



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/>





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

**Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



All attendees must  
**SIGN IN**  
to be counted as present.





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

Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

# 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, **INFECTED 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 may be 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!*



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

**Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

## **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.”



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

Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)





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

Monday, August 8, 2022

10:00 AM – 1:00 PM

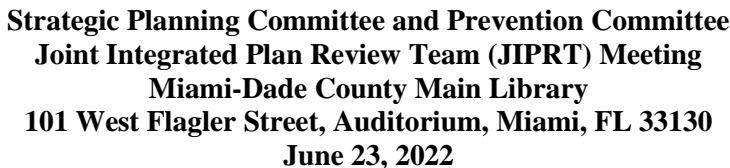
Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

### **AGENDA**

- |       |   |                   |
|-------|---|-------------------|
| I.    | Call to Order   | Abril Sarmiento   |
| II.   | Introductions   | All               |
| III.  | Housekeeping  | David Goldberg    |
| IV.   | Floor Open to the Public  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

[illegible]

Miami-Dade HIV/AIDS Partnership Joint Integrated Plan Review Team  
[www.aidsnet.org](http://www.aidsnet.org) June 23, 2022 Minutes

## **I. Call to Order**

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:17 a.m.

## **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 people first language, code of conduct, resource persons, and attendance.

## **IV. 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.

## **V. Review/Approve Agenda**

Members reviewed the agenda. Abril Sarmiento replaced Dr. Angela Mooss for the Floor Open to the Public; and the date of Minutes was corrected from May 9, 2022, to May 14, 2022.

**Motion to approve the agenda with updates and corrections, as noted.**

**Moved: Miguel Puente**

**Seconded: Monica Bahamón**

**Motion: Passed**

## **VI. Review/Approve Minutes of May 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: Roselaine Monestime**

**Seconded: Miguel Puente**

**Motion: Passed**

## **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:

- Letters of award are being sent to RWP subrecipients.
- The Final Notice of Award for Fiscal Year 2022, which began on March 1, 2022, included a 3.7% increase in Part A/MAI funding.

- To date, the Test and Treat/Rapid Access protocol has served 2,769 people.
- Reports due to the Health Resources and Services Administration (HRSA) were submitted on time.
- A Client Eligibility Checklist is under development to simplify and clarify the eligibility process.
- BSR worked with Legal Services of Greater Miami to develop a gender-affirming care / legal name change policy.
- Regarding transportation costs for the RWP, the program covers discounted transportation vouchers; the cost has not been impacted by rising gas prices.
- The County signed off on the data-sharing agreement with FDOH, which will assist with case-finding of lost to care clients.
- Negotiations to streamline the client intake process are ongoing with the AIDS Drug Assistance Program and RWP Part B.

▪ Partnership Report

Abril Sarmiento

Ms. Sarmiento noted the Partnership did not reach quorum for their June 21, 2022 scheduled meeting.

- 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. Strategies prior to 2.2.1 were reviewed at the last meeting.

Following are comments specific to each Strategy:

*Strategy 2.2.1: Implementation of Data-2-Care strategies*

- Data to care will provide a better picture of where clients are. Data is based off Provide Enterprise-Miami (PE-Miami), the RWP client-level database.
- Add same Strategy to Retention in Care.

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

- Consider a survey on barriers to care and why they fell out of care.
- Can we flag a record in PE-Miami to show when someone falls out of care or is about to fall out of care?

*Strategy 2.3.1: Enhance support for medication and treatment adherence, and viral load suppression.*

- Establish guidelines for “warm” handoff from Peer to MCM.
- Review Peer support levels; some peers are clinical and others are non-clinical.
- Review Service Delivery Guidelines for Peer essential functions and return to following the definition (if not already doing so).
- Peers need to feel empowered to be more involved.
- Consider Peer certification training, including gender-affirming care, and cultural competency training.
- Conduct survey of peers to determine current activities.

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

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

*Strategy 2.3.3: Ensure care systems include increased usage of behavioral health services.*

- Identify how obtaining behavioral health or mental health (MH) services is stigmatizing.
- Reconsider language around “mental health”, for instance, use the term “wellness program.”
- Develop a standard for how MH is introduced to a client; normalize the experience. This might be too much for an initial visit. Allow peers to be advocates for clients needing MH services.

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

- Comments on this strategy should be shared with MCM at their monthly meetings.
- Feedback from MCM on these comments should be considered.
- Promote resources such as Jackson Resource Guide, 211 (Switchboard of Miami), and AIDSNET.org.
- Staff is experiencing burn-out; salaries have not increased with the increased cost of living; revisit MCM reimbursement rate.

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

- Start embedding the understanding of HIV treatment and how easy it can be.

*Strategy 2.4.2: Develop and implement ~~a statewide~~ an evidence-based peer navigation model.*

- Determine a measurement for stigma (use existing measurement tools).
- Move to “whole person”/holistic (body and mind) treatment and normalizing the HIV treatment experience.

*Strategy 2.5.2: Engage with partner agencies and programs to address the multitude of aging and chronic conditions affecting persons with HIV over the age of 50 (consider changing to 45 years old in consideration of the effects of aging specific to people with HIV.)*

*Strategy 2.5.4: Develop a “Geriatric” program for person over 45 years old.*

- New strategy.

*Objective 2.7: Expand Capacity To Provide Whole Family Care To Women With HIV*

- Women with HIV are often discriminated against in provider offices. Incorporate sensitivity training specific to women.
- Consider how childcare can be a barrier to care and explore solutions. Suggestions include paying for childcare vouchers; Head Start programs, 211, developing a resource guide specific to women. Consider that childcare may only be needed on a limited basis for in person appointments.
- Develop strategies around childcare, sensitivity training, and using data we have on women’s health.

*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.*

- Incorporate ongoing training on language and language discrimination.

*Strategy 3.1.2: ~~Increase awareness of~~ Target improvements in HIV-related disparities through data collection, analysis, and dissemination of findings.*

- Determine who are the target audiences.
- Use an established measurement tool.

*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.*

- There may be RWP Part B EHE funds for housing assistance, however a housing partner and stakeholder needs to be involved in ongoing planning.

The meeting time was set to expire. Ms. Sarmiento called for a motion to extend the meeting by 15 minutes. She noted the importance of starting meetings on time.

**Motion to extend the meeting by 15 minutes.**

**Moved: Eddie Orozco**

**Seconded: Dr. Diana Sheehan**

**Motion: Passed**

#### **VIII. New Business**

There was no New Business.

#### **IX. Announcements**

There were no Announcements.

#### **X. Next Meeting**

Prevention Committee Vice Chair, Dr. Diana Sheehan, announced the next meeting is August 8, 2022 at the Miami Main Library.

#### **XI. Adjournment**

Ms. Sarmiento adjourned the meeting at 1:12 p.m.



