

WELCOME

Thank you for attending today's

Strategic Planning Committee Meeting

Please sign in to have your
attendance recorded.



Scan the QR Code for
meeting materials.



Strategic Planning Committee

Tuesday, April 14, 2026

10:00 AM – 12:00 AM

Scan for Meeting Documents

Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, 2nd Floor Conference Room
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | Angela Machado |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Angela Machado |
| IV. | Floor Open to the Public | Angela Machado |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 10, 2026 | All |
| VII. | Reports | Angela Machado |
| | ▪ Partnership | |
| | ▪ Membership | |
| VIII. | Standing Business | |
| | ▪ 2026 Schedule of Activities | All |
| | ▪ 2027-2031 Integrated Plan Development | All |
| IX. | New Business | |
| | ▪ Draft 2026 Planning Survey: Treatment Challenges Among Ryan White Clients in Miami-Dade County | |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting | Angela Machado |
| | ▪ Joint Integrated Plan Review Team, Tuesday, May 19, 2026, 10:00 AM – 1:00 PM at Florida Department of Health-Health District Center, 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125 | |
| XII. | Adjournment | Angela Machado |

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.

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Meeting Housekeeping Strategic Planning Committee

Updated March 2026
Behavioral Science Research



Disclaimer & Code of Conduct

- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall treat all persons, issues and business fairly.
- ❑ 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 Chair.
- ❑ Only Strategic Planning Committee members vote at today's meeting.

Language Matters!

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



Remember **People First** Language . . .

People with HIV, *People* with substance use disorders,
People who are 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/#strategicplanning1 or by scanning the QR code on your agenda.

Strategic Planning Committee
Next Meeting: September 9, 2025, at 10:00 a.m.
Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134

AGENDA
September 9, 2025 (revised)

MINUTES
July 22, 2025

PARTNERSHIP REPORT
Partnership Report of Approved Motions, May 12, 2025

BYLAWS
[Click here.](#)

RETURN TO MENU

Meeting Documents

- September 9, 2025, Meeting Presentation
- Assessment of the Administrative Mechanism Report (September 2025 Draft)
- 2027-2031 Integrated Plan Guidance (February 2025 Revision)

2024 Annual Report

Reference

Getting to the Meeting

Next Strategic Planning Committee Coming Up In...
21 : 54 : 44
Hrs Min Sec

RSVP

Membership

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.”



Strategic Planning Committee
Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134
March 10, 2026, Minutes

#	Members	Present	Absent
1	Edwards, Shawneaqua	x	
2	Gonzalez, Nilda		x
3	Machado, Angela	x	
4	Singh, Hardeep	x	
5	Stonestreet, Stephanie	x	
Quorum = 3			

Guests	
Eldanaf, Amal	Robinson, Joanna
Gonzalez De Obando, Tivisay	Valle-Schwenk, Carla
Hallmon, Rolando	
Staff	
Bontempo, Christina	Ladner, Dr. 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 <https://partnershipmiami.org/the-partnership-2/#strategicplanning1>.

I. Call to Order

Committee Chair, Stephanie Stonestreet, called the meeting to order at 10:04 a.m. and introduced the discussion topics for the meeting.

II. Introductions

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Members took turns reading the *Meeting Housekeeping* PowerPoint slides, which included general reminders, code of conduct, people-first language, information about the Partnership, and meeting participation best practices.

IV. Floor Open to the Public

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, so the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda. Staff asked that the Member Recruitment Presentation and Officer Elections be moved from New Business to just after Reports to ensure those items were addressed in the time allowed.

Motion to approve the agenda with changes as discussed.

Moved: Hardeep Singh

Seconded: Shawneaqua Edwards

Motion: Passed

VI. Review the Minutes of September 9, 2025

Members reviewed the minutes of September 9, 2025, and there were no changes.

Motion to approve the minutes of September 9, 2025, as presented.

Moved: Angela Machado

Seconded: Hardeep Singh

Motion: Passed

VII. Reports

▪ Partnership

Ms. Stonestreet announced that the Partnership met in February and March and passed several motions related to contingency planning for the Ryan White Part A / MAI program due to changes to ADAP. Members had a copy of the report in their packet, and it was posted online.

The Partnership also approved the recommendation for Yvette Gonzalez as the Part D Representative on the Partnership and approved a new committee application and on-boarding and mentorship process.

▪ Membership

Ms. Stonestreet announced that there are still a considerable number of vacancies on the committee and the Partnership, which will be further discussed under the Member Recruitment Presentation.

VIII. New Business (Part 1)

▪ Member Recruitment Presentation

Joanna Robinson and Rolando Hallmon, members of the Community Coalition Roundtable, introduced the new two-page committee application and the new on-boarding and mentorship process, developed by the Roundtable. It was noted that input from people with HIV, particularly Ryan White Program clients, is an essential component of Partnership activities and that the committee currently has no voting members from the affected community.

Additional activities underway related to recruitment include rebranding the Partnership with a new logo and developing flyers or other promotional materials with the new logo. Members suggested inviting other committee chairs to attend a Community Coalition Roundtable meeting to encourage officers to share broader participation by people with HIV.

