to organize events aligned with HIV awareness days and other community initiatives.	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026		
2.3	Evaluate the impact of community activities to refine strategies and improve outreach effectiveness.	1. Collect feedback from participants and track engagement metrics. 2. Provide relevant recommendations to HIVPC Committees such as PSRA, QMC, or SOC.	CEC/PCS Staff	TBD by CEC scheduled events.		

Objective 3: Promote leadership development and public engagement opportunities for People Living with HIV (PWH).						
3.1	Support the capacity of PWH to be meaningfully involved in the planning, delivery, and improvement of RWHAP services.	1. Highlight the HIV Planning Council (HIVPC) during outreach efforts to raise awareness and encourage community involvement. 2. Share information about HIV advocacy, leadership, and service programs offered by local and national organizations. 3. Promote Peer engagements initiatives, such as the University of South Florida's "Peer Specialist – HIV Online Certification Program," to support leadership development and community empowerment among PWH.	CEC	Ongoing.		

System of Care Committee (SOC) Workplan FY2026-2027

Meeting Time & Frequency: Every first Thursday of the month from 9:30am to 11:30am.
Committee Purpose: The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

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

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Assess whether Ryan White Part A services are being delivered as intended by analyzing client needs, service gaps, barriers to access, and health outcomes.						
1.1	Receive Needs Assessment training and presentation on the most recent Ryan White services needs assessment.	1. Develop committee knowledge of the Needs Assessment purpose and process. 2. Provide recommendations for future needs assessment based on the presentation.	PCS Staff	April 2026 – May 2026		
1.2	Receive presentations on service utilization trends and health outcomes within the Ryan White Part A system of care.	1. Utilize data-driven analysis to guide the revision of the How Best to Meet the Need (HBTMTN) language for clarity, accuracy, and effectiveness 2. Make recommendations to PSRA or QMC committees.	PCS/CQM Staff	April 2026 – May 2026		
1.3	Review and revise the HBTMTN language. Upon HIVPC approval, it serves as guidance for the Ryan White Part A Recipient on effectively addressing service priorities.	1. Evaluate the language used in HBTMTN and develop recommendations based on input from the Recipient, health outcomes data, and the Needs Assessment. 2. Forward recommendations to the PSRA committee.	SOC	May 2026		
Objective 2: Assess viral load suppression challenges within the Ryan White Part A population and provide targeted recommendations for specific subpopulations to the appropriate HIVPC standing committees.						
2.1	Review a system map of services and recommend ways to engage/	1. Based on evidence-based guidance, recommend targeted strategies and interventions for vulnerable populations	SOC/PCS Staff	Annually		

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

Quality Management Committee (QMC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Monday of the month, from 12:30pm to 2:30pm
Committee Purpose: To systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

T = On Target B = Behind Target C = Completed

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

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

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

Meeting Time & Frequency: Every third Thursday of the month, from 9:30am to 11:30am
Committee Purpose: Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on "How Best to Meet the Need".

T =On Target B = Behind Target C = Completed

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

	recommendations from QMC, SOC, and CEC).	2. Part A Client Health Outcome and HIV Continuum Data 3. HIV Needs Assessment: Community input through focus groups, surveys, community forums, and key informants. 4. HIV Epidemiology (FDOH) 5. Community Empowerment Committee ranking of Part A Services 6. Integrated HIV Prevention & Care Plan 7. RW Parts A-F, EHE, and HOPWA funding presentations. 8. Review 2025 Ryan White Program Services Report (RSR) 9. Unmet Need / (EIIHA- Early Identification of Individuals living with HIV/AIDS)				
1.4	Annually review the SOC committee recommendations on language for meeting identified needs. This fulfills the HRSA requirement to provide the Recipient with directives on how best to address established service priorities.	Evaluate “How Best to Meet the Need” language recommendations from the SOC committee.	SOC/PCS staff/PSRA	May 2026		
1.5	Prioritize/Rank core medical and support services as defined in HRSA policy clarification notice 16-02	Use data elements in objectives 1.2, 1.3, 1.4, and 1.5 to inform the prioritization/ranking of core and support services.	PSRA	May 2026		
1.6	Allocate RW Part A core medical and support services by service category annually.	Allocate RW Part A core medical and support services funds.	PSRA	May 2026		
1.7	Monitor expenditures and allocations bi-annually.	Recommend fund reallocations (‘Sweeps’) across service categories to ensure full utilization of RWHAP Part A funds and address priority service needs	PSRA	August 2026 & November 2026		
1.8	Review and approve the PSRA work plan annually.	Approve the work plan during the designated annual review session.	PSRA	November 2026		

