



WELCOME

Thank you for joining today's

**Integrated Plan
Evaluation Workgroup
Meeting**

*Please sign in to have your
attendance recorded.*



MIAMI-DADE HIV/AIDS PARTNERSHIP

Integrated Plan Evaluation Workgroup

Tuesday, September 12, 2023

10:00 AM – 12:00 PM

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

AGENDA

- | | | |
|-------|--|--------------|
| I. | Call to Order | Sarah Suarez |
| II. | Introductions | All |
| III. | Housekeeping | Staff |
| IV. | Floor Open to the Public | Amaris Hess |
| V. | Review/Approve Agenda | Sarah Suarez |
| VI. | Review/Approve Minutes of June 6, 2023 | Sarah Suarez |
| VII. | Standing Business | All |
| | ▪ Breakout Sessions | |
| | - Final Activities Review | |
| | - Suggestions for Reporting to the Joint Integrated Plan Review Team | |
| | ▪ Reports on Breakout Sessions | |
| VIII. | New Business | |
| | ▪ 2024 Planning | Staff |
| IX. | Announcements | All |
| X. | Next Meetings | Amaris Hess |
| | ▪ Joint Integrated Plan Review Team:
Tuesday, October 10, 2023 at 10:00 a.m. at MDC Library | |
| | ▪ Workgroup: TBD | |
| XI. | Adjournment | Sarah Suarez |

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.

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Meeting Housekeeping

Updated September 8, 2023
Miami-Dade County Main Library Version



Disclaimer & Code of Conduct

- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- ❑ Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.

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

Please don't say **RISKS** . . . Instead, say **REASONS**.
Please don't say, **INFECTED with HIV** . . . Instead, say
ACQUIRED HIV, DIAGNOSED with HIV, or
CONTRACTED HIV.

Please **do not** use these terms . . .
Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .



**PUT
PEOPLE
FIRST!**

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ 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

- ❑ 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.

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/.





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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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Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan
Prevention Goals Evaluation

NHAS Goal 1: Prevent New HIV Infections
Objective 1

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.								
Activity P1.1.a. Partner/ collaborate with healthcare facilities to increase routine opt-out HIV testing.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of healthcare facilities identified for routine opt-out HIV testing in MDC	123 (Jan-Dec 2022)	300	1200	EHE Academic Detailing	Monthly	Monthly	Abril	Alejandro
2. # of healthcare facilities interested in routine opt-out HIV testing in MDC	123 (Jan-Dec 2022)	300	1200	EHE Academic Detailing	Monthly	Monthly	Abril	Alejandro
3. # of healthcare facilities committed to conduct routine opt-out HIV testing in MDC	36 (Jan-Dec 2022)	144	576	EHE Academic Detailing	Monthly	Monthly	Abril	Alejandro
4. # of healthcare facilities implementing routine opt-out HIV testing in MDC	16 (Jan-Dec 2022)	120	1440	EHE Academic Detailing	Monthly	Monthly	Abril	Alejandro

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.

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	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
5. # of HIV positive persons identified through routine opt-out testing	* 432 (Jan-Dec2022)-HCSF and Hospitals 1,582 (Jan-Dec2022)-Dennys			CTLS (inclusive of JMH and HH)	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for Jan-June and Jul-Dec (Data about EHE funded agencies)	Abril	HCSF (funded agencies) Monica Bahamon-Jackson Memorial Hospital Alejandro Larios Homestead Hospital Dennys Castellano (FDOH-EHE team)
6. F# of previously diagnosed HIV positive persons	* 337 (Jan-Dec2022)-HCSF and Hospitals 444			CTLS (inclusive of JMH and HH) EHE Team	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for Jan-June and Jul-Dec (Data	Abril	HCSF (funded agencies) Monica Bahamon-Jackson Memorial Hospital

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.

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	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
	(Jan-Dec2022)- Dennys					about EHE funded agencies)		Alejandro Larios Homestead Hospital) Dennys Castellano (FDOH-EHE team)
7. # of newly diagnosed HIV positive persons	88 (Jan-Dec2022)- HCSF and Hospitals			CTLS (inclusive of JMH and HH)	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for Jan-June and Jul-Dec (Data about EHE funded agencies)	Abril	HCSF (funded agencies) Monica Bahamon-Jackson Memorial Hospital Alejandro Larios Homestead Hospital)
8. # of HIV tests integrated with viral hepatitis tests (HCV)	14,102 (Jan-Dec2022)-			CTLS (inclusive of JMH)	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for	Abril	HCSF (funded agencies) Monica Bahamon-Jackson

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	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
	EHE agencies and JMH					Jan-June and Jul-Dec (Data about EHE funded agencies)		Memorial Hospital
9. # of HIV tests integrated with STI tests	3,047 (Jan-Dec2022)- EHE agencies			CTLS	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for Jan-June and Jul-Dec (Data about EHE funded agencies)	Abril	HCSF (funded agencies)

Notes

1. Identify→ Those facilities that are not currently conducting routine opt-out testing (and that Alejandro has confirmed they do not do so), may or may not be interested in the future to conduct routine opt-out testing
2. Interested→Those that we have identified as not currently doing routine opt-out testing, we have reached out to, and they are willing to do it (they are willing to be educated)
3. Committed→ The ones that after they have been educated by Alejandro, they are ready to start routinizing testing (out of those from activity No.2, those who are on board/agree to conduct testing); they have signed a document to conduct routine testing

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	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
4. Implementing→ Those who have started routinized testing; those who are currently conducting routine testing a. EHE: EHE agencies (7 of our 12 agencies conduct HIV testing: AHF, CAN, CFF, CHI, LS, SP, UM ACTS), and Hospitals (JMH and HH) 5. This number reflects the number of individuals who received an HIV-positive test result in a health care facility that was identified in a routine HIV screening 6. n/a 7. Includes newly identified HIV diagnosis that has been confirmed in surveillance and persons for whom a newly diagnosis of HIV is determined by self-report or provider report 8. EHE contract with Jackson Memorial Hospital started March 2022- for HIV and integrated HCV testing 9. HH conduct Syphilis testing but it is not integrated with HIV								

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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.

Activity P1.1.b. Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of licensed clinical providers and practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	242 (Jan-Dec 2022)	444	1776	Academic Detailing 37	Monthly	Monthly	Abril	Alejandro
2. # of licensed clinical providers educated on routine testing (i.e., HIV, HCV, STI)	228 (Jan-Dec 2022)	444	1776	Academic Detailing 37 monthly	Monthly	Monthly	Abril	Alejandro
3. # of MOUs registration/agreements established with partners to serve as routine healthcare testing sites	35 (Jan-Dec 2022)	222	888	Academic Detailing	Monthly	Monthly	Abril	Alejandro
Notes								
<ol style="list-style-type: none"> Numbers of individuals (practitioners) that will be educated on routine testing Numbers of individuals (practitioners) that have already been educated on routine testing 								

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.

Activity P1.1.c. Partner and/or collaborate with healthcare facilities to offer STI testing.		What				When		Who*	
		Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements									
1.	# of healthcare facilities identified to conduct STI testing	8 (Jan-Dec2022)			HCSF	Monthly	Monthly	Abril	HCSF
2.	# of healthcare facilities committed to conduct STI testing	7 (Jan-Dec2022)			HCSF	Monthly	Monthly	Abril	HCSF
3.	# of MOUs/agreements signed with the healthcare organizations to offer STI testing	3 (Jan-Dec2022)			DOH HCSF	Monthly Quarterly	Monthly Quarterly	Sandra (MOUs) Camille (HIP) Hospitals (Kira) Abril	Sandra/DOH HCSF
4.	# of healthcare organizations implementing STI testing	7 (Jan-Dec2022)			HCSF	Monthly	Monthly	Abril	HCSF
5.	# of STI tests done at healthcare organizations	2,298 (Apr-Dec2022)			Report from HH	Monthly	Monthly	Abril	Alejandro Larios Homestead Hospital)
6.	# of clients with a				Report from HH and	Monthly	Monthly	Abril	Alejandro Larios
	Syphilis								
	Gonorrhea								
	Chlamydia								

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Activity P1.1.c. Partner and/or collaborate with healthcare facilities to offer STI testing.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
positive STI result				HCSF's monthly report				Homestead Hospital)
7. # of clients treated for STIs	Syphilis							
	Gonorrhea							
	Chlamydia							

Notes

1. Homestead Hospital only reports syphilis
2. Track total surveillance and Homestead Hospital
3. Organizations = # of facilities or site
4. Measurements 5 and 6: In CTLS, Abril only gets those integrated with HIV. If we want to include the number here, we can do so
5. Measurement 6: Abril only gets positive Syphilis from HH; from CTLS, Abril does not get the positives, only by looking at individual reports sent by HCSF

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Activity P1.1.d. Partner and/or collaborate with healthcare facilities to offer HCV testing.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # healthcare facilities identified to conduct HCV testing	4 (Jan-Dec2022)			CTLS	Monthly	Monthly	Abril	HCSF Monica Bahamon
2. #HCV tests (integrated with HIV tests) done at healthcare facilities	14,102 (Jan-Dec2022)- EHE agencies and JMH			CTLS and individual report from JMH	Monthly	Every 6 months Abril runs Aggregate Reports in CTLS for Jan-June and Jul-Dec (Data about EHE funded agencies)	Abril	HCSF (funded agencies) Monica Bahamon-Jackson Memorial Hospital
3. # of clients with a positive HCV result	JHS data							
4. # of clients referred for HCV treatment	Can this baseline be established?							
Notes 1. CAN, LS, CFF, JMH 2. Measurement 1-2: EHE can get this data 3. Measurement 2: Duplicate; see P1.1.a.8								

