Thank you for joining today's

Joint Integrated Plan Review Team Meeting

Please sign in to have your attendance recorded.

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Thursday, June 23, 2022

10:00 AM – 1:00 PM

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

AGENDA

I.	Call to Order	Abril Sarmiento
II.	Introductions	All
III.	Housekeeping	David Goldberg
IV.	Floor Open to the Public	Dr. Angela Mooss
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 9, 2022	All
VII.	Standing Business	
	▪ Ryan White Program Part A/MAI Recipient Report	Carla Valle-Schwenk
	▪ Partnership Report	Abril Sarmiento
	▪ 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development – Continuation from May 2022 Meeting	All
VIII.	New Business	
IX.	Announcements	All
X.	Next Meeting: Joint Integrated Plan Review Team – Monday, August 8, 2022 at Miami-Dade County Main Library	Dr. Diana Sheehan
XI.	Adjournment	Abril Sarmiento

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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

All attendees must

SIGN IN

to be counted as present.

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Meeting Housekeeping

Miami-Dade HIV/AIDS Partnership, Committees, and Subcommittee

Updated June 21, 2022

Miami-Dade County Main Library Version

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, **INFEFCTED with HIV** . . .

Instead, say **AQUIRED HIV, DIAGNOSED with HIV,** or **CONTRACTED HIV.**

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

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

Resource Persons

- Behavioral Science Research Corp. (BSR) 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

- Per County mandate, masks are no longer required to be worn in County buildings but because meeting attendees maybe immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- 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.*

Meeting Participation

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

- All speakers must be recognized by the Chair.
  - *Raise your hand 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.

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.*

- Please **SIGN IN** to be counted as present at the meeting.

Parking

- *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).*

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!

www.aidsnet.org

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

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Strategic Planning Committee and Prevention Committee
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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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Strategic Planning Committee and Prevention Committee
Joint Integrated Plan Review Team (JIPRT) Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130
May 14, 2022

#	Members	Present	Absent
Strategic Planning Committee			
1	Cardwell, Joanna		x
2	Gallo, Giselle	x	
3	Garcia, Ana		x
4	Goldberg, David	x	
5	Hess, Amaris	x	
6	Hilton, Karen	x	
7	Hunter, Tabitha		x
8	Machado, Angela	x	
9	Neff, Travis		x
10	Puente, Miguel		x
11	Sheehan, Diana M.	x	
12	Singh, Hardeep	x	
Prevention Committee			
13	Bahamón, Mónica	x	
14	Buch, Juan	x	
15	Darlington, Tajma		x
16	Duberli, Francesco	x	
17	Forrest, David	x	
18	Johnston, Jeremy		x
19	Ledain, Ron	x	
20	Lee, Aquilla		x
21	Lopez, Crystal		x
22	Marqués, Jamie	x	
23	Mills, Grechen	x	
24	Mills, Vanessa		x
25	Orozco, Eddie	x	
26	Richardson, Ashley		x
27	Sarmiento, Abril	x	
28	Shmuels, Diego	x	
Members of Both Committees			
29	Monestime, Roselaine		x
30	Mooss, Angela	x	
Quorum = 11			

Guests	
Gillens, Courtney	
Mejias, Thaydee	
Mester, Brad	
Valle-Schwenk, Carla	
Villamizar, Kira	
Staff	
Bontempo, Christina	
Kubilus, Barbara	
Ladner, Robert	

Note: All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents. The meeting agenda and calendar were distributed to all attendees. Meeting documents related to action items were distributed to members. Reference copies of reports, minutes, and flyers were available. All meeting documents were projected on the meeting room projection screen.

I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:07 a.m. and wished all the mothers a Happy Mother's Day.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

Strategic Planning Committee Chair, David Goldberg, presented the PowerPoint, *Partnership Meeting Housekeeping – Hybrid Meetings*, including code of conduct, resource persons, and attendance.

IV. Floor Open to the Public

Prevention Committee Vice Chair, Dr. Angela Mooss, 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.

V. Review/Approve Agenda

Members reviewed the agenda. Staff requested the presentation by Dr. Bohdan Nosyk be moved to follow approval of the minutes; and the next meeting date should be corrected to rear, "Thursday, June 9, 2022."

Motion to approve the agenda with updates and corrections, as noted.
Moved: Dr. Diego Shmuels **Seconded: Francesco Duberli** **Motion: Passed**

VI. Review/Approve Minutes of April 14, 2022

Minutes of April 14, 2022 were posted online prior to the meeting, shown on the screen at the meeting and available in the shared review documents packets. There were no changes or corrections.

Motion to approve the minutes of the April 14, 2022 as presented.
Moved: Giselle Gallo **Seconded: Angela Machado** **Motion: Passed**

- **Special Presentation**

Via Zoom, Dr. Bohdan Nosyk, Associate Professor, St. Paul's Hospital CANFAR Chair in HIV/AIDS Research, Faculty of Health Sciences, Simon Fraser University, presented, What will it take to 'End the HIV epidemic in the US': An economic modeling study in 6 US cities including Miami-Dade County. The presentation detailed the results of the study to determine what combinations of evidence-based interventions to diagnose, treat and prevent HIV/AIDS will achieve the greatest health benefits for each of the studied U.S. cities, including Miami. The study highlighted the need for increased PrEP interventions particularly among underserved populations; the anticipated costs and resources needed to end the HIV epidemic; and the expected impacts of improving health

equity. Dr. Nosyk offered to return at a future meeting to follow up and to support ongoing Ending the HIV Epidemic efforts. Members were asked to consider what interventions or initiatives they would like to see modeled and to consider opportunities to collect real-world data in Miami for ongoing initiatives and service delivery improvement. The information presented will help to inform Integrated Planning, particularly activities around prevention and treatment efforts to underserved populations.

VII. 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:

- Fiscal Year 2021, which ended on February 28, 2022, is closed. About 85% of RWP Part A and 50% of MAI funds are expected to be spent when all billing is processed.
- Underspending due to program changes in response to COVID-19 will not be penalized by the Health Resources and Services Administration (HRSA); the County expects to submit a large carryover request to HRSA.
- 8,421 clients were served in Fiscal Year 2021.
- The Final Notice of Award from HRSA is expected by the end of the month.
- RWP and Ending the HIV Epidemic subrecipient contracts are being finalized. All agencies are providing contracted services.
- Policy Clarification Notice 21-02 was issued by HRSA detailing updates to client recertification policies and clarification of eligibility based on immigration status.
- Ongoing negotiations for data-sharing and streamlining the client intake process are ongoing with the AIDs Drug Assistance Program and RWP Part B.

