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

Friday, October 14, 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/)*	
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	▪ Ryan White Program Part A/MAI Recipient	Carla Valle-Schwenk
VIII.	Standing Business	
	▪ Review Final Sections: 2022-2026 Integrated HIV Prevention and Care Plan - Objective L1 - Objective L2. - Strategy R1.2. - Strategy R1.3. - Objective SP2. - Objective SP3. - Objective SP4. - Objective SP5. - Objective SP6. - Strategy DR1.1. - Strategy DV1.1. - Objective IPC1. - Section IV.	All
	▪ Final Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Thursday, November 10, 2022 at Miami-Dade County Main Library	Dr. Diana Sheehan
XII.	Adjournment	Abril Sarmiento

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Meeting Housekeeping

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

Updated June 21, 2022

Miami-Dade County Main Library Version

Disclaimer & Code of Conduct

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

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

Language Matters!

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

Here are a few suggestions for better communication.

Remember **People First** Language . . .

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

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

Instead, say **REASONS.**

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

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

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

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

Resource Persons

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

General Reminders

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

Meeting Participation

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

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

Attendance

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

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

Parking

- *See the front desk attendee to have your parking validated or see staff after the meeting for a parking sticker (available to members of the affected community).*

Resources

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

- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!

www.aidsnet.org

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

MIAMI-DADE HIV/AIDS PARTNERSHIP

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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”

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Strategic Planning Committee and Prevention Committee
Joint Integrated Plan Review Team (JIPRT) Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130
September 13, 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	
Ferrer, Luigi	
Larios, Alejandro	
Mejias, Thaydee	
Mester, Brad	
Pierre, Ross	
Valle-Schwenk, Carla	
Villamizar, Kira	
Williams, Stephen	
Staff	
Bontempo, Christina	
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, calendar, and draft documents were distributed to all attendees. Meeting minutes were distributed to members. 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 10:31 a.m.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

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

IV. Floor Open to the Public

Ms. Sarmiento opened the floor to the public with the following statement:

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

There were no comments; the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda. Floor Open to the Public will be changed to reflect Ms. Sarmiento as the activity leader.

Motion to approve the agenda with noted change.
Moved: Miguel Puente **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VI. Review/Approve Minutes of August 8, 2022

Minutes of August 8, 2022 were reviewed. There were no changes or corrections.

Motion to approve the minutes of the August 8, 2022 meeting as presented.
Moved: Miguel Puente **Seconded: David Goldberg** **Motion: Passed**

VII. Reports

Miami-Dade HIV/AIDS Partnership and Membership reports were posted online for review.

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

- Complete Part A / MAI expenditure reports are posted online. Expenditures are starting to catch up to previous years' spending.
- Six of eighteen Part A contracts are fully executed; two contracts are being executed today; and remaining contracts are under review and revision.

VIII. Standing Business

Members reviewed the draft *2022-2026 Integrated Plan Goals, Objectives, and Strategies*. The draft includes highlighted narrative sections to be completed and sent to members for review prior to the next meeting.

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

Baselines for data will be updated to 2021 data. Some activities still need to be refined to read as SMART goals. Change "increase" to an action word or measurable baseline.

- **Prevention**

  - □ Activity P1.1.a. Partner~~/collaborate~~ with [insert target #] healthcare facilities to increase routine HIV testing.
    - How many facilities are contracted? Need to follow up with non-contracted facilities.
  - □ Activity P1.1.c. Partner~~/ collaborate~~ with [insert target #] healthcare facilities to offer STI testing.
  - □ Activity P1.1.d. Partner~~/ collaborate~~ with [insert target #] healthcare facilities to offer HCV testing.
  - □ Notes: Baseline is based on Centers for Disease Control and Prevention (CDC) national average.
    - Is there a 2021 CDC baseline?

  - □ Activity P1.2.a. Increase by [insert target %] 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).
  - □ Activity P1.2.b. Collaborate with [insert target #] traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings (i.e., faith-based organizations, domestic violence/ human trafficking agencies).
  - □ Activity P1.2.c. Increase by [insert target %] the number of mobile units offering HIV/STI testing in the community.

  - □ Activity P1.3.a. Provide training and education to [insert target #] community partners on status-neutral approach.
  - □ Activity P1.3.b. Increase by [insert target %] the number of agencies implementing status neutral approach.

  - □ Activity P1.4.a. Educate [insert target #] CBOs, FQHCs, and private providers on available partner services.
  - □ Activity P1.4.b. Partner with [insert target #] RWHAP and CBOs to educate patients about the importance of partner services.
  - □ Activity P1.4.c. Establish private/public partnerships with [insert target #] organizations to offer partner services.

- □ 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.~~ Implement educational sessions about the opt-out HIV and STI screening for pregnant women per Florida Statute 64D-3.04 with healthcare facilities and medical professionals.

- □ Activity P2.1.a. Conduct educational sessions on Florida Statute 64D-3.04 and Perinatal HIV Prevention protocols with [insert target #] 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.

- □ Activity P2.1.c. Educate [specify hospitals] 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.

    - Measurement 2. # of High Risk Pregnancy Notification Forms received from hospitals, compared to total number of pregnant women

- □ Activity P2.1.d. Conduct [insert target #] 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.

    - Measurement 2. # of High Risk Pregnancy Notification Forms received from hospitals, compared to total number of pregnant women (see P2.1.c., above)

- □ All Measurements to include % increase from baseline.

- □ Activity P3.1.a. ~~Increase PrEP access by expanding the number of partners offering PrEP services.~~ Identify [#] new PrEP services partners to increase PrEP access.

- □ Activity P3.1.g. Increase the number of non-traditional partners offering PrEP from [insert baseline #] to [insert target #].
- □ (i.e., pharmacies, urgent care centers).

