

Section VI: 2027-2031 Integrated Plan Implementation, Monitoring, and Jurisdictional Follow Up

Implementation, monitoring, evaluation, and improvement will begin January 1, 2027, and continue through December 31, 2031, as outlined below. All processes will involve members of the affected community including RWHAP clients and others, Partnership's Joint Integrated Plan Review Team (JIPRT) members, as well as RWHAP, FDOH-MDC, and EHE teams. Additional collaborators will participate in Partnership and Committee meetings and, as positions are available, will be invited to join as voting members.

The JIPRT has made significant effort to ensure the development of SMART goals and activities as detailed in the local Integrated Plan Monitoring and Reporting System (IPMRS), as designed by Behavioral Science Research Corporation, the contracted subrecipient for Planning Council Staff Support services. This effort includes specifying key individuals who will be accountable for implementing Plan activities and strategies, identifying data sources, as well as ensuring and establishing timelines for activity reporting and completion. Plan progress will be monitored quarterly to identify areas of the Plan that reflect optimal performance and that have challenges and lack progress. Status updates will be shared with the listed participants during the quarterly JIPRT meetings, where progress and issues will be reviewed, recommendations for improvement will be determined, and next steps will be identified.

VI.a. Implementation

Community stakeholders, specifically RWHAP-, FDOH-, and EHE-funded recipients and subrecipients have been instrumental in development of the Plan and are expected to take the lead on their assigned activities as detailed in the IPMRS. People with HIV are in leadership and supporting roles in the Partnership and its Committees and will continue to be active in the implementation of the Plan. No delays are expected in launching the 2027-2031 Plan on January 1, 2027. A smooth transition from the 2022–2026 Plan is anticipated.

However, recent funding cuts and new legislative restrictions have made it increasingly difficult to bring new partners into the integrated planning process. Even so, as key collaborators and subject matter experts are identified, they are encouraged to attend the appropriate meetings. All meetings are publicly noticed, and all related materials are available on the Partnership's website, www.PartnershipMiami.org.

VI.b. Monitoring

This Monitoring section outlines the structured processes we will use to assess program performance, ensure compliance with RWHAP requirements, and track progress toward improving health outcomes for people with HIV. Through routine data review, site visits, subrecipient monitoring, and continuous quality improvement activities, we aim to identify strengths, address gaps early, and support a responsive, equitable, and client-centered system of care.

The JIPRT is the primary forum for monitoring and reporting progress of the Plan, determining response strategies, and engaging collaborators. JIPRT meetings are held in person and publicly noticed through multiple channels. Members of the affected community participate as JIPRT members and as meeting guests.

The IPMRS is designed to support accountability by ensuring activities are SMART and organized under overarching Plan goals. This structure brings forward continuously relevant themes from the National

HIV/AIDS Strategy (preventing HIV transmission, strengthening health outcomes, addressing differences in health outcomes, and promoting coordinated and collaborative efforts to effectively respond to the epidemic) from the old plan, while also incorporating the EHE Pillars (Diagnose, Treat, Prevent, and Respond), the Statewide Coordinated Statement of Need, the HIV Care Continuum stages (diagnose, linkage to care, retention in care, and viral suppression), and Ryan White Program 2030 goals (rapid initiation of HIV treatment, community-based outreach, treatment as prevention, leveraging partnerships, and using data-driven approaches to identify populations with unmet needs). The IPMRS database is the primary monitoring tool to track this progress towards these goals based on related objectives, activities, and measurements. FDOH-MDC and RWHAP staff will work with subrecipient organizations and other stakeholders who have been assigned reporting tasks to confirm program progress. Data sources may include PE Miami, FDOH-MDC local data, FDOH statewide data as available, and the HIV.org Americas HIV Epidemic Analysis Dashboard (AHEAD). A designated group of users will regularly enter information into the IPMRS as data become available. The IPMRS is maintained in a shared Microsoft OneDrive environment so users can collaborate in a single database concurrently. Client confidentiality is protected as no PHI or other client identifying information is included in this reporting and monitoring system.

A sample of the IPMRS is presented directly below. The image includes various public-facing fields and administrative fields, as described below.

Sample IPMRS Database with Two Data Indicators

Goal

Objective 1.1	Sample											
Activity 1.1.1	Sample											
See corresponding tabs for details												
Measurement #	Measurement	Baseline	Status	Summary Data	Target	Notes	Jan 1, 2027-Jun 30, 2027	Jul 1, 2027-Dec 31, 2027	Key Contact Person	Key Partners	Monitoring Data Source	Funding Sources
1.1.1.1	Sample	December 2026: 100	Activity Not Started	Cumulative Total: 37	December 2030: 500		12	25				
1.1.1.2	Sample		Activity In Progress	Average: 22.5			25	20				
1.1.1.3	Sample		Activity Suspended	Most Recent Measurement: 20			25	20				
1.1.1.4	Sample		Activity Complete	No Data								

Public-Facing Fields

- **Goal** – Four Goals built upon the National HIV/AIDS Strategy then further evolved to align with the four pillars of EHE and the Ryan White Program 2030 goals.
- **Objective** – Each Objective corresponds to the Goal and has a unique number related to the Goal.
- **Activity** – Each Activity corresponds to the Objective and has a unique number related to the Objective.
- **Measurement #** – Each Measurement corresponds the Activity and has a unique number related to the Activity.
- **Measurement** – Indicates a quantifiable amount for which there is a known data source.
- **Baseline** – Indicates the most recent data available before January 1, 2027, with referenced date and value (i.e., December 2026: 100).

