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

MAI Ad-Hoc Committee Meeting

Wednesday, July 9, 2025 - 2:00 – 4:00 PM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Mark Schweizer • Vice Chair: Shawn Tinsley

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_Y2QzYmFkNTctYTEyYi00MTkyLWExYmYtOTgxNzU0YjU2MmRk%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 249 748 306 813
Passcode: Zvw54u

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
   a. Welcome from the Chair
   b. Meeting Ground Rules
   c. Statement of Sunshine
   d. Introductions & Abstentions
II. Moment of Silence
III. ACTION: Approval of July 9, 2025, Agenda
IV. ACTION: Approval of May 13, 2025, Minutes **(Handout A)**
V. Public Comment
VI. Discussion Items
VII. Unfinished Business
VIII. New Business
   a. **Presentation**: Effective Strategies for utilizing MAI funding by other EMAs **(Handout B)**
   b. **Presentation**: Best Practices by other EMAs for Engaging Black, African American, and Haitian Communities
IX. Recipient Report
X. Public Comment
XI. Agenda Items for Next Meeting
   a. TBD

XII. Next Meeting Date: TBD, Location: BRHPC and via Microsoft Teams Video Conference

XIII. Announcements

XIV. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Broward County Board of County Commissioners
Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie• Nan H. Rich • Tim Ryan •Hazelle P. Rogers• Michael Udine Broward County Website

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

July 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
		1 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	2	3	4 HAPPY 4th of July	5
6	7	8 Behavioral Health Network Meeting (CQM) 2:00PM-3:15PM	9 Minority AIDS Initiative Subcommittee Meeting 2:00PM – 4:00PM Locations: BRHPC/MS Teams	10 Membership/Council Development Committee Meeting (MCDC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	11	12
13	14	15	16	17 Priority Setting and Resource Allocation Committee Coordination Meeting 9:30AM – 11:00AM Location: BRHPC/MS Teams Executive Committee Meeting 11:15PM – 1:15PM Location: BRHPC/MS Teams	18	19
20	21 ZERO HIV STIGMA DAY #ZEROHIVSTIGMADAY	22 Integrated Planning Work Group Meeting 1:00PM – 4:00PM Location: BRHPC/MS Teams	23	24 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	25	26 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
27	28	29	30	31		

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network.
Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

July 2025

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

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

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

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

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

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

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

Handout A

FORT LAUDERDALE/BROWARD EMA BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
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(954) 561-9681 • FAX (954) 561-9685

MAI Ad-Hoc Committee

Tuesday, May 13, 2025 - 12:30 PM
LOCATION: Broward Regional Health Planning Council Meeting via Microsoft Teams
Chair: Dr. Mark Schweizer • Vice Chair: Shawn Tinsley
Join the meeting via phone: +1 469-998-5921 US Toll (access code: 378 156 152)

This meeting is audio and video recorded.

DRAFT MINUTES

MAI Members Present: K. Hayes, J. Rodriguez, M. Schweizer, S. Tinsley, B. Mester, A. Machado

Members Absent: A. Machado

Ryan White Part A Recipient Staff Present: R. Pena, T. Thompson, B. Miller, G. James, J. Roy

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

Guests Present: J. Rogers, O. Desinor

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

The MAI Chair called the meeting to order at **12:37 P.M.** The MAI Chair welcomed all meeting attendees who were present. Attendees were notified that the MAI meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the MAI Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

1. Public Comment

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

   There were no public comments.

2. Meeting Approvals

   The approval for the agenda of the May 13, 2025 MAI Ad-Hoc Committee meeting was proposed by **S. Tinsley,** seconded by **K. Hayes** and passed unanimously.

Motion #1: S Tinsley, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the May 13, 2025, MAI Ad-Hoc Committee agenda as presented. The motion was seconded by K. Hayes and adopted unanimously.

The approval of the minutes of the February 13, 2025, meeting was proposed by **B. Mester,** seconded by S. Tinsley and approved with no further corrections.

Motion #2: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the February 13, 2025, MAI Ad-Hoc Committee minutes as presented. The motion was seconded by S. Tinsley and adopted unanimously.

3. Standard Committee Item

   None.

4. Discussion Items

   None.

5. Unfinished Business

   None.