▪ Officer Elections

The Committee reviewed the memo regarding officer elections in their meeting packets. Nominees were Ms. Stonestreet for Chair and Ms. Machado for Vice Chair. There were no other nominees.

Although Ms. Machado has served two years as Vice Chair, she offered to remain in the seat as there are no other Partnership member candidates. Members were asked to consider a waiver to the Bylaws requirement, “Section 5.3.A.: Elected officers of the Partnership, standing committees, subcommittees, and workgroups shall serve a one (1) year term. No elected officer may serve more than two (2) consecutive one-year terms.” for election of Strategic Planning Committee Vice Chair for the 2026 election.

Motion to waive to the Bylaws requirement, “Section 5.3.A.: Elected officers of the Partnership, standing committees, subcommittees, and workgroups shall serve a one (1) year term. No elected officer may serve more than two (2) consecutive one-year terms.” for election of the Strategic Planning Committee Vice Chair for the 2026 election.

Moved: Hardeep Singh

Seconded: Shawneaqua Edwards

Motion: Passed

With no additional nominees, Ms. Stonestreet requested a motion to elect the 2026 nominees.

Motion to re-elect Stephanie Stonestreet as Chair and Angela Macahdo as Vice Chair of the Strategic Planning Committee.

Moved: Shawneaqua Edwards

Seconded: Hardeep Singh

Motion: Passed

IX. Standing Business

▪ 2027-2031 Integrated Plan Development

Staff reacquainted members with the new Monitoring and Reporting System (MRS) database. It was noted that all measurements must have a data source to be included in the database.

Members began reviewing Goal 2: Improve HIV-Related Health Outcomes For people with HIV. The suggested edits were to ensure Activities are written as actions and that Measurements are supported by a data source.

Members made the following updates:

- Objective 2.1: Ensure that all new RWP clients are linked to comprehensive HIV care and treatment within seven (7) days of enrollment and no later than 30 days.
 - Change to, “Ensure that 100% of new RWP clients are linked to comprehensive HIV care and treatment.”
- Activity 2.1.1: Ensure all new RWP clients receive ARV medication (as a measure of linkage to care).
 - Change to, “Follow the local rapid start protocols (TTRA, etc.) to ensure all new RWP clients receive ARV medication (as a measure of linkage to care).”
- Activity 2.1.2: Retain a minimum of 75% of newly enrolled RWP clients in medical case management for a minimum of six months (180 days) after enrollment in the RWP Program.
 - Change to, “Provide ongoing MCM services to newly enrolled clients to improve health outcomes.”

- Add Activity 2.1.3: Provide initial behavioral health services to newly enrolled clients to improve health outcomes. Add Measurements:
 - 2.1.3.1: Number of newly enrolled RWP clients;
 - 2.1.3.2: Number of newly enrolled RWP clients who received a mental health visit or assessment within 30 days of enrollment reporting period; and
 - 2.1.2.3: Percent of newly enrolled RWP clients who received a mental health visit or assessment within 30 days of enrollment.
- Activity 2.2.1: Improve VL suppression.
 - Change to, “Provide treatment adherence counseling to 100% of clients enrolled in MCM to maintain or improve VL suppression.”
- Cumulative Total/Most Recent Measurement
 - The field should be titled, “Cumulative Total,” throughout regardless of whether data is represented as a percentage or a number. All formulas should be reviewed to ensure the total column is populating properly.

Members discussed the limitations of data, particularly that Ryan White Program client data is the only monthly retention in care and linkage to care data readily available. It was noted that data is up to date as long as Medical Case Managers enter the data, otherwise it cannot be billed.

Data will be presented to the Joint Integrated Plan Review Team (JIPRT) on a semi-annual basis, and more frequent data can be reviewed as needed.

It was evident there would not be enough time to complete the review. Members agreed to review the remaining Objectives and to submit recommended edits in advance or bring them to the next meeting.

X. New Business (Part 2)

▪ Annual Source of Income Filing Staff

Members were reminded to complete their annual Source of Income form and copies were included in their packet to be returned at the end of the meeting.

▪ 2026 Schedule of Activities

This item was tabled due to meeting time constraints.

XI. Announcements and Open Discussion

There were no announcements.

XII. Next Meetings

Ms. Machado announced the next scheduled meeting date is Tuesday, April 14, 2026, at BSR Corp.

XIII. Adjournment

Ms. Stonestreet adjourned the meeting at 12:00 p.m.



Committee and Subcommittee Membership Application

This is the membership application for the committees and subcommittees of the Miami-Dade HIV/AIDS Partnership, Miami-Dade County's Ryan White Program Planning Council.

Our vision is to eliminate barriers and disparities, improve health outcomes, and create a healthier, empowered Miami-Dade County for all people living with, impacted by, or vulnerable to HIV. If you share this vision and have a reputation for integrity, community service, and a demonstrated interest in the field of HIV, you are invited to join!

Your commitment for membership includes:

- Monthly meeting preparation, attendance, and participation.
- Completion of Partnership and/or Miami-Dade County training and annual filing requirements.

