



Thank you for joining today's
**Joint Integrated Plan
Review Team Meeting**

Zoom Attendees!

Please chat your name to have your attendance recorded.

In-Person Attendees!

Please sign in to have your attendance recorded.

Reference documents for today's meeting are on
online at <http://aidsnet.org/meeting-documents/>





Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130 & via Zoom

AGENDA

- | | |
|---|------------------------|
| I. Call to Order | Abril Sarmiento |
| II. Introductions (In-Person Attendees) | In-Person Attendees |
| III. Roll Call (Zoom Attendees) | Staff |
| IV. Housekeeping | David Goldberg |
| V. Floor Open to the Public | Dr. Diana Sheehan |
| VI. Review/Approve Agenda | All |
| VII. Review/Approve Minutes of February 14, 2022 | All |
| VIII. Standing Business | |
| ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| ▪ Prevention Committee (PVC) Action Items | PVC Members |
| - New Members | |
| - Vice Chair Elections | |
| ▪ Strategic Planning Committee (SPC) Action Items | SPC Members |
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| □ Setting Thresholds | |
| □ Developing SMART Goals | |
| - Next Steps | |
| IX. New Business | |
| X. Announcements | All |
| XI. Next Meeting: Joint Integrated Plan Review Team – April 11, 2022
Miami-Dade County Main Library and via Zoom | David Goldberg |
| XII. Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
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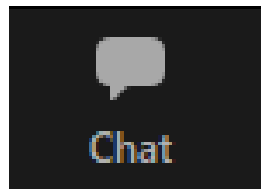
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Partnership Meeting Housekeeping

Hybrid Meetings

In-Person at MDC Library and via Zoom

Updated March 14, 2022

Disclaimer & Code of Conduct

- This meeting – including audio, Zoom video and Chat Box input – 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.

Resource Persons

- Behavioral Science Research Corp. staff are the Resource Persons for this meeting.
 - ❖ *Will BSR staff please identify themselves?*
 - ❖ *Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.*

General Reminders – In Person Attendees

- Per County mandate, masks are no longer required to be worn in County buildings. If you wish to wear a mask, staff can provide one.
- Place cell phones on mute or vibrate.
 - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Only voting members and applicants should be seated at the meeting table.
 - ❖ *You may move your chair if concerned about social distancing.*
- See the front desk attendee to have your parking validated or see Staff after the meeting for a parking sticker (available to members of the affected community).

Tips for Best Sound Quality – In Person Attendees

- Identify yourself by name before speaking.
- Use a microphone and hold it as close to your mouth as possible.
- If you are giving a report or presentation, please stand at the podium and speak into the podium microphone.

General Reminders – Zoom Attendees

- **Members are required to be on camera for the entire meeting.**
- Please remain on mute until called on by the Chair.
- Place cell phones on mute and turn off external devices (TVs, radios)
- Use the Chat Box to:
 - Record your name for the Roll Call
 - Make or second a motion (members only)
 - Vote in opposition to a motion (members only)
 - Ask a question
 - Ask to be recognized by the Chair to speak
- Chat is seen only by the moderator.

Attendance

- All members are expected to arrive on time and remain throughout the entire meeting.
 - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*
- In-Person Attendees must **SIGN IN** to be counted as present.
- Zoom Attendees must **CHAT YOUR NAME** to be counted as present.

Meeting Participation

- All speakers must be recognized by the Chair.
 - ❖ *Raise your hand or chat to be recognized or added to the queue.*
 - ❖ *The Chair will call on speakers in order of 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.

- Important!
 - *Please raise your hand or chat if you need clarification about any terminology or acronyms used throughout the meeting.*

Resources

- Today's presentation and supporting documents are online at <http://aidsnet.org/meeting-documents/>.



- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!



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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.”



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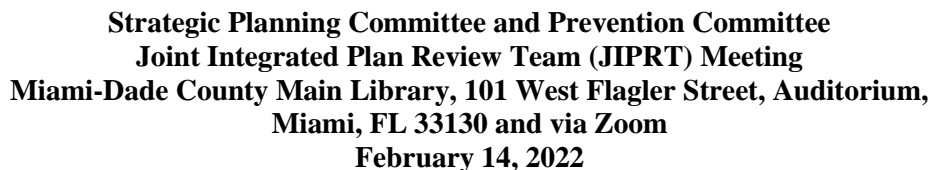
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I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:16 a.m.

II. Introductions (In-person attendees)

Members, guests, and staff attending in person introduced themselves.

III. Roll Call (Zoom attendees)

Staff read the names of members and guests participating via Zoom. Guests were asked to send a chat message to have their attendance recorded.

IV. Housekeeping

Ms. Sarmiento presented the PowerPoint, *Partnership Meeting Housekeeping – Hybrid Meetings*, including code of conduct, resource persons, and attendance. Members and guests were reminded that this meeting – including video, audio, and chat box input – is being recorded and will become part of the public record. Members attending via Zoom were reminded of the requirement to be on camera.

V. Floor Open to the Public

Ms. Sarmiento 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.”

There were no comments; the floor was then closed.

VI. Review/Approve Agenda

Members reviewed the agenda; there were no changes

Motion to approve the agenda as presented.

Moved: Dr. Diana Sheehan

Seconded: David Goldberg

Motion: Passed

VII. Review/Approve Minutes of December 10, 2021

Minutes of December 10, 2021 were posted for review and shown on the screen at the meeting; there were no changes or corrections.

Motion to approve the minutes of the December 10, 2021 as presented.

Moved: Dr. Diana Sheehan

Seconded: Angela Mooss

Motion: Passed

VIII. Standing Business

- Ryan White Program Part A/MAI Recipient Report

Carla Valle-Schwenk

Carla Valle-Schwenk, Office of Management and Budget – Miami-Dade County (OMB), reported on Ryan White Part A/Minority AIDS Initiative (MAI) Program (RWP) updates:

- The Ryan White Program Fiscal Year ends on February 28, 2022.
- The County is processing final invoices and sending notifications to subrecipients on year end reporting needs.
- The Health Resources and Services Administration (HRSA) noted that in consideration of changes to service delivery because of COVID-19, there will be no penalties for underspending.

- Prevention Committee (PVC) Action Items

PVC Members

- New Members

The new member applicant was not present at the meeting; the item was tabled.

- Officer Elections

Ms. Sarmiento is the designated Chair. Francesco Duberli has served two years as Vice Chair. There were no nominees for Vice Chair; the item was tabled.

- Strategic Planning Committee (SPC) Action Items

SPC Members

- New Members

The new member applicant was not present at the meeting; the item was tabled.

- Officer Elections

Giselle Gallo has served as Chair for two years. Current Vice Chair, David Goldberg, was nominated to serve as Chair, and Dr. Diana Sheehan was nominated for Vice Chair.

Motion to elect David Goldberg as Strategic Planning Committee Chair and Dr. Diana Sheehan as Strategic Planning Committee Vice Chair.

Moved: Roselaine Monestime

Seconded: Dr. Diana Sheehan

Motion: Passed

Members welcomed Mr. Goldberg, Dr. Sheehan, and Ms. Sarmiento as 2022 officers, with thanks to outgoing officers Giselle Gallo and Francesco Duberli.

IX. New Business

- 2022-2026 Integrated HIV Prevention and Care Plan

- Review of Section I: Executive Summary

Members reviewed the first draft of Section I: Executive Summary. The summary details the expected strategies for community input, documents, data sets, and responsible parties. Staff noted the summary is likely to change but will serve as a guide for Plan completion.

Members agreed the summary is text heavy and that some of the information could be converted to an infographic or chart for better impact. Staff will bring updates back to the committee.

