



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

Tuesday, February 13, 2024

10:00 AM – 1:00 PM

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

AGENDA

- | | |
|--|-------------------|
| I. Call to Order | Abril Sarmiento |
| II. Introductions | All |
| III. Housekeeping | Staff |
| IV. Floor Open to the Public | Dr. Diana Sheehan |
| V. Review/Approve Agenda | All |
| VI. Review/Approve Minutes of October 10, 2023 | All |
| VII. Reports | Staff |
| ▪ Membership | |
| □ Prevention Committee | |
| □ Strategic Planning Committee | |
| ▪ Partnership (<i>no report</i>) | |
| VIII. Standing Business | All |
| ▪ VMSG Database Update | |
| ▪ Highlights of Integrated Plan Successes and Challenges | |
| IX. New Business | All |
| ▪ Integrated Plan Evaluation Workgroup Recommendations | |
| X. Announcements and Open Discussion | All |
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| ▪ June 11, 2024: Integrated Plan Evaluation Workgroup at BSR | |
| ▪ July 23, 2024: Joint Integrated Plan Review Team at MDC Main Library | |
| XII. Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership



Meeting Housekeeping- Joint Integrated Plan Review Team

Updated February 12, 2024
Behavioral Science Research

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 . . .

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.*
- ❑ 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 <https://aidsnet.org/the-partnership/>, by selecting your meeting.

Meeting Materials Access-Main Page



- [The Partnership](#)
- [For People with HIV](#)
- [Quality Management](#)
- [Provider's Hub](#)
- [News and Resources](#)
- [Calendars](#)

The Miami-Dade HIV/AIDS Partnership



Miami-Dade County's Official Ryan White Program Planning Council for HIV Prevention and Care.

Our vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

SERVING

8,590

people with HIV

Main Page Selections



The Partnership



Executive Committee



Care and Treatment Committee



Needs Assessment



Medical Care Subcommittee



Community Coalition Roundtable



Housing Committee



Strategic Planning Committee



Prevention Committee



Integrated Plan and Ending the HIV Epidemic



Integrated Plan Evaluation Workgroup



Joint Integrated Plan Review Team



Partnership, Recipient, and Grantee Reports



Get On Board! Planning Council Enrichment Training



New Member Orientation



Join the Partnership!



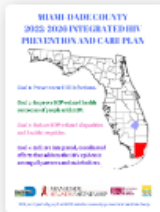
Join a Partnership Committee!



RSVP or Contact Us

Integrated Plan and EHE

Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan Ending the HIV Epidemic



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

- Goal 1: Prevent new HIV infections.
- Goal 2: Improve HIV-related health outcomes of people with HIV.
- Goal 3: Reduce HIV-related disparities and health inequities.
- Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

For over a decade, the Miami-Dade County (MDC) Eligible Metropolitan Area (EMA) has been a national HIV/AIDS hot spot.

The EMA leads the State of Florida in the total number of people with HIV; 27,782 people with HIV – more than 23% of the entire state's population of people with HIV – lived in the EMA in Calendar Year (CY) 2020.

For nine of the past 10 years, the South Florida Metropolitan Statistical Area (MSA) has led the nation in the annual new-infection rate for HIV.

During that time, the MDC Ryan White HIV/AIDS Program (RWHAP) Part A/Minority AIDS Initiative (MAI), through the MDC Office of Management and Budget (OMB or Local Part A/MAI Recipient); the Florida Department of Health in MDC (FDOH-MDC); and the Miami-Dade HIV/AIDS Partnership (Partnership), the official RWHAP Planning Council, have been coordinating responses to the HIV epidemic, linking programs in community education, supporting HIV prevention, HIV testing, and linkage to care activities, as well as strengthening core medical and support services for people with HIV.

These collaborative activities include the Getting to Zero initiative in 2016, the 2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan (2017-21 Integrated Plan); the National HIV/AIDS Strategy 2022-2025; the Ending the HIV Epidemic Jurisdictional Plan; and the ongoing cooperation between the Partnership's Prevention and Strategic Planning Committees.

[Ending the HIV Epidemic: A Plan for America \(EHE\)](#)



[EHE in Miami-Dade County](#)



Review/Reference

Joint Integrated Plan Review Team

Prevention Committee and Strategic Planning Committee

Next Meeting: February 13, 2024 at 10:00 a.m.

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



AGENDA

February 13, 2024



MINUTES

October 10, 2023



PARTNERSHIP REPORT

[Report of approved motions](#)

December 18, 2023



RETURN TO MENU



MEETING DOCUMENTS



JOIN THE TEAM!

[Join the Prevention Committee!](#)

[Join the Strategic Planning Committee!](#)

People with HIV may be eligible for vouchers!



RSVP OR CONTACT US

Christina Bontempo

cbontempo@behavioralscience.com

(305) 445-1076



BYLAWS

[Click here.](#)

Officers, Functions, Historical Docs



Abril Sarmiento

Co-Chair (Prevention Committee Chair)



Vacant

Co-Chair (Strategic Planning Committee Chair)



Dr. Diana Sheehan

Co-Vice Chair (Strategic Planning Committee Vice Chair)



Dr. Angela Mooss

Co-Vice Chair (Prevention Committee Vice Chair)

What We Do

- Develop and oversee implementation of the 2022-2026 *Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan* objectives, including periodic progress reports to the community and the Partnership.

Past Meetings

[↑](#) **RETURN TO MENU**

Agendas



Minutes



Meeting Documents



RSVP!

RSVP!

Your RSVP Matters!



JOIN THE PARTNERSHIP!



We use RSVPs to determine if there will be a quorum of members and to make sure we have enough materials for all attendees. Please click a link below to let us know which meetings you can or cannot attend. All replies are helpful!

Meeting dates and locations are subject to change. For details, please see the latest meeting calendars at aidsnet.org/calendar.

Thank you for your time.

- [January 2024](#)
- [February 2024](#)
- [March 2024](#)
- [April 2024](#)
- [May 2024](#)
- [June 2024](#)
- [July 2024](#)
- [August 2024](#)
- [September 2024](#)
- [October 2024](#)
- [November 2024](#)
- [December 2024](#)



RETURN TO MENU



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| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of October 10, 2023 | All |
| VII. | Reports | Staff |
| | ▪ Membership | |
| | □ Prevention Committee | |
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| | ▪ Partnership (<i>no report</i>) | |
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Floor Open to the Public

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

BSR has a dedicated line for statements to be read into the record.

(No statements were received.)



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Strategic Planning Committee and Prevention Committee
Joint Integrated Plan Review Team (JIPRT) Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130
October 10, 2023 Minutes

#	Members	Present	Absent	Guests
Strategic Planning Committee				Beludent, Nelly
1	Cardwell, Joanna		x	Ferrer, Luigi
2	Gallo, Giselle		x	Louis, Roseline
3	Goldberg, David	x		Valle-Schwenk, Carla
4	Hilton, Karen	x		
5	Hunter, Tabitha		x	
6	Machado, Angela		x	
7	Sheehan, Diana M.	x		
8	Singh, Hardeep		x	
Prevention Committee				
9	Buch, Juan	x		
10	Darlington, Tajma		x	
11	Duberli, Francesco		x	
12	Fernandez, Chad		x	
13	Forrest, David	x		
14	Ichite, Amanda		x	
15	Johnston, Jeremy		x	
16	Ledain, Ron		x	
17	Lopez, Crystal		x	
18	Marqués, Jamie	x		
19	Orozco, Eddie		x	
20	Pereira, Daniel		x	
21	Richardson, Ashley		x	
22	Santiago, Grechen	x		Staff
23	Sarmiento, Abril	x		Bontempo, Christina
24	Shmuels, Diego	x		Ladner, Robert
Member of Both Committees				Martinez, Susy
25	Mooss, Angela	x		Sergi, Sandra
Quorum = 9				

Note: All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents. The meeting agenda, minutes, and draft documents were distributed to members. All meeting documents were projected on the meeting room projection screen.

I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:28 a.m.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

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

IV. Floor Open to the Public

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

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

There were no comments; the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda. There were no changes.

Motion to approve the agenda as presented.

Moved: Juan Buch

Seconded: Gretchen Santiago

Motion: Passed

VI. Review/Approve Minutes of November 14, 2022

Minutes of November 14, 2022, were reviewed. There were no changes.

Motion to approve the minutes of the November 14, 2022.