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

Activity P1.2.a. Increase the use of home HIV self-testing kits as an alternative option.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of persons receiving one or more HIV self-test kits	207	500	650	Service outcome forms/ Reports	Monthly	Monthly	Ana Lubian Caballero	Virginia Munoz
2. # of persons who confirmed taking the test	76	84	108	Service outcome forms/ Reports	Monthly	Monthly	Ana Lubian Caballero	Virginia Munoz
3. # of persons who reported a positive test result using the self-test kit	1	3 2	8 12	Service outcome forms/ Reports	Monthly	Monthly	Ana Lubian Caballero	Virginia Munoz
4. # of persons with positive test result from a self-test kit, who took a confirmatory test at FDOH-MDC and testing community partner facilities	1	100%	100%	Service outcome forms/ Reports	Monthly	Monthly	Ana Lubian Caballero	Virginia Munoz
Notes								
1. Expect underestimates based on self-reporting								

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

Activity P1.2.b. Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of community testing partners implementing HIV/STI testing at non-traditional settings	1 7 (Jan-Dec2022) (8 total)	1	1	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel Abril	Virginia Munoz HCSF (due to contracts)
2. # of persons tested for HIV at non-traditional settings	1057	1200	1648	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
3. # of HIV positive persons at a non-traditional setting	17	20	24	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
4. # of previously diagnosed HIV positive persons, confirmed in surveillance at non-traditional settings	2989	3287	3615	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz Sandra
5. # of newly diagnosed HIV positive persons	246-12	298-14	360-16	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz

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Activity P1.2.b. Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
6. # of persons tested for STI at non-traditional settings	2989 14	3287 16	3615 11	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
7. # of persons diagnosed with STI at non-traditional settings	17	20	24	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz

Notes

1. EHE agencies: AHF, CAN, CFF, CHI, SP, UM ACTS, and PU

~~2.~~—Includes persons who had a positive or negative test result

- Information for FDOH mobile only
- #4 implemented Syphilis rapid testing
- Estimate projections

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

Activity P1.2.c. Increase the number of mobile units offering HIV/STI testing in the community. (This activity overlaps with P1.2.b.)	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of operational mobile units conducting HIV/STI testing	1	1	1	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
2. # of HIV tests conducted at a mobile unit	1057	1200	1648	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
3. # STI tests conducted at a mobile unit	2989	3287	3615	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
4. # of HIV positive results from HIV tests conducted at a mobile unit	12	14	48	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
5. # of persons linked to HIV care at a mobile unit	19246	2981	27360	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
6. # of persons linked to PrEP at a mobile unit	94	103	113	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz

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	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
7. # of STI positive results from STI tests conducted at a mobile unit	31	100%	100%	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz
8. # of people referred for STI treatment at a mobile unit	309 265	291 340	378 373	Service outcome forms/ Reports	Monthly	Monthly	Elsie Lyonel	Virginia Munoz

Notes
Data based on FDOH Mobile Unit only

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 P1.3. 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.

Activity P1.3.a. Provide training and education to community partners on status neutral approach.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of community testing organizations trained and educated on the status neutral approach	<u>0</u>	# HIP & EHE agencies		501 Update & HCDA trainings			HIP @ Anthony Achr	Juliana
2. # of people -counselors trained and educated on the status neutral approach	<u>0</u>	<u>300</u>	936 <u>1,200</u>	SNA training in 501 Update	Quarterly	Quarterly	Lori Jordahl	Lori Juliana- list of orgs. That have done trainings on status neutral

Notes
1. This is an EHE and HIPP requirement.

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 P1.4. Provide Disease Intervention Specialist (DIS) partner services to people diagnosed with HIV and STIs, and their sexual or needle-sharing partners.

Activity P1.4.a. Educate community testing partners on availability and importance of partner services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of persons <u>counselors trained and educated on the importance of partner services. with HIV-501 certification</u>	<u>204</u>	<u>360</u>	<u>1,440</u>	<u>500-501 certification</u>	Quarterly	<u>Quarterly</u>	<u>Lori Jordahl Lead trainer</u>	Lori <u>Lori Jordahl Lead trainer</u> / Sandra
# of counselors trained and educated on the importance of partner services (from 500/501 certification, quarterly -Lori provide data)								
Notes 1. Includes partner services.								

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 P1.4. Provide Disease Intervention Specialist (DIS) partner services to people diagnosed with HIV and STIs, and their sexual or needle-sharing partners.								
Activity P1.4.b. Educate clients about the importance of partner services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % of notifiable partners identified through HIV partner services				DIS	Quarterly	Quarterly		DIS/Paulette
2. # and % of notifiable partners that were tested for HIV					Quarterly	Quarterly		DIS/Paulette
Notes								

NHAS Goal 1: Prevent New HIV Infections Objective 2

Objective P2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).								
Strategy P2.1. Increase awareness by healthcare providers of the opt-out HIV and STI screening and Perinatal HIV Prevention protocols for pregnant women per Florida Statute 64D-3.04 (FS 64D-3.04).								
Activity P2.1.a. Conduct educational sessions 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of educational sessions conducted	66	300 Alejandro 20 Queen	1200 20	Queen Holden	Quarterly	Quarterly	Queen Holden	Alejandro Perinatal HIV Prevention staff
2. # of persons trained	297	444 Alejandro 100 Queen	1776 100	Queen Holden	Quarterly	Quarterly	Queen Holden	Alejandro Perinatal HIV Prevention staff
Notes								

Objective P2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).								
Strategy P2.1. Increase awareness by healthcare providers of the opt-out HIV and STI screening and Perinatal HIV Prevention protocols for pregnant women per Florida Statute 64D-3.04 (FS 64D-3.04).								
Activity P2.1.b. Partner with the FDOH-MDC's Academic Detailing Program (ADP) to include Perinatal HIV Prevention and Opt-Out HIV/STI testing of pregnant women in their education sessions.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of educational sessions conducted	<u>111</u>	300 Alejandro	<u>1200</u>	<u>Academic Detailing</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Alejandro (AD)</u>	<u>Alejandro</u> <u>Queen</u>
2. # of persons trained 3.	<u>111</u>	444 Alejandro	<u>1776</u>	<u>Academic Detailing</u> <u>Alejandro</u>	Monthly	Monthly	<u>Alejandro (AD)</u>	<u>Alejandro</u> <u>Queen</u>
Notes								

Objective P2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).								
Strategy P2.1. Increase awareness by healthcare providers of the opt-out HIV and STI screening and Perinatal HIV Prevention protocols for pregnant women per Florida Statute 64D-3.04 (FS 64D-3.04).								
Activity P2.1.c. Conduct educational sessions with hospitals, including emergency rooms and high-risk delivery hospitals, and urgent care centers.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of educational sessions conducted with hospitals	4	5	5	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
2. # of educational sessions conducted with urgent care centers	0	2	2	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
3. # of High-Risk Notification Forms and/or notifications of pregnant women with HIV received	83	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
4. # of Newborn Exposure Notification Forms received	74	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
Notes								

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

Strategy P2.2. Increase awareness among women with HIV who are of childbearing age about mother to child transmission, prenatal care, postpartum care, and family planning services.

Activity P2.2.a. Link pregnant women with HIV to HIV care and prenatal care.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of pregnant women with HIV who received HIV care	73	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
2. # of pregnant women with HIV who received prenatal care	69	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
Notes								

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

Strategy P2.2. Increase awareness among women with HIV who are of childbearing age about mother to child transmission, prenatal care, postpartum care, and family planning services.

Activity P2.2.b. Provide follow-up medical and family planning services for post-partum women with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of post-partum women with HIV who received family planning services	73	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
2. # of women with HIV who received post-partum care	73	90	90	Queen Holden	Quarterly	Quarterly	Queen Holden	Perinatal HIV Prevention staff
Notes								

NHAS Goal 1: Prevent New HIV Infections Objective 3

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.								
Activity P3.1.a. Train peer educators and community health workers to promote the PrEP initiatives through direct community outreach.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of PrEP educational sessions conducted	23	300 4	1200 12	Academic Detailing Peer Educator Training	Monthly	Monthly	Alejandro (AD) Monthly	Alejandro Juliana
2. # of PrEP educational materials distributed	23	300	1200	Academic Detailing Peer Educator Training	Monthly	Monthly	Alejandro (AD)	Alejandro Juliana
Notes								

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.

Activity P3.1.b. Utilize FDOH-MDC ADP to engage and educate health care providers on PrEP to increase the number of PrEP prescribers.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of educational sessions conducted specifically to health care providers	<u>88</u>	300	<u>1200</u>	Academic Detailing	<u>Monthly</u>	<u>Monthly</u>	Alejandro (AD)	Alejandro
2. # of providers recruited to provide PrEP services	<u>25</u>	275	<u>1100</u>	Academic Detailing	<u>Monthly</u>	<u>Monthly</u>	Alejandro (AD)	Alejandro
3. # of PrEP prescribers	<u>25</u>	275	<u>1100</u>	Academic Detailing	<u>Monthly</u>	<u>Monthly</u>	Alejandro (AD)	Alejandro
Notes								

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.

Activity P3.1.c. Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of providers offering TelePrEP services	3 (Jan-Dec2022)			CTLS	Monthly	Monthly		Abri Carla/Courtney
2. # of persons who received TelePrEP services	122 (Jan-Dec 2022)			CTLS	Monthly	Monthly		Abri Carla/Courtney
Notes								
1. CFF, LS, PU								

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.

Activity P3.1.d Increase PrEP access by expanding the number of individuals receiving PrEP services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of HIV-negative tests	11,656 (Jan-Dec2022)			CTLS	Monthly	Monthly	Abril	HCSF
2. # of access points for PrEP	8 (EHE: Jan-Dec2022)			HCSF contract	Yearly		Abril	HCSF
3. # of individuals screened for PrEP	7,599 (Jan-Dec2022)			CTLS HIPP	Monthly	EHE: Monthly but I would have to look at every facility; It is better if the data is collected bi-yearly	Abril	HCSF
4. # of individuals referred to a PrEP provider	2,363 (Jan-Dec2022)			CTLS	Monthly		Abril	HCSF
5. # of individuals linked to a PrEP provider	760 (Jan-Dec2022)			CTLS	Monthly		Abril	HCSF
6. # of individuals prescribed PrEP	670 (Jan-Dec2022)			CTLS	Monthly		Abril	HCSF
Notes								
1. These negatives tests total does not include negatives from the hospitals (JMH, HH)								

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.