1.9	Review and update PSRA committee policies and procedures.	1. Verify compliance with HRSA guidelines and any applicable local or federal regulations. 2. Prepare a revised version of the policy, highlighting changes for transparency.	PSRA	January 2027		
1.10	Review Core Medical Services Waiver Updates	Support the Recipient Office submission of the HRSA RWHAP Core Medical Services Waiver Request Attestation Form	Recipient Office	March 2026		
Objective 2: Assess the Efficiency of the Administrative Mechanism (Ryan White Part A Office).						
2.1	Ensure surveys are distributed annually to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	Receive update on the annual assessment surveys distribution to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	PCS Staff	September 2026		
2.2	Ensure subrecipient contracts are executed, and providers are reimbursed efficiently and promptly by the RWPA Recipient.	Receive survey results and submit final report, recommendations/findings to the HIVPC and the Recipient Office.	PCS Staff	January 2027		
Objective 3: Assess the Affordable Care Act (ACA) enrollment and the status of the Minority AIDS Initiative (MAI)						
3.1	Review how the ACA affects access to HIV services and insurance coverage for eligible clients.	1. Track ACA enrollment periods and outreach efforts within the service area. 2. Evaluate enrollment data to identify gaps in coverage among priority populations.	Recipient Office	July 2026 & October 2026		
3.2	Determine the impact of the Minority AIDS Initiative on client outcomes.	Assess MAI funding trends and the impact on service delivery.	Recipient Office	June 2026 & July 2026		

Executive Committee (EXEC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Thursday of the month, from 12:45pm to 2:45pm
Committee Purpose: The Executive Committee meets to conduct the business of the Council and shall: Set the agenda for Council meetings; Address Conflict of Interest issues; Review Membership/Council Development Committee Attendance report; Oversee the planning activities established in the integrated HIV prevention and care plan; Develop and oversee committee work plans that address comprehensive planning goals and objectives; and Ratify recommendations for removal for cause from the Membership/Council Development Committee.

T =On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Oversee Planning Council Operations.						
1.1	Conduct assessment of HIVPC Meeting Evaluation Survey annually.	Review outcomes of surveys regarding meeting logistics, productivity, and areas of improvement.	EXEC	Annually.		
1.2	Review the need for reinstating the By-Laws ad-hoc Committee annually.	Reinstate the Bylaws ad hoc Committee based on pending parking lot items. Identify and appoint Bylaws Chair.	EXEC	August 2026		
1.3	Monitor committee activities to ensure goals and objectives of work plans are met quarterly.	Conduct quarterly review of Committee work plan status to be presented by committee chair/vice chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.	EXEC	Quarterly.		
1.4	Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly.	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.	MCDC Chair/Vice Chair	Quarterly.		
1.5	Receive an update on the Membership Recruitment Plan annually.	The Executive members will receive an update on the HIVPC Membership Recruitment plan to be utilized in meeting HRSA recruitment and retention requirements.	EXEC/MCDC	Annually.		
Objective 2: Ensure that the Planning Council participates in integrated planning activities.						

2.1	Receive quarterly updates on the activities of the Integrated Workgroup.	1. Ensure Planning Council Committees' work is reflected of the Integrated Plan. 2. Provide quarterly update during the HIVPC General Body meeting. 3. Approve the Integrated Plan for the 2027-2031 Cycle	Members appointed to the Integrated Workgroup.	Quarterly.		
Objective 3: Implement capacity/leadership development for Planning Council members.						
3.1	Plan annual Planning Council Development training.	Schedule a training for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A updates, HIVPC policies and procedures, leadership development, Integrated Plan, Robert's Rules of Order, Broward County Code of Ethics.	EXEC/PCS Staff	Annual.		

