MIAMI-DADE HIV/AIDS PARTNERSHIP

WELCOME

Thank you for attending today's

Miami-Dade HIV/AIDS Partnership Meeting

Please sign in to have your attendance recorded.

Scan the QR Code for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, April 20, 2026
10:00 AM – 12:00 PM

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

AGENDA

I.	Call to Order	Harold McIntyre
II.	Introductions	All
III.	Housekeeping	Harold McIntyre
IV.	Floor Open to the Public	Joanna Robinson
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 2, 2026	All
VII.	Reports	
	A. Membership	Staff
	B. Committee Reports on Action Items	
	▪ Executive Committee (2 Motions)	Joanna Robinson
	▪ Care and Treatment Committee (3 Motions)	Dr. Diego Shmuels
	▪ Community Coalition Roundtable Housing Committee, Prevention Committee, Strategic Planning Committee (No action items)	
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/Minority AIDS Initiative	Carla Valle-Schwenk
	▪ Ryan White Part B	Kira Villamizar
	▪ General Revenue at SFAN	Angela Machado
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ Housing Opportunities for Persons With AIDS (HOPWA)	Roberto Tazoe
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business	Harold McIntyre
IX.	New Business	
	▪ 2026 Ryan White Conference – Partnership Member Attendance	
	▪ Revised Minutes of May 12, 2025	
X.	Announcements and Open Discussion	All
XI.	Next Meetings	Joanna Robinson
	▪ Friday, May 29, 2026, Report for Action Meeting Briefing via Teams	
	▪ Monday, June 1, 2026, Partnership Meeting at the Florida Department of Health – Health District Center, 1350 NW 14th Street, Room 401B, Miami, FL 33125	
XII.	Adjournment	Harold McIntyre

Please mute or turn off all cellular devices.
For more information about the Miami-Dade HIV/AIDS Partnership, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.
Follow Us: www.PartnershipMiami.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership

Meeting Housekeeping Miami-Dade HIV/AIDS Partnership

Updated February 2026
Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

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 endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.
- All attendees may address the board as time allows and at the discretion of the Chair.
- Only Partnership 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/#partnership1/, or by scanning the QR code on your agenda.

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.”

Miami-Dade HIV/AIDS Partnership Meeting
Florida Department of Health - Health District Center
1350 NW 14th Street, Conference Room 401B, Miami, FL 33125
March 2, 2026, Minutes

#	Partnership Members	Present	Absent
1	Burks, Laurie Ann		x
2	Chassi, Kai		x
3	Dougherty, James	x	
4	Duberli, Francesco	x	
5	Forrest, David		x
6	Gonzalez, Nilda		x
7	Henriquez, Maria	x	
8	Jones, Keddrick		x
9	Machado, Angela	x	
10	McIntyre, Harold	x	
11	Medina, Jesús E.		x
12	Muñoz, Virginia	x	
13	Robinson, Joanna	x	
14	Romero, Javier	x	
15	Sarria, Manuel	x	
16	Shmuels, Diego	x	
17	Tazoe, Roberto	x	
18	Tramel-McIntyre, Alecia	x	
19	**Vacant** Representative of the Affected Community		
20	**Vacant** Representative of the Affected Community		
21	**Vacant** Representative of the Affected Community		
22	**Vacant** Representative of the Affected Community		
23	**Vacant** Representative of the Affected Community		
24	**Vacant** Hospital or Health Care Planning Agency Representative		
25	**Vacant** Housing, Homeless or Social Service Provider		
26	**Vacant** Mental Health Provider Representative		
27	**Vacant** Other Federal HIV Program Grantee Representative (SAMHSA)		
28	**Vacant** Ryan White Program Part D Representative		
29	**Vacant** Other Federal HIV Program Grantee (Part F)		
30	**Vacant** MDC Government Representative (Non-RWP)		
Quorum = 7			
Ex-Officio Representatives			
Representative from the Office of the Miami-Dade County (MDC) Mayor			
Representative from the MDC Board of County Commissioners			
Representative from the MDC School Board			

Guests
Bigler, Erin
Eldanaf, Amal
Erbstein, Silvana
Francis, Rosemonde
Gonzalez De Obando, Tivisay
Gonzalez, Yvette
Hallmon, Rolando
Nicolas, Tia
Singh, Hardeep
Stonestreet, Stephanie
Valle-Schwenk, Carla
Villamizar, Kira
Wall, Daniel T.
Wynn, Joey
Staff
Bontempo, Christina
Ladner, Robert
Smith, Terrence A., Esq.*
*Via phone for the purpose of ensuring proper elections protocols.

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/.

I. Call to Order

In the absence of the Chair and Vice Chair, member Joanna Robinson called the meeting to order at 10:18 a.m. and announced the topics on the agenda.

II. Introductions

Ms. Robinson asked for introductions by members and guests. Those arriving late also introduced themselves. Ms. Robinson ceded gavel to the officers upon their arrival.

III. Housekeeping/Meeting Rules

The Chair, Alecia Tramel-McIntyre, lead the housekeeping rules, including disclaimer, code of conduct, language matters, and resource persons.

IV. Floor Open to the Public

Vice Chair, Harold McIntyre, 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.

Motion to approve the agenda as presented.
Moved: Manuel Sarria **Seconded: James Dougherty** **Motion: Passed**

VI. Review/Approve Minutes of February 2, 2026

Members reviewed the minutes of February 2, 2026, and there were no changes.

Motion to approve the minutes of February 2, 2026, as presented.
Moved: Harold McIntyre **Seconded: Virginia Muñoz** **Motion: Passed**

VII. Reports

A. Membership

Staff announced that there are still significant vacancies on the Partnership and committees . Additional details will be shared as part of the Community Coalition Roundtable report.

B. Committee Reports

The motions below were brought to the Partnership for review. Additional committee activities were detailed in the *Committee Reports to the Miami-Dade HIV/AIDS Partnership,* distributed to members, and included in the materials posted online. Details regarding the motions were included in the report and are noted *in italics* prior to the motions.

- **Care and Treatment Committee**

Maria Henriquez put forward the motions from the Care and Treatment Committee.

The Committee continued its work on contingency planning to focus funding on essential core services. Members considered prior expenditures made during the Needs Assessment, current expenditures, and estimated utilization. Allocations are presented as percentages of the "Ceiling" budget, though the final

awards are not known. Additional adjustments will likely be needed once the final award is received and in response to the implementation of ADAP changes.

Motion to recommend as contingency planning under the Part A budget, the revised allocations by percentages indicated on the *Miami Dade County Ryan White Program FY 2026-27 Part A Funding Ceiling Budget Edits For Contingency Planning.*
Moved: Maria Henriquez Seconded: Joanna Robinson Motion: Passed

Motion to recommend as contingency planning under the MAI budget, the revised allocations by percentages indicated on the *Miami Dade County Ryan White Program FY 2026-27 Minority AIDS Initiative (MAI) Funding Ceiling Budget Edits For Contingency Planning*.
Moved: Maria Henriquez Seconded: James Dougherty Motion: Passed

Note: Dr. Diego Shmuels arrived after the motion for the MAI budget and therefore no voting conflicts were announced requiring the motion be amended.

- **Community Coalition Roundtable**

Ms. Robinson put forward the motions from the Community Coalition Roundtable.

The Committee received a Partnership Membership application from Yvette Gonzalez for the Ryan White Program Part D Representative vacancy. Ms. Gonzalez shared her expertise and expressed her interest in serving on the Board. Members completed score sheets and moved to recommend her appointment.

Motion to recommend to Mayor Daniella Levine Cava the appointment of Yvette Gonzalez to the Miami-Dade HIV/AIDS Partnership as the Ryan White Program Part D Representative.
Moved: Joanna Robninson Seconded: Harold McIntyre Motion: Passed

The Committee reviewed a simplified two-page Committee membership application and approved it as presented. The application was reviewed and approved for legal sufficiency.

Motion to adopt the revised Committee Membership Application.
Moved: Joanna Robinson Seconded: Angela Machado Motion: Passed

The Committee discussed a process 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.

Motion to adopt the On-Boarding and Mentorship Process.
Moved: Joanna Robinson Seconded: Harold McIntyre Motion: Passed

C. Grantee/Recipient Reports

Members received the Top Line Summary Report and copies of the referenced expenditure and utilization reports.

- **Ryan White Part A/Minority AIDS Initiative (MAI)**

Carla Valle Schwenk advised attendees on the FY 2025 Part A/MAI contracts, the FY 2026 Part A/MAI and Ending the HIV Epidemic (EHE) contract extensions, the Health Resources and Services Administration (HRSA) EHE site visit, the Miami-Dade County Ryan White Program Public Outreach Campaign, and the 2026 ADAP changes, as detailed in the Top Line Summary Report.

Also noted:

- The partial Part A/MAI award was received and the remainder is expected soon from HRSA.
- Administrative findings from the HRSA EHE site visit will be shared with the Partnership when the final report is received.
- A Special Enrollment Period for clients losing Affordable Care Act insurance through ADAP will be open through April.
- Legal challenges around ADAP changes are still pending.
- The National Ryan White Conference is in August and the Partnership Chair and one other designated member are budgeted to attend.

- **Ryan White Part B**

Kira Villamizar noted the top three expenditures and service utilization categories in January 2026, as detailed in the Top Line Summary Report.

- **General Revenue (GR) at SFAN**

Angela Machado reported on the GR top three expenditures and service utilization categories in January 2026, as detailed in the Top Line Summary Report. She noted that the Salvation Army and nursing home beds are at capacity.

- **AIDS Drug Assistance Program (ADAP) Miami**

Dr. Javier Romero noted ADAP data for January 2026, including the number of clients served, the cost of pharmacy expenditures, and the cost of Affordable Care Act (ACA) premium expenditures, as detailed in the Top Line Summary Report. The data are already reflecting the changes in ADAP funding.

Members discussed the challenges facing clients, including conflicts of having insurance coverage when qualifying for patient assistance programs, and how to otherwise pay for medications without insurance. Clients are urged to not stop taking medications and to contact their Ryan White Program Medical Case Manager for assistance in obtaining medications. It was also noted that any prescriptions submitted prior to the March 1, 2026, cutoff date should be filled and paid for by ADAP.

The list of persons who received letters from FDOH-Tallahassee was requested and has not been received; however, the Recipient has contacted Ryan White Program Medical Case Managers to advise them of their clients being impacted.

As noted in the Part A/MAI report, legal challenges around ADAP changes are still pending.

- **Housing Opportunities for Persons with AIDS (HOPWA)**

Roberto Tazoe reported that critical funding for HOPWA will continue through September, after which the program is not sustainable at the current housing rates and for long-term housing. The Partnership's Housing Committee will be tasked with defining an exit strategy for persons who may lose HOPWA housing, coordinating with other programs, and planning for the future.

D. Approval of Reports

Ms. Tramel-McIntyre called for a motion to approve all reports.

Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.
Moved: Dr. Diego Shmuels **Seconded: Harold McIntyre** **Motion: Passed**

VIII. Standing Business

- **Officer Elections**

Staff received nominations from Harold McIntyre and Joanna Robinson for the Chair of the Partnership. No other nominees were put forward. A ballot was distributed, completed, and tallied. Staff announced that Mr. McIntyre was elected as the Chair. Ms. Robinson agreed to accept the nomination for Vice Chair. A ballot had not been prepared for Vice Chair. As there were no additional nominees, members put forward a motion to elect Ms. Robinson as Vice Chair.

Motion to elect Joanna Robinson as Vice Chair of the Miami-Dade HIV/AIDS Partnership.
Moved: James Dougherty **Seconded: Harold McInytre** **Motion: Passed**

Note: Assistance County Attorney, Terrence A. Smith, offered guidance on the election procedures via phone.

- **Passing the Gavel**

Staff presented Ms. Tramel-McIntyre with an appreciation plaque recognizing her as Chair from 2023-2026, and members acknowledged her for her service. Ms. Tramel-McIntyre welcomed the new officers and passed the gavel to Mr. McIntyre.

IX. New Business

There was no new business.

X. Announcements and Open Discussion

There were no announcements.

XI. Next Meeting

The next meetings are scheduled as Friday, April 3, 2026, Report for Action Meeting Briefing via Teams; and Monday, April 6, 2026, for the Partnership meeting at the Florida Department of Health – Health District Center, Room 410.

XII. Adjournment

Mr. McIntyre thanked everyone for participating and adjourned the meeting at 11:25 a.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

March 12, 2026

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

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

Are you a Member?

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.