Activity P3.1.d Increase PrEP access by expanding the number of individuals receiving PrEP services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
2. Measurement 2: AHF, CAN, CFF, CHI, LS, SP, UM ACTS, PU								

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.

Activity P3.1.e. Increase the number of non-traditional partners offering PrEP (i.e., pharmacies, urgent care centers).	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of pharmacy clinics providing PrEP (MinuteClinic at CVS, and UHealth at Walgreens)				PrEP Locator				Luigi
2. # of urgent care centers providing PrEP				PrEP Locator				
3. # of hospitals providing PrEP				PrEP Locator				FOCUS- Jackie
Notes								

NHAS Goal 1: Prevent New HIV Infections Objective 4

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.								
Activity P4.1.a. Increase the number of partners offering nPEP services	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of access points for nPEP								Luigi
1. # of pharmacy clinics (MinuteClinic at CVS, and UHealth at Walgreens) and other non-traditional organizations providing nPEP								
2. # of urgent care centers providing nPEP								
3. # of persons screened for nPEP								
4. # of persons who received nPEP								
Notes								

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.

Activity P4.1.b. Utilize FDOH-MDC ADP to engage and educate providers, urgent care centers, and ERs on nPEP to increase the number of nPEP prescribers.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of nPEP educational sessions conducted	23	300 Alejandro 23 Juliana	1200	Peer Educator Training Health Educator	Monthly	Monthly	Alejandro (AD) Juliana Shapiro	Alejandro Juliana
Notes								

NHAS Goal 1: Prevent New HIV Infections Objective 5

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.								
Activity P5.1.a. Increase the number of condom distribution sites across the jurisdiction.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of condoms distributed by Zip Code (report using Zip Code map)	2,362,830 (Jan-Dec2022)	Increase by 1%	2,386,458	Condom logs	Monthly	Monthly	Erika Coello	Condom distribution sites and team
2. # of Business Responds to AIDS (BRTA) sites.	30	Increase by 10	60	BTRA report	Monthly	Monthly	Erika Coello	Erika and prevention team
Notes								

NHAS Goal 1: Prevent New HIV Infections Objective 6

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.								
Activity P6.1.a. Educate and refer high-risk individuals to local SSP.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of persons linked to IDEA Exchange								Tallahassee
2. # of referrals made to IDEA Exchange, by partners								Anthoni (HIP reports)
Notes								

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.

Activity P6.1.b. Utilize social media platforms to promote services offered by SSP.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of social media posts by IDEA Exchange (Facebook, Instagram and Twitter)	107 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
Notes								

NHAS Goal 1: Prevent New HIV Infections
Objective 7

Objective P7. Increase the number of advertisement types 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.								
Activity P7.1.a. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of overall impressions [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns	46,791,818 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF- EHE funded agencies
2. # of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care	997 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF- EHE funded agencies
Notes								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.b. Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of agencies conducting outreach events for each priority population (identify priority populations)	13 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF- EHE funded agencies Virginia Anthoni Llau-HIP
2. # of outreach events conducted	718 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF- EHE funded agencies Virginia Anthoni Llau-HIP
3. # of contacts created at outreach events	23,444 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF- EHE funded agencies Virginia Anthoni Llau-HIP
Notes								
<p><u>1.</u> EHE/HCSF: 13 (AHF, CAN, CFF, CHEN, CHI, HEPP, HFM, LS, SP, UM ACTS, UM IDEA, SOUL Sisters, PU; SOUL Sister later resigned on Sep. 2022)</p> <p><u>2.</u> Inclusive of FDOH prevention team outreach activities</p> <p><u>3.</u> Contracts provide outreach numbers for HIP contracted providers</p>								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.b. Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.c. Develop and support culturally tailored prevention messages to destigmatize HIV (i.e., HIV.gov Believe, Test Miami, Undetectable = Untransmittable (U=U), I Am A Work of ART).	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of overall impressions from U=U, and other destigmatizing HIV marketing campaigns	61,339,800 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
2. # of posts on prevention messages to destigmatize HIV	200 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
3. # of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising)	4 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
Notes								
1. Measurement 3: *Out-of-Home (OOH) aka outdoor media: includes billboards, transit ads on buses/trains, wallsapes, 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								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.d. Utilize representatives of the HIV-affected community to deliver messages to people with HIV, highlighting personal success and struggles, and empowering people with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of educational sessions about destigmatizing HIV, and empowering people with HIV	912 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF Luigi
2. # of media campaign types utilizing influencers or community representatives to promote HIV messages	4 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
Notes								
1. Measurement 2: Radio, TV, social media, outside visuals								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.e. Develop culturally appropriate messaging on pre-exposure prophylaxis (PrEP)/ nonoccupational post-exposure prophylaxis (nPEP), and the Ready, Set, PrEP initiative to at-risk populations, with an inclusive message.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of overall impressions from PrEP/nPEP marketing campaign(s)	56,340,217 (Jan-Dec2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
2. # of PrEP/nPEP advertisements type (e.g., print; digital/internet-based; radio; television; out-of-home advertising)	4 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
3. # of Ready, Set, PrEP initiative, PrEP/nPEP posts	340 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF
Notes								
1. Out-of-Home (OOH) aka 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								

Objective P7. Increase the number of advertisement types 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.

Activity P7.1.f. Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of partnerships created that support prevention messages	13 (Jan-Dec 2022)			HCSF's monthly report	Monthly	Monthly	Abril	HCSF Anthoni
Notes								
1. Non-traditional would be media partners outside funded agencies that do social media pots <ul style="list-style-type: none"> a. Audacy/Power96, CBS, CMG Miami, CMG Miami, Commando, Freebee, iHeartMedia, Mesmerize, Miami International Airport, NBC Universal, Outfront, Univision, WFLA, WFSR 								

NHAS Goal 1: Prevent New HIV Infections Objective 8

Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV.								
Strategy P8.1. Expand existing programs and collaborations to address HIV prevention and testing among high school age persons (ages 13-18) who are at risk or living with HIV.								
Activity P8.1.a. Collaborate with MDC Public School Health Programs targeting school-age youth.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of schools participating at the Miami-Dade Public School Health Program								
2. # of youth referred by the school's health team for HIV/STI testing								
3. # of youth referred by the school's health team for HIV/STI education								
4. # of youth educated on HIV/STI by FDOH-MDC/CBOs								
Notes 1. This objective was originally included as Special Population (Objective SP6); moved to Prevention objectives in June 2023. 2. Partners may include: Children's Trust, School Board Advisory Group, colleges and universities.								

Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV.

Strategy P8.1. Expand existing programs and collaborations to address HIV prevention and testing among high school age persons (ages 13-18) who are at risk or living with HIV.

Activity P8.1.b. Identify and explore other options for HIV/STI testing among high-school aged youth.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of ancillary sites established for HIV/STI testing, nearby schools but not on school property								
2. # schools conducting or permitting on-site testing for HIV/STDs								
3. # tests conducted								
Notes								
1. Partners may include: Children’s Trust, School Board Advisory Group, colleges and universities.								

Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV.

Strategy P8.1. Expand existing programs and collaborations to address HIV prevention and testing among high school age persons (ages 13-18) who are at risk or living with HIV.

Activity P8.1.c. Improve advertisements concerning PrEP, condoms and other prevention messages for youth 13-24 years of age.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of PSAs targeting youth								
2. # of other communication efforts targeting youth								
3. # of impressions on advertisements targeting youth, on PrEP								
4. # of impressions on advertisements targeting youth, on condoms								
5. # of impressions on advertisements targeting youth, on other prevention messages								
Notes 1. Partners may include: Children’s Trust, School Board Advisory Group, colleges and universities.								

Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV.

Strategy P8.2. Expand existing programs and collaborations to address specific needs of college-age youth (ages 19-24) who are living with or at risk of HIV.

Activity P8.2.a. Identify and explore other options for HIV/STD testing among young adults 19-24 years of age.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of ancillary sites established for HIV/STD testing								
2. # tests conducted								
Notes								

Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV.

Strategy P8.2. Expand existing programs and collaborations to address specific needs of college-age youth (ages 19-24) who are living with or at risk of HIV.

Activity P8.2.b. Improve advertisements concerning PrEP, condoms and other prevention messages for young adults 19-24 years of age.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of PSAs targeting 19-24 y/o persons with or at risk of HIV								
2. # of other communication efforts targeting 19-24 y/o persons								
3. # of impressions on advertisements targeting 19-24 y/o, on PrEP								
4. # of impressions on advertisements targeting 19-24 y/o, on condoms								
5. # of impressions on advertisements targeting 19-24 y/o, on other prevention messages								
Notes								

NHAS Goal 3: NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities Stigma (S)

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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).

Activity S1.1.a. Develop and/or identify training curricula for MCM/Peers, front desk personnel and medical providers in RWHAP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of agencies providing capacity building trainings to healthcare professionals (i.e. MCM/Peers, front desk personnel and medical providers)	0	11 HIP 12 EHE + RWHAP	11 HIP 12 EHE + RWHAP	CBA	?	?	CBA/ Mary Prim	*Luigi/ Mary Prim

Notes

- This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.
- Training to achieve this goal will be done by CBA provider/Statewide Training Coordinator Mary Prim.

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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).

Activity S1.1.b. RequireProvide annual stigma/discrimination and unrecognized bias training for RWHAP and FDOH agencies	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. #/% of providers with annual training		11 HIP 12 EHE ± RWHAP	11 HIP 12 EHE + RWHAP	CBA	?	?	CBA/ Mary Prim	*Luigi Mary Prim
2. # of unique educational materials distributed to healthcare professionals								
3. # of healthcare professionals trained at FDOH-MDC								
4. # of healthcare professionals trained at RWHAP								

Notes

[1.](#) This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

~~1-2.~~ [Training to achieve this goal will be done by CBA provider/Statewide Training Coordinator Mary Prim.](#)

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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).