6. Old Business
   None.
7. New Business
   a. **Presentation**: Needs Assessment Findings: *Debbie Cestaro-Seifer, BRHPC Needs Assessment Consultant*

      - Emphasis on welcoming environment, peer specialists, and client-centered care.
      - M. Schweizer urged the committee to use the Needs Assessment data to guide recommendations for the HIV Planning Council. He inquired about the next steps for reviewing Service Delivery Models (SDMs). T. Thompson recommended starting SDM reviews in the fall, followed by recommendations to the Quality Management Committee. Schweizer concluded by expressing his appreciation for the presentation's depth and quality.
      - Discussion ensued on using data to inform recommendations and reviewing MAI Service Delivery Models (SDMs) in the fall.
      - A detailed needs assessment analysis will be provided during the July PSRA workshops.

   b. **Data Request Presentation:** Year-to-date care continuum data breakdown: *Recipient Representative*

      R. Pena from the Part A Office presented the Year-to-date care continuum data, fulfilling a February data request from the MAI subcommittee. T. Thompson clarified that the data covers three agencies with about 5,300 clients for fiscal year 2024, focusing on viral suppression and retention in care. A new data request is required to drill down into the data as presented.

      B. Mester expressed concern that CIED's use of MAI funds first might skew viral suppression rates. T. Thompson acknowledged this and explained that the broader scope of the data was intended to provide more meaningful insights.

M. Schweizer asked why the Hispanic/Latino population has better health outcomes. Debbie explained that cultural diligence in medication adherence plays a role. In contrast, Black, African American, and Haitian populations face adherence challenges, possibly due to cultural differences. She recommended further data analysis by gender and other factors to understand these nuances.

O. Desinor noted that younger Haitians have higher viral suppression rates than those over 49 and suggested that access to private insurance and other factors should be considered. He emphasized the need to explore multiple factors influencing health outcomes.

S. Tinsley highlighted stigma as a major factor affecting Haitian and African American communities, possibly more than cultural influences. She thanked the Part A Office for the data, which clearly shows the Black community's need for services. She stressed the importance of developing innovative strategies to reach this population, as current methods may not be effective. Tinsley urged proactive outreach rather than waiting for individuals to seek services, questioning if organizations are meeting people where they are.

J. Roy asked for effective strategies used with minority communities. D. Cestaro-Seifer suggested further breaking down the data for root cause analysis and conducting focus groups through non-medical case managers to understand barriers. She proposed using "journey mapping" to track individuals' experiences as they re-engage with care, identifying reasons for service refusals.

J. Beal advocated for a data summit to improve care and viral suppression rates. He suggested comparing data on MAI and non-MAI recipients to get a comprehensive view. Beal emphasized analyzing gender, age, insurance status, diagnosis timing, mental health, substance use, and housing stability to address disparities.

J. Rodriguez explained that DIS staff track individuals flagged as out of care through the “Data to Care” process. They often find clients engaged in care outside the Ryan White provider network and update the Ryan White Part A office accordingly.

M. Schweizer emphasized hearing directly from those affected and leveraging relationships between clients and case managers to invite participation in focus groups.

S. Tinsley asked about outreach efforts to locate clients based on PE data or viral suppression rates. T. Thompson noted that DIS specialists conduct direct outreach. J. Roy added that her office can generate a list of unsuppressed MAI clients and hold providers accountable. She shared successful outreach strategies from Riverside, CA, and Fayetteville, NC, involving visits, calls, and meetings with out-of-care individuals.

J. Roy noted that clients in Listening Sessions fear that honesty about challenges could impact their funding or care. She emphasized creating safe spaces for transparency.
M. Rosiere reminded the group about the Planning Council's funding for needs assessments to guide planning. She encouraged input from the subcommittee.
S. Tinsley reiterated the need for innovative outreach to the Black community, stressing proactive engagement over waiting for clients to seek care.

M. Rosiere emphasized the need to use MAI funding differently. She expressed concern that historically, the PSRA process may have wrongly allocated funds for CIED under

MAI. Rosiere advocated for fully funding CIED through Part A, reserving MAI dollars for innovative, evidence-based services tailored to the MAI population.

M. Schweizer stated that no additional data will be requested. The next MAI subcommittee meeting will focus on best practices and effective strategies from other EMAs.

8. Recipient's Report

   None.

9. Public Comment

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

   There were no public comments.

10. Agenda Items for Next Meeting
    a. Presentation on Effective Strategies for utilizing MAI funding by other EMAs
    b. Presentation on Best MAI Practices by other EMAs for Engaging Black, African American, and Haitian Communities (Examples: Riverside, CA, and Fayetteville, NC)

    Next Meeting Date: To be determined. PCS staff will send a Doodle poll to schedule the date of the next meeting.

