



Thank you for joining today's

**Integrated Plan  
Evaluation Work Group**

*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

## Integrated Plan Evaluation Workgroup

Tuesday, April 11, 2023

10:00 AM – 1:00 PM

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

### AGENDA

#### 10:00 AM – 10:30 AM

- I. Call to Order Abril Sarmiento
- II. Introductions
- III. Housekeeping
- IV. Floor Open to the Public
- V. Review/Approve Agenda
- VI. Review/Approve Minutes of February 14, 2023
- VII. Standing Business
  - Officer Nominations and Elections

#### 10:30 AM – 12:15 PM

- VIII. New Business All
  - Breakout Sessions All
    - Finalize Review of Goals
    - Review Evaluation Plan Template
    - Review Quarterly Reporting Template

#### 12:15 PM – 12:45 PM

- Report on Breakout Sessions Group Leaders
- Assignments for Next Meetings All

#### 12:45 PM – 1:00 PM

- IX. Announcements All
- X. Next Meetings Vice Chair
  - Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library
  - Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library
- XI. Adjournment Chair

*Please mute or turn off all cellular devices.*

For more information about the Prevention Committee, please contact Christina Bontempo,  
(305) 445-1076 x106 or [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).

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All attendees must

**SIGN IN**

to be counted as present.





# Meeting Housekeeping

Updated April 10, 2023  
*Miami-Dade County Main Library Version (IPEW)*





# Disclaimer & Code of Conduct

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- ❑ 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!

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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 . . .**

# General Housekeeping

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- ❑ You must sign in to be counted as present.
- ❑ Please sit at one of the three breakout group tables:
  1. Prevention,
  2. Linkage, or
  3. Care & Treatment / Special Populations
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting

# Meeting Participation

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- ❑ Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- ❑ Raise your hand to be recognized by the Chair or added to 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.

# Breakout Group Participation

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- ❑ Designate one person to report back at the end of the breakout session.
- ❑ Let everyone in your group share ideas and feedback.
- ❑ Speak up if you need clarification about terms or acronyms.

# Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at [aidsnet.org/meeting-documents/](https://aidsnet.org/meeting-documents/).





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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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- |      |   |                 |
|------|---|-----------------|
| I.   | Call to Order                               | Abril Sarmiento |
| II.  | Introductions                               |                 |
| III. | Housekeeping                                |                 |
| IV.  | Floor Open to the Public                    |                 |
| V.   | Review/Approve Agenda                       |                 |
| VI.  | Review/Approve Minutes of February 14, 2023 |                 |
| VII. | Standing Business                           |                 |
|      | ▪ Officer Nominations and Elections         |                 |

#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
|       | □ Review Quarterly Reporting Template |     |

#### 12:15 PM – 12:45 PM

- |  |                                 |               |
|--|---------------------------------|---------------|
|  | ▪ Report on Breakout Sessions   | Group Leaders |
|  | ▪ Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |     |  |            |
|-----|--|------------|
| IX. | Announcements  | All        |
| X.  | Next Meetings  | Vice Chair |
|     | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
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**Integrated Plan Evaluation Workgroup Meeting**  
**Miami-Dade County Main Library**  
**101 West Flagler Street, Auditorium, Miami, FL 33130**  
**February 14, 2023**

#	Members	Present	Absent	Guests	
1	Ferrer, Luigi	x		Gillens, Courtney	
2	Goldberg, David	x		Reigada, Hector Jose	
3	Hess, Amaris	x		Valle-Schwenk, Carla	
4	Hilton, Karen		x		
5	Ingram, Trillion		x		
6	Llambes, Stephanie	x			
7	Lowe, Camille	x			
8	Machado, Angela	x			
9	Marqués, Jamie	x			
10	Mooss, Angela	x			
11	Perez Bermudez, Alberto	x			
12	Robinson, Joanna		x		
13	Sarmiento, Abril	x			
14	Suarez, Sarah	x			
15	Vacant				
16	Vacant				
<b>Quorum = 6</b>				<b>Staff</b>	
				Bontempo, Christina	
				Ladner, Robert	
				Martinez, Susy	

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](http://www.aidsnet.org/meeting-documents). The meeting agenda was distributed to all attendees. Meeting documents related to action items were distributed to members. Meeting documents were projected on the meeting room projection screen.

**I. Call to Order**

Workgroup Chair, Abril Sarmiento, called the meeting to order at 10:15 a.m.

**II. Introductions**

Attendees introduced themselves.

**III. Housekeeping/Meeting Rules**

Workgroup Vice Chair, David Goldberg, reviewed the PowerPoint, *Meeting Housekeeping*, which included meeting disclaimer, code of conduct, resources, Language Matters, meeting participation, and protocol reminders.

**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**

Ms. Sarmiento asked members to review the agenda. There were no changes.

**Motion to approve the agenda as presented.**

**Moved: Sarah Suarez**

**Seconded: Dr. Angela Mooss**

**Motion: Passed**

#### **VI. Review/Approve Minutes of January 23, 2023**

Members reviewed the minutes of January 23, 2023. Several corrections were noted:

- Address should be Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134;
- Attendance should reflect Dr. Angela Mooss as present and Karen Hilton as absent; and
- Breakout assignments should reflect Carla Valle-Schwenk as a member of the Care and Treatment group and Courtney Gillens as a member of the Linkage group.

**Motion to accept the minutes of January 23, 2023, with the corrections noted, above.**

**Moved: Alberto Perez-Bermudez**

**Seconded: Stephanie Llambes**

**Motion: Passed**

#### **VII. Standing Business**

##### **▪ Review of Officer Elections**

Staff noted that both officers elected for the workgroup are representatives of the Florida Department of Health. Since the Integrated Plan is meant to represent a broad range of stakeholders, it would be more appropriate for the workgroup leaders to also represent this diversity. Members were asked to reconsider serving as Chair and Vice Chair. There were no nominations put forward.

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

##### **▪ Breakout Sessions**

Members were seated in three breakout groups: Prevention, Linkage, or Care and Treatment/Special Populations. Each group reviewed a red-lined version of their goals and provided feedback. The pages below indicate approved deletions, insertions, comments, responses, and additional feedback:

- Prevention: pages 4-9;
- Linkage: pages 10-15; and
- Care and Treatment/Special Populations: pages 16-23.

Members will continue this review at the next meeting.

Each breakout group also reviewed the draft Evaluation Plan template and Quarterly Reporting template. Suggested updates were shared with all members, as detailed in pages 24-26, below.

Members discussed how results should be reported, how achievements should be highlighted, and how to manage goals falling short of completion. This is a topic for further discussion after the Evaluation Plan and Quarterly Reporting templates are finalized.

- **Assignments for Next Meeting**

Members were asked to review drafts when posted to [www.aidsnet.org](http://www.aidsnet.org).

**IX. Announcements**

Staff announced that the February 21 Partnership meeting will include a special presentation by Dr. Hansel Tookes, *Tele-Harm Reduction: In Pursuit of Destigmatizing HIV Care for Persons Who Inject Drugs*.

Ms. Sarmiento revisited the Review of Officer Elections item. Since no nominations were put forward, the item will be revisited at the next meeting.

**X. Next Meeting**

Mr. Goldberg announced the next meeting is March 14, 2023, from 10:00 a.m. to 1:00 p.m., at the Miami-Dade County Main Library.

**XI. Adjournment**

Ms. Sarmiento adjourned the meeting at 12:39 a.m.

# 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
<b>P1.1.a.</b> 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)	<ol style="list-style-type: none"> <li>1. # of healthcare facilities identified<sup>1</sup> for routine opt-out HIV testing in MDC</li> <li>2. # of healthcare facilities interested<sup>2</sup> in routinizing HIV testing in MDC</li> <li>3. # of healthcare facilities committed<sup>3</sup> to conduct routine opt-out HIV testing in MDC</li> <li>4. # of healthcare facilities implementing<sup>4</sup> routine opt-out HIV testing in MDC</li> <li>5. # of persons served<sup>5</sup> at a healthcare facility</li> <li>6. # of persons tested<sup>6</sup> at a healthcare facility</li> <li>7. # of HIV positive persons identified<sup>7</sup> through routine testing</li> <li>8. # of previously diagnosed HIV positive persons</li> <li>9. # of newly diagnosed HIV positive persons</li> <li>10. # of HIV tests integrated with viral hepatitis tests (HCV)</li> <li>11. # of HIV tests integrated with STI tests</li> </ol>
<b>P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	FDOH-MDC and partners  <b>RWHAP</b>	<ol style="list-style-type: none"> <li>1. # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)</li> <li>2. # of private providers educated on routine testing (i.e., HIV, HCV, STI)</li> <li>3. # of MOUs/agreements established with partners to serve as routine healthcare testing sites</li> </ol>

- *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
<b>P1.3.a.</b> Provide training and education to community partners on status neutral approach.	FDOH-MDC and partners	<b>1.</b> # of community partners trained and educated on the status neutral approach
<b>P1.3.b.</b> Increase the number of agencies implementing status neutral approach.	FDOH-MDC and partners	<b>2.</b> # of agencies implementing the status neutral approach
<u>Notes</u> 1. P1.3.a. to begin in Year 2. 2. P1.3.b. to begin in Year 3. 3. P1.3.b. Agencies may have multiple testing sites.		

**February 2023**

**Staff comment**

- As the IPEW works on this, please realize how strongly silo-ed the RWP is, both Part A and EHE.

**Staff comment**

- Does “agencies” refer to “testing sites?”

**WG response**

- Agencies may have multiple testing sites.

**New WG comments**

- The status neutral approach should be defined. The CDC definition is, “A status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment.”
- Determining which agencies have completed status neutral approach training can be set up as a formal inquiry from the FDOH contract manager.
- Could be part of the cycle of trainings to become a Certified Health Educator, or could be a part of the 501 Update training.

**Objective P5. Increase the number of free condoms distributed from 1,929,715 in 2021 to 2,026,200 by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<p><b>P5.1.a.</b> Increase the number of condom distribution sites across the jurisdiction.</p>	<p>FDOH-MDC and partners</p>	<p><u>1. # of condoms distributed by Zip Code (report using Zip Code map)</u>  <u>2. # of Business Responds to AIDS (BRTA) sites.</u>  <del>1. # of condoms provided to high risk populations</del>  <del>2. # of condoms distributed within the jurisdiction</del>  <del>3. # of condoms distributed at bar/clubs</del>  <del>4. # of condoms distributed at CBOs</del>  <del>5. # of condoms distributed at clinical/medical settings</del>  <del>6. # of condoms distributed at college/schools</del>  <del>7. # of condoms distributed at faith-based organizations</del>  <del>8. # of condoms distributed at prevention/intervention sessions</del>  <del>9. # of condoms distributed at private businesses</del>  <del>10. # of condoms distributed at street outreach</del></p>
<p><b>Notes</b>  <b>1.</b> 2021 baseline of condoms distributed and 2026 target are pending further data collection.</p>		

**February 2023**

**New WG comments**

- What should the increase be per year?
  - 2,410,087 represents a 2% increase over 2022.
  - 2020 can be the baseline with 2% increase annually.
- Notes: The supply of condoms was impacted by supply chain limitation due to COVID-19.
- Notes: Approximately 10% of condoms distributed are female condoms.



**Objective P7. Increase the number of advertisement types<sup>1</sup> to expand culturally appropriate messaging concerning HIV prevention, testing, and treatment from four (4) in 2021, 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
<p><b>P7.1.a.</b> Build innovative 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.</p>	<p>FDOH-MDC and partners</p>	<p><del>1.</del> <del># of advertising types</del> <del>1 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)</del></p> <p><del>2.</del> <del>1.</del> # of overall impressions<sup>2</sup> [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns</p> <p><del>3.</del> <del>2.</del> # of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care</p>
<p><b>P7.1.b.</b> Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.</p>	<p>FDOH-MDC and partners</p>	<p>1. # of agencies conducting outreach events for each priority population (identify priority populations)</p> <p>2. # of outreach events conducted</p> <p>3. # of contacts created at outreach events</p>
<p><b>P7.1.c.</b> 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).</p>	<p>FDOH-MDC and partners</p>	<p>1. # of overall impressions from U=U, and other destigmatizing HIV marketing campaigns</p> <p>2. # of posts on prevention messages to destigmatize HIV</p> <p>3. # of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising)</p> <p><del>4.</del> <del># of hashtags</del></p> <p><del>5.</del> <del># of shares</del></p> <p><del>6.</del> <del># of QR code hits</del></p>

▪ *Strategy P7.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>P7.1.d.</b> Utilize <del>RWHAP peer educators and</del> representatives of the HIV-affected community to deliver messages to people with HIV, highlighting personal success and struggles, and empowering people with HIV <del>to thrive despite their status.</del></p>	<p>FDOH-MDC and partners <del>RWHAP Part A</del> RWHAP-EHE</p>	<p><del>1.</del> # of educational sessions <del>conducted by peer educators</del> about destigmatizing HIV, and empowering people with HIV <del>to thrive their status</del> <del>2.1.</del> # of media campaign types utilizing influencers or community representatives to promote HIV messages</p>
<p><b>P7.1.e.</b> 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.</p>	<p>FDOH-MDC and partners</p>	<p>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</p>
<p><b>P7.1.f.</b> Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.</p>	<p>FDOH-MDC and partners</p>	<p>1. # of partnerships created that support prevention messages</p>
<p><b>Definitions</b></p>		
<p><sup>1</sup> <b>Advertisement types:</b> Out-of-Home (OOH): outdoor media: includes billboards, transit ads on buses/trains, wallscapes, and posters seen while “on the go” or in the community, place-based advertising which are those at medical centers, airports, stores, or buildings/facilities.</p>		
<p><sup>2</sup> <b>Impressions:</b> The number of times your content is displayed/shown, no matter if it was clicked or not.</p>		
<p><b>Notes</b></p>		
<p>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) <a href="https://www.marketingevolution.com/marketing-essentials/advertising-media-guide">https://www.marketingevolution.com/marketing-essentials/advertising-media-guide</a>.</p>		

