



MIAMI-DADE HIV/AIDS PARTNERSHIP

Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

Meeting Housekeeping- Executive Committee

Updated January 24, 2024
Behavioral Science Research

Disclaimer & Code of Conduct

- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- ❑ Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



Remember **People First** Language . . .

People with HIV, *People* with substance use disorders, *People* who are homeless, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV**.

Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting

Meeting Participation

- ❑ Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- ❑ Raise your hand to be recognized by the Chair or added to the queue.
- ❑ Discussion should be limited to the current Agenda topic or motion.
- ❑ Speakers should not repeat points previously addressed.
- ❑ Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's supporting documents are online at <https://aidsnet.org/the-partnership#excom1>.

Meeting Materials Access-Main Page



[The Partnership](#) ▾ [For People with HIV](#) ▾ [Quality Management](#) ▾ [Provider's Hub](#) ▾ [News and Resources](#) ▾ [Calendars](#) ▾

The Miami-Dade HIV/AIDS Partnership



Miami-Dade County's Official Ryan White Program Planning Council for HIV Prevention and Care.

Our vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

SERVING

8,590

people with HIV

Main Page-Selection



The Partnership



Executive Committee



Care and Treatment Committee



Needs Assessment



Medical Care Subcommittee



Community Coalition Roundtable



Housing Committee



Strategic Planning Committee



Prevention Committee



Integrated Plan and Ending the HIV Epidemic



Integrated Plan Evaluation Workgroup



Joint Integrated Plan Review Team



Partnership, Recipient, and Grantee Reports



Get On Board! Planning Council Enrichment Training



New Member Orientation



Join the Partnership!



Join a Partnership Committee!



RSVP or Contact Us

Executive Committee-Main

Executive Committee

Next Meeting: January 30, 2024 at 11:30 a.m.

Meeting in conjunction with the HRSA Site Visit: Miami-Dade County Office, 111 NW 1st Street, 22nd Floor, Miami, FL 33128



AGENDA

[January 30, 2024](#)



MINUTES

September 27, 2023



COMMITTEE REPORTS

[Report of approved motions](#)

December 18, 2023



RETURN TO MENU



MEETING DOCUMENTS

Check back here for your next meeting documents before your next meeting.

See below for past meeting documents.



JOIN THE PARTNERSHIP!

[Join the Partnership!](#)

People with HIV may be eligible for vouchers!



RSVP OR CONTACT US

Marlen Meizoso, M.A.

marlen@behavioralscience.com

(305) 445-1076



BYLAWS

[Click here.](#)

Executive Committee- Additional Reports

Partnership, Recipient, and Grantee Reports

Members are asked to review reports in advance of meetings.

For questions or to request a paper copy of any report(s), please contact hiv-aidsinfo@behavioralscience.com.



PARTNERSHIP REPORTS

- [Top Line Summaries Report](#) (December 18, 2023)
- [Partnership Report to Committees](#) (December 18, 2023)
- [Vacancy Report](#) (November 9, 2023)

RECIPIENT AND GRANTEE REPORTS

- [Top Line Summaries Report](#) (December 18, 2023)
- [Ryan White Program Part A / MAI - Expenditures](#) (November 29, 2023)
- [Ryan White Program Part A / MAI - Utilization & Service Definitions](#) (September 2023)
- [Ryan White Part B](#) (October 2023)
- [General Revenue](#) (October 2023)
- [AIDS Drug Assistance Program \(ADAP\)](#) (November 2023)

YEAR END REPORTS

- [Ryan White Program Part A / MAI Monthly and Year-To-Date Service Utilization Summary with service unit definitions](#) (End of FY2022)
- [Ryan White Program Part A / Minority AIDS Initiative \(MAI\) FY2022 Expenditures Report](#) (End of FY 2022)
- [Year 2022-2023 Ryan White Program Part B Report](#) (Final)

SPECIAL REPORTS AND PROGRAM UPDATES

Executive Committee- Functions and Historical Docs



Alecia Tramel-McIntyre

Executive Committee Chair



Harold McIntyre

Executive Committee Vice
Chair

What We Do

- Act on behalf of the Partnership in emergency situations that does not permit holding/calling a regular Partnership meeting.
- Establish rules of conduct for all Partnership and committee meetings.
- Act as a steering committee that will delegate Partnership and standing committee responsibilities to ensure coordination and prevent duplication of activities.
- Review proposed changes to the Partnership Bylaws and make recommendations to the Partnership as required.
- Review grievances that arise from the Partnership or the community as it relates to whether the Partnership follows its policies and procedures. Complaints will be thoroughly reviewed and presented to the full Partnership for consideration.

Past Meetings



RETURN TO MENU

Agendas



Minutes



Meeting Documents



Executive Committee- RSVPs

RSVP!

Your RSVP Matters!

 **JOIN THE
PARTNERSHIP!**



We use RSVPs to determine if there will be a quorum of members and to make sure we have enough materials for all attendees. Please click a link below to let us know which meetings you can or cannot attend. All replies are helpful!

Meeting dates and locations are subject to change. For details, please see the latest meeting calendars at aidsnet.org/calendar.

Thank you for your time.

- [January 2024](#)
- [February 2024](#)
- [March 2024](#)
- [April 2024](#)
- [May 2024](#)
- [June 2024](#)
- [July 2024](#)
- [August 2024](#)
- [September 2024](#)
- [October 2024](#)
- [November 2024](#)
- [December 2024](#)

 **RETURN TO MENU**



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee Meeting
Behavioral Science Research Corporation
111 NW 1st Street, 22nd Floor
Miami, FL 33123
January 30, 2024

#	Members	Present	Absent	Guests	
1	Burks, Laurie Ann	X		Dr. Diego Shmuels	
2	Herz, Stephen		X	HRSA Staff/Consultants	
3	McIntyre, Harold		X	Jenifer Gray	Mark Pepler
4	McMullen, Lamar	X		Susan McAllister	Ronald Redwood
5	Mooss, Angela		X	Michelle Osterman	Michael Wallace
6	Sarmiento, Abril	X		Chrissy Abrahms Woodland	
7	Sheehan, Diana M.	X		Staff	
8	Tramel-McIntyre, Alecia	X		Bontempo, Christina	
9	Trepka, Mary Jo	X		Meizoso, Marlen	
Quorum = 4					

Note that all documents referenced in these minutes were accessible to members and the public prior to the meeting, at <https://aidsnet.org/the-partnership#excom1>.

I. Call to Order

Alecia Tramel-McIntyre

Alecia Tramel-McIntyre, Chair, called the meeting to order at 11:44 a.m.

II. Introductions

All

Ms. Tramel-McIntyre introduced herself, and requested introductions from all participants around the room.

