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

Friday, October 10, 2025 - 2:00PM to 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 October 10, 2025, Agenda
IV. ACTION: Approval of July 9, 2025, Minutes **(Handout A)**
V. Public Comment
VI. Discussion Items
VII. Old Business: None

VIII. New Business

a. **Discussion**: Strengths and weaknesses of the Minority AIDS Initiative from the perspective of Case Managers, Disease Intervention Specialists, CIED Champions, and Peer Navigators. **(Handout B)**

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.

October 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
			1	2 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams Medical Provider Network Meeting In-person (CQM) 2:30PM-4:30PM	3 Medical Case Management Network Meeting (CQM) 2:30PM-4:30PM	4
5	6	7 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	8 Quality Network Meeting (CQM) 9:00AM-10:15AM	9 Membership/Council Development Committee Meeting (MCDC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	10 Minority AIDS Initiative Subcommittee Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	11
12	13	14 Behavioral Health Network Meeting In-person (CQM) 2:00PM-3:30PM	15 NLAAD National Latinx AIDS Awareness Day	16 Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	17	18
19	20 VOICES OF THE COMMUNITY WE WANT TO HEAR YOUR VOICE PSRA/QMC Listening Tour Session #3 Gilda's Club – 4850 Prospect Rd, Fort Lauderdale, FL 33309 4:30PM-7:30PM	21	22	23 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: Broward Government Center/MS Teams	24	25
26	27	28	29	30	31	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.

October 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.

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

Wednesday, July 9, 2025 - 2:00 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, S. Tinsley, B. Mester

Members Absent: M. Schweizer (excused), A. Machado

Ryan White Part A Recipient Staff Present: T. Thompson, B. Spaulding

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

Guests Present: O. Desinor, H. Bahi, D. Robertson, M. Anyan

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

The MAI Vice-Chair called the meeting to order at **2:05 P.M.** The MAI Vice-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 Vice-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 July 9, 2025 MAI Ad-Hoc Committee meeting was proposed by **B. Mester,** seconded by **K. Hayes** and passed unanimously.

Motion #1: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the July 9, 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 May 13, 2025, meeting was proposed by **B. Mester,** seconded by **K. Hayes** and approved with no further corrections.

Motion #2: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the May 13, 2025, MAI Ad-Hoc Committee minutes as presented. The motion was seconded by K. Hayes 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**: Effective Strategies for utilizing MAI funding by other EMAs

      T. Thompson explained the difficulties in obtaining the information for this presentation and how it affected the voracity of the information.

      B. Spaulding discussed how MAI funding is used by other EMAs. She explained how the MAI program functions and the intended purpose of the funding. She listed the services that are currently funded by MAI in Broward County, FL.

      She continued by listing the services funded by MAI in Orange County, FL. She noted that EMAs may choose which services they wish to fund. B. Mester noted that Early Intervention Services (EIS) may require spending funds on non-consumers. She then moved on to Fulton County, GA and compared their services to the equivalent services in Broward County. The Fulton County EMA must be very strategic in how their subrecipients provide services because their population is very large and diverse. B. Spaulding continued by discussing the services in Palm Beach County, FL and Miami-Dade County, FL.

      S. Tinsley asked how the Miami-Dade County Outreach services function. B. Mester explained that clients were typically referred to the University of Miami. It is for clients that have fallen out of care.

      B. Spaulding made the following recommendations on behalf of the Part A Office:

      - Don’t just focus on service categories. Help subrecipients receive training to target specific populations and build capacity.
      - Get into the personnel and see if it is suitable for the population they service.
      - Analyze social determinants of health and how they form health disparities. Create a plan to address those health disparities.

T. Thomspon noted if a provider receives both MAI and Part A funding, services get billed to MAI first.

B. Mester made note of the operational concerns of Broward County EMA. He suggested giving much of the MAI funding to CIED and transferring CIED's Part A funding to other service categories. T. Thompson reminded the committee that the EMA now has more MAI providers this fiscal year (five rather than one), which complicates matters.

S. Tinsley stated that black women have the highest HIV-related health disparities in Broward County. S. Isidore later noted in the minutes that they only specified the Black community. S. Tinsley asked if outreach would be a good avenue for addressing these health disparities. B. Spaulding and T. Thompson explained that Disease Intervention Specialists (DIS) are permitted to do outreach with clients who have fallen out of care. S. Tinsley asked if those are allowable expenses under MAI. T. Thomspon answered that outreach is currently funded by Part B and such a change would require a new RFP. T. Thomspon also said that they could recommend new service categories to be funded under MAI to PSRA.

S. Tinsley noted that piloting programs for services are not yet funded in the RFP. T. Thompson answered that he does not know how quickly the county could do this. S. Tinsley asked for a report comparing all the services provided by Ryan White to identify gaps in care and develop an innovative use of MAI funding. B. Mester expressed concern that outreach is not the most effective use of funding and that it may be more productive to push the state to send Disease Intervention Specialists (DIS) to do outreach.

D. Cestaro-Seifer recommended looking at the MAI-funded services that are not being received by clients who are not virally suppressed. T. Thompson recommended doing a sample size of 15-20 consumers to examine why they are not keeping up with appointments.