- Report on Community Engagement

Staff presented the Survey Monkey survey mechanism which solicits input on the main goals of the Plan. Members agreed the survey should be updated to include samples of current goals and activities as a guide to what sort of responses would be most helpful. Also, each goal should be listed as its own question. Staff will update the survey and send the link to members for review prior to promoting to the listserv on February 18, 2022.

Members reviewed the feedback from the Community Coalition Roundtable. Since the feedback was collected in July and August, 2021, members asked the item to be brought back to the Coalition to ensure these are still current issues and can be incorporated into the Plan. Staff will bring results back the committees at a later meeting.

I. Announcements

There were no announcements.

II. Next Meetings

Mr. Goldberg announced the committees will meet jointly on March 14, 2022 at the Miami-Dade County Main Library and via Zoom.

III. Adjournment

Ms. Sarmiento adjourned the meeting at 11:05 a.m.



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RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution # R-1192-20 AND R-246-20

This report includes YTD paid reimbursements for FY 2021 Part A service months up to January 2022, as of 3/4/2022. This report reflects reimbursement requests that were due by 2/20/2022 and have been paid thus far. Pending Part A reimbursement requests that have been received and are in process total \$2,327,724.77.

PROJECT: BU033101	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	Award - W/out CO \$23,829,409.00
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Total Award	\$ 24,538,665.00		

Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	8,647,718.00	
9	AIDS Pharmaceutical Assistance	83,595.00	
4	Oral Health Care	3,108,975.00	
6	Health Insurance Services	442,447.00	
3	Mental Health Therapy/Counseling	150,504.00	
1	Medical Case Management	5,921,877.00	
7	Substance Abuse - Outpatient	44,128.00	18,399,244.00
	Support Services	Allocations	
5	Food Bank	1,385,995.00	
13	Other Professional Services	154,449.00	
10	Medical Transportation	150,688.00	
11	Outreach Services	172,280.00	
8	Substance Abuse - Residential	1,289,469.00	
12	Emergency Financial Assistance	0.00	3,152,881.00
	DIRECT SERVICES TOTAL:	\$ 21,552,125.00	

Total Core Allocation	18,399,244.00
Target at least 80% core service allocation	17,241,700.00
Current Difference (Short) / Over	\$ 1,157,544.00
Recipient Admin. (OMB-GC, PC, GTL)	\$ 2,382,940.00
Quality Management	\$ 603,600.00
(+) Unobligated Funds / (-) Over Obligated:	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ - 2,986,540.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	85.37%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.46%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	9.71%	Within Limit

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	Core Medical Services	Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	5,787,891.85	
5492120000	AIDS Pharmaceutical Assistance	3,661.56	
5216100000	Oral Health Care	2,033,469.80	
5223550000	Health Insurance Services	211,506.98	
5114040000	Mental Health Therapy/Counseling	53,576.25	
5211100000	Medical Case Management	4,108,163.60	
5216120000	Substance Abuse - Outpatient	984.00	12,199,254.04
	Support Services	Expenditures	Carryover Expenditures
5492250000	Food Bank	529,484.80	649,231.60 1,178,716.40
5212100000	Other Professional Services	91,080.00	
5602400000	Medical Transportation	76,320.61	
5224700000	Outreach Services	46,583.19	
5224130000	Substance Abuse - Residential	802,410.00	
5224300000	Emergency Financial Assistance	0.00	2,195,110.20
	TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 14,394,364.24	66.79%

Formula Expenditure %	53.35%	
Recipient Administration	1,551,175.66	
Quality Management	550,000.00	2,101,175.66
Grant Unexpended Balance	8,043,125.10	
Total Grant Expenditures & %	\$ 16,495,539.90	67.22%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	88.75%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.31%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	6.51%	Within Limit

RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution # R-1192-20 AND R-246-20

This report includes YTD paid reimbursements for FY 2021 MAI service months up to January 2022, as of 3/4/2022. This report reflects reimbursement requests that were due by 2/20/2022 and have been paid thus far. Pending MAI reimbursement requests that have been received and are in process total \$71,389.50.

PROJECT: BU033102	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,603,486.00	MAI
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER
Total Award	\$ 2,701,483.00	

Priority Ranking #	MAI CONTRACT ALLOCATIONS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	
	AIDS Pharmaceutical Assistance		
	Oral Health Care		
	Health Insurance Services		
3	Mental Health Therapy/Counseling	18,960.00	
1	Medical Case Management	903,920.00	
4	Substance Abuse - Outpatient	8,058.00	2,293,691.00
	Support Services	Allocations	
	Food Bank		
	Other Professional Services		
6	Medical Transportation	7,628.00	
5	Outreach Services	39,816.00	
	Substance Abuse - Residential		
7	Emergency Financial Assistance	0.00	47,444.00
	DIRECT SERVICES TOTAL:	\$ 2,341,135.00	
	Total Core Allocation	2,293,691.00	
	Target at least 80% core service allocation	1,872,908.00	
	Current Difference (Short) / Over	\$ 420,783.00	
	Recipient Admin. (OMB-GC)	\$ 260,348.00	
	Quality Management	\$ 100,000.00	
	(+) Unobligated Funds / (-) Over Obligated:		
	Unobligated Funds (MAI)	\$ -	360,348.00
	Unobligated Funds (Carry Over)	\$ -	
	Core medical % against Total Direct Service Allocation (Not including C/O):	97.97%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.84%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
	Cannot be over 10%		

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	Core Medical Services	Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	353,070.16	33,708.41
5492120000	AIDS Pharmaceutical Assistance		
5216100000	Oral Health Care		
5223550000	Health Insurance Services		
5114040000	Mental Health Therapy/Counseling	3,282.50	
5211100000	Medical Case Management	573,070.40	
5216120000	Substance Abuse - Outpatient	210.00	
			963,341.47
	Support Services	Expenditures	Carryover Expenditures
5492250000	Food Bank		
5212100000	Other Professional Services		
5602400000	Medical Transportation	2,013.80	
5224700000	Outreach Services	0.00	
5224130000	Substance Abuse - Residential		2,013.80
5224300000	Emergency Financial Assistance	0.00	
	TOTAL EXPENDITURES DIRECT SVCS & %:	965,355.27	41.23%
	Recipient Administration	142,382.66	
	Quality Management	91,666.63	234,049.29
	Grant Unexpended Balance	1,602,079.44	
2,701,483.00	Total Grant Expenditures & % (Including C/O):	\$ 1,199,404.56	44.40%
	Core medical % against Total Direct Service Expenditures (Not including C/O):	99.78%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.52%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	5.47%	Within Limit
	Cannot be over 10%		

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

January 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	25	198	25	190
Health Insurance Premium and Cost Sharing Assistance	31	1,119	31	1,092
Medical Case Management	3,970	12,180	3,837	7,721
Mental Health Services	25	135	25	114
Oral Health Care	465	2,441	465	2,070
Outpatient Ambulatory Health Services	1,176	5,703	1,150	4,301
Substance Abuse Outpatient Care	0	16	0	16
Support Services				
Food Bank/Home Delivered Meals	386	1,015	386	664
Medical Transportation	147	735	147	616
Other Professional Services	41	628	16	37
Outreach Services	13	114	13	107
Substance Abuse Services (residential)	9	70	9	61
TOTALS:	6,288	24,354		
Total unduplicated clients (month):	<u>4,467</u>			
Total unduplicated clients (YTD):	<u>8,271</u>			



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130 & via Zoom

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions (In-Person Attendees) | In-Person Attendees |
| III. | Roll Call (Zoom Attendees) | Staff |
| IV. | Housekeeping | David Goldberg |
| V. | Floor Open to the Public | Dr. Diana Sheehan |
| VI. | Review/Approve Agenda | All |
| VII. | Review/Approve Minutes of February 14, 2022 | All |
| VIII. | Standing Business | |
| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Prevention Committee (PVC) Action Items | PVC Members |
| | - New Members | |
| | - Vice Chair Elections | |
| | ▪ Strategic Planning Committee (SPC) Action Items | SPC Members |
| | - New Members | |
| | ▪ 2022-2026 Integrated HIV Prevention and Care Plan | All |
| | - Review of 2017-2021 Progress to Date | |
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| | □ Reviewing for Inclusion or Removal of 2017-2021 Goals and Activities in the 2022-2026 Plan | |
| | □ Setting Thresholds | |
| | □ Developing SMART Goals | |
| | - Next Steps | |
| IX. | New Business | |
| X. | Announcements | All |
| XI. | Next Meeting: Joint Integrated Plan Review Team – April 11, 2022
Miami-Dade County Main Library and via Zoom | David Goldberg |
| XII. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
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Membership Report

February 25, 2022

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners

Opportunities for People with HIV

People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community.

