

## **DRAFT Section II: Community Engagement and Planning Process**

### **MISSING STAKEHOLDERS**

#### **Required**

Person with HIV and a member of a Federally recognized Indian tribe  
Person with HIV and hepatitis B or C

#### **Not Required**

CDC-funded local education agency or academic institution  
State or local law enforcement and/or correctional facility  
Local academic institution  
Faith community leader  
Social scientist  
Local business owner

### **CAPTURED IN SURVEY**

#### **Required**

Florida Department of Health in Miami-Dade County  
Ryan White Program Part C or Part D provider  
Community health care center, including FQHCs  
Housing and/or homeless services provider  
Social services provider  
Persons with HIV

#### **Not Required**

Sexually transmitted disease (STD) clinic and/or STD program  
Local, regional, or school-based clinic or healthcare facility  
HIV clinical care provider  
Pharmaceutical company  
Clinician or other medical provider  
Behavioral scientist  
Epidemiologist  
Intervention specialist  
Business or labor representative  
Community advisory board member

### **REPRESENTED THROUGH THE PARTNERSHIP**

#### **Required**

Hospital planning or health care planning agency  
Mental health provider  
Substance use treatment provider  
Non-elected community leader

#### **Not Required**

Epidemiologist  
Medicaid/Medicare  
Person with HIV who was previously incarcerated (within the last three years)

## **II.i. Jurisdiction Planning Process**

Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description

### **II.i (a) Entities involved in process**

*List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See Appendix 3 for list of required and suggested stakeholders*

The Integrated Plan planning team consisted of staff from (1) the Ryan White HIV/AIDS Program (RWHAP) Part A/MAI Recipient (Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program); (2) the Florida Department of Health in Miami-Dade County (FDOH-MDC); and (3) the RWHAP planning council (Partnership)'s administrative and planning support subrecipient, Behavioral Science Research Corporation (BSR). This core group determined the timeline for completion of each section, organized community engagement activities, and presented data and drafts to the Partnership.

Development and review of draft sections of the Integrated Plan took place from January through August 2022, at monthly joint meetings of the Partnership's *Prevention Committee* (spearheaded by the FDOH-MDC) and *Strategic Planning Committee*, working as the Joint Integrated Plan Review Team (JIPRT). Other Partnership committees were involved in gathering feedback from community members and stakeholders and in development of potential areas of activity for the Integrated Plan. In accord with Florida's Government in the Sunshine meeting requirements, all meetings were broadly advertised, open to the public with in-person or virtual (Zoom) attendance options and were memorialized with written minutes.

Community engagement activities were scheduled to reach a broad range of community stakeholders and to gather information from persons both inside and outside the Partnership, the FDOH-MDC and the RWHAP services system. See II.i (c), below, for a complete list of community engagement activities.

### **II.i (b) Role of the RWHAP Part A Planning Council**

*Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.*

*Note: Some of the activities noted are still pending at the time of this draft.*

As noted above, the JIPRT was the primary group that reviewed Integrated Plan drafts and provided feedback and edits. Meeting monthly between January and August, 2022, JIPRT members were presented with sections of the Plan for review and feedback. Revised sections were then brought back to the JIPRT for review until all members agreed upon the final versions to present to the Partnership. On [date], the JIPRT voted on the complete Plan and presented its recommendation to the Partnership on [date]. Throughout the process, all documents were posted for review on the Partnership's website, [www.aidsnet.org](http://www.aidsnet.org), and were accessible to any Partnership or committee/subcommittee member, the FDOH-MDC, stakeholders, and the general public.

### **II.i (c) Role of Planning Bodies and Other Entities**

*Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.*

***Note: Some of the activities noted are still pending at the time of this draft.***

In Miami-Dade County, prevention and care activities are overseen by two separate bodies (as outlined above): the FDOH-MDC (concentrating on prevention and testing) and the RWHAP (concentrating on care and treatment). Linkage activities (including the Test and Treat/Rapid Access programs) are joint FDOH-MDC/RWHAP activities, and both entities have active programs under Ending the HIV Epidemic. For over 15 years, the FDOH-MDC and RWHAP have worked cooperatively in providing seamless continuity of care for people with HIV in Miami-Dade County, collaborating through the Partnership Prevention and Strategic Planning Committees (as outlined above) and collaborating on the development and implementation of the 2017-2021 Miami-Dade Integrated Plan, the Getting to Zero initiative, planning for the implementation of EHE, and working together on the 2022-2027 Integrated Plan, including scheduling and coordination of efforts, data collection, goals and activities development, and final draft submission to the Partnership. The Partnership, the JIPRT and all key committees include voting members representing both the RWHAP and FDOH-MDC, and all deliberations of the JIPRT and the planning council are recorded in the approved minutes of each meeting.

The EHE goals and activities of the FDOH-MDC and the RWHAP have been combined with Integrated Plan goals and activities, with the funding source and responsible entities noted. This integration is designed to build on the strength of existing EHE initiatives and activities, avoid duplication of efforts, and promote a more cohesive and collaborative approach to prevention and care planning.