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

**Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



## Membership Report

July 19, 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 |**

### 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:*

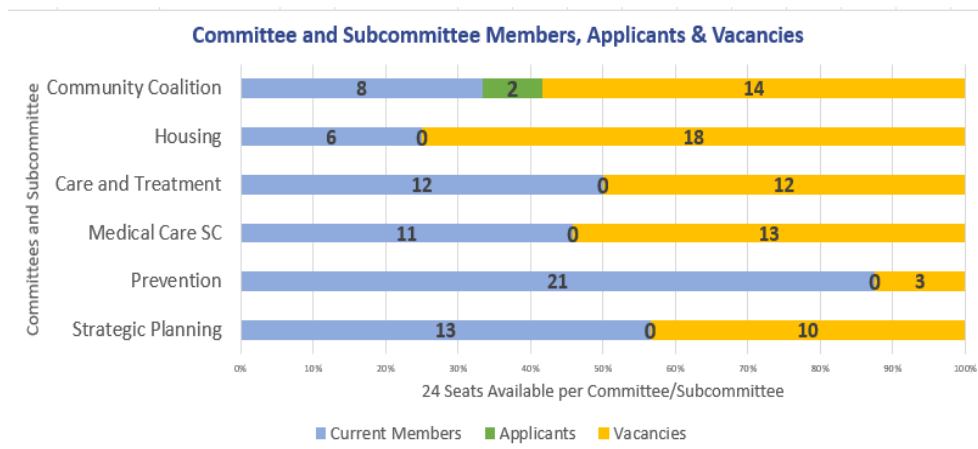
- Representative Co-infected with Hepatitis B or C
- Hospital or Health Care Planning Agency Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

---

### Partnership Committees

*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**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtable Luncheons with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit [aidsnet.org/membership](https://aidsnet.org/membership) for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com) or 305-445-1076 for assistance.



## **Partnership Report to Committees and Subcommittee July 18, 2022 Meeting**

---

*Supporting documents related to motions in this report are available online at [aidsnet.org/meeting-documents/](https://aidsnet.org/meeting-documents/), or from staff at Behavioral Science Research Corp. (BSR).*

*For more information, please contact [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com).*

---

The Partnership heard reports and approved the following motions:

1. Motion to adopt the updated Code of Conduct.
2. Motion to accept the “Dear Colleague” letter regarding gender-affirming care, with changes.
3. Motion to add codes to the Ryan White Oral Health Care Formulary: D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap); D6191 (Semi-precision abutment-placement); D6192 (Semi-precision attachment-placement); D6110 (Implant/abutment supported removal denture for edentulous arch-maxillary); and D6111 (Implant/abutment supported removal denture for edentulous arch-mandibular). As detailed in the Letter of Medical Necessity for Dental Implants, the implants are not cosmetic. They are for edentulous patients [patients lacking teeth] with insufficient bone support for conventional complete dentures and/or advanced resorption of the bone that supports dentures so they have difficulty keeping them in place. Limit is 8 units.
4. Motion to accept the Letter of Medical Necessity for Dental Implants with changes.
5. Motion to have an effective start date of August 1, 2022 [for the above referenced changes], pending approval by the Partnership of the Letter of Medical Necessity for Dental Implants.
6. Motion to accept the Other Professional Services: Legal Services and Permanency Planning services description with gender-affirming language as presented.
7. Motion to allocate \$766,083 of Part A Sweeps 2 funds to the Food Bank service category.
8. Motion to allocate Part A Sweeps 2 funds: \$5,815,461 to Medical Case Management; \$8,577,172 to Outpatient/Ambulatory Health Services; \$132,385 to Mental Health Services; \$84,492 to AIDS Pharmaceutical Assistance; \$3,088,975 to Oral Health Care; \$335,776 to Health Insurance Services; \$1,969,744 to Substance Abuse Residential; \$44,128 Substance Abuse Outpatient Care; \$194,149 to Medical Transportation; \$9,853 to Emergency Financial Assistance; \$264,696 to Outreach Services; and \$154,449 to Other Professional Services (Legal).
9. Motion to allocate MAI Sweeps 2 funds of \$6,883 to Clinical Quality Management.

10. Motion to appoint Alecia Tramel as designated Miami-Dade HIV/AIDS Partnership member liaison to the I am a Work of ART Campaign.

---

Meeting calendars are online:

- Partnership Website: <http://aidsnet.org/calendar/>, and
- County Website: <https://www8.miamidade.gov/global/calendar/global.page>

Please RSVP: Scan the QR Code to RSVP to July, 2022 meetings, or contact us at (305) 445-1076, [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com), or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).



**RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)**

**PART A**

**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32**

**FORMULA AND SUPPLEMENTAL FUNDING**

**Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19**

Project #: BURW3201	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount Formula	16,141,380.00	FORMULA
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL
Grant Award Amount FY'20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL
Carryover Award FY'17 Formula		CARRYOVER

**Total Award \$ 24,532,094.00**

**CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS**

**DIRECT SERVICES:**

Core Medical Services	Allocations	
4 AIDS Pharmaceutical Assistance	84,492.00	
6 Health Insurance Services	335,776.00	
1 Medical Case Management	5,815,461.00	
3 Mental Health Therapy/Counseling	132,385.00	
5 Oral Health Care	3,088,975.00	
2 Outpatient/Ambulatory Health Svcs	8,577,172.00	
9 Substance Abuse - Outpatient	44,128.00	18,078,389.00

Support Services	Allocations	
11 Emergency Financial Assistance	9,853.00	
8 Food Bank	766,083.00	
10 Medical Transportation	194,149.00	
13 Other Professional Services	154,449.00	
12 Outreach Services	264,696.00	
7 Substance Abuse - Residential	1,969,744.00	3,358,974.00

**DIRECT SERVICES TOTAL: \$ 21,437,363.00**

Total Core Allocation 18,078,389.00  
 Target at least 80% core service allocation 17,149,890.40  
**Current Difference (Short) / Over \$ 928,498.60**

**Recipient Admin. (GC, GTL, BSR Staff) \$ 2,453,209.00**

**Quality Management \$ 641,522.00**

**(+) Unobligated Funds / (-) Over Obligated:**

Unobligated Funds (Formula & Supp) \$ -  
 Unobligated Funds (Carry Over) \$ - 3,094,731.00 24,532,094.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**

Cannot be under 75% **84.33% Within Limit**

**Quality Management % of Total Award (Not including C/O):**

Cannot be over 5% **2.62% 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
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	0.00	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care	0.00	
5606610000	Outpatient/Ambulatory Health Svcs	0.00	
5606910000	Substance Abuse - Outpatient	0.00	0.00

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,470.00	529,470.00
5606460000	Medical Transportation	0.00	
5606890000	Other Professional Services	26,874.00	
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential	86,520.00	642,864.00

**TOTAL EXPENDITURES DIRECT SVCS & % : \$ 642,864.00 3.00%**

**Formula Expenditure % 9.08%**

5606710000 **Recipient Administration 622,284.69**

5606880000 **Quality Management 200,000.00 822,284.69**

**Grant Unexpended Balance 23,066,945.31**

**Total Grant Expenditures & % \$ 1,465,148.69 5.97%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**

Cannot be under 75% **0 Danger!!!!**

**Quality Management % of Total Award (Not including C/O):**

Cannot be over 5% **0.82% Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**

Cannot be over 10% **2.54% Within Limit**

**RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)**

**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32**

**MINORITY AIDS INITIATIVE (MAI) FUNDING**

**Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19**

MAI

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	1,089,480.00	MAI
Grant Award Amount FY'20 MAI	1,623,771.00	PY_MAI
Carryover Award FY'21 MAI		MAI_CARRYOVER
<b>Total Award</b>	<b>\$ 2,713,251.00</b>	

