




WELCOME

Thank you for joining today's

**Strategic Planning  
Committee Meeting**

*Please sign in to have your  
attendance recorded.*





## Strategic Planning Committee

Friday, September 13, 2024

10:00 AM – 12:00 PM

Behavioral Science Research Corp.  
2121 Ponce de Leon Boulevard, Suite 240  
Coral Gables, FL 33134

### AGENDA

- |       |  |                  |
|-------|--|------------------|
| I.    | Call to Order  | Dr. Diana Shehan |
| II.   | Introductions  | All              |
| III.  | Meeting Housekeeping   | Dr. Diana Shehan |
| IV.   | Floor Open to the Public   | Angela Machado   |
| V.    | Review/Approve Agenda  | All              |
| VI.   | Review/Approve Minutes of May 10, 2024   | All              |
| VII.  | Reports  | Staff            |
|       | ▪ Membership   |                  |
| VIII. | Standing Business  | All              |
|       | ▪ Assessment of the Recipient Administrative Mechanism (AAM) Report - Final Review |                  |
|       | ▪ 2023 Annual Report - Final Review  |                  |
| IX.   | New Business   | All              |
|       | ▪ Joint Integrated Plan Review Team Meeting Feedback                               |                  |
|       | ▪ Annual Activities and Budget Review  |                  |
|       | ▪ 2025 Officer Nominations   |                  |
| X.    | Announcements and Open Discussion  | All              |
| XI.   | Next Meeting (if needed): October 11, 2024 at BSR Corp.                            | Angela Machado   |
| XII.  | Adjournment  | Dr. Diana Shehan |

*Please mute or turn off all cellular devices.*

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

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# Meeting Housekeeping - Strategic Planning Committee

September 13, 2024

Created by *Behavioral Science Research*

# Disclaimer and Code of Conduct

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

# General Housekeeping

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- ❑ 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 and applicants should see staff for a travel expense offset at the end of the 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.

# Meeting Participation

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## 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.



# Language Matters!

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



Remember **People First** Language . . .

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

Please don't say **RISKS** . . . Instead, say **REASONS**.

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

Please **do not** use these terms . . .

**Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .**


# 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<br>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<br>Provide                       | Provide Enterprise® by Groupware Technologies (RWP client database system)           |
| RWP<br>RWHAP                              | Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)  |
| The Partnership<br>Planning Council<br>PC | The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board |
| The Recipient<br>The County<br>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/](http://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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**Strategic Planning Committee**  
**Behavioral Science Research Corp.**  
**2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134**  
**May 10, 2024 Minutes**

| #                 | Members                | Present | Absent |
|-------------------|------------------------|---------|--------|
| 1                 | Cardwell, Joanna       | x       |        |
| 2                 | Hunter, Tabitha        |         | x      |
| 3                 | Machado, Angela        | x       |        |
| 4                 | Marcelin, Dora         |         | x      |
| 5                 | Poblete, Karen         | x       |        |
| 6                 | Sheehan, Diana M.      | x       |        |
| 7                 | Singh, Hardeep         | x       |        |
| 8                 | Stonestreet, Stephanie |         | x      |
| <b>Quorum = 4</b> |                        |         |        |

| Guests              |  |
|---------------------|--|
| Edwards, Shawneaqua |  |
| Williams, Stephen   |  |
|                     |  |
|                     |  |
| Staff               |  |
| Bontempo, Christina |  |
| Ladner, Robert      |  |
|                     |  |
|                     |  |

Note: All documents referenced in these minutes are on file and were accessible to members and the public prior to (and during) the meeting, at [www.aidsnet.org/the-partnership#strategicplanning1](http://www.aidsnet.org/the-partnership#strategicplanning1).

**I. Call to Order**

Committee Chair, Dr. Diana Sheehan, called the meeting to order at 10:05 a.m.

**II. Introductions**

Members, guests, and staff introduced themselves.

**III. Housekeeping/Meeting Rules**

Committee Vice Chair, Angela Machado reviewed the *Meeting Housekeeping* PowerPoint, which includes general reminders, code of conduct, people-first language, and meeting participation best practices. Staff alerted members that there may be fire alarm testing during the meeting.

**IV. Floor Open to the Public**

Ms. Machado opened the floor to the public with the following statement:

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

There were no comments, so the floor was then closed.

**V. Review/Approve Agenda**

Members reviewed the agenda and approved it with no changes.

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

**Moved: Hardeep Singh**

**Seconded: Joanna Carwell**

**Motion: Passed**

## **VI. Review the Minutes of April 12, 2024**

Members reviewed the minutes of April 12, 2024, and approved the minutes with no changes.

**Motion to approve the minutes of April 12, 2024, as presented.**

**Moved: Hardeep Singh**

**Seconded: Joanna Cardwell**

**Motion: Passed**

## **VII. Reports**

### **▪ Membership**

Staff advised that guest Shawneaqua Edwards of Behavioral Science Research Inc. was interested in membership. Ms. Edwards introduced herself and stated her interest. Her application is in process.

### **▪ Partnership Report to the Committee**

Staff advised the May 13, 2024, Partnership meeting was cancelled due to lack of quorum. All items pending approval will be delayed until June. This gives the committee another month to finalize the Assessment of the Recipient Administrative Mechanism surveys and will change the dates of the survey completion and the final report.

The recommended Partnership Ordinance changes are going forward for approval. Significantly, the changes include updating the Partnership meeting quorum requirement from 13 members to one-third-plus-one, which is consistent with all standing committees; and reducing the overall composition of the board from 39 to 30 members.

## **VIII. Standing Business**

### **▪ Assessment of the Recipient Administrative Mechanism (AAM)**

#### **□ 2024 Draft Surveys Review – Subrecipient Survey**

Members reviewed the updates to the survey based on the previous meeting input. All questions have been formatted in Survey Monkey with skip logic to request additional details to any response of “Disagree” and “Strongly Disagree.” The draft survey link is [www.surveymonkey.com/r/7HKKWCT](http://www.surveymonkey.com/r/7HKKWCT).

Members reviewed two new statements:

- Please indicate the date of your FY 2023-2024 contract execution.
  - This statement will remain.
- For contact execution later than March 15, 2023, please provide details explaining the delay(s).
  - This statement will be made more specific:

- For contract execution later than March 15, 2023, were there internal factors within your organization that led to delays?
  - Answer options will be “Yes,” “No,” “N/A - Our contract was executed prior to March 15, 2023.”
  - Answers of “Yes” will lead to a follow up: Please explain the internal factors within your organization that led to delays of contract execution.
- For contract execution later than March 15, 2023, were there external factors with the Recipient that led to delays?
  - Answer options will be “Yes,” “No,” “N/A - Our contract was executed prior to March 15, 2023.”
  - Answers of “Yes” will lead to a follow up: Please explain the external factors with the Recipient that led to delays of contract execution.
- Did delays in contract execution cause service disruptions or organizational disruptions?
  - Answer options will be “Yes,” “No,” “N/A - Our contract was executed prior to March 15, 2023.”
  - Answers of “Yes” will lead to a follow up: Please detail service disruptions or organizational disruptions resulting from delayed contract execution.

□ **2024 Draft Surveys Review – Partnership Survey**

All questions have been updated with the skip logic as noted above. No further changes were made to the survey. The draft survey link is [www.surveymonkey.com/r/235VNC3](http://www.surveymonkey.com/r/235VNC3).

□ **AAM Action Plan Review**

Three areas of concern were identified based on the 2023 AAM survey results. Members reviewed action steps to address each concern.

**1. Provide Enterprise® by Groupware Technologies (PE Miami), the Ryan White Program client database system**

Suggestions regarding establishing a PE Miami review team and training protocols were proposed and members discussed concerns over how new hires are trained and how to establish better communication about database updates. Members agreed that this is outside the purview of the Partnership. The Partnership’s responsibility is to administer the AAM surveys and report on findings. It was also noted that the Partnership has no authority over the activities of PE Miami and BSR staff is not funded or qualified to provide PE Miami training. Convening review team meetings and other additional steps to be taken based on findings are the responsibility of the Recipient and their contracted provider, PE Miami. Members acknowledged there may be costs associated with additional training, which would also be an issue between the Recipient and PE Miami. Dr. Robert Ladner proposed that if the Recipient wants to go forward with establishing a review team or teams, BSR could help to facilitate the meeting(s). Members suggested that if review teams were to be established, there could be one focused on fiscal issues and one focused on Medical Case Management (MCM) which would include MCM supervisors and database super users. Members will continue to monitor the survey responses for improvements and updates.

**2. Expenditure Reports to the Partnership**

Several protocols have been put in place and are ongoing as detailed in the Action Plan. Staff noted that printed expenditure reports will be distributed again at Partnership meetings since they

are hard to read on the screen and there is a lot of information to follow. The Top Line Summary Reports will continue to be distributed and members giving reports will be asked to slow down the pace of their review to ensure everyone is following and understanding.

### **3. Member Engagement**

Several protocols have been put into place and are ongoing as detailed in the Action Plan. Members reviewed the New Business item: Feedback from Community Coalition on Meeting Engagement Recommendations.

Regarding post-meeting debriefing, members agreed this could be an informal activity simply stating that Staff is available after the meeting for additional information. The announcement can be made during Housekeeping and again during adjournment. Officers should make every effort to ensure all agenda topic-related questions are answered during the meeting.

Regarding the meeting evaluation/feedback survey, members suggested abbreviating the survey to combine questions with concerns. Staff will bring the revised survey to Community Coalition for final review and will begin promoting the surveys in June 2024. How the surveys will be promoted is pending; meeting agendas already include two QR codes. Staff will collect and report on survey responses to each committee; if responses are not helpful, this activity may be discontinued.

The draft survey link is [www.surveymonkey.com/r/NW7R529](http://www.surveymonkey.com/r/NW7R529)

## **IX. New Business**

### **▪ 2024 Annual Report**

Members received a draft Annual Report and approved the new color scheme. All available data will be updated for review at the next meeting. Annual Report review will be the main activity at the next meeting.

## **X. Announcements and Open Discussion**

Dr. Robert Ladner advised that he could provide the log in credentials for anyone needing Wi-Fi during meetings at BSR Corp.

## **XI. Next Meeting**

Dr. Sheehan announced the next meeting is scheduled for Friday, June 14, 2024, at BSR Corp.

## **XII. Adjournment**

Dr. Sheehan adjourned the meeting at 11:56 a.m.





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# **Assessment of the Ryan White Program Recipient Administrative Mechanism March 1, 2023 – February 29, 2024**

*Draft for Strategic Planning Review  
September 13, 2024*



**Behavioral Science Research Corporation**  
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Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2024 award totaling \$27,411,326 as of May 23, 2024, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.

## Introduction

The Assessment of the Recipient Administrative Mechanism (AAM) is a Ryan White Program (RWP) Part A/Minority AIDS Initiative (MAI) legislative requirement and responsibility of the local Ryan White Planning Council, the Miami-Dade HIV/AIDS Partnership (Partnership). Aggregated responses are used to evaluate the performance of the Eligible Metropolitan Area (EMA)'s Recipient, the Miami-Dade County Office of Management and Budget-Grants Coordination. Selected responses are included in the annual Ryan White Part A/MAI Program grant application and non-competing continuation reports. All data and reports are reviewed and published without information identifying any Partnership member or Part A/MAI subrecipient as the respondent.

The Partnership's Strategic Planning Committee received this draft report via email on August 8, 2024, for final review at their September 13, 2024, meeting. The Recipient received a version of the report formatted to allow for responses. All Recipient responses will be incorporated into the final AAM report to be presented at the September 13, 2024, meeting. The process of inviting the Recipient to provide comments has been ongoing and provides the opportunity for a comprehensive and thoughtful response to identified areas of concern.

The final AAM report will guide improvements in planning council administration, and will guide the Recipient in enhancements in administrative functions.

For questions or clarification, please contact Behavioral Science Research Corp.: Robert Ladner, [rladner@behavioralscience.com](mailto:rladner@behavioralscience.com), or Christina Bontempo, [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).

*Special thanks to all those who made this report possible: Strategic Planning Committee Members for survey design and review of this report; Miami-Dade HIV/AIDS Partnership Members and Miami-Dade County Ryan White Program Part A/MAI Subrecipients for survey responses; and the Recipient for review and feedback.*

## Methodology

Data collection for the AAM was done via two Survey Monkey surveys: one administered to Partnership members; and one administered to RWP Part A/MAI subrecipients (subrecipients). While the surveys have been refined in small measures over the history of this activity, evaluative statements on this year's surveys represent a thorough review and related revision by the Strategic Planning Committee. Survey statements were formatted to allow more opportunities for feedback, including required feedback for negative responses of "Disagree" and "Strongly Disagree," and subrecipient surveys required more specific answers on contract execution in response to 2024 HRSA site visit feedback. Where previous statements have been updated, the previous statement is marked by an "\*".

Both surveys were updated by the Strategic Planning Committee and drafted by Behavioral Science Research Corporation (BSR).

Survey links were sent separately to each Partnership member and subrecipient via email or text, with a URL and QR code option. Respondents were also given the option to receive a paper copy; however, no paper copies were requested. Both surveys were self-administered, and programmed so that if a respondent was unable to complete the survey in one sitting, the respondent could pause in taking the survey, save the partially completed survey, and return to it later. Both surveys allowed respondents to make comments on each question, and, as noted above, required additional comments on negative responses. A general comments field, unrelated to specific questions, was also included at the end of each survey.

### THE PARTNERSHIP SURVEY

The Partnership AAM Survey was distributed via email and text on June 27, 2024, with a July 12, 2024, due date. Partnership members who are also subrecipients were instructed to complete both the Partnership and Subrecipient surveys.

The Partnership AAM Survey:

1. Evaluated how well the Recipient responds to the funding priorities and directives set by the Partnership;
2. Evaluated whether the Recipient disburses Part A and MAI funds to subrecipients in a timely manner consistent with Partnership recommendations;
3. Evaluated the overall performance of the Recipient and the administrative subrecipient;
4. Allowed for open-ended comments and suggestions for each statement;
5. Required respondents to "explain your concern and suggest a solution to the problem" for ratings of "Disagree" or "Strongly Disagree;" and
6. Included an optional general comments field, "Additional comments or suggestions regarding the Recipient, BSR, and/or other matters."

## THE SUBRECIPIENT SURVEY

Subrecipient AAM Surveys were emailed directly to one or more subrecipient representatives at each subrecipient organization. Their version allowed for more than one respondent from the organization to answer, if appropriate, and to record their name(s) as co-respondents. Subrecipients who were also Partnership members were instructed to complete both the Subrecipient and the Partnership surveys.

Beginning in 2023, the choice “Not applicable” was included on all statements. Where the option was not included in previous years, the corresponding row or column is blank. In 2024, respondents were asked how many years they have been with their organization; results of this question are included in the Subrecipient Survey Results, below.

Regarding Data Management System statements:

- In 2019, statements are related to Automated Case Management System’s (ACMS) Service Delivery Information System (SDIS), which was the data management system used during that year;
- In 2020, statements were removed while the ACMS data management system was in the process of being replaced by the Provide<sup>®</sup> Enterprise Miami (PE Miami) data management system; and
- Responses for years 2021 through 2024 are related to the PE Miami data management system.

The Subrecipient AAM Survey:

1. Evaluated whether the Recipient disburses Part A and Minority AIDS Initiative (MAI) funds to Ryan White Program service providers (subrecipients) in a timely manner, consistent with Partnership recommendations;
2. Evaluated how the Recipient manages contracts with Ryan White Program Part A/MAI subrecipients;
3. Evaluated the overall performance of the Recipient and the contracted subrecipient for planning council staff support and clinical quality management services;
4. Evaluated Groupware Technologies, LLC’s (GTL) Provide<sup>®</sup> Enterprise Miami (PE Miami) data management system;
5. Collected specific contract execution dates;
6. Evaluated the factors leading to delayed contract execution (if applicable);
7. Evaluated the impacts of delayed contract execution (if applicable);
8. Allowed for open-ended comments and suggestions for each statement; and
9. Required respondents to “explain your concern and suggest a solution to the problem” for ratings of “Disagree” or “Strongly Disagree;” and
10. Included an optional general comments field, “Additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.”

## **COMPARATIVE ANALYSIS OF AAM RESULTS 2019-2021 AND 2023-2024**

BSR has historically provided the Recipient and the Partnership a five-year longitudinal analysis of the AAM results to identify ongoing challenges, if any, and to document progress made toward improving the administrative agent's functions. This report contains data from the 2019, 2020, 2021, 2023, and 2024 AAM surveys. In 2022 (for FY 2021-2022 administrative functions), no survey was distributed because the Strategic Planning Committee, the Partnership, and the Recipient were solely focused on development of the 2022-2026 Integrated HIV Prevention and Care Plan, and on meeting the Plan submission deadline.

Surveys from 2019-2020 evaluated the responses of 13 subrecipients, the total number of contracted subrecipients at that time. Surveys in 2021 and 2023 evaluated the responses of 16 subrecipients. Note that Care Resource and Food for Life Network were recorded as one entry in 2021 and 2023. The survey distribution was corrected this year to 17 funded subrecipients since those two entities are funded under separate contracts. All subrecipient results are reported by percentages, separated by reporting year.

Partnership responses have varied year to year based on the number of active members on the roster. In 2024, all 15 active Partnership members completed the survey. All Partnership results are reported by percentages, separated by reporting year.

Survey questions related to the COVID-19 response were dropped in 2023 and those results are no longer being tracked.

DRAFT

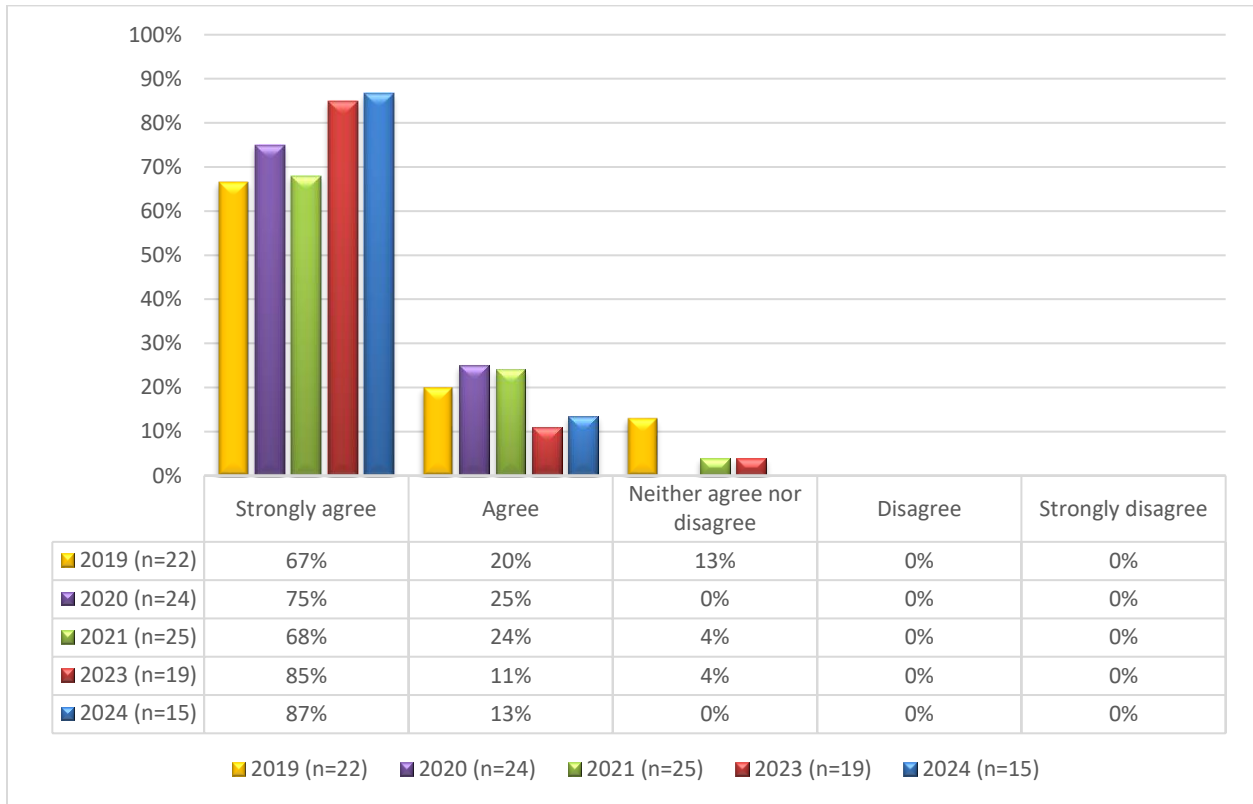
## 2024 PARTNERSHIP AAM SURVEY RESULTS

### 2024 GENERAL COMMENTS

- The voice of every member is at all times respected.
  - *Recipient response: Thank you for your feedback! We're glad to hear that you feel respected and valued. We believe that listening to and honoring each member's voice is crucial to our collective success and well-being. If you have any suggestions on how we can continue to foster this professional and respectful environment or improve further, please let us know. Your input is always welcome and appreciated!*
- Thanks for the support.
  - *Recipient response: We appreciate the response! We strive to be supportive to planning council members and our subrecipients. If you have any suggestions on how we can continue to foster this supportive environment or improve further, please let us know. Your input is always welcome and appreciated!*
- BSR always provides great information & is always very willing to help in any way possible for meetings to go smoothly. All documents needed are always ready & available on the website to review ahead of any meeting.
  - *Recipient response: Thank you for your feedback! We are pleased to see that the BSR team has been prepared and helpful in advance of, during, and after meetings, as well as on various projects.*
- I'm crying out for Housing. (Regarding this comment, BSR staff contacted the respondent directly.)
  - *Recipient response: Housing resources are currently available from several sources, including but not limited to the County's Ending the HIV Epidemic (EHE) Program. This information has been shared with the Partnership, subrecipients, and local Ryan White Program medical case management staff. We will work with BSR staff to ensure this information is prominently locatable in the resource pages for people with HIV on the Partnership's website ([www.aidsnet.org](http://www.aidsnet.org)).*
- Always a pleasure working with Dan Wall and Carla Valle-Schwenk.
  - *Recipient response: Thank you for your feedback! Our County's motto is "Delivering excellence every day!" We aim to follow that motto in all our interactions with Partnership members, clients, subrecipient staff, and the public.*



