

Section II: Community Engagement and Planning Process

II.1. Jurisdiction Planning Process

Meetings to develop the 2027-2031 Integrated Plan (Plan) began in January 2025 during the Miami-Dade HIV/AIDS Partnership's (Partnership) Joint Integrated Plan Review Team (JIPRT) meeting. Members were provided with a copy of the guidance and expectations for draft review and completion dates were established. Partnership staff coordinated with the Recipient and the Florida Department of Health in Miami-Dade County (FDOH-MDC) to gather data and promote Plan development opportunities. JIPRT meetings were ongoing quarterly through May 2026 to establish SMART goals, review data, and give feedback on the narrative sections of the Plan. Each month, draft documents were publicly available, meetings were publicly noticed, progress was reported to the Partnership and JIPRT, and input gathered at meetings was incorporated into the Plan draft.

Webinars and other meetings related to Integrated Planning were widely advertised and attended by Partnership members and staff. Updates and relevant information were shared with the JIPRT throughout the Plan's development. Webinars included topics such as Plan development, the impacts of changing legislation on Plan development, gathering feedback from other jurisdictions and programs, and the development of the State of Florida Integrated Plan, as follows:

- HRSA/CDC Integrated HIV Prevention and Care Planning – April 30, 2025;
- Fast-Track Cities Town Halls – June 25, 2025, and October 29, 2025;
- Community Forum to Reduce HIV Infection in Miami-Dade County (championed by Senator Rene Garcia, Miami-Dade County Commissioner), August 5, 2025;
- Get on Board! The Partnership's Member Enrichment Training Series – Station 21: The Integrated Plan and You! – September 15, 2025;
- Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) Advisory Board Meeting, September 15, 2025;
- University of Miami Support Group Presentation (in person) – October 7, 2025;
- IHAP TAC Integrated Planning 3.0 - Virtual Office Hours – October 21, 2025;
- IHAP TAC IP Development - Virtual Office Hours – December 10, 2025;
- IHAP TAC Advisory Board Meeting, February 23, 2026;
- IHAP TAC Countdown to Integrated Plan Submission - Virtual Office Hours– February 24, 2026.

Partnership staff and Recipient representatives were invited to participate in the Statewide Integrated HIV Prevention and Care Plan Workgroup which met in 2025 on November 12 and 19, and December 3 and 17; and in 2026 on January 7 and 21, February 4 and 18, and March 4, 18, and 25. Unfortunately, this did not result in a meaningful collaboration. After 11 meetings, the group abruptly disbanded in March 2026, and there has been no further communication regarding the Statewide Plan. In addition, a high-level overview of the Statewide Plan was supposed to be presented to the Florida Comprehensive Planning Network (FCPN), whose members include the Partnership, prevention service providers, the Recipient, FDOH-MDC, and the other Part A and EHE jurisdictions across Florida. However, the FCPN meeting scheduled for May 2026 was also suddenly canceled a few days prior to the meeting, “due to unforeseen circumstances.”

While planning and coordination between FDOH-MDC (prevention) and RWHAP (care) administrators and communication with the Planning Council remain consistently strong, active, and ongoing, with open dialogue and collaborative problem-solving, the lack of open communication from the State has made it difficult to ensure our goals and objectives are in alignment.

Groups involved in Plan development, as noted in **Section I: Introduction**, of this Plan, above, included Ryan White HIV/AIDS Program (RWHAP) clients, peer educators/navigators, and other community advocates with HIV; and representatives from RWHAP Parts A, B, C, and D; the AIDS Drug Assistance Program (ADAP); FDOH-MDC Community Mobilization Workgroups; the Florida Agency for Health Care Administration (Medicaid); the Recipient; FDOH-MDC; the Partnership; and other collaborators. These contributors include Partnership and committee members as well as other community members who participated as meeting guests or subject-matter experts.

The primary goal-setting groups were the Partnership's Strategic Planning and Prevention Committees, meeting individually and collectively as the JIPRT. The JIPRT made concerted efforts to ensure all activities had a data source and a designated person responsible for providing the data. Where activities could not be tracked by a data source, those activities are included in other sections of this Plan as either future activities or aspirational goals.