Priority Order

**CONTRACT ALLOCATIONS**

**DIRECT SERVICES:**

	Core Medical Services	Allocations	
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	903,920.00	
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,356,661.00	
4	Substance Abuse - Outpatient	8,058.00	2,287,599.00
	<b>Support Services</b>	<b>Allocations</b>	
7	Emergency Financial Assistance	0.00	
	Food Bank		
5	Medical Transportation	7,628.00	
	Other Professional Services		
6	Outreach Services	39,816.00	
	Substance Abuse - Residential		47,444.00

**DIRECT SERVICES TOTAL:** \$ 2,335,043.00

Total Core Allocation 2,287,599.00  
 Target at least 80% core service allocation 1,868,034.40  
**Current Difference (Short) / Over \$ 419,564.60**

**Recipient Admin. (OMB-GC)** \$ 271,325.00 2,713,251.00

**Quality Management** \$ 106,883.00

**(+) Unobligated Funds / (-) Over Obligated:**  
 Unobligated Funds (MAI) \$ - 378,208.00 2,713,251.00  
 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% 3.94% 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
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	0.00	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	0.00	
5606910000	Substance Abuse - Outpatient	0.00	0.00
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	0.00	
5606890000	Other Professional Services		
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		0.00

**TOTAL EXPENDITURES DIRECT SVCS & %:** \$ - 0.00%

5606710000 **Recipient Administration** 31,506.79

5606880000 **Quality Management** 33,333.32 64,840.11

**Grant Unexpended Balance** 2,648,410.89

**Total Grant Expenditures & % (Including C/O):** \$ 64,840.11 2.39%

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% #DIV/0! #DIV/0!

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% 1.23% Within Limit

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% 1.16% Within Limit

RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A  
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)  
Health Insurance Premium and Cost Sharing Assistance  
Medical Case Management  
Mental Health Services  
Oral Health Care  
Outpatient Ambulatory Health Services  
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals  
Medical Transportation  
Other Professional Services  
Outreach Services  
Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
27	106	21	74
31	1,014	17	484
6,673	28,485	3,158	6,077
44	244	23	58
741	3,107	536	1,395
1,694	8,291	1,066	2,915
1	7	1	5
693	4,770	420	585
362	1,424	192	394
61	299	17	45
81	287	16	51
23	564	4	17
TOTALS:		10,431	48,598

Total unduplicated clients (month):

3,931

Total unduplicated clients (YTD):

6,849

RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	27	106	21	74
Health Insurance Premium and Cost Sharing Assistance	31	1,014	17	484
Medical Case Management	5,989	25,256	2,926	5,826
Mental Health Services	41	233	20	51
Oral Health Care	741	3,107	536	1,395
Outpatient Ambulatory Health Services	1,627	7,869	1,026	2,872
Substance Abuse Outpatient Care	0	1	0	1
Support Services				
Food Bank/Home Delivered Meals	693	4,770	420	585
Medical Transportation	356	1,405	186	383
Other Professional Services	61	299	17	45
Outreach Services	78	276	13	40
Substance Abuse Services (residential)	23	564	4	17
TOTALS:	9,667	44,900		
Total unduplicated clients (month):	3,759			
Total unduplicated clients (YTD):	6,727			

RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	684	3,229	339	686
Mental Health Services	3	11	3	7
Outpatient Ambulatory Health Services	67	422	57	200
Substance Abuse Outpatient Care	1	6	1	4
Support Services				
Medical Transportation	6	19	6	12
Outreach Services	3	11	3	11
TOTALS:	764	3,698		
Total unduplicated clients (month):	387			
Total unduplicated clients (YTD):	841			





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

Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | <b>Standing Business</b>  |                   |
|       | ▪ <b>2022-2026 Integrated HIV Prevention and Care Plan</b>  | <b>All</b>        |
|       | - <b>Goals Spreadsheet Review</b>   |                   |
|       | - <b>Next Steps</b>   |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

**2022-2026 INTEGRATED PLAN GOALS, OBJECTIVES AND STRATEGIES**  
**Under Development**  
**August 5, 2022 Working Version**

---

*This is a working document for review by the Miami-Dade HIV/AIDS Partnership's Joint Integrated Plan Review Team. This document should not be distributed as a final version.*

**Goal 1: Prevent new HIV infections**

- Prevention (P)
- Linkage to Care (L)

**Goal 2: Improve HIV-related health outcomes for people with HIV**

- Retention in Care (R)
- Health Outcomes for Special Populations (SP)

**Goal 3: Reduce HIV-related disparities and health inequities**

- Stigma (S)
- Disparities in Retention in Care (DR)
- Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV)

**Goal 4: Achieve integrated, coordinated efforts that address the HIV Epidemic among all partners and stakeholders**

- Integrated Plan Coordination (IPC)

**Strategies and Activities were developed based on:**

- 2017-2021 Integrated Plan (2017-2021 IP);
- FDOH-Tallahassee Integrated Plan (State IP);
- FDOH-MDC Ending the HIV Epidemic (FDOH-EHE);
- Community input sessions; and
- Joint Integrated Plan Review Team meetings (JIPRT).

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P1. Increase the percentage of people in Miami-Dade County who are aware of their HIV status from the baseline 87% in 2019 to 93% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P1.1.</b> Implement HIV, HCV, and STI screenings as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.	<b>P1.1.a.</b> Identify and engage healthcare facilities to conduct routine testing	FDOH-MDC and partners (i.e., FOCUS, hospital settings, FQHCs, urgent care centers, medical practices, free clinics, hospitals)	# of healthcare facilities identified for routine opt-out HIV screening in Miami-Dade County  # of healthcare facilities interested in routinizing HIV testing in Miami-Dade County  # of healthcare facilities committed to conduct routine opt-out HIV screening in Miami-Dade County  # of healthcare facilities implementing routine opt-out HIV screening in Miami-Dade County  # of persons served at a healthcare facility  # of persons tested at a healthcare facility  ** CONTINUED **		

			# of HIV-positive persons identified through routine testing # of previously diagnosed HIV-positive persons # of newly diagnosed HIV-positive persons confirmed in surveillance # of newly diagnosed HIV-positive persons identified by self-report # of HIV tests integrated with viral hepatitis tests # of HIV tests integrated with STI tests		
	<b>P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs)	FDOH-MDC and partners	# of providers identified to be educated on routine testing (i.e., HIV, HCV, STI) # Number of private providers educated on routine testing (i.e., HIV, HCV, STI) # Number of MOUs/agreements established with partners to serve as routine healthcare testing sites		

	<b>P1.1.c.</b> Increase the number of healthcare settings that offer STI testing	FDOH-MDC and partners	# of healthcare facilities identified to conduct STI testing # of healthcare facilities committed to conduct STI testing # of MOUs signed with the healthcare facilities to offer STI testing # of healthcare facilities implementing STI testing # of STI Tests done at healthcare facilities # of clients with a positive STI result # of clients newly diagnosed with a STI		
<b>Notes</b> 1. State Strategy 1.1.1 2. HIV testing must include pre- and post-testing counseling components. 3. Consider simplified messaging and “old-fashioned” (1980s) counseling – 4 key points any healthcare worker can deliver.					

