



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

I.	Call to Order	TBD
II.	Introductions	All
III.	Meeting Housekeeping	TBD
IV.	Floor Open to the Public	TBD
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 14, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	TBD
VIII.	Standing Business	
	• FCPN Update	All
	• Proposed Service Descriptions Protocol	All
IX.	New Business	
	• Planning Council Responsibilities and Needs Assessment	Marlen Meizoso
	• Needs Assessment PSRA Process Review and Approval	All
	• Miami-Dade County Epidemiological Data Selections 2020-2024	Marlen Meizoso
	• Miami-Dade County Ryan White Program Care Continuum FY 2025-26	Frank Gattorno
X.	Announcements and Open Discussion	All
	• New Member Orientation July 1, 2026	Marlen Meizoso
XI.	Next Meeting: July 9, 2026 at Care Resource	TBD
XII.	Adjournment	TBD

Please turn off or mute cellular devices – Thank you

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Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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Meeting Housekeeping Care and Treatment Committee

Created by Behavioral Science Research

Disclaimer and 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.

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the 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.

About the Partnership

- ❑ The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- ❑ Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- ❑ The Care and Treatment Committee is one of six Standing Committees of the Partnership.
- ❑ All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.



Meeting Participation

Everyone has a role to play!

- ❑ All attendees may address the board as time allows and at the discretion of the Chair.
- ❑ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
 - Raise your hand to be recognized by the Chair or added to the queue during discussions.
 - Avoid repeating points previously addressed.
- ❑ Only Care and Treatment members vote at today's meeting.
- ❑ Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

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 . . . 6

Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ❑ Please raise your hand at any time if you need more information!

	
Meeting Guide	
Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along. Please raise your hand at any time if you need more information!	
Partnership, PC, or Planning Council	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
RWP or RWHAP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STRMU: Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.
More terminology at www.aidsnet.org/the-partnership/#getonboard1 .	

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ Today's presentation and supporting documents are online at <https://partnershipmiami.org/partnership/#caretreatment2> or by scanning the QR code on your agenda.

Care and Treatment Committee

Next Meeting: February 12, 2026, at 10:00 a.m.

Care Resource Community Health Centers, Midtown Miami, 3510 Biscayne Boulevard, 1st Floor Community Room, Miami, FL 33137

- AGENDA**
February 12, 2026
- MINUTES**
December 11, 2025
- PARTNERSHIP REPORT**
Partnership Report of Approved Motions, December 8, 2025
- BYLAWS**
[Click here.](#)
- RETURN TO MENU**

Meeting Documents

- Medical Care Subcommittee Report
- Outreach Service Description Draft
- Psychosocial Services Service Description Draft
- Health Insurance Service Description Draft
- Officer Nominations Memo
- 2026 Calendar of Activities
- FCPN Call for Nominations

Reference

Getting to the Meeting

Next Care & Treatment Meeting Coming Up In ...

030: 22 : 40 : 31

Day Hrs Min Sec

MIAMI-DADE HIV/AIDS PARTNERSHIP 2025 - A YEAR IN REVIEW

2025 - A Year in Review

RSVP



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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.”



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Care and Treatment Committee Meeting
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May 14, 2026, Minutes

#	Committee Members	Present	Absent	Guests	
1	Fils Aime, Louvens	X		Gonzalez, Yvette	
2	Ingram, Trillion	X		Singh, Hardeep	
3	Henriquez, Maria	X		Valle-Schwenk, Carla	
4	Mills, Vanessa		X		
5	Riley, James	X			
6	Santiago, Steven		X		
7	Shmuels, Daniel	X			
8	Shmuels, Diego		X		
Quorum: 4				Staff	
				Ladner, Robert	
				Meizoso, Marlen	

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at <https://partnershipmiami.org/the-partnership-2/#caretreatment2>.

I. Call to Order

Dr. Steven Santiago

Dr. Steven Santiago, Chair, welcomed everyone and reviewed the tasks of the day. He called the meeting to order at 10:12 a.m.

II. Introductions

All

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Dr. Steven Santiago

Dr. Santiago reviewed the housekeeping presentation which detailed meeting participation reminders, use of people first language, meeting etiquette, and reminders of access to the meeting materials via the QR code on the agenda.

IV. Floor Open to the Public

Dr. Steven Santiago

Dr. Santiago read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items 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.

There were no comments, so the floor was closed.

V. Review/Approve Agenda

All

The Committee reviewed the agenda and approved it as presented.

Motion to accept the agenda as discussed.

Moved: James Riley

Seconded: Dr. Daniel Shmuels

Motion: Passed

VI. Review/Approve Minutes of March 12, 2026

The Committee reviewed the minutes of March 12, 2026, and accepted them as presented.

