




WELCOME

Thank you for joining today's

**Joint Integrated Plan
Review Team
Meeting**

*Please sign in to have your
attendance recorded.*





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

Tuesday, July 23, 2024

10:00 AM – 1:00 PM

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

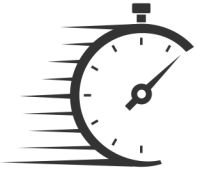
AGENDA

- | | |
|--|------------------|
| I. Call to Order | Angela Machado |
| II. Introductions | All |
| III. Housekeeping | Virginia Muñoz |
| IV. Floor Open to the Public | Tajma Darlington |
| V. Review/Approve Agenda | All |
| VI. Review/Approve Minutes of February 13, 2024 | All |
| VII. Reports (<i>posted on www.aidsnet.org</i>) | Staff |
| ▪ Membership | |
| ▪ Partnership | |
| VIII. Standing Business | |
| ▪ Prevention Committee Business | Virginia Muñoz |
| ▪ Strategic Planning Committee Business | Angela Machado |
| ▪ VMSG Database Update | Staff |
| IX. New Business | All |
| ▪ <i>Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan</i>
Breakout Groups – Updates and Discussion (45-60 minutes) | |
| 1. Prevention: Know Your Status; and Women, Infants, and Youth | |
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| 4. Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations | |
| ▪ Breakouts Recap (15 minutes) | |
| ▪ 2025 JIPRT Meeting Schedule and Next Steps | |
| X. Announcements and Open Discussion | All |
| XI. Next Meeting Dates | Tajma Darlington |
| ▪ August 9, 2024: Strategic Planning Committee at BSR | |
| ▪ August 29, 2024: Prevention Committee at MDC Main Library | |
| XII. Adjournment | Virginia Muñoz |

For more information about the Joint Integrated Plan Review Team,
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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership

Meeting Guide



Meetings can be fast-paced and confusing!
These terms and acronyms can help you follow along.



Please raise your hand at any time if you need more information!

ADAP	AIDS Drug Assistance Program
BSR	Behavioral Science Research Corp. (aka, Staff)
EHE	Ending the HIV Epidemic: A Plan for America
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County
FPL	Federal Poverty Level
HOPWA	Housing Opportunities for People with AIDS Program
HRSA	The Health Resources and Services Administration
Integrated Plan or IP IPEW JIPRT	The Miami-Dade County Integrated HIV Prevention and Care Plan The Integrated Plan Evaluation Workgroup The Joint Integrated Plan Review Team (Prevention & Strategic Planning Committees)
MAI	Minority AIDS Initiative
NHAS	National HIV/AIDS Strategy
PE-Miami Provide	Provide Enterprise® by Groupware Technologies (RWP client database system)
RWP RWHAP	Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)
The Partnership Planning Council PC	The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget.
TTRA	Test and Treat/Rapid Access

Scan the QR Code for additional acronyms and terminology -
Get on Board Training: Understanding the Language of the Partnership



Meeting Housekeeping Joint Integrated Plan Review Team

Updated July 23, 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.

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.



Please Sign In

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 . . .

Meeting Participation

Everyone has a role to play!

- ❑ All attendees may address the board as time allows and at the discretion of the Chair.
- ❑ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
 - Raise your hand to be recognized by the Chair or added to the queue during discussions.
 - Avoid repeating points previously addressed.



Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ❑ Please raise your hand at any time if you need more information!



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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 www.aidsnet.org/the-partnership/, or by scanning the QR code on your agenda.

Welcome to AIDSNET.org!

Welcome to the online home of the Miami-Dade HIV/AIDS Partnership (Miami-Dade County Ryan White Program planning council), the Clinical Quality Management (CQM) program, resources for people with HIV and service providers, and the bulletin board for HIV news and information in Miami-Dade County – Community Newsletter.

SERVING **9,071** people with HIV

The Miami-Dade HIV/AIDS Partnership

Resources for People with HIV

Clinical Quality Management Program

Ryan White Program Service Provider Resource Hub

Community Newsletter - HIV News and Resources

Calendars



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Angela Machado
Staff |
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| | <ul style="list-style-type: none"> ▪ <i>Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan</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
February 13, 2024 Minutes

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

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 10:19 a.m.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

Behavioral Science Research (BSR) staff presented the PowerPoint, *Partnership Meeting Housekeeping*, including people first language, code of conduct reminders, and resource persons.

IV. Floor Open to the Public

Strategic Planning Committee Vice Chair, Dr. Diana Sheehan, 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: Angela Machado

Seconded: Jeremy Johnston

Motion: Passed

VI. Review/Approve Minutes of October 10, 2023

Minutes of October 10, 2023, were reviewed. There were no changes.

Motion to approve the minutes of the October 10, 2023.

Moved: Tabitha Hunter

Seconded: Dr. Amanda Ichite

Motion: Passed

VII. Reports

▪ **Membership**

Staff noted a flyer to promote membership opportunities is still in circulation and 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

▪ VMSG Database Update

Staff presented a brief presentation including the timeline for training and entering data; the challenges of making the Integrated Plan structure fit into the VMSG structure; and a sample of the Operational Plan Report from VMSG. The database is expected to be populated before the next JIPRT meeting in July 2024.

▪ Highlights of Integrated Plan Successes and Challenges

Members reviewed the data entered to date in the VMSG Operation Plan Report. The baselines and targets are not clear from the report and should be included to make the data points more meaningful.

IX. New Business

Integrated Plan Evaluation Workgroup Requests and Recommendations

Members reviewed recommendations and requests for clarification by the Integrated Plan Evaluation Workgroup (IPEW). The below suggestions were adopted by consensus.

The Plan will divide the Special Population of persons experiencing homelessness into 1) persons experiencing homelessness; and 2) persons who are unstably housed. Each group will have defined measurements and activities; to be determined.

Advanced training certification for Peer Educators should be explored. The Care and Treatment Committee can update the service definition of Medical Case Management and non-Medical Case Management to include advanced Peer training with guidance from the Recipient on allowable costs and within the HRSA definition of allowable activities.

Activities and measurements to address social determinants of health (SDOH) are still being discussed. Recommendations include conducting 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; and reviewing and updating mandatory intake screens in PE Miami to include revised questions on SDOH.

Regarding destigmatizing mental health services, all providers should have a protocol in place to encourage clients to access mental health services, as needed. The rates of access can be measured through billable activities in PE-Miami.

Cultural competency/cultural humility training can cover the spectrum of persons identified as LGBTQ+, provided there is an emphasis on special needs of the transgender population. The training can be cross referenced in VMSG in the two Special Populations: Transgender People with HIV; and MSM with HIV and Co-occurring STIs in Ryan White Care.

Regarding reducing HIV-related stigma and discrimination, the recommendation was to 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. A social media campaign to promote the training should be included.

More efforts need to be made to expand community partnerships and identify stakeholders.

X. Announcements

Abril Sarmiento announced the Ending the HIV Epidemic Health Fair taking place February 14, 2024.

XI. Next Meeting

Dr. Sheehan announced the next meeting dates as:

- June 11, 2024: Integrated Plan Evaluation Workgroup at BSR; and
- July 23, 2024: Joint Integrated Plan Review Team at MDC Main Library.

XII. Adjournment

Ms. Sarmiento called the meeting adjourned at 12:45 p.m.

DRAFT



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Membership Report

July 23, 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.

Opportunities for Ryan White Program Clients

10 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

9 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:

- Housing, Homeless or Social Service Provider
- Other Federal HIV Program Grantee (Part F)
- Representative Co-infected with Hepatitis B or C
- Hospital or Health Care Planning Agency Representative
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Substance Abuse Provider Representative



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?



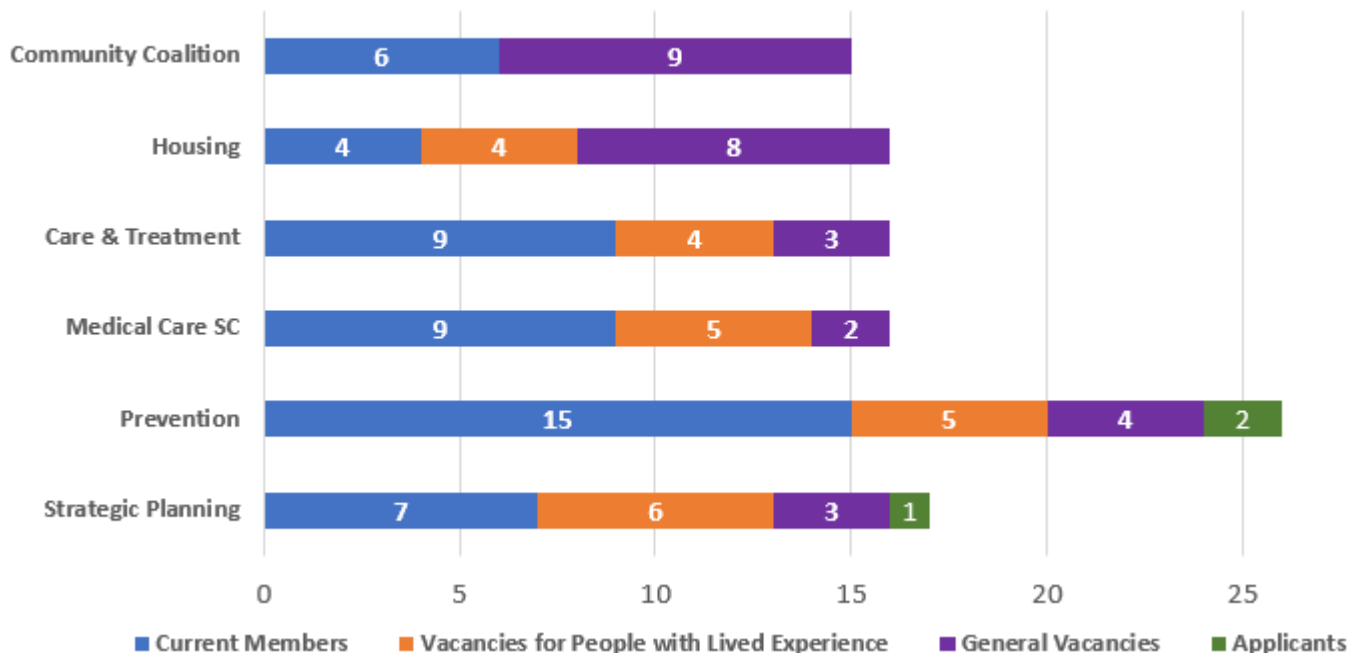
Committees

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.

