Thank you for joining today's

Joint Integrated Plan Review Team Meeting

Please sign in to have your attendance recorded.

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

Meeting Housekeeping

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

Updated July 25, 2022

Disclaimer & Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.

- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Language Matters!

In today's world, there are many words that can be stigmatizing.

Here are a few suggestions for better communication.

Remember **People First** Language . . .

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

Please don't say **RISKS** . . .

Instead, say **REASONS.**

Please don't say, **INFECTED with HIV** . . .

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

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

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

Resource Persons

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

General Reminders

- Per County mandate, masks are no longer required to be worn in County buildings but because meeting attendees maybe immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- Place cell phones on mute or vibrate.
  - *If you must take a call, please excuse yourself from the meeting.*
- Only voting members and applicants should be seated at the meeting table.
  - *You may move your chair if concerned about social distancing.*

Meeting Participation

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

- All speakers must be recognized by the Chair.
  - *Raise your hand to be recognized or added to the queue.*
  - *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

Attendance

- All members are expected to arrive on time and remain throughout the entire meeting.
  - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*

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

Resources

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

- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!

www.aidsnet.org

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

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.”

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

Strategic Planning Committee and Prevention Committee
Joint Integrated Plan Review Team (JIPRT) Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130
August 8, 2022

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

Guests	
Burks, Laurie Ann	
Gillens, Courtney	
Headley, Yvette	
Larios, Alejandro	
Mora, Hernan	
Phipps, Adriana	
Valle-Schwenk, Carla	
Villamizar, Kira	
Williams, Stephen	
Staff	
Bontempo, Christina	
Kubilus, Barbara	
Ladner, Robert	

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

I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:11 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

Prevention Committee Vice Chair, Dr. Angela Mooss, opened the floor to the public with the following statement:

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

There were no comments; the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda. There were no changes.

Motion to approve the agenda as presented.
Moved: Dr. Diego Shmuels **Seconded: Roselaine Monestime** **Motion: Passed**

VI. Review/Approve Minutes of June 23, 2022

Minutes of June 23, 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 June 23, 2022 meeting as presented.
Moved: Juan Buch **Seconded: Roselaine Monestime** **Motion: Passed**

VII. Reports

Ryan White Part A/Minority AIDS Initiative (MAI) Program (RWP), Miami-Dade HIV/AIDS Partnership, and Membership reports were posted online for review. In an effort to maximize time for standing business, no oral reports were given.

VIII. Standing Business

Members reviewed the draft goals spreadsheet: *2022-2026 Integrated Plan Goals, Objectives, and Strategies.* The draft is organized under the four National HIV AIDS Strategies and was developed based on the 2017-2021 Integrated Plan (2017-2021 IP); the Florida Department of Health (FDOH)-Tallahassee Integrated Plan (State IP); the FDOH-MDC Ending the HIV Epidemic (FDOH-EHE) plan; community input sessions; and Joint Integrated Plan Review Team meetings (JIPRT) meetings held from January through July, 2022.

"HIV screening" was changed to "HIV testing" throughout the draft. "PWH", "PWLH", and "people living with HIV", was changed to "people with HIV" throughout the draft. Generally, references to baseline data in 2022 will be changed to 2021, unless specific 2022 data is available.

Refer to the draft for reference to the below recommended additions, marked with underlines; and deletions, marked with ~~strikethroughs~~.

- **Objective P1**
  - Objective P1. Increase the percentage of people living in Miami-Dade County who are aware of their HIV status from the national baseline of ~~87%~~ 86% in 2019 to ~~93%~~ 90% by December 31, 2026.
  - Activity P1.1.c. Measurements: # of clients treated for STIs.
  - Notes: Baseline is based on CDC national average. JIPRT would like to identify a more accurate local average. and Guidance on counting non-resident/previously diagnosed positivity rates (international travelers, transient persons, tourists) is pending from CDC.
  - Activity P1.2.b. Responsible Entities: . . . traditional and non-traditional partners.
  - Activity P1.2.c. Responsible Entities: RWP-EHE (RFP pending as of August, 2022)
- **Objective P2**
  - Objective P2. ~~Reduce the rate of mother-to-child HIV transmissions diagnosed annually from 22.7 (2019) to xx by December 31, 2026.~~ Maintain zero positivity rate for mother-to-child HIV transmission.
  - Review of this objective was still pending from FDOH's Perinatal HIV Coordinator.
- **Objective P2**
  - Activity P3.1.d. Measurements: # of PrEP prescribers and # of PrEP distributers (pharmacies).
- **Objective P4**
  - Note: Add as Strategies or Activities: a) Increase the number of facilities offering PrEP; b) Reduce barriers to 72-hour need for PrEP medication.
- **Objective P5**
  - Objective P5. Increase # of free condoms distributed access to free condoms from XX in 2022, to XX in 2026.

- **Objective P6**

  - New Activity: P6.1.c. Utilize Medication Assistance Treatment (MAT) programs; Responsible Parties: FDOH-MDC and partners; Measurement: # MAT providers

  - Notes:
    - Infectious Disease Elimination Act (IDEA Exchange) . . .
    - Data is available through the State FDOH.

- **Objective P7**

  - Activity P7.1.a. Measurements: # of ~~advertisements~~ advertising campaigns on knowing your status. . .

  - Activity P7.1.a. Measurements: # of overall impressions [media measurement] from knowing your status . . .

  - Activity P7.1.b. Measurements: # of agencies conducting outreach events for each priority population (identify priority populations)

  - Activity P7.1.c. Develop and support culturally tailored prevention messages to destigmatize HIV (i.e., Undetectable=Untransmittable (U=U)); I Am A Work of ART; HIV.gov Believe; Test Miami).

  - Activity P7.1.c. Measurements:
    - # of overall impressions from U=U, and other destigmatizing HIV marketing campaigns
    - # of U=U, and other destigmatizing HIV advertisements
    - # of posts on prevention messages to destigmatize HIV ~~(i.e., Undetectable=Untransmittable (U=U))~~
    - # of campaigns
    - # of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising)
    - # of hashtags; shares; QR code hits

  - Activity P7.1.d. Utilize RWP peer educators . . .

  - Activity P7.1.d. Responsible Entities: RWP Part A and RWP-EHE

  - Notes
    - Ensure campaigns are culturally sensitive and appropriate for the target audiences – "people who look like us".
    - Add Peer Certification Program (peer educator, peer navigator, and peer counselor are interchangeable terms – certification needs to cover all components)
    - Messages in Spanish and Haitian Creole . . .
    - . . . Outreach is not just chasing lost to care. Seek additonal partners outside RWP Part A.

- **Objective L1**

  - Activity L1.1.a. Responsible Entities: . . . EHE Quick Connect . . .

  - Activity L1.1.b. Educate private providers on cultural humility and the benefits of TTRA.

  - Activity L1.1.b. Measurements: *Identify baselines and annual increase goals within each measurement.*

- Activity L1.1.c. Responsible parties: FDOH-MDC

- Activity L1.1.e. Implement the use of EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms. ~~RWP Part A~~ RWP-EHE. EHE Quick Connect provides access to medications for those above the RWP 400% FPL threshold and those who are not residents of MDC. Link to permanent care or implement HealthTec after 60 days of medication/treatment.

- Activity L1.1.e. Responsible Entities: ~~RWP Part A~~ RWP-EHE and partners, FQHCs and Pharma

- Activity L1.1.e. Measurements: *Add* [follow up interval of 4 months to be reviewed] *to each measurement*

- Notes:
  - □ EHE HealthTec providers: Care Resources and The Village South.
  - □ Billboards with messaging targeting Black/African-American women are in development through a Positive People Network grant (August, 2022)

- **Objective L2**

- Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care in thirty days (30) days following the TTRA protocol ~~for those who do not enter within 7 days~~ from xx in ~~2022~~ 2021 to 90% by December 31, 2026.

- Activity L1.2.b. ~~Ensure~~ Develop intake protocol that includes requirement to advise clients ~~are aware~~ of the mental health support system.

- Activity L1.2.b. Responsible Entities: ~~Outreach~~ RWP-Part A and FDOH-MDC

- Notes: Need to address treatment for non-residents – connect to RWP or other resource in their county of residence.

- **Objective R1**

- Activity R1.1.c. Identify lost to care clients through Data to Care Project.

- Activity R1.1.c. Responsible Entities: Part A-MCM and Part A-Outreach

- Activity R1.2.a. Review local RWP-Part A Service Delivery ~~Guidelines~~ Manual of Peer Education and Support Network position.

- Notes: Refer to RWP Client Satisfaction Survey results for reasons clients fall out of care.

- **Objective R2**

- Objective R2. Increase the percentage of people in Miami-Dade County with HIV retained in ~~non-RWP~~ care.

- Notes:
  - □ Merge surveillance and RWP data.
  - □ Include details of EHE Wellness app.
  - □ Consider online tracking mechanism (e.g., www.howwefeel.org).

The meeting time was set to expire. Ms. Sarmiento called for a motion to extent the meeting by 15 minutes.

Motion to extend the meeting by 15 minutes.
Moved: Travis Neff **Seconded: David Goldberg** **Motion: Passed**

- **Objective SP1**
  - Activity SP1.1.b. Expand interface between community childcare programs and RWP to help women stay in care.
  - Activity SP1.1.b. Responsible Entities: RWP-EHE (TAP-in)
  - Activity SP1.1.c. Educate/sensitize providers on special dynamics of women with HIV – acquisition, disease management, and stigma to help women stay in care.
- **New SP Objectives**
  - Objective SP5. Improve health outcomes for men at risk of or living with HIV (male to male sexual contact).
  - Objective SP6. Improve health outcomes for youth at risk of or living with HIV.
- **Objective S1**
  - S1.1.a. Develop and/or identify training curricula for RWP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias, trauma-informed care, status-neutral care, and patient-centered care from front office through entire service system.

The meeting time was set to expire. Members were asked to review the remaining Objectives and send additional comments to staff.

IX. New Business

There was no New Business.

X. Announcements

Member Travis Neff announced the TruConnect program which offers affordable smart phones, tablets, and internet access to persons who meet certain income-based or program-based eligibility guidelines. Persons interested were asked to speak to Mr. Neff after the meeting.

David Goldberg shared some aphorisms: Diversity is being invited to the party, inclusivity is being asked to dance. And, If you're not at the table, you're on the menu.

XI. Next Meeting

Ms. Sarmiento announced the next meeting is scheduled for September 13, 2022 at the Miami Main Library.

XII. Adjournment

Ms. Sarmiento adjourned the meeting at 1:14 p.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

PART A

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

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

This report includes YTD paid reimbursements for FY 2022 Part A service months up to July 2022, as of 8/30/2022. This report reflects reimbursement requests that were due by 8/20/2022 and have been paid thus far. Pending Part A reimbursement requests that have been received and are in process total $6,323,387.50. Several contracts are still pending completion/execution.

