



**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Meeting Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of February 28, 2024	All
VII.	Special Activity: Officer Training	Staff
VIII.	Reports	
	• Vacancies/Membership Updates	Staff
IX.	Standing Business	
	• Follow-up on Planning Council Support Budget/Scope of Work	All
	• Update on Recruitment and Retention	All
X.	New Business	
	• A July Meeting Date	All
	• Bylaws Review	All
	○ Status Report on Ordinance Changes approved in August 2023	
	○ Status Report on HRSA Site Visit Findings and Recommendations	
XI.	Announcements and Open Discussions	All
	• Photos for Website	
	• Get on Board: Language of the Partnership on July 10, 2024	
XII.	Next Meeting: August 28, 2024 at Behavioral Science Research	Harold McIntyre
XIII.	Adjournment	Alecia Tramel-McIntyre

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

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Meeting Housekeeping Executive Committee

Updated May 31, 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.*
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting.

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!



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 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
IP	The Integrated HIV Prevention and Care Plan
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 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



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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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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**Executive Committee Meeting
Behavioral Science Research Corporation
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134
February 28, 2024**

#	Members	Present	Absent	Guests	
1	Herz, Stephen	x		Carla Valle-Schwenk	
2	McIntyre, Harold		x		
3	McMullen, Lamar		x		
4	Mooss, Angela	x			
5	Sarmiento, Abril	x			
6	Sheehan, Diana M.	x		Staff	
7	Tramel-McIntyre, Alecia	x		Bontempo, Christina	Meizoso, Marlen
8	Trepka, Mary Jo	x		Ladner, Robert	
Quorum = 4					

Note that all documents referenced in these minutes were accessible to members and the public prior to the meeting, at <https://aidsnet.org/the-partnership#excom1>.

I. Call to Order

Stephen Herz

Stephen Herz volunteered to chair in the Chair’s absence. He called the meeting to order at 10:04 a.m.

II. Introductions

All

Mr. Herz introduced himself, and requested introductions from all participants around the room.

III. Meeting Housekeeping and Rules

Marlen Meizoso

Marlen Meizoso reviewed the meeting housekeeping handout, which provided the ground rules and reminders for the meeting. Items reviewed included the location of meeting items on the website.

IV. Floor Open to the Public

Stephen Herz

Mr. Herz 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.”

No comments were made so the floor was closed.

V. Review/Approve Agenda

All

The committee reviewed the agenda and suggested replacing Stephen Herz for the chair and vice chair in

lieu of their arrival. The Committee voted to approve the agenda with the change discussed.

Motion to approve the agenda as discussed.

Moved: Abril Sarmiento

Seconded: Angela Mooss

Motion: Passed

VI. Review/Approve Minutes of January 30, 2024

All

Members reviewed the minutes of January 30, 2024, and made a motion to accept the minutes as presented.

Motion to approve the minutes of January 30, 2024 as presented.

Moved: Dr. Mary Jo Treпка

Seconded: Dr. Diana Sheehan

Motion: Passed

VII. Reports

• **Vacancy/Membership Updates**

Marlen Meizoso

Mrs. Meizoso reviewed the vacancies on the Miami-Dade HIV/AIDS Partnership. All Partnership committees have vacancies. The revisions to the ordinance have not been addressed by the Board of County Commissioners. There are eight vacancies for members of the affected community, but four possible candidates are being vetted by the Community Coalition with possible approvals in March or April.

• **Updates on Membership Surveys**

Marlen Meizoso

Mrs. Meizoso indicated that the membership surveys were distributed to all the committees. All the committees indicated they prefer their current schedule. Community Coalition continues to move throughout the community. Care and Treatment is meeting next month at Care Resource.

VIII. Standing Business

• **Planning Council Support Budget and Scope**

All

The staff support budget and scope was presented to the Executive Committee as indicated by the policy and procedure. The scope indicated all the activities staff support engages in on behalf of the planning council including all the deliverables by committee and included Integrated Planning items. Dr. Robert Lander reviewed the BSR \$400,000 Partnership support budget justification line by line. The total allocation has been the same since FY 2020. The current budget rent amount is a little high, but the lease expires in February 2025. Options are being explored to reduce the space or reduce the cost per square foot.

Ms. Valle-Schwenk reviewed HRSA policy clarification letter of December 6, 2022, indicating that cash or check reimbursements to persons with lived experience (PWLE) are not all allowable, but gift cards are allowed to encourage meaningful participation by PWLE in the work of the Partnership and its constituent committees. Additional clarifications are pending in the HRSA site visit report. Currently, meals are provided to PLWE attending the Community Coalition Roundtable meetings, but because of restrictions on use of RWP dollars for these meals, this PWLE support is provided through private donations or through cooperation by pharmaceutical companies. Additional assistance for PLWE who are members of the Partnership or its committees might be through ride share, but this would need to come out BSR's Partnership Support budget, and currently cannot be covered. The Partnership budget is drawn from the 10% Recipient Administration indirect cost allotment, covering the costs of the Office of Management and Budget, BSR's Partnership Staff Support budget and the Provide Enterprise data management system. Ms. Valle-Schwenk indicated that if additional funds are needed to support the Partnership activities in FY 2024, a possible sweep could be made from Recipient Administration to Staff Support since there is a shortage of two staff members at the County. In August, the budget should be reviewed prior to the

competitive grant application.

There may be some opportunities for the Executive Committee (serving as the Partnership) to redirect some funding from surveys to other line items, particularly the gift cards provided to RWP client members of the Partnership and committees in order to encourage meaningful participation. Reimbursement restrictions will be checked with HRSA. The current gift card amount may not be enough to get clients to come to meetings, and there are some members on Committees who are Peers and do not qualify for incentives. Ms. Valle-Schwenk suggested that the Committee may want to consider some type of tiered incentive model, e.g., someone who is not a member could be reimbursed for travel; once a member applies, they can receive a small incentive; and once they are fully vested, they can receive a higher incentive. It was suggested the Community Coalition should address what it would take for unaffiliated members to participate. In the policy and procedure, the methodology for developing and monitoring a budget should also be included.

Motion to approve the current budget as presented with the understanding that the Community Coalition will provide the Executive Committee data on incentives for an upcoming meeting and then the Executive Committee will review the budget in August.

Moved: Dr. Mary Jo Trepka

Seconded: Stephen Herz

Motion: Passed

It was suggested that a template for a budget from similar size EMA could be helpful.

- **Meeting Dates and Planning for 2024**

All

Mrs. Meizoso reviewed the draft of the meeting dates for the committee. The Committee meets every other month. The Committee suggested restarting their cycle in April rather than March since all elections would have taken place. Staff will update the calendars and send it out to the committee.

The planning template with 2024 items was reviewed. Edits to the Bylaws are needed but can be done gradually since the ordinance changes have not been addressed. Members were directed to the copy of the Bylaws in the meeting materials. At the next meeting, the officer training will take place.

IX. New Business

- **Committee Reports to Executive (time-sensitive items) Care and Treatment**

All

The report was presented for review and ratification by the Committee since the Partnership could not make quorum in February and the items being addressed are time sensitive. Remaining motions will be addressed at the March Partnership meeting.

Dr. Mary Jo Trepka reviewed the motion to accept the edits to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services approved by the Care and Treatment Committee.

Motion to accept the changes to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services as discussed.

Moved: Dr. Mary Jo Trepka

Seconded: Dr. Angela Mooss

Motion: Passed

HRSA has requested that the planning council have service standards for all service categories regardless of whether or not the services are funded. While PCN 16-02 with local restrictions was used in the past, a formal motion was not made for FY 2023 or FY 2024. The Committee made a motion adopting the Miami-Dade Ryan White Program Service Standard Excerpts document for FY 2023 and FY 2024.

Motion to adopt the PCN 16-02 service standards retroactively for FY 2023 and for FY 2024 with local restrictions and accept the Miami-Dade Ryan White Program Service Standard Excerpts for FY 2023 and FY 2024 as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Dr. Angela Mooss

Motion: Passed

• **Officer Training-Making Motions**

All

Mrs. Meizoso reviewed an infographic on making motions, as a reminder to officers that discussion needs to be requested. This item will be reviewed next month during officer training.

X. Announcements and Open Discussion

All

“HIV is Not a Crime” day events are being held throughout the county. Tomorrow there is a lunch being held by Simply Health. Staff announced the next two Get on Board trainings, on getting to know the grantees and meeting prep.

XI. Next Meeting

Alecia Tramel-McIntyre

The next scheduled Executive Committee meeting is Wednesday, April 24, 2024 at BSR.

XII. Adjournment

Alecia Tramel- McIntyre

Ms. Tramel-McIntyre thanked everyone and requested adjournment of the meeting.

Motion to adjourn.

Moved: Stephen Herz

Seconded: Dr. Mary Jo Trepka

Motion: Passed

Ms. Tramel-McIntyre adjourned the meeting at noon.



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Executive Committee Training: Officer Responsibilities and Meetings

June 26, 2024

Originally scheduled for April 24, 2024



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



Slides prepared by Behavioral Science Research Corp.

Today's Objectives

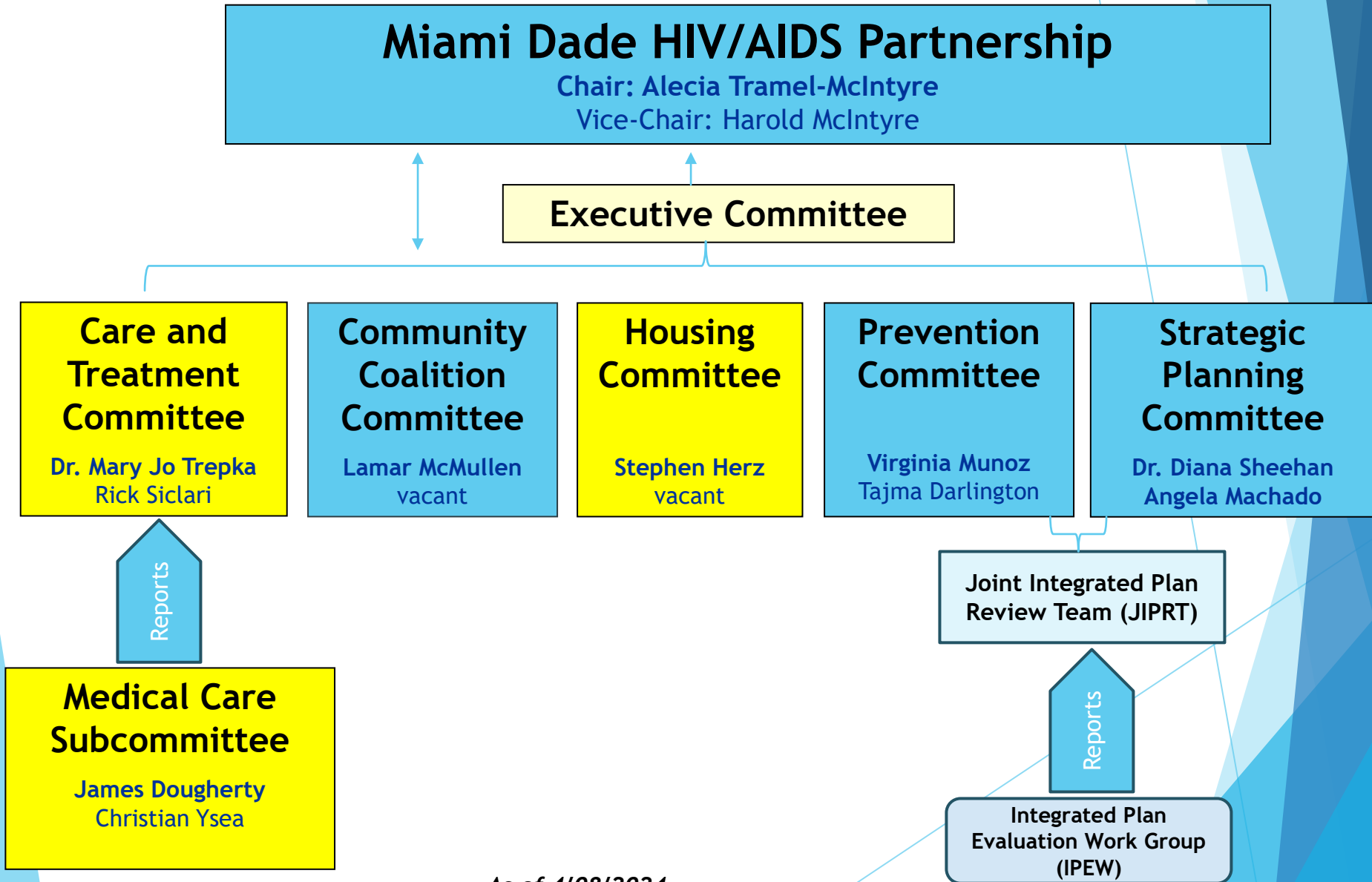
- ▶ Officer roles and responsibilities.
- ▶ Meeting items and preparation for meetings.
- ▶ Tools for facilitating meetings.
- ▶ Decorum and maintenance of order at meetings.



Officer Toolbox

- ▶ Officer Training
- ▶ Agenda Guide
- ▶ Meeting
Housekeeping
- ▶ Communication
with staff

Partnership Organization and Leaders



As of 4/08/2024

Characteristics of an Effective Chair

Leadership
Encouraging
Accountable
Team Player
Respectful
Concise
Fair





Roles and Responsibilities

Your Roles as an Officer

- ▶ Serve for a period of one year
- ▶ Can be re-elected the following year in January (committees/subcommittee) or March (Partnership).
- ▶ May serve a maximum of two consecutive one-year terms.
- ▶ Of committees and the Partnership are members of the Executive Committee.

Your Role as a Chair

Partnership:

- ▶ Can appoint members to committees with ratification by full board.
- ▶ Is a member of all committees and can vote at meetings which they attend.
- ▶ Can represent the Partnership at public or official functions with Partnership approval and may be eligible for reimbursement for travel.
- ▶ Can sign correspondence which the Partnership has authorized.

Committees:

- ▶ Can sign correspondence which the Committee has authorized, such as committee welcome letters.

General Responsibilities

- ▶ Reply to meeting notices.
- ▶ Review agendas and reply to staff with updates or corrections.
- ▶ Review meeting materials in advance as posted online.
- ▶ Come prepared to meetings.
- ▶ Assign who will maintain queue during a meeting. (Vice Chair)
- ▶ Arrive to meetings on time and stay throughout the entire meeting.
- ▶ Sign correspondence.

www.aidsnet.org



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

9,071

people with HIV



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 Member Enrichment Training



New Member Orientation



Join the Partnership!



Join a Partnership Committee!



RSVP or Contact Us



Meeting Responsibilities

- ▶ Maintain decorum at meetings.
- ▶ Treat others with respect.
- ▶ Listen when others are speaking.
- ▶ Ensure the meeting follows Robert's Rules of Order:
 - ▶ Members and guests address the Chair and speak only after being acknowledged by the Chair.
 - ▶ Control the floor so that members speak one at a time and in the order of the queue.
 - ▶ Discussion follows the agenda.
 - ▶ Motions have to be moved, seconded, discussed, and voted.
- ▶ **USE THE GAVEL!**



Meeting Flow and Order

Agendas



- ▶ Agendas outline the topics and leaders of discussion at meetings.
- ▶ Chairs should read the topics listed and discussion leaders.
- ▶ If “All” is listed these items are intended to be addressed by everyone. Chairs should lead and staff can be referenced to give background if needed.
- ▶ An agenda guide will be provided to all chairs and can be as detailed or simplified as requested.
- ▶ All agendas have a similar structure.

Agenda Guide – Strategic Planning Committee
March 8, 2024

I. Call to Order

II. Introductions

III. Housekeeping

Disclaimer & Code of Conduct

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

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

- Please sign in to be counted as present.
- Please set your phones to mute or vibrate.
- Eligible committee members should see [staff for](#) vouchers at the end of the meeting.

Meeting Participation

- Please raise your hand if you have questions or [to](#) be added to the queue.

Resources

- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- You can find meeting materials online at www.aidsnet.org or scan the QR code on your agenda.

IV. 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 phone line and email for statements to be read into the record. No statements were received.

Ask if there are any comments from the Public (not for members).

The floor is now closed for public comment.

Agenda Guide

Officer Toolbox

Agenda Structure

Call to order/Introductions:
Called upon by preceding officer who hits the gavel, welcomes everyone, indicates start time of the meeting, and request everyone introduce themselves. Introductions should start at the table and then move out to guests.



Agenda Structure



Meeting Housekeeping- Strategic Planning Committee

Updated April 10, 2024
Behavioral Science Research

Meeting Housekeeping: Provides a general guideline to attendees about language, meeting rules and whom to address questions to at the meeting.

Agenda Structure

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.”

Floor Open to the Public: Presiding officers read the floor open to the public statement. This is an opportunity for NON-MEMBERS to address items on the AGENDA. Following the statement by presiding officer and guests make a statement that indicates the floor is closed.

Agenda Structure

- ▶ **Review/Approval of Agenda:** Presiding officer requests members review the agenda and then request a motion to approve. If anyone has an announcement this would be the time to indicate this.
- ▶ **Review/Approval of the Minutes:** Presiding officer requests members review the minutes and then requests a motion to approve them.
- ▶ **Reports:** Varies by committee but are usually read by the person identified on the agenda.
- ▶ **Standing Business:** Items from a prior meeting.
- ▶ **New Business:** New items to be addressed at the meeting.



Agenda Structure



- ▶ **Announcements and Open Discussion:** Usually, staff has items to announce such as changes to calendars, activities, etc. As time allows, call for announcements and open discussion.
- ▶ **Next meeting:** The leader indicates the date and location of the next meeting.
- ▶ **Adjournment:** The presiding officer can declare the meeting adjourned or can request a motion to adjourn the meeting.