## February 2023

### Staff comments

- P7.1.d.The functions outlined here are not part of the RWP billable activities for peers

### WG response

- Agreed to deletions as indicated, above.
- 

### New WG comments

- Track posts, impressions, and platforms related to each EHE Pillar.
  - How is FDOH advertising funding spent? In what neighborhoods/Zip Codes?
  - Measurements: Use High Impact Prevention (HIP) categories for tracking.
  - Definitions (1): Define additional OOH categories.
  - Notes: Discussion of COMMANDO, and LGBTQ+ marketing agency.
  - Notes: Explore geofencing.
-

## 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 68% in 2021 to 80% by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<b>L1.1.a.</b> Identify <u>new FDOH testing sites</u> <del>new access points for TTRA</del> for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	FDOH-MDC, <del>RWHAP Part A</del> 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, <del>pharmaceutical companies</del> , etc.) FDOH-EHE	<ol style="list-style-type: none"> <li>1. # of <u>new testing sites</u> <del>TTRA access points</del> serving vulnerable population</li> <li>2. # of clients enrolled in TTRA services</li> </ol>
<b>L1.1.b.</b> <del>Identify</del> <u>Provide and</u> <del>or</del> develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	FDOH-MDC RWHAP-EHE ( <u>Borinquen Medical Center</u> )	<ol style="list-style-type: none"> <li>1. # and listing of specific campaigns for information dissemination to newly diagnosed people with HIV</li> <li>2. # of <u>trilingual (English, Spanish, and Creole)</u> brochures designed for these specific campaigns</li> <li>3. # of brochures provided to EHE Quick Connect and TTRA testing sites.</li> </ol>
<b>L1.1.bc.</b> Educate private providers <u>during the academic detailing visits</u> on <del>cultural humility and</del> the benefits of TTRA.	<del>RWHAP Part A and partners</del> (i.e., FDOH-MDC, <del>RWHAP</del> , FQHCs, Medicaid, CHCs, Health Choice Network, Florida Association of Free and Charitable Clinics, hospitals, medical providers, insurance plans, insurance companies, pharmaceutical companies, etc.); FDOH-EHE; <u>RWHAP EHE</u>	<ol style="list-style-type: none"> <li>1. # of academic detailing visits to private providers</li> <li>2. # of private providers committed to link clients to TTRA services</li> <li><del>3. # of private providers implementing TTRA services</del></li> <li><del>4. # of clients linked in TTRA services</del></li> <li><del>5. # of patients who received medical care and treatment within 7 days</del></li> </ol>

		6.3. # of private practices that have established a process to connect clients with TTRA services
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## February 2023

### Staff comment

- Staff recommends keeping the activities focused on testing and engagement in care.

### WG response

- See edits, above.
- 

### Staff comment

- L1.1.a. – There are two issues here, and the linkage group may need to add or modify the activities, entities and measurements to (a) place responsibility for new testing in the hands of the FDOH-MDC, and (b) place responsibility for culturally-sensitive engagement in care in the hands of the RWP.

### WG response

- The linkage group accepted the deletion of TTRA access points.
- 

### New WG comments

- L1.1.b. – Add Borinquen Medical Centers: currently the sole EHE provider funded for this activity.
  - L1.1.c. – Remove measurements 3-6; these are not realistic or achievable.
-

▪ *Strategy L1.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>L1.1.ed.</b> 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.</p>	<p>FDOH-MDC, <del>RWHAP-Part A</del> and partners (i.e., ERs, urgent care centers, lead healthcare organizations, HIV on the Frontlines of Communities in the United States (FOCUS), etc.)</p>	<ol style="list-style-type: none"> <li># of patients enrolled in TTRA <del>in</del> <u>from</u> hospitals or urgent care centers</li> <li># of hospitals and urgent care centers that have established a process to connect clients <del>with</del> <u>to</u> TTRA services</li> </ol>
<p><b>L1.1.de.</b> Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients. (Mobile units)</p>	<p>RWHAP-EHE and partners</p>	<ol style="list-style-type: none"> <li># of people with HIV in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 4 months)</li> <li># 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)</li> <li># 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)</li> <li># of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year</li> </ol>

**February 2023**

**Staff comment**

- L1.1.d. – The linkage group will need to unpack these activities and measurements to differentiate between (a) testing and referral to TTRA and (b) provision of TTRA services

**New WG comments**

- L1.1.d. – PE Miami does not currently include a referral from field. We need to add a "referral from" field to capture who referred the client to the TTRA site.

▪ *Strategy L1.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>L1.1.ef.</b> Implement the use of EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms. (RWHAP-EHE)</p>	<p>RWHAP-EHE and partners (i.e., FQHCs, Pharma)</p>	<ol style="list-style-type: none"> <li><b>1.</b> # of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 4 months)</li> <li><b>2.</b> # of people with HIV linked to HIV medical care in the RWHAP Part A/MAI; other community programs; or private insurance (baseline and every 4 months)</li> <li><b>3.</b> # 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)</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Linked to Care TTRA Standard: A person who tests positive will receive the following within 7 days of preliminary diagnosis:               <ol style="list-style-type: none"> <li><b>a.</b> Physician visit resulting in request for authorized lab test;</li> <li><b>b.</b> CD4/VL (minimum) and other TTRA-allowable labs, as needed; <i>and</i></li> <li><b>c.</b> Provision of initial ART medication to the newly diagnosed client.</li> </ol> </li> </ol>		

**Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary positive diagnosis, from 54% 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
<b>L2.1.a.</b> Monitor the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.	RWHAP Part A, <a href="#">FDOH-MDC</a> , <del>Part B</del> , and partners	<ol style="list-style-type: none"> <li>1. Flowchart linkage process, and determine gaps and dropout-risk points within the process.</li> <li>2. # of persons with HIV dropping out of linkage process at each of the dropout-risk points</li> </ol>
<b>L2.1.b.</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, <a href="#">FDOH-MDC</a> <del>Part B</del> , and partners	<ol style="list-style-type: none"> <li>1. # and identification of specific linkage sites designated as test sites for QI process improvement</li> <li>2. # and identification of linkage sites serving as control group.</li> <li>3. Develop QI modifications in linkage process based on data generated under L.2.1.a, above, and document same</li> </ol>
<b>L2.1.c.</b> 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, <a href="#">FDOH-MDC</a> <del>Part B</del> , and partners	<ol style="list-style-type: none"> <li>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 QI linkage control group</li> <li>2. Repeat QI cycle as needed to achieve minimum of 90% of eligible clients linked within 30 days</li> <li>3. Modify the linkage process flowchart based on the QI cycles in #2</li> </ol>
<b>L2.1.d.</b> Within 12 months of the completed linkage process improvement cycle, implement changes in linkage protocol at all testing/linkage sites.	RWHAP Part A, <del>and Part B</del> , FDOH-MDC, and partners	<ol style="list-style-type: none"> <li>1. # of sites implementing the improved protocols within 12 months of the modification of the linkage process flowchart</li> </ol>
<b>L2.1.e</b> Train FDOH-MDC and Part A personnel in the revised linkage protocol and refresh training annually.	<a href="#">RWHAP</a> Part A, Part B, FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of initial trainings in the revised protocol conducted at testing/linkage sites</li> <li>2. # of refresher trainings conducted each year</li> </ol>

**February 2023**

**Staff comment**

- L2.1.a. – This flowcharting, as well as the associated designation of markers within Provide Enterprise, will need to clarify the linkage between the roles of the FDOH-MDC and the RWP in this entire L.2.1 process.



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

Activities	Responsible Entities	Measurements
<b>L2.2.a.</b> Update and standardize warm handoff process; reference: <a href="https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html">https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html</a>	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. Current processes across service providers reviewed</li> <li>2. Process updated for consistency across provider network</li> <li>3. Providers trained on process</li> </ol>
<b>L2.2.b.</b> Implement intake protocol to include a warm handoff between service providers (either between departments or between agencies) where a person-to-person link is created between the mental health provider and the individual receiving care. This could be an in-person meeting, setting up the first appointment time together or at the very minimum a three-way phone call.	RWHAP- <a href="#">Part A</a> and FDOH-MDC	<ol style="list-style-type: none"> <li>1. Current intake protocol across service providers reviewed</li> <li>2. Updated intake protocol developed for consistency across provider network</li> <li>3. Providers trained on updated protocol</li> </ol>
<b>L2.2.c.</b> Enroll clients in ADAP (or other payer source as appropriate) within 14 days of diagnosis.	RWHAP- <a href="#">Part A</a> and FDOH-MDC	<ol style="list-style-type: none"> <li>1. % of clients enrolled in ADAP <del>or other payor source</del> within 14 days of diagnosis</li> </ol>

## February 2023

### Staff comment

- L2.2.c. The measurement specified here should either designate other payer sources or concentrate on ADAP.

### WG response

- Edited as noted, above.

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

Activities	Responsible Entities	Measurements
<b>R1.1.a.</b> <u>Establish early MCM lost to care</u> trigger point <u>warnings</u> in Provide for high-acuity clients (60 days no MCM contact) and non-high-acuity clients <u>(75 days no MCM contact)</u> .	RWHAP Recipient RWHAP Part A/ <u>MAI MCM</u> subrecipients	<ol style="list-style-type: none"> <li>1. # <u>and</u> % of RWHAP MCM clients with no contact in 60 or 75 days, by subrecipient.</li> <li>2. # and % of RWHAP MCM clients with no contact in <u>   </u> days. (CQM Report Card, by <u>   </u> subrecipient)</li> </ol> <p><u>   </u> Current standard: at least 75% of MCM clients are contacted <u>every</u> 90 days.</p> <p><del>a-</del> Target: at least 95% of MCM clients will be <u>contacted</u> every 90 days by 12/31/26</p>
<b>R1.1.b.</b> Identify lost to care <u>clients</u> .	RWHAP <u>Part A/MAI</u> MCM subrecipients	<ol style="list-style-type: none"> <li>1. # <u>and</u> % recontacted within 30 days (after 90 days no contact)</li> <li>2. # <u>and</u> % closed or out of jurisdiction (not eligible for re-engagement)</li> <li>3. # <u>and</u> % still in MDC and eligible for reengagement in RWHAP</li> </ol>
<b>R1.1.c.</b> Identify lost to care clients through Data to Care Project.	FDOH DTC  <u>RWHAP Part A/MAI - MCM subrecipients</u>	<ol style="list-style-type: none"> <li>1. % DTC information within 30 days (after 90 days no contact)</li> <li>2. #/% closed or out of jurisdiction (not eligible for re-engagement)</li> <li>3. #/% still in MDC and eligible for reengagement in RWHAP</li> </ol>
<b>R1.1.d.</b> Reengage a minimum of 75% of identified eligible clients within 30 days of contact.	RWHAP MCM subrecipients	<ol style="list-style-type: none"> <li>1. #/% eligible clients located and re-engaged</li> </ol>

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

Activities	Responsible Entities	Measurements
<p><u>R1.2.a. Convene listening sessions among peers and peer supervisors in CY 2023 to identify areas of increased peer involvement with client care, skill development / capacity building, skill certification.</u></p> <p><del>R1.2.a. Review RWHAP Client Satisfaction Survey results for reasons clients fall out of care.</del></p>	<p><u>RWHAP Part A/MAI</u><del>RWHAP Part A and partners</del>  <u>Recipient</u>  <u>RWHAP QI contractor</u></p>	<p><u>1. # of listening sessions conducted in CY 2023</u><del># 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</del></p> <p><u>2. # of peers and peer supervisors attending sessions</u></p> <p><u>3. # of areas of peer support identified for expansion</u></p> <p><del>4.</del></p>
<p><b>R1.2.b</b> <u>Review and revise local RWHAP-Part A Service Delivery Manual/Service Description for Peer Education and Support Network</u><del>position.</del></p>	<p><u>RWHAP Part A/MAI Recipient, QI contractor, Care and Treatment Committee</u></p>	<p><u>1. Peer service delivery manual revised by Part A/MAI Recipient and QI contractor</u></p> <p><del>1.2.</del> <u>Annual review conducted by Care and Treatment Committee</u></p>
<p><b>R1.2.c.</b> <u>Increase client care involvement threshold for Peers from 50% to 75%.</u></p>	<p><u>RWHAP Part A/MAI PESN subrecipient</u><del>providers and partners</del></p>	<p><u>1. # of subrecipients employing Peers and % of time each subrecipient directs Peers toward client support activities</u>  <del>1.</del> <u>(2023 baseline, annual measurement)</u></p> <p><u>2. % of clients with documented peer contact retained in care, and with suppressed VLs (2023 baseline, annual measurement)</u></p>
<p><b>R1.2.d.</b> <u>Develop criteria for advanced peer client care certification training, conduct training and award certifications, including gender-affirming care, and cultural competency training, twice annually.</u></p>	<p><u>RWHAP Part A/MAI and partners</u>  <u>Recipient, Care and Treatment Committee, QI contractor and training partners</u></p>	<p><u>1. # of advanced certification areas approved by Recipient</u></p> <p><u>2. # of certification trainings conducted by QI contractor or partners, by close of 2023 and annually</u></p> <p><u>3. # of peers trained and certified by close of 2023 and annually</u></p> <p><del>1.4.</del> <u>% of clients with documented peer contact with certified and uncertified peers, retained in care and with suppressed VLs (2023 baseline, annual measurement)</u></p>

**February 2023**

**New WG comments**

- R1.2.a. Workgroup discussed that this activity is not necessary because the Client Satisfaction Survey only gathers information from clients who are still in care or returned to care; proposed new activity.