Motion to accept the March 12, 2026, minutes as presented.

Moved: James Riley

Seconded: Dr. Daniel Shmuels

Motion: Passed

VII. Reports

▪ Part A

Carla Valle-Schwenk

Carla Valle-Schwenk indicated the Ryan White Program Part A/MAI Request for Proposal for services starting FY 2027 should be released soon by the Recipient, possibly by June. The submission process will be online. The final closeout for the year is being done, and final expenditures and utilization should be available for next month. The Recipient is also working on HRSA end-of-year reports.

Advocacy regarding the changes to ADAP is still underway. The new Fiscal Year for the state begins July 1. Clients can apply to the Gilead Patient Assistance Program for Biktarvy and the clinical reason to stay on the medication needs to be included on the application. ADAP is also looking to remove additional drugs from the formulary, including single regime tablets; and to offer only generic medications.

• Other Reports

There were no Part B, ADAP, or General Revenue reports available for the meeting.

▪ Vacancies

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report from May 2026, highlighting the membership opportunities on the Partnership, committees, and subcommittee. She indicated that today's meeting was Vanessa Mills final meeting since she reached her term limit. Three applications have been received for the Committee but only one applicant was in attendance. The other applicants will attend the June meeting. Yvette Gonzalez applied to the committee and has also applied for the Partnership. Ms. Gonzalez indicated her background and interest in the Committee and members voted on her membership.

Motion to recommend Yvette Gonzalez as a member of the Care and Treatment Committee.

Moved: Louvens Fils Aime

Seconded: James Riley

Motion: Passed

Staff also invited committee members to share membership opportunities among their clients and invite them to a meeting or direct them to staff.

▪ **Medical Care Subcommittee Report**

Dr. Steven Santiago

Dr. Santiago read the report from the Medical Care Subcommittee (MCSC).

The Medical Care Subcommittee:

- Elected Christian Ysea as Chair and Dr. Lawrence Friedman as Vice Chair.
- Discussed activity planning to address work load, moved their meeting up a week to ensure quorum, and will return to addressing the systemic review of the allowable conditions at the next meeting.
- Continued efforts to address contingency planning in response to pending ADAP changes by reviewing utilization under Outpatient Ambulatory Health Services. Additional review will take place at the next meeting focusing on vaccines.
- Began discussion of the Ryan White Part A Prescription Drug Formulary and updates that were needed, including the removal of discontinued items, addition of a new ARV Suleuca per formulary protocol, and edits to some medications. While the ADAP program has removed Biktarvy, it still appears on the Ryan White Formulary and must be removed since it would be cost prohibitive to provide the medication. Samples and the Patient Assistance Program should be used to access the medications. Additional review of the Formulary will take place at the next meeting.

Motion to remove Biktarvy from the Ryan White Part A Prescription Drug Formulary, retroactive to March 1, 2026.

Moved: Louvens Fils Aime

Seconded: Dr. Daniel Shmuels

Motion: Passed

MCSC members reviewed several items deferred from earlier in the year, including service descriptions they had initially started editing. Red-lined documents were presented, and staff advised them that some of the formatting changes may cause the drafts to look distorted until the documents

are finalized. The Subcommittee reviewed and accepted the edits to the mental health, substance abuse, and oral health service descriptions. The Committee combined the motions for mental health and substance abuse.

Motion to accept the FY 2026 Ryan White Program Mental Health Services Description and Substance Abuse Outpatient Care and Substance Abuse Services (Residential) Service Description as presented.

Moved: Maria Henriquez

Seconded: Dr. Daniel Shmuels

Motion: Passed

Motion to accept the FY 2026 Ryan White Oral Health Care Service Description as edited.

Moved: Trillion Ingram

Seconded: James Riley

Motion: Passed

Members reviewed service descriptions previously approved that needed correcting since they contained references to services and changes that will be available after the new RFP. The Subcommittee reviewed and accepted revisions to the Prescription Drugs and Outpatient Ambulatory Health Services Descriptions. The references highlighted in green will be updated upon receipt of the information.

Motion to accept the FY 2026 Ryan White Program AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program-LPAP) Service Description as presented.

Moved: Dr. Daniel Shmuels

Seconded: Louvens Fils Aime

Motion: Passed

Motion to accept the FY 2026 Ryan White Program Outpatient Ambulatory Health Services Description as discussed.

Moved: James Riley

Seconded: Dr. Daniel Shmuels

Motion: Passed

The Subcommittee reviewed edits and suggested additional changes to the Oral Health Care Service Standards. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Oral Health Care Standards as discussed.