**1. 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.**

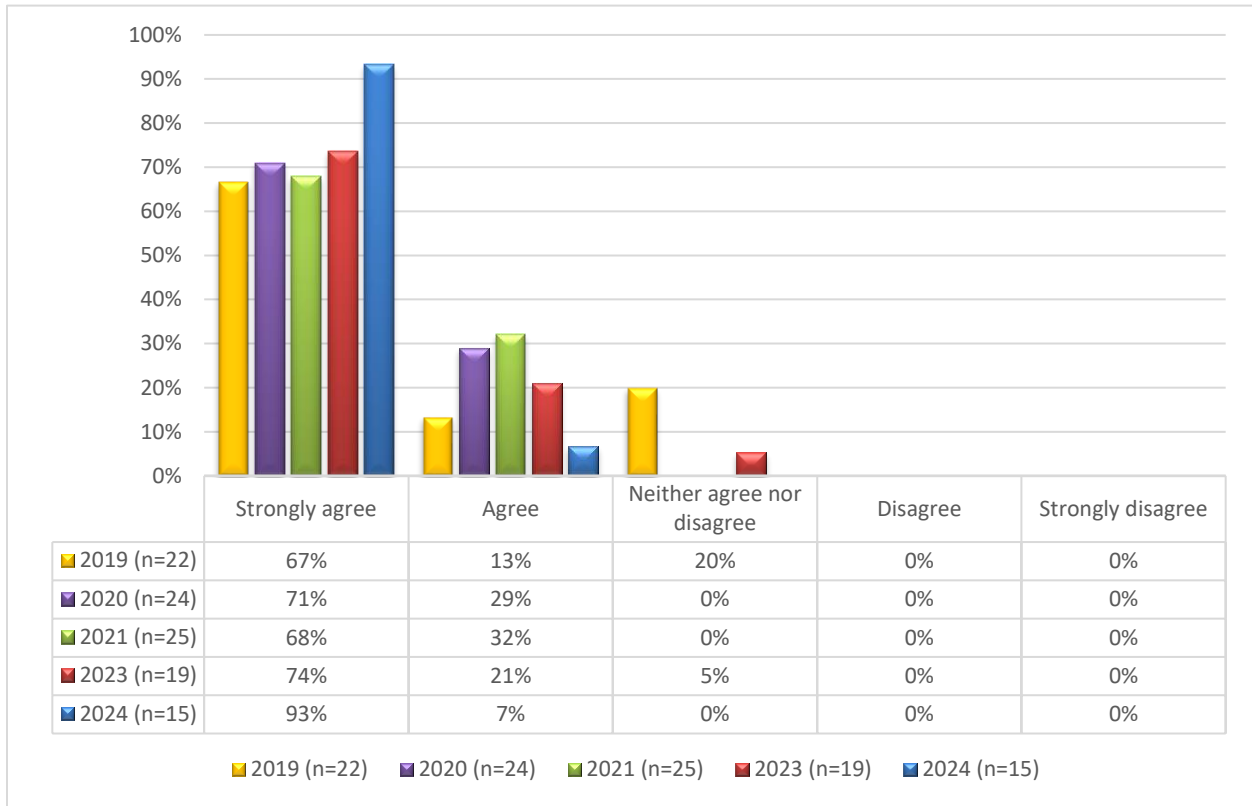


# Reference Reports for Statements 2-6

| RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)                           |  |                  |              | FY 2023 FINAL   |  |
|---|--|------------------|--------------|---|--|
| EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33             |  |                  |              | PART A only   |  |
| FORMULA AND SUPPLEMENTAL FUNDING  |  |                  |              |   |  |
| Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19                 |  |                  |              |   |  |
| Project #: BURW3302   |  | AWARD AMOUNTS    | ACTIVITIES   | Note:   |  |
| Grant Award Amount Formula  |  | 16,452,284.00    | FORMULA      | The recipient has reached its Formula minimum expenditures threshold of 95%.  |  |
| Grant Award Amount Supplemental   |  | 8,484,983.00     | SUPPLEMENTAL |   |  |
| Carryover Award FY22 Formula  |  | 723,098.00       | CARRYOVER    |   |  |
| Total Award   |  | \$ 25,660,365.00 |              |   |  |
| FY 2023 Award   |  |                  |              | \$24,937,202  |  |
| CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER                     |  |                  |              | CURRENT CONTRACT EXPENDITURES   |  |
| DIRECT SERVICES:  |  |                  |              | DIRECT SERVICES:  |  |
| Core Medical Services   |  |                  |              | Core Medical Services   |  |
| AIDS Pharmaceutical Assistance  |  |                  |              | AIDS Pharmaceutical Assistance  |  |
| Health Insurance Services   |  |                  |              | Health Insurance Services   |  |
| Medical Case Management   |  |                  |              | Medical Case Management   |  |
| Mental Health Therapy/Counseling  |  |                  |              | Mental Health Therapy/Counseling  |  |
| Oral Health Care  |  |                  |              | Oral Health Care  |  |
| Outpatient/Ambulatory Health Svcs   |  |                  |              | Outpatient/Ambulatory Health Svcs   |  |
| Substance Abuse - Outpatient  |  |                  |              | Substance Abuse - Outpatient  |  |
| CORE Services Totals:   |  |                  |              | CORE Services Totals:   |  |
| Support Services  |  |                  |              | Support Services  |  |
| Emergency Financial Assistance  |  |                  |              | Emergency Financial Assistance  |  |
| Food Bank   |  |                  |              | Food Bank   |  |
| Medical Transportation  |  |                  |              | Medical Transportation  |  |
| Other Professional Services   |  |                  |              | Other Professional Services   |  |
| Outreach Services   |  |                  |              | Outreach Services   |  |
| Substance Abuse - Residential   |  |                  |              | Substance Abuse - Residential   |  |
| SUPPORT Services Totals:  |  |                  |              | SUPPORT Services Totals:  |  |
| FY 2023 Award (not including C/O)   |  |                  |              | FY 2023 Award (not including C/O)   |  |
| DIRECT SERVICES TOTAL:  |  |                  |              | TOTAL EXPENDITURES DIRECT SVCS & %:   |  |
| Total Core Allocation   |  |                  |              | \$ 22,167,895.19  |  |
| Target at least 80% core service allocation                                 |  |                  |              | 97.37%  |  |
| Current Difference (Short) / Over   |  |                  |              |   |  |
| Recipient Admin. (GC, GTL, BSR Staff)                                       |  |                  |              | Formula Expenditure % 95.17%  |  |
| Quality Management  |  |                  |              | Recipient Administration 2,008,219.94   |  |
| Grant Unexpended Balance  |  |                  |              | Quality Management 600,000.00   |  |
| Unobligated Funds (Formula & Supp)  |  |                  |              | Grant Unexpended Balance  |  |
| Unobligated Funds (Carry Over)  |  |                  |              | FY 2023 Award 884,249.87  |  |
|   |  |                  |              | Carryover 884,249.87  |  |
|   |  |                  |              | Total Grant Expenditures & % \$ 24,776,115.13 96.55%                          |  |
| Core medical % against Total Direct Service Allocation (Not including C/O): |  |                  |              | Core medical % against Total Direct Service Expenditures (Not including C/O): |  |
| Cannot be under 75% 81.90% Within Limit                                     |  |                  |              | Cannot be under 75% 82.66% Within Limit                                       |  |
| Quality Management % of Total Award (Not including C/O):                    |  |                  |              | Quality Management % of Total Award (Not including C/O):                      |  |
| Cannot be over 5% 2.41% Within Limit  |  |                  |              | Cannot be over 5% 2.41% Within Limit  |  |
| OMB-GC Administrative % of Total Award (Cannot include C/O):                |  |                  |              | OMB-GC Administrative % of Total Award (Cannot include C/O):                  |  |
| Cannot be over 10% 9.20% Within Limit                                       |  |                  |              | Cannot be over 10% 8.05% Within Limit   |  |
| Printed on: 6/10/2024   |  |                  |              | Page 1  |  |

| RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)               |  |                  |               | FY 2023 FINAL   |  |
|---|--|------------------|---------------|---|--|
| EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33 |  |                  |               | PART A & MAI  |  |
| FORMULA AND SUPPLEMENTAL FUNDING                                |  |                  |               |   |  |
| Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19     |  |                  |               |   |  |
| Project #: BURW3302   |  | AWARD AMOUNTS    | ACTIVITIES    | Note:   |  |
| Grant Award Amount Formula                                      |  | 16,452,284.00    | FORMULA       | The recipient has reached its Formula minimum expenditures threshold of 95%.  |  |
| Grant Award Amount Supplemental                                 |  | 8,484,983.00     | SUPPLEMENTAL  |   |  |
| Grant Award Amount MAI  |  | 2,821,581.00     | MAI           |   |  |
| Carryover Award FY22 Formula                                    |  | 723,098.00       | CARRYOVER     |   |  |
| Carryover Award FY22 MAI  |  | 980,218.00       | MAI_CARRYOVER |   |  |
| Total Award   |  | \$ 29,262,164.00 |               |   |  |
| FY 2023 Award   |  |                  |               | \$27,558,848  |  |
| CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER         |  |                  |               | CURRENT CONTRACT EXPENDITURES   |  |
| DIRECT SERVICES:  |  |                  |               | DIRECT SERVICES:  |  |
| Core Medical Services   |  |                  |               | Core Medical Services   |  |
| AIDS Pharmaceutical Assistance                                  |  |                  |               | AIDS Pharmaceutical Assistance  |  |
| Health Insurance Services                                       |  |                  |               | Health Insurance Services   |  |
| Medical Case Management   |  |                  |               | Medical Case Management   |  |
| Mental Health Therapy/Counseling                                |  |                  |               | Mental Health Therapy/Counseling  |  |
| Oral Health Care  |  |                  |               | Oral Health Care  |  |
| Outpatient/Ambulatory Health Svcs                               |  |                  |               | Outpatient/Ambulatory Health Svcs   |  |
| Substance Abuse - Outpatient                                    |  |                  |               | Substance Abuse - Outpatient  |  |
| CORE Services Totals:   |  |                  |               | CORE Services Totals:   |  |
| Support Services  |  |                  |               | Support Services  |  |
| Emergency Financial Assistance                                  |  |                  |               | Emergency Financial Assistance  |  |
| Food Bank   |  |                  |               | Food Bank   |  |
| Medical Transportation  |  |                  |               | Medical Transportation  |  |
| Other Professional Services                                     |  |                  |               | Other Professional Services   |  |
| Outreach Services   |  |                  |               | Outreach Services   |  |
| Substance Abuse - Residential                                   |  |                  |               | Substance Abuse - Residential   |  |
| SUPPORT Services Totals:  |  |                  |               | SUPPORT Services Totals:  |  |
| FY 2023 Award (not including C/O)                               |  |                  |               | FY 2023 Award (not including C/O)   |  |
| DIRECT SERVICES TOTAL:  |  |                  |               | TOTAL EXPENDITURES DIRECT SVCS & %:   |  |
| Total Core Allocation   |  |                  |               | Part A 1785,210.00  |  |
| Target at least 80% core service allocation                     |  |                  |               | MAI \$1,474,770.00  |  |
| Current Difference (Short) / Over                               |  |                  |               | \$2,269,980.00  |  |
| Recipient Admin. (GC, GTL, BSR Staff)                           |  |                  |               | Formula Expenditure % 95.17%  |  |
| Quality Management  |  |                  |               | Recipient Administration 2,234,898.59   |  |
| Grant Unexpended Balance  |  |                  |               | Quality Management 700,000.00   |  |
| Unobligated Funds (Formula & Supp)                              |  |                  |               | Grant Unexpended Balance  |  |
| Unobligated Funds (Carry Over)                                  |  |                  |               | FY 2023 Award 2,359,020.16  |  |
| Unobligated Funds (MAI)   |  |                  |               | Carryover 166,903.88  |  |
| Unobligated Funds (Carry Over)                                  |  |                  |               | Total Grant Expenditures & % \$ 26,736,239.96 91.37%                          |  |
|   |  |                  |               | Core medical % against Total Direct Service Allocation (Not including C/O):   |  |
|   |  |                  |               | Cannot be under 75% 82.89% Within Limit                                       |  |
|   |  |                  |               | Core medical % against Total Direct Service Expenditures (Not including C/O): |  |
|   |  |                  |               | Cannot be under 75% 83.10% Within Limit                                       |  |
|   |  |                  |               | Quality Management % of Total Award (Not including C/O):                      |  |
|   |  |                  |               | Cannot be over 5% 2.54% Within Limit  |  |
|   |  |                  |               | Quality Management % of Total Award (Not including C/O):                      |  |
|   |  |                  |               | Cannot be over 5% 2.54% Within Limit  |  |
|   |  |                  |               | OMB-GC Administrative % of Total Award (Cannot include C/O):                  |  |
|   |  |                  |               | Cannot be over 10% 9.27% Within Limit   |  |
|   |  |                  |               | OMB-GC Administrative % of Total Award (Cannot include C/O):                  |  |
|   |  |                  |               | Cannot be over 10% 8.11% Within Limit   |  |
| Printed on: 6/10/2024   |  |                  |               | Page 1  |  |

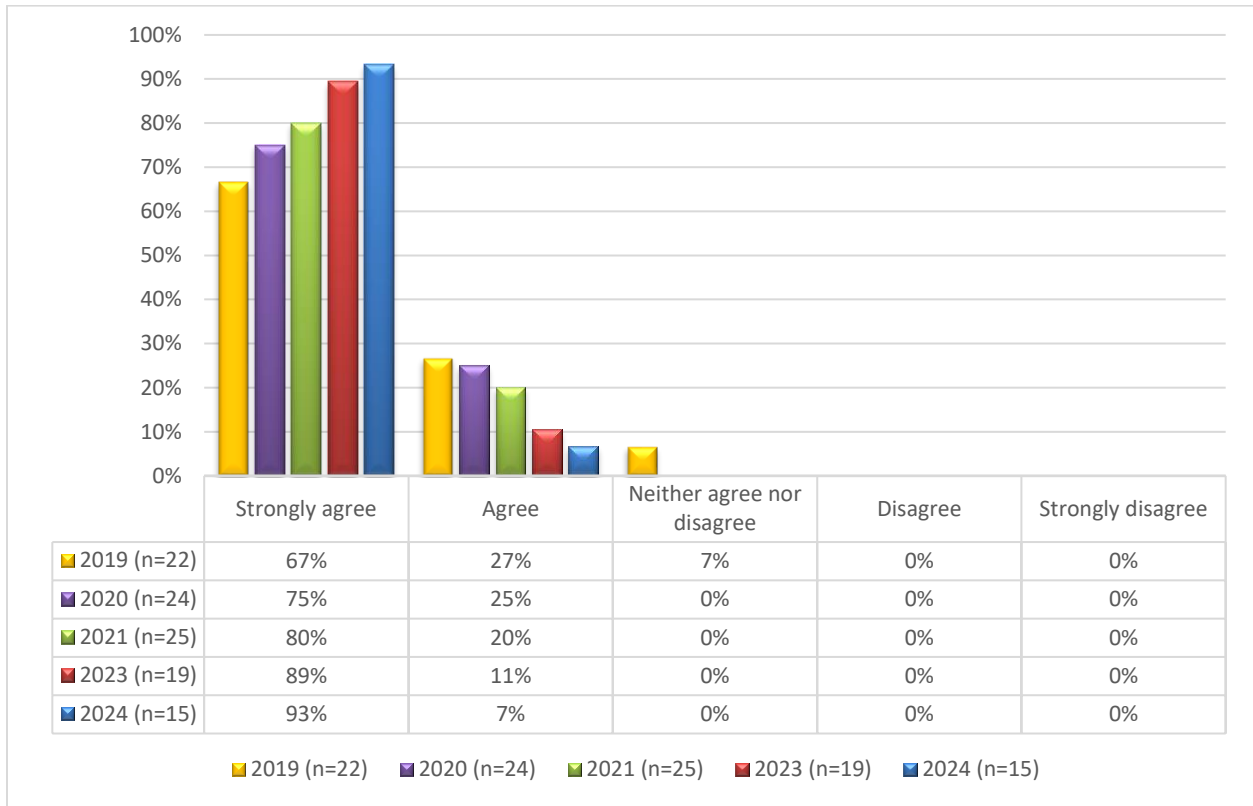
**2. I understand the information presented on the Recipient’s Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports (See Reports, above).**



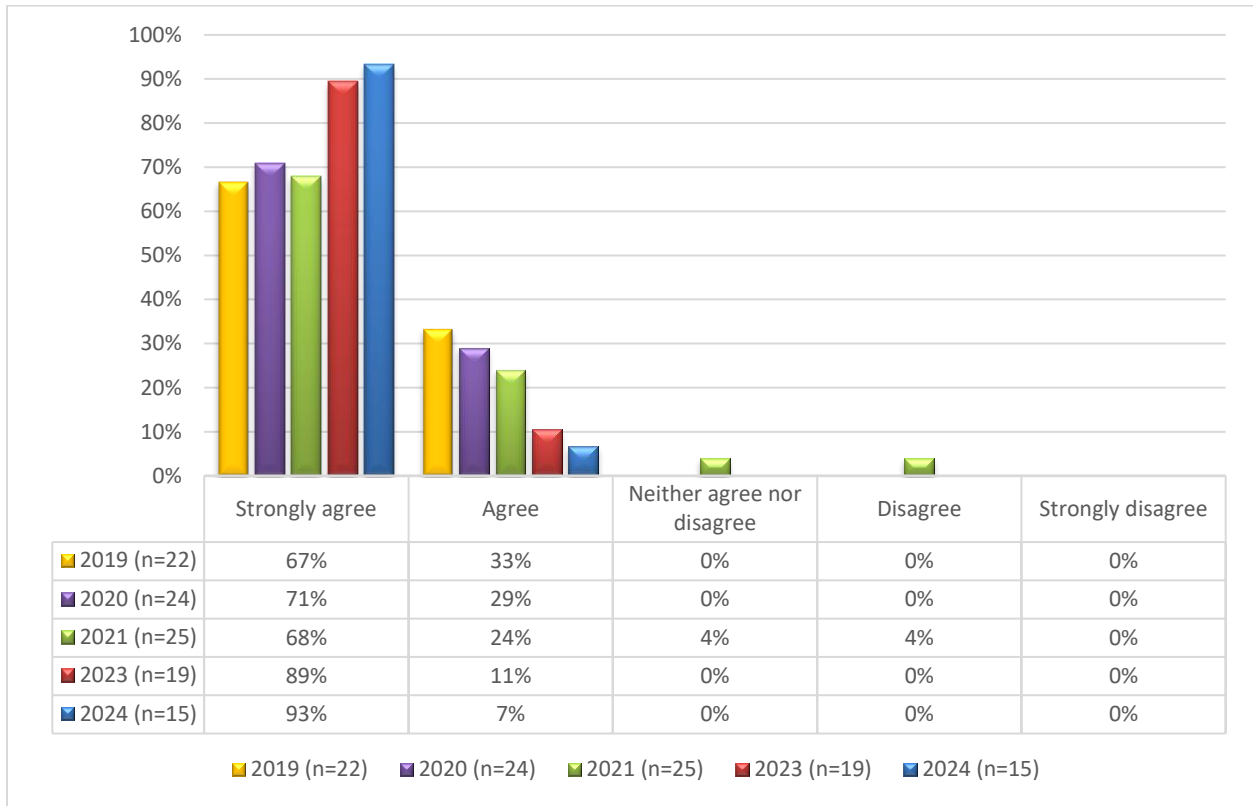
**2024 COMMENTS**

- It gives me the initiative to speak concerning funds being given.
  - Recipient response: We appreciate the feedback and hope the report remains useful to all members to enhance their meeting experience and involvement.
- I understand some things but not all.
  - Recipient response: At any time the information is not clear, please reach out to BSR staff or to Recipient staff for assistance in better understanding the information presented. We also welcome suggestions on how we can make the reports more user friendly. We also provide BSR with Top Line Summaries (highlights) of the information presented that they post on the Partnership’s website ([www.aidsnet.org](http://www.aidsnet.org)) under meeting documents.

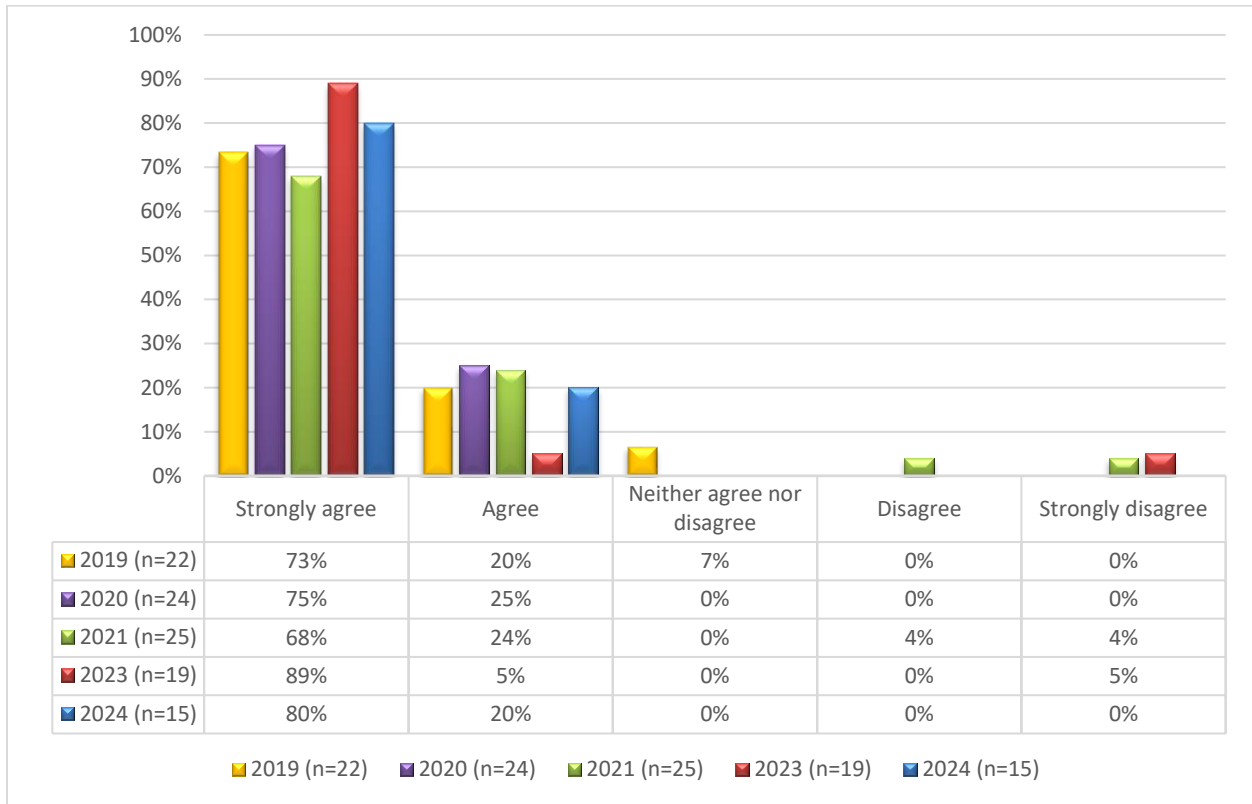
**3. The Recipient followed the Partnership’s recommendations for service priorities and resource allocations. (See Reports, above).**



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



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



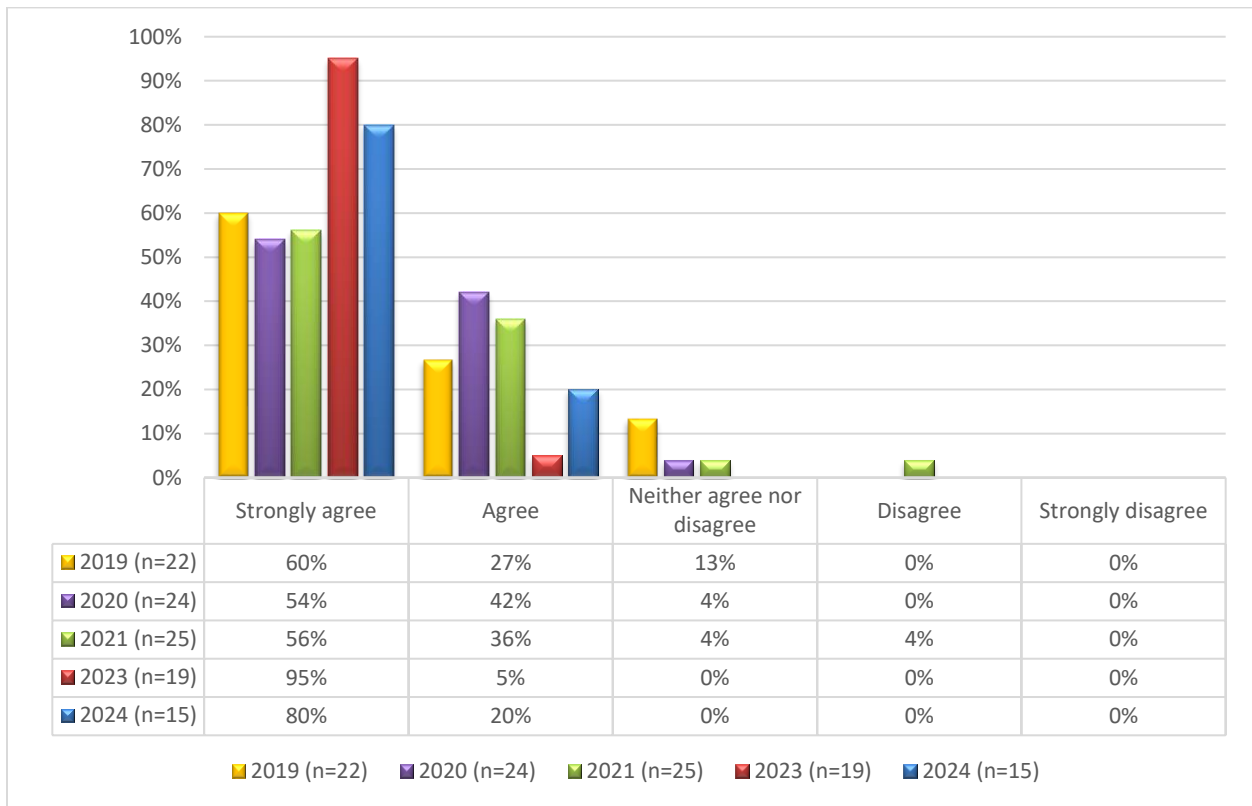
**2024 COMMENTS**

- I'm grateful knowing that My opinion counts.

  - Recipient response: Thank you for your feedback! We're glad to hear that you feel your opinions are respected and valued. Remember that everyone's input is welcome and appreciated!
- Don't understand all of this for Recipients.