- **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
<b>R1.3.a.</b> Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients.	RWHAP-EHE <a href="#">Recipient</a>	<ol style="list-style-type: none"> <li>1. # of process flowcharts developed, related to HealthTec</li> <li>2. # of guidelines developed, related to HealthTec</li> <li>3. # of providers with access to the guidelines and process flowchart</li> </ol>
<b>R1.3.b.</b> Ensure that MCM standards of care address <a href="#">protocols for addressing social</a> determinants of health (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.	RWHAP <del>Part A/MAI</del> <a href="#">Recipient, QI contractor, Care and Treatment Committee</a>	<ol style="list-style-type: none"> <li>3. <a href="#">MCM service delivery manual revised by Part A/MAI Recipient and QI contractor.</a></li> <li>1. <a href="#">Annual review conducted by Care and Treatment Committee.</a></li> </ol>
<b>R1.3.c.</b> Develop a protocol for how mental health services are introduced to clients to normalize the experience.	RWHAP <del>Part A/MAI</del>	<ol style="list-style-type: none"> <li>1. # of protocols developed.</li> <li>2. # of subrecipients documenting the application of normalizing protocols</li> </ol>
<b>R1.3.d.</b> Train MCMs on protocol <a href="#">for addressing social determinants of health</a> ( <del>Standard of Care</del> ) and ensure compliance.	RWHAP <del>Part A/MAI</del> <a href="#">QI contractor and training partners</a>	<ol style="list-style-type: none"> <li>1. # of MCMs trained on protocol each year</li> <li>2. % of clients referred each year</li> </ol>
<b>R1.3.e.</b> Connect <a href="#">subrecipient MCMs</a> to a community information/referral resource hub such as <a href="https://go.findhelp.com/florida">https://go.findhelp.com/florida</a> .	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li>1. # of agencies connected to resource hub</li> </ol>

## February 2023

### New WG comments

- R1.3.d. Need to look at activities L2.2.a. and L2.2.b and determine whether these activities overlap or need to be consolidated in some way.
- R1.3.d. and R1.3.e. These activities require further discussion at the next meeting.

## 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 with HIV.**

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

Activities	Responsible Entities	Measurements
<b>SP1.1.a.</b> Improve messaging concerning PrEP for women.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. Increased # of PSAs targeting women</li> <li>2. Increased frequency of messaging</li> </ol>
<b>SP1.1.b.</b> Expand interface between community childcare programs and RWHAP to help women stay in care.	RWHAP and partners  RWHAP-EHE (TAP-in)	<ol style="list-style-type: none"> <li>1. # of community agencies linked with the RWHAP <u>that</u> offer childcare services to women with HIV</li> <li>2. # of RWHAP subrecipients offering episodic childcare/babysitting on site during appointments</li> </ol>
<b>SP1.1.c.</b> Educate/sensitize <a href="#">RWHAP subrecipients and medical care providers</a> on special dynamics of women with HIV – acquisition, disease management, and stigma -- to help women stay in care.	RWHAP <del>and FDOH</del>	<ol style="list-style-type: none"> <li>1. # of RWHAP subrecipients with training in designated areas</li> </ol>

**February 2023**

**New WG comments**

- SP1.1.c. measurement - Workgroup needs to determine the training desired and the provider of the training.

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

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

Activities	Responsible Entities	Measurements
<p><b>SP2.1.a.</b> Systematic “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.</p>	<p>RWHAP</p> <p>Community Coalition Roundtable</p>	<ol style="list-style-type: none"> <li>1. # targeted <del>over 50</del> interviews conducted <u>with clients over 50 years of age</u> during special-emphasis client satisfaction needs assessment survey in FY 2023</li> <li>2. # <del>interviews conducted by members of the Partnership’s</del> Community Coalition Roundtable <u>meetings focused on</u> <del>with</del> persons in the affected community over 50 years of age</li> </ol>
<p><b>SP2.1.b.</b> Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money, and polypharmacy issues.</p>	<p>RWHAP <u>Recipient</u></p>	<ol style="list-style-type: none"> <li>1. # of guidelines generated by Care and Treatment Committee and Partnership, with input from stakeholders and RWHAP clients over 50.</li> <li>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</li> </ol>
<p><b>SP2.1.c.</b> Help older persons with HIV in the process of transitioning from RWHAP to Medicare/<u>Medicaid</u>.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li>1. # RWHAP MCMs trained in assisting clients over 60 with transitioning to Medicare</li> <li>2. # of RWHAP clients over 65 who have successfully transitioned to Medicare</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. 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.</li> </ol>		

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

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

Activities	Responsible Entities	Measurements
<p><b>SP3.1.a.</b> Provide basic and annual LGBTQ cultural competency/cultural humility trainings for RWHAP subrecipients and FDOH-MDC providers.</p>	<p>FDOH-MDC, RWHAP <a href="#">SF-SEAETC</a></p>	<ol style="list-style-type: none"> <li>1. # of <a href="#">RWHAP subrecipients and FDOH</a> departments that have conducted at least one annual training</li> <li>2. % of agencies or departments that have conducted the trainings</li> </ol>
<p><b>SP3.1.b.</b> Identify a transgender advocate within each RWHAP subrecipients and FDOH-MDC providers.</p>	<p>FDOH-MDC, RWHAP</p>	<ol style="list-style-type: none"> <li>1. #/% of agencies with identified advocate/ champion.</li> <li>2. # of transgender advocates identified within RWHAP subrecipients</li> <li>3. # of transgender advocates identified within FDOH-MDC providers</li> </ol>
<p><b>SP3.1.c.</b> Conduct basic and annual trainings to RWHAP subrecipient's and FDOH-MDC provider's front-line and medical staff on transgender persons.</p>	<p>FDOH-MDC, RWHAP</p>	<ol style="list-style-type: none"> <li>1. # of trainings conducted to front-line staff</li> <li>2. # of trainings conducted to medical staff</li> <li>3. #/% of front-line staff that received the training</li> <li>4. #/% of medical staff that received the training</li> </ol>
<p><b>SP3.1.d</b> Audit and certify all RWHAP subrecipients and FDOH-MDC providers for sexual identity and gender identity training.</p>	<p>FDOH-MDC, RWHAP, TransSOCIAL</p>	<ol style="list-style-type: none"> <li>1. # of eligible agencies agreeing to annual transgender-friendly audit</li> <li>2. # and % of agencies passing transgender-friendly audit</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Partners to include MDC LGBTQ Advisory Board.</li> </ol>		

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

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

Activities	Responsible Entities	Measurements
<p><b>SP4.1.a.</b> Reorganize the Partnership’s Housing Committee to identify and administrate housing assistance beyond HOPWA.</p>	<p>Partnership RWHAP MDC Emergency Rental Assistance Program (ERAP)</p>	<ol style="list-style-type: none"> <li>1. List of resources identified</li> <li>2. List of resources distributed</li> <li>3. # of additional grants awarded in the EMA</li> <li>4. # of opportunities for short term housing assistance identified outside RWHAP and HOPWA limitations</li> <li>5. # of opportunities for long term housing assistance identified outside RWHAP and HOPWA limitations</li> </ol>
<p><b>SP4.1.b.</b> Review RWHAP MCM protocols for identifying housing needs and connecting homeless or unstably housed to secure housing and support services.</p>	<p>RWHAP</p>	<p>See Notes</p>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. This Plan recognizes homelessness and housing instability as a community-wide crisis, not specific to people with HIV.</li> <li>2. Following are additional suggested activities which require further exploration as to feasibility, responsible entities, and measurements: <ul style="list-style-type: none"> <li>▪ Identify short-term housing while people are on the HOPWA waiting list or need short-term housing (under 2 years);</li> <li>▪ Identify non-federally funded, non-traditional, less restrictive partners;</li> <li>▪ Advocate for Department of Housing and Urban Development (HUD) increases in rental limitations to allow a greater number of people to qualify for Section 8 and other reduced-housing opportunities;</li> <li>▪ Identifying landlords willing to accept third-party payments for rent, specifically for people with HIV; and</li> <li>▪ Coordinating with realtors and housing navigators to find safe and affordable housing.</li> <li>▪ Develop “whole person” approach to housing: move-in costs, acquiring furniture, moving truck rental, understanding lease negotiation and renters’ rights.</li> </ul> </li> </ol>		



**Objective SP5. Improve health outcomes for MSM with HIV.**

- *Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and 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-MDC funded agencies.	FDOH-MDC’s Education Team, RWHAP	<ol style="list-style-type: none"> <li>1. # of agencies that have completed at least 1 training completed, per staff</li> <li>2. % of agencies that have conducted the trainings</li> <li>3. # of agencies providing trainings</li> </ol>
SP5.1.b. <a href="#">Operationalize adherence difficulties and identify</a> MSM clients with adherence difficulties.	RWHAP	<ol style="list-style-type: none"> <li>1. # of clients identified</li> </ol>
SP5.1.c. Provide services to overcome adherence barriers.	RWHAP	<ol style="list-style-type: none"> <li>1. # of clients with suppressed viral load after receiving services to overcome barriers.</li> </ol>
SP5.1.d. Implement support groups addressing topics of sexual/emotional health; safer sex; dating; relationships; substance use disorders; and mental health needs.	RWHAP <a href="#">subrecipients and FDOH-MDC</a>	<ol style="list-style-type: none"> <li>1. # of groups implemented</li> <li>2. # of clients completing groups</li> <li>3. # of clients entering formal counseling</li> </ol>
<b>Notes</b> <ol style="list-style-type: none"> <li>1. Review Human Rights Campaign LGBTQ Healthcare Equality Index, <a href="https://www.hrc.org/resources/healthcare-equality-index">https://www.hrc.org/resources/healthcare-equality-index</a> for criteria and means of accreditation.</li> </ol>		

**February 2023**

**Staff comment**

- Staff recommends close attention to SP 3 and SP 5 population activities and measurements.

# Sample Evaluation Plan

## NHAS Goal 1: Prevent New HIV Infections: Prevention (P)

Evaluation Period January 1, 2023 – December 31, 2023

<b>Objective P1.</b> 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.						
<b>Strategy P1.1.</b> 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.						
Activity P1.1.b.	What			When		Who
	Short Term Target 2023	Final Target 2026	Data Source Collection Method	Data Collection Frequency	How Often is Data Available?	Person(s) Responsible for Gathering Data
	Baseline	2026				Person(s) Responsible for Achieving Objectives
Output / Outcome Measures						
1. # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	10 providers: 2021 data	20 providers: Add 10 per year	50 providers	Count by FDOH	Quarterly	Name(s), email(s)
2. # of private providers educated on routine testing (i.e., HIV, HCV, STI)						
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <b>EXAMPLE – NOT REAL DATA</b>  <b>SEE 02/14/23 Meeting Feedback, next page</b> </div>						
Notes						

# Sample Evaluation Plan

## Comments

### Data Collection Frequency

- This may vary for each output.
- How often is data available?
- Indicate how often data is available to demonstrate why data might not be gathered as frequently for some measurements as for others.

### Person(s) Responsible for Gathering Data

- Is this the person(s) who will gather the data or who will enter the data into the Quarterly Report?
- Who will have access to the VMSG database?

### Person(s) Responsible for Achieving Objectives

- Since staffing can change, instead of indicating a person, indicate the organization name and the title.
- Who is the activity champion/owner?

### Other

- “Internal tracking spreadsheet”
- Need to include a list of subrecipients related to each measurement
- What documents are we using to gather information?

# Sample Quarterly Report

## NHAS Goal 1: Prevent New HIV Infections: Prevention (P)

Evaluation Period January 1, 2023 – December 31, 2023

<b>Objective P1.</b> 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.							
<b>Strategy P1.1.</b> 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.							
<b>Activity P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	<b>What</b>		<b>Results</b>				
	<b>Baseline</b>	<b>2023 Target</b>	<b>Qtr. 1</b> <u>January - March</u> <u>25% of Target</u>	<b>Qtr. 2</b> <u>April - June</u> <u>50% of Target</u>	<b>Qtr. 3</b> <u>July - September</u> <u>75% of Target</u>	<b>Qtr. 4</b> <u>October - December</u> <u>100% of Target</u>	<b>Annual</b>
<b>Output / Outcome Measures</b>							
<b>1.</b> # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	2021: 10 providers	20: Add 10 per year	13	14	14	20	20
<b>2.</b> # of private providers educated on routine testing (i.e., HIV, HCV, STI)	EXAMPLE – NOT REAL DATA						
<b>3.</b> # of MOUs/agreements established with partners to serve as routine healthcare testing sites							
<b>Notes</b> <input type="checkbox"/> Check here if this activity is a State, Federal, or other requirement.							