- **Status** – Programmed to provide quick visual clues as to the progress of Activities for reference during monitoring. Progress colors are:
 - **Blue: Activity Not Started** (Activity and/or data collection has not begun);
 - **Yellow: Activity in Progress** (Activity and data collection has begun and is ongoing);
 - **Red: Activity Suspended** (Activity began and was suspended; reason for the suspension would be in the Administrative Fields “Notes” section, see below); or
 - **Green: Activity Complete** (Activity complete and no further action needed).
- **Summary Data** – This field is calculated to capture data as either:
 - Cumulative Total;
 - Average;
 - Most Recent Measurement; or
 - No Data.
- **Target** – Indicates the end date for completing the Activity and the Target Measurement (i.e., December 2030: 100).
- **Dashboard** of graphs, tables, and charts to demonstrate progress in a user-friendly format.

Administrative Fields

- **Notes** – User notes to track any peculiarities (e.g., reason for suspension, clarifications, etc.) of the related Activity.
- **Measurement Periods** – There are ten 6-month measurement periods – January through June, and July through December – for each of the Plan years.
- **Key Contact Person** – The go-to person for data; this field corresponds to a tab to collect the Key Person’s contact information, including title, in case of changes in staffing.
- **Key Partners** – Community organizations related to the Activity (e.g., RHWAP subrecipients); this field corresponds to a tab to collect organization names and contacts, including URLs.
- **Monitoring Data Source** – The database from which data is drawn to quantify the Activity; this field corresponds to a tab to collect the database name, related key contacts, and URLs.
- **Funding Source** – Funding stream(s) related to the Activity; this field corresponds to a tab which indicates the source of funds, years of funding, and related URLs.
- **All administrative sections** will be continually updated as we identify new collaborators and funding sources.

VI.c. Evaluation

A robust evaluation process is essential to ensuring that the Integrated Plan remains effective, accountable, and responsive to emerging needs. To support this, the IPMRS is designed to collect performance data in six-month intervals, providing a structured foundation for ongoing assessment. The JIPRT convenes quarterly to review progress, identify areas where measures are not on track, and recommend corrective actions. Over the life of the Plan, the JIPRT is expected to meet approximately 20 times, ensuring consistent opportunities for evaluation, refinement, and accountability. While the Plan will continue to evolve as needed, every effort has been made to develop SMART goals, objectives, and activities that support meaningful measurement and analysis of progress.

Beginning in July 2026, JIPRT meetings will focus on establishing performance Targets; completing the Key Contact Person, Key Partners, Monitoring Data Source, and Funding Source fields; and determining Baselines. As additional Key Partners are identified, we anticipate expanded collaboration across the EMA to strengthen implementation and monitoring efforts.

VI.d. Improvement

A strong improvement process is vital to ensuring that evaluation results translate into meaningful action. Throughout implementation of the Integrated Plan, the JIPRT will serve as the primary forum for reviewing data and results, recommending modifications, and elevating improvement strategies to the Partnership and stakeholders. The JIPRT will be responsible for identifying weaknesses in implementation, measurement, and operational processes; flagging activities that fall behind established targets; and requesting technical assistance when needed. In alignment with the JIPRT schedule, meetings will alternate between data review and follow-up on the Challenges and Identified Needs outlined in **Section IV: Situational Analysis** of this Plan, see above.

Although many of the Challenges and Identified Needs in **Section IV: Situational Analysis** cannot be linked to measurable outcomes and therefore are not included in the IPMRS, they remain important to the overall health of the system. The Partnership will continue to identify resources, gather stakeholder feedback, and elevate these issues to ensure they remain visible and are addressed through community collaboration and problem-solving.

VI.e. Reporting and Dissemination

Transparent and consistent reporting is essential to maintaining accountability, strengthening stakeholder engagement, and ensuring shared ownership of the Plan's progress. To support this, updates on the implementation and execution of the Integrated Plan will be presented at quarterly JIPRT meetings, incorporated into regular Partnership committee reporting process, and shared with other Partnership committees and subrecipients as appropriate. FDOH-MDC workgroups, community collaborators, and other stakeholders will also receive updates and will be encouraged to contribute to ongoing planning, implementation, and evaluation efforts. Special presentations may be provided to community partners when appropriate or upon request.

The Partnership's website includes dedicated pages for both the JIPRT and the Integrated Plan, where all meeting materials – including progress reports – are posted for public access. Printed copies of reports are distributed to JIPRT members during regular meetings and are available to others upon request. Evaluation results will also be integrated into the Annual State of HIV Report, produced by the Partnership's Strategic Planning Committee in collaboration with FDOH-MDC and RWHAP recipients, and provided to the Miami-Dade County Mayor, Board of County Commissioners, and Partnership members.

VI.f Updates to Other Strategic Plans Used to Meet Requirements

The 2027-2031 Plan is largely drawn from the 2022-2026 Plan since the latter was well-received and comprehensive. This Plan varies most markedly from the earlier version in that the activities for 2027-2031 are much more complete, and this Plan accounts for significant legislative and funding changes, as detailed in previous sections.

This 2027-2031 Plan represents a strong collaboration between the RWHAP Planning Council and Recipient, and FDOH-MDC to ensure our mutual activities are captured and coordinated in this Plan. It had been our intention, as we had in the previous Plan, to collaborate fully with FDOH Tallahassee to ensure this Plan was in alignment with the Statewide Plan. However, after 11 meetings with the FDOH's Statewide Integrated Planning group, the group disbanded abruptly in March 2026 and there have been no further communications about the Statewide Plan. A high-level overview of the Statewide Plan was supposed to be distributed to the Florida Comprehensive Planning Network (FCPN), whose members include

Partnership, Recipient, and FDOH-MDC representatives. However, the FCPN meeting scheduled for April 2026 was also abruptly cancelled; as of this writing there is no indication of a new meeting date.

DRAFT