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P1. Increase the percentage of people in Miami-Dade County who are aware of their HIV status from the baseline 87% in 2019 to 93% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P1.2.</b> Expand HIV/STI testing in traditional and non-traditional settings  <b>**CONTINUED**</b>	<b>P1.2.a.</b> Increase the use of home HIV self-testing kits as an alternative option specially for hard-to-reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM)	FDOH-MDC and partners	# of Persons Receiving ≥1 HIV Self-Test Kits  # of persons who confirmed taking the test  # of persons with reported a positive test result using the self-test kit  # of persons with positive test result from a self-test kit, that took a confirmatory test at FDOH-MD facility		

	<p><b>P1.2.b.</b> Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non- traditional settings (i.e., faith-based organizations, domestic violence/human trafficking agencies)</p>	<p>FDOH-MDC and partners (i.e., Faith-based organizations, domestic violence/human trafficking agencies, CBOs, universities, FQHCs, and other non-traditional partners.</p>	<p># of partners identified to conduct HIV/STI testing at n- traditional settings</p> <p># of partners interested in conducting HIV/STI testing at non-traditional settings</p> <p># of partners committed to conduct HIV/STI testing at non-traditional settings</p> <p># of partners implementing HIV/STI testing at non- traditional settings</p> <p># of persons tested for HIV at non-traditional settings</p> <p># of HIV-positive persons at a non-traditional setting</p> <p># of persons tested for STI at non-traditional settings</p> <p># of persons newly diagnosed with STI at non-traditional settings</p> <p># of previously diagnosed HIV-positive persons, confirmed in surveillance at non-traditional settings</p> <p># of previously diagnosed HIV-positive persons identified by self-report, at non-traditional setting</p>		
--	---	---	--	--	--

	<b>P1.2.c.</b> Increase the number of mobile units offering HIV/STI testing in the community	FDOH-MDC and partners (i.e., CBOs, universities, FQHCs)	# of mobile units able to conduct HIV/STI testing  # of HIV tests conducted at a mobile unit		
<b>Notes</b> <ol style="list-style-type: none"> <li>1. State Strategy 1.1.2.</li> <li>2. Strategy aimed at reducing stigma.</li> <li>3. FDOH-EHE Activity: Increase the use of home HIV self-testing kits as an alternative option specially for hard-to-reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM).</li> </ol>					



**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P2. Reduce the rate of mother-to-child HIV transmissions diagnosed annually from 22.7 (2019) to xx by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P2.1.</b> Ensure health care providers are complying with the opt-out HIV and STI screening law for pregnant women.  <b>**CONTINUED**</b>	<b>P2.1.a.</b> Partner with and educate all medical providers and agencies which provides care and treatment to women of childbearing ages, pregnant women with HIV and their infected/exposed newborns by sharing Florida Statutes and Perinatal HIV Prevention protocols for Labor and Delivery and Emergency Departments	FDOH-MDC and partners	# of in-person educational sessions conducted to medical care providers  # of agencies of which the Florida Statutes and Perinatal HIV Prevention protocols for Labor and Delivery was shared		
	<b>P2.1.b.</b> Partner with the FDOH-MD academic detailing program and congenital syphilis team to increase education and awareness among women of childbearing ages	FDOH-MD	# of providers contacted by the DIS for provision of information on congenital syphilis, and HIV testing to include the opt-out HIV and STI screening for pregnant women  # of academic detailing sessions conducted, to discuss the opt-out HIV and STI screening for pregnant women		

	<b>P2.1.c.</b> Partner hospitals to educate counselors and testers regarding proper opt-out HIV and STI screening for pregnant women, and to send the High-Risk Notification Form to the Miami-Dade Perinatal HIV Prevention Program (pregnant women don't have insurance and go to ERs to check the baby- initial and 3rd trimester women get tested)	FDOH-MDC and partners	# of counselors and testers educated  # of hospitals implementing opt-out HIV/STI screening for pregnant women		
	<b>P2.1.d.</b> 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 <i>High Risk Pregnancy Notification</i> and <i>Newborn Exposure Notification</i> forms and act on behalf of the pregnant women living with HIV and their HIV exposed babies.	FDOH-MDC and partners	# of educational sessions conducted to providers to hospitals, and urgent care centers  # of hospitals and urgent care centers of which educational sessions was conducted		
<b>Notes</b> 1. Input from FDOH's Perinatal HIV Coordinator					

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P2. Reduce the rate of mother-to-child HIV transmissions diagnosed annually from 22.7 (2019) to xx by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P2.2.</b> Increase awareness among women of childbearing age about HIV testing, perinatal prevention strategies, and postpartum family planning services	<b>P2.2.a.</b> Ensure postpartum family planning services are provided to women with HIV	FDOH-MDC and partners	# of agencies providing postpartum family planning services to women living with HIV		
	<b>P2.2.b.</b> Coordinate with Healthy Start to promote HIV testing among pregnant women, and perinatal care.	FDOH-MDC and partners	# of pregnant women tested for HIV		
	<b>P2.2.c.</b> Ensure prenatal care for pregnant women	FDOH-MDC and partners	# of HIV positive pregnant women in HIV care # of HIV positive women in prenatal care.		

**Notes**

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P3. Increase the number of individuals prescribed PrEP from the baseline xx persons in 2021 to xx persons by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P3.1.</b> Ensure access to and availability of pre-exposure prophylaxis (PrEP).  <b>**CONTINUED**</b>	<b>P3.1.a.</b> Increase PrEP access by utilizing facilities and mobile units.	FDOH-MDC and partners (i.e., CBOs, FQHCs, agencies)	# of HIV-negative persons # of individuals screened for PrEP # of individuals eligible for PrEP # of individuals referred to a PrEP provider # of individuals linked to a PrEP provider # of individuals prescribed PrEP		
	<b>P3.1.b.</b> Promote Ready, Set, PrEP initiative using peer educators/community health workers to better reach communities where they are and provide education on PrEP/nPEP and HIV prevention.	FDOH-MDC and partners (i.e., Peer educators/community health workers)	# of educational sessions conducted # of educational materials distributed regarding PrEP and HIV prevention		

	<b>P3.1.c.</b> Utilize academic detailing to engage and educate health care providers on PrEP/nPEP, to increase accessibility and create potential access points for PrEP.	FDOH-MDC and partners (i.e., AETC, Gilead, HIP providers, DOH private providers, FQHCs, pharmacies, CBOs)	# of educational sessions conducted specifically to health care providers  # of health care providers prescribing PrEP  # of providers recruited to provide PrEP services		
	<b>P3.1.d.</b> Disseminate a comprehensive list of PrEP providers to share with community partners.	FDOH-MDC and partners (i.e., Pharmaceuticals, CBOs, retail pharmacy chains, medical providers, ERs, Urgent Cares, Clinics, testing sites)	# of organizations with accessibility to the comprehensive list		
	<b>P3.1.e.</b> Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.	FDOH-MDC and partners (i.e., Pharmaceuticals, CBOs, retail pharmacy chains, medical providers, ERs, Urgent Cares, Clinics, testing sites)	# of providers offering TelePrEP services  # of persons who received TelePrEP Services		

**Notes**

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. Who pays for PrEP for their negative partner? FDOH offers FREE startup PrEP for first 30 days, then what?
3. More free PrEP options are needed.
4. FDOH-EHE