III. Meeting Housekeeping and Rules

Alecia Tramel-McIntyre

Ms. Tramel-McIntyre reviewed the meeting housekeeping handout, which provided the ground rules and reminders for the meeting.

IV. Floor Open to the Public

Alecia Tramel-McIntyre

Ms. Tramel-McIntyre opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.”

No comments were made so the floor was closed.

V. Review/Approve Agenda

All

The committee reviewed the agenda. Ms. Tramel-McIntyre will be noted as the lead on items designated for Vice Chair Harold McIntyre. The final agenda will reflect the update. Additionally, there is a request to appoint a new member to a Committee which can be addressed under Standing Business. The Committee voted to approve the agenda with the change discussed.

Motion to approve the agenda as discussed.

Moved: Abril Sarmiento

Seconded: Dr. Mary Jo Trepka

Motion: Passed

VI. Review/Approve Minutes of September 27, 2023

All

Members reviewed the minutes of September 27, 2023. Staff noted that one of the Care and Treatment Committee motions as reported to the Executive Committee will be reviewed and corrected at the next Care and Treatment meeting. The Committee made a motion to accept the minutes with the notation.

Motion to approve the minutes of September 27, 2023, as presented.

Moved: Abril Sarmiento

Seconded: Dr. Mary Jo Trepka

Motion: Passed

VII. Standing Business

Dora Marcelin was appointed by the Mayor to fill the Ryan White Program Part D seat on the Partnership. Ms. Marcelin has requested an appointment to the Community Coalition Roundtable and Housing Committee. A motion is being requested of the Executive Committee to appoint Ms. Marcelin.

Motion to appoint Dora Marcelin to the Community Coalition and Housing Committees.

Moved: Abril Sarmiento

Seconded: Dr. Mary Jo Trepka

Motion: Passed

VIII. New Business

• **HRSA Site Visit Discussion**

All

Ms. Tramel-McIntyre welcomed HRSA representatives present as part of the Ryan White Program site visit. HRSA staff reviewed a series of questions regarding planning council operations, process, and procedures (PSRA processes, emergent population identification, resource allocation timeliness, administrative mechanism results, service unit definitions, ways to engage clients, budgeting, and mentoring). Additional questions were asked regarding the contracting process, the Recipient's relationship with the planning council, and CQM participation and activities. There was a suggestion to do specific training for committees.

IX. Announcements and Open Discussion

All

Staff reviewed the February calendar for changes. Members highlighted several days of remembrance in the month. On February 14, there is a National Black HIV/AIDS Awareness Day Health Fair at the Stephen P. Clark Center from 10 a.m. to 2 p.m.

X. Next Meeting

Alecia Tramel-McIntyre

The next scheduled Executive Committee meeting is Wednesday, February 28, 2024 at BSR.

XI. Adjournment

Alecia Tramel- McIntyre

Ms. Tramel-McIntyre thanked everyone and adjourned the meeting at 1:24 p.m.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

Membership Report

February 12, 2024

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners. Complete a brief New Member Interest Form to find out more:

www.surveymonkey.com/r/DRJP5N5 or scan the QR code.



Opportunities for Ryan White Program Clients

12 seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.

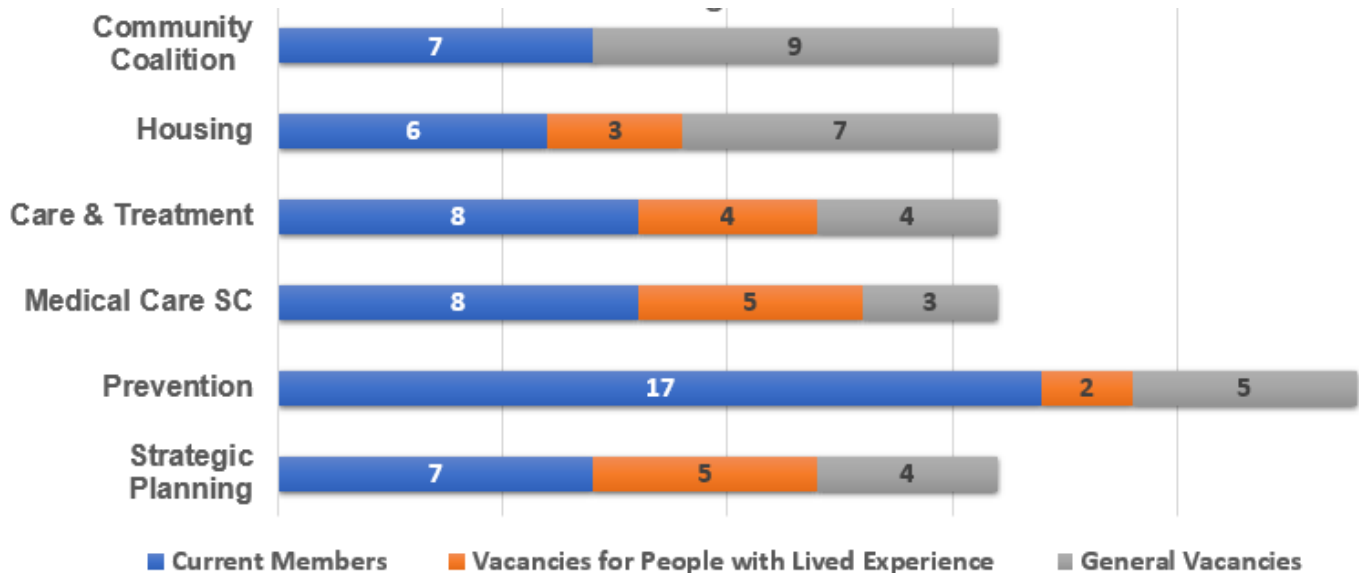
Opportunities for General Membership

6 seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:

- Representative with HIV and Hepatitis B or C
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Hospital or Healthcare Planning Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

Partnership Committees

Committees are now accepting applications for new members.



People with HIV are encouraged to apply.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

**BEHAVIORAL SCIENCE RESEARCH CORPORATION (BSR)
LINE ITEM BUDGET JUSTIFICATION
STAFF SUPPORT SERVICES
FOR THE MIAMI-DADE HIV/AIDS PARTNERSHIP (PART A ONLY)
FY 2024 RYAN WHITE PART A/MAI PROGRAM CONTINUATION CONTRACT
MARCH 1, 2024 – FEBRUARY 28, 2025
Total Award: \$400,000**

1. DIRECT SERVICE COSTS: (\$371,825) 93% of \$400,000 Total

a. Personnel: Salaries and Fringe Benefits (\$277,489) (FTE: 2.54) 69.37%

b. Travel: Local Travel (Mileage) (\$230): 0.06%

Mileage reimbursement for BSR direct service staff providing Ryan White Part A Staff Support Services for the Miami-Dade HIV/AIDS Partnership, for local travel to and from Partnership and committee meetings. BSR will reimburse staff for local travel at the current U.S. GSA Privately Owned Vehicle (POV) mileage reimbursement rate posted on www.gsa.gov/mileage. From January 1, 2024, the U.S. GSA POV rate is \$0.67 per mile.

c. Travel: Local Travel (Parking and Tolls) (\$266): 0.07%

Parking and tolls reimbursement for BSR direct service staff providing Ryan White Part A Staff Support Services for the Miami-Dade HIV/AIDS Partnership, for local travel to and from Partnership and committee meetings. BSR will reimburse staff for parking and tolls incurred while traveling to Partnership and Committee meetings and other Partnership Support Service program-related external meetings as required.