Standing Committee and Subcommittee Membership





Partnership Report to Committees and Subcommittee June 17, 2024 Meeting

Supporting documents related to motions in this report are available at www.aidsnet.org/the-partnership#partnership1, or from staff at Behavioral Science Research Corporation (BSR).

For more information, please contact mcdpartnership@behavioralscience.com.

Members heard regular reports and approved the below motions.

Community Coalition Roundtable

1. Motion to approve the Feedback Form for Community Input and Problem-Solving, as presented.
 2. Motion to recommend to the Mayor of Miami-Dade County the appointment of Nilda Gonzalez for the Federally Qualified Health Center Representative seat; Keddrick Jones for a Representatives of the Affected Community seat; Jesus Medina for the Prevention Provider Representative seat; Virginia Muñoz for the Local Health Department Representative seat; Joseph “Joanna” Robinson for a Representatives of the Affected Community seat; and Jason “Mahogany” White for a Representatives of the Affected Community seat, on the Miami-Dade HIV/AIDS Partnership.
-

Housing Committee

3. Motion to approve the Housing Stakeholder Meeting Invitation letter.
-

Care and Treatment Committee

4. Motion to approve the Psychosocial Service Definition and the Housing Service Definition; and to adopt the HRSA PCN#16-02 definition of Non-Medical Case Management, as written, as the service definition for Non-Medical Case Management.
 5. Motion to add Medical Transportation to the upcoming RFP bundle of Outpatient Ambulatory Health Services, Medical Case Management, and Mental Health Services.
-

New Business – Carryover Funds Requests

6. Motion to approve the allocation of FY 2024-25 (YR34) Minority AIDS Initiative Carryover Funds in the amounts of \$172,385 to Medical Case Management; \$712,385 to Outpatient/ Ambulatory Health Care; and \$50,000 to Medical Transportation.
7. Motion to approve the allocation of FY 2024-25 (YR 34) Part A Formula and Supplemental Carryover Funds in the amount of \$795,210 to Food Bank.



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AUGUST 2024

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

Monday	Tuesday	Wednesday	Thursday	Friday	
<p>MEETING LOCATIONS BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Blvd., Suite 240, Coral Gables, FL 33134 Care Resource - Care Resource Community Health Centers, 3510 Biscayne Blvd., 1st Floor Community Room, Miami, FL 33137 Empower U - Empower U CHC, 7900 NW 27th Avenue, Suite C3A, Miami, FL 33147 MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 3313</p>				<p>2</p>	<p>All events on this calendar are open to the public.</p> <p><i>People with HIV are invited to participate!</i></p>  <p>Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials.</p> <p>RSVP to (305) 445-1076, mdcpartnership@behavioralscience.com, or scan the QR Code for Partnership meetings.</p>  <p>Visit www.aidsnet.org for more information.</p> <p>Version 06/03/24 Information on this calendar is subject to change.</p>
<p>5</p>	<p>6</p>	<p>7 Partnership New Member Orientation 1:00 PM to 4:00 PM via Microsoft Teams</p>	<p>8 Care & Treatment Committee 10:00 AM to 1:00 PM at Care Resource</p>	<p>9 Strategic Planning Committee 10:00 AM to 12:00 PM at BSR Corp.</p>	
<p>12</p> <div data-bbox="100 813 422 919" style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>🚫 RWP 34th Anniversary (August 18)</p> </div>	<p>13</p>	<p>14 Ryan White Program MCM Supervisor Care and Coordination Training via Microsoft Teams 10:00 AM to 4:00 PM</p>	<p>15 Housing Committee 2:00 PM to 4:00 PM at Care Resource</p>	<p>16</p>	
<p>19 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library</p>	<p>20 🚫 Southern HIV/AIDS Awareness Day</p>	<p>21 🚫 2024 National Ryan White Conference on HIV Care & Treatment (August 20-23)</p>		<p>23 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.</p>	
<p>26 Community Coalition Roundtable 5:00 PM to 7:00 PM (Dinner at 4:30 PM) at Empower U</p>	<p>27 🚫 National Faith HIV/AIDS Awareness Day</p>	<p>28 Ryan White Program Medical Case Manager Basic Training 10:00 AM to 4:00 PM via Teams Executive Committee 10:00 AM to 12:00 PM at BSR Corp.</p>	<p>29 Prevention Committee 10:00 AM to 12:00 PM at MDC Main Library</p>	<p>30</p>	



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

Tuesday, July 23, 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 | Angela Machado |
| II. | Introductions | All |
| III. | Housekeeping | Virginia Muñoz |
| IV. | Floor Open to the Public | Tajma Darlington |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2024 | All |
| VII. | Reports (<i>posted on www.aidsnet.org</i>) | Staff |
| | <ul style="list-style-type: none"> ▪ Membership ▪ Partnership | |
| VIII. | Standing Business | |
| | <ul style="list-style-type: none"> ▪ Prevention Committee Business ▪ Strategic Planning Committee Business ▪ VMSG Database Update | Virginia Muñoz
Angela Machado
Staff |
| IX. | New Business | All |
| | <ul style="list-style-type: none"> ▪ <i>Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan Breakout Groups – Updates and Discussion (45-60 minutes)</i> <ol style="list-style-type: none"> 1. <i>Prevention: Know Your Status; and Women, Infants, and Youth</i> 2. <i>Prevention: PrEP; Advertising; Condoms; and Syringe Services Program</i> 3. <i>Care: Linkage to Care; Retention in Care; and Special Populations</i> 4. <i>Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations</i> ▪ Breakouts Recap (15 minutes) ▪ 2025 JIPRT Meeting Schedule and Next Steps | |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting Dates | Tajma Darlington |
| | <ul style="list-style-type: none"> ▪ August 9, 2024: Strategic Planning Committee at BSR ▪ August 29, 2024: Prevention Committee at MDC Main Library | |
| XII. | Adjournment | Virginia Muñoz |

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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JIPRT Meeting Breakout Group Guide Group 1

1. Introductions - Get to know your group!
2. Designate a person to report during the Breakouts Recap.
3. On each handout, review the NHAS Goal --> Objective --> Strategy --> Activity --> Measurement --> Data
4. Consider some questions to guide discussions:
 - a. What is the target?
 - b. Are we on track to achieve the target by December 31, 2026?
 - c. What challenges are keeping us from achieving our targets?
 - d. What can we do to improve our outcomes?
 - e. Where are we having success and how can we ensure we stay on track?
 - f. Should we adjust our target?
5. What overall impressions do you want to report to the JIPRT during Breakouts Recap?

Note: Each handout includes acronyms and terminology for reference.

- JIPRT: Joint Integrated Plan Review Team - Prevention Committee and Strategic Planning Committee members
- NHAS: National HIV/AIDS Strategy

NHAS Goal 1: Prevent New HIV Infections

Objective 1.1 (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 health care facilities to increase routine opt-out HIV testing.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.1.1.1	Number of healthcare facilities identified for routine opt-out HIV testing in MDC	123	208	1,200
1.1.1.2	Number of healthcare facilities interested in routine opt-out HIV testing in MDC	123	208	1,200
1.1.1.3	Number of healthcare facilities committed to conducting routine opt-out HIV testing in MDC	36	73	574
1.1.1.4	Number of healthcare facilities implementing routine opt-out HIV testing in MDC	16	87	1,440
1.1.1.5	Number of HIV positive persons identified through routine opt-out testing	432 – HCSF and Hospitals	818 Total ▪ 714 – HCSF and Hospitals ▪ 104 – EHE	TBD
		1,582 – FDOH EHE	1,714 – FDOH EHE	TBD
1.1.1.6	Number of previously diagnosed HIV positive persons	▪ 337 – HCSF and Hospitals ▪ 444 – FDOH EHE	610 Total	TBD
1.1.1.7	Number of newly diagnosed HIV positive persons	88 – HCSF and Hospitals	87 Total ▪ 82 – Hospitals ▪ 5 – EHE	TBD
1.1.1.8	Number of HIV tests integrated with viral hepatitis tests (HCV)	14,102 – EHE agencies and JMHS	1,996 – EHE	TBD
1.1.1.9	Number of HIV tests integrated with STI tests	3,047 – EHE agencies	3,233 – EHE	TBD

- EHE: Ending the HIV Epidemic
- HCSF: Health Council of South Florida
- JMHS: Jackson Medical Health System
- NHAS: National HIV/AIDS Strategy
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

NHAS Goal 1: Prevent New HIV Infections

Objective 1.1 (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 1.1.2: Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.1.2.1	Number of licensed clinical providers and practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI)	242	489	1776
1.1.2.2	Number of licensed clinical providers educated on routine testing (i.e., HIV, HCV, STI)	228	489	1776
1.1.2.3	Number of registrations/agreements established with partners to serve as routine healthcare testing sites	35	73	888

NHAS Goal 1: Prevent New HIV Infections

Objective 1.2 (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 1.2.1: Increase the use of home HIV self-testing kits as an alternative option.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.2.1.1	Number of persons receiving one or more HIV self-test kits	207	693, including 193 from EHE funds	2,000
1.2.1.2	Number of persons who confirmed taking a self-test	76	109	380
1.2.1.3	Number of persons who reported a positive test result using the self- test kit	1	1	5
1.2.1.4	Number 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	1	1	5

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy

NHAS Goal 1: Prevent New HIV Infections

Objective 1.2 (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 1.2.2: Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.2.2.1	Number of community testing partners implementing HIV/STI testing at non-traditional settings	1 – Test Miami 7 – EHE	1 – Test Miami mobile unit 7 – EHE	1
1.2.2.2	Number of persons tested for HIV at non-traditional settings	1,057	923	4,000
1.2.2.3	Number of HIV positive persons at a non-traditional setting	17	24	40
1.2.2.5	Number of newly diagnosed HIV positive persons at non-traditional settings	12	14	40
1.2.2.5	Number of persons tested for STIs at non-traditional settings	2,989	999	4,000
1.2.2.6	Number of persons diagnosed with an STI at non-traditional settings	17	79	320

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy

NHAS Goal 1: Prevent New HIV Infections

Objective 1.2 (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 1.2.3: Increase the number of mobile units offering HIV/STI testing in the community.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.2.3.1	Number of operational mobile units conducting HIV/STI testing	1	1	1
1.2.3.2	Number of HIV tests conducted at a mobile unit	1,057	923	4,000
1.2.3.3	Number of HIV positive results from HIV tests conducted at a mobile unit	12	24	40
1.2.3.5	Number of persons linked to HIV care at a mobile unit	19	10	40
1.2.3.6	Number of STI tests conducted at a mobile unit	2,989	999	4,000
1.2.3.7	Number of STI positive results from STI tests conducted at a mobile unit	31	79	100
1.2.3.8	Number of people referred for STI treatment at a mobile unit	265	167	320
1.2.3.9	Number of persons linked to PrEP at a mobile unit	94	42	160