- □ Activity P4.1.a. Increase the number of partners offering nPEP services from [insert baseline #] to [insert target #].

- □ Activity P4.1.d. Increase the number of non-traditional partners offering nPEP from [insert baseline #] to [insert target #] (i.e., pharmacies, urgent care centers).

- □ Need to address 24/7 PrEP access.

- □ Strategies P5.1 and P6.1 – correct Measurement numbering.

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

    - Members asked what was the capacity of the IDEA Exchange; Kira Villamizar, FDOH, indicated there is no maximum capacity.
    - It was suggested to partner with Jessie Trice Community Health Center's SSP.
    - Members discussed identifying current IDEA Exchange hours and offering services during non-traditional hours (if not already available).

- Suggested new Activities:
  - Activity P6.1.c. Determine if additional sites are needed.
  - Activity P6.1.d. Determine if non-traditional or extended hours are needed.

□ Activity P7.1.a. Build innovative, inclusive, and tri-lingual media campaigns, i.e., billboards, TV/radio, social media, to highlight the importance of knowing your status, getting into care, addressing stigma, HIV prevention and care.

- **Linkage to Care**

□ 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 – including having a filled ARV prescription – within seven (7) days from xx in 2021 to 80% by December 31, 2026.

□ Divide Activity L1.1.b. into two parts and reassign Measurements. Renumber remining Activities. Correct spelling of "establishment". Move EHE Quick Connect details to Glossary.

- Activity L1.1.b. Educate private providers ~~on cultural humility and~~ the benefits of TTRA.
  - Cultural humility training is not currently in the training protocol.
  - Measurements: 1. # of TTRA access points serving vulnerable population; 2. # of clients enrolled in TTRA services

- Activity L1.1.c. Expand TTRA network.
  - Measurements: 1. # of private providers committed to link clients to TTRA services; 2. # of private providers implementing TTRA services; 3. # of clients linked in TTRA services; 4. # of patients who received medical care and treatment within 7 days

□ Move Activity *L1.1.f. Identify or develop information . . .* to Retention.

Members discussed the need to minimize the number of clients experiencing service gaps.

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

□ Add new Activity: L2.1.a Enroll [%] newly diagnosed persons in ADAP or other Rx payer source within 14 days of new diagnosis or re-engagement in care.; Responsible Entities: Part A, Part B, and partners; Measurements: 1. % newly diagnosed person enrolled in ADAP or other Rx payer source.

□ Renumber remaining Activities.

□ Activity L2.2.a. Enhance warm handoff process. (Hand-off process to be defined).
- A process is already defined – see L2.2.b.

~~□ Activity L2.2.b. Develop intake protocol that includes requirement to advise clients of the mental health support system.~~
- This is in direct conflict with L2.2.a. Need to remove or revise.

- **Retention in Care**

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

  - Remove Activity R1.2.a.; renumber remaining Activities; correct numbering of Measurements.

  - Activity R1.2.b. Increase clinical involvement threshold for Peers from [%] to at least 75%.

  - Strategy R1.3.: Members discussed how fragile the connection with clients can be; it only takes one person in an organization to break a client's trust. Recommendations added to Notes which may be formed into additional Activities:

  - Notes
    1. Consider Trauma-Informed Care certification for service providers.
    2. Create a QR Code which links to mental health and other services to provide an anonymous way for people to get more information confidentially.
    3. Work with ADAP on Eligibility Checklist to reduce paperwork for clients.

  - Renumber Strategy R2.1 and Activities; indicate FDOH-EHE as Responsible Entities.

  - Strategy R1.4. Evaluate retention in care rates among non-RWHAP clients.
    - This will require getting viral load and retention data from non-RWP or FDOH providers.
    - All RWP services (funded and not funded) were prioritized this year which can act as a guide to needed services and providers outside the RWP.

  - Activity R1.4.a. Identify mechanism(s) for tracking non-RWHAP clients; update Responsible Entities: FDOH-MDC, Medicaid, Medicare, FQHC, and partner

  - Additional Notes
    5. Consider how to address MCM burnout; excessive paperwork; feeling disconnected from actual case management.
    6. FDOH-MDC and ADAP are moving towards implementing annual recertifications.
    7. Tracking mechanisms may include: Provide Enterprise Miami EHE module and HealthTec (telehealth).
    8. Consider Memoranda of Understanding with partners.

- **Health Outcomes For Special Populations**

  - Change "living with HIV" to "with HIV" throughout this section.

  - Activity SP1.1.b. Expand interface between RWHAP and community ~~childcare~~ programs specific to needs of women ~~and RWHAP~~ to help women stay in care.

  - Activity SP1.1.b. Measurements: 1. # of RWHAP subrecipients offering childcare, including infant care and after school care.

  - Notes
    1. Need to expand understanding of Social Determinants of health specific to women.
    2. Need to establish next steps following SP1.1.c.

- □ Strategy SP2.1. Notes
  1. Define Long-Term Survivor (LTS):
     a. National Resource Center on HIV and Aging: Long-Term Survivors are defined as having an HIV/AIDS diagnosis before 1996.
     b. The Well Project: Those who have been living with HIV since before the modern era of effective HIV drugs, or highly active antiretroviral therapy (HAART).
  2. Need to expand understanding of Social Determinants of Health specific to people over age 50 and LTS.

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

- □ Objective SP6. Improve health outcomes for youth and young adults (ages 13-24) with HIV.

- □ Strategy SP6.1. Expand existing programs and collaborations to address specific needs of youth and young adults (ages 13-24) with HIV.

- □ Include retention activities specific to the needs and modes of receiving services that appeal to youth and young adults.

- **Stigma**

  - □ Activity S1.1.b. Require annual stigma, discrimination, and unrecognized bias training for front-line staff and managers of RWHAP and FDOH agencies (See Note 1).