Budget Impact Justification: Local travel costs cover travel in support of the Part A Partnership Staff Support activities and are necessary to carry out program goals and objectives.

d. Travel: Long Distance Travel (\$2,256) 0.56%

Includes travel costs for Alecia Tramel, Planning Council (PC) Chair, or other PC designated person (if Chair cannot attend), to attend the National 2024 RWHAP Conference; grant-specific Administrative Reverse Site Visits (ARSV) and/or targeted technical assistance events in Washington DC or other designated location. The approximate cost (per traveler) for this HRSA required budgeted travel is \$2,256 per traveler [\$1,290 lodging, \$356 per diem, \$510 airfare (RT) airfare, \$100 ground transportation].

e. Supplies: Program Supplies (\$1,123): 0.28%

Includes paper, pens, flip charts, binders, legal pads, Duo-Tang portfolios (pocket folders), and other collateral materials as may be needed to provide related support services to the Partnership and its Committees. The total annual cost is \$3,208 X 35% = \$1,123 based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$).

f. Supplies: Copier / PC Maintenance (\$2,920): 0.73%

Maintenance contract covering printers and one (1) copy machine, including copier toner, color printer toner, and other collateral service and materials as may be needed; and hardware & software updates for PC workstations used by Part A Staff Support program staff.

Total annual cost is $\$8,342 \times 35\% = \$2,920$ based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$). Copier maintenance is a separate cost from the lease agreement. Please refer to the "Contractual - Other" for costs related to the copier's lease agreement.

g. Budget Impact Justification: These supplies are necessary to properly carry out the administrative functions required by the Ryan White Program local planning council.

h. Contractual: Surveys and Studies (\$10,500): 2.63%

Includes costs of subcontracted non-CQM-related interviewers, translators, focus group recruiters, temporary research assistants, and data entry contractors necessary to conduct various needs assessment-related research activities which include external focus groups and other surveys and studies as required by the Recipient and HRSA, to identify unmet needs, service gaps, and service delivery shortfalls. People with HIV may be contracted as interviewers. This line item also includes reimbursement for mileage and tolls for Independent Contractors (e.g., external interviewers and recruiters), directly related to their completion of interviews and recruitment of survey and focus group participants "in the field," and will be reflected as such in their subcontracts. Estimated costs for Surveys and Studies (Subcontracts) total \$35,520. The Ryan White Part A PC Support is being charged approximately 30%. Part A PC Support covers approximately 150 non-client satisfaction surveys X \$70 per survey. The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$)

i. Contractual: IT Maintenance (Labor costs) (\$1,659): 0.41%

Includes labor costs associated with IT repairs, maintenance, and hardware configuration for PCs and the dedicated server used by the Part A PC Staff Support staff for direct program services only. Services are billed separately for all IT functions related to the Ryan White Part A/MAI program. Total annual cost is $\$4,740 \times 35\% = \$1,659$ based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$).

j. Contractual: Partnership Web Site Hosting (\$1,219): 0.30%

Includes monthly web-hosting fees for the planning council website, www.aidsnet.org. Estimated costs are computed at approximately \$102 per month charged to the Part A Staff Support Services ($\$1,219 / 12 \text{ months} = \101.583 month).

k. Contractual: Surveys and Studies Support (\$5,700): 1.43%

This line item will cover the estimated non-labor costs related to conducting the various non-CQM related needs assessment and clinical/client research activities. These costs include incentives (e.g., grocery store gift card) provided to focus group participants who are people with HIV, survey respondents. Up to 150 store gift cards ($\$5,700 / \$38 \text{ gift card} = 150$) will be provided to survey and study participants and respondents.

l. Contractual: Partnership Outreach/Public Relations (\$300): 0.08%

In accordance with the provisions of §75.421 of the Uniform Guidance, this line covers program outreach materials used to recruit members to fill federally mandated categorical seats, especially members of the affected community and other expenses (e.g., translation of materials into Spanish and Haitian Creole) related to recruiting new members, as well as increasing the interest and participation of the community in the proceedings and decisions of the Partnership, as guided by Partnership and its Community Coalition Roundtable (committee). All materials developed using Ryan White Program funds will properly credit the funding source (i.e., HRSA). Such materials will contain the following language, and would be updated accordingly:

“This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, Assistance Listing Number (ALN#) 93.914 - HIV Emergency Relief Project Grants, as part of a Fiscal Year 2024 award totaling TBA, as of TBA, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government.”

m. Contractual: Communications - Telephones/DSL Services (\$2,826): 0.71%

Cost of -1 multiplex voice and data telephone line and dedicated Digital Subscriber Line (DSL) services. Estimated costs are based on historical service usage under this service category. Total annual cost is $\$8,075 \times 35\% = \$2,826$ based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$)

n. Contractual: Copier Cost (\$1,913): 0.48%

Cost of leasing copier equipment for use by the Part A Staff Support program staff for scanning and reproduction of program-related documents. Total annual cost is $\$5,467 \times 35\% = \$1,913$ based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$).

o. Contractual: Postage and Delivery (People with HIV and Partnership) (\$132): 0.03%

Several mailings are required for Partnership activities. This line item also includes Partnership-related overnight mail and courier services, as needed. Cost estimated at $\$11$ per month \times 12 months.

p. Contractual: Meeting Expenses (\$1,200): 0.30%

This line item covers the cost of renting external facilities (e.g., Miami-Dade County Public Library Auditorium or the United Way-Ansin Building, Ryder Conference Center) when the available meeting location is not free of charge. BSR will prioritize the scheduling of PC meetings (e.g., Partnership and Committee meetings, special planning council meetings as needed, or focus groups, when the meeting requirements exceed the capacity of BSR's internal facilities) in facilities that are free of charge to the program. The facility rental cost is estimated at $\$40/\text{meeting} \times 12 = \480 , when needed. This line item also includes the cost for incentives (e.g., vouchers or store gift cards that cannot be exchanged for cash or used for anything other than allowable goods or services) for people with HIV to attend planning council meetings, at $\$20$ per person per meeting ($\$60/\text{month} \times 12 \text{ months} = \720) disbursed in accordance with systems in place which account for the disbursed voucher/gift cards to eligible people.