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy

NHAS Goal 1: Prevent New HIV Infections

Objective 1.3 (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 1.3.1: Provide training and education to community partners on the status neutral approach.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.3.1.1	Number of community testing organizations trained and educated on the status neutral approach	0 - Activity started in January 2023	18	TBD
1.3.1.2	Number of counselors trained and educated on the status neutral approach	0 - Activity started in January 2023	49	1,200

NHAS Goal 1: Prevent New HIV Infections

Objective 1.3 (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 1.4.1: Educate community testing partners on availability and importance of partner services.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.4.1.1	Number of counselors trained and educated on the importance of partner services	204	206	1,440

NHAS Goal 1: Prevent New HIV Infections

Objective 1.5 (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 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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.5.1.1	Number of educational sessions conducted (by FDOH and Perinatal Prevention Staff)	66	208	1,220
1.5.1.2	Number of persons trained	297	489	1,876

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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.5.2.1	Number of educational sessions conducted	111	208	1,220
1.5.2.2	Number of persons trained	111	489	1,776

NHAS Goal 1: Prevent New HIV Infections

Objective 1.5 (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 1.5.3: Conduct educational sessions with hospitals, including emergency rooms and high-risk delivery hospitals, and urgent care centers.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.5.3.1	Number of in person educational sessions conducted with hospitals	4	22	20
1.5.3.2	Number of educational sessions conducted with urgent care centers	0	<i>There were no urgent care centers identified for educational sessions</i>	2
1.5.3.3	Percent of High-Risk Notification Forms and/or notifications of pregnant women with HIV received directly from providers	97.6%	<i>100% Only 78 live births were born to 77 moms out of the 99 pregnancies therefore, 100 percent of notifications were received</i>	100%
1.5.3.4	Percent of Newborn Exposure Notification Forms received	98.6%	98%	100%

NHAS Goal 1: Prevent New HIV Infections

Objective 1.6 (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 1.6.1: Link pregnant women with HIV to HIV care and prenatal care.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.6.1.1	Number of pregnant women with HIV who were linked to HIV care within 30 days of the initial notification date	73	98	90
1.6.1.2	Percent of pregnant women with HIV who were linked to HIV care within 30 days of the initial notification date	None	98.9%	95%
1.6.1.3	Number of pregnant women with HIV who received adequate prenatal care <i>(Comment from Queen Holden, FDOH: I suggest not using the term adequate because our goal is to get them into prenatal care regardless of the time frame. Adequate prenatal care includes women who initiated prenatal care within the first four months of pregnancy and completed at least 80% of expected visits.)</i>	69	74	90
1.6.1.4	Percent of pregnant women with HIV who received adequate prenatal care	92%	(96%) <i>Of the 77 pregnant women who continued their pregnancy, 3 moms' pregnancies were determined at delivery or weeks before delivery.</i>	95%

NHAS Goal 1: Prevent New HIV Infections

Objective 1.6 (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 1.6.2: Provide follow-up medical and family planning services for post-partum women with HIV.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.6.2.1	Number of post-partum women with HIV who received family planning services	73	88% <i>Out of the 77 women who continued their pregnancy, some were incarcerated, moved out of town or refused contraception/family planning/postpartum services after delivery. (88% and 92%, respectively)</i>	90
1.6.2.2	Percent of post-partum women with HIV who received family planning services	97.3%		95%
1.6.2.3	Number of women with HIV who received post-partum care	73	71 <i>Out of the 77 women who continued their pregnancy, some were incarcerated, moved out of town or refused contraception/family planning/postpartum services after delivery. (88% and 92%, respectively)</i>	90
1.6.2.4	Percent of women with HIV who received post-partum care	97.3%		95%

JIPRT Meeting

Breakout Group Guide

Group 2

1. Introductions - Get to know your group!
2. Designate a person to report during the Breakouts Recap.
3. On each handout, review the NHAS Goal --> Objective --> Strategy --> Activity --> Measurement --> Data
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Note: Each handout includes acronyms and terminology for reference.

- JIPRT: Joint Integrated Plan Review Team - Prevention Committee and Strategic Planning Committee members
- NHAS: National HIV/AIDS Strategy

NHAS Goal 1: Prevent New HIV Infections

Objective 1.7 (P3) Increase the percentage of persons screened for 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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.7.1.2	Number of PrEP educational sessions conducted	23	208	1,200
1.7.1.2	Number of PrEP educational materials distributed	23	208	1,200

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.7.2.1	Number of educational sessions conducted specifically to health care providers	88	208	1,200
1.7.2.2	Number of providers recruited to provide PrEP services	25	159	1,100
1.7.2.3	Number of PrEP prescribers	25	134	1,100

NHAS Goal 1: Prevent New HIV Infections

Objective 1.7 (P3) Increase the percentage of persons screened for 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 1.7.3: Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.7.3.1	Number of providers offering TelePrEP services	3	3	TBD
1.7.3.2	Number of persons who received TelePrEP services	122	603	TBD

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.7.4.1	Number of HIV-negative tests	11,656	52,944	TBD
1.7.4.2	Number of access points for PrEP	8 (EHE)	9	TBD
1.7.4.3	Number of individuals screened for PrEP	7,599	7,711	TBD
1.7.4.4	Number of individuals referred to a PrEP provider	2,363	Pending	TBD
1.7.4.5	Number of individuals linked to a PrEP provider	760	197	TBD
1.7.4.6	Number of individuals prescribed PrEP	670	Pending	TBD

- NHAS: National HIV/AIDS Strategy
- PrEP: Pre-exposure prophylaxis
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

NHAS Goal 1: Prevent New HIV Infections

Objective 1.8 (P4) Increase the number of agencies offering nPEP in the community from 7 in 2021 to 10 by December 31, 2026.

StrategyP4.1: Ensure access to and availability of nPEP.

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.8.2.1	Number of nPEP educational sessions conducted	23	208	1,200

NHAS Goal 1: Prevent New HIV Infections

Objective 1.9 (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 1.9.1: Increase the number of condom distribution sites across the jurisdiction.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.9.1.1	Number of condoms distributed by Zip Code (report using Zip Code map)	2,362,830 <i>Increase by 1%</i>	2,380,408	2,386,458
1.9.1.2	Number of Business Responds to AIDS (BRTA) sites	30 <i>Increase by 10%</i>	65	60

NHAS Goal 1: Prevent New HIV Infections

Objective 1.10 (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 1.10.1: Educate and refer high-risk individuals to local SSP.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Jul 2022-June 2023)	Target (Dec 2026)
1.10.1.1	Number of persons linked to IDEA Exchange	TBD	864	TBD

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Jul 2022-June 2023)	Target (Dec 2026)
1.10.2.1	Number of social media posts by IDEA Exchange (Facebook, Instagram and Twitter)	107	TBD	TBD

- IDEA Exchange: Infectious Disease Elimination Act
- NHAS: National HIV/AIDS Strategy
- SSP: Syringe Services Program
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

NHAS Goal 1: Prevent New HIV Infections

Objective 1.11 (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 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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.1.1	Number of overall impressions [media measurement] from knowing your status, getting into care while addressing stigma, HIV prevention and care marketing campaigns	46,791,818	TBD	TBD
1.11.1.2	Number of posts on knowing your status, getting into care while addressing stigma, HIV prevention and care	997	TBD	TBD

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.2.1	Number of agencies conducting outreach events for each priority population (identify priority populations)	13	TBD	TBD
1.11.2.2	Number of outreach events conducted	718	TBD	TBD
1.11.2.3	Number of contacts created at outreach events	23,444	TBD	TBD

- NHAS: National HIV/AIDS Strategy
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

NHAS Goal 1: Prevent New HIV Infections

Objective 1.11 (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 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).

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.3.1	Number of overall impressions from U=U, and other destigmatizing HIV marketing campaigns	61,339,800	TBD	TBD
1.11.3.2	Number of posts on prevention messages to destigmatize HIV	200	TBD	TBD
1.11.3.3	Number of advertising/media types (e.g., print; digital/internet-based; radio; television; out-of-home advertising)	4	TBD	TBD

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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.4.1	Number of educational sessions about destigmatizing HIV, and empowering people with HIV	912	TBD	TBD
1.11.4.2	Number of media campaign types utilizing influencers or community representatives to promote HIV messages	4	TBD	TBD

- NHAS: National HIV/AIDS Strategy
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

NHAS Goal 1: Prevent New HIV Infections

Objective 1.11 (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 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.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.5.1	Number of overall impressions from PrEP/nPEP marketing campaign(s)	56,340,217	TBD	TBD
1.11.5.2	Number of PrEP/nPEP advertisements type (e.g., print; digital/internet-based; radio; television; out-of-home advertising)	4	TBD	TBD
1.11.5.3	Number of Ready, Set, PrEP initiative, PrEP/nPEP posts	340		

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

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.11.6.1	Number of partnerships created that support prevention messages	13	5	TBD

- NHAS: National HIV/AIDS Strategy
- TBD: To be determined - Data were not available at the time of the meeting (possible discussion points)

JIPRT Meeting

Breakout Group Guide

Group 3

1. Introductions - Get to know your group!
2. Designate a person to report during the Breakouts Recap.
3. On each handout, review the NHAS Goal --> Objective --> Strategy --> Activity --> Measurement --> Data
4. Consider some questions to guide discussions:
 - a. What is the target?
 - b. Are we on track to achieve the target by December 31, 2026?
 - c. What challenges are keeping us from achieving our targets?
 - d. What can we do to improve our outcomes?
 - e. Where are we having success and how can we ensure we stay on track?
 - f. Should we adjust our target?
5. What overall impressions do you want to report to the JIPRT during Breakouts Recap?

Note: Each handout includes acronyms and terminology for reference.

- JIPRT: Joint Integrated Plan Review Team - Prevention Committee and Strategic Planning Committee members
- NHAS: National HIV/AIDS Strategy

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM.

Measurement 2.1.3.1

No. and listing of specific campaign for information dissemination to newly identified positive people with HIV.

TARGET = 1
December 31, 2026



Reporting Period	Campaigns	Target
January 1, 2022 – June 30, 2022	0	In Progress
July 1, 2022 – December 31, 2022	0	In Progress
January 1, 2023 – June 30, 2023	1	Target Met

- B/AA: Black/African American
- Hispanic: Includes persons who identify as Latina, Latino, and Latinx
- MSM: Gay, bisexual, and other men who have sex with men
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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Strategy L1.1: Expand capacity and access to local TTRA.

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

Measurement 2.1.3.2

No. of trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns.