9 available seats | 1 application pending

General Membership Opportunities

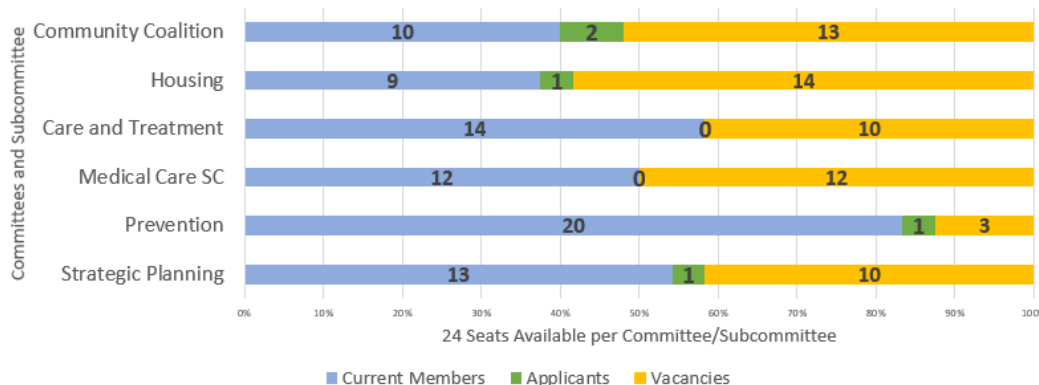
These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

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

Non-Elected Community Leader, not an HIV Provider - **1 application recommended to Mayor**

Partnership Committees

Committee and Subcommittee Members, Applicants & Vacancies



Committees are now accepting applications for new members.

People with HIV are encouraged to apply.



Scan the QR code with your phone's camera for membership applications!

MEMBERSHIP

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?



If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
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Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.



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9 available seats | 1 application pending

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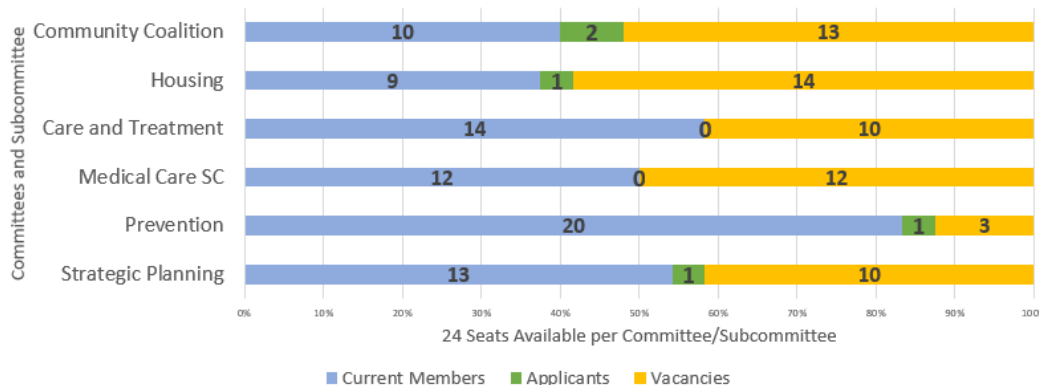
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2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan

Snapshot of Objectives, Strategies, and Activities

March 14, 2022

This document lists 2017-2021 Integrated Plan Objectives, Strategies, and Activities:

1. Objectives

- a. Strategies
 - 1.1. Activities
-

1. By 2021, reduce new HIV infection rate by at least 25%, from 50.7 per 100,000 population in 2015 to 40.8 per 100,000 population in 2021, so that Miami-Dade County is no longer among the top three metropolitan areas with the highest incidence of new HIV infections.

- a. Increase access to condoms by HIV positive persons and HIV-vulnerable populations, including but not limited to injection drug users (IDU), Trans-identified persons, gay and bisexual men.
 - 1.1. Increase the number of condom distribution sites.
 - 1.2. Develop an annual condom distribution map to identify new points of service.
 - 1.3. Recruit annually a new location or host an event to provide condom distribution services in the identified underserved area.
 - 1.4. Increase the availability and accessibility of condom distribution by 2.0 million a year.
- b. Implement sexually transmitted disease (STD) and HIV testing to raise STD and HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, Trans-identified persons, gay and bisexual men.
 - 1.5. Conduct HIV testing events in Miami Dade County.
 - 1.6. Conduct STD testing events in Miami Dade County.
 - 1.7. Partner with healthcare settings (e.g. hospitals, health centers, emergency departments), to increase the provision of routine HIV testing as part of medical care.
 - 1.8. Increase the number of registered testing sites to ensure that HIV testing is more readily available and accessible.
- c. Implement combined STD/HIV education to raise STD/HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, Trans-identified persons, gay and bisexual men.
 - 1.9. Conduct STD/HIV educational events in Miami-Dade County, including but not limited to tabling, mobile units, etc.

2. Increase the number of individuals prescribed PrEP by at least 500% from the baseline 663 persons in 2016 to 3,978 persons by 2021.

- a. Increase availability of – and access to – Pre-Exposure Prophylaxis /non-occupational Post-Exposure Prophylaxis (PrEP/nPEP) programs.
 - 2.1. Create a process for a PrEP external referral system.
 - 2.2. Develop estimates of a PrEP cascade to inform prevention activities.
 - 2.3. Create a local directory of providers prescribing PrEP/nPEP, disseminate same on Part A and FDOH-MDC websites, and update annually thereafter.
-

3. Reduce the number of infants born with HIV in Miami-Dade County each year from three (3) to zero (0) by 2021.

- a. Increase number of OB/GYN healthcare providers engaging in HIV prevention activities with pregnant women.
 - 3.1. Conduct in-person educational sessions directed toward medical professionals who participate in the care of pregnant women with HIV, educating them about the requirements of Florida law and ensuring they are aware of community services available for women living with HIV and HIV exposed infants.
 - 3.2. Conduct educational rounds with emergency rooms, urgent care centers, and classified high-risk delivery hospitals, to increase provider awareness of their responsibility to utilize the High Risk Pregnancy Notification and Newborn Exposure Notification forms and act on behalf of the pregnant women living with HIV and their HIV exposed babies.
 - 3.3. Participate in an action-oriented community process to improve service systems and community resources for families.
 - b. Conduct targeted public information campaigns toward pregnant women at risk of HIV, to have access to OB/GYN providers, HIV prevention materials and information on community services for women with HIV/AIDS.
 - 3.4. Conduct community outreach and promote information campaigns towards women of child-bearing age living with HIV.
 - 3.5. Create linkage services assuring at least 90% of post-partum women living with HIV have access to contraceptive/ family planning and preconception care services after delivery (no baseline).
-

4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month (30 days) of diagnosis to 85% by 2021.