Moved: Dr. Daniel Shmuels

Seconded: Yvette Gonzalez

Motion: Passed

The Subcommittee reviewed edits to the Letter of Medical Necessity for Continuous Glucose Monitors including review of possible costs for specific devices. Instead of selecting a specific device, just the brand names will be listed and additional language on use of cost-effective options was included on the edits. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Letter of Medical Necessity for Continuous Glucose Monitors as discussed.

Moved: Dr. Daniel Shmuels

Seconded: Louvens Fils-Aime

Motion: Passed

As part of their annual work, the Subcommittee also reviewed FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services, and edited language for clarity.

Motion to accept the FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services as discussed.

Moved: Trillion Ingram

Seconded: Dr. Daniel Shmuels

Motion: Passed

The next MCSC meeting is scheduled for May 15, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

VIII. Standing Business

▪ **FCPN Nomination Care and Treatment Update**

All

The Care and Treatment Committee is tasked with recommending two members to the Florida Comprehensive Planning Network (FCPN) Care and Treatment Division. FCPN works as the state's planning group for HIV services and meets periodically in person and holds workgroups online. The Committee approved Dr. Diego Shmuels as the FCPN Care and Treatment alternate when nominations were first requested in December. No other members volunteered for the Representative seat. Another request was made for nominations. Members were asked to think about participating and the item will be added to next month's agenda. Meanwhile, staff will forward the FCPN Bylaws to members to review responsibilities.

▪ **Special Projects Discussion**

All

As part of the annual staff support budget process approved in 2024, committees and the subcommittee are being polled for any request for support of special projects above and beyond HRSA-mandated annual activities (needs assessment, comprehensive planning, PSRA, and efficiency of the administrative mechanism). Results of the special projects request will be shared with the Executive Committee. With the current challenges with the ADAP program, the Committee decided not to pursue a special project and instead to continue monitoring the impact of changes to ADAP.

▪ **Service Descriptions – Remaining Items**

All

Because of the work being done on contingency planning and other delays, some service descriptions need revision for FY 2026. Staff included drafts with some proposed edits for review, and members were advised that formatting in track changes appears distorted but will be corrected once the final version is approved. Service descriptions for emergency financial assistance, food bank, medical transportation, medical case management, outreach, and health insurance assistance were reviewed. No additional edits were suggested for medical transportation and food bank.

The following edits were recommended on the service descriptions:

- **Emergency Financial Assistance:** Biktarvy should be struck, and the notes section needs to be verified if it is still needed.
- **Medical Case Management:** Under staff training, the date should be July 1, 2026.

▪ **FY 2025-26 Carryover Request**

All

The Committee reviewed the FY 2026-2027 Carryover request for Ryan White Part A and Minority AIDS Initiative (MAI) funding. At the time of the Committee's decisions, only estimated total funds were available so allocations were indicated as percentages.

Under MAI, the estimated carryover totals were allocated to the top two usage categories, Medical Case Management and Outpatient/Ambulatory Health Services, both of which may need additional funding.

Motion to allocate 50% of the FY 2026-27 Ryan White MAI carryover requests to Medical Case Management and 50% to Outpatient/Ambulatory Health Services.

Moved: James Riley

Seconded: Yvette Gonzalez

Motion: Passed

Under Ryan White Part A, the total estimated carryover percent was placed into Food Bank whose allocation for FY 26 was about 35% of the total expended last year. Dr. Santiago had a conflict under Part A. He stated his conflict and left the room during the discussion and vote. Dr. Santiago was asked to complete Form 8B, which is included as an addendum to these minutes. Maria Henriquez volunteered to chair the meeting in Dr. Santiago's absence. Upon completion of the vote, Dr. Santiago returned to the meeting and resumed chairing.

Motion to allocate 100% of the FY 2026-27 Ryan White Part A Carryover request to Food Bank Services.

Moved: James Riley

Seconded: Yvette Gonzalez

Motion: Passed

Abstained: Dr. Steven Santiago

▪ **Planning Council Responsibilities and Needs Assessment**

All

Since time was running short, the Committee made a motion to defer this item to next month. The Committee was asked about budget development since this needs to be incorporated into planning. The Committee suggested only having one budget (non-compete ceiling total). This will help provide more time on the agenda to address other business items.

Motion to defer the Planning Council Responsibilities and Needs Assessment Presentation to next month.

Moved: James Riley

Seconded: Dr. Daniel Shmuels

Motion: Passed

X. Announcements and Open Discussion

All

Attendees were reminded that next Get on Board training course will be on June 3, 2026, and registration for the event is accessible via the posted QR code.