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

Handout G

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	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)	5,250,490	3,810,446	73%	2745	$1,388.14	1,440,044	476,306	5,715,669	82,156	(465,179)	698,535	(56,031)	144,100.00	329,100	(185,000)	144,100	5,394,590
	AIDS Pharmaceutical Assistance (3)	16,077	2,804	17%	5	$560.72	13,273	350	4,205	-	11,872	-	(425)	(11,425.00)	-	(11,425)	(11,425)	4,652
	Oral Health Care Routine (4)	2,169,128	1,835,681	85%	1974	$1,054.59	333,447	229,460	2,753,522	-	(584,394)	448,000	-	144,925.00	144,925	-	144,925	2,314,053
	Specialty (1)	346,964	246,074	71%			100,890	30,759	369,110	-	(22,146)	-	-	-	-	-	-	346,964
	Medical Case Management Disease Case Management (9)	843,978	671,477	80%	413	$1,625.85	172,501	83,935	1,007,215	52,648	(163,237)	168,540	-	-	60,000	(60,000)	-	843,978
	Mental Health- Trauma-Informed (4)	140,000	49,388	35%	59	$837.08	90,612	6,173	74,081	4,215	65,919	45,000	-	(15,000)	10,000	(25,000)	(15,000)	125,000
	Health Insurance Premium & Cost Sharing Assistance	822,465	291,321	35%	1049	$277.71	531,144	36,415	436,982	-	385,483	-	-	(131,000)	-	(131,000)	(131,000)	691,465
	Medical Nutrition Therapy (1)	400,000	232,234	58%	277	$838.39	167,766	29,029	348,351	-	51,649	-	-	(45,000)	-	(45,000)	(45,000)	355,000
	Substance Abuse-Outpatient (1)	130,684	78,317	60%	31	$2,526.35	52,367	9,790	117,475	-	13,209	80,000	-	30,000	30,000	-	30,000	160,684
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	406,454	213,039	52%	2485	$85.73	193,415	26,630	319,559	-	86,895	-	-	-	-	-	-	406,454
	Non-Medical Case Management Case Management (10)	1,493,184	1,349,534	90%	2745	$491.63	143,650	168,692	2,024,301	61,156	(531,117)	697,520	(25,177)	(40,000)	-	(40,000)	(40,000)	1,453,184
	Food Services Food Bank (2)	675,000	401,435	59%	1326	$302.74	273,565	50,179	602,153	-	72,847	50,000	-	-	-	(55,000)	(55,000)	620,000
	Food Voucher (3)	52,586	15,191	29%	161	$94.35	37,395	1,899	22,786	-	29,800	50,000	-	-	-	(18,000)	(18,000)	34,586
	Legal Assistance (1)	129,151	98,018	76%	73	$1,342.72	31,133	12,252	147,027	-	(17,876)	-	-	-	-	-	-	129,151
	Emergency Financial Assistance (3)	220,472	146,170	66%	93	$1,571.72	74,302	18,271	219,254	-	1,218	25,000	-	(3,600)	-	(3,600)	(3,600)	216,872
	Total Part A Funds	**13,096,633**	**9,441,128**	**72%**			**3,655,505**	**1,180,141**	**14,161,692**	**200,174**	**(1,065,059)**	**2,262,595**	**(81,633)**	**73,000**	**574,025**	**(574,025)**	**-**	**13,096,633**
	*** Some of the providers have not billed for month of OCT 2025**																	

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	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)	75,000	-		0		75,000	-	-	-	75,000	-	-	(65,000)	-	(65,000)	(65,000)	10,000
	MAI Mental Health (1)	62,469	18,186	29%	24	$757.76	44,283	2,273	27,279	-	35,190	-	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	356,818	220,833	62%	60	$3,680.55	135,985	27,604	331,249	-	25,569	200,000	-	84,500	84,500	-	84,500	441,318
Support Services	MAI Non-Medical Case Management Case Management (4)	301,467	243,181	81%	393	$618.78	58,286	30,398	364,772	8,047	(63,305)	200,000	-	(19,500)	-	(19,500)	(19,500)	281,967
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	510,431	510,424	100%	4960	$102.91	7	63,803	765,636	35,744	(255,205)	40,579	-	-	-	-	-	510,431
	Total MAI Funds	**1,306,185**	**992,624**	**76%**			**313,561**	**124,078**	**1,488,937**	**43,791**	**(182,752)**	**440,579**	**-**	**-**	**84,500**	**(84,500)**	**-**	**1,306,185**
	*** Some of the providers have not billed for month of OCT 2025**																	
	*** Carryover amount of $254,837 included in calculations.**																	
	Total Part A and MAI Funding	**14,402,818**	**10,433,752**	**72%**			**3,969,066**	**1,304,219**	**15,650,628**	**243,965**	**(1,247,810)**	**2,703,174**	**(81,633)**	**73,000**	**658,525**	**(658,525)**	**-**	**14,402,818**

Handout H

Candidate Name: Von Biggs

Office Sought: Chair

Affiliation: Community Public Defender

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.

My leadership style is collaborative, transparent, and equity-driven. I believe in creating a space where every voice matters and decisions are informed by lived experience and data. As Chair, I will:Engage Council Members by fostering open dialogue, encouraging participation, and ensuring meetings are structured yet inclusive. I will use my experience as Vice Chair and public health educator to keep discussions focused, respectful, and solution-oriented.Facilitate Meetings through clear agendas, time management, and consensus-building. My approach emphasizes accountability and transparency, ensuring that all members understand the process and outcomes. I will also integrate educational moments to keep members informed about emerging trends and policy changes.

Membership

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

To ensure compliance and demographic representation, I will:Prioritize Diversity and Equity by actively recruiting members from communities most impacted by HIV in Broward County, including aging populations, racial and ethnic minorities, and non-heterosexual and heterosexual individuals. Monitor Compliance with Ryan White legislative requirements and bylaws, using data to identify gaps in representation and collaborating with community partners to fill those gaps. Strengthen Community Connections by leveraging my outreach experience and media presence to engage underrepresented voices and ensure the Council reflects the epidemic's realities.