q. Contractual: Rent - Offices (\$62,092): 15.52%

This line item covers the cost of rent for office space, inclusive of electrical, water, air conditioning, maintenance and security fees (based on a pro-rata share of office space and common areas based on FTE) and meeting room space (cost computed utilizing a pro-rata share based on utilization of the meeting room space). The annual cost for rent totals $\$177,405$. The Part A Staff Support Services' allocation for rental cost totals 35%

based on the following cost allocation methodology: 35% (Part A PC), 53% (Part A CQM), 9% (MAI CQM), and 3% (General Operating/Private Funds). The percentage to be charged for this line item is based on the total award for this service category in relation to BSR's total funding ($\$400,000 \div \$1,134,999 = 35\%$). The lease for this space ends on February 28, 2025, coinciding with the close of the current contract cycle. The Subrecipient is unable to break the current lease prior to this date without incurring a penalty. The contracted adjusted gross cost per square foot of the subrecipient's total office space is approximately \$46.33 ($\$177,405 / 3,829 = \46.33). BSR is a commercial organization, subject to the Cost Principles under 48 CFR Subpart 31.2 [Federal Acquisition Regulation (FAR) 31.2] (i.e., 45 CFR §75.403-405 are not applicable). BSR is a commercial organization, subject to the Cost Principles under 48 CFR Subpart 31.2 [Federal Acquisition Regulation (FAR) 31.2] (i.e., 45 CFR §75.403-405 are not applicable). The County and BSR follow internal written procedures describing the appropriate methodology for rent in budgets.

Budget Impact Justification: Expenditures listed are necessary to carry-out the administrative functions of the local planning council.

2. INDIRECT/ADMINISTRATIVE COSTS (\$28,175): 7% of \$400,000 Total

Indirect Cost – Predetermined (\$28,175)

In accordance with 45 CFR §75.352(a)(4) of the Uniform Guidance, the Recipient (Miami-Dade County) has negotiated a rate of approximately 7.6% ($\$28,175 / \$371,825 \text{ base} = 7.577\%$) with the Subrecipient (BSR) for use during FY 2024 for indirect costs associated with provision of Part A Staff Support Services. Indirect cost charges reimburse an equitable portion of costs incurred by the Subrecipient, and not readily assignable to the cost objectives specifically benefitted; but necessary to carry out the administrative functions of the Ryan White Part A/MAI grant.

BEHAVIORAL SCIENCE RESEARCH CORPORATION (BSR)

STAFF SUPPORT SERVICES FOR THE MIAMI-DADE HIV/AIDS PARTNERSHIP

SCOPE OF WORK DELIVERABLES FOR FY 2024

TABLE IX-C Partnership Staff Support Core Workplan Elements				
#	Task	Planned Frequency <i>(monthly, biannually, quarterly, annually)</i>	Deadline <i>(deadline is last day of month unless otherwise indicated)</i>	Status <i>(Not started, As needed, Ongoing, Completed)</i>
1	Prepare/draft/distribute correspondence for the Partnership (A.1)	Ongoing, as needed	Through February 2025	Ongoing
2	Facilitate process of identifying, recruiting, and nominating new Partnership members, especially members of the Affected Community, and on-boarding all duly appointed new members (A,1)	Monthly	Through February 2025	Ongoing
3	Assist Recipient in collecting and submitting financial disclosures for Partnership and Committee members (Source of Income statements) for members (C.4.a)	Annually	on or about July 1 st each year	In process
4	Assist Executive Committee with updating Bylaws and Policies and Procedures (A.1)	As needed	Through February 2025	As needed
5	Review Scope of Work and Budget for Partnership Staff Support with Executive Committee	Annually	February 2024	In process
6	Coordinate logistics and provide clerical support (public meeting notices, monthly meeting calendar, clerical support, agenda, minutes, meeting materials, respond to requests for information, etc.) for Partnership, Committee, Subcommittee and Workgroup meetings (A.2, A.3, A.4, A.5, A.6):	Monthly	Through February 2025	Ongoing

TABLE IX-C Partnership Staff Support Core Workplan Elements

#	Task	Planned Frequency (monthly, biannually, quarterly, annually)	Deadline (deadline is last day of month unless otherwise indicated)	Status (Not started, As needed, Ongoing, Completed)
	<ul style="list-style-type: none"> • Partnership • Executive Committee • Care and Treatment Committee • Medical Care Subcommittee • Strategic Planning Committee • Prevention Committee (FDOH) • Joint Integrated Plan Review Team (JIPRT, combined Strategic Planning and Prevention Committees) • Housing Committee • Community Coalition Roundtable • Integrated Plan Evaluation Workgroup 			
7	Assist Partnership in receiving, tracking, and resolving formal grievances or informal complaints against the Partnership (A.8)	As needed	Through February 2025	As needed
8	Assist Recipient with reports, data, and Partnership-related sections of reports, as needed, including annual progress reports and competitive grant application (B.1)	Ongoing	Through February 2025	Ongoing
9	Assess unmet need and service gaps in Miami-Dade (“Needs Assessment”) (B.2)	Annually	September 2025	Not started
10	Assist the Prevention and Strategic Planning Committees with updates to the Integrated Plan, including data entry into the Vision*Mission* Services*Goals (VMSG) Database (B.3)	Semiannual	Through February 2025	Ongoing
11	Assist the Strategic Planning Committee and Partnership with the Assessment of the Administrative Mechanism (B.4)	Annually	August 2025	Not started

TABLE IX-C Partnership Staff Support Core Workplan Elements

#	Task	Planned Frequency <i>(monthly, biannually, quarterly, annually)</i>	Deadline <i>(deadline is last day of month unless otherwise indicated)</i>	Status <i>(Not started, As needed, Ongoing, Completed)</i>
12	Assist the Partnership in the annual “State of the HIV/AIDS Epidemic in Miami-Dade County” report (B.4)	Annually	July 2025	Not started
13	Assist the Partnership and its various committees with reviewing and updating the Part A/MAI Program service definitions (B.5)	Annually, or more often as needed	December 2025	Ongoing
14	Conduct new member orientation training and periodic updates, including Get On Board (C.2)	Ongoing	Through February 2025	Ongoing
15	Develop and maintain the Partnership’s website and social media accounts (C.3)	Ongoing	Through February 2025	Ongoing

TABLE IX-D PARTNERSHIP STAFF SUPPORT SUPPLEMENTARY INTEGRATED PLAN ACTIVITIES

R1.3.c. Develop or identify protocols for how mental health services are destigmatized (“normalized”) and integrated into RWP provider activity, to reduce barriers to clients making use of them.

