



**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
February 17, 2026, Minutes**

Approved May 19, 2026

#	Members	Present	Absent	Guests
1	Bethel, Shakka		x	Alcala, Carolina
2	Buch, Juan		x	Coello, Erika
3	Darlington, Tajma		x	Contreras, Andrea
4	Duberli, Francesco		x	Eldanaf, Amal
5	Edwards, Shawneaqua		x	Eynon, Nicholas
6	Forrest, David		x	Ferrer, Luigi
7	Gonzalez, Nilda		x	Gonzalez de Obando, Tivisay
8	Ichite, Amanda		x	Lowe, Camille
9	Johnston, Jeremy		x	Lubian, Ana
10	Lopez, Crystal	x		Lyonel, Elsie
11	Machado, Angela	x		Nuñez, Alejandro
12	Medina, Jesus		x	Shapiro, Julianna
13	Muñoz, Virginia	x		Villamizar, Kira
14	Orozco, Eddie		x	Wattley, Stephanie-Rae
15	Pierre, Ross		x	Willacy, Kwesi
16	Sanchez, Kenia	x		
17	Santiago, Grechen		x	
18	Shmuels, Diego	x		
19	Singh, Hardeep	x		
20	Stonestreet, Stephanie	x		
21	Vertovec, Jack	x		
Quorum = 8				Staff
				Bontempo, Christina
				Ladner, Robert

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. 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 10:27 a.m. and briefed participants on meeting expectations.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

Strategic Planning Committee Vice Chair, Angela Machado, read the Housekeeping protocols, including that the meeting is being recorded, that Behavioral Science Research Corp. (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 Chair, Stephanie Stonestreet, 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: Angela Machado

Seconded: Hardeep Singh

Motion: Passed

VI. Review/Approve Minutes of October 21, 2025

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

Motion to approve the minutes of October 21, 2025, as presented.

Moved: Stephanie Stonestreet

Seconded: Hardeep Singh

Motion: Passed

VII. Reports

▪ Membership

Staff projected the Vacancy Report and indicated it was available online. All committees are in need of members. Community Coalition Roundtable members will attend standing committee meetings during March to promote recruitment, learn more about the activities of each committee, and give testimonials. All committee members should expect to see this on their March agendas. Two applicants for Partnership membership were forwarded to the Mayor's office for appointment.

▪ Partnership

Staff projected the Partnership Report which was also in member's packets. It was noted that the report lists the motions which were passed by the Partnership as contingency planning in response to the pending cuts to AIDS Drug Assistance Program (ADAP). If needed, all motions related to the contingency planning will be phased in over a period of time as determined by the Part A/MAI Recipient. The earliest date of program changes is March 1, 2026, and members were urged to be prepared for further updates.

VIII. Standing Business

▪ 2027-2031 Integrated Plan Development

Members reviewed two drafts of the 2027-2031 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan: Section I: Introduction of Integrated Plan and SCSN, and Section IV: Situational Analysis. Corrections and updates are noted below in ~~red-strikethrough~~ (deletions) and blue underline (additions). Updates will be incorporated into the final draft.

□ Section I: Introduction of Integrated Plan and SCSN

- Page 2: Staff will confirm if the term social determinants of health is still the preferred language.
- Page 2: “Service Gaps: There is still a need for expanded access to pre-exposure prophylaxis (PrEP), mental health services, and ~~supportive/~~culturally and linguistically appropriate competent services ~~providers.~~”
- “Culturally and linguistically appropriate” should be further defined.
- Page 3: “Prevent new HIV transmission infections.”
- Page 4: “Final approval by the Partnership took place in June ~~May~~ 2026.

□ Section IV: Situational Analysis

- Challenges

- “Not enough culturally and linguistically appropriate messaging. ~~about PrEP, nPEP, and PEP.~~” Messaging is not tied to just to PrEP and nPEP.
- Add:
 - Major cuts to prevention funding are impacting service availability, condom distribution, payments for PrEP, loss of testing sites, and loss of workforce; relevant to HIV and STD prevention.
 - Cuts to Ryan White Program funding based on the new HRSA Formula Award calculation.
 - Lack of sex education, lack of ability to provide sexual health materials in schools, and lack of ability for HIV and STI testing in schools.
 - Aging workforce and workforce burnout.
 - Stigma, isolation, and chronic conditions specific to people aging with HIV.
 - Cost of insurance, with or without ADAP premium assistance, and increases in sliding fee scale payments.

- Identified Needs

- “Special needs of ~~marginalized~~ vulnerable populations (addressing stigma, access to care, etc.) as advocated for by special interest groups such as for ~~including transgender persons, undocumented persons,~~ youth and persons aging into Medicare.”
- Add:
 - Need to leverage the expertise of subject matter experts across the continuum of care.
 - In home care such as labs and medication delivery, particularly for the aging population and those with limited mobility.

- Diagnose

- “The EMA historically had ~~has~~ a robust and widely promoted HIV testing program which included ~~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

was is developed in English, Spanish, and Haitian Creole. [Prevention and care funding cuts are expected to negatively impact the availability and success of previous programs, services, and marketing strategies.](#)

- Note: FDOH-MDC continues to monitor and challenge the data regarding “newly diagnosed” since persons have been identified as being “newly diagnosed” who are virally suppressed or who know their status. People who received their first United States diagnosis in the EMA should not be counted toward the EMA’s newly diagnosed. Record reviews and tracking through other systems should be implemented to find the actual date and location of diagnosis, since assigning the diagnosis to the EMA artificially inflates the numbers of new diagnosis and makes it difficult to show progress in prevention efforts.

- **Treat**

- ~~“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.”~~

- **Prevent**

- “The [FDOH-MDC EMA’s](#) offers prevention services . . .”
- “FDOH-MDC ~~had~~ [has](#) a dedicated website for HIV testing, [www.testmiami.org](#), which ~~promoted~~ [promotes](#) PrEP, condom distribution, and testing sites, with links to locate services throughout the EMA. [The site and access to those resources is currently under revision.](#)” BSR staff will work with FDOH-MDC to incorporate TestMiami.org into the Partnership’s website to maintain access to the TestMiami.org resources.
- ~~“Continued and ongoing funding for condom distribution at the time the 2026-2031 Plan was written.”~~
- “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.” This statement should be updated based on 2024 CHARTS.

- **Respond**

- “The EMA has had to mobilize a response to outbreaks of ~~Monkey~~ [pox](#) . . .”
- ~~“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).”~~
- “. . . Business Responds to AIDS (BRTA). ~~organizations~~”
- “As it relates to rapid response to HIV clusters . . .” The term “clusters” is no longer in use. FDOH-MDC will advise on the new language.

- **Special Populations**

- “Additional data tracking ~~by~~ is available . . .”

IX. New Business

▪ Annual Source of Income Filing

Members completed and submitted their annual Source of Income filings.

X. Announcements

Staff announced the Report for Action! Partnership meeting briefing on February 27, 2026.

XI. Next Meeting

Prevention Vice Chair, Crystal Lopez, announced the next meeting dates are Strategic Planning Committee on March 10, 2026, at BSR, and Prevention Committee on March 26, 2026, at today's meeting location, FDOH-Health District Center.

XII. Adjournment

Ms. Muñoz called the meeting adjourned at 12:13 p.m.