Activity S1.1.c. Create a “safe space” hotline channel for clients to report stigmatizing or discriminating behaviors outside of the subrecipients	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. “Safe space” hotline and reporting protocol established, including tracking and response								
2. # and % of providers with palm cards, posters or other public information on the safe space reporting protocol								

Notes

1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.
2. A “secret shopper” protocol was suggested by the task group as a new IP Activity. This needs more detail to be integrated into the Integrated Plan, especially with the recommendation to move the “safe space hotline” (S1.1.c) out of the subrecipients and into a centralized function with greater confidentiality.

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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).

Activity S1.1.d. Develop and disseminate response protocol for addressing stigmatizing behaviors throughout the system of care.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % providers with response protocol								

Notes

1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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.
This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.a. Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. By close of Year 1, establish working Integrated Plan Evaluation Workgroup to engage community stakeholders in planning and evaluating IP services								

Notes

1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.
2. A comprehensive list of actual contacts and a commitment from each stakeholder is needed.
3. Need to account for all Zip Codes to ensure outbreak teams can be mobilized in any location.
4. Suggested stakeholders include:
 - Police departments/first responders;
 - Celebrity/social media personalities;
 - Domestic violence prevention organizations; and
 - Business Respond to AIDS (BRTA) organizations.

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.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.b. Develop schedule for regular communication with stakeholders.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on scheduling								

Notes
1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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.
This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.c. Develop plan among stakeholders for addressing HIV outbreaks.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on plan								

Notes
 1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

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.

This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.d. Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on data sharing agreements								

Notes

1. This Objective is a cross-over with Care & Treatment/Special Populations; see also Care & Treatment/Special Populations Objectives.

Key to Person(s) Responsible for Gathering Data & Person(s) Responsible for Achieving Objectives

Name	Email	Phone	Entity-Title
Abril Sarmiento	Abril.sarmiento@flhealth.gov	786-734-2928	FDOH- EHE Coordinator
Alejandro Nunez	alejandro.nunez@flhealth.gov	786-792-5270	FDOH- Academic Detailer
Camille Lowe	camille.lowe@flhealth.gov	786-422-4829	Senior Human Services Program Manager
Carla Valle	carla.valleschwenk@miamidade.gov	305-375-3546	Program Administrator
Courtney Gillens	courtney.gillens@miamidade.gov	305-375-3753	RWPA- EHE Project Administrator
Dennys Castellano	dennys.castellano@flhealth.gov	305-575-5433	FDOH- EHE Team Supervisor
Luis Ferrer	luis.ferrer@flhealth.gov	786-914-5771	Health Education Supervisor
Juliana Shapiro	juliana.shapiro@flhealth.gov	786-792-5275	Senior Health Educator
Virginia Munoz	virginia.munoz@flhealth.gov	786-792-5315	FDOH- Prevention Manager
Sandra Estevez	sandra.estevez@flhealth.gov	786-792-5311	FDOH- Early intervention Consultant
Elsie Lyonel	elsie.lyonel@flhealth.gov	786-792-5264	Health Service Representative
Erika Coello	erika.coello@flhealth.gov	(786) 792-5263	Condoms Coordinator
Paulette Philippe	paulette.philippe@flhealth.gov	786-216-9128	Office Operations Manager
Ruth Cooper	rcooper@healthcouncil.org	(305) 592-1452 ext. 116	HCSF- EHE Program Manager
Queen	queen.holden@flhealth.gov	305-710-2229	Perinatal HIV Coordinator

Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan
Linkage Goals Evaluation

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

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.								
Activity L1.1.a. Identify new FDOH testing sites for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of new testing sites serving vulnerable population	24 new			FDOH			Sandra Estevez	Sandra Estevez
2. # of clients enrolled in TTRA services (new to HIV care, new to Ryan White care)	234			PE Miami			Frank Gattorno	Frank Gattorno
Notes								
1. Rapid access- get ppl in treatment within 7 days. 2. #1 - Go back pre-Covid to see the average # of new testing sites to calculate the average.								

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.

Activity L1.1.b. Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and listing of specific campaign for information dissemination to newly diagnosed people with HIV	1	1	1	PE Miami	Quarterly	Quarterly	Courtney Gillens	Courtney Gillens
2. # of trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns	0	2	2	PE Miami	Quarterly	Quarterly	Courtney Gillens	Courtney Gillens
3. # of brochures provided to EHE Quick Connect and TTRA testing sites.	0	250 per language	1000	PE Miami	Quarterly	Quarterly	Courtney Gillens	Courtney Gillens
Notes								

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.

Activity L1.1.c. Educate private providers during the academic detailing visits on the benefits of TTRA.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of providers identified to be educated on routinized testing and TTRA services							Alejandro	Alejandro
2. # of providers educated on routinized testing and TTRA services.							Alejandro	Alejandro
3. # of providers committed to providing immediate ARVs and -accept a follow up meeting in 6 months to check progress (Language from the Provider registration form checklist) link clients to TTRA services (MOUs)							Alejandro	Alejandro

Notes

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.

Activity L1.1.d. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of patients enrolled in TTRA from hospitals or urgent care centers (programming in PE was completed.)	0			PE Miami	Semi-annually	Ongoing	Frank Gattorno	FDOH and RW Part A
Notes								
1. #2 was deleted because it was redundant with activity L1.1.c.								

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.

Activity L1.1.e. Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients. (Mobile units)	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of people with HIV in the EMA who are identified as eligible for EHE HealthTec. (baseline and every 4 months)	92	130	312	PE Miami	Qtrly	Qtrly	Courtney Gillens	Courtney Gillens
2. # of people with HIV identified as eligible for EHE HealthTec who enroll in this process throughout the remainder of the five-year period of performance. (baseline and every 4 months)	69	98	234	PE Miami	Qtrly	Qtrly	Courtney Gillens	Courtney Gillens
3. # of EHE HealthTec clients continuing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days of the 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)	55	78	187	PE Miami	Qtrly	Qtrly	Courtney Gillens	Courtney Gillens
4. # of clients with an HIV viral load less than 200 copies/mL at last viral load test during the measurement year	39	55	131	PE Miami	Qtrly	Qtrly	Courtney Gillens	Courtney Gillens
Notes								

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.

Activity L1.1.f. Implement the use of EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms. (RWHAP-EHE)	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team. (baseline and every 4 months)	<u>35</u>	<u>160</u>	<u>360</u>	<u>PE Miami</u>	<u>Qtrly</u>	<u>Qtrly</u>	<u>Courtney Gillens</u>	<u>EHE Quick Connect Teams and Courtney Guillens</u>
2. # 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)	<u>26</u>	<u>120</u>	<u>270</u>	<u>PE Miami</u>	<u>Qtrly</u>	<u>Qtrly</u>	<u>Courtney Gillens</u>	<u>EHE Quick Connect Teams and Courtney Guillens</u>
3. # of EHE Quick Connect clients utilizing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days or less, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance (baseline and every 4 months)	<u>20</u>	<u>90</u>	<u>203</u>	<u>PE Miami</u>	<u>Qtrly</u>	<u>Qtrly</u>	<u>Courtney Gillens</u>	<u>EHE Quick Connect Teams and Courtney Guillens</u>
Notes								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary-confirmatory positive diagnosis test result, from 54%~~54%~~ (EPI data) 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.

Activity L2.1.a. Track the 30 day linkage for medical care for clients with a preliminary HIV test result among the C&T sites.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of positive HIV tests								
2. # of persons with HIV who did not complete the medical visit within 30 days from the preliminary--confirmatory test result (out of care)								
Notes 1. Reports from Lorene 2. REVISE language of "C&T sites" Kira gets report monthly. Change the language to include the whole county and aggregate test. However, the report Kira gets is for internal use only! Kira wants to set a call with Lory Maddox.								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of ~~preliminary confirmatory test results~~ **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.

Activity L2.1.b. Identify the C&T sites with lower than the average linkage rates.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of C&T sites that fall below the average linkage percentage. (Data source surveillance report)								
2. # of C&T sites engaged in a quality improvement project to increase the linkage rate								
3. Increase the linkage percentage rate by 5% from the baseline measure for lower-performing C&T sites								
Notes								
1. Sandra - positivity rate from providers, Dr. Llau run report to see if there are evidence of CD4 and VL.								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary confirmatory-positive diagnosis test result, 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.

Activity L2.1.c. Measure the success of the selected C&T site's quality improvement projects.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of C&T sites who participated in the QI projects with an increase of 5% from the baseline measure.								
2. #of C&T sites who did not meet the 5% increase from the baseline.								
3. Repeat the QI cycle for C&T sites that did not meet the 5% increase or continue performing below the average linkage percentage.								
Notes These activities are pending conversations with FDOH and BSR CQM staff.								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of ~~preliminary~~ ~~confirmatory~~ **positive diagnosis test**, 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.

Activity L2.1.d. The C&T sites with QI projects will adopt the identified “change idea” at their site.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of C&T sites who adopted the QI project “change idea”								
Notes These activities are pending conversations with FDOH and BSR CQM staff.								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of ~~preliminary~~ ~~confirmatory~~ **positive diagnosis test**, 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.

Activity L.2.1.e The C&T sites will present their QI projects to other C&T sites to share best practices to replicate.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of C&T site attendees who participated in meetings/training on best practices								
2. # of meetings/training conducted each year								
Notes These activities are pending conversations with FDOH and BSR CQM staff.								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary-confirmatory positive diagnosis test, from 54% in 2021 to 90% by December 31, 2026.

