

# WELCOME

Thank you for attending today's

## Joint Integrated Plan Review Team Meeting

Please sign in to have your  
attendance recorded.



Scan the QR Code for  
meeting materials.



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

Tuesday, February 17, 2026

10:00 AM – 1:00 PM

Florida Department of Health – Health District Center  
1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

### AGENDA

- |  |                       |
|--|-----------------------|
| I. Call to Order   | Virginia Muñoz        |
| II. Introductions  | All                   |
| III. Housekeeping  | Angela Machado        |
| IV. Floor Open to the Public   | Stephanie Stonestreet |
| V. Review/Approve Agenda   | All                   |
| VI. Review/Approve Minutes of October 21, 2025   | All                   |
| VII. Reports (posted on <a href="http://www.PartnershipMiami.org">www.PartnershipMiami.org</a> ) | Staff                 |
| ▪ Membership   |                       |
| ▪ Partnership  |                       |
| VIII. Standing Business  | Staff                 |
| ▪ 2027-2031 Integrated Plan Development  |                       |
| IX. New Business   | All                   |
| ▪ Annual Source of Income Filing   |                       |
| X. Announcements and Open Discussion   | All                   |
| XI. Next Meeting Dates   | Crystal Lopez         |
| ▪ Strategic Planning Committee: March 10, 2026, at BSR   |                       |
| ▪ Prevention Committee: March 26, 2026, at FDOH-Health District Center                           |                       |
| XII. Adjournment   | Virginia Muñoz        |

For more information about the Joint Integrated Plan Review Team,  
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## 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!

<b>Partnership, PC, or Planning Council</b>	<b>The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County</b>
<b>RWP or RWHAP</b>	<b>The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).</b>
<b>ADAP</b>	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
<b>BSR</b>	Behavioral Science Research Corp. (aka, Staff).
<b>EHE</b>	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
<b>EMA</b>	Eligible Metropolitan Area (locally, Miami-Dade County).
<b>FDOH or FDOH-MDC</b>	Florida Department of Health in Miami-Dade County.
<b>FPL</b>	Federal Poverty Level. Used to determine RWP eligibility and benefits.
<b>HOPWA</b>	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: <b>STRMU</b> : Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; <b>LTRA</b> : Long-Term Rental Assistance (voucher program); and <b>FMR</b> : Fair Market Rents.
<b>HRSA</b>	The Health Resources and Services Administration. The source of federal RWP grant funds.
<b>Integrated Plan or IP</b>	The Miami-Dade County Integrated HIV Prevention and Care Plan.
<b>JIPRT</b>	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
<b>MAI</b>	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
<b>NHAS</b>	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
<b>PE-Miami or Provide Enterprise</b>	Provide Enterprise® by Groupware Technologies (RWP client database system).
<b>The Recipient, The County, or OMB</b>	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
<b>TTRA</b>	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.

More terminology at [www.partnershipmiami.org/the-partnership-2/#getonboard1](http://www.partnershipmiami.org/the-partnership-2/#getonboard1).

# Meeting Housekeeping JIPRT

Updated February 2026  
*Behavioral Science Research*



# Disclaimer & 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 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.
- ❑ All attendees may address the board as time allows and at the discretion of the Co-Chairs.
- ❑ Only Strategic Planning and Prevention Committee members vote at today's meeting.

# 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 unhoused, 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 . . .**

# 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.partnershipmiami.org/the-partnership-2/#jiprt1/](http://www.partnershipmiami.org/the-partnership-2/#jiprt1/), or by scanning the QR code on your agenda.

**Joint Integrated Plan Review Team (JIPRT)**

**Next Meeting: February 17, 2026, at 10:00 a.m.**

Florida Department of Health – Health District Center, 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

**AGENDA**  
February 17, 2026

**MINUTES**  
October 21, 2025

**PARTNERSHIP REPORT**  
Partnership Report of Approved Motions, February 2, 2026

**BYLAWS**  
[Click here.](#)

**RETURN TO MENU**

**Meeting Documents**

- Draft Section 1 – Introduction (February 2026)
- Draft Section IV – Situational Analysis (February 2026)
- Integrated HIV Prevention and Care Guidance, (February 2025)

**Integrated HIV Prevention and Care Plan Reference Documents**

**Getting to the Meeting**

**Next JIPRT Meeting Coming Up In ...**  
003: 18 : 02 : 46  
Day Hrs Min Sec

**MIAMI-DADE HIV/AIDS PARTNERSHIP 2025 - A YEAR IN REVIEW**

**2025 - A Year in Review**



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## **Floor Open to the Public**

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

“BSR has a dedicated line for statements to be read into the record. No statements were received.”



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**Strategic Planning Committee and Prevention Committee  
 Joint Integrated Plan Review Team (JIPRT) Meeting  
 Florida Department of Health - Health District Center  
 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125  
 October 21, 2025, Minutes**

#	Members	Present	Absent	Guests
1	Bethel, Shakka	x		Alcala, Carolina
2	Buch, Juan		x	Caplan, Chelsea
3	Darlington, Tajma		x	Coello, Erika
4	Duberli, Francesco		x	Estevez, Sandra
5	Edwards, Shawnequa	x		Ferrer, Luigi
6	Forrest, David		x	Gonzalez de Obando, Tivisay
7	Gonzalez, Nilda	x		Limia, Jorge
8	Ichite, Amanda		x	Lowe, Camille
9	Johnston, Jeremy		x	Lubian, Ana
10	Lopez, Crystal		x	Nuñez, Alejandro
11	Machado, Angela	x		Saxena, Praveena
12	Medina, Jesus		x	Shapiro, Julianna
13	Muñoz, Virginia	x		Valle-Schwenk, Carla
14	Orozco, Eddie	x		Villamizar, Kira
15	Pierre, Ross		x	Williams, Stephen
16	Poblete, Karen	x		
17	Sanchez, Kenia	x		
18	Santiago, Grechen		x	<b>Staff</b>
19	Shmuels, Diego		x	Bontempo, Christina
20	Singh, Hardeep	x		Gattorno, Frank
21	Stonestreet, Stephanie	x		Ladner, Robert
22	Vertovec, Jack		x	
<b>Quorum = 8</b>				

Note: All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at [www.partnershipmiami.org/the-partnership-2/#jiprt1](http://www.partnershipmiami.org/the-partnership-2/#jiprt1). The meeting agenda and other working documents were distributed to all attendees; members also received committee-specific documents, such as the draft minutes. All meeting documents were projected on the meeting room projection screen, as needed.