### Revised Results Key

**HOT PINK**      **Win! Exceeding target**

**GREEN**        **On target**

**YELLOW**      **More than 50% of target**

**RED**            **Below 50% of target**

**GREY**         **Not yet started or not reported in this time period**



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Integrated Plan Evaluation Workgroup

Tuesday, April 11, 2023

10:00 AM – 1:00 PM

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

### AGENDA

#### 10:00 AM – 10:30 AM

- I. Call to Order Abril Sarmiento
- II. Introductions
- III. Housekeeping
- IV. Floor Open to the Public
- V. Review/Approve Agenda
- VI. Review/Approve Minutes of February 14, 2023

#### **VII. Standing Business**

- **Officer Nominations and Elections**

#### 10:30 AM – 12:15 PM

- VIII. New Business All
  - Breakout Sessions All
    - Finalize Review of Goals
    - Review Evaluation Plan Template
    - Review Quarterly Reporting Template

#### 12:15 PM – 12:45 PM

- Report on Breakout Sessions Group Leaders
- Assignments for Next Meetings All

#### 12:45 PM – 1:00 PM

- IX. Announcements All
- X. Next Meetings Vice Chair
  - Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library
  - Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library
- XI. Adjournment Chair

*Please mute or turn off all cellular devices.*

For more information about the Prevention Committee, please contact Christina Bontempo,  
(305) 445-1076 x106 or [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).

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Auditorium, Miami, FL 33130

### AGENDA

#### 10:00 AM – 10:30 AM

- |      |   |                 |
|------|---|-----------------|
| I.   | Call to Order                               | Abril Sarmiento |
| II.  | Introductions                               |                 |
| III. | Housekeeping                                |                 |
| IV.  | Floor Open to the Public                    |                 |
| V.   | Review/Approve Agenda                       |                 |
| VI.  | Review/Approve Minutes of February 14, 2023 |                 |
| VII. | Standing Business                           |                 |
|      | ▪ Officer Nominations and Elections         |                 |

#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
|       | □ Review Quarterly Reporting Template |     |

#### 12:15 PM – 12:45 PM

- |  |                                 |               |
|--|---------------------------------|---------------|
|  | ▪ Report on Breakout Sessions   | Group Leaders |
|  | ▪ Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |     |  |            |
|-----|--|------------|
| IX. | Announcements  | All        |
| X.  | Next Meetings  | Vice Chair |
|     | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
|     | ▪ Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library |            |
| XI. | Adjournment  | Chair      |

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# 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
<b>P1.1.a.</b> 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)	<ol style="list-style-type: none"> <li><b>1.</b> # of healthcare facilities identified<sup>1</sup> for routine opt-out HIV testing in MDC</li> <li><b>2.</b> # of healthcare facilities interested<sup>2</sup> in routinizing HIV testing in MDC</li> <li><b>3.</b> # of healthcare facilities committed<sup>3</sup> to conduct routine opt-out HIV testing in MDC</li> <li><b>4.</b> # of healthcare facilities implementing<sup>4</sup> routine opt-out HIV testing in MDC</li> <li><b>5.</b> # of persons served<sup>5</sup> at a healthcare facility</li> <li><b>6.</b> # of persons tested<sup>6</sup> at a healthcare facility</li> <li><b>7.</b> # of HIV positive persons identified<sup>7</sup> through routine testing</li> <li><b>8.</b> # of previously diagnosed HIV positive persons</li> <li><b>9.</b> # of newly diagnosed HIV positive persons</li> <li><b>10.</b> # of HIV tests integrated with viral hepatitis tests (HCV)</li> <li><b>11.</b> # of HIV tests integrated with STI tests</li> </ol>
<b>P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	FDOH-MDC and partners	<ol style="list-style-type: none"> <li><b>1.</b> # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)</li> <li><b>2.</b> # of private providers educated on routine testing (i.e., HIV, HCV, STI)</li> <li><b>3.</b> # of MOUs/agreements established with partners to serve as routine healthcare testing sites</li> </ol>

▪ *Strategy P1.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>P1.1.c.</b> Partner/ collaborate with healthcare facilities to offer STI testing.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of healthcare facilities identified to conduct STI testing</li> <li>2. # of healthcare facilities committed to conduct STI testing</li> <li>3. # of MOUs signed with the healthcare facilities to offer STI testing</li> <li>4. # of healthcare facilities implementing STI testing</li> <li>5. # of STI tests done at healthcare facilities</li> <li>6. # of clients with a positive STI result</li> <li>7. # of clients newly diagnosed with a STI</li> <li>8. # of clients treated for STIs</li> </ol>
<p><b>P1.1.d.</b> Partner/ collaborate with healthcare facilities to offer HCV testing.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # healthcare facilities identified to conduct HCV testing</li> <li>2. #819 HCV tests (integrated with HIV tests) done at healthcare facilities</li> <li>3. # of clients with a positive HCV result</li> <li>4. # of clients referred for HCV treatment</li> </ol>
<p><b>Definitions</b></p> <p><sup>1</sup> <b>Identified facilities:</b> Facilities identified as not currently conducting routine opt-out testing as confirmed by the FDOH-MDC Academic Detailer (AD), and may or may not be interested in the future to conduct routine opt-out testing</p> <p><sup>2</sup> <b>Interested facilities:</b> Facilities identified as not currently doing routine opt-out testing which have been contacted by FDOH-MDC and have expressed willingness to be educated on the activity.</p> <p><sup>3</sup> <b>Committed facilities:</b> Facilities educated by AD, ready to start routinizing testing, and have signed a document to conduct routine opt-out testing.</p> <p><sup>4</sup> <b>Implementing facilities:</b> Facilities which are currently conducting routine testing.</p> <p><sup>5</sup> <b>Persons served:</b> Persons, regardless of age, who attended at least one medical appointment at the health care facility during the reporting period.</p> <p><sup>6</sup> <b>Persons tested:</b> Persons who had a positive or negative HIV test result.</p> <p><sup>7</sup> <b>Positive persons identified:</b> Persons who are newly HIV-positive, previously diagnosed HIV-positive infections, and those with unknown prior history.</p>		
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Baseline is based on CDC national average.</li> <li>2. Guidance on counting non-resident/previously diagnosed positivity rates (international travelers, transient persons, tourists) is pending from CDC.</li> <li>3. HIV testing must include pre- and post-testing counseling components.</li> <li>4. Consider simplified messaging and “old-fashioned” (1980s) counseling. Define four key points any healthcare worker can deliver, for example.</li> <li>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 <a href="https://ahead.hiv.gov/locations/miami-dade-county">https://ahead.hiv.gov/locations/miami-dade-county</a></li> </ol>		



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

Activities	Responsible Entities	Measurements
<p><b>P1.2.a.</b> Increase the use of home HIV self-testing kits as an alternative option specially for hard-to reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM)</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of Persons Receiving <math>\geq 1</math> HIV Self-Test Kits</li> <li>2. # of persons who confirmed taking the test</li> <li>3. # of persons who reported a positive test result using the self-test kit</li> <li>4. # of persons with positive test result from a self-test kit, who took a confirmatory test at FDOH-MDC and partner facilities</li> </ol>
<p><b>P1.2.b.</b> Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings (i.e., faith-based organizations, domestic violence/ human trafficking agencies)</p>	<p>FDOH-MDC and partners (i.e., faith-based organizations, domestic violence/ human trafficking agencies, CBOs, universities, FQHCs, and other non-traditional partners)</p>	<ol style="list-style-type: none"> <li>1. # of partners identified to conduct HIV/STI testing at in non-traditional settings</li> <li>2. # of partners interested in conducting HIV/STI testing at non-traditional settings</li> <li>3. # of partners committed to conducting HIV/STI testing at non-traditional settings</li> <li>4. # of partners implementing HIV/STI testing at non-traditional settings</li> <li>5. # of persons tested for HIV at non-traditional settings</li> <li>6. # of HIV positive persons at a non-traditional setting</li> <li>7. # of persons tested for STI at non-traditional settings</li> <li>8. # of persons newly diagnosed with STI at non-traditional settings</li> <li>9. # of previously diagnosed HIV positive persons, confirmed in surveillance at non-traditional settings</li> <li>10. # of newly diagnosed HIV positive persons</li> </ol>
<p><b>P1.2.c.</b> Increase the number of mobile units offering HIV/STI testing in the community</p>	<p>FDOH-MDC and partners (i.e., CBOs, universities, FQHCs)</p>	<ol style="list-style-type: none"> <li>1. # of mobile units available to conduct HIV/STI testing</li> <li>2. # of HIV tests conducted at a mobile unit</li> <li>3. # STI tests conducted at a mobile unit</li> <li>4. # of HIV positive results from HIV tests conducted at a mobile unit</li> <li>5. # of STI positive results from STI tests conducted at a mobile unit</li> <li>6. # of people linked to PrEP at a mobile unit</li> <li>7. # of people linked to HIV care at a mobile unit</li> <li>8. # of people referred for STI treatment at a mobile unit</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Strategy aimed at reducing stigma.</li> <li>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.</li> </ol> <p>--Continued next page--</p>		

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 MSM.
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
<b>P1.3.a.</b> Provide training and education to community partners on status neutral approach.	FDOH-MDC and partners	<b>1.</b> # of community partners trained and educated on the status neutral approach
<b>P1.3.b.</b> Increase the number of agencies implementing status neutral approach.	FDOH-MDC and partners	<b>2.</b> # of agencies implementing the status neutral approach
<b>Notes</b> 1. P1.3.a. to begin in Year 2. 2. P1.3.b. to begin in Year 3. 3. P1.3.b. Agencies may have multiple testing sites.		

**February 2023**

**Staff comment**

- As the IPEW works on this, please realize how strongly silo-ed the RWP is, both Part A and EHE.

**Staff comment**

- Does “agencies” refer to “testing sites?”

**WG response**

- Agencies may have multiple testing sites.

**New WG comments**

- The status neutral approach should be defined. The CDC definition is, “A status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment.”
- Determining which agencies have completed status neutral approach training can be set up as a formal inquiry from the FDOH contract manager.
- Could be part of the cycle of trainings to become a Certified Health Educator, or could be a part of the 501 Update training.

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

Activities	Responsible Entities	Measurements
<p><b>P1.4.a.</b> Educate CBOs, FQHCs, and private providers on available partner services.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of CBO's educated on partner services</li> <li>2. # of FQHCs educated on partner services</li> <li>3. # of private providers educated on partner services</li> <li>4. % of all named, notifiable partners identified through HIV partner services</li> </ol>
<p><b>P1.4.b.</b> Partner with RWHAP and CBOs to educate patients about the importance of partner services.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # and % of notifiable partners identified through HIV partner services</li> <li>2. # and % of notifiable partners that were tested for HIV</li> <li>3. # of educational sessions conducted to providers regarding partner services</li> <li>4. # partnership with FDOH-MDC to offer partnered services</li> <li>5. # of providers educated on partner services</li> <li>6. # patients receiving partner services</li> </ol>
<p><b>P1.4.c.</b> Establish private/public partnerships to offer partner services.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of public/private partnership established</li> </ol>



**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
<p><b>P2.1.a.</b> 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.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of educational sessions conducted with medical care providers</li> <li>2. # of educational sessions conducted with agencies</li> </ol>
<p><b>P2.1.b.</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.</p>	<p>FDOH-MDC ADP and partners</p>	<ol style="list-style-type: none"> <li>1. # of educational sessions with medical care providers conducted by FDOH-MDC ADP</li> <li>2. # of updates added to the Test Miami Providers’ Corner link</li> </ol>
<p><b>P2.1.c.</b> 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.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of educational sessions conducted with hospitals</li> <li>2. # of High-Risk Notification Forms and/or notifications of pregnant women with HIV received from hospitals</li> </ol>
<p><b>P2.1.d.</b> Conduct educational rounds with emergency rooms, urgent care centers, and classified high-risk delivery hospitals, to increase provider awareness of their responsibility to utilize the Labor/Delivery/Emergency Department Perinatal Prevention Protocols, High Risk Pregnancy Notification, and Newborn Exposure Notification forms.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of educational sessions conducted to hospitals (i.e., ERs), and urgent care centers</li> <li>2. # of High Risk Pregnancy Notification Forms received from hospitals (see P2.1.c. above)</li> <li>3. # of Newborn Exposure Notification Forms received from hospitals</li> </ol>

- *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
<b>P2.2.a.</b> Provide linkage to prenatal care and HIV care for pregnant women with HIV.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of HIV positive pregnant women who received HIV care</li> <li>2. # of HIV positive pregnant women who received prenatal care</li> </ol>
<b>P2.2.b.</b> Provide follow-up medical and family planning services for post-partum women with HIV.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of post-partum women with HIV who received family planning services</li> </ol>

**Objective P3. Increase the percentage of persons screened for pre-exposure prophylaxis (PrEP) who are prescribed PrEP from 53% in 2021 to 75% by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<b>P3.1.a.</b> Increase PrEP access by expanding the number of partners offering PrEP services.	FDOH-MDC and partners (i.e., CBOs, FQHCs, agencies)	<ol style="list-style-type: none"> <li>1. # of HIV-negative persons</li> <li>2. # of access points for PrEP</li> <li>3. # of individuals screened for PrEP</li> <li>4. # of individuals eligible for PrEP</li> <li>5. # of individuals referred to a PrEP provider</li> <li>6. # of individuals linked to a PrEP provider</li> <li>7. # of individuals prescribed PrEP</li> </ol>
<b>P3.1.b.</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)	<ol style="list-style-type: none"> <li>1. # of educational sessions conducted</li> <li>2. # of RSP sessions conducted</li> <li>3. # of RSP educational materials distributed</li> </ol>
<b>P3.1.c.</b> 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., AIDS Education and Training Center (AETC), Gilead, HIP providers, FDOH-MDC private providers, FQHCs, pharmacies, CBOs]	<ol style="list-style-type: none"> <li>1. # of educational sessions conducted specifically to health care providers</li> <li>2. # of providers recruited<sup>1</sup> to provide PrEP services</li> <li>3. # of PrEP prescribers<sup>2</sup></li> </ol>
<b>P3.1.d.</b> 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)	<ol style="list-style-type: none"> <li>1. # of organizations with access<sup>3</sup> to the comprehensive list</li> </ol>
<b>P3.1.e.</b> Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.	FDOH-MDC and partners (i.e., Pharmaceuticals, CBOs, retail pharmacy chains, medical providers, ERs, urgent care centers, clinics, testing sites)	<ol style="list-style-type: none"> <li>1. # of providers offering TelePrEP services</li> <li>2. # of persons who received<sup>4</sup> TelePrEP services</li> </ol>