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P4. Increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis) in the community from xx (x%) to xx (x%).**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P4.1.</b> Ensure access to and availability of nPEP.	<b>P4.1.a.</b> Increase nPEP access by utilizing facilities and mobile units	FDOH-MDC and partners (i.e., FDOH, CBOs, FQHCs, agencies)	# of individuals screened for nPEP # of individuals eligible for nPEP # of individuals referred to a nPEP provider		
	<b>P4.1.b.</b> Utilize academic detailing to engage and educate providers, urgent care centers and ERs on nPEP, to increase accessibility and create potential access points for nPEP.	FDOH-MDC and partners	# of facilities providing nPEP services # of providers providing nPEP services		
	<b>P4.1.c.</b> Disseminate a comprehensive list of nPEP providers to share with community partners and healthcare providers.	FDOH-MDC and partners	# of organizations with accessibility to the comprehensive list of nPEP providers		
<b>Notes</b> 1. FDOH-EHE					

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P5. Increase access to free condoms from XX in 2022, to XX in 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P5.1.</b> Continue free condom distribution.	<b>P5.1.a.</b> Increase the total number of condoms provided to high-risk population	FDOH-MDC and partners	# of condoms distributed		
	<b>P5.1.b.</b> Distribute condoms to various agency types	FDOH-MDC and partners	Report of locations and populations served. # of condoms distributed at bar/clubs # of condoms distributed at CBOs # of condoms distributed at clinical/medical settings # of condoms distributed at college/schools  **CONTINUED**		



			# of condoms distributed at faith-based organizations # of condoms distributed at prevention/ intervention sessions # of condoms distributed at private businesses # of condoms distributed at street outreach		
Notes					

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P6. Support local SSP and ensure access to SSP and harm reduction services.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P6.1.</b> Inform providers and community about local Syringe Service Program (SSP) services.	<b>P6.1.a.</b> Support local SSP, and ensure access to harm reduction services	FDOH-MDC and partners	# of persons linked to SSP		
	<b>P6.1.b.</b> Utilize social media platforms to promote services offered by SSP	FDOH-MDC and partners	# of social media posts by SSP		
	<b>P6.1.c.</b>	FDOH-MDC and partners			

**Notes**

1. Disease Elimination Act (IDEA Exchange) needle exchange program is in place. As of July 2022, one RWP MAI subrecipient is using this as an access point to its MAI HIV services.

**National HIV/AIDS Strategy - Goal #1  
PREVENT NEW HIV INFECTIONS**

**PREVENTION (P)**

**Objective P7. Expand culturally appropriate outreach and messaging concerning HIV prevention, testing, and treatment.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>P7.1.</b> Expand community engagement efforts (i.e., outreach events, media campaigns) for populations most at risk in Miami-Dade County  <b>**CONTINUED**</b>	<b>P7.1.a.</b> Build innovative media campaigns inclusive of social media, to highlight the importance of knowing your status, getting into care while addressing stigma, HIV prevention and care (i.e., billboards, TV/radio, etc.)	FDOH-MDC and partners	# of advertisements on knowing your status, getting into care while addressing stigma, HIV prevention and care (e.g., print; digital/internet-based; radio; television; out-of-home advertising)  # of overall impressions from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns  # of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care		

	<b>P7.1.b.</b> Conduct outreach events that promotes diversity (inclusive of multi-lingual messages), to reach out to priority population in the community		# of agencies conducting outreach events # of outreach events conducted # of contacts created at outreach events		
	<b>P7.1.c.</b> Develop and support culturally tailored prevention messages to destigmatize HIV (i.e., Undetectable=Untransmittable (U=U)).	FDOH-MDC and partners	# of overall impressions from U=U, and destigmatizing HIV marketing campaigns # of U=U, and destigmatized HIV advertisements (e.g., print; digital/internet-based; radio; television; out-of-home advertising) # Number of posts on prevention messages to destigmatize HIV (i.e., Undetectable=Untransmittable (U=U))		
	<b>P7.1.d.</b> Utilize peer educators and representatives of the HIV community to deliver messages to PWH, highlighting personal success and struggles, and empowering PWH to thrive despite their status.	FDOH-MDC and partners	# of educational sessions conducted by peer educators about destigmatizing HIV, and empowering PWH to thrive their status # of media campaigns utilizing influencers or		

			community representatives to promote HIV messages		
	<b>P7.1.e.</b> Customize messaging Develop culturally appropriate messaging on pre-exposure prophylaxis (PrEP)/ nonoccupational post-exposure prophylaxis (nPEP), and the Ready, Set, PrEP initiative to at risk populations, with an inclusive message.	FDOH-MDC and partners	# of overall impressions from PrEP/nPEP marketing campaign(s)  # of PrEP/nPEP advertisements (e.g., print; digital/internet-based; radio; television; out-of-home advertising)  # of Ready, Set, PrEP initiative, PrEP/nPEP posts		
	<b>P7.1.f.</b> Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.	FDOH-MDC and partners	# of partnerships created that support prevention messages		

#### NOTES

1. 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.
2. Messages in Spanish and Creole must be more than just translations of English messages.
3. Must step up outreach: Whatever happened to case finding and street outreach? Or church outreach? Outreach is not just chasing lost to care.
4. Health Resources and Services Administration Policy Clarification Notice (HRSA PCN) 16-02 allows for RWP outreach funding for communication and active involvement.
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.

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

**LINKAGE TO CARE (L)**

**Objective L1. Increase the percentage of newly diagnosed persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from xx in 2022 to 80% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>L1.1.</b> Expand capacity and access to local test and treat/rapid access (TTRA).	<b>L1.1.a.</b> Identify new access points for TTRA for vulnerable populations (i.e., Black and Latinx communities).	FDOH, RW-Part A and partners  Key partners: FDOH-MD, Ryan White Program, FQHCs, Medicaid, Community Health Centers, Health Choice Network, Florida Association of Free and Charitable Clinics, hospitals, medical providers, insurance plans,	# of TTRA access points serving vulnerable population  # of clients enrolled in TTRA services		

		pharmaceutical companies, etc.			
	<b>L1.1.b.</b> Educate private providers on the benefits of TTRA.	RW-Part A and partners  Key Partners: FDOH-MD, Ryan White Program, FQHCs, Medicaid, Community Health Centers, Health Choice Network, Florida Association of Free and Charitable Clinics, hospitals, medical providers, insurance plans, insurance companies, pharmaceutical companies, etc.	# of academic detailing visits to private providers  # of private providers committed to link clients to TTRA services  # of private providers implementing TTRA services  # of clients linked in TTRA services  # of patients who received medical care and treatment within 7 days  # of private practices that have established a process to connect clients with TTRA services		
	<b>L1.1.c.</b> Work with hospitals and urgent care centers that routinely screen for HIV/HCV to ensure a streamlined path	RW-Part A and partners	# of patients enrolled in TTRA in a hospital or urgent care center		

	to TTRA for patients in ER and urgent care settings.	Key Partners: ERs, urgent care centers, lead healthcare organizations, FOCUS, etc.	# of hospitals and urgent care centers that have established a process to connect clients with TTRA services		
	<b>L1.1.d.</b> Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients. (Mobile units)	RW-Part A and partners	<p># of people living with HIV (PLWH) in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 4 months)</p> <p># of PLWH identified as eligible for EHE HealthTec who enroll in this process throughout the remainder of the five-year period of performance. (baseline and every 4 months)</p> <p># of EHE HealthTec clients continuing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days of initial client</p>		