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

Activity L2.2.a. Update and standardize warm handoff process. (See Notes for AHRQ website reference.)	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of C&T sites and Part A subrecipients who are currently implementing the warm handoff process as described in the reference https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html								
2. Process updated for consistency across provider network								
3. Providers trained on the process								
Notes								
1. This is Test and Treat- when a person is diagnosed at our clinic, they are referred to another agency (Borinquen, etc.)								
2. Warm Handoff: Intervention Agency for Healthcare Research and Quality (ahrq.gov): https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html								

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of ~~confirmatory~~ ~~preliminary-positive-diagnosis~~ ~~tests~~ ~~s~~, from 54% in 2021 to 90% by December 31, 2026.

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

Activity L2.2.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. The mental health visit may be in-person or virtual (tele mental health).	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Current intake protocol across service providers reviewed								
2. Updated intake protocol developed for consistency across provider network								
3. # of providers trained on updated protocol								
Notes								

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 L2.2. Provide same-day or rapid start of antiretroviral therapy. (Within 30 days for clients who decline TTRA enrollment.)								
Activity L2.2.c. Enroll clients in ADAP (or other payer source as appropriate) within 14 days of diagnosis.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. % of clients enrolled in ADAP within 14 days of diagnosis								
Notes								

Key to Person(s) Responsible for Gathering Data & Person(s) Responsible for Achieving Objectives			

*Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan
Care & Treatment / Special Populations Goals Evaluation*

**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 89% in December 2022 to 95% by December 31, 2026.								
Strategy R1.1. Identify and reengage clients in danger of being lost to RWHAP MCM care.								
Activity R1.1.a.	What				When		Who*	
Establish early MCM lost to care trigger point warning in Provide at 75 days without MCM contact, and alert MCMs through Provide.	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % of RWHAP MCM clients with no contact in 75 days, by subrecipient	16%	n/a	n/a	Provide Enterprise	4x/year	4x/year	F Gattorno, BSR	n/a (this is a benchmark, not an objective)
2. # and % of RWHAP MCM clients with no contact in 90 days (CQM Report Card, M7, by subrecipient)	89%	90%	95%	Provide Enterprise	4x/year	4x/year	F Gattorno, BSR	Individual RWP subrecipients
3. # and % of clients with no MCM contact in 90 days, with valid permanent residence in MDC addresses within the jurisdiction, who are referred to Outreach by MCMs, re-engaged in care		See next Activity: suggest this is the real outcome variable.						

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.1.a. Establish early MCM lost to care trigger point warning in Provide at 75 days without MCM contact, and alert MCMs through Provide.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
within 60 days following # the “lost to care” 90-day indication, as tracked in Provide								
<p>1. Notes: The 75-day “pre-90-day” measure is a trigger to remind MCMs of the pending 90-day contact requirement. The impact of this reminder on the 90-day contact percentages will be observable in Provide.</p> <p>2. The essence of this strategy is to re-engage eligible clients in care within 60 days of the point where they are understood as “lost to care” – i.e., they have had no contact with the MCM in 90 days. Outreach is an important element in this process; so is the “Data to Care” process. Since not all clients who are uncontacted in 90 days are actually eligible to be re-linked to care (e.g., because they are no longer RWP-eligible, have moved out of the jurisdiction, are deceased or institutionalized), the denominator would be the total number of clients who are verifiably eligible for re-linkage.</p> <p>3. Current baseline: 90% 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>								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.1.b. Reengage a minimum of 75% of identified eligible clients by MCMs within 30 days of report of client eligibility by Outreach worker.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % of unreachable clients with contact attempted by Outreach within 30 days of receiving referral from MCM.								
2. # and % of clients in #1, contacted by Outreach, whose cases may be closed by the MCM (e.g., left RWP, moved from M-DC).	Staff recommends discarding this activity and these measurements. Provide does not track the process of MCM referral → Outreach → MCM reengagement, but we will be able to track 75-day tickler, the 90-day (non) contact, and the case closure or re-engagement within 60 days thereafter. The responsibility for the 90-day contact, and post-90 day closure or reengagement, remains with the MCM, as measured in Provide. The 95% goal is already well on its way to achievement. Changes in the measurement of M7 will be implemented September 2023.							
3. # and % of clients in #1, contacted by Outreach, with updated M-DC contact info and eligible for reengagement by MCM.								
4. # and % of eligible clients in #3 located and re-engaged by the MCM after Outreach follow-up								
Notes								
1. The Data to Care process, linking FDOH and RWP Part A's across Florida, is still in the process of implementation as of this writing (5/13/23).								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.2.a. Convene listening sessions among peers and peer supervisors in CY 2023 to identify areas of increased peer involvement with client care, peer skill development / capacity building, peer skill certification.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of listening sessions conducted in CY 2023	n/a	2 sessions	4 (2 additional in 2024)	BSR	2x/year	2x/year	R Ladner, S Sergi	R Ladner, S Sergi
2. # of peers and peer supervisors attending sessions	n/a	TBA	TBA	BSR	2x/year	2x/year	R Ladner, S Sergi	R Ladner, S Sergi
3. # of areas of peer support identified for expansion	n/a	TBA	TBA	BSR	2x/year	2x/year	R Ladner, S Sergi	R Ladner, S Sergi

Notes:
 1. Peer listening sessions to be billed as Care Coordination. The sessions are intended to feed into possible changes in peer training and certification. This may not be required on an annual basis. IPEW to discuss.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.2.b. Develop criteria for advanced peer certification training, identify training resources, conduct training and award certifications	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of peer advanced certification areas identified by RWHAP and approved for training	n/a	TBA		BSR CQM				S Sergi, Recipient
2. Advanced certification training curriculum established	n/a	n/a						
3. # of advanced certification trainings conducted by close of 2024 and annually	n/a	n/a	2x/year, FY 2024 - 2026					
4. # of peers trained and certified by close of 2024 and annually	n/a	n/a	TBA					
5. Comparative % of clients RiMC and with VL suppression who were seen by documented peer contact with certified and uncertified peers, retained in care and with suppressed VLs (2023 baseline, annual measurement).	n/a	n/a		Provide Enterprise	2x/year	2x/year	F Gattorno	

Notes

- 2. Should Item 2 - 4 be FY 2024 implementation? IPEW to discuss.
- 3. Is our goal to develop "certification" or "advanced certification?" The existing training/skill requirements for Peer Support are minimal.
- 4. Item 4 will require an additional Provide code to track contacts with Certified/Trained Peer vs. Uncertified Peer.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.								
Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.								
Activity R1.2.b. Develop criteria for advanced peer certification training, identify training resources, conduct training and award certifications	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
<p>5. The IPEW team raised the issue as to whether reimbursement to the subrecipients could be raised if Peer service is delivered by a Certified/Trained Peer. IPEW to discuss.</p> <p>6. Activity/Data #5, above, is an evaluation to determine whether “certified” Peers are more effective at adherence an RiMC than “non certified” peers.</p>								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.								
Strategy R1.2. Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.								
Activity R1.2.c. Review and revise local RWHAP- Part A Service Delivery Manual/Service Definition for MCM/Peer Education and Support Network.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Peer section of MCM service delivery manual revised by Part A/MAI Recipient and Staff Support contractor								
	n/a	n/a	Done in 2024	Care and Treatment Committee	Annually	Annually	S Sergi, Recipient	S Sergi, Recipient

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.2.c. Review and revise local RWHAP- Part A Service Delivery Manual/Service Definition for MCM/Peer Education and Support Network.	What			When		Who*		
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
2. Annual review conducted by Care and Treatment Committee	n/a	n/a	Done in 2024	Care and Treatment minutes	Annually	Annually	S Sergi, M Meizoso	S Sergi, M Meizoso
Notes								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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

Activity R1.2.d. Increase percent of time spent by Peers in adherence client care involvement target for Peers from 50% to 75%.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of subrecipients employing Peers and % of time each subrecipient directs Peers toward adherence billable client support activities (2023 baseline, annual measurement)	n/a	TBA	Increase by ?	Provide Enterprise	2x/year	2x/year	F Gattorno	TBA
2. % of clients with documented peer contact retained in care, and with suppressed VLs (2023 baseline, annual measurement)	n/a	TBA	Increase by?	Provide Enterprise	2x/year	2x/year	F Gattorno	TBA
Notes								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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.]

Activity R1.3.a. Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of process flowcharts developed, related to HealthTec								
2. # of guidelines developed, related to HealthTec	This section requires thought and discussion by IPEW. Is it reasonable to make this an EHE strategy? Note that HealthTec is a telehealth service delivery strategy. Should this become an RWHAP MCM training activity?							
3. # of providers with access to the guidelines and process flowchart								
Notes								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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.]

Activity R1.3.b. Review and revise local MCM standards of care to address protocols for addressing social determinants of health (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. MCM service delivery manual revised by Part A/MAI Recipient		This is an RWHAP MCM set of activities. There are no provisions for protocols to be established for FSDOH. IPEW needs to discuss this.						
2. Annual review conducted by Care and Treatment Committee								
Notes								
1. Staff recommends relocating Activity R1.3.d to follow this immediately.								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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.]

Activity R1.3.c. Develop a protocol for how mental health services are introduced to clients to normalize the experience.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of protocols developed. (By whom? See note below)	n/a							
2. # of subrecipients documenting the application of normalizing protocols	n/a							

Notes

1. There is no clear mechanism for developing these protocols. BSR conversations with mental health service providers (both through the mental health service category and as a component of OAHS) reflect great diversity in the existing protocols. Members of the IPEW from mental health service and substance abuse service agencies will be an important recourse in this process. IPEW to recommend clarification process.

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.								
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.]								
Activity R1.3.d. Train MCMs on protocol for addressing social determinants of health and ensure compliance.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % of MCMs trained on protocol each year, by subrecipient MCM provider								
2. % of clients referred each year, by subrecipient provider		Staff is not convinced that a higher frequency of referrals means the clients are getting better care, unless it is backed up by measurement of RiMC or VL suppression among clients with high or low levels of referrals. Even then, number of referrals may also be a measure of client dysfunction. Staff recommends dropping this measurement. IPEW needs to decide.						
Notes								

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

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.]