Rules

Highlights from Code
of Conduct, Bylaws
and Roberts Rules



Code of Conduct

- ▶ Officers are responsible for maintaining orderly conduct.
- ▶ A queue shall be maintained.
- ▶ Remarks must be made through the presiding officers.
- ▶ No private conversations while business is being conducted.
- ▶ Length of time members are allowed to speak may be limited by the presiding officer.
- ▶ Presiding officer may restrict an individual from speaking when the individual's comments are repetitive or not germane to the issue.
- ▶ Members shall not delay or interrupt proceedings, or disturb other members when speaking except for the presiding officer to call a member to order.
- ▶ Officers should not monopolize discussion.
- ▶ Any violation of the Code of Conduct may result in removal of a member.

Bylaws

- ▶ Any person making impertinent or slanderous remarks or who becomes boisterous while addressing members shall be barred from further appearance by the presiding officers, unless permission to address the group is granted by the majority of members present.
- ▶ No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker for their remarks.
- ▶ No signs or placards shall be allowed at meetings.
- ▶ Persons exiting will do so quietly.
- ▶ The use of cell phones is not permitted. Use of pagers is restricted. Electronic devices must be set to silent.
- ▶ Individuals who must take a call shall exit the meeting to answer incoming cell phone.



Robert's Rules of Order

- ▶ The Partnership, its committees, subcommittees, and workgroups must all abide by Robert's Rules of Order.
- ▶ A member must be recognized by the Chair in order to make a motion.
- ▶ Motions should not be made in the negative.
- ▶ Officers do not make motions. The Vice-Chair can second motions if not acting as Chair.
- ▶ We are next going to walk you through a sample of how motions are made.

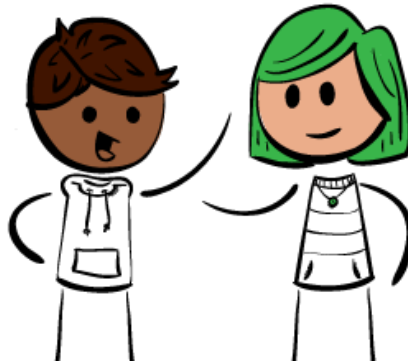
Robert's Rules of Order (Call for Motion)

When a discussion topic requires an action, officers should summarize the topic and **call for a motion**. A motion must be moved (stated clearly) and then seconded.

Sample script:

Officer: We have reviewed the data. Is there a motion to approve the report?

Member 1: So moved. *or* I move that we approve the report as presented.



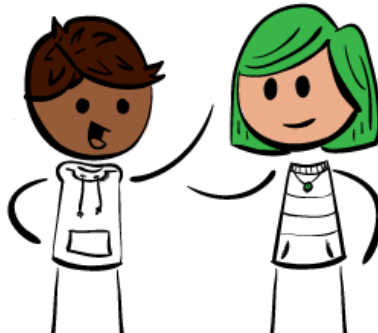
Member 2: Second. *or* I second the motion.

Robert's Rules of Order (Moving and Seconding)

Officers should acknowledge who is moving and seconding motions to clarify the record. They should also announce if there are no seconds for motion. If no one “seconds the motion”, the motion dies and should be announced as such.

Sample script:

Officer: The motion was made by Jane Doe and seconded by John Doe.



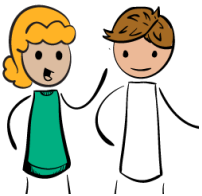
Robert's Rules of Order (Discussion and Summarizing)

Discussion is held after the motion is made and before calling for the vote.

Officers should summarize the motion and call for discussion before calling for the vote.

Sample script:

Officer: The motion is to approve the report as presented. Is there any further discussion?



Member: I call the question. *All discussion is concluded.*

Officer: All in favor? All opposed?

Robert's Rules of Order (Voting)

Allow staff to record the motion and confirm all members have voted in favor or against.

If a motion DOES NOT carry a majority vote , the motion fails and should be announced.

If a motion DOES carry a majority vote, the motion passes and should be announced.

Sample script:

A red rectangular stamp with the word "FAILED" in white, slanted slightly to the right.

Officer: The motion failed.



Officer: The motion passed.

Questions?

BSR Staff Contacts

Marlen Meizoso (*Habla Español*)

Project Manager/Research Associate

Assignments:

- Care and Treatment
- Needs Assessment
- Housing
- Medical Care Subcommittee
- Executive
- New Member Orientation

Christina Bontempo

Project Manager/Community Liaison

Assignments:

- Partnership
- Prevention
- Strategic Planning
- Integrated Plan
- Community Coalition

Behavioral Science Research Corp.

2121 Ponce de Leon Blvd.

Suite 240

Coral Gables, FL 33134

305-445-1076

mdcpartnership@behavioralscience.com





**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

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| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 28, 2024 | All |
| VII. | Special Activity: Officer Training | Staff |
| VIII. | Reports | |
| | <ul style="list-style-type: none"> • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | <ul style="list-style-type: none"> • Follow-up on Planning Council Support Budget/Scope of Work • Update on Recruitment and Retention | All
All |
| X. | New Business | |
| | <ul style="list-style-type: none"> • A July Meeting Date • Bylaws Review <ul style="list-style-type: none"> ○ Status Report on Ordinance Changes approved in August 2023 ○ Status Report on HRSA Site Visit Findings and Recommendations | All
All |
| XI. | Announcements and Open Discussions | All |
| | <ul style="list-style-type: none"> • Photos for Website • Get on Board: Language of the Partnership on July 10, 2024 | |
| XII. | Next Meeting: August 28, 2024 at Behavioral Science Research | Harold McIntyre |
| XIII. | Adjournment | Alecia Tramel-McIntyre |

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(305) 445-1076 x107 or marlen@behavioralscience.com.

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Membership Report

June 17, 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

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

1 applicant pending appointment

3 applicants pending approval

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:

Local Health Department Representative (applicant pending approval)

Prevention Provider Representative (applicant pending approval)

Representative with HIV and Hepatitis B or C

Other Federal HIV Program Grantee Representative (SAMHSA)

Substance Abuse Provider Representative

Mental Health Provider Agency Representative

Hospital or Healthcare Planning Representative

Federally Recognized Indian Tribe Representative

Miami-Dade County Public Schools 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.

MEMBERSHIP

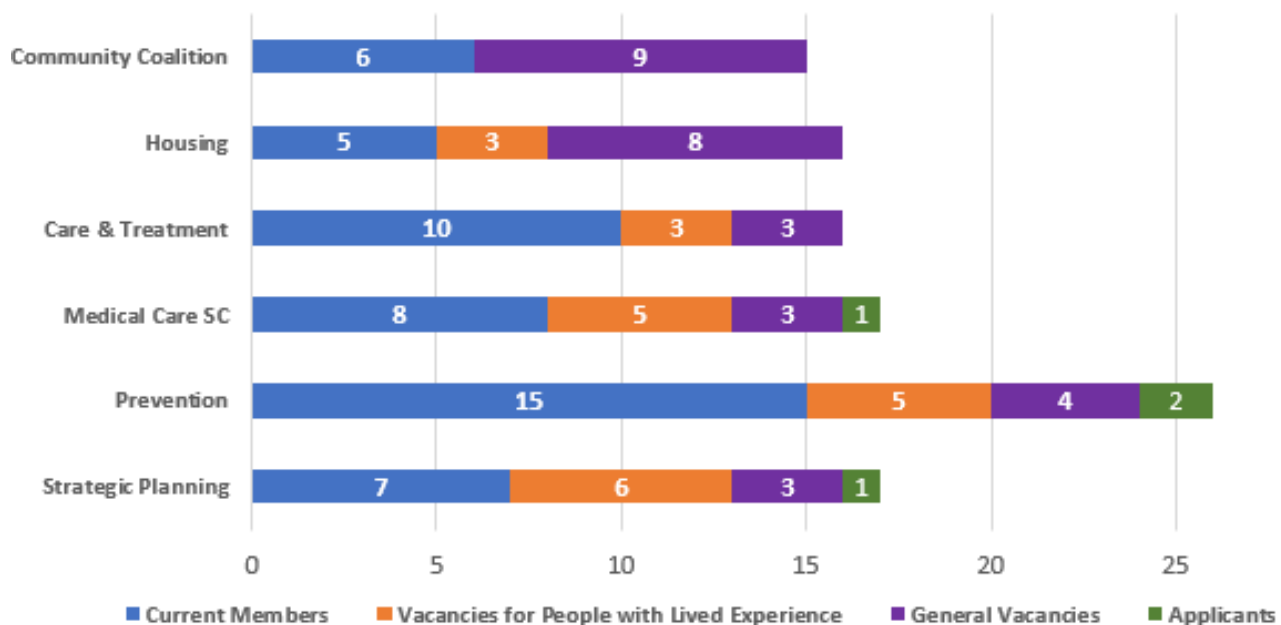
Committees

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





MIAMI-DADE HIV/AIDS PARTNERSHIP

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

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| | • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | • Follow-up on Planning Council Support Budget/Scope of Work | All |
| | • Update on Recruitment and Retention | All |
| X. | New Business | |
| | • A July Meeting Date | All |
| | • Bylaws Review | All |
| | ○ Status Report on Ordinance Changes approved in August 2023 | |
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		Organization					
		Behavioral Science Research Corporation					
		Staff Support Part A budget-Expenses Reconciliation					
		BUDGET	EXPENSE Q1	EXPENSE Q2	EXPENSE Q3	EXPENSE Q4	FINAL EXPENSES
<i>FTE</i>	<i>Personnel 2.54</i>	\$294,699	\$73,675				\$73,675
Travel: Mileage (local)		\$230	\$84				\$84
Travel: Parking & Tolls (local)		\$266	\$10				\$10
Travel: Long Distance Travel		\$2,256	\$323				\$323
Supplies: Program Office Supplies		\$1,123	\$213				\$213
Supplies: Copier/PC Maintenance		\$2,920	\$80				\$80
Contractual: Surveys and Studies		\$10,500					\$0
Other Direct Costs: IT Maintenance (Labor Costs)		\$1,659	\$143				\$143
Other Direct Costs: Partnership Website		\$1,219					\$0
Other Direct Costs: Surveys and Studies Support		\$5,700					\$0
Other Direct Costs: Partnership Outreach/Public Relations		\$300					\$0
Other Direct Costs: Communications (Telephones and Internet)		\$2,826	\$507				\$507
Other Direct Costs: Copier Costs		\$1,913	\$755				\$755
Other Direct Costs: PWH and Partnership - Postage and Delivery		\$132					\$0
Other Direct Costs: Meeting Expenses		\$1,200					\$0
Other Direct Costs: Rent		\$62,092	\$10,362				\$10,362
Other Indirect/Admin. Costs:		\$10,965	\$252				\$252
TOTAL AWARD		\$400,000					\$86,404

Proposed Miami-Dade HIV/AIDS Partnership (Planning Council) Staff Support Budget Process

Meeting Date	Activity	Committee	Comments
June 2024	Reviews Q1 (March 1-May 31) Partnership Staff Support expense report	Executive	
June-July 2024	Committee chairs will poll their Committees for any special request for staff support special projects above and beyond the annual activities supported by the budget. These requests will then be prioritized and forwarded to Executive Committee for review and possible inclusion in the Partnership's budget/scope.	Each Committee	Item must be completed by August 1.
August 2024	Reviews new activities and associated costs, and prioritize projects for inclusion in the budget. Budget recommendation levels included in the annual resource allocation process (Needs Assessment) provided to the Care and Treatment Committee (due by September).	Executive	Staff will provide associated cost for items for Executive Committee review.
September 2024	The Partnership will approve the annual resource allocation levels.	Partnership	Executive Committee will address in the event the Partnership cannot meet.
October 2024	Reviews Q2 (June 1-August 31) Partnership Staff Support expense report	Executive	
December 2024	Reviews Q3 (September 1-November 30) Partnership Staff Support expense report	Executive	
January 2025	Reviews scope of services for the following fiscal year and approves based on approved budget.	Executive	
April 2025	Reviews Q4 (December 1-February 28) Partnership Staff Support expense report	Executive	

Items shaded in grey
are quarterly.

Council Budget Process

Minnesota Council for HIV/AIDS Care and Prevention

The [Ryan White HIV/AIDS Program Part A Manual](#) states that Planning Council/Planning Bodies (PC/PB) must be involved in the development and management of a PC/PB operating budget. The funds used for PC/PB support and operations come from within the 10 percent administrative cost cap of the Ryan White HIV/AIDS Program Part A award. The Part A Manual states that “the PC/PB must negotiate the size of its support budget with the recipient to carry out its legislative and programmatic responsibilities and then is responsible for developing and managing said budget within the recipient’s grant management structure” (p. 36).

The following process was passed by the Minnesota Council for HIV/AIDS Care and Prevention on February 13, 2024.

Proposed Council Budget Process

Proposed Council Budget Process		Activity product	When	Lead
1. Annual council budget approval process				
1.1	Council staff will receive a draft council budget from the Hennepin County Ryan White HIV/AIDS Program (Part A) for the upcoming fiscal year. The budget will include, but is not limited to, operating costs, such as in-person meeting budget, meeting reimbursement costs, hiring of consultants to carry out council legislative responsibilities, etc.	Draft council budget for upcoming fiscal year	June annually	Part A/Council staff
1.2	Council staff will present the proposed council budget to the Planning & Allocations Committee in the July meeting. Council staff will take negotiations (if any) back to Part A. and final budget is presented/approved by PAC no later than the August meeting.	Council budget presentation in July Planning & Allocations Committee meeting; Final budget approved by PAC no later than August meeting	June/July annually PAC meeting	PAC./Council staff
1.3	Executive Committee reviews council budget and if there are no changes, forwards to the council for full approval.	Council budget approved by MCHACP	July/August annually MCHACP meeting	MCHACP/Council staff
2. Quarterly budget report				
2.1	Planning and Allocations Committee, Executive Committee, and MCHACP will receive a Q1 (March 1 – May 31) budget report.	Q1 Budget report	July annually PAC meeting	Council admin specialist
2.2	Planning and Allocations Committee, Executive Committee, and MCHACP will receive a Q2 (June 1 – August 31) budget report.	Q2 Budget report	November annually PAC meeting	Council admin specialist

Proposed Council Budget Process		Activity product	When	Lead
2.3	Planning and Allocations Committee, Executive Committee, and MCHACP will receive a Q3 (September 1 – November 30) budget report.	Q3 Budget report	February annually PAC meeting	Council admin specialist
2.4	Planning and Allocations Committee, Executive Committee, and MCHACP will receive a Q4 (December 1 – February 28) budget report.	Q4 Budget report	June annually PAC meeting	Council admin specialist
3. Committee activity budget request				
3.1	The work of the council is done via committees. Therefore, it's possible that throughout the fiscal year, committees may request additional operating funds to complete their work (for example, requested trainings, community events, and so on). When a committee requests additional funds, council staff will draft a budget proposal for review at the next Planning and Allocations Committee meeting.	Committee activity budget approved by Planning and Allocations Committee	PAC Committee meeting	Committee/ PAC. Cmte./council staff
3.2	If approved by the Planning and Allocations Committee, budget proposal will be sent to Executive Committee/MCHACP for review and approval.	Committee activity budget approved by Executive/MCHACP	Executive / MCACHP meeting	Executive/MC HACP/council staff

Contact

Audra Gaikowski
 Planning Council Coordinator
 Hennepin County Public Health
 Audra.Gaikowski@Hennepin.us
 612-596-2001

To obtain this information in a different format, call:
 612-348-7414.

August 3, 2023

**Executive Committee
Calendar of Activities 2024**

Month	Budgets and Deliverables Review	Bylaws review	Fishbone Review	Other Items	Notes
January 31, 2024				x	HRSA site visit meeting
February 28, 2024	x			x	Budget approved and scope discussed, 2024 planning discussed, and Bylaws distributed
March 27, 2024					as needed meeting
April 24, 2024					no quorum
May 29, 2024					as needed meeting
June 26, 2024		x	x	x	Updates on budget development process, Officer training, Bylaws review starts, Updates on Recruitment and Retention
July 31, 2024					as needed meeting
August 28, 2024	x	x	x	x	Budget input must be finalized to be forwarded to Care and Treatment, Bylaws reviewed, Policy and Procedures reviewed
September 25, 2024					as needed meeting
October 30, 2024		x	x	x	Bylaws review continued, Policy and Procedures reviewed continued
November 20, 2024					as needed meeting
December 18, 2024		x	x	x	Discuss planning for 2025

Additional Notes:

Budgets and Deliverables

Input being provided by Executive; Will be included as part of budget process of Care and Treatment

Bylaws

Additional changes pending ordinance change (status needed) and address HRSA report
Changes needed including name change for Community Coalition Committee



MIAMI-DADE HIV/AIDS PARTNERSHIP

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Fishbone Update: Recruitment and Retention

A fishbone exercise was conducted from November 2022-July 2023, gathering input from the Executive Committee on barriers to recruitment and retention of Representatives of the Affected Community. The concerns raised, suggested improvements, and accomplishments are detailed below.

Concerns	Suggested improvements	Accomplishments
Meetings often cancelled for lack of quorum	Reduce size of Partnership and committees to allow quorum with fewer members	Partnership approved changes in Miami-Dade County ordinance that stipulated reduced Partnership seats and quorum levels
Meaningful Meetings	Materials posted online for easy access Focus on business items: do not hold meetings if there is nothing to discuss	Improved access on aidsnet.org. Protocol for polling committee and Partnership chairs concerning meeting cancellation if appropriate.
Under-representation by Representatives of the Affected Community (ROAC)	Less bureaucratic application process Concrete plan for recruitment of target groups	Reduced volume of paperwork for Partnership application, to an interest form and interview. Ongoing training and promotion
Reporting	More user-friendly reports	Reports online with summary Training on specific reports and understanding their importance Adding hard copies for member reference
Agendas	Addition of announcements and open discussion	Define action items on agendas Discuss goals of meeting
Other	Seek feedback Find other ways to incentivize	Modest incentives provided, within HRSA guidelines.