Moved: Dr. Diego Shmuels

Seconded: Karen Hilton

Motion: Passed

VII. Reports

▪ Membership

Staff announced a new flyer was available to promote membership opportunities. The flyer includes a QR code which links to an easy to complete membership interest form, and promotes the availability of incentive vouchers for qualifying members. All attendees were asked to post the flyer at their agencies.

▪ Partnership (no report)

No report was provided because the Partnership had not met since the last stand-alone Prevention Committee or Strategic Planning Committee meetings.

VIII. Standing Business

There was no standing business.

IX. New Business

▪ **Integrated Plan Evaluation Workgroup**

- Report on Activities to Date

Staff provided members with a timeline of the activities of the Integrated Plan Evaluation Workgroup (IPEW).

- Request to Renew Workgroup in 2024

There are still a few items for the IPEW to finalize in 2024. A slate of members and a request to reinstate the IPEW was presented. In 2024, the IPEW is expected to meet in the months prior to the Joint Integrated Plan Review Team and act as a steering committee.

Proposed slate of members:

- Luigi Ferrer
- Amaris Hess
- Karen Hilton
- Trillion Ingram
- Camille Lowe
- Angela Machado
- Jamie Marques
- Angela Mooss
- Abril Sarmiento
- Sarah Suarez

Motion to reinstate the Integrated Plan Evaluation Workgroup in 2024 and accept the slate of members as presented.

Moved: Dr. Diego Shmuels

Seconded: David Goldberg

Motion: Passed

▪ **Integrated Plan Successes and Challenges**

Members discussed the October 2023 Integrated Plan Progress Report. Future reports should indicate baselines and goals to evaluate the successes and challenges.

Members discussed how to engage more facilities in routine opt-out testing, including using the Ending the HIV Epidemic (EHE) Quick Connect initiative, and Academic Detailing to educate private doctors in high-impact areas. The VMSG database will be able to track the progress of the opt-out testing activities. Access to the database for County and BSR staff is pending.

Members discussed how to expand the collection of data about people who are unaware of their HIV status. Collaborations with pharmaceutical companies and testing labs would be helpful; however, data sharing is unlikely. The number of people who do not know their HIV status is always an estimate.

Regarding home HIV test kits, members discussed if this was a worthwhile expense since the kits and reporting on usage are very low.

Members discussed the need to continue and expand the distribution of free condoms, specifically to primary care centers, sex shops, movie theaters, bars, and night clubs. Lubricant and female condoms should also be made available.

The Linkage to Care data on Health Tec should be corrected to refer to Quick Connect.

Programs targeting disparity populations should consider redefining their messaging to reach more people in the affected populations.

X. Announcements

Staff announced members were invited to tour the Anita Bryant exhibit after the meeting. The exhibit is sponsored by the Miami-Dade County LGBTQ Advisory Board at the Stephen P. Clark Center.

XI. Next Meeting

Dr. Sheehan announced the next meeting dates as January 2024 for IPEW, and February 2024 for JIPRT, with exact dates to be determined.

XII. Adjournment

Ms. Sarmiento called the meeting adjourned at 11:58 p.m.



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Membership Report

February 12, 2024

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners. Complete a brief New Member Interest Form to find out more: www.surveymonkey.com/r/DRJP5N5 or scan the QR code.



Opportunities for Ryan White Program Clients

12 seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.

Opportunities for General Membership

6 seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:

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

Partnership Committees

Committees are now accepting applications for new members.



People with HIV are encouraged to apply.



Scan the QR code to complete a brief membership interest form

MEMBERSHIP

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!



Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtables with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit www.aidsnet.org/the-partnership/ for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at mdcpartnership@behavioralscience.com or 305-445-1076 for assistance.



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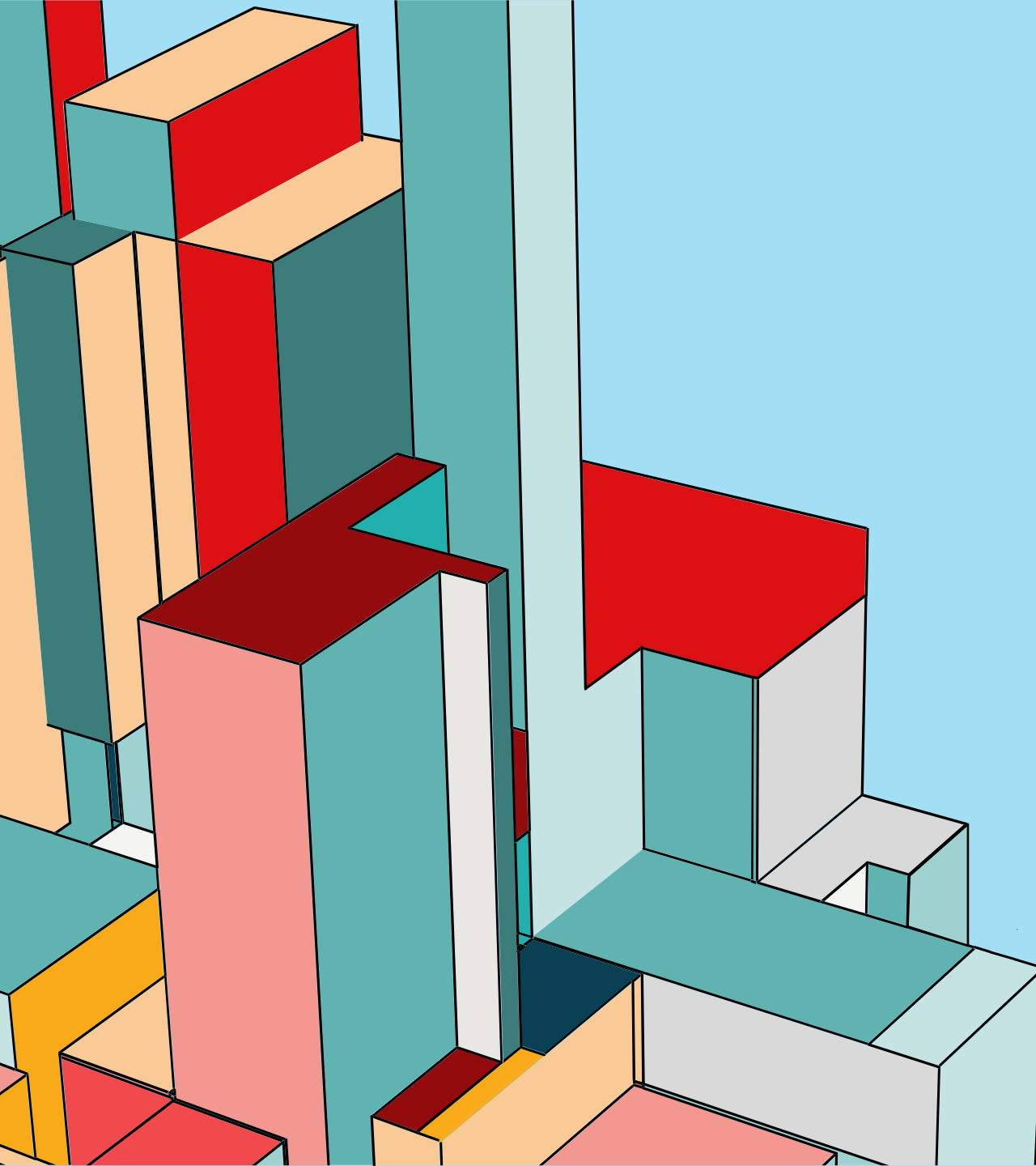
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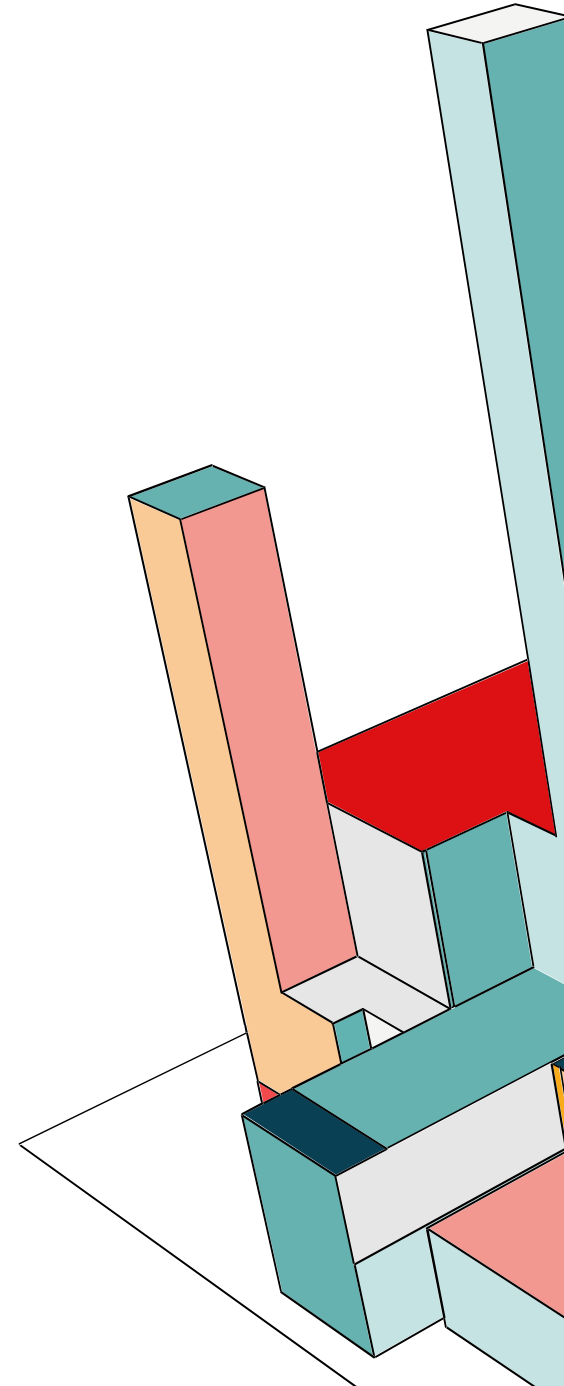
VMSG DATABASE UPDATE