1. Are you registered to vote in Miami-Dade County?

Yes. No. I'm not sure. *Committee and Subcommittee applicants **must be registered to vote** in Miami-Dade County. Please confirm or update your voter status before completing this application.*

2. Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____

Your email will be added to the Partnership listserv and will be used for regular Partnership correspondence.

Home Address: _____

Home or Cell Phone: _____ May we text this phone? Yes No

Employer (if applicable): _____

Business Address: _____

Business Phone Number: _____ May we text this phone? Yes No

Are you an officer, employee, representative, or consultant to any Ryan White Program Part A funded service provider? Yes No I'm not sure

3. Demographic Information

Sex: Male Female

Language(s) I speak: English Spanish Haitian Creole Other (please specify) _____

Race/Ethnicity: White/Non-Hispanic Black/Non-Hispanic Hispanic Asian/Pacific Islander
 American Indian/Alaska Native Other (please specify) _____

Date of Birth: _____

<i>Your initials here</i>	I understand that Partnership Staff will use this information to confirm my voter information from the website https://registration.dos.fl.gov/en/CheckVoterStatus/Index .
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4. Committees and Subcommittees of Interest Check all that apply.

- Care and Treatment Committee** *Service guidelines, Annual Needs Assessment, funding allocations.*
- Community Coalition Roundtable** *Member recruitment and community engagement.*
- Housing Committee** *HOPWA housing and related programs.*
- Medical Care Subcommittee** *Medical standards of care and HIV medications. Seat: _____ (e.g, MCM,MD)*
- Prevention Committee/Joint Integrated Plan Review Team** *HIV/STI testing, prevention activities, integrated planning.*
- Strategic Planning/Joint Integrated Plan Review Team** *Program assessment, annual reporting, integrated planning.*

5. Disclosure of Personal Health Information Authorization

This authorization shall become valid immediately and shall remain in effect until revoked.

Meaningful involvement of people with HIV/AIDS is a cornerstone of Partnership and committee membership.

- ▶ I am applying for membership as a person with HIV. Yes No
- I prefer not to disclose my HIV status.** *I understand that I will be considered for membership in other membership categories, provided there is an open seat, and I meet the qualifications for that seat.*
- ▶ I, (print your full name) _____, understand that if I wish to be considered for membership as a person with HIV it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my HIV status.

Signature: _____

Date: _____

<i>Your initials here</i>	I understand that this information will become public record and may be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.
<i>Your initials here</i>	I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next committee or subcommittee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.
<i>Your initials here</i>	I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Management and Budget-Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Cancellation Of Disclosure Authorization

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature: _____

Date: _____

6. Signature and Next Steps

Bring your completed application to a meeting or send by:

- Mail: Behavioral Science Research Corporation (BSR), Attn: Staff Support, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134;
- Email: mdcpartnership@behavioralscience.com; or
- Fax: (305) 448-3325.

Please contact Partnership staff at (305) 445-1076 or mdcpartnership@behavioralscience.com, if you need assistance. Upon receipt of your application, BSR staff and/or a Community Coalition Roundtable mentoring member will contact you to review next steps for membership. Following that review, your application will go before the committee or subcommittee to which you have applied. You are required to attend the meeting of that committee or subcommittee to introduce yourself and state your interest in serving as a member.

I, (print your full name) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.

Signature: _____

Date: _____

Application valid for 6 months from this date.



On-Boarding and Mentorship Process

Miami-Dade HIV/AIDS Partnership

As of March 2, 2026

The purpose of this process is to promote engagement and retention of new members by ensuring they feel prepared for their membership responsibilities and have a connection to one or more Partnership committee members.

1. The applicant will complete the simplified two-page application and staff will process as usual.
2. Staff will bring the applicant contact information to the Community Coalition Roundtable (CCR) and CCR members may assign a CCR mentor for the applicant.
3. First Meeting
 - a. The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible. NOTE: CCR mentors are not required to give their personal contact information to an applicant; staff will help with coordination as needed.
 - b. The applicant will be assigned a mentor from the committee.
 - c. After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
 - d. If the applicant is ready to join, the CCR mentor will advise staff.
4. Next Meeting(s)
 - a. **If the applicant is not ready to join the committee.**
 - 1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
 - 2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
 - 3) After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
 - 4) The CCR mentor will advise staff of the applicant's readiness to join.
 - b. **If the applicant is ready to join the committee.**
 - 1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
 - 2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
 - 3) The Chair will request a motion to accept the applicant as a new member and the committee will vote. If the motion is approved, **the CCR mentorship will end in compliance with Government in the Sunshine**, and the committee members will provide ongoing support.
 - 4) Staff will correspond with the new member through regular channels.