Activity R1.3.e. Identify a Miami-Dade community information resource hub to serve as an MCM resource for whole-client referrals.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of resource hubs identified and approved by RWHAP Care and Treatment Committee, and FDOH MDC	n/a	1? More than 1?						
2. # and % of MCM subrecipient providers committed to using (and connected to) resource hub(s)	n/a	13	13		2x/year	2x/year		

Notes

- Before this activity group can be set, the IPEW needs to identify who will be identifying, managing, disseminating and training the RWP MCMs in the use of the Resource Hubs. Is it the Care and Treatment Committee? Or the CQM Committee (who is our RWHAP committee charged with overseeing and improving client care?)
- Is this to be done in FY 2023, or FY 2024?
- To what extent is FDOH involved in this process? Staff suggests that the resource hub is an RWHAP care concern, and while FDOH may find it useful, it is not central to FDOH’s activities. IPEW should decide whether approval of the Resource Hub is an FDOH function.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV
Health Outcomes for Special Populations (SP)
Women with HIV

Objective SP1. Improve health outcomes for women with HIV.								
Strategy SP1.1. Expand existing programs and collaborations for women with HIV.								
Activity SP1.1.a. Improve messaging concerning PrEP for women.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Increased # of PSAs targeting PrEP for women (baseline for 2022, number of PSAs for 2023)			If this has not already been moved to Prevention, we suggest that it be done now, since PrEP is essentially a preventative activity, and the RWP has no funding ability to promote general-purpose PSAs.					
2. Increased # of STI clinics with messages targeting PrEP for women (baseline for 2022, number of PSAs for 2023)								
Notes								

Objective SP1. Improve health outcomes for women with HIV.								
Strategy SP1.1. Expand existing programs and collaborations for women with HIV.								
Activity SP1.1.b. Expand interface between community childcare programs and RWHAP to help women stay in care.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of community agencies identified and linked with the RWHAP that offer childcare services to women with HIV								
2. # of RWHAP subrecipients offering episodic childcare/babysitting on site during appointments								
Notes 1. Before this activity group can be set, the IPEW needs to identify who will be identifying and cataloging the childcare resources. Is it the Care and Treatment Committee? Or the CQM Committee (who is our committee charged with overseeing and managing client care?) 2. Should we measure the actual demand for childcare services among RWP women in care? 3. Is this to be done in FY 2023, or FY 2024?								

Objective SP1. Improve health outcomes for women with HIV.

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

Activity SP1.1.c. Identify, educate/sensitize and train RWHAP subrecipients and medical care providers on special dynamics of women with HIV – acquisition, disease management, and stigma -- to help women stay in care.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Identify specific issues related to women in HIV care and the training curricula needed to address these issues.	n/a							TBA
2. Conduct training in women’s needs among RWHAP MCM subrecipients	n/a							TBA
3. # of RWHAP MCM subrecipients with training in designated areas	n/a							TBA

Notes

1. IPEW needs to determine the training desired and the provider of the training. SF-SEAETC may have modules available targeted toward care and treatment of women with HIV. We have added a measurement related to this first step. A second issue is whether the “women’s needs assessment” (Measurement #1) is to be conducted in FY 2023 and the training program identified and implemented (#2 and #3) in FY 2024.

Objective SP1. Improve health outcomes for women with HIV.

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

Activity SP1.1.d. Examine client outcome data specifically for women in order to identify potential QI opportunities to improve service to women.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of MCM and OAHS providers with identified women sub-populations with identified sub-par RiMC and VL suppression treatment outcomes below 80% success	4	3	0	Provide Enterprise	2x/year	2x/year	F Gattorno	If achieving objectives = raising metrics to above 80%, individual subrecipients
2. # of women-oriented QI projects completed per year	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	Individual subrecipients
Notes 1. Using “sub par” – below average -- as a measurement is not useful – given the nature of averages, there will always be groups that are below average – but there are six identified subrecipients whose RiMC and/or Suppressed VL metrics for women in care are below 80%. One of these agencies is initiating a QI project among women in 2023. 2. The IPEW may wish to differentiate thresholds for VL suppression among women (~85%) and RiMC (~80%), since these metrics differ consistently throughout the RWP populations in care.								

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV
Health Outcomes for Special Populations (SP)
Adults Over 50 with HIV

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.								
Activity SP2.1.a. Conduct “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # targeted interviews conducted with clients over 50 years of age during special-emphasis client satisfaction needs assessment survey in FY 2023	0	>100	n/a	BSR Client Satisfaction Survey	Annually	Annually	R Ladner, M Lucas	R Ladner, M Lucas
2. # focus groups or listening sessions or other fast-track projects supported by RWHAP directed toward needs of clients over 50 years of age	1	1	n/a	BSR	Annually	Annually	C Bontempo, R Ladner	C Bontempo, R Ladner
3. # Community Coalition Roundtable meetings focused on persons in the affected community over 50 years of age	0	1	n/a	BSR	Annually	Annually	C Bontempo, R Ladner	C Bontempo, R Ladner
Notes								

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.								
Activity SP2.1.a. Conduct “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. In FY 2021, 4,209 clients over 50 years of age were in care in the Miami-Dade EMA , of whom only 292 (7%) were also long-term survivors of HIV (diagnosed before 1995). This Plan therefore will concentrate on the aging population with HIV rather than long-term survivors.								

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.								
Activity SP2.1.b. Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of guidelines generated by Care and Treatment Committee and Partnership, with input from stakeholders and RWHAP clients over 50.	n/a	For 2024	For 2024	TBA	Annually	Annually	TBA	TBA
2. # of subrecipient MCM and OAHS providers with RiMC and/or VL suppression rates		SP2.1.d has an outcome measurement which is essentially identical. Staff recommends deleting this one.						

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.								
Activity SP2.1.b. Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
for clients over 50 that are lower than the agency averages								
Notes								
1. In FY 2021, 4,209 clients over 50 years of age were in care in the Miami-Dade EMA , of whom only 292 (7%) were also long-term survivors of HIV (diagnosed before 1995). This Plan therefore will concentrate on the aging population with HIV rather than long-term survivors.								

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.								
Activity SP2.1.c. Develop and implement training protocols for MCMs to assist older persons with HIV in the process of transitioning medical services from RWHAP to Medicare.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Medicare transition protocol created and approved by the Recipient	n/a					Data collection currently underway will illuminate this more completely.		
2. # and % of RWHAP MCMs trained in assisting clients	n/a							

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.								
Activity SP2.1.c. Develop and implement training protocols for MCMs to assist older persons with HIV in the process of transitioning medical services from RWHAP to Medicare.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
over 60 with transitioning to Medicare								
3. # and % of RWHAP clients over 65 in each subrecipient MCM provider agency who have successfully transitioned to Medicare	n/a	100%	100%	Provide Enterprise	2x/year	2x/year	F Gattorno	TBA
Notes								
1.								

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.								
Activity SP2.1.d. Examine client outcome data specifically for persons over 50 in order to identify potential QI opportunities to improve service to this population.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of MCM and OAHS providers with identified	4	3	0	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno

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.

Activity SP2.1.d. Examine client outcome data specifically for persons over 50 in order to identify potential QI opportunities to improve service to this population.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
over-50 sub-populations with identified sub-par treatment outcomes RiMC and VL suppression treatment outcomes below 85% success								
2. # of over-50-oriented QI projects completed per year	0		1					
<p>Notes</p> <p>1. In FY 2021, 4,209 clients over 50 years of age were in care in the Miami-Dade EMA , of whom only 292 (7%) were also long-term survivors of HIV (diagnosed before 1995). This Plan therefore will concentrate on the aging population with HIV rather than long-term survivors.</p> <p>2. As in the case of women in HIV care, we are recommending against “sub-par” as a criterion. There are four identified subrecipients whose RiMC and/or Suppressed VL metrics for persons over 50 are below 80%.</p> <p>3. The IPEW may wish to differentiate thresholds for VL suppression for persons over 50 (~90%) and RiMC (~85%), since these metrics differ consistently throughout the RWP populations in care.</p>								

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV
Health Outcomes for Special Populations (SP)
Transgender People with HIV

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.								
Activity SP3.1.a. Conduct basic and annual trainings for RWHAP subrecipients' MCM/Peer, front desk and medical staff on issues related to sexual identity, gender identity, and providing service to transgender persons.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of trainings conducted to front-line staff								
2. # of trainings conducted to medical staff								
3. #/% of front-line staff that received the training								
4. #/% of medical staff that received the training								
Notes								
1. The IPEW needs to determine the source of the training and the entity that will supervise the provision of training and the certification of trans-friendly subrecipients.								

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.								
Activity SP3.1.b. Identify a transgender advocate within each RWHAP subrecipient. and FDOH-MDC providers.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. #/% of RWHAP agencies with identified advocate/ champion.	n/a	13	13	TBA	Annually	Annually	TBA	TBA
2. # of transgender advocates identified within RWHAP subrecipients		If FDOH-MDC is excused from this activity, this measurement is identical to #1 and may be omitted.						
3. # of transgender advocates identified within FDOH-MDC providers								
Notes								
1. Suggest omitting FDOH-MDC from advocacy for transgendered people.								

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.

Activity SP3.1.c. Identify and engage an experienced and credible entity to conduct unbiased evaluations and certifications of the “transgender-friendliness” of RWHAP subrecipient service providers	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Determination of transgender-friendliness review and certification agency								
2. Providing support for a periodic review of trans-friendliness among all RWHAP MCM and OAHS providers								
Notes								

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.