1	Document # of subrecipients with protocols for destigmatizing mental health services (subject to review by JIPRT)	Semiannual	July 2024	Not started
2	# of subrecipients documenting the application of destigmatizing protocols (subject to review by JIPRT)	Semiannual	July 2024	Not started

R1.3.d. Create and maintain a Miami-Dade community information resource hub to serve as an MCM resource for whole-client referrals.

3	Review and update the RWP resource hub to provide non-RWP client care resource data to subrecipient agencies	Semiannual	July 2024	Completed
4	# of MCM subrecipient providers committed to using (and connected to) resource hub(s)	Semiannual	July 2024	Not started

SP1.1.b. Examine client outcome data specifically for women in order to identify potential QI opportunities to improve service to women.				
5	# of MCM subrecipients agencies identified and linked with the RWHAP that offer childcare services to women with HIV	Semiannual	July 2024	Not started
6	# of RWHAP subrecipients offering episodic childcare/babysitting on site during appointments	Semiannual	July 2024	Not started
Generate and disseminate data in support of non-CQM Planning Council Integrated Plan Activities				
7	Analyze survey data and PE-Miami data to support non-CQM data needs of Integrated Plan, and disseminate to Partnership, JIPRT and other committees, as appropriate	Ongoing	Through February 2025	Ongoing



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

**Executive Committee
Calendar of Activities 2024**

Month	Budgets and Scope Review	Bylaws review	Fishbone Review	Other Items	Notes
January 31, 2024				x	HRSA site visit meeting
February 28, 2024	x			x	Officer training, 2024 planning
March 27, 2024		x	x	x	Officer training
April 24, 2024					as needed meeting
May 29, 2024		x	x	x	
June 26, 2024					as needed meeting
July 31, 2024		x	x	x	
August 28, 2024					as needed meeting
September 25, 2024		x	x	x	
October 30, 2024					as needed meeting
November 20, 2024		x		x	Discuss planning for 2025
December 18, 2024					as needed meeting

Additional Notes:

Budgets and Scope

Per the policy and procedures manual, the planning council budgets and scopes provided

Bylaws

Additional changes pending ordinance change; status needed

Additional changes maybe required; pending HRSA report

Changes needed, name change for Community Coalition Committee

Fishbone

Needs to be updated



BYLAWS

Effective January 17, 2023

The Miami-Dade HIV/AIDS Partnership, having been duly established by the Board of County Commissioners of Miami-Dade County, Florida by Ordinance No. 98-127 codified in Chapter 2, Article LXXX of the Code, hereby adopts these Bylaws for the purpose of establishing the basic rules by which it shall conduct its business and discharge its obligations



2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134



TABLE OF CONTENTS

MIAMI-DADE COUNTY HIV/AIDS PARTNERSHIP BYLAWS

ARTICLE 1. Description of the Miami-Dade HIV/AIDS Partnership..... 1

 SECTION 1.1. Name, Area of Service, Legal Location, Fiscal Year 1

 SECTION 1.2. Purpose and Duties 1

ARTICLE 2. Legal Compliance 3

 SECTION 2.1. Code of Ethics..... 3

 SECTION 2.2. Conflict of Interest 3

 SECTION 2.3. Government in the Sunshine 3

 SECTION 2.4. Grievances..... 4

ARTICLE 3. Miami-Dade HIV/AIDS Partnership Composition 4

 SECTION 3.1. The Partnership 4

 A. Composition 4

 B. Members 4

 C. Alternates 5

 D. Ex-officio Representatives..... 6

 SECTION 3.2. Standing Committees 6

 A. Composition 6

 B. Membership 6

 C. Standing Committees 6

 SECTION 3.3. Subcommittees 9

 A. Composition 9

 B. Membership 9

 C. Subcommittees 10

 SECTION 3.4. Workgroups..... 10

 A. Composition 10

 B. Membership 10

 SECTION 3.5. Dissolution 11

ARTICLE 4. Membership..... 11

 SECTION 4.1. The Partnership 11

 A. Applications, Nominations, and Requirements 11

 B. Term of Office (Partnership) 12

 C. Duties and Responsibilities (Partnership)..... 13

 D. Vacancies (Partnership) 14

 E. Removals (Partnership)..... 14

 SECTION 4.2. Standing Committees 16

 A. Applications, Nominations, and Requirements 16

 B. Term of Office (Standing Committees) 17

 C. Duties and Responsibilities (Standing Committees)..... 17

 D. Vacancies (Standing Committees)..... 18

E. Removals (Standing Committees)	18
SECTION 4.3. Subcommittees	20
A. Applications, Nominations, and Requirements	20
B. Term of Office (Subcommittees)	20
C. Duties and Responsibilities (Subcommittees)	21
D. Vacancies (Subcommittees)	22
E. Removals (Subcommittees)	22
SECTION 4.4. Workgroups.....	24
A. Applications, Nominations, and Requirements	24
B. Term of Office (Workgroups).....	24
C. Duties and Responsibilities (Workgroups)	25
D. Vacancies (Workgroups)	26
E. Removals (Workgroups).....	26
ARTICLE 5. Officers.....	27
SECTION 5.1. Officers	27
A. The Partnership	27
B. Standing Committees, Subcommittees, and Workgroups.....	28
SECTION 5.2. Officer Responsibilities	28
A. All Chairs	28
B. The Partnership Chair	28
C. The Vice-Chair.....	29
SECTION 5.3. Term of Office	29
SECTION 5.4. Nominations and Elections of Officers.....	29
A. Partnership	29
B. Standing Committees and Subcommittees.....	29
C. Workgroups.....	30
SECTION 5.5. Officer Removals and Vacancies	30
ARTICLE 6. Meetings.....	30
SECTION 6.1. Public Notice of Meetings	30
SECTION 6.2. Reasonable Opportunity to Be Heard	30
SECTION 6.3. Code of Conduct	31
SECTION 6.4. Quorum	32
ARTICLE 7. Staff Support	32
ARTICLE 8. Amendments.....	32
Addendum A.....	33
Miami-Dade HIV/AIDS Partnership	33
Grievance Procedures and Process	33
ARTICLE I: Preamble.....	33
ARTICLE II: Definitions	33
ARTICLE III: The Grievance Process	35
Requests for Grievances and Notice of Hearing.....	35