**I. Call to Order**

Prevention Committee Chair, Virginia Muñoz, called the meeting to order at 10:12 a.m. and briefed participants on meeting expectations.

## II. Introductions

Members, guests, and staff introduced themselves.

## III. Housekeeping

Staff briefly noted the Housekeeping protocols, including that the meeting is being recorded, that Behavioral Science Research (BSR) staff are the resource persons, and that participants should strive to use people-first language.

## IV. Floor Open to the Public

Strategic Planning Committee Vice Chair, Angela 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; the floor was then closed.

## V. Review/Approve Agenda

Members reviewed the agenda and there were no changes. Ms. Muñoz called for a motion to approve the agenda.

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

**Moved: Eddie Orozco**

**Seconded: Angela Machado**

**Motion: Passed**

Note: The agenda was updated to reflect Ms. Muñoz as the leader for activities assigned to Tajma Darlington.

## VI. Review/Approve Minutes of January 21, 2025

Members reviewed the minutes of January 21, 2025, and there were no changes. Ms. Muñoz called for a motion to approve the minutes.

**Motion to approve the minutes of January 21, 2025.**

**Moved: Kenia Sanchez**

**Seconded: Hardeep Singh**

**Motion: Passed**

## VII. Reports

### ▪ **Membership and Partnership**

Staff projected the Partnership and Vacancy reports at the meeting and announced that they are posted online. All committees are still in need of members.

## VIII. Standing Business

### ▪ **Officer Nominations and Elections Schedule**

Staff announced that nominations and elections for officers would take place at the next regularly scheduled stand-alone meetings.

## IX. New Business

### ▪ **Introduction to the BSR Integrated Plan Monitoring and Reporting System (MRS)**

Staff demonstrated the layout and functions of the Integrated Plan reporting system which was designed based on an Excel template. This system will allow regular data collection and reporting, which was cumbersome with the previous VMSG database.

### ▪ **Breakout Groups: IP Goals Review and Development**

All attendees were seated at one of three tables, each with a set of goals:

- Goal 1: Prevent New HIV Infections;
- Goal 2: Improve HIV-Related Health Outcomes of People with HIV; or
- Goal 3: Address HIV-Related Health Outcomes for Special Populations.

At each table, attendees were asked to:

- Select three or four of the highest priority objectives from the current 2022-2026 Integrated Plan to include in the 2027-2031 Integrated Plan; and
- Select the strategies and activities to achieve the priority objectives.

Attendees ranked each objective and staff tallied the results. Attendees moved from one table to the next table until everyone had a chance to review all three goals.

The following recommendations resulted from the review:

- Goal 1: Prevent New HIV Infections
  - Change Goal from NHAS Goal 1: Prevent New HIV Infections to Goal 1: Prevent New HIV Transmission.
  - Adopt 2027-2031 Integrated Plan Goal 1 Objectives as:
    1. Increase the percentage of people screened for and prescribed pre-exposure prophylaxis (PrEP) (19 votes); and increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis) (5 votes).
    2. Increase the percentage of people living in Miami-Dade County who are aware of their HIV status (18 votes).
    3. Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are at risk of or living with HIV (16 votes).

- Increase the number of advertisement types to expand culturally appropriate messaging concerning HIV prevention, testing, and treatment (11 votes). Include these objectives and related activities in the Plan narrative:
  1. Support the Syringe Service Programs (SSP) – locally, IDEA Exchange – and ensure access to harm reduction services.
  2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).
  3. Increase the number of free condoms distributed.
- Goal 2: Improve HIV-Related Health Outcomes of People with HIV
  - Change from NHAS Goal 2: Improve HIV-Related Health Outcomes of People With HIV to Goal 2: Improve HIV-Related Health Outcomes for People with HIV.
  - Adopt 2027-2031 Integrated Plan Goal 2 Objectives as:
    1. Objective 1: Expand and strengthen rapid linkage systems to ensure that all newly identified persons with HIV are connected to comprehensive HIV care and treatment – including case management, socio-emotional support services, and medical care – within seven (7) days of diagnosis and no later than 30 days.
 

This combines and consolidates the following Objectives: Provide antiretroviral therapy for newly identified positive persons within seven days for persons entering RWP care through TTRA, or within 30 days for newly identified positive persons who enter RWP care outside of TTRA (17 votes); Identify and reengage clients in danger of being lost to RWP MCM care (17 votes); Expand capacity and access to local TTRA (14 votes); Improve linkage to HIV health care within 30 days for all persons who are newly identified and confirmed positive for HIV (12 votes); and Provide socio-emotional support for newly identified positive persons with HIV as they move from counseling and testing to TTRA. (11 votes)
    2. Objective 2: Ensure a 'whole person' holistic treatment approach that recognizes that care for RWP clients must go beyond viral load suppression and retention in care. (9 votes)
    3. Objective 3: Increase Peer (PESN) involvement in client care to improve retention and viral load suppression. (8 votes)
    4. Objective 4: Improve health outcomes for clients in RWP MCM or OAHS care. (2 votes; possibly due to time constraints)
- Goal 3: Address HIV-Related Health Outcomes for Special Populations.
  - Change from NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities to Goal 3: Address HIV-Related Health Outcomes for Special Populations.
  - Adopt 2027-2031 Integrated Plan Goal 3 Objectives as:
    1. Objective 1: Improve health outcomes for women with HIV. (14 votes)
    2. Objective 2: Improve health outcomes for adults over 50 years old with HIV. (12 votes)

3. Objective 3: Increase awareness of stigmatizing behaviors throughout the system of care. (11 votes)
- Recommendation #3: Remove these objectives and related activities from measurable goals and include in the Plan narrative:
  1. Improve health outcomes for people with HIV experiencing HOMELESSNESS. (12 votes)
  2. Improve health outcomes for people with HIV experiencing HOUSING INSTABILITY. (11 votes)

Further deliberations on activities and wording were scheduled for discussion at stand-alone meetings prior to the next JIPRT meeting.