**PRESENTED TO MIAMI-DADE HIV/AIDS PARTNERSHIP
JOINT INTEGRATED PLAN REVIEW TEAM**

FEBRUARY 12, 2024

TIMELINE

- December 2023: Four-day database training from VMSG.
- January - February 2024: Goals 1 and 2 entered into the database.
- February 2024 Preliminary Operation Plan presented to the JIPRT.
- February 2024 - May 2024: Goals 3 and 4 to be entered into the database.
- By June 2024: All target, baseline, and most up to date data to be reviewed by the Integrated Plan Evaluation Workgroup.
- By July 2024: All target, baseline, and most up to date data to be presented to the Joint Integrated Plan Evaluation Team.



CHALLENGES

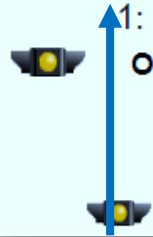
- Adapting to the new look and numbering system.
- Entering Objective Leads for all Objectives and ensuring data is entered according to the established reporting periods (quarterly, annually, etc.)
- Coordinating access for all necessary partners.
- Entering historical data in order to demonstrate progress, trends, successes, and challenges.



OPERATIONAL PLAN REPORT



NHAS Goal Prevent New HIV Infections



Goal

Objective Objective P1. Increase the percentage of people living in MDC who are aware of their HIV status from the national baseline 1.1: 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 1.1.1: Partner/collaborate with healthcare facilities to increase routine opt-out HIV testing.

Objective

Strategy

Activity

Measurement

Target

Evaluation

All Plan components are included in VMSG and are subject to revision.

Number	Measurement Team	Measurement	Performance Metric	Status
1.1.1.1		[QM] No. of healthcare facilities identified for routine opt-out HIV testing in MDC	1200 facilities identified between 1/1/2022 and 12/31/2026	123 10.3%

Operational Plan Report

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



[2/12/2024]

Group: - Integrated - Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan | Care Plan

NHAS Prevent New HIV Infections

Goal 1:

Objective 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 1.1.1: Partner/collaborate with healthcare facilities to increase routine opt-out HIV testing.
Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.1.1.1		[QM] No. of healthcare facilities identified for routine opt-out HIV testing in MDC	1200 facilities identified between 1/1/2022 and 12/31/2026	326 27.2%
	1.1.1.2		[QM] No. of healthcare facilities interested in routine opt-out HIV testing in MDC	1200 facilities identified between 1/1/2022 and 12/31/2026	331 27.6%
	1.1.1.3		[QM] No. of healthcare facilities committed to conduct routine opt-out HIV testing in MDC	576 facilities committed between 1/1/2022 and 12/31/2026	109 18.9%
	1.1.1.4		[QM] No. of healthcare facilities implementing routine opt-out HIV testing in MDC	1440 facilities implementing between 1/1/2022 and 12/31/2026	103 7.2%
	1.1.1.5		[QM] No. of HIV positive persons identified through routine opt-out testing	No. of HIV positive persons identified through routine opt-out testing between 1/1/2022 and 12/31/2026	
	1.1.1.6		[QM] No. of previously diagnosed HIV positive persons	No. of previously diagnosed HIV positive persons between 1/1/2022 and 12/31/2026	
	1.1.1.7		[QM] No. of newly diagnosed HIV positive persons	No. of newly diagnosed HIV positive persons between 1/1/2022 and 12/31/2026	
	1.1.1.8		[QM] No. of HIV tests integrated with viral hepatitis tests (HCV)	No. of HIV tests integrated with viral hepatitis tests (HCV) between 1/1/2022 and 12/31/2026	
	1.1.1.9		[QM] No. of HIV tests integrated with STI tests	No. of HIV tests integrated with STI tests between 1/1/2022 and 12/31/2026	

Activity 1.1.2: Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).
Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.1.2.1		[QM] No. of licensed clinical providers and practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI).	1776 licensed clinical providers and practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI) between 1/1/2022 and 12/31/2026	731 41.2%
	1.1.2.2		[QM] No. of licensed clinical providers educated on routine testing (i.e., HIV, HCV, STI)	1776 licensed clinical providers educated on routine testing (i.e., HIV, HCV, STI) between 1/1/2022 and 12/31/2026	717 40.4%
	1.1.2.3		[QM] No. of registrations/agreements established with partners to serve as routine healthcare testing sites	888 registrations/agreements established with partners to serve as routine healthcare testing sites between 1/1/2022 and 12/31/2026	35 3.9%

Activity 1.1.3: Partner and/or collaborate with healthcare facilities to offer STI testing.
Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.1.3.1		[QM] No. of healthcare facilities identified to conduct STI testing.	No. of healthcare facilities identified to conduct STI testing between 2/9/2024 and 2/9/2024	8

	1.1.3.2		[QM] No. of healthcare facilities committed to conduct STI testing.	No. of healthcare facilities committed to conduct STI testing between 1/1/2022 and 12/31/2026	7
	1.1.3.3		[QM] No. of registrations/agreements signed with the healthcare organizations to offer STI testing.	No. of registrations/agreements signed with the healthcare organizations to offer STI testing between 1/1/2022 and 12/31/2026	3
	1.1.3.4		[QM] No. of healthcare organizations implementing STI testing.	No. of healthcare organizations implementing STI testing between 1/1/2022 and 12/31/2026	7
	1.1.3.5		[QM] No. of STI tests done at healthcare organizations.	No. of STI tests done at healthcare organizations between 1/1/2022 and 12/31/2026	2298
	1.1.3.6		[QM] No. of clients with a positive STI result: Syphilis	No. of clients with a positive Syphilis result between 1/1/2022 and 12/31/2026	
	1.1.3.7		[QM] No. of clients with a positive STI result: Gonorrhea	No. of clients with a positive Gonorrhea result between 1/1/2022 and 12/31/2026	
	1.1.3.8		[QM] No. of clients with a positive STI result: Chlamydia	No. of clients with a positive Chlamydia result between 1/1/2022 and 12/31/2026	
	1.1.3.9		[QM] No. of clients treated for STIs: Syphilis	No. of clients treated for Syphilis between 1/1/2022 and 12/31/2026	
	1.1.3.10		[QM] No. of clients treated for STIs: Gonorrhea	No. of clients treated for Gonorrhea between 1/1/2022 and 12/31/2026	
	1.1.3.11		[QM] No. of clients treated for STIs: Chlamydia	No. of clients treated for Chlamydia between 1/1/2022 and 12/31/2026	