▪ *Strategy P3.1. continued.*

Activities	Responsible Entities	Measurements
<b>P3.1.f.</b> Create a PrEP referral network for clients to access PrEP services.	FDOH-MDC and partners	<b>1.</b> # clients accessing the PrEP referral network
<b>P3.1.g.</b> Increase the number of non-traditional partners offering PrEP (i.e., pharmacies, urgent care centers).	FDOH-MDC and non-traditional partners such as pharmacies, urgent care centers.	<b>1.</b> # of pharmacy clinics providing PrEP (MinuteClinic at CVS, and UHealth at Walgreens) <b>2.</b> # of urgent care centers providing PrEP <b>3.</b> # of hospitals providing PrEP
<b>Definitions</b> <sup>1</sup> <b>Providers recruited:</b> Providers that signed the FDOH-MDC acknowledgement agreement to provide PrEP services. <sup>2</sup> <b>PrEP prescribers:</b> Providers prescribing PrEP, including providers registered with FDOH-MDC and prescribers who do not want to register. Complete data is unavailable. <sup>3</sup> <b>Organizations with access to the comprehensive list of PrEP prescribers:</b> Healthcare facilities for which a list was provided, and/or are aware of the PrEPlocator.org website. <sup>4</sup> <b>Persons who received TelePrEP services:</b> An outcome of the referral or linkage of a PrEP eligible person to a PrEP provider, indicated by attendance at the first telehealth appointment and verified through reviews of medical records or other data systems or self-report by the client. Denominator is number of persons who received PrEP services.		
<b>Notes</b> <b>1.</b> Regarding “# of pharmacy clinics providing PrEP,” data sources include <a href="http://aidsvu.org/services/#/prep">aidsvu.org/services/#/prep</a> and <a href="http://preplocator.org/">preplocator.org/</a> , which indicate locations but not necessarily pharmacy clinics. <b>2.</b> PrEP services: Help navigating through the system, i.e., the application process. <b>3.</b> Objective data: from AHEAD Dashboard which displays goals of 29.9% in 2019, and 50% for 2026 <a href="https://ahead.hiv.gov/locations/miami-dade-county">https://ahead.hiv.gov/locations/miami-dade-county</a> .		

**Objective P4. Increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis) in the community from 7 in 2021 to 10 by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<b>P4.1.a.</b> Increase the number of partners offering nPEP services.	FDOH-MDC and partners (i.e., FDOH, CBOs, FQHCs, agencies)	<ol style="list-style-type: none"> <li>1. # of individuals screened for nPEP</li> <li>2. # of individuals eligible for nPEP</li> <li>3. # of nPEP prescriptions (if able to capture data)</li> <li>4. # of access points for nPEP</li> </ol>
<b>P4.1.b.</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	<ol style="list-style-type: none"> <li>1. # of nPEP educational sessions conducted</li> <li>2. # of providers, urgent care centers, and ERs providing nPEP services</li> </ol>
<b>P4.1.c.</b> Disseminate an updated comprehensive list of nPEP providers to share with community partners and healthcare providers.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of organizations with accessibility to the comprehensive list of nPEP providers</li> </ol>
<b>P4.1.d.</b> Increase the number of non-traditional partners offering nPEP (i.e., pharmacies, urgent care centers).	FDOH-MDC and non-traditional partners such as pharmacies, urgent care centers	<ol style="list-style-type: none"> <li>1. # of pharmacy clinics providing nPEP (MinuteClinic at CVS, and UHealth at Walgreens)</li> <li>2. # of urgent care centers providing nPEP</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Some agencies only screen for nPEP, others refer and/or provide nPEP.</li> </ol>		

**Objective P5. Increase the number of free condoms distributed from 1,929,715 in 2021 to 2,026,200 by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<b>P5.1.a.</b> Increase the number of condom distribution sites across the jurisdiction.	FDOH-MDC and partners	<b>1.</b> # of condoms distributed by Zip Code (report using Zip Code map) <b>2.</b> # of Business Responds to AIDS (BRTA) sites.
<b>Notes</b> <b>1.</b> 2021 baseline of condoms distributed and 2026 target are pending further data collection.		

**February 2023**

**New WG comments**

- What should the increase be per year?
    - 2,410,087 represents a 2% increase over 2022.
    - 2020 can be the baseline with 2% increase annually.
  - Notes: The supply of condoms was impacted by supply chain limitation due to COVID-19.
  - Notes: Approximately 10% of condoms distributed are female condoms.
-

**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
<b>P6.1.a.</b> Educate and refer high-risk individuals to local SSP.	FDOH-MDC, IDEA Exchange, and partners	<ol style="list-style-type: none"> <li>1. # of persons linked to IDEA Exchange (see Note #3)</li> <li>2. # of referrals made to IDEA Exchange, by partners</li> </ol>
<b>P6.1.b.</b> Utilize social media platforms to promote services offered by SSP.	FDOH-MDC, IDEA Exchange, and partners	<ol style="list-style-type: none"> <li>1. # of social media posts by IDEA Exchange (Facebook, Instagram and Twitter)</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. As of July 2022, one RWHAP MAI subrecipient is using IDEA Exchange as an access point to its MAI HIV services.</li> <li>2. IDEA Exchange provides an annual report to FDOH-Tallahassee.</li> <li>3. Basic enrollment is anonymous so it would be difficult to know if a person who was referred by a local agency was enrolled at IDEA.</li> </ol>		

**Objective P7. Increase the number of advertisement types<sup>1</sup> to expand culturally appropriate messaging concerning HIV prevention, testing, and treatment from four (4) in 2021, 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
<p><b>P7.1.a.</b> Build innovative 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.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of overall impressions<sup>2</sup> [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns</li> <li>2. # of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care</li> </ol>
<p><b>P7.1.b.</b> Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of agencies conducting outreach events for each priority population (identify priority populations)</li> <li>2. # of outreach events conducted</li> <li>3. # of contacts created at outreach events</li> </ol>
<p><b>P7.1.c.</b> 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).</p>	<p>FDOH-MDC and partners</p>	<ol style="list-style-type: none"> <li>1. # of overall impressions from U=U, and other destigmatizing HIV marketing campaigns</li> <li>2. # of posts on prevention messages to destigmatize HIV</li> <li>3. # of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising)</li> </ol>

▪ *Strategy P7.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>P7.1.d.</b> Utilize representatives of the HIV-affected community to deliver messages to people with HIV, highlighting personal success and struggles, and empowering people with HIV.</p>	<p>FDOH-MDC and partners  RWHAP-EHE</p>	<p><b>1.</b> # of educational sessions about destigmatizing HIV, and empowering people with HIV # of media campaign types utilizing influencers or community representatives to promote HIV messages</p>
<p><b>P7.1.e.</b> 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.</p>	<p>FDOH-MDC and partners</p>	<p><b>1.</b> # of overall impressions from PrEP/nPEP marketing campaign(s) <b>2.</b> # of PrEP/nPEP advertisements (e.g., print; digital/internet-based; radio; television; out-of-home advertising) <b>3.</b> # of Ready, Set, PrEP initiative, PrEP/nPEP posts</p>
<p><b>P7.1.f.</b> Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.</p>	<p>FDOH-MDC and partners</p>	<p><b>1.</b> # of partnerships created that support prevention messages</p>
<p><b>Definitions</b>  <sup>1</sup> <b>Advertisement types:</b> Out-of-Home (OOH): outdoor media: includes billboards, transit ads on buses/trains, wallscapes, and posters seen while “on the go” or in the community, place-based advertising which are those at medical centers, airports, stores, or buildings/facilities.  <sup>2</sup> <b>Impressions:</b> The number of times your content is displayed/shown, no matter if it was clicked or not.</p>		
<p><b>Notes</b>  <b>1.</b> Ensure campaigns are culturally sensitive and appropriate for the target audiences, featuring “people who look like us.”  <b>2.</b> Target the undocumented population with information about specific resources available to them and for which they are actually eligible.  <b>3.</b> 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) <a href="https://www.marketingevolution.com/marketing-essentials/advertising-media-guide">https://www.marketingevolution.com/marketing-essentials/advertising-media-guide</a>.</p>		

## February 2023

### Staff comments

- P7.1.d.The functions outlined here are not part of the RWP billable activities for peers

### WG response

- Agreed to deletions as indicated, above.
- 

### New WG comments

- Track posts, impressions, and platforms related to each EHE Pillar.
  - How is FDOH advertising funding spent? In what neighborhoods/Zip Codes?
  - Measurements: Use High Impact Prevention (HIP) categories for tracking.
  - Definitions (1): Define additional OOH categories.
  - Notes: Discussion of COMMANDO, and LGBTQ+ marketing agency.
  - Notes: Explore geofencing.
-

## 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 68% in 2021 to 80% by December 31, 2026.**

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

Activities	Responsible Entities	Measurements
<b>L1.1.a.</b> Identify new FDOH testing sites for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	FDOH-MDC 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, etc.) FDOH-EHE	<ol style="list-style-type: none"> <li><b>1.</b> # of new testing sites serving vulnerable population</li> <li><b>2.</b> # of clients enrolled in TTRA services</li> </ol>
<b>L1.1.b</b> Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	FDOH-MDC RWHAP-EHE (Borinquen Medical Center)	<ol style="list-style-type: none"> <li><b>1.</b> # and listing of specific campaigns for information dissemination to newly diagnosed people with HIV</li> <li><b>2.</b> # of trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns</li> <li><b>3.</b> # of brochures provided to EHE Quick Connect and TTRA testing sites.</li> </ol>
<b>L1.1.c.</b> Educate private providers during the academic detailing visits on the benefits of TTRA.	FDOH-MDC, FQHCs, Medicaid, CHCs, Health Choice Network, Florida Association of Free and Charitable Clinics, hospitals, medical providers, insurance plans, insurance companies, pharmaceutical companies, etc.); FDOH-EHE	<ol style="list-style-type: none"> <li><b>1.</b> # of academic detailing visits to private providers</li> <li><b>2.</b> # of private providers committed to link clients to TTRA services</li> <li><b>3.</b> #</li> </ol>

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*Strategy L1.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>L1.1.d.</b> 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.</p>	<p>FDOH-MDC and partners (i.e., ERs, urgent care centers, lead healthcare organizations, HIV on the Frontlines of Communities in the United States (FOCUS), etc.)</p>	<ol style="list-style-type: none"> <li><b>1.</b> # of patients enrolled in TTRA from hospitals or urgent care centers</li> <li><b>2.</b> # of hospitals and urgent care centers that have established a process to connect clients to TTRA services</li> </ol>
<p><b>L1.1.e.</b> Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients. (Mobile units)</p>	<p>RWHAP-EHE and partners</p>	<ol style="list-style-type: none"> <li><b>1.</b> # of people with HIV in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 4 months)</li> <li><b>2.</b> # 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)</li> <li><b>3.</b> # 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)</li> <li><b>4.</b> # of clients with a HIV viral load less than 200 copies/mL at last viral load test during the measurement year</li> </ol>

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▪ *Strategy L1.1. continued.*

Activities	Responsible Entities	Measurements
<p><b>L1.1.f.</b> Implement the use of EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms. (RWHAP-EHE)</p>	<p>RWHAP-EHE and partners (i.e., FQHCs, Pharma)</p>	<ol style="list-style-type: none"> <li><b>1.</b> # of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 4 months)</li> <li><b>2.</b> # of people with HIV linked to HIV medical care in the RWHAP Part A/MAI; other community programs; or private insurance (baseline and every 4 months)</li> <li><b>3.</b> # 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)</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Linked to Care TTRA Standard: A person who tests positive will receive the following within 7 days of preliminary diagnosis:               <ol style="list-style-type: none"> <li><b>a.</b> Physician visit resulting in request for authorized lab test;</li> <li><b>b.</b> CD4/VL (minimum) and other TTRA-allowable labs, as needed; <i>and</i></li> <li><b>c.</b> Provision of initial ART medication to the newly diagnosed client.</li> </ol> </li> </ol>		

**February 2023**

**Staff comment**

- Staff recommends keeping the activities focused on testing and engagement in care.

**WG response**

- See edits, above.

**Staff comment**

- L1.1.a. – There are two issues here, and the linkage group may need to add or modify the activities, entities and measurements to (a) place responsibility for new testing in the hands of the FDOH-MDC, and (b) place responsibility for culturally-sensitive engagement in care in the hands of the RWP.

**WG response**

- The linkage group accepted the deletion of TTRA access points.

**New WG comments**

- L1.1.b. – Add Borinquen Medical Centers: currently the sole EHE provider funded for this activity.
- L1.1.c. – Remove measurements 3-6; these are not realistic or achievable.