#### **X. Announcements**

Staff announced that the State of Florida HIV Care Study is still open and responses are needed. Also, flyers were projected on the meeting screen National Latin AIDS Awareness Day event, Yo Soy La Mejor; Get on Board training; and an FIU research webinar hosted by BSR.

Other event announcements included a Speed Networking event hosted by Florida Department of Health-Miami-Dade County (FDOH-MDC); a PrEP Symposium; and the release of mini-RFPs from FDOH-MDC.

#### **XI. Next Meeting**

Ms. Muñoz announced the next meeting dates and reminded members to RSVP:

- Prevention Committee: November 18, 2025, at FDOH Health District Center.
- Strategic Planning Committee: January 13, 2026, at BSR.

#### **XII. Adjournment**

Ms. Muñoz called the meeting adjourned at 12:48 p.m.



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## Membership Report

January 21, 2026

### The Miami-Dade HIV/AIDS Partnership

*The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners.*

### Opportunities for Ryan White Program Clients

**4** seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.  
*(1 applicant pending)*

### Opportunities for General Membership

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

- Hospital or Health Care Planning Agency Representative
- Housing, Homeless or Social Service Provider
- Other Federal HIV Program Grantee Representative (Part F)
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Non-Ryan White Program Miami-Dade County Representative
- Part D Grantee Representative
- Mental Health Provider Representative *(1 applicant pending)*

### Are you a Member?

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

### Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?



Get Started Today!  
Scan the QR Code or contact  
[mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com).



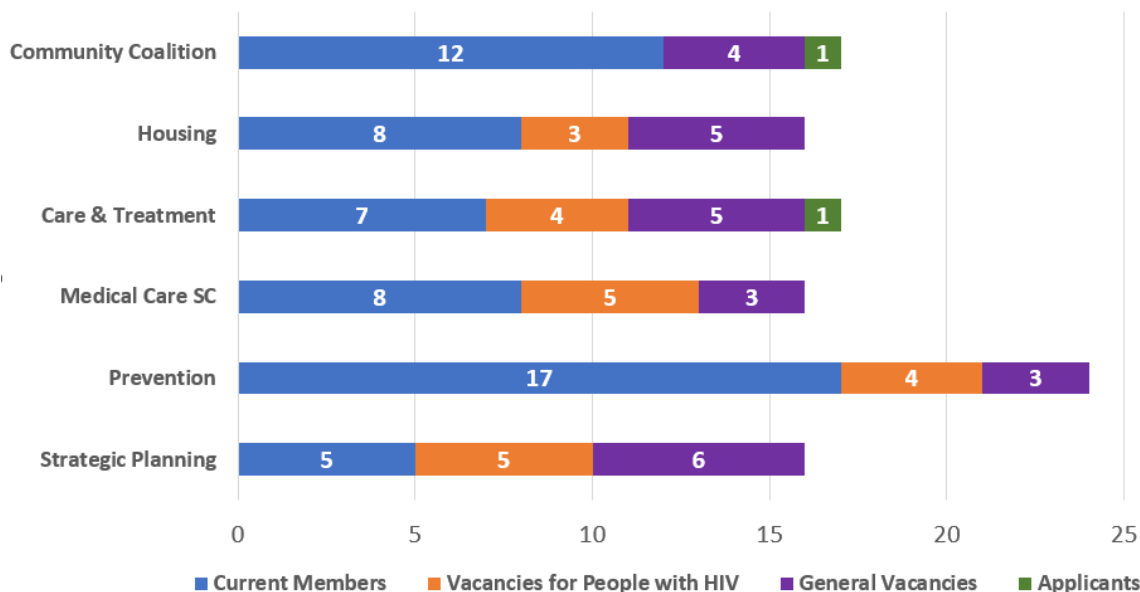


# Committees

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

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

Standing Committee and Subcommittee Membership



\* Prevention Committee activities and new member opportunities are on hold.



## Partnership Report to Committees and Subcommittee February 2, 2026, Meeting

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Supporting documents related to motions in this report are available online at [www.partnershipmiami.org/the-partnership-2/](http://www.partnershipmiami.org/the-partnership-2/), or from Behavioral Science Research Corp. (BSR) staff. For more information, please contact [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com).

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Officer nominations were announced, members heard regular reports, and the below motions were approved.

### Community Coalition Roundtable

1. Motion to recommend to Mayor Daniella Levine Cava the appointment of Rolando Hallmon to the Miami-Dade HIV/AIDS Partnership for a Representative of the Affected Community seat, and the appointment of James Riley to the Miami-Dade HIV/AIDS Partnership for the Mental Health Provider Representative seat.