- a. Improve existing FDOH-Part A diagnosis-to-linkage client management process.
 - 4.1. Monitor and improve the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.
 - 4.2. Measure the success the local Test & Treat/Rapid Access (TTRA) process for newly diagnosed persons linked to immediate entry in HIV primary care and initiation of Antiretroviral Therapy (ART).
 - 4.3. Hold FDOH-MDC trainings for testing counselors that are targeted to improving linkage to care.
 - b. Provide Partner Services to identified HIV+ individuals, allowing for the notification, screening and referral to appropriate services for partners of newly-diagnosed people with HIV.
 - 4.4. Increased participation in HIV partner services among persons with diagnosed HIV (baseline: 68% in 2015).
 - 4.5. Increased notification and HIV testing of partners identified through HIV partner services. (baseline: 48% in 2015).
 - c. Identify and link to medical care at least 25% of the newly-diagnosed HIV+ persons identified through the FDOH-MDC Data To Care (DTC) initiative.
 - 4.6. Provide linkage to HIV medical services using DTC activities.
-

5. **Increase the percentage of RWP MCM clients who had at least two (2) instances of either (a) RWP OAHS visits, or (b) CD4/VL lab tests (as proxy for medical care outside the RWP), at least 90 days apart within a 12-month period, from 60% in 2015 to at least 90% by 2021.**
 - a. Track and assess the quality of OAHS care provided to RWP clients who transition to Affordable Care Act (ACA)-provided outpatient medical care.
 - 5.1. Revise and streamline ACA enrollment and re-enrollment processes to increase the number of ACA-eligible RWP clients transitioned to ACA from 50% (2015 baseline) to 70%.
 - 5.2. Require all RWP clients enrolled in ACA and receiving RWP MCM to report VL levels at a minimum once every six (6) months, in order to assess and track clinical health outcomes of RWP clients receiving OAHS through an ACA Marketplace insurance plan.
 - 5.3. Compare rates of missing VL data and VL suppression rates among people with HIV treated through the ACA with missing VL data and VL suppression rates among people with HIV receiving OAHS through the RWP to identify disparities.
 - 5.4. Increase the percentage of clients transitioned from RWP-funded OAHS to ACA medical care who are retained in ACA-provided medical care for two (2) years after enrollment from 60% enrolled in 2015 and continuously enrolled in 2017 to 75% enrolled in 2019 and continuously enrolled in 2021. (Using VL data as proxy for ACA OAHS.
-
6. **Increase the proportion of "lost to care" RWP MCM clients who are relinked to care, from 40% in 2017 to 60% by 2021.**
 - a. RWP MCM subrecipients will partner with FDOH-MDC to detect clients in danger of being lost to care, update contact information on vulnerable RWP clients, and use both FDOH and RWP outreach specialists to relink clients in care.
 - 6.1. FDOH and RWP will develop data-sharing protocols and feedback mechanisms to provide updated contact information to RWP on clients at risk for being lost to care, as well as provide case closure data to FDOH for clients with 6, 9, and 12 months since the most recent VL measurement or on-site RWP OAHS contact.
 - 6.2. Identify RWP MCM subrecipients with lowest and highest relinkage rates and determine QI interventions and best practices.
 - 6.3. Develop 6-month RiC measurements and protocols for new-in care clients based on the RiC Report Card data prioritized by the CQMC.
-

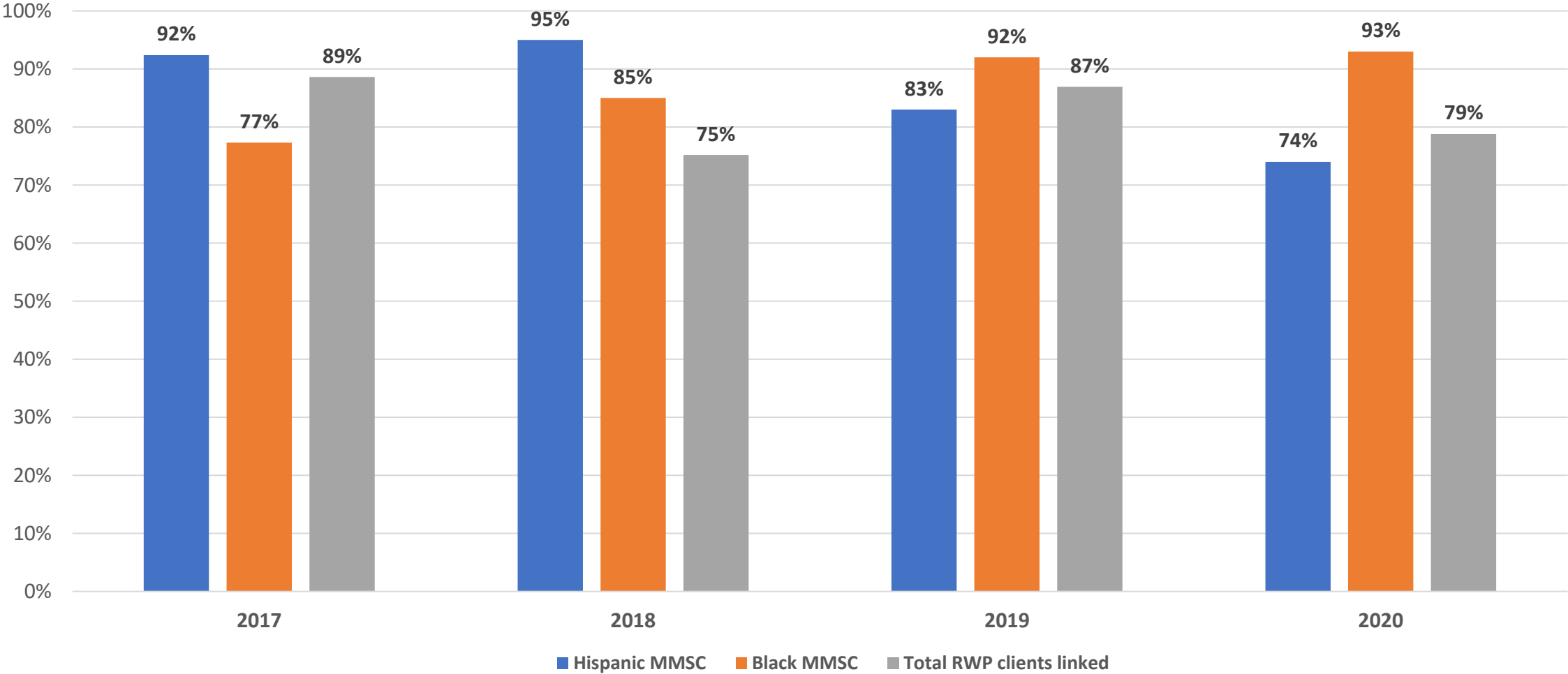
7. **Increase the percentage of people with HIV in the EMA who are virally suppressed (<200 copies/mL) from 67% in 2015 to at least 80% by 2021. (In FY2020, the percent of RWP clients with suppressed VL was 82% (89% among MCM clients, 86% among OAHS clients).**
 - a. Expand role of RWP MCM and OAHS subrecipients in detecting persistent unsuppressed viral loads (VL) and initiate appropriate responses.
 - 7.1. On a monthly basis, detect RWP clients with persistent unsuppressed VL over two semi-annual measurements (“virologic failure”) and notify RWP MCM and OAHS subrecipients to enable their targeted response. Monitor improvement in VL suppression levels to ensure efficacy of subrecipient response. (Note: OAHS data will be limited to RWP OAHS subrecipients only.)
-