- L1.1.d. – PE Miami does not currently include a “referral from” field. We need to add a "referral from" field to capture who referred the client to the TTRA site.
- 

**Staff comment**

- L1.1.d. – The linkage group will need to unpack these activities and measurements to differentiate between (a) testing and referral to TTRA and (b) provision of TTRA services
-

**Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary positive diagnosis, from 54% 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
<b>L2.1.a.</b> Monitor the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result.	RWHAP Part A, FDOH-MDC, and partners	<ol style="list-style-type: none"> <li>1. Flowchart linkage process, and determine gaps and dropout-risk points within the process.</li> <li>2. # of persons with HIV dropping out of linkage process at each of the dropout-risk points</li> </ol>
<b>L2.1.b.</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, FDOH-MDC, and partners	<ol style="list-style-type: none"> <li>1. # and identification of specific linkage sites designated as test sites for QI process improvement</li> <li>2. # and identification of linkage sites serving as control group.</li> <li>3. Develop QI modifications in linkage process based on data generated under L.2.1.a, above, and document same</li> </ol>
<b>L2.1.c.</b> 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, FDOH-MDC, and partners	<ol style="list-style-type: none"> <li>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 QI linkage control group</li> <li>2. Repeat QI cycle as needed to achieve minimum of 90% of eligible clients linked within 30 days</li> <li>3. Modify the linkage process flowchart based on the QI cycles in #2</li> </ol>
<b>L2.1.d.</b> Within 12 months of the completed linkage process improvement cycle, implement changes in linkage protocol at all testing/linkage sites.	RWHAP Part A, FDOH-MDC, and partners	<ol style="list-style-type: none"> <li>1. # of sites implementing the improved protocols within 12 months of the modification of the linkage process flowchart</li> </ol>
<b>L2.1.e</b> Train FDOH-MDC and Part A personnel in the revised linkage protocol and refresh training annually.	RWHAP Part A, Part B, FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of initial trainings in the revised protocol conducted at testing/linkage sites</li> <li>2. # of refresher trainings conducted each year</li> </ol>

**February 2023**

**Staff comment**

- L2.1.a. – This flowcharting, as well as the associated designation of markers within Provide Enterprise, will need to clarify the linkage between the roles of the FDOH-MDC and the RWP in this entire L.2.1 process.

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

Activities	Responsible Entities	Measurements
<b>L2.2.a.</b> Update and standardize warm handoff process; reference: <a href="https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html">https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html</a>	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. Current processes across service providers reviewed</li> <li>2. Process updated for consistency across provider network</li> <li>3. Providers trained on process</li> </ol>
<b>L2.2.b.</b> Implement intake protocol to include a warm handoff between service providers (either between departments or between agencies) where a person-to-person link is created between the mental health provider and the individual receiving care. This could be an in-person meeting, setting up the first appointment time together or at the very minimum a three-way phone call.	RWHAP-Part A and FDOH-MDC	<ol style="list-style-type: none"> <li>1. Current intake protocol across service providers reviewed</li> <li>2. Updated intake protocol developed for consistency across provider network</li> <li>3. Providers trained on updated protocol</li> </ol>
<b>L2.2.c.</b> Enroll clients in ADAP (or other payer source as appropriate) within 14 days of diagnosis.	RWHAP-Part A and FDOH-MDC	<ol style="list-style-type: none"> <li>1. % of clients enrolled in ADAP within 14 days of diagnosis</li> </ol>

**February 2023**

**Staff comment**

- L2.2.c. The measurement specified here should either designate other payer sources or concentrate on ADAP.

**WG response**

- Edited as noted, above.
-

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

Activities	Responsible Entities	Measurements
<b>R1.1.a.</b> Establish early MCM lost to care trigger point warnings in Provide for high-acuity clients (60 days no MCM contact) and non-high-acuity clients (75 days no MCM contact).	RWHAP Recipient RWHAP Part A/MAI MCM subrecipients	<ol style="list-style-type: none"> <li>1 # and % of RWHAP MCM clients with no contact in 60 or 75 days, by subrecipient.</li> <li>2. # and % of RWHAP MCM clients with no contact in 90 days (CQM Report Card, by subrecipient)</li> </ol> <p>Current standard: at least 75% of MCM clients are contacted every 90 days. Target: at least 95% of MCM clients will be contacted every 90 days by 12/31/26</p>
<b>R1.1.b.</b> Identify lost to care clients.	RWHAP Part A/MAI MCM subrecipients	<ol style="list-style-type: none"> <li>1. # and % recontacted within 30 days (after 90 days no contact)</li> <li>2. # and % closed or out of jurisdiction (not eligible for re-engagement)</li> <li>3. # and % still in MDC and eligible for reengagement in RWHAP</li> </ol>
<b>R1.1.c.</b> Identify lost to care clients through Data to Care Project.	FDOH DTC  RWHAP Part A/MAI - MCM subrecipients	<ol style="list-style-type: none"> <li>1. % DTC information within 30 days (after 90 days no contact)</li> <li>2. #/% closed or out of jurisdiction (not eligible for re-engagement)</li> <li>3. #/% still in MDC and eligible for reengagement in RWHAP</li> </ol>
<b>R1.1.d.</b> Reengage a minimum of 75% of identified eligible clients within 30 days of contact.	RWHAP MCM subrecipients	<ol style="list-style-type: none"> <li>1. #/% eligible clients located and re-engaged</li> </ol>

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

Activities	Responsible Entities	Measurements
R1.2.a. Convene listening sessions among peers and peer supervisors in CY 2023 to identify areas of increased peer involvement with client care, skill development / capacity building, skill certification.	RWHAP Part A/MAI Recipient RWHAP QI contractor	<ol style="list-style-type: none"> <li>1. # of listening sessions conducted in CY 2023</li> <li>2. # of peers and peer supervisors attending sessions</li> <li>3. # of areas of peer support identified for expansion</li> </ol>
<b>R1.2.b</b> Review and revise local RWHAP-Part A Service Delivery Manual/Service Description for Peer Education and Support Network.	RWHAP Part A/MAI Recipient, QI contractor, Care and Treatment Committee	<ol style="list-style-type: none"> <li>1. Peer service delivery manual revised by Part A/MAI Recipient and QI contractor</li> <li>2. Annual review conducted by Care and Treatment Committee</li> </ol>
<b>R1.2.c.</b> Increase client care involvement threshold for Peers from 50% to 75%.	RWHAP Part A/MAI PESN subrecipient providers	<ol style="list-style-type: none"> <li>1. # of subrecipients employing Peers and % of time each subrecipient directs Peers toward client support activities (2023 baseline, annual measurement)</li> <li>2. % of clients with documented peer contact retained in care, and with suppressed VLs (2023 baseline, annual measurement)</li> </ol>
<b>R1.2.d.</b> Develop criteria for advanced peer client care certification training, conduct training and award certifications	RWHAP Part A/MAI Recipient, Care and Treatment Committee, QI contractor and training partners	<ol style="list-style-type: none"> <li>1. # of advanced certification areas approved by Recipient</li> <li>2. # of certification trainings conducted by QI contractor or partners, by close of 2023 and annually</li> <li>3. # of peers trained and certified by close of 2023 and annually</li> <li>4. % of clients with documented peer contact with certified and uncertified peers, retained in care and with suppressed VLs (2023 baseline, annual measurement)</li> </ol>

## February 2023

### New WG comments

- R1.2.a. Workgroup discussed that this activity is not necessary because the Client Satisfaction Survey only gathers information from clients who are still in care or returned to care; proposed new activity.
-

- *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
<b>R1.3.a.</b> Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients.	RWHAP-EHE Recipient	<ol style="list-style-type: none"> <li>1. # of process flowcharts developed, related to HealthTec</li> <li>2. # of guidelines developed, related to HealthTec</li> <li>3. # of providers with access to the guidelines and process flowchart</li> </ol>
<b>R1.3.b.</b> Ensure that MCM standards of care address protocols for addressing social determinants of health (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.	RWHAP Recipient, QI contractor, Care and Treatment Committee	<ol style="list-style-type: none"> <li>3. MCM service delivery manual revised by Part A/MAI Recipient and QI contractor.</li> <li>1. Annual review conducted by Care and Treatment Committee.</li> </ol>
<b>R1.3.c.</b> Develop a protocol for how mental health services are introduced to clients to normalize the experience.	RWHAP	<ol style="list-style-type: none"> <li>1. # of protocols developed.</li> <li>2. # of subrecipients documenting the application of normalizing protocols</li> </ol>
<b>R1.3.d.</b> Train MCMs on protocol for addressing social determinants of health and ensure compliance.	RWHAP QI contractor and training partners	<ol style="list-style-type: none"> <li>1. # of MCMs trained on protocol each year</li> <li>2. % of clients referred each year</li> </ol>
<b>R1.3.e.</b> Connect subrecipient MCMs to a community information/referral resource hub such as <a href="https://go.findhelp.com/florida">https://go.findhelp.com/florida</a> .	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li>1. # of agencies connected to resource hub</li> </ol>

## February 2023

### New WG comments

- R1.3.d. Need to look at activities L2.2.a. and L2.2.b and determine whether these activities overlap or need to be consolidated in some way.
  - R1.3.d. and R1.3.e. These activities require further discussion at the next meeting.
-



## 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 with HIV.**

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

Activities	Responsible Entities	Measurements
<b>SP1.1.a.</b> Improve messaging concerning PrEP for women.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. Increased # of PSAs targeting women</li> <li>2. Increased frequency of messaging</li> </ol>
<b>SP1.1.b.</b> Expand interface between community childcare programs and RWHAP to help women stay in care.	RWHAP and partners  RWHAP-EHE (TAP-in)	<ol style="list-style-type: none"> <li>1. # of community agencies linked with the RWHAP that offer childcare services to women with HIV</li> <li>2. # of RWHAP subrecipients offering episodic childcare/babysitting on site during appointments</li> </ol>
<b>SP1.1.c.</b> Educate/sensitize RWHAP subrecipients and medical care providers on special dynamics of women with HIV – acquisition, disease management, and stigma -- to help women stay in care.	RWHAP	<ol style="list-style-type: none"> <li>1. # of RWHAP subrecipients with training in designated areas</li> </ol>

**February 2023**

**New WG comments**

- SP1.1.c. measurement - Workgroup needs to determine the training desired and the provider of the training.
-

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

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

Activities	Responsible Entities	Measurements
<p><b>SP2.1.a.</b> Systematic “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.</p>	<p>RWHAP</p> <p>Community Coalition Roundtable</p>	<ol style="list-style-type: none"> <li><b>1.</b> # targeted interviews conducted with clients over 50 years of age during special-emphasis client satisfaction needs assessment survey in FY 2023</li> <li><b>2.</b> # Community Coalition Roundtable meetings focused on persons in the affected community over 50 years of age</li> </ol>
<p><b>SP2.1.b.</b> Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money, and polypharmacy issues.</p>	<p>RWHAP Recipient</p>	<ol style="list-style-type: none"> <li><b>1.</b> # of guidelines generated by Care and Treatment Committee and Partnership, with input from stakeholders and RWHAP clients over 50.</li> <li><b>2.</b> # of subrecipient MCM and OAHs providers with RiMC and/or VL suppression rates for clients over 50 that are lower than the agency averages</li> </ol>
<p><b>SP2.1.c.</b> Help older persons with HIV in the process of transitioning from RWHAP to Medicare/Medicaid.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li><b>1.</b> # RWHAP MCMs trained in assisting clients over 60 with transitioning to Medicare</li> <li><b>2.</b> # of RWHAP clients over 65 who have successfully transitioned to Medicare</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li><b>1.</b> 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.</li> </ol>		

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

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

Activities	Responsible Entities	Measurements
<p><b>SP3.1.a.</b> Provide basic and annual LGBTQ cultural competency/cultural humility trainings for RWHAP subrecipients and FDOH-MDC providers.</p>	<p>FDOH-MDC, RWHAP SF-SEAETC</p>	<ol style="list-style-type: none"> <li>1. # of RWHAP subrecipients and FDOH departments that have conducted at least one annual training</li> <li>2. % of agencies or departments that have conducted the trainings</li> </ol>
<p><b>SP3.1.b.</b> Identify a transgender advocate within each RWHAP subrecipients and FDOH-MDC providers.</p>	<p>FDOH-MDC, RWHAP</p>	<ol style="list-style-type: none"> <li>1. #/% of agencies with identified advocate/ champion.</li> <li>2. # of transgender advocates identified within RWHAP subrecipients</li> <li>3. # of transgender advocates identified within FDOH-MDC providers</li> </ol>
<p><b>SP3.1.c.</b> Conduct basic and annual trainings to RWHAP subrecipient’s and FDOH-MDC provider’s front-line and medical staff on transgender persons.</p>	<p>FDOH-MDC, RWHAP</p>	<ol style="list-style-type: none"> <li>1. # of trainings conducted to front-line staff</li> <li>2. # of trainings conducted to medical staff</li> <li>3. #/% of front-line staff that received the training</li> <li>4. #/% of medical staff that received the training</li> </ol>
<p><b>SP3.1.d</b> Audit and certify all RWHAP subrecipients and FDOH-MDC providers for sexual identity and gender identity training.</p>	<p>FDOH-MDC, RWHAP, TransSOCIAL</p>	<ol style="list-style-type: none"> <li>1. # of eligible agencies agreeing to annual transgender-friendly audit</li> <li>2. # and % of agencies passing transgender-friendly audit</li> </ol>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. Partners to include MDC LGBTQ Advisory Board.</li> </ol>		