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### Care and Treatment Committee

2. Motion to nominate Dr. Diego Shmuels as the Florida Comprehensive Planning Network alternate member.

*These motions were approved in response to pending changes to ADAP funding:*

3. Motion to grant the Recipient the discretion to provide a phased approach to funding changes in response to pending ADAP implementation of programmatic changes.
4. Motion to reduce the Federal Poverty Level eligibility from 400% to 350% for the Ryan White Part A and Minority AIDS Initiative (MAI) Program.
5. Motion to reduce the maximum annual allowance of the Part A Substance Abuse Residential days from 180 to 120 days.
6. Motion to remove ride share services from the Part A Medical Transportation service.
7. Motion to cut the Part A Oral Health Care service allocation in half and to allow the Medical Care Subcommittee to provide input on priorities and reduced services included in the Oral Healthcare Formulary.
8. Motion to eliminate the Part A Health Insurance Premium and Cost Sharing for Low-Income Individuals allocation.
9. Motion to eliminate the Part A Outreach allocation.
10. Motion to reduce the Part A Food Bank allocation to \$500,000.
11. Motion to reduce the Part A Medical Case Management allocation to \$3.5 million.
12. Motion to reduce the Part A Legal Services allocation to \$25,000.
13. Motion to remove the allocation for MAI Outreach.

14. Motion to remove ride share services from the MAI Medical Transportation service.
  15. Motion to defer the approval of the Psychosocial Support Services and Outreach service descriptions as presented and to review further updates in the future when the services are being provided.
-



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| VIII. Standing Business  | Staff                 |
| ▪ 2027-2031 Integrated Plan Development  |                       |
| IX. New Business   | All                   |
| ▪ Annual Source of Income Filing   |                       |
| X. Announcements and Open Discussion   | All                   |
| XI. Next Meeting Dates   | Crystal Lopez         |
| ▪ Strategic Planning Committee: March 10, 2026, at BSR   |                       |
| ▪ Prevention Committee: March 26, 2026, at FDOH-Health District Center                           |                       |
| XII. Adjournment   | Virginia Muñoz        |

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

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# 2027-2031

## Section I: Introduction of Integrated Plan and SCSN

<p><b>Section I: Introduction of Integrated Plan and SCSN</b></p> <p><i>Purpose:</i> To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission</p> <ul style="list-style-type: none"><li>• <b>Write a detailed summary:</b> Ensure it shows how you have met the Integrated Plan requirements.</li><li>• <b>Combining materials:</b> Explain how new and existing materials relate.</li></ul>
<p style="text-align: center;"><b>Requirements</b></p>
<p><b>1. Introduction</b></p> <p><b>Describe the Integrated Plan</b></p> <ul style="list-style-type: none"><li>• Include SCSN</li><li>• Explain how past plans/SCSNs inform this plan/SCSN.</li><li>• Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.</li></ul>
<p><b>a. Approach</b></p> <p><b>Describe your approach to preparing the Integrated Plan submission.</b></p> <ul style="list-style-type: none"><li>• Update existing plan: Modify and enhance previously submitted plan.</li><li>• Integrate Existing Documents: Combine sections from current plans and documents.</li><li>• Develop a New Plan: Create an entirely new plan from scratch.</li></ul>
<p><b>b. Documents submitted to meet requirements.</b></p> <p>Fill out for each requirement per column provided:</p> <ul style="list-style-type: none"><li>• New or existing material</li><li>• Title/File Name for materials</li><li>• Page numbers within the section</li></ul>

## 1. Describe the Integrated Plan

- Requirement: Include SCSN

For over a decade, the Miami-Dade County (MDC) Eligible Metropolitan Area (EMA) has been a national HIV/AIDS hot spot. The EMA continues to lead the state of Florida in the total number of people with HIV. 29,453 people with HIV – almost 23% – of the entire state’s population of people with HIV lived in the EMA in calendar year (CY) 2023, the latest year of complete surveillance data available from the Florida Department of Health (FDOH).

Florida’s Statewide Coordinated Statement of Need (SCSN) has identified four key areas of need in the EMA:

- HIV Prevalence: The state of Florida continues to have one of the highest rates of new HIV diagnoses in the United States.
- Disproportionate Impacts: The epidemic continues to disproportionately impact Black/African American and Hispanic/Latino communities.
- Barriers to Care: Social determinants of health, including high rates of poverty, lack of transportation, food insecurity, housing instability, mental health issues, and substance use disorders hinder prevention and care efforts.
- Service Gaps: There is still a need for expanded access to pre-exposure prophylaxis (PrEP), mental health services, and supportive/culturally competent service providers.

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- Requirement: Explain how past plans/SCSNs inform this plan/SCSN. Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.

For the past three years, the EMA has been guided by the 2022-2026 Integrated HIV Prevention and Care Plan (2022-2026 Plan) goals. The Miami-Dade HIV/AIDS Partnership (Partnership), the EMA’s Ryan White Program Planning Council, has taken the lead on 2022-2026 Plan evaluation, monitoring, updating, and reporting. The Partnership’s Integrated Plan Evaluation Workgroup refined the 2022-2026 Plan activities in 2023. Since then, the Partnership’s Strategic Planning and Prevention Committees have reviewed data and further evaluated and refined the activities. The committees meet independently and as a combined group, the Joint Integrated Plan Review Team (JIPRT).

Both qualitative and quantitative data were used in the 2027-2031 Integrated HIV Prevention and Care Plan (2027-2031 Plan) to describe the impact of HIV in the EMA; determine service gaps and barriers to care; identify prevention and treatment areas; and refine goals and objectives to ensure access to HIV prevention and care for all people across the service delivery system, as detailed in Section III: Contributing Data Sets and Assessments.

The foundation for the 2022-2026 Plan was the overarching goals of the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic: A Plan for America (EHE), and the key areas identified by the SCSN. Although NHAS as a guiding document has been removed from the

guidance for the 2027-2031 Plan, we recognize the importance of building the Plan around the national objectives supported by CDC and HRSA:

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

Those goals will provide the 2027-2031 Plan structure and will continue to inform our activities.