Activity 1.1.4: Partner and/or collaborate with healthcare facilities to offer HCV testing.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.1.4.1		[QM] No. of healthcare facilities identified to conduct HCV testing.	No. healthcare facilities identified to conduct HCV testing between 1/1/2022 and 12/31/2026	
	1.1.4.2		[QM] No. of HCV tests (integrated with HIV tests) done at healthcare facilities.	No. of HCV tests (integrated with HIV tests) done at healthcare facilities between 1/1/2022 and 12/31/2026	
	1.1.4.3		[QM] No. of clients with a positive HCV result.	No. of clients with a positive HCV result between 1/1/2022 and 12/31/2026	
	1.1.4.4		[QM] No. of clients referred for HCV treatment.	No. of clients referred for HCV treatment between 1/1/2022 and 12/31/2026	

Objective Objective P1. Increase the percentage of people living in MDC who are aware of 1.2: 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 1.2.1: Increase the use of home HIV self-testing kits as an alternative option.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.2.1.1		[QM] No. of persons receiving one or more HIV self-test kits.	650 persons receiving one or more HIV self-test kits between 1/1/2022 and 12/31/2026	899 138.3%
	1.2.1.2		[QM] No. of persons who confirmed taking a self-test.	108 persons who confirmed taking the test between 1/1/2022 and 12/31/2026	185 171.3%
	1.2.1.3		[QM] No. of persons who reported a positive test result using the self-test kit.	8 persons who reported a positive test result using the self-test kit between 1/1/2022 and 12/31/2026	2 25%
	1.2.1.4		[QM] No. of persons with a positive HIV test result from a self-test kit, who took a confirmatory test at FDOH-MDC and/or testing community partner facilities.	100% persons with positive test result from a self-test kit, who took a confirmatory test at FDOH-MDC and testing community partner facilities between 1/1/2022 and 12/31/2026	1 1%

Activity 1.2.2: Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings.









Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.2.2.1		[QM] No. of community testing partners implementing HIV/STI testing at non-traditional settings.	No. of community testing partners implementing HIV/STI testing at non-traditional settings between 1/1/2022 and 12/31/2026	
	1.2.2.2		[QM] No. of persons tested for HIV at non-traditional settings.	1648 persons tested for HIV at non-traditional settings between 1/1/2022 and 12/31/2026	1980 120.1%
	1.2.2.3		[QM] No. of HIV positive persons at a non-traditional setting.	24 HIV positive persons at a non-traditional setting between 1/1/2022 and 12/31/2026	41 170.8%
	1.2.2.5		[QM] No. of newly diagnosed HIV positive persons at non-traditional settings.	16 newly diagnosed HIV positive persons at non-traditional settings between 1/1/2022 and 12/31/2026	26 162.5%
	1.2.2.5		[QM] No. of persons tested for STIs at non-traditional settings.	3615 persons tested for STIs at non-traditional settings between 1/1/2022 and 12/31/2026	3988 110.3%


	1.2.2.6		[QM] No. of persons diagnosed with an STI at non-traditional settings.	24 persons diagnosed with an STI at non-traditional settings between 1/1/2022 and 12/31/2026	96 400%
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 **Activity 1.2.3:** Increase the number of mobile units offering HIV/STI testing in the community.



Objective % Done: **0 %** Activities Sum: **0**


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.2.3.1		[QM] No. of operational mobile units conducting HIV/STI testing	1 operational mobile units conducting HIV/STI testing between 1/1/2022 and 12/31/2026	2 200%
	1.2.3.2		[QM] No. of HIV tests conducted at a mobile unit.	1648 HIV tests conducted at a mobile unit between 1/10/2022 and 12/31/2026	1980 120.1%
	1.2.3.3		[QM] No. of HIV positive results from HIV tests conducted at a mobile unit.	48 HIV positive results from HIV tests conducted at a mobile unit between 1/1/2022 and 12/31/2026	36 75%
	1.2.3.5		[QM] No. of persons linked to HIV care at a mobile unit.	No. of persons linked to HIV care at a mobile unit between 1/1/2022 and 12/31/2026	
	1.2.3.6		[QM] No. of STI tests conducted at a mobile unit.	3615 STI tests conducted at a mobile unit between 1/1/2022 and 12/31/2026	3988 110.3%
	1.2.3.7		[QM] No. of STI positive results from STI tests conducted at a mobile unit.	100% of STI positive results from STI tests conducted at a mobile unit between 1/1/2022 and 12/31/2026	0%
	1.2.3.8		[QM] No. of people referred for STI treatment at a mobile unit.	378 people referred for STI treatment at a mobile unit between 1/1/2022 and 12/31/2026	432 114.3%
	1.2.3.9		[QM] No. of persons linked to PrEP at a mobile unit.	113 persons linked to PrEP at a mobile unit between 1/1/2022 and 12/31/2026	136 120.4%

 **Objective Objective P1. Increase the percentage of people living in MDC who are aware of 1.3:** 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 1.3.1:** Provide training and education to community partners on the status neutral approach.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.3.1.1		[QM] No. of community testing organizations trained and educated on the status neutral approach.	No. of community testing organizations trained and educated on the status neutral approach between 1/1/2022 and 12/31/2026	
	1.3.1.2		[QM] No. of counselors trained and educated on the status neutral approach.	No. of counselors trained and educated on the status neutral approach between 1/1/2022 and 12/31/2026	

 **Objective Objective P1. Increase the percentage of people living in MDC who are aware of 1.4:** 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 1.4.1:** Educate community testing partners on availability and importance of partner services.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.4.1.1		[QM] No. of counselors trained and educated on the importance of partner services.	1440 counselors trained and educated on the importance of partner services between 1/1/2022 and 12/31/2026	410 28.5%


 **Activity 1.4.2:** Educate clients about the importance of partner services.

Objective % Done: **0 %** Activities Sum:



Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.4.2.1		[QM] No. of notifiable partners identified through HIV partner services.	No. of notifiable partners identified through HIV partner services between 1/1/2022 and 12/31/2026	
	1.4.2.2		[QA] % of notifiable partners identified through HIV partner services.	% of notifiable partners identified through HIV partner services measured Annually Green <= % Yellow >% and < % Red >= %	
	1.4.2.3		[QM] No. of notifiable partners that were tested for HIV.	No. of notifiable partners that were tested for HIV between 1/1/2022 and 12/31/2026	


	1.4.2.4		[QA] % of notifiable partners that were tested for HIV.	% of notifiable partners that were tested for HIV measured Annually Green >= % Yellow >% and < % Red <= %	
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 **Objective Objective P2. Maintain the number of infants born with HIV in Miami-Dade County 1.5: 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 1.5.1:** 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.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.5.1.1		[QM] No. of educational sessions conducted.	No. of educational sessions conducted between 1/1/2022 and 12/31/2026	
	1.5.1.2		[QM] No. of persons trained.	No. of persons trained between 1/1/2022 and 12/31/2026	





 **Activity 1.5.2:** 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.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.5.2.1		[QM] No. of educational sessions conducted.	No. of educational sessions conducted between 1/1/2022 and 12/31/2026	
	1.5.2.2		[QM] No. of persons trained.	No. of persons trained between 1/1/2022 and 12/31/2026	

 **Activity 1.5.3:** Conduct educational sessions with hospitals, including emergency rooms and high-risk delivery hospitals, and urgent care centers.



Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.5.3.1		[QM] No. of educational sessions conducted with hospitals.	No. of educational sessions conducted with hospitals between 1/1/2022 and 12/31/2026	
	1.5.3.2		[QM] No. of educational sessions conducted with urgent care centers.	No. of educational sessions conducted with urgent care centers between 1/1/2022 and 12/31/2026	
	1.5.3.3		[QM] No. of High-Risk Notification Forms and/or notifications of pregnant women with HIV received.	No. of High-Risk Notification Forms and/or notifications of pregnant women with HIV received between 1/1/2022 and 12/31/2026	
	1.5.3.4		[QM] No. of Newborn Exposure Notification Forms received.	No. of Newborn Exposure Notification Forms received between 1/1/2022 and 12/31/2026	

 **Objective Objective P2. Maintain the number of infants born with HIV in Miami-Dade County 1.6: 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 1.6.1:** Link pregnant women with HIV to HIV care and prenatal care.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.6.1.1		[QM] No. of pregnant women with HIV who received HIV care.	No. of pregnant women with HIV who received HIV care between 1/1/2022 and 12/31/2026	
	1.6.1.2		[QM] No. of pregnant women with HIV who received prenatal care.	No. of pregnant women with HIV who received prenatal care between 1/1/2022 and 12/31/2026	

 **Activity 1.6.2:** Provide follow-up medical and family planning services for post-partum women with HIV.



Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.6.2.1		[QM] No. of post-partum women with HIV who received family planning services	No. of post-partum women with HIV who received family planning services between 1/1/2022 and 12/31/2026	
	1.6.2.2		[QM] No. of women with HIV who received post-partum care.	No. of women with HIV who received post-partum care between 1/1/2022 and 12/31/2026	

 **Objective Objective P3.** Increase the percentage of persons screened for pre-exposure 1.7: 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 1.7.1:** Train peer educators and community health workers to promote the PrEP initiatives through direct community outreach.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.7.1.1		[QM] No. of PrEP educational sessions conducted.	1200 PrEP educational sessions conducted between 1/1/2022 and 12/31/2026	231 19.3%
	1.7.1.2		[QM] No. of PrEP educational materials distributed.	1200 PrEP educational materials distributed between 1/1/2022 and 12/31/2026	231 19.3%



 **Activity 1.7.2:** Utilize FDOH-MDC ADP to engage and educate health care providers on PrEP to increase the number of PrEP prescribers.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.7.2.1		[QM] No. of educational sessions conducted specifically to health care providers.	1200 educational sessions conducted specifically to health care providers between 1/1/2022 and 12/31/2026	296 24.7%
	1.7.2.2		[QM] No. of providers recruited to provide PrEP services.	1100 providers recruited to provide PrEP services between 1/1/2022 and 12/31/2026	184 16.7%
	1.7.2.3		[QM] No. of PrEP prescribers.	1100 PrEP prescribers between 1/1/2022 and 12/31/2026	159 14.5%







 **Activity 1.7.3:** Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.7.3.1		[QM] No. of providers offering TelePrEP services.	No. of providers offering TelePrEP services between 1/1/2022 and 12/31/2026	
	1.7.3.2		[QM] No. of persons who received TelePrEP services.	No. of persons who received TelePrEP services between 1/1/2022 and 12/31/2026	




 **Activity 1.7.4:** Increase PrEP access by expanding the number of individuals receiving PrEP services.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.7.4.1		[QM] No. of HIV-negative tests.	No. of HIV-negative tests between 1/1/2022 and 12/31/2026	
	1.7.4.2		[QM] No. of access points for PrEP.	No. of access points for PrEP between 1/1/2022 and 12/31/2026	
	1.7.4.3		[QM] No. of individuals screened for PrEP.	No. of individuals screened for PrEP between 1/1/2022 and 12/31/2026	
	1.7.4.4		[QM] No. of individuals referred to a PrEP provider.	No. of individuals referred to a PrEP provider between 1/1/2022 and 12/31/2026	
	1.7.4.5		[QM] No. of individuals linked to a PrEP provider.	No. of individuals linked to a PrEP provider between 1/1/2022 and 12/31/2026	
	1.7.4.6		[QM] No. of individuals prescribed PrEP.	No. of individuals prescribed PrEP between 1/1/2022 and 12/31/2026	

 **Activity 1.7.5:** Increase the number of non-traditional partners offering PrEP (i.e., pharmacies, urgent care centers).






Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.7.5.1		[QM] No. of pharmacy clinics providing PrEP (MinuteClinic at CVS, and UHealth at Walgreens).	No. of pharmacy clinics providing PrEP between 1/1/2022 and 12/31/2026	
	1.7.5.2		[QM] No. of urgent care centers providing PrEP.	No. of urgent care centers providing PrEP between 1/1/2022 and 12/31/2026	
	1.7.5.3		[QM] No. of hospitals providing PrEP.	No. of hospitals providing PrEP between 1/1/2022 and 12/31/2026	

 **Objective Objective P4.** Increase the number of agencies offering nPEP (Non-occupational 1.8: 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 1.8.1:** Increase the number of partners offering nPEP services.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.8.1.1		[QM] No. of access points for nPEP.	No. of access points for nPEP between 1/1/2022 and 12/31/2026	
	1.8.1.2		[QM] No. of pharmacy clinics (MinuteClinic at CVS, and UHealth at Walgreens) and other non-traditional organizations providing nPEP.	No. of pharmacy clinics and other non-traditional organizations providing nPEP between 1/1/2022 and 12/31/2026	
	1.8.1.3		[QM] No. of urgent care centers providing nPEP.	No. of urgent care centers providing nPEP between 1/1/2022 and 12/31/2026	
	1.8.1.4		[QM] No. of persons screened for nPEP.	No. of persons screened for nPEP between 1/1/2022 and 12/31/2026	
	1.8.1.5		[QM] No. of persons who received nPEP.	No. of persons who received nPEP between 1/1/2022 and 12/31/2026	

 **Activity 1.8.2:** Utilize FDOH-MDC Academic Detailing Program to engage and educate providers, urgent care centers, and ERs on nPEP to increase the number of nPEP prescribers.



Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.8.2.1		[QM] No. of nPEP educational sessions conducted.	1200 nPEP educational sessions conducted between 1/1/2022 and 12/31/2026	231 19.3%

 **Objective Objective P5. Increase the number of free condoms distributed from 1,929,715 in 1.9: 2021 to 2,026,200 by December 31, 2026. [Strategy P5.1. Continue free condom distribution.]**

 **Activity 1.9.1:** Increase the number of condom distribution sites across the jurisdiction.



Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.9.1.1		[QM] No. of condoms distributed by Zip Code (report using Zip Code map).	2386458 condoms distributed by Zip Code between 1/1/2022 and 12/31/2026	4743238 198.8%
	1.9.1.2		[QM] No. of Business Responds to AIDS (BRTA) sites.	60 BRTA sites between 1/1/2022 and 12/31/2026	95 158.3%

 **Objective Objective P6. Support the local Syringe Service Program (SSP) – locally, the 1.10: 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 1.10.1:** Educate and refer high-risk individuals to local SSP.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.10.1.1		[QM] No. of persons linked to IDEA Exchange.	No. of persons linked to IDEA Exchange between 1/1/2022 and 12/31/2026	
	1.10.1.2		[QM] No. of referrals made to IDEA Exchange by partners.	No. of referrals made to IDEA Exchange by partners between 1/1/2022 and 12/31/2026	

 **Activity 1.10.2:** Utilize social media platforms to promote services offered by SSP.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.10.2.1		[QM] No. of social media posts by IDEA Exchange (Facebook, Instagram and Twitter).	No. of social media posts by IDEA Exchange between 1/1/2022 and 12/31/2026	

 **Objective Objective P7. Increase the number of advertisement types to expand culturally 1.11: 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 1.11.1:** 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.

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.11.1.1		[QM] No. of overall impressions [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns.	No. of overall impressions from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns between 1/1/2022 and 12/31/2026	
	1.11.1.2		[QM] No. of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care.	No. of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care between 1/1/2022 and 12/31/2026	

Activity 1.11.2: Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.11.2.1		[QM] No. of agencies conducting outreach events for each priority population (identify priority populations).	No. of agencies conducting outreach events for [] priority population between 1/1/2022 and 12/31/2026	
	1.11.2.2		[QM] No. of outreach events conducted.	No. of outreach events conducted between 1/1/2022 and 12/31/2026	
	1.11.2.3		[QM] No. of contacts created at outreach events.	No. of contacts created at outreach events between 1/1/2022 and 12/31/2026	

Activity 1.11.3: 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).

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.11.3.1		[QM] No. of overall impressions from U=U, and other destigmatizing HIV marketing campaigns.	No. of overall impressions from U=U, and other destigmatizing HIV marketing campaigns between 1/1/2022 and 12/31/2026	
	1.11.3.2		[QM] No. of posts on prevention messages to destigmatize HIV.	No. of posts on prevention messages to destigmatize HIV between 1/1/2022 and 12/31/2026	
	1.11.3.3		[QM] No. of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising).	No. of advertising/media types between 1/1/2022 and 12/31/2026	

Activity 1.11.4: Utilize representatives of the HIV-affected community to deliver messages to people with HIV, highlighting personal success and struggles, and empowering people with HIV.

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.11.4.1		[QM] No. of educational sessions about destigmatizing HIV, and empowering people with HIV.	No. of educational sessions about destigmatizing HIV, and empowering people with HIV between 1/1/2022 and 12/31/2026	
	1.11.4.2		[QM] No. of media campaign types utilizing influencers or community representatives to promote HIV messages.	No. of media campaign types utilizing influencers or community representatives to promote HIV messages between 1/1/2022 and 12/31/2026	

Activity 1.11.5: 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.