2026 Agenda Setting Calendar
Strategic Planning Committee and Joint Integrated Plan Review Team
As of April 14, 2026

Date Time Location	Integrated Planning	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	Annual Report	Other
Thursday, April 14 10:00 a.m.-12:00 p.m. BSR Corp.	2027-2031 Integrated Plan development.	/	/	- Complete Source of Income Forms (as needed). - Regular reports
Tuesday, May 19 10:00 a.m.-1:00 p.m. FDOH, Health District Center	Joint Integrated Plan Review Team Meeting Final 2027-2031 Integrated Plan review	/	/	- Regular reports
Tuesday, June 9 10:00 a.m.-12:00 p.m. BSR Corp.	/	- Survey review and updates. - <i>Staff: Distribute and collect surveys; due date to be determined.</i> -	/	- Regular reports
Tuesday, July 14 10:00 a.m.-12:00 p.m. BSR Corp.	/	- Follow up on last survey results.	1st draft review.	- Regular reports
Tuesday, August 18 10:00 a.m.-1:00 p.m. FDOH, Health District Center	Joint Integrated Plan Review Team Meeting 2022-2026 Integrated Plan progress reports	<i>Staff: Final survey collection.</i>	Edited draft posted for comment.	- Regular reports

Date Time Location	Integrated Planning	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	Annual Report	Other
Tuesday, September 15 10:00 a.m.-12:00 p.m. BSR Corp.	Review JIPRT feedback	<ul style="list-style-type: none"> - <i>Staff: Produce FY 2025 AAM Report and submit to the Recipient and Groupware Technologies (draft without comments will be posted online for review).</i> - Final AAM report review. (Activity is completed pending Partnership approval, October 5).	2nd draft review. (Draft may be finalized at this meeting. Activity is completed pending Partnership approval, October 5).	- Regular reports
Tuesday, October 13 10:00 a.m.-12:00 p.m. BSR Corp.	Save the date. Committee will meet if there are actionable business items.			
Tuesday, November 17 10:00 a.m.-1:00 p.m. FDOH, Health District Center	Joint Integrated Plan Review Team Meeting <ul style="list-style-type: none"> - 2022-2026 Integrated Plan Progress Reports - 2027-2031 Integrated Plan Targets and Baselines review - Workgroup formation (if needed) 	/	/	<ul style="list-style-type: none"> - Regular reports - Officer nominations
December 2026	No Meeting			
Locations	<ul style="list-style-type: none"> - Committee Meetings: Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240 or 2nd Floor Conference Room, Coral Gables, FL 33134 - Joint Integrated Plan Review Team Meetings: Florida Department of Health – Health District Center, 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125 			
Notes	<ul style="list-style-type: none"> - RSVP online or to cbontempo@behavioralscience.com; - Meeting materials are available at https://partnershipmiami.org/the-partnership-2/#strategicplanning1. 			

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Notes

1. Consider removing activities if no data has been collected since 2022.
2. Consider including a definition of Social Determinants of Health (2.4).
3. Where Status is “Activity Not Started”, this is because the Plan measurements begin in 2027. To be included in the tracking database, all Measurements are required to have an identified Contact Person and Data Source. Other Status options are Activity In Progress, Activity Suspended, and Activity Complete.
4. PE Miami definition: Client data management system used by the Miami-Dade County Office of Management and Budget to track RWP services.

Objective 2.1	Ensure that 100% of new RWP clients are linked to comprehensive HIV care and treatment. Ensure that 100% of new RWP clients are linked to HIV care, 75% receive early MCM services, and 75% access initial behavioral health services within 30 days of enrollment to improve early engagement and health outcome.
Activity 2.1.1	Follow the local rapid start protocols (TTRA, etc.) to ensure all new RWP clients receive ARV medication within 7 days and linked to care within 30 days (as a measure of linkage to care).
Measurement #	Measurement
2.1.1.1	Number of newly identified clients enrolled in RWP
2.1.1.2	Percent of newly enrolled RWP clients with verified receipt of ARV medication within seven days of enrollment
2.1.1.3	Percent of newly enrolled RWP clients with verified receipt of ARV medication within 30 days of enrollment
2.1.1.4	Percent of newly enrolled RWP clients enrolled in ADAP or other ARV payer source within 30 days of receipt of first ARV medication

[Reference: NHAS 2022-2025

Objective 2.1: Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

Activity 2.1.1 Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV]

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.1	Ensure that 100% of new RWP clients are linked to comprehensive HIV care and treatment. Ensure that 100% of new RWP clients are linked to HIV care, 75% receive early MCM services, and 75% access initial behavioral health services within 30 days of enrollment to improve early engagement and health outcome.
Activity 2.1.2	Provide ongoing MCM services to newly enrolled clients to improve health outcomes.
Measurement #	Measurement
2.1.2.1	Number of newly enrolled RWP clients
2.1.2.2	Number of newly enrolled RWP clients retained in medical case management for 60 days after enrollment
2.1.2.3	Percent of newly enrolled RWP clients retained in medical case management for 60 days after enrollment
2.1.2.4	Number of newly enrolled RWP clients retained in medical case management for 180 days after enrollment
2.1.2.5	Percent of newly enrolled RWP clients retained in medical case management for 180 days after enrollment