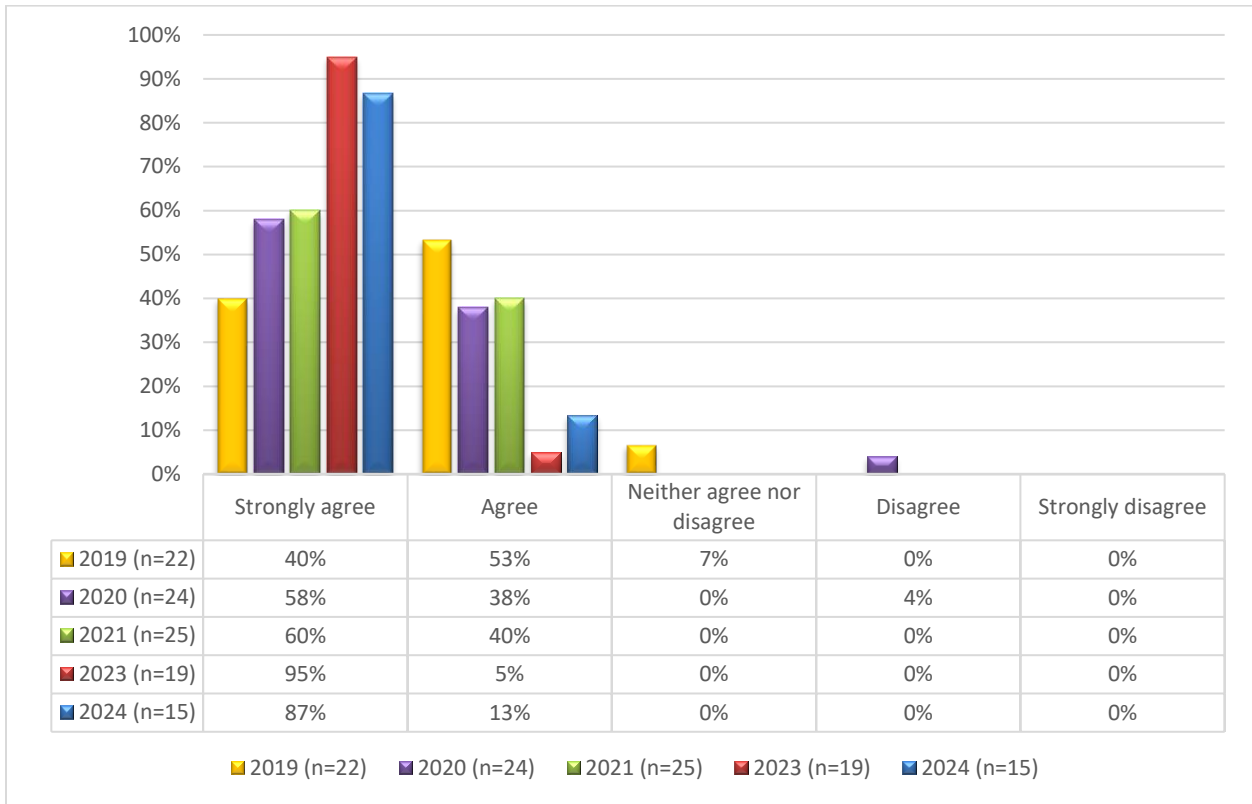
  - Recipient response: Please let us know what we can do better to ensure all members understand the Reallocations/Sweeps process. This process helps our program provide quality services to address medical and supportive needs of program-eligible people with HIV in our community, while utilizing all resources within our purview and maximizing expenditures.

**6. 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.**



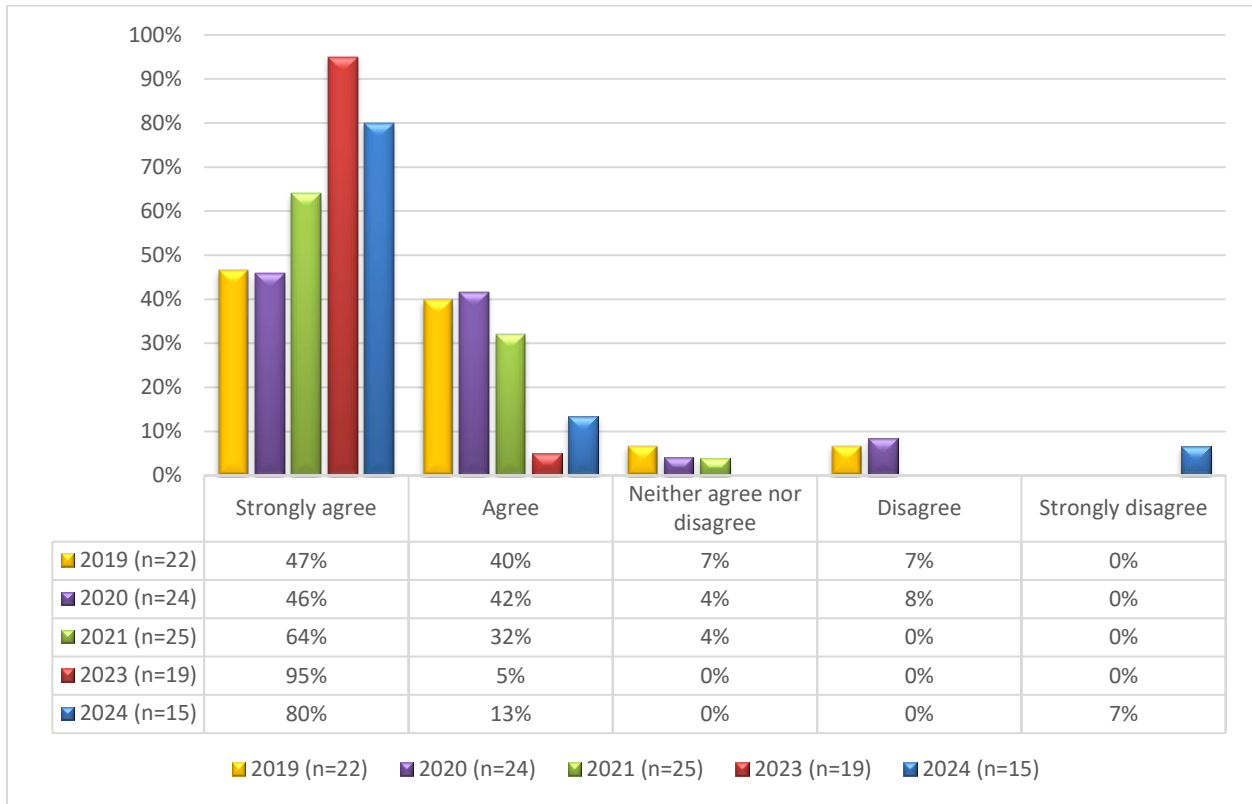
\* Language added in 2024.

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





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



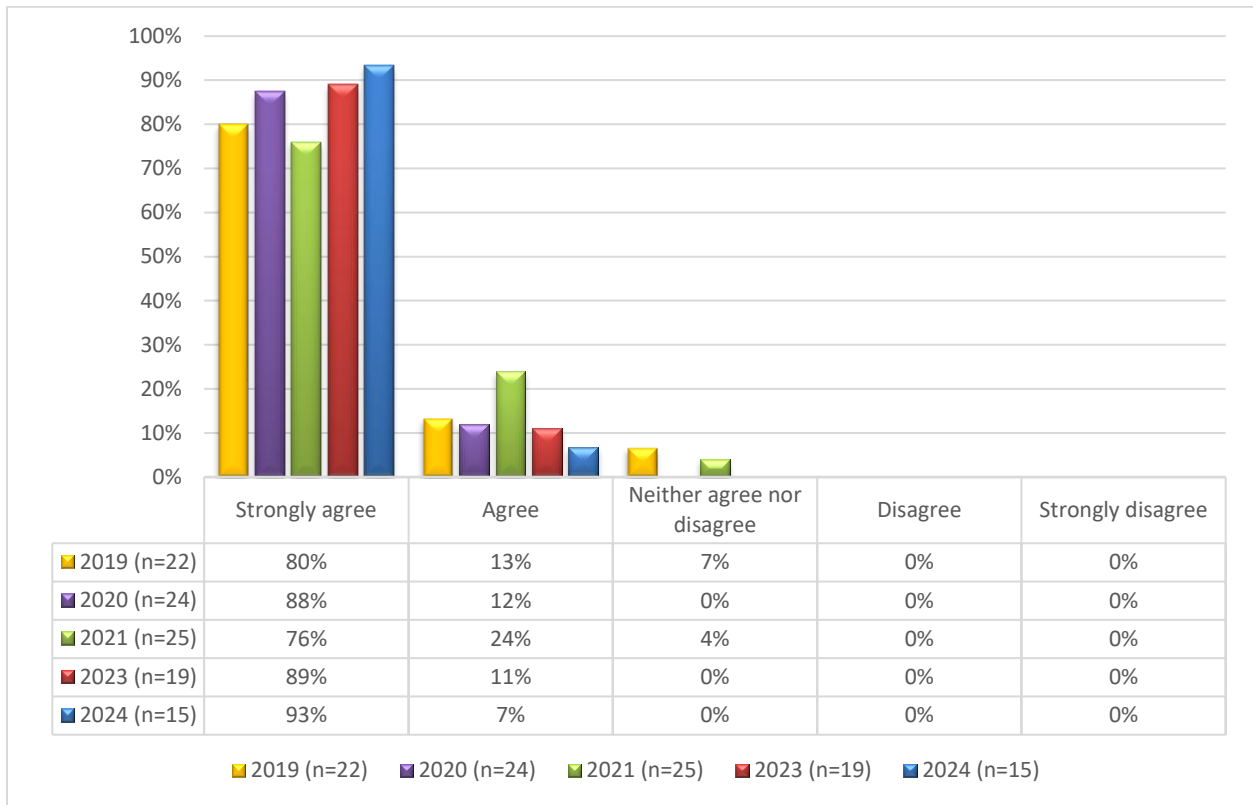
**2024 COMMENTS**

- The money was helpful for many people.
  - *Recipient response: We appreciate the comment. We strive to ensure that more than 9,000 clients have access to quality care from a network of service providers (subrecipients) throughout the county.*

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- Need to move need Help some that meets my income monthly [sic]. (Regarding this comment, BSR staff contacted the respondent directly.)
  - *Recipient response: Local Ryan White Part A and Minority AIDS Initiative (MAI) Program-funded services are available to people with HIV who live in Miami-Dade County and have household income below 400% of the Federal Poverty Level (FPL). For example, in 2024, the income limit for a household of one person is \$60,390. Connecting with a Ryan White Program medical case management staff can assess client needs and identify what benefits programs are available to help meet those needs. For people with HIV whose income is above 400% of FPL, some health care, medication, and housing support resources are available through the County’s Ending the HIV Epidemic (EHE) funding.*

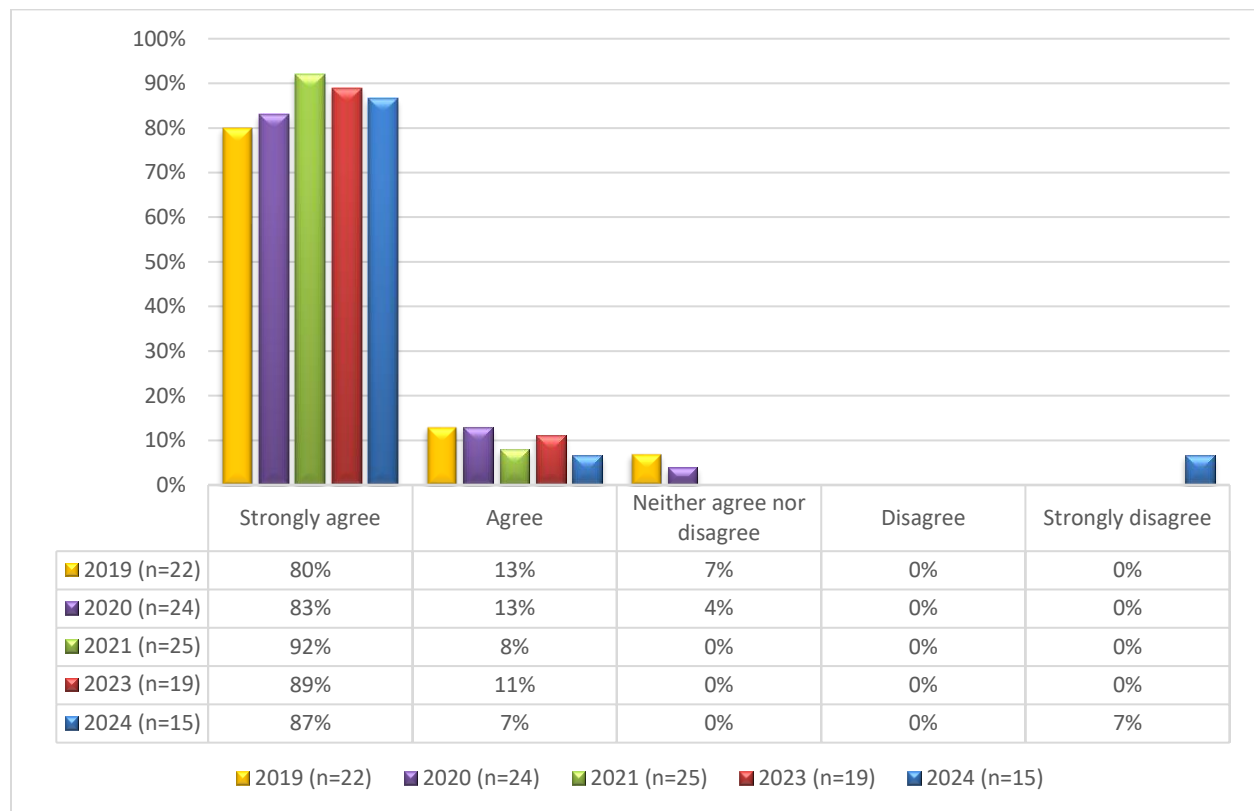
## 9. The Recipient's staff was courteous and respectful.



### 2024 COMMENTS

- I agree.
  - Recipient response: *We appreciate the comment.*
- Very respectful and informative.
  - Recipient response: *We appreciate the comment.*

**10. 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.**



**2024 COMMENTS**

- Everything was made clear and understandable.
  - *Recipient response: We are pleased to see the mostly favorable responses relating to interaction between BSR, the contracted planning council staff support provider, and members of the Partnership and its committees.*

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- I been going through Housing for the longest with applying for years and not being accepted going back to a back round something I had sealed in the past not being chosen waiting for years on waiting list being so patient and Humble I need Housing Please Help. (Regarding this comment, BSR staff contacted the respondent directly.)
  - *Recipient response: We see that BSR staff has reached out to this respondent for more information or to connect this person with resources to assist with their housing needs. If information is still needed, please contact the Ryan White Program Administrator, by phone (305-375-3546) or by email ([Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov)).*

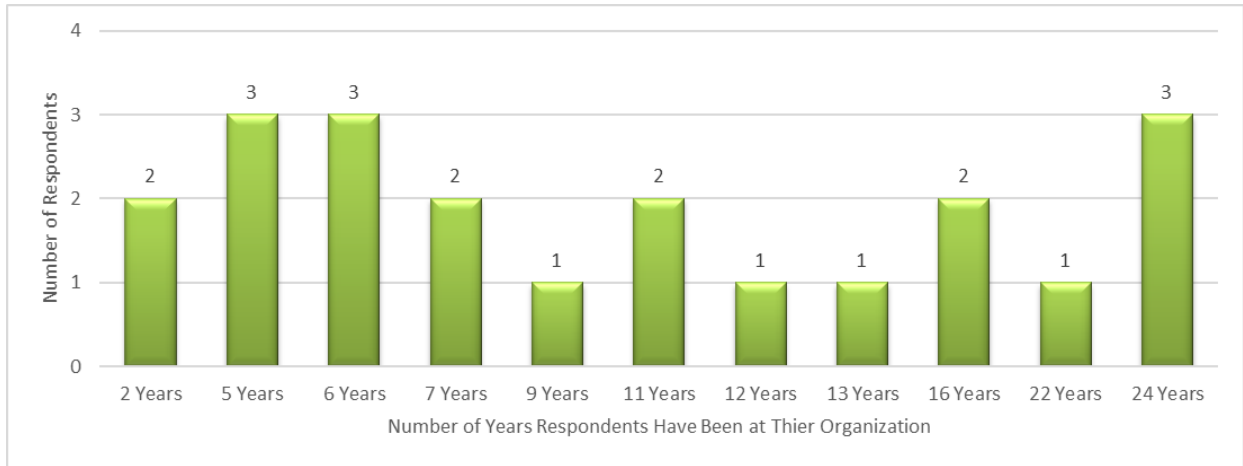
## PART A/MAI SUBRECIPIENT SURVEY RESULTS

### 2024 GENERAL COMMENTS

- The four entities collaborate together to ensure processes and procedures are in place in delivery of services.
  - *Recipient response: We appreciate the comment.*
- The Recipient's office is always very helpful, responsive, and easy to communicate with.
  - *Recipient response: On behalf of our entire Recipient team, we appreciate the comment.*
- I am glad to have access to a product like PE, but all systems are imperfect.
  - *Recipient response: Thank you for your comment. If you have suggestions to improve the PE Miami data management system, please send comments by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov).*
- It is often difficult to communicate with managed care plans that serve our mutual patients/clients. Perhaps the Recipient or BSR can facilitate conversations with these managed care plans so organizations have a point of contact. For managed care plans that we are not in-network with, it is also difficult to substantiate payer of last resort without a relationship with that payer. This has led to services that are not billable to the Recipient. We suggest clarifying how to handle these situations to establish the Recipient as payor of last resort.
  - *Recipient response: Thank you for your feedback. Please contact the Program Administrator by phone (305-375-3546) or by email ([Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov)) to provide additional context for this issue and to discuss possible next steps.*
- The Recipient has a longstanding relationship with [subrecipient] and has always met expectations.
  - *Recipient response: We appreciate the comment.*
- The Recipient is always open to support the agencies, and has an open door policy. BSR is always wanting to support agencies, and understand the challenges to serve our community.
  - *Recipient response: On behalf of our entire Recipient team and BSR staff, we appreciate the comment. In navigating the complexities of this program, it is a true partnership between our office, the planning council, subrecipients (from top level managers to front-line staff), BSR, and other stakeholders to provide quality care to our program clients. Team effort always!*
- None or N/A (4 responses).

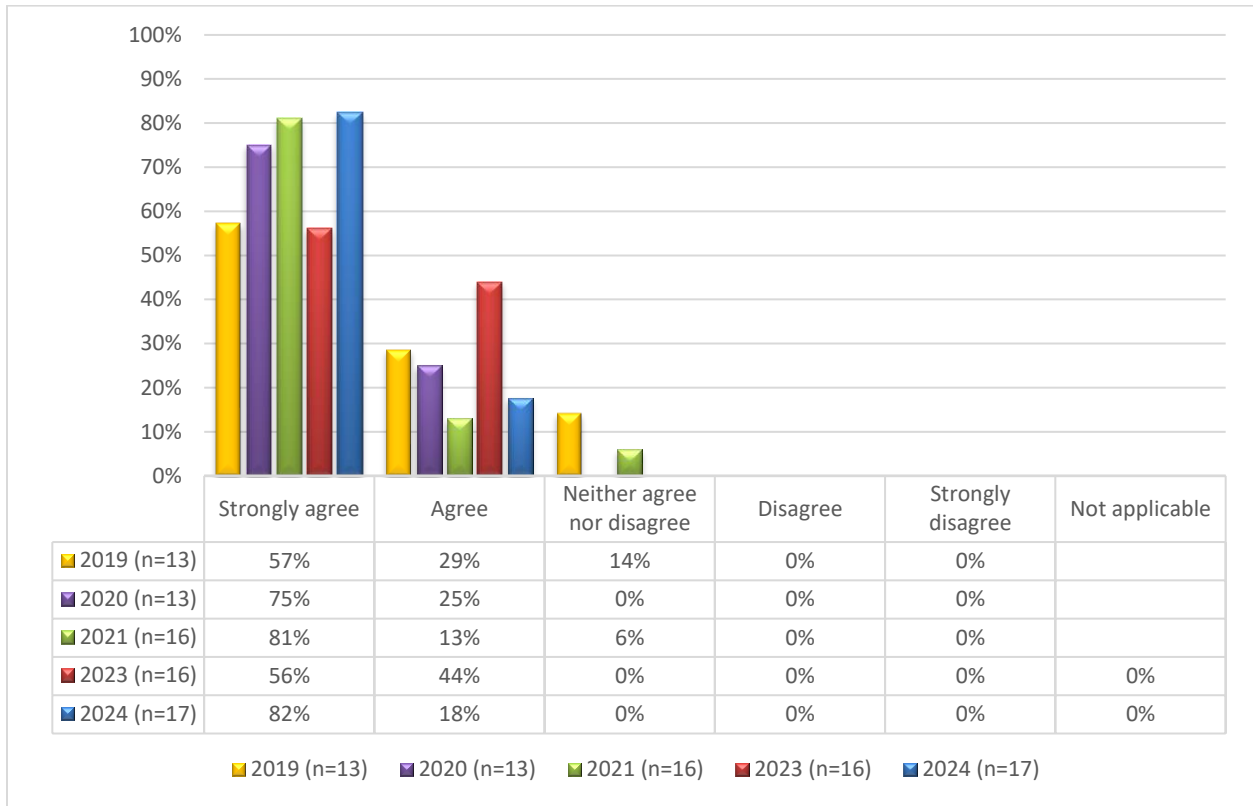
**1. How many years have you been with your organization?**

*(Includes primary and secondary respondents; n=17. Question added in 2024.)*



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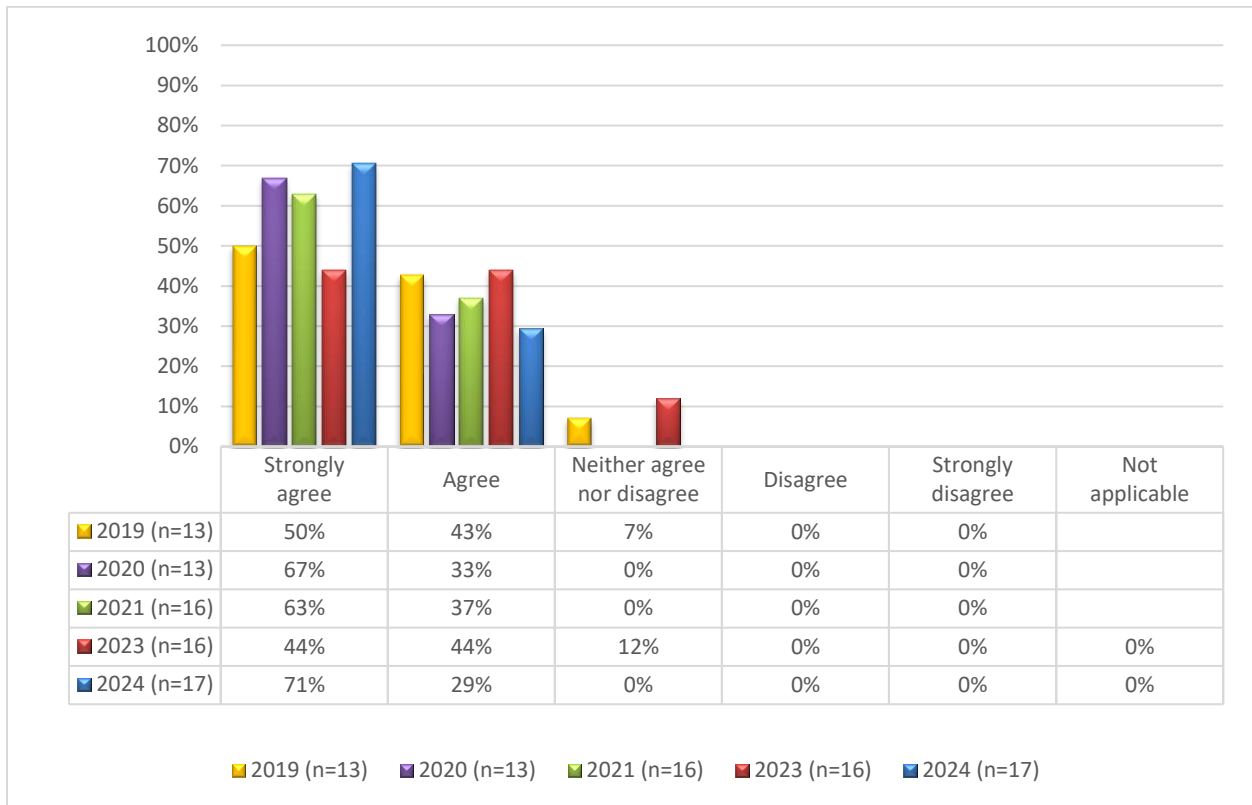
**2. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.**



**2024 COMMENTS**

- Performs a great job to include the needs of the community to provide contracts in a fair fashion.
  - *Recipient response: We appreciate the comment. Thank you.*

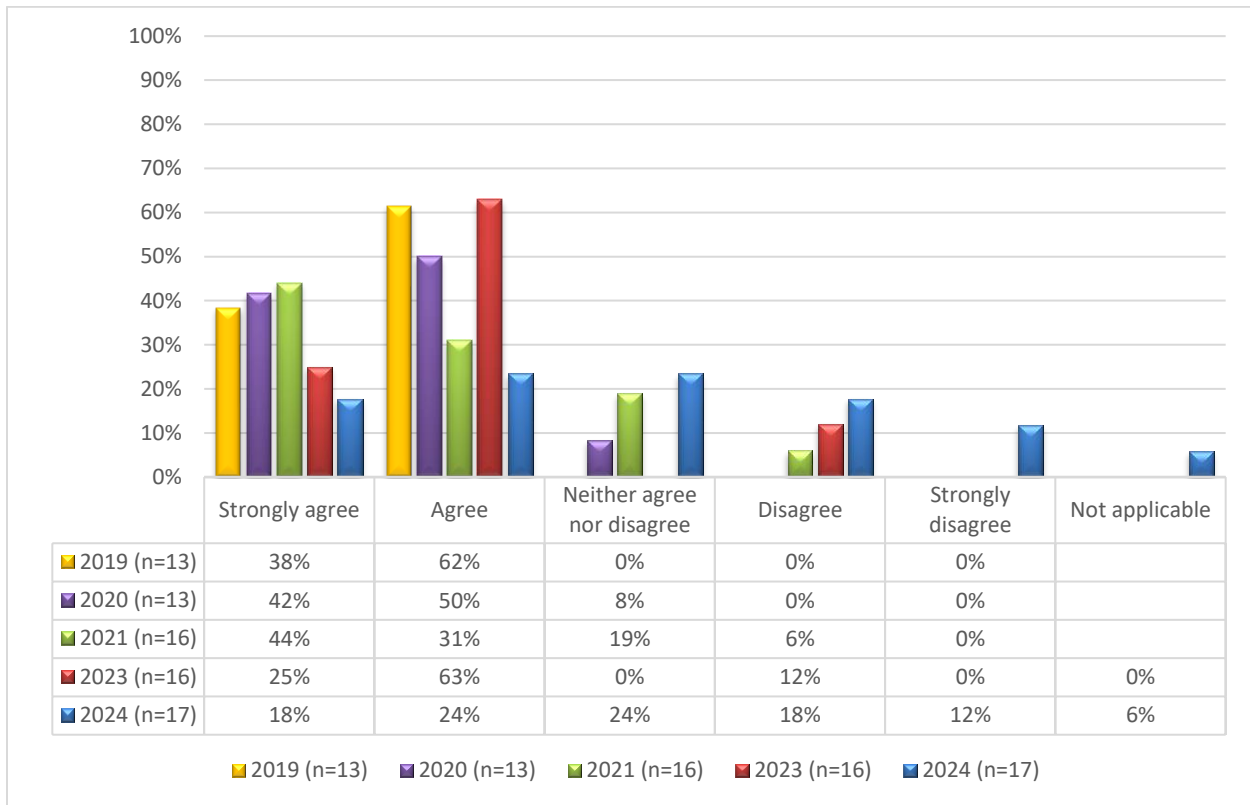
### 3. The Recipient sent award notifications/letters to our organization in a timely manner.