- Partnership Report — Abril Sarmiento

Ms. Sarmiento read the report into the record.

- 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development

Members reviewed the Integrated Plan Public Input responses and added their feedback and recommendations. The framework of the document was based on the State's recommended Objectives and Strategies. Objectives should be reworded to reflect percentage increase vs. a specific number relevant to Miami-Dade County and need to be quantifiable. Overall, more coordination is needed to ensure Integrated Planning does not revert back to bigger and better silos, and customer service skills and standards should be addressed at all levels.

Following are comments specific to each Strategy:

Strategy 1.1.1: Implement HIV, HCV, and Syphilis screenings as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.

- Increase funding for HIV testing in hospitals, health clinics, and urgent care centers.
- Increase testing among non-HIV providers and expand to new providers.
- Coordinate HIV testing with Hepatitis testing (FDOH/Jackson).
- Focus on priority populations.
- Secure funding for more STD testing, including home testing and follow up lab confirmatory tests.

- HIV testing must include pre- and post-testing counseling components, this is particularly challenging in the hospital setting; Jackson ER serves approximately 3,000 people per month – post-test counseling is offered for those testing positive; post-test counseling is offered to those testing negative if the person contacts the hospital.
- Consider simplified messaging and "old-fashioned" (1980s) counseling – 4 key points any healthcare worker can deliver.

Strategy 1.1.2: Reduce stigma in communities around HIV testing.

- At-home testing kits for HIV and STI.
    - Need to set a goal on the return rate for home testing. What is the benchmark?
    - Need to increase the number of home tests distributed and completed.

- HIV testing in schools.
    - Involvement of Children's Trust, parents, and parent groups.
    - Hold general health fairs at schools including HIV education.
    - Incorporate HIV education into general health education.

Strategy 1.1.4: Reduce stigma among correctional settings around HIV testing.

- What control does FDOH or RWP have over the Florida Department of Corrections?

Strategy 1.2.3: Increase awareness among women of childbearing age about HIV testing and perinatal prevention strategies.

- Coordinate with Healthy Start.
- Ensure pregnant women are getting prenatal care; HIV testing is effective among women who are in prenatal care.

Strategy 1.3.1: Ensure access to and availability of pre-exposure prophylaxis (PrEP).

- How do we pay for PrEP?
- Need culturally appropriate messaging around PrEP.
- Providers need education on PrEP.

Strategy 1.3.2: Ensure access to and availability of post-exposure prophylaxis (PEP).

- The process must be streamlined to ensure access within 72 hours. What happens on weekends or holidays?

Strategy 2.1.1: Provide same-day or rapid start of antiretroviral therapy.

- Need to make sure clients know mental health services are available on the same day as TTRA – with non-threatening and non-judgmental messaging.
- We are doing well in messaging on medical diagnoses; messaging on behavioral interventions/resources is lacking.
- Consider a contingency management approach; reward systems/incentives work well; respond in a productive way.

Strategy 2.1.2: Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.

- Hire more Peer Educators to communicate test results to newly-diagnosed.
- Make sure all who test positive are offered mental health services; revise messaging around mental health service availability – consider the feelings of newly diagnosed persons.

Strategy 2.1.3: Work to reduce the average number of days to link persons to HIV care in Florida.

- The IDEA Exchange offers same-day linkage to care, like TTRA.
- Again, mental health messaging and availability must be made to all clients as a matter of initial visit and follow up protocols.
- Consider limitations of funding streams; Part A does not pay for services for negative partners; and not all services are covered by Medicaid, for instance.

Due to time limitations, members concluded review at Strategy 2.1.3. Members were asked to send feedback on remaining strategies to staff before the next meeting.

VIII. New Business

- Florida Comprehensive Planning Network (FCPN) Nominations

The Prevention Committee is required to designate a representative and alternate to the FCPN, a statewide planning network for Ryan White Programs. Jamie Marqués and Dr. Angela Mooss agreed to serve as representative and alternate, respectively. A vote was called for from Prevention Committee members:

Motion to elect Jamie Marqués as Florida Comprehensive Planning Network (FCPN) Area 11a Prevention Committee Representative, and Dr. Angela Mooss as FCPN Area 11a Prevention Committee Alternate.
Moved: Grechen Mills **Seconded: Bahamón, Mónica** **Motion: Passed**

Members thanked Francesco Duberli, outgoing FCPN representative, for his service, and thanked Ms. Marqués and Dr. Mooss for representing the committee. Staff will contact members with next steps for the application process.

- Proposed Meeting Schedule: June-August, 2022

A proposed timeline was presented to members to allow staff time to compile and Integrated Plan draft for presentation in August. As such, all committee and joint meetings would be cancelled in July. Members agreed to the proposed schedule.

Motion to approve the proposed JIPRT schedule for June-August, 2022.
Moved: Dr. Diego Shmuels **Seconded: Angela Machado** **Motion: Passed**

IX. Announcements

Ms. Sarmiento announced a Resource Inventory survey is forthcoming and anyone with comments on the draft are asked to contact her.

Eddie Orozco announced the HALO Awards ceremony, scheduled for June 5, in recognition of HIV Long-Term Survivors Day.

X. Next Meeting

Prevention Committee Vice Chair, Dr. Diana Sheehan, announced the next meeting is July 9, 2022 at the Miami Main Library.

Note: The meeting date was later rescheduled to July 23, 2022.

XI. Adjournment

Ms. Sarmiento adjourned the meeting at 12:58 p.m.