8. By 2021, increase the percentage of RWP MCM clients in three (3) key disparate minority health groups who had at least two (2) instances of either (a) RWP OAHS visits, or (b) CD4/VL lab tests (as proxy for medical care outside the RWP), at least 90 days apart within a 12-month period, from 60% in 2015 to at least 90% by 2021, to match RWP total levels.
 - a. Identify RiC vulnerabilities of *RWP Part A/MAI Black/African American Male-to-Male Sexual Contact (B/AA MMSC) within the RWP network of care* and address them with specific interventions: Increase RiC among B/AA MMSC RWP MCM and OAHS clients from 84% in 2018 to 90% in 2021.
 - 8.1. Determine best practices of RWP Part A and Minority AIDS Initiative (MAI) MCM subrecipients with higher than average RiC rates for B/AA MMSC.
 - 8.2. Determine risk factors and acuties contributing to low RiC rates for B/AA MMSC.
 - 8.3. Identify Part A and MAI RiC initiatives of RWP MCM subrecipients directed toward B/AA MMSC, and track RiC rates annually.
 - b. Identify RiC vulnerabilities of *RWP Part A/MAI Black/African American (B/AA) Heterosexual Males within the RWP network of care* and address them with specific interventions: Increase RiC among B/AA heterosexual male RWP MCM and OAHS clients from 86% in 2018 to 90% by 2021.
 - 8.4. Determine best practices of RWP Part A and Minority AIDS Initiative (MAI) MCM subrecipients with higher than average RiC rates for B/AAM heterosexual males.
 - 8.5. Determine risk factors and acuties contributing to low RiC rates for B/AAM heterosexual males.
 - 8.6. Identify Part A and MAI RiC initiatives of RWP MCM subrecipients directed toward B/AAM heterosexual males, and track RiC rates annually.
 - c. Identify RiC vulnerabilities of *Black/African American female (B/AAF) clients within the RWP network of care* and address them with specific interventions: Increase RiC rates for B/AAF from 52% in 2015 to 90% by 2021.
 - 8.7. Determine best practices of RWP Part A and Minority AIDS Initiative (MAI) MCM subrecipients with higher than average RiC rates for B/AAF.
 - 8.8. Determine risk factors and acuties contributing to low RiC rates for B/AAF.
 - 8.9. Identify Part A and MAI RiC initiatives of RWP MCM subrecipients directed toward B/AAF, and track RiC rates annually.
 - d. Identify RiC vulnerabilities of *Hispanic MMSC (HMMSC) clients within the RWP network of care* and address them with specific interventions: Increase RiC rates among HMMSC from 69% in 2015 to 90% by 2021.
 - 8.10. Determine best practices of RWP Part A and Minority AIDS Initiative (MAI) MCM subrecipients with higher than average RiC rates for HMMSC.
 - 8.11. Determine risk factors and acuties contributing to low RiC rates for HMMSC.
 - 8.12. Identify Part A and MAI RiC initiatives of RWP MCM subrecipients directed toward HMMSC, and track RiC rates annually.

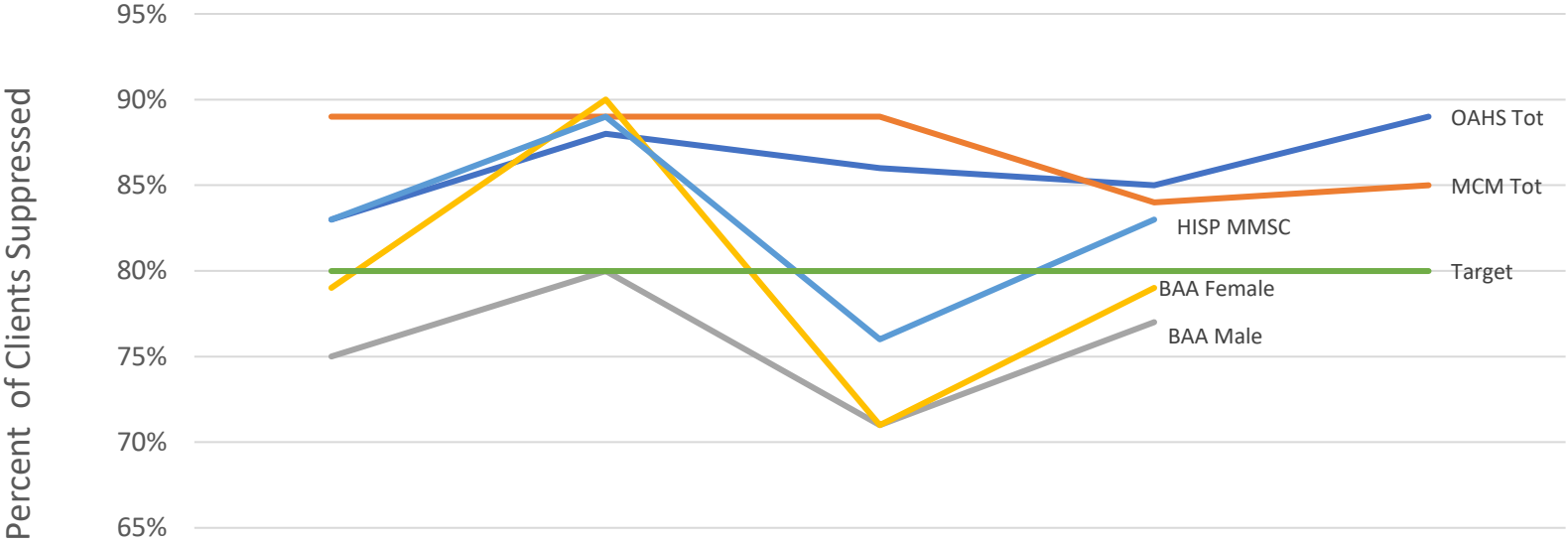
9. **By 2021, increase the percentage of RWP MCM clients in three (3) key disparate minority health groups who have suppressed viral loads, to 80% by 2021, to match overall levels of people with HIV.**
 - a. Identify VL suppression vulnerabilities of RWP Part A/MAI *Black/African American MMSC (B/AA MMSC) clients within the RWP network of care* and address them with specific interventions: Increase VL suppression levels among B/AAM MMSC from 79% in 2018 to 80% by 2021.
 - 9.1. Determine best practices of RWP Part A and MAI MCM subrecipients with higher than average VL suppression rates for B/AA MMSC clients.
 - 9.2. Determine risk factors and acuties contributing to low VL suppression rates for B/AA MMSC clients.
 - 9.3. Identify Part A and MAI program VL suppression initiatives of RWP MCM subrecipients directed toward for B/AA MMSC clients, and track VL suppression rates annually.
 - b. Identify VL suppression vulnerabilities of RWP Part A/MAI *Black/African American (B/AA) heterosexual male clients within the RWP network of care* and address them with specific interventions: Maintain B/AAM heterosexual VL suppression levels: 81% in 2018; exceeds 2021 goal of 80%.
 - 9.4. Determine (1) best practices of RWP Part A and MAI MCM subrecipients with higher than average VL suppression rates for B/AA heterosexual male clients.
 - 9.5. Determine risk factors and acuties contributing to low VL suppression rates for B/AA heterosexual male clients.
 - 9.6. Identify Part A and MAI program VL suppression initiatives of RWP MCM subrecipients directed toward for B/AA heterosexual male clients, and track VL suppression rates annually.
 - c. Identify VL suppression vulnerabilities of RWP Part A/MAI *Black/African American female (B/AAF) clients within the RWP network of care* and address them with specific interventions: Increase B/AAF VL suppression levels from 84% in 2018; 79% in 2019 to 80% by 2021.
 - 9.7. Determine (1) best practices of RWP Part A and MAI MCM subrecipients with higher than average VL suppression rates for B/AAF clients.
 - 9.8. Determine risk factors and acuties contributing to low VL suppression rates of B/AAF clients.
 - 9.9. Identify Part A and MAI program VL suppression initiatives of RWP MCM subrecipients directed toward B/AAF clients, and track VL suppression rates annually.