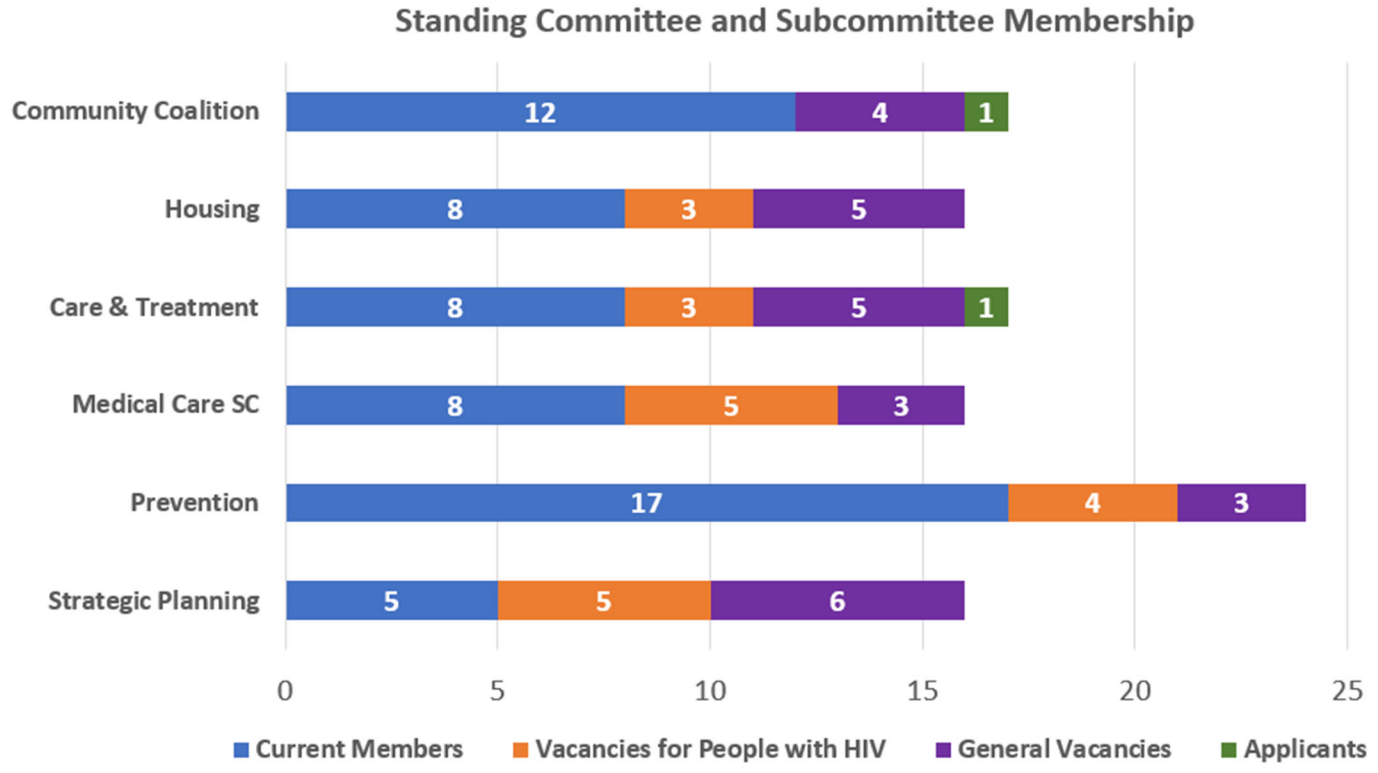
when you say Yes! good things happen.

MEMBERSHIP

Committees

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

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



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

MIAMI-DADE HIV/AIDS PARTNERSHIP

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: _____

Your initials here	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.

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: _____

Your initials here	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.
Your initials here	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.
Your initials here	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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Committee Reports to the Miami-Dade HIV/AIDS Partnership for the April 20, 2026, Meeting

This report contains six (6) motions and an overview of each committee's activities for the meeting date(s) indicated. Members are encouraged to review materials in advance.

The complete report is posted online at https://partnershipmiami.org/the-partnership-2/#partnership1.

Partnership members will receive a copy of this report and supporting documents at the meeting.

- Referenced documents/attachments will be included immediately following the corresponding motion(s), with page numbers indicated.
- Documents longer than 20 pages will be made available at the meeting as shared reference copies.

For additional information, contact mdcpartnership@behaviroalscience.com.

EXECUTIVE COMMITTEE *2 MOTIONS*
MARCH 25, 2026

Activities

- Held Officer Training highlighting responsibilities of Officers and best practices for effective meetings.
- Reviewed 3rd Quarter Planning Council Expenditures.
- Reviewed and approved final changes to the *Miami-Dade HIV/AIDS Partnership Ryan White Planning Council Policies and Procedures Manual*
- Reviewed and approved the *BSR Staff Support Services for the Miami-Dade HIV/AIDS Partnership – Draft Scope of Work Deliverables for FY 2026.*
- Scheduled annual *Bylaws* review to begin in May.

Policies and Procedures Manual	
1	**Background**
	The Committee has been working on edits for the several months. Of note, the Membership Application and On-Boarding Process sections were updated to reflect the changes approved last month; Meetings was updated to include details on meeting cancellation policies; Parking was updated to reflect various meeting locations; references to aidsnet.org were changed to PartnershipMiami.org; and clarifying language and general edits were made throughout as needed. **See shared reference copies available at this meeting.** **Anyone wishing to see the red-lined version may request it from Staff.**
	Motion
	1. Motion as accept the Policy and Procedure Manual as presented.

Staff Support FY 2026-27 Scope of Work Deliverables	
2	**Background**
	The Committee reviewed and approved the Staff Support FY 2026-27 Scope of Work Deliverables, included as an addendum to BSR's Staff Support contract. **See pages 3-5 of this report.**
	Motion
	2. Motion to accept the Staff Support FY 2026-2027 Scope of Work Deliverables as presented.

This concludes the Executive Committee Report.

MIAMI-DADE HIV/AIDS PARTNERSHIP
RYAN WHITE PLANNING COUNCIL

POLICIES AND PROCEDURES MANUAL

Approved June 15, 2020
Amended February 21, 2023
Revised and Approved January 3, 2025

TABLE OF CONTENTS

INTRODUCTION

This manual outlines the Policies and Procedures of the Miami-Dade HIV/AIDS Partnership (hereafter, the Partnership), its committees, subcommittees, and workgroups; and of Partnership Staff in their work with the Partnership. The Miami-Dade HIV/AIDS Partnership is the Ryan White HIV/AIDS Program planning council for Miami-Dade County.

All duties, responsibilities and assignments of tasks are detailed in the Miami-Dade HIV/AIDS Partnership Bylaws. In any case where there is a discrepancy between these Policies and Procedures and the Bylaws, the Bylaws prevail.

Unless otherwise indicated, the following terms and definitions apply:

- The **Recipient** is the Miami-Dade County Office of Management and Budget - Grants Coordination/Ryan White Program.

- **County** is Miami-Dade County, Florida.

- **Representatives of the affected community** indicates persons living with HIV/AIDS who may or may not receive Ryan White Program services. The term persons living with HIV will be used in place of this term, as allowable.

- **Staff** refers to persons who are employed by Behavioral Science Research Corporation (BSR), operating under contract with the Recipient to provide administrative support to the Partnership. At the present time, the persons employed by BSR to provide this administrative support include:

  - Dr. Robert Ladner, President, rladner@behavioralscience.com
  - Marlen Meizoso, M.A., Project Manager/Research Associate, marlen@behavioralscience.com
  - Christina Bontempo, Project Manager/Community Liaison, cbontempo@behavioralscience.com
  - Frank Gattorno, Data Analyst, fgattorno@behavioralscience.com
  - Morela Lucas, Fiscal Administrator and Office Manager, mlucas@behavioralscience.com

- The **contact address** of Partnership Staff Support is Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

- **Subrecipients** are Ryan White Program Part A/Minority AIDS Initiative direct service providers.

- **FDOH** is the Florida Department of Health.

- Where items are indicated as being posted **online**, the website is www.PartnershipMiami.org.

MEETINGS

A. SCHEDULES

- The Partnership and its committees meet monthly, unless there is no business on the agenda, the Partnership or its committees cancel the meeting in advance, quorum cannot be established, or there is a local or national emergency that would preclude holding a meeting.

- The Subcommittee meets monthly from January through November, unless there is no business is on the agenda, the subcommittee cancel the meeting in advance, quorum cannot be established, or there is a local or national emergency that would preclude holding a meeting.

- For the Community Coalition Roundtable, a meeting may be cancelled upon consultation and concurrence of the Roundtable Chair .

  For the Partnership, Care and Treatment Committee, Strategic Planning Committee, and Medical Care Subcommittee, a meeting may be cancelled upon consultation and concurrence of the Committee/Subcommittee Chair and/or Recipient. For the Prevention Committee and Housing Committee, a meeting may be cancelled upon consultation and concurrence of the Committee Chair and/or grantees (FDOH-MDC and City of Miami, respectively.
- The Partnership Chair, or five (5) Partnership members upon written request to the Chair, may call for a special Partnership meeting.

- A committee or subcommittee Chair, or five (5) committee or subcommittee members, upon written request to the Chair, may call for a special committee or subcommittee meeting.

- Meetings are publicly noticed via email at least 13 calendar days before the scheduled meeting date.

- Meetings are posted to the County calendar quarterly.

- Each calendar year's meeting dates are posted online annually in January.

B. MINUTES

- Audio recordings are made of all Partnership, committee, subcommittee, and workgroup meetings.

- Audio recordings and distributed materials are kept on file by Staff for no less than six (6) years and are available by written request.

- Minutes are drafted by Staff memorializing the decisions made at each meeting. Drafted minutes are approved by members in each group's subsequent meeting. Approved minutes are posted online for up to one year. Older minutes are available by request.

C. PROTOCOL

- All meetings must comply with Florida's Government in the Sunshine Laws (Florida Statute, Chapter 286).

- The *Miami-Dade HIV/AIDS Partnership Bylaws* (Bylaws) are the governing document of the Partnership, its committees, subcommittees, and workgroups.

- Meetings are scheduled with specified start and end times. Meetings must start on time and end no later than the scheduled end time.

    - A meeting may be extended by a motion made by any voting member, upon approval by a majority of those present.
    - A meeting without quorum (see below) can be cancelled at the Chair's discretion.

D. QUORUM

- Quorum is the minimum number of voting members who must be present at a meeting in order to conduct business.

    - Quorum for the Partnership is one-third (1/3) voting members plus one.

    - Quorum for each standing committee, subcommittee, and workgroup is one-third (1/3) of the voting members plus one (1).

    - The Partnership Chair counts toward quorum at all Partnership, committee, subcommittee, and workgroup meetings which s/he attends.

- No agenda items can be addressed without a quorum.

- If a quorum is not present at the start time of a meeting, the Chair will determine how long to wait for a quorum to be established before dismissing the meeting.

- If a meeting is cancelled for lack of quorum, no audio recording or minutes are taken.

E. VOTING

Voting shall be by voice vote, raised hand, or paper ballot.

Standing committees, subcommittees and workgroups may only make recommendations and suggest motions that the Partnership and other standing committees or workgroups, where applicable, may consider. They do not have the authority to bind the Partnership or the County.

PRIORITY SETTING AND RESOURCE ALLOCATIONS (PSRA)

The Care and Treatment Committee (Committee) shall recommend Ryan White Part A/MAI Program service priorities and resource allocations to the Miami-Dade HIV/AIDS Partnership, as needed to ensure Health Resources and Services Administration (HRSA) mandates are met.

All resource allocation rrecommendations are tied to service categories only, and not to individual subrecipients.

F. PRIORITY SETTING AND INITIAL ALLOCATION

Annual Needs Assessment for the Next Fiscal Year

- Staff will provide training on Needs Assessment expectations and understanding data.

- Staff will provide a comprehensive manual posted online, including, but not limited to:
  - Epidemiology Data
  - Ryan White Program HIV Care Continuum Data
  - Ryan White Program Service Utilization Data (via Dashboard Cards)
  - Ryan White Program Demographic Data

- Based on data analysis, the Committee will use established principles to determine service priorities and resource allocations.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

G. REALLOCATIONS AND SWEEPS

Following receipt of the actual HRSA Ryan White Program Part A/MAI grant award, resource allocations may be adjusted.

- The Recipient will present the actual grant award totals.

- The Committee may adjust service category allocations, taking into account Needs Assessment data and decisions, service priorities, prior expenditures, and any expenditure request to allocate funding to service categories.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

Throughout the year, the Recipient will report over- and under-spending by service category and the Committee will hold additional resource allocations ("sweeps") as often as needed in order to maximize expenditures prior to the end of the fiscal budget year (end of February, annually).

- The Recipient will present to the Committee sweeps/reallocations expenditure spreadsheets, which include requests by subrecipient reported in aggregate by service categories.

- The Committee will use Needs Assessment data and decisions, service priorities, and expenditures to reallocate funding to service categories.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

H. FINAL REALLOCATIONS

For the final reallocation of the year, the Recipient will request authorization to move funds expeditiously to needed service categories in order to maximize expenditures.

- The recommendation will be approved by motion and forwarded to the Partnership for final approval.
- The Recipient will provide the Committee and the Partnership with final allocations and expenditures at the close of the fiscal year's finances.

PARKING

Garage parking at the 2121 Ponce de Leon Blvd. building for meetings held at the **BSR** offices cannot be validated.

Garage parking at the **Miami-Dade County Main Library** is available at a reduced rate to everyone by validating tickets at the front desk. Tickets are payable upon exit at the kiosk.

Free parking is available at the **Florida Department of Health-Health District Center** 1350 NW 14th Street, Miami, FL 33125.

Parking for meetings at these provider locations may be free:

Care 4 U Community Health Centers, 4690 NW 7th Avenue, Miami, FL 33127
Care Resource Community Health Centers, 3510 Biscayne Boulevard, Miami, FL 33137
Borinquen Medical Center, 3601 Federal Highway, Miami, FL 33137
Latino Salud, 640 NE 124th Street, Miami, FL 33131

TRAVEL EXPENSE OFFSET

Members of the affected communities who are members of the Partnership (Committees, Subcommittee, or Workgroups), and who are not affiliated, and do not work for a Part A provider, may receive a $20 gift card meeting travel expense offset to attend their meeting, as supplies last

CONFLICT OF INTEREST

Conflict of interest exists when a member works for a subrecipient which is the sole provider of services in a Ryan White Part A/MAI funded service category.