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.11.5.1		[QM] No. of overall impressions from PrEP/nPEP marketing campaign(s).	No. of overall impressions from PrEP/nPEP marketing campaign(s) between 1/1/2022 and 12/31/2026	
	1.11.5.2		[QM] No. of PrEP/nPEP advertisements type (e.g., print; digital/internet-based; radio; television; out-of-home advertising).	No. of PrEP/nPEP advertisements type between 1/1/2022 and 12/31/2026	
	1.11.5.3		[QM] No. of Ready, Set, PrEP initiative, PrEP/nPEP posts.	No. of Ready, Set, PrEP initiative, PrEP/nPEP posts between 1/1/2022 and 12/31/2026	

Activity 1.11.6: Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV.

Objective % Done: 0 %

Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status

	1.11.6.1		[QM] No. of partnerships created that support prevention messages.	No. of partnerships created that support prevention messages between 1/1/2022 and 12/31/2026	
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Objective Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 1.12: 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 1.12.1: Collaborate with MDC Public School Health Programs targeting school-age youth.
Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.12.1.1		[QM] No. of schools participating at the Miami-Dade Public School Health Program.	No. of schools participating at the Miami-Dade Public School Health Program between 1/1/2022 and 12/31/2026	
	1.12.1.2		[QM] No. of youth referred by the school's health team for HIV/STI testing.	No. of youth referred by the school's health team for HIV/STI testing between 1/1/2022 and 12/31/2026	
	1.12.1.3		[QM] No. of youth referred by the school's health team for HIV/STI education.	No. of youth referred by the school's health team for HIV/STI education between 1/1/2022 and 12/31/2026	
	1.12.1.4		[QM] No. of youth educated on HIV/STI by FDOH-MDC/CBOs.	No. of youth educated on HIV/STI by FDOH-MDC/CBOs between 1/1/2022 and 12/31/2026	

Activity 1.12.2: Identify and explore other options for HIV/STI testing among high-school aged youth.
Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.12.2.1		[QM] No. of ancillary sites established for HIV/STI testing, nearby schools but not on school property.	No. of ancillary sites established for HIV/STI testing, nearby schools but not on school property between 1/1/2022 and 12/31/2026	
	1.12.2.2		[QM] No. schools conducting or permitting on-site testing for HIV/STDs.	No. schools conducting or permitting on-site testing for HIV/STDs between 1/1/2022 and 12/31/2026	
	1.12.2.3		[QM] No. tests conducted.	No. tests conducted between 1/1/2022 and 12/31/2026	


Activity 1.12.3: Improve advertisements concerning PrEP, condoms and other prevention messages for youth 13-24 years of age.
Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.12.3.1		[QM] No. of PSAs targeting youth.	No. tests conducted between 1/1/2022 and 12/31/2026	
	1.12.3.2		[QM] No. of other communication efforts targeting youth.	No. of other communication efforts targeting youth between 1/1/2022 and 12/31/2026	
	1.12.3.3		[QM] No. of impressions on advertisements targeting youth, on PrEP.	No. of impressions on advertisements targeting youth, on PrEP between 1/1/2022 and 12/31/2026	
	1.12.3.4		[QM] No. of impressions on advertisements targeting youth, on condoms.	No. of impressions on advertisements targeting youth, on condoms between 1/1/2022 and 12/31/2026	
	1.12.3.5		[QM] No. of impressions on advertisements targeting youth, on other prevention messages.	No. of impressions on advertisements targeting youth, on other prevention messages between 1/1/2022 and 12/31/2026	






Objective Objective P8. Improve HIV prevention and testing efforts toward youth (ages 13-18 1.13: 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 1.13.1: Identify and explore other options for HIV/STD testing among young adults 19-24 years of age.
Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.13.1.1		[QM] No. of ancillary sites established for HIV/STD testing.	No. of ancillary sites established for HIV/STD testing between 1/1/2022 and 12/31/2026	
	1.13.1.2		[QM] No. tests conducted.	No. of tests conducted between 1/1/2022 and 12/31/2026	


 **Activity 1.13.2:** Improve advertisements concerning PrEP, condoms and other prevention messages for young adults 19-24 years of age.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	1.13.2.1		[QM] No. of PSAs targeting 19-24 year old persons with or at risk of HIV.	No. of PSAs targeting 19-24 year old persons with or at risk of HIV between 1/1/2022 and 12/31/2026	
	1.13.2.2		[QM] No. of other communication efforts targeting 19-24 year old persons.	No. of other communication efforts targeting 19-24 year old persons between 1/1/2022 and 12/31/2026	
	1.13.2.3		[QM] No. of impressions on advertisements targeting 19-24 year old, on PrEP.	No. of impressions on advertisements targeting 19-24 year old, on PrEP between 1/1/2022 and 12/31/2026	
	1.13.2.4		[QM] No. of impressions on advertisements targeting 19-24 year old, on condoms.	No. of impressions on advertisements targeting 19-24 year old, on condoms between 1/1/2022 and 12/31/2026	
	1.13.2.5		[QM] No. of impressions on advertisements targeting 19-24 year old, on other prevention messages.	No. of impressions on advertisements targeting 19-24 year old, on other prevention messages between 1/1/2022 and 12/31/2026	





NHAS Improve HIV-Related Health Outcomes of People with HIV


Goal 2:

 **Objective Objective L1.** Increase the percentage of newly identified positive persons with HIV **2.1:** 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 2.1.1:** Increase the number of new FDOH counseling and testing sites for vulnerable populations, i.e., Black/African American, Hispanic, and MSM, and track the effectiveness of these sites in bringing newly identified positive clients into care through TTRA.


Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.1.1		[QM] No. of new FDOH counseling and testing sites serving vulnerable populations.	48 New testing sites between 1/1/2022 and 12/31/2026	45 93.8%
	2.1.1.2		[Project] Programming in PE-Miami to allow tracking of 'referral from' for RWHP clients entering through TTRA.	[between 1/1/2022 and 12/31/2026]	% Complete
	2.1.1.3		[QM] No. newly identified positive clients enrolled in TTRA services.	246 newly identified positive clients enrolled in TTRA services between 1/1/2023 and 12/31/2023	244 99.2%
	2.1.1.4		[QA] % of newly identified positive clients enrolled in TTRA services from new counseling and testing sites, based on No.3, above.	% measured Quarterly Green >= 75 Yellow >50 and < 75 Red <= 50	80

 **Activity 2.1.2:** Increase the number of referral relationships between hospital ERs and urgent care centers, and TTRA sites, and track the effectiveness of these relationships in bringing newly diagnosed clients into care through TTRA.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.2.1		[QM] No. of hospital ERs, freestanding urgent care centers, and hospital-based urgent care centers with TTRA referral mechanisms in place.	7 hospital ERs, freestanding urgent care centers, and hospital-based urgent care centers with TTRA referral mechanisms in place between 1/1/2022 and 1/1/2026	3 42.9%
	2.1.2.2		[Project] Programming in PE-Miami to allow tracking of 'referral from' for RWHP clients entering through TTRA.	Programming in PE-Miami to allow tracking of 'referral from' for RWHP clients entering through TTRA [between 1/1/2022 and 12/31/2026]	% Complete
	2.1.2.3		[QM] No. newly identified positive clients enrolled in TTRA services (denominator).	246 newly identified positive clients enrolled in TTRA services between 1/1/2023 and 12/31/2023	244 99.2%
	2.1.2.4		[QM] % of clients enrolled in TTRA from hospitals or urgent care centers, based on No.3.	clients enrolled in TTRA from hospitals or urgent care centers, based on No.3 between 1/1/2022 and 12/31/2026	

 **Activity 2.1.3:** Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., Black/African American, Hispanic, and MSM.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.3.1		[QM] No. and listing of specific campaign for information dissemination to newly identified positive people with HIV.	1 listing of specific campaign for information dissemination to newly identified positive people with HIV between 1/1/2022 and 12/31/2026	1 100%
	2.1.3.2		[QM] No. of trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns.	2 trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns between 1/1/2022 and 12/31/2026	0 0%
	2.1.3.3		[QM] No. of brochures provided to EHE Quick Connect and TTRA testing sites.	1000 brochures provided to EHE Quick Connect and TTRA testing sites between 1/1/2022 and 12/31/2026	0 0%