**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

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JULY 2024

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

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4 Independence Day (BSR Offices Closed)	5
8	9	10 Get on Board! Planning Council Enrichment Training 12:00 PM to 1:00 PM via Microsoft Teams	11 Care & Treatment Committee 10:00 AM to 1:00 PM at Care Resource	12
15 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library	16	17	18 Housing Committee 2:00 PM to 4:00 PM at Care Resource	19
22 Zero HIV Stigma Day (July 21)	23 Joint Integrated Plan Review Team: Strategic Planning and Prevention Committees 10:00 AM to 1:00 PM at MDC Main Library	24	25	26 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.
29 Community Coalition Roundtable 4:00 PM to 6:00 PM at Care Resource, 1st Floor Community Room (Dinner at 3:30 PM)	30	31 Executive Committee <i>To meet as needed</i>	MEETING LOCATIONS BSR Corp. - Behavioral Science Research, 2121 Ponce de Leon Blvd. #240, Coral Gables 33134 Care Resource - Care Resource CHC, Midtown Miami, 3510 Biscayne Blvd., 1 st Floor Community Room, Miami 33137 MDC Main Library - 101 West Flagler St., Auditorium, Miami, FL 33130	

All events on this calendar are open to the public.

People with HIV are invited to participate!



Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials.

RSVP to (305) 445-1076, mdcpartnership@behavioralscience.com, or scan the QR Code for Partnership meetings.



Visit www.aidsnet.org for more information.

Version 06/21/24
Information on this calendar is subject to change.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|---|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 28, 2024 | All |
| VII. | Special Activity: Officer Training | Staff |
| VIII. | Reports | |
| | • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | • Follow-up on Planning Council Support Budget/Scope of Work | All |
| | • Update on Recruitment and Retention | All |
| X. | New Business | |
| | • A July Meeting Date | All |
| | • Bylaws Review | All |
| | ○ Status Report on Ordinance Changes approved in August 2023 | |
| | ○ Status Report on HRSA Site Visit Findings and Recommendations | |
| XI. | Announcements and Open Discussions | All |
| | • Photos for Website | |
| | • Get on Board: Language of the Partnership on July 10, 2024 | |
| XII. | Next Meeting: August 28, 2024 at Behavioral Science Research | Harold McIntyre |
| XIII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

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June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (P)

Miami-Dade HIV/AIDS Partnership Member Survey

REVIEW VERSION FOR EXECUTIVE COMMITTEE

The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

This AAM survey covers the activities of the Ryan White Program grant Recipient: The Miami-Dade County Office of Management and Budget-Grants Coordination, during the Ryan White Program (RWP) Fiscal Year FY 2023-2024: March 1, 2023-February 29, 2024.

All Miami-Dade HIV/AIDS Partnership members who were appointed prior to February 2024, must complete this survey, no later than July 12, 2024.

A separate survey will be distributed to Ryan White Program Part A/MAI-funded subrecipients addressing these issues and other concerns. If you are a Partnership member and you represent a subrecipient, you are asked to complete two surveys.

Responses are tallied and reported in aggregate form without identifying information.

Thank you!

* 1. Please enter your First and Last Name (Your name is required for tracking responses and will not be included in the final report.)

Name

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (P)

* 2. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

3. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 4. I understand the information presented on the Recipient’s Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports. (See Reports, below).

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

Part A Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
FORMULA AND SUPPLEMENTAL FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

Project #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY20 Supplemental	4,296,875.00	FY SUPPLEMENTAL	\$24,632,994
Carryover Award FY21 Formula	4,078,477.00	CARRYOVER	
Total Award	\$ 28,638,571.00		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Core Medical Services	Allocations	Carryover Allocations
4	AIDS Pharmaceutical Assistance	84,492.00	
6	Health Insurance Services	335,775.00	250,024.00
1	Medical Case Management	5,828,737.00	400,000.00
3	Mental Health Therapy/Counseling	51,237.00	91,457.00
5	Oral Health Care	2,894,445.00	1,000,000.00
2	Outpatient/Ambulatory Health Svcs	8,695,763.00	600,000.00
9	Substance Abuse - Outpatient	28,099.00	17,369.00
CORE Services Totals:			20,255,299.00
Support Services		Allocations	Carryover Allocations
11	Emergency Financial Assistance	8,853.00	
8	Food Bank	1,600,105.00	1,000,000.00
10	Medical Transportation	209,912.00	
13	Other Professional Services	154,449.00	
12	Outreach Services	178,095.00	
7	Substance Abuse - Residential	1,338,406.00	200,000.00
SUPPORT Services Totals:			4,750,914.00
DIRECT SERVICES TOTAL:		\$ 25,006,113.00	
Total Core Allocation		17,858,549.00	
Target at least 80% core service allocation		17,140,250.40	
Current Difference (Short) / Over		\$ 738,558.60	
Recipient Admin. (GC, GTL, BSR Staff)		\$ 2,453,209.00	
Quality Management		\$ 641,522.00	
(+/-) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)		\$ -	
Unobligated Funds (Carry Over)		\$ 507,727.00	3,002,458.00 28,608,571.00

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500971000	AIDS Pharmaceutical Assistance	3,054.10	
500920000	Health Insurance Services	297,151.61	0.00
500687000	Medical Case Management	5,414,520.00	0.00
500680000	Mental Health Therapy/Counseling	51,237.00	12,333.00
500691000	Oral Health Care	2,894,445.00	400,199.50
500691000	Outpatient/Ambulatory Health Svcs	8,063,894.64	0.00
500691000	Substance Abuse - Outpatient	4,401.00	0.00
CORE Services Totals:			17,121,125.85
Account	Support Services	Expenditures	Carryover Expenditures
500940000	Emergency Financial Assistance	0.00	
500698000	Food Bank	1,540,894.00	1,000,000.00
500640000	Medical Transportation	153,904.00	
500690000	Other Professional Services	87,581.00	
500690000	Outreach Services	114,924.98	
500693000	Substance Abuse - Residential	1,053,590.00	0.00
SUPPORT Services Total:		3,030,894.78	
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 21,051,990.61	84.19%
Formula Expenditure %		95.52%	
500671000	Recipient Administration	1,937,959.51	
500680000	Quality Management	620,491.00	2,558,450.51
Grant Unexpended Balance		FY 2022 Award	Carryover
		2,343,185.38	2,654,944.50
Total Grant Expenditures & %		\$ 23,610,441.12	82.53%
Core medical % against Total Direct Service Expenditures (Not including CIO):		85.07%	Within Limit
Quality Management % of Total Award (Not including CIO):		2.53%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include CIO):		7.90%	Within Limit

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Minority AIDS Initiative Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

PROJECT #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY20 MAI	1,623,771.00	FY MAI	2,713,251.00
Carryover Award FY21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

Priority Order	CONTRACT ALLOCATIONS		
	Core Medical Services	Allocations	Carryover Allocations
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	903,320.00	
3	Mental Health Therapy/Counseling	18,900.00	
	Oral Health Care	1,356,061.00	
4	Substance Abuse - Outpatient	8,058.00	2,287,599.00
Support Services		Allocations	Carryover Allocations
7	Emergency Financial Assistance	0.00	
	Food Bank		
5	Medical Transportation	7,628.00	
6	Other Professional Services	39,616.00	
8	Outreach Services		
	Substance Abuse - Residential		47,444.00
DIRECT SERVICES TOTAL:		\$ 2,335,043.00	
Total Core Allocation		2,287,599.00	
Target at least 80% core service allocation		1,868,034.40	
Current Difference (Short) / Over		\$ 419,564.60	
Recipient Admin. (OMB-GC)		\$ 271,325.00	3,025,921.00
Quality Management		\$ 106,883.00	
(+/-) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)		\$ -	378,208.00
Unobligated Funds (Carry Over)		\$ 1,212,670.00	2,713,251.00

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500671000	AIDS Pharmaceutical Assistance		
500620000	Health Insurance Services		
500687000	Medical Case Management	616,302.85	
500680000	Mental Health Therapy/Counseling	1,007.50	
500690000	Oral Health Care		
500691000	Outpatient/Ambulatory Health Svcs	680,368.80	
500691000	Substance Abuse - Outpatient	570.00	1,278,247.15
Account	Support Services	Expenditures	Carryover Expenditures
500940000	Emergency Financial Assistance	0.00	
500698000	Food Bank		
500640000	Medical Transportation	5,647.59	
500690000	Other Professional Services		
500690000	Outreach Services	36,498.00	
500693000	Substance Abuse - Residential		42,145.50
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 1,320,392.74	56.55%
500671000		Recipient Administration	211,670.40
500680000		Quality Management	106,883.00 318,553.40
Grant Unexpended Balance		FY 2022 Award	Carryover
		1,074,304.86	1,212,670.00
Total Grant Expenditures & % (Including CIO):		\$ 1,638,946.14	41.75%
Core medical % against Total Direct Service Expenditures (Not including CIO):		96.81%	Within Limit
Quality Management % of Total Award (Not including CIO):		3.94%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include CIO):		7.80%	Within Limit

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June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

5. For a rating of "Disagree" or "Strongly Disagree" to the statement: *I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports, please explain your concern and suggest a solution to the problem.*

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 6. The Recipient followed the Partnership's recommendations for service priorities and resource allocations. (See Reports, below).

- Strongly agree Disagree
- Agree Strongly disagree
- Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

Part A Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
FORMULA AND SUPPLEMENTAL FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

Project #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY20 Supplemental	4,296,878.00	FY SUPPLEMENTAL	\$24,632,994
Carryover Award FY21 Formula	4,078,477.00	CARRYOVER	
Total Award	\$ 28,638,571.00		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
4 AIDS Pharmaceutical Assistance	84,492.00	250,024.00	
6 Health Insurance Services	335,775.00	400,000.00	
1 Medical Case Management	5,828,737.00	91,457.00	
3 Mental Health Therapy/Counseling	51,237.00	1,000,000.00	
5 Oral Health Care	2,894,445.00	800,000.00	
2 Outpatient/Ambulatory Health Svcs	8,695,763.00	17,369.00	
9 Substance Abuse - Outpatient	28,099.00		
CORE Services Totals:		20,255,299.00	
Support Services			
11 Emergency Financial Assistance	8,853.00	1,000,000.00	
8 Food Bank	1,600,108.00	209,912.00	
10 Medical Transportation	209,912.00	154,449.00	
13 Other Professional Services	154,449.00	178,098.00	
12 Outreach Services	178,098.00	1,338,406.00	
7 Substance Abuse - Residential	1,338,406.00		
SUPPORT Services Totals:		4,750,814.00	
DIRECT SERVICES TOTAL:		\$ 25,006,113.00	
Total Core Allocation	17,858,549.00		
Target at least 80% core service allocation	17,140,250.40		
Current Difference (Short) / Over	\$ 738,558.60		
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,453,209.00		
Quality Management	\$ 641,522.00		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	\$ -		
Unobligated Funds (Carry Over)	\$ 507,727.00	3,002,458.00	28,608,571.00

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500971000	AIDS Pharmaceutical Assistance	3,054.10	
500920000	Health Insurance Services	297,151.61	0.00
500687000	Medical Case Management	5,414,520.00	0.00
500680000	Mental Health Therapy/Counseling	51,237.00	12,333.00
500690000	Oral Health Care	2,894,445.00	400,199.50
500691000	Outpatient/Ambulatory Health Svcs	8,063,894.64	0.00
500691000	Substance Abuse - Outpatient	4,401.00	0.00
	CORE Services Totals:		17,121,125.85
500940000	Emergency Financial Assistance	0.00	
500698000	Food Bank	1,540,894.00	1,000,000.00
500640000	Medical Transportation	153,904.00	
500690000	Other Professional Services	87,581.00	
500690000	Outreach Services	114,928.98	
500693000	Substance Abuse - Residential	1,053,590.00	0.00
	SUPPORT Services Total:	3,030,864.78	
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 21,051,990.61	84.19%
	Formula Expenditure %	95.52%	
500671000	Recipient Administration	1,937,939.51	
500680000	Quality Management	620,491.00	2,558,450.51
	Grant Unexpended Balance	FY 2022 Award 2,343,185.38	Carryover 2,654,944.50
	Total Grant Expenditures & %	\$ 23,610,441.12	82.53%

Core medical % against Total Direct Service Allocation (Not including CIO):	83.44%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	2.62%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	10.00%	Within Limit
Cannot be over 10%		

Core medical % against Total Direct Service Expenditures (Not including CIO):	85.07%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	2.53%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	7.90%	Within Limit
Cannot be over 10%		

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Minority AIDS Initiative Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

PROJECT #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,088,480.00	MAI	FY 2022 Award
Grant Award Amount FY20 MAI	1,623,771.00	FY MAI	2,713,251.00
Carryover Award FY21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

Priority Order	CONTRACT ALLOCATIONS		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
AIDS Pharmaceutical Assistance			
Health Insurance Services			
1 Medical Case Management	903,320.00		
3 Mental Health Therapy/Counseling	18,900.00		
5 Oral Health Care	1,356,061.00		
2 Outpatient/Ambulatory Health Svcs	8,058.00	2,287,599.00	
4 Substance Abuse - Outpatient			
Support Services			
7 Emergency Financial Assistance	0.00		
8 Food Bank			
5 Medical Transportation	7,628.00		
6 Other Professional Services			
8 Outreach Services	39,616.00	47,444.00	
Substance Abuse - Residential			
DIRECT SERVICES TOTAL:		\$ 2,335,043.00	
Total Core Allocation	2,287,599.00		
Target at least 80% core service allocation	1,868,034.40		
Current Difference (Short) / Over	\$ 419,564.60		
Recipient Admin. (OMB-GC)	\$ 271,325.00		
Quality Management	\$ 106,883.00	3,025,921.00	
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	\$ -	378,208.00	2,713,251.00
Unobligated Funds (Carry Over)	\$ 1,212,670.00		

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500697000	AIDS Pharmaceutical Assistance		
500692000	Health Insurance Services		
500687000	Medical Case Management	616,302.85	
500680000	Mental Health Therapy/Counseling	1,007.50	
500690000	Oral Health Care		
500691000	Outpatient/Ambulatory Health Svcs	680,368.80	
500691000	Substance Abuse - Outpatient	570.00	1,278,247.15
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500698000	Food Bank		
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500690000	Other Professional Services		
500690000	Outreach Services	36,498.00	
500693000	Substance Abuse - Residential		42,145.50
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 1,320,392.74	56.55%
500671000	Recipient Administration	211,670.40	
500680000	Quality Management	106,883.00	318,553.40
	Grant Unexpended Balance	FY 2022 Award 1,074,304.86	Carryover 1,212,670.00
	Total Grant Expenditures & % (Including CIO):	\$ 1,638,946.14	41.75%

Core medical % against Total Direct Service Allocation (Not including CIO):	97.97%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	3.34%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	10.00%	Within Limit
Cannot be over 10%		

Core medical % against Total Direct Service Expenditures (Not including CIO):	96.81%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	3.94%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	7.80%	Within Limit
Cannot be over 10%		

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June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

7. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient followed the Partnership's recommendations for service priorities and resource allocations*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 8. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership. (See Reports, below).

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

Comments: Strengths, weaknesses & suggestions (optional)

Part A Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
FORMULA AND SUPPLEMENTAL FUNDING
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Grant Award Amount FY20 Supplemental	4,266,875.00	FY SUPPLEMENTAL	\$24,632,994
Carryover Award FY21 Formula	4,076,477.00	CARRYOVER	
Total Award	\$ 28,608,571.00		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
4 AIDS Pharmaceutical Assistance	64,492.00	250,024.00	
6 Health Insurance Services	335,775.00	400,000.00	
1 Medical Case Management	5,826,737.00	91,457.00	
3 Mental Health Therapy/Counseling	51,237.00	1,000,000.00	
5 Oral Health Care	2,894,445.00	800,000.00	
2 Outpatient/Ambulatory Health Svcs	8,695,763.00	17,369.00	
9 Substance Abuse - Outpatient	28,099.00		
CORE Services Totals:		20,255,299.00	
Support Services			
11 Emergency Financial Assistance	8,853.00	1,000,000.00	
8 Food Bank	1,600,105.00	209,912.00	
10 Medical Transportation	209,912.00	154,449.00	
13 Other Professional Services	154,449.00	178,095.00	
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SUPPORT Services Totals:		4,750,914.00	
DIRECT SERVICES TOTAL:		\$ 25,006,113.00	
Total Core Allocation	17,858,549.00		
Target at least 80% core service allocation	17,140,250.40		
Current Difference (Short) / Over	\$ 738,558.60		
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,453,209.00		
Quality Management	\$ 641,522.00		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	\$ -		
Unobligated Funds (Carry Over)	\$ 507,727.00	3,002,458.00	28,608,571.00

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500971000	AIDS Pharmaceutical Assistance	3,054.10	
500920000	Health Insurance Services	297,151.61	0.00
500687000	Medical Case Management	5,414,520.00	0.00
500680000	Mental Health Therapy/Counseling	51,237.00	12,333.00
500690000	Oral Health Care	2,894,445.00	400,199.50
500691000	Outpatient/Ambulatory Health Svcs	8,063,894.64	0.00
500691000	Substance Abuse - Outpatient	4,401.00	0.00
	CORE Services Totals:		17,121,125.85
500940000	Emergency Financial Assistance	0.00	
500698000	Food Bank	1,540,894.00	1,000,000.00
500640000	Medical Transportation	153,904.00	
500690000	Other Professional Services	87,561.00	
500690000	Outreach Services	114,924.98	
500693000	Substance Abuse - Residential	1,053,590.00	0.00
	SUPPORT Services Total:	3,030,864.78	
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 21,051,990.61	84.19%
500671000	Recipient Administration	1,937,939.51	
500680000	Quality Management	620,491.00	2,558,450.51
	Grant Unexpended Balance	FY 2022 Award	Carryover
		2,343,185.38	2,654,944.50
	Total Grant Expenditures & %	\$ 23,610,441.12	82.53%

Core medical % against Total Direct Service Allocation (Not including CIO):	83.44%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	2.62%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	10.00%	Within Limit
Cannot be over 10%		

Core medical % against Total Direct Service Expenditures (Not including CIO):	85.07%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	2.53%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	7.90%	Within Limit
Cannot be over 10%		

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Minority AIDS Initiative Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

PROJECT #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,460.00	MAI	FY 2022 Award
Grant Award Amount FY20 MAI	1,623,771.00	FY MAI	2,713,251.00
Carryover Award FY21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

Priority Order	CONTRACT ALLOCATIONS		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
AIDS Pharmaceutical Assistance			
Health Insurance Services			
1 Medical Case Management	903,320.00		
3 Mental Health Therapy/Counseling	18,900.00		
5 Oral Health Care	1,356,661.00		
2 Outpatient/Ambulatory Health Svcs	8,058.00	2,287,599.00	
4 Substance Abuse - Outpatient			
Support Services			
7 Emergency Financial Assistance	0.00		
8 Food Bank			
5 Medical Transportation	7,628.00		
6 Other Professional Services			
8 Outreach Services	39,616.00	47,444.00	
Substance Abuse - Residential			
DIRECT SERVICES TOTAL:		\$ 2,335,043.00	
Total Core Allocation	2,287,599.00		
Target at least 80% core service allocation	1,868,034.40		
Current Difference (Short) / Over	\$ 419,564.60		
Recipient Admin. (OMB-GC)	\$ 271,325.00		
Quality Management	\$ 106,883.00	3,025,921.00	
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	\$ -	378,208.00	2,713,251.00
Unobligated Funds (Carry Over)	\$ 1,212,670.00		

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500697000	AIDS Pharmaceutical Assistance		
500692000	Health Insurance Services		
500687000	Medical Case Management	616,302.85	
500680000	Mental Health Therapy/Counseling	1,007.50	
500690000	Oral Health Care		
500691000	Outpatient/Ambulatory Health Svcs	680,368.80	
500691000	Substance Abuse - Outpatient	570.00	1,278,247.15
500940000	Emergency Financial Assistance	0.00	
500698000	Food Bank		
500640000	Medical Transportation	5,647.59	
500690000	Other Professional Services		
500690000	Outreach Services	36,498.00	
500693000	Substance Abuse - Residential		42,145.50
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 1,320,392.74	56.55%
500671000	Recipient Administration	211,670.40	
500680000	Quality Management	106,883.00	318,553.40
	Grant Unexpended Balance	FY 2022 Award	Carryover
		1,074,304.86	1,212,670.00
	Total Grant Expenditures & % (Including CIO):	\$ 1,638,946.14	41.75%

Core medical % against Total Direct Service Allocation (Not including CIO):	97.97%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	3.34%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	10.00%	Within Limit
Cannot be over 10%		

Core medical % against Total Direct Service Expenditures (Not including CIO):	96.81%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including CIO):	3.94%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include CIO):	7.80%	Within Limit
Cannot be over 10%		

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June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

9. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 10. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process. (See Reports, below).