Conflicted members shall:

- Refrain from participating in the discussions concerning the designated conflict of interest services category, and from voting on motions related to that service category;
- Immediately identify the nature of his/her conflict, when the service category comes to discussion, and step out of the room before discussion begins;
- Remain outside the room until business – including motions – related to the relevant service category is completed; and
- Complete Form 8B - *Memorandum of Voting Conflict for County, Municipal and other Local Public Officers* and provide it to Staff before the meeting is adjourned.

Staff shall:

- Ensure conflicted members follow the above protocol, notifying them in the course of the meeting if necessary;
- Inform the conflicted member when business related to the relevant service is completed, so that s/he may return to the meeting;
- Collect the completed Form 8B; and
- Include the completed Form 8B in the meeting minutes.

If quorum will be broken due to a member leaving the meeting because of a conflict of interest, action on the item must be tabled.

ATTENDANCE

Regular meeting attendance is vital to the success of the work of the Partnership, committees, subcommittees, and workgroups.

- Members must comply with the attendance requirement (Sections 2-11.39 and 2-1102(j) of the Code of Miami-Dade County), namely:

  - Five (5) absences in the County fiscal year (October 1 of the current year through September 30 of the following year) shall constitute grounds for removal, and members with five (5) absences are automatically removed from the Partnership, committee, or subcommittee.

  - Members must be in attendance for at least 75% of the announced duration of any scheduled meeting in order to be counted as present at the meeting. A member is counted as absent from a meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less.

- Absences due to Partnership-approved business/travel are not counted against the total of five (5) absences.

- Staff will monitor attendance monthly:

  - An attendance reminder will be sent via email – with read receipt – to any member who misses three (3) meetings in the County fiscal year (October 1 of the current year through September 30 of the following year).

  - A warning of removal for absenteeism will be sent via email – with read receipt – to any member who misses four (4) meetings in the County fiscal year (October 1 of the current year through September 30 of the following year).

  - Notification of removal will be sent via email – with read receipt – to members with five (5) absences.

PUBLIC COMMENT

Guests and members of the public shall be given a reasonable opportunity to be heard on any matter *that is on the agenda* at a Partnership, committee, subcommittee, or workgroup meeting, pursuant to section 286.0114, Florida Statutes. "Public" specifically refers to persons in attendance who are not voting members of the assembled group.

This opportunity shall be a standing item on every meeting agenda.

The Chair will read the following into the record to open this portion of the meeting:

> "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."

Members of the public indicating a desire to speak will be recognized by the Chair.

- Each member of the public shall be given a minimum of three (3) minutes to speak, and shall begin by identifying themselves fully, including name and address, to the members present.
- Staff will keep track of the time limit and memorialize comments in the meeting minutes.
- If there is no public to comment, or following comments, the Chair will declare that the floor is closed.

RULES OF DEBATE

All members shall comply with the following rules of debate, abstracted from Robert's Rules of Order:

- **Questions under Debate**
  When a motion is presented and seconded, it is under consideration and no other motion shall be received thereafter, except to adjourn, lay on the table, to postpone, or to amend, until the question is decided. These motions shall have preference in the order in which they are mentioned and the first two shall be decided without debate. Final action upon a pending motion may be deferred until a date certain by the majority of the members present.

- **As to the Chair or Vice-Chair**
  The Chair, upon relinquishing the Chair, may move, second, debate and vote, subject only to such limitations as are by these rules imposed upon all members. Otherwise, the Chair may not move or second any motion.

- **Getting the Floor; Improper References to be Avoided**
  Every member desiring to speak for any purpose shall address the presiding officer, and upon recognition, shall be confined to the question under debate avoiding all personalities and indecorous language.

- **Interruption; Call to Order; Appeal a Ruling of the Chair**
  A member, once recognized, shall not be interrupted when speaking unless it be a call to order as herein otherwise provided.

  If a member is called to order, the member shall cease speaking until the question of order is determined by the presiding officer, and if in order, the member shall be permitted to proceed.

  Any member may appeal to the Partnership, standing committee, subcommittee, or workgroup from the decision of the presiding officer upon a question of order, when, without debate, the presiding officer shall submit to the Partnership, standing committee, subcommittee, or workgroup, as applicable, the question, "Shall the decision of the chair be sustained?" and the Partnership, standing committee, subcommittee, or workgroup shall decide by a majority vote.

- **Privilege of Closing the Debate**
  The member sponsoring or moving the adoption of a motion shall have the privilege of closing the debate.

- **Method of Voting**
  Voting shall be by voice vote, raised hand, or paper ballot.

- **Conflicts of Interest**
  Any member with a conflict of interest on a particular matter shall refrain from participating in the proceedings related to that matter, and from voting on that matter. (See Conflict of Interest, above).

- **The Votes**
  Whenever action cannot be taken because the vote of the members has resulted in a tie, and no other available motion on an item is made and approved before the next item is called for consideration or before a recess or adjournment is called, whichever occurs first, then the item shall be removed from the agenda.

- **Vote Change**
  Any member may change their vote before the next item is called for consideration, or before a recess or adjournment is called, whichever occurs first, but not thereafter.

- **No Motion or Second**
  If an agenda item fails to receive a motion or second, it shall be removed from the agenda.

- **Reconsideration**
  An action of the Partnership, a standing committee, subcommittee, or workgroup may be reconsidered only at the same meeting at which the action was taken or at the next regular meeting thereafter.

  A motion to reconsider may be made only by a member who voted on the prevailing side of the question and must be concurred by a majority of those present at the meeting.

  A motion to reconsider an item resulting in a tie vote is not in order, and no such motion shall be reconsidered.

  A motion to reconsider shall not be considered unless at least the same number of members are present as participated in the original vote.

- **Recording of Motions and Votes**
  Staff will record all motions and memorialize in the minutes.

  Names of members voting "against" a motion will be memorialized in the minutes, regardless of the outcome of the vote.

  Any person whose name is not indicated as voting "against" a motion is, by virtue of being marked as present, will be counted as being "for" that motion.

- **Adjournment**
  A motion to adjourn shall always be in order and decided without debate.

RULES OF DECORUM

The following rules of decorum shall apply to all meetings:

- Any person making impertinent or slanderous remarks or who becomes boisterous while addressing any person in attendance shall be barred by the presiding officer from further appearance at that meeting, unless permission to address the members is granted by the majority vote of the members present.

- No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker for their remarks shall be permitted. No signs or placards shall be allowed in the meeting. Persons exiting the meeting shall do so quietly.

- The use of cell phones in the meetings is not permitted. Ringers must be set to silent mode to avoid disruption of the proceedings. Individuals, including those on the dais, must exit the meetings to answer incoming cell phone calls.

BYLAWS APPROVAL

The Bylaws are the governing document of the Miami-Dade HIV/AIDS Partnership and as such will be reviewed by the Executive Committee, at an interval determined by the committee. The process for review will be as follows:

1. The Executive Committee will review the Bylaws and recommend changes.

2. Staff will memorialize recommended changes in the meeting minutes and generate a revised draft based on recommendations.

3. The Committee will review the revised draft Bylaws and may make additional changes. This process may be repeated until the Committee is satisfied that the draft is ready to be adopted as final.

4. The Committee will make a formal motion to adopt the draft Bylaws, subject to review for legal sufficiency.

5. The draft Bylaws will be provided to the (Assistant) County Attorney for legal sufficiency review.

6. The final draft Bylaws and response from the County Attorney on suggested changes will be provided to the Partnership no less than five (5) days prior to their next scheduled meeting.

7. A motion will be called to adopt the revised Bylaws.

8. The revised Bylaws will be adopted with a 2/3 vote of the current members and will become official at the conclusion of that vote and signature by the County Attorney.

REPRESENTATION OF PARTNERSHIP

Any Partnership member, including Chairs or Vice-Chairs, must be authorized by the Partnership to act as an official representative of the Partnership.

This policy applies to members attending local and/or national events, such as the Ryan White All Parts Program Conference, even when the rationale for the member's attendance is grounded on the member being affiliated with the Partnership.

A Partnership member may say that s/he is "attending as a member [or officer] of the Miami-Dade HIV/AIDS Partnership, the Miami-Dade Ryan White Planning Council," but s/he may not say that s/he "speaks for the Partnership" on a particular issue unless the position that is being taken has been authorized by the Partnership.

In the event that a Partnership member or officer is attending a specific event as a representative of the Partnership, and there are financial costs involved, the Partnership must authorize the reimbursement of these costs in advance of the attendance, and staff will advise on funding availability and limitations.

This policy also applies to communication on behalf of the Partnership. No letter, email, or other public statement may be made or published by a Partnership member or officer in his/her official capacity as a Partnership member or officer without the express authorization of the Partnership.

Notwithstanding the above, Partnership members are always encouraged to identify themselves as members of the Partnership, particularly in regards to recruitment efforts.

FLORIDA COMMUNITY PLANNING NETWORK (FCPN)

The Care and Treatment Committee shall make recommendations to appoint two nominees for the FCPN Patient Care Planning Group. At least one member selected shall be a Partnership member.

The Prevention Committee shall make recommendations to appoint two nominees for the FCPN Prevention Planning Group. At least one member selected shall be a Partnership member. At least one member shall be a representative from FDOH (this can be the same person).

Members serving an extended term may not be considered for nomination.

Staff will inform each relevant committee when the FCPN is seeking nominations.

Both committees shall nominate FCPN representatives by majority vote. The vote will then go before the Partnership.

Following nominations, staff will assist with the application process.

PLANNING COUNCIL (PARTNERSHIP) APPOINTMENTS

Members of the Miami-Dade HIV/AIDS Partnership are appointed by the Mayor of Miami-Dade County.

A. APPLICATION PROCESS

- Interested applicants will complete a Partnership Membership application and submit it to staff.
- Staff will verify that the application is complete, including signatures, dates and including current copy of voter's registration, as applicable.
- For applicants of the Representative of the Affected Community category, staff will verify that: 1) the applicant is non-conflicted, meaning s/he is not employed by a Ryan White Program Part A/MAI subrecipient; and 2) the applicant has been a recipient of Ryan White Part A and/or MAI program services within the previous 12 months.
- Staff will notify applicants that their application will be reviewed by the Community Coalition Roundtable and secure the applicant's attendance at the next Community Coalition Roundtable meeting.

B. NOMINATION PROCESS – STEP 1

- Staff will prepare an application score sheet, including PIR, for each applicant for Community Coalition Roundtable member review.
- Applicant(s) will be introduced, state their interest in serving on the Partnership, and answer any questions posed by voting members.
- Committee members will rank and score application(s) using the score sheet.
- Staff will tally the scores and present them to committee.
- A voting member of the Community Coalition Roundtable will make a motion to *recommend the applicant's appointment to the Partnership,* and the vote will be recorded.

C. NOMINATION PROCESS – STEP 2

- Staff will secure the applicant's attendance at the next Partnership meeting.
- Staff will prepare a new member packet – including two (2) copies of the recommended appointment memorandum, current parity, inclusion and representation (PIR) scores, current list of Partnership members, authorization to conduct a background check and affiliation of nominees, as applicable, to be given to the Recipient upon a majority vote in favor of a recommended appointment.
- During Committee Reports, applicant(s) will be introduced, state their interest in serving on the Partnership, and answer any questions posed by voting members.
- A voting member will make a motion to *recommend the applicant's appointment to the Mayor of Miami-Dade County.*

D. APPOINTMENT

- The County will deliver the new member packet to the Office of the Mayor.
- At his/her discretion, the Mayor will appoint (or not appoint) members to the Partnership by issuing a memo to the County, who will inform Staff and – if the member has been approved by the Mayor – furnish a welcome packet to the approved member(s).
- Newly appointed members need to complete the Oath of Office prior to their first meeting in order to complete the appointment process.
- Staff will forward a welcome packet outlining member expectations and responsibilities.
- If not already serving on a committee or subcommittee, the Partnership Chair will appoint a new member to a committee or subcommittee. The appointments will be ratified by majority vote of the Partnership.
- Additional training and filing requirements for new members are outlined in the Partnership Bylaws.

MEMBERSHIP APPLICATION PROCESS (STAFF PROCESS)

Partnership membership is open to persons with HIV/AIDS, service providers, funders, and other community members connected to the HIV/AIDS service system in Miami-Dade County.

Membership applications are under review and revision by the Community Coalition Roundtable. The following is based on those revised applications.

A. PARTNERSHIP MEMBERSHIP

1. Partnership Representative of the Affected Community (ROAC) applicants are required to:

   - Complete the Partnership Membership Application, including:
     - □ Criminal background check conducted by the Mayor of Miami-Dade County; and
     - □ Disclosure of personal health information (HIV-status).
   - Attend a Community Coalition Roundtable (CCR) meeting to introduce themselves and state their interest in serving as a member; and
   - Attend the subsequent Miami-Dade HIV/AIDS Partnership meeting to introduce themselves and state their interest in serving as a member.

2. Partnership General Membership (non-ROAC) applicants are required to:

   - Complete the Partnership Membership Application, including:
   - Criminal background check conducted by the Mayor of Miami-Dade County; and
   - Review of voter registration status.
   - Attend a Community Coalition Roundtable (CCR) meeting to introduce themselves and state their interest in serving as a member; and
   - Attend the subsequent Miami-Dade HIV/AIDS Partnership meeting to introduce themselves and state their interest in serving as a member.