#### 2024 COMMENTS

- Award notifications are sent on a timely manner, maybe it would be interesting when awards are sent and documents are needed to send to the recipients a calendar invite on the deadline?
  - *Recipient response: Thank you for the suggestion. We will review the feasibility of including this recommendation in the next round of award notifications and reporting requirements.*

#### 4. The Recipient executed our organization’s contract in a timely manner.



#### 2024 COMMENTS

- Our FY23 was not executed until December 2023.
  - Recipient response: Thank you for the comment. Several competing assignments affected timely execution of contracts in FY 2023. Fourteen of 18 FY 2023 contracts were executed by October 31<sup>st</sup>; with only two executed in July. One subrecipient received their contract documents to be signed at the end of September but did not return the signed documents until January 2024, even after multiple inquiries and reminders. Please also see below.
- Much improved over previous years!
  - Recipient response: Thank you for acknowledging the improvements – streamlining internal processes, using a 100% electronic process, using templates, etc. However, we still need to do better. It is important to note that through our improvement efforts thus far, in FY 2024, 12 of 18 contracts were executed by July 31, 2024. One contract remains on hold because the agency has not passed the due diligence review. As the most needed component to ensure improvement in this area, our office anticipates hiring new staff by the end of this calendar year to focus on more timely contract development and execution for FY 2025. Until then, we will review and approve the remaining FY 2024 contracts as soon as possible.



- We appreciate the fact that the contracts are executed as timely as possible, sometimes, subrecipients delay returning documents which also delays the process. I would suggest if there is a delay as an agreement between parties, that billing and sweeps, should be re-considered and re-scheduled, otherwise this also causes confusion and additional delays.
  - *Recipient response: Thank you for acknowledging the challenges. Continuing to submit monthly invoices in a timely manner, even while contract execution is pending, helps with our expenditure projections to determine if we will be able to spend down our Part A and MAI awards by the end of the grant fiscal year, as well as for determining if we have available resources to address unmet needs and service gaps. Prior year expenditure patterns are also reviewed. Before making any reductions to contract amounts, our fiscal team communicates directly with subrecipient program and fiscal staff to share recommended reduction amounts and give the subrecipient the opportunity to agree to the proposed reduction or to provide justification for another reduction amount or no reduction. Results of this analysis (in the aggregate by service category) are provided to the planning council to make decisions on reallocations/sweeps by service category and funding type to address unmet needs and service gaps.*

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## 2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

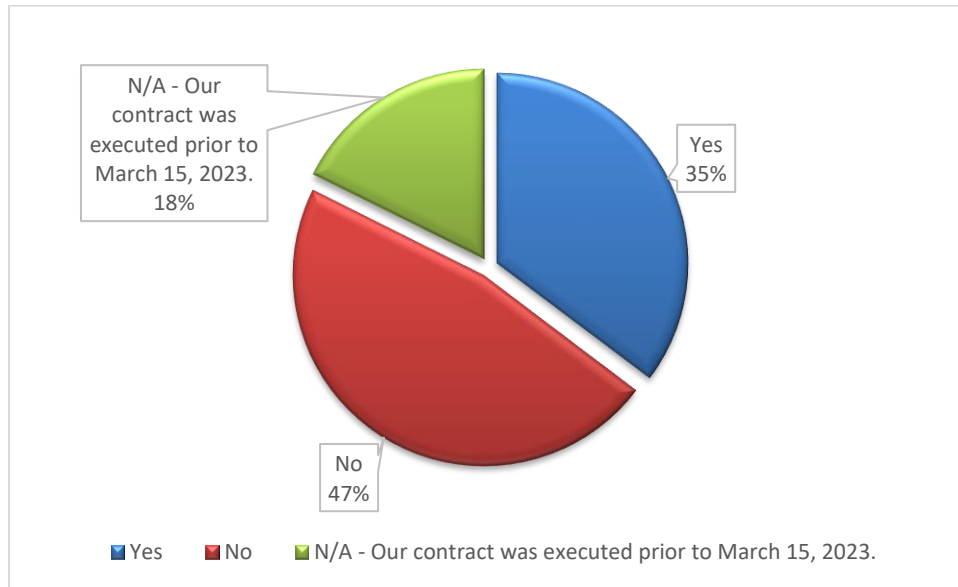
- June 10, 2024.
  - *Recipient response: Thank you for the response. See also the comments above.*
- For FY 2023-2024, the contract execution was completed on 07/26/2023, five months after the beginning of program services. The Recipient was open to communications and our concerns and rectified for FY 24-25.
  - *Recipient response: Thank you for the response. See also the comments above.*
- Our FY23 contract was not executed until December 2023. This impacted payments and our finance operations. Suggestion to execute earlier in the FY.
  - *Recipient response: Thank you for the response. See also the comments above.*
- “Concern” assumes too much. Municipal contracting is normally arduous.
  - *Recipient response: Thank you for the comment. Unfortunately, this is indeed an arduous process. There are numerous local, state, and federal requirements to address before a contract can be approved for execution. We continuously look for ways to improve and streamline the processes.*
- Contract executed far beyond fiscal year start date.
  - *Recipient response: Thank you for the response. See also the comments above.*

**5. Please indicate the date of your FY 2023-2024 contract execution. (Question added in 2024.)**

The dates submitted as answers are available for review, but are not included in this report since they did not align with the dates on record with the Recipient. The Recipient provided FY 2023 and FY 2024 contract execution dates as of August 2024, as noted in the table below. Note, there are 18 contracts indicated because this table includes the Administration/Clinical Quality Management contract, which does not count toward the survey responses.

| <b>Contract Execution Dates in Chronological Order</b> |  |                                 |
|--|--|---------------------------------|
| <b>#</b>   | <b>FY 2023</b>   | <b>FY 2024</b>                  |
| 1  | July 26, 2023  | April 26, 2024                  |
| 2  | July 26, 2023  | May 16, 2024                    |
| 3  | August 8, 2023   | May 30, 2024                    |
| 4  | August 16, 2023  | June 10, 2024                   |
| 5  | August 16, 2023  | June 10, 2024                   |
| 6  | August 25, 2023  | June 10, 2024                   |
| 7  | September 13, 202  | June 10, 2024                   |
| 8  | September 13, 2023   | July 12, 2024                   |
| 9  | September 13, 2023   | July 22, 2024                   |
| 10   | September 13, 2023   | July 25, 2024                   |
| 11   | October 19, 2023   | July 25, 2024                   |
| 12   | October 26, 2023   | August 1, 2024                  |
| 13   | November 21, 2023  | Due diligence clearance pending |
| 14   | October 16, 2023   | Pending                         |
| 15   | October 20, 2023   | Pending                         |
| 16   | December 22, 2023  | Pending                         |
| 17   | December 26, 2023  | Pending                         |
| 18   | January 26, 2024 (contract sent to agency to sign at the end of September; returned signed in January) | Pending                         |

**6. For contract execution later than March 15, 2023, were there internal factors within your organization that led to delays? (Question added in 2024.)**



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

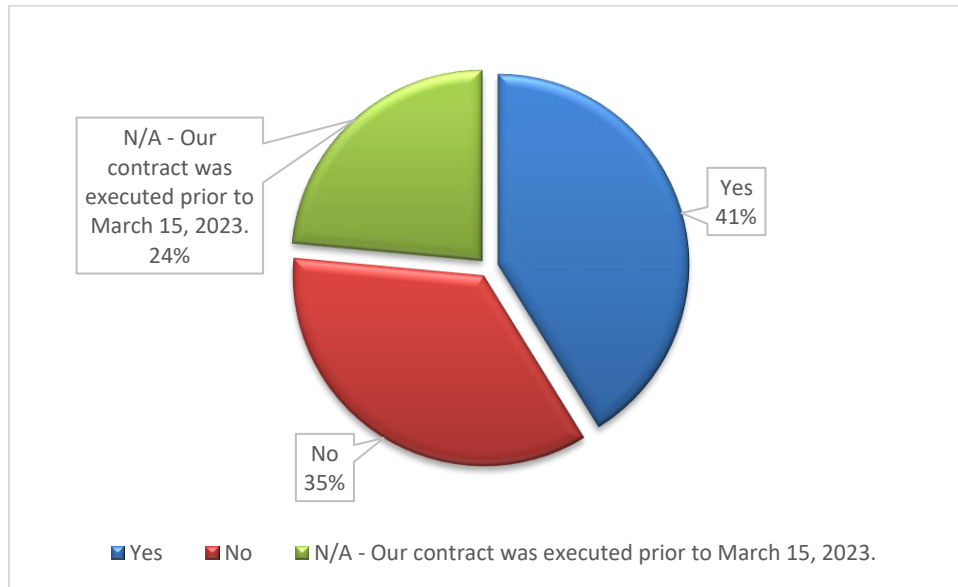
**7. Please explain the internal factors within your organization that led to delays of contract execution. (Question added in 2024.)**

- Trying to obtain all of the necessary documents.
  - *Recipient response: Comment noted. Thank you.*
- Due to the internal routing process for documents, everything requested was submitted 2 days after the due date.
  - *Recipient response: Comment noted. Thank you.*
- Obtaining required signatures
  - *Recipient response: Comment noted. Thank you.*
- Close-out of fiscal year 23-24 and program site monitoring response tasks were all required around the same time as contract execution. Additionally, we had another site monitoring from another agency during this period of time.
  - *Recipient response: Comment noted. Thank you.*
- Office of Research Administration has several checks prior to executing a contract.
  - *Recipient response: Comment noted. Thank you.*

- Board minutes accepting contract and corporate resolution delays submission of paperwork
  - *Recipient response: Comment noted. This item is needed annually. To help mitigate delays, we will include a reminder in the provisional award letter rather than waiting to request it during the due diligence review and contract execution steps.*

DRAFT

**8. For contract execution later than March 15, 2023, were there external factors with the Recipient that led to delays? (Question added in 2024.)**



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

**9. Please explain the external factors with the Recipient that led to delays of contract execution. (Question added in 2024.)**

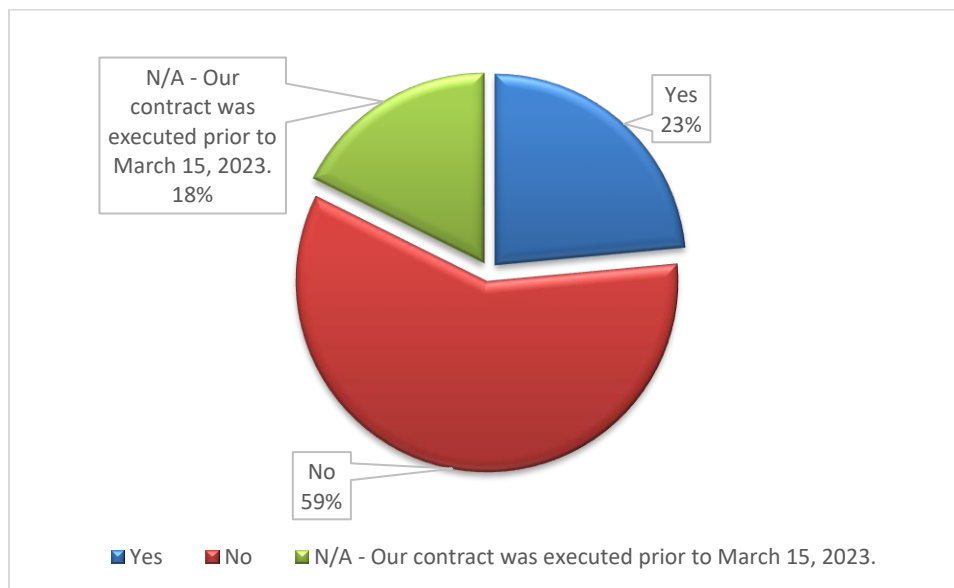
- We received renewal documents via email on 9/17/2023.
  - *Recipient response: This comment is not clear to us. Please provide additional context and clarity by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov), or to remain anonymous please provide more detail through BSR. Thank you.*
- I am able to describe, not explain, external factors. These relate to delays in obtaining approval for the allocated amounts assigned to our agency and municipal leadership signoff. Based on communications received at the time (updates) OMB seemed to be on top of their portion of the process.
  - *Recipient response: Comment noted. Thank you.*
- 1. NoA [Notice of Award] was received late; 2. The due diligence tasks takes time to be completed.
  - *Recipient response: Comment noted. Thank you. For context, the FY 2023 provisional award letters for the local contracting process were issued February 17, 2023. The corresponding final Notice of Award (NoA) from HRSA was received on April 5, 2023. For FY 2024, the provisional award letters were issued January 5, 2024, but the final NoA was not received until May 23, 2024. The due diligence review process is lengthy. We must ensure the organization is in good standing after reviewing several local, state, and federal contracting requirements. To assist in this process, we will consider including the review*

*templates with the provisional award letters for transparency and for subrecipients to address potential issues in advance.*

- Revisions to the contract language after 3/15/24.
  - *Recipient response: Comment noted. Thank you. We will try to ensure the contract template is reviewed and approved by the County Attorney's Office prior to March 1<sup>st</sup> each year. Necessary changes would then be addressed through amendments.*
- As mentioned before, delays from subrecipients delays the flow as well. In addition, we know County staff is limited.
  - *Recipient response: Comment noted. Thank you. We are working on increasing staffing in this area.*
- Unspecified (2 responses).
  - *Recipient response: No comment.*

DRAFT

**10. Did delays in contract execution cause service disruptions or organizational disruptions?**  
(Question added in 2024.)



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

**11. Please detail service disruptions or organizational disruptions resulting from delayed contract execution.** (Question added in 2024.)

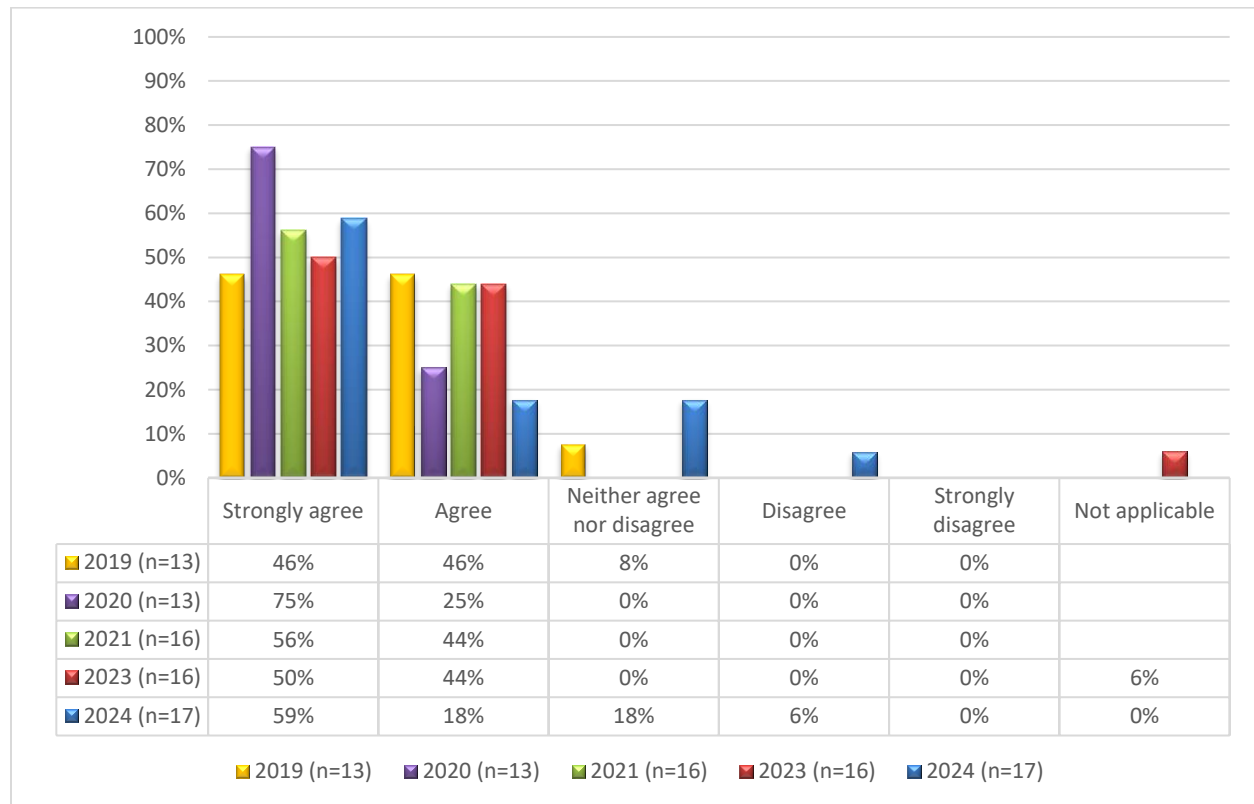
- Organizationally, we needed to make sure funding allocations were available for operational needs and keep reserves in place while expansions were also being implemented.
  - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*
- Ryan White CM Supervisor trying to complete Quarterly report for Broward. Clients calling and/or stopping by the office. Numerous documents to be completed by both counties.
  - *Recipient response: Comment noted. Notably, there are staffing constraints at the Recipient and Subrecipient levels. We will keep this in mind as our requests and reporting deadlines are communicated.*
- The organization required having financial reserves to carry programs while completing expansions of facilities affecting budgetary constraints.
  - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*



- There were no service disruptions. We had disruptions in properly recording our finances for providing RW Part A services.
  - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*

DRAFT

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



**2024 COMMENTS**

- Notification from OMB regarding items are reviewed and confirmed prior to disallowance.

  - *Recipient response: Comment noted. Thank you.*
- The process is normally to disallow line items first and then allow organization to contest the disallowance.

  - *Recipient response: Comment noted. Thank you. It is recommended that subrecipients review program requirements and limitations then review previous disallowances to identify and/or understand reoccurring issues to prevent future disallowances. As required by the federal Uniform Guidance and as reflected in the signed certification on each invoice, it is the subrecipient’s responsibility to review invoices thoroughly for completeness and accuracy before submitting them for reimbursement.*
- Recipient communicates openly for resolutions prior to any disallowance.

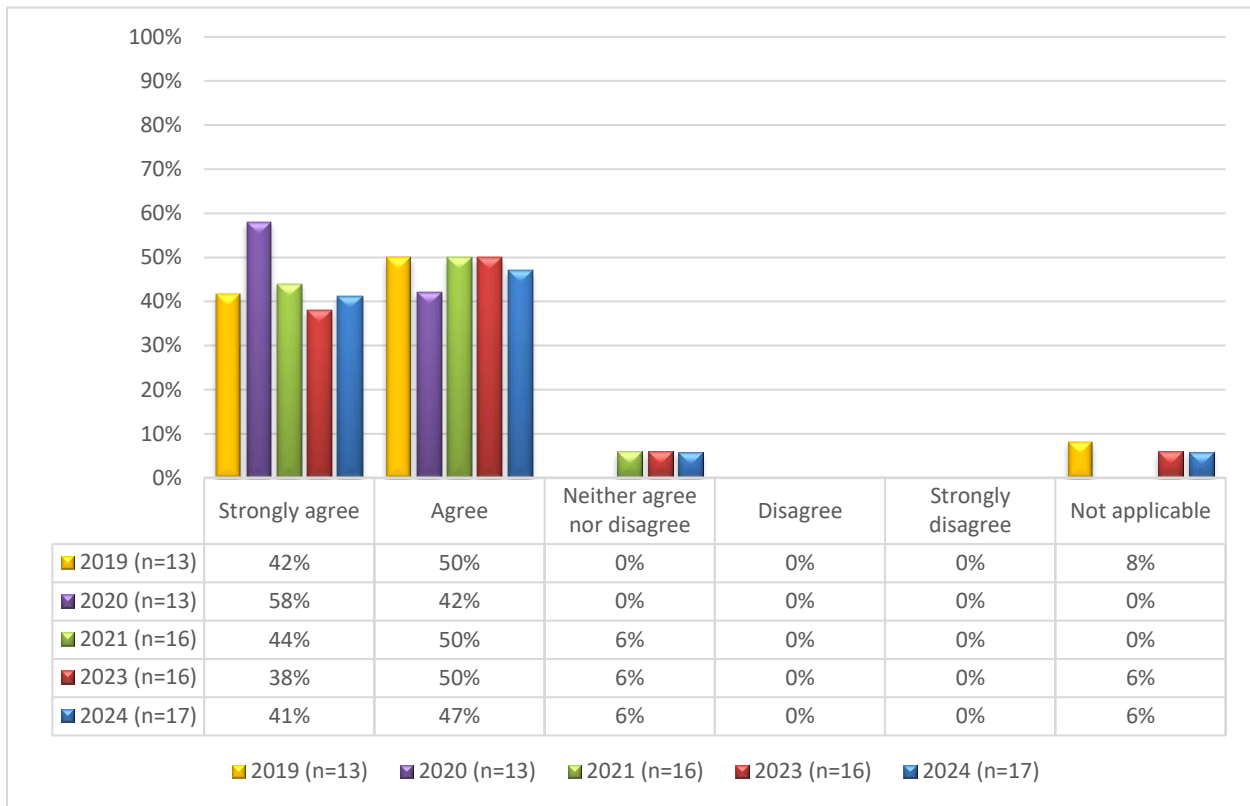
  - *Recipient response: Comment noted. Thank you. We aim to always maintain clear and continuous lines of communication.*

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- There were differences.