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | |

Comments: Strengths, weaknesses & suggestions (optional)

Part A Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
FORMULA AND SUPPLEMENTAL FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

Project #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY20 Supplemental	4,296,875.00	FY SUPPLEMENTAL	\$24,632,994
Carryover Award FY21 Formula	4,078,477.00	CARRYOVER	
Total Award	\$ 28,638,571.00		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
4 AIDS Pharmaceutical Assistance	84,492.00	250,024.00	
6 Health Insurance Services	335,775.00	400,000.00	
1 Medical Case Management	5,828,737.00	91,457.00	
3 Mental Health Therapy/Counseling	51,237.00	1,000,000.00	
5 Oral Health Care	2,894,445.00	800,000.00	
2 Outpatient/Ambulatory Health Svcs	8,695,763.00	17,369.00	
9 Substance Abuse - Outpatient	28,099.00		
CORE Services Totals:		20,255,299.00	
Support Services			
11 Emergency Financial Assistance	8,853.00	1,000,000.00	
8 Food Bank	1,600,105.00	209,912.00	
10 Medical Transportation	209,912.00	154,449.00	
13 Other Professional Services	154,449.00	178,095.00	
12 Outreach Services	178,095.00	1,338,406.00	
7 Substance Abuse - Residential	1,338,406.00		
SUPPORT Services Totals:		4,750,914.00	
DIRECT SERVICES TOTAL:		\$ 25,006,113.00	
Total Core Allocation	17,858,549.00		
Target at least 80% core service allocation	17,140,250.40		
Current Difference (Short) / Over	\$ 738,558.60		
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,453,209.00		
Quality Management	\$ 641,522.00		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	\$ -		
Unobligated Funds (Carry Over)	\$ 507,727.00	3,002,458.00	28,608,571.00

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
500971000	AIDS Pharmaceutical Assistance	3,054.10	
500972000	Health Insurance Services	297,151.61	0.00
500987000	Medical Case Management	5,414,520.00	0.00
500988000	Mental Health Therapy/Counseling	51,237.00	12,333.00
500990000	Oral Health Care	2,894,445.00	400,199.50
500991000	Outpatient/Ambulatory Health Svcs	8,093,894.64	0.00
500991000	Substance Abuse - Outpatient	4,401.00	0.00
500994000	Emergency Financial Assistance	0.00	
500995000	Food Bank	1,540,894.00	1,000,000.00
500940000	Medical Transportation	153,904.00	
500950000	Other Professional Services	87,581.00	
500960000	Outreach Services	114,924.98	
500963000	Substance Abuse - Residential	1,053,590.00	0.00
500963000	Substance Abuse - Residential	1,053,590.00	0.00
CORE Services Totals:		17,121,125.85	
SUPPORT Services Totals:		3,030,864.78	
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 21,051,990.61	84.19%
Formula Expenditure %		95.52%	
5006710000	Recipient Administration	1,937,959.51	
5006800000	Quality Management	620,491.00	2,558,450.51
Grant Unexpended Balance	FY 2022 Award	Carryover	
	2,343,185.38	2,654,944.50	4,998,129.88
Total Grant Expenditures & %		\$ 23,610,441.12	82.53%
Core medical % against Total Direct Service Expenditures (Not including CIO):			
Cannot be under 75% 85.07% Within Limit			
Quality Management % of Total Award (Not including CIO):			
Cannot be over 5% 2.53% Within Limit			
OMB-GC Administrative % of Total Award (Cannot include CIO):			
Cannot be over 10% 7.90% Within Limit			

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Minority AIDS Initiative Expenditure Report (End of Year Summary)

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING
 Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

PROJECT #:	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY20 MAI	1,623,771.00	FY MAI	2,713,251.00
Carryover Award FY21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

Priority Order	CONTRACT ALLOCATIONS		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
AIDS Pharmaceutical Assistance			
Health Insurance Services			
1 Medical Case Management	903,320.00		
3 Mental Health Therapy/Counseling	18,900.00		
Oral Health Care	1,356,061.00		
2 Outpatient/Ambulatory Health Svcs	8,058.00	2,287,599.00	
4 Substance Abuse - Outpatient			
Support Services			
7 Emergency Financial Assistance	0.00		
8 Food Bank			
5 Medical Transportation	7,628.00		
6 Other Professional Services			
8 Outreach Services	39,616.00	47,444.00	
Substance Abuse - Residential			
DIRECT SERVICES TOTAL:		\$ 2,335,043.00	
Total Core Allocation	2,287,599.00		
Target at least 80% core service allocation	1,868,034.40		
Current Difference (Short) / Over	\$ 419,564.60		
Recipient Admin. (OMB-GC)	\$ 271,325.00		
Quality Management	\$ 106,883.00	3,025,921.00	
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	\$ -	378,208.00	2,713,251.00
Unobligated Funds (Carry Over)	\$ 1,212,670.00		

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover Expenditures
5005970000	AIDS Pharmaceutical Assistance		
5005920000	Health Insurance Services		
5005970000	Medical Case Management	616,302.85	
5005980000	Mental Health Therapy/Counseling	1,007.50	
5005900000	Oral Health Care		
5005910000	Outpatient/Ambulatory Health Svcs	680,368.80	
5005910000	Substance Abuse - Outpatient	570.00	1,278,247.15
5005940000	Emergency Financial Assistance	0.00	
5005950000	Food Bank		
5005400000	Medical Transportation	5,647.59	
5005900000	Other Professional Services		
5005950000	Outreach Services	36,498.00	
5005930000	Substance Abuse - Residential		42,145.50
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 1,320,392.74	56.55%
5006710000	Recipient Administration	211,670.40	
5006800000	Quality Management	106,883.00	318,553.40
Grant Unexpended Balance	FY 2022 Award	Carryover	
	1,074,304.86	1,212,670.00	2,286,974.86
Total Grant Expenditures & % (Including CIO):		\$ 1,638,946.14	41.75%
Core medical % against Total Direct Service Expenditures (Not including CIO):			
Cannot be under 75% 96.81% Within Limit			
Quality Management % of Total Award (Not including CIO):			
Cannot be over 5% 3.94% Within Limit			
OMB-GC Administrative % of Total Award (Cannot include CIO):			
Cannot be over 10% 7.80% Within Limit			

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June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

11. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 12. The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership’s Needs Assessment (Priority Setting and Resource Allocations) in a timely manner.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

13. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership's Needs Assessment (Priority Setting and Resource Allocations) in a timely manner*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 14. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

15. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need*, please explain your concern and suggest a solution to the problem.



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* 16. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

17. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 18. The Recipient's staff was courteous and respectful.

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

19. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient's staff was courteous and respectful*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

* 20. Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

21. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (P)

22. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Ryan White Program Part A/MAI Subrecipient Survey
REVIEW VERSION FOR EXECUTIVE COMMITTEE

The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

This AAM survey covers the activities of the Ryan White Program grant Recipient: The Miami-Dade County Office of Management and Budget-Grants Coordination, during the Ryan White Program (RWP) Fiscal Year FY 2023-2024: March 1, 2023-February 29, 2024.

All Ryan White Program Part A/MAI-funded subrecipients must complete this survey, no later than July 12, 2024.

A separate survey will be distributed to Miami-Dade HIV/AIDS Partnership members addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.

Responses are tallied and reported in aggregate form without identifying information.

Thank you!

* 1. Please enter your Organization's Name

Organization

* 2. Please enter the First and Last Name and Title of the primary person completing this survey. (This is required for tracking responses and will not be included in the final report.)

You will have the option in Statement #3 to include additional people who are helping to complete the survey.

First and last name of primary person completing this survey

Title of primary person completing this survey

How many years have you been with your organization?

3. OPTIONAL: Please enter the First and Last Name(s) and Title(s) of additional people who are helping to complete the survey.

First and last name of additional person completing survey (1)

Title of additional person completing survey (1)

How many years have you been with your organization (1)?

First and last name of additional person completing survey (2)

Title of additional person completing survey (2)

How many years have you been with your organization (2)?



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Negotiation

* 4. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Negotiation

* 5. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Miami-Dade County Office of Management and Budget-Grants Coordination ("the Recipient") conducted a fair contract negotiation process with our organization*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Award Notification

* 6. The Recipient sent award notifications/letters to our organization in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Award Notification

* 7. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient sent award notifications/letters to our organization in a timely manner*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 8. The Recipient executed our organization’s contract in a timely manner.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 9. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient executed our organization’s contract in a timely manner*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 10. Please indicate the date of your FY 2023-2024 contract execution.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 11. For contract execution later than March 15, 2023, were there internal factors within your organization that led to delays?

- Yes
- No
- N/A - Our contract was executed prior to March 15, 2023.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 12. Please explain the internal factors within your organization that led to delays of contract execution.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 13. For contract execution later than March 15, 2023, were there external factors with the Recipient that led to delays?

- Yes
- No
- N/A - Our contract was executed prior to March 15, 2023.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

14. Please explain the external factors with the Recipient that led to delays of contract execution.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

* 15. Did delays in contract execution cause service disruptions or organizational disruptions?

- Yes
- No
- N/A - Our contract was executed prior to March 15, 2023.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Contract Execution

16. Please detail service disruptions or organizational disruptions resulting from delayed contract execution.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Reimbursements

* 17. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Reimbursements

18. For a rating of "Disagree" or "Strongly Disagree" to the statement: *There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Utilization and Expenditures

* 19. The Recipient contacted our organization to review utilization and expenditures that were not on target.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Utilization and Expenditures

20. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient contacted our organization to review utilization and expenditures that were not on target*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Utilization and Reimbursements

* 21. The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Utilization and Reimbursements

22. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Payment of Invoices

* 23. The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Payment of Invoices

24. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Payment of Invoices

* 25. The Recipient clearly explained any holds or disallowances on reimbursement requests.

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Payment of Invoices

26. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient clearly explained any holds or disallowances on reimbursement requests*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

* 27. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

28. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.), please explain your concern and suggest a solution to the problem.*



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

* 29. Communication between the Recipient and our organization has been timely.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

30. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Communication between the Recipient and our organization has been timely*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

* 31. Communication between the Recipient and our organization has been effective.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

32. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Communication between the Recipient and our organization has been effective*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

* 33. The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

34. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

* 35. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Communication

36. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.), please explain your concern and suggest a solution to the problem.*

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Compliance

* 37. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Compliance

38. For a rating of "Disagree" or "Strongly Disagree" to the statement: *When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Technical Assistance

* 39. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Technical Assistance

40. For a rating of "Disagree" or "Strongly Disagree" to the statement: *When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program

Recipient (S)

Technical Assistance

* 41. In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Technical Assistance

42. For a rating of "Disagree" or "Strongly Disagree" to the statement: *In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner, please explain your concern and suggest a solution to the problem.*



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Technical Assistance

* 43. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Technical Assistance

44. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization*, please explain your concern and suggest a solution to the problem.

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Staff

* 45. The Recipient's staff was courteous and respectful.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Staff

46. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Recipient's staff was courteous and respectful*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Staff

* 47. Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Staff

48. For a rating of "Disagree" or "Strongly Disagree" to the statement: *Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Provide® Enterprise Miami

* 49. The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Provide® Enterprise Miami

50. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Provide® Enterprise Miami

* 51. The PE Miami client database system is easy to use.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable. |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Provide® Enterprise Miami

52. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The PE Miami client database system is easy to use*, please explain your concern and suggest a solution to the problem.

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Recipient (S)

Provide® Enterprise Miami

* 53. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program
Recipient (S)

Provide® Enterprise Miami

54. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Provide® Enterprise Miami

* 55. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program Recipient (S)

Provide® Enterprise Miami

56. For a rating of "Disagree" or "Strongly Disagree" to the statement: *The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting*, please explain your concern and suggest a solution to the problem.



June 2024 Draft - Fiscal Year 2023-2024 Assessment of the Ryan White Program

Recipient (S)

Additional Comments - Optional

57. Please offer additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.



 **MIAMI-DADE
HIV/AIDS PARTNERSHIP**

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|---|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 28, 2024 | All |
| VII. | Special Activity: Officer Training | Staff |
| VIII. | Reports | |
| | • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | • Follow-up on Planning Council Support Budget/Scope of Work | All |
| | • Update on Recruitment and Retention | All |
| X. | New Business | |
| | • A July Meeting Date | All |
| | • Bylaws Review | All |
| | ○ Status Report on Ordinance Changes approved in August 2023 | |
| | ○ Status Report on HRSA Site Visit Findings and Recommendations | |
| XI. | Announcements and Open Discussions | All |
| | • Photos for Website | |
| | • Get on Board: Language of the Partnership on July 10, 2024 | |
| XII. | Next Meeting: August 28, 2024 at Behavioral Science Research | Harold McIntyre |
| XIII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

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Proposed Changes to the Miami-Dade HIV/AIDS Partnership Ordinance

Approved August 21, 2023

On August 21, 2023, the Miami-Dade HIV/AIDS Partnership (Partnership), in its capacity as a Miami-Dade County advisory board, approved the following recommended changes to the governing ordinance for consideration and approval by the Miami-Dade County Board of County Commissioners.

PROPOSED CHANGES TO THE PARTNERSHIP ORDINANCE

The proposed changes to the Partnership Ordinance are intended to:

1. Redefine quorum requirements;
2. Reduce Partnership membership from 39 members to 30 members;
3. Remove alternate member seats;
4. Redefine the member seats for Miami-Dade County Public Schools Representative and Part A Local Grantee Representative;
5. Redefine the seats for ex-officio members;
6. Reclassify the Representative Co-infected with Hepatitis B or C and Federally Recognized Indian Tribe Representative seats; and
7. As appropriate, bring Partnership membership categories as defined in the County Ordinance in line with HRSA legislative definitions.

Following are proposed changes to quorum requirements and proposed changes to the composition of the Partnership, as well as justifications for the proposed changes.

PROPOSED CHANGES TO QUORUM REQUIREMENTS

Proposal

- Change the Partnership quorum requirement from 13 members to *one-third-plus-one* active members.