Types of Grievances Covered and Who May Bring a Grievance.....	36
Grievance Initiation and Preliminary Direct Meeting	36
Non-Binding Mediation	37
Informal Hearing.....	38
Binding Arbitration.....	41
ARTICLE IV: Sunshine Laws and Public Records Act	42
ARTICLE V: Amendments	42
EXHIBITS	43
Acknowledgement of Receipt of Grievance Procedures:	44
Addendum B.....	45
Code of Conduct.....	45
Miami-Dade HIV/AIDS Partnership	46
Code Of Conduct	46
Addendum C.....	49
Miami-Dade HIV/AIDS Partnership	49
Prevention Committee Policies and Procedures	49
A. FUNCTIONS	49
B. OFFICERS:	50
C. RECRUITMENT	51
D. MEMBERSHIP.....	52
E. VOTING.....	52
F. REMOVAL	53
G. GUESTS	53
H. PUBLIC COMMENT.....	53
I. CONFLICT OF INTEREST.....	54
J. MEETING TIME, DATE, and LOCATION	54
K. REIMBURSEMENT.....	54
L. AMENDMENT.....	54
Addendum D.....	55
General Terminology.....	55

ARTICLE 1. Description of the Miami-Dade HIV/AIDS Partnership

SECTION 1.1. Name, Area of Service, Legal Location, Fiscal Year

- A. Name: The name of the organization shall be the Miami-Dade HIV/AIDS Partnership (Partnership).
- B. Area of Service: The area served by the Partnership shall be Miami-Dade County, Florida. The legislative and governing body of Miami-Dade County (County) is the Board of County Commissioners which, under the Miami-Dade County Home Rule Charter, has the power to provide health programs for all of Miami-Dade County including all municipalities located within Miami-Dade County.
- C. Legal Location: The legal location for the Partnership shall be c/o Miami-Dade County, Office of Management and Budget, 111 N.W. 1st Street, 22nd Floor, Miami, Florida 33128.
- D. Fiscal Year: The fiscal year of the Partnership shall begin on March 1 of the current year and end on the last day of February of the year following.

SECTION 1.2. Purpose and Duties

- A. The purpose of the Miami-Dade HIV/AIDS Partnership is to enable the County and other governmental entities to apply for, receive, plan for, assess, and allocate financial assistance under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (hereinafter called the “Ryan White Program”), Healthy Communities 2010 Objectives, AIDS Housing Opportunity Act, and the Housing and Community Development Act of 1992, State of Florida General Revenue care and treatment allocations, and other HIV/AIDS related funding as it becomes available; and to advise the Miami-Dade County Board of County Commissioners, the Mayor and other governmental entities on HIV/AIDS related issues.
- B. The duties of the Partnership shall include, but not be limited to:
 - 1. Establishing methods for obtaining input on community needs and priorities, which may include public meetings, conducting focus groups, and convening workgroups.
 - 2. Developing and implementing a community-wide comprehensive plan for the organization and delivery of HIV-related health and supportive services that is compatible with State of Florida and county plans regarding the provision of health and supportive services to people with HIV.
 - 3. Establishing service priorities for the allocation of Ryan White Part A and Minority AIDS Initiative (MAI) funds within the County as provided by the Ryan White Program of 1990, Public Law 101-381, as such Act may be amended from time to time or superseded by a new law, including how best to meet each such priority and individual factor that the County should consider in allocating funds under Part A of the Ryan White Program. Service priorities and recommendations for funding allocations shall be based on the:
 - a. Documented needs of the population affected by HIV/AIDS within Miami-Dade County;

- b. Priorities of the communities affected by HIV/AIDS for whom the services are intended;
 - c. Cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are available; and
 - d. Availability of other governmental and non-governmental resources.
4. Making recommendations for other HIV/AIDS programs.
5. Serving in an advisory capacity to the Board of County Commissioners, City of Miami, Florida Department of Health-Office of HIV/AIDS (at the state and local levels), the respective County and City mayors, the U.S. Health Resources and Services Administration (HRSA) and other public and governmental entities with respect to all issues affecting or relating to persons at risk of contracting or living with HIV/AIDS.
6. Participating in the development of the Statewide Coordinated Statement of Need initiated by the State of Florida's public health agency responsible for administering grants under the Ryan White Program.
7. Establishing mechanisms for addressing grievances with respect to Part A funding and any other matter deemed appropriate by the Partnership, including but not limited to procedures for submitting grievances for Part A allocations that cannot be resolved by binding arbitration as required by the Ryan White Program. Grievance procedures developed by the Partnership shall be submitted for review and approval to the appropriate federal agency. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference. These procedures shall become the sole dispute resolution mechanism and shall take precedence over all other County dispute resolution mechanisms including, but not limited to, the County bid protest procedures.
8. Assessing the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the County and, at the discretion of the Partnership, assessing the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.
9. Adhering to the national initiatives for care and treatment and prevention of HIV/AIDS.
10. Adhering to all applicable nondiscrimination laws and regulations. Consistent with the policies of the Miami-Dade Board of County Commission, as set forth in Chapter 11-A of the Code, the Partnership shall not discriminate against any person on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, gender identity or gender expression, status as a victim of domestic violence, dating violence or stalking, or source of income. The Partnership shall also adhere to all other federal, state and local civil rights laws and regulations.
11. Performing any other duties conferred to the Partnership by the Code and/or required by funding sources for Partnership programs.

ARTICLE 2. Legal Compliance

SECTION 2.1. Code of Ethics

- A. All members of the Partnership, standing committees, subcommittees, and workgroups (collectively referred to as “members”) shall comply with all applicable federal, state and County Code of Ethics governing financial interest, ownership or other business disclosure and conflict of interest rules, including those which pertain specifically to the Ryan White Program and except those which are specifically excluded by the Ordinance creating the Miami-Dade HIV/AIDS Partnership or opinions rendered by the Miami-Dade Commission of Ethics and Public Trust.

SECTION 2.2. Conflict of Interest

- A. Members shall abide by the state, county, and federal laws, Florida Statutes and the Code regarding conflicts of interest, except that Section 2-11.1 (c) and (d) of the Conflict of Interest and Code of Ethics Ordinance of the County are waived for members transactions arising from the exercise of those powers given the members by the Ryan White Program. Notwithstanding this, members are governed by all other sections of the Conflict of Interest and Code of Ethics ordinance.
- B. Members may vote on funding recommendations that affect a specific category of service that includes themselves or their organization, but under federal law, they may not vote on any funding recommendation that will specifically and directly benefit their organization if they are the sole provider of that service, and the funding recommendation does not designate amounts or percentages among the various providers in a particular service category..
- C. Pursuant to Miami-Dade Commission on Ethics and Public Trust Opinion Nos. 02-43 and 05-50, all members in specific service categories are prohibited from voting for funds in their specific service category if they are the sole subrecipient in that category.
- D. Members with a conflict of interest must recuse themselves from discussion and voting on any subject matter pertaining to the allocation of funds for a service category where the member has a conflict of interest.