  - *Recipient response: Comment noted. Thank you.*

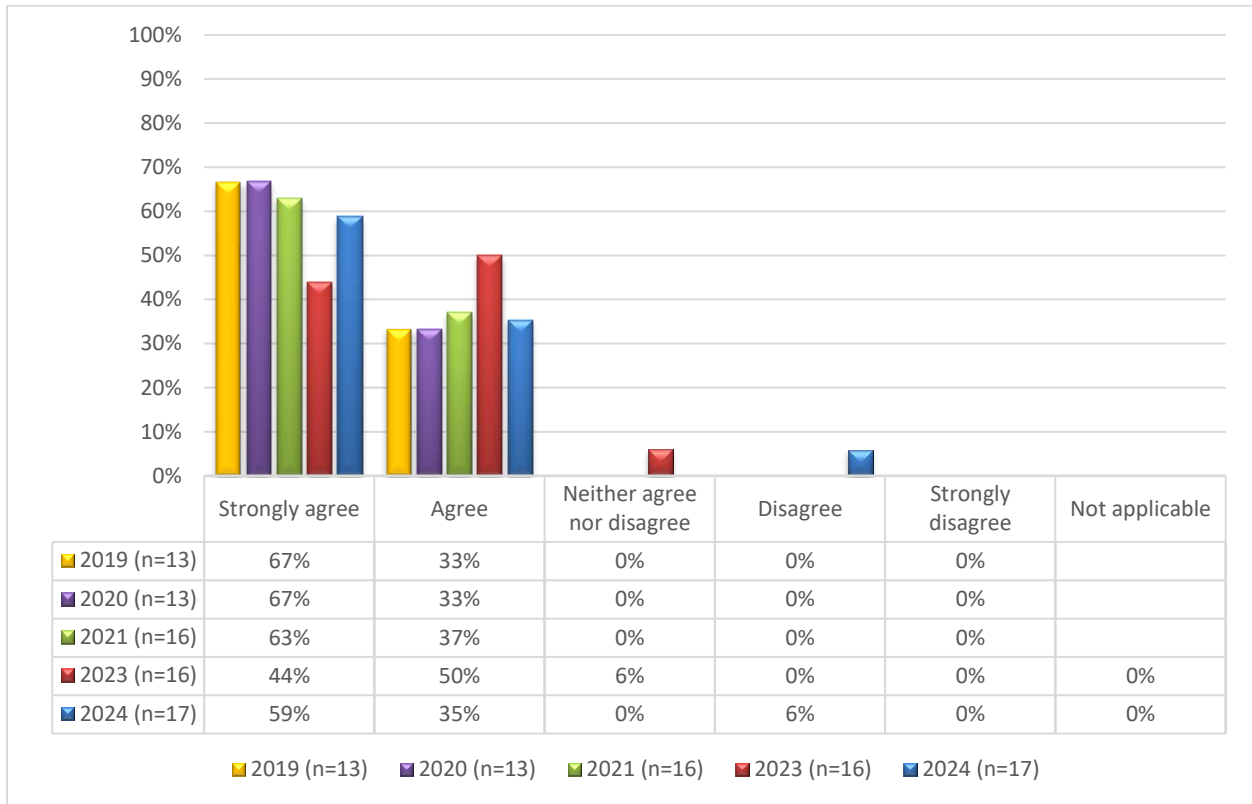
### 13. The Recipient contacted our organization to review utilization and expenditures that were not on target.



#### 2024 COMMENTS

- We were notified of proposed sweeps.
  - *Recipient response: Comment noted. Thank you.*
- We are contacted to reduce spending, but discussion about utilization and expenditures occur only when sub-recipient reaches out. Maybe reviewing patient volume and un-billables, with the agencies to provide additional support.
  - *Recipient response: Thank you for your feedback. Our team will review this comment further to determine ways to provide additional support in this area. Subrecipient program and/or fiscal staff who are authorized with a Contract Management role in PE Miami should be regularly reviewing the unbillables report to determine if items are truly unbillable (i.e., do not meet program guidelines) or if an override request is warranted.*

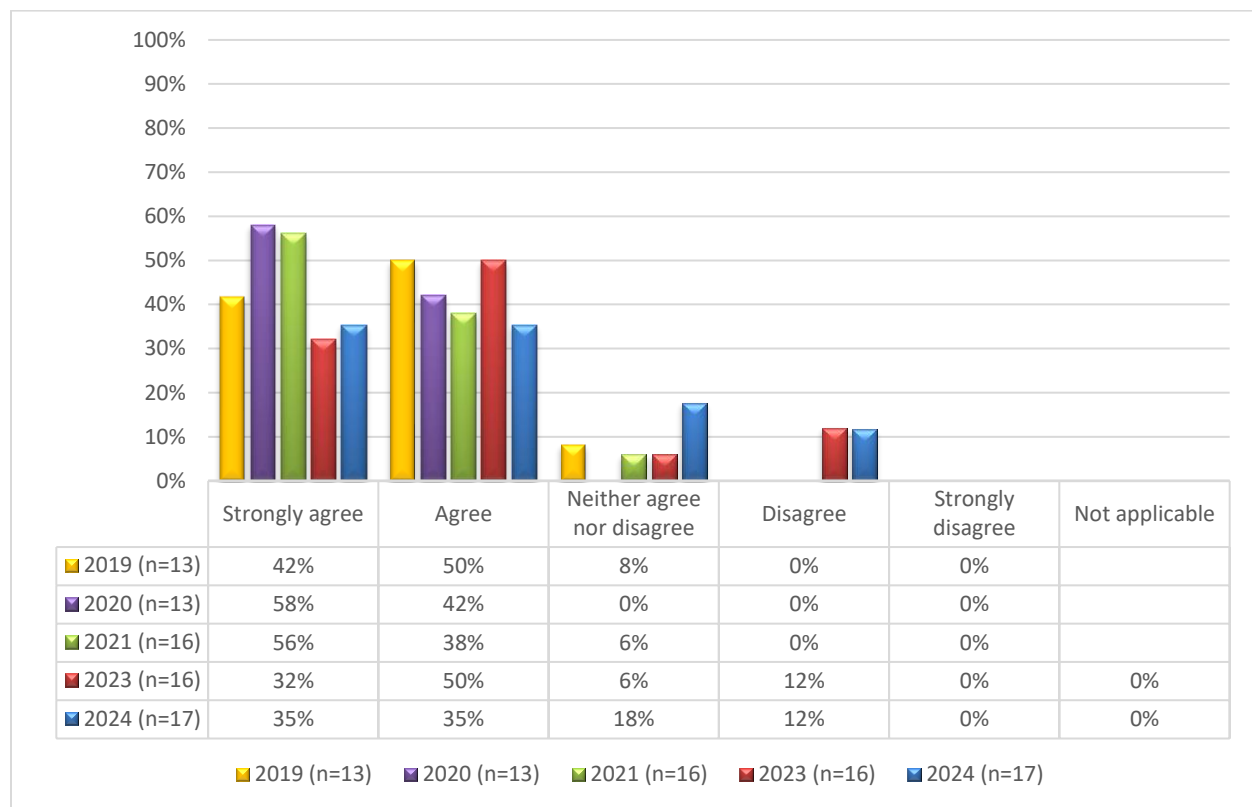
**14. The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.**



**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- Reimbursements not timely.
  - *Recipient response: Comment noted. Thank you. For context, please note that reimbursement requests can only be processed once the contract is executed. Once we have an executed contract, more than 90% of the reimbursement requests are processed in 25 days or less.*

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



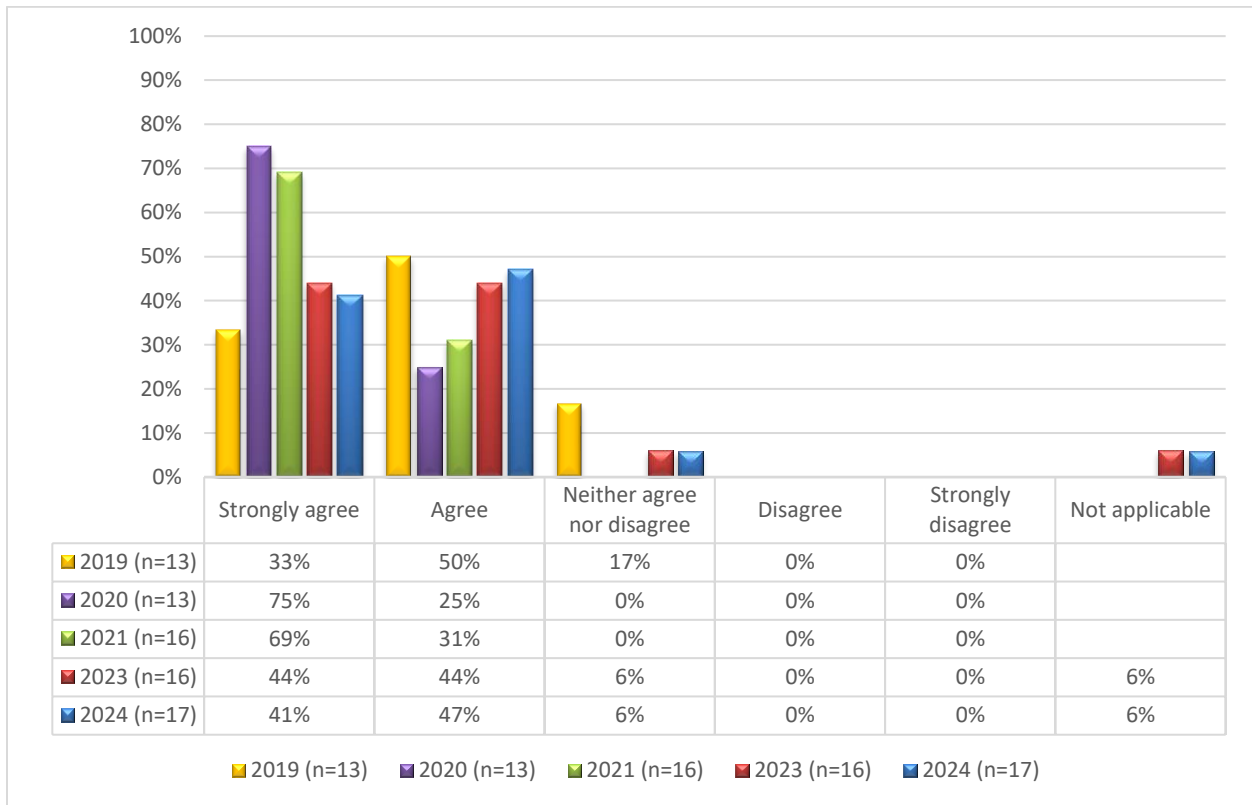
**2024 COMMENTS**

- We did not receive payment until the contract was executed, which was delayed.
  - *Recipient response: Comment noted. Thank you. For context, please note that reimbursement requests can only be processed once the contract is executed. Once we have an executed contract, more than 90% of the reimbursement requests are processed in 25 days or less.*

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- Payment process takes more than 30 days, often.
  - *Recipient response: Comment noted. Please see above. Thank you.*
- We were not paid for invoices until our contract was executed, which was delayed until December 26, 2023.
  - *Recipient response: Comment noted. Thank you. We are striving to execute contracts in a more timely manner.*

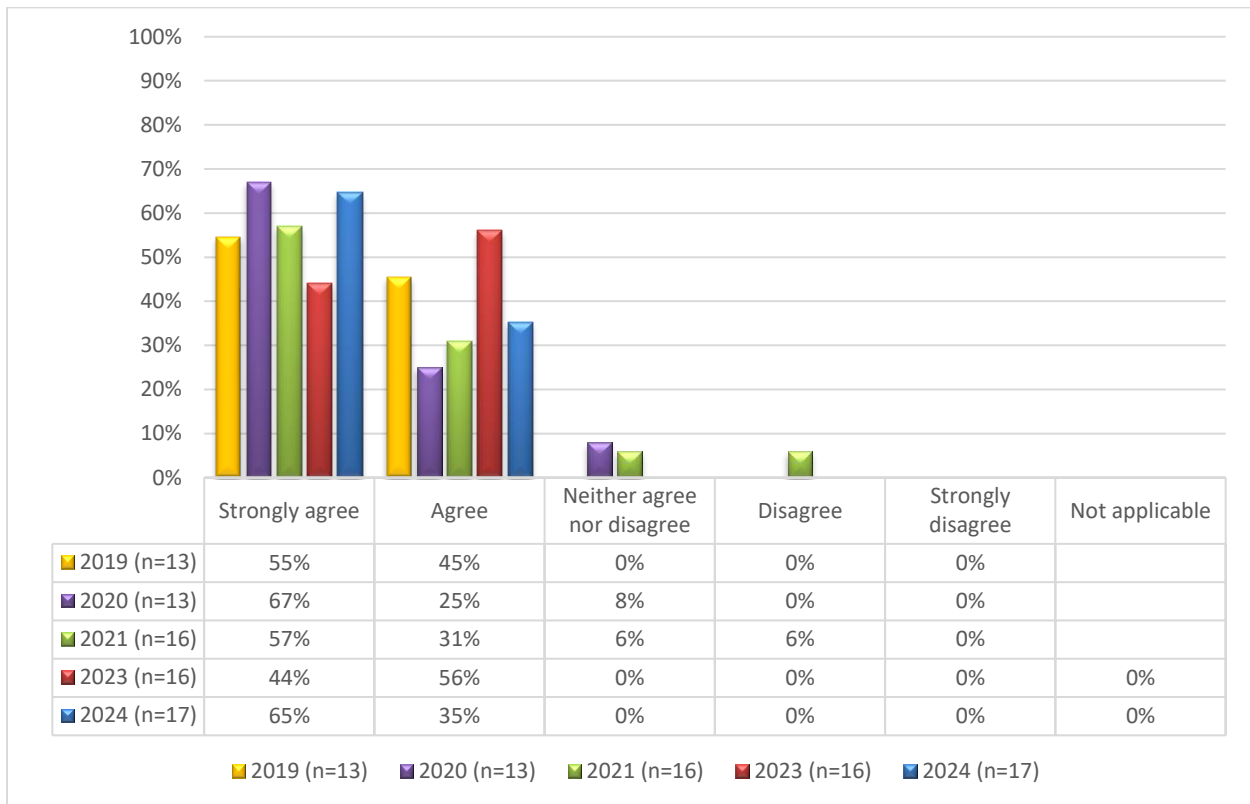
**16. The Recipient clearly explained any holds or disallowances on reimbursement requests.**



**2024 COMMENTS**

- Very clear.
  - *Recipient response: Comment noted. Thank you.*

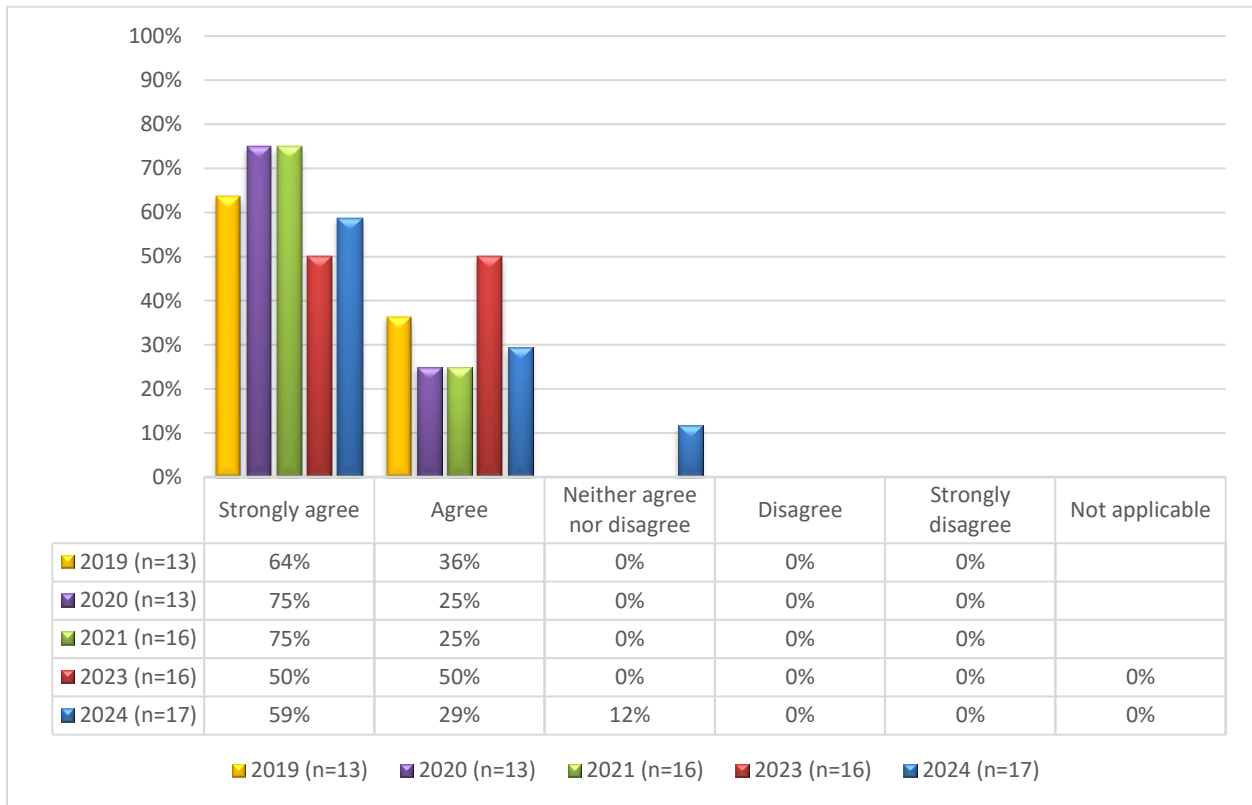
**17. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).**



**2024 COMMENTS**

- Open communications and updates were provided.
  - *Recipient response: Comment noted. Thank you.*
- Recipient communicates openly and timely notifications.
  - *Recipient response: Comment noted. Thank you.*

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

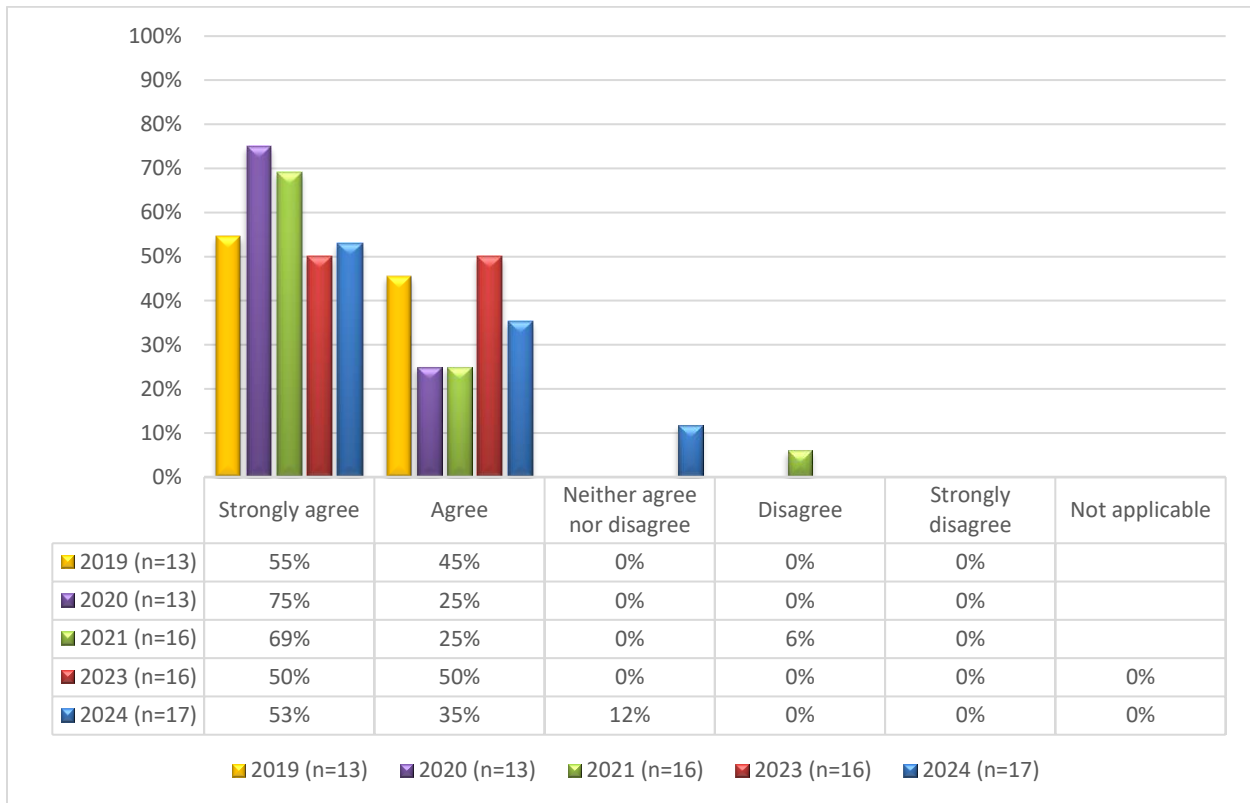


**2024 COMMENTS**

- We have a great communication and always available.
  - *Recipient response: We appreciate the comment. Thank you.*



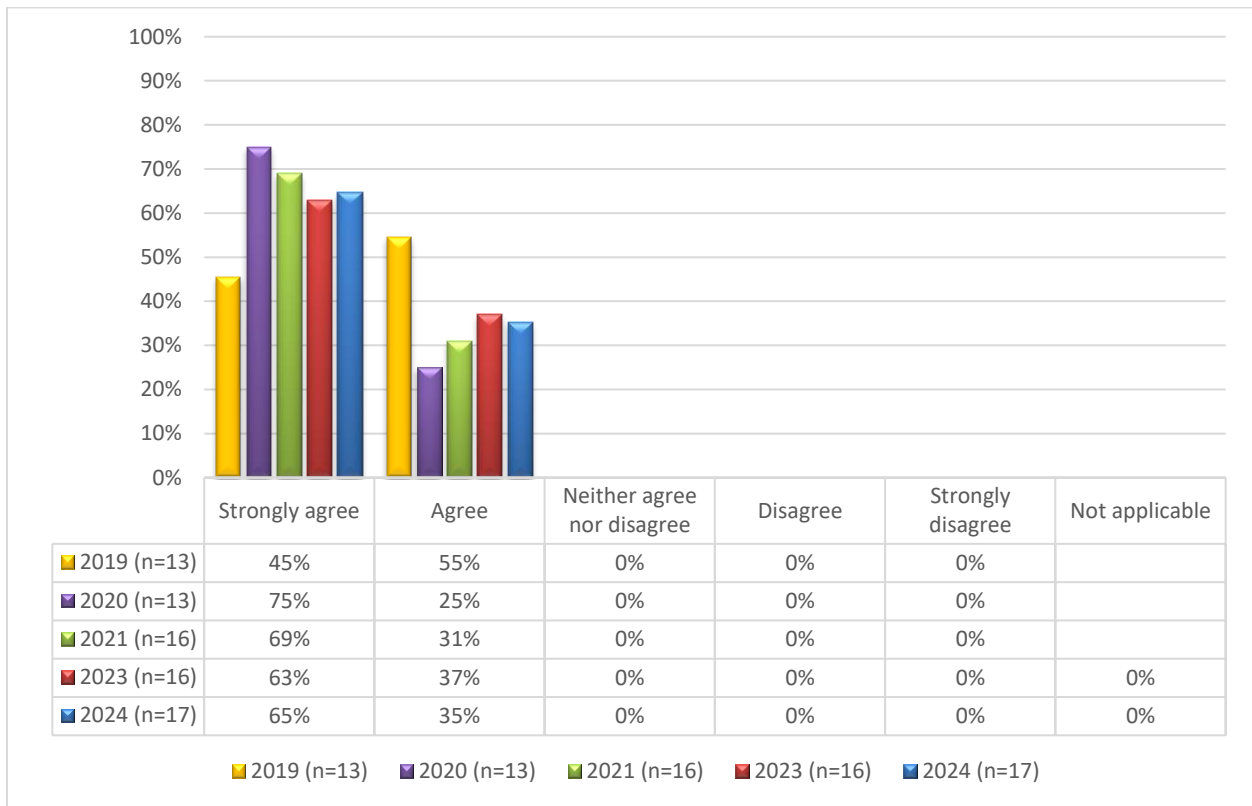
## 19. Communication between the Recipient and our organization has been effective.