Justification

- The Partnership currently requires a set number of 13 members to achieve quorum, regardless of the number of currently active members. Meetings have been cancelled (in advance and on site) due to lack of quorum. Even if 13 members are present, this is often not enough since some members may need to leave the room when there is a voting conflict (or might step away for other reasons). Therefore, in reality, without at least 14 members present, it is difficult to conduct business.
 - Partnership committees require a quorum of one-third-plus-one active member. Quorum is variable among committees based on active members.
 - A brief review of other County Advisory Boards shows a variety of requirements for quorum, from a set number to a percentage (such as one-third-plus-one).
 - A change to quorum brings the Partnership into agreement with its committees and is expected to improve the Board's ability to achieve quorum.
-

CURRENT VS. PROPOSED PARTNERSHIP MEMBERSHIP CATEGORIES

#	Current Membership Categories
1	Community Based AIDS Organization (CBO) Representative
2	Former Inmate of local, state, or federal prison representative
3	Health Care Provider Representing FQHC
4	Hospital or Health Care Planning Agency Representative
5	Housing, Homeless or Social Service Provider
6	Housing, Homeless or Social Service Provider
7	Local Health Department Representative
8	Mental Health Provider Representative
9	Non-Elected Community Leader, not an HIV provider
10	Other Federal HIV Grantee Representative (HOPWA)
11	Other Federal HIV Program Grantee (Part F)
12	Other Federal HIV Program Grantee Rep. (CDC)
13	Other Federal HIV Program Grantee Representative (SAMHSA)
14	Part C Grantee Representative
15	Part D Grantee Representative
16	Representative of the Affected Community
17	Representative of the Affected Community
18	Representative of the Affected Community
19	Representative of the Affected Community
20	Representative of the Affected Community
21	Representative of the Affected Community
22	Representative of the Affected Community
23	Representative of the Affected Community
24	Representative of the Affected Community
25	Representative of the Affected Community
26	State Government RW Part B Grantee Representative
27	State Government/Medicaid Agency Representative
28	Substance Abuse Representative
29	HIV Prevention Provider
30	<i>Part A Local Grantee Representative</i>
31	<i>Miami-Dade County Public Schools Representative</i>
32	<i>State of Florida GR Grantee Representative</i>
33	<i>Representative Co-infected with Hepatitis B or C</i>
34	<i>Federally Recognized Indian Tribe Representative</i>
35	<i>Representative of the Affected Community</i>
36	<i>Representative of the Affected Community</i>
37	<i>Representative of the Affected Community</i>
38	<i>Representative of the Affected Community</i>
39	<i>Representative of the Affected Community</i>
#	Alternate Members
1	<i>Representative of the Affected Community</i>
2	<i>Representative of the Affected Community</i>
3	<i>Representative of the Affected Community</i>
#	Non-Voting Ex-Officio Members
1	Ex-officio Rep. - Office of the MDC Mayor
2	Ex-officio Rep. - Board of County Commissioners

#	Proposed Membership Categories
1	Community Based AIDS Service Organization (CBO/ASO) Representative
2	Former Inmate of local, state, or federal prison representative
3	Health Care Provider Representing FQHC
4	Hospital or Health Care Planning Agency Representative
5	Housing, Homeless or Social Service Provider
6	Housing, Homeless or Social Service Provider
7	Local Health Department Representative (Florida Department of Health in Miami-Dade County)
8	Mental Health Provider Representative
9	Non-Elected Community Leader, not an HIV provider
10	Other Federal HIV Grantee Rep. (HOPWA)
11	Other Federal HIV Program Grantee (Part F)
12	Other Federal HIV Program Grantee Rep. (CDC)
13	Other Federal HIV Program Grantee Representative (SAMHSA)
14	Part C Grantee Representative
15	Part D Grantee Representative
16	Representative of the Affected Community (1)
17	Representative of the Affected Community (2)
18	Representative of the Affected Community (3)
19	Representative of the Affected Community (4)
20	Representative of the Affected Community (5)
21	Representative of the Affected Community (6)
22	Representative of the Affected Community (7)
23	Representative of the Affected Community (8)
24	Representative of the Affected Community (9)
25	Representative of the Affected Community (10)
26	State Government RW Part B Grantee Rep.
27	State Government/Medicaid Agency Representative
28	Substance Abuse Representative
29	HIV Prevention Provider
30	Representative of the MDC Office of Management & Budget who shall not be a Ryan White Program Recipient representative, whose position is not funded with RWHAP Part A funds, who does not provide in-kind services, and who has no significant involvement in the RWHAP Part A grant.
#	Ex-Officio Representatives
1	Office of the Miami-Dade County Mayor
2	MDC Board of County Commissioners
3	Miami-Dade County Public Schools

PROPOSED CHANGES TO PARTNERSHIP MEMBERSHIP CATEGORIES

A. One (1) Miami-Dade County Representative

1. Proposals

- a. In accordance with the HRSA guidance, noted below, remove this seat and replace with Representative of the MDC Office of Management & Budget who shall not be a Ryan White Program Recipient representative, whose position is not funded with RWHAP Part A funds, who does not provide in-kind services, and who has no significant involvement in the RWHAP Part A grant.

2. Justification

- a. Continuing to include this seat does not follow HRSA's interpretation of the membership rules in the CARE Act legislation, as stated in their Ryan White HIV/AIDS Program Part A Recipient Letter, not dated but emailed to Ryan White Program Recipients on April 6, 2022, which states, "Separation of PC/PB and Recipient Roles: A separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. The legislation prohibits PC public deliberations to be "chaired solely by an employee of the grantee." [2602 (7)(A)]. "A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC/PB, nor have a vote in the deliberations of the PC/PB."

3. Overall Change

- a. Reduce roster by one active member (1).
 - b. Increase total members to 30.
-

B. Fifteen (15) member representatives of affected communities that include thirteen (13) people with HIV, who are not affiliated or employed by a Part A funded provider and are recipients of Part A services, and historically underserved groups and subpopulations that reflect the demographics of the population within the eligible metropolitan area

1. Proposal

- a. Reduce to ten (10) members.
- b. Incorporate Federally Recognized Indian Tribe Representative and Representative Co-infected with Hepatitis B or C into this membership category (See Items C and D, below).
- c. Match HRSA language, "Member representatives of the affected communities, including people with HIV, or members of a Federally recognized Indian tribe as represented in the population, or individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations."

2. Justification

- a. Members of the affected community are to comprise 33% of membership. If membership is reduced to 30 members, ten (10) members would constitute at least 33%.
- b. The Partnership currently defines unique seats for Federally recognized Indian tribe and for individuals co-infected with hepatitis B or C. The seats have never been filled. By adopting the HRSA definition, those persons could still participate under the broader definition of "Member representatives of the affected communities, including people with HIV, or members of a Federally recognized Indian tribe as represented in the population, or individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations."

3. Overall Change

- a. Reduce roster by five (5).
- b. Reduce vacancies from 14 to seven (7) Representatives of the Affected Community (as defined by HRSA): 12 Representative of the Affected Community + 1 Federally Recognized Indian Tribe Representative + 1 Representative Co-infected with Hepatitis B or C.

C. One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community

1. Proposal

- a. Remove this seat.

2. Justification

- a. This is not a HRSA-required category outside the collective designation of, “affected communities, including people with HIV, members of a *Federally recognized Indian tribe* as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations.”
- b. This seat has been vacant for the majority of the life of the Partnership. Grouping the designation with members of the affected community (above, Section B) leaves the door open for participation from a Federally recognized Indian tribe representative while relieving the burden of filling a highly specified vacant seat.

3. Overall Change

- a. Reduce roster by one (1).
-

D. One (1) representative co-infected with hepatitis B or C from the affected community.

1. Proposal

- a. Remove this seat.

2. Justification

- a. This is not a HRSA-required category outside the collective designation of, “affected communities, including people with HIV, members of a Federally recognized Indian tribe as represented in the population, *individuals co-infected with hepatitis B or C* and historically underserved groups and subpopulations.”
- b. This seat has been vacant for the majority of the life of the Partnership. Grouping the designation with members of the affected community (above, Section B) leaves the door open for participation from an individual co-infected with hepatitis B or C while relieving the burden of filling a highly specified vacant seat.

3. Overall Change

- a. Reduce roster by one (1).
-

E. One (1) Miami-Dade County Public Schools Representative

1. Proposal

- a. Move this from a voting member seat to an ex-officio position.

2. Justification

- a. This is not a HRSA-required category.
- b. This seat has been vacant for the majority of the life of the Partnership. Moving the designation to ex-officio status leaves the door open for participation from the school board, while relieving the burden of filling a highly specified vacant seat.
- c. Removal of the seat from the advisory board realistically reflects the existing political climate of Florida.

3. Overall Change

- a. Reduce roster by one (1).
- b. Increase ex-officio seats by one (1).

F. One (1) State of Florida General Revenue Grantee Representative

1. Proposals

- a. Remove this seat.
- b. Reassign the member currently in this seat to the HRSA required, “One (1) Community based AIDS service organization (ASO)” seat.
- c. Reassign the member currently in the ASO seat to the HRSA required, “One (1) Substance abuse provider” seat.

2. Justification

- a. This is not a HRSA-required category.
- b. Reporting on General Revenue funding would still be included in regular Partnership business.

3. Overall Change

1. Reduce roster by one (1).
 2. If members seat designations are reassigned, there will be no net change in active members.
-

G. Three (3) Alternates – Representatives of the Affected Community

1. Proposal

- a. Remove these seats.

2. Justification

- a. These are not HRSA-required seats.
- b. These seats have been vacant for more than five (5) years in addition to the full voting member vacancies in the same category.
- c. The inclusion of these seats is a throwback to a time when there was a need for alternates for affected community members, primarily due to health concerns. The removal of these seats reflects the reality of the HIV epidemic today, in which people with HIV who are in care and receiving treatment are living long and healthy lives.
- d. Persons who occupy these seats have no voting power, and if they sit on the Partnership for two terms without ever voting, they would then be ineligible to serve as a voting member until after a two-year waiting period ends.

3. Overall Change

- a. Reduce Alternates from 3 to 0.
 - b. No change to voting Members.
-

H. Two (2) Ex-Officio Members

1. Proposal

- a. Change the designation of these seats from “members” to “Ex-Officio Representatives”.
- b. Include the positions of Miami-Dade County Public Schools Representative and Miami-Dade County Representative; retain representative seats from the Office of the Miami-Dade County Mayor and Miami-Dade County Board of County Commissioners.

2. Justification

- a. These are not HRSA-required categories.
- d. These seats have been vacant for the majority of the life of the Partnership. Moving the designation from “member” to “Ex-Officio Representative” status leaves the door open for participation while relieving the burden of filling highly specified vacancies.

3. Overall Change

- a. Increase ex-officio seats by one (1) for a total of three (3).
-

I. Other

These categories require no change; County Ordinance definitions are exactly or very close to HRSA definitions:

- Two (2) Housing, Homeless or Social Service providers;
 - Four (4) grantee representatives of Other Federal HIV programs including Ryan White Program Part F and HOPWA, if funded locally excluding a Recipient representative from the Ryan White Part A Program;
 - One (1) Health care provider, which must represent a Federally Qualified Health Center;
 - One (1) Community based AIDS service organization;
 - One (1) Mental health provider;
 - One (1) Substance abuse provider;
 - One (1) Prevention provider;
 - One (1) Hospital or health care planning agency;
 - One (1) representative from agencies receiving grants under Part C of the Ryan White Program;
 - One (1) representative from agencies receiving grants under Part D of the Ryan White Program, or from organizations with a history of providing services to children, youth, and families if funded locally;
 - One (1) State government/Ryan White Program Part B grantee representative;
 - One (1) State government/Medicaid Agency representative;
 - One (1) Local health department representative (*Florida Department of Health in Miami-Dade County*);
 - One (1) Non-elected community leader who does not provide HIV related health care services subject to funding under Partnership programs; and
 - One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of his release, or a representative of HIV+ incarcerated persons.
-



 **MIAMI-DADE
HIV/AIDS PARTNERSHIP**

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|---|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 28, 2024 | All |
| VII. | Special Activity: Officer Training | Staff |
| VIII. | Reports | |
| | • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | • Follow-up on Planning Council Support Budget/Scope of Work | All |
| | • Update on Recruitment and Retention | All |
| X. | New Business | |
| | • A July Meeting Date | All |
| | • Bylaws Review | All |
| | ○ Status Report on Ordinance Changes approved in August 2023 | |
| | ○ Status Report on HRSA Site Visit Findings and Recommendations | |
| XI. | Announcements and Open Discussions | All |
| | • Photos for Website | |
| | • Get on Board: Language of the Partnership on July 10, 2024 | |
| XII. | Next Meeting: August 28, 2024 at Behavioral Science Research | Harold McIntyre |
| XIII. | Adjournment | Alecia Tramel-McIntyre |

Please mute or turn off all cellular devices.

For more information about the Executive Committee, please contact Marlen Meizoso,
(305) 445-1076 x107 or marlen@behavioralscience.com.

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March 26, 2024

Daniel T. Wall
Assistant Director, OMB
Miami Dade County
111 NW 1st Street, Floor 22
Miami, Florida 33128-1926
Grant #H89HA00005

Dear Dan,

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A community for a successful Miami Dade County, Eligible Metropolitan Area (EMA), Ryan White HIV/AIDS Program comprehensive site visit conducted January 30 - February 2, 2024.

The site visit provided our team with an opportunity to conduct a comprehensive review of the fiscal, administrative, and clinical quality management components of the RWHAP Part A award in your jurisdiction to assure compliance with applicable federal requirements and programmatic expectations. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan (CAP), as well as areas for improvement.

Enclosed is a copy of the final site visit report. The report includes:

1. Legislative findings: issues that are based on legislative findings and require a formal response. Your report includes three legislative findings; two are administrative and one is fiscal.
2. Programmatic findings: issues that are tied to the Health Resources and Services Administration's program requirements and expectations, and require a formal response. Your report includes two administrative programmatic findings.
3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response but may be discussed during monthly monitoring calls.

Each finding is followed by a recommendation that is intended to help you improve or correct the finding. You will be required to prepare a CAP addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report. The CAP will be completed and submitted through an Electronic Health Handbook (EHB) submission process.

Please let me know if you would like to schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-945-9458 or by e-mail at jgray1@hrsa.gov, if you have any questions.

Sincerely,

/s/ Jenifer Gray

Jenifer Gray
Project Officer
Southern Branch
Division of Metropolitan HIV/AIDS Programs

cc: Chrissy Abrahms Woodland, Director, DMHAP
Monique Hitch, Deputy Director, DMHAP
Mark Pepler, Chief, Southern Branch, DMHAP
Carla Valle-Schwenk, Program Administrator, MDC/OMB
Clarisol Nilsen, Fiscal Administrator, MDC/OMB

**FY 2024 HRSA HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Programs
Site Visit Report**

Recipient Organization Name(s):	Miami-Dade County
Recipient Address:	111 NW 1st St Fl 19, Miami, FL
Grant Number(s):	H89HA00005
Budget Period(s):	04/01/2023 thru 03/31/2024
Ryan White HIV/AIDS Program:	Part A
Type of Visit:	Comprehensive/Operational
Location of Visit:	In-person (recipient's site)
Dates of Visit:	01/30/2024 - 02/02/2024
Project Officer's Name:	Jennifer Gray
Purpose of Visit:	The purpose of this comprehensive site visit was to assess Miami-Dade County's Eligible Metropolitan Area (EMA), Miami, Florida, compliance with legislative and programmatic requirements of the Ryan White HIV/AIDS Program (RWHAP), Part A. The site visit team reviewed the EMA's programmatic, administrative, fiscal, and clinical quality management program and processes to ensure compliance with requirements for the RWHAP Part A/MAI. The areas reviewed during the site visit are specific to the scope of the RWHAP and not specific to the entire organization's systems and processes.

I. Health Resources and Services Administration (HRSA)/Consultant Representatives:

Name	Position
Jenifer Gray	Project Officer
Chrissy Abrahms Woodland	Division Director
Mark Pepler	Branch Chief
Susan McAllister	Fiscal Consultant
Michael Wallace	Administrative Consultant
Michelle Osterman	Clinical Quality Management Consultant
Ronald "Chris" Redwood	Clinical Quality Management Consultant

II. Site Visit Overview:

Site Visit Component Overview:

Administration

Miami-Dade County's Office of Management and Budget (MDC-OMB) is responsible for administering the RWHAP Part A award in the EMA. The Miami-Dade County's RWHAP Part A and MAI Program distributes federal grants to HIV/AIDS service organizations, community-based clinics, public hospitals, (outpatient services), and educational institutions. Client eligibility for services is based on proof of HIV status, review of submitted financial eligibility documentation to determine gross household income, (not to exceed 400 percent of the Federal Poverty Level (FPL)), and the client must have a physical residential address in Miami-Dade County. Daniel Wall is the Director of the Ryan White Program, Carla Valle-Schwenk is the Program Administrator, and Clarisol Nielson is the Fiscal Administrator.

It is estimated that 8,600 people with HIV reside in Miami-Dade County and are receiving medical care through this program. RWHAP services available through this program are outpatient ambulatory medical services, local pharmaceutical assistance, oral health care, substance abuse outpatient care and residential services, mental health services, medical case management, health insurance premium and cost sharing assistance, legal services, food bank, and outreach services.

Although there are multiple points of entry into the program for providing access to services, medical case management remains the primary mode for enrolling and following clients; this program is currently providing funding, guidance, and services to 17 subrecipients within the EMA.

In preparation for, and during the site visit, the administrative/programmatic consultant reviewed submitted documents and other materials associated with the recipient's and subrecipients' administrative and programmatic responsibilities, activities, and outcomes to determine compliance with legislative and programmatic requirements. During the site visit, the consultant participated in individual and group interviews and discussions with recipient staff members, Carla Valle-Schwenk (Program Administrator) and Daniel Wall (Program Director). A group interview was conducted with Care Resource Community Health Center and The Public Health Trust of Miami-Dade County/Jackson Health System, RWHAP Part A/MAI subrecipients, the planning council (PC) executive committee, and persons with lived experience.

The total population of the EMA is 2.8 million. Demographically, Miami-Dade County is 49 percent men, 51 percent women; approximately 16 percent live in poverty and 3,224 are estimated to be experiencing homelessness. Additionally, 17 percent of the population is uninsured and an estimated 25 percent of Florida's "unauthorized population" lives in the EMA.

The race/ethnicity of the 1,492 new RWHAP clients in 2022 was Black non-Hispanic (19 percent), Hispanic (65 percent), White non-Hispanic (9 percent); Haitian (6 percent) and Other (1 percent) clients.

Approximately 42 percent of RWHAP clients are over 50 years of age, and 35 percent of the clients are between 35 and 49. Men represent 82 percent, women 17 percent, and transgender people represent 1 percent of those served. Spanish is the primary language for 57 percent of clients, English for 32 percent, Haitian for 8 percent and 3 percent other. Forty-eight percent of clients are uninsured, 4 percent have Medicaid, 4 percent have Medicare, 39 percent have ACA insurance, 10 percent have private insurance, and 1 percent have VA benefits.

The EMA has a long and successful history of collaboration with entities within the EMA that has led to successful planning for the current and evolving healthcare landscape; the partnership with the Miami Department of Health's RWHAP Part B is one example. The RWHAP Part A is also actively involved in the state's Ending the HIV Epidemic initiative. The EMA's PC directs the setting of priorities, allocating and reallocating funding, and develops directives to assist in the administration of the overall program.