The meeting time was set to expire. Members were asked to review the remaining Objectives and send additional comments to staff. Revisions to highlighted sections of the draft will also be sent for review.

IX. New Business

There was no New Business.

X. Announcements

Member Eddie Orozco announced a brunch at Pridelines on September 17, 2022.

Staff announced the September Partnership meeting is cancelled. Staff announced quick links to Monkeypox information are posted on www.AIDSNET.org.

Mr. Goldberg wished members a happy Rosh Hashanah.

XI. Next Meeting

Strategic Planning Vice Chair, Dr. Diana Sheehan, announced the next meeting is scheduled for November 14, 2022 at the Miami Main Library.

XII. Adjournment

Ms. Sarmiento adjourned the meeting at 12:59 p.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Friday, October 14, 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	
	▪ Review Final Sections: 2022-2026 Integrated HIV Prevention and Care Plan - Objective L1 - Objective L2. - Strategy R1.2. - Strategy R1.3. - Objective SP2. - Objective SP3. - Objective SP4. - Objective SP5. - Objective SP6. - Strategy DR1.1. - Strategy DV1.1. - Objective IPC1. - Section IV.	All
	▪ Final Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Thursday, November 10, 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.

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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

Project #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY'20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL	$24,532,094
Carryover Award FY'21 Formula	4,076,477.00	CARRYOVER	
Total Award	**$ 28,608,571.00**		

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)	$ 4,076,477.00	7,171,208.00	28,608,571.00

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	522.24			
5606920000	Health Insurance Services	91,212.82			
5606870000	Medical Case Management	439,130.25			
5606860000	Mental Health Therapy/Counseling	18,070.00			
5606900000	Oral Health Care	620,427.00			
5606610000	Outpatient/Ambulatory Health Svcs	639,054.16			
5606910000	Substance Abuse - Outpatient	0.00			1,808,416.47
Account	**Support Services**	**Expenditures**	**Carryover Expenditures**		
5606940000	Emergency Financial Assistance	0.00			
5606980000	Food Bank	529,470.00		529,470.00	
5606460000	Medical Transportation	21,163.02			
5606890000	Other Professional Services	41,625.00			
5606950000	Outreach Services	0.00			
5606930000	Substance Abuse - Residential	159,810.00			752,068.02
	TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 2,560,484.49**	**11.94%**
	Formula Expenditure %	**22.75%**			
5606710000	**Recipient Administration**	**861,158.64**			
5606880000	**Quality Management**	**250,000.00**		1,111,158.64	
	Grant Unexpended Balance	**24,936,927.87**			
	Total Grant Expenditures & %			**$ 1,863,226.66**	**6.51%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **89.04%** — **Within Limit**

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% — **3.51%** — **Within Limit**

Printed on: 10/13/2022

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

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY'20 MAI	1,623,771.00	PY_MAI	2,713,251.00
Carryover Award FY'21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	**$ 3,925,921.00**		

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	

Priority Order	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**	3,925,921.00
Quality Management	**$ 106,883.00**	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (MAI)	$ -	378,208.00 2,713,251.00
Unobligated Funds (Carry Over)	$ 1,212,670.00	

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	67,957.55		
5606860000	Mental Health Therapy/Counseling	0.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	141,996.75		
5606910000	Substance Abuse - Outpatient	0.00		209,954.30

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	1,139.60		
5606890000	Other Professional Services			
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential			1,139.60
TOTAL EXPENDITURES DIRECT SVCS & %:			**$ 211,093.90**	**9.04%**

5606710000	**Recipient Administration**	**73,402.55**		
5606880000	**Quality Management**	**41,666.65**	115,069.20	
	Grant Unexpended Balance	**3,599,757.90**		
Total Grant Expenditures & % (Including C/O):			**$ 326,163.10**	**8.31%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**99.46%**	**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%	**2.71%**	**Within Limit**

Printed on: 10/13/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **August 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)	26	167	25	115
Health Insurance Premium and Cost Sharing Assistance	11	1,906	11	813
Medical Case Management	7,935	43,859	3,546	6,629
Mental Health Services	51	369	28	71
Oral Health Care	811	4,656	596	1,729
Outpatient Ambulatory Health Services	2,365	13,694	1,306	3,513
Substance Abuse Outpatient Care	2	20	1	11
Support Services				
Food Bank/Home Delivered Meals	0	6,901	0	692
Medical Transportation	458	2,429	219	498
Other Professional Services	96	463	25	56
Outreach Services	85	448	41	85
Substance Abuse Services (residential)	92	782	5	24
TOTALS:	11,932	75,694		

Total unduplicated clients (month): 4,259

Total unduplicated clients (YTD): 7,370

REPORT COMPILED ON: 10/13/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **August 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)	26	167	25	115
Health Insurance Premium and Cost Sharing Assistance	11	1,906	11	813
Medical Case Management	6,978	38,978	3,244	6,408
Mental Health Services	51	352	28	64
Oral Health Care	811	4,656	596	1,729
Outpatient Ambulatory Health Services	2,186	12,896	1,198	3,465
Substance Abuse Outpatient Care	0	12	0	6
Support Services				
Food Bank/Home Delivered Meals	0	6,901	0	692
Medical Transportation	450	2,396	211	484
Other Professional Services	96	463	25	56
Outreach Services	80	431	36	68
Substance Abuse Services (residential)	92	782	5	24
TOTALS:	10,781	69,940		

Total unduplicated clients (month): 4,002

Total unduplicated clients (YTD): 7,274

REPORT COMPILED ON: 10/13/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **August 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	957	4,881	449	779
Mental Health Services	0	17	0	7
Outpatient Ambulatory Health Services	179	798	123	348
Substance Abuse Outpatient Care	2	8	1	5
Support Services				
Medical Transportation	8	33	8	19
Outreach Services	5	17	5	17
TOTALS:	1,151	5,754		