Activity SP3.1.d. Review and certify all RWHAP subrecipients for transgender-friendliness on an agency level.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of RWHAP subrecipient agencies agreeing to transgender-friendly review and certification								
2. # and % of agencies passing transgender-friendly review and certification								
Notes								

**NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV
Health Outcomes for Special Populations (SP)
People with HIV who are Homeless or Unstably Housed**

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.								
Activity SP4.1.a. Reorganize the Partnership’s Housing Committee to identify and administrate housing assistance beyond HOPWA.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. List of resources identified	n/a							
2. List of resources distributed	n/a							
3. # of additional grants awarded in the EMA	n/a	The IPEW needs to determine the mechanisms available for the RWHAP to implement this activity.						
4. # of opportunities for short term housing assistance identified outside RWHAP and HOPWA limitations	n/a							
5. # of opportunities for long term housing assistance identified outside RWHAP and HOPWA limitations	n/a							
Notes								
1. The Partnership Housing Committee staff support is the spearhead for the Integrated Plan, but it is unclear how much can be done in a committee that is essentially a City of Miami HOPWA committee.								

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.

Activity SP4.1.b. Review RWHAP MCM protocols for identifying housing needs and connecting homeless or unstably housed to secure housing and support services.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. See Notes								

Notes

- This Plan recognizes homelessness and housing instability as a community-wide crisis, not specific to people with HIV.
- Following are additional suggested activities which require further exploration as to feasibility, responsible entities, and measurements:
 - Identify short-term housing while people are on the HOPWA waiting list or need short-term housing (under 2 years);
 - Identify non-federally funded, non-traditional, less restrictive partners;
 - During the Integrated Plan construction, stakeholders advocated the RWP advocate for Department of Housing and Urban Development (HUD) to expand the housing subsidies, to allow a greater number of people to qualify for Section 8 and other reduced-housing opportunities;
 - Identifying landlords willing to accept third-party payments for rent, specifically for people with HIV;
 - Coordinating with realtors and housing navigators to find safe and affordable housing.
 - Develop “whole person” approach to housing: move-in costs, acquiring furniture, moving truck rental, understanding lease negotiation and renters’ rights.

**NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV
Health Outcomes for Special Populations (SP)
MSM with HIV and Co-occurring STIs in Ryan White Care**

Objective SP5. Improve health outcomes for MSM with HIV and co-occurring STIs in Ryan White Care.								
Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and sexually transmitted infections as co-occurring health conditions.								
Activity SP5.1.a. Provide annual LGBTQ cultural competency/cultural humility trainings for RWHAP and FDOH-MDC funded agencies.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % of RWHAP agencies that have completed at least one annual training	0	13	13 per year	TBA	Annually	Annually	C Bontempo	Individual subrecipients
2. % of agencies that have conducted the trainings								
3. # of agencies providing trainings								
Notes								
<ol style="list-style-type: none"> 1. At the present time, staff does not think this is an appropriate venue for FDOH-MDC involvement. What does the IPEW think? 2. In light of Note 1, above, we suggest that measurements 2 and 3 are unnecessary. 								

Objective SP5. Improve health outcomes for MSM with HIV and co-occurring STIs in Ryan White Care.

Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and sexually transmitted infections as co-occurring health conditions.

Activity SP5.1.b. Identify barriers to care or below-average client treatment outcomes among MSM clients with STIs as co-occurring conditions.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Facilitate access for BSR to use Part B or ADAP medical care data in Provide to determine accurate STI status of MSM clients receiving OAHS.	n/a	Done	Ongoing	Provide Enterprise	Annually	Annually	F Gattorno	TBA
2. # of MSM clients identified with STIs as co-morbidities.	1,449	n/a	n/a	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
3. # and % of MSM + STI clients with unsuppressed VL	93%						F Gattorno	F Gattorno
4. # and % of MSM + STI clients identified with other co-morbidities or treatment barriers that may contribute to poor outcome.	Not known							

Notes

1. At the present time, the VL suppression levels of MSM+STI clients is higher than the RWP averages for all men.

Objective SP5. Improve health outcomes for MSM with HIV and co-occurring STIs in Ryan White Care.

Strategy SP5.1. Expand existing programs and collaborations to address specific needs of MSM with HIV and sexually transmitted infections as co-occurring health conditions.

Activity SP5.1.c. Provide service enhancements to improve treatment outcomes among MCM clients with STIs.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of MSM clients with STIs with improved viral load after receiving services to overcome barriers to care	n/a							
2. # of MSM clients with STIs with improved other health care conditions after receiving services to overcome barriers to care	n/a							
Notes								
<ol style="list-style-type: none"> Review Human Rights Campaign LGBTQ Healthcare Equality Index, https://www.hrc.org/resources/healthcare-equality-index for criteria and means of accreditation. Consider addressing Activity SP5.1.d. in another section: Activity SP5.1.d. Implement support groups addressing topics of sexual/emotional health; safer sex; dating; relationships; substance use disorders; and mental health needs. NHAS Goal 2: <i>Improve HIV-Related Health Outcomes of People with HIV: Health Outcomes for Special Populations (SP) Youth (ages 13-18 and 19-24) who are at Risk of or are Living with HIV</i> has been moved to Prevention Objective P8. 								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Retention in Care (DR)
Black/African American Males

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.								
Activity DR1.1.a. Semi-annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of RiMC rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

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.								
Activity DR1.1.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								
<p>1. This does not require that ALL the subrecipients in the top quintile provide such a report. Analysis of subrecipient data indicates that there are several agencies that are in the top quintile of ALL disparity population client outcomes. The celebration of best practices may be tied to annual QI awards or may become part of a Subrecipient Forum concentrating on QI success stories.</p> <p>2. This note is common to all the “top quintile” Disparity Population activities, both DR (Disparity Retention) and DV (Disparity Viral Load Suppression).</p>								

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.

Activity DR1.1.c. Conduct concrete Quality Improvement interventions or MAI innovations to address 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								
1. This has been modified to move beyond reporting of root cause data into a more substantive response to identified service delivery problems. As in the case of the “top quintile” reporting above, there are several agencies that are in the bottom quintile of ALL disparity population client outcomes. Staff recommends making a QI project the target outcome, rather than the reporting of root causes.								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Retention in Care (DR)
Black/African American Females

Objective DR1. Increase RWHAP Retention in Medical Care (RiMC) rates among priority populations.								
Strategy DR1.2. Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.								
Activity DR1.2.a. Semi-annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA females.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of RiMC rates for B/AA females, by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

Objective DR1. Increase RWHAP Retention in Medical Care (RiMC) rates among priority populations.								
Strategy DR1.2. Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.								
Activity DR1.2.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								

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

Strategy DR1.2. Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.

Activity DR1.2.c. Conduct concrete Quality Improvement interventions or MAI innovations to address and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls)-low RiMC for B/AA females among OAHs and MCM providers with bottom-quintile RiMC for this target population.	What			When		Who*		
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Retention in Care (DR)
Hispanic Men Who Have Sex with Men (MSM)

Objective DR1. Increase RWHAP Retention in Medical Care (RiMC) rates among priority populations.								
Strategy DR1.3. Increase RiMC rates from 85% in 2021 to 90% by December 31, 2026 for Hispanic MSM clients.								
Activity DR1.3.a. Semi-annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to Hispanic MSM clients.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of RiMC rates for Hispanic MSM clients, by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

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

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

Activity DR1.3.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								

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

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

Activity DR1.3.c. Conduct concrete Quality Improvement interventions or MAI innovations to address 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV)
Black/African American Males

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.1. Increase the VL suppression rates from 81% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Males								
Activity DV1.1.a. Semi-annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of VL suppression rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.1. Increase the VL suppression rates from 81% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Males								
Activity DV1.1.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.1. Increase the VL suppression rates from 81% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Males								
Activity DV1.1.c. Conduct concrete Quality Improvement interventions or MAI innovations to address 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV)
Black/African American Females

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.2. Increase the VL suppression rates from 84% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.								
Activity DV1.2.a. Semi-annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA females.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of VL suppression rates for B/AA females, by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.2. Increase the VL suppression rates from 84% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.								
Activity DV1.2.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.

Strategy DV1.2. Increase the VL suppression rates from 84% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Females.

Activity DV1.2.c. Conduct concrete Quality Improvement interventions or MAI innovations to address 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities
Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV)
Haitian Males and Females

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.3. Increase the VL suppression rates from 86% in 2021 to 90% by December 31, 2026 for Haitian Males and Females.								
Activity DV1.3.a. Semi-annually track VL suppression rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to Haitian males and females.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Semi-annual measurement of VL suppression rates for Haitian males , by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
2. Semi-annual measurement of VL suppression rates for Haitian females , by subrecipient service site providing OAHS and/or MCM services to this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
3. Semi-annual # and % of OAHS and MCM service sites that have attained 90% VL suppression goal for this target population	2x/year	2x/year	2x/year	Provide Enterprise	2x/year	2x/year	F Gattorno	F Gattorno
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.								
Strategy DV1.3. Increase the VL suppression rates from 86% in 2021 to 90% by December 31, 2026 for Haitian Males and Females.								
DV1.3.b. 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership	n/a	Annually	Annually	Agency reports to RWHAP	Annually	Annually	TBA	TBA
Notes								

Objective DV1. Increase the viral load (VL) suppression rates among priority populations.

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

Activity DV1.3.c. Conduct concrete Quality Improvement interventions or MAI innovations to address 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.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership conducting Quality Improvement interventions or MAI innovations targeting this group.	n/a	1	1	BSR QCM personnel	2x/year	2x/year	BSR CQM personnel	BSR CQM personnel, Individual subrecipients
Notes								

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities Stigma (S)

Objective S1. Reduce HIV-related stigma and discrimination. <i>This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.</i>								
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).								
Activity S1.1.a. Develop and/or identify training curricula for MCM/Peers, front desk personnel and medical providers in RWHAP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Conduct an annual survey of attitudes toward HIV and people with HIV among all RWHAP direct service providers, and use this to develop a capacity-building curriculum	n/a	annual	Annual	Wagner et al., 2014, Health Care Provider Attitudes...	Annually	Annually	R Ladner M Lucas	R Ladner M Lucas
2. Create or adapt capacity-building curricula on stigmatizing attitudes and beliefs and mechanisms for health care professionals and paraprofessionals to become aware of such beliefs in their own practice, and work to overcome them.	n/a	done						

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

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).