B. Summary of Planning Council/Body (Part A only):

The site visit team met with nine members of the PC (Partnership) for Miami-Dade County (MDC). Members indicated a good and collaborative working relationship with PC support staff and the recipient. During the discussion, it was noted the PC members had not participated in development of the PC's budget and were not actively updated on current expenditures in order to determine if funds were available for the completion of their legislative requirements. Partnership members also did not participate in developing plans for making people with lived experience aware of the council and its function, nor did they participate in plans for ensuring people with HIV were aware of HIV services offered in Miami-Dade County and how to access those services.

Executive committee members indicated they were having difficulty recruiting and retaining members due to their inability to provide food or travel incentives for participating clients. The time for the scheduled meetings of the entire council was problematic, especially for those clients that work; as a result, it was noted the current make-up of the council did not meet the requirements for reflectiveness of council membership.

The group was extremely comfortable with their priority setting and resource allocation (PSRA) process and felt the recipient did a good job of providing the information necessary to make those decisions. Although the PC has a documented orientation plan, it was suggested they consider initiating a mentoring program for new members. The recipient indicated that additional training was available monthly (e.g., Get on Board), of which some members were unaware. The group was aware of their roles and responsibilities, as members of the executive committee and the council.

C. Fiscal

There are 11.65 FTE administrative/fiscal staff responsible for managing the RWHAP Part A and MAI grant. PC support and clinical quality management (CQM) activities are contracted to the Behavioral Science Research Corporation (BSR), where 6.09 FTEs conduct these functions. Additional county staff members are provided in-kind by the recipient. Clarisol Nilsen is primarily responsible for oversight of fiscal management and fund disbursement. Fiscal subrecipient monitoring is conducted by Patricia Medina.

Florida is not a Medicaid expansion state. In addition to RWHAP Part A and MAI funding, the recipient receives an Ending the HIV Epidemic (EHE) initiative award. The recipient does not generate any program income. The recipient does not provide direct client services and has relationships with 17 subrecipients.

To ensure timely payments are made to subrecipients, the recipient requires that subrecipients submit invoice reports in Provide© Enterprise, their data management system, by the 20th of each month. The report includes a description of services delineated by service category and upon receipt recipient staff review each submission to verify reasonableness, allocability and allowability of costs. Multiple approvals occur prior to payment being made. Typically, this complete review cycle takes less than 30 days.

The recipient conducts annual on-site monitoring of all subrecipients. A monitoring waiver for 50 percent of subrecipients was granted in 2022, but ultimately was not necessary. Additionally, monthly desk audits are conducted for each subrecipient. These desk audits involve the review and reconciliation of contract budgets, monthly expenditure reports, and supporting documentation. At each subrecipient site, annual single audits are conducted and subsequently reviewed by the recipient. The recipient's most recent audit of federal funds was conducted by RSM US, LLP for the year that ended September 30, 2022. In the auditor's opinion, the recipient complied with all federal requirements, and no findings applied to the RWHAP Part A.

For the most recently completed year, the recipient expended 78 percent of its RWHAP Part A/MAI allocation, leaving an unobligated balance of over \$7M. Maintenance of effort (MOE) documentation was reviewed, and it was consistent with over \$5.5M in support year over year noted.

In preparation for, and during the site visit, the fiscal consultant reviewed fiscal documents and other materials associated with the recipient's and subrecipients' fiscal activities and processes.

During the site visit, the fiscal consultant participated in individual and group interviews and discussions with recipient staff members, Carla Valle-Schwenk and Clarisol Nilsen. A group interview was conducted with Care Resource Community Health Center and The Public Health Trust of Miami-Dade County/Jackson Health System, and RWHAP Part A/MAI subrecipients.

E. Clinical Quality Management

The recipient has allotted 2.4 percent (\$700,000) of the total fiscal year 2023 budget (\$28,607,611) to the CQM program. The recipient's entire CQM budgeted funds are awarded to a CQM consultant, Behavioral Science Research Corporation (BSR). BSR is responsible for the CQM program's day-to-day operations, which entails planning, coordinating, implementing, monitoring, and evaluating CQM program activities.

BSR staff members consist of a project director, a data analyst, two CQM coordinators, and an operations manager; these staff positions constitute a combined 4.37 FTE across RWHAP Part A and MAI CQM budget, (includes a vacant associate director position that is budgeted at 0.8 FTE).

BSR staff members implement key CQM program functions, including revising the CQM plan annually; managing CQM committee meetings; analyzing, reporting, and sharing performance measure data; advising subrecipient quality improvement (QI) projects; and monitoring subrecipients' CQM work.

The recipient's program administrator discusses the CQM program's performance measures, reviews, and supports the CQM plan, attends CQM committee meetings, and reviews monthly narrative reports generated by BSR on CQM activities, however, recipient staff members are not allocated to the CQM budget.

The recipient's CQM committee is comprised of BSR staff, the MDC-OMB program administrator, MDC-OMB contracts officers, representatives from the Florida Department of Health (FDOH) MDC RWHAP Part B Lead Agency, and representatives from each of the 13 subrecipients providing medical case management (MCM) services.

The CQM committee met eight times in calendar year 2023 (CY2023), as evidenced by meeting minutes. CQM committee agendas include updates on QI projects, review of performance measure data, CQM-related announcements from the MDC-OMB program administrator, presentations on CQM best practices, and discussion of CQM training needs and opportunities.

The recipient funds 17 subrecipient organizations to provide 13 different service categories. Of the 17, there are four subrecipient organizations that do not provide MCM, do not participate in the CQM Committee, and are not involved in the recipient's CQM program. BSR provides monthly CQM technical assistance (TA) and monitoring to the 13 MCM subrecipients, which BSR summarizes in monthly reports provided to the MDC-OMB program administrator. The CQM program primarily involves people with HIV through presentations at the PC's community coalition roundtable and through an annual client satisfaction survey. The CQM program coordinates closely with the FDOH-MDC through the CQM committee and aligned QI work. The CQM plan was last updated and approved in June 2023 and includes a 12-month work plan. The work plan does not clearly align with CQM annual quality goals. The evaluation process described in the CQM plan focuses on training surveys, performance measures, and reports of activities; it does not provide for a comprehensive evaluation of the CQM program.

The recipient selects the number of performance measures based on service utilization data and has the minimum number of performance measures for each required service category. The recipient collects and analyzes performance measure data at least quarterly through its central data system, Provide Enterprise (PE). Data is either entered by subrecipients directly into PE, uploaded from subrecipients' electronic health records, or obtained as file transfers from commercial laboratories.

The BSR data analyst reviews the data for accuracy and completeness, and then validates it with each subrecipient organization. The recipient uses HRSA HAB performance measures, including HIV viral suppression (HVS) and annual retention in care (ARC) for the MCM and outpatient ambulatory health services (OAHS) service categories; it uses the Annual Clinical Oral Examination Measure for the oral health care service category, and it uses ARC for the health insurance premium and cost sharing assistance (HIPSCA) service category.

The recipient has been continuously tracking the performance measures of HVS and ARC across most funded service categories without an annual process to assess alternative measures. The recipient produces a quarterly "CQM Performance Report Card," which details performance measures across all RWHAP clients and by subrecipient, and a "QI Dashboard," which enables client-level analysis. The recipient assesses performance measure data for disparities, focusing on the identified "Integrated Plan Special Populations," including women, adults with HIV over 50 years of age, transgender people, people experiencing unstable housing, men who have sex with men, Hispanic men who have sex with men, Haitians, and African Americans. Performance measure data is shared with the CQM committee on a quarterly basis, is provided to the PC, and is uploaded to the PC's public website.

The recipient uses the Model for Improvement (MFI) methodology and Plan-Do-Study-Act (PDSA) approach to direct and document its subrecipients' QI activities.

During calendar year (CY) 2023, all subrecipients funded for and providing MCM have been required to participate in QI activities aimed at improving viral suppression rates; one of these subrecipients, Public Health Trust, is currently participating in the Center for Quality Improvement and Innovation (CQII)-led Impact Now Collaborative, which is an 18-month national QI initiative to maximize the national viral suppression rate in each participating agency. Those subrecipients who receive MAI funding implement "MAI Innovations" projects that focus on specific subpopulations but do not follow the MFI methodology, not applicable to this site visit.

Overview of Subrecipient Meeting/Site Visited:

The site visit team visited the Public Health Trust, Jackson Health System (PHT), and South Florida AIDS Network. The agency provides outpatient services throughout Miami-Dade County (MDC). The participants indicated a good working relationship with MDC-OMB and its staff. Lines of communication were open and transparent, and recipient staff were given high marks; however, concerns were expressed regarding the delay in the execution of contracts. It was reported that delays were based on the length of time for the recipients and subrecipients to review contracts before approval. For 2023, that time lapse was 343 days from the provisional letter for funding to an executed contract; this concern is further addressed in the fiscal section of this report. It was reported that delivery of services was not interrupted due to organizational fiscal stability and once the contracts were completed, payments were received in a timely manner.

Other areas of concern were an inability to bill for staff trainings, (which is addressed in administrative findings), client involvement in the consumer advisory boards due to lack of incentives for participation, reciprocal eligibility has been a challenge, and lack of access to review payments for each service category, making it difficult to reconcile payments and invoices.

RWHAP Part A services provided by PHT include medical case management, medical transportation, oral health care, outpatient ambulatory health services, and outreach services.

Additionally, the South Florida AIDS Network has played and continues to play a significant role in the Miami-Dade HIV/AIDS PC. The program has several key points of entry for new clients that include special immunology clinics, inpatient services, Gilead's Frontlines of Communities in the United States, jail linkage, test and treat rapid access, idea exchange, (coordination with needle exchange), and homeless shelters.

Care Resource Community Health Centers, Inc., (Care Resource), is a 501(c)(3) non-profit, multi-cultural community-based organization with five service locations in Miami-Dade County and Broward County, Florida. Care Resource is also

a Federally Qualified Health Center, certified as a Patient-Centered Medical Home (PCMH). Care Resource provides the following RWHAP core medical and support services in Miami-Dade County: outpatient/ambulatory health services, oral health care, medical case management including treatment adherence services, AIDS Pharmaceutical Assistance [(Local Pharmaceutical Assistance Program (LPAP)], substance use disorder, outpatient care, emergency financial assistance, medical transportation, and outreach services.

Care Resource also offers HIV tests and treat/rapid access (TTRA) services to ensure patients with a new diagnosis of HIV, or returning to HIV care after a gap in treatment are started on antiretroviral therapy (ART).

One of Care Resource's current quality improvement projects within the RWHAP aims to address health disparities and improve viral suppression among Hispanic Men who Have Sex with Men, Black/African American/Haitian women, and Hispanic women. In 2023, 2,077 clients received services at Care Resource. The populations served include children, adolescents, and older adults; women of all races and ages; sexual and gender minority individuals; and people with HIV and affected by the epidemic.

Care Resource has a diverse staff of over 380 employees representing a variety of socioeconomic and cultural backgrounds. Staff members also relayed a concern over the delay in the execution of contracts, as previously explained. They also related their relationship with the recipient was phenomenally successful and respectful, with open communication, cordiality, and professionalism.

Subrecipient Stakeholder Meeting:

Members of the HRSA site visit team met with 21 individuals representing RWHAP Part A subrecipients; the intent was to receive feedback on their relationship with MDC-OMB and assess their involvement in HIV community planning and their views on accessibility of HIV services. Initially, the discussion focused on the integrated plan, of which most of the attendees were aware and many had participated in its completion. The plan has allowed the subrecipients to formulate goals and objectives and to develop quality plans. They feel the plan has helped to drive community resources and was vital in the delivery of services. The group also discussed the delay with contract execution and is looking forward to the recipient's new proposal to expedite that process. Most respondents indicate that this delay did not impede their ability to provide services.

Those responding indicated a good line of communication with the recipient and spoke highly of the collaboration with the recipient staff. It was noted that staff were available, as needed and held an annual or bi-annual recipient forum.

Barriers to care included continued stigma and increased challenges in reaching emerging populations. Additionally, the intersection between funding services can be difficult to navigate, e.g., Substance Abuse and Mental Health Services Administration's (SAMHSA) early intervention HIV testing is only available to those entities receiving SAMHSA's funding. Improvements needed included increased access to affordable housing, issues associated with cross-jurisdictional clients, and the inability to share client HIV status between programs. There are continuing discussions with housing providers and RWHAP Part B to alleviate these concerns. Another challenge the group discussed was related to the hiring and retention of staff, which they attributed to low salaries compared to the local cost of living, stringent hiring processes, and salary gaps.

Summary of People with Lived Experience/Community Meeting:

Members of the site visit team met with nine people with lived experience who receive RWHAP Part A services within Miami-Dade County (MDC). The participants reported length of time in receiving Ryan White services as follows: less than 1 year (1); 4-5 years (1); 11-15 years (1); over 15 years (6). The reported age of participants was: 40-54 (1); 55-64 (4); and over 65 (4). The reported race was: Hispanic (2); African American or Black (6); and other (1) and the reported gender was: Women (6), Men (3).

Primary services used by meeting attendees were medical care and medical case management. When asked about their experience in receiving services, the responses ranged from satisfied to those that indicated they were still experiencing issues related to stigma at their medical provider’s office; the same was true when discussing their medical case managers. The primary issue was that not all case managers have the same level of training or knowledge of available services or where to access those services, including those services available through alternative funding mechanisms within the jurisdiction. Most of the participants were not aware of all the services available through the RWHAP Part A program and were surprised at the scope of services available. The group also indicated that they were not aware they could self-refer to services or the process by which to do so. When asked about additional services needed, the number one request was for additional and affordable housing. There were also issues accessing medical transportation, oral health, assistance with funeral expenses, and the need for a less restrictive process to access services not associated with the RWHAP enrollment or care site.

III. Finding Categories for Review:

A. Administration: Finding(s) identified

1. Findings and Recommendations

Contractual/Procurement: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of subrecipient contract language specifying compliance with scope of work and deliverables aligning with allowable service categories and requirements.
Finding Description:	The recipient is not allowing subrecipients to include staff training in the budget line items as a billable service. Contracts and RFPs did not clearly define allowable services activities. Staff training necessary to provide high-quality RWHAP services may be charged to the appropriate service category; these costs include training registration, maintenance of licensure and/or credentials, and individual membership dues. Service-specific funds used for this purpose should be carefully monitored by the RWHAP recipient and should not exceed 5 percent of the dollars allocated to provide the service. Organizational membership dues cannot be attributed to a service category and, therefore, are administrative costs subject to the 10 percent cap. Subrecipient time spent in training and capacity development activities related to quality improvement projects is not billable.
Citation:	RWHAP National Monitoring Standards for RWHAP Part A, Fiscal Standards A, B; Program Standards Section A, H.3.c, H.3.d; Section J; PCN 15-01 and PCN 15-02;
Recommendation:	It is recommended that allowable billable services be included in the upcoming RFP and as a service line item. Contracts must include language that defines RWHAP Part A direct and administrative services in sufficient detail to allow for the determination of the cost as being allowable. The CQM contractor provides training to the subrecipients in response to needs identified through a semiannual CQM committee evaluation; these trainings include curation of online resources, individualized technical assistance (TA), and CQM orientation for new medical case managers. The CQM contractor is also developing six QI training modules that focus on different steps of the quality improvement process; these training courses are essential for ensuring the quality of the EMA’s CQM program. It is often difficult for staff members to attend these trainings due to their inability to account for their time in billable units. It is recommended that the recipient take steps to ensure training essential to subrecipient staff job functions can be compensated under their subcontracts.

Administrative Structure and Management: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of compliance with the requirement for grievance procedures.
Finding Description:	Client Grievance Procedures: Lack of compliance with requirement that recipient has written procedures for managing client complaints/grievances. The recipient has documented procedures for handling provider complaints and/or grievances, however, it has not developed client grievance procedures. The recipient permits subrecipient grievance procedures to cover client complaints/grievances, however, these procedures do not include a process/role for recipient involvement in the client grievance process.
Citation:	Notice of Award
Recommendation:	The recipient needs to develop, with subrecipients, a grievance procedure for handling client complaints/grievances that includes the role of the recipient in the grievance process. The procedures need to include the manner of distribution and communication of the procedures with clients, signature of clients, and prominent posting within subrecipient facilities.

Governance and Constituent Involvement: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of compliance with requirement to have written policies regarding Planning Council/Body roles and responsibilities. (RWHAP Part A Only)
Finding Description:	The planning council (PC) executive committee was not involved in the development of, nor was it continually updated on its operating budget, which did not allow the PC committee to determine if the budget is sufficient to support legislative functions and costs that support necessary activities, such as participation of client members, and publicizing PC activities for meeting needs of the PC.
Citation:	Part A Planning Council Primer; HRSA HAB RWHAP Part A Manual
Recommendation:	PC leadership must be an active participant in determining the budget for the PC, the allowable costs associated with the budget and receive regular budget updates. PCs need personnel to assist them in their work and money to pay for activities and items like a needs assessment and meeting costs. The PC support budget must cover reasonable and necessary costs associated with conducting legislatively mandated functions. The PC's budget is a part of the recipient's administrative budget, so the PC and recipient decide together what funds are needed. The PC then works with its support staff members to develop its own budget and monitor expenses and must meet RWHAP and recipient rules regarding use of funds. In deciding how much PC support to pay for, PCs and recipients must balance the need for support to meet planning requirements with the need for other administrative activities and for direct services for people with HIV. The PC and recipient must develop a procedure for negotiating, approving, and monitoring the annual PC budget, which should be documented in the MOU between the recipient and PC.

Finding 2: Legislative	
Description:	Lack of compliance with the requirement for Planning Council (PC) membership to comply with representation and reflectiveness. (Part A Only)
Finding Description:	The current PC membership is not reflective or representative of the epidemiology of the EMA. Most recent PC membership data indicates that White, non-Hispanics, Men, and people between the ages of 50 and above are over-represented, while Black non-

	Hispanics and ages 13-49 are under-represented.
Citation:	RWHAP Part A legislation, sections 2602 (b)(2), 2601. b.5. C., of title XXVI of the Public Health Service Act; 42 U.S.C. 300ff-11-300ff-20.
Recommendation:	The PC needs to develop and implement a membership recruitment strategy to increase the number of individuals who represent and are reflective of the EMA's current epidemiology; methods to accomplish this include, but are not limited to, presentations, brochures, collaborating with subrecipients, and collaborating with PC support staff members in expanding the membership search methodology.