Total unduplicated clients (month): 532

Total unduplicated clients (YTD): 1,017

REPORT COMPILED ON: 10/13/2022

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Friday, October 14, 2022

10:00 AM – 1:00 PM

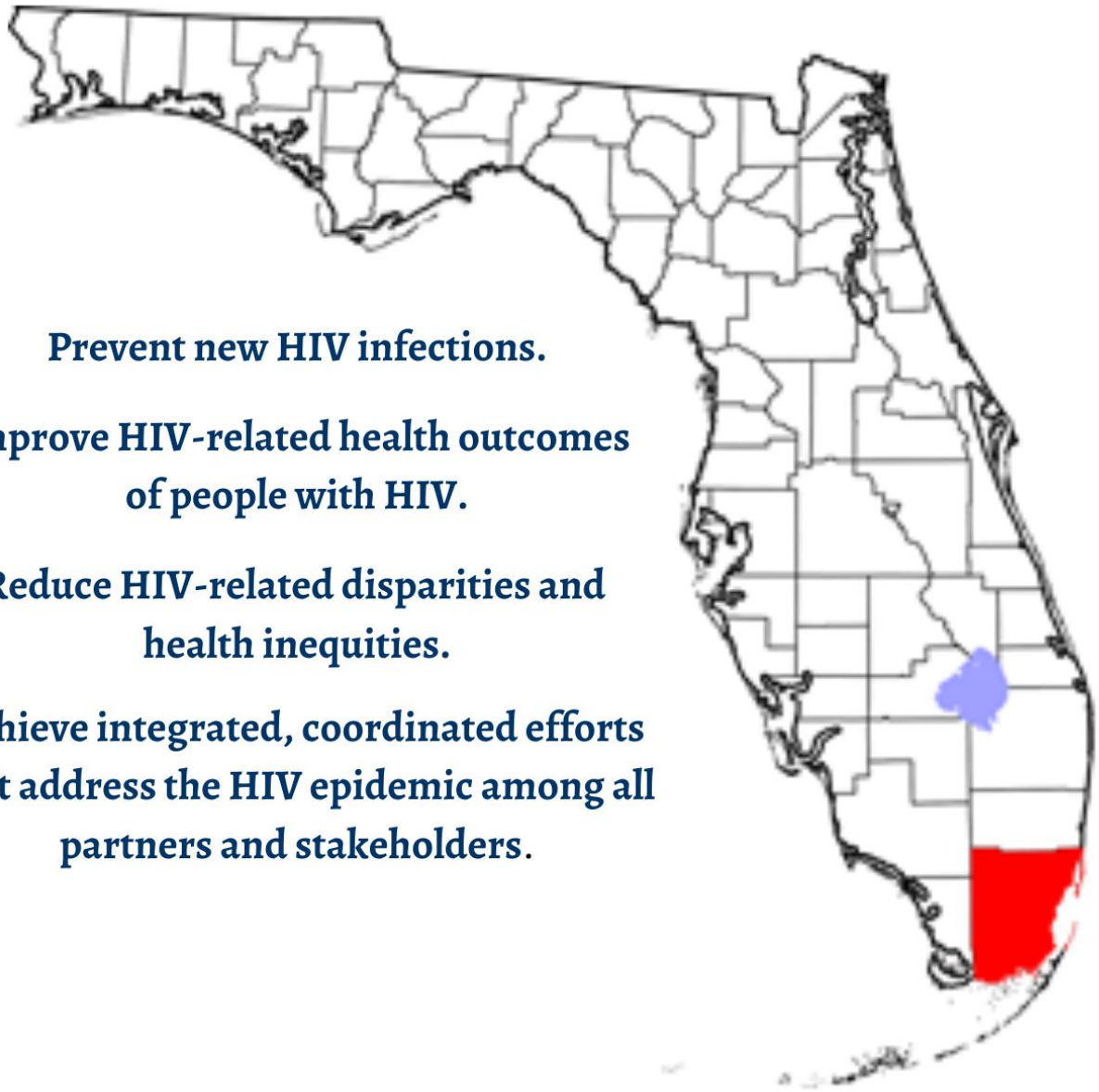
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

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	
	▪ Review Final Sections: 2022-2026 Integrated HIV Prevention and Care Plan	All
	- Objective L1	
	- Objective L2.	
	- Strategy R1.2.	
	- Strategy R1.3.	
	- Objective SP2.	
	- Objective SP3.	
	- Objective SP4.	
	- Objective SP5.	
	- Objective SP6.	
	- Strategy DR1.1.	
	- Strategy DV1.1.	
	- Objective IPC1.	
	- Section IV.	
	▪ Final Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Thursday, November 10, 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



Prevent new HIV infections.

Improve HIV-related health outcomes of people with HIV.

Reduce HIV-related disparities and health inequities.

Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

MIAMI-DADE COUNTY

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

Florida HEALTH

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.) FDOH-EHE	**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.) FDOH-EHE RWHAP-EHE	**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 barriers to care for eligible patients. (Mobile units)	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) **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.	FDOH-MDC RWHAP-EHE	1. # and listing of specific campaigns for information dissemination to newly-diagnosed people with HIV 2. # of brochures designed for these specific campaigns 3. # of brochures provided to EHE Quick Connect and TTRA testing sites.
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.	RWHAP Part A, Part B, and partners	**1.** Flowchart of TTRA linkage process, and determination of gaps and dropout-risk points within the process. **2.** # of TTRA sites at which the flowchart is tested **3.** # of persons with HIV dropping out of TTRA process at each of the dropout-risk points
L2.1.b. Improve the processes for linking eligible newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.	RWHAP Part A, Part B, and partners	**1.** # and identification of specific TTRA sites designated as test sites for QI process improvement. **2.** # and identification of TTRA sites serving as control group. **3.** Develop QI modifications in TTRA process flow based on data generated under L.2.1.a, above, and document same.
L2.1.c. Measure the success of the improved process linking eligible newly-diagnosed persons to HIV medical care within 30 days of initial HIV test result.	RWHAP Part A, Part B, and partners	**1.** # of persons with HIV dropping out of 30-day enrollment process at designated QI test sites after 180 days, compared to # of persons dropping out in the TTRA QI control group. **2.** Repeat QI cycle as needed to achieve minimum of 95% of eligible clients linked within 30 days. **3.** Modify the TTRA process flowchart based on the QI cycles in #2
L2.1.d. Within 12 months of the completed TTRA process improvement cycle, implement changes in TTRA protocol at all TTRA sites.	RWHAP Part A and Part B, FDOH-MDC, and partners	**1.** # of TTRA sites implementing the improved protocols within 12 months of the modification of the TTRA process flowchart.
L.2.1.e Train FDOH-MDC TTRA personnel in the revised TTRA protocol and refresh training annually.	Part A, Part B, FDOH-MDC and partners	1. # of initial trainings in the revised protocol conducted at TTRA sites 2. # of refresher trainings conducted each year

SUGGEST REMOVAL

- *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 81% in August 2022 to 90% by December 31, 2026.

- *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.** # client satisfaction surveys conducted annually, with reasons clients fall out of care, with particular emphasis on areas of peer involvement in client support for retention and VL suppression.
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 review conducted.
R1.2.c. Increase clinical involvement threshold for Peers from 50% to 75%.	RWHAP Part A and partners	**1.** # of subrecipients employing Peers. **2.** % of time each subrecipient directs Peers toward client support activities. **3.** % of clients with documented peer contact retained in care, and with suppressed VLs
R1.2.d. Implement Peer client care certification training, including gender-affirming care, and cultural competency training, twice annually.	RWHAP Part A and partners	**1.** # 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. [See Community Network goals.]*

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/MAI	**1.** MCM standards of care reviewed and revised as needed.
R1.3.c. Develop a protocol for how mental health services are introduced to clients to normalize the experience.	RWHAP Part A/MAI	**1.** # of protocols developed. **2.** # of subrecipients documenting the application of normalizing protocols
R1.3.d. Train MCMs on protocol (Standard of Care) and ensure compliance.	RWHAP Part A/MAI	**1.** # of MCMs trained on protocol each year **2.** % of clients referred each year
R1.3.e. Establish a community information/referral resource hub.		

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

Objective SP2. Improve health outcomes for adults over age 50 living with HIV.

- *Strategy SP2.1. Improve health outcomes for adults over age 50 living with HIV.*

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 Community Coalition Roundtable	**1.** # targeted over-50 interviews conducted during special-emphasis client satisfaction needs assessment survey in FY 2023. **2.** # interviews conducted by members of the Partnership's Community Coalition Roundtable with persons in the affected community over 50 years of age
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	**1.** # of guidelines generated by Care & Treatment Committee and Partnership, with input from stakeholders and RWHAP clients over 50. **2.** # of subrecipient MCM and OAHS providers with RiMC and/or VL suppression rates for clients over 50 that are lower than the agency averages.
SP2.1.c. Help older persons with HIV in the process of transitioning from RWHAP to Medicare.	RWHAP	**1.** # RWHAP MCMs trained in assisting clients over 60 with transitioning to Medicare **2.** # of RWHAP clients over 65 who have successfully transitioned to Medicare
Notes ▪ An analysis of RWHAP clients in care revealed 4,209 clients over 50 years of age in the Miami-Dade EMA in FY 2021, of whom 292 were also long-term survivors of HIV (diagnosed before 1995), only 7% of the persons with HIV over 50. This Plan therefore will concentrate on the aging population with HIV as a special target population.		

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 basic and annual LGBTQ cultural competency/cultural humility trainings for RWHAP subrecipient and FDOH provider.	FDOH, RWHAP	**1.** # of agencies or departments that have conducted at least one annual training **2.** % of agencies or departments that have conducted the trainings
SP3.1.b. Identify a transgender advocate within each RWHAP subrecipient and FDOH provider.	FDOH, RWHAP	**1.** #/% of agencies with identified advocate/ champion. **2.** # of transgender advocates identified within RWHAP subrecipients **3.** # of transgender advocates identified within FDOH providers
SP3.1.c. Conduct basic and annual trainings to RWHAP subrecipient and FDOH provider front-line and medical staff on transgender persons.	FDOH, RWHAP	**1.** # of trainings conducted to front-line staff **2.** # of trainings conducted to medical staff **3.** #/% of front-line staff that received the training **4.** #/% of medical staff that received the training
SP3.1.d Audit and certify all RWHAP subrecipients and FDOH providers for transgender-friendly operations.	FDOH RWHAP	**1.** # of eligible agencies agreeing to annual transgender-friendly audit **2.** # and % of agencies passing transgender-friendly audit

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 increased service protocol to support clients with housing insecurity	RWHAP	
Notes ▪ 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 who have sex with men and are also living with HIV, with co-occurring health conditions.*
  - *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. Provide LGBT cultural competency/cultural humility trainings for RWHAP and FDOH funded agencies.	FDOH's Education Team, RWHAP	**1.** # of agencies that have completed at least 1 training completed, per staff **2.** % of agencies that have conducted the trainings **3.** # of agencies providing trainings
SP5.1.b. Identify MMSC clients with adherence difficulties	RWHAP agencies	**1.** # of clients identified
SP5.1.c. Provide services to overcome adherence barriers	RWHAP agencies	**1.** # of clients with suppressed Viral Load after receiving services to overcome barriers.
SP5.1.d. Implement sexual /emotional health groups; safer sex; dating; relationships; drug use; mental health	RWHAP agencies	**1.** # of groups implemented **2.** # of clients completing groups **3.** # of clients entering formal counseling