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:

Priority Order	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	11,043.65		
5606860000	Mental Health Therapy/Counseling	0.00		
5606900000	Oral Health Care	0.00		
5606610000	Outpatient/Ambulatory Health Svcs	89,323.90		
5606910000	Substance Abuse - Outpatient	0.00		100,367.55

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	32,040.00			
5606950000	Outreach Services	0.00			
5606930000	Substance Abuse - Residential	127,260.00			688,770.00

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 789,137.55**	**3.68%**
Formula Expenditure %	**10.75%**			
5606710000	**Recipient Administration**	**696,085.45**		
5606880000	**Quality Management**	**250,000.00**	946,085.45	
Grant Unexpended Balance	**22,796,871.00**			
Total Grant Expenditures & %			**$ 1,634,855.45**	**6.66%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**0.386523268**	**Danger!!!!!**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**1.02%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**2.84%**	**Within Limit**

Printed on: 8/30/2022

MAI

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

This report includes YTD paid reimbursements for FY 2022 MAI service months up to July 2022, as of 8/30/2022. This report reflects reimbursement requests that were due by 8/20/2022 and have been paid thus far. Pending MAI reimbursement requests that have been received and are in process total $360,847.98. Several contracts are still pending completion/execution.

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
Total Award	**$ 2,713,251.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	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	
	Support Services	**Allocations**		
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	52,191.50		
5606860000	Mental Health Therapy/Counseling	0.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	0.00		
5606910000	Substance Abuse - Outpatient	0.00		52,191.50
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 & %:		**$ 52,191.50**	**2.24%**

5606710000	**Recipient Administration**	**43,280.89**		
5606880000	**Quality Management**	**41,666.65**	84,947.54	
	Grant Unexpended Balance	**2,576,111.96**		
	Total Grant Expenditures & % (Including C/O):		**$ 137,139.04**	**5.05%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**$ 1.00**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**1.54%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**1.60%**	**Within Limit**

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **July 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	22	136	22	96
Health Insurance Premium and Cost Sharing Assistance	29	1,434	20	633
Medical Case Management	6,879	35,697	3,304	6,361
Mental Health Services	34	295	18	65
Oral Health Care	638	3,785	486	1,545
Outpatient Ambulatory Health Services	1,775	10,617	1,095	3,186
Substance Abuse Outpatient Care	1	18	1	10
Support Services				
Food Bank/Home Delivered Meals	1,367	6,901	522	692
Medical Transportation	113	1,562	105	418
Other Professional Services	55	356	17	50
Outreach Services	76	363	22	65
Substance Abuse Services (residential)	57	681	6	22
TOTALS:	11,046	61,845		

Total unduplicated clients (month): 4,083

Total unduplicated clients (YTD): 7,104

REPORT COMPILED ON: 08/30/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **July 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	22	136	22	96
Health Insurance Premium and Cost Sharing Assistance	29	1,434	20	633
Medical Case Management	6,202	31,789	3,041	6,128
Mental Health Services	34	284	18	58
Oral Health Care	638	3,785	486	1,545
Outpatient Ambulatory Health Services	1,703	10,069	1,058	3,147
Substance Abuse Outpatient Care	1	12	1	6
Support Services				
Food Bank/Home Delivered Meals	1,367	6,901	522	692
Medical Transportation	109	1,539	101	405
Other Professional Services	55	356	17	50
Outreach Services	75	351	21	53
Substance Abuse Services (residential)	57	681	6	22
TOTALS:	10,292	57,337		

Total unduplicated clients (month): 3,913

Total unduplicated clients (YTD): 7,002

REPORT COMPILED ON: 08/30/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **July 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	677	3,908	363	722
Mental Health Services	0	11	0	7
Outpatient Ambulatory Health Services	72	548	53	231
Substance Abuse Outpatient Care	0	6	0	4
Support Services				
Medical Transportation	4	23	4	14
Outreach Services	1	12	1	12
TOTALS:	754	4,508		

Total unduplicated clients (month): 393

Total unduplicated clients (YTD): 893

REPORT COMPILED ON: 08/30/2022

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 2022

10:00 AM – 1:00 PM

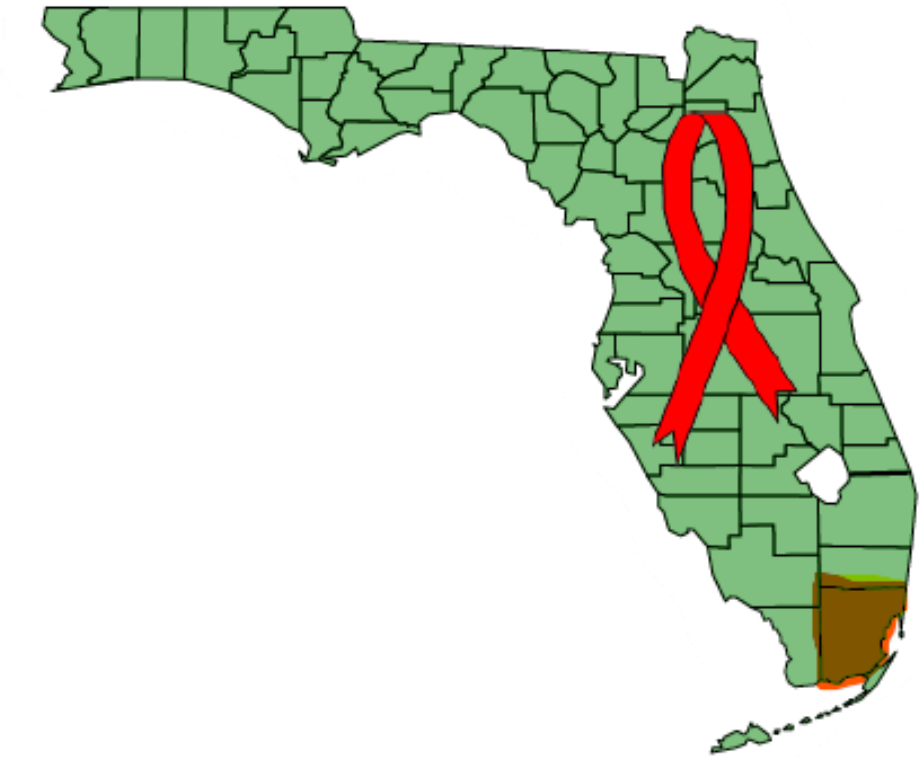
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan



Draft - 09/13/22 JIPRT

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

Florida Health

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2022 award totaling $27,245,345 as of June 1, 2022, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.

TABLE OF CONTENTS

Section I: Executive Summary of Integrated Plan and SCSN

I.i. Executive Summary of Integrated Plan and SCSN

For over a decade, the Miami-Dade County Eligible Metropolitan Area (EMA) has been a national HIV/AIDS hot spot. The EMA has led the State of Florida in the total number of people with HIV (27,319 in CY 2020, more than 23% of the entire state's population with HIV), and for nine of the past 10 years, the South Florida Metropolitan Statistical Area (MSA) has led the nation in the annual new-infection rate for HIV. During this time, the Miami-Dade Ryan White Part A/Minority AIDS Initiative program (through the Miami-Dade County Office of Management and Budget), and the Florida Department of Health in Miami-Dade County, have been coordinating their responses to the HIV epidemic, linking programs in community education, HIV prevention, HIV testing, linkage to care, and medical and social support for persons with HIV. These collaborative activities include the *Getting to Zero* initiative in 2016, the *2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan (2017-21 Integrated Plan)*; the *National HIV/AIDS Strategy 2022-2025*; the *2021 Ending the HIV Epidemic Jurisdictional Plan;* and the ongoing cooperation between the Prevention and Strategic Planning Committees of the Miami-Dade HIV/AIDS Partnership (the County-wide cross-agency planning body for the Ryan White programs in Miami-Dade County).

[Text of this section to be reduced to include an infographic.]

This document represents the latest collaborative effort, the *2022-2026 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan* (2022-26 Integrated Plan). The 2022-26 Integrated Plan incorporates the goals and objectives of local, state, and national initiatives to achieve the national HIV goal, "Reducing the number of new HIV infections in the US by 75% by 2025, and then by at least 90% by 2030." Specifically, the 2022-26 Integrated Plan is a comprehensive update of the 2017-21 Integrated Plan in combination with the 2021 Ending the HIV Epidemic Jurisdictional Plan, as well as the Getting to Zero initiative and other jurisdictional needs assessments and targeted community initiatives. The activities detailed in **Section V,** below, include efforts to reduce duplication of resources across funding streams, address HIV/AIDS stigma and systematic racism as public health threats, adopt the status-neutral approach to care, target services toward the special needs of at-risk populations, and address the particular needs of an aging population of people with HIV.

The 2022-26 Integrated Plan demonstrates the ongoing collaboration between the FDOH-MDC, the RWHAP and a broad spectrum of community stakeholders and persons with HIV. The 2022-26 Integrated Plan was developed by people with HIV, including RWHAP clients and peer educators; representatives of RWHAP Parts A, B, C, and D; the AIDS Drug Assistance Program (ADAP); the prevention and planning workgroups within the FDOH-MDC; the Florida Agency for Health Care Administration (Medicaid); and other community stakeholders as detailed in **Section II.**

Both qualitative and quantitative data are used in the 2022-26 Integrated Plan to describe the impact of HIV in the EMA; determine service gaps and barriers to care; identify prevention and treatment areas where racism, stigma and non-gender-neutral service provision need to be addressed; and develop goals and objectives to ensure access to HIV prevention and care services across the service delivery system, as detailed in **Section III.**

As detailed in **Section VI,** the Recipient, FDOH-MDC, and the Partnership will be responsible for monitoring, evaluating, and reporting on 2022-26 Integrated Plan activities. As with the 2017-21 Integrated Plan, regular process improvement and updates are expected and will be conducted under the purview of the Partnership and publicized widely for continued community engagement and stakeholder collaborations.

I.i. (a) Approach

As noted above, the RWHAP Program, FDOH-MDC, and Partnership staff were the key collaborators and made every effort to include a broad range of community input. This included Partnership meetings, outreach to targeted populations, online surveys, and key informant interviews.

Throughout February and March, 2022, under the purview of the RWHAP, Behavioral Science Research Corp. (BSR) - the RWHAP contracted subrecipient for Partnership staff support and clinical quality management - conducted community listening sessions, targeted interviews, key informant interviews, online surveys, and feedback gathering from planning council committees. Results of these efforts are detailed in **Section II.**

People with HIV who contributed to the development of the 2022-26 Integrated Plan -- both RWHAP clients and others -- represented a vast array of lived experiences, including those who have experienced homelessness, sex work, substance use and recovery, mental health treatment, incarceration, racial, ethnic, and gender discrimination, and general stigmatization around those experiences.

The vast array of community input served to identify strengths, challenges, and needs, to address the four pillars of Ending the HIV Epidemic (EHE), and the four key strategies of the Statewide Coordinated Statement of Need (SCSN), as detailed in **Section IV**; and the corresponding activities and expected outcomes, as detailed in **Section V.**

From January through August 2022 the Partnership's Joint Integrated Plan Review Team (JIPRT), a collaboration of the Prevention (FDOH-MDC) and Strategic Planning (RWHAP) Committees, reviewed draft sections and supporting documents, refined goals and objectives, and finalized the 2022-26 Integrated Plan. The members of these committees include people with HIV, RWHAP service-provider subrecipients, FDOH-MDC contracted agencies engaged in prevention activities, and other community stakeholders.

This led to the adoption of the Letter of Concurrence which encompasses agreement across all local HIV planning bodies, people with HIV, service providers, and other community stakeholders. The letter was approved by the Partnership on October 18, 2022 and was signed by the Partnership Chair; attached hereto as **Section VII**. The 2022-2026 Integrated Prevention and Care Plan for Miami-Dade County was finalized and approved unanimously by the Partnership on October 18, 2022.