In coordination with FDOH-MDC and the RWHAP, the Partnership staff facilitated fifteen (15) listening sessions covering each of the four National HIV/AIDS Strategy (NHAS) goals and probing attendees to think “outside the box” on what the responsibilities of the community were for HIV prevention and care. These listening sessions, targeted to specific HIV consumer groups in the Miami-Dade community, assessed what is working well, what needs to be improved, and what new and innovative solutions should be considered. The following groups were included:

- Input from six FDOH-MDC Workgroups:
  - Black Treatment Advocates Network-Miami Chapter (two meetings);
  - Hispanic Initiative (Iniciativa Hispana) (two meetings);
  - Pre-Exposure Prophylaxis (PrEP) Workgroup (two meetings);
  - Transgender Tenacity Power;
  - Youth Health Workgroup; and
  - The Miami Collaborative MSM Workgroup.
  
- Input from three RWHAP Client Focus Groups:
  - Clients over 55 years of age;
  - Clients under 55 years of age; and
  - Haitian clients (conducted in Haitian Creole).
  
- Input from two Non-RWHAP Focus Groups:
  - Positive People Network, Inc. (local advocacy group); and
  - Pridelines Gay Men’s Hispanic Support Group (local LGBTQ center).

- Input from the Partnership’s Community Coalition Roundtable – Partnership committee comprised primarily of persons with HIV, both inside and outside the RWHAP care system, including persons with HIV and peer educators.

The Partnership conducted a general self-administered Integrated Plan survey, with open-ended questions on each of the four NHAS goals, from February through April 2022. Survey input was collected from the following stakeholders:

- Florida Department of Health in Miami-Dade County;
- Ryan White Program Part C or Part D provider;
- Community health care center, including FQHCs;
- Housing and/or homeless services provider;
- Social services provider;
- Persons with HIV;
- Sexually transmitted disease (STD) clinic and/or STD program;
- Local, regional, or school-based clinic or healthcare facility;
- HIV clinical care provider;
- Pharmaceutical company;
- Clinician or other medical provider;
- Behavioral scientist;
- An academic epidemiologist;
- Intervention specialist;
- Business or labor representative; and
- Community advisory board member.

At the end of the survey as well as at the conclusion of each of the listening sessions, participants were encouraged to continue to the development of the Plan in meetings of the JIPRT and all planning council activities.

A detailed report of prevention workgroups, focus groups, other support groups and committees, and the online survey was compiled and used in development of the goals and activities.

As a community input adjuvant to the data collection process, the Partnership convened an ***Integrated Plan Stakeholder’s Council***, an informal group of stakeholders, subject matter experts and community members who were asked to weigh in on the concerns and insights shared in the surveys and listening sessions, review potential actions to be taken by the Integrated Plan, and share insights for implementation (see II.1(g), below).

#### **II.i (d) Collaboration with RWHAP Parts – SCSN requirement**

*Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.*

***Note: The mechanism for addressing this in the Stakeholder’s Council and the participation of Parts A-D and F through the Partnership will be developed in May.***

#### **II.i (e) Engagement of people with HIV – SCSN requirement**

*Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.*

People with HIV were included in all stages of planning, primarily through the Partnership and the listening sessions, noted above, and the Integrated Plan Stakeholder’s Council, outlined below. As planning council members and meeting guests, people with HIV contributed at all meetings and listening sessions. Members are expected to continue to participate in all ongoing facets of Plan implementation, monitoring, evaluation, and improvement. The planning council advertises open meetings through a large listserv (more than 2,000 members), calendars posted on the planning council and County websites, and through social media outlets. People with HIV and community stakeholders are encouraged to join meetings as voting members or as contributing guests. Persons can attend meetings in-person or via Zoom.

#### **II.i (f) Priorities**

*List key priorities that arose out of the planning and community engagement process.*

**[Note: This section to be presented at the May 9, 2022 meeting]**

#### **II.i (g) Updates to Other Strategic Plans Used to Meet Requirements**

*If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust priorities; 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders; 3. Any changes to the plan as a result of updates assessments and community input; 4. Any changes made to the planning process as a result of evaluating the planning process.*

1. **[This section to be completed following Annual Needs Assessment]**

2. People with HIV and community stakeholders participated as members of the Partnership and its committees, the JIPRT and a special Integrated Plan Stakeholder’s Council convened in May and June 2022 as subject matter experts and advocates to review the Integrated Plan and make recommendations concerning goals, objectives, measurements, and monitoring. The Stakeholder’s Council met in July, September, and October 2022 via Zoom to review and refine these Integrated Plan details. The key stakeholders listed below are voting members of the JIPRT and Miami-Dade HIV/AIDS Partnership, and/or serve on the Stakeholder’s Council:

- Persons with HIV, both RWP and non-RWP clients;
- Florida Department of Health representatives;
- RWHAP Parts A, B, C, D and F representatives;
- State of Florida General Revenue representative;
- Academic researchers from Florida International University and the University of Miami;
- Program evaluators from local consulting organizations
- Prevention providers;
- LGBTQ+ and HIV advocates;
- Advocates for victims of abuse;
- Evaluators and administrators of mental health service providers;
- Local hospital representatives; and

- RWP subrecipients providing:
  - medical case management,
  - outpatient ambulatory health care,
  - oral health care,
  - mental health services,
  - substance use treatment, and
  - health insurance premium assistance.
- 3. ***[This section to be completed following the May 9 goals and activities development]***
- 4. ***[This section to be completed following the May 9 goals and activities development]***