TARGET = 2
December 31, 2026



Reporting Period	Brochures Designed	Target
January 1, 2022 – June 30, 2022	0	In Progress
July 1, 2022 – December 31, 2022	0	In Progress
January 1, 2023 – June 30, 2023	2 Total <ul style="list-style-type: none"> • 1 targeted towards clients • 1 targeted toward providers 	Target Met

- B/AA: Black/African American
- Hispanic: Includes persons who identify as Latina, Latino, and Latinx
- MSM: Gay, bisexual, and other men who have sex with men
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

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Strategy L1.1: Expand capacity and access to local TTRA.

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

BASELINE

January 1, 2022

0

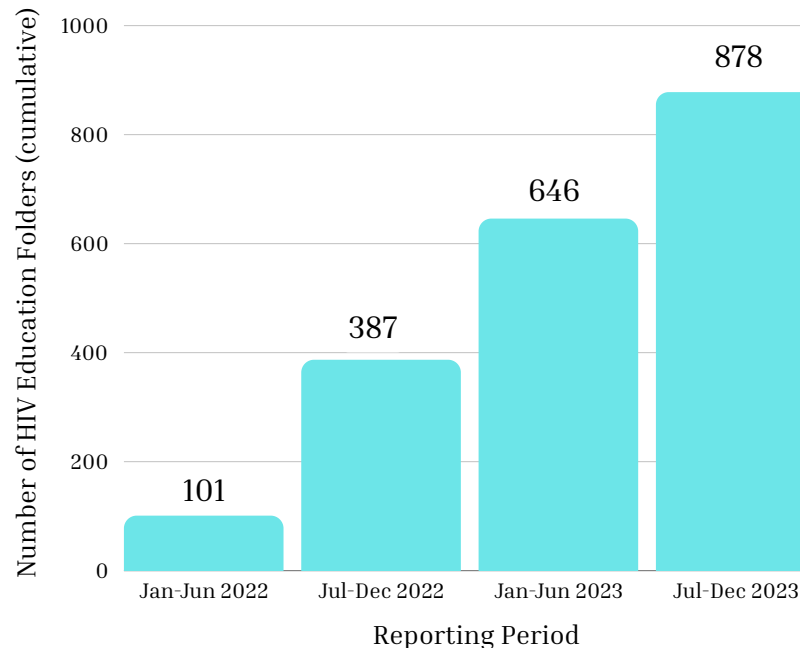
HIV Education Folders

EHE Quick Connect

- Expanding TTRA protocol to ensure access to medical care and antiretroviral therapy (ART) within 7 days.
- Educating providers on HIV treatment guidelines, the benefits of routinized opt-out HIV testing at hospitals and clinics.
- Engaging the community in HIV testing through social marketing and media campaigns throughout the county.

Measurement 2.1.3.3

No. of HIV education folders provided to EHE Quick Connect and TTRA testing sites.



TARGET

December 31, 2026



2000

HIV Education Folders

- B/AA: Black/African American
- EHE: Ending the HIV Epidemic
- Hispanic: Includes persons who identify as Latina, Latino, and Latinx
- MSM: Gay, bisexual, and other men who have sex with men
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE

January 1, 2022

0

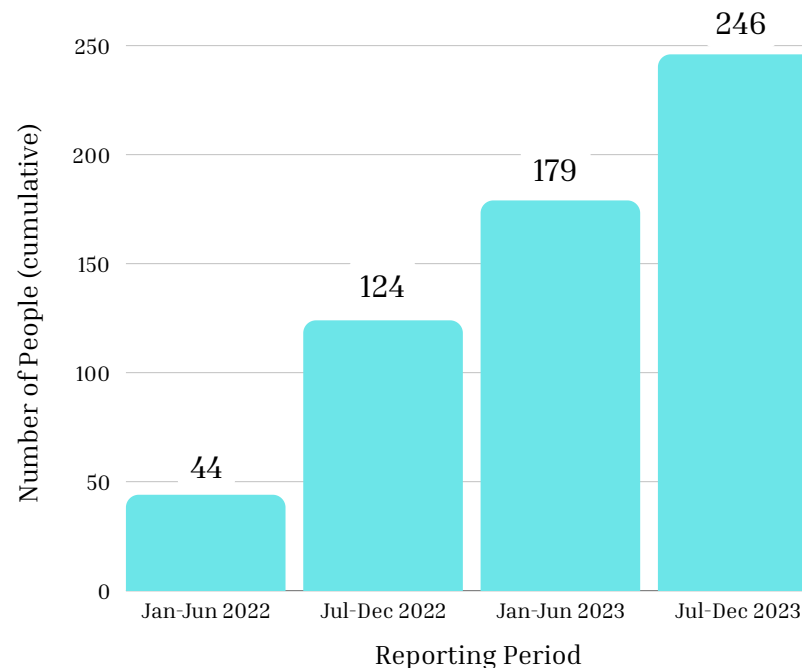
People identified as eligible for EHE HealthTec

EHE HealthTec

Enhancing telehealth services for medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and more.

Measurement 2.1.5.1

Number of people with HIV in the EMA who are identified as eligible for EHE HealthTec



TARGET

December 31, 2026



550

People identified as eligible for EHE HealthTec

- EHE: Ending the HIV Epidemic
- EMA: Eligible Metropolitan Area; locally, Miami-Dade County
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE

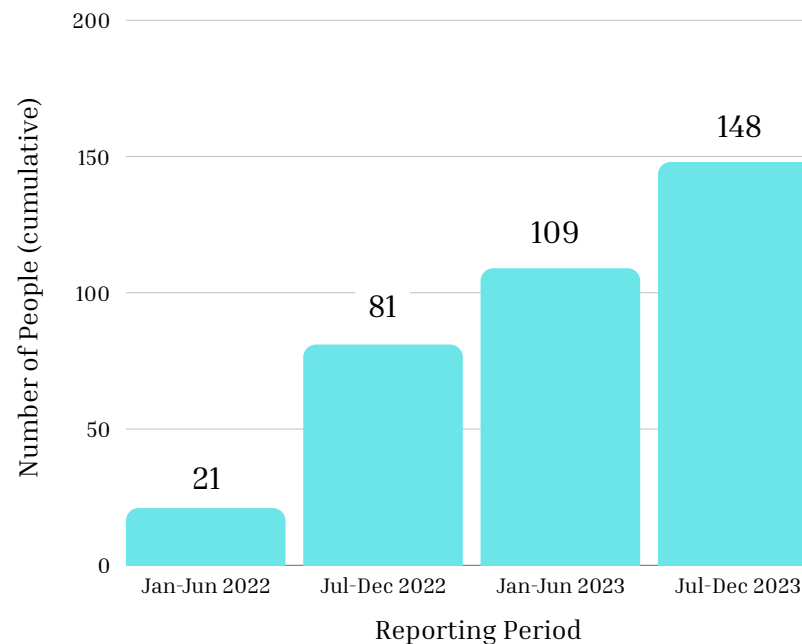
January 1, 2022

0

People enrolled throughout 5-Year performance period

Measurement 2.1.5.2

Number 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



TARGET

December 31, 2026



412

People enrolled throughout 5-Year performance period

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE

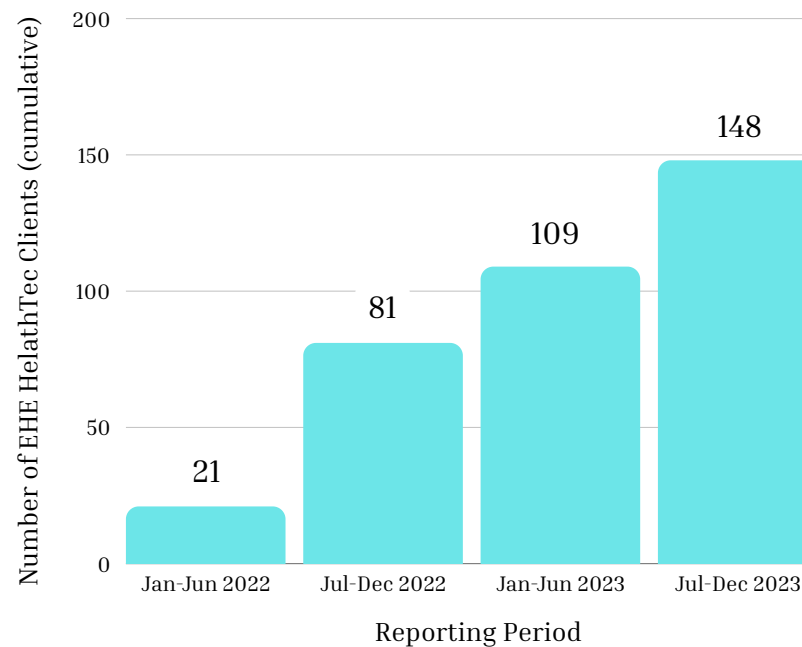
January 1, 2022

0

EHE HealthTec clients continuing the process

Measurement 2.1.5.3

Number 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



TARGET

December 31, 2026



330

EHE HealthTec clients continuing the process

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)
- VL: Viral Load

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE

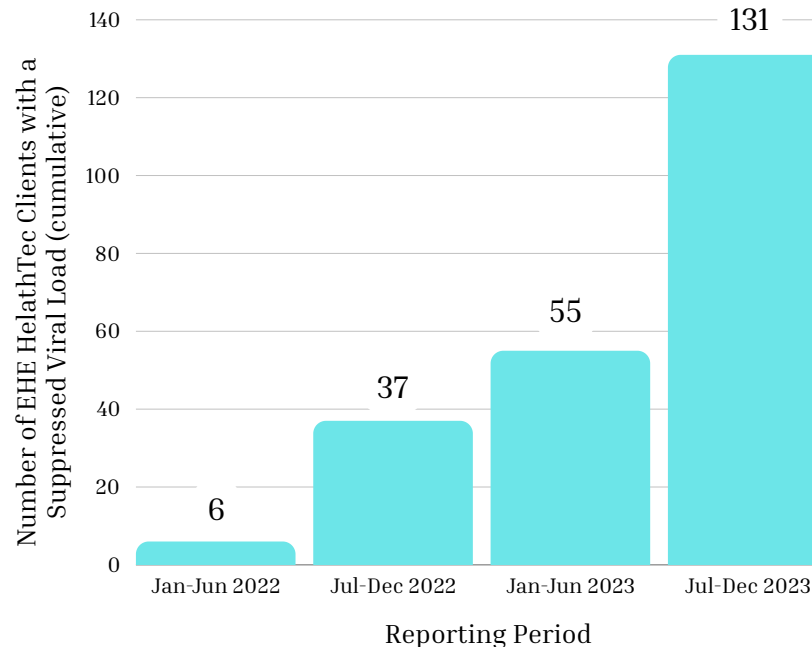
January 1, 2022

0

EHE HealthTec clients with a suppressed viral load

Measurement 2.1.5.4

Number of EHE HealthTec clients with a suppressed viral load at last viral load test during the measurement year