Objective 2.1	Ensure that 100% of new RWP clients are linked to comprehensive HIV care and treatment. Ensure that 100% of new RWP clients are linked to HIV care, 75% receive early MCM services, and 75% access initial behavioral health services within 30 days of enrollment to improve early engagement and health outcome.
Activity 2.1.3	Provide initial behavioral health services to newly enrolled clients to improve health outcomes.
Measurement #	Measurement
2.1.3.1	Number of newly enrolled RWP clients
2.1.3.2	Number of newly enrolled RWP clients who received a mental health visit or assessment within 30 days of enrollment
2.1.3.3	Percent of newly enrolled RWP clients who received a mental health visit or assessment within 30 days of enrollment

Can we add a measurement that reflects improvement in mental health such as:

Percent of newly enrolled RWP clients who demonstrate improvement in mental health status, as measured by a standardized screening tool, within 3-6 months??? of initial assessment. (Based on agreed upon definition)

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.2	Improve health outcomes for clients in RWP MCM or OAHS care. Increase the proportion of RWP clients enrolled in Medical Case Management (MCM) or Outpatient Ambulatory Health Services (OAHS) who achieve viral load (VL) suppression to 95%, increase retention in care to 90%, and reduce loss to care to -----%, through targeted services and continuous quality improvement.
Activity 2.2.1	Provide treatment adherence counseling to 100% of clients enrolled in MCM to maintain or improve VL suppression.
Measurement #	Measurement
2.2.1.1	Number of MCM clients Number of RWP clients enrolled in MCM
2.2.1.2	Percentage of clients with an MCM encounter with adherence counseling Percent of MCM clients who received at least one adherence* counseling session
2.2.1.3	Percentage of VL suppression among RWP clients in MCM care (from VL tests) Percent of RWP clients in MCM care who are virally suppressed based on most recent VL test

Definition of adherence in this perspective? How many counseling sessions are considered as adherence?

[\[National HIV strategy for the US 2022-2025\]](#)

Objective 2.2 Identify, engage, or reengage people with HIV who are not in care or not virally suppressed

Objective 2.3 Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression and provide integrative HIV services for HIV-associated comorbidities, coinfections, and complications, including STIs]

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.2	<p>Improve health outcomes for clients in RWP MCM or OAHS care.</p> <p>Increase the proportion of RWP clients enrolled in Medical Case Management (MCM) or OAHS who achieve viral load (VL) suppression to 95%, increase retention in care to 90%, and reduce loss to care to -----%, through targeted services and continuous quality improvement.</p>
Activity 2.2.2	<p>Improve retention* in medical care.</p> <p>Improve retention in HIV medical care* among RWP clients in MCM and OAHS care.</p> <p>Change to the activity to an action, e.g., “Retain clients in medical care.</p>
Measurement #	Measurement
2.2.2.1	<p>Percent of clients retained in Medical Care among RWP clients in MCM care</p> <p>Percent of RWP clients in MCM care who are retained in HIV medical care</p>
2.2.2.2	<p>Retention in Medical Care among RWP clients in OAHS care</p> <p>Percent of RWP clients in OAHS care who are retained in HIV medical care</p>

Definition of Retention in HIV Medical Care: More than or equal to 2 visits within **12 months?**

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.2	<p>Improve health outcomes for clients in RWP MCM or OAHS care.</p> <p>Increase the proportion of RWP clients enrolled in Medical Case Management (MCM) or OAHS who achieve viral load (VL) suppression to 95%, increase retention in care to 90%, and reduce loss to care to -----%, through targeted services and continuous quality improvement.</p> <p>Make an action, e.g., “Review health outcome data and implement targeted quality improvement strategies to address identified shortfalls”</p>
Activity 2.2.3	Address health outcome shortfall through data-driven Quality Improvement (as needed).
Measurement #	Measurement
2.2.3.1	<p>QI projects developed addressing improving VL suppression among RWP MCM clients</p> <p>Number of QI projects implemented to improve viral load suppression among RWP clients in MCM care</p>
2.2.3.2	<p>QI projects developed addressing improving VL suppression among RWP OAHS clients</p> <p>Number of QI projects implemented to improve viral load suppression among RWP clients in OAHS care</p>
2.2.3.3	<p>QI projects developed addressing improving retention in medical care among RWP MCM clients</p> <p>Number of QI projects implemented to improve retention in medical care among RWP clients in MCM care</p>
2.2.3.4	<p>QI projects developed addressing improving retention in medical care among RWP OAHS clients</p> <p>Number of QI projects implemented to improve retention in medical care among RWP clients in OAHS care</p> <p>Verify that this measurement can be tracked with the current system.</p>

Can these QI projects/ Initiatives (for eg, Data-to-Care (D2C), Peer-Led Navigation, QI Collaboratives, and many more initiatives) be identified and listed within the definitions section?