Relationships, Community, & Outreach

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

My strategy to strengthen the relationship between the Council and the Broward County HIV/AIDS community will focus on visibility, trust, and collaboration:Community Presence: Increase Council visibility through town halls, listening sessions, and partnerships with local organizations, ensuring community voices shape decisions. Transparent Communication: Use clear, accessible updates on Council actions and outcomes via newsletters, social media, and community forums. Inclusive Engagement: Leverage my media experience and outreach role to amplify diverse voices, particularly aging populations, non-heterosexual and heterosexual individuals, and communities of color.

Health Disparity

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

To eliminate health disparities and improve access, the Planning Council should prioritize:Equitable Resource Allocation: Advocate for funding that addresses gaps in care for marginalized groups, including older adults living with HIV and undeserved racial/ethnic communities. Integrated Services: Promote models that combine HIV care with mental health, substance use, and housing support to reduce barriers. Education & Stigma Reduction: Expand community education initiatives to combat stigma and misinformation, empowering individuals to seek care. Data-Driven Action: Use epidemiological data to identify disparities and hold providers accountable for measurable improvements in viral suppression and retention in care.

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?

If elected, I will maintain strict separation between my professional responsibilities and my role as Chair. My approach includes:Full Disclosure: I will openly declare any potential conflicts before discussions or votes, ensuring transparency. Recusal When Necessary: If a matter involves my employer or any organization I am affiliated with, I will step back from decision-making to avoid real or perceived bias. Adherence to Policy: I will follow all Ryan White Program and Council bylaws regarding conflict of interest, reinforcing trust and integrity.

Advocacy

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

Advocacy is at the heart of my work. I will:Champion Equity and Representation: Ensure that aging populations, marginalized communities, and people living with HIV have a strong voice in planning and resource allocation. Educate and Inform: Use my platform as a public health educator and media voice to dismantle stigma, promote prevention, and highlight the importance of care continuity. Collaborate for Impact: Work with local and national partners to influence policy and funding decisions that improve outcomes for Broward County.

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?

I will help the HIV Planning Council advance the Broward County Integrated HIV Prevention and Care Plan (CY2027–2031) and the Ending the HIV Epidemic (EHE) pillars by:

Data-Driven Decision Making: Use surveillance and program data to guide resource allocation and identify gaps in care, ensuring strategies align with the four EHE pillars; Diagnose, Treat, Prevent, and Respond.

Community-Centered Engagement: Leverage my outreach experience and media platforms to amplify awareness, normalize testing, and promote PrEP and U=U messaging, especially among aging and marginalized populations.

Strengthening Linkage and Retention: Advocate for innovative approaches to keep people in care, including peer navigation and culturally competent services, while monitoring viral suppression outcomes.

Collaborative Partnerships: Work with local agencies, state networks, and national advocacy groups to align Broward's efforts with federal goals, ensuring sustainability and accountability.

NOMINEE TALKING POINTS

Other (optional)

My candidacy is built on impact, experience, and vision. Over the years, I have:

Served Locally and Nationally: From Vice Chair of the Broward HIV Planning Council to advisory roles with NMAC and ViiV Healthcare, amplifying community voices at every level.

Driven Change Through Advocacy and Education: Fighting stigma, advancing prevention, and championing equitable care in classrooms, forums, and national conferences.

Built Bridges Across Communities: Representing aging populations, Non-Heterosexual and Heterosexual communities, along with marginalized groups, ensuring no voice is left behind.

Leveraged Media for Impact: Using platforms as a health educator and anchor to inform, engage, and inspire action.

I work not to build a résumé, but to make real impact. As Chair, I will lead with integrity, maintain a non-biased position, and ensure every voice is heard and respected. My extensive knowledge of systems of care and navigation allows me to speak to all communities, not just self-serving agendas.

With strong experience in Robert's Rules of Order, I will run structured, transparent meetings.

I have been challenged to raise the bar, and I bring the ability to use our collective voices to change the narrative and drive impactful discussions and decisions for improved outcomes for people living with HIV.

Candidate Name: Shawn Jackson -Tinsley

Office Sought: Chair

Affiliation: Non 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.

My leadership style is grounded in faith, humility, and accountability. I lead by calling people UP, not out—creating a space where every member feels respected, valued, and encouraged to share their voice. During meetings, I would facilitate with transparency and fairness, ensuring discussions are productive but also compassionate. My goal is to affirm strengths, provide gentle accountability when needed, and guide conversations in a way that builds trust and unity, reflecting both grace and professionalism.