- d. Strategy DV1.4 Identify VL suppression vulnerabilities of RWP Part A/MAI *Haitian Male (HM) clients within the RWP network of care* and address them w/ specific interventions: Maintain HM VL suppression levels: 87% in 2018; exceeds 2021 goal of 80%.
 - 9.10. Determine (1) best practices of RWP Part A and MAI MCM subrecipients with higher than average VL suppression rates for HM clients.
 - 9.11. Determine risk factors and acuties contributing to low VL suppression rates for HM clients.
 - 9.12. Identify Part A and MAI program VL suppression initiatives of RWP MCM subrecipients directed toward for HM clients, and track VL suppression rates annually.
- e. Identify VL suppression vulnerabilities of RWP Part A/MAI *Haitian Female (HF) clients within the RWP network of care* and address them w/ specific interventions: Maintain HF VL suppression levels: 87% in 2018; exceeds 2021 goal of 80%.
 - 9.13. Determine (1) best practices of RWP Part A and MAI MCM subrecipients with higher than average VL suppression rates for HF clients.
 - 9.14. Determine risk factors and acuties contributing to low VL suppression rates for HF clients.
 - 9.15. Identify Part A and MAI program VL suppression initiatives of RWP MCM subrecipients directed toward for HF clients, and track VL suppression rates annually.

TABLE 1
INTEGRATED PLAN PROGRESS: 2017 – 2020
FDOH EIIHA Linkage Data, Newly-Diagnosed Total and Disparity Populations

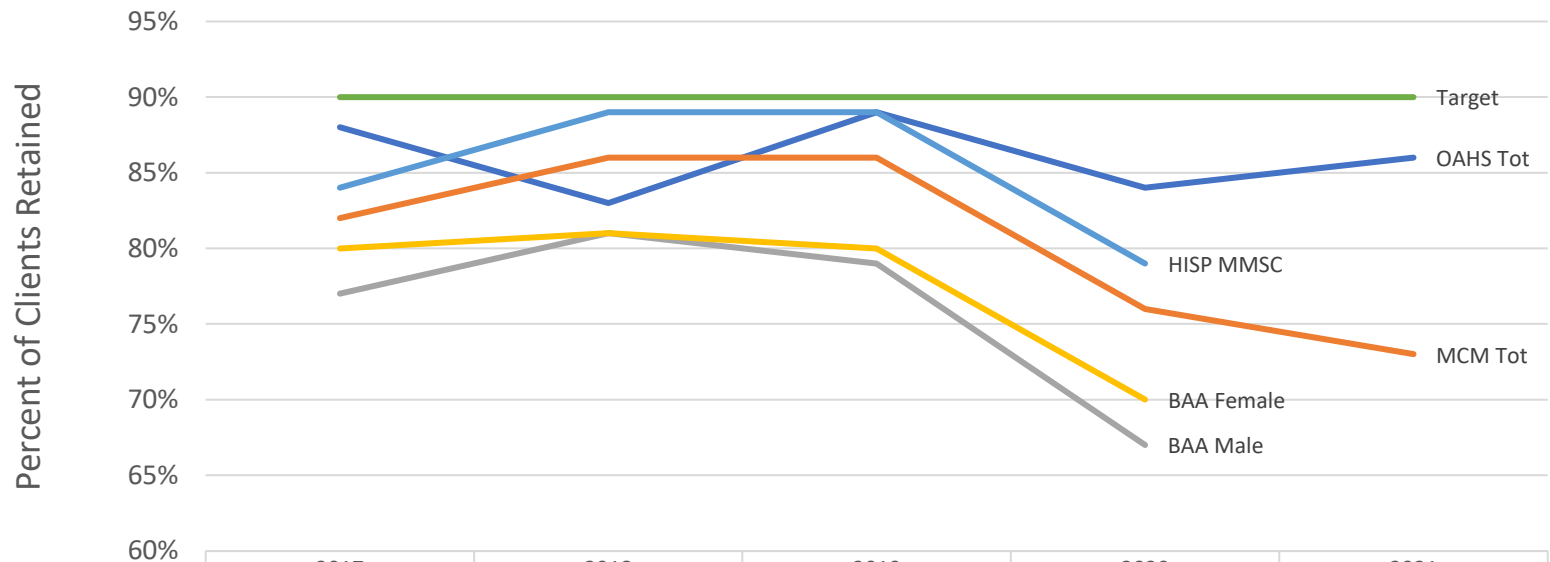


5 Year Viral Load Suppression Percents Among Priority Populations



	2017	2018	2019	2020	2021
OAHS Tot	83%	88%	86%	85%	89%
MCM Tot	89%	89%	89%	84%	85%
BAA Male	75%	80%	71%	77%	
BAA Female	79%	90%	71%	79%	
HISP MMSC	83%	89%	76%	83%	
Target	80%	80%	80%	80%	80%

5 Year Retained in Medical Care Percents Among Priority Populations



	2017	2018	2019	2020	2021
OAHS Tot	88%	83%	89%	84%	86%
MCM Tot	82%	86%	86%	76%	73%
BAA Male	77%	81%	79%	67%	
BAA Female	80%	81%	80%	70%	
HISP MMSC	84%	89%	89%	79%	
Target	90%	90%	90%	90%	90%

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

FY 2021-2022

REV DATA: 03/01/202 REV: A

Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.																	
QM PROGRAM INDICATORS		YR 31 Cycle 4: 12 Month Period Ending March 1st 2022															
		RWP	AHF CG		AHF HS		AHF JN		AHC LC		AHF MB		BHCC		CAN		CARE 4 U
HIV Care Continuum																	
C1.	Total active RWP Clients	8,411	721	181	570	258	789	1,069	92	49	225	134					
C2.	In medical care (IMC, TG≥95%)	92% 7,741	93% 671	85% 154	94% 537	95% 245	95% 753	94% 1,007	97% 89	96% 47	84% 188	96% 128					
C3.	Retained in medical care (RIMC, TG≥90%)	68% 5,686	72% 521	58% 105	74% 424	76% 196	75% 590	69% 735	60% 55	73% 36	45% 101	77% 103					
C4.	RWP Clients w/ suppressed VL (TG≥80%)	82% 6,894	88% 637	76% 138	85% 487	88% 228	89% 706	85% 906	83% 76	61% 30	63% 141	87% 116					
C5.	RWP Clients w/ non-missing VL data	90% 7,544	92% 663	84% 152	94% 535	95% 245	95% 749	91% 973	95% 87	96% 47	68% 153	96% 128					
Medical Case Management (MCM)																	
M1.	Total active MCM Clients	87% 7,306	62% 450	43% 77	64% 362	52% 135	45% 358	63% 677	87% 80	90% 44	N/A N/A	75% 101					
M2.	MCM Clients IMC (TG≥95%)	95% 6,926	97% 436	94% 72	97% 350	99% 133	98% 352	94% 633	96% 77	95% 42	N/A N/A	100% 101					
M3.	MCM Clients RIMC (TG≥90%)	73% 5,333	80% 358	62% 48	77% 277	81% 109	80% 287	66% 444	61% 49	75% 33	N/A N/A	92% 93					
M4.	MCM Clients w/ suppressed VL (TG≥80%)	85% 6,230	93% 417	84% 65	88% 318	93% 126	93% 333	83% 562	86% 69	61% 27	N/A N/A	95% 96					
M5.	MCM Clients w/ non-missing VL data	93% 6,790	96% 433	92% 71	96% 348	99% 133	98% 350	90% 607	95% 76	95% 42	N/A N/A	100% 101					
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart	76% 4,292	86% 347	74% 52	81% 263	89% 107	75% 241	76% 455	70% 37	86% 30	N/A N/A	100% 97					
M6a.	MCM Clients eligible for M6	5,679	405	70	323	120	321	602	53	35	N/A #N/A	97					
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days	83% 5,374	87% 382	65% 46	78% 252	92% 122	73% 240	90% 545	89% 55	76% 29	N/A N/A	97% 98					
M7a.	MCM Clients eligible for M7	6,460	439	71	324	132	329	605	62	38	N/A N/A	101					
M8.	MCM Clients w/ contact/update in 210 days or less	95% 6,922	99% 444	95% 73	93% 336	98% 132	97% 346	95% 640	84% 67	91% 40	N/A N/A	100% 101					
M9.	MCM Clients receiving oral health care	26% 1,919	20% 92	16% 12	16% 58	21% 28	20% 73	26% 173	58% 46	18% 8	N/A N/A	14% 14					
Outpatient/Ambulatory Health Services (OAHS)																	
N1.	Total active OAHS Clients	52% 4,356	27% 196	25% 46	27% 152	40% 102	21% 163	27% 288	42% 39	63% 31	44% 99	16% 22					
N2.	OAHS Clients IMC (TG≥95%)	100% 4,356	100% 196	100% 46	100% 152	100% 102	100% 163	100% 288	100% 39	100% 31	100% 99	100% 22					
N3.	OAHS Clients RIMC (TG≥90%)	86% 3,753	89% 174	80% 37	82% 125	84% 86	88% 143	82% 235	64% 25	90% 28	60% 59	100% 22					
N4.	OAHS Clients w/ suppressed VL (TG≥80%)	89% 3,870	96% 188	83% 38	89% 135	93% 95	93% 151	87% 250	95% 37	71% 22	61% 60	95% 21					
N5.	OAHS Clients w/ non-missing VL data	97% 4,209	99% 195	100% 46	99% 150	100% 102	99% 161	95% 274	97% 38	100% 31	66% 65	100% 22					
Oral Health Care (OHC)																	
D1.	Total active OHC Clients	23% 1,946	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	46% 488	55% 51	N/A N/A	29% 66	12% 16					
D2.	OHC Clients with a Clinical Oral Exam	66% 1,283	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	67% 326	86% 44	N/A N/A	48% 32	38% 6					