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

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

Activities	Responsible Entities	Measurements
<p><b>SP4.1.a.</b> Reorganize the Partnership’s Housing Committee to identify and administrate housing assistance beyond HOPWA.</p>	<p>Partnership RWHAP MDC Emergency Rental Assistance Program (ERAP)</p>	<ol style="list-style-type: none"> <li>1. List of resources identified</li> <li>2. List of resources distributed</li> <li>3. # of additional grants awarded in the EMA</li> <li>4. # of opportunities for short term housing assistance identified outside RWHAP and HOPWA limitations</li> <li>5. # of opportunities for long term housing assistance identified outside RWHAP and HOPWA limitations</li> </ol>
<p><b>SP4.1.b.</b> Review RWHAP MCM protocols for identifying housing needs and connecting homeless or unstably housed to secure housing and support services.</p>	<p>RWHAP</p>	<p>See Notes</p>
<p><b>Notes</b></p> <ol style="list-style-type: none"> <li>1. This Plan recognizes homelessness and housing instability as a community-wide crisis, not specific to people with HIV.</li> <li>2. Following are additional suggested activities which require further exploration as to feasibility, responsible entities, and measurements: <ul style="list-style-type: none"> <li>▪ Identify short-term housing while people are on the HOPWA waiting list or need short-term housing (under 2 years);</li> <li>▪ Identify non-federally funded, non-traditional, less restrictive partners;</li> <li>▪ Advocate for Department of Housing and Urban Development (HUD) increases in rental limitations to allow a greater number of people to qualify for Section 8 and other reduced-housing opportunities;</li> <li>▪ Identifying landlords willing to accept third-party payments for rent, specifically for people with HIV; and</li> <li>▪ Coordinating with realtors and housing navigators to find safe and affordable housing.</li> <li>▪ Develop “whole person” approach to housing: move-in costs, acquiring furniture, moving truck rental, understanding lease negotiation and renters’ rights.</li> </ul> </li> </ol>		

**Objective SP5. Improve health outcomes for MSM with HIV.**

- *Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and 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
<b>SP5.1.a.</b> Provide LGBT cultural competency/cultural humility trainings for RWHAP and FDOH-MDC funded agencies.	FDOH-MDC’s Education Team, RWHAP	<ol style="list-style-type: none"> <li>1. # of agencies that have completed at least 1 training completed, per staff</li> <li>2. % of agencies that have conducted the trainings</li> <li>3. # of agencies providing trainings</li> </ol>
<b>SP5.1.b.</b> Operationalize adherence difficulties and identify MSM clients with adherence difficulties.	RWHAP	<ol style="list-style-type: none"> <li>1. # of clients identified</li> </ol>
<b>SP5.1.c.</b> Provide services to overcome adherence barriers.	RWHAP	<ol style="list-style-type: none"> <li>1. # of clients with suppressed viral load after receiving services to overcome barriers.</li> </ol>
<b>SP5.1.d.</b> Implement support groups addressing topics of sexual/emotional health; safer sex; dating; relationships; substance use disorders; and mental health needs.	RWHAP subrecipients and FDOH-MDC	<ol style="list-style-type: none"> <li>1. # of groups implemented</li> <li>2. # of clients completing groups</li> <li>3. # of clients entering formal counseling</li> </ol>
<b>Notes</b> <ol style="list-style-type: none"> <li>1. Review Human Rights Campaign LGBTQ Healthcare Equality Index, <a href="https://www.hrc.org/resources/healthcare-equality-index">https://www.hrc.org/resources/healthcare-equality-index</a> for criteria and means of accreditation.</li> </ol>		

**February 2023**

**Staff comment**

- Staff recommends close attention to SP 3 and SP 5 population activities and measurements.

**Objective SP6. Improve health outcomes for youth (ages 13-24) who are 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
<b>SP6.1.a.</b> Identify and recruit MDC Public Schools Representative for the Miami-Dade HIV/AIDS Partnership.	RWHAP, Partnership staff support	<ol style="list-style-type: none"> <li>1. Date of member's appointment</li> <li>2. # of meetings attended</li> </ol>
<b>SP6.1.b.</b> Collaborate with MDC Public School Health Programs <sup>1</sup> targeting youth.	FDOH-MDC, Schools, Hospitals, CBOs, Clinics, Institutions	<ol style="list-style-type: none"> <li>1. # of schools participating at the Miami-Dade Public School Health Program</li> <li>2. # of youth referred by the school's health team for HIV/STI testing</li> <li>3. # of youth referred by the school's health team for HIV/STI education</li> <li>4. # of youth educated on HIV/STI by FDOH-MDC/CBOs</li> </ol>
<b>SP6.1.c.</b> Identify and explore other options for HIV/STD testing among high-school aged youth.	RWHAP Part D, FDOH-MDC, MDC school board, Healthy Teen Expos (collaboration between FDOH, and other agencies), other partners	<ol style="list-style-type: none"> <li>1. # of ancillary sites established for HIV/STD testing, nearby schools but not on school property</li> <li>2. # schools conducting or permitting on-site testing for HIV/STDs</li> <li>3. # tests conducted</li> </ol>
<b>SP6.1.d.</b> Identify and explore other options for HIV/STD testing among young adults.	RWHAP Part D, FDOH-MDC, other partners	<ol style="list-style-type: none"> <li>1. # of ancillary sites established for HIV/STD testing.</li> <li>2. # tests conducted</li> </ol>
<b>SP1.2.e.</b> Improve advertisements concerning PrEP, condoms and other prevention messages for youth.	FDOH-MDC and partners	<ol style="list-style-type: none"> <li>1. # of PSAs targeting youth</li> <li>2. # of impressions on advertisements targeting youth, on PrEP</li> <li>3. # of impressions on advertisements targeting youth, on condoms</li> <li>4. # of impressions on advertisements targeting youth, on other prevention messages</li> </ol>
<b>Definitions</b>		
<sup>1</sup> A collaboration between FDOH-MDC and CBOs to conduct HIV and STI testing, and health fairs at 20 MDCPS		
<b>Notes</b>		
1. Partners may include: Children's Trust, School Board Advisory Group, colleges and universities.		

# 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
<b>S1.1.a.</b> 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.	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li><b>1.</b> # of agencies providing capacity building trainings to healthcare professionals (i.e., medical providers, clinical staff, HIV counselors, medical case managers)</li> <li><b>2.</b> # of unique educational materials distributed to healthcare professionals</li> <li><b>3.</b> # of healthcare professionals trained at FDOH-MDC</li> <li><b>4.</b> # of healthcare professionals trained at RWHAP</li> </ol>
<b>S1.1.b.</b> Require annual stigma/discrimination and unrecognized bias training for RWHAP and FDOH agencies.	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li><b>1.</b> #/% providers with annual training</li> </ol>
<b>S1.1.c.</b> Create a safe space for clients to report stigmatizing or discriminating behaviors.	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li><b>1.</b> #/% providers with a safe space reporting protocol</li> </ol>
<b>S1.1.d.</b> Develop and disseminate response protocol for addressing stigmatizing behaviors throughout the system of care.	RWHAP FDOH-MDC	<ol style="list-style-type: none"> <li><b>1.</b> #/% providers with response protocol</li> </ol>

# 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
<b>DR1.1.a.</b> Annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males.	RWHAP	<ol style="list-style-type: none"> <li>1. Annual measurement of RiMC rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>2. Annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population</li> </ol>
<b>DR1.1.b.</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	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<b>DR1.1.c.</b> 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	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>



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

Activities	Responsible Entities	Measurements
<p><b>DR1.2.a.</b> Annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA females.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li>1. Annual measurement of RiMC rates for B/AA females, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>2. Annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population</li> </ol>
<p><b>DR1.2.b.</b> Annually document and disseminate best practices for RiMC for B/AA females among OAHS and MCM providers with top-quintile RiMC rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<p><b>DR1.2.c.</b> Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for low RiMC for B/AA females among OAHS and MCM providers with bottom-quintile RiMC for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>

- *Strategy DR1.3. Increase RiMC rates from 85% in 2021 to 90% by December 31, 2026 for Hispanic MSM clients.*

Activities	Responsible Entities	Measurements
<p><b>DR1.3.a.</b> Annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to Hispanic MSM clients.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li>1. Annual measurement of RiMC rates for Hispanic MSM clients, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>2. Annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population</li> </ol>
<p><b>DR1.3.b.</b> Annually document and disseminate best practices for RiMC for Hispanic MSM clients among OAHS and MCM providers with top-quintile RiMC rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<p><b>DR1.3.c.</b> Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for low RiMC for Hispanic MSM clients among OAHS and MCM providers with bottom-quintile RiMC for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>

# 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 DVI.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
<b>DV1.1.a.</b> Annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males.	RWHAP	<ol style="list-style-type: none"> <li>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</li> <li>2. Annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population</li> </ol>
<b>DV1.1.b.</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	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<b>DV1.1.c.</b> 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	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>

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

Activities	Responsible Entities	Measurements
<p><b>DV1.2.a.</b> Annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA females.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li>1. Annual measurement of VL suppression rates for B/AA females, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>2. Annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population</li> </ol>
<p><b>DV1.2.b.</b> Annually document and disseminate best practices for VL suppression for B/AA females among OAHS and MCM providers with top-quintile VL suppression rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<p><b>DV1.2.c.</b> Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for VL non-suppression for B/AA females among OAHS and MCM providers with bottom-quintile VL suppression rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>

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

Activities	Responsible Entities	Measurements
<p><b>DV1.3.a.</b> Annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to Haitian males and females.</p>	<p>RWHAP</p>	<ol style="list-style-type: none"> <li>1. Annual measurement of VL suppression rates for Haitian males, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>2. Annual measurement of VL suppression rates for Haitian females, by subrecipient service site providing OAHS and/or MCM services to this target population</li> <li>3. Annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population</li> </ol>
<p><b>DV1.3.b.</b> Annually document and disseminate best practices for VL suppression for Haitian males and females among OAHS and MCM providers with top-quintile VL suppression rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>
<p><b>DV1.3.c.</b> Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for VL non-suppression for Haitian males and females among OAHS and MCM providers with bottom-quintile VL suppression rates for this target population.</p>	<p>RWHAP MCM and OAHS subrecipients</p>	<ol style="list-style-type: none"> <li>1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership</li> </ol>

# 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
<b>IPC1.1.a.</b> Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.	FDOH-MDC RWHAP	<b>1.</b> By close of Year 1, establish working Integrated Plan Evaluation Workgroup to engage community stakeholders in planning and evaluating IP services
<b>IPC1.1.b.</b> Develop schedule for regular communication with stakeholders.	FDOH-MDC RWHAP	<b>1.</b> Progress report on scheduling
<b>IPC1.1.c.</b> Develop plan among stakeholders for addressing HIV outbreaks.	RWHAP	<b>1.</b> Progress report on plan
<b>IPC1.1.d.</b> Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.	RWHAP Parts A, B, D, F; GR; ADAP; Medicaid.	<b>1.</b> Progress report on data sharing agreements
<b>Notes</b> <ol style="list-style-type: none"> <li><b>1.</b> A comprehensive list of actual contacts and a commitment from each stakeholder is needed.</li> <li><b>2.</b> Need to account for all Zip Codes to ensure outbreak teams can be mobilized in any location.</li> <li><b>3.</b> Suggested stakeholders include: <ul style="list-style-type: none"> <li>▪ Police departments/first responders;</li> <li>▪ Celebrity/social media personalities;</li> <li>▪ Domestic violence prevention organizations; and</li> <li>▪ Business Respond to AIDS (BRTA) organizations.</li> </ul> </li> </ol>		

# Sample Progress Report

## NHAS Goal 1: Prevent New HIV Infections: Prevention (P)

Evaluation Period January 1, 2023 – December 31, 2023

<b>Objective P1.</b> 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.							
<b>Strategy P1.1.</b> 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.							
<b>Activity P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	<b>What</b>		<b>Results</b>				
	<b>Baseline</b>	<b>2023 Target</b>	<b>January - March 25% of Target</b>	<b>April - June 50% of Target</b>	<b>July - September 75% of Target</b>	<b>October – December 100% of Target</b>	<b>Annual</b>
<b>Output / Outcome Measures</b>							
1. # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	2021: 10 providers	20: Add 10 per year	13	14	14	25	25
2. # of private providers educated on routine testing (i.e., HIV, HCV, STI)	EXAMPLE – NOT REAL DATA						
3. # of MOUs/agreements established with partners to serve as routine healthcare testing sites							
<b>Notes</b> <input type="checkbox"/> Check here if this activity is a State, Federal, or other requirement.							

# Sample Quarterly Report

## Progress Key

<b>PINK</b>	Win! Exceeding Target
<b>GREEN</b>	On Target
<b>YELLOW</b>	Above % of Target
<b>RED</b>	Below 50% of Target
<b>GREY</b>	Not yet started or data not available for reporting in this time period



# Sample Evaluation Plan

## NHAS Goal 1: Prevent New HIV Infections: Prevention (P)

Evaluation Period January 1, 2023 – December 31, 2023

<b>Objective P1.</b> 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.								
<b>Strategy P1.1.</b> 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.								
<b>Activity P1.1.b.</b> Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	<b>What</b>				<b>When</b>		<b>Who</b>	
	<b>Baseline</b>	<b>Short Term Target 2023</b>	<b>Final Target 2026</b>	<b>Data Source</b>	<b>Data Collection Frequency</b>	<b>How Often is Data Available?</b>	<b>Person(s) Responsible for Gathering Data</b>	<b>Person(s) Responsible for Achieving Objectives</b>
<b>Output / Outcome Measures</b>								
1. # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	10 providers: 2021 data	20 providers: Add 10 per year	50 providers	Count by FDOH	Quarterly		Name(s), email(s)	Name(s), email(s)
2. # of private providers educated on routine testing (i.e., HIV, HCV, STI)	<b>EXAMPLE – NOT REAL DATA</b> <b>SEE 02/14/23 Meeting Feedback, next page</b>							
<b>Notes</b>								

## **WG Comments**

### **Data Collection Frequency**

- This may vary for each output.
- How often is data available?
- Indicate how often data is available to demonstrate why data might not be gathered as frequently for some measurements as for others.