3. Staff Responsibilities for Partnership Applicants:

   - Ensure applications are completed in full and contact applicants if information is missing or unclear.
   - Look up voter registration status for non-ROAC applicants.
   - Confirm Ryan White Program Part A service receipt for ROAC applicants.
   - Advise applicants of upcoming CCR meeting where their application will be reviewed.
   - Provide CCR members with a ballot including applicant's name and affiliation (if any), statement of interest, requested Partnership seat assignments(s), areas of expertise, and current Parity, Inclusiveness, and Representation (PIR) chart.
   - Tally ballots and advise the Chair of the results.
   - Advise recommended applicants of next steps as detailed in the application.
   - Following Partnership approval, email application documents to OMB for review by the Mayor, including::
     - Cover memo;
     - Complete membership application;
     - PIR; and

   Current Partnership Member Roster.
   - Follow up with OMB on pending applications and notify applicants of progress.
   - Keep applications on file.

- Following Mayoral approval, send a welcome packet by mail or email, including reminders on required training, Code of Conduct, and Bylaws.

B. COMMITTEE/SUBCOMMITTEE MEMBERSHIP

1. Committee/Subcommittee applicants are required to:

   - Complete the Committee Application (approved March 2026), including agreement to review of voter registration status.
   - Attend a meeting of the requested committee to introduce themselves and state their interest in serving as a member.

2. Staff Responsibilities for Committee/Subcommittee Applicants:

   - Ensure applications are completed in full and contact applicants if information is missing or unclear.
   - Look up voter registration status.
   - Advise applicants of upcoming meeting where their application will be reviewed.
   - Advise Chair of new applicant(s).
   - Keep applications on file.
   - Following committee approval, send a welcome packet by mail or email, including reminders on required training, Code of Conduct, and Bylaws.

COMPOSITION OF PARTNERSHIP

The Miami-Dade HIV/AIDS Partnership is comprised of 30 members, and three (3) Ex-officio members as follows:

A. MEMBERS

- Ten (10) member representatives of affected communities (aka persons living with HIV), including people with HIV, or members of a Federal Recognized Indian Tribe as represented in the population, or individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations;
- One (1) health care provider representing a Federally Qualified Health Center;
- One (1) Community Based AIDS Service Organization representative;
- Two (2) housing, homeless or social service providers;
- One (1) mental health provider;
- One (1) substance abuse provider;
- One (1) HIV prevention service provider;
- One (1) representative of a hospital or health care planning agency;
- One (1) representative of Miami-Dade County who shall not be a Ryan White Program recipient representative, who position is not funded by Part A of the Ryan White HIV/AIDS Program (RWHAP), who does not provide in-kind services, and who has no significant involvement in the RWHAP Part A grant;
- One (1) state government Ryan White Program Part B grantee representative;
- One (1) representative from agencies receiving grants under Ryan White Part C;
- One (1) representative from agencies receiving grants under Ryan White Part D, or from organizations with a history of providing services to children, youth, and families, if funded locally;
- Four (4) grantee representatives of other federal HIV programs including, but not limited to, Centers for Disease Control and Prevention (CDC), HOPWA, Ryan White Part F, and Substance Abuse and Mental Health Services Administration (SAMHSA), if funded locally;
- One (1) state government/Medicaid Agency representative;
- One (1) local public health agency representative from the Florida Department of Health in Miami-Dade County;
- One (1) non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs;
- One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of release, or a representative of HIV positive incarcerated persons.

B. EX-OFFICIO REPRESENTATIVES

The Partnership membership shall include three (3) ex-officio representatives:

- One (1) ex-officio representative from the Office of the Miami-Dade County Mayor;
- One (1) ex-officio representative from the Board of County Commissioners; And
- One (1) ex-officio representative from Miami-Dade County Public Schools.

COMMITTEE AND SUBCOMMITTEE APPLICATION AND ON-BOARDING PROCESS

Persons interested in committee or subcommittee membership will complete the Committee Application and submit it to staff.

Staff will check that the application is complete, signed, and dated, and verify that the applicant is a qualified Miami-Dade County elector. Staff (and an officer of relevant committee) may schedule a meeting in person or virtually to review the application, review duties and responsibilities for the Committee/Subcommittee/ Workgroup, and advise of next steps with potential applicants.

Staff will notify potential members when their application will be reviewed by the committee/subcommittee of interest and will invite applicants to that meeting. Based on the On-Boarding and Mentorship Process approved in March 2026, applicants may be assigned a CCR and/or committee/subcommittee mentor prior to the committee/subcommittee vote on membership.

Applicants will present themselves to the committee/subcommittee to indicate their interest.

When the applicant is ready to join, the committee/subcommittee, those members will vote to either accept or reject membership. If accepted, staff will generate a welcome packet to forward to new members informing them of membership requirements, including details on New Member Orientation and Ethics Training requirements. .

STANDING COMMITTEES, SUBCOMMITTEES AND WORKGROUP COMPOSITION

A. STANDING COMMITTEES

There are six (6) standing committees:

1. Executive
2. Care and Treatment
3. Community Coalition Roundtable
4. Housing
5. Strategic Planning
6. Prevention (as contracted)

Each standing committee may have a maximum number of members:

Committee	Maximum Number of Members
Executive	12
Care and Treatment	16
Community Coalition	16
Housing	16
Prevention	24
Strategic Planning	16

Standing committees shall strive to include 1/3 of members who are representatives of the affected community.

B. SUBCOMMITTEESS

A Subcommittee may have a maximum of 16 members.

There is one (1) subcommittee:

1. Medical Care Subcommittee

Should additional subcommittees be formed, their formation and composition shall be ratified by the Partnership.

The Medical Care Subcommittee has assigned representation of membership positions, as follows:

- Five (5) People Living with HIV
- Four (4) Licensed Medical Providers (MD, DO, ARNP, PA)
- One (1) Pharmacists
- One (1) Psychiatrist/Mental Health Professional
- One (1) ADAP representative
- One (1) General Revenue representative
- One (1) Nurse/Medical Case Manager
- One (1) Substance Abuse Treatment
- One (1) General Seats

C. WORKGROUPS

Committees and subcommittees may request the Partnership create a workgroup to address a specific issue.

The recommendation to create a workgroup will include the purpose of the workgroup, duration of authorization, and membership composition.

Once approved, the workgroup will report to the authority that requested its creation.

MEMBERSHIP TERMS

A. PARTNERSHIP MEMBERS

Members shall be appointed to terms not to exceed three (3) years from the date of the Mayor's appointment of said member.

No Partnership board member shall be permitted to serve more than two (2) consecutive and complete terms of three (3) years except as required by law.

Notwithstanding the prior sentence, for the purpose of continuity, an appointed Partnership member's term can be extended until the Mayor has appointed a replacement. These 'placeholder' members may stay on the Subcommittee/Committee they are on until the seat they hold is replacements. For non-grantee appointee seats, all efforts will be made to fill vacancies within a year.

Members who have served six (6) years on one (1) or any combination of committee(s) or subcommittee(s) must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

B. STANDING COMMITTEES AND SUBCOMMITTEES MEMBERS

For standing committees and subcommittees, members may serve a maximum of six (6) years on one (1) or any combination of committee(s) or subcommittee(s).

Government or grantee seats are exempted from the above; those members may serve as long as they are designated by their respective agencies to serve.

Members who have served six (6) years must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

C. WORKGROUP MEMBERS

Workgroups shall not exist for more than one year unless extended by the Partnership.

Once their work is concluded the workgroup will dissolve.

Members who have served six (6) years on one (1) or any combination of committee(s) or subcommittee(s) must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

ROLES AND RESPONSIBILITIES OF ALL MEMBERS

All members of the Partnership, standing committee(s), subcommittee, or workgroup(s) shall abide by the following:

- Read and abide by the Miami-Dade HIV/AIDS Partnership Bylaws.
- RSVP and attend meeting(s) of groups of which one is a member.
- Read materials provided in advance.
- Participate in meetings, remembering you are serving the HIV positive community in Miami-Dade and not your personal interest.
- Read, sign and abide by the Code of Conduct.
- Complete New Member Orientation within three months of membership start date.
- Complete Ethics Training within three months of membership start date.
- Complete Sexual Harassment training (Partnership members only) within three months of membership start date.
- Complete yearly Source of Income form and, if vacating a committee, complete a Final Source of Income form.
- For Subcommittee members, complete an annual Conflict of Interest form in January.

OFFICERS

The Partnership, committees, and subcommittees shall elect a Chair and Vice-Chair (Officers) from among its members.

All officers are full voting members.

Members serving an extended term may not be considered for officer roles.

If elections cannot be held when scheduled, the election will be held at the next meeting.

A. COMPOSITION

- The Partnership

  1. At least one (1) officer of the Partnership must be a person with HIV.
  2. The Chair or Vice-Chair of the Partnership shall be a member of the affected community and recipient of Part A services.
  3. The Chair and Vice-Chair of the Partnership shall not be representatives of a grantee organization, and shall not personally provide, represent entities that provide, or otherwise possess a financial relationship with entities that provide HIV-related services funded by programs under the purview of the Partnership.
  4. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

- Standing Committees, Subcommittees, and Workgroups

  1. Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
  2. At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
  3. Standing committees, subcommittees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
  4. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

B. NOMINATIONS AND ELECTIONS

- Nominations for Officers shall be held in the month prior to elections. Members may also be nominated from the floor on the date of elections.

- The Partnership shall hold elections in March of each calendar year.

- Standing committees and subcommittees shall hold elections in January of each calendar year.

- Workgroups shall designate Officers when they convene. Officers of standing committees may also serve as Officers of the workgroup(s) which report to their committee.

- Upon conclusion of the first one-year term in the month preceding election of a new Vice-Chair, elections shall be held in accordance with the Bylaws.

- The Chair of the Partnership, standing committee, or subcommittee may be nominated at this time to be elected for a second term.

- Other eligible members of the Partnership, standing committee, or subcommittee, including but not limited to the Vice-Chair, may also be nominated regardless of whether the current Chair has elected to seek a second term as Chair of the Partnership, standing committee or subcommittee.

C. TERM OF OFFICE

- Officers of the Partnership, standing committees, and subcommittees shall serve until the next regularly scheduled election.

- No Officer may serve more than two (2) consecutive one-year terms.

- Notwithstanding the foregoing, the terms of office of elected Chairs of workgroups may be for less than one year depending on expiration date of the workgroup.

- An individual who has served for two (2) years as an officer of a committee may reapply to be nominated as an officer of the same committee after a minimum of one year following completion of the prior term.

OFFICER RESPONSIBILITIES

A. ALL CHAIRS

All Chairs shall:

- Preside at meetings at which they are present and have been elected an officer.
- Exercise their right to vote at their respective meetings.
- Maintain decorum, ensure the participation of all members, and facilitate the enactment of business at all meetings.
- Complete the annual Officer Training.

B. THE PARTNERSHIP CHAIR

The Partnership Chair:

- Has full voting rights at Partnership meetings and at all other committee meetings they attend.
- May make appointments of Partnership members to standing committees, subcommittees, or workgroups. The appointments will be ratified by majority vote of the Partnership.

C. THE VICE-CHAIR

The Vice-Chair shall act as Chair in the Chair's absence or inability to conduct business.

PARTNERSHIP GRIEVANCE PROCEDURE

The Partnership has adopted Grievance Procedures to provide, in accordance with the Ryan White Program (42 USC § 300f-12 (a) (6) and 42 USC § 300f-12 (c) (A) and (B), an orderly procedure for resolving disputes concerning deviations from an established, written priority setting or resource allocation process (e.g., failure to follow established conflict of interests procedures), and deviations from an established, written process for any subsequent changes to priorities or allocations and those attendant rules and regulations that may affect such deviations from established processes, priorities, or allocations.

See Addendum A of the Bylaws for the complete Grievance Procedures.

ROLES AND RESPONSIBILITES OF PLANNING COUNCIL STAFF SUPPORT

The work of the Partnership and its standing committees, subcommittees, and work groups is facilitated by the Partnership Staff Support (PSS) subrecipient under contract with Miami-Dade County, Office of Management and Budget – Grants Coordination. Staff Support provides professional and clerical support to the Partnership, standing committees, subcommittees, and workgroups as part of the provision of services by the Mayor's designee (Office of Management and Budget-Grants Coordination).

Staff shall:

- Arrange for meeting space.
- Maintain and keep the records of the Partnership.
- Prepare, in cooperation with the Chair, the agenda for each meeting.
- Prepare reports, minutes, documents, or correspondence as the Partnership may direct.
- Assist the Partnership, its standing committees, subcommittees, and workgroups in the conduct of various evaluations and research projects intended to provide the Partnership and its committees with the information they need to conduct meaningful discussion and prioritize and allocate resources. This assistance facilitates the creation of the Annual State of the HIV/AIDS Epidemic in Miami-Dade Report, the Miami-Dade HIV/AIDS Integrated Plan, Assessment of the Administrative Mechanism, and various other important documents which are spearheaded by various committees but whose actual production remains largely with the Support Staff subrecipient.
- Maintain a comprehensive website, www.PartnershipMiami.org, including approved Partnership and committee meeting agendas and minutes, and other documents as directed by the planning council or the Recipient.
- Perform general administration of the business and affairs of the Partnership subject to budgetary restrictions.
- Coordinate the Partnership's committee, subcommittee, and workgroup work.