I.i. (b) Documents submitted to meet requirements

Data were drawn from the following source documents:

- The 2017-2021 Integrated HIV/AIDS Prevention and Care Plan;
- National HIV/AIDS Strategy (NHAS) 2022-2026 Integrated Plan Guidance;
- The Health Council of South Florida (HCSF) report on community needs, prepared for the FDOH-MDC / EHE;
- The EHE Jurisdictional Plan, prepared by the FDOH-MDC;
- Miami-Dade County Epidemiological data provided by the FDOH for CY 2019;
- Data on service gaps, provided by the FDOH and the RWHAP;
- Testing data provided by the FDOH-MDC, and program utilization data provided by the RWHAP, for 2019, 2020 and 2021;
- Client Satisfaction data provided by the Ryan White Program (RWHAP) for 2019, 2020, and 2021;
- Results from the listening sessions, interviews, community input sessions, and online surveys conducted by Behavioral Science Research Corp.

Section II: Community Engagement and Planning Process

II.i. Jurisdiction Planning Process

Community engagement activities were scheduled to reach a broad range of community stakeholders and to gather information from persons both inside and outside the PC and Ryan White Program services system. **See II.i (c),** below, for a complete list of community engagement activities.

II.i (a) Entities involved in process

The primary planning team was comprised of staff from the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program (Recipient); the Florida Department of Health in Miami-Dade County (FDOH-MDC), and Behavioral Science Research Corp. (BSR), the Ryan White Program administrative and planning council (PC) support subrecipient. This core group determined the timeline for completion of each section, organized community engagement activities, and presented data and drafts to the Ryan White Program planning council (the Miami-Dade HIV/AIDS Partnership).

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

At monthly meetings from January through August, 2022, the Partnership's Prevention and Strategic Planning Committees, working jointly as the Joint Integrated Plan Review Team (JIPRT), were instructed on completion deadlines, reviewed draft sections, provided edits and additional feedback, and refined the final Plan. The JIPRT also considered feedback from other PC committees on current activities and in development of new, forward-thinking activities. All meetings were broadly advertised and open to the public. Meetings were conducted in-person with virtual (Zoom) attendance from January through April, and in-person only after May. **See II.i (c),** below, for details on the composition of the PC and its committees.

As noted above, the planning council's Joint Integrated Plan Review Team (JIPRT) was the primary group who reviewed and provided feedback and edits to Plan drafts. Revised sections were then brought back to the JIPRT for review until all members agreed upon the final versions to present to the planning council. On [date], the JIPRT voted on the complete Plan and presented their recommendation to the planning council on [date]. Throughout the process, all documents were posted for review on the planning council's website and accessible to any planning council member and the general public.

The planning council includes voting members representing the RWHAP Recipient, Part B, and FDOH-MDC. The deliberations of the JIPRT and the planning council are recorded in the approved minutes of each meeting.

People with HIV and community stakeholders participate as members of the planning council and all committees. The key stakeholders represented as voting members of the JIPRT and Miami-Dade HIV/AIDS Partnership are:

- Persons with HIV, both RWHAP and non-RWHAP clients;
- Florida Department of Health representatives;
- RWHAP Parts A, B, C, D and F (ADAP) representative;
- State of Florida General Revenue representative;
- Local private and university researchers;
- Prevention providers;
- LGBTQ+ advocates;
- Advocates for victims of abuse;
- Local hospital representatives; and
- RWHAP subrecipients providing:

- medical case management,
- outpatient ambulatory health care,
- oral health care,
- mental health services,
- substance use treatment, and
- health insurance premium assistance.

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

In Miami-Dade County, the Part B and prevention programs are under the jurisdiction of the Florida Department of Health in Miami-Dade County (FDOH-MDC) and Ending the HIV Epidemic (EHE) initiatives are funded through FDOH-MDC and the RWHAP Recipient. As noted above, both FDOH-MDC and the Recipient were involved in every part of creating the Plan, including scheduling and coordination of efforts, data collection, goals and activities development, and final draft submission.

Ending the HIV Epidemic goals and activities have been combined with Integrated Plan goals and activities, with the funding source and responsible entities noted. The Plan was designed in this way to build on the strength of existing EHE initiatives and activities, avoid duplication of efforts, and promote a more cohesive and collaborative approach to prevention and care planning.

In order to gather input from other entities who may not otherwise be involved in integrated planning, a general Survey Monkey survey with open-ended questions on each of the four NHAS goals was open from February through April. Feedback was gathered from these stakeholders:

1. Florida Department of Health in Miami-Dade County;
2. Ryan White Program Part C or Part D provider;
3. Community health care center, including FQHCs;
4. Housing and/or homeless services provider;
5. Social services provider;
6. Persons with HIV;
7. Sexually transmitted disease (STD) clinic and/or STD program;
8. Local, regional, or school-based clinic or healthcare facility;
9. HIV clinical care provider;
10. Pharmaceutical company;
11. Clinician or other medical provider;
12. Behavioral scientist;
13. Epidemiologist;
14. Intervention specialist;
15. Business or labor representative; and
16. Community advisory board member.

At the end of the survey, respondents were encouraged to continue contributing to the development of the Plan in meetings of the JIPRT and all planning council activities.

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

The Partnership's JIPRT includes member representatives from RWHAP Part B and Part D. The Partnership's Care and Treatment Committee, which conducts the Annual Needs Assessment, and whose members were solicited for feedback on Plan development, include representatives from RWHAP Part A, Part C, and ADAP. All those members are also members of the Partnership and had a vote on the Plan prior to final submission.

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

People with HIV were included in all stages of planning, primarily through JIPRT involvement, planning council membership, and the listening sessions, detailed below. As planning council members and meeting guests, people with HIV contributed at all meetings and listening sessions. It is our expectation that people with HIV and other community stakeholders will continue to be engaged in all ongoing facets of Plan implementation, monitoring, evaluation, and improvement. The planning council advertises open meetings through a large listserv (more than 2,000 members), calendars posted on the planning council and County websites, and through social media outlets. Persons are encouraged to join meetings as voting members or as contributing guests. Reference materials are available to all interested parties at www.aidsnet.org.

Community engagement activities were scheduled to reach a broad range of community stakeholders and to gather information from persons both inside and outside the PC and Ryan White Program services system. A complete list of community engagement activities is detailed below.

In coordination with FDOH-MDC and the Recipient, planning council staff facilitated 15 listening sessions covering each of the four NHAS goals and probing attendees to think "outside the box" on what is working well, what needs to be improved, and what new and innovative solutions should be considered. The following groups were included:

1. FDOH-MDC Workgroups:
   - Florida Black HIV/AIDS Coalition – Miami Chapter (2 meetings);
   - Hispanic Initiative (Iniciativa Hispana) (2 meetings conducted in Spanish);
   - Pre-Exposure Prophylaxis Workgroup (2 meetings);
   - Transgender Tenacity Power;
   - Youth Health Workgroup; and
   - The Miami Collaborative MSM Workgroup.

2. RWHAP Client Focus Groups:
   - Clients over 55 years of age;
   - Clients under 55 years of age; and
   - Haitian clients (conducted in Haitian Creole).

3. Non-RWHAP Focus Groups:
   - Positive People Network, Inc., an HIV community advocates group; and
   - Gay Men's Hispanic Support Group at Pridelines, a community organization serving clients who are Hispanic and whose demographic is Male-to-Male Sexual Contact (MMSC), as well as LGBTQ+ youth.

4. Community Coalition Roundtable – Planning council committee comprised primarily of persons with HIV both inside and outside the RWHAP care system, including peer educators.

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

II.i (f) Priorities

Priorities for people with HIV that arose from the planning sessions noted above, include:

1. The lived-experience of dealing with a lot more than just HIV: Clients have difficult and competing priorities on top of managing their HIV, including the stresses of living in poverty, housing instability, hiding their HIV status (stigma), managing mental health issues, and navigating substance use issues and recovery.

2. General apathy and the need to be empowered: Clients expressed frustration with continually voicing their needs without seeing meaningful change. Clients no longer feel empowered to advocate for themselves, rather they feel disenfranchised. Most clients were unaware of many Partnership (and RWHAP) resources or how to access non-RWHAP resources. Many clients expressed feelings of being disrespected and are cynical about involvement in activities that could truly empower them.

3. Not understanding the full breadth of available services: Several clients reported never being advised of mental health and support services, such as food bank. Subrecipient service providers may not advise clients of services outside their agency for fear of losing the client.

4. Misunderstandings about PrEP: Some clients still believe PrEP is just for men.

5. The need to put "People" back into "People with HIV": Clients feel rushed through appointments and feel providers get defensive if needs or feelings of isolation are expressed.

6. The ACA Marketplace is complex for both providers and clients to navigate: Clients enrolled in the ACA Marketplace struggle with providers who do not fully understand the complexities of HIV.

7. Requests for messaging with people who look like us! Clients want to see prevention messaging with people who "look like us" across all races/ethnicities, gender identifications, ages, geographic areas, and languages.

8. Addressing stigma: Stigma is still with us. Myths about HIV are still prevalent, particularly in immigrant communities. People with HIV report living with fears of disclosure within their own families and are also self-stigmatizing. Transgender people report feeling stigmatized from service providers throughout the service system. Racial/ethnic and sexual orientation microaggressions are reported throughout the service system.

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

1. *How the jurisdiction uses annual needs assessment data to adjust priorities.*

2. As noted above, ongoing feedback of people with HIV and stakeholders in accomplished by broadly advertising public meetings, allowing public access to all draft and completed reference documents through online postings, and encouraging participation by members and guests at all meetings. Further, following completion, the Plan will be presented to the groups who contributed to ensure ongoing community engagement.

3. *Any changes to the plan as a result of updates assessments and community input.*

4. *Any changes made to the planning process as a result of evaluating the planning process.*

Section III: Contributing Data Sets and Assessments

III.i. Data Sharing and Use

Data for development of this Plan were gathered from Florida-Department of health in Miami-Dade County; Provide Enterprise-Miami, the RWHAP client-level database; Florida CHARTS; Annual Needs Assessment data; and community feedback.

Though the jurisdiction does not have formal data-sharing agreements, due to the close collaboration between the RWHAP Recipient, the RWHAP PC, and FDOH-MDC, necessary data is readily available.

III.ii.Epidemiologic Snapshot

[Pending: Narrative and/or tables to highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan.]

Sample

Adults with HIV, 2020, Living in Miami-Dade County

		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	2,439	11.9%	287	4.3%	2,726	10.0%
	Black	6,407	31.1%	4,509	68.2%	10,916	40.1%
	Hispanic/Latino/a	11,470	55.7%	1,737	26.3%	13,207	48.6%
	Other	260	1.3%	81	1.2%	341	1.3%
Age Group	13–19	47	0.2%	22	0.3%	69	0.3%
	20–29	1,419	6.9%	362	5.5%	1,781	6.6%
	30–39	3,466	16.8%	905	13.7%	4,371	16.1%
	40–49	4,013	19.5%	1,381	20.9%	5,394	19.8%
	50+	11,631	56.5%	3,944	59.6%	15,575	57.3%
Mode of Exposure	MMSC	15,200	73.9%	0	0.0%	15,200	55.9%
	IDU	805	3.9%	552	8.3%	1,357	5.0%
	MMSC/IDU	661	3.2%	0	0.0%	661	2.4%
	Heterosexual Contact	3,690	17.9%	5,887	89.0%	9,576	35.2%
	Transgender Sexual Contact	74	0.4%	3	0.0%	77	0.3%
	Other risk	147	0.7%	172	2.6%	319	1.2%

Rounding may cause percentages to total more or less than 100.