### 2024 COMMENTS

- Received conflicting instructions on reporting completion.
  - Recipient response: Comment noted. Additional context is requested so that we may improve in this area, ensuring that our instructions are clear and timely. Please send a related email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov), or to remain anonymous please provide more detail through BSR. Thank you.*
  
- Sometimes with staff turnover at our agency, we have to repeat sometimes the same questions, maybe having a FAQ on their website could allow to avoid some of that repetition that puts the recipient to answer similar concerns multiple times.
  - Recipient response: Excellent suggestion. We will work to develop a related Frequently Asked Questions (FAQ) resource for our County webpage. It would be helpful if the person who made the comment provided some questions to get the FAQ started. Please send a related email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov), or to remain anonymous please provide the questions through BSR. Thank you.*

**20. 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.**

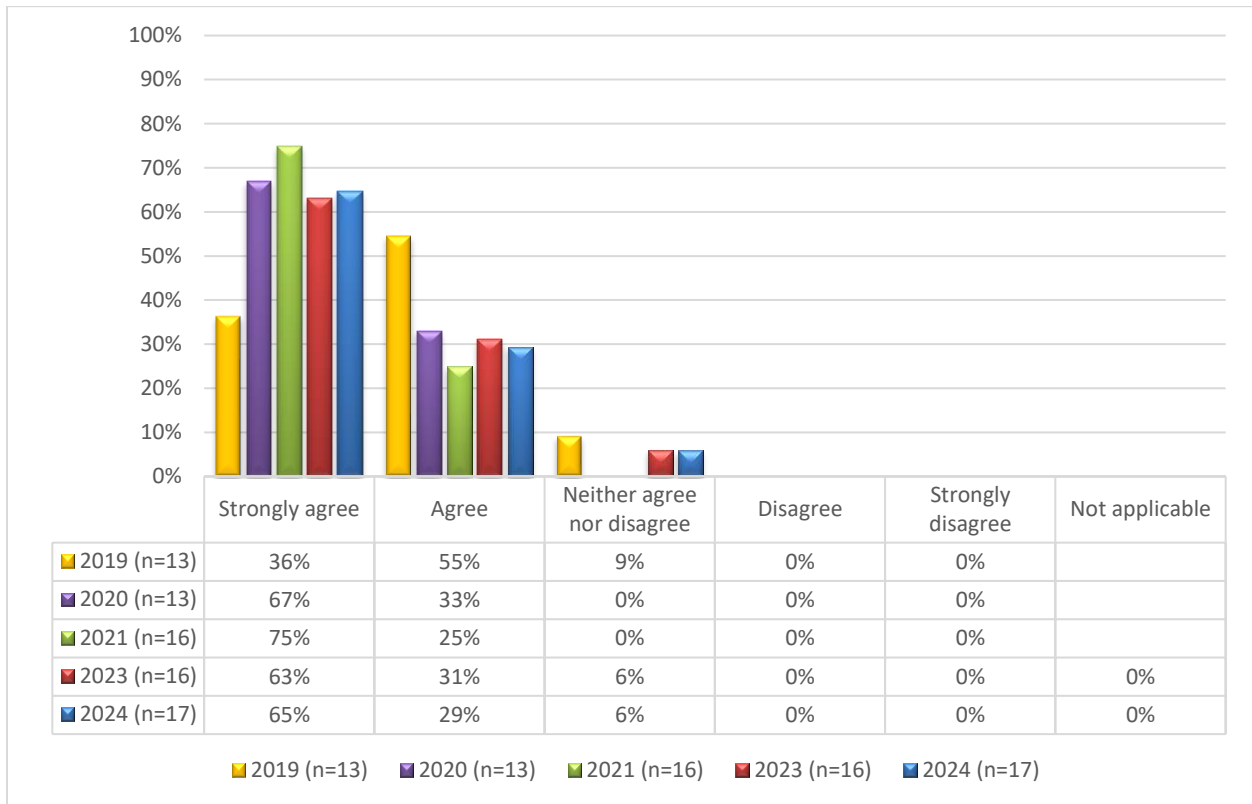


**2024 COMMENTS**

- As mentioned before, if there is a delay in contract execution, sweeps should also be delayed, as agencies might have a lag in billing and agencies might lose an opportunity
  - *Recipient response: Comment noted. Thank you. However, with multiple tasks related to addressing unmet need and maximizing resources, it is not always feasible to delay the reallocations/sweeps process. Our improvement in this area will need to come from completing the contract execution process timelier; in which, as noted above, we have made significant progress.*

\* Language added in 2024.

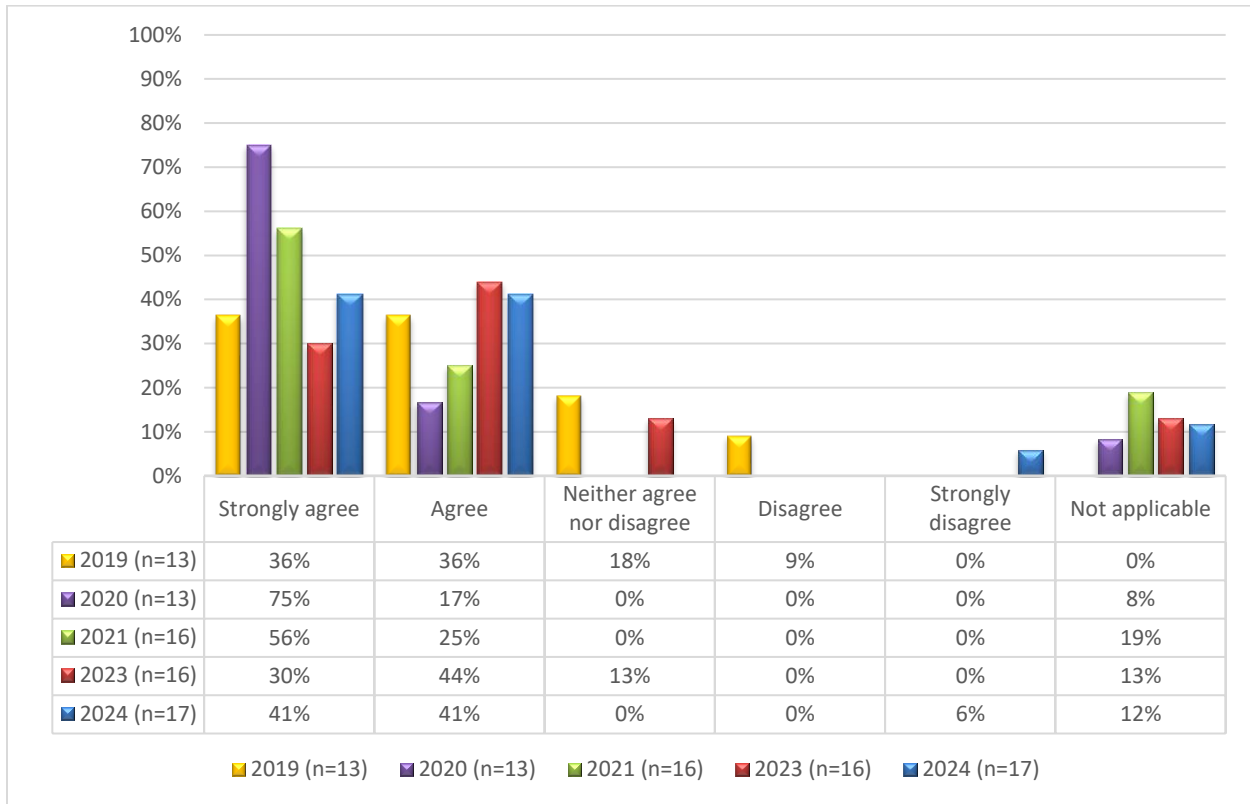
**21. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable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



**2024 COMMENTS**

- The website needs to be updated, although emails and information is on-going, sometimes is easier to go on the website and look at updated information.
  - Recipient response: Noted and agreed. Once contracts are fully executed, we will work on updating the website. Thank you.*

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



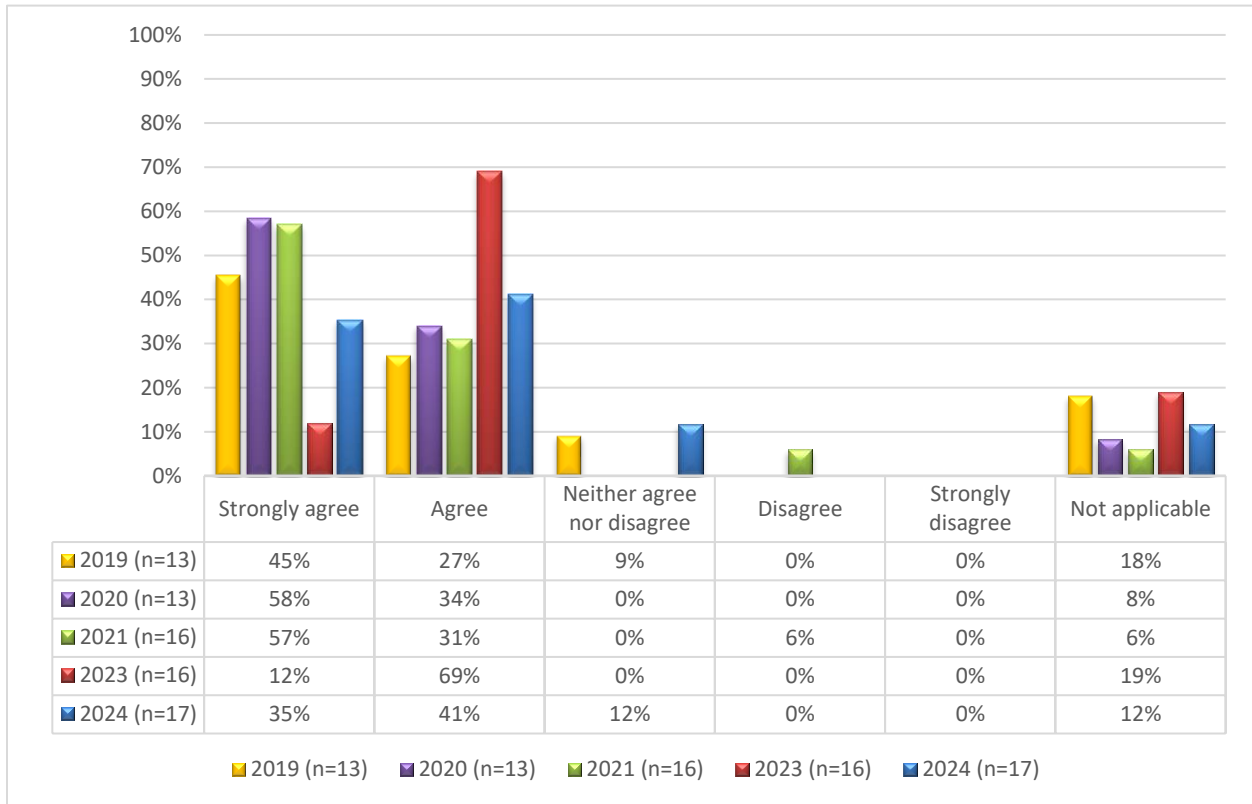
**2024 COMMENTS**

- We did not have any compliance issues.
  - *Recipient response: Comment noted.*

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- Not allowed adequate time and unreasonable requests during monitoring.
  - *Recipient response: Comment noted. However, it would be helpful to know what the task was, what the deadline was, and what amount of time would be recommended as adequate. Also, it would be helpful to know what requests were unreasonable during the required monitoring process. As previously noted, this is a complex system with many local, state, and federal requirements. Sometimes requests or due dates (especially for federal reporting or annual monitoring requirements) cannot be waived or delayed. However, we can do better in communicating the requirements and any urgencies. Please send additional comments or suggestions by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov); or to remain anonymous please provide more detail through BSR. Thank you.*

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



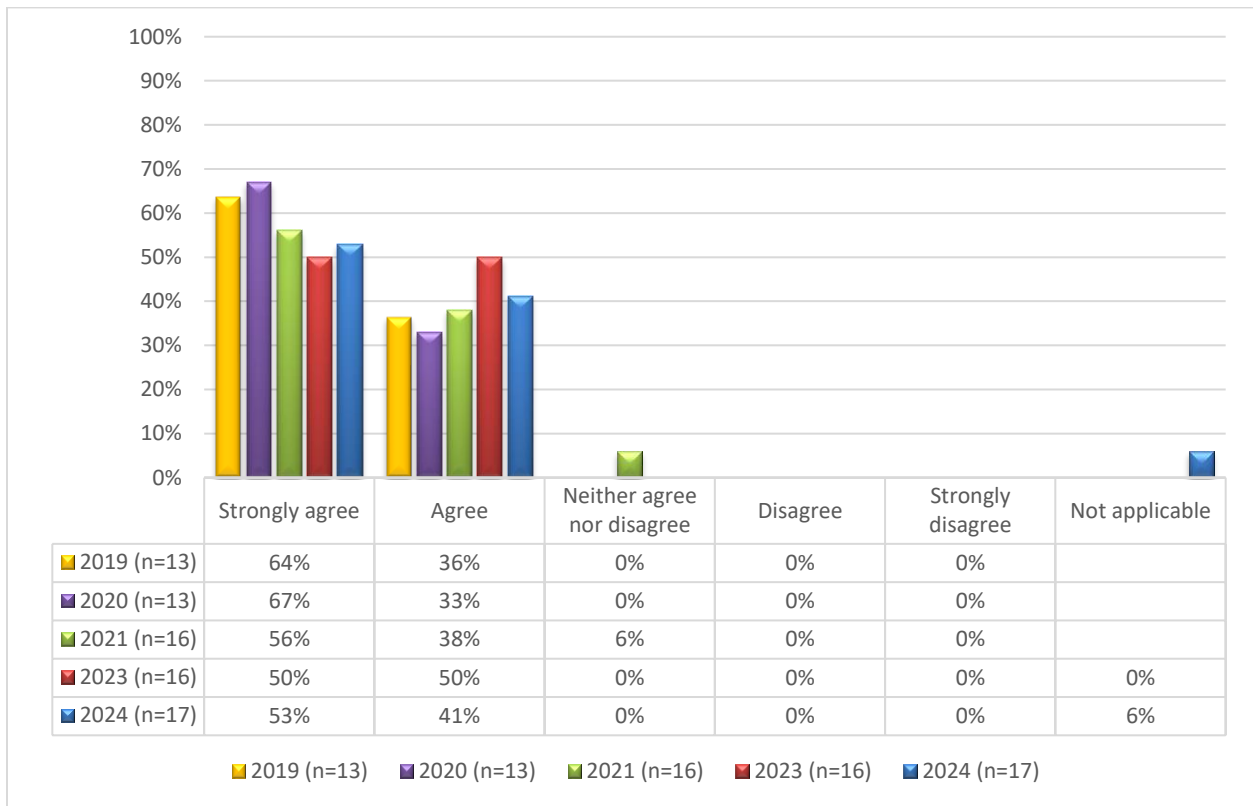
**2024 COMMENTS**

- It would be great if virtual workshops or TA meetings were held to discuss changes in HHS/HRSA guidelines.

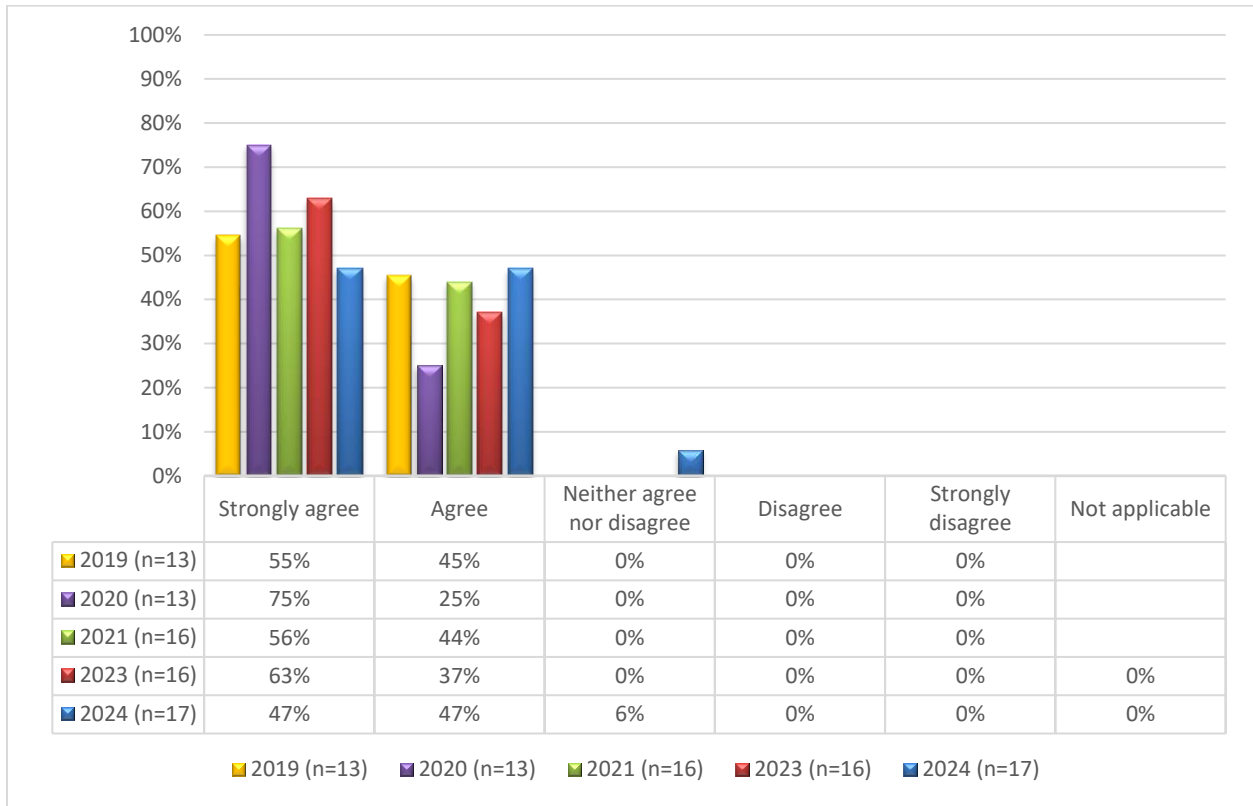
  - *Recipient response: Comment noted. Thank you. Please contact Carla Valle-Schwenk, Program Administrator (by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov)), or your assigned Contracts Officer to request technical assistance. We will develop a TA session or connect you with an appropriate external TA provider or workshop.*
  
- They are always available.

  - *Recipient response: Comment noted. Thank you.*

**24. 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.**



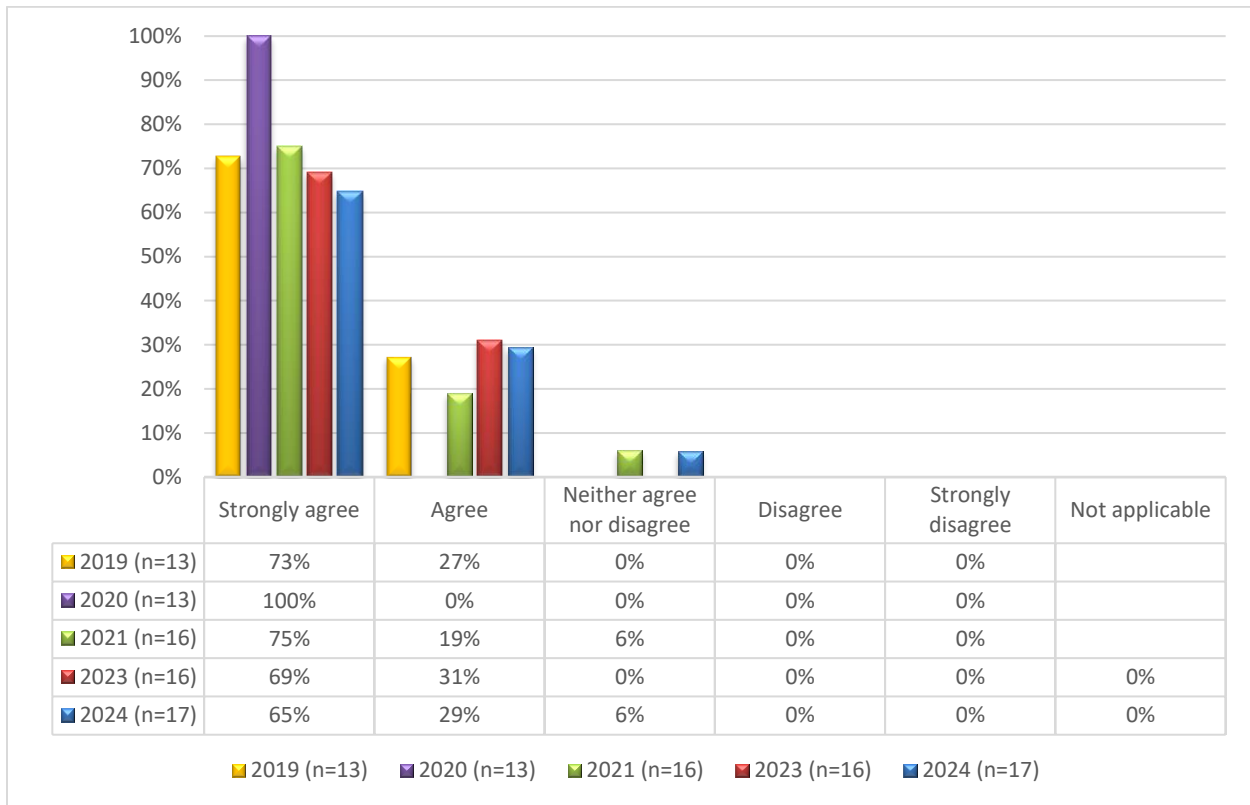
**25. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.**



**2024 COMMENTS**

- Ms. Valle-Schwenk is very responsive to our organization's requests and inquires [sic].
  - *Recipient response: Comment noted. Thank you.*

## 26. The Recipient's staff was courteous and respectful.

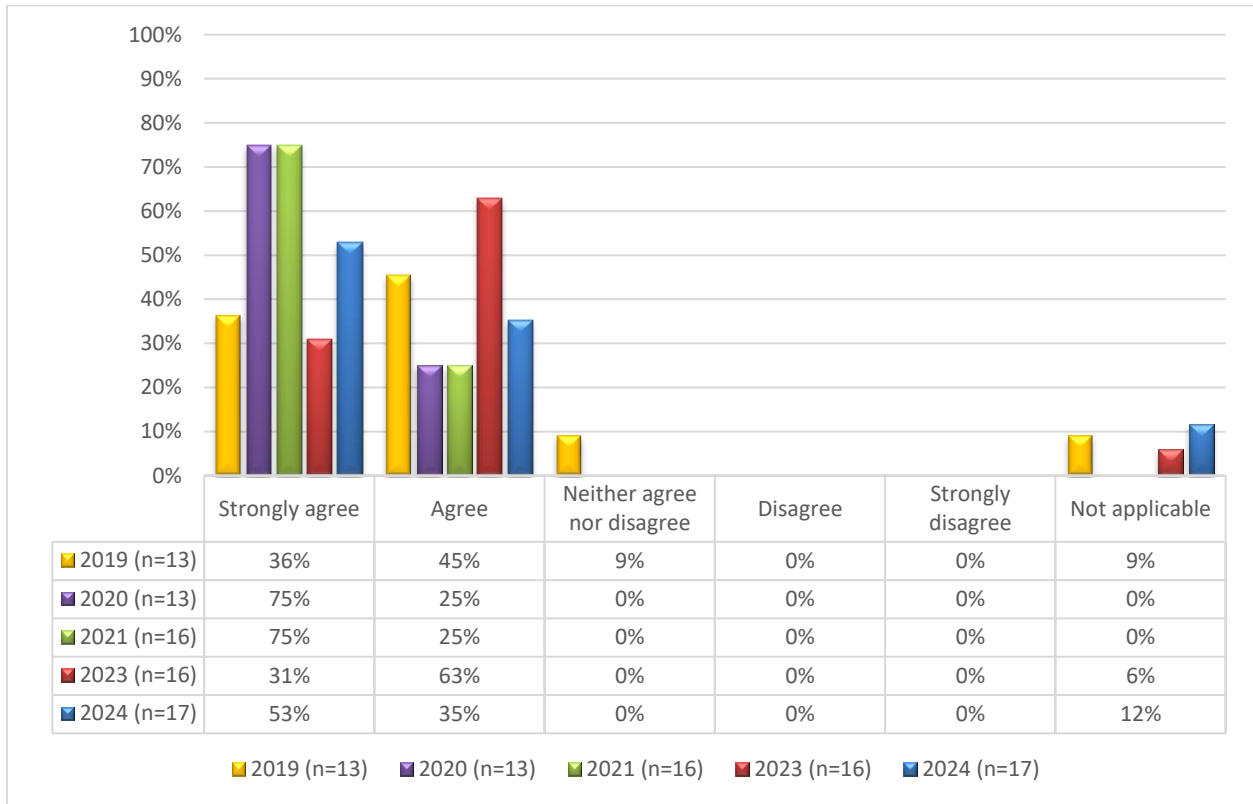


### 2024 COMMENTS

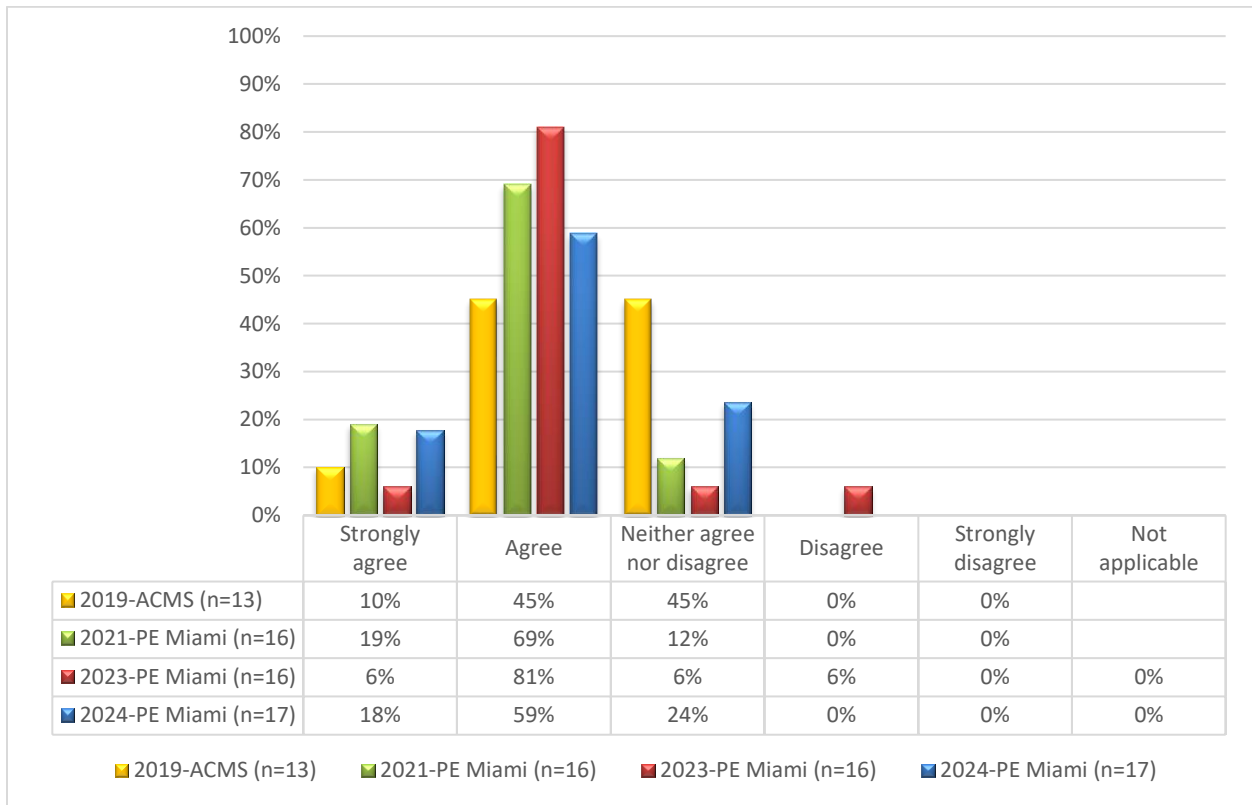
- Very knowledgeable recipient team members.
  - *Recipient response: Thank you for your kind words about our team. We take pride in our team's expertise – with Ryan White Program experience ranging from 8 years to 34 years – and are pleased to know it was evident in our interactions.*
- One of the biggest strengths.
  - *Recipient response: Thank you for recognizing our staff's courteousness and respectfulness. We strive to create a positive and professional environment, and it's great to hear that our efforts are making an impact.*