The committee drafted the following data request:

> *The MAI Subcommittee requests a list of all the currently funded services of Part A, EHE, and MAI to compare and contrast the different categories with the purpose to fill in the gaps for clients in our EMA.*
>
> *Find a sample size of 15 to 20 clients with a viral load greater than or equal to 6 months in the system. Broken down by age, race, ethnicity, zip code, and services received.*

Motion #3: B. Mester, on behalf of the MAI Ad-Hoc Committee, made a motion to approve the data request as presented. The motion was seconded by K. Hayes and adopted unanimously.

b. **Presentation:** Best practices by other EMAs for Engaging Black, African American, and Haitian Communities.

T. Thompson explained that the Part A representative who is most knowledgeable about this issue is not available, and therefore there is no handout.

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. Best practices by other EMAs for Engaging Black, African American, and Haitian Communities
    b. Data Request Presentation: Review of Funded Services & Client Data Analysis to Identify Gaps in Care Across Part A, EHE, and MAI

    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 **3:10 P.M.**

MAI Sub-Committee Attendance for CY 2025

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	6	13			13		9	13					
1	1	Kendra Hayes	X	X			X		X	A					
0	2	Joshua Rodriguez	X	X			X		X	X					
2	3	Alondra Machado	E	A			A		E	X					
0	4	Mark Schweizer **(Chair)**	X	X			X		E	E					
0	5	Shawn Tinsley **(Vice-Chair)**	X	E			X		X	X					
1	6	Brad Mester	A	X			X		X	X					
		Quorum = 4	4	4			5		4	4					

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	

Minority AIDS Initiative Discussion Questions

Handout B

Case Manager Perspective

1. What specific strategies do you use to engage newly diagnosed patients in HIV care during the Test and Treat appointment, and how do you assess their effectiveness?
2. Identify common reasons why clients disengage from or do not return for follow-up care after diagnosis or lapses, following their entry or reentry through Test and Treat.
3. What barriers do staff encounter when trying to reach and retain newly diagnosed patients in care?
4. How do you address issues of stigma, confidentiality, or trust that may discourage patient engagement?
5. Are there gaps in your coordination with other providers or community resources that may impact patient retention in the 30-day temporary RW Part A eligibility period?

Disease Intervention Specialist Perspective

1. What strategies do you use to ensure newly diagnosed individuals are successfully linked to Test and Treat services within the recommended timeframe?
2. What barriers have you encountered when trying to re-engage individuals who have fallen out of care, and how do you address them?
3. How do you collaborate with healthcare providers and peers to support continuity of care and reduce loss to follow-up?
4. What training or resources would enhance your ability to support clients during the initial stages of diagnosis and linkage to care?
5. How do you navigate confidentiality concerns when coordinating with other agencies or providers to ensure seamless care for clients?

Peer Perspective

1. How do you build trust and rapport with newly diagnosed individuals during their Test and Treat experience, especially when they're feeling overwhelmed or uncertain?
2. What challenges do you face when trying to help clients stay engaged in care after their initial diagnosis and treatment start?
3. In your experience, what resources or support systems have been most effective in helping clients overcome stigma, fear, or misinformation about HIV treatment?
4. What do you wish service providers understood better about the emotional and practical needs of newly diagnosed individuals?
5. Can you share a time when peer support made a significant difference in someone's decision to stay in care or return to treatment?

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)

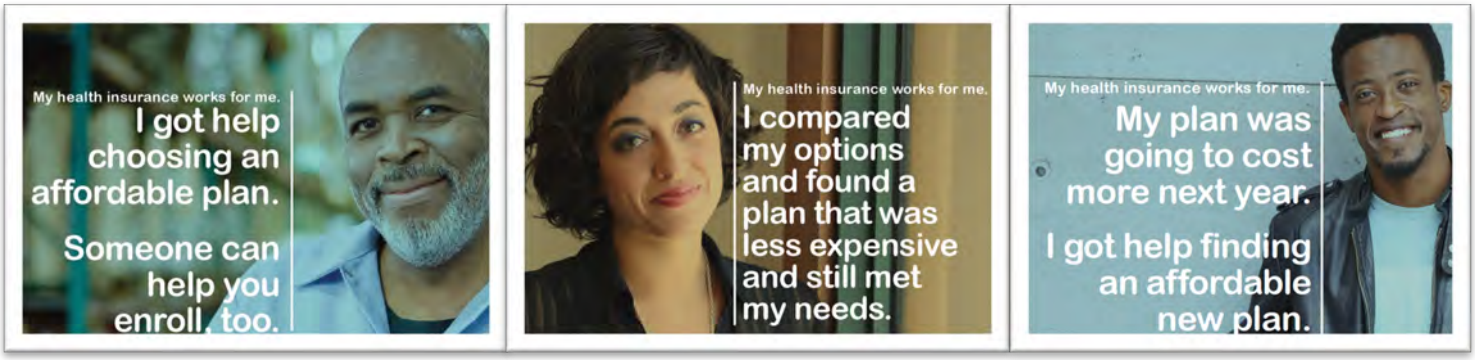
- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -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.

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.