Florida HEALTH

III.iii. HIV Prevention, Care and Treatment Resource Inventory

[Final tables pending]

Miami-Dade County Resource Inventory: Care And Treatment Services

Review Data For Joint Integrated Plan Review Team Meeting, April 14, 2022

			Core and Support Services																																	
Funding Source	FY 2021 Funding Amount Dollar Amount	Number of Agencies	Core Medical-related Services	Outpatient/Ambulatory Health Services	AIDS Drug Assistance Program Treatment (Tx)	AIDS Pharmaceutical Assistance	Oral Health Care	Early Intervention Services	Health Insurance Premium &Cost-Sharing	Home Health Care	Home & Community-based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Medical Case Mgmt., incl. Tx Adherence	Substance Abuse Outpatient Care	Supportive Services	Non-Medical Case Management Services	Treatment Adherence Counseling	Emergency Financial Assistance	Food Bank/Home-delivered Meals	Health Education/Risk Reduction	Housing Services	Linguistic Services	Medical Transportation	Other Professional Services: Legal Services	Outreach Services	Psychosocial Support Services	Referral for Health Care & Support Services	Rehabilitation Services	Substance Abuse Services (residential)
Part A	$26,097,982	17		x		x	x		x				x		x	x				x	x				x	x	x								x
Part B	$57,451,505	9		x	x				x	x			x		x			x	x	x					x										
Part C	$2,742,576	4		x		x	x	x					x	x	x				x			x			x		x	x	x						
Part D	$1,923,552	1		x									x		x			x	x		x	x		x			x	x	x						
Part F	$1,522,596	3		x		x	x												x			x							x						
CDC	$9,181,161	13																											x						
SAMHSA	$1,977,504	5											x			x		x	x								x	x	x						x
HOPWA	$12,874,914	7																x					x												
Federal	$248,902,764	50+		x		x	x		x	x	x	x	x		x						x				x			x	x	x				
State	$146,820,852	50+		x		x	x		x	x	x	x	x		x						x				x			x	x	x				
Local	$3,753,205	5		x									x														x	x	x						
EHE	$5,512,323	13		x		x							x		x	x			x										x						
Total	$518,760,934																																		

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
AIDS Healthcare Foundation	Local/EHE	$125,000	General population	HIV	X	C	PrEP	Outreach activities, prevention for negatives, linkage to care, individual/group level sessions, referrals, HIV/STD education/awareness
Arianna's Center	State/OMH	$46,894	Latino MMSC, other minorities; transgenders	HIV	X	C	PrEP	Outreach activities, prevention for negatives, referrals, media
Banyan Community Health Center, Inc	HRSA/EHE	$343,379	Latino and African American MMSC	HIV			PrEP	Outreach activities, workforce development, linkage to care, PCHP activities
Borinquen Health Care Center, Inc.	HRSA/EHE	$284,779	HIV (+)	HIV	X		PrEP	Outreach activities, prevention for negatives, linkage to care, individual/group level sessions
Borinquen Health Care Center, Inc.	CDC/HIP	$441,625	HIV(+) African American	HIV/STD	X	C	PrEP	Outreach activities, prevention for negatives, linkage to care, individual/group level sessions, referrals
Borinquen Health Care Center, Inc.	State/HIP	$200,000	High-risk adults Hispanics and African Americans	HIV		C		F2F outreach, community engagement, social media posts
Borinquen Health Care Center, Inc.	State/HIP	$85,000	Pregnant women with HIV or at risk for HIV					Perinatal HIV prevention activities for pregnant women living with HIV and those at increased risk for HIV acquisition through the TOPWA program
Borinquen Health Care Center, Inc.	RWHAP-EHE (Quick Connect)	$236,712	General population	HIV				Linkage, providers education
CAN Community Health	Local/EHE	$125,000	Young MMSC of color, transwomen, and high-risk heterosexuals	HIV/STD		C	PrEP/nPEP	Linkage to care, linkage to treatment, mobile/venue-based outreach events, social media posts, online conversations with priority populations
Care 4 U Management, Inc.	State/HIP	$225,000	African Americans and Hispanics	HIV/STD		C	PrEP/nPEP	PrH-Medication Adherence, referrals and provision, Safe in the City, F2F outreach, community engagement, social media posts
Care Resource Community Health Centers, Inc.	HRSA/EHE	$269,322	Individuals at risk for HIV	HIV			PrEP	Outreach activities, workforce development, linkage to care, PCHP activities
Care Resource Community Health Centers, Inc.	RFA-PS21-2102	$441,625	MMSC	HIV/STD	X	C	PrEP	Outreach activities, prevention for negatives, linkage to care, referrals
Care Resource Community Health Centers, Inc.	State/HIP	$400,000	MMSC, African American heterosexual men and women	HIV		C	PrEP/nPEP	Prioritized HIV testing, CLEAR for PLWH, Cognitive Behavioral Therapy (CBT), risk reduction counseling for HRN, F2F outreach, community engagement, one-on-one online outreach, social media posts

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
CareFirst Foundation, Inc.	Local/EHE	$125,000	Gay and bisexual men of all races and ethnicities, and heterosexual African Americans, Haitians, Hispanics, and injection drug users	HIV/STD		C	PrEP/nPEP	Outreach/education events, social media posts, online conversations with priority populations, development of communication plan for social marketing, educational and recruitment purposes
Community Health of South Florida, Inc.	HRSA/EHE	$300,697	General population	HIV				Outreach events
Community Health of South Florida, Inc.	Local/EHE	$125,000	General population	Screening and referrals		C	PrEP	Other essential support services as appropriate, community outreach events, social media posts, connecting 90% of eligible clients with a network navigator for follow-up
Community Rightful Center, Inc.	State/HIP	$75,000	African American men and their sexual partners	HIV	X		PrEP/nPEP	
FDOH-MDC	Local/EHE	$379,607	Targeted population	HIV/STD	X			Linkage to care, referrals, academic detailing, retention
FDOH-MDC	Public Health Trust	$248,318	General HIV-risk population	HIV/STD				Outreach activities, and linkage to care, DIS
Empower U, Inc.	HRSA/EHE	$253,689	African American MMSC and Transgender	HIV			PrEP	Outreach activities, workforce development, linkage to care, PCHP activities
Empower U, Inc.	CDC/HIP	$347,599	HIV early intervention	HIV/STD	X	C		Outreach activities, prevention for negatives, linkage to care
Empower U, Inc.	State/HIP	$375,000	African American Heterosexual men & women, African American MMSC and young MMSC of color	HIV/STD		C	PrEP/nPEP	ARTAS, CLEAR, PrEP/nPEP screening, referrals, and provision, Mpowerment, F2F outreach, one-on-one online outreach, social media posts
Family and Children Faith Coalition dba Hope for Miami	Local/EHE	$84,472	General population, youth, parents of adolescents and young adults, coaches, mentors, family members, faith leaders and health professional that serve youth	Referrals			PrEP	Other essential support services, education (youth and adults), community outreach events, social media posts
Health Choice Network	Local/HIP	$82,131.53	General Population					Linkage to Care
Health Choice Network	FOCUS	$261,140	General population	Routine Testing in Medical Setting				
Health Council of South Florida	Local/FDOH-MDC	$190,000	Targeted population					Contracts service providers

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
Health Education Prevention Promotion	Local/EHE	$57,345	African American, Haitian and other Caribbean American communities	Referrals			PrEP	Essential support services, individual and group-level education, social media posts, media/marketing, follow-up calls with registered participants
Homestead Hospital	FOCUS	$148,979	General population	Routine Testing in Medical Setting				
Jackson Memorial Hospital (PHT)	Local/HIP	$146,077.50	General Population					Linkage to Care
Jackson Memorial Hospital- Main	FOCUS	$279,387	General population	Routine Testing in Medical Setting				
Jackson Memorial Hospital-North	FOCUS	$94,977	General population	Routine Testing in Medical Setting				
Jackson Memorial Hospital-South	FOCUS	$192,228	General population	Routine Testing in Medical Setting				Linkage to care
Jessie Trice Community Health System, Inc.	HRSA/EHE	$284,758	HIV(+) LGTBQ and Heterosexuals	HIV			PrEP	Outreach activities, workforce development, linkage to care, PCHP activities
Latinos Salud, Inc.	CDC/HIP	$147,208	Latino MMSC, other minorities	HIV/STD	X	C		Outreach activities, prevention for negatives, linkage to care
Latinos Salud, Inc.	HHS/Federal	$109,000	Latino MMSC, other minorities	HIV		C	PrEP/nPEP	*Supports Miami SW* for HIV/STI testing, STI screening and linkage, PrEP/nPEP screening and linkage, condom distribution, outreach, media advertising, treatment/support services referrals
Latinos Salud, Inc.	State/HIP	$400,000	Latino and other MMSC	HIV/STD		C	PrEP/nPEP	CLEAR, risk reduction counseling/DiversiSAFE, F2F outreach, community engagement, social media posts, digital ads
Latinos Salud, Inc.	State/OMH	$275,000	Latino MMSC, other minorities; transgenders	HIV/STD	X	C	PrEP	Outreach activities, prevention for negatives, referrals, media

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
Latinos Salud, Inc.	Local/EHE	$125,000	Latino MMSC and bisexual, other MMSC of color, persons living with HIV, transgender persons and their partners	HIV/STD	X	C	PrEP (assistance)	DiversiSAFE education sessions, mobile/venue-based outreach, social media posts, online conversations with priority populations, assist PrEP clients with insurance confirmation or paperwork to qualify for Patient Assistance or Co-Pay Assistance Programs
Latinos Salud, Inc.	MDC-CAHSD	$109,000	African-American population, persons at-risk for HIV, and substance users					Reduction, prevention, and early intervention services
Latinos Salud, Inc.	Our Fund Foundation	$30,000	Latino MMSC and other minority MMSC	HIV/STD				Support for community health programs including HIV/STD testing, referral and treatment
Media vendors (i.e. WSFL-TV, iHeart Media, Audacy, Outfront, AllOver Media, Mesmerize, Commando, WSFR)	Local/EHE	$451,183.33	General population					Media
Miami Beach Community Health Center, Inc.	HRSA/EHE	$308,991	At risk individuals	HIV			PrEP	Outreach activities, workforce development, linkage to care, PCHP activities
MJD Wellness	Vanderbilt	$40,000	General Population, Homeless, 16+, any Gender, Haitian Community	HIV		C		Outreach
New Hope	State/HIP	$150,000	Individuals >13	HIV				Outreach, prevention for HIV positive persons and HIV negative persons at increase risk, community level prevention and linkage to prevention and essential services.
Positively U, Inc.	Local/EHE	$72,916.67	General population	HIV/STD		C	PrEP/nPEP	Outreach and/or venue outreach, bulk and individual condom distribution, social media posts
Prevention 305, Inc.	State/HIP	$100,000	MMSC, bisexual and transgender Latinx immigrants under the age of 35			C	PrEP	F2F outreach, one-on-one online outreach, community engagement, social media posts, Latin influencers messaging, digital ads
Pridelines Youth Services, Inc.	State/HIP	$100,000	Latino, African American, and White MMSC and transgender men and women ages 14 to 65			C		F2F outreach, BRTA, SNS, social media posts, peer program