**27. 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.**



**28. The Provide® Enterprise Miami (PE Miami) client database system is reliable.**

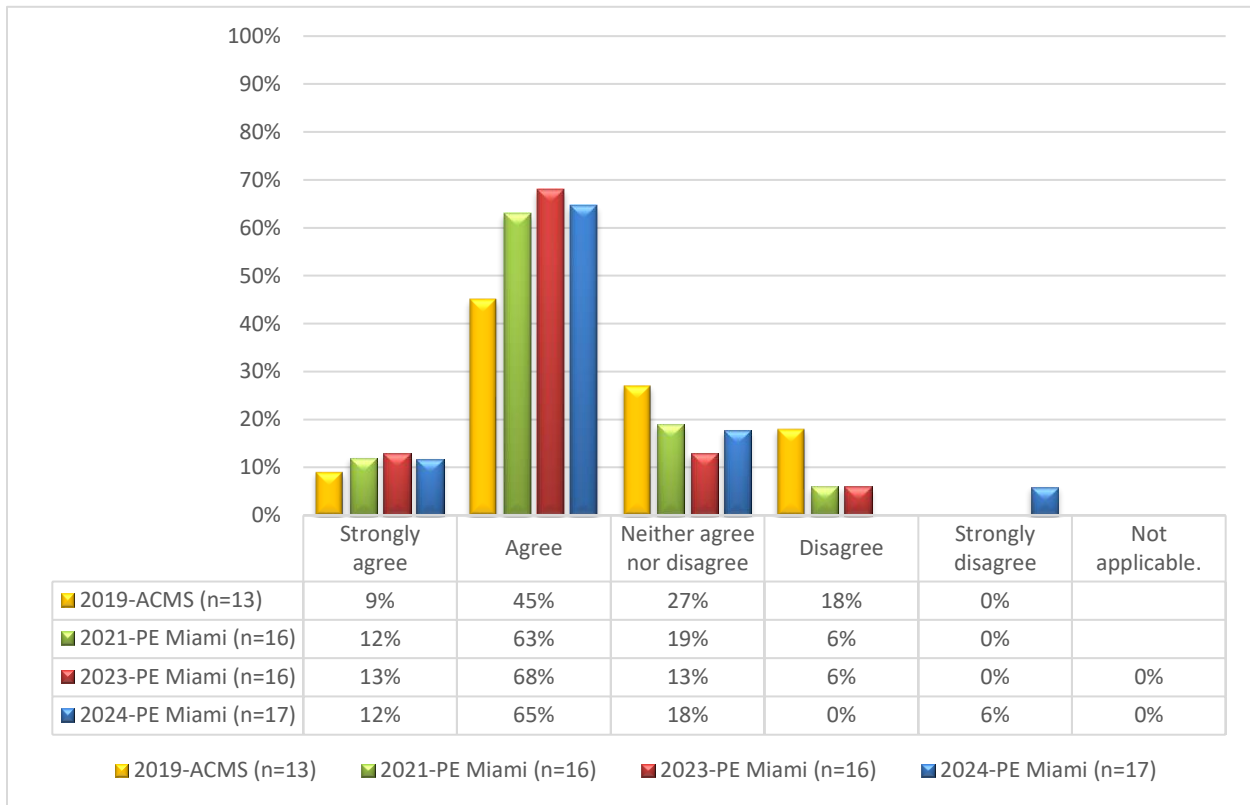


**2024 COMMENTS**

- The system has a robust platform, but reporting from it, is not reliable and is needed for agencies to track utilization and billing, which also requires access. Is a great billing tool, but not an effective system.

  - *Recipient response: Comment noted. We are regularly making improvements to PE Miami. Please send specific recommendations or suggestions by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov), or to remain anonymous please provide feedback through BSR. Thank you.*

## 29. The PE Miami client database system is easy to use.



### 2024 COMMENTS

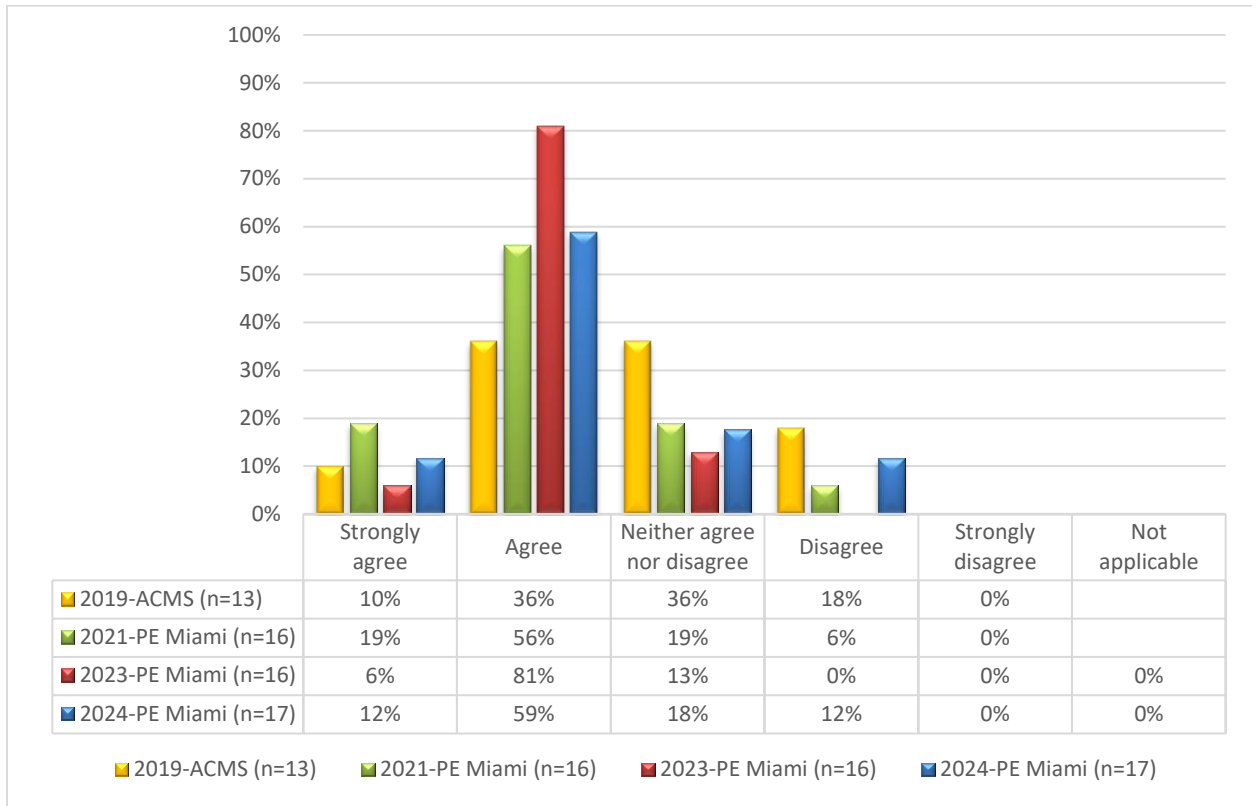
- For example the client acuity assessment is poorly worded and once completed does not have meaningful use. Another example is you can rewrite a progress note, you can change the minutes, but you cannot change the code.
  - *Recipient response: Thank you for your feedback. We will review this further in our regular meetings with Groupware Technologies LLC's programming and support team.*
- It is not user-friendly, data reporting is limited, and information requires roles to have access, not to mention, that in certain instances data entered can't be validated.
  - *Recipient response: Thank you for your feedback. We will review this further in our regular meetings with Groupware Technologies LLC's programming and support team. However, as a security feature of the system, some user access features are restricted or limited and require special functions or roles. If any system user feels they should have access to other features, they should communicate that to their supervisor who can in turn contact the County Ryan White Program Administrator for possible updates to the user's profile.*

## 2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Is a system that not only it requires staff to follow to many steps, but also is only a billing tool, which needs an extra training for staff to fully understand how to follow each step. It is not user friendly. The only solution would be to streamline data entry and ensure that based on the role, it ensures to work in a seamless flow. Example Case Manager should be able to have an initial quick view to see eligibility, then when saved, intake or documentation, then, document provides with a checkbox to click on billing and then a review of the notes and submits. It should have a flow to limit errors and support the documentation or actions performed.
  - *Recipient response: Thank you for your feedback. We will review the comments and suggestions further during our regular calls with Groupware Technologies LLC.*

DRAFT

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



**2024 COMMENTS**

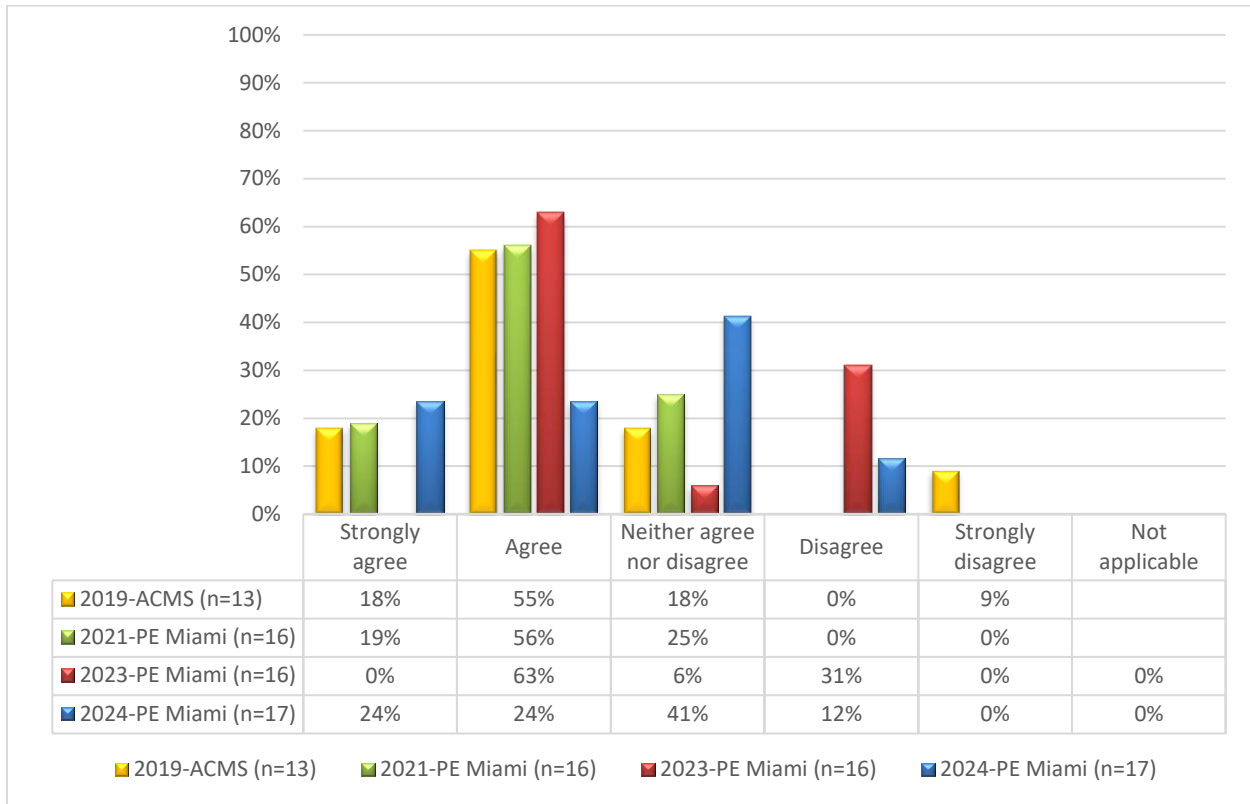
- It generates specific data but is not user friendly.
  - Recipient response: Thank you for your feedback. We will review the comment and previous suggestions further during our regular calls with Groupware Technologies LLC.
- Efficient and user-friendly are separate characteristics. It is efficient, but less user friendly.
  - Recipient response: Thank you for your feedback. We will work on improving efficiency and use of the system.
- Reports are not easy to obtain.
  - Recipient response: Thank you for your feedback. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to run and what challenges you are encountering while running the report. Send these comments by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov) or through BSR, if you wish to remain anonymous.

## 2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Process is cumbersome and lacks option for organization to pull individual reports.
  - *Recipient response: Thank you for your feedback. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to run and what challenges you are encountering while running the report. Send these comments by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov) or through BSR, if you wish to remain anonymous.*
- Is not user friendly, which is why, the recipient and BSR allocate a staff to have full access and run reports in SqUEL [SQL or Sequel], that requires experience. Need to allow for a better access to reporting.
  - *Recipient response: Thank you for your feedback. Please note that BSR allocates a staff person to analyze data for the planning council and for the clinical quality management process. BSR’s analyst is doing special queries using raw data. PE Miami has many report templates but understanding the best template to use for the data you need can be challenging. It is also important to note that reports are based on point-in-time data: a report run today could be different from the report results from yesterday, as the system updates the data nightly. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to write and what challenges you are encountering while running the report. Send these comments by email to [Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov) or through BSR, if you wish to remain anonymous.*

DRAFT

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



**2024 COMMENTS**

- This is variable.
  - Recipient response: Comment noted. Thank you.
- They take too long to respond and sometimes solutions are not proper, so another request needs to be asked.
  - Recipient response: Comment noted. Thank you. We will discuss the comment with Groupware Technologies LLC’s programming and support team to identify where they can improve in this area.

**2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”**

- Disagree.
  - Recipient response: Comment noted. Thank you.
- Tickets take a long time to process or respond.
  - Recipient response: Comment noted. Thank you. We will discuss the comment with Groupware Technologies LLC’s programming and support team to identify where they can improve in this area.



## Strategic Planning Committee

Friday, September 13, 2024

10:00 AM – 12:00 PM

Behavioral Science Research Corp.  
2121 Ponce de Leon Boulevard, Suite 240  
Coral Gables, FL 33134

### AGENDA

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| IV.   | Floor Open to the Public   | Angela Machado   |
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**2023**

# **ANNUAL REPORT**

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**HIV in Miami-Dade County**

[www.aidsnet.org](http://www.aidsnet.org)



[mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com)





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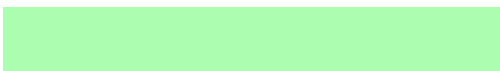
## Notes

- Hispanic Includes people who are Black Hispanic, White Hispanic, Latina, Latino, and Latinx, of any race.
- Black non-Hispanic includes Haitians.
- Data in this report is subject to change.

## Data Sources

- Florida Health CHARTS, [www.flhealthcharts.gov](http://www.flhealthcharts.gov)
- Florida Department of Health in Miami-Dade County
- Florida Department of Health Epidemiological Data
- Miami-Dade County website, [www.miamidade.gov](http://www.miamidade.gov)
- Provide® Enterprise Miami (data management system utilized by RWHAP Part A and Part B in Miami-Dade County)

This report was prepared by Behavioral Science Research Corporation for the Miami-Dade County OMB and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2023 award totaling \$27,558,848 as of March 29, 2023, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government



# State of the HIV Epidemic

**One out of every 93 people had HIV in Miami-Dade County in 2022.**

Florida continues to have the highest annual incidence of new HIV diagnoses in the United States.

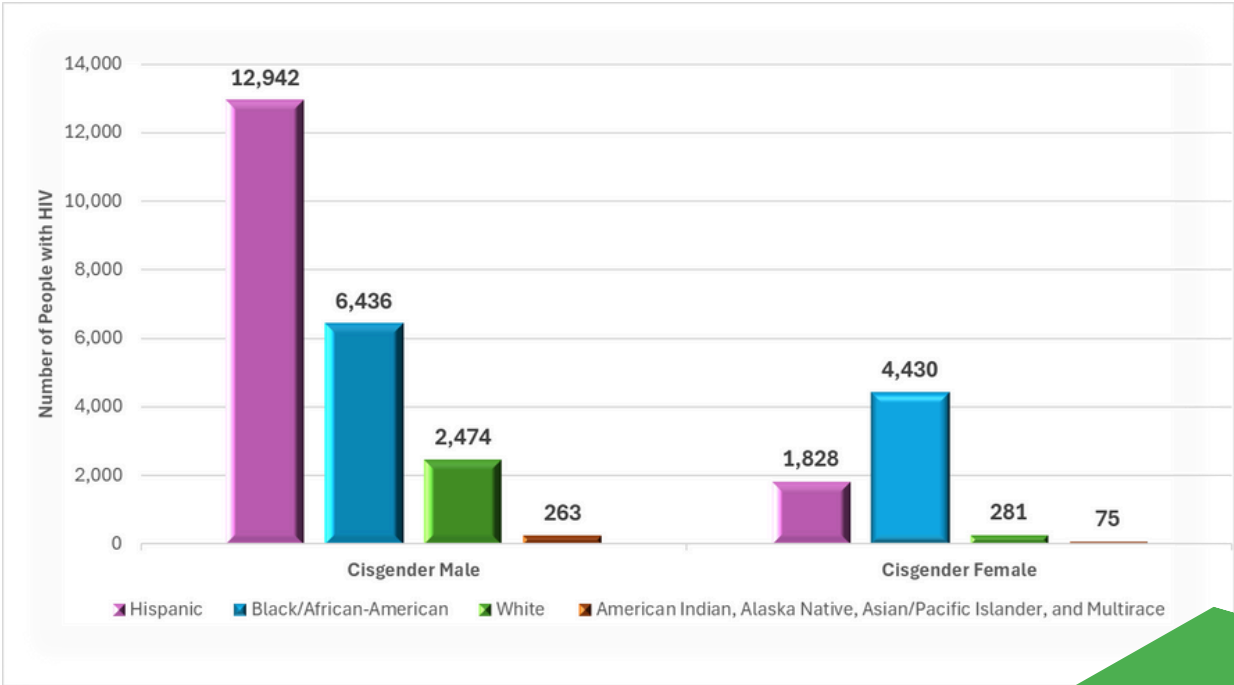
## 2022 Florida Department of Health Snapshot

➤ **#1** Although we are making great progress in identifying and treating people with HIV, Miami-Dade County has the highest rate of new diagnoses of HIV of any county in Florida.

➤ **28,749** Total number of people with HIV living in Miami-Dade County.  
*Total 2022 MDC population: 2,673,056.*

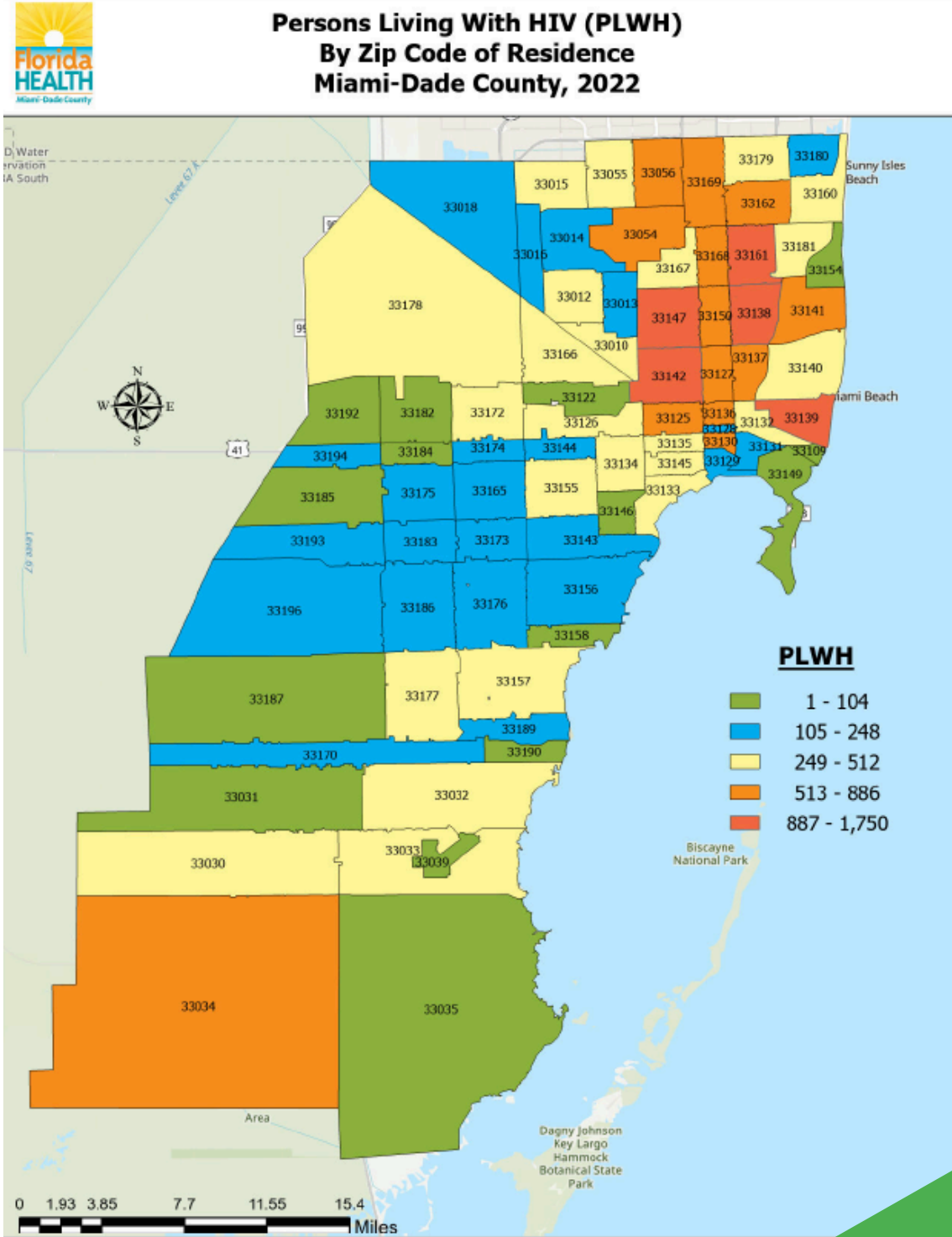
➤ **23%** Percent of Florida residents with HIV living in Miami-Dade County.  
*Total 2022 FL population: 22,244,823; Total 2022 FL population of people with HIV: 124,577.*

## 2022 Race/Ethnicity and Gender of People with HIV in MDC



# Geographic Trends

People with HIV live in every Zip Code in Miami-Dade County.