11. Announcements
    None.

12. Adjournment

    There being no further business, the meeting was adjourned at **3:05 P.M.**

MAI Sub-Committee Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	6	13			13								
1	Kendra Hayes	X	X			X								
2	Joshua Rodriguez	X	X			X								
3	Alondra Machado	E	A			A								
4	Mark Schweizer **(Chair)**	X	X			X								
5	Shawn Tinsley **(Vice-Chair)**	X	E			X								
6	Brad Mester	A	X			X								
	Quorum = 4	4	4			5								

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

Handout B

Broward Ryan White Part A Program

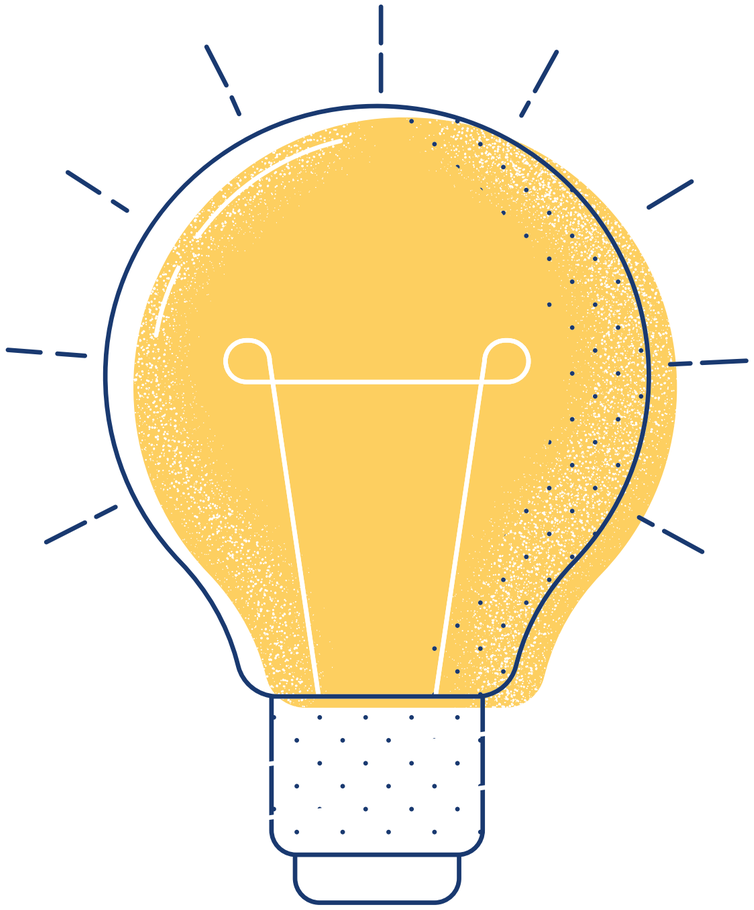
Minority AIDS Initiative Data Request

MAI Sub -Committee

July 9, 2025

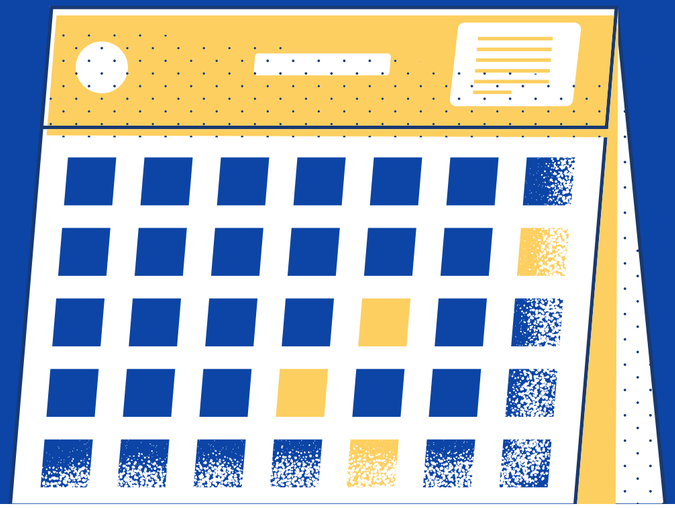
Presented by: Ryan White Part A Recipient Office

Minority AIDS Initiative Data Request



The purpose of this presentation is to discuss how other Ryan White HIV/AIDS MAI programs operate in various Eligible Metropolitan Areas (EMAs) across the United States.