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FY 2021 Part A FINAL

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

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

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Priority Ranking #	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

Priority Ranking #	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:

ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	7,268,815.93		
5492120000	AIDS Pharmaceutical Assistance	4,379.02		
5216100000	Oral Health Care	2,533,061.80		
5223550000	Health Insurance Services	298,950.41		
5114040000	Mental Health Therapy/Counseling	56,566.25		
5211100000	Medical Case Management	5,094,347.45		
5216120000	Substance Abuse - Outpatient	1,146.00		15,257,266.86

ACCOUNT	Support Services	Expenditures	Carryover Expenditures		
5492250000	Food Bank	629,522.40	709,256.00	1,338,778.40	
5212100000	Other Professional Services	97,371.00			
5602400000	Medical Transportation	98,584.06			
5224700000	Outreach Services	104,263.02			
5224130000	Substance Abuse - Residential	968,310.00			
5224300000	Emergency Financial Assistance	0.00			2,607,306.48

TOTAL EXPENDITURES DIRECT SVCS & % :		$ 17,864,573.34	82.89%
Formula Expenditure %	**74.02%**		
Recipient Administration	**1,994,014.38**		
Quality Management	**603,600.00**	2,597,614.38	
Grant Unexpended Balance	**4,076,477.28**		
24,538,665.00			
Total Grant Expenditures & %		**$ 20,462,187.72**	**83.39%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**88.94%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.53%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**8.37%** **Within Limit**

Printed on: 6/1/2022

FY 2021 MAI FINAL

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

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**	

MAI CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Ranking #	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):		
Cannot be under 75%	**97.97%**	**Within Limit**

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.84%**	**Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures		
5606610000	Outpatient/Ambulatory Health Svcs	366,105.33	94,662.73	460,768.06	
5492120000	AIDS Pharmaceutical Assistance				
5216100000	Oral Health Care				
5223550000	Health Insurance Services				
5114040000	Mental Health Therapy/Counseling	3,672.50			
5211100000	Medical Case Management	650,165.00			
5216120000	Substance Abuse - Outpatient	210.00			
					1,114,815.56

ACCOUNT	Support Services	Expenditures	Carryover Expenditures		
5492250000	Food Bank				
5212100000	Other Professional Services				
5602400000	Medical Transportation	2,371.56			
5224700000	Outreach Services	36,498.00			
5224130000	Substance Abuse - Residential				38,869.56
5224300000	Emergency Financial Assistance	0.00			

TOTAL EXPENDITURES DIRECT SVCS & %:			1,153,685.12	49.28%
Recipient Administration	**231,793.34**			
Quality Management	**99,999.96**		331,793.30	
Grant Unexpended Balance	**1,216,004.58**			
2,701,483.00				
Total Grant Expenditures & % (Including C/O):		**$**	**1,485,478.42**	**54.99%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**96.33%**	**Within Limit**

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.84%**	**Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**8.90%**	**Within Limit**

Printed on: 6/1/2022

FY 2021 Part A and MAI Combined FINAL

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

PROJECTS: BU033101 and BU033102 (MAI)	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	Award - W/out CO
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	$26,432,895.00
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Grant Award Amount MAI	2,603,486.00	MAI	
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER	
Total Award	**$ 27,240,148.00**		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	10,010,471.00	
AIDS Pharmaceutical Assistance	83,595.00	
Oral Health Care	3,108,975.00	
Health Insurance Services	442,447.00	
Mental Health Therapy/Counseling	169,464.00	
Medical Case Management	6,825,797.00	
Substance Abuse - Outpatient	52,186.00	20,692,935.00

Support Services	Allocations	
Food Bank	1,385,995.00	
Other Professional Services	154,449.00	
Medical Transportation	158,316.00	
Outreach Services	212,096.00	
Substance Abuse - Residential	1,289,469.00	
Emergency Financial Assistance	0.00	3,200,325.00

DIRECT SERVICES TOTAL:		**$ 23,893,260.00**
Total Core Allocation	20,692,935.00	
Target at least 80% core service allocation	19,114,608.00	
Current Difference (Short) / Over	**$ 1,578,327.00**	
Recipient Admin. (OMB-GC, PC, GTL)	**$ 2,643,288.00**	
Quality Management	**$ 703,600.00**	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	3,346,888.00
		27,240,148.00

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	**89.21%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.66%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**10.00%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	7,634,921.26	94,662.73	7,729,583.99
5492120000	AIDS Pharmaceutical Assistance	4,379.02		
5216100000	Oral Health Care	2,533,061.80		
5223550000	Health Insurance Services	298,950.41		
5114040000	Mental Health Therapy/Counseling	60,238.75		
5211100000	Medical Case Management	5,744,512.45		
5216120000	Substance Abuse - Outpatient	1,356.00		16,372,082.42

ACCOUNT	Support Services	Expenditures	Carryover Expenditures	
5492250000	Food Bank	629,522.40	709,256.00	1,338,778.40
5212100000	Other Professional Services	97,371.00		
5602400000	Medical Transportation	100,955.62		
5224700000	Outreach Services	140,761.02		
5224130000	Substance Abuse - Residential	968,310.00		
5224300000	Emergency Financial Assistance	0.00		2,646,176.04

TOTAL EXPENDITURES DIRECT SVCS & % :		**$ 19,018,258.46**	**79.60%**
Formula Expenditure %	**74.02%**		
Recipient Administration	**2,225,807.72**		
Quality Management	**703,599.96**	2,929,407.68	
Grant Unexpended Balance	**5,292,481.86**		
Grant Eligible Funds for Carryover	$5,289,147.59		
Total Grant Expenditures & %		**$ 21,947,666.14**	**80.57%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**89.37%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.66%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**8.42%**	**Within Limit**

Printed on: 6/1/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	**Year-to-date**	**Monthly**	**Year-to-date**
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	11	191	11	183
Health Insurance Premium and Cost Sharing Assistance	154	1,383	154	1,255
Medical Case Management	3,294	10,908	3,293	7,728
Mental Health Services	24	127	24	107
Oral Health Care	542	2,672	542	2,237
Outpatient Ambulatory Health Services	1,052	5,328	1,052	4,379
Substance Abuse Outpatient Care	0	13	0	13
Support Services				
Food Bank/Home Delivered Meals	426	1,090	426	712
Medical Transportation	33	664	33	635
Other Professional Services (OPS)	63	~~679~~	22	44
Outreach Services	9	96	9	92
Substance Abuse Services (residential) (SAS-R)	11	~~75~~	11	66
TOTALS:	5,619	23,226		

OPS: $97,371 / $90 per hour = 1,081.90 units/ hours

Total unduplicated clients (month): 4,165

Total unduplicated clients (YTD): 8,363

SAS-R: $968,310 / $210 per bed day = 4,611 units/bed days

NOTES:

1) The County is working with Groupware Technologies, LLC to correct the noted errors in this report; and confirm the Year-to-Date totals for all services.