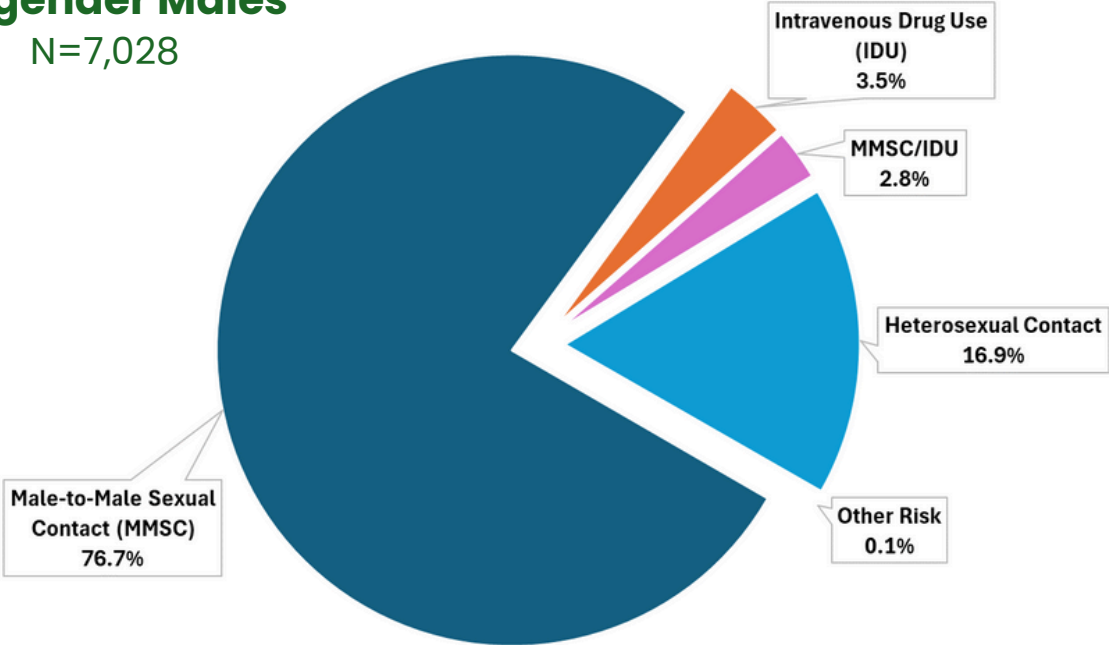


# Modes of Acquiring HIV

In 2022, the Florida Department of Health reported the following self-reported modes of acquiring HIV among people in Miami-Dade County.

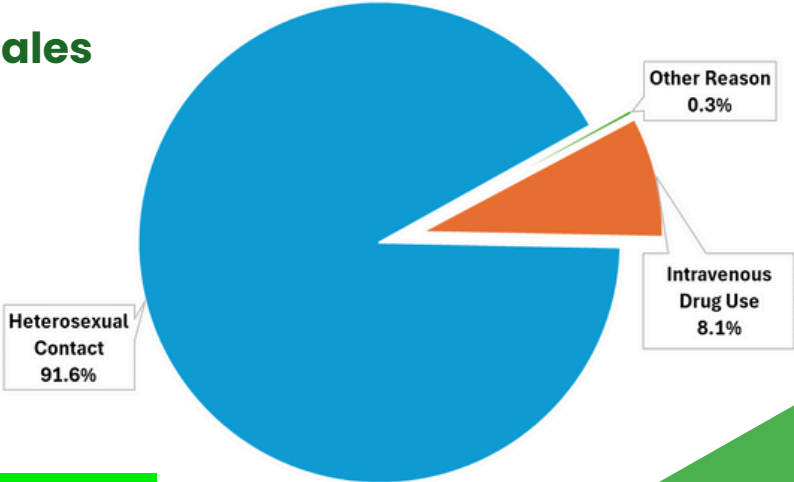
## Cisgender Males

N=7,028



## Cisgender Females

N=6,448



# Populations of Special Concern

In 2023, Miami-Dade County's Ryan White Program (RWP) provided **9,060 low-income people with HIV** with medical care and support services.

Among those people, the *2022-2026 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan* designated populations of special concern and is implementing projects to ensure positive health outcomes specifically for people over 50 with HIV, long-term survivors, and people with HIV experiencing homelessness.

## People Over 50 with HIV

**3,746 people**

**41%** of RWP clients in care were **over age 50** and aging into Medicare in 2023.

*People with HIV over 50 and long-term survivors are more likely to have negative health outcomes due to lower cognitive functioning, diabetes, hypertension, and other co-morbidities.*

## Long-Term Survivors

**1,335 people**

**4.7%** of RWP client in care were **Long-Term Survivors** - living with HIV for more than 20 years - in 2023.

## People with HIV Experiencing Homelessness

**460 people**

**5.1%** of RWP clients in care were **homeless** at the end of 2022.

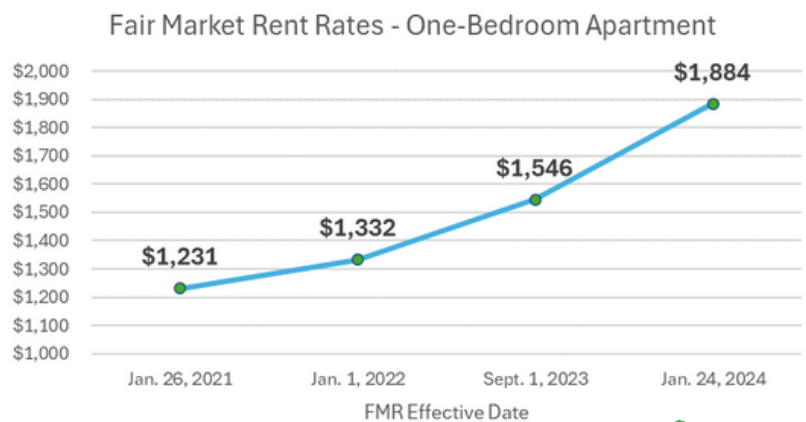
## People with HIV Living in Poverty

**4,439 people**

**48.7%** of RWP clients in care were **living below 136% of the Federal Poverty Level** in 2023.

## Fair Market Rent (FMR)

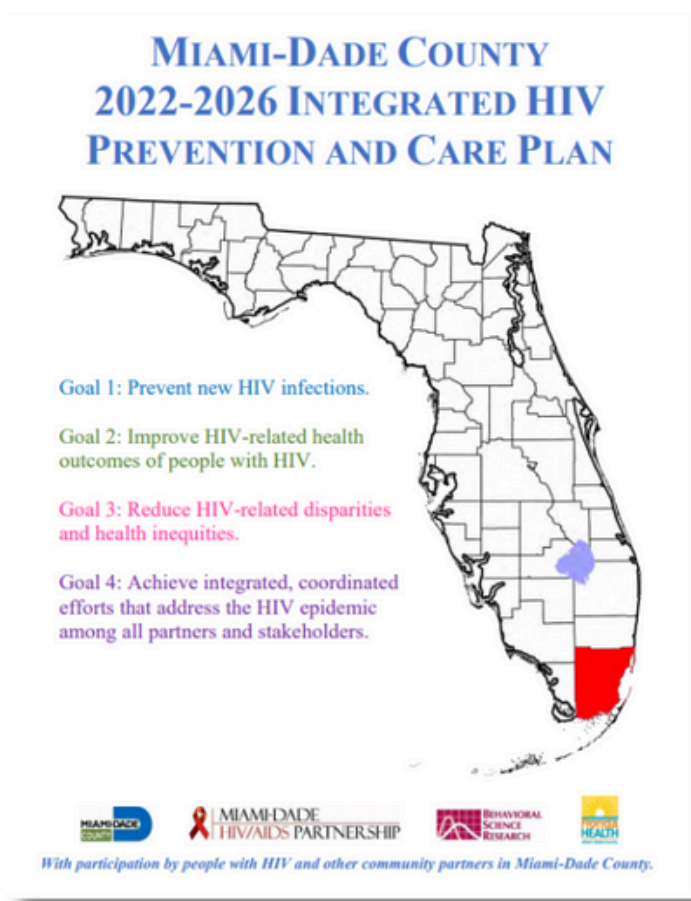
Lack of affordable housing and rising FMR continue to threaten positive health outcomes for people with HIV who are living in poverty and attempting to become stably housed.



# Miami-Dade County Response Integrated Planning

Strategies and activities for achieving the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic (EHE) goals are detailed in the *2022-2026 Miami-Dade County Integrated HIV Prevention and Care Plan*.

## The Plan



## Community Partners

### The Miami-Dade HIV/AIDS Partnership

RWP Planning Council established by County Ordinance as the official County Advisory Board for HIV needs and services in MDC.

Providing coordination between people with HIV, including RWP clients, service providers, and administrators, FDOH-MDC, government officials, the Housing Opportunities for Persons with AIDS Program (HOPWA), General Revenue, Medicaid, universities, hospitals, and HIV advocates.

### The Ryan White Program

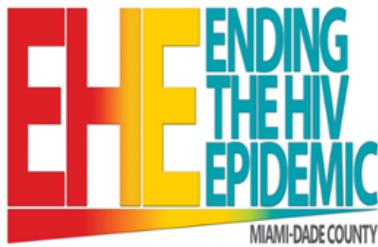
RWP Parts A, B, C, D, F, and the Minority AIDS Initiative (MAI).

Providing life-saving HIV medical care and treatment and support services to more than 8,500 people with HIV in 2022.

### The Florida Department of Health in Miami-Dade County Local County Health Department (FDOH-MDC)

Providing HIV and sexually transmitted disease testing and prevention services. More than 116,000 HIV tests administered in 2022, with 1,258 HIV positive test results.

# Miami-Dade County Response Ending the HIV Epidemic (EHE)



Miami-Dade County is one of 57 EHE priority jurisdictions receiving funding for resources, technology, and expertise to expand HIV prevention, treatment, and support services. All residents with HIV – regardless of immigration status or income level – can benefit from RWP and FDOH-MDC EHE services.

## Ryan White Program EHE Initiatives

- HealthTec – Enhancing telehealth services by applying a multidisciplinary approach to provide medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and more!
- Quick Connect
  - Expanding the Test and Treat/Rapid Access (TTRA) protocol to ensure access to medical care and antiretroviral therapy (ART) within 7 days.
  - Educating non-Ryan White-affiliated providers on HIV treatment guidelines and the benefits of routinized opt-out HIV testing at doctor's offices, clinics, hospitals, urgent care centers, ERs, and more!
  - Engaging the community in HIV testing through social marketing and media campaigns throughout the county.
- Housing Stability Services – Housing is Healthcare – Providing transitional, short-term, or emergency housing assistance using a housing-first approach
- Mobile GO Teams – Supporting Miami-Dade County's ability to rapidly respond to HIV transmission clusters using the local TTRA model.

## Florida Department of Health in MDC EHE Initiatives

At 12 local agencies, Jackson Memorial Hospital and Homestead Hospital.

- HIV testing: Providing rapid HIV testing and at-home HIV testing.
- Academic Detailing: Educating hospitals and clinics on the benefits of routinized opt-out HIV testing.
- Rapid Access to Care: Ensuring all persons who test positive for HIV will have medication to reach viral load suppression.
- Establishing a referral network to connect people with HIV to care and services.
- Re-engagement in Care: Getting people who have fallen out of care back into care.
- Partner services.
- Pre-Exposure Prophylaxis (PrEP): increasing PrEP uptake and access points.
- Media Campaigns: Engaging the community in HIV testing through social marketing and media campaigns throughout the county.



# Miami-Dade County Response

## HIV Innovations and Interventions



### Infectious Disease Elimination Act

HIV transmission via injection drug use was mitigated by the Infectious Disease Elimination Act - IDEA Exchange, an innovative Syringe Services Program (SSP), which started in December 2016 in Miami-Dade County and has become a statewide SSP model.

In 2023, 864 people were linked to IDEA Exchange services.

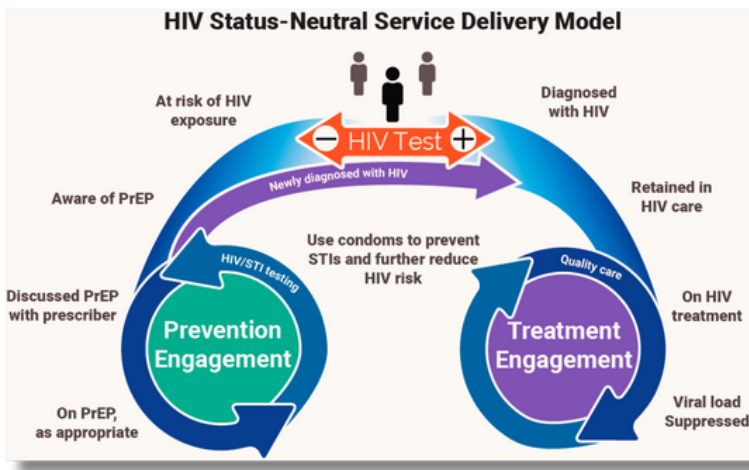


### No Babies Born with HIV

For the fifth year in a row (2019-2023), **no babies were born with HIV** to HIV positive mothers in Miami-Dade County, due in large part to the initiatives funded by the Ryan White Program Part D at University of Miami – Miller School of Medicine, Dept. of Obstetrics, Gynecology & Reproductive Sciences.

### HIV Status Neutral Service Delivery Model

The MDC Integrated Plan includes activities to promote the CDC- recommended HIV Status Neutral Service Delivery Model, where HIV testing serves as an entry point to services regardless of a positive or negative HIV result, to improve HIV prevention and care outcomes.



# Miami-Dade County Response

## HIV Prevention

### TestMiami.org

The Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention and Fast Track Cities, offers free HIV testing and free condoms throughout Miami-Dade County through the [TestMiami.org](https://www.testmiami.org) campaign.



### PrEP

#### Pre-Exposure Prophylaxis

For persons who test negative for HIV, PrEP offers comprehensive HIV prevention that involves the use of antiretroviral medications to reduce the risk of contracting HIV.

**197 persons were linked to a PrEP provider in 2023.**

### PEP

#### Post-Exposure Prophylaxis

For persons potentially exposed to HIV, taking antiretroviral medicines after exposure can prevent contracting HIV.

### TelePrEP

Access PrEP through a mobile device or your computer.

**603 people received TelePrEP services in 2023.**

### PrEP Locator

Locate a PrEP in Miami-Dade County at [www.preplocator.org](https://www.preplocator.org), a national directory of providers of HIV PrEP in the U.S.

### Free Condoms from FDOH-MDC

#### Community Distribution

- More than **2.3 million** free condoms were distributed in 2023 with the help of a broad variety of community partners, including bars and clubs, colleges and schools, faith-based organizations, and street outreach.

#### Pick Up

- Free male and female condoms are available for pick up throughout Miami-Dade County. [www.testmiami.org/map.html](https://www.testmiami.org/map.html).

#### Home Delivery

- Personal Protection Packages of male condoms, lubricants, and educational materials are available for free home delivery in Miami-Dade County. [www.testmiami.org/condoms.html](https://www.testmiami.org/condoms.html).

### Routine Opt-Out Testing

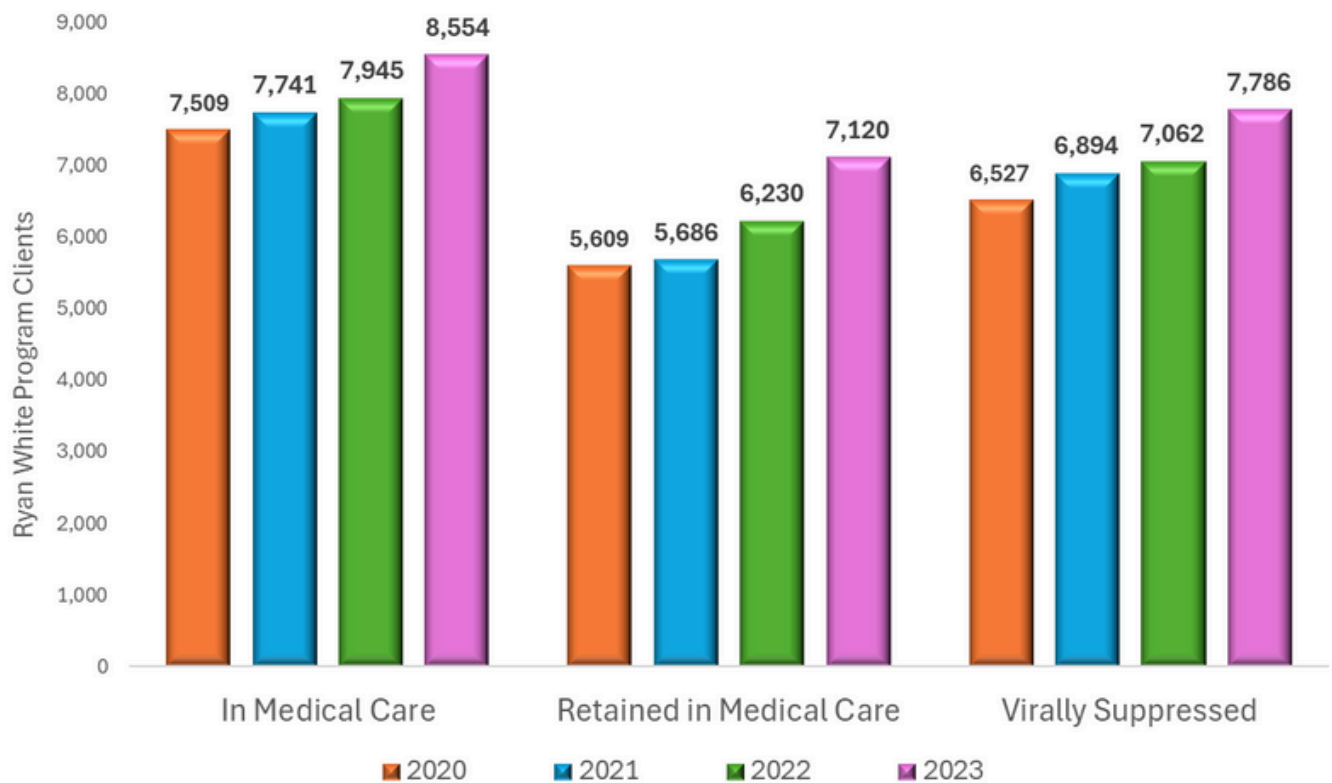
In 2023, the Florida Department of Health collaborated with **87 healthcare facilities** to offer routine opt-out testing, an increase of more than five times the number of facilities offering opt-out testing in 2022.

# Successful Outcomes

## Ryan White Program Continuum of Care

Miami-Dade County's Ryan White Program continue to maintain clients in care and kept them virally suppressed.

### HIV Care Continuum for RWP Clients



#### In Medical Care

Having at least one medical visit, a CD4 test, or viral load test in a 12 month period.

#### Retained In Medical Care

Having two or more instances of a billed doctor visit, medical visit, or Viral Load lab test, reported at least 90 days apart in the measurement period.

#### Virally Suppressed

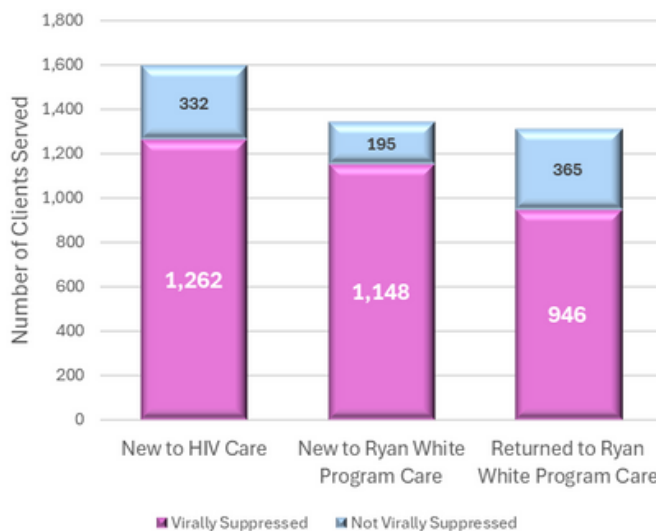
Having less than 200 copies of HIV per milliliter of blood in the most recent test, which is achieved by consistently taking HIV medicine as prescribed.

# Successful Outcomes

## HIV Test & Treat/Rapid Access

The Test & Treat/Rapid Access (TTRA) protocol is the standard of care for every person newly diagnosed with HIV in Miami-Dade County. **4,250\* people with HIV** entered the Ryan White Program service system through the TTRA Protocol in FY 2023. \*2 clients were not categorized.

### FY 2023 TTRA Outcomes



#### New to HIV Care

Newly diagnosed / treatment naïve.

#### New to RWP Care

Previously in treatment but had not received services through the RWP.

#### Returned to RWP Care

Local RWP clients who had been lost to care and are now back in care.

# Successful Outcomes

## Miami-Dade HIV/AIDS Partnership

The Partnership is 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.

More than 70 members, across all spectrums of HIV prevention and care, including Ryan White Program clients and other people with lived experience, serve on 7 committees, subcommittees, and workgroups to set priorities, allocate resources, and report on funding distribution in accordance with Health Resources and Services Administration requirements.

Through intensive data review, training, and community outreach, Partnership members make decisions that improve health outcomes for more than 9,000 people with HIV in Miami-Dade County. Learn more at [www.aidsnet.org/the-partnership](http://www.aidsnet.org/the-partnership).

# Successful Outcomes

## 2023 HIV Prevention Initiatives

### Gilead Sciences Frontlines of Communities in the United States (FOCUS) and FDOH-MDC HIV Testing

A collaborative model for routine communicable disease screening that enables partners to develop and share best practices in routine HIV, Hepatitis C, and Hepatitis B screening, diagnosis, and linkage to care.

#### FOCUS Partners

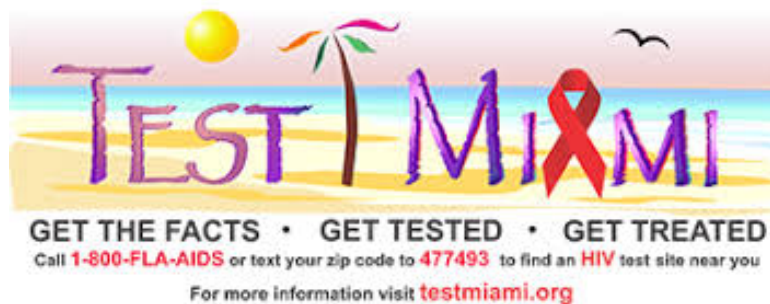
- Health Choice Network – 6 Sites; Baptist Health South Florida – 5 Sites; Jackson Memorial Hospital – 4 Sites; and University of Miami – 2 Sites

#### FOCUS Testing

- \_\_\_\_\_ HIV tests
- \_\_\_\_\_ people tested positive

#### FDOH-MDC Testing

- \_\_\_\_\_ HIV tests
- \_\_\_\_\_ people tested positive



### Community Outreach

From January 2022 through December 2023, FDOH reported:

- **109** healthcare facilities committed to conducting routine opt-out HIV testing.
- **35** agreements were established with partners to serve as routine healthcare testing sites.
- **1,980** HIV tests were conducted at a mobile unit.
- **432** people were referred for STI treatment at a mobile unit.
- **136** people were linked to PrEP at a mobile unit.

# Everyone has a role in ending the HIV epidemic!



Support funding for the HIV initiatives of the Ryan White Program, Florida Department of Health in Miami-Dade County, and Housing Opportunities for Persons with AIDS (HOPWA).

## Get tested for HIV and promote HIV testing in your community!

- Locate an HIV testing site: [www.testmiami.org](http://www.testmiami.org).
- Go to [www.aidsnet.org/](http://www.aidsnet.org/) and learn how to be supportive when someone tells you they are HIV positive.

## Remember that language matters!

- Adopt "People First" language such as, "*people* with HIV" or "*people* experiencing homelessness".
- Please don't say, "infected" with HIV, instead, say "acquired HIV," "diagnosed with HIV," or "contracted HIV."
- Please don't use stigmatizing terms such as "dirty," "clean," or "victim".

## Learn how you can support HIV prevention, care, and treatment initiatives!

- The Miami-Dade HIV/AIDS Partnership: [www.aidsnet.org](http://www.aidsnet.org).
- FDOH HIV Epidemiological Profile: [www.floridahealth.gov](http://www.floridahealth.gov).
- FDOH Community Health Assessment Resource Tool Set: [www.flhealthcharts.com](http://www.flhealthcharts.com).
- Miami-Dade County Ryan White Program: [www.miamidade.gov/grants/ryan-white-program/](http://www.miamidade.gov/grants/ryan-white-program/).
- Federal HIV/AIDS Web Council: [www.HIV.gov](http://www.HIV.gov).
- Tools for HRSA's Ryan White HIV/AIDS Program: [www.TargetHIV.org](http://www.TargetHIV.org).
- Undetectable = Untransmittable (U=U): [www.preventionaccess.org](http://www.preventionaccess.org).

## Contact Us

☎ (305) 445-1076

✉ [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com)



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