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.2	<p>Improve health outcomes for clients in RWP MCM or OAHS care.</p> <p>Increase the proportion of RWP clients enrolled in Medical Case Management (MCM) or OAHS who achieve viral load (VL) suppression to 95%, increase retention in care to 90%, and reduce lost to care to -----%, through targeted services and continuous quality improvement.</p>
Activity 2.2.4	<p>Improve lost to RWP MCM care rates among RWP MCM clients.</p> <p>Improve lost-to-care rates and re-engagement in care among RWP clients enrolled in MCM.</p> <p>Change to an action, e.g., “Reduce lost RWP MCM care rates among RWP MCM clients.”</p> <p>Clarify 60-day and 90-day periods.</p>
Measurement #	Measurement
2.2.4.1	<p>Establishment and implementation of “60-day no contact” notification protocol in PE Miami.</p> <p><i>This is a task and not really a measurement and could possibly be removed.</i></p>
2.2.4.2	Percent of RWP MCM clients identified with \geq “60 day no-contact” by subrecipient.
2.2.4.3	<p>Number of RWP MCM clients with no RWP MCM contact in 90 days as tracked in PE Miami.</p> <p><i>Percent of RWP MCM clients with no documented MCM contact \geq90 days (lost to care), as tracked in PE Miami</i></p>
2.2.4.4	<p>Percent of RWP MCM clients contacted in 90 days.</p> <p><i>Percent of RWP MCM clients with at least one documented contact within the past 90 days</i></p>
2.2.4.5	<p>Number of RWP MCM clients with no RWP MCM contact in 90 days who are re-engaged in care within 60 days following 'Lost to care' 90-day indicator, as tracked in PE Miami.</p> <p><i>Number of RWP MCM clients identified as “lost to care (\geq90 days no contact) who are re-engaged in care within 60 days of identification</i></p>
2.2.4.6	<p>Percent of RWP MCM clients with no RWP MCM contact in 90 days who are re-engaged in care within 60 days following 'lost to care' 90-day indicator as tracked in PE Miami</p> <p><i>Percent of RWP MCM clients identified as lost to care (\geq90 days no contact) who are successfully re-engaged in care within 60 days of identification</i></p> <p><i>2.2.4.6 can be combined with 2.2.4.5 to ask for # and then %</i></p>

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.3	Improve health outcomes for people with HIV receiving Ending the HIV Epidemic (EHE) services. Increase access to and utilization of Ending the HIV Epidemic services among providers and people newly diagnosed with HIV through EHE-funded services, contributing to improved linkage to care and engagement, with ≥90% ? of newly identified clients receiving education materials immediately upon diagnosis.
Activity 2.3.1	Number of HIV education folders provided to EHE Quick Connect and TTRA testing sites. Distribute HIV education materials (e.g., folders, brochures, resource lists), including trilingual resources (English, Spanish, and Creole), to EHE Quick Connect and TTRA testing sites. Change to an action, e.g., “Provide HIV education folders to EHE Quick Connect and TTRA testing sites.”
Measurement #	Measurement
2.3.1.1	Number and listing of specific information dissemination to newly identified positive people with HIV. Number of HIV education materials folders provided to newly diagnosed people with HIV through EHE-funded sites
2.3.1.2	Number of trilingual (English, Spanish, and Creole) brochures designed for these specific campaigns. Number of trilingual HIV education brochures provided at EHE campaigns
2.3.1.3	Number of HIV education folders provided to EHE Quick Connect and TTRA testing sites.

[Reference: NHAS 2022-2025

Objective 2.4 Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV.

2.4.1 Provide resources, value-based and other incentives, **training, and technical assistance** to expand workforce and systems capacity to provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

2.4.2 **Increase the diversity of the workforce of providers who deliver HIV care** and supportive services.

2.4.3 **Increase inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning** to assist with screening/management of HIV, STIs, viral hepatitis, and mental and substance use disorders and other behavioral health conditions.]

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.3	<p>Improve health outcomes for people with HIV receiving Ending the HIV Epidemic (EHE) services.</p> <p>Increase access to and utilization of Ending the HIV Epidemic services among providers and people newly diagnosed with HIV through EHE-funded services, contributing to improved linkage to care and engagement, with ≥90% of newly identified clients receiving education materials immediately upon diagnosis.</p>
Activity 2.3.2	Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible clients patients.
Measurement #	Measurement
2.3.2.1	<p>Number of people with HIV in the EMA who are identified as eligible for EHE HealthTec</p> <p>This is tracked in 2.3.2.2 really and can be removed.</p>
2.3.2.2	<p>Number of people with HIV identified as eligible for EHE HealthTec who enroll in this process throughout the remainder of the five-year period of performance</p> <p>Replace “this process” with “the telehealth process”</p> <p>Strike, “throughout the remainder of the five-year period of performance”</p>
2.3.2.3	<p>Number of EHE HealthTec clients continuing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days of the initial client orientation date, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance</p> <p>Strike, “throughout the remainder of the five-year period of performance”</p>
2.3.2.4	<p>Number of EHE HealthTec clients with a suppressed viral load at last VL test during the measurement year</p> <p>If the activity is to expand the use of telehealth and reduce barriers to care. This particular measure is not looking at expansion but is looking at success of telehealth in reducing VL. Possible to remove this measurement as it doesn’t really pertain to the activity.</p> <p>Strike, “during the measurement year”</p>