TARGET

December 31, 2026



297

EHE HealthTec clients with a suppressed viral load

- EHE: Ending the HIV Epidemic
- NHAS: National HIV/AIDS Strategy
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

BASELINE

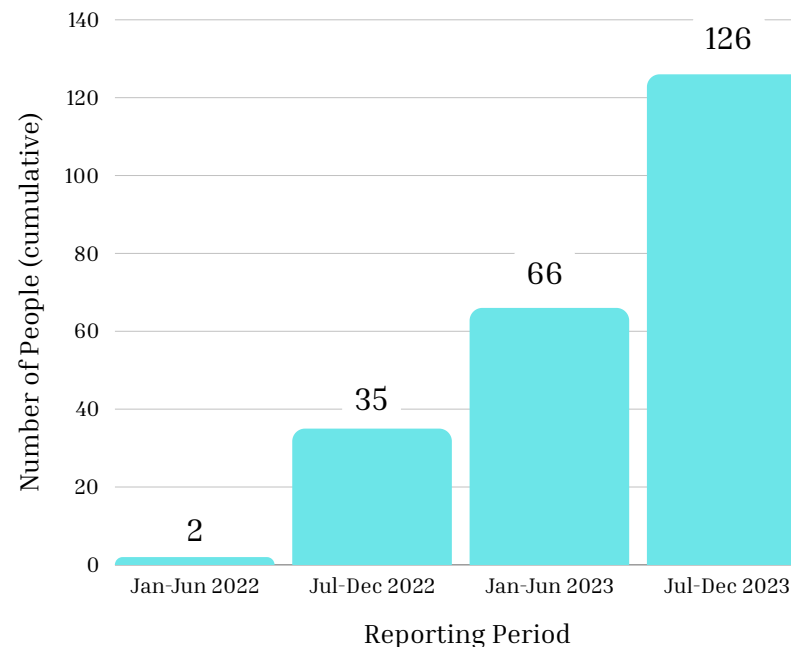
January 1, 2022

0

People who contact or are contacted by EHE Quick Connect team

Measurement 2.1.6.1

Number of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team



TARGET

December 31, 2026



430

People who contact or are contacted by EHE Quick Connect team

- NHAS: National HIV/AIDS Strategy
- RWHAP-EHE: Ryan White HIV/AIDS Program - Ending the HIV Epidemic
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

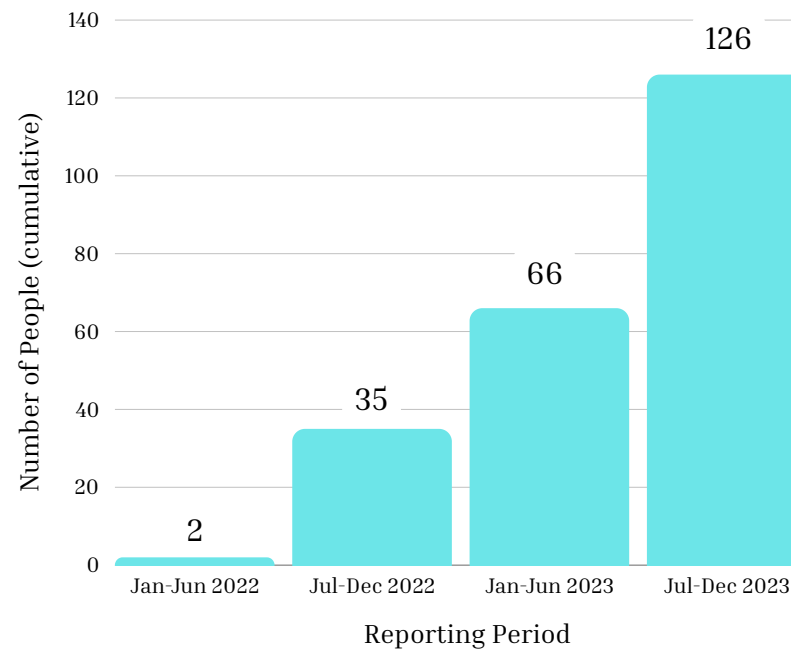
BASELINE

January 1, 2022

0

People linked to medical care

Measurement 2.1.6.2
Number of people with HIV linked to HIV medical care in the RWHAP Part A/MAI; other community programs; or private insurance



TARGET

December 31, 2026



430

People linked to medical care

- NHAS: National HIV/AIDS Strategy
- RWHAP-EHE: Ryan White HIV/AIDS Program - Ending the HIV Epidemic
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial 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 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

BASELINE

January 1, 2022

0

Clients utilizing the EHE Quick Connect process

Measurement 2.1.6.3

Number 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

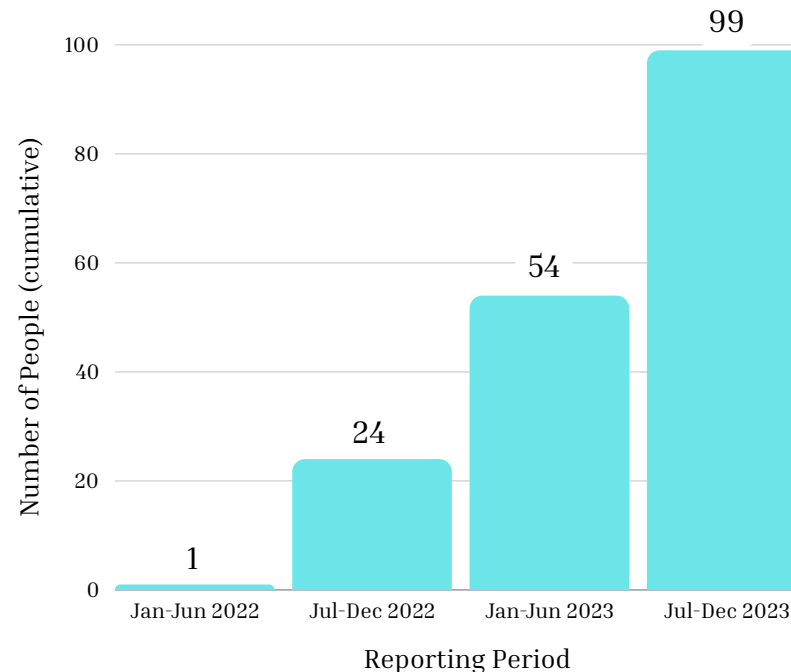
TARGET

December 31, 2026



322

Clients utilizing the EHE Quick Connect process



- NHAS: National HIV/AIDS Strategy
- RWHAP-EHE: Ryan White HIV/AIDS Program - Ending the HIV Epidemic
- TTRA: Test and Treat / Rapid Access (local "rapid start" project)
- VL: Viral Load

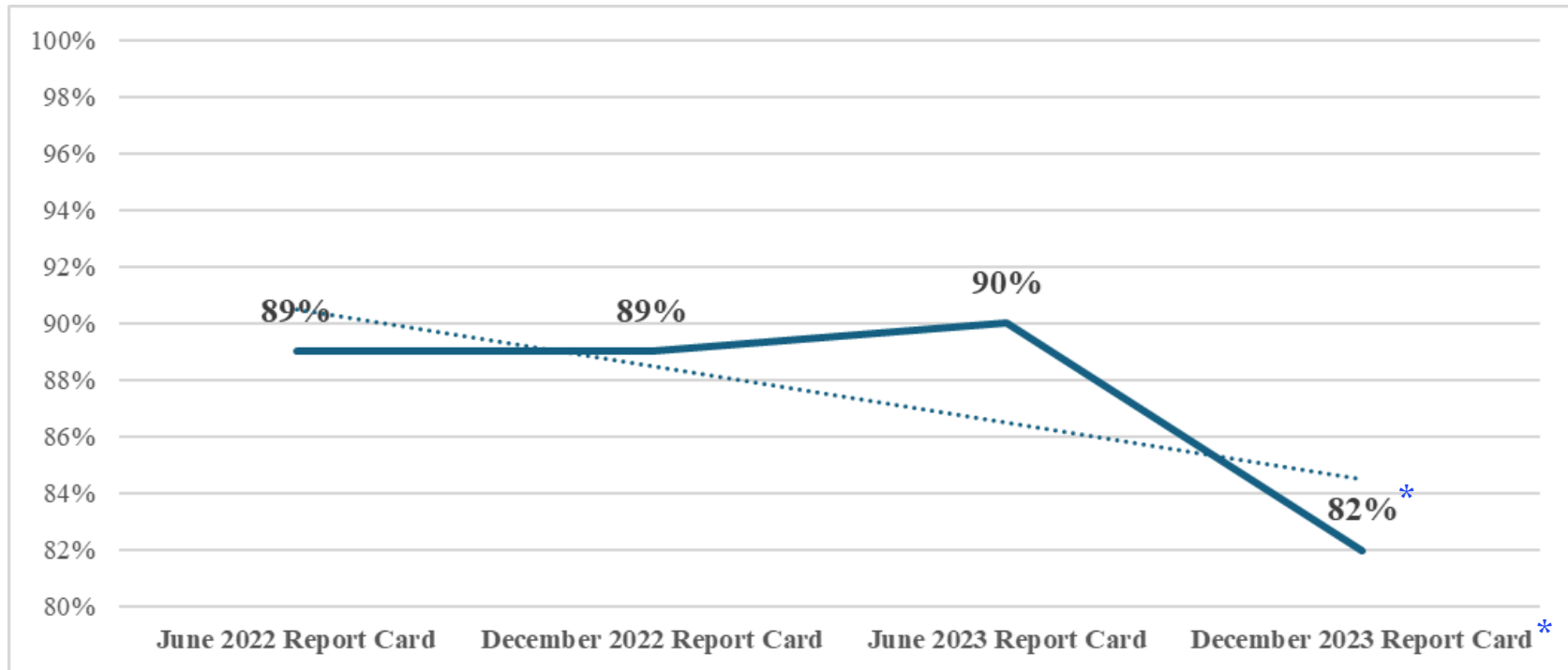
NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Objective 2.5 (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 2.5.1: Establish early MCM lost to care trigger point warning in PE Miami at 60 days without MCM contact, and alert MCMs through PE-Miami

Measurement 2.5.1.3 Percent of RWHAP MCM clients with no contact in 90 days (CQM Report Card, M7, by subrecipient)



* Starting in December 2023 and going forward, Plan of Care (POC) was removed as a measurement for indicating client contact.