Membership

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

To ensure membership remains compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County, I will work closely with the Membership Committee to recruit, mentor, and retain diverse voices. This includes intentional outreach to underrepresented groups, cultivating leaders from within affected communities, and building strong pipelines of engagement. By doing so, we ensure our council mirrors the reality of the epidemic and that decisions reflect the experiences of those most impacted.

Relationships, Community, & Outreach

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

Strong relationships are the foundation of an effective council. I plan to implement regular check-ins—both in-person and through Zoom—as a way to provide support and maintain transparency. These touchpoints will allow me to listen, respond to concerns, and reinforce the work of each HIVPC committee. Additionally, I will actively support community events and outreach efforts, building bridges with faith communities, grassroots organizations, and partners. Through consistent encouragement and accountability, I will ensure our council operates as one body, united in purpose and service.

Health Disparity

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

The HIVPC must focus on reducing health disparities by prioritizing equitable access to prevention, treatment, and supportive services. This means strengthening culturally competent care, addressing stigma through education and faith-based partnerships, and removing barriers to services for marginalized populations. My initiative would emphasize expanding linkage to care, integrating mental health and substance use support, and advocating for policies that address both medical and social determinants of health—because true wellness goes beyond prescriptions; it is about wholeness.

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?

I recognize that conflict of interest, both real and perceived, can undermine trust. I will address this by practicing complete transparency in all council matters, recusing myself where appropriate, and keeping a clear boundary between my professional, personal, and council responsibilities. I believe integrity is non-negotiable, and as Chair, I will lead with honesty, fairness, and accountability, ensuring decisions are made solely for the good of the community we serve.

Advocacy

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

As a woman of faith and a long-term survivor—living 36 years with HIV—I know firsthand the issues impacting our community. Today, the most pressing issues include aging with HIV, access to care for underserved populations, and the persistent stigma that silences too many voices. I will advocate for expanded services for long-term survivors, greater mental health support, and stronger partnerships with faith and community leaders. My faith reminds me that advocacy is not just policy work—it is ministry, and I will continue to speak boldly for those who cannot.

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?

To help the HIVPC achieve the goals of Broward County's Integrated HIV Prevention and Care Plan (CY2027–2031) and the national Ending the HIV Epidemic initiative, I will focus on alignment with the four pillars: Diagnose, Treat, Prevent, and Respond. This means strengthening testing and early diagnosis efforts, ensuring rapid linkage to care, expanding access to PrEP and other prevention strategies, and building strong rapid-response systems to address outbreaks. With faith, collaboration, and innovation, I believe our council can be a model of how unity and purpose drive measurable change.

NOMINEE TALKING POINTS

Other (optional)

Candidate Name: Franchesca D'Amore

Office Sought: Vice-Chair

Affiliation: Vice-Chair QMC, SOC Committee member

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.

My leadership style is rooted in compassion, grace, accountability, and inclusion. I believe in creating a space where all Council members feel respected, heard, and empowered to contribute. I value diverse perspectives and strive to ensure that every voice has the opportunity to be part of the discussion.

I approach facilitation with a strong commitment to fairness and structure, guided by the tenets of Robert's Rules of Order. This allows meetings to run smoothly, transparently, and efficiently. As Vice Chair, I would engage members by encouraging open dialogue, supporting collaborative problem-solving, and ensuring that our processes uphold both respect and accountability. My goal is to foster a positive, productive environment where the Council can do its best work together.

Membership

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

Ensuring that Council membership reflects the demographics of the HIV/AIDS epidemic in Broward County is essential to providing equitable and effective Ryan White Part A services. A diverse Council ensures that our decisions, strategies, and priorities are informed by the lived experiences and perspectives of the communities most impacted.

To support this, I would work closely with the Chair and the Membership/Council Development Committee to strengthen recruitment, retention, and compliance efforts. This includes regularly reviewing demographic data, identifying gaps in representation, and engaging providers who can help us reach underrepresented groups. I would also support producing quarterly compliance reports to monitor progress and ensure we remain aligned with community needs.

My goal is to help maintain a Council that is both compliant and truly reflective of the community it serves, ensuring thoughtful, representative, and accountable decision-making.

Relationships, Community, & Outreach

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

I would focus on strengthening the relationship between the Council and our providers. Providers are essential partners in improving Broward County's system of care; stronger engagement with them directly enhances our connection to the HIV/AIDS community. Establishing clearer expectations and accountability for provider participation in Council meetings and listening tours would improve attendance, communication, and alignment across the system. Given the scope of this work, this would be the primary strategy I would prioritize as Vice Chair to increase collaboration and create more consistent dialogue with the community.