Staff assignments over and above duties described in the County's Ryan White Program Administrative contract for staff support require approval by the respective funding entity.

The Partnership may allocate additional funds to provide for additional professional support for keeping the organizational records and carrying out its policies, procedures and programs in accordance with the Bylaws and in conformity with applicable state laws and regulations, County ordinances, and applicable contracts.

Staff maintains the records of the Partnership, including this document. Public records requests must be made to staff. All request shall be made in writing. All requests shall be reviewed to ensure compliance with local, state, and federal regulations.

EVALUATION OF CONTRACTED PARTNERSHIP STAFF SUPPORT SUBRECIPIENT AND REVIEW OF SUBRECIPIENT'S BUDGET

The work of the Partnership and its standing committees, subcommittees, and work groups is facilitated by the Partnership Staff Support (PSS) subrecipient under contract with Miami-Dade County, Office of Management and Budget – Grants Coordination. The Partnership is tasked with assessing, evaluating and reviewing the work of this contracted PSS organization. This oversight and review is accomplished in several ways:

1. The Strategic Planning Committee, through its annual Assessment of the Administrative Mechanism, surveys the individual members of the Partnership and direct service subrecipients funded by the Ryan White Program (RWP) as to their satisfaction with the performance of the administrative infrastructure of the RWP. Some of the questions on this survey pertain to the level of satisfaction of the Partnership members and direct services subrecipients with the work of the PSS subrecipient. The findings from this survey are shared with the Partnership and the Recipient, and are incorporated in the annual Ryan White Program grant application.

2. The Executive Committee, as part of its annual review of the administrative structure of the Partnership, reviews the PSS subrecipients funded scope of work and operating budget. This review will follow the review process below:

Month	Activity	Committee	Comments
March - May	Committee chairs will poll their respective Committees for any Partnership-based special projects and/or new activities, above and beyond the scheduled annual activities supported by the budget. Executive Committee staff will estimate budgetary implications of these activities and projects, and will provide budgetary data back to individual committees for assistance in prioritizing the special projects. Prioritized projects with budgets will be forwarded to the Executive Committee for review and possible inclusion in the Partnership's budget/scope.	Each Committee	Staff provides cost estimates for new projects or activities.
June	Executive Committee reviews Q1 (March 1-May 31) Partnership Staff Support expense report for current fiscal year.	Executive	
July - August	Executive Committee reviews new projects / activities and associated costs, and prioritizes projects for possible inclusion in the budget. Partnership annual budget for following fiscal year will be reviewed at August meeting.	Executive	Staff will provide prioritized projects and activities and associated costs for Executive Committee review.
September	Budget recommendations based on prioritized new projects / activities will be included in the annual resource allocation process (Needs Assessment) provided to the Care and Treatment Committee (due by September).	Care and Treatment	
	The Partnership will approve the annual resource allocation levels.	Partnership	Executive Committee will address in the event the Partnership cannot meet.
October	Reviews Q2 (June 1-August 31) Partnership Staff Support expense report for current fiscal year.	Executive	
December	Reviews Q3 (September 1-November 30) Partnership Staff Support expense report for current fiscal year.	Executive	
January	Reviews individual Committee and contractor scope of services for the following fiscal year and approves based on approved budget.	Executive	
April (following FY)	Reviews Q4 (December 1 - February 28/29) September 1-November 30) Partnership Staff Support year-end expense report for previous fiscal year.	Executive	

OPERATIONAL PROCEDURES FOR NATURAL DISASTER AND HEALTH EMERGENCY

In the event of any natural disaster or health emergency, every effort will be made to ensure the safety of members and staff.

All county, state and Federal directives will be followed when scheduling meetings prior to, during, and after a natural disaster or health emergency.

Meeting feasibility will be examined, and communications will be shared with the Recipient, officers, and members.

APPENDIX 2B

BEHAVIORAL SCIENCE RESEARCH CORPORATION (BSR)

STAFF SUPPORT SERVICES FOR THE MIAMI-DADE HIV/AIDS PARTNERSHIP
DRAFT SCOPE OF WORK DELIVERABLES FOR FY 2026

TABLE IX-C Partnership Staff Support Core Workplan Elements				
#	**Task**	**Planned Frequency** *(monthly, biannually, quarterly, annually)*	**Deadline** *(deadline is last day of month unless otherwise indicated)*	**Status** *(Not started, As needed, Ongoing, Completed)*
1	Prepare/draft/distribute correspondence for the Partnership (A.1)	Ongoing	Through February 2027	Ongoing
2	Facilitate process of identifying, recruiting, and nominating new Partnership members, especially members of the Affected Community, and on-boarding all duly appointed new members (A.1)	Monthly	Through February 2027	Ongoing
3	Assist Recipient in collecting and submitting financial disclosures for Partnership and Committee members (Source of Income statements) for members (C.4.a)	Annually	On or about July 1st each year	In process
4	Assist Executive Committee with updating Bylaws and Policies and Procedures (A.1)	Annually, as needed	Through February 2027	As needed
5	Review Scope of Work and Budget for Partnership Staff Support with Executive Committee	Annually (Scope) Quarterly (Budget)	January 2026 (Scope) Quarterly (Budget)	In process

TABLE IX-C Partnership Staff Support Core Workplan Elements				
#	**Task**	**Planned Frequency** *(monthly, biannually, quarterly, annually)*	**Deadline** *(deadline is last day of month unless otherwise indicated)*	**Status** *(Not started, As needed, Ongoing, Completed)*
6	Coordinate logistics and provide clerical support (public meeting notices,monthly meeting calendar, clerical support, agenda, minutes, meeting materials, respond to requests for information, etc.) for Partnership, Committee, Subcommittee and Workgroup meetings (A.2, A.3, A.4, A.5, A.6): • Partnership • Executive Committee • Care and Treatment Committee • Medical Care Subcommittee • Strategic Planning Committee • Prevention Committee (FDOH) • Joint Integrated Plan Review Team (JIPRT, combined Strategic Planning and Prevention Committees) • Housing Committee • Community Coalition Roundtable	Monthly	Through February 2027	Ongoing
7	Assist Partnership in receiving, tracking, and resolving formal grievances or informal complaints against the Partnership (A.8)	As needed	Through February 2027	As needed
8	Assist Recipient with reports, data, and Partnership-related sections of reports, as needed, including annual progress reports and competitive grant application (B.1)	As needed	Through February 2027	As needed
9	Provide RWP client data, community data, and strategic planning toward identifying trends in client and community needs and service gaps among people with HIV in Miami-Dade County ("Needs Assessment") (B.2)	Annually	September 2026	Not started

TABLE IX-C Partnership Staff Support Core Workplan Elements				
#	**Task**	**Planned Frequency** *(monthly, biannually, quarterly, annually)*	**Deadline** *(deadline is last day of month unless otherwise indicated)*	**Status** *(Not started, As needed, Ongoing, Completed)*
10	Assist the Prevention Committee (as allowable) and Strategic Planning Committee with their work in drafting and updating the 2027 - 2030 Integrated Plan, including data production (B.3)	Ongoing	Through February 2027	Ongoing
11	Assist the Strategic Planning Committee and Partnership with the Assessment of the Administrative Mechanism (B.4)	Annually	August 2026	Not started
12	Assist the Strategic Planning Committee and the Partnership in the annual "State of the HIV/AIDS Epidemic in Miami-Dade County" report (B.4)	Annually	July 2026	Not started
13	Assist the Partnership and its various committees and subcommittee with reviewing and updating the Part A/MAI Program service definitions (B.5)	Annually, or more often as needed	February 2027	Ongoing
14	Conduct new member orientation training and periodic updates, including Get On Board and Report for Action training (C.2)	Ongoing	Through February 2027	Ongoing
15	Develop and maintain the Partnership's website and social media accounts (C.3)	Ongoing	Through February 2027	Ongoing

CARE AND TREATMENT COMMITTEE *3 MOTIONS*
MARCH 12, 2026

Activities

- Heard reports from Parts A, B, ADAP, and General Revenue; and an update on Medical Care Subcommittee activities.
- Heard a member testimonial and reviewed the new Mentoring and On-Boarding procedures and the revised Committee Membership Application as presented by members of the Community Coalition Roundtable.
- Continued contingency planning for the Ryan White Program Fiscal Year starting March 1, 2026, in response to changes in the ADAP program.

FY 2026-27 Contingency Planning in Response to ADAP Funding Cuts	
3-5	**Background**
	The Committee continued its work on contingency planning in response to ADAP funding cuts, including consideration of recommendations from the Medical Care Subcommittee. The Subcommittee focused contingency planning on changes to the Oral Health Care Formulary. The Subcommittee reviewed utilization data and recommendations from former Oral Health Care Workgroup members. Based on their review, to sustain some oral health services, the Subcommittee made cost containment recommendations addressing the current annual client expenditure cap and implants. The current annual oral health care expenditure cap is $6,500 per client per year. A range of $1,500 to $2,000 for the cap was discussed. The lower cap ($1,500) is closer to the average cost per client last year. The higher cap ($2,000) would allow clients to access dentures, which are a more costly item. The cap level will be selected depending on what the expenditure level is at the time of implementation. Since funding levels are expected to be lower than past years, the Committee recommends an allowance for an expenditure cap override for those clients whose treatment may require treatment exceeding the annual cap, subject to funding availability.
	Motions
	3. Motion, as part of the contingency planning to address ADAP changes, to remove implants from the Ryan White Oral Health Care formulary.
	4. Motion, as part of contingency planning, to reduce the oral health care cap to between $1,500-$2,000, depending on the rate of expenditures at the time of implementation.
	5. Motion, as part of contingency planning and subject to availability of funds, for urgent or emergency circumstances that an annual expenditures cap override be developed by the Office of Management and Budget and that Oral Health Care subrecipients will provide information on whether or not the service is an emergency; if it affects function; the consequences of delay in treatment; and a treatment plan of care.

This concludes the Care and Treatment Committee Report.

STRATEGIC PLANNING COMMITTEE
MARCH 10, 2026, AND APRIL 14, 2026

Activities

- Re-elected Stephanie Stonestreet as Chair and Angela Machado as Vice Chair.
- Approved Amal Eldanaf as a new member.
- Reviewed the new Mentoring and On-Boarding procedures and the revised Committee Membership Application as presented by members of the Community Coalition Roundtable.
- Approved their 2026 Calendar of Activities.
- Continued 2027-2031 Integrated Plan development.

HOUSING COMMITTEE
MARCH 19, 2026

Activities

- Heard an update about the HOPWA Program including shortfalls in the tenant-based rental assistance (TBRA) program.
- Heard a member testimonial and reviewed the new Mentoring and On-Boarding procedures and the revised Committee Membership Application as presented by members of the Community Coalition Roundtable.
- Discussed contingency planning to address shortfalls.

PREVENTION COMMITTEE
MARCH 26, 2026

Activities

- Approved Giselle Gallo, Xema Quirino, and Jamie Marques as new members.
- Reviewed the new Mentoring and On-Boarding procedures and the revised Committee Membership Application as presented by members of the Community Coalition Roundtable.
- Changed their next meeting date to April 30, 2026.
- Heard updates and calls to action from the Florida Department of Health in Miami-Dade County HIV Prevention Workgroups.
- Completed 2027-2031 Integrated Plan Goal 1 review.

COMMUNITY COALITION ROUNDTABLE

The Roundtable did not meet in March; members attended other standing committee meetings to promote the new Mentoring and On-Boarding procedures and the revised Committee Membership Application, and to learn about other committee activities.

APPROVAL OF REPORTS *1 MOTION*

This motion should be put forward following Grantee/Recipient Top Line Summaries.

Approval of Reports	
6	**Motion**
	Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.

Grantee/Recipient Top Line Summary Reports

As of March 16, 2026

This report includes top line summaries of Grantee/Recipient monthly expenditure and utilization reports.

Complete reports are posted at www.partnershipmiami.org/the-partnership-2/#pshipreports1. You are encouraged to review all reports prior to the meeting. All data are subject to review and editing.

For additional guidance on reading and understanding reports, staff is available to host the Get on Board! Training session on this topic. Contact mdcpartnership@behavioralscience.com to schedule a training.

Ryan White Program Part A /Minority AIDS Initiative (MAI)

MDC Office of Management and Budget Grants Coordination / Ryan White Program (OMB)
Fiscal Year 2025 services through February 2026, as of April 7, 2026

Service Utilization

- **Part A and MAI Combined**
  - 9,194 clients served - year to date; year beginning March 1, 2025 (YTD)

- **Part A**
  - 2,913 clients served (February 2026)
  - 9,089 clients served (YTD)

- **MAI**
  - 1,400 clients served (February 2026)
  - 2,455 clients served (YTD)

Direct Services Expenditures – YTD

- **Part A**
  - $20,560,745.74

- **MAI**
  - $1,654,450.01

Total Grant Expenditure

- **Part A**
  - $23,133,626.51

- **MAI**
  - $1,915,717.39

Top Three Services by Clients Served

- **Part A***
  1. 1,922 clients – MCM
  2. 736 clients – OAHS
  3. 321 clients – Oral Health Care

- **MAI**
  1. 1,269 clients – MCM
  2. 277 clients – OAHS
  3. 6 clients – Outreach

* MCM: Medical Case Management, including treatment adherence
OAHS: Outpatient/Ambulatory Health Services

Program Notes

- **FY 2025 Part A/MAI Contracts:** All contracts and amendments have been executed. Expenditures are significantly higher than prior reports for this fiscal year. The Recipient is currently in the grant closeout process. Final expenditures for FY 2025 Part A/MAI will be provided upon completion of the grant closeout process.