RYAN WHITE HIV/AIDS PROGRAM PART F (MAI)



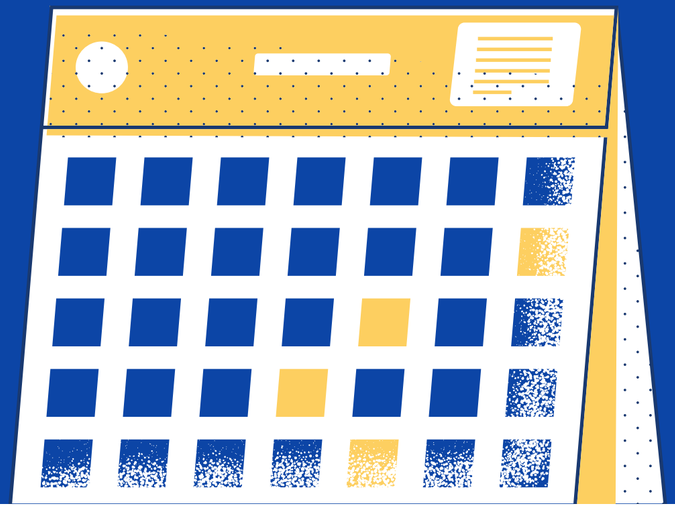
The Ryan White HIV/AIDS Program Part F includes the Minority AIDS Initiative (MAI). The MAI program was codified in 2006, and provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.

Under **Part A**, MAI formula grants provide core medical and related support services to improve access and reduce disparities in health outcomes in metropolitan areas hardest hit by HIV/AIDS.

Under **Part B**, MAI formula grants fund outreach and education services designed to increase minority access to needed HIV/AIDS medications.

Under **Part C**, MAI funds are for the provision of culturally and linguistically appropriate care for racial and ethnic minority populations.

RYAN WHITE HIV/AIDS PROGRAM PART F (MAI)



Under **Part D**, MAI funds are for eliminating racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate HIV/AIDS care services for women, infants, children, and youth.

Under **Part F**, MAI funds are for increasing the training capacity of AIDS Education and Training Centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV.

Source: Ryan White HIV/AIDS HRSA Program

Broward County, Florida

Ryan White HIV/AIDS Minority AIDS Initiative

Service Categories:

Trauma -Informed Mental Health Services

Substance Abuse Outpatient Services

Case Management

Integrated Primary Care & Behavioral Health

Centralized Intake and Eligibility Determination

Orange County - Orlando, Florida

Ryan White HIV/AIDS Minority AIDS Initiative

Service Categories:

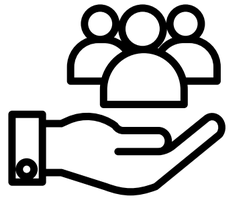
Case Management

Trauma -Informed Mental Health Services

Outpatient Medical Care

Psychosocial Support (Peer Mentoring)

Substance Abuse Services



Early Intervention Services

Medical Transportation

BROWARD COUNTY FLORIDA

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

Fulton County - Atlanta, Georgia

Ryan White HIV/AIDS Minority AIDS Initiative
Service Categories:

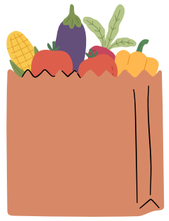
Outpatient Medical Care

Health Insurance
Payment Assistance

Medical Transportation

Referral for Healthcare
& Supportive Services

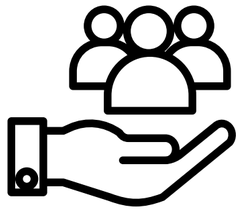
Case Management



Food Bank & Home
Delivered Meals

Palm Beach County, Florida

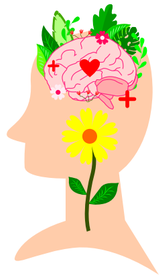
Ryan White HIV/AIDS Minority AIDS Initiative
Service Categories:



Early Intervention Services

Non -Medical Case Management Services

Medical Case Management (Including Treatment Adherence)



Psychosocial Services

Miami -Dade County, Florida

Ryan White HIV/AIDS Minority AIDS Initiative

Service Categories:

Substance Abuse Residential

Outreach Services

Outpatient Medical Care (OAHS)

AIDS Pharmaceutical Assistance

Medical Case Management
(Including Treatment Adherence)

ANY QUESTIONS? THANK YOU!

BROWARD COUNTY FLORIDA

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

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

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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