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
Project Access Foundation, Inc., Miami-Dade County	State/HIP	$250,000	General Population, High Risk individuals, young adults, LGBTQ	HIV		C	PrEP/nPEP	ARTAS, risk reduction counseling for PLWH, risk reduction counseling for HRN, community engagement, social media posts
S.O.U.L Sisters Leadership Collective	Local/EHE	$50,000	Youth (Black, Brown, and Indigenous)	Referrals			Referrals	Referral services for HIV testing, PrEP, and other essential support services, develop a "Design Camp" program curriculum, recruit an "EHE Cohort of Youth Designers" to participate in the "Design Camp" program, conduct the "Design Camp HIV Education and Awareness Campaign", develop a follow-up plan and attempt to follow up with all clients, create social media posts, host virtual engagement with EHE-related messaging and topic
Survivors' Pathway Corp.	State/HIP	$200,000	Latinx LGBTQ and victims of sex trafficking and sexual assault	HIV		C	PrEP/nPEP	Prioritized HIV testing, peer program, PrEP/nPEP screening and referrals, support groups HRN, condom distribution, F2F outreach, one-on-one online outreach, community engagement, social media posts
Survivors' Pathway Corp.	Local/EHE	$108,000	LGBTQ community, the Hispanic Latinx community, victims of domestic violence, sex trafficking and sexual assault	HIV/STD		C	PrEP/nPEP	Education and outreach, social media posts, support and referral services for trauma-informed care and mental health services, free access to immigration legal services
The Community Health and Empowerment Network	Local/EHE	$93,000	African Americans, Haitians, Undocumented, Hispanics, people with HIV/AIDS, Low-Income, LGBT, Homeless	HIV		C	PrEP/nPEP	Mobile/venue-based outreach events, social media posts, designing and implementing a marketing campaign to promote HIV testing, PrEP, and other EHE community engagement activities
Thelma Gibson Health Initiative, Inc.	MDC-CAHSD	$16,000	African-Americans, persons at-risk for HIV, and substance users					Reduction, prevention, and early intervention services
TransSocial, Inc.	State/OMH	$42,032.27	Latino MMSC, other minorities; transgenders	HIV/STD	X	C	PrEP	Outreach activities, prevention for negatives, referrals, media
TransSocial, Inc.	Our Fund Foundation	$3,000	Transgender and LGBTQ					Linkage services to affirming health care providers
University of Miami	Local/HIP	$95,000	General population; youth of all races/ethnicities living with and at increased risk for HIV, ages 14–24	HIV				Counseling, linkage to care, and treatment adherence counseling
University of Miami–Adolescent Medicine	Local/EHE	$110,000	At-risk adolescents and young adults	HIV/STD	X		PrEP/nPEP	Linkage to care, consultations to community members/partners, individual-level education with health care trainees (e.g., medical residents, medical students, nursing students), group-level education with health care providers, social media posts

				Categories of Service				
Agency	Funding Type	Funding Amount	Target Population(s) Served	HIV/STD Testing & Referrals	Partner Prevention	Condom Distribution	PrEP, nPEP, PEP Screening, Referrals, & Linkage	Additional Services and Notes
University of Miami- ED	FOCUS	$167,188	General population	Routine Testing in Medical Setting				
University of Miami–IDEA Exchange Miami	Local/EHE	$57,683	PWID (Persons Who Inject Drugs)					Screen and link PWID who are not in care via mobile wellness clinic telehealth services, ART initiation and opioid use disorder medications, conduct monthly presentations to providers in Miami-Dade County to expand their ability to initiate and/or reinitiate HIV/STI care via telehealth services in clinic and/or mobile settings, offer technical support as needed to community partners, conduct quarterly presentations on culturally competent care for PWID or drug users, social media posts
University of Miami–IDEA Exchange Miami	FOCUS	$225,731	PWID	HIV				Linkage
University of Miami, PrEP Mobile Unit	State	$187,500	Individuals at increased risk for HIV infection or persons requesting PrEP, residing in Miami-Dade County	HIV/STD			PrEP/PEP	Behavioral risk screening, targeted outreach, online outreach, rapid ART starts
Urgent, Inc.	MDC-CAHSD	$20,000	Youth and families at-risk for HIV					Reduction, prevention, and early intervention services
Village South	CDC/HIP	$441,624	Heterosexual females	HIV/STD	X	C		Outreach activities, prevention for negatives, linkage to care, individual level sessions, referrals

III.iii (a) Strengths and Gaps

Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.

III.iii (b) Approaches and Partnerships

Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.

III.iv. Needs Assessment

Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including:

1. *Services people need to access HIV testing, as well as the following status neutral services needed after testing:*
   a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs
   b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs
2. *Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression –Needs*
3. *Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility*

III.iv. (a) Priorities

List the key priorities arising from the needs assessment process.

III.iv. (b) Actions Taken

List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.

III.iv. (c) Approach

Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in Appendix 3.

Section IV: Situational Analysis

IV.i. Situational Analysis

Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues impacting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections.

IV.i. (a) Priority Populations

Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.

Section V: 2022-2026 Goals and Objectives

V.i. Goals and Objectives Description

Goals were developed under each of the National HIV/AIDS Strategy Goals. Strategies and Activities were developed based on:

- 2022-2025 National HIV/AIDS Strategy (NHAS);
- 2017-2021 Integrated Plan (2017-2021 IP);
- 2022-2025 Integrated Plan Guidance;
- FDOH-Tallahassee Integrated Plan – Initial guidance received April, 2022 (State IP);
- FDOH-MDC Ending the HIV Epidemic (FDOH-EHE) initiatives;
- Ryan White HIV/AIDS Program Ending the HIV Epidemic (RWHAP-EHE) initiatives;
- Community input sessions, detailed above; and
- Joint Integrated Plan Review Team meetings (JIPRT) meeting presentations from January through August, 2022, including:
  - 2017-2021 IP Prevention Goals Progress Updates (HIV/STI Testing; Linkage to Care; Pregnant Women; PrEP and nPEP; Condom Distribution; and Outreach);
  - 2017-2021 IP Care and Treatment Goals Updates (Retention in Care, Disparities in Retention in Care, and Disparities in Viral Load Suppression);
  - Prevention Services Resource Inventory;
  - Care and Treatment Services Resource Inventory;
  - Four-Year Analysis of Linkage to Care for Newly Diagnosed Clients (201-2020);
  - Five-Year Analysis of Retention in Care and Viral Load Suppression for Priority Populations (2017-2021);
  - RWHAP Clinical Quality Management Performance Report Card (Fiscal Year 2021-2022);
  - "What will it take to 'End the HIV epidemic in the US': An economic modeling study in 6 US cities including Miami-Dade County," by Dr. Bohdan Nosyk, Associate Professor, St. Paul's Hospital CANFAR Chair in HIV/AIDS Research; and
  - General Discussion on Topics of Concern: Poverty, Housing, and Mental Health.

NHAS GOAL 1
PREVENT NEW HIV INFECTIONS
Prevention (P)

Objective P1. Increase the percentage of people living in MDC who are aware of their HIV status from the national baseline of 87% in 2019 to 90% by December 31, 2026.

- *Strategy P1.1. Implement HIV, HCV, and STI testing as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.*

Activities	Responsible Entities	Measurements
P1.1.a. Partner/ collaborate with healthcare facilities to increase routine HIV testing.	FDOH-MDC and partners (i.e., FOCUS, hospital settings, FQHCs, urgent care centers, medical practices, free clinics, hospitals)	**1.** # of healthcare facilities identified for routine opt-out HIV testing in Miami-Dade County **2.** # of healthcare facilities interested in routinizing HIV testing in Miami-Dade County **3.** # of healthcare facilities committed to conduct routine opt-out HIV testing in Miami-Dade County **4.** # of healthcare facilities implementing routine opt-out HIV testing in Miami-Dade County **5.** # of persons served at a healthcare facility **6.** # of persons tested at a healthcare facility **7.** # of HIV positive persons identified through routine testing **8.** # of previously diagnosed HIV positive persons **9.** # of newly diagnosed HIV positive persons **10.** # of HIV tests integrated with viral hepatitis tests (HCV) **11.** # of HIV tests integrated with STI tests
P1.1.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 RWHAP	**1.** # of providers identified to be educated on routine testing (i.e., HIV, HCV, STI) **2.** # of private providers educated on routine testing (i.e., HIV, HCV, STI) **3.** # of MOUs/ agreements established with partners to serve as routine healthcare testing sites
P1.1.c. Partner/ collaborate with healthcare facilities to offer STI testing.	FDOH-MDC and partners	**1.** # of healthcare facilities identified to conduct STI testing **2.** # of healthcare facilities committed to conduct STI testing **3.** # of MOUs signed with the healthcare facilities to offer STI testing **4.** # of healthcare facilities implementing STI testing **5.** # of STI tests done at healthcare facilities **6.** # of clients with a positive STI result **7.** # of clients newly diagnosed with a STI **8.** # of clients treated for STIs
P1.1.d. Partner/ collaborate with healthcare facilities to offer HCV testing.	FDOH-MDC and partners	**1.** # healthcare facilities identified to conduct HCV testing **2.** # HCV tests done at healthcare facilities **3.** # of clients with a positive HCV result **4.** # of clients referred for HCV treatment.
Notes **1.** Baseline is based on CDC national average		

2. Guidance on counting non-resident/previously diagnosed positivity rates (international travelers, transient persons, tourists) is pending from CDC.
3. HIV testing must include pre- and post-testing counseling components.
4. Consider simplified messaging and "old-fashioned" (1980s) counseling. Define four key points any healthcare worker can deliver, for example.
5. AHEAD Dashboard: defines "knowledge of HIV status" as " the estimated percentage of people with HIV who have received an HIV diagnosis", and the percentages are 86.8% in 2019, and 95% in 2026 https://ahead.hiv.gov/locations/miami-dade-county

- *Strategy P1.2. Expand HIV/STI testing in traditional and non-traditional settings.*

Activities	Responsible Entities	Measurements
P1.2.a. 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	**1.** # of Persons Receiving ≥1 HIV Self-Test Kits **2.** # of persons who confirmed taking the test **3.** # of persons who reported a positive test result using the self-test kit **4.** # of persons with positive test result from a self-test kit, that took a confirmatory test at FDOH-MDC facility
P1.2.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)	FDOH-MDC and partners (i.e., faith-based organizations, domestic violence/ human trafficking agencies, CBOs, universities, FQHCs, and other non-traditional partners)	**1.** # of partners identified to conduct HIV/STI testing at in non-traditional settings **2.** # of partners interested in conducting HIV/STI testing at non-traditional settings **3.** # of partners committed to conducting HIV/STI testing at non-traditional settings **4.** # of partners implementing HIV/STI testing at non-traditional settings **5.** # of persons tested for HIV at non-traditional settings **6.** # of HIV positive persons at a non-traditional setting **7.** # of persons tested for STI at non-traditional settings **8.** # of persons newly diagnosed with STI at non-traditional settings **9.** # of previously diagnosed HIV positive persons, confirmed in surveillance at non-traditional settings **10.** # of newly diagnosed HIV positive persons
P1.2.c. Increase the number of mobile units offering HIV/STI testing in the community	FDOH-MDC and partners (i.e., CBOs, universities, FQHCs)	**1.** # of mobile units able to conduct HIV/STI testing **2.** # of HIV tests conducted at a mobile unit **3.** # STI tests conducted at a mobile unit **4.** # of HIV positive results from HIV tests conducted at a mobile unit **5.** # of STI positive results from STI tests conducted at a mobile unit **6.** # of people linked to PrEP **7.** # of people linked to HIV care **8.** # of people referred for STI treatment
Notes **1.** Strategy aimed at reducing stigma.		