Representatives from the Partnership and the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program – the Ryan White Program Part A/Minority AIDS Initiative Recipient (the Recipient), serve on the Florida Comprehensive Planning Network (FCPN); and Partnership staff serve on the Statewide Integrated HIV Prevention and Care Plan (IPC) Workgroup and the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) Advisory Board. Regular reporting and feedback on statewide updates relevant to local planning and program administration were included in the 2027-2031 Plan development.

Additionally, the 2023 Community Health Needs Assessment (CHNA), conducted collaboratively by major health institutions in Miami-Dade County, identified access to healthcare; mental health; income inequality/financial stability; housing; access to affordable health insurance; and chronic diseases as the topmost significant health priorities. Those findings and related recommendations were also considered in development of the 2027-2031 Plan.

This Plan is truly a living document which will continue to be monitored for updates to meet changing legislative requirements, respond to local policy changes, and be updated as new data become available. Responsibility for monitoring and reporting on Plan progress will continue to be a collaboration between the Partnership, the Recipient, and the Florida Department of Health in Miami-Dade County – the prevention funding grantee (FDOH-MDC).

---

### **1a. Approach: Describe your approach to preparing the Integrated Plan submission.**

- **Requirement: Update existing plan: Modify and enhance previously submitted plan.**

In preparation for this submission, the 2022-2026 Plan served as the foundation. The 2022-2026 Plan received a high rating from CDC/HRSA, indicating some minor changes which have been addressed. The greatest changes between the 2022-2026 Plan and the 2027-2031 Plan are in response to changing legislative requirements and funding.

Contributors to the 2027-2031 Plan development, monitoring and updating include people with HIV (both Ryan White Program clients and others); Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C; the AIDS Drug Assistance Program (ADAP); FDOH-MDC

Community Mobilization Workgroups; the Florida Agency for Health Care Administration (Medicaid); the Recipient; FDOH-MDC; Partnership members; and other collaborators as detailed in Section II: Community Engagement and Planning Process. Throughout the process, the 2027-2031 Plan was presented to the JIPRT and other committees at public, well-advertised meetings. All meeting documents, including meeting minutes, Plan drafts, supporting referenced documents, and relevant presentations, were posted on the Partnership’s website, [www.PartnershipMiami.org](http://www.PartnershipMiami.org). Final approval by the Partnership took place in May 2026.

- 
- Requirement: Integrate Existing Documents: Combine sections from current plans and documents.

Source documents are indicated below.

- 
- Requirement: Develop a New Plan: Create an entirely new plan from scratch.

N/A.

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### 1b. Documents submitted to meet requirements.

- Requirement: Fill out for each requirement per column provided:
  - New or existing material (to be included in the final draft)
  - Title/File Name for materials (to be included in the final draft)
  - Page numbers within the section (to be included in the final draft)

Data were drawn from the following source documents:

- CDC/HRSA 2027-2031 Integrated Plan Guidance (February 2025);
- 2022-2026 Integrated HIV Prevention and Care Plan for Miami-Dade County;
- 2022-2026 State of Florida Integrated HIV Prevention and Care Plan;
- FDOH Epidemiological data, CY 2024;
- HIV and STD testing data provided by the FDOH-MDC;
- RWHAP utilization data provided by the RWHAP, 2022-2025;
- RWHAP Client Satisfaction Survey data provided by the RWHAP for 2022-2025;
- Data on service gaps, provided by the FDOH-MDC and the Ryan White Program;
- Work Plan CDC-RFA-PS20–2010, Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States, Florida Department of Health in Miami-Dade County (FDOH-MIAMI-DADE)
- Florida Community Health Assessment Resource Tool Set (CHARTS); <https://www.flhealthcharts.gov/Charts/>.
- The Health Council of South Florida (HCSF) District 11 Health Profile (January 30, 2025);
- The EHE Jurisdictional Plan, prepared by the Florida Department of Health in Miami-Dade County (FDOH-MDC);

- 2025 Annual Partnership Needs Assessment;
- 2024 Annual Report – HIV in Miami-Dade County, prepared by the Miami-Dade HIV/AIDS Partnership;
- 2023 Community Health Needs Assessment, provided by the Miami-Dade Community Health Needs Collaborative;
- 2025 State of Florida HIV Care Needs Survey for Area 11a; provided by The AIDS Institute;
- Results from the listening sessions, interviews, community input sessions, and online surveys conducted by BSR (pending); and
- Letter of Concurrence.

*(This list is subject to additional resources.)*

DRAFT

## Section IV: Situational Analysis

<p><b>Section IV: Situational Analysis</b></p> <p><b>Purpose:</b> To provide a snapshot summary that synthesizes information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III that in turn informs the goals and objectives of the Integrated Plan. The situational analysis provides an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum.</p> <p><b>Tips</b></p> <ol style="list-style-type: none"> <li>1. New or existing material may be used; however, if existing material is used, it needs to be updated to reflect the most current information.</li> <li>2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.</li> <li>3. Jurisdictions may submit the Situational Analysis requirement. <i>However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.</i> If using an updated or current version of your EHE plan to fulfill this requirement, be sure to include updates as noted below.</li> </ol>
<p><b>Requirements</b></p>
<p>1. Situational Analysis</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III.</p> <p>Provide a short overview across the HIV prevention and care continuum to include:</p> <ul style="list-style-type: none"> <li>• Strengths</li> <li>• Challenges</li> <li>• Identified needs</li> </ul>
<ul style="list-style-type: none"> <li>• Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV. Analysis should include each of the following areas:             <ol style="list-style-type: none"> <li>a. Diagnose all people with HIV as early as possible.</li> <li>b. Treat people with HIV rapidly and effectively to reach sustained viral suppression.</li> <li>c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)</li> <li>d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.</li> </ol> </li> </ul> <p>Note: Jurisdictions may submit other plans to satisfy this requirement, if they are current and applicable to the entire HIV prevention and care service system across the jurisdiction.</p>
<p>a. People and Communities Disproportionately Impacted by HIV</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of people and communities disproportionately impacted by HIV for the jurisdiction.</p>

## IV.a. Situational Analysis

Requirement: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III.