- MCM: Medical Case Management or Medical Case Manager
- NHAS: National HIV/AIDS Strategy
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

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

Objective 2.5 (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 2.5.2: Retain a minimum of 75% of newly enrolled Ryan White clients in MCM for a minimum of six months (180 days) after enrollment in the Ryan White Program.

VMSG Number	Measurements	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
2.5.2.1	Number of newly enrolled Ryan White-care clients retained in medical case management for 60 days after enrollment, for the RWP and by MCM subrecipient	595/635	556/612	560/615	608/675
2.5.2.2	Percent of new-to-care and new-to-Ryan White-care clients retained in medical case management for 60 days after enrollment, for the RWP and by MCM subrecipient	94%	91%	91%	91%
2.5.2.3	Number of new-to-care and new-to-Ryan White-care clients retained in medical case management for 180 days after enrollment, for the RWP and by MCM subrecipient	557/635	505/612	515/615	515/675
2.5.2.4	Percent of new-to-care and new-to-Ryan White-care clients retained in medical case management for 180 days after enrollment, for the RWP and by MCM subrecipient	88%	83%	84%	76%

- MCM: Medical Case Management or Medical Case Manager
- NHAS: National HIV/AIDS Strategy
- RWP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

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

Objective 2.9 (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 2.9.1: Examine client outcome data specifically for persons over 50 in order to identify potential QI opportunities to improve service to this population.

VMSG Number	Measurements	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
2.9.1.1	Number of RWP MCM providers with identified 50+ sub-populations with RiMC rates below RWP system target rates	9	8	5	7
2.9.1.2	Number of RWP OAHS providers with identified 50+ sub-populations with RiMC rates below RWP system target rates	5	7	4	5
2.9.1.3	Number of RWP MCM providers with identified 50+ sub-populations with Viral Load Suppression rates below RWP system target rates	4	4	3	0
2.9.1.4	Number of RWP OAHS providers with identified 50+ sub-populations with Viral Load Suppression rates below RWP system target rates	3	3	3	1

- B/AA: Black/African American
- MCM: Medical Case Management or Medical Case Manager
- NHAS: National HIV/AIDS Strategy
- RWP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

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

Objective 2.9 (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 2.9.4: Determine the need for Medicare transition assistance for RWP clients 65+.

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
2.9.4.1	Number of RWHAP clients over 65 in each subrecipient MCM provider agency with a Medicare marker in PE Miami	190/422	201/238	204/447	205/461
2.9.4.2	Percent of RWHAP clients over 65 in each subrecipient MCM provider agency with a Medicare marker in PE Miami	45%	46%	46%	44%

- MCM: Medical Case Management or Medical Case Manager
- NHAS: National HIV/AIDS Strategy
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

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

Objective 2.13 (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 2.13.2: Identify barriers to care or below-average client treatment outcomes among MSM clients with STIs as co-occurring conditions.

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
2.13.2.2	Number of RWP MSM clients identified with STIs as co-occurring conditions	1653	1783	1811	1915
2.13.2.3	Number of MSM + STI clients with unsuppressed VL	155	159	159	114
2.13.2.4	Percent of MSM + STI clients with unsuppressed VL	9%	9%	9%	6%

- MCM: Medical Case Management or Medical Case Manager
- MSM: Men Who Have Sex With Men
- NHAS: National HIV/AIDS Strategy
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted
- STI: Sexually Transmitted Infection
- VL: Viral Load

JIPRT Meeting

Breakout Group Guide

Group 4

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4. Consider some questions to guide discussions:
 - a. What is the target?
 - b. Are we on track to achieve the target by December 31, 2026?
 - c. What challenges are keeping us from achieving our targets?
 - d. What can we do to improve our outcomes?
 - e. Where are we having success and how can we ensure we stay on track?
 - f. Should we adjust our target?
5. What overall impressions do you want to report to the JIPRT during Breakouts Recap?

Note: Each handout includes acronyms and terminology for reference.

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- NHAS: National HIV/AIDS Strategy

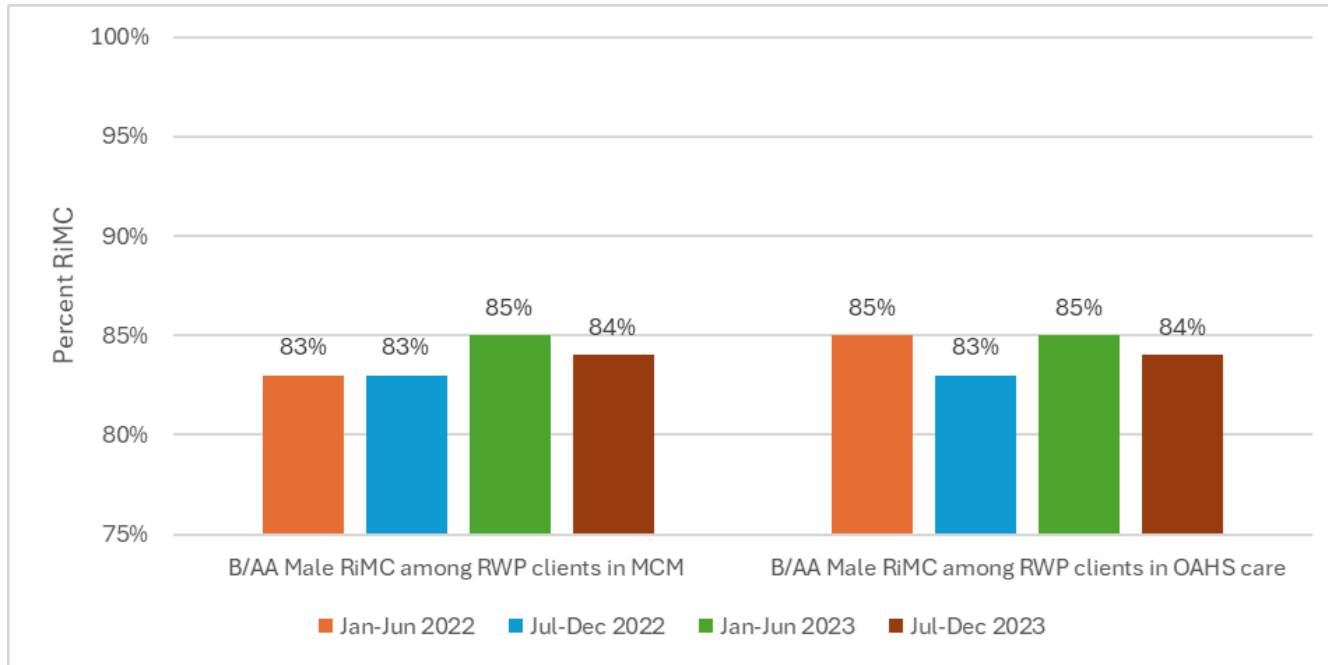
NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.1 (DR1) Increase RWHAP RiMC rates among priority populations.

Strategy DR1.1: Increase RiMC rates from 81% in 2021 to 90% by December 31, 2026, for B/AA Males.

Activity 3.1.1: Semi-annually track RiMC rates among RWHAP providers of MCM and OAHS services to B/AA Males.

BASELINE
January 1, 2022
81%
B/AA Males RiMC



TARGET
December 31, 2026



90%
B/AA Males RiMC

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.1.1.1	Percent B/AA Male RiMC among RWP clients in MCM	83% (481/581)	83% (533/644)	85% (574/677)	84% (642/767)
3.1.1.3	Percent B/AA Male RiMC among RWP clients in OAHS care	85%(332/391)	83% (357/428)	85% (383/450)	84% (402/476)

- B/AA: Black/African American
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RiMC: Retention in Medical Care or Retained in Medical Care; defined as two or more instances of a billed doctor visit, medical visit, or Viral Load lab test, reported at least 90 days apart in the measurement period
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.2 (DR1) Increase RWHAP RiMC rates among priority populations.

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

Activity 3.2.1: Semi-annually track RiMC rates among RWHAP providers of MCM and OAHS services to B/AA Females.

BASELINE

January 1, 2022

88%

B/AA Females RiMC

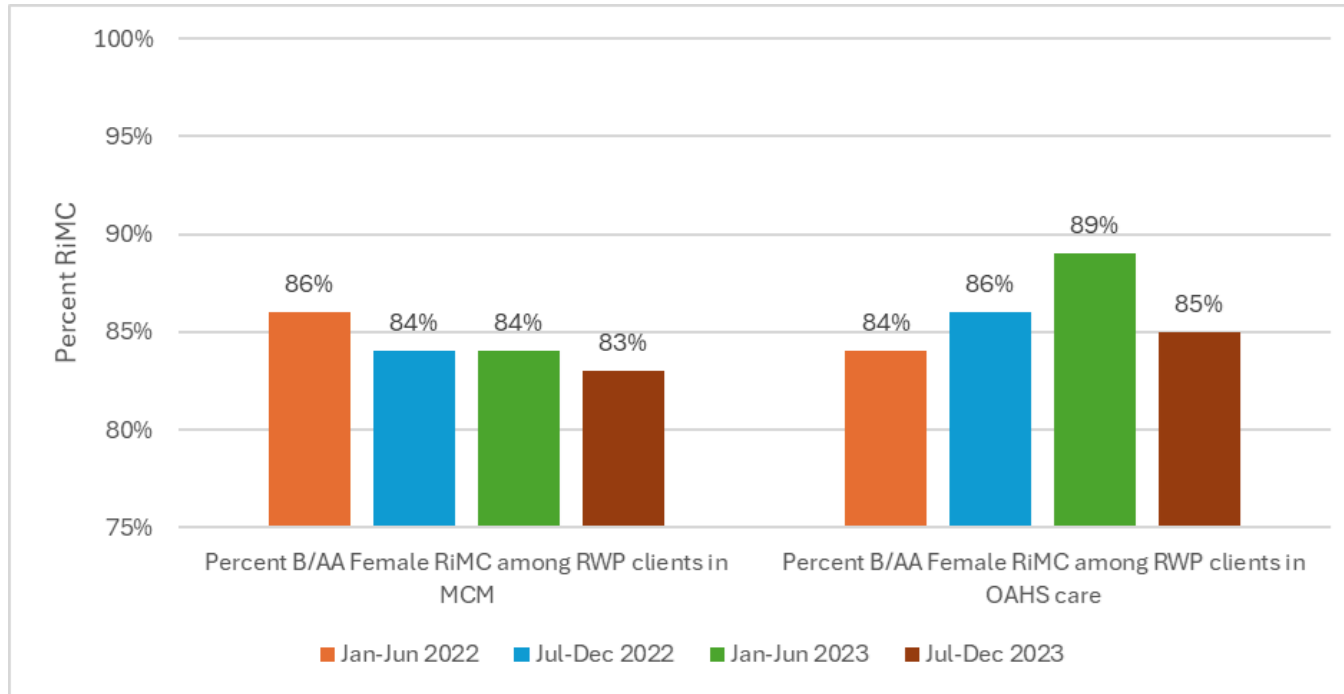
TARGET

December 31, 2026



90%

B/AA Females RiMC



VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.2.1.1	Percent B/AA Female RiMC among RWP clients in MCM	86% (242/281)	84% (254/303)	84% (266/315)	83% (306/368)
3.2.1.3	Percent B/AA Female RiMC among RWP clients in OAHS care	84% (129/153)	86% (132/153)	89% (147/165)	85% (166/195)

- B/AA: Black/African American
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RiMC: Retention in Medical Care or Retained in Medical Care; defined as two or more instances of a billed doctor visit, medical visit, or Viral Load lab test, reported at least 90 days apart in the measurement period
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.3 (DR1) Increase RWHAP RiMC rates among priority populations.