- **FY 2026 Part A/MAI and EHE Contract Extensions:** The Miami-Dade County Board of County Commissioners approved the extension of existing Ryan White Part A, MAI, and EHE contracts to ensure continuity of services through February 28, 2027, while a new procurement process is completed. The Ryan White Program has initiated the FY 2026 contract extension process by issuing provisional award letters to all subrecipients. These letters are provisional because the County has yet to receive the final Notices of Award for FY 2026 from HRSA. However, these letters serve as formal notification of funding and outline required submissions, including updated scopes of services and budgets based on FY 2025 contracts, to prepare and process contract extensions. Subrecipients have been asked to review their FY 2025 scopes and budgets and submit any proposed revisions using track changes to facilitate a more efficient contract development process. Although the submission deadline is May 1, 2026, responses have already been received from several subrecipients. This early engagement is expected to support more timely contract execution.

- **Public Outreach Campaign:** The Ryan White public outreach campaign remains active, with the updated website (miamidade.gov/HIVsupport) continuing to serve as a central hub for program information, client resources, and real-time updates. The site is being used to provide ongoing guidance regarding Florida ADAP changes and their impact on local service delivery. Outreach efforts across transit, digital, and media platforms remain in place to support community awareness and linkage to care.

- **2026 ADAP Changes:** Changes to the Florida AIDS Drug Assistance Program (ADAP) are still evolving. On March 24, 2026, a temporary measure restored medication coverage and medication copay/deductible assistance for individuals with incomes up to 400% of the Federal Poverty Level. This measure is in place through June 30, 2026. ADAP now has two separate formularies. One is for uninsured clients who receive medications through direct dispense. The other is for insured clients who receive assistance with medication copays and deductibles. Biktarvy® is not available through ADAP's direct dispense formulary, but it is still covered for some insured clients. Descovy® is still covered but now requires prior authorization for clients with certain kidney conditions. Miami-Dade County continues to monitor these changes closely. None of the contingency plans approved by the Miami-Dade HIV/AIDS Partnership since February 2026 are currently in effect. Potential program changes based on these plans are still under review. Updates are being shared through the program website (HIV/AIDS Support and Ryan White Program) and through local Part A Medical Case Managers. In the meantime, providers are using temporary strategies, such as medication samples and patient assistance programs, to help clients stay on treatment. More updates will be shared as they become available.

- **Monitoring Federal Executive Orders:** The Recipient continues to monitor recent federal Executive Orders and court rulings. If any changes affect the Ryan White Program, the Miami-Dade HIV/AIDS Partnership, subrecipients, the HIV community and other stakeholders will be notified as soon as confirmation is received from the Ryan White Program funder.

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes YTD paid reimbursements for FY 2025 Part A service months through February 2026, as of April 7, 2026. Pending Part A reimbursements currently under review total $1,198,238.64. Final expenditures for FY 2025 Part A will be provided after the grant closeout process is complete.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,176,379.00	FORMULA	
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA	
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL	FY 2025 Award
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL	$24,224,652
Carryover Award of FY'24 Formula Funds	800,000.00	CARRYOVER	
Total Award	**$ 25,024,652.00**		

Note:
The recipient has reached its budgeted direct services Formula minimum expenditures. Until the end of the current period of performace, only budgeted Administrative and Quality Management expenditures and a carryover allowance will be applied to this funding source in order to surpass the 95% minimum expenditure threshold.

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
8	AIDS Pharmaceutical Assistance	5,744.00	
6	Health Insurance Services	490,526.00	
1	Medical Case Management	6,377,000.00	
3	Mental Health Therapy/Counseling	54,303.00	
4	Oral Health Care	4,631,775.00	
2	Outpatient/Ambulatory Health Svcs	7,007,729.00	
9	Substance Abuse - Outpatient	3,000.00	
	CORE Services Totals:	18,570,077.00	

Priority Order	Support Services	Allocations	Carryover Allocations	
12	Emergency Financial Assistance	0.00		
5	Food Bank	848,861.00	640,000.00	1,488,861
13	Medical Transportation	62,888.00	160,000.00	222,888
15	Other Professional Services	18,700.00		
14	Outreach Services	140,661.00		
7	Substance Abuse - Residential	1,611,000.00		
	SUPPORT Services Totals:	2,682,110.00	800,000.00	3,482,110
	FY 2025 Award (not including C/O)	21,252,187.00		

DIRECT SERVICES TOTAL: $ 22,052,187.00

Total Core Allocation	18,570,077.00	
Target at least 80% core service allocation	17,001,749.60	
Current Difference (Short) / Over	**$ 1,568,327.40**	
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,368,904.00**	
Quality Management	**$ 603,561.00**	2,972,465.00
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	$ - 25,024,652.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **87.38%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.49%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **9.78%** — **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	2,834.85	
5606920000	Health Insurance Services	308,091.70	
5606870000	Medical Case Management	6,170,925.40	
5606860000	Mental Health Therapy/Counseling	52,617.50	
5606900000	Oral Health Care	4,331,571.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,482,156.85	
5606910000	Substance Abuse - Outpatient	720.00	
	CORE Services Totals:	17,348,917.30	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	773,111.40	640,000.00	1,413,111.40
5606460000	Medical Transportation	62,229.06	160,000.00	222,229.06
5606890000	Other Professional Services	17,559.00		
5606950000	Outreach Services	88,928.98		
5606930000	Substance Abuse - Residential	1,470,000.00		
	SUPPORT Services Totals:	2,411,828.44	800,000.00	
	FY 2025 Award (not including C/O)	19,760,745.74		

TOTAL EXPENDITURES DIRECT SVCS & % : $ 20,560,745.74 93.24%

	Formula Expenditure %	**94.11%**		
5606710000	**Recipient Administration**	**1,970,726.80**	**83.19%**	
5606880000	**Quality Management**	**602,153.97**		2,572,880.77
	Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
		1,891,025.49	**(0.00)**	1,891,025.49

Total Grant Expenditures & % $ 23,133,626.51 92.44%

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **87.79%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.49%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **8.14%** — **Within Limit**

Printed On: 4/7/2026

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

This report includes YTD paid reimbursements for FY 2025 MAI service months through February 2026, as of April 7, 2026. Pending MAI reimbursements currently under review total $233,431.10. Final expenditures for FY 2025 MAI will be provided after the grant closeout process is complete.

PROJECT #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,563,697.00	MAI
Carryover Award of FY'24 MAI Funds	1,539,152.00	MAI_CARRYOVER
Total Award	**$ 4,102,849.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00	5606870000	Medical Case Management	678,557.00	307,761.00	986,318.00
3	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,156,177.00	563,576.00	1,719,753.00	5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	635,374.37	640,578.83
6	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	2,152,884.00	871,406.00	3,024,290		CORE Services Totals:	683,761.46	943,135.37	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
13	Medical Transportation	14,628.00			5606460000	Medical Transportation	14,281.18		
	Other Professional Services				5606890000	Other Professional Services			
7	Outreach Services	39,816.00			5606950000	Outreach Services	13,272.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	54,444.00	0.00			SUPPORT Services Totals:	27,553.18	0.00	
	FY 2025 Award (not inlcuding C/O)	2,207,328.00				FY 2025 Award (not inlcuding C/O)	711,314.64		
	Carryover Award		871,406.00						
	DIRECT SERVICES TOTAL:		**$ 3,078,734.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 1,654,450.01**	**53.74%**
	Total Core Allocation	2,152,884.00							
	Target at least 80% core service allocation	1,765,862.40							
	Current Difference (Short) / Over	**$ 387,021.60**							
	Recipient Admin. (OMB-GC)	**$ 256,369.00**			5606710000	**Recipient Administration**	**161,267.38**	**62.90%**	
	Quality Management	**$ 100,000.00**	356,369.00	$ 3,435,103.00	5606880000	**Quality Management**	**100,000.00**		261,267.38
						Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
	(+) Unobligated Funds / (-) Over Obligated:						**1,591,114.98**	**596,016.63**	2,187,131.61
	Unobligated Funds (MAI)	$ -							
	Unobligated Funds (Carry Over)	**$ 667,746.00**	667,746.00	4,102,849.00		**Total Grant Expenditures & % (Including C/O):**		**$ 1,915,717.39**	**46.69%**

Core medical % against Total Direct Service Allocation (Not including C/O):			
Cannot be under 75%	**97.53%**	**Within Limit**	
Quality Management % of Total Award (Not including C/O):			
Cannot be over 5%	**3.90%**	**Within Limit**	
OMB-GC Administrative % of Total Award (Cannot include C/O):			
Cannot be over 10%	**10.00%**	**Within Limit**	

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**96.13%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**6.29%**	**Within Limit**

Printed On: 4/7/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,193	167	2,255
Medical Case Management	6,793	120,154	3,009	8,799
Mental Health Services	15	590	6	124
Oral Health Care	420	11,035	321	2,833
Outpatient Ambulatory Health Services	1,528	30,243	923	4,221
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	448	7,171	218	1,137
Other Professional Services	0	195	0	51
Outreach Services	26	463	18	236
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	10,268	196,065		

Total unduplicated clients (month): 3,886

Total unduplicated clients (YTD): 9,194

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 04/07/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,193	167	2,255
Medical Case Management	4,246	101,024	1,922	8,503
Mental Health Services	15	590	6	124
Oral Health Care	420	11,035	321	2,833
Outpatient Ambulatory Health Services	1,232	27,619	736	4,065
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	446	6,915	216	1,103
Other Professional Services	0	195	0	51
Outreach Services	17	414	12	207
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	7,414	174,006		

Total unduplicated clients (month): 2,913

Total unduplicated clients (YTD): 9,089

REPORT COMPILED ON: 04/07/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2026**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	2,547	19,130	1,269	2,171
Outpatient Ambulatory Health Services	296	2,624	227	733
Support Services				
Medical Transportation	2	256	2	65
Outreach Services	9	49	6	30
TOTALS:	2,854	22,059		

Total unduplicated clients (month): 1,400

Total unduplicated clients (YTD): 2,455

REPORT COMPILED ON: 04/07/2026

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

Ryan White Program Part B

February 2026 as of March 17, 2026

- **Top Three Direct Services by Clients Served**
  1. 287 clients – Referral for Health Care/Supportive Services
  2. 106 clients – Emergency Financial Assistance
  3. 63 clients – Medical Case Management, including treatment adherence

- **Top Three Direct Services by Expenditures**
  1. $27,232.00 – Emergency Financial Assistance
  2. $17,550.99 – Referral for Health Care/Supportive Services
  3. $110,177.50 – Medical Case Management, including treatment adherence

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General Revenue at SFAN

February 2026 as of April 6, 2026

- **Top Three Services by Clients Served**
  1. 746 clients – Medical Case Management
  2. 240 clients – Non-Medical Case Management
  3. 209 clients – Ambulatory Outpatient Care

- **Top Three Services by Expenditures**
  1. $170,207.02 – Medical Case Management
  2. $103,339.75 – Ambulatory Outpatient Care
  3. $82,641.96 – Non-Medical Case Management

- **Program Note:** During the month of February 2026, a total of 1,596 unduplicated clients were served.

AIDS Drug Assistance Program (ADAP)

March 2026 as of April 9, 2026

- **Enrollments By Type**
  - 36 – New enrollments (New)
  - 682 – Re-enrollments (Re-E)
  - 7,446 – Clients served (Clients^^)

- **County Health Department (CHD) Pharmacy Prescriptions (Rx)**
  - $493,676.70 – Pharmacy expenditures (CHD Pharmacy)
  - 1,669 – Prescriptions dispensed (RXs)
  - 426 – Clients served (Patients)

- **Program Notes**
  - Affordable Care Act (ACA) premium assistance is discontinued.
  - Please visit www.adapmiami.com or contact adap.fldohmdc@flhealth.gov, for additional information.