Activity 2.1.4: Educate private providers during the academic detailing visits on the benefits of TTRA.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.4.1		[QM] No. of private providers identified to be educated on routinized testing and TTRA services.	1776 private providers identified to be educated on routinized testing and TTRA services between 1/1/2022 and 12/31/2026	111 6.3%
	2.1.4.2		[QM] No. of private providers educated on routinized testing and TTRA services.	1776 private providers educated on routinized testing and TTRA services between 1/1/2022 and 12/31/2026	111 6.3%
	2.1.4.3		[QM] No. of private providers committed (with MOUs) to linking clients to TTRA services.	592 private providers committed (with MOUs) to linking clients to TTRA services between 1/1/2022 and 12/31/2026	27 4.6%

Activity 2.1.5: Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.5.1		[QM] No. of people with HIV in the EMA who are identified as eligible for EHE HealthTec (baseline and every 4 months).	312 people with HIV in the EMA who are identified as eligible for EHE HealthTec (baseline and every 4 months) between 1/1/2022 and 12/31/2026	92 29.5%
	2.1.5.2		[QM] No. 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).	234 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) between 1/1/2022 and 12/31/2026	69 29.5%
	2.1.5.3		[QM] No. 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).	187 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) between 1/1/2022 and 12/31/2026	55 29.4%
	2.1.5.4		[QM] No. of EHE HealthTec clients with a suppressed viral load at last VL test during the measurement year.	131 EHE HealthTec clients with a suppressed viral load at last VL test during the measurement year between 1/1/2022 and 12/31/2026	39 29.8%


Activity 2.1.6: Implement the use of RWHP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.1.6.1		[QM] No. of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team (baseline and every 4 months).	312 people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team (baseline and every 4 months) between 1/1/2022 and 12/31/2026	92 29.5%
	2.1.6.2		[QM] No. of people with HIV linked to HIV medical care in the RWHP Part A/MAI; other community programs; or private insurance (baseline and every 4 months).	234 people with HIV linked to HIV medical care in the RWHP Part A/MAI; other community programs; or private insurance (baseline and every 4 months) between 1/1/2022 and 12/31/2026	69 29.5%
	2.1.6.3		[QM] No. 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).	187 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) between 1/1/2022 and 12/31/2026	55 29.4%


Objective Objective L1. Increase the percentage of newly identified positive persons with HIV 2.2: 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


L1.2. Provide socio-emotional support for newly identified positive persons with HIV as they move from counseling and testing to TTRA.]

 **Activity 2.2.1:** Routinize a supportive warm handoff process for newly identified positive persons referred from counseling and testing sites sharing locations with TTRA.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.2.1.1		[QM] No. of Part A/MAI subrecipients with counseling and testing sites on-site with TTRA, implementing the warm handoff as standard operating procedure.	12 Part A/MAI Subrecipients between 12/31/2022 and 12/31/2026	0 0%

 **Objective Objective L2. Increase the percentage of newly identified positive persons with HIV 2.3:** in Miami-Dade County who are linked to care within thirty (30) days of a confirmed positive diagnosis, from 85% in 2021 to 90% by December 31, 2026. [Strategy L2.1. Improve linkage to HIV health care within 30 days for all persons who are newly identified and confirmed positive for HIV.]



 **Activity 2.3.1:** Track the 30 day linkage to medical care for clients with a confirmed positive HIV test result among counseling and testing sites in Miami-Dade County.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.3.1.1		[Project] % of persons newly identified positive with HIV who are linked to care within 30 days from their confirmed positive diagnosis, across the counseling and testing site universe and among individual C&T sites.	% of persons newly identified positive with HIV who are linked to care within 30 days from their confirmed positive diagnosis, across the counseling and testing site universe and among individual counseling and testing sites [between 1/25/2024 and 2/12/2024]	82.4% Complete



 **Activity 2.3.2:** Identify counseling and testing sites with lower than 90% 30-day linkage of eligible newly-diagnosed persons with confirmed positive diagnoses.


Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.3.2.1		[QM] No. of counseling and testing sites that fall below 90% 30-day linkage.	No. of counseling and testing sites that fall below 90% 30-day linkage between 1/1/2022 and 12/31/2026	
	2.3.2.2		[Project] % of counseling and testing sites that fall below 90% 30-day linkage.	% of counseling and testing sites that fall below 90% 30-day linkage [between 1/1/2022 and 12/31/2026]	82.4% Complete




 **Activity 2.3.3:** Engage counseling and testing providers with 30-day linked-to-care rates lower than 90% in QI activities to raise their linkage rates.


Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.3.3.1		[QM] No. of counseling and testing sites with lower than 90% 30-day linkage who conducted a QI project to address linkage rates during the fiscal year.	counseling and testing sites with lower than 90% 30-day linkage who conducted a QI project to address linkage rates during the fiscal year between 1/1/2022 and 12/31/2026	
	2.3.3.2		[QM] No. of counseling and testing sites conducting a linkage rate QI project who increased their 30-day linkage rate by at least 10% over their baseline measurement.	No. of counseling and testing sites conducting a linkage rate QI project who increased their 30-day linkage rate by at least 10% over their baseline measurement between 1/1/2022 and 12/31/2026	

 **Activity 2.3.4:** Counseling and testing sites will present their QI projects to other counseling and testing sites to share best practices to replicate.




Objective % Done: **0 %** Activities Sum:


Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.3.4.1		[QM] No. of meetings/training conducted each year.	meetings/training conducted each year between 1/1/2022 and 12/31/2026	
	2.3.4.2		[QM] No. of counseling and testing site attendees who participated in meetings/trainings on best practices.	counseling and testing site attendees who participated in meetings/trainings on best practices between 1/1/2022 and 12/31/2026	
	2.3.4.3		[QM] No. of counseling and testing sites who adopted QI process improvements suggested by QI reports from participating counseling and testing providers.	counseling and testing sites who adopted QI process improvements suggested by QI reports from participating counseling and testing providers between 1/1/2022 and 12/31/2026	

 **Objective** Objective L3. Increase the percentage of newly identified positive persons with HIV 2.4: who are linked to care within thirty (30) days of a confirmed positive diagnosis, from 85% in 2021 to 90% by December 31, 2026. [Strategy L3.1. Provide antiretroviral therapy for newly identified positive persons within seven days for persons entering RWHAP care through TTRA, or within 30 days for newly identified positive persons who enter RWHAP care outside of TTRA.]



 **Activity 2.4.1:** Establish baselines for receipt of ARV medication (date of dispensed prescription, date of certified provision of samples by physician).

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.4.1.1		[QM] No. newly identified positive clients enrolled in RWHAP.	newly identified positive clients enrolled in RWHAP services between 1/1/2022 and 12/31/2026	
	2.4.1.2		[Project] % of TTRA enrolled clients with confirmed positive HIV diagnosis with verified receipt of ARV medication within seven days of enrollment.	% of TTRA enrolled clients with confirmed positive HIV diagnosis with verified receipt of ARV medication within seven days of enrollment [between 1/1/2022 and 12/31/2026]	72% Complete
	2.4.1.3		[Project] % of non-TTRA enrolled clients with confirmed positive HIV diagnosis with verified receipt of ARV medication within 30 days of enrollment.	% of non-TTRA enrolled clients with confirmed positive HIV diagnosis with verified receipt of ARV medication within 30 days of enrollment [between 1/1/2022 and 12/31/2026]	% Complete

 **Activity 2.4.2:** Enroll clients in ADAP (or other ARV payer source as appropriate) within 30 days of receipt of initial ARV medication.