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

Activity 3.3.1: Semi-annually track RiMC rates among RWHAP providers of MCM and OAHS services to Hispanic MSM.

BASELINE

January 1, 2022

85%

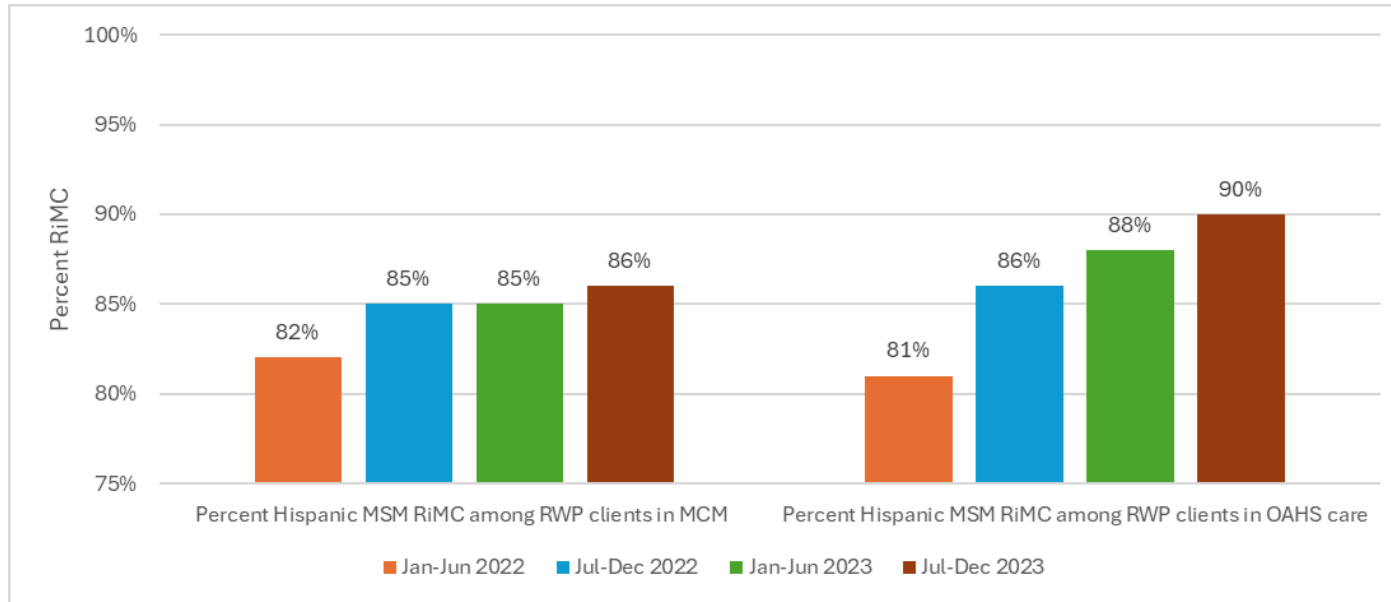
Hispanic
MSM RiMC

TARGET

December 31, 2026



**90% Hispanic
MSM RiMC**



VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.3.1.1	Percent Hispanic MSM RiMC among RWP clients in MCM	82%(2115/2572)	85% (2412/2836)	85% (2601/3047)	86% (2929/3388)
3.3.1.3	Percent Hispanic MSM RiMC among RWP clients in OAHS care	81%(1099/1353)	86% (1286/1493)	88% (1422/1623)	90% (1535/1708)

- Hispanic: Includes persons who identify as Latina, Latino, and Latinx
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- MSM: Gay, bisexual, and other men who have sex with men
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RiMC: Retention in Medical Care or Retained in Medical Care; defined as two or more instances of a billed doctor visit, medical visit, or Viral Load lab test, reported at least 90 days apart in the measurement period
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted

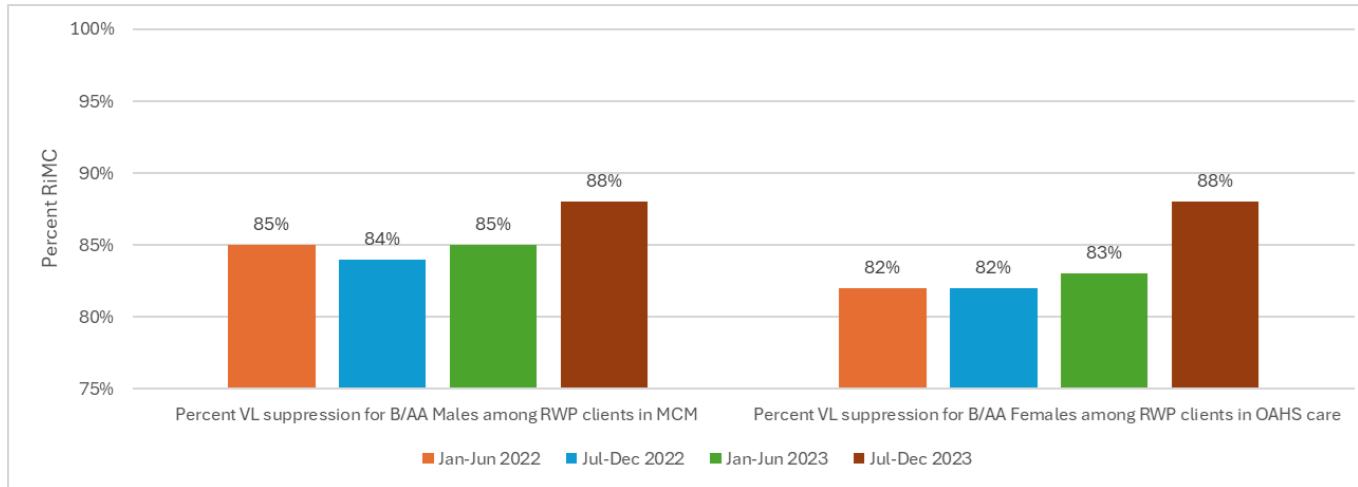
NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.4 (DV1) Increase the VL suppression rates among priority populations.

Strategy DV1.1: Increase VL suppression rates from 81% in 2021 to 90% by December 31, 2026, for B/AA Males.

Activity 3.4.1: Track VL suppression rates among RWHAP providers of MCM and OAHS services to B/AA Males.

BASELINE
January 1, 2022
81%
B/AA Males VL
Suppression Rate



TARGET
December 31, 2026



90%
B/AA Males VL
Suppression Rate

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.4.1.1	Percent VL suppression for B/AA Males among RWP clients in MCM	85% (495/581)	84% (543/644)	85% (577/677)	88% (675/767)
3.4.1.3	Percent VL suppression for B/AA Males among RWP clients in OAHS care	82% (320/391)	82% (351/428)	83% (372/450)	88% (420/476)

- B/AA: Black/African American
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted
- VL: Viral Load: VL Suppression is defined as having less than 200 copies of HIV per milliliter of blood in the most recent test

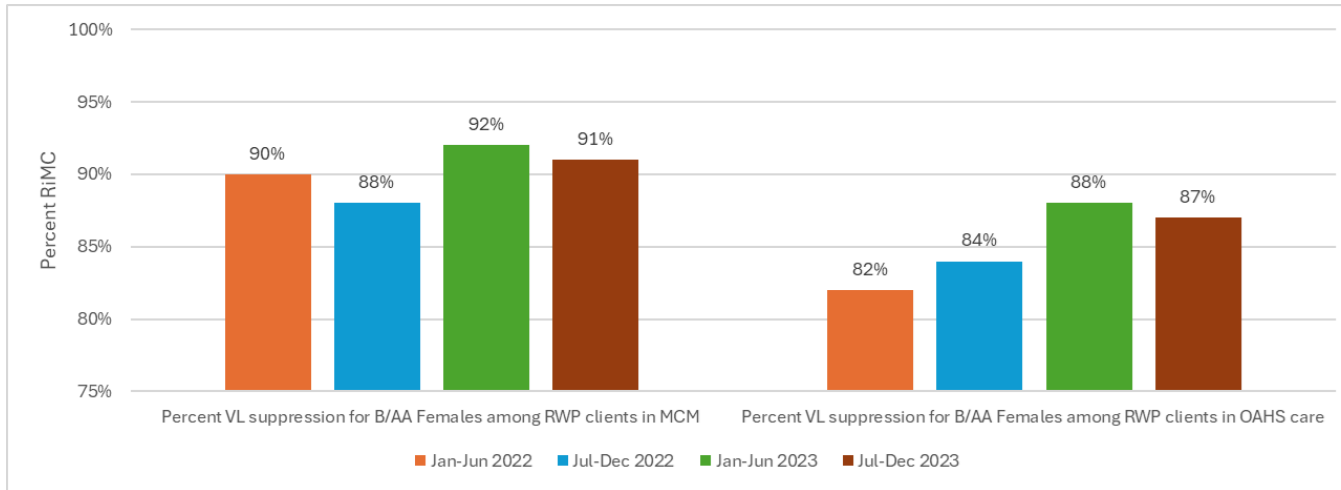
NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.5 (DV1) Increase the VL suppression rates among priority populations.

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

Activity 3.5.1: Track VL suppression rates among RWHAP providers of MCM and OAHS services to B/AA Females.