2. Non-traditional settings, includes, but is not limited to health fairs, faith-based organizations, domestic violence/ human trafficking agencies, retail stores, pharmacies, and mobile units.
3. *Traditional settings: community-based orgs., testing sites, healthcare centers
4. 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 male-to-male sexual contact (MMSC).
5. AHEAD Dashboard: defines "knowledge of HIV status" as " the estimated percentage of people with HIV who have received an HIV diagnosis", and the percentages are 86.8% in 2019, and 95% in 2026 https://ahead.hiv.gov/locations/miami-dade-county

- *Strategy P1.3. Incorporate a status neutral approach to HIV testing, offering linkage to prevention services for people who test negative, and immediate linkage to HIV care and treatment for those who test positive.*

Activities	Responsible Entities	Measurements
P1.3.a. Provide training and education to community partners on status-neutral approach.	FDOH-MDC and partners	**1.** # of community partners trained and educated on the status neutral approach
P1.3.b. Increase the number of agencies implementing status neutral approach.	FDOH-MDC and partners	**1.** # agencies implementing the status neutral approach

- *Strategy P1.4. Provide partner services to people diagnosed with HIV and STIs, and their sexual or needle-sharing partners.*

Activities	Responsible Entities	Measurements
P1.4.a. Educate CBOs, FQHCs, and private providers on available partner services.	FDOH-MDC and partners	**1.** # of CBO's educated on partner services **2.** # of FQHCs educated on partner services **3.** # of private providers educated on partner services **4.** % of all named, notifiable partners identified through HIV partner services
P1.4.b. Partner with RWHAP and CBOs to educate patients about the importance of partner services.	FDOH-MDC and partners	**1.** # and % of notifiable partners identified through HIV partner services **2.** # and % of notifiable partners that were tested for HIV **3.** # of educational sessions conducted to providers regarding partner services **4.** # partnership with FDOH to offer partnered services **5.** # of providers educated on partner services **6.** # patients receiving partner services
P1.4.c. Establish private/public partnerships to offer partner services.	FDOH-MDC and partners	**1.** # of public/private partnership established

Objective P2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).

- *Strategy P2.1. Increase awareness of healthcare providers of the opt-out HIV and STI screening for pregnant women per Florida Statute 64D-3.04.*

Activities	Responsible Entities	Measurements
P2.1.a. Conduct educational sessions on Florida Statute 64D-3.04 and Perinatal HIV Prevention protocols with medical professionals and agencies that provide care and treatment to women of childbearing age, and pregnant women with HIV and their exposed or HIV positive newborns.	FDOH-MDC and partners	**1.** # of educational sessions conducted with medical care providers **2.** # of educational sessions conducted with agencies
P2.1.b. Partner with the FDOH-MDC's Academic Detailing Program (ADP) to include Perinatal HIV Prevention and Opt-Out HIV/STI testing of pregnant women in their education sessions and through the Test Miami Providers' Corner link.	FDOH-MDC ADP and partners	**1.** # of educational sessions with medical care providers conducted by FDOH-MDC ADP **2.** # of updates added to the Test Miami Providers' Corner link
P2.1.c. Educate hospitals on Opt-Out HIV/STI testing of pregnant women according to the Florida Statute 64D-3.04, and the importance of submitting the High-Risk Notification Form to the Miami-Dade Perinatal HIV Prevention Program.	FDOH-MDC and partners	**1.** # of educational sessions conducted with hospitals **2.** # of High-Risk Notification Forms and/or notifications of pregnant women with HIV received from hospitals
P2.1.d. 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 Labor/Delivery/Emergency Department Perinatal Prevention Protocols, High Risk Pregnancy Notification, and Newborn Exposure Notification forms.	FDOH-MDC and partners	**1.** # of educational sessions conducted to hospitals (i.e., ERs), and urgent care centers **2.** # of High Risk Pregnancy Notification Forms received from hospitals (see P2.1.c. above) **3.** # of Newborn Exposure Notification Forms received from hospitals

- *Strategy P2.2. Increase awareness among women of childbearing age about HIV testing, prevention, prenatal care, and postpartum/family planning services.*

Activities	Responsible Entities	Measurements
P2.2.a. Provide linkage to prenatal care and HIV care for pregnant women with HIV.	FDOH-MDC and partners	**1.** # of HIV positive pregnant women who received HIV care **2.** # of HIV positive pregnant women who received prenatal care
P2.2.b. Provide follow-up medical and family planning services for post-partum women with HIV.	FDOH-MDC and partners	**1.** # of post-partum women with HIV who received family planning services

Objective P3. Increase the number of individuals prescribed pre-exposure prophylaxis (PrEP) from the baseline 30% in 2019 to 50% by December 31, 2026.

- *Strategy P3.1. Ensure access to and availability of PrEP.*

Activities	Responsible Entities	Measurements
P3.1.a. Increase PrEP access by expanding the number of partners offering PrEP services.	FDOH-MDC and partners (i.e., CBOs, FQHCs, agencies)	**1.** # of HIV-negative persons **2.** # of access points for PrEP **3.** # of individuals screened for PrEP **4.** # of individuals eligible for PrEP **5.** # of individuals referred to a PrEP provider **6.** # of individuals linked to a PrEP provider **7.** # of individuals prescribed PrEP
P3.1.b. Train peer educators and community health workers to promote the Ready, Set, PrEP (RSP) initiative to implement direct community outreach.	FDOH-MDC and partners (i.e., Peer educators and community health workers)	**1.** # of educational sessions conducted **2.** # of RSP sessions conducted **3.** # of RSP educational materials distributed
P3.1.c. Utilize FDOH-MDC ADP to engage and educate health care providers on PrEP to increase the number of PrEP prescribers.	FDOH-MDC ADP and partners (i.e., AETC, Gilead, HIP providers, FDOH private providers, FQHCs, pharmacies, CBOs)	**1.** # of educational sessions conducted specifically to health care providers **2.** # of providers recruited to provide PrEP services **3.** # of PrEP prescribers
P3.1.d. Disseminate an updated 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 care centers, clinics, testing sites)	**1.** # of organizations with accessibility to the comprehensive list
P3.1.e. Identify and share best practices by agencies that have utilized TelePrEP to expand	FDOH-MDC and partners (i.e., Pharmaceuticals, CBOs, retail pharmacy	**1.** # of providers offering TelePrEP services **2.** # of persons who received TelePrEP services

providers' capacity of offering TelePrEP services.	chains, medical providers, ERs, urgent care centers, clinics, testing sites)	
P3.1.f. Create a PrEP referral network for clients to access PrEP services.	FDOH and partner	**1.** # clients accessing the PrEP referral network
P3.1.g. Increase the number of non-traditional partners offering PrEP (i.e., pharmacies, urgent care centers).	FDOH and non-traditional partners such as pharmacies, urgent care centers.	**1.** # of pharmacy clinics providing PrEP (MinuteClinic at CVS, and UHealth at Walgreens) **2.** # of urgent care centers providing PrEP
Notes **1.** PrEP services: Help navigating through the system, i.e., the application process. **2.** Objective data: from AHEAD Dashboard which displays goals of 29.9% in 2019, and 50% for 2026 https://ahead.hiv.gov/locations/miami-dade-county.		

Objective P4. Increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis) in the community from 34 in 2022 to xx by December 31, 2026.

- *Strategy P4.1. Ensure access to and availability of nPEP.*

Activities	Responsible Entities	Measurements
P4.1.a. Increase the number of partners offering nPEP services.	FDOH-MDC and partners (i.e., FDOH, CBOs, FQHCs, agencies)	**1.** # of individuals screened for nPEP **2.** # of individuals eligible for nPEP **3.** # of nPEP prescriptions (if able to capture data) **4.** # of access points for nPEP
P4.1.b. Utilize FDOH-MDC ADP to engage and educate providers, urgent care centers, and ERs on nPEP to increase the number of nPEP prescribers.	FDOH-MDC ADP and partners	**1.** # of nPEP educational sessions conducted **2.** # of providers, urgent care centers, and ERs providing nPEP services
P4.1.c. Disseminate an updated comprehensive list of nPEP providers to share with community partners and healthcare providers.	FDOH-MDC and partners	**1.** # of organizations with accessibility to the comprehensive list of nPEP providers
P4.1.d. Increase the number of non-traditional partners offering nPEP (i.e., pharmacies, urgent care centers).	FDOH and non-traditional partners such as pharmacies, urgent care centers.	**1.** # of pharmacy clinics providing nPEP (MinuteClinic at CVS, and UHealth at Walgreens) **2.** # of urgent care centers providing nPEP

Objective P5. Increase the number of free condoms distributed from xx in 2019, to xx by December 31, 2026.

- *Strategy P5.1. Continue free condom distribution.*

Activities	Responsible Entities	Measurements
P5.1.a. Increase the number of condom distribution sites across the jurisdiction.	FDOH-MDC and partners	**1.** # of condoms provided to high-risk populations **1.** # of condoms distributed within the jurisdiction **2.** # of condoms distributed at bar/clubs **3.** # of condoms distributed at CBOs **4.** # of condoms distributed at clinical/medical settings **5.** # of condoms distributed at college/schools **6.** # of condoms distributed at faith-based organizations **7.** # of condoms distributed at prevention/ intervention sessions **8.** # of condoms distributed at private businesses **2.** # of condoms distributed at street outreach

Objective P6. Support the local Syringe Service Program (SSP) – locally, the Infectious Disease Elimination Act (IDEA Exchange) – and ensure access to harm reduction services.

- *Strategy P6.1. Inform HIV service providers and the community about IDEA Exchange services.*

Activities	Responsible Entities	Measurements
P6.1.a. Educate and refer high-risk individuals to local SSP.	FDOH-MDC, IDEA Exchange, and partners	**1.** # of persons linked to IDEA Exchange **2.** # of referrals made to IDEA Exchange, by partners
P6.1.b. Utilize social media platforms to promote services offered by SSP.	FDOH-MDC, IDEA Exchange, and partners	**3.** # of social media posts by IDEA Exchange
Notes **1.** As of July 2022, one RWHAP MAI subrecipient is using IDEA Exchange as an access point to its MAI HIV services. **2.** IDEA Exchange provides an annual report to FDOH-Tallahassee.		

Objective P7. Increase the number of advertisement types to expand culturally appropriate messaging concerning HIV prevention, testing, and treatment from four (4) in 2019, to six (6) by December 31, 2026.