SECTION 2.3. Government in the Sunshine

- A. Meetings: All meetings must be held in accordance with Florida’s Government in the Sunshine Law, chapter 286, Florida Statutes, which prohibit discussion outside a properly noticed meeting between two or more members of the same board regarding any matter of business that may possibly come before the body for action (see 2.3.B, Members, below).
- B. Members: All members of the Partnership and its standing committees, subcommittees, or workgroups must comply with Florida’s Government in the Sunshine Law. This prohibition extends to all methods of communications between the parties, including but not limited to written communications, or communications via telephone, social media, texting or emailing. If a member is in doubt of the legal responsibilities under the Florida Sunshine law, s/he should consult directly with the County Attorney’s Office.

SECTION 2.4. Grievances

- A. The Partnership is required by the Ryan White Program to establish grievance procedures for addressing grievances with respect to funding. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference.

ARTICLE 3. Miami-Dade HIV/AIDS Partnership Composition

SECTION 3.1. The Partnership

A. Composition

1. The Partnership shall be composed of thirty-nine (39) voting members appointed by the Mayor;
2. Thirty-three percent (33%) of members must be HIV positive;
3. No organization shall have more than one representative or employee as a member, except as mandated by the legal requirements of Partnership programs; and
4. No more than fifteen (15) individuals shall be appointed who personally provide, who represent entities that provide, or who otherwise possess a financial relationship with entities that provide HIV related services funded by Partnership programs.
5. Pursuant to Section 2-1101(g) of the Code, the Partnership shall reflect in its composition the demographics of the epidemic in Miami-Dade County, with particular consideration given to disproportionately affected and historically underserved groups, subpopulations, and geographic areas in Miami-Dade County.
 - a. Composition of the Partnership, including committee and subcommittee membership, shall strive to assure the following:
 - (i) **Parity**, with each member having equal opportunity for input and participation as well as equal voice in voting and other decision making activities;
 - (ii) **Inclusiveness**, that all affected communities are represented and involved in a meaningful manner in the community planning process;
 - (iii) **Representation**, that members who represent a specific community truly reflect that community's values, norms and behaviors.
 - b. The requirements set forth in subsection a, above, shall not apply to workgroups established by the Partnership.

B. Members

The Partnership shall include thirty-nine (39) members:

1. Fifteen (15) member representatives of affected communities, including thirteen (13) persons living with HIV/AIDS, who are not affiliated or employed by a Part A funded subrecipient and are recipients of Part A services, and historically underserved groups and

subpopulations that reflect the demographics of the population within the eligible metropolitan area;

2. One (1) health care organization representing a Federally Qualified Health Center;
3. One (1) Community Based AIDS Service Organization representative;
4. Two (2) housing, homeless or social service organizations;
5. One (1) mental health organization;
6. One (1) substance abuse organization;
7. One (1) HIV prevention service organization;
8. One (1) representative of a hospital or health care planning agency;
9. One (1) Ryan White Program Part A local Recipient representative;
10. One (1) state government Ryan White Program Part B grantee representative;
11. One (1) representative from agencies receiving grants under Ryan White Part C;
12. One (1) representative from agencies receiving grants under Ryan White Part D, or from organizations with a history of providing services to children, youth, and families, if funded locally;
13. One (1) State of Florida General Revenue grantee representative;
14. Four (4) grantee representatives of other federal HIV programs including, but not limited to, Centers for Disease Control and Prevention (CDC), HOPWA, Ryan White Part F, and Substance Abuse and Mental Health Services Administration (SAMHSA), if funded locally;
15. One (1) state government/Medicaid Agency representative;
16. One (1) local public health agency representative from the Florida Department of Health in Miami-Dade County;
17. One (1) Miami-Dade County Public Schools representative;
18. One (1) non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs;
19. One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of release, or a representative of HIV positive incarcerated persons;
20. One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community; and
21. One (1) representative co-infected with hepatitis B or C from the affected community.

C. Alternates

1. The Partnership shall include as alternates three (3) representatives of the affected community who are not affiliated or employed by a Part A funded subrecipient, and are recipients of Part A services.

2. Alternate members shall be appointed by the Mayor.
3. Alternate members may be assigned as voting members of committees, but are non-voting members of the full Partnership except when a voting member is unable to serve, at which time an alternate member designated by the Chair shall serve as voting member for the full Partnership and the Partnership's committees.

D. Ex-officio Representatives

1. The Partnership shall include two (2) ex-officio representatives:
 - a. One (1) ex-officio representative from the Office of the Miami-Dade County Mayor; and
 - b. One (1) ex-officio representative from the Board of County Commissioners.

SECTION 3.2. Standing Committees

A. Composition

1. The Partnership shall have standing committees.
2. The purpose of standing committees is to serve in an advisory capacity to the members of the Partnership.
3. Standing committees do not have the authority to bind the Partnership or the County. Accordingly, standing committees may only make recommendations and suggest motions that the Partnership and other standing committees, where applicable, may consider.

B. Membership

1. Each standing committee shall have a maximum of 16 members, except for the Prevention Committee which shall have a maximum of 24 members, and the Executive Committee which shall have a maximum of 12 members.
2. Pursuant to Section 2-1103 of the Code, the size and membership composition of the standing committees shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Pursuant to Section 2-1103 of the Code, each standing committee shall strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of standing committees must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each standing committee shall consist of one-third (1/3) plus one (1) of the current voting members.

C. Standing Committees

1. Executive Committee

The Executive Committee shall:

- a. Be comprised of the Chair and Vice-Chair of the Partnership and the Chair and Vice-Chair of each standing committee;
- b. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;
- c. Act on behalf of the Partnership in the event of any emergency that does not permit holding a regular meeting or calling a special meeting of the Partnership;
- d. Establish rules of conduct for all Partnership and committee meetings;
- e. Act as a steering committee, delegating Partnership and standing committee responsibilities in order to ensure coordination and prevent duplication of activities;
- f. Evaluate the work of the contracted Staff Support subrecipient with all standing committees, subcommittees, and work groups, reviewing the Staff Support subrecipient's budget in light of contractual obligations, federal mandates, and emergent Partnership needs;
- g. Review proposed changes to Partnership Bylaws and make recommendations to the Partnership, as needed; and
- h. Review grievances that arise from the Partnership or the community regarding whether the Partnership follows its policies and procedures. Such complaints shall be thoroughly reviewed and presented to the full Partnership for its consideration.

2. Care and Treatment Committee

The Care and Treatment Committee shall:

- a. Meet monthly, including multiple dates during the Annual Needs Assessment, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Develop and implement all care and treatment planning;
- c. Conduct an annual comprehensive needs assessment;
- d. Establish or revise Ryan White Part A service priorities and complete the priority setting and resource allocation processes for each fiscal year;
- e. Make recommendations to the Partnership on service priorities and use of other funds to target the areas of greatest need; and
- f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's (FCPN) Patient Care Planning Group (PCPG). At least one (1) member selected for the planning group shall be a Partnership member.