A major part of Plan development was establishing a database for tracking progress on the Plan. Behavioral Science Research Corporation (BSR), the Partnership Part A staff support subrecipient, designed an Excel-based monitoring and reporting system (IPMRS) as a functional tool to track progress for the next five years. The database was presented at local and statewide meetings to gather input on design, formatting, and what data should be captured. Details about the database are outlined in **Section VI: Situational Analysis**, of this Plan, below.

Aside from reference documents noted in **Section I: Introduction**, of this Plan, above, the key data sources available to the EMA include client-level data from Provide Enterprise® Miami (PE Miami), the Miami-Dade County Ryan White Program data management system; testing and community engagement data from the FDOH-MDC; the 2025 Annual Partnership Needs Assessment; Florida Community Health Assessment Resource Tool Set (CHARTS); RWHAP Client Satisfaction Survey data provided by BSR for 2022-2025; and other surveys and community input sessions.

Community engagement activities are ongoing and include meetings, training, surveys, and promotion of Integrated Plan guides, documents, and resources intended to reach a broad range of community stakeholders and to gather information from persons both inside and outside the Partnership, RWHAP services system, and FDOH-MDC.

II.1.a. Entities involved in the process.

The primary planning team was comprised of staff from the Miami-Dade County Office of Management and Budget (OMB; the Part A/MAI/EHE Recipient), FDOH-MDC, and BSR. This core group determined the timeline for completion of each section, reviewed survey results and data, and posted, distributed, and/or presented Plan drafts and related reports at JIPRT and Partnership meetings. Throughout Plan development, meeting dates were widely advertised. All documents were available for review by Partnership members and the general public via the Partnership's website and promoted to the Partnership's email listserv of more than 1,300 people. Entities involved in the process are further detailed in sections **II.1.b.** and **II.1.c** of this Plan, below.

II.1.b. Role of the RWHAP Part A Planning Council – The Partnership

Partnership members were involved in every aspect of Plan development. The Integrated Plan Guidance was posted on the Partnership's website and distributed at Partnership and Committee meetings beginning in December 2024, with updates distributed in February 2025. Draft narrative sections were reviewed and revised by the Strategic Planning and Prevention Committees in stand-alone meetings, and at JIPRT

meetings. All drafts were publicly available on the Partnership's website. Members were regularly reminded of completion deadlines to keep on track for submission of the final Plan to HRSA in June 2026.

Review of data collection on the previous plan activities demonstrated that for many activities there was no measurable data and it was not always clear how the activities were connected to the plan goals. Members of the JIPRT met in October 2025, and at stand-alone Prevention Committee and Strategic Planning Committee meetings in March and April 2026 to make significant revisions to ensure inclusion of meaningful and measurable objectives and activities. Specifically, we reduced the number of objectives to align with the guidance recommendation to identify three objectives per goal. However, to ensure all important activities were captured, in some cases there may be more than three activities within the objectives. The review of 2022-2026 Plan goals also resulted in ensuring only SMART goals were included in the 2027-2031 Plan. The resulting goals, objectives, activities, and measurements are detailed in **Section V: Goals and Objectives**, of this Plan, below. JIPRT members also met in February 2026 to review and revise narrative sections of the Plan, with this activity ongoing in stand-alone meetings in March and April 2026.

All meetings where these deliberations took place were broadly advertised and open to the public. All Partnership meetings were conducted in person at centrally located meeting sites accessible by public transportation, with details on how to get to meetings included on the Partnership's website. Efforts were made throughout Plan development to gather feedback from representatives of the affected community; and these are primarily incorporated in **Section IV: Situational Analysis**, below, and in **Section V: Goals and Objectives**, below, where concerns could be tied to measurable activities.

As noted above, the Partnership's JIPRT was the primary group who reviewed and provided feedback and edits to Plan drafts. On May 19, 2026, the JIPRT reviewed and voted on the Plan and presented their recommendations to the Partnership on June 1, 2026. The Partnership put forth several motions, including the approval of the Plan with the allowance for Partnership and Recipient staff to make final edits; the approval of the Miami-Dade County Letter of Concurrence for the 2027-2031 Miami-Dade County Integrated HIV Prevention and Care Plan; and authorization for the letter to be co-signed by the named signatories. The Recipient received the approved Plan well in advance of the June 30, 2026, deadline for submission. The deliberations of the JIPRT and the Partnership are recorded in the approved minutes of each meeting. All minutes are part of the public record and approved minutes of the most recent ten meetings are posted on the Partnership's website. Records of prior meetings are archived.