Provide a short overview across the HIV prevention and care continuum to include:

- Strengths
- Challenges
- Identified needs

*Includes 2022-2026 Plan analysis. Further updates pending.*

### STRENGTHS

- More than 35 years of service delivery experience by service providers funded through the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program – the Ryan White Program Part A/Minority AIDS Initiative Recipient (the Recipient); and the Florida Department of Health in Miami-Dade County – the prevention funding grantee (FDOH-MDC).
- Active involvement and dedication of various stakeholders engaged in needs assessment; client satisfaction surveys; prevention, care, and treatment planning; and priority setting and resource allocation activities.
- Recipients and subrecipients are in ongoing daily communication to help ensure quality services are provided to people with HIV.
- An array of available ART medications - oral medications and a long-acting injectables are available.
- The Recipients, FDOH-MDC and the Partnership maintain comprehensive websites and/or social media accounts which provide resources for people with HIV, service providers and the general public.

### CHALLENGES

- Pending funding cuts and program changes to ADAP and ACA premium coverage.
- Not enough culturally appropriate messaging about PrEP, nPEP, and PEP.
- Not enough “People First” messaging and service delivery.
- Not enough relevant or engaging prevention, care and treatment messaging that looks like the community that we are trying to serve.
- Inability to adequately measure or address stigma.
- Need to provide more education regarding health insurance, navigating the health care system, mitigating feelings of mistrust with the medical system, and how to effectively use insurance benefits.
- Aging workforce – succession planning must be prioritized.
- Treatment fatigue for clients.
- Service delivery fatigue for service providers, subrecipients, and recipients.
- Maintaining a focus on healthcare in the midst of stigma issues, socio-economic factors, and social determinants of health, especially in special populations.
- Legislation disenfranchising vulnerable populations.

- Legislation and funding not keeping pace with changes in client needs and the changing healthcare landscape.
- Funding cuts to research.

## IDENTIFIED NEEDS

- Transitional housing, short-term housing, or emergency housing assistance to prevent homelessness.
- Help to pay private insurance costs or copays.
- Oral health (dental care, dentures, oral surgery, etc.)
- Limited, one-time or short-term assistance with any of the following: Medications not covered by AIDS Drug Assistance Program (ADAP), Utilities, Housing, Food, or Transportation.
- Food bags, grocery certificates, home-delivered meals, or nutritional supplements.
- Access to resources in multiple languages.
- Special needs of marginalized populations including transgender persons, undocumented persons, youth, and persons aging into Medicare.
- Funding may not be sufficient to address all the needs identified in this Plan.

- 
- Requirement: Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV.

Each of the four Ending the HIV Epidemic (EHE) pillars are addressed below, including a brief analysis, further outlined throughout this Plan, and related strategies which are detailed in Section V: 2027-2031 Goals and Objectives.

Regarding structural and systemic issues impacting populations disproportionately impacted by the HIV epidemic in the EMA, see Section III: Contributing Data Sets and Assessments, which details racial and ethnic disparities, high rates of poverty, the difficulties for people experiencing homelessness or who are unstably housed, challenges of navigating a complex service system as a non-native speaker of English, stigma and fear of disclosure of HIV status, and dealing with biases around sexual-identification.

Because development of this Plan was an integrated process, key partners are consistent and redundant across all pillars, including:

- Partnership members, specifically members of the Prevention Committee and Strategic Planning Committee;
- FDOH-MDC and partners;
- RWHAP Recipients, subrecipients, front line service providers, and other partners;
- Clinical Quality Management (CQM) providers;
- Partnership and CQM staff; and
- Other community stakeholders.

The Partnership's Prevention Committee is guided by the activities of the FDOH-MDC; and the Strategic Planning Committee is guided by responsibilities for Part A Planning Councils in

coordination with the Recipient. It is the intention of the two committees – working together as the Joint Integrated Plan Review Team (JIPRT) – to expand community stakeholders and continue to engage the broadest scope of partners throughout the implementation of this Plan. At the same time, this Plan is intended to integrate efforts without unnecessary duplication of effort.

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**DIAGNOSE: Diagnose all people with HIV as early as possible.**

Testing is the key to making people aware of their HIV status. The goal of HIV counseling and testing is to assist individuals in assessing their vulnerabilities, getting tested, and understanding their test results. For people with negative results, the goal is to develop a personalized prevention plan; and for people with a positive test result, the goal is to link them to care. According to Florida CHARTS, MDC ranked as the Florida county with the most HIV diagnoses for each of the five years from 2020 to 2024. As noted in Section III: Contributing Data Sets and Assessments, the EMA has the highest concentration of people with HIV in the state of Florida, and high rates of new HIV diagnoses.

From 2020 through 2024, the Eligible Metropolitan Area (EMA) of Miami-Dade County reported a total of 4,669 new HIV cases. This indicates an almost 19% decrease from the previous reporting period of 2017-2021, (though 2021 data sets were not complete at the time of that writing).

The EMA has a robust and widely promoted HIV testing program which includes on-site rapid testing, after-hours rapid testing, mobile rapid testing, opt-out testing in emergency rooms and clinics, and at-home testing. Marketing of testing availability is developed in English, Spanish, and Haitian Creole. This Plan’s Prevention strategies related to diagnosing more people who do not know their status will further positive health outcomes, particularly among special populations.

*Diagnose-related strategies are under development.*

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**TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression.**

The EMA’s Test and Treat/Rapid Access (TTRA) protocol is the basis for rapid linkage to care. The protocol has a demonstrated success in linking newly diagnosed persons to care, with a linkage rate of 83% in 2024. Persons who enter the Ryan White HIV/AIDS Program (RWHAP) service system through TTRA and those who are enrolled in RWHAP and the AIDS Drug Assistance Program (ADAP) care can be monitored to ensure they are connected to and accessing available needed services.