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

FY 2021-2022

REV DATA: 03/01/202 REV: A

Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.

QM PROGRAM INDICATORS		RWP		YR 31 Cycle 4: 12 Month Period Ending March 1st 2022																					
				CR LH		CR MB		CR MT		Empower U		Jessie Trice		Latinos Salud		MBCHC		PHT ND		PHT PET		PHT SFAN		UM	
HIV Care Continuum																									
C1.	Total active RWP Clients	8,276		694		403		1,742		272		200		74		3,698		132		283		1,782		1,055	
C2.	In medical care (IMC, TG≥95%)	92%	7,647	97%	673	96%	388	93%	1,616	95%	258	97%	194	81%	60	96%	3,556	96%	127	96.8%	274	96%	1,719	98%	1,039
C3.	Retained in medical care (RiMC, TG≥90%)	68%	5,629	76%	530	77%	310	65%	1,127	70%	191	72%	144	50%	37	79%	2,922	81%	107	83.7%	237	80%	1,422	84%	884
C4.	RWP Clients w/ suppressed VL (TG≥80%)	81%	6,713	91%	633	90%	362	84%	1,456	79%	214	91%	182	70%	52	88%	3,263	80%	106	91.2%	258	85%	1,509	84%	890
C5.	RWP Clients w/ non-missing VL data	90%	7,360	95%	660	94%	379	90%	1,568	93%	253	97%	194	78%	58	92%	3,417	95%	126	96.5%	273	96%	1,707	97%	1,026
Medical Case Management (MCM)																									
M1.	Total active MCM Clients	88%	7,306	11%	79	16%	64	86%	1,491	78%	212	74%	147	77%	57	33%	1,217	70%	92	74.6%	211	75%	1,333	11%	119
M2.	MCM Clients IMC (TG≥95%)	95%	6,926	96%	76	91%	58	92%	1,378	97%	206	96%	141	86%	49	93%	1,130	98%	90	96.7%	204	97%	1,289	92%	109
M3.	MCM Clients RiMC (TG≥90%)	73%	5,333	70%	55	72%	46	65%	965	75%	158	68%	100	49%	28	74%	897	83%	76	82.0%	173	79%	1,056	68%	81
M4.	MCM Clients w/ suppressed VL (TG≥80%)	85%	6,230	90%	71	84%	54	84%	1,248	80%	170	90%	133	74%	42	84%	1,020	83%	76	92.9%	196	84%	1,116	76%	91
M5.	MCM Clients w/ non-missing VL data	93%	6,790	95%	75	88%	56	90%	1,340	97%	205	96%	141	82%	47	89%	1,082	98%	90	96.2%	203	96%	1,282	91%	108
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart	76%	4,292	80%	53	85%	45	81%	1,085	70%	134	88%	121	63%	25	65%	484	97%	86	81.7%	161	55%	376	86%	93
M6a.	MCM Clients eligible for M6	5,679		66		53		1,345		191		137		40		749		89		197		678		108	
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days	83%	5,374	76%	55	85%	46	76%	1,011	85%	174	95%	130	90%	44	74%	657	93%	83	83.2%	163	93%	1,138	90%	104
M7a.	MCM Clients eligible for M7	6,460		72		54		1,335		205		137		49		882		89		196		1,224		116	
M8.	MCM Clients w/ contact/update in 210 days or less	95%	6,922	96%	76	88%	56	93%	1,389	98%	208	95%	139	86%	49	95%	1,160	97%	89	94.8%	200	95%	1,261	97%	116
M9.	MCM Clients receiving oral health care	26%	1,919	39%	31	27%	17	26%	381	17%	37	25%	37	12%	7	33%	401	24%	22	38.4%	81	28%	376	21%	25
Outpatient/Ambulatory Health Services (OAHS)																									
N1.	Total active OAHS Clients	53%	4,356	19%	130	11%	46	18%	316	45%	122	22%	43	N/A	N/A	43%	1,572	42%	55	20.8%	59	N/A	389	55%	585
N2.	OAHS Clients IMC (TG≥95%)	100%	4,356	100%	130	100%	46	100%	316	100%	122	100%	43	N/A	N/A	100%	1,572	100%	55	100%	59	N/A	389	100%	585
N3.	OAHS Clients RiMC (TG≥90%)	86%	3,753	86%	112	87%	40	79%	250	83%	101	86%	37	N/A	N/A	88%	1,380	91%	50	96.6%	57	N/A	359	84%	492
N4.	OAHS Clients w/ suppressed VL (TG≥80%)	89%	3,870	94%	122	91%	42	84%	267	76%	93	93%	40	N/A	N/A	91%	1,432	75%	41	94.9%	56	N/A	348	84%	492
N5.	OAHS Clients w/ non-missing VL data	97%	4,209	98%	127	98%	45	97%	306	98%	119	100%	43	N/A	N/A	94%	1,473	98%	54	100.0%	59	N/A	388	98%	576
Oral Health Care (OHC)																									
D1.	Total active OHC Clients	23%	1,946	64%	443	N/A	N/A	N/A	N/A	N/A	N/A	41%	81	N/A	N/A	9%	349	N/A	N/A	N/A	N/A	29%	518	N/A	N/A
D2.	OHC Clients with a Clinical Oral Exam	66%	1,283	44%	194	N/A	N/A	N/A	N/A	N/A	N/A	65%	53	N/A	N/A	90%	313	N/A	N/A	N/A	N/A	67%	347	N/A	N/A



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130 & via Zoom

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions (In-Person Attendees) | In-Person Attendees |
| III. | Roll Call (Zoom Attendees) | Staff |
| IV. | Housekeeping | David Goldberg |
| V. | Floor Open to the Public | Dr. Diana Sheehan |
| VI. | Review/Approve Agenda | All |
| VII. | Review/Approve Minutes of February 14, 2022 | All |
| VIII. | Standing Business | |
| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Prevention Committee (PVC) Action Items | PVC Members |
| | - New Members | |
| | - Vice Chair Elections | |
| | ▪ Strategic Planning Committee (SPC) Action Items | SPC Members |
| | - New Members | |
| | ▪ 2022-2026 Integrated HIV Prevention and Care Plan | All |
| | - Review of 2017-2021 Progress to Date | |
| | - Goals and Activities | |
| | □ Reviewing for Inclusion or Removal of 2017-2021 Goals and Activities in the 2022-2026 Plan | |
| | □ Setting Thresholds | |
| | □ Developing SMART Goals | |
| | - Next Steps | |
| IX. | New Business | |
| X. | Announcements | All |
| XI. | Next Meeting: Joint Integrated Plan Review Team – April 11, 2022
Miami-Dade County Main Library and via Zoom | David Goldberg |
| XII. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOL-F.