2. Improvement Options:

Improvement Option:	Finding Category Item: Administrative Other
Description:	Although the recipient was providing training and orientation to staff members to comply with requirements to align activities with approved work plan/training plan/scope of work, training needs to be strengthened in medical case management. During the client meeting, some participants stated that not all case managers possessed the same level of program knowledge regarding availability of services in the EMA nor how to access those services.
Recommendation:	The recipient should consider re-establishing medical case management training to subrecipients to ensure continuity of service provision. During the client meeting, clients stated they were not aware of all the services for which they are eligible under the RWHAP or where to receive those services. They also indicated they did not know they could self-refer to services or how to complete the self-referral; this would include referrals to other RWHAP-funded services in the EMA and non-HIV services providers that would benefit them.

Improvement Option:	Finding Category Item: Governance and Constituent Involvement
Description:	PC members indicated they needed a more robust orientation training to prepare for their numerous legislative responsibilities, most notably priority setting and resource allocation. They also indicated a need for additional training throughout the PC year. The recipient indicated that training is available monthly as "Get on Board," and is listed on the monthly calendar of activities.
Recommendation:	It would be beneficial if the PC leadership announced, and the meeting agendas referenced the training sessions available to membership and how to access that training. It would also be helpful if, periodically, more complex training was presented to the entire body during a regularly scheduled meeting. Lastly, the PC explained they were going to explore the introduction of a mentoring program for new members to better prepare them to meet the responsibilities as a council member.

Improvement Option:	Finding Category Item: Governance and Constituent Involvement
Description:	Planning Council (PC) leadership reflectiveness and increased client leadership involvement.
Recommendation:	Although the PC does ensure that at least one of the leadership positions is occupied by a person with lived experience, it is recommended, to the extent possible, the PC consider establishing a protocol to ensure that at least one of the leadership positions (chair or co-chair) is filled with a client of the program.

Improvement Option:	Finding Category Item: Administrative Other
Description:	Subrecipient monitoring was inconsistent between subrecipients.
Recommendation:	It is recommended that monitoring of subrecipients be consistent. One subrecipient indicated they were not aware of the findings at the time of the exit interview and were surprised with the findings that appeared in the final report. The recipients' policies and procedures should

	establish uniform administrative/monitoring requirements.
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Improvement Option:	Finding Category Item: Administrative Structure and Management
Description:	The recipient lacks outreach efforts that promote the awareness and availability of funded HIV care and support services in the Miami EMA. Some clients interviewed during the site visit were not aware of the services offered by the recipient, nor the process by which to access those services.
Recommendation:	The recipient needs to review and update current policies to ensure that outreach efforts inform people with HIV of the availability of services and how and where to access funded services. Items to consider include, but are not limited to, the use of informational materials about agency services and eligibility requirements, including brochures, newsletters, posters, community bulletins, or any other type of promotional material that has proven successful, as well as documentation of any program activities focusing on specific groups of people with HIV to inform them of how to access services. The recipient should maintain a file documenting agency activity for promoting HIV services to individuals, including copies of HIV program materials promoting services and explaining eligibility requirements. Also, they should provide in-person training at non-HIV-specific agencies within the EMA that provide services to the identified population to inform staff and clients of RWHAP Part A services, access and eligibility information, and information on the PC. The EMA also needs to develop and implement consistent training for medical case managers in the services offered and the means to access those services.

Improvement Option:	Finding Category Item: Administrative Other
Description:	The recipient needs to move forward with including non-medical case management as a fundable service in the new RFP; the PC has initiated a directive to the recipient to include this as a service to be allocated in the new grant.
Recommendation:	It is recommended that the recipient continue to explore including the service category of non-medical case management in the upcoming RFP and update its current standards of care associated with this service category.

3. Program Strengths

Strength:	Relationships with subrecipients and community partners.
Description:	During subrecipient visits, a very positive working relationship with the recipient was reported with open lines of communication and an “open door” policy if they had concerns or needed to speak with a staff member. They described the experience as collegial, professional, and effective.

Strength:	Dedicated and Skilled Recipient Staff.
Description:	Staff members of the Miami-Dade County RWHAP display a high degree of program knowledge, knowledge of the jurisdiction, and a deep concern for the clients served. Staff members work diligently to ensure the program is well managed and that quality services are provided.

Strength:	Development and maintenance of exceptional external website.
Description:	The recipient, through its PC support contractor, has developed a model website to inform the public about services and events. The website includes sections with detailed information about the Miami-Dade HIV/AIDS Partnership, resources for people with HIV and for service providers, the recipient’s CQM program, and upcoming events. The website is optimized for

	use on a laptop or smart phone, and short videos are available in multiple languages. The website was developed with ease and accessibility of services in mind.
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B. Fiscal: Finding(s) identified

1. Findings and Recommendations

Fiscal Management and Oversight: Finding(s) identified

Finding 1: Legislative	
Description:	Lack of compliance with the requirement to pay subrecipients in advance and in a timely manner in compliance with 45 CFR 75.305.
Finding Description:	<p>The recipient's contracting process does not support the requirement to pay invoices within 30 days of receipt at the beginning of the grant year. Contracts should be fully executed within 30-45 days at the start of the grant year, which is March 1. For subrecipients to receive payment, the contract must be fully executed; this can take up to 8 months after the start of the grant year.</p> <p>It is recognized the recipient has been working on this issue and is making progress, e.g., provisional award letters were sent to subrecipients six weeks earlier in 2024, as compared to the previous year. There are additional aggressive goals associated with this improvement project the recipient is working toward. It is noted that once the contracts are executed, the recipient fiscal department pays invoices within 30 days and offers electronic payments to subrecipients.</p>
Citation:	45 CFR section 75.305
Recommendation:	The recipient fiscal staff must continue to review its process, policies, and procedures to assure compliance with the federal requirement; incremental improvement should be well documented, as the administrative team is prioritizing this important issue. Support from the highest levels in Miami-Dade County (MDC-OMB) will continue to be needed to remove barriers to timely contract execution. The recipient must be able to accept and pay subrecipient invoices throughout the year within 30 days.

2. Improvement Options:

Improvement Option:	Finding Category Item: Fiscal Management and Oversight
Description:	The invoice processing log used by the recipient targets 30 days from the date the invoice is recognized by the financial system to the date it is approved by Miami Dade County (MDC-OMB).
Recommendation:	The recipient should review data being gathered on the Invoice Received Log to better illustrate the improvements in the contracting process and more accurately reflect the number of days between receipt of the invoice, (not the date the invoice is recognized), and payment of the invoice, (not the approval date). The requirement is not invoice approval within 30 days; it is payment of the invoice within 30 days.

Improvement Option:	Finding Category Item: Fiscal Other
Description:	Subrecipients were unable to describe why, after submitting their monthly invoice, they receive a monthly county inquiry in order to have the invoice processed and paid. Additionally, payments from MDC are received without designating which invoices the payment is tied to.

Recommendation:	There is an opportunity to provide fiscal TA to subrecipients. A few topics that may be useful to start with: what triggers the monthly county inquiry communication and how to minimize the number of inquiries received; use of the vendor portal of the Integrated Financial Resources Management System (INFORMS) and how to identify which invoices are being addressed when a large payment is received from MDC.
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Improvement Option:	Finding Category Item: Subrecipient Monitoring
Description:	Program income is not mentioned in the annual monitoring report; this is likely because many subrecipients deny having any program income.
Recommendation:	Although the recipient is monitoring subrecipients for program income, this should be documented in the annual monitoring report. Regardless of whether or not the subrecipient generates program income, the status should be validated and documented in the report.

C. Clinical Quality Management: Finding(s) identified

1. Improvement Options:

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient’s current CQM plan was last updated and approved in June 2023 and includes most required components, but the narrative descriptions do not adequately describe all aspects of the CQM program. The work plan lists activities that are not focused on improving aspects of the CQM program, but instead are mostly routine tasks, (e.g., hosting monthly CQM Committee meetings, updating the CQM plan annually). The work plan also does not include a comprehensive account of timelines, milestones, accountability for the CQM program, and progress and outcomes.
Recommendation:	When revising the CQM plan, including the work plan, the recipient should ensure the CQM program and its efforts toward improvements are clearly described in some detail. The recipient should develop annual quality goals (AQGs) that reflect the focus of the CQM program's most important areas of need as it pertains to infrastructure, performance measurement, quality improvement, and subrecipient monitoring. With the AQGs as the basis of the work plan's goals and objectives, the recipient should ensure the work plan reflects key actions, (milestones), timelines, (target dates to complete work), responsible parties, (accountability), and the outcomes/results, (progress and impact). This approach enables ongoing benchmarking of progress against timelines and provides the basis for effective evaluation of the CQM program.

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	Recipients should regularly evaluate CQM activities to maximize the impact of the program. Currently, the recipient’s evaluation process focuses on surveys used to evaluate CQM trainings and committee involvement, Quality Improvement (QI) metrics of improvement, and reports on QI and the EMA’s Integrated Plan activities. While these activities are important, the evaluation process should focus on the recipient’s CQM program needs, and its plans to address those needs through implemented actions, progress on the impact of those actions, and whether goals and objectives were accomplished.
Recommendation:	Upon revising the CQM plan’s work plan to include realistic, achievable goals and objectives in the main components of CQM, (infrastructure, performance measurement, QI, and subrecipient monitoring), the recipient should develop and implement a process to regularly, (at least quarterly), evaluate whether planned activities, as written in the work plan, and intended outcomes were achieved and how to address challenges and barriers to

	achievement.
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Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient has conducted an annual client satisfaction survey since 2008 as the primary means of involving people with HIV in its CQM program. The CQM committee reviewed aggregate findings from the FY 2022 survey in May 2023. The FY 2023 survey was then developed in July 2023; data were collected September-November 2023, analyzed by the CQM contractor, and provided to subrecipients in January 2024. To date, the subrecipients have not reviewed the data, alongside the recipient, and CQM contractor to identify trends and discuss how to utilize the findings. The survey is lengthy, (i.e., approximately 80 questions), and requires 30-45 minutes to complete.
Recommendation:	The recipient should examine the usefulness of the survey in its current iteration, while considering alternative methods to involve people with HIV in the CQM program. The recipient can consider options, such as implementing surveys focused on specific subpopulations, (e.g., youth, transgender people, etc.), and survey methodologies that enable a more timely and effective process.

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient’s CQM committee is comprised of approximately 30 members and meets virtually at least twice per quarter. The committee meetings are productive but given the size of the group and its composition, the committee does not adequately plan, implement, monitor, and evaluate the recipient’s CQM program and its corresponding goals, objectives, and key activities.
Recommendation:	The recipient should consider establishing and operationalizing an internal CQM committee that meets regularly, (at least quarterly), to discuss strategic planning, implementation, monitoring, evaluation, and possible sustainment of CQM program activities. One potential option is convening a core group consisting of representatives from the recipient, CQM contractor, and possibly of the FDOH-MDC to develop the CQM program and corresponding activities.

Improvement Option:	Finding Category Item: CQM Performance Measurement
Description:	The recipient has continuously tracked the performance measures of HIV viral load and retention in care across most service categories without an annual process to assess whether these are the best measures to assess the services the recipient is funding and that reflect local HIV epidemiology and identified needs of people with HIV.
Recommendation:	The recipient should create an annual process to select performance measures that considers alternative measures that better assesses the services the recipient is funding, reflects local HIV epidemiology and identifies needs of people with HIV, informs the quality of care, and helps identify quality improvement activities.

Improvement Option:	Finding Category Item: CQM Program Quality Improvement
Description:	The recipient’s CQM plan states the recipient will use the Model for Improvement (MFI) methodology as a “QI Guide” and includes several appendices as example documentation tools. Subrecipients funded for RWHAP Part A MCM are completing “Core QI Initiatives” that follow MFI’s Plan-Do-Study-Act (PDSA) cycle, but subrecipients receiving MAI funding are completing “MAI Innovations” that do not follow the MFI methodology PDSA cycle.
Recommendation:	The recipient should utilize a defined approach or QI methodology across all QI activities and ensure all QI activities are implemented in an organized, systematic fashion where all QI activities are documented, regardless of whether the subrecipient receives additional MAI

	funding and is required to focus on a special population.
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Improvement Option:	Finding Category Item: CQM Other
Description:	The recipient’s 13 subrecipients funded for and providing MCM are highly engaged in the recipient’s CQM program, as evidenced by attendance at CQM committee meetings and MCM supervisor trainings, receipt of the quarterly CQM report cards and QI Dashboard, and participation in monthly QI TA from the CQM contractor. The four subrecipients that do not provide MCM are not involved in any of these activities and do not receive CQM support and guidance from the CQM contractor.
Recommendation:	Although the four subrecipients that do not provide MCM are not required to report performance measures or implement QI projects, the recipient should explore mechanisms to engage these subrecipients in the CQM program in a manner that aligns with their capacity and interest, (e.g., distribution of client satisfaction surveys, inviting clients to the Community Coalition, discussing data).

2. Program Strengths

Strength:	Data visualization
Description:	The CQM contractor produces two high-quality data visualization and analysis tools: the CQM report card and the QI dashboard. The CQM report card provides quarterly visualization of viral load suppression, retention in medical care, and refined outcome measures for all RWHAP clients, those receiving one or more units of MCM care during the reporting period, and those receiving one or more unit of OAHS; it is displayed by subrecipient and then subrecipients are grouped into peer cohorts. The report card also contains performance measures for clients receiving health insurance premiums and cost sharing assistance. The QI Dashboard provides customized subrecipient-specific client-level outcome data on a quarterly basis; it includes annual retention and viral load suppression data as well as demographic information for each client receiving MCM or OAHS services. Subrecipients expressed the utility of these tools for understanding their own data and identifying areas for QI. The QI Dashboard will hopefully be updated to include more nimble disparity analyses. The recipient and the CQM contractor are encouraged to share their tools with recipients outside the EMA as a model for replication.

IV. Technical Assistance Recommendations/Needs:

None.

V. Next Steps & Resources for Accessing the Corrective Action Plan (CAP):

When you receive a copy of this final site visit report through EHBs, a Corrective Action Plan (CAP) task will be created in EHBs documenting the findings and recommendations stated in the report. You will have 30 days from receipt of the task in EHBs to complete the CAP addressing your proposed resolution of the findings. The CAP will then be monitored by your project officer through EHBs until all findings are resolved at which time the CAP will be closed out.

See the Site Visit Corrective Action Plan [User Guide](#) and [Help Video](#) for reference.



BYLAWS

Effective January 17, 2023

The Miami-Dade HIV/AIDS Partnership, having been duly established by the Board of County Commissioners of Miami-Dade County, Florida by Ordinance No. 98-127 codified in Chapter 2, Article LXXX of the Code, hereby adopts these Bylaws for the purpose of establishing the basic rules by which it shall conduct its business and discharge its obligations



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ARTICLE 1. Description of the Miami-Dade HIV/AIDS Partnership

SECTION 1.1. Name, Area of Service, Legal Location, Fiscal Year

- A. Name: The name of the organization shall be the Miami-Dade HIV/AIDS Partnership (Partnership).
- B. Area of Service: The area served by the Partnership shall be Miami-Dade County, Florida. The legislative and governing body of Miami-Dade County (County) is the Board of County Commissioners which, under the Miami-Dade County Home Rule Charter, has the power to provide health programs for all of Miami-Dade County including all municipalities located within Miami-Dade County.
- C. Legal Location: The legal location for the Partnership shall be c/o Miami-Dade County, Office of Management and Budget, 111 N.W. 1st Street, 22nd Floor, Miami, Florida 33128.
- D. Fiscal Year: The fiscal year of the Partnership shall begin on March 1 of the current year and end on the last day of February of the year following.

SECTION 1.2. Purpose and Duties

- A. The purpose of the Miami-Dade HIV/AIDS Partnership is to enable the County and other governmental entities to apply for, receive, plan for, assess, and allocate financial assistance under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (hereinafter called the “Ryan White Program”), Healthy Communities 2010 Objectives, AIDS Housing Opportunity Act, and the Housing and Community Development Act of 1992, State of Florida General Revenue care and treatment allocations, and other HIV/AIDS related funding as it becomes available; and to advise the Miami-Dade County Board of County Commissioners, the Mayor and other governmental entities on HIV/AIDS related issues.
- B. The duties of the Partnership shall include, but not be limited to:
 - 1. Establishing methods for obtaining input on community needs and priorities, which may include public meetings, conducting focus groups, and convening workgroups.
 - 2. Developing and implementing a community-wide comprehensive plan for the organization and delivery of HIV-related health and supportive services that is compatible with State of Florida and county plans regarding the provision of health and supportive services to people with HIV.
 - 3. Establishing service priorities for the allocation of Ryan White Part A and Minority AIDS Initiative (MAI) funds within the County as provided by the Ryan White Program of 1990, Public Law 101-381, as such Act may be amended from time to time or superseded by a new law, including how best to meet each such priority and individual factor that the County should consider in allocating funds under Part A of the Ryan White Program. Service priorities and recommendations for funding allocations shall be based on the:
 - a. Documented needs of the population affected by HIV/AIDS within Miami-Dade County;

- b. Priorities of the communities affected by HIV/AIDS for whom the services are intended;
 - c. Cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are available; and
 - d. Availability of other governmental and non-governmental resources.
4. Making recommendations for other HIV/AIDS programs.
5. Serving in an advisory capacity to the Board of County Commissioners, City of Miami, Florida Department of Health-Office of HIV/AIDS (at the state and local levels), the respective County and City mayors, the U.S. Health Resources and Services Administration (HRSA) and other public and governmental entities with respect to all issues affecting or relating to persons at risk of contracting or living with HIV/AIDS.
6. Participating in the development of the Statewide Coordinated Statement of Need initiated by the State of Florida's public health agency responsible for administering grants under the Ryan White Program.
7. Establishing mechanisms for addressing grievances with respect to Part A funding and any other matter deemed appropriate by the Partnership, including but not limited to procedures for submitting grievances for Part A allocations that cannot be resolved by binding arbitration as required by the Ryan White Program. Grievance procedures developed by the Partnership shall be submitted for review and approval to the appropriate federal agency. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference. These procedures shall become the sole dispute resolution mechanism and shall take precedence over all other County dispute resolution mechanisms including, but not limited to, the County bid protest procedures.
8. Assessing the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the County and, at the discretion of the Partnership, assessing the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.
9. Adhering to the national initiatives for care and treatment and prevention of HIV/AIDS.
10. Adhering to all applicable nondiscrimination laws and regulations. Consistent with the policies of the Miami-Dade Board of County Commission, as set forth in Chapter 11-A of the Code, the Partnership shall not discriminate against any person on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, gender identity or gender expression, status as a victim of domestic violence, dating violence or stalking, or source of income. The Partnership shall also adhere to all other federal, state and local civil rights laws and regulations.
11. Performing any other duties conferred to the Partnership by the Code and/or required by funding sources for Partnership programs.