- *Strategy P7.1. Expand community engagement efforts (i.e., outreach events, media campaigns) for populations most at risk in Miami-Dade County.*

Activities	Responsible Entities	Measurements
P7.1.a. Build innovative media campaigns, i.e., billboards, TV/radio, social media, to highlight the importance of knowing your status, getting into	FDOH-MDC and partners	**1.** # of advertising campaigns 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)

care, addressing stigma, HIV prevention and care.		**2.** # of overall impressions [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns **3.** # of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care
P7.1.b. Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.		**1.** # of agencies conducting outreach events for each priority population (identify priority populations) **2.** # of outreach events conducted **3.** # of contacts created at outreach events
P7.1.c. Develop and support culturally tailored prevention messages to destigmatize HIV (i.e., HIV.gov Believe, Test Miami, Undetectable = Untransmittable (U=U), I Am A Work of ART).	FDOH-MDC and partners	**1.** # of overall impressions from U=U, and other destigmatizing HIV marketing campaigns **2.** # of U=U, and other destigmatized HIV advertisements **3.** # of posts on prevention messages to destigmatize HIV **4.** # of campaigns **5.** # of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising) **6.** # of hashtags; shares; QR code hits
P7.1.d. Utilize RWHAP peer educators and representatives of the HIV community to deliver messages to people with HIV, highlighting personal success and struggles, and empowering people with HIV to thrive despite their status.	FDOH-MDC and partners RWHAP Part A RWHAP-EHE	**1.** # of educational sessions conducted by peer educators about destigmatizing HIV, and empowering people with HIV to thrive their status **2.** # of media campaigns utilizing influencers or community representatives to promote HIV messages
P7.1.e. 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	**1.** # of overall impressions from PrEP/nPEP marketing campaign(s) **2.** # of PrEP/nPEP advertisements (e.g., print; digital/internet-based; radio; television; out-of-home advertising) **3.** # of Ready, Set, PrEP initiative, PrEP/nPEP posts
P7.1.f. Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.	FDOH-MDC and partners	**1.** # of partnerships created that support prevention messages

Notes

1. Ensure campaigns are culturally sensitive and appropriate for the target audiences, featuring “people who look like us”.
2. Target the undocumented population with information about specific resources available to them and for which they are actually eligible.
3. Refer to six (6) types of advertising media channels (video advertising: TV and YouTube, audio channels: radio and podcast advertising, newspapers, print and digital publications: magazines, out-of-home: billboards, murals, and social media) https://www.marketingevolution.com/marketing-essentials/advertising-media-guide.

NHAS 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 Test and Treat/Rapid Access (TTRA) protocol within seven (7) days from xx in 2021 to 80% by December 31, 2026.

- *Strategy L1.1. Expand capacity and access to local TTRA.*

Activities	Responsible Entities	Measurements
L1.1.a. Identify new access points for TTRA for vulnerable populations (i.e., Black/African-American and Latinx communities).	FDOH, RWHAP-Part A and partners (i.e., EHE Quick Connect, FQHCs, Medicaid, Community Health Centers, Health Choice Network, Florida Association of Free and Charitable Clinics, hospitals, medical providers, insurance plans, pharmaceutical companies, etc.)	**1.** # of TTRA access points serving vulnerable population **2.** # of clients enrolled in TTRA services
L1.1.b. Educate private providers on cultural humility and the benefits of TTRA.	RWHAP-Part A and partners (i.e., 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.)	**1.** # of academic detailing visits to private providers **2.** # of private providers committed to link clients to TTRA services **3.** # of private providers implementing TTRA services **4.** # of clients linked in TTRA services **5.** # of patients who received medical care and treatment within 7 days **6.** # of private practices that have stablished a process to connect clients with TTRA services
L1.1.c. Work with hospitals and urgent care centers that routinely test for HIV/HCV to ensure a streamlined path to TTRA for patients in ER and urgent care settings.	FDOH-MDC, RWHAP-Part A and partners (i.e., ERs, urgent care centers, lead healthcare organizations, HIV on the Frontlines of Communities in the United States (FOCUS), etc.)	**1.** # of patients enrolled in TTRA in a hospital or urgent care center **2.** # of hospitals and urgent care centers that have established a process to connect clients with TTRA services
L1.1.d. Expand the use of Telehealth (HealthTec) to agencies and clients to reduce	RWHAP-EHE and partners	**1.** # of people with HIV in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 4 months)

barriers to care for eligible patients. (Mobile units)		**2.** # of people with HIV 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) **3.** # 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 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) **4.** # of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year
L1.1.e. Implement the use of EHE Quick Connect* services in hospitals, clinics, urgent care centers, and emergency rooms. (RWHAP-EHE) *EHE Quick Connect provides access to medications for those above the RWHAP 400% FPL threshold and those who are not residents of MDC. Link to permanent care or implement HealthTec after 60 days of medication/treatment. (EHE HealthTec providers: Care Resources and The Village South.)	RWHAP-EHE and partners (i.e., FQHCs, Pharma)	**1.** # of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 4 months) [follow up interval of 4 months to be reviewed] **2.** # of people with HIV 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) [follow up interval of 4 months to be reviewed] **3.** # 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) [follow up interval of 4 months to be reviewed]
L1.1.f. 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.		
Notes **1.** RWHAP 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; HRSA Linked to Care: 1 medical visit		

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care in thirty days (30) days following the TTRA protocol from xx in 2021 to 90% by December 31, 2026.

- *Strategy L2.1. Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.*

Activities	Responsible Entities	Measurements
L2.1.a. 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	**1.** Gather data
L2.1.b. Improve 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	**1.** Test strategies
L2.1.c. 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	**1.** Evaluate results
L2.1.d. Hold FDOH-MDC trainings for testing counselors that are targeted to improving linkage to care.	Part A, Part B, FDOH-MDC, and partners	**1.** # of trainings

- *Strategy L2.2. Provide same-day or rapid start of antiretroviral therapy. (Within 30 days for clients who decline TTRA access.)*

Activities	Responsible Entities	Measurements
L2.2.a. Enhance warm handoff process. (Hand-off process to be defined).	FDOH-MDC and partners	**1.** Current processes across service providers reviewed **2.** Process updated for consistency across provider network **3.** Providers trained on process
L2.2.b. Develop intake protocol that includes requirement to advise clients of the mental health support system.	RWHAP-A and FDOH-MDC	**1.** Current intake protocol across service providers reviewed **2.** Updated intake protocol developed for consistency across provider network **3.** Providers trained on updated protocol
L2.2.c. Enroll clients in ADAP (or other payer source as appropriate) within 14 days of diagnosis.	RWHAP-A and FDOH-MDC	**1.** % of clients enrolled in ADAP or other payor source within 14 days of diagnosis

NHAS 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 RWHAP Medical Case Management from 76% in July 2022 to 90% by December 31, 2026.

- *Strategy R1.1. Identify and reengage clients in danger of being lost to RWHAP care.*

Activities	Responsible Entities	Measurements
R1.1.a. Set "in danger" indicator as no contact by MCM for 90 days. [CQM - M7]	RWHAP Part A and MCM subrecipients	**1.** At least 75% of RWHAP MCM clients are contacted every 90 days (current minimum standard). **2.** At least 95% of RWHAP MCM clients will be contacted every 90 days by 12/31/26.
R1.1.b. Identify lost to care clients through RWHAP Outreach subrecipients.	RWHAP Part A RWHAP MCM subrecipients RWHAP Outreach subrecipients	**1.** #/% recontacted within 30 days (after 90 days no contact). **2.** #/% closed or out of jurisdiction (not eligible for re-engagement). **3.** #/% still in Miami-Dade County and eligible for reengagement in RWHAP.
R1.1.c. Identify lost to care clients through Data to Care Project.	FDOH DTC Part A-MCM Part A-Outreach	**1.** % DTC information within 30 days (after 90 days no contact). **2.** #/% closed or out of jurisdiction (not eligible for re-engagement). **3.** #/% still in Miami-Dade County and eligible for reengagement in RWHAP.
R1.1.d. Reengage a minimum of 75% of identified eligible clients within 30 days of contact.	RWHAP MCM subrecipients	**1.** #/% eligible clients located and re-engaged.

- *Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.*

Activities	Responsible Entities	Measurements
R1.2.a. Review RWHAP Client Satisfaction Survey results for reasons clients fall out of care.	RWHAP Part A and partners	**1.** Survey results reviewed **2.** Reasons compiled
R1.2.b. Review local RWHAP-Part A Service Delivery Manual of Peer Education and Support Network position.	RWHAP Part A and partners	**1.** Annual reviews
R1.2.c. Increase clinical involvement threshold for Peers.	RWHAP Part A and partners	**2.** At least 50% of PESN activities are directed toward client care in 2022.

		1. At least 75% of PESN activities are directed toward client care by 12/31/26.
R1.2.d. Implement Peer client care certification training, including gender-affirming care, and cultural competency training twice annually.	RWHAP Part A and partners	**2.** # of trainings

- *Strategy R1.3. Ensure a "whole person", holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.*

Activities	Responsible Entities	Measurements
R1.3.a. 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.	RWHAP-EHE	**1.** # of process flowcharts developed, related to HealthTec **2.** # of guidelines developed, related to HealthTec **3.** # of providers with access to the guidelines and process flowchart
R1.3.b. Ensure that MCM standards of care address social determinants of health (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.	RWHAP-Part A	**1.** MCM Standards of Care reviewed and revised as needed.
R1.3.c. Develop a standard for how mental health services are introduced to a client to normalize the experience.	RWHAP Part A	**1.** Protocol developed.
R1.3.d. Train MCM on protocol (Standard of Care) and ensure compliance.	RWHAP Part A/MAI	**1.** MCM trained **2.** % of clients referred

- *Strategy R2.1. Evaluate retention in care rates among non-RWHAP clients.*

Activities	Responsible Entities	Measurements
R2.1.a. Identify mechanism(s) for tracking non-RWHAP clients.	FDOH-MDC and partners	**1.** # of mechanisms identified
R2.1.b. Support cost-sharing mechanisms to reduce the cost burden on people with HIV who are	FDOH-MDC and partners	**1.** # of networks serving as a safety net for clients **2.** # of agencies committed to be part of the safety net network to help reduce the cost burden on

underinsured and/or are non-RWHAP eligible.		people with HIV who are insured, underinsured, and/or non-RWHAP eligible **3.** # of clients served through the use of the safety net
R2.1.c. 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, RWHAP Part A, and partners RWHAP-EHE	**1.** # of protocols developed
R2.1.d. *Suggested supporting activities* ▪ Merge surveillance and RWHAP data. ▪ Include details of EHE Wellness app. ▪ Consider online tracking mechanism (e.g., www.howwefeel.org) ▪ The RWHAP is currently engaged in several Quality Improvement (QI) initiatives directed toward improved retention in care.		

NHAS GOAL 2
IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV
Health Outcomes For Special Populations (SP)

Objective SP1. Improve health outcomes for women living with HIV.

- *Strategy SP1.1. Expand existing programs and collaborations for women living with HIV.*

Activities	Responsible Entities	Measurements
SP1.1.a. Improve messaging concerning PrEP for women.	FDOH and partners	**1.** Increased # of PSAs targeting women. **2.** Increased frequency of messaging.
SP1.1.b. Expand interface between community childcare programs and RWHAP to help women stay in care.	RWHAP and partners RWHAP-EHE (TAP-in)	**1.** # of RWHAP subrecipients offering childcare.
SP1.1.c. Educate/sensitize providers on special dynamics of women with HIV – acquisition, disease management, and stigma to help women stay in care.	RWHAP and FDOH	**1.** # of RWHAP subrecipients with training in designated areas

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

- *Strategy SP2.1. Improve health outcomes for adults over age 50 living with HIV, and long-term survivors.*

Activities	Responsible Entities	Measurements
SP2.1.a. Systematic "Aging HIV Community" needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.	RWHAP	
SP2.1.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.	RWHAP	
SP2.1.c. Help older persons with HIV in the process of transitioning from RWHAP to Medicare.	RWHAP	

SP2.1.d. *Suggested supporting activity* ▪ Develop a promotional PSA and associated social media messaging on healthy aging.		