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name: AREA 11A
Month: February
Year: 2025-2026
Provider Agency Name: FDOH Miami-Dade County
Contract Name: 2025_2026 FDOH Miami-Dade County Patient Care-Consortia

Contract Service	No. of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance
Administrative Services	0	0	$125953.20	$6694.68	$93396.93	$32556.27
Clinical Quality Management	0	0	$82071.00	$5200.00	$45497.91	$36573.09
Planning and Evaluation	0	0	$36471.00	$37.45	$33197.23	$3273.77
Medical Case Management (including treatment adherence)	63	9030	$131527.00	$10177.50	$114074.25	$17452.75
Emergency Financial Assistance	106	202	$918926.80	$27232.00	$332159.63	$586767.17
Non-Medical Case Management Services	7	7	$184024.00	$6277.21	$104045.65	$79978.35
Referral for Health Care/Supportive Services	287	287	$200876.00	$17550.99	$162380.67	$38495.33

	This Month	Year To Date
Total Expended:	$ 73169.83	$ 884752.27

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Ernesto Rodriguez
Signature of Provider Agency Official
Date : 03-17-2026

During the month of February a total of 1,596 unduplicated clients were served. The top 3 services are as follows:
Medical Case Management with a total of 746 clients served
Outpatient Ambulatory with a total of 209 clients served
Non Medical Case Management with a total of 240 clients served

General Revenue July 2025 - June 2026

HIV/AIDS Demographic Data for PHT/SFAN

	February 26			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Budget as of 7-1-25 Annual Budget	YTD Units
Ambulatory - Outpatient Care	209	386	103,339.75	652,218.05	1,644,600.00	2,621
Drug Pharmaceuticals	14	37	28,997.20	222,845.43	288,900.00	258
Early Intervention Services	8	8	5,544.60	28,618.64	68,918	19
Oral Health	1	14	3,379.00	3,379.00	50,000.00	14
Home & Community Base Services	1	12	945.58	3,456.18	12,000.00	47
Home Health Care				5,611.00	24,288.00	186
Mental Health Services	41	48	15,073.47	62,991.50	120,000.00	338
Nutrition Counseling	2	2	337.92	2,947.76	20,000.00	18
Medical Case Management	746	1,799	170,207.02	1,517,077.39	1,692,262.00	10,501
Sustance Abuse Services	3	157	2,907.16	17,455.40	93,000.00	950
Food Bank/Home Delivered Meals	29	55	1,512.50	15,542.50	35,000.00	565
Non-Medical Case Management	240	246	82,641.96	436,488.46	630,735.00	1,289
Other Support Services / Emergency Fin. Assistance	-	-	-	15,014.68	192,000.00	6
Psychosocial Support Services				28,843.20	55,000.00	2,244
Transportation	235	397	31,634.65	72,185.25	97,250.00	984
Referral for Health Care / Supportive Services	42	158	56,595.96	369,145.58	420,820.00	1,132
Substance Abuse Residential	3	88	23,956.24	107,258.62	281,955.00	394
Residential Care - Adult	20	1,196	59,800.00	139,750.00	237,250.00	3,043
Nursing Home Care	2	56	16,031.68	244,248.62	436,785.00	599
Hospital Services				-		
	1,596	4,659	602,904.69	3,945,077.26	6,400,763.00	25,208

ADAP Miami-Dade / Summary Report^ - March-26

Utilization & Expenditures – CHD Pharmacy & Premium Plus

Month	New	Re-E	Clients^^	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	#Premiums	~$ / Premium
Apr-25	70	933	7637	$ 1,236,853.00	2,421	682	3.5	$ 5,218,553.20	2,993	$ 1,743.59
May-25	61	567	7,571	$ 1,224,080.44	2,391	678	3.5	$ 5,233,113.31	3,014	$ 1,736.27
Jun-25	65	345	7,564	$ 1,244,338.24	2,302	671	3.4	$ 5,205,538.79	2,993	$ 1,739.23
Jul-25	75	323	7,544	$ 1,321,557.63	2,490	714	3.5	$ 5,175,093.99	2,857	$ 1,811.37
Aug-25	55	285	7,579	$ 1,162,840.91	2,325	659	3.5	$ 5,159,017.57	2,977	$ 1,732.96
Sep-25	39	268	7,592	$ 1,267,426.83	2,483	695	3.6	$ 5,132,419.99	2,964	$ 1,731.59
Oct-25	61	430	7,577	$ 1,286,962.59	2,590	712	3.6	$ 5,100,269.38	2,942	$ 1,733.61
Nov-25	60	487	7,561	$ 909,240.90	1,833	524	3.5	$ 5,036,214.78	2,905	$ 1,733.64
Dec-25	47	822	7,533	$ 1,141,019.00	2,389	611	3.9	$ 4,877,529.35	2,821	$ 1,729.01
Jan-26	51	733	7,608	$ 1,038,754.13	2,683	706	3.8	$ 5,196,529.00	2,094	$ 2,481.63
Feb-26	38	853	7,506	$ 2,036,120.21	3,357	910	3.7	$ 4,527,238.98	2,284	$ 1,982.15
Mar-26	36	682	7,446	$ 493,676.70	1,669	426	3.9			
FY25/26	658	6,728	7,446	$ 14,362,870.58	28,933	7,988	3.6	$ 55,861,518.34	30,844	$ 1,811.10
	658	6,728		$14,362,870.58	31,563	8,714		$55,861,518.34	33,648	

12 11

FYTD DD [CHD Ph] + PP, excluding WP, DD-PBM: $70,224,388.92

FY Projections DD+PP [E]: **$70,224,388.92**

APTC [YTD] $11,496,421.77 Projection 2025 $15,886,776.63

$86,111,165.55

PROGRAM UPDATE

04/01/26	Benefit Level ^	*7,446*	Direct Dispense	65%	4,840	*C & D*	35%	*2,606*	
04/01/26	Cabenuva ®	*229*	Direct Dispense	69%	*159*	Premium Plus	31%	*70*	
04/01/26	Medicare eligible ^	*69*	*Within 7-month window* around *65th birthday*			Target clients this month:		9	
04/01/26	On Medicare	*209*	Active clients with copayment assistance						
04/01/26	ACA-MP ^	*0*	[FDOH : DD 0 % - 400 % FPL; 06/30/26 extension. C & D: 0 % - 400 %						

SOURCES: Provide Enterprise & Pharmacy systems. ^ All data subject to review. ^^ Open + Active pts. - NOTE: Expenditures NOT included: DD pts. from WP & PBM pharmacies [100+].

SUMMARY

[as of 03/24/26]
[thru 06/30/26]

NEW REQUIREMENTS

4,840 — ADAP DIRECT DISPENSE [0 % - 400 %]

2,606 — C & D [0 % - 400 %]

DISCONTINUED

2,444 — PREMIUM ASSISTANCE

ADAP Formulary > 1,450 BIKTARVY 48 DESCOVY*

**PA [04/01/26]*

MIAMI-DADE HIV/AIDS PARTNERSHIP

Miami-Dade HIV/AIDS Partnership Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

May 12, 2025 Minutes

Approved August 4, 2025

#	Partnership Members	Present	Absent
1	Burks, Laurie Ann		x
2	Chassi, Kai		x
3	Dougherty, James	x	
4	Duberli, Francesco		x
5	Forrest, David		x
6	Gonzalez, Nilda	x	
7	Henriquez, Maria		x
8	Jones, Keddrick		x
9	Machado, Angela	x	
10	McIntyre, Harold	x	
11	Medina, Jesús E.	x	
12	Muñoz, Virginia	x	
13	Robinson, Joanna	x	
14	Romero, Javier		x
15	Sarria, Manuel		x
16	Shmuels, Diego	x	
17	Tazoe, Roberto		x
18	Tramel-McIntyre, Alecia		x
19	**Vacant** Representative of the Affected Community		
20	**Vacant** Representative of the Affected Community		
21	**Vacant** Representative of the Affected Community		
22	**Vacant** Representative of the Affected Community		
23	**Vacant** Representative of the Affected Community		
24	**Vacant** Hospital or Health Care Planning Agency Representative		
25	**Vacant** Housing, Homeless or Social Service Provider		
26	**Vacant** Mental Health Provider Representative		
27	**Vacant** Other Federal HIV Program Grantee Representative (SAMHSA)		
28	**Vacant** Ryan White Program Part D Representative		
29	**Vacant** Other Federal HIV Program Grantee (Part F)		
30	**Vacant** MDC Government Representative (Non-RWP)		
Quorum = 7			
Ex-Officio Representatives			
Representative from the Office of the Miami-Dade County (MDC) Mayor			
Representative from the MDC Board of County Commissioners			
Representative from the MDC School Board			

Guests
Belledent, Nelly
Brown, Dedra
Edwards, Shawniqua
Ferrer, Luigi
Francis, Rosemonde
Gallo, Giselle
Garcia, Sandra
Gonzalez de Obando, Tivisay
Holden, Queen
Hyde, Andrew
Ingram, Trillion
Jiminez, Rafael
Joseph, Alexander
Leiva, German
Lowe, Maria
Maldonado, Nelson
Pache, Rosa
Palmer, Kirk
Singh, Hardeep
Stonestreet, Stephanie
Valle-Schwenk, Carla
Victor, Anita
Villamizar, Kira
Vives, Vanessa
Wall, Daniel T.
Williams, Stephen
Yonemitsu, Shane
Staff
Bontempo, Christina
Gattorno, Frank
Hilton, Karen
Ladner, Robert

Note: All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at www.aidsnet.org/the-partnership#partnership1.

I. Call to Order

The Vice Chair, Harold McIntyre, called the meeting to order at 10:10 a.m. and announced the topics on the agenda.

II. Introductions

Mr. McIntyre asked for introductions by members and guests. Members identified their membership assignments during introductions.

III. Housekeeping/Meeting Rules

Housekeeping rules were projected on the shared screen and copies of the PowerPoint were available at the meeting.

IV. Floor Open to the Public

Mr. McIntyre 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 with no changes..

Motion to approve the agenda.
Moved: Jesús Medina **Seconded: Joanna Robinson** **Motion: Passed**

VI. Review/Approve Minutes of March 4, 2025

Members reviewed the minutes of March 4, 2025, and accepted them with no corrections.

Motion to approve the minutes of March 4, 2025, as presented.
Moved: Dr. Diego Shmuels **Seconded: Angela Machado** **Motion: Passed**

VII. Reports

A. Membership

Staff advised that all committees and the Partnership have vacancies for members. The Community Coalition Roundtable has been reaching out to Ryan White Program clients as part of their recruitment plan. Staff thanked Luigi Ferrer for his efforts in promoting membership opportunities to interested clients.

B. Committee Reports

The motions below were brought to the Partnership for review. Additional committee activities were detailed in the *Committee Reports to the Miami-Dade HIV/AIDS Partnership,* distributed to members, and included in the materials posted online. Details regarding the motions were included in the report and are noted *in italics* prior to the motions.

- **Executive Committee**

Angela Machado put forward the following motion as detailed in the Committee Report:

As part of the budget review process, the Executive Committee reviewed and approved the Staff Support FY 2025-26 Scope of Service.

Motion to approve the Partnership Staff Support FY 2025-26 Scope of Service.
Moved: Angela Machado Seconded: James Dougherty Motion: Passed

The Executive Committee also reviews the Partnership Staff Support budget on an ongoing basis.

- **Care and Treatment Committee**

Dr. Diego Shmuels put forward the following motions as detailed in the Committee Report:

April 20, 2026, note: The following Oral Health Care Service Description motion passed at the May 12, 2025, meeting but was not included in the approved minutes.

The Committee reviewed and approved the Oral Health Care Service Description edits, including updates to language; updates to service priority rankings; reinstitution of annual cap (in Section I, Page 1 of 120); updating licensed medical provider language throughout; adding (MD, DO, APRN, PAs) at first appearance in the document; adding dental in front of licensed provider; and striking e.g. (Dentist, etc.). The effective date will be updated to March 1, 2025, pending approval by the Partnership.

Motion to approve the Oral Health Care Service Description as presented.
Moved: Dr. Diego Shmuels Seconded: Angela Machado Motion: Passed

The Committee reviewed and approved the Minimum Primary Medical Care Standards. Extensive edits were made including reformatting, updates to standards, references, screenings, and footnotes.

Motion to approve the Minimum Primary Medical Care Standards as presented.
Moved: Dr. Diego Shmuels Seconded: James Dougherty Motion: Passed

The Committee reviewed and approved the Letter of Medical Necessity for Dental Implants. Edits include clarifying language on dental restrictions and unit definitions; minor editorial changes; and reorganization of references.

Motion to approve the revisions to the Letter of Medical Necessity for Dental Implants.
Moved: Dr. Diego Shmuels Seconded: Joanna Robinson Motion: Passed

The 2025 Provider Capacity Survey was approved in March 2025. Subsequently, edits were made to comply with federal Executive Orders. The Committee approved the revisions. The survey will be administered via Survey Monkey to Ryan White Program subrecipients and other service providers.

Motion to approve edits to the 2025 Provider Capacity Survey as presented.
Moved: Dr. Diego Shmuels Seconded: James Dougherty Motion: Passed

The Committee reviewed and approved the Allowable Medical Conditions list. Edits include removal of language that conflicts with federal Executive Orders; addition of a disclaimer on federal Executive Orders and three conditions (PVD, oral candidiasis, leukopenia); minor editorial changes; and adjustments of spacing on page 5.

Motion to approve the Allowable Medical Conditions list with edits discussed.
Moved: Dr. Diego Shmuels Seconded: Nilda Gonzalez Motion: Passed

The Committee reviewed carryover estimates for Part A (currently $800,000) and FY 2025-26 (YR 35) priority rankings and allocations. The Committee moved to allocate 80% to Food Bank and 20% to

Medical Transportation since these two services are underfunded and have seen substantial increases in utilization.

Motion to allocate FY 2025-26 (YR 35) Part A Carryover Funds according to the following percentages: 80% to Food Bank and 20% to Medical Transportation Services.
Moved: Dr. Diego Shmuels Seconded: James Dougherty Motion: Passed

The Committee reviewed carryover estimates for MAI (currently $1,500,000) and FY 2025-26 (YR 35) priority ranking and allocations. The Committee agreed that if MAI carryover is available, 80% should be allocated to Outpatient Ambulatory Health Services and 20% to Medical Case Management, the two most utilized services in MAI.

Motion to allocate FY 2025-26 (YR 35) MAI Carryover Funds, if available, according to the following percentages: 80% to Outpatient/Ambulatory Health Services and 20% to Medical Case Management.
Moved: Dr. Diego Shmuels Seconded: Jesús Medina Motion: Passed

- **Strategic Planning Committee**

Angela Machado put forward the following motions as detailed in the Committee Report:

The Assessment of the Recipient Administrative Mechanism is a HRSA-mandated evaluation, and a major activity of the Strategic Planning Committee. The Committee reviewed all the 2024 questions and updated language for 2025 as needed. Once the survey is approved, every member of the Partnership will receive the survey link and is asked to complete the survey by May 30. Results will be shared with the Partnership at a future meeting.