Health Disparity

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

The Planning Council should prioritize initiatives that directly target health disparities and strengthen access to services across Broward County. Improving cultural sensitivity among providers is essential to ensuring that services are respectful, relevant, and responsive to the diverse needs of our community. Additionally, increasing awareness of geographic areas where gaps in care exist will help us better understand where improvements are needed. By integrating geo-specific data into our planning process, the Council can more accurately identify underserved populations, anticipate future HIV/AIDS trends, and strategically redirect resources where they will have the greatest impact. Equally important is creating more structured and inclusive community focus group sessions. These sessions would allow us to gather meaningful insights into the real obstacles consumers face when trying to access care, helping us tailor services that are not only accessible but equitable.

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?

If elected, I will uphold the highest standards of integrity and transparency in carrying out my responsibilities. I will strictly adhere to the principles of confidentiality, ensuring that all sensitive information discussed within the Council remains safeguarded and is never disclosed to friends, family, colleagues, or outside professionals. Council business will remain solely within the Council, and I will actively foster an environment of trust where members can engage openly without concern that information will be misused or shared inappropriately.

In addition, I will remain vigilant in identifying and disclosing any potential conflicts of interest, whether real or perceived, and will recuse myself from decisions where my personal or professional affiliations could compromise impartiality. By maintaining clear boundaries between my Council duties and my personal and professional life, I will ensure that the integrity of the Council's work is preserved and that the community's confidence in our mission remains strong.

Advocacy

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

I believe the Council must prioritize addressing healthcare disparities by ensuring that every demographic within Broward County's diverse HIV/AIDS community is represented and advocated for equally. Our strength lies in the breadth of experiences and perspectives among Council members, and it is essential that we leverage this diversity to champion equitable access to care, prevention, and support services.

To achieve meaningful progress, we must actively engage providers in shaping Council strategies, creating a collaborative framework that bridges the gap between policy and practice. By uniting community voices with provider expertise, we can drive initiatives that reduce disparities, improve healthcare outcomes, and build a system where no group feels overlooked or underserved.

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?

Diagnose - While Part A does not directly fund prevention, I will strengthen collaboration with prevention-focused partners, including non-Ryan White providers and public health agencies. By aligning efforts and sharing data, we can ensure that testing and early diagnosis reach all communities equitably, reducing gaps in care.
Treat - I will advocate for an integrated care model that coordinates medical, behavioral, and supportive services. By improving linkage to care, retention, and rapid ART initiation, we can enhance patient outcomes and advance "Treatment as Prevention," which directly contributes to epidemic control.
Prevent - Part A's role in prevention is indirect but powerful. Through education, advocacy, and client engagement, I will promote awareness of PrEP, U=U, and other prevention strategies. By meeting clients where they are and amplifying prevention messaging in collaboration with providers, we can expand access without duplicating services.
Respond - Effective response requires communication and innovation. I will encourage the Council to initiate conversations with clients using creative, out-of-the-box strategies that build trust and strengthen engagement. By listening to community voices and integrating feedback into Council strategies, we can respond more effectively to emerging needs and improve overall healthcare outcomes.

NOMINEE TALKING POINTS

Other (optional)

My Juris Master degree in Healthcare Regulation has prepared me to interpret policy, uphold ethical standards, and ensure transparency in governance, all of which are essential for the role of Vice Chair. As a long-term survivor, I bring lived experience, resilience, and a deep commitment to advocacy for those impacted by HIV. I have dedicated myself to bridging gaps between providers and clients, fostering collaboration, and amplifying the voices of those who are often overlooked. My background in law and advocacy positions me to guide the Council with integrity, strategic vision, and a strong focus on improving outcomes for all communities in Broward County.

Handout K

Candidate Name: Lorenzo Robertson

Office Sought: Vice Chair

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.

My leadership style is cooperative. I am not a person who thinks they know everything. I lead with cooperation, collaboration, and communication. I want to understand the points of view from others who are on the council or in a group. I understand that we need a democratic manner to govern and make everyone feel seen and heard.

Membership

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

There are various methods to ensuring the Counci membership is compliant and reflective of the demographics of the HIV/AIDS epidemic in Broward County and I want to broaden our communit reach. There are some areas of the community that we don't address or have an interaction. I want to work with the Black heterosexuals community to provide more information about HIV/AIDS and the stigma still surrounding it. And share HIV/AIDS prevention messges. We need to have more representation on the speakers buearu to have some of our Council members share their stories about living and thriving with HIV. Maybe start o have more collaborative relationships with the Devine Nine, HBCUs in our area and other civic organizations.