Disclosure for Tax Year Ending 2019	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page and check here. ☐

Filing as an Employee (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Public Health Trust	<input type="checkbox"/> Municipal: _____ (Municipality)
Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

Filing as (check one)

<input type="checkbox"/> County Board	<input type="checkbox"/> Municipal Board: _____ (Municipality)	<input type="checkbox"/> Consultant for County or Municipal Agency
Board where serving or name of County or Municipal Agency Consultant is providing professional services to		
Alternate address (if home address is exempt)	Work telephone	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. If continued on a separate sheet, check here. ☐

Name of Source of Income	Address	Description of the Principal Business Activity

I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing

Date signed

RECEIVED BY ELECTIONS DEPARTMENT:

- ☐ Hardcopy
☐ Electronic Copy

Complete this section with your name and home address

Miami-Dade HIV/AIDS address and phone number will be populated in the document and term info will be entered

List all sources of income, not their dollar amount

Must be signed

Sample of Source of Income with Place of Employment info:

person for your benefit. However, the income of your spouse or any business partner need not be disclosed. If continued on a separate sheet, check here. ☐

Name of Source of Income	Address	Description of the Principal Business Activity
Joe's Deli	1235 Collins Ave. Miami Beach, FL 33140	Salary

Sample of Source of Income with Social Security info:

person for your benefit. However, the income of your spouse or any business partner need not be disclosed. If continued on a separate sheet, check here. ☐

Name of Source of Income	Address	Description of the Principal Business Activity
Social Security	1801 Alton Road, Ste. 200 Miami Beach, FL 33140	Social Security Income



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

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| VII. | Review/Approve Minutes of February 14, 2022 | All |
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| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Prevention Committee (PVC) Action Items | PVC Members |
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| | - Vice Chair Elections | |
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| | ▪ 2022-2026 Integrated HIV Prevention and Care Plan | All |
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| | □ Setting Thresholds | |
| | □ Developing SMART Goals | |
| | - Next Steps | |
| IX. | New Business | |
| X. | Announcements | All |
| XI. | Next Meeting: Joint Integrated Plan Review Team – April 11, 2022
Miami-Dade County Main Library and via Zoom | David Goldberg |
| XII. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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THE COMMUNITY COALITION ROUNDTABLE

We are the HIV Community who speaks for the HIV Community

The Community Coalition selects members
to serve on the Miami-Dade HIV/AIDS Partnership:
The Official County Advisory Board for
HIV in Miami-Dade County

and

Ensures decisions made by the Partnership
represent the needs of people with HIV
in Miami-Dade County!

Learn more when you join us for
Roundtable Luncheons!

2022 Luncheons - Please join us!

JANUARY 31
12 NOON - 2 PM

Language Matters When
Ending the Epidemic:
Redefining the New Norms

Presented by Community Coalition &
Positive People Network Members



Please scan the
QR code to RSVP.

FEBRUARY 28
12 NOON - 2 PM

Ryan White Program
Client Satisfaction Survey:
Share your experiences & help
us improve future surveys!

Presented by Partnership Staff



Please scan the
QR code to RSVP.

MARCH 28
12 NOON - 2 PM

Miami-Dade County
Integrated Plan
Community Input Session

Open Forum



Please scan the
QR code to RSVP.

Location

Behavioral Science Research Corp.
2121 Ponce de Leon Blvd, Suite 240
Coral Gables, FL 33134
and via Zoom

RSVP

To RSVP or for more information,
contact (305) 445-106 or
hiv-aidsinfo@behavioralscience.com.





January - June 2022 Calendar



Get on Board!

A virtual education series for Miami-Dade HIV/AIDS Partnership members and the HIV community.

Become a more effective Planning Council member with the Partnership's **Get on Board** Virtual Training series!

Led by Partnership Staff, Marlen Meizoso and Christina Bontempo, who have more than 15 years experience with Ryan White Planning Council management.

January 12, 2022 ~ 12:00 PM - 1:00 PM

Station 4: From ADAP to WICY - Understanding the Language of the Partnership

- ♦ Via Zoom: Meeting ID: 853 9577 9104 ~ Passcode: 143755

March 9, 2022 ~ 12:00 PM – 1:00 PM

Station 5: Understanding Meetings - From Meeting Notice to Adjournment

- ♦ Via Zoom: Meeting ID: 817 1595 4830 ~ Passcode: 371288

April 13, 2022 ~ 12:00 PM – 1:00 PM

Station 2 Revisited: AIDSNET: The Partnership & CQM Website - Tips and Updates

- ♦ Via Zoom: Meeting ID: 856 7145 2874 ~ Passcode: 377470

June 8, 2022 ~ 12:00 PM – 1:00 PM

Station 6: Understanding the Ryan White Program - From Part A through Part F

- ♦ Via Zoom: Meeting ID: 898 3937 0658 ~ Passcode: 159914

No need to RSVP! Just join in via Zoom!

Visit <http://aidsnet.org/getonboard/> for additional details and earlier trainings.

Contact us at hiv-aidsinfo@behavioralscience.com or (305) 445-1076 for more information.



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





Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130 & via Zoom

AGENDA


- | | | |
|-------|---|---------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions (In-Person Attendees) | In-Person Attendees |
| III. | Roll Call (Zoom Attendees) | Staff |
| IV. | Housekeeping | David Goldberg |
| V. | Floor Open to the Public | Dr. Diana Sheehan |
| VI. | Review/Approve Agenda | All |
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April 2022

Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	<p>To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).</p>	<p>All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in-person and via Zoom, pursuant to MDC Mayor's Emergency Order regarding COVID-19. Partnership meeting access via Zoom is subject to change. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom.</p>  <p>PLEASE RSVP Scan the QR Code with your phone's camera or contact us at cbontempo@behavioralscience.com, marlen@behavioralscience.com or (305) 445-1076. RSVP is required to receive Zoom log-in.</p>			1	2
3	4	5	6	7	8	9
	<div> Print It  Post It  Pass It Around  </div>				<p>**NEW DATE** Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130</p>	
10	11	12	13	14	15	16
<p> National Youth HIV/AIDS Awareness Day</p>	<p>Joint Integrated Plan Review Team (Strategic Planning Committee and Prevention Committee) 10:00 AM – 1:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>		<p>Get on Board! Virtual Training Series Station 2: AIDSNET: The Partnership & CQM Website – Tips and Updates 12:00 PM – 1:00 PM Via Zoom: Meeting ID: 856 7145 2874 Passcode: 377470</p> 		<p>Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting</p>	
17	18	19	20	21	22	23
<p>Easter</p>	<p> National Transgender HIV Testing Day Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>			<p>Miami-Dade HIV/AIDS Partnership Housing Committee 2:00 PM – 4:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM – 11:30 AM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>	
24	25	26	27	28	29	30
	<p>Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Dinner 5:30 PM – 7:30 PM Empower U Community Health Center 7900 NW 27th Avenue, Suite C3A Miami, FL 33147</p>	<p>Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting</p>	<p>Miami-Dade HIV/AIDS Partnership Executive Committee 10:00 AM – 12:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>			

Version 03/01/22 Information on this calendar is subject to change.



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Monday, March 14, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130 & via Zoom

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