2) Total Unduplicated Clients Served Part A + MAI = 8,418 (FINAL) *(Some clients received services under Part A and MAI; therefore, the Part A and MAI totals cannot be added together.)*

REPORT COMPILED ON: 05/19/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	400	1,380	399	994
Mental Health Services	4	17	4	14
Outpatient Ambulatory Health Services	52	470	52	429
Substance Abuse Outpatient Care	0	4	0	4
Support Services				
Medical Transportation	2	16	2	15
Outreach Services	5	26	5	25
TOTALS:	463	1,913		

Total unduplicated clients (month): 441

Total unduplicated clients (YTD): 1,304

REPORT COMPILED ON: 05/21/2022

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Thursday, June 23, 2022

10:00 AM – 1:00 PM

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

AGENDA

I.	Call to Order	Abril Sarmiento
II.	Introductions	All
III.	Housekeeping	David Goldberg
IV.	Floor Open to the Public	Dr. Angela Mooss
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 9, 2022	All
VII.	Standing Business	
	▪ Ryan White Program Part A/MAI Recipient Report	Carla Valle-Schwenk
	▪ Partnership Report	Abril Sarmiento
	▪ 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development – Continuation from May 2022 Meeting	All
VIII.	New Business	
IX.	Announcements	All
X.	Next Meeting: Joint Integrated Plan Review Team – Monday, August 8, 2022 at Miami-Dade County Main Library	Dr. Diana Sheehan
XI.	Adjournment	Abril Sarmiento

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Thursday, June 23, 2022

10:00 AM – 1:00 PM

Miami-Dade County Main Library
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INTEGRATED PLAN PUBLIC INPUT
LINKED TO INTEGRATED PLAN GOALS, OBJECTIVES AND STRATEGIES

This document follows the National HIV/AIDS Strategy (NHAS) Goals and includes input and updates from:

- The Florida Department of Health (FDOH) in Tallahassee – red/**red boldface.**
  - *The wording of the Goals, Objectives, and Strategies as received from Tallahassee are subject to editing by JIPRT and staff.*
- Miami-Dade County Integrated Plan community engagement responses – black**/black boldface:**
  - *Ryan White Program Client Focus Groups:* Clients over 55 years old; Clients under 55 years old; and Haitian clients (conducted in Creole).
  - *FDOH Workgroups*: Florida Black HIV/AIDS Coalition (formerly, Black Treatment Advocates Network); Hispanic Initiative (Iniciativa Hispana) (conducted in Spanish); Pre-Exposure Prophylaxis (PrEP) Workgroup; The Miami Collaborative MSM Workgroup; Transgender Tenacity Power; and Youth Health.
  - *Other*: Community Coalition Roundtable; Positive People Network, Inc.; Pridelines Hispanic Support Group (conducted in Spanish); Survey Monkey Survey
- Joint Integrated Plan Review Team input from May 9, 2022 JIPRT meeting – blue/**blue boldface.**

This is a working document, subject to change before August 2022.

General Comments:

1. More coordination is needed to ensure Integrated Planning does not revert back to bigger and better silos.
2. Objectives need to be quantifiable.
3. Customer service skills and standards should be addressed at all levels.
4. Reword Objectives to reflect percentage increase vs. a specific number; objectives should be written specific to our EMA.

NHAS Goal 1: Prevention of New HIV Infections

OBJECTIVE 1.1:
BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PERSONS WHO KNOW THEIR HIV STATUS FROM 86% (2019) TO 90%.

Strategy 1.1.1: Implement HIV, HCV, and Syphilis screenings as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.

Activity 1.1.1a. Strong community support for routine HIV and sexually transmitted infection (STI) testing.

1. Make it more frequent.
2. Make it easier.
3. Reduce stigma associated with being tested in an HIV-provider context.
4. Increase funding for HIV testing in hospitals, health clinics, and urgent care centers.
5. Increase testing among non-HIV providers and expand to new providers.
6. Coordinate HIV testing with Hepatitis testing (FDOH/Jackson).
7. Focus on priority populations.
8. Secure funding for more STD testing, including home testing and follow up lab confirmatory tests.
9. HIV testing must include pre- and post-testing counseling components, this is particularly challenging in the hospital setting; Jackson ER serves approximately 3,000 people per month – post-test counseling is offered for those testing positive; post-test counseling is offered to those testing negative *if* the person contacts the hospital.
10. Consider simplified messaging and "old-fashioned" (1980s) counseling – 4 key points any healthcare worker can deliver.

Strategy 1.1.2: Reduce stigma in communities around HIV testing.

Activity 1.1.2a. Have after-hours STI and HIV testing in non-HIV settings.

Activity 1.1.2b. Need to provide at-home testing kits for HIV and STI.

1. Need to set a goal on the return rate for home testing. What is the benchmark?
2. Need to increase the number of home tests distributed and completed.

Activity 1.1.2c. Have HIV testing in schools.

1. Involvement of Children's Trust, parents, and parent groups.
2. Hold general health fairs at schools including HIV education.
3. Incorporate HIV education into general health education.

Strategy 1.1.3: Reduce stigma among health care settings around HIV testing.

Note: See above, Strategy 1.1.2. This strategy requires re-wording for clarity.

Strategy 1.1.4: Reduce stigma among correctional settings around HIV testing.

Activity 1.1.4a. Prisoners at Dade Correctional Institution say, "it's not getting the test, it's getting the pills," that brings stigma to prison.

1. What control does FDOH or RWP have over the Florida Department of Corrections?

OBJECTIVE 1.2:
BY DECEMBER 31, 2025, REDUCE THE RATE OF HIV TRANSMISSIONS DIAGNOSED ANNUALLY FROM 22.7 (2019) TO XX.

Strategy 1.2.1: Expand routine HIV, HCV, and Syphilis screening in emergency departments as part of medical care.

Note: See Strategy 1.1.1.

Strategy 1.2.2: Ensure health care providers are complying with the opt-out HIV and STI screening law for pregnant women.

1. Partner with reproductive justice organizations (Planned Parenthood, etc.)
2. No other community input on this issue; however, this was a major initiative in the 2017-2021 Integrated Plan.

Strategy 1.2.3: Increase awareness among women of childbearing age about HIV testing and perinatal prevention strategies.