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. Identify and recruit school board representatives for the Miami-Dade HIV/AIDS Partnership	RWHAP, Partnership staff support	**1.** # of representatives from school board **2.** # of meetings attended by school board representatives within a year
SP6.1.b. Collaborate with Miami-Dade County School Health Programs targeting youth	FDOH, Schools, Hospitals, Clinics, Institutions	**1.** # of schools participating at the Miami-Dade School Health Program **2.** # of youth referred by the school's health support worker for HIV/STD testing
SP6.1.c. Identify and explore options for high-school age youth for HIV/STD testing	RWHAP, FDOH, school board, Healthy Teen Expos (collaboration between FDOH, and other agencies), other partners	**1.** # of ancillary sites established for HIV/STD testing, nearby schools but not on school property. **2.** # schools conducting or permitting on-site testing for HIV/STDs

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 81% in 2021 to 90% by December 31, 2026 for Black/African-American (B/AA) Males.*

Activities	Responsible Entities	Measurements
DR1.1.a. Annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males	RWHAP	**1.** Annual measurement of RiMC rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population. **2.** Annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population.
DR1.1.b. Annually document and disseminate best practices for RiMC for B/AA males among OAHS and MCM providers with top-quintile RiMC rates for this target population.	RWHAP MCM and OAHS subrecipients	**1.** # of top-quintile (80th percentile) subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership
DR1.1.c. Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for low RiMC for B/AA males among OAHS and MCM providers with bottom-quintile RiMC rates for this target population.	RWHAP MCM and OAHS subrecipients	# of bottom-quintile (20th percentile) subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership.

- *Strategy DR1.2. Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026 for B/AA Females.*

- *Strategy DR1.3. Increase RiMC rates from 85% in 2021 to 90% by December 31, 2026 for Hispanic Male-to-Male Sexual Contact (MMSC)clients.*

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 81% in 2021 to 90% by December 31, 2026 for B/AA Males*

Activities	Responsible Entities	Measurements
DV1.1.a. Annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males	RWHAP	**1.** Annual measurement of VL suppression rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population. **2.** Annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population.
DV1.1.b. Annually document and disseminate best practices for VL suppression for B/AA males among OAHS and MCM providers with top-quintile VL suppression rates for this target population.	RWHAP MCM and OAHS subrecipients	**1.** # of top-quintile subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership
DV1.1.c. Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for VL non-suppression for B/AA males among OAHS and MCM providers with bottom-quintile VL suppression rates for this target population.	RWHAP MCM and OAHS subrecipients	**1.** # of bottom-quintile subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership.

- *Strategy DV1.2. Increase the annual VL suppression rates from 84% in 2021 to 90% by December 31, 2026 for B/AA Females.*
- *Strategy DV1.3. Increase the annual VL suppression rates from 86% in 2021 to 90% by December 31, 2026 for Haitian Males and Females.*

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 to broaden the base of Integrated Plan implementation and referrals for client needs.	FDOH-MDC RWHAP	1. By close of Year 1, establish working Integrated Plan Evaluation Workgroup (IPEW) to engage community stakeholders in planning and evaluating IP services
IPC1.1.b. Develop schedule for regular communication with stakeholders.	FDOH-MDC RWHAP	
IPC1.1.c. Develop plan among stakeholders for addressing HIV outbreaks.		
IPC1.1.d. Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.		

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

VI.i. 2022-2026 Integrated Planning Implementation

Implementation, Monitoring, Evaluation and Improvement will begin January 1, 2023 and continue through December 31, 2026, as outlined below. All processes will involve the FDOH-MDC, RWHAP, and EHE teams, members of the affected community, and additional stakeholders. These parties will be joined by members of the Miami-Dade HIV/AIDS Partnership's Strategic Planning and Prevention Committees, which will meet as individual Integrated Plan (Plan) oversight committees twice during each calendar quarter and will meet as the Joint Integrated Plan Review Team (JIPRT) once per quarter.

The measurement processes and evaluations for this Plan will be managed by a special Integrated Plan Evaluation Workgroup (IPEG); a workgroup of the Miami-Dade HIV/AIDS Partnership, to serve as an independent coordinating group to shepherd this Plan through its implementation and execution. The IPEG is intended to be an agile, independent, multidisciplinary, and stakeholder-sensitive workgroup combining community input and ongoing project management, evaluation, and quality improvement input to the process (see below). As a Partnership workgroup, the IPEG will interface with the community stakeholders, Prevention and Strategic Planning Committees of the Partnership, the RWHAP Recipient, and FDOH-MDC which has access to the Vision Mission Services Goals Dashboard (VMSG Dashboard) project management system (a real-time public health performance management system used by health departments nationwide). The IPEG will track Plan progress and inform all parties of areas where the Plan is performing optimally or alerting them to areas where progress is falling behind. More information on the VMSG Dashboard is can be found at www.vmsgdashboard.net/about.

VI.i. (a) Implementation

Implementation begins January 1, 2023, with three major activities:

1. **Formation of the IPEG**, including members of the Strategic Planning and Prevention Committees, representatives from EHE, community stakeholders, and representatives of the affected community. Workgroup members will function as the quantifiers, monitors, and evaluators of Plan progress, and will take responsibility for the next steps, below. Formation of the IPEG will begin in December 2022, as the final version of this Plan is submitted, drawing from the community stakeholders and members of the affected community identified in Section ___, above. The IPEG will be fully constituted in January 2023 and the workgroup will be trained by FDOH-MDC and RWHAP staff personnel in the structure of this Plan, program monitoring and evaluation techniques, and the use of the VMSG Dashboard for program progress tracking. The IPEG is expected to meet every two weeks during the first quarter of 2023.