			<p>orientation date, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance (baseline and every 4 months)</p> <p># of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year</p>		
	<p><b>L1.1.e.</b> Implement the use of EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms. RWPA</p>	<p>RW-Part A and partners</p>	<p># of people living with HIV (PLWH) in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 4 months)</p> <p># of PLWH who are linked to HIV medical care in the: (a) Ryan White Part A/MAI Program; (b) other community programs; or (c) private insurance. (baseline and every 4 months)</p>		

			# of EHE Quick Connect clients utilizing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days or less, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance. (baseline and every 4 months)		
<b>Notes</b> <ol style="list-style-type: none"> <li>1. Identify or develop information that promotes the benefits of HIV treatment adherence (e.g., local and national campaigns, such as: Greater than AIDS – Knowledge is Power, Undetectable = Untransmittable, Getting 2 Zero, and HIV Treatment Works); and provide this information to EHE Quick Connect Team(s) for use in hospital, clinic, or emergency room encounters</li> <li>2. Focus on collaboration with local Part B and shared data through Provide.</li> <li>3. Linked to Care: CD4 and VL reported to FDOH-MDC (Client will have seen a doctor, had a blood draw, and received 30 days of medication)</li> <li>4. HRSA LTC: 1 medical visit</li> <li>5. TTRA Access Points?</li> </ol>					

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

**LINKAGE TO CARE (L)**

**Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care in thirty days (30) days for those who do not enter within 7 days from xx in 2022 to 90% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>L2.1.</b> Provide same-day or rapid start of antiretroviral therapy.  (30 days) for clients who decline TTRA access.	<b>L1.2.a.</b> Enhance warm hand off process.	FDOH-MDC and partners			
	<b>L1.2.b.</b> Ensure clients are aware of mental health support system.	Outreach			
	<b>L1.2.c.</b> Enroll clients in ADAP within 14 days of diagnosis or other payer source as appropriate.				

**Notes**

1. Need to address treatment for non-residents.
2. Need to take mental health needs of newly-diagnosed persons into account.
3. Need a similar protocol in place for STIs as well as HIV.

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

**LINKAGE TO CARE (L)**

**Objective L3. Increase the percentage of newly diagnosed persons with HIV who are linked to care. in seven (7) days from xx in 2022 to xx by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>L1.3.</b> Improve linkage to HIV health care within 30 days [note State Objective is 7 days] for all persons who test positive for HIV.	<b>L1.3.a.</b> Monitor the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.	Part A, Part B, and partners			
	<b>L1.3.b.</b> Improve the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.				
	<b>L1.3.c.</b> Measure the success the local TTRA process for newly diagnosed persons linked to immediate entry in HIV primary care and initiation of Antiretroviral Therapy (ART).	Part A, Part B, and partners			
	<b>L1.3.d.</b> Hold FDOH-MDC trainings for testing counselors that are targeted to improving linkage to care.	Part A, Part B, and partners			

**Notes**

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**  
**RETENTION IN CARE (R)**

**Objective R1. Increase the percentage of people with HIV retained in RWP Medical Case Management from 76% in July 2022 to 90% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurements	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>R1.1.</b> Identify and reengage clients in danger of being lost to RWP care.	<b>R1.1.a.</b> Set “in danger” indicator as no contact by MCM for 90 days. [M7]	RWP Part A and MCM subrecipients	At least 75% of RWP MCM clients are contacted every 90 days (current minimum standard).  At least 95% of RWP MCM clients will be contacted every 90 days by 12/31/26.		
	<b>R1.1.b.</b> Identify lost to care clients through RWP Outreach subrecipients.	RWP Part A RWP MCM subrecipients RWP Outreach subrecipients	#/% recontacted within 30 days (after 90 days no contact).  #/% closed or out of jurisdiction (not eligible for re-engagement).  #/% still in Miami-Dade County and eligible for reengagement in RWP.		
	<b>R1.1.c.</b> Identify lost to care clients through Data to Care.	FDOH DTC	% DTC information within 30 days (after 90 days no contact).  #/% closed or out of jurisdiction (not eligible for re-engagement).  #/% still in Miami-Dade County and eligible for reengagement in RWP.		

	<b>R1.1.d.</b> Reengage a minimum of 75% of identified eligible clients within 30 days of contact.	RWP MCM subrecipients	#/% eligible clients located and re-engaged.		
<b>Notes</b>					

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

**RETENTION IN CARE (R)**

**Objective R1. Increase the percentage of people with HIV retained in RWP Medical Case Management from 76% in July 2022 to 90% by December 31, 2026.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>R1.2.</b> Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.	<b>R1.2.a.</b> Review Service Delivery Guidelines of Peer Education and Support Network position.	RWP Part A and partners			
	<b>R1.2.b.</b> Increase clinical involvement threshold for Peers.	RWP Part A and partners	At least 50% of PESN activities are directed toward client care in 2022.  At least 75% of PESN activities are directed toward client care by 12/31/26.		
	<b>R1.2.c.</b> Implement Peer client care certification training, including gender-affirming care, and cultural competency training.	RWP Part A and partners	2 times per year.		

**Notes**

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**  
**RETENTION IN CARE (R)**

**Objective R1. Increase the percentage of people with HIV retained in RWP Medical Case Management from 76% in July 2022 to 90% by December 31, 2026**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>R1.3.</b> Ensure a “whole person”, holistic treatment approach that recognizes that care for RWP clients must go beyond viral load suppression and retention in care.	<b>R1.3.a.</b> Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients.				
	<b>R1.3.b.</b> Ensure MCM standards of care address social determinants of health (e.g. child care, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.				
	<b>R1.3.c.</b> Develop a standard for how mental health services are introduced to a client to normalize the experience.				

**Notes**

1. The RWP is currently engaged in several Quality Improvement (QI) initiatives directed toward improved retention in care.



**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

**RETENTION IN CARE (R)**

**Objective R2. Increase the percentage of people with HIV retained in non-RWP care.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>R2.1.</b> Evaluate retention in care rates among non-RWP clients.	<b>R2.1.a.</b> Identify mechanism(s) for tracking non-RWP clients.	FDOH-MDC and partners			
	<b>R2.1.b.</b> Support cost-sharing mechanisms to reduce the cost burden on people with HIV who are underinsured and/or are non-RWP eligible.	FDOH-MDC and partners			
	<b>R2.1.c.</b> Develop or identify a protocol specific to the needs of the Miami-Dade EHE Project, using FDOH's Video Directly Observed Therapy (VDOT) protocols.	FDOH-MDC, RWP Part A, and partners			

**Notes**

1. The RWP is currently engaged in several Quality Improvement (QI) initiatives directed toward improved retention in care.
2. How can we measure non-RWP clients retained in care?

National HIV/AIDS Strategy - Goal #2 IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV					
HEALTH OUTCOMES FOR SPECIAL POPULATIONS (SP)					
Objective SP1. Improve health outcomes for women at risk of or living with HIV.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
SP1.1. Expand existing programs and collaborations for women at risk of or living with HIV.	SP1.1.a. Improve messaging concerning PrEP for women.	FDOH and partners	Increased # of PSAs targeting women.  Increased frequency of messaging.		
	SP1.1.b. Expand interface between community childcare programs and RWP.	RWP and partners	# of RWP subrecipients offering childcare.		
	SP1.1.c. Educate/sensitize providers on special dynamics of women with HIV – acquisition, disease management, and stigma.	RWP and FDOH	# of RWP subrecipients with training in designated areas		
<b>Notes</b> 1. PrEP messaging should emphasize the need for PrEP for women in sero-discordant relationships, sex workers, and others at risk. Bridge the information gap: PrEP works for women! 2. Childcare is needed at provider offices for appointments (not necessarily all-day care).					