1. Partner with reproductive justice organizations (Planned Parenthood, etc.)
2. No other community input on this issue; however, this was a major initiative in the 2017-2021 Integrated Plan.
3. Coordinate with Healthy Start.
4. Ensure pregnant women are getting prenatal care; HIV testing is effective among women who are in prenatal care.

OBJECTIVE 1.3:

BY DECEMBER 31, 2025, EXPAND THE IMPLEMENTATION OF PREVENTION INTERVENTIONS IN FLORIDA (E.G., PREP, PEP).

Strategy 1.3.1: Ensure access to and availability of pre-exposure prophylaxis (PrEP).

1. PrEP for sero-discordant couples -- When you get a positive test, how do you get the partner tested and on PrEP (if appropriate)?
2. If a person tests positive and gets into the Ryan White Program (RWP) so their medical care is paid, who pays for PrEP for their negative partner?
3. Individualized and targeted PrEP messaging, including "people who look like us" is needed for:
    a. Youth
    b. Women
    c. Trans persons
    d. MMSC
    e. Sex Workers
4. FDOH offers FREE startup PrEP for first 30 days, then what?
    a. Is it understood by providers how to pay for PrEP?
    b. What are payment options for pills vs. injectables?
    c. Need to understand RWP Part A/Minority AIDS Initiative (MAI) cannot pay for PrEP.
5. More FREE PrEP.
6. JIPRT raised question again of how to pay for PrEP.
7. Need culturally appropriate messaging around PrEP.
8. Providers need education on PrEP.

Strategy 1.3.2: Ensure access to and availability of post-exposure prophylaxis (PEP).

1. Need to fast-track nPEP through FDOH.
2. The process must be streamlined to ensure access within 72 hours. What happens on weekends or holidays?

Strategy 1.3.3: In counties with an approved ordinance, ensure access to syringe service programs (SSPs) and harm reduction services.

Note: There were no community comments in this area. Note that in Miami, we have the Infectious Disease Elimination Act (IDEA Exchange) needle exchange program in place, and one of our MAI subrecipients is using this as an access point to its MAI HIV services.

OBJECTIVE 1.4:
EXPAND CULTURALLY APPROPRIATE OUTREACH AND MESSAGING CONCERNING HIV PREVENTION, TESTING, AND TREATMENT.

1. Messaging at Miami-Dade International Airport to alert newcomers to Miami about testing and treatment.
2. More messages targeted toward women – HIV testing needs to be de-stigmatized among people who only think of it as a male-to-male sexual contact (MMSC) thing.
3. Messages in Spanish and Creole must be more than just translations of English messages.
4. Must step up outreach
    a. Whatever happened to case finding and street outreach? Or church outreach? Outreach is not just chasing lost to care.
    b. Health Resources and Services Administration Policy Clarification Notice (HRSA PCN) 16-02 allows for RWP outreach funding for communication and active involvement.
    c. Can't just wait for people to drift in for treatment, especially for minority populations.
5. Use multiple social media and dating app platforms for communication (Instagram, TikTok, YouTube, Grindr, Squirt, etc.)
6. Target the undocumented population with information about specific resources available to them and for which they are actually eligible.
7. More education about HIV in general (to reduce stigma associated with testing and treatment).

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

OBJECTIVE 2.1:
BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PERSONS WITH NEWLY DIAGNOSED HIV LINKED TO CARE IN 7 DAYS FROM 56.9% (2019) TO 70%.

Strategy 2.1.1: Provide same-day or rapid start of antiretroviral therapy.

1. "What do we do when we come in for testing, and then they tell us we can't get you in care because you don't live here?"
2. Community members complain that the fast-track Test and Treat/Rapid Access (TTRA) process does not take the mental health needs of newly-diagnosed into account.
3. Have a similar protocol in place for STIs as well as HIV.
4. Need to make sure clients know mental health services are available on the same day as TTRA – with non-threatening and non-judgmental messaging.
5. We are doing well in messaging on medical diagnoses; messaging on behavioral interventions/resources is lacking.
6. Consider a contingency management approach; reward systems/incentives work well; respond in a productive way.

Strategy 2.1.2: Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.

1. Including mental health services. Note: Respondents acknowledge that getting behavioral health care carries its own stigma.
2. Hire more Peer Educators to communicate test results to newly-diagnosed.
3. Make sure all who test positive are offered mental health services; revise messaging around mental health service availability – consider the feelings of newly diagnosed persons.

Strategy 2.1.3: Work to reduce the average number of days to link persons to HIV care in Florida.

1. See 2.1.2, above.
2. The IDEA Exchange offers same-day linkage to care, like TTRA.
3. Again, mental health messaging and availability must be made to all clients as a matter of initial visit and follow up protocols.
4. Consider limitations of funding streams; Part A does not pay for services for negative partners; and not all services are covered by Medicaid, for instance.

OBJECTIVE 2.2:
BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PWH RE-ENGAGED IN CARE FROM XX TO XX. (FDOH IS WORKING ON METRICS FOR THIS AND MAY CHANGE).

Strategy 2.2.1: Implementation of Data-2-Care strategies

Note: No community input on this issue; however, "Data to Care" was a strategy in the 2017-2021 Integrated Plan.

Strategy 2.2.2: Identify and address barriers for people who have fallen out of care.

Note: No community input on this issue; note that retention was a concern of the 2017-2021 Plan.

OBJECTIVE 2.3: BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PWH RETAINED IN CARE FROM 72.2% (2019) TO 85%.
Note: The Retained in Medical Care (RiMC) percentages in Miami-Dade for the most recent RWP CQM Performance Report Card are 73% for clients receiving MCM services and 86% for clients receiving OAHS.

Strategy 2.3.1: Enhance support for medication and treatment adherence.

1. Peers want to be more involved in client care, not just a "token person with HIV on the staff."

Strategy 2.3.2: Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.

Note: The RWP is currently engaged in several Quality Improvement (QI) initiatives directed toward improved retention in care. Retention was a major concern of the last Integrated Plan.

Strategy 2.3.3: Ensure care systems include access to behavioral health services.