BASELINE
January 1, 2022
84%
B/AA Females VL
Suppression Rate



TARGET
December 31, 2026

90%
B/AA Females VL
Suppression Rate

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.5.1.1	Percent VL suppression for B/AA Females among RWP clients in MCM	90% (252/281)	88% (268/303)	92% (290/315)	91% (334/368)
3.5.1.3	Percent VL suppression for B/AA Females among RWP clients in OAHS care	82% (126/153)	84% (129/153)	88% (146/165)	87% (170/195)

- B/AA: Black/African American
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management or Medical Case Manager
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted
- VL: Viral Load: VL Suppression is defined as having less than 200 copies of HIV per milliliter of blood in the most recent test

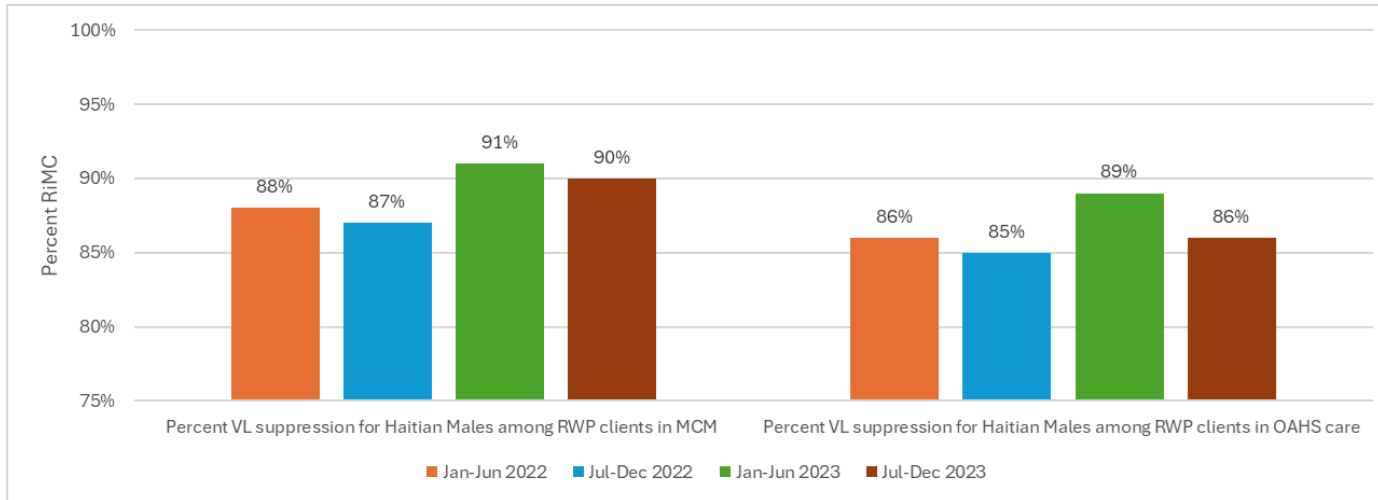
NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.6 (DV1) Increase the VL suppression rates among priority populations.

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

Activity 3.6.1: Track VL suppression rates among RWHAP providers of MCM and OAHS services to Haitian Males.

BASELINE
January 1, 2022
86%
Haitian Males VL
Suppression Rate



TARGET
December 31, 2026



90%
Haitian Males VL
Suppression Rate

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.6.1.1	Percent VL suppression for Haitian Males among RWP clients in MCM	88% (235/268)	87% (253/292)	91% (272/300)	90% (300/335)
3.6.1.3	Percent VL suppression for Haitian Males among RWP clients in OAHS care	86% (133/155)	85% (135/158)	89% (149/167)	86% (157/182)

- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
- RWHAP: Ryan White HIV/AIDS Program - Part A and MAI, unless otherwise noted
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NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.7 (DV1) Increase the VL suppression rates among priority populations.

Strategy DV1.4: Increase VL suppression rates from 86% in 2021 to 90% by December 31, 2026, for Haitian Females.

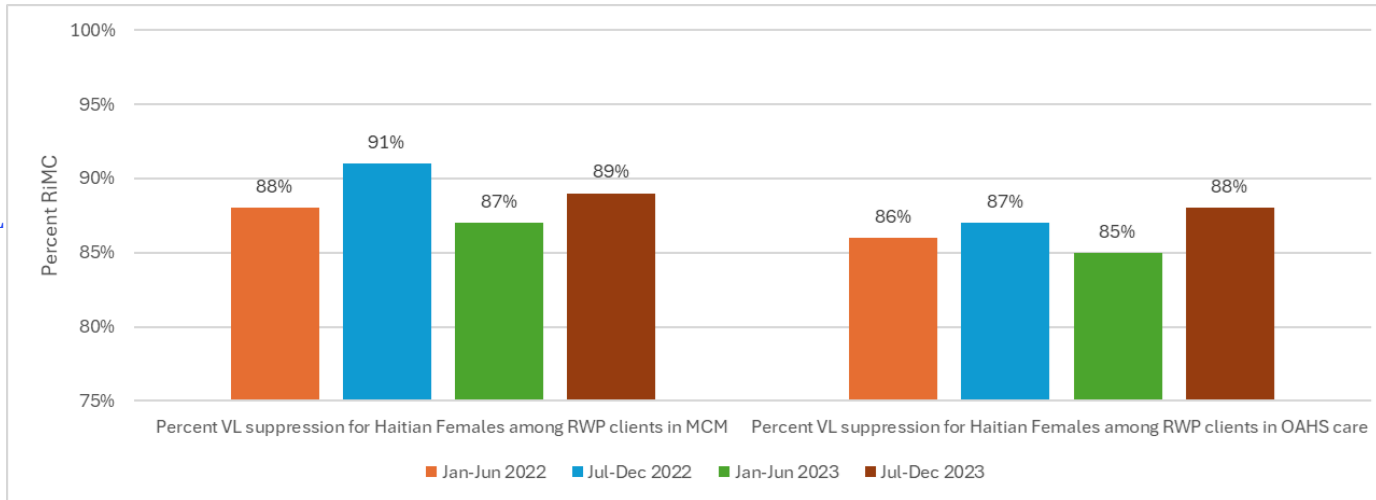
Activity 3.7.1: Track VL suppression rates among RWHAP providers of MCM and OAHS services to Haitian Females.

BASELINE

January 1, 2022

86%

Haitian Females VL Suppression Rate



TARGET

December 31, 2026



90%

Haitian Females VL Suppression Rate

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.7.1.1	Percent VL suppression for Haitian Females among RWP clients in MCM	88% (235/268)	91% (251/277)	87% (246/283)	89% (286/320)
3.7.1.3	Percent VL suppression for Haitian Females among RWP clients in OAHS care	86% (121/141)	87% (115/132)	85% (117/137)	88% (154/175)

- MAI: Minority AIDS Initiative
- MCM: Medical Case Management
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Medical Services (doctor visits)
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Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Tuesday, July 23, 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 | Angela Machado |
| II. | Introductions | All |
| III. | Housekeeping | Virginia Muñoz |
| IV. | Floor Open to the Public | Tajma Darlington |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2024 | All |
| VII. | Reports (<i>posted on www.aidsnet.org</i>) | Staff |
| | <ul style="list-style-type: none"> ▪ Membership ▪ Partnership | |
| VIII. | Standing Business | |
| | <ul style="list-style-type: none"> ▪ Prevention Committee Business ▪ Strategic Planning Committee Business ▪ VMSG Database Update | Virginia Muñoz
Angela Machado
Staff |
| IX. | New Business | All |
| | <ul style="list-style-type: none"> ▪ <i>Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan</i>
Breakout Groups – Updates and Discussion (45-60 minutes) <ol style="list-style-type: none"> 1. Prevention: Know Your Status; and Women, Infants, and Youth 2. Prevention: PrEP; Advertising; Condoms; and Syringe Services Program 3. Care: Linkage to Care; Retention in Care; and Special Populations 4. Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations ▪ Breakouts Recap (15 minutes) ▪ 2025 JIPRT Meeting Schedule and Next Steps | |
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| | <ul style="list-style-type: none"> ▪ August 9, 2024: Strategic Planning Committee at BSR ▪ August 29, 2024: Prevention Committee at MDC Main Library | |
| XII. | Adjournment | Virginia Muñoz |

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AUGUST 2024

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

Monday	Tuesday	Wednesday	Thursday	Friday	
<p>MEETING LOCATIONS</p> <p>BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Blvd., Suite 240, Coral Gables, FL 33134</p> <p>Care Resource - Care Resource Community Health Centers, 3510 Biscayne Blvd., 1st Floor Community Room, Miami, FL 33137</p> <p>Empower U - Empower U CHC, 7900 NW 27th Avenue, Suite C3A, Miami, FL 33147</p> <p>MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 3313</p>				<p>2</p>	<p>All events on this calendar are open to the public.</p> <p><i>People with HIV are invited to participate!</i></p>  <p>Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials.</p> <p>RSVP to (305) 445-1076, mdcpartnership@behavioralscience.com, or scan the QR Code for Partnership meetings.</p>  <p>Visit www.aidsnet.org for more information.</p> <p>Version 06/03/24 Information on this calendar is subject to change.</p>
<p>5</p>	<p>6</p>	<p>7</p> <p>Partnership New Member Orientation 1:00 PM to 4:00 PM via Microsoft Teams</p>	<p>8</p> <p>Care & Treatment Committee 10:00 AM to 1:00 PM at Care Resource</p>	<p>9</p> <p>Strategic Planning Committee 10:00 AM to 12:00 PM at BSR Corp.</p>	
<p>12</p> <div data-bbox="100 813 422 919" style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>🚫 RWP 34th Anniversary (August 18)</p> </div>	<p>13</p>	<p>14</p> <p>Ryan White Program MCM Supervisor Care and Coordination Training via Microsoft Teams 10:00 AM to 4:00 PM</p>	<p>15</p> <p>Housing Committee 2:00 PM to 4:00 PM at Care Resource</p>	<p>16</p>	
<p>19</p> <p>Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library</p>	<p>20</p> <p>🚫 Southern HIV/AIDS Awareness Day</p>	<p>21</p> <div data-bbox="743 1062 1373 1154" style="border: 1px solid black; padding: 5px;"> <p>🚫 2024 National Ryan White Conference on HIV Care & Treatment (August 20-23)</p> </div>	<p>22</p>	<p>23</p> <p>Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.</p>	
<p>26</p> <p>Community Coalition Roundtable 5:00 PM to 7:00 PM (Dinner at 4:30 PM) at Empower U</p>	<p>27</p> <p>🚫 National Faith HIV/AIDS Awareness Day</p>	<p>28</p> <p>Ryan White Program Medical Case Manager Basic Training 10:00 AM to 4:00 PM via Teams</p> <p>Executive Committee 10:00 AM to 12:00 PM at BSR Corp.</p>	<p>29</p> <p>Prevention Committee 10:00 AM to 12:00 PM at MDC Main Library</p>	<p>30</p>	



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