Objective SP3. Improve health outcomes for transgender people living with HIV.

- *Strategy SP3.1. Expand existing programs and collaborations to address specific needs of transgender persons living with HIV.*

Activities	Responsible Entities	Measurements
SP3.1.a. Provide "trans-friendly" accreditation process for RWHAP and FDOH agencies.		**1.** #/% agencies accredited.
SP3.1.b. Identify a transgender advocate/champion within each RWHAP and FDOH agency.		**1.** #/% of agencies with identified advocate/ champion.
SP3.1.c. *Suggested supporting activity* ▪ Coordinate with TransSocial accreditation program		

Objective SP4. Improve health outcomes for homeless or unstably housed people living with HIV.

- *Strategy SP4.1. Expand existing programs and collaborations to address specific needs of persons experiencing homelessness or housing instability who are living with HIV.*

Activities	Responsible Entities	Measurements
SP4.1.a. Reorganize the Partnership's Housing Committee to identify and administrate housing assistance beyond HOPWA.		
SP4.1.b. Identify opportunities for short term housing assistance outside RWHAP and HOPWA limitations.		
SP4.1.c. Identify opportunities for long term housing assistance outside RWHAP and HOPWA limitations.		
SP4.1.d. Create interface between MCM and clients with housing insecurity.		
SP4.1.e. *Suggested supporting activities* ▪ Develop "whole person" approach to housing: move-in costs, acquiring furniture, moving truck rental.		

understanding lease negotiation and renters' rights. ▪ Identify short-term housing while people are on the HOPWA waiting list or need short-term housing (under 2 years).		

Objective SP5. Improve health outcomes for MMSC (male to male sexual contact) men living with HIV.

- *Strategy SP5.1. Expand existing programs and collaborations to address specific needs of men with HIV (male to male sexual contact) with co-occurring health and social risk factors.*
  - *See also Goal 3: Disparities in Retention in Care (DR) Disparities in Viral Load Suppression Rates and Goal 3: Undetectable Viral Load (DV).*

Activities	Responsible Entities	Measurements
SP5.1.a.		
SP5.1.b.		
SP5.1.c.		
SP5.1.d.		

Objective SP6. Improve health outcomes for youth (ages 13-24) at risk of or living with HIV.

- *Strategy SP6.1. Expand existing programs and collaborations to address specific needs of youth (ages 13-24) who are living with HIV.*

Activities	Responsible Entities	Measurements
SP6.1.a.		
SP6.1.b.		
SP6.1.c.		
SP6.1.d.		

NHAS GOAL 3
REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Stigma (S)

Objective S1. Reduce HIV-related stigma and discrimination.

- *Strategy S1.1. Increase awareness of stigmatizing behaviors throughout the system of care. (FDOH-EHE Goal: Partner with Capacity Building Assistance providers (CBA), and the private sector to train STD/HIV staff on HIV stigma, and discrimination.)*

Activities	Responsible Entities	Measurements
S1.1.a. Develop and/or identify training curricula for RWHAP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias, trauma-informed care, status-neutral care, and patient-centered care from front office through entire service system.		**1.** # of agencies providing capacity building trainings to healthcare professionals (i.e., medical providers, clinical staff, HIV counselors, case managers) **2.** # of educational material distributed to healthcare professionals **3.** # of healthcare professionals trained **4.** # of healthcare professionals trained
S1.1.b. Require annual stigma/ discrimination and unrecognized bias training for RWHAP and FDOH agencies (See Note 1).		**1.** #/% providers with annual training.
S1.1.c. Create a safe space for clients to report stigmatizing or discriminating behaviors.		**1.** #/% providers with a safe space protocol.
S1.1.d. Develop and disseminate response protocol for addressing stigmatizing behaviors throughout the system of care.		**1.** #/% providers with response protocol.

NHAS GOAL 3
REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Disparities in Retention in Care (DR)

Objective DR1. Increase RWHAP Retention in Medical Care (RiMC) rates among priority populations.

- *Strategy DR1.1. Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for Black/African-American Males (B/AAM).*

Activities	Responsible Entities	Measurements
DR1.1.a. Set RiMC rates for individual RWHAP subrecipients serving Black/African-American Males (B/AAM).	RWHAP	
DR1.1.b. Disseminate best practices from RWHAP subrecipients with above average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data
DR1.1.c. Initiate corrective action plans for RWHAP subrecipients with below average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data

- *Strategy DR1.2. Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for Black/African-American Females (B/AAF).*

Activities	Responsible Entities	Measurements
DR1.2.a. Set RiMC rates for individual RWHAP subrecipients serving B/AAF.	RWHAP	
DR1.2.b. Disseminate best practices from RWHAP subrecipients with above average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data
DR1.2.c. Initiate corrective action plans for RWHAP subrecipients with below average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data

- *Strategy DR1.3. Increase RiMC rates from xx in 2021 to 90% by December 31, 2026 for Hispanic Male-to-Male Sexual Contact (HMMSC).*

Activities	Responsible Entities	Measurements
DR1.3.a. Set RiMC rates for individual RWHAP subrecipients serving HMMSC.	RWHAP	
DR1.3.b. Disseminate best practices from RWHAP subrecipients with above average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data
DR1.3.c. Initiate corrective action plans for RWHAP subrecipients with below average RiMC rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data

NHAS 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 DV1.1. Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for B/AA Males*

Activities	Responsible Entities	Measurements
DV1.1.a. Set VL suppression rates for individual RWHAP subrecipients serving B/AAM.	RWHAP	
DV1.1.b. Disseminate best practices from RWHAP subrecipients with above average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data
DV1.1.c. Initiate corrective action plans for RWHAP subrecipients with below average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data

- *Strategy DV1.2. Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for B/AA Females.*

Activities	Responsible Entities	Measurements
DV1.1.a. Set VL suppression rates for individual RWHAP subrecipients serving B/AAF.	RWHAP	
DV1.1.b. Disseminate best practices from RWHAP subrecipients with above average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data
DV1.1.c. Initiate corrective action plans for RWHAP subrecipients with below average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**1.** CQM Performance Report Card quarterly data

- *Strategy DV1.3. Increase the annual VL suppression rates from xx in 2021 to 90% by December 31, 2026 for Haitian Males and Females.*

Activities	Responsible Entities	Measurements
DV1.1.a. Set VL suppression rates for individual RWHAP subrecipients serving Haitian Males and Females.	RWHAP	

DV1.1.b. Disseminate best practices from RWHAP subrecipients with above average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**2.** CQM Performance Report Card quarterly data
DV1.1.c. Initiate corrective action plans for RWHAP subrecipients with below average VL suppression rates.	RWHAP MCM and OAHS subrecipients	**2.** CQM Performance Report Card quarterly data

NHAS 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 IPC1.1. Maintain and develop community partnerships.*

Activities	Responsible Entities	Measurements
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.		
IPC1.1.c. *Suggested supporting activities* ▪ Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid. ▪ "De-silo" treatment – subrecipient agencies don't "refer out" if they are afraid the clients will be lost when they go to another subrecipient. ▪ Leverage substance abuse residential and outpatient care and mental health services outside RWHAP. ▪ Fund peer support networks that cut across funding boundaries and providers – newly diagnosed? STI? Transgender? ▪ Establish a community information hub, for all programs, for all clients.		

Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up

VI.i. 2022-2026 Integrated Planning Implementation

VI.i. (a) Implementation

Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdictions Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.

VI.i. (b) Monitoring

Describe the process to be used for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination.

VI.i. (c) Evaluation

Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group.

VI.i. (d) Improvement

Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.

VI.i. (e) Reporting and Dissemination

Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.

VI.i. (f) Updates to Other Strategic Plans Used to Meet Requirements

If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities; 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes; 3. Revisions made based on work completed.

Section VII: Letter of Concurrence (RWHAP Part A Planning Council)

LIST OF ACRONYMS

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.

September 2022

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

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AID Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).		All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in person. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom. PLEASE RSVP Scan the QR Code with your phone's camera or contact us at cbontempo@behavioralscience.com, marlen@behavioralscience.com or (305) 445-1076.		1 Miami-Dade HIV/AIDS Partnership **Care & Treatment Committee** **10:00 AM – 1:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	2	3
4	5 Labor Day (BSR Offices Closed)	6	7	8	9	10
11	12 National HIV/AIDS and Aging Awareness Day (Sept 18)	13 Miami-Dade HIV/AIDS Partnership **Joint Integrated Plan Review Team Meeting: Strategic Planning Committee and Prevention Committee** **10:00 AM – 1:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	14 Miami-Dade HIV/AIDS Partnership's **New Member Orientation & Training** **2:00 PM – 5:00 PM** Via Zoom Meeting ID: 823 0242 7545 Passcode: 586417	15 Miami-Dade HIV/AIDS Partnership **Housing Committee** **Cancelled**	16 **Clinical Quality Management Committee** **9:30 AM – 11:30 AM** Zoom Meeting	17
18	19	20	21 MDC RWP Monthly Research Symposium: *Barriers to Adherence and Retention in HIV Care Among Women* 12:00 PM – 1:00 PM Via Zoom Meeting ID: 890 7532 6180 Passcode: 358766	22	23 Miami-Dade HIV/AIDS Partnership **Medical Care Subcommittee** **9:30 AM – 11:30 AM** Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	24
25	26 Miami-Dade HIV/AIDS Partnership **Community Coalition Roundtable Dinner and Special Presentation by Gilead:** ***Cultural Humility - Session 2*** **5:30 PM – 7:30 PM** Borinquen Medical Centers 3601 Federal Highway Miami, FL 33137	27 National Gay Men's HIV/AIDS Awareness Day Miami-Dade HIV/AIDS Partnership **Cancelled** Minority AIDS Initiative Clinical Quality Management Team **Cancelled**	28 Miami-Dade HIV/AIDS Partnership **Executive Committee** **10:00 AM – 12:00 PM** Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	29	30 Print It Post It Pass It Around	

Version 09/07/22 Information on this calendar is subject to change.

MIAMI-DADE HIV/AIDS PARTNERSHIP @HIVPartnership @HIVPartnership @hiv_partnership

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Tuesday, September 13, 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 August 8, 2022	All
VII.	Reports	
	▪ Membership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Partnership (*Online for review at http://aidsnet.org/meeting-documents/)*	
	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Draft Review	
	- Next Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Friday, October 14, 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.


thank you
danke
謝謝
gracias
merci
obrigado
teşekkür ederim
ngiyabonga
go raibh maith agat
mochchakkeram
dziękuję
bedankt
sukriya
kop khun krap
terima kasih
arigatō
grazie
takk
dakujem
спасибо
Баярлалаа
рахмат
dank je
tapadh leat
hvala
mauruuru
sagolun
감사합니다
ありがとう
ευχαριστώ
мерси
хвала
taiku
mersi
barka
welalin
tack
spas
kia ora
vinaka
blagodaram
misaotra
matondo
paldies
grazzi
mahalo
taafetai lava
kiitos
dankie
nanni
nandri
dhanyavad
koszonom
aciu
dankon
akun
bayarlalaa
gracie
enkosi
asante
manana
obrigada
tenki
murakoze
djiere dieuf
tau
дякую
mamnun
chnorakaloutioun
grazias ago
gracies
sulpay
sobodi
dekuji
mesi
didi madloba
najis tuke
kam sah hamnida
rahmat
tanemirt
rahmet
diolch
dhanyavadagalu
shukriya
merce
trugarez
xiexie