1. Participants noted that seeking and participating in behavioral health services is itself a source of stigma.

Strategy 2.3.4: Improve scope, quality and training of Medical Case Managers and Peers

1. RWP Medical Case Managers (MCMs) get trained and assist in getting clients help outside the agency –
    a. "I have needs that my MCM doesn't know where to get help for and I end up relying on people in the waiting room for information."
    b. Ignorance is a common complaint – why do clients know more about services and HIV than MCM? (Three RWP clients in one group did not know bus passes existed.)
2. MCMs need to develop a relationship with clients and not just act as data entry clerks.
3. Peers need more education and better pay
    a. Move beyond just being buddies.
    b. Don't want to just be a token employee to show "we hire people with HIV."
4. More competent/understanding people need to be hired at AIDS Drug Assistance Program (ADAP) sites and by RWP subrecipients.
5. Need a system to help MCM keep up to date address, phone, email of clients (avoid losing track of clients).
6. Can the Provide database be set to alert MCM for upcoming appointments (or it is just reactive)? Set alerts:
    a. This client needed housing last month – did they get housing?
    b. This client needs food on a regular basis – are they connected to food bank?
    c. Are there other resources that could help?

OBJECTIVE 2.4:
INCREASE THE CAPACITY OF THE PUBLIC HEALTH, HEALTH CARE DELIVERY SYSTEMS, AND HEALTH CARE WORKFORCE TO EFFECTIVELY IDENTIFY, DIAGNOSE, AND PROVIDE HOLISTIC CARE AND TREATMENT FOR PEOPLE WITH HIV.

Strategy 2.4.1: Develop and implement a medical student ambassador program.

Strategy 2.4.2: Develop and implement a statewide peer navigation model.

1. Participants complain that there is no more peer-led "buddy/companion" program.

Strategy 2.4.3: Provide resources and support technical assistance to expand workforce and systems capacity to provide or link individuals to culturally competent care.

OBJECTIVE 2.5:
EXPAND CAPACITY TO PROVIDE WHOLE-PERSON CARE TO OLDER ADULTS WITH HIV AND LONG-TERM SURVIVORS.

Strategy 2.5.1: Develop a promotional PSA and associated social media messaging on healthy aging

1. Create and disseminate self-care messages for older adults ("older people have sex, too!")

Strategy 2.5.2: Engage with partner agencies and program to address the multitude of aging and chronic conditions affecting persons with HIV over the age of 50.

1. Do "Aging HIV Community" needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.
2. Develop special mental health services for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money.
3. Help older persons with HIV in the process of transitioning from RWP to Medicare. Older focus group and survey participants felt they had no help making the transition. Many did not know their pharmacy options. Many did not know how to deal with co-pays. Reportedly, MCMs did not help at all.
4. Older persons with HIV complain that they are, "only being treated according to their HIV," their non-HIV aging problems are ignored or not paid for. "Been navigating RWP for years, now I have to navigate a whole bunch of services I didn't know about."

Strategy 2.5.3: Assess polypharmacy issues for aging populations with HIV.

OBJECTIVE 2.7:
EXPAND CAPACITY TO PROVIDE WHOLE FAMILY CARE TO WOMEN WITH HIV

1. Women with HIV have more complex problems because they often have childcare duties as well. Who's paying attention to the whole household?
2. Women need more information on PrEP. Many don't know about it or believe, "PrEP is not made for women.". For women who are the "negatives" in sero-discordant couples, nobody pays for PrEP.
3. HIV stigma is higher among women.
4. Women with HIV are often discriminated against in provider offices.
5. Women need more economic support.

OBJECTIVE 2.7:
CONCENTRATE ON REDUCING VIRAL LOAD (VL) SUPPRESSION

6. Ramp up messaging to persons with HIV: know your numbers, track your progress.
7. Undocumented persons need quick viral load tests to keep from being stigmatized.
8. Note: The 2017-2021 Integrated Plan had an extensive set of objectives, strategies, and activities related to VL suppression. These should be included in the 2022 Plan as well.

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

OBJECTIVE 3.1:
REDUCE HIV-RELATED STIGMA AND DISCRIMINATION

Strategy 3.1.1: Ensure that health care professionals and front-line staff are educated and trained on stigma, discrimination, and unrecognized bias toward priority populations.

1. Significant reports on microaggressions, discriminatory language by service personnel (front desk, case managers, doctors), call for training.
2. *Make sure the first point of care is not the point of lost to care!*
3. Overall cultural sensitivity training and enforcement of culturally sensitive standards is needed.
4. Why are doctors and case managers allowed to say homophobic things or make gay jokes?
5. Understanding the importance of and using correct pronouns.
6. Addressing ethnic/racial/gender biases. Women, transgendered persons get treated especially badly.
7. Hispanics get treated first/better by Hispanics; African-Americans get treated first/better by African-American, etc. in healthcare settings (either real or perceived biases).
8. Transgender clients get treated badly.

Strategy 3.1.2: Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.

1. This area was not addressed by any of the community groups; however, this has been a major activity in the implementation of the 2017-2021 Integrated Plan and should be continued in the 2022-2026 Plan.

Strategy 3.1.3: Work with communities to reframe HIV service delivery and HIV-related messaging to prevent stigma among people or behaviors.

1. Educate adults about HIV – it's not just about being gay, it's about accepting people with HIV.
2. HIV is not like cooties – you don't catch it from being with people with HIV.
3. HIV is not a death sentence – the people you see are not dying, they are living with HIV.
4. Latin and Creole communities need special messages – cultural biases are serious business.
5. Kids need education – not just safe sex education in schools, but in churches, the "Y".

Strategy 3.1.4: Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities.

1. When will people start to get serious about housing? This is a major co-occurring condition.
    a. Not enough housing available.
    b. Housing discrimination exists based on sexual/gender identification, race, and ethnicity, and language.
    c. Getting into housing costs are very high, such as furniture, moving trucks, etc.
    d. Need short-term housing while people are on the Housing Opportunities for person with AIDS (HOPWA) waiting list, or need short-term housing (under 2 years).
        i. What is the HOPWA Program doing for people while they are waiting for long-term housing?
        ii. Do people know about short term assistance?

Strategy 3.1.5: Create a Transgender task force to identify and remediate unmet needs.

1. Hire/train transgender advocates and work with advocates outside your agency.
2. Training is needed to de-stigmatize transgender issues at agencies – all levels – front desk to MCM to doctors.
3. Trans Tenacity, "We are tired of taking surveys and not seeing any change."
4. Connect persons to name change clinics; explore funding for name change clinics.
5. Establish more transgender support groups as a "safe space."