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.3	Improve health outcomes for people with HIV receiving Ending the HIV Epidemic (EHE) services. Increase access to and utilization of Ending the HIV Epidemic services among providers and people newly diagnosed with HIV through EHE-funded services, contributing to improved linkage to care and engagement, with ≥90%? of newly identified clients receiving education materials immediately upon diagnosis.
Activity 2.3.3	Implement the use of RWP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms departments to increase rapid linkage to care.
Measurement #	Measurement
2.3.3.1	Number of people with HIV in the EMA who contact or are contacted have by an EHE Quick Connect team. Number of people with HIV in the EMA who have one or more documented contact with the EHE Quick Connect team
2.3.3.2	Number of people with HIV linked through EHE Quick Connect team to HIV medical care in the RWP Part A/MAI; other community programs; or private insurance
2.3.3.3	Number of EHE Quick Connect clients utilizing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days or less, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.4	<p>Ensure HIV care includes addressing social determinants of health for all clients.</p> <p>Ensure that at least 95%? of RWP clients are assessed for health-related social needs and a minimum of -----% of those with identified needs receive appropriate support services resulting in improved engagement in care and health outcome.</p> <p>If this has not be tracked since 2022 then consider removing this section</p>
Activity 2.4.1	Develop guidelines and procedures for RWP MCMs to facilitate client access to RWP services (e.g. specialty medical services; mental health services; food bank; and substance abuse treatment).
Measurement #	Measurement
2.4.1.1	Conduct review with RWP MCMs, RWP MCM Supervisors and Recipient to determine areas where facilitating client access may be built into RWP MCM activities and documented in PE Miami
2.4.1.2	Number of annual training sessions with RWP MCM Supervisors to build RWP MCM strengthen their capacity to facilitate client access to support services
2.4.1.3	Number of annual training sessions with RWP MCMs to build capacity to facilitate client access

Activity Not Started from 2022 to present date. **Consider removing activities if no data has been collected since 2022.**

Suggestion to add if it is measurable, an outcome indicator which reflects referrals to supportive services. E.g. 2.4.1.4 Percent of RWP MCM clients with identified health-related social needs who are referred to one or more supportive services. [Supportive services are defined within Activity 2.4.1].

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.4	Ensure HIV care includes addressing social determinants of health for all clients. Ensure that at least 95%? of RWP clients are assessed for health-related social needs and a minimum of ----- % of those with identified needs receive appropriate supportive services resulting in improved engagement in care and health outcome.
Activity 2.4.2	Develop guidelines and procedures for RWP MCMs to identify and address the impact of social determinants of health (e.g., childcare, housing, food insecurity, domestic violence, discrimination and other issues) on client clinical outcomes.
Measurement #	Measurement
2.4.2.1	Conduct review with RWP MCMs, RWP MCM Supervisors and Recipient to determine areas where social determinants of health are identified in PE Miami and may be addressed in RWP MCM activities What could be the target: Is it once monthly, annually or bi-annually?
2.4.2.2	Number of annual training sessions with RWP MCM Supervisors to build RWP MCM strengthen their capacity to address social determinants of health
2.4.2.3	Number of annual training sessions with RWP MCMs to build RWP MCM strengthen their capacity to address social determinants of health

Activity Not Started from 2022 to present date. Consider removing activities if no data has been collected since 2022.

Suggestion to add if it is measurable, an outcome indicator which reflects referrals to supportive services. E.g.

2.4.2.4 Percent of RWP MCM clients with identified health-related social needs who receive one or more supportive services. [Supportive services are defined within Activity 2.4.1].

Objective 2.4	Ensure HIV care includes addressing social determinants of health for all clients.
Activity 2.4.1	
Measurement #	Measurement
2.4.1.1	

Activity Not Started from 2022 to present date. Consider removing activities if no data has been collected since 2022.

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.5	Increase Peer (PESN) involvement in client care to improve retention and viral load suppression. Increase the Peer Engagement Specialist (PESN) involvement in client care by strengthening their capacities, implementing training initiatives and increasing allocation of peer service time to adherence counselling, to improve client retention and viral load suppression.
Activity 2.5.1	Convene listening sessions among peers and peer supervisors to identify potential areas of increased peer involvement with client care, advanced peer skill development, and advanced peer skill certification. If these activities have not been started or tracked since 2022 then maybe remove this section Change to: “Facilitate listening sessions with peers and supervisors to identify opportunities for increased peer involvement and skill development.”
Measurement #	Measurement
2.5.1.1	Specification of peer certification and/or advanced peer certification areas identified by RWP and approved for training. Number of peer certification and/or advanced peer certification training areas/ courses/ curriculum identified by RWP and approved for training. Can it be 1-2 certification areas/courses/ curriculum approved for training?
2.5.1.2	Number of listening sessions conducted with peers
2.5.1.3	Number of listening sessions conducted with peer supervisors
2.5.1.4	Number of peers attending sessions
2.5.1.5	Number of peer supervisors attending sessions

Activity Not Started from 2022 to present date. Consider removing activities if no data has been collected since 2022.

All the above measurements are process performance indicators. Can we add an outcome indicator to reflect utilization of Peer support services by clients engaged in medical care? Is it measurable? E.g: 2.5.1.6 Percent of RWP clients receiving peer support services who are retained in HIV care and/or achieve VL suppression.