Adoption of strategies to train providers on status-neutral care and cultural competency continue to be a focus of planning, though we recognize that efforts to address systematic racism, and sexual-identity disparities as public health threats are limited by current politics and funding.

*Treat-related strategies are under development.*

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**PREVENT: Prevent new HIV transmissions by using proven interventions, including pre- exposure prophylaxis (PrEP) and syringe services programs (SSPs).**

The EMA’s offers prevention services, including HIV/STD testing and referrals, partner prevention services, condom distribution, prevention for negatives, needle exchange, individual- and group-level educational sessions, and PrEP and nPEP screening, referral, and linkage across a broad service providers network. Prevention initiatives are conducted throughout the EMA via face-to-face and virtual interventions, mobile testing units, social media platforms, and print, radio and television advertising. FDOH-MDC has a dedicated website for HIV testing, [www.testmiami.org](http://www.testmiami.org), which promotes PrEP, condom distribution, and testing sites, with links to locate services throughout the EMA. Continued and ongoing funding for condom distribution at the time the 2026-2031 Plan was written.

The IDEA Exchange Syringe Services Program at the University of Miami Miller School of Medicine is the innovative SSP which started in December 2016 in Miami-Dade County and has become a statewide SSP model in mitigating HIV transmission via injection drug use.

Even with prevention initiatives targeted special populations and a broad general availability of prevention messaging and resources, the latest CDC Estimated HIV Incidence and Prevalence in the United States, 2018–2022, indicates there were more than 2,400 individuals in the EMA in 2022 who have HIV and are not aware of their status. That figure underscores the considerable strategies and activities in this Plan to identify those individuals.

*Prevent-related strategies are under development.*

---

**RESPOND: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**

The EMA has had to mobilize a response to outbreaks of Monkeypox, Meningococcal Disease, Hepatitis A, and COVID-19.

Materials alerting the community about outbreaks are produced in English, Spanish, and Haitian-Creole, and are widely distributed throughout the EMA, through printed flyers, social media campaigns, and on various websites. HIV prevention and care resources are widely available throughout the EMA, and many of those partners were instrumental in disseminating information about other disease outbreaks. Nonetheless, developing more community partnerships to leverage available services and funding will enhance our ability to respond quickly to HIV outbreaks.

Stakeholders who are targeted for future engagement include police departments/first responders, celebrity/social media personalities, domestic violence prevention organizations,

and Business Respond to AIDS (BRTA) organizations. Coordination across funding streams is also important to avoid delays in reacting to outbreaks.

The EHE Mobile GO Teams initiative uses mobile clinics to support Miami-Dade County's ability to rapidly respond to HIV transmission clusters using the local Test and Treat/Rapid Access model.

To assist individual subrecipients with proactively addressing where clients may be lost to care or are not meeting VL suppression rates, the RWHAP's Clinical Quality Management (CQM) quarterly Performance Report Card provides Part A/MAI, Part B, and GR data along with subrecipient level extract files (CQI subrecipient dashboard data).

As it relates to rapid response to HIV clusters, we recognize that identifying outbreaks is not always obvious since outbreaks need to be determined by genetic testing to verify if a cluster is all the same strain of the virus.

*Respond-related strategies are under development.*

- 
- Requirement: People and Communities Disproportionately Impacted by HIV

### **Special Populations: People and Communities Disproportionately Impacted by HIV**

The designated special populations for retention in medical care (RiMC) and viral load suppression (VL) represent the largest subpopulations with the lowest RWHAP treatment outcomes in the EMA. Plan activities will focus on tracking and reporting RWHAP client RiMC and VL suppression rates for Black/African American males, Black/African American females, and Haitian male and females. Additional data tracking by is available and is reported directly to subrecipients. Quality Improvement projects at the RWHAP subrecipient level may be designed to address shortfalls. This Plan acknowledges limitations in tracking RiMC and VL suppression data outside the RWHAP.

Health-related outcomes for special populations will include people living with HIV age 50 and older; and women with HIV. This Plan acknowledges difficulty in measuring activities to bring awareness to stigmatizing behavior throughout the service system. While reducing stigma remains an overarching philosophy in the EMA, activities specific to this goal are not tracked in the database. This Plan also acknowledges limitations in tracking health outcomes for populations outside the RWHAP.

Additionally, the Plan addresses overall health outcomes based on other determinants of health, specifically housing instability, food insecurity, and the impacts from a rapidly changing legislative and funding environment.



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

Tuesday, February 17, 2026

10:00 AM – 1:00 PM

Florida Department of Health – Health District Center  
1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

### AGENDA

- |  |                       |
|--|-----------------------|
| I. Call to Order   | Virginia Muñoz        |
| II. Introductions  | All                   |
| III. Housekeeping  | Angela Machado        |
| IV. Floor Open to the Public   | Stephanie Stonestreet |
| V. Review/Approve Agenda   | All                   |
| VI. Review/Approve Minutes of October 21, 2025   | All                   |
| VII. Reports (posted on <a href="http://www.PartnershipMiami.org">www.PartnershipMiami.org</a> ) | Staff                 |
| ▪ Membership   |                       |
| ▪ Partnership  |                       |
| VIII. Standing Business  | Staff                 |
| ▪ 2027-2031 Integrated Plan Development  |                       |
| IX. <b>New Business</b>  | <b>All</b>            |
| ▪ <b>Annual Source of Income Filing</b>  |                       |
| X. Announcements and Open Discussion   | All                   |
| XI. Next Meeting Dates   | Crystal Lopez         |
| ▪ Strategic Planning Committee: March 10, 2026, at BSR   |                       |
| ▪ Prevention Committee: March 26, 2026, at FDOH-Health District Center                           |                       |
| XII. Adjournment   | Virginia Muñoz        |