### **Person(s) Responsible for Gathering Data**

- Is this the person(s) who will gather the data or who will enter the data into the Quarterly Report?
- Who will have access to the VMSG database?

### **Person(s) Responsible for Achieving Objectives**

- Since staffing can change, instead of indicating a person, indicate the organization name and the title.
- Who is the activity champion/owner?

### **Other**

- “Internal tracking spreadsheet”
- Need to include a list of subrecipients related to each measurement
- What documents are we using to gather information?



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Integrated Plan Evaluation Workgroup

Tuesday, April 11, 2023

10:00 AM – 1:00 PM

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

### AGENDA

#### 10:00 AM – 10:30 AM

- |      |   |                 |
|------|---|-----------------|
| I.   | Call to Order                               | Abril Sarmiento |
| II.  | Introductions                               |                 |
| III. | Housekeeping                                |                 |
| IV.  | Floor Open to the Public                    |                 |
| V.   | Review/Approve Agenda                       |                 |
| VI.  | Review/Approve Minutes of February 14, 2023 |                 |
| VII. | Standing Business                           |                 |
|      | ▪ Officer Nominations and Elections         |                 |

#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
|       | □ Review Quarterly Reporting Template |     |

#### 12:15 PM – 12:45 PM

- |   |                               |               |
|---|-------------------------------|---------------|
| ▪ | Report on Breakout Sessions   | Group Leaders |
| ▪ | Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |     |  |            |
|-----|--|------------|
| IX. | Announcements  | All        |
| X.  | Next Meetings  | Vice Chair |
|     | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
|     | ▪ Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library |            |
| XI. | Adjournment  | Chair      |

*Please mute or turn off all cellular devices.*

For more information about the Prevention Committee, please contact Christina Bontempo,  
(305) 445-1076 x106 or [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).

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# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Integrated Plan Evaluation Workgroup

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#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
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#### 12:15 PM – 12:45 PM

- |  |                                 |               |
|--|---------------------------------|---------------|
|  | ▪ Report on Breakout Sessions   | Group Leaders |
|  | ▪ Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |            |  |            |
|------------|--|------------|
| <b>IX.</b> | <b>Announcements</b>                                 | <b>All</b> |
| X.         | Next Meetings  | Vice Chair |
|            | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
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# MIAMI-DADE HIV/AIDS PARTNERSHIP

The official Miami-Dade County Advisory Board for public programs providing medical and social support services to people with HIV in Miami-Dade County.

## Get on Board!

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



### Station 11: Partnership Lingo - Understanding Acronyms and Terminology at Meetings

Presented by: Partnership Support Staff:  
Marlen Meizoso & Christina Bontempo

#### Topics:

- ◆ Definitions of the lingo you can expect to hear at each meeting.
- ◆ The importance of understanding acronyms and terminology.
- ◆ Using the language of the Partnership with confidence and ease.



Date: April 12, 2023

Time: 12:00 PM - 1:00 PM

RSVP: *No need to RSVP - just join in!*

#### Via Zoom

- ◆ Meeting ID: 899 8300 6820
- ◆ Passcode: 438324





MIAMI-DADE  
HIV/AIDS PARTNERSHIP

# Summer 2023

## Prevention Committee Meetings

**25**  
MAY

10:00 AM - 12:00 PM

### Special Presentation: Mpox & HIV

Presented by Dr. Alvaro Mejia-Echeverry,  
Florida Department of Health

**29**  
JUNE

10:00 AM - 12:00 PM

### Special Presentation: STDs & HIV

Sexually Transmitted Diseases & HIV  
Presented by the Florida Department of Health

**10**  
JULY

10:00 AM - 1:00 PM

### Joint Integrated Plan Review Team

Find out how Miami-Dade County is progressing  
on achieving our Integrated HIV Plan goals

Please RSVP: [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com)

All meetings are open to the public.

Prevention Committee Member attendance required.

Location: MDC Main Library, 101 West Flagler Street, Auditorium, Miami 33130

# MIAMI-DADE HIV/AIDS PARTNERSHIP

THE RYAN WHITE PLANNING COUNCIL  
[WWW.AIDSNET.ORG](http://WWW.AIDSNET.ORG)

Join the Care and Treatment Committee for the 2023 Needs Assessment scheduled on three meeting days. The Needs Assessment is an annual activity of the planning council and a federal requirement. Help us make decisions on service priorities and funding for the next Ryan White Program fiscal year to assist people living with HIV in Miami-Dade County!

## CARE AND TREATMENT COMMITTEE

10:00 AM-1:00 PM

**MIAMI-DADE PUBLIC LIBRARY  
AUDITORIUM**

101 WEST FLAGLER ST  
MIAMI, FL 33130



## DATES

JUNE 1, 2023

JULY 6, 2023

August 3, 2023

MUST RSVP AT: 305-445-1076 OR E-MAIL: [MARLEN@BEHAVIORALSCIENCE.COM](mailto:MARLEN@BEHAVIORALSCIENCE.COM)





# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Integrated Plan Evaluation Workgroup

Tuesday, April 11, 2023

10:00 AM – 1:00 PM

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

### AGENDA

#### 10:00 AM – 10:30 AM

- |      |   |                 |
|------|---|-----------------|
| I.   | Call to Order                               | Abril Sarmiento |
| II.  | Introductions                               |                 |
| III. | Housekeeping                                |                 |
| IV.  | Floor Open to the Public                    |                 |
| V.   | Review/Approve Agenda                       |                 |
| VI.  | Review/Approve Minutes of February 14, 2023 |                 |
| VII. | Standing Business                           |                 |
|      | ▪ Officer Nominations and Elections         |                 |

#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
|       | □ Review Quarterly Reporting Template |     |

#### 12:15 PM – 12:45 PM

- |  |                                 |               |
|--|---------------------------------|---------------|
|  | ▪ Report on Breakout Sessions   | Group Leaders |
|  | ▪ Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |     |  |            |
|-----|--|------------|
| IX. | Announcements  | All        |
| X.  | Next Meetings  | Vice Chair |
|     | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
|     | ▪ Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library |            |
| XI. | Adjournment  | Chair      |

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# MAY 2023

## RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday	<p>All events listed on this calendar are open to the public.</p> <p><b>People with HIV are encouraged to attend!</b></p>  <p><b>Are you attending a meeting or training?</b></p>  <p><b>Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials for distribution.</b></p> <p><b>To attend, RSVP to:</b> (305) 445-1076 or <a href="mailto:hiv-aidsinfo@behavioralscience.com">hiv-aidsinfo@behavioralscience.com</a></p> <p>Visit our website for more information <a href="http://www.aidsnet.org">www.aidsnet.org</a></p> <p><b>Version 12/21/22</b> Information on this calendar is subject to change</p>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b> <b>Care &amp; Treatment Committee</b> 10:00 AM to 12:00 PM at MDC Main Library	<b>5</b>	
<b>8</b>	<b>9</b> <b>Integrated Plan Evaluation Work Group</b> 10:00 AM to 12:00 PM at BSR Corp.	<b>10</b> <b>Miami-Dade HIV/AIDS Partnership New Member Orientation</b> 2:00 PM to 5:00 PM via Zoom	<b>11</b>	<b>12</b> <b>Strategic Planning Committee</b> 10:00 AM to 12:00 PM at MDC Main Library	
<b>15</b> <b>Miami-Dade HIV/AIDS Partnership</b> 10:00 AM to 12:00 PM at MDC Main Library	<b>16</b>	<b>17</b>	<b>18</b>  <b>National HIV Vaccine Awareness Day</b>  <b>Housing Committee</b> 2:00 PM to 4:00 PM at BSR Corp.	<b>19</b>  <b>National Asian &amp; Pacific Islander HIV/AIDS Awareness Day</b>  <b>Clinical Quality Management Committee</b> 9:30 AM to 11:30 AM via Zoom	
<b>22</b> <b>Community Coalition Roundtable</b> 5:30 PM to 7:30 PM at Jessie Trice CHS	<b>23</b>	<b>24</b>	<b>25</b> <b>Prevention Committee</b> 10:00 AM to 12:00 PM at MDC Main Library	<b>26</b> <b>Medical Care Subcommittee</b> 9:30 AM to 11:30 AM at BSR Corp.	
<b>29</b>  Memorial Day (BSR Offices Closed)	<b>30</b>	<b>31</b> <b>Executive Committee</b> 10:00 AM to 12:00 PM at BSR Corp.	<b>REGULAR MEETING LOCATIONS</b> <b>BSR Corp.</b> - Behavioral Science Research Corp., 2121 Ponce de Leon Blvd., Suite 240, Coral Gables, FL 33134 <b>MDC Main Library</b> - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130  <b>SPECIAL MEETING LOCATION</b> <b>Jessie Trice CHS</b> - Jessie Trice Community Health System, 5361 NW 22nd Avenue, Miami, FL 33142		

# JUNE 2023

## RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday	<p>All events listed on this calendar are open to the public.</p> <p><b>People with HIV are encouraged to attend!</b></p>  <p><b>Are you attending a meeting or training?</b></p>  <p>Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials for distribution.</p> <p><b>To attend, RSVP to:</b> (305) 445-1076 or <a href="mailto:hiv-aidsinfo@behavioralscience.com">hiv-aidsinfo@behavioralscience.com</a></p> <p>Visit our website for more information <a href="http://www.aidsnet.org">www.aidsnet.org</a></p> <p><b>Version 03/28/23</b> Information on this calendar is subject to change</p>
<p><b>REGULAR MEETING LOCATIONS</b></p> <p><b>BSR Corp.</b> - Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p> <p><b>MDC Main Library</b> - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130</p> <p><b>SPECIAL MEETING LOCATION</b></p> <p><b>Empower U CHC</b> - Empower U Community Health Center, 7900 NW 27th Avenue, Suite E12, Miami, FL 33147</p>			<p><b>1</b></p> <p><b>Care &amp; Treatment Committee</b> 10:00 AM to 1:00 PM at MDC Main Library</p>	<p><b>2</b></p>	
<p><b>5</b></p> <p> <b>HIV Long-Term Survivor's Day</b></p>	<p><b>6</b></p> <p><b>Integrated Plan Evaluation Work Group</b> 10:00 AM to 12:00 PM at MDC Main Library</p>	<p><b>7</b></p> <p> <b>Get on Board! Virtual Training Series</b> 12:00 PM to 1:00 PM via Zoom</p>	<p><b>8</b></p> <p> <b>Caribbean American HIV/AIDS Awareness Day</b></p>	<p><b>9</b></p> <p><b>Strategic Planning Committee</b> 10:00 AM to 12:00 PM at MDC Main Library</p>	
<p><b>12</b></p>	<p><b>13</b></p>	<p><b>14</b></p>	<p><b>15</b></p> <p><b>Housing Committee</b> 2:00 PM to 4:00 PM at BSR Corp.</p>	<p><b>16</b></p> <p><b>Clinical Quality Management Committee</b> 9:30 AM to 11:30 AM via Zoom</p>	
<p><b>19</b></p> <p><b>Juneteenth</b></p>	<p><b>20</b></p> <p><b>Miami-Dade HIV/AIDS Partnership</b> 10:00 AM to 12:00 PM at MDC Main Library</p>	<p><b>21</b></p>	<p><b>22</b></p>	<p><b>23</b></p> <p><b>Medical Care Subcommittee</b> 9:30 AM to 11:30 AM at BSR Corp.</p>	
<p><b>26</b></p> <p><b>Community Coalition Roundtable</b> 5:30 PM to 7:30 PM at Empower U CHC</p>	<p><b>27</b></p> <p> <b>National HIV Testing Day</b></p>	<p><b>28</b></p> <p><b>Executive Committee</b> <i>Meets as needed</i></p>	<p><b>29</b></p> <p><b>Prevention Committee</b> 10:00 AM to 12:00 PM at MDC Main Library</p>	<p><b>30</b></p>	



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Integrated Plan Evaluation Workgroup

Tuesday, April 11, 2023

10:00 AM – 1:00 PM

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

### AGENDA

#### 10:00 AM – 10:30 AM

- |      |   |                 |
|------|---|-----------------|
| I.   | Call to Order                               | Abril Sarmiento |
| II.  | Introductions                               |                 |
| III. | Housekeeping                                |                 |
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| VII. | Standing Business                           |                 |
|      | ▪ Officer Nominations and Elections         |                 |

#### 10:30 AM – 12:15 PM

- |       |                                       |     |
|-------|---------------------------------------|-----|
| VIII. | New Business                          | All |
|       | ▪ Breakout Sessions                   | All |
|       | □ Finalize Review of Goals            |     |
|       | □ Review Evaluation Plan Template     |     |
|       | □ Review Quarterly Reporting Template |     |

#### 12:15 PM – 12:45 PM

- |  |                                 |               |
|--|---------------------------------|---------------|
|  | ▪ Report on Breakout Sessions   | Group Leaders |
|  | ▪ Assignments for Next Meetings | All           |

#### 12:45 PM – 1:00 PM

- |     |  |            |
|-----|--|------------|
| IX. | Announcements  | All        |
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|     | ▪ Tuesday, May 9, 2023 at 10:00 a.m. at MDC Library  |            |
|     | ▪ Tuesday, June 6, 2023 at 10:00 a.m. at MDC Library |            |

- |            |                    |              |
|------------|--------------------|--------------|
| <b>XI.</b> | <b>Adjournment</b> | <b>Chair</b> |
|------------|--------------------|--------------|

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