The key stakeholders represented as voting members of the Partnership and its committees include:

- Persons with HIV, both RWHAP and non-RWHAP clients;
- Peer educators/navigators;
- RWHAP Parts A, B, C, D, and F (ADAP) representatives;
- FDOH-MDC representatives;
- FDOH and RWHAP Ending the HIV Epidemic (EHE) representatives and data managers;
- State of Florida General Revenue representative;
- Local private and university researchers;
- Prevention providers;
- Patient/client advocacy groups;
- Advocates for victims of sexual abuse and human trafficking;
- Local hospital representatives; and
- RWHAP subrecipients providing one or more of these services:
 - Medical Case Management,
 - Outpatient Ambulatory Health Care,
 - Oral Health Care,

- Mental Health Services,
- Substance Use Disorder Treatment (Outpatient and Residential),
- Medical Transportation,
- Outreach Services, and
- Health Insurance Premium and Cost Sharing Assistance.

II.1.c. Role of Planning Bodies and Other Entities

In the EMA, the RWHAP Part B and HIV/STD Prevention programs are under the jurisdiction of the FDOH-MDC. EHE initiatives are funded through FDOH-MDC and the RWHAP Recipient. As noted above, both FDOH-MDC and the Recipient were involved in every part of creating this Plan, including scheduling and coordination of efforts, data collection, goals and activities development, and final draft submission.

EHE goals and activities have been incorporated into the Plan, with the funding source and responsible entities noted. The Plan was designed in this way to build on the strength of existing EHE activities, and to align with national EHE Initiative to diagnose, treat, prevent and respond. CDC's strategies and activities required to support high impact HIV prevention and the key Ryan White Program 2030 goals, as detailed in **Section I, Introduction**, above, are also incorporated to avoid duplication of efforts, and promote a more cohesive and collaborative approach to prevention and care planning and implementation.

Partnership staff developed a brief survey to gain community insights into HIV prevention needs, challenges, and successful strategies in Miami-Dade County. Those results contributed to development of **Section IV: Situational Analysis** and **Section V: Goals and Objectives**, of this Plan, below.

In order to gather input from other entities who may otherwise not be involved in integrated planning efforts, feedback from the Florida Comprehensive Planning Network's 2025 HIV Care Needs Survey was considered. As of May 2026, a total of 402 surveys were collected, representing people with HIV in more than 65 ZIP Codes within the EMA. The survey collected feedback on service availability and the reasons for not accessing needed services. The survey was still open at the time this Plan was developed, and further results will be analyzed after the survey closes in August 2026. The final survey results are intended to be used to update the SCSN. However, communication with the State is troubled and there has not been an update on how they are using the survey results or when we can expect to have the updated SCSN. Nonetheless, we have continued to promote the survey at Ryan White Part A and Part B-funded subrecipient agencies and meetings, Partnership meetings and community engagement activities, and through the Partnership's social media, weekly newsletter, website postings, and listserv.

II.1.d. Collaboration with RWHAP Parts – SCSN Requirement

The Partnership's JIPRT includes member representatives from RWHAP Part B, Part C, and Part D and Minority AIDS Initiative (MAI). The Partnership's Care and Treatment Committee, which conducts the Annual Needs Assessment, and whose members were solicited for feedback on Plan development, includes representatives from RWHAP Part C, and ADAP. All those members are also members of the Partnership and had a vote on this Plan prior to final submission. Additionally, though representatives of RWHAP Part A are not voting members on any committee, they participated as meeting guests and subject matter experts, and ensured the Plan was aligned with legislative requirements.

II.1.e. Engagement of People with HIV – SCSN Requirement

People with HIV were included in all stages of planning, through JIPRT and Partnership membership, participation in the annual Client Satisfaction Survey, and by completing the 2025 HIV Care Needs Survey. As Partnership members and meeting guests, people with HIV were encouraged to contribute feedback and lived experiences at all meetings. It is our expectation that people with HIV and other community stakeholders will continue to be engaged as meaningful participants in all ongoing facets of Plan implementation, monitoring, evaluation, and improvement.