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

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# SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

<b>Disclosure for Tax Year Ending</b>	<b>Last Name (or, Consultant or Consulting Firm name)</b>	<b>First Name</b>	<b>Middle Name/Initial</b>
<b>Mailing Address – Street Number, Street Name, or P.O. Box</b>			
<b>City, State, Zip</b>			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.**

### Filing as an Employee (check one)

<input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>Public Health Trust</b> <input type="checkbox"/> <b>Municipal:</b> _____ <div style="text-align: right; font-size: small;">(Municipality)</div>		
<b>Department</b>		
<b>Position or Title</b>		<b>Employee ID Number</b>
<b>Work address</b>	<b>Work telephone</b>	<b>Employment began on/ended on</b>

### Filing as (check one)

<input type="checkbox"/> <b>County Board</b> <input type="checkbox"/> <b>Municipal Board:</b> _____ <div style="text-align: right; font-size: small;">(Municipality)</div> <input type="checkbox"/> <b>Consultant for County or Municipal Agency</b>		
<b>Board where serving or name of County or Municipal Agency Consultant is providing professional services to</b>		
<b>Alternate address (if home address is exempt)</b>	<b>Work telephone</b>	<b>Term began on/ended on</b>

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.**

Name of Source of Income	Address	Description of the Principal Business Activity

I hereby swear (or affirm) that the information above is a true and correct statement.

\_\_\_\_\_  
**Signature of Person Disclosing**

\_\_\_\_\_  
**Date**

ETHICS COMMISSION USE ONLY:

# SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes; awards; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

## FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing their state form with the Florida Commission on Ethics.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form "(SOI-F). The SOI and SOI-F can not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and can not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

## Example (Review sources of income above; note - no monetary amount required).

Name of Source of Income	Address	Description of Principal Business Activity
Name of place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

**Miami-Dade County (including Public Health Trust) Personnel and Advisory Board** members shall file completed forms with: Miami-Dade County Commission on Ethics and Public Trust

**Via EMAIL: [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov)**

**or by mail to:**

**Miami-Dade County Commission on Ethics and Public Trust  
701 NW 1st Court 8th Floor, East  
Miami, FL 33136**

**Municipal Personnel and Advisory Board Members** shall file completed forms with their respective Municipal Clerk. Municipal employees may contact their respective Municipal Clerk's Office. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at 305-579-2594 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov).

**Note RE: Florida Statutes § 119.07:** The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. A full list of positions and offices eligible for public records exemption can be found at Florida Statutes § 119.071.



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

Tuesday, February 17, 2026

10:00 AM – 1:00 PM

Florida Department of Health – Health District Center  
1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

### AGENDA

- |  |                       |
|--|-----------------------|
| I. Call to Order   | Virginia Muñoz        |
| II. Introductions  | All                   |
| III. Housekeeping  | Angela Machado        |
| IV. Floor Open to the Public   | Stephanie Stonestreet |
| V. Review/Approve Agenda   | All                   |
| VI. Review/Approve Minutes of October 21, 2025   | All                   |
| VII. Reports (posted on <a href="http://www.PartnershipMiami.org">www.PartnershipMiami.org</a> ) | Staff                 |
| ▪ Membership   |                       |
| ▪ Partnership  |                       |
| VIII. Standing Business  | Staff                 |
| ▪ 2027-2031 Integrated Plan Development  |                       |
| IX. New Business   | All                   |
| ▪ Annual Source of Income Filing   |                       |
| X. <b>Announcements and Open Discussion</b>  | <b>All</b>            |
| XI. Next Meeting Dates   | Crystal Lopez         |
| ▪ Strategic Planning Committee: March 10, 2026, at BSR   |                       |
| ▪ Prevention Committee: March 26, 2026, at FDOH-Health District Center                           |                       |
| XII. Adjournment   | Virginia Muñoz        |

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

Follow Us: [www.PartnershipMiami.org](http://www.PartnershipMiami.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



MIAMI-DADE  
HIV/AIDS PARTNERSHIP

# Report for Action!

## *Partnership Meeting Briefing for Member Enrichment*

Join Partnership Staff for a *30-minute briefing* in preparation for your **Monday, March 2, 2026**, Partnership meeting. We'll walk you through your meeting documents and highlight meeting action items as detailed on [www.partnershipmiami.org/the-partnership-2/](http://www.partnershipmiami.org/the-partnership-2/).

### Featuring

- 2026 Partnership Officer Elections.
- Committee Motions.
- Ryan White Part A/MAI, Part B, ADAP, General Revenue, and HOPWA Funding and Program Updates.
- Annual Source of Income Filing.

**Friday, February 27, 2026**  
**12:00 PM - 12:30 PM**



### **JOIN VIA MICROSOFT TEAMS**

<https://teams.microsoft.com/meet/24273827711489>

**Meeting ID: 242 738 277 114 89**

**Password: Rz2b46pa**

Questions? Contact us at [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com)



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| ▪ <b>Strategic Planning Committee: March 10, 2026, at BSR</b>                                    |                       |
| ▪ <b>Prevention Committee: March 26, 2026, at FDOH-Health District Center</b>                    |                       |
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S	M	T	W	T	F	S
1	2 10:00 am - 12:00 pm Miami-Dade HIV/AIDS Partnership	3	4 1:00 pm - 4:00 pm New Member Orientation and Training	5	6	7
8	9	10 10:00 am - 12:00 pm Strategic Planning Committee	11	12 10:00 am - 12:00 pm Care and Treatment Committee	13	14
15	16	17	18	19 2:00 pm - 4:00 pm Housing Committee	20	21
22	23	24	25 10:00 am - 12:00 pm Executive Committee	26 10:00 am - 12:00 pm Prevention Committee	27 9:30 am - 11:30 am Medical Care Subcommittee	28



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