Activity S1.1.a. Develop and/or identify training curricula for MCM/Peers, front desk personnel and medical providers in RWHAP and FDOH agencies that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives

Measurements

Notes

- As seen in other training development areas, the actual development of the curricula has been underspecified. IPEW should designate the appropriate agency so as to allow designation of responsibilities.

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

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).

Activity S1.1.b. Require annual stigma/ discrimination and unrecognized bias training for RWHAP and FDOH agencies.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. #/% of agencies providing capacity building trainings to healthcare professionals (i.e., medical providers, clinical staff, HIV counselors, medical case managers) #/% providers with annual training								
2. # of unique educational materials distributed to healthcare professionals		Staff is concerned that this measurement does not advance the Strategy S1.1 and recommends that the IPEW delete it.						
3. # of FDOH-MDC healthcare professionals trained		Staff recommends deleting this measurement.						
4. # of RWHAP healthcare professionals trained								
Notes								
1. The “number of agencies” measurement from S1.1.a has been moved to S1.1.b for consistency.								

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

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).

Activity S1.1.c. Create a “safe space” hotline channel for clients to report stigmatizing or discriminating behaviors outside of the subrecipients	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. “Safe space” hotline and reporting protocol established, including tracking and response								
2. # and % of providers with palm cards, posters or other public information on the safe space reporting protocol.								

Notes

1. A “secret shopper” protocol was suggested by the IPEW task group as a new IP Activity.
2. The IPEW recommended that the “safe space hotline” (S1.1.c) be moved out of the subrecipients and into a centralized function (i.e., at the Recipient office or through BSR) with greater confidentiality.

Objective S1. Reduce HIV-related stigma and discrimination.

This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

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).

Activity S1.1.d. Develop and disseminate response protocol for addressing stigmatizing behaviors throughout the system of care.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. # and % providers with response protocol								
Notes								

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. <i>This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.</i>								
Strategy IPC1.1. Maintain and develop community partnerships.								
Activity IPC1.1.a. Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. By close of Year 1, establish working Integrated Plan Evaluation Workgroup to engage community stakeholders in planning and evaluating IP services	n/a	Done	Maintained	n/a	n/a	n/a	C Bontempo, R Ladner	C Bontempo, R Ladner
Notes								
1. Stakeholders need to be identified, recruited and engaged. Does the IPEW have any ideas?								

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.

This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.b. Develop schedule for regular communication with stakeholders.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on scheduling								

Notes

1. A comprehensive list of actual contacts and a commitment from each stakeholder is needed.
2. Need to account for all Zip Codes to ensure outbreak teams can be mobilized in any location.
3. Suggested stakeholders include:
 - Police departments/first responders;
 - Celebrity/social media personalities;
 - Domestic violence prevention organizations; and
 - Business Respond to AIDS (BRTA) organizations.

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.
This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.c. Develop plan among stakeholders for addressing HIV outbreaks.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on plan								
Notes								

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.
This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.d. Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.	What				When		Who*	
	Baseline (December 31, 2022 unless otherwise noted)	Short Term Target 2023	Final Target 2026	Data Source	Data Collection Frequency	How Often are Data Available?	Person(s) Responsible for Gathering Data	Person(s) Responsible for Achieving Objectives
Measurements								
1. Progress report on data sharing agreements								

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.
This Objective is a cross-over of Prevention, Linkage, and Care & Treatment/Special Populations.

Strategy IPC1.1. Maintain and develop community partnerships.

Activity IPC1.1.d. Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.	What				When		Who*	
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Measurements								
Notes								

Key to Person(s) Responsible for Gathering Data & Person(s) Responsible for Achieving Objectives			



Integrated Plan Evaluation Workgroup

Tuesday, September 12, 2023

10:00 AM – 12:00 PM

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

AGENDA

- | | | |
|-------|--|--------------|
| I. | Call to Order | Sarah Suarez |
| II. | Introductions | All |
| III. | Housekeeping | Staff |
| IV. | Floor Open to the Public | Amaris Hess |
| V. | Review/Approve Agenda | Sarah Suarez |
| VI. | Review/Approve Minutes of June 6, 2023 | Sarah Suarez |
| VII. | Standing Business | All |
| | ▪ Breakout Sessions | |
| | - Final Activities Review | |
| | - Suggestions for Reporting to the Joint Integrated Plan Review Team | |
| | ▪ Reports on Breakout Sessions | |
| VIII. | New Business | |
| | ▪ 2024 Planning | Staff |
| IX. | Announcements | All |
| X. | Next Meetings | Amaris Hess |
| | ▪ Joint Integrated Plan Review Team:
Tuesday, October 10, 2023 at 10:00 a.m. at MDC Library | |
| | ▪ Workgroup: TBD | |
| XI. | Adjournment | Sarah Suarez |

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.

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MIAMI-DADE HIV/AIDS PARTNERSHIP

THE RYAN WHITE PLANNING COUNCIL

WWW.AIDSNET.ORG

Final meeting of the 2023 Needs Assessment process in which **service categories** are **ranked** and **funding allocated** for the next Ryan White fiscal year. Come and join the Care and Treatment Committee and stakeholders for these important decisions!

CARE AND TREATMENT COMMITTEE

THURSDAY, SEPTEMBER 14, 2023

10:00 AM-1:00 PM

MIAMI-DADE PUBLIC LIBRARY AUDITORIUM

101 WEST FLAGLER ST
MIAMI, FL 33130



MUST RSVP AT: 305-445-1076 OR E-MAIL: MARLEN@BEHAVIORALSCIENCE.COM





ATTENTION ATTENDEES!

**The walkway from the Cultural Arts
Parking Garage to the MDC Main Library
will be **CLOSED** from**

September 13, 2023 to October 27, 2023.

To access the Library, exit on the first floor of the garage, cross the street, and take the stairs or ramp up to the Library.

A parking payment kiosk is located on the first floor of the garage by the elevators.

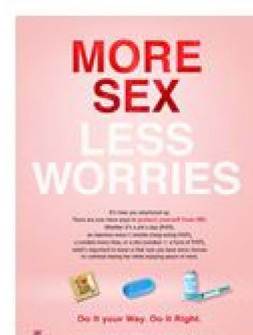
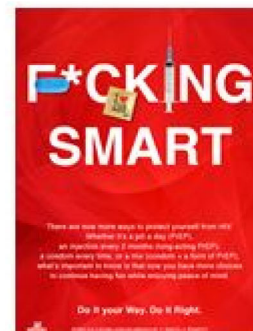
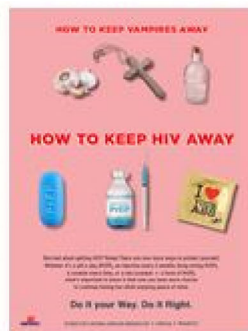


MIAMI-DADE

HIV/AIDS PARTNERSHIP



Registration of NLAAD 2023 events is open, also NLAAD Posters and HIV testing kits request form available now.



World AIDS Day Awareness Walk

Saturday, December 2, 2023

Demps Park (formally Goulds Park)

Walk Starts at 9:00 am

Call Laquica Tuff at 305-842-0567

Vision for the Walk

- Teams of walkers (minimum 5 per team) from organizations; schools, citizen groups; government and elected official's offices; family, friends, and neighbors
- Teams are encouraged to create a team t-shirt with a HIV prevention message
- Displays around the track telling the stories of those living with HIV/AIDS and those lost to AIDS related infections
- Speakers, testimonials, entertainers sharing the message that HIV is preventable and treatable



Purpose of the Walk

- Bring attention to Miami Dade County's incidence of HIV transmission
- Walkers & community learn their HIV/AIDS status through onsite testing
- Educate community about testing and treatment for successful outcomes
- Honor those living with AIDS and remember those lost to AIDS related opportunistic infections
- Reduce the stigma of HIV





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OCTOBER 2023

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

Monday	Tuesday	Wednesday	Thursday	Friday	<p>Events listed on this calendar are open to the public.</p> <p>People with HIV are encouraged to attend!</p>  <p>Are you attending a meeting or training?</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>To attend, RSVP to: (305) 445-1076 or hiv-aidsinfo@behavioralscience.com</p> <p>Visit our website for more information www.aidsnet.org</p> <p>Version 09/08/23 Information on this calendar is subject to change</p>
2	3	4	5	6	
9 Columbus Day / Indigenous Peoples' Day	10 JIPRT: Joint Integrated Plan Review Team - Strategic Planning Committee and Prevention Committee 10:00 AM to 1:00 PM at MDC Main Library	11	12 Care & Treatment Committee 10:00 AM to 12:00 PM at MDC Main Library	13  National Latinx AIDS Awareness Day (Sunday, October 15)	
16 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library	17	18  Get on Board! Virtual Training Series 12:00 PM to 1:00 PM via Zoom	19 Housing Committee UPDATED! 1:00 PM to 3:00 PM at Care Resource	20 Clinical Quality Management Committee 9:30 AM to 11:30 AM via Zoom	
23	24	25 Executive Committee <i>Meets as needed</i>	26	27 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.	
30 Community Coalition Roundtable featuring Special Presentation: Fighting Stigma Across the HIV Care Continuum 5:00 PM to 7:00 PM at Empower U CHC	31	REGULAR MEETING LOCATIONS BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134 MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130 SPECIAL MEETING LOCATIONS Empower U CHC - Empower U Community Health Center, 7900 NW 27th Avenue, Suite C3A, Miami, FL 33147 Care Resource - Midtown Miami Location: 3510 Biscayne Boulevard, First Floor Community Room, Miami, FL 33137			



MIAMI-DADE HIV/AIDS PARTNERSHIP

Integrated Plan Evaluation Workgroup

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| XI. | Adjournment | Sarah Suarez |

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For more information about the Prevention Committee, please contact Christina Bontempo,
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