People with HIV are encouraged to join meetings as voting members, if eligible, or as contributing guests. Reference materials are available to all interested parties at www.PartnershipMiami.org. Printed copies of materials are distributed at meetings and available by request.

Efforts to gather feedback from a broad group of participants continues to be a challenge for the EMA. Some of the obstacles include the need to provide materials in English, Spanish, and Haitian Creole. While some translations can be done using AI tools, the translations need to be vetted and there are not full time interpreters on staff. Further, the State FDOH Care Survey which was intended to gather feedback from across the state was only produced in English, leaving jurisdictions responsible for making their own translations, which may or may not use the same exact survey language in the translated versions. Additionally, lack of funding for incentives for participation in surveys and in-person meetings was a challenge, particularly since the Partnership is a County advisory board and must conduct all meetings in person only and there are no funds to support transportation assistance. However, FDOH-MDC conducts meetings in person, virtually, or hybrid, and those may offer more opportunities for meaningful engagement, provided persons have access to virtual participation technology. and Further, competition for time since many people with HIV are working or navigating difficult experiences which leads to deprioritizing HIV community participation.

The Partnership and FDOH Community Mobilization Workgroups also continue to face challenges in recruiting new members due to competition from employment and personal responsibilities. That said, the champions of this Plan are people with HIV who contribute at meetings, share their real-life experiences, and continue to promote opportunities to be involved in the process.

II.f. Priorities

People with HIV in Florida are facing treatment uncertainty due to severe proposed funding cuts impacting ADAP, ACA insurance premium payments, and affordable access to HIV medications. On the State HIV Care Needs Survey, 93% (307 of the 330 respondents) said they “Always” take their HIV medication. This finding is consistent with the high levels of viral load suppression reported among RWHAP clients in Miami-Dade County. Unless the Florida Legislature takes action to protect access to HIV medications for people with HIV who are at or below 400% of the Federal Poverty Level, health insurance premium assistance, and effective antiretroviral medications – including single-tablet regimens such as Biktarvy® and Descovy® – the drastic changes to Florida ADAP are expected to have severe negative effects on health outcomes for people with HIV in the EMA and across Florida.

Based on surveys and community meeting input, strengths, challenges, and needs were identified and are outlined in detail in **Section IV: Situational Analysis**, of this Plan, below. Where challenges can be quantified through an identified data source, these are incorporated into **Section V: Goals and Objectives**, of this Plan, below. Where concerns are not quantifiable or measurable, these are addressed elsewhere in the Plan. For all identified concerns, Plan monitoring will include reviewing measurable activities and

reassessing other challenges on an ongoing basis, as described in **Section VI: 2027-20321 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up**, of this Plan, below.

II.g. Updates to Other Strategic Plans Used to Meet Requirements

This Plan incorporates updated goals and objectives from the 2022-2026 Integrated Plan, the RWHAP EHE Plan, and the FDOH-MDC EHE plan.

1. The Partnership's Care and Treatment Committee conducts a complete annual Needs Assessment including prioritization of all RWHAP Part A/MAI services. Although the EMA does not fund all service categories available under HRSA Policy Clarification Notice (PCN) #16-02 through Part A/MAI, the entire roster of services was considered during the priority setting process. For each service category listed in HRSA PCN #16-02, members considered funding sources outside of RWHAP Part A/MAI. For instance, Home Health Care is also funded under Part B and non-Medical Case Management is also funded under State of Florida General Revenue.

There is no direct correlation between the funding and ranking of Part A/MAI services and Integrated Plan development in the EMA. However, both activities consider epidemiological data, comprehensive review of EMA HIV funding, utilization data, viral load suppression data, and unmet needs in decision making. Furthermore, several members of the JIPRT participate in the Needs Assessment process and share information between those two activities.

2. As previously noted, ongoing input from people with HIV and other stakeholders is gathered through broadly advertised public meetings, open access to all draft and final reference documents posted online, and active encouragement for members and guests to participate in all meetings. As the Plan is finalized and submitted to HRSA, the completed Plan – along with its implementation and ongoing monitoring – will be shared with the groups (including people with HIV) that contributed to its development to ensure continued community engagement.
3. Updates to the Plan are based on compliance with federal executive orders and incorporate community input as noted throughout this document.
4. The EMA used the same planning process as in previous years.