Relationships, Community, & Outreach

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

The relationship between the Council and the Broward County HIV/AIDS community is need of improving, but I do not feel it is broken. We need to be more visible in Borward County HIV/AIDS community activities. The Council needs to be present. We cannot continue to work in our silo of people living with HIV. We have seek out community activities that may not seem to fit into our demographic, but there are over 20,000 people living with HIV/AIDS in Broward County and some of them may be in need of Ryan White Services and if the Council is present in some of those spaces where we usually do not frequent, there we may find those we seek. In addition to strengthen our relationship with 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?

The broward County HIV Health Services Planning Council needs to have stronger relationships with our elected officials at the county, state and federal level. Our elected officials are the ones with access to funding and funding sources to assist with health disparities. We generally have relied on our assigned or appointed cunty commissioner to be our liasion, but we need to start advocating for ourselves and those who do not have the strength to raise their voices. We need to be more vocal about the concerns of those who rely on Ryan White Services to maintain their health. Using this strategy will broaden our reach and provide insight to our elected official.

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?

Conflicts of interest real or perceived are an issue and concern. To avoid conflicts I ensure that I approach situations with the utmost respect for the person or persons I am interacting. Conflicts can be avoided by making sure that you redirect people if a conversation moves in a direction that could be a conflict. Making sure you are not accepting gifts, tickets, or anything of value that can be construed as a conflicting issue.

Advocacy

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

Stigma is one of the most impactful issues surround HIV/AIDS. HIV/AIDS has been around for decades, but it still resonates as one of the most traumatic and isolating aspects of the HIV/AIDS community, especially in Black communities. Stigma still permeates with the same venom it did in the 80's, but it is 2025. If stigma and the miseducation around HIV during the 80s were addressed in a more effective and diverse manner HIV may not have been such a drag on Black communities.

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?

The most effective way to assist the HIVPC achieve these goals is to review the Broward County Integrated HIV Prevention and Care Plan to have a clear understanding of the HIVPC responsibilities, with deadlines. I will continue my membership on the integrated workgroup to have first and knowledge from the workgroup sessions. The integrated workgroup will be instrumental in developing the plan and assigning components and responsibilities to the four Broward County planning bodies. The EHE pillars are diagnose new HIV infections as early as possible, treat people with HIV rapidly and effectively to achieve viral suppression, prevent new HIV transmissions using proven strategies, and respond quickly to potential HIV outbreaks. For HIVPC, diagnose and treat are the areas that we can be most effective and work closely with the other Broward HIV/AIDS Community with support from the HIVPC. The greatest method to assist will be to bring information to the HIVPC periodically to keep the HIVPC engaged and educated on the plan and the progress. The HIVPC can also encourage the EHE planning body to provide updates on the EHE process and progress and offer any assistance that can be provided by HIVPC.

NOMINEE TALKING POINTS

Other (optional)

I want to serve as the Vice Chair of the Broward County HIV Health Services Planning Council to continue working for the consumers who depend on the services provided. I have been a member of the Health Services Planning Councils in Palm Beach County, Hillsborough County, and, of course, here in Broward County.

Handout L

Broward County
HIV Prevention and Care Integrated Planning
Workgroup 2027-2031
Voting Members
As of December 2025

HIVPC

Lorennzo Robertson

Von Biggs

Tom Pietrogallo

Ronald Bhrangger (Alternate)

BCHPPC

Emilio Aponte Seirra Paretti

Tatiana Williams

Brad Barnes

Vacant (Alternate)

SFAN

Pending

Pending

Pending

Pending

Part A EHE Advisory Body Representatives

Bobby Baker

Michael Greene

Wismy Cius

Kendra Hayes (Alternate)

Handout M

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Admin

Statewide Needs Assessment Surveys

- A total of 532 surveys were completed for Broward
- Broward was number 1 in survey completion for all counties in Florida.

Quality

Monitoring

- Currently engaged in monitoring
- 6 Providers have been monitored
- Conclusion will be the first week of February

Ryan White Services Report (RSR)

- The RSR is opened for the Recipient Office to review and certify.
- First week of February is the due date, at which point the RSR becomes open to the subrecipients.

Contracts

Priority Setting and Resource Allocations

- Sweep letters for Part A and EHE will be going out after planning council voting

Outreach & Community Engagement

World AIDS Day Events

- CAN Community Concert 11/30/2025
- World AIDS day tabling occurred at the Government Center 12/1/2025
- Lighting up Sistrunk Tabling 12/5/2025
- World AIDS Day Proclamation December 9th

Questions?