3. Community Coalition Committee

The Community Coalition Committee shall:

- a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Committee Reports to the Executive Committee
Presented February 28, 2024

The report is being presented for review and ratification to the Executive Committee since the Miami-Dade HIV/Partnership could not make quorum to hold the February 20, 2024 meeting and these items are time-sensitive. The remaining motions will be addressed by the Miami-Dade HIV/AIDS Partnership at the March 18, 2024, meeting.

CARE AND TREATMENT COMMITTEE – JANUARY 11, 2024 AND FEBRUARY 8, 2024

3 MOTIONS

<i>Attachment 1</i>		
Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services		
#	Motion	Details
1	Motion to accept the changes to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services as discussed.	Care and Treatment Committee and Medical Care Subcommittee reviewed and made changes to the letter and made some suggested changes to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services including revising formatting.
<i>Attachment 2</i>		
Service Standards		
#	Motion	Details
2	Motion to adopt PCN 16-02 service standards retroactively for YR 2023 and for YR 2024 with local restrictions.	HRSA has requested that the planning council have service standards for all service categories regardless of whether or not the services are funded.
3	Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2023 and FY 2024 as presented.	While the PCN 16-02 (with local restrictions) was used in the past, a formal motion was not made for FY 2023 or FY 2024. The Committee then made a motion adopting the Miami-Dade Ryan White Program Service Standards Excerpts document for FY 2023 and FY 2024.

**This letter is required for additional Food Bank occurrences beyond
the annual twenty (20) occurrences (visits)
To be completed by licensed medical prescriber or registered dietitian* or licensed
nutritionist* (*not associated with Part A food bank provider)**

Client's Full Name: _____

Licensed Medical Prescriber attestation:

As prescriber for this client, it is my professional opinion that they require an extension of food bank services.

Licensed Medical Prescriber Signature and Date

Printed Name of Licensed Medical Prescriber

License # (MD, DO, PAs, APRN)

OR

Registered dietitian or licensed nutritionist attestation:

As the nutritional professional who has completed an assessment for this client, it is my professional opinion that they require an extension of food bank services.

Registered Dietitian or Licensed Nutritionist Signature and Date

**Printed Name of Registered Dietician or
Licensed Nutritionist**

**Registered Dietitian or Licensed
Nutritionist License #**

Number of Additional Occurrences Requested (**maximum sixteen (16)** additional occurrences within the current Ryan White Part A fiscal year): which will assistance with maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving

The client has the following **severe** change of status (check all that apply):

- New HIV-related diagnosis/symptom (please describe) e.g., OI, AIDs diagnosis, etc. _____
- Wasting Syndrome
- Protein imbalance

- Recent chemotherapy
- Recent hospitalization
- Other medical reasons: _____

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

REVISED: TBA

Note: items in *red* show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2023 and FY 2024

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

RWHAP Core Medical Services (*funded in Miami-Dade)

AIDS Drug Assistance Program Treatments

AIDS Pharmaceutical Assistance*

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services*

Medical Nutrition Therapy

Mental Health Services*

Oral Health Care*

Outpatient/Ambulatory Health Services*

Substance Abuse Outpatient Care*

RWHAP Support Services

Child Care Services

Emergency Financial Assistance*

Food Bank*/Home Delivered Meals

Health Education/Risk Reduction

Housing

Linguistic Services

Medical Transportation*

Non-Medical Case Management Services

Other Professional Services*(Legal Services and Permanency Planning)

Outreach Services*

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.⁵ HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

⁵ <https://aidsinfo.nih.gov/guidelines>

Program Guidance:

HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

AIDS Pharmaceutical Assistance*Description:*

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP advisory board
 - A drug formulary that is
 - Approved by the local advisory committee/board, and
 - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
 - A drug distribution system
 - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state's HRSA RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. **LOCAL RESTRICTION ON HEALTH INSURANCE: Standalone dental insurance is not included.** The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral

- health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Program Guidance:

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services

- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care

Description:

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services

Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services

Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Oral Health Care

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. **LOCAL RESTRICTION ON URGENT CARE: Per decisions made by the local planning council, the Ryan White Program in Miami-Dade does not include Urgent Care services at all under Outpatient/Ambulatory Health Services.**

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

RWHAP Legislation: Support Services**Child Care Services***Description:*

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance*Description:*

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. **LOCAL RESTRICTION ON EMERGENCY FINANCIAL ASSISTANCE: This service is restricted to prescription drugs.**

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

Housing

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,⁶ although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Legal Services

See Other Professional Services

Linguistic Services

Description:

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation

Description:

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services

⁶ See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and

personal support systems

Program Guidance:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. **LOCAL RESTRICTION ON INCOME TAX PREPARATION: The Miami-Dade Ryan White Program should not include income tax preparation as a component because there are other local sources for this service, e.g. the United Way Center for Financial Stability's Volunteer Income Tax Assistance program.**

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See [45 CFR § 75.459](#)

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Permanency Planning

See Other Professional Services

Psychosocial Support Services

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respice support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

Rehabilitation Services

Description:

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Respite Care*Description:*

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

Substance Abuse Services (residential)*Description:*

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

DRAFT



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

MOTIONS



Brainstorm

Through the discussion of items a motion may be brought before a body.

STEP 1

Introduction

A member of the body will raise their hand, be acknowledged by the chair, and move a motion.



STEP 2



Second

Another member of the body raises their hand, is acknowledged by the chair, and indicates they second the motion.

STEP 3

Discussion

While discussion sometimes takes place before a motion this is not always the case. Discussion must be called to ensure everyone is heard.



STEP 4

Vote

The chair will call upon the body to indicate who supports the motion by raising their hand.
Yes, in favor of a motion.

The chair will call upon the body to indicate who opposes the motion by raising their hand.
No, against a motion.

Motion passed.

Motion failed.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.



Executive Committee

Wednesday, February 28, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste.240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|-------------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 30, 2024 | All |
| VII. | Reports | |
| | • Vacancies/Membership Updates | Marlen Meizoso |
| | • Updates on Membership Surveys | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Planning Council Support Budget and Scope | All |
| | • Meeting Dates and Planning for 2024 | All |
| IX. | New Business | |
| | ▪ Committee Reports to Executive (time-sensitive) | |
| | ○ Care and Treatment (2 motions) | Dr. Mary Jo Trepka |
| | • Officer Training-Making Motions | All |
| X. | Announcements and Open Discussions | All |
| XI. | Next Meeting: March 27, 2024 at Behavioral Science Research | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.