2. **IPEG review and operationalization of the Activities and Measurements outlined in the Integrated Plan:** Activities will include reviews by and specification of the key responsible individuals within the Responsible Entities. This is intended to be a thorough review of the objectives, strategies, activities, and measurements of this Plan, to ensure that the processes are measurable throughout the Plan, and that strengths and weaknesses in performance may be addressed with Responsible Entities as the Plan unfolds. Because the IPEG includes representation from both the RWHAP and FDOH-MDC, this process will be facilitated by the engagement of members and stakeholders in the Prevention and Strategic Planning Committees. Note that both FDOH-MDC and RWHAP are listed as Responsible Entities for many of the activities listed in this Plan; this necessitates careful fiscal planning and coordination by these two funding streams to accomplish the various objectives and strategies. This activity will be completed in February, 2023 and reported to the JIPRT and Partnership.

   Further activities will include establishment of timetables for assessment and evaluation using VMSG. Some of the Measurements in this Plan may be measured on a semi-annual basis, others may only be measured

annually. This activity will be completed by March, 2023, and will be reviewed by the JIPRT and ratified by the Partnership, as outlined below.

3. **JIPRT review and approval of the operationalized Plan.** The work of the IPEG will be disseminated to the JIPRT for review and approval in April 2023 and will be forwarded to the Miami-Dade HIV/AIDS Partnership at its April 2023 meeting.

VI.i. (b) Monitoring

Plan monitoring begins during the second calendar quarter of 2023, once the Activities and Measurements of the Plan have been operationalized and articulated. FDOH-MDC and RWHAP staff will interface with the provider entities and subrecipients to specify sources of program progress data and to input baseline data into the VMSG Dashboard to begin the process of information flow. Part of the monitoring set-up work during this phase is establishing FDOH-MDC and RWHAP Responsible Entity processes for data production throughout the term of the Plan, as noted, above. A presentation on the baseline levels for the activities listed in the Plan will be provided to the JIPRT at its meeting in July 2023 (see timetable chart, below).

The experience of the EMA with the 2017-2022 Integrated Plan leads us to anticipate a period of interdepartmental adjustments in the strategies and activities of the Plan during these early months. While the IPEG – as an interdepartmental and community stakeholder-driven evaluation group – is tasked with taking the temperature of the implementation and monitoring process, the JIPRT is the major forum for sharing issues in implementation and data generation, and determining early response strategies by both the RWHAP and FDOH-MDC. The JIPRT will meet in July 2023, after the April – June quarter, to review changes in the Plan based on implementation issues and will meet again in October 2023 after the close of the first six months of quantifiable data monitoring (see Evaluation, below).

VI.i. (c) Evaluation

Evaluation of progress in the Plan activities will be at six-month intervals during the first two years of the Plan, and annually thereafter. The measures for each set of Objectives, Strategies, and Activities are outlined in the working outline of the Plan Goals and Objectives, above, including several HRSA/HAB performance measures, but the activities of the Responsible Entities are measured with a number of process measures as well. Both the treatment outcome and process progress measures articulated during the first quarter Implementation phase will be monitored during the Second Quarter (April – June) and Third Quarter (July – September), with a summary of progress provided by the IPEG to the JIPRT after six full months of operations. The first six-month report will be in October 2023, based on the six months from April – September 2023. Based on decisions made by the JIPRT and the IPEG, the evaluation periods may be shifted in CY 2024.

Also, based on reviews by and reports from the IPEG, the Partnership may request to engage an independent, third party entity to evaluate the effectiveness of the IPEG and Plan processes within the first year and beyond, if needed.

VI.i. (d) Improvement

Throughout the execution of this plan, the JIPRT will be the primary venue for plan modification and improvement. As noted above, input from the IPEG, FDOH-MDC, and RWHAP, as well as the third party evaluator (if assigned), will result in revisions to the Plan during the first year of implementation, and these revisions will be the work of the JIPRT in meetings in July 2023 (after six months of implementation) and January 2024 (after 12 months of implementation). JIPRT revisions to the plan will be annually thereafter, with Strategic Planning and Prevention committees reviewing this Plan in their own individual committee meetings aside from the once-per-quarter JIPRT meetings.

At the same time, however, the JIPRT will be the forum for improving the conduct of the various processes and activities that make up the Plan, locating weaknesses in implementation or measurement and modifying the processes or performance levels accordingly. During the second year (2023), the JIPRT emphasis will be on refining the Plan; beginning with the third year (2024), the emphasis will be on executing the plan. The JIPRT will receive data from FDOH-MDC, RWHAP, and the IPEG on how well the RWHAP and FDOH-MDC entities are doing to advance the Plan, what parts of the Plan are working well or are falling behind, and where technical assistance should be provided. The quality improvement strengths of the IPEG will be a vital part of this improvement process, but the community input represented by the Partnership's Prevention and Strategic Planning Committees – meeting quarterly as the JIPRT – will provide a broader base for considering modifications in the Plan.