OBJECTIVE 3.2:
BY DECEMBER 31, 2025, REDUCE THE ANNUAL RATE OF NEW HIV DIAGNOSES AMONG THE BLACK POPULATION FROM 52.9 (2019) TO 47.1 [This work element should be moved to NHAS Goal 1, Prevention, focusing on disparity populations]

Strategy 3.2.1: Identify and develop interventions to improve health outcomes among black women.

Strategy 3.2.2: Identify and develop interventions to improve health outcomes among black men.

Strategy 3.2.3: Develop and promote culturally appropriate HIV prevention and care activities.

Strategy 3.2.4: Expand community engagement efforts to address service delivery and prevention gaps.

OBJECTIVE 3.3:
BY DECEMBER 31, 2025, REDUCE THE ANNUAL RATE OF NEW HIV DIAGNOSES AMONG THE HISPANIC POPULATION FROM 29.2 (2019) TO 25.9. [This work element should be moved to NHAS Goal 1, Prevention]

Strategy 3.3.1: Identify and develop interventions to improve health outcomes among Hispanic men.

Strategy 3.3.2: Develop and promote culturally appropriate HIV prevention and care activities.

Strategy 3.3.3: Create funding opportunities that specifically address PrEP uptake.

Strategy 3.3.4: Expand community engagement efforts to address service delivery and prevention gaps.

Note: The FDOH draft goals, objectives, and strategies do not include ethnic, sexual preference or gender disparities in populations receiving RWP Part A/MAI services. The NHAS GOAL 3 section of the 2017 IP contains numerous goals to identify disparity groups in care and provide remedies. Staff recommends that OBJECTIVE 3.2 and OBJECTIVE 3.3 be moved to the Prevention section, and that disparity populations be identified for attention in Care and Treatment populations.

The focus on Hispanics and Blacks does not account for the Haitian population in Miami-Dade. Staff recommends that disparity populations for both retention in care and viral load suppression take this population into account.

NHAS Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties

This goal was the most frequently vocalized area of concern in the community input sessions and stakeholder surveys. The items listed below are drawn from these expressions. Staff feels that the objectives drafted by the State need considerable revision to make them more concrete. The JIPRT may choose to address the wording of these objectives and strategies, pursuant to suggesting revisions to the State, or may choose to allocate the community concerns into the existing objectives and strategies.

1. Coordinate data sharing between RWP Parts A, B, D, F; General Revenue (GR); and ADAP so that everybody knows what is going on.
2. Coordinate data sharing between the RWP and Medicaid.
3. "De-silo" treatment – subrecipient agencies don't "refer out" if they are afraid the clients will be lost when they go to another subrecipient.
4. Case managers need to know about non-RWP services and share those resources with clients so clients can make better use of them.
5. Clients have no idea where to go for help.
    a. Nobody knows that aidsnet.org exists as a resource. Clients have no idea where to go for help.
    b. Case managers are ignorant about anything that they don't provide in their own agencies.
6. "Status neutral" means treating the whole person, not just HIV. How come we don't treat the whole person? Need more required training on the status-neutral approach to care.
7. Mental health services are available beyond the RWP. Why are clients not being made aware?
8. Fund peer support networks that cut across funding boundaries and providers – newly diagnosed? STI? Transgender?
9. Substance abuse services are available – why are they only residential?
10. Need a community information hub, for all programs, for all clients.
11. Youth resources are lacking.
12. RWP needs to link with other Community Based Organizations (CBOs) to provide services to the whole client.
13. Other wrap-around services are needed: housing, support groups, transportation.
14. Why do we exclude faith-based services from our referral networks when they are free to everybody?
15. We need to get the word out to the community that there are services beyond the Ryan White Program.
16. People don't know what services exist (RWP, ADAP, etc.). We have services that are not being used because people don't know where to go.
17. It isn't a working system of care if nobody knows how to navigate it.
18. Clients who go to [name of outside agency] are treated [poorly] when the agency finds out they have HIV. We need to make cultural sensitivity a requirement to do business as a social service agency in Miami-Dade.

OBJECTIVE 4.1:
BY DECEMBER 31, 2025, INTEGRATE HIV, STI, AND VIRAL HEPATITIS PROGRAMS TO ADDRESS FACTORS IMPACTING THESE SYNDEMICS.

Strategy 4.1.1: Integrate awareness and education into outreach and services across the syndemics.

Strategy 4.1.2: Assess funding, data, workforce capacity, and programmatic barriers to effectively address the syndemics.

Strategy 4.1.3: Coordinate and align strategic planning efforts on HIV, STIs, and viral hepatitis across programs.

OBJECTIVE 4.2:
IMPROVE PRIVATE-PUBLIC-COMMUNITY PARTNERSHIPS TO IDENTIFY AND SCALE UP BEST PRACTICES AND ACCELERATE HIV ADVANCES.

Strategy 4.2.1: Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners.

Strategy 4.2.2: Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly.

Strategy 4.2.3: Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV.

OBJECTIVE 4.3:

Strategy 4.3.1: Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

Strategy 4.3.2: Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.

Strategy 4.3.3: Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners

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MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Thursday, June 23, 2022

10:00 AM – 1:00 PM

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

AGENDA

I.	Call to Order	Abril Sarmiento
II.	Introductions	All
III.	Housekeeping	David Goldberg
IV.	Floor Open to the Public	Dr. Angela Mooss
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 9, 2022	All
VII.	Standing Business	
	▪ Ryan White Program Part A/MAI Recipient Report	Carla Valle-Schwenk
	▪ Partnership Report	Abril Sarmiento
	▪ 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development – Continuation from May 2022 Meeting	All
VIII.	New Business	
IX.	Announcements	All
X.	Next Meeting: Joint Integrated Plan Review Team – Monday, August 8, 2022 at Miami-Dade County Main Library	Dr. Diana Sheehan
XI.	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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People with HIV make the difference!

Join the Partnership! Be the difference-maker in your community!

Come to the next Community Coalition Roundtable Dinner and be part of the HIV Community who speaks for the HIV Community!