ARTICLE 2. Legal Compliance

SECTION 2.1. Code of Ethics

- A. All members of the Partnership, standing committees, subcommittees, and workgroups (collectively referred to as “members”) shall comply with all applicable federal, state and County Code of Ethics governing financial interest, ownership or other business disclosure and conflict of interest rules, including those which pertain specifically to the Ryan White Program and except those which are specifically excluded by the Ordinance creating the Miami-Dade HIV/AIDS Partnership or opinions rendered by the Miami-Dade Commission of Ethics and Public Trust.

SECTION 2.2. Conflict of Interest

- A. Members shall abide by the state, county, and federal laws, Florida Statutes and the Code regarding conflicts of interest, except that Section 2-11.1 (c) and (d) of the Conflict of Interest and Code of Ethics Ordinance of the County are waived for members transactions arising from the exercise of those powers given the members by the Ryan White Program. Notwithstanding this, members are governed by all other sections of the Conflict of Interest and Code of Ethics ordinance.
- B. Members may vote on funding recommendations that affect a specific category of service that includes themselves or their organization, but under federal law, they may not vote on any funding recommendation that will specifically and directly benefit their organization if they are the sole provider of that service, and the funding recommendation does not designate amounts or percentages among the various providers in a particular service category..
- C. Pursuant to Miami-Dade Commission on Ethics and Public Trust Opinion Nos. 02-43 and 05-50, all members in specific service categories are prohibited from voting for funds in their specific service category if they are the sole subrecipient in that category.
- D. Members with a conflict of interest must recuse themselves from discussion and voting on any subject matter pertaining to the allocation of funds for a service category where the member has a conflict of interest.

SECTION 2.3. Government in the Sunshine

- A. Meetings: All meetings must be held in accordance with Florida’s Government in the Sunshine Law, chapter 286, Florida Statutes, which prohibit discussion outside a properly noticed meeting between two or more members of the same board regarding any matter of business that may possibly come before the body for action (see 2.3.B, Members, below).
- B. Members: All members of the Partnership and its standing committees, subcommittees, or workgroups must comply with Florida’s Government in the Sunshine Law. This prohibition extends to all methods of communications between the parties, including but not limited to written communications, or communications via telephone, social media, texting or emailing. If a member is in doubt of the legal responsibilities under the Florida Sunshine law, s/he should consult directly with the County Attorney’s Office.

SECTION 2.4. Grievances

- A. The Partnership is required by the Ryan White Program to establish grievance procedures for addressing grievances with respect to funding. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference.

ARTICLE 3. Miami-Dade HIV/AIDS Partnership Composition

SECTION 3.1. The Partnership

A. Composition

1. The Partnership shall be composed of thirty-nine (39) voting members appointed by the Mayor;
2. Thirty-three percent (33%) of members must be HIV positive;
3. No organization shall have more than one representative or employee as a member, except as mandated by the legal requirements of Partnership programs; and
4. No more than fifteen (15) individuals shall be appointed who personally provide, who represent entities that provide, or who otherwise possess a financial relationship with entities that provide HIV related services funded by Partnership programs.
5. Pursuant to Section 2-1101(g) of the Code, the Partnership shall reflect in its composition the demographics of the epidemic in Miami-Dade County, with particular consideration given to disproportionately affected and historically underserved groups, subpopulations, and geographic areas in Miami-Dade County.
 - a. Composition of the Partnership, including committee and subcommittee membership, shall strive to assure the following:
 - (i) **Parity**, with each member having equal opportunity for input and participation as well as equal voice in voting and other decision making activities;
 - (ii) **Inclusiveness**, that all affected communities are represented and involved in a meaningful manner in the community planning process;
 - (iii) **Representation**, that members who represent a specific community truly reflect that community's values, norms and behaviors.
 - b. The requirements set forth in subsection a, above, shall not apply to workgroups established by the Partnership.

B. Members

The Partnership shall include thirty-nine (39) members:

1. Fifteen (15) member representatives of affected communities, including thirteen (13) persons living with HIV/AIDS, who are not affiliated or employed by a Part A funded subrecipient and are recipients of Part A services, and historically underserved groups and

subpopulations that reflect the demographics of the population within the eligible metropolitan area;

2. One (1) health care organization representing a Federally Qualified Health Center;
3. One (1) Community Based AIDS Service Organization representative;
4. Two (2) housing, homeless or social service organizations;
5. One (1) mental health organization;
6. One (1) substance abuse organization;
7. One (1) HIV prevention service organization;
8. One (1) representative of a hospital or health care planning agency;
9. One (1) Ryan White Program Part A local Recipient representative;
10. One (1) state government Ryan White Program Part B grantee representative;
11. One (1) representative from agencies receiving grants under Ryan White Part C;
12. One (1) representative from agencies receiving grants under Ryan White Part D, or from organizations with a history of providing services to children, youth, and families, if funded locally;
13. One (1) State of Florida General Revenue grantee representative;
14. Four (4) grantee representatives of other federal HIV programs including, but not limited to, Centers for Disease Control and Prevention (CDC), HOPWA, Ryan White Part F, and Substance Abuse and Mental Health Services Administration (SAMHSA), if funded locally;
15. One (1) state government/Medicaid Agency representative;
16. One (1) local public health agency representative from the Florida Department of Health in Miami-Dade County;
17. One (1) Miami-Dade County Public Schools representative;
18. One (1) non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs;
19. One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of release, or a representative of HIV positive incarcerated persons;
20. One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community; and
21. One (1) representative co-infected with hepatitis B or C from the affected community.

C. Alternates

1. The Partnership shall include as alternates three (3) representatives of the affected community who are not affiliated or employed by a Part A funded subrecipient, and are recipients of Part A services.

2. Alternate members shall be appointed by the Mayor.
3. Alternate members may be assigned as voting members of committees, but are non-voting members of the full Partnership except when a voting member is unable to serve, at which time an alternate member designated by the Chair shall serve as voting member for the full Partnership and the Partnership's committees.

D. Ex-officio Representatives

1. The Partnership shall include two (2) ex-officio representatives:
 - a. One (1) ex-officio representative from the Office of the Miami-Dade County Mayor;
and
 - b. One (1) ex-officio representative from the Board of County Commissioners.

SECTION 3.2. Standing Committees

A. Composition

1. The Partnership shall have standing committees.
2. The purpose of standing committees is to serve in an advisory capacity to the members of the Partnership.
3. Standing committees do not have the authority to bind the Partnership or the County. Accordingly, standing committees may only make recommendations and suggest motions that the Partnership and other standing committees, where applicable, may consider.

B. Membership

1. Each standing committee shall have a maximum of 16 members, except for the Prevention Committee which shall have a maximum of 24 members, and the Executive Committee which shall have a maximum of 12 members.
2. Pursuant to Section 2-1103 of the Code, the size and membership composition of the standing committees shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Pursuant to Section 2-1103 of the Code, each standing committee shall strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of standing committees must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each standing committee shall consist of one-third (1/3) plus one (1) of the current voting members.

C. Standing Committees

1. Executive Committee

The Executive Committee shall:

- a. Be comprised of the Chair and Vice-Chair of the Partnership and the Chair and Vice-Chair of each standing committee;
- b. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;
- c. Act on behalf of the Partnership in the event of any emergency that does not permit holding a regular meeting or calling a special meeting of the Partnership;
- d. Establish rules of conduct for all Partnership and committee meetings;
- e. Act as a steering committee, delegating Partnership and standing committee responsibilities in order to ensure coordination and prevent duplication of activities;
- f. Evaluate the work of the contracted Staff Support subrecipient with all standing committees, subcommittees, and work groups, reviewing the Staff Support subrecipient's budget in light of contractual obligations, federal mandates, and emergent Partnership needs;
- g. Review proposed changes to Partnership Bylaws and make recommendations to the Partnership, as needed; and
- h. Review grievances that arise from the Partnership or the community regarding whether the Partnership follows its policies and procedures. Such complaints shall be thoroughly reviewed and presented to the full Partnership for its consideration.

2. Care and Treatment Committee

The Care and Treatment Committee shall:

- a. Meet monthly, including multiple dates during the Annual Needs Assessment, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Develop and implement all care and treatment planning;
- c. Conduct an annual comprehensive needs assessment;
- d. Establish or revise Ryan White Part A service priorities and complete the priority setting and resource allocation processes for each fiscal year;
- e. Make recommendations to the Partnership on service priorities and use of other funds to target the areas of greatest need; and
- f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's (FCPN) Patient Care Planning Group (PCPG). At least one (1) member selected for the planning group shall be a Partnership member.

3. Community Coalition Committee

The Community Coalition Committee shall:

- a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;

- b. Recruit potential Partnership and committee members from the community and encourage others from the affected HIV/AIDS communities to become more involved in Partnership activities;
- c. Publicize an open nominations process, review applications, and nominate candidates for Partnership membership;
- d. Develop and implement education and recruitment programs for the community to learn more about the Partnership and its activities;
- e. Develop and implement programs for training of Partnership and community members; and
- f. Complete community outreach initiatives and report input and action items to the Partnership from community based organizations and other groups.

4. Housing Committee

The Housing Committee shall:

- a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Determine priorities and make funding and policy recommendations to the HOPWA grantee for the use of HOPWA funds;
- c. Bring knowledge and expertise on financing, developing, and managing special need and affordable housing;
- d. Coordinate planning efforts to address housing and housing-related services and identify opportunities to expand available housing for people with HIV in Miami-Dade County; and
- e. Engage key policymakers and stakeholders from both the public and private sectors in identifying additional resources and solutions to housing and housing-related service needs of people with HIV.

5. Prevention Committee

The Prevention Committee shall:

- a. Meet monthly as a standing committee, or with the Strategic Planning Committee to review and oversee the *Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS*, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Review all pertinent data required to prioritize HIV prevention needs and collaborate with the FDOH-MDC, Office of HIV/AIDS on how to best obtain additional data and information;
- c. Assess existing community resources to determine the community's capability to respond to the HIV/AIDS epidemic;
- d. Identify unmet HIV/AIDS prevention needs within defined populations;
- e. Prioritize HIV/AIDS prevention needs by target population and geographic areas, and propose high-priority strategies and interventions; and

- f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's Prevention Planning Group. At least one (1) nominee shall be a Partnership member. Applicants must meet the requirements for nominees in accordance with the Centers for Disease Control and Prevention guidelines.

6. Strategic Planning Committee

The Strategic Planning Committee shall:

- a. Meet monthly as a standing committee, or with the Prevention Committee to review and oversee the *Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS*, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Develop an annual report for the community, including the Miami-Dade County Board of County Commissioners, describing the Partnership's activities and the state of the epidemic in Miami-Dade County;
- c. Assess the efficiency of the administrative mechanism for rapidly allocating funds to the areas of greatest need within the County; and
- d. Make recommendations to the Partnership regarding legislative and regulatory funding issues, and policy and rule changes related to HIV/AIDS and the Ryan White Program.

SECTION 3.3. Subcommittees

A. Composition

1. The Partnership may have one or more subcommittees.
2. Subcommittees are appointed as needed by the Partnership to assist a standing committee and the Partnership with a specific issue or need.
3. The purpose of subcommittees to serve in an advisory capacity to the members of the Partnership.
4. Subcommittees do not have the authority to bind the Partnership or the County. Accordingly, subcommittees may only make recommendations and suggest motions that the Partnership and standing committees, where applicable, may consider.
5. Subcommittees are expected to meet on a monthly basis and shall operate indefinitely or until such time as the Partnership determines they are no longer integral to the committee's functioning.

B. Membership

1. Each subcommittee shall have a maximum of 16 members.
2. Pursuant to Section 2-1103 of the Code, the size and membership composition of subcommittees shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Pursuant to Section 2-1103 of the Code, each subcommittee shall strive to maintain no less than one-third (1/3) membership by representatives of the affected community.

4. Persons who are appointed to serve as members of subcommittees must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each subcommittee shall consist of one-third (1/3) plus one (1) of the current voting members.

C. Subcommittees

1. Medical Care Subcommittee

The Medical Care Subcommittee shall:

- a. Meet monthly from January through November, but may choose to cancel a scheduled meeting if there is no business to transact;
- b. Make recommendations to the Care and Treatment committee regarding medical policies and procedures, quality management and improvement, Ryan White Program treatment guidelines and standards, and outcome measures, performance measures, and standards of care related to the delivery of Outpatient Medical Care, Prescription Drugs and other core medical services; and
- c. Coordinate with State AIDS Drug Assistance Program (ADAP) and General Revenue to review formularies, expenditures, and utilization data patterns to make recommendations regarding the local Ryan White Part A Program Prescription Drug Formulary.

SECTION 3.4. Workgroups

A. Composition

1. The Partnership may have one or more workgroups.
2. Workgroups are appointed as needed by the Partnership to assist a standing committee and the Partnership with a specific issue or need.
3. The purpose of workgroups is to serve in an advisory capacity to the members of the Partnership.
4. Workgroups do not have the authority to bind the Partnership or the County. Accordingly, workgroups may only make recommendations and suggest motions that the Partnership and standing committees, where applicable, may consider.
5. Workgroups are expected to meet on a monthly basis and have a one-year term of existence or such other term as determined by the Partnership. Workgroups may request extensions of their term from the Partnership.

B. Membership

1. Each workgroup shall have a maximum of 16 members.

2. Pursuant to Section 2-1103 of the Code (“Code”), the size and membership composition of each workgroup shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Under Section 2-1103 of the Code, workgroups are exempt from the requirement to strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of workgroups must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each workgroup shall consist of one-third (1/3) plus one (1) of the current voting members.

SECTION 3.5. Dissolution

Upon a motion by the Partnership or upon a recommendation from a standing committee, subcommittee, or workgroup, the Partnership may consider the dissolution of such standing committee, subcommittee, or workgroup, upon completion of their assigned business or in the event their purpose for its existence no longer exists. A vote for dissolution must be carried by a two-thirds (2/3) majority at both the committee level and by the Partnership present at a properly constituted meeting.

ARTICLE 4. Membership

SECTION 4.1. The Partnership

A. Applications, Nominations, and Requirements

1. The Partnership shall maintain at all times a fair and open nominations process for the Partnership, standing committees, subcommittees, and workgroups.
2. Membership Requirements
 - a. Pursuant to Section 2-11.36 et seq. of the Code, which sets forth the standards for County boards, all members of the Partnership shall:
 - i. Be permanent residents of Miami-Dade County;
 - ii. Be electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement; and
 - iii. Have reputations for integrity and community service.
 - b. Exemption: Notwithstanding the previous sentence, members who are appointed by the Mayor to fill one of the thirteen (13) representatives of the affected community seats and the seat of former inmate of a local, state, or federal prison shall be exempt from the qualified elector requirement as prescribed by Sections 2-11.38 and 2-1102(a) of the Code.



**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

Executive Committee

Wednesday, June 26, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research,
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|---|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 28, 2024 | All |
| VII. | Special Activity: Officer Training | Staff |
| VIII. | Reports | |
| | • Vacancies/Membership Updates | Staff |
| IX. | Standing Business | |
| | • Follow-up on Planning Council Support Budget/Scope of Work | All |
| | • Update on Recruitment and Retention | All |
| X. | New Business | |
| | • A July Meeting Date | All |
| | • Bylaws Review | All |
| | ○ Status Report on Ordinance Changes approved in August 2023 | |
| | ○ Status Report on HRSA Site Visit Findings and Recommendations | |
| XI. | Announcements and Open Discussions | All |
| | • Photos for Website | |
| | • Get on Board: Language of the Partnership on July 10, 2024 | |
| XII. | Next Meeting: August 28, 2024 at Behavioral Science Research | Harold McIntyre |
| XIII. | Adjournment | Alecia Tramel-McIntyre |

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Get on Board!

2024 Planning Council Enhancement Training

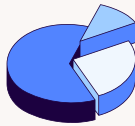


 Interactive Zoom Training led
by Planning Council Staff



January 11, 2024 - **AIDSnet.org Refresh!**

Get to know the new Partnership and CQM website!
Learn about available resources, how the site informs
members, and how you can contribute!



March 6, 2024 - **Getting to Know the Grantees**

Learn about HIV services, funders, and funding in Miami-
Dade County and how the Planning Council uses this
important information for decision-making.



April 3, 2024 - **Needs Assessment and You!**

Learn about the Annual Needs Assessment and how it
affects you as a Ryan White Program client or provider.



June 5, 2024 - **Ryan White Part A and MAI**

Get to know the local Ryan White Program! Learn what is
funded, how to read reports, and why this is vital to being
an effective Planning Council member.



July 10, 2024 - **Language of the Partnership**

Gain a better understanding of the language of the
Planning Council and improve your communication skills.



September 4, 2024 - **Ryan White Part B**

Get to know the Ryan White Part B Program! Learn what
is funded, how to read reports, and why this is vital to
being an effective Planning Council member.



October 2, 2024 - **Integrated Planning**

Learn about progress of the 5-year plan that directs many
of the activities of the Ryan White Program and learn
how it impacts you!



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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>	



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