**National HIV/AIDS Strategy - Goal #2**  
**IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**  
**HEALTH OUTCOMES FOR SPECIAL POPULATIONS (SP)**

**Objective SP2. Improve health outcomes for adults over age 50 at risk of or living with HIV, and long-term survivors.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>SP2.1.</b> Expand existing programs and collaborations to address specific needs for adults over 50 at risk of or living with HIV.	<b>SP2.1.a.</b> Systematic “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.	RWP			
	<b>SP2.1.b.</b> Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money, and polypharmacy issues.	RWP			
	<b>SP2.1.c.</b> Help older persons with HIV in the process of transitioning from RWP to Medicare.	RWP			

**Notes**

1. Develop a promotional PSA and associated social media messaging on healthy aging.

National HIV/AIDS Strategy - Goal #2					
IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV					
HEALTH OUTCOMES FOR SPECIAL POPULATIONS (SP)					
Objective SP3. Improve health outcomes for transgender people at risk of or living with HIV.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
SP3.1. Expand existing programs and collaborations to address specific needs of transgender persons at risk of or living with HIV.	SP3.1.a. Provide “trans-friendly” accreditation process for RWP and FDOH agencies.		#/% agencies accredited.		
	SP3.1.b. Identify a transgender advocate/champion within each RWP and FDOH agency.		#/% of agencies with identified advocate/champion.		
<b>Notes</b> <ol style="list-style-type: none"> <li>1. Trans Tenacity, “We are tired of taking surveys and not seeing any change.”</li> <li>2. TransSocial provides an accreditation program to identify and publicize trans-friendly providers.</li> </ol>					

National HIV/AIDS Strategy - Goal #2 IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV					
HEALTH OUTCOMES FOR SPECIAL POPULATIONS (SP)					
Objective SP4. Improve health outcomes for homeless or unstably housed people at risk of or living with HIV.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>SP4.1.</b> Expand existing programs and collaborations to address specific needs of persons experiencing homelessness or housing instability who are at risk of or living with HIV.	<b>SP4.1.a.</b> Reformulate the Partnership's Housing Committee to identify and administrate housing assistance beyond HOPWA.				
	<b>SP4.1.b.</b> Identify opportunities for short term housing assistance outside RWP and HOPWA limitations.				
	<b>SP4.1.c.</b> Identify opportunities for long term housing assistance outside RWP and HOPWA limitations.				
	<b>SP4.1.d.</b> Create interface between MCM and clients with housing insecurity.				
<b>Notes</b> 1. Need "whole person" approach to housing: move-in costs, acquiring furniture, moving truck rental, understanding lease negotiation and renters' rights. 2. Need short-term housing while people are on the HOPWA waiting list or need short-term housing (under 2 years).					

**National HIV/AIDS Strategy - Goal #3**  
**REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES**

**STIGMA (S)**

**Objective S1. Reduce HIV-related stigma and discrimination.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>S1.1.</b> Increase awareness of stigmatizing behaviors throughout the system of care.	<b>S1.1.a.</b> Develop and/or identify training curricula for RWP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.		Specification of RWP training curriculum.  Specification of FDOH training curriculum.		
	<b>S1.1.b.</b> Require annual stigma/discrimination and unrecognized bias training for RWP and FDOH agencies (See Note 1).		#/% providers with annual training.		
	<b>S1.1.c.</b> Create a safe space for clients to report stigmatizing or discriminating behaviors.		#/% providers with a safe space protocol.		
	<b>S1.1.d.</b> Develop and disseminate response protocol for addressing stigmatizing behaviors throughout the system of care.		#/% providers with response protocol.		

**Notes**

1. FDOH-EHE Goal: Partner with Capacity Building Assistance providers (CBA), and the private sector to train STD/HIV staff on HIV stigma, and discrimination.
2. Significant reports by clients on microaggressions, discriminatory language by service personnel (front desk, case managers, doctors).

National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN RETENTION IN CARE (DR)					
Objective DR1. Increase RWP Retention in Medical Care (RiMC) rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DR1.1.</b> Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for <i>Black/African-American Males (B/AAM)</i> .	<b>DR1.1.a.</b> Set RiMC rates for individual RWP subrecipients serving Black/African-American Males (B/AAM).	RWP			
	<b>DR1.1.b.</b> Disseminate best practices from RWP subrecipients with above average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DR1.1.c.</b> Initiate corrective action plans for RWP subrecipients with below average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
<b>Notes</b>					

National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN RETENTION IN CARE (DR)					
Objective DR1. Increase RWP Retention in Medical Care (RiMC) rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DR1.2.</b> Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for <i>Black/African-American Females (B/AAF)</i> .	<b>DR1.2.a.</b> Set RiMC rates for individual RWP subrecipients serving B/AAF.	RWP			
	<b>DR1.2.b.</b> Disseminate best practices from RWP subrecipients with above average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DR1.2.c.</b> Initiate corrective action plans for RWP subrecipients with below average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
Notes					



National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN RETENTION IN CARE (DR)					
Objective DR1. Increase RWP Retention in Medical Care (RiMC) rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DR1.3.</b> Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for <i>Hispanic Male-to-Male Sexual Contact (HMMSC)</i> .	<b>DR1.3.a.</b> Set RiMC rates for individual RWP subrecipients serving HMMSC.	RWP			
	<b>DR1.3.b.</b> Disseminate best practices from RWP subrecipients with above average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DR1.3.c.</b> Initiate corrective action plans for RWP subrecipients with below average RiMC rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
Notes					

National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN VIRAL LOAD SUPPRESSION RATES AND UNDETECTABLE VIRAL LOAD (DV)					
Objective DV1. Increase the annual viral load (VL) suppression rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DV1.1.</b> Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for <i>B/AA Males</i>	<b>DV1.1.a.</b> Set VL suppression rates for individual RWP subrecipients serving B/AAM.	RWP			
	<b>DV1.1.b.</b> Disseminate best practices from RWP subrecipients with above average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DV1.1.c.</b> Initiate corrective action plans for RWP subrecipients with below average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
<b>Notes</b>					

National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN VIRAL LOAD SUPPRESSION RATES AND UNDETECTABLE VIRAL LOAD (DV)					
Objective DV1. Increase the annual viral load (VL) suppression rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DV1.2.</b> Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for <i>B/AA Females</i> .	<b>DV1.2.a.</b> Set VL suppression rates for individual RWP subrecipients serving B/AAF.	RWP			
	<b>DV1.2.b.</b> Disseminate best practices from RWP subrecipients with above average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DV1.2.c.</b> Initiate corrective action plans for RWP subrecipients with below average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
Notes					

National HIV/AIDS Strategy - Goal #3 REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES					
DISPARITIES IN VIRAL LOAD SUPPRESSION RATES AND UNDETECTABLE VIRAL LOAD (DV)					
Objective DV1. Increase the annual viral load (VL) suppression rates among priority populations.					
Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
<b>DV1.3.</b> Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for <i>Haitian Males and Females</i> .	<b>DV1.3.a.</b> Set VL suppression rates for individual RWP subrecipients serving Haitian Males and Females.	RWP			
	<b>DV1.3.b.</b> Disseminate best practices from RWP subrecipients with above average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
	<b>DV1.3.c.</b> Initiate corrective action plans for RWP subrecipients with below average VL suppression rates.	RWP MCM and OAHS subrecipients	CQM Performance Report Card quarterly data		
Notes					

## National HIV/AIDS Strategy - Goal #4

### ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS

#### INTEGRATED PLAN COORDINATION (IPC)

**Objective IPC1. Develop strong community partnerships to leverage available services and funding for ongoing HIV care and treatment and to be able to respond quickly to HIV outbreaks.**

Strategy	Activities	Responsible Entities	Measurement	Action Jan-Jun 2023 (Report Sept 2023)	Action Jul-Dec 2023 (Report April 2024)
IPC1.1. Maintain and develop community partnerships.	IPC1.1.a. Identify community stakeholders.				
	IPC1.1.b. Develop schedule for regular communication with stakeholders.				
	IPC1.1.c. Develop plan among stakeholders for addressing HIV outbreaks.				