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

FIU
Robert Stempel College of Public Health & Social Work

MIAMI-DADE HIV/AIDS PARTNERSHIP

BEHAVIORAL SCIENCE RESEARCH

Miami-Dade County Ryan White Program Monthly Research Symposium

Provided by Florida International University and Behavioral Science Research

Join us each month via Zoom to explore findings from FIU/BSR research studies drawn from Ryan White Program client interviews and client data analyses.
Each 1 hour session will include 30 minutes of Q/A.

Lessons Learned About Access to HIV Care at the Height of the COVID-19 Pandemic

Wednesday, June 22, 12:00 p.m. – 1:00 p.m.
Zoom Meeting ID: 876 9818 0742 ~ Passcode: 322602

Challenges Experienced by Ryan White Program Clients During COVID

Wednesday, July 20, 12:00 p.m. – 1:00 p.m.
Zoom Meeting ID: 894 8279 2216 ~ Passcode: 243323

Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspectives

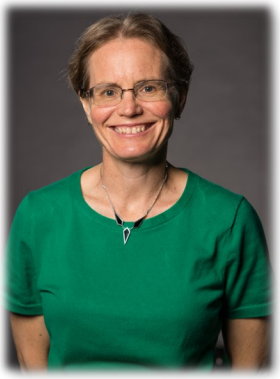
Wednesday, August 31, 12:00 p.m. – 1:00 p.m.
Zoom Meeting ID: 817 7037 3251 ~ Passcode: 615937

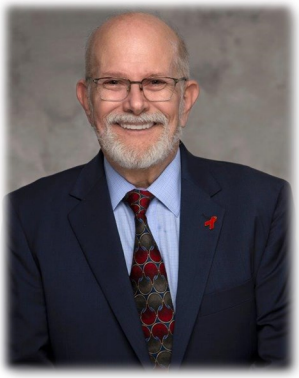
Barriers to Adherence and Retention in HIV Care Among Women

Wednesday, September 21, 12:00 p.m. – 1:00 p.m.
Zoom Meeting ID: 890 7532 6180 ~ Passcode: 358766

Presenters

Dr. Mary Jo Trepka
FIU Professor and Chair, Dept. of Epidemiology, Robert Stempel College of Public Health & Social Work





Dr. Robert Ladner
President, Behavioral Science Research Corp.

Ending The HIV Epidemic

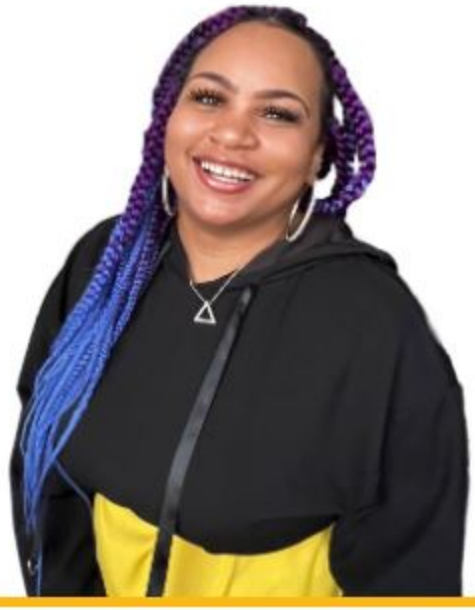
Technical Assistance Provider innovation network

CAI Launches National Campaign *Imagine: Ending HIV. It's Possible.*

Join us

CAI's Technical Assistance Provider-innovation network (TAP-in) launches ***Imagine: Ending HIV. It's Possible,*** a national campaign to showcase how RWHAP leaders at every level have been innovating and using novel approaches and strategies to achieve the goal of ending the HIV epidemic.

Join our webinar to learn more.



A transformative new campaign for ending the HIV epidemic.

When:

Thursday, June 30, 2022

1pm – 2pm EST

Register Here

Audiences

- EHE jurisdiction leaders
- RWHAP providers
- Quality improvement staff
- People with lived experience

CAMPAIGN TOOLKIT

This Campaign Toolkit for jurisdiction leaders, their teams, and partners includes the following resources:

- Video testimonials of successful strategies for Ending the HIV Epidemic (EHE)
- Factsheets about using data strategically and leveraging small wins for big impact
- EHE talking points
- Shareable social media graphics and posts
- and much more.

"Be bold, think outside the box, really explore ways to be innovative, to do things that we never thought would be possible. EHE provides that opportunity."

-Lisa Muttiah, Tarrant County

MIAMI-DADE HIV/AIDS PARTNERSHIP

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August 2022

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

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	1 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/AID 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).	2	3	4 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	5	6
7	8 Miami-Dade HIV/AIDS Partnership **Joint Team Meeting: Strategic Planning Committee and Prevention Committee** **10:00 AM – 12:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	9	10 Miami-Dade HIV/AIDS Partnership's **New Member Orientation & Training** **2:00 PM – 5:00 PM** Via Zoom Meeting ID: 863 7776 7456 Passcode: 708747	11	12 **Print It Post It Pass It Around**	13
14	15 **Miami-Dade HIV/AIDS Partnership** **10:00 AM – 12:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130 **Ryan White Program Medical Case Manager Basic Training 10:00 AM – 5:00 PM** Zoom Meeting	16	17	18 Miami-Dade HIV/AIDS Partnership **Housing Committee** **2:00 PM – 4:00 PM** Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	19 **Clinical Quality Management Committee** **9:30 AM – 11:30 AM** Zoom Meeting	20 Southern HIV/AIDS Awareness Day
21	22	23	24 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	25	26 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	27
		2022 National Ryan White Conference on HIV Care & Treatment				
28	29 National Faith HIV/AIDS Awareness Day Miami-Dade HIV/AIDS Partnership **Community Coalition Roundtable Dinner** **5:30 PM – 7:30 PM** Pridelines 6360 NE 4th Court Miami, FL 33138	30 **Minority AIDS Initiative Clinical Quality Management Team** **9:30 AM – 11:30 AM** Zoom Meeting	31 **Ryan White Program Medical Case Manager Supervisor Training 10:00 AM – 4:00 PM** Zoom Meeting **MDC RWP Monthly Research Symposium: *Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspectives* 12:00 PM – 1:00 PM Via Zoom** Meeting ID: 817 7037 3251 ~ Passcode: 615937	All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in person. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom. **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.		

Version 06/20/22 Information on this calendar is subject to change.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
dziękuję
bedankt
спасибо
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
terima kasih
grazie
arigatô
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Баярлалаа
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vinaka
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misaotra
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