Objective % Done: **0 %** Activities Sum:

Status	Number	Measurement Team	Measurement	Performance Metric	Status
	2.4.2.1		[Project] % of newly identified positive RWHAP clients engaged through TTRA enrolled in ADAP within 30 days of receipt of first ARV medication.	% of newly identified positive RWHAP clients engaged through TTRA enrolled in ADAP within 30 days of receipt of first ARV medication [between 1/1/2022 and 12/31/2026]	% Complete
	2.4.2.2		[Project] % of newly identified positive RWHAP clients not engaged through TTRA enrolled in ADAP within 30 days of receipt of first ARV medication.	% of newly identified positive RWHAP clients not engaged through TTRA enrolled in ADAP within 30 days of receipt of first ARV medication [between 1/1/2022 and 12/31/2026]	% Complete

NHAS Reduce HIV-Related Disparities and Health Inequities

Goal 3:

NHAS Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among

Goal 4: All Partners and Stakeholders



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

Tuesday, February 13, 2024

10:00 AM – 1:00 PM

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

AGENDA

- | | | |
|------------|--|-------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions | All |
| III. | Housekeeping | Staff |
| IV. | Floor Open to the Public | Dr. Diana Sheehan |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of October 10, 2023 | All |
| VII. | Reports | Staff |
| | ▪ Membership | |
| | □ Prevention Committee | |
| | □ Strategic Planning Committee | |
| | ▪ Partnership (<i>no report</i>) | |
| VIII. | Standing Business | All |
| | ▪ VMSG Database Update | |
| | ▪ Highlights of Integrated Plan Successes and Challenges | |
| IX. | New Business | All |
| | ▪ Integrated Plan Evaluation Workgroup Recommendations | |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting Dates | Dr. Diana Sheehan |
| | ▪ June 11, 2024: Integrated Plan Evaluation Workgroup at BSR | |
| | ▪ July 23, 2024: Joint Integrated Plan Review Team at MDC Main Library | |
| XII. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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Integrated Plan Evaluation Workgroup Recommendations to the Joint Integrated Plan Review Team

February 13, 2024

INTRODUCTION

This report includes recommendations from the Integrated Plan Evaluation Workgroup on final updates to the *Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan*. Care and Treatment goals will be added to the VMSG database after review by the Joint Integrated Plan Review Team.

ACRONYMS AND ABBREVIATIONS

- **BSR:** Behavioral Science Research Corporation
 - **CY:** Calendar Year
 - **EHE:** Ending the HIV Epidemic
 - **FDOH:** Florida Department of Health in Miami-Dade County
 - **HOPWA:** Housing Opportunities for Persons with AIDS Program
 - **MCM:** Medical Case Managers or Medical Case Management, depending on the context
 - **MSM:** Men who have Sex with Men
 - **MDC:** Miami-Dade County
 - **OMB:** Miami-Dade County Office of Management and Budgets
 - **PESN:** Peer Education and Support Network
 - **PE Miami:** Provide Enterprise® by Groupware Technologies (client database)
 - **Recipient:** Miami-Dade County Office of Management and Budgets
 - **RWHAP:** Ryan White HIV/AIDS Program
 - **SDOH:** Social Determinants of Health
 - **STI:** Sexually Transmitted Infections
-

RECOMMENDATIONS

1. **Goal:** Improve HIV-Related Health Outcomes of People with HIV: Health Outcomes for Special Populations (SP): ~~People with HIV who are Homeless or Unstably Housed~~ *People with HIV who are Unstably Housed or Who Need Emergency Funding* and *People with HIV who are Experiencing Chronic Homelessness*.

IPEW Recommendations:

- Divide into two Strategies:

1. *People with HIV who are unstably housed or who need emergency funding; and*
2. *People with HIV who are experiencing chronic homelessness.*

- a. **New Strategy: Improve HIV-related health outcomes of people with HIV who are unstably housed or who need emergency funding.**

Suggested Activities:

- Assess client housing needs as part of acuity assessment: Review RWHAP MCM protocols for identifying clients who are unstably housed.
 - Measurements? Responsible Parties?
- Educate service providers and stakeholders on available assistance for people who are unstably housed or who need emergency funding.
 - Measurements? Responsible Parties?
- Consider specific interventions that address improving health outcomes for people with HIV who are unstably housed or who need emergency funding.
 - Measurements? Responsible Parties?

- b. **New Strategy: Improve HIV-related health outcomes of people with HIV who are experiencing chronic homelessness.**

Suggested Activities:

- Disseminate inventory of resources for RWP MCM subrecipients to assist people with HIV who are experiencing chronic homelessness (through the www.aidsnet.org Provider Resource Hub).
 - Measurements? Responsible Parties?
- Educate service providers and stakeholders on the special needs of people with HIV who are experiencing chronic homelessness.
 - Measurements? Responsible Parties?
- Consider specific interventions that address improved health outcomes for the approximately 600 people in RWHAP care who are experiencing chronic homelessness.
 - Measurements? Responsible Parties?

2. Goal: Improve HIV-Related Health Outcomes of People with HIV: Retention in Care (R)

Objective: 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: Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.

Activities:

- Convene listening sessions among peers and peer supervisors in CY 2024 to identify potential areas of increased peer involvement in client care, advanced peer skill development, and advanced peer skill certification.
- Identify advanced peer certification training/resources; conduct training; and certify at least 50% of peers by the end of 2026.
- Based on certification requirements, revise local RWHAP Service Delivery Manual/Service Definition for MCM/Peer Education and Support Network.

IPEW Recommendations:

- Advanced training certification should be pursued; BSR will coordinate with the Recipient.
 - Consider using existing training modules or programs, rather than developing.
 - Training should be offered on an ongoing basis.
 - For RWHAP, adjust reimbursement rates for peers to reflect additional compensation for certified peers.
 - For RWHAP, incorporate advanced peer training requirements, including frequency, into the Service Delivery Manual and/or Service Definition and contract language.
-

3. Goal: Improve HIV-Related Health Outcomes of People with HIV: Retention in Care (R)

Objective: 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: Ensure a “whole person,” holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.

Activity:

- Review and revise local MCM standards of care to address protocols for addressing social determinants of health (SDOH) (e.g., childcare, housing, food insecurity, domestic violence, discrimination) in treatment plans and external referrals.

IPEW Recommendations:

- Conduct reviews with MCMs, MCM Supervisors, and the Recipient to determine areas where access to health services and SDOH services may be addressed in MCM activities.
- Review and update mandatory intake screens in PE Miami to include revised questions on SDOH.

4. Goal: Improve HIV-Related Health Outcomes of People with HIV: Retention in Care (R)

Objective: 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: Ensure a “whole person,” holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.

Activity: Develop or Identify protocols for how mental health services are destigmatized (“normalized”) and clients are encouraged to make use of them.

5. **Goal:** Improve HIV-Related Health Outcomes of People with HIV: Health Outcomes for Special Populations:
- Transgender People with HIV; and
 - MSM with HIV and Co-occurring STIs in Ryan White Care.

Objectives: Improve health outcomes for [both Special Populations].

Strategies: Expand existing programs and collaborations to address specific needs of [both Special Populations].

Activities:

- 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.
- Provide annual LGBTQ cultural competency/cultural humility trainings for RWHAP subrecipients.

IPEW Recommendations:

- Redefine the training as a comprehensive LGBTQ+ sensitivity and cultural competency/cultural humility training.
- Cross-reference under both Special Populations, so that completion of one constitutes completion of both.

Note: Positive health outcomes for MSM with HIV and Co-occurring STIs in Ryan White Care are amongst the highest in the program.

-
6. **Goal:** Reduce HIV-Related Disparities and Health Inequities: Stigma (S)

Objective: Reduce HIV-related stigma and discrimination.

Strategy: Increase awareness of stigmatizing attitudes 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: ~~Develop and/or~~ Identify training curricula for MCM/Peers, front desk personnel and medical providers in RWHAP subrecipients that address stigma, discrimination and unrecognized ethnic, racial, gender, and HIV-status bias.

-
7. **Goal:** Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners: Integrated Plan Coordination (IPC)

Objective: 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.~~

Activity: Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.

- ***This was a FINDING during the HRSA Site Visit.***



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

Tuesday, February 13, 2024

10:00 AM – 1:00 PM

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions | All |
| III. | Housekeeping | Staff |
| IV. | Floor Open to the Public | Dr. Diana Sheehan |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of October 10, 2023 | All |
| VII. | Reports | Staff |
| | ▪ Membership | |
| | □ Prevention Committee | |
| | □ Strategic Planning Committee | |
| | ▪ Partnership (<i>no report</i>) | |
| VIII. | Standing Business | All |
| | ▪ VMSG Database Update | |
| | ▪ Highlights of Integrated Plan Successes and Challenges | |
| IX. | New Business | All |
| | ▪ Integrated Plan Evaluation Workgroup Recommendations | |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting Dates | Dr. Diana Sheehan |
| | ▪ June 11, 2024: Integrated Plan Evaluation Workgroup at BSR | |
| | ▪ July 23, 2024: Joint Integrated Plan Review Team at MDC Main Library | |
| XII. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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