#### Notes

1. Coordinate data sharing between RWP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWP and Medicaid.
2. “De-silo” treatment – subrecipient agencies don’t “refer out” if they are afraid the clients will be lost when they go to another subrecipient.
3. Case managers need to know about non-RWP services and share those resources with clients so clients can make better use of them.
4. Status-neutral and culturally sensitive treatment is needed at all levels of service.
5. Leverage substance abuse residential and outpatient care and mental health services outside RWP.
6. Fund peer support networks that cut across funding boundaries and providers – newly diagnosed? STI? Transgender?
7. Need a community information hub, for all programs, for all clients.
8. Other wrap-around services are needed: housing, support groups, transportation.
9. Include faith-based services and referral networks.
10. FDOH-EHE language: “...funding to rapidly detect HIV outbreaks and improve linkage to care and treatment.
11. Perhaps an activity could be added to create (or update at certain defined intervals) some sort of database of all existing funding sources, services provided through them, and related restrictions. Or is that the purpose of the inventory document?



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

Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



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

**Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | <b>Announcements</b>  | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



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

**Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



# September 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 <a href="mailto:hiv-aidsinfo@behavioralscience.com">hiv-aidsinfo@behavioralscience.com</a> 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. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom.</p> <div></div> <p><b>PLEASE RSVP</b></p> <p>Scan the QR Code with your phone's camera or contact us at <a href="mailto:cbontempo@behavioralscience.com">cbontempo@behavioralscience.com</a>, <a href="mailto:marlen@behavioralscience.com">marlen@behavioralscience.com</a> or (305) 445-1076.</p>		<p><b>1</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Care &amp; Treatment Committee</b> <b>10:00 AM – 12:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p><b>2</b></p>	<p><b>3</b></p>
<p>4</p>	<p>5</p> <p>Labor Day (BSR Offices Closed)</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>
<p>11</p>	<p>12</p>	<p><b>13</b></p> <p><b>**NEW DATE**</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Joint Integrated Plan Review Team Meeting: Strategic Planning Committee and Prevention Committee</b> <b>10:00 AM – 1:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p><b>14</b></p> <p><b>Get on Board! Virtual Training Series</b> <b>Station 8: Dashboard Cards - Your Quick Reference for Essential Needs Assessment Data</b> <b>12:00 PM – 1:00 PM</b> Via Zoom Meeting ID: 823 0242 7545 Passcode: 586417</p> <div></div>	<p><b>15</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Housing Committee</b> <b>2:00 PM – 4:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p><b>16</b></p> <p><b>Clinical Quality Management Committee</b> <b>9:30 AM – 11:30 AM</b> <b>Zoom Meeting</b></p>	<p>17</p>
<div> <b>National HIV/AIDS and Aging Awareness Day (Sept 18)</b></div> <p>18</p>	<p>19</p>	<p>20</p>	<p><b>21</b></p> <p><b>MDC RWP Monthly Research Symposium: Barriers to Adherence and Retention in HIV Care Among Women</b> <b>12:00 PM – 1:00 PM Via Zoom</b> Meeting ID: 890 7532 6180 Passcode: 358766</p>	<p><b>22</b></p>	<p><b>23</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Medical Care Subcommittee</b> <b>9:30 AM – 11:30 AM</b> Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>	<p>24</p>
<p>25</p>	<p><b>26</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Community Coalition Roundtable Dinner and Special Presentation by Gilead: Cultural Humility - Session 2</b> <b>5:30 PM – 7:30 PM</b> Borinquen Medical Centers 3601 Federal Highway Miami, FL 33137</p>	<p><b>27</b></p> <div> <b>National Gay Men's HIV/AIDS Awareness Day</b></div> <p><b>Minority AIDS Initiative Clinical Quality Management Team</b> <b>9:30 AM – 11:30 AM</b> <b>Zoom Meeting</b></p>	<p><b>28</b></p> <p>Miami-Dade HIV/AIDS Partnership <b>Executive Committee</b> <b>**To Meet if Needed**</b></p>	<p><b>29</b></p> <p><b>**NEW DATE**</b></p> <p><b>Miami-Dade HIV/AIDS Partnership</b> <b>10:00 AM – 12:00 PM</b> Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<div><p><b>Print It</b>  <b>Post It</b> </p><p><b>Pass It Around</b> </p></div>	

Version 07/26/22 Information on this calendar is subject to change.



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

Monday, August 8, 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  | Angela Mooss      |
| V.    | Review/Approve Agenda   | All               |
| VI.   | Review/Approve Minutes of June 23, 2022   | All               |
| VII.  | Reports: <i>Online for review at <a href="http://aidsnet.org/meeting-documents/">http://aidsnet.org/meeting-documents/</a></i>  |                   |
|       | ▪ Membership  |                   |
|       | ▪ Partnership   |                   |
|       | ▪ Ryan White Program Part A/MAI Recipient   |                   |
| VIII. | Standing Business   |                   |
|       | ▪ 2022-2026 Integrated HIV Prevention and Care Plan   | All               |
|       | - Goals Spreadsheet Review  |                   |
|       | - Next Steps  |                   |
| IX.   | New Business  |                   |
| X.    | Announcements   | All               |
| XI.   | Tentative Next Meeting Date: Joint Integrated Plan Review Team<br>Tuesday, September 13, 2022 at Miami-Dade County Main Library | Dr. Diana Sheehan |
| 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](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

Word cloud featuring the phrase "thank you" in various languages and scripts, including:

- danke
- 謝謝
- ngiyabonga
- teşekkür ederim
- спасибо
- Баярлалаа
- спаси
- vinaka
- blagodaram
- merci
- kia ora
- barka
- welalm
- tack
- dank je
- misaotra
- matondo
- paldies
- grazzi
- mahalo
- tapadh leat
- хвала
- asante
- manana
- tenki
- murakoze
- chokram
- mamnun
- trugarez
- merci
- shukriya
- merce
- dhanyavadagalu
- diolch
- euxaristiō
- xiexie
- 감사합니다
- rahmat
- kam sah hammida
- najis tuke
- sukriya
- kop khun krap
- gracias
- gratias ago
- chnorakaloutioun
- sagolun
- didit madloba
- mesj
- dekuji
- sobodi
- obrigado
- bedankt
- enkosi
- nandi
- bayarlalaa
- gracie
- hvala
- mauruuru
- koszonom
- dankie
- kiitos
- dhanyavad
- taafetai lava
- рахмат