Motion to approve the Partnership Assessment of the Recipient Administrative Mechanism as presented.
Moved: Angela Machado Seconded: Jesús Medina Motion: Passed

The Committee reviewed all the 2024 Subrecipient Assessment of the Administrative Mechanism questions and updated language for 2025 as needed. Once the survey is approved, every funded Ryan White Program subrecipient will receive the survey link and is asked to complete the survey by May 30. Results will be shared with the Partnership at a future meeting.

Motion to approve the Subrecipient Assessment of the Recipient Administrative Mechanism as presented.
Moved: Angela Machado Seconded: Nilda Gonzalez Motion: Passed

- **Other**

The report included recent activities of the Community Coalition Roundtable and Housing Committee. The Prevention Committee has not met since the last Partnership meeting. There were no further action items from the committees.

C. Grantee/Recipient Reports

Members and guests received the Top Line Summary Report. Members received copies of the referenced expenditure and utilization reports.

- **Ryan White Part A/Minority AIDS Initiative (MAI)**

Carla Valle Schwenk reported updates from the Health Services and Resources Administration (HRSA) to further inform the decisions made about Ryan White Program Part A/MAI carryover requests (see Committee Reports, above). HRSA has advised the County that additional language may be added to the Notice of Award, specifically terms and conditions addressing unexpended grant funds, including award reallocations by HRSA. Further guidance on carryover funds will be requested from the HRSA Project Officer to ensure full expenditure of the 2024-2025 award. Further updates will be brought to the board as needed.

The HRSA Annual Progress Report is due May 29, 2025.

The final Fiscal Year 2024 (FY 2024) count of unduplicated clients served is 9,316 clients.

Renewal contracts for FY 2025 are being processed. The County has received a partial award of approximately 41% of Part A Formula funds and 27% of MAI funds. The Final Notice of Award is pending.

The County is continuing to monitor federal executive orders for programmatic changes. Of note, gender-affirming care is no longer funded by Part A/MAI; diversity, equity and inclusion language has been revised; and surgical procedures requiring anesthesia are under review. Lack of gender-affirming care notwithstanding, subrecipients should continue to offer HIV care to transgender clients.

- **Ryan White Part B**

The Part B Report was not available, and members made a motion to defer the report.

Motion to defer the Ryan White Part B report until the next meeting.
Moved: Angela Machado Seconded: Dr. Diego Shmuels Motion: Passed

- **AIDS Drug Assistance Program (ADAP) Miami**

The ADAP report was included in the Top Line Summary; Dr. Javier Romero was not present to give the report, and members made a motion to defer.

Motion to defer the ADAP report until the next meeting.
Moved: Dr. Diego Shmuels Seconded: Nilda Gonzalez Motion: Passed

- **General Revenue (GR) at SFAN**

Angela Machado reported on the GR top line expenditures and utilization for February and March 2025, per the summary. In February 2025, SFAN served 753 unduplicated clients for a total of $299,601.27. Twenty-eight clients were referred to Mental Health services; 26 clients received assistance with medications under Pharmaceuticals; and five (5) clients are receiving Nursing Home Care. In March 2025, SFAN served 2,347 unduplicated clients for a total of $ 831,000.00. Eighty-six food vouchers were distributed to clients; and 221 clients received medical transportation between bus passes and Lyft. Temporary shelter assistance beds at the contracted Salvation Army continues at full occupancy.

- **Housing Opportunities for Persons with AIDS (HOPWA)**

There was no HOPWA report, per the agenda.

D. Approval of Reports

Mr. McIntyre called for a motion to approve all reports.

Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.
Moved: Dr. Diego Shmuels **Seconded: Nilda Gonzalez** **Motion: Passed**

VIII. Standing Business

- **2025 Officer Elections**

Elections are due to be held now for Fiscal Year 2025. Both Alecia Tramel-McIntyre and Mr. McIntyre have served two one-year terms as Chair and Vice Chair, respectively, and this represents their terms of office as defined in the Bylaws.. Staff advised that no candidates for either officer's position have expressed interest. Assistant County Attorney, Terrence A. Smith, advised that given the circumstance the board could waive the Bylaws requirement for the term limits and the current officers an additional year in office, to which both officers agreed.

Members voted to waive the Bylaws requirement, Section 5.3, which reads in part, "No elected officer may serve more than two (2) consecutive one-year terms."

Moton to waive the Bylaws requirement, Section 5.3, which reads in part, "No elected officer may serve more than two (2) consecutive one-year terms," for the 2025 Officer elections.
Moved: Nilda Gonzalez **Seconded: James Dougherty** **Motion: Passed**

Having waived the requirements, members voted to re-elect Alecia Tramel-McIntyre as Chair and Harold McIntyre as Vice Chair.

Motion to reelect Alecia Tramel-McIntyre as Chair and Harold McIntyre as Vice Chair of the Miami-Dade HIV/AIDS Partnership for 2025.
Moved: Angela Machado **Seconded: Jesús Medina** **Motion: Passed**

Members thanked Mr. McIntyre for his continued service.

IX. New Business

- **HIV Prevention in Miami Dade County Updates** *Kira Villamizar*

Mr. McIntyre introduced Kira Villamizar, Public Health Services Manager, Florida Department of Health in Miami-Dade County (FDOH-MDC) who provided updates to prevention funding and FDOH-MDC programs. Ms. Villamizar's overview is summarized below:

Ending the HIV Epidemic (EHE)

- All EHE prevention funding contracts end May 31, 2025.
- EHE services include HIV testing, education, outreach, and Pre-Exposure Prophylaxis (PrEP).
- The Health Council of South Florida (HCSF) oversees the FDOH-MDC EHE grant with funds distributed to eleven (11) local providers.
- Locally, EHE prevention funding totals $2.6 million; EHE subcontracts funding totals $1.9 million (73% of total EHE funding).

Testing

- High Impact Prevention (HIP) funding ends June 30, 2025.
- Locally, HIP funding totals $1,845,000.
- There are ten (10) funded HIP providers; most will continue testing with funding from other sources such as the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA), and 340B program revenue.
- Access to FDOH-state lab will continue for as long as funds are available.
- HIV testing kits will be distributed by FDOH-MDC for as long as supplies last.
- In 2024, providers administered more than 63,000 tests and identified 648 newly positive persons. Of those, HIP providers identified 55 new positives and EHE providers identified 166 new positives.
- The list of testing sites on the FDOH website will be updated as providers change.
- Test and Treat will not be discontinued; hospitals are still providing testing and persons who test positive should continue to be linked to Ryan White Program services.
- Sandra Estevez is the contact for testing data.

340B Drug Rebates

- Organizations with 340B Memoranda of Understanding (MOUs) should use their program income to purchase testing kits and condoms.
- FDOH-MDC will support 340B MOUs with in-kind services including supporting access to state labs (as funding is available), technical assistance, and capacity building.

Condom Distribution

- Condoms will be distributed by FDOH-MDC until June 30, 2025, or until supplies last.
- It was noted that condoms should be stored properly and used before the printed expiration date.

Request for Applications (RFA)

- The FDOH HIV/AIDS Section released an RFA to expand HIV funding and funders.
- Staff will distribute the RFA announcement after the meeting.

- **Ryan White Program Updates** *Daniel T. Wall*

Mr. McIntyre introduced Daniel T. Wall, Assistant Director, Office of Management and Budget, Miami-Dade County, who provided updates to Ryan White Program funding and related legislative issues. Mr. Wall's overview is summarized below:

Federal Overview – Since the beginning of the current presidential administration

- The U.S. Office of Management and Budget issued a memo to federal departments directing that there be a pause in grant funding; that directive was rescinded.
- The Department of Government Efficiency (DOGE) is now part of the federal grants disbursement process and is monitoring drawdowns on existing federal grants. This has resulted in some delays in Miami-Dade County receiving drawdown monies in a timely manner, or receiving partial reimbursements with demands for additional justifications.
- There have been more than 235 federal executive orders and proclamations issued which are binding unless they are rescinded, paused, or overturned.
- HRSA has been directed to comply with all federal Executive Orders as applicable, including those dealing with immigration; Diversity, Equity, and Inclusion (DEI) initiatives; and gender ideology. Gender is now specifically defined as sex, either male or female.
- The U.S. Department of Health and Human Services had employed 82,000 people. Of those, 10,082 people were laid off, and another 10,000 positions will be reduced through attrition.
- The U.S. Department of Health and Human Services (HHS) has been reorganized from 28 to 15 divisions and the Health Resources and Services Administration which manages Ryan White grant

programs will fall under the new umbrella of the Administration for a Healthy America (AHA).
- Tens of millions of dollars have been lost or cut from National Institutes of Health research.

2026 Budget Cuts under consideration as of May 10

- All recommended budget cuts are subject to Congressional approval and/or may be used as negotiating tools between the President and Congress.
- Eliminate Ryan White Program Part F; $74 million cut.
- Eliminate Minority AIDS Initiative funding: $2.6 million cut locally.
- Eliminate Ending the HIV Epidemic care and treatment funding; $4.4 million locally.
- Cut $3.1 billion from the CDC Global Health Center.
- Cut $1.065 billion from SAMHSA programs.
- Merge the Housing Opportunities for Persons With AIDS (HOPWA) Program with Section 8 and other housing funding, reduce HOPWA rental assistance to a two-year cap, and cut $532 million in nationwide funding.

State of Florida FDOH Updates

- Previous staff filling the four most senior positions within the HIV Section at the FDOH in Tallahassee have separated from state employment. As of now, these positions are undergoing recruitment.
- The Invitation to Negotiate for a statewide RWP Part B fiscal agent has been cancelled.
- Delayed premium payments for Affordable Care Act (ACA) insurance are now up to date.
- The AIDS Drug Assistance Program (ADAP) spending at the current level is unsustainable; cuts to ACA premium payments are expected. Some high-end ACA health plans are likely to not be available in FY 2026.
- The Florida Comprehensive Planning Network was scheduled to meet in June to discuss integrated planning; that meeting is now tentatively scheduled for the end of July or August, if at all.

Advocacy

- Partnership members were reminded that they may advocate as individual citizens, but may not advocate as representatives of the Partnership without the expressed formal approval of the board.
- Notwithstanding the above, the Partnership is an advisory board to the Board of County Commissioners and Mayor, and as such may consider adopting a resolution regarding proposed and existing funding cuts to be presented to the Board of County Commissioners and the Mayor. Assistant County Attorney, Terrence A. Smith, will assist with writing the resolution following approval by the board to do so.

X. Announcements and Open Discussion

There were no announcements or open discussion items.

XI. Next Meeting

Mr. McIntyre announced that the next Report for Action is scheduled for Friday, May 30, 2025 via Microsoft Teams; and the next Partnership meeting is scheduled for Monday, June 3, 2025, at 10 AM at the Miami-Dade County Main Library.

XII. Adjournment

Mr. McIntyre thanked everyone for participating and adjourned the meeting at 11:38 a.m.

MIAMI-DADE
HIV/AIDS PARTNERSHIP

Report for Action!

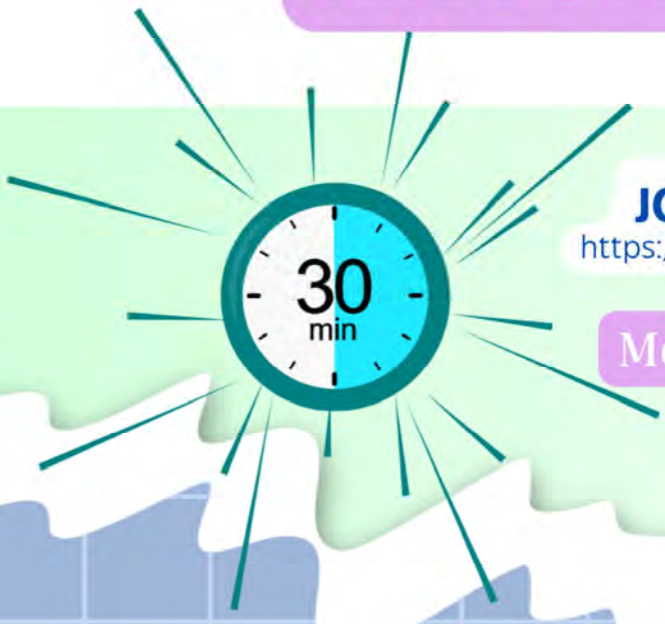
Partnership Meeting Briefing for Member Enrichment

Join Partnership Staff for a *30-minute briefing* in preparation for your **Monday, June 1, 2026,** Partnership meeting. We'll walk you through your meeting documents and highlight meeting action items as detailed on www.partnershipmiami.org/the-partnership-2/.

Featuring

- Committee Motions.
- Ryan White Part A/MAI, Part B, ADAP, General Revenue, and HOPWA Funding and Program Updates.

Friday, May 29, 2026
12:00 PM - 12:30 PM



JOIN VIA MICROSOFT TEAMS
https://teams.microsoft.com/meet/2406268288099

Meeting ID: 240 626 828 809 9
Password: yn9Me3MT

Questions? Contact us at mdcpartnership@behavioralscience.com


thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
bedankt
dziękuję
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
terima kasih
arigatô
takk
dakujem
grazie
sagolun
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tapadh leat
спасибо
Баярлалаа
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