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.5	Increase Peer (PESN) involvement in client care to improve retention and viral load suppression. Increase the Peer Engagement Specialist (PESN) involvement in client care by strengthening their capacities, implementing training initiatives and increasing allocation of peer service time to adherence counselling, to improve client retention and viral load suppression.
Activity 2.5.2	Develop or identify peer certification and/or advanced peer certification training/resources; conduct training; and certify peers
Measurement #	Measurement
2.5.2.1	Number of Peer certification and/or advanced peer certification training curriculum/ courses developed or identified implemented Target: 1 or 2 curriculum/ courses implemented?
2.5.2.2	Number of advanced certification training courses conducted annually
2.5.2.3	Number of peers trained and certified annually

Activity Not Started from 2022 to present date. Consider removing activities if no data has been collected since 2022.

Also here, all the above measurements are process performance indicators. Can we add an outcome indicator to reflect utilization of services from certified peers by clients engaged in medical care? Is it measurable?

E.g: 2.5.2.4 Percent of RWP clients receiving services from certified peers and are retained in HIV care and/or achieve VL suppression.

[Reference NHAS 2022-2025

Objective 2.5 Expand capacity to provide whole-person care to older adults with HIV and long-term survivors]

**Goal 2: Improve HIV-Related Health Outcomes for People with HIV
Strategic Planning Committee Updates**

Suggested edits to ensure SMART goals with an identified data source.

Objective 2.5	Increase Peer (PESN) involvement in client care to improve retention and viral load suppression. Increase the Peer Engagement Specialist (PESN) involvement in client care by strengthening their capacities, implementing training initiatives and increasing allocation of peer service time to adherence counselling, to improve client retention and viral load suppression.
Activity 2.5.3	Increase percent of time spent by Peers in adherence counseling to 75% among improve retention and viral load suppression among all subrecipients
Measurement #	Measurement
2.5.3.1	Number of RWP Peers specialists
2.5.3.2	Number of RWP Peers billing at least 75% of time in adherence counseling
2.5.3.3	Percent of RWP Peers billing at least 75% of time in adherence counseling
2.5.3.4	Number of clients with documented peer contact once every 90 days
2.5.3.5	Percent of clients with documented peer contact at least once every 90 days who are retained in medical care
2.5.3.6	Percent of clients with documented peer contact at least once every 90 days with suppressed VLs

Activity Not Started from 2022 to present date. [Consider removing activities if no data has been collected since 2022.](#)

Objective 2.5	Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.
Activity 2.5.2	Develop or identify peer certification and/or advanced peer certification training/resources; conduct training; and certify peers
Measurement #	Measurement
2.5.2.1	Peer certification and/or advanced peer certification training curriculum developed or identified
2.5.2.2	Number of advanced certification trainings conducted annually
2.5.2.3	Number of peers trained and certified annually

Activity Not Started from 2022 to present date. [Consider removing activities if no data has been collected since 2022.](#)

Treatment Challenges Among Ryan White Program Clients in Miami-Dade County 2026 Planning Survey

2027-2031 Integrated HIV Prevention and Care Plan Development

* 1. These are some challenges faced by people with HIV in Miami-Dade County which were identified in the Florida Department of Health State HIV Care Survey and from Integrated Plan development feedback of the Miami-Dade HIV/AIDS Partnership's Prevention Committee and Community Coalition Roundtable.

For each statement, please tell us how this applies to you:

- I experienced this challenge, and I was able to get the help I needed.
- I experienced this challenge and could not find resources to get the help I needed.
- I have not experienced this challenge.

I experienced this challenge, and I was able to get the help I needed. I experienced this challenge and could not find resources to get the help I needed. I have not experienced this challenge.

Doctors who do not show empathy or kindness to people with HIV.

Mental health providers who don't understand the special health needs of people with HIV.

Mental health providers who do not show empathy or kindness to people with HIV.

People around me who still have negative attitudes towards people with HIV.

Lack of support groups for people with HIV.

Being tired of taking medications every day.

Not finding a doctor or case manager who speaks my language.

Difficulty finding housing.

Not having enough food.

Difficulty finding
transportation to
doctor
appointments.

Not enough support
for people being
released from jails
and prisons.

Other (please specify)

* 2. These statements are about the impacts of changes in Florida’s AIDS Drug Assistance Program’s (ADAP) that limit access to medication for some people with HIV, or no longer help pay premiums for Affordable Care Act (ACA) health insurance.

For each statement, please indicate True or False as it applies to you.

	True.	False.	I prefer not to answer.
I am aware of the program changes and limitations that ADAP has made in providing prescription drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot afford my HIV medications because of the ADAP program changes and limitations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of cost-saving options such as Patient Assistance Programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no program available to help me, such as ADAP, the Ryan White Program, Patient Assistance Programs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of ADAP's changes to ACA insurance premium coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lost access to my ACA insurance because ADAP stopped paying my insurance premiums.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot afford to pay my out-of-pocket health insurance costs, and there is no program available to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Thank you for completing the survey! To learn more about the Miami-Dade HIV/AIDS Partnership and Integrated Planning, please visit <https://partnershipmiami.org/>.