Table 11: Monthly Timetable of Integrated Plan to Implement, Monitor, Evaluate, and Improve

Month	CY 2023	CY 2024 and following
January	***Implement:*** establish *Integrated Plan Evaluation Committee (IPEG),* with representation from FDOH-MDC, RWHAP, affected community, other stakeholders	***Monitor:*** Data entry into VMSG ***Evaluate:*** IPEG analyzes data from CY 2023 ***Improve:*** JIPRT reviews CY 2023 data
February	***Implement:*** IPEG quantifies *IP Activities,* in consultation with *Responsible Entities*	***Monitor:*** Data entry into VMSG
March	***Implement:*** IPEG quantifies *IP Measurements,* in consultation with *Responsible Entities*	***Monitor:*** Data entry into VMSG ***Evaluate:*** IPEG reviews VMSG data, IP implementation process
April	***Improve:*** JIPRT reviews and ratifies IPEG modifications to the IP *Activities* and *Measurements*	***Monitor:*** Data entry into VMSG ***Evaluate*** ***Improve:*** JIPRT Q1 Report
May	***Monitor:*** **CY 2023**: IPEG establishes data sources from *Responsible Entities*	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG
June	***Monitor***: **CY 2023**: Baseline data are input into VMSG	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG
July	***Monitor:*** **CY 2023**: Data entry into VMSG ***Evaluate:*** **CY 2023**: IPEG reviews VMSG data, IP implementation process ***Improve:*** **CY 2023**: JIPRT reviews baseline data, IP implementation, ratifies progress to Partnership.	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG ***Evaluate:*** **CY 2024 -CY 2026:** IPEG reviews VMSG data for Q1 and Q2 **CY 2024 -CY 2026:**
August	***Monitor:*** **CY 2023**: Data entry into VMSG	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG
September	***Monitor:*** **CY 2023**: Data entry into VMSG ***Evaluate:*** **CY 2023**: IPEG reviews VMSG data, six-month 2022 progress	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG ***Evaluate:*** **CY 2024 -CY 2026:** IPEG reviews VMSG data, Q3 progress
October	***Monitor:*** **CY 2023**: Data entry into VMSG ***Improve:*** **CY 2023**: JIPRT review	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG ***Improve:*** **CY 2024 -CY 2026:** JIPRT reviews Q3 data
November	***Monitor:*** **CY 2023**: Data entry into VMSG	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG
December	***Monitor:*** **CY 2023**: Data entry into VMSG	***Monitor:*** **CY 2024 -CY 2026:** Data entry into VMSG

VI.i. (e) Reporting and Dissemination

Progress in the implementation and execution of this Plan will be shared at the quarterly JIPRT meetings, and at periodic Partnership meetings, as well as being reported on its own page on www.aidsnet.org, the Partnership's web site. Results will also be incorporated into the Annual Report provided to the County Mayor and the Miami-Dade County Board of County Commissioners.

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

This section is not applicable.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Friday, October 14, 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	
	▪ Review Final Sections: 2022-2026 Integrated HIV Prevention and Care Plan - Objective L1 - Objective L2. - Strategy R1.2. - Strategy R1.3. - Objective SP2. - Objective SP3. - Objective SP4. - Objective SP5. - Objective SP6. - Strategy DR1.1. - Strategy DV1.1. - Objective IPC1. - Section IV.	All
	▪ Final Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Thursday, November 10, 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.

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HIV is a death sentence.
HIV is a chronic condition.
STIGMA hurts. FACTS heal.
HIV infected person.
Person living with HIV.
305-521-7966
StigmaFreeMiami.org
Stigma Free Miami
SAC
SOUTHERN AIDS COALITION
GILEAD
COMPASS INITIATIVE

Examining Housing Instability and Care Outcomes among Women Living with HIV

Provided by Florida International University and Behavioral Science Research

Wednesday, October 19, 2022

12:00 Noon—1:00 PM

Presenter

Dr. Sofia Fernandez

Assistant Professor, School of Social Work
Robert Stempel College of
Public Health & Social Work

Join via Zoom

https://us02web.zoom.us/j/85487731216?pwd=Z2VTVmErd3B2TVRldFArWTZOSUEzdz09

Meeting ID: 854 8773 1216 ~ Passcode: 614605

Call In: +1 (929) 205-6099

MIAMI-DADE HIV/AIDS PARTNERSHIP

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November 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).		1 **Print It Post It Pass It Around**	2	3 Miami-Dade HIV/AIDS Partnership **Care & Treatment Committee** **10:00 AM – 12:00 PM** Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130	4	5
6	7	8	9	10 Miami-Dade HIV/AIDS Partnership **Joint Team Meeting: Strategic Planning Committee and Prevention Committee** **10:00 AM – 12:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	11 Veteran's Day	12
13	14 **Ryan White Program Medical Case Manager Basic Training** **10:00 AM – 5:00 PM** Zoom Meeting	15	16 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	17 Miami-Dade HIV/AIDS Partnership **Housing Committee** **2:00 PM – 4:00 PM** Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	18 **Clinical Quality Management Committee** **9:30 AM – 11:30 AM** Zoom Meeting 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	19
20	21 **Miami-Dade HIV/AIDS Partnership** **10:00 AM – 12:00 PM** Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	22	23	24 Thanksgiving Day (BSR Offices Closed)	25 (BSR Offices Closed)	26
27	28 Miami-Dade HIV/AIDS Partnership **Community Coalition Roundtable** ****Cancelled****	29 **Minority AIDS Initiative Clinical Quality Management Team** **9:30 AM – 11:30 AM** Zoom Meeting	30 **Ryan White Program Medical Case Manager Supervisor Training** **10:00 AM – 4:00 PM** Zoom Meeting			

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.**Zoom log-in.**

Version 10/11/22 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

Friday, October 14, 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	
	▪ Review Final Sections: 2022-2026 Integrated HIV Prevention and Care Plan - Objective L1 - Objective L2. - Strategy R1.2. - Strategy R1.3. - Objective SP2. - Objective SP3. - Objective SP4. - Objective SP5. - Objective SP6. - Strategy DR1.1. - Strategy DV1.1. - Objective IPC1. - Section IV.	All
	▪ Final Steps	
IX.	New Business (none)	
X.	Announcements	All
XI.	Next Meeting Date: Joint Integrated Plan Review Team Thursday, November 10, 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.

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thank you
danke
謝謝
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teşekkür ederim
gracias
obrigado
merci
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bedankt
спасибо
Баярлалаа
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