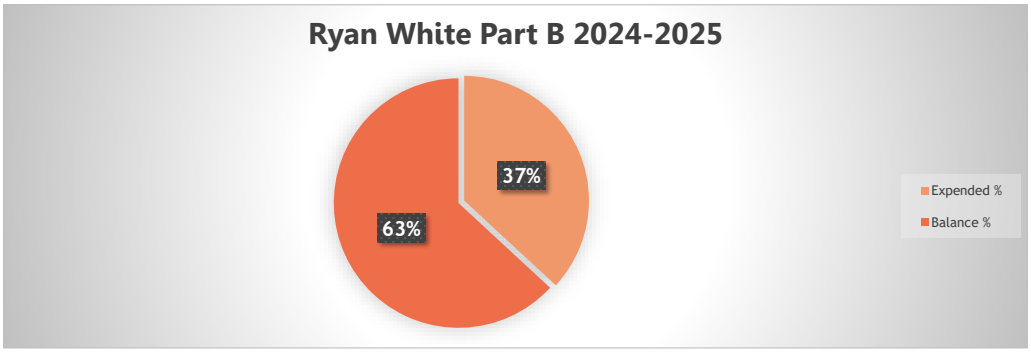
Ryan White Part B

PTC25: April 1, 2025 to March 31, 2026

Expenditures for October 2025

Handout N1

Service Category	*Allocated*	*Expended October 2025*	*Expended YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 63,233	$ 5,055	$ 37,162	59%	41%	$ 26,070.63
Health Insurance Premium/Cost Sharing	$ 187,750	$ 1,283	$ 26,238	14%	86%	$ 161,511.61
Home & Community Based Health	$ 30,000	$ 768	$ 3,583	12%	88%	$ 26,417.05
Medical Nutritional Therapy	$ 30,000	$ 3,757	$ 15,450	51%	49%	$ 14,550.36
Emergency Financial Assistance	$ 345,000	$ 19,213	$ 82,075	24%	76%	$ 262,925.48
Home Delivered Meals	$ 10,000	$ -	$ 273	3%	97%	$ 9,727.00
Medical Transportation	$ 75,423		$ 27,029	36%	64%	$ 48,394.05
Non-Medical Case Management	$ 227,628	$ 31,087	$ 132,306	58%	42%	$ 95,322.08
Referral For Health Care/Support Services	$ 95,000	$ 19,724	$ 85,335	90%	10%	$ 9,665.28
Residential Substance Abuse	$ 40,000	$ -	$ -	0%	100%	$ 40,000.00
Clinical Quality Management	$ 57,895	$ 8,254	$ 19,115	33%	67%	$ 38,779.95
Planning and Evaluation	$ -	$ -	$ -	0%	0%	$ -
TOTALS	$ 1,161,929	$ 89,140	$ 428,566	37%	63%	$ 733,363.5



ADAP REPORT November 2025

Enrollment November 2025

Total Enrolled November 2025	5937
ADAP Enrollments and Re-enrollments processed	430
New Clients (new to PE)	28*
Assessments completed using RWPA NOE	113

Viral Suppression November 2025

Total Virally Suppressed at 6 months	5176
Percentage of Virally Suppressed	92.93%
% Uninsured Virally Suppressed at 6 months	87.38%
% Insured Virally Suppressed at 6 months	97.35%

Missed Original Appointment Report November 2025

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

*The 28 new clients include both those who have recently been diagnosed and those who were already in care but faced hardships such as: losing Medicaid, losing employment, relocating, or becoming unable to afford premiums or copays.

Handout O

Ryan White Part C Monthly Report-November 2025

Broward HealthPoint

i. Total clients enrolled in the Part C program 1074

ii. HIV positive individuals who **attended medical care** as of **11/1/2025-11/30/2025**- **685**

iii. Test and Treat- Month-November 2025- 3 clients all were re-engage in medical care

Ryan White Part D Monthly Report-November 2025

Broward HealthPoint

- Total clients enrolled in the Part D program - **1550**
- Approximate Total Number of HIV Positive Individuals - **625**
  - Total number of HIV Positive Individuals enrolled in Program break down-**Women-589 Children-4 Youth-32**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old **-19**
- HIV positive individuals who **attended medical care** as of **11/1/2025- 11/30/2025**- **505**
- Test and Treat- Month-November 2025- 2 clients (2 re-engage and 1 newly DX)

12/02/2025

Health Insurance Premium Assistance Program

ACA Insurance Open Enrollment

November 1st – December 15th

for Coverage beginning 1/1

December 16th – January 15th

for Coverage beginning 2/1

Step #1: Enroll In an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll In Premium Assistance @ Enroll.BRHPC.org (required)

- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -08, or -21S) or Silver (24J01-03 or -19S), you MUST choose a NEW PLAN for 2026 to continue receiving premium assistance.

Step #3: Use *CVS Copay Card When You Fill A Prescription (required)*

For medication copayment assistance, the call Pharmacy Help Desk at 1-800-364-6331

Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.

BRHPC

For premium assistance program enrollment or payment questions, contact: Broward Regional Health Planning Council or our enrollment partner, American Exchange at **1-844-441-4422.**

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.