XI. Next Meeting

Dr. Steven Santiago

The next meeting is scheduled for Thursday, June 11, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment

Dr. Steven Santiago

With business concluded, Dr. Santiago thanked everyone for participating, and adjourned the meeting at 11:36 a.m.

DRAFT

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME Santiago, Steven		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership-Care and Treatment Cmte	
MAILING ADDRESS [REDACTED]		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY Miami		☐ CITY ☒ COUNTY ☐ OTHER LOCAL AGENCY	
COUNTY Miami-Dade		NAME OF POLITICAL SUBDIVISION:	
DATE ON WHICH VOTE OCCURRED May 14, 2026		MY POSITION IS:	
		☒ ELECTIVE ☐ APPOINTIVE	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Steven Santiago, hereby disclose that on May 14, 20 26 :

(a) A measure came or will come before my agency which (check one or more)

- ☐ inured to my special private gain or loss;
- ☐ inured to the special gain or loss of my business associate, _____ ;
- ☐ inured to the special gain or loss of my relative, _____ ;
- ☐ inured to the special gain or loss of _____ , by
whom I am retained; or
- ☐ inured to the special gain or loss of Food for Life Network , which
is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

The carryover allocation recommended for the FY 2026 food bank service category for which Food for Life Network is the sole provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

5/14/2026

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order | TBD |
| II. | Introductions | All |
| III. | Meeting Housekeeping | TBD |
| IV. | Floor Open to the Public | TBD |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of May 14, 2026 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | TBD |
| VIII. | Standing Business | |
| | • FCPN Update | All |
| | • Proposed Service Descriptions Protocol | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • Needs Assessment PSRA Process Review and Approval | All |
| | • Miami-Dade County Epidemiological Data Selections 2020-2024 | Marlen Meizoso |
| | • Miami-Dade County Ryan White Program Care Continuum FY 2025-26 | Frank Gattorno |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation July 1, 2026 | Marlen Meizoso |
| XI. | Next Meeting: July 9, 2026 at Care Resource | TBD |
| XII. | Adjournment | TBD |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Follow Us: www.PartnershipMiami.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership/

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2026

FINAL FY 2025 REPORT
(Grant Closeout Complete)

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	8,190	167	2,254
Medical Case Management	6,792	120,153	3,009	8,799
Mental Health Services	15	590	6	124
Oral Health Care	418	11,031	319	2,833
Outpatient Ambulatory Health Services	1,520	30,218	922	4,220
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:	10,257	196,032		
Total unduplicated clients (month):	3,886			
Total unduplicated clients (YTD):	9,194			

This final FY 2025 Monthly and Year-to-Date Service Utilization Summary for services through February 2026 is being provided following completion of the FY 2025 grant closeout review process. Reports for the same service period were previously shared during the April 2026 and May 2026 Partnership meetings. The current report, generated on May 28, 2026, reflects finalized utilization data and no changes were identified when compared to the data previously shared on May 11, 2026.

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units Unduplicated Client Count

Monthly Year-to-date Monthly Year-to-date

8	78	4	8
193	8,190	167	2,254
4,245	101,023	1,922	8,503
15	590	6	124
418	11,031	319	2,833
1,228	27,608	736	4,065
0	13	0	4

TOTALS: 7,407 173,987

Total unduplicated clients (month):

2,913

Total unduplicated clients (YTD):

9,089

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	2,547	19,130	1,269	2,171
Outpatient Ambulatory Health Services	292	2,610	226	731
Medical Transportation	2	256	2	65
Outreach Services	9	49	6	30
TOTALS:	2,850	22,045		
Total unduplicated clients (month):	1,400			
Total unduplicated clients (YTD):	2,454			

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.

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

April 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- AIDS Pharmaceutical Assistance (LPAP/CPAP)
- Health Insurance Premium and Cost Sharing Assistance
- Medical Case Management
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Food Bank/Home Delivered Meals
- Medical Transportation
- Other Professional Services
- Outreach Services
- Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
6	13	4	5
4	18	2	7
9,752	19,984	4,547	6,004
50	109	29	46
994	1,968	690	1,122
2,717	5,439	1,602	2,582
3	3	2	2
875	1,614	301	360
311	809	192	328
0	0	1	1
74	131	29	49
486	925	19	23
TOTALS:		15,272	31,013

Total unduplicated clients (month):

5,340

Total unduplicated clients (YTD):

6,797

See page 4 for
Service Unit
Definitions

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

April 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units Unduplicated Client Count

Monthly Year-to-date Monthly Year-to-date

6	13	4	5
4	18	2	7
8,274	15,933	4,048	5,067
50	109	29	46
994	1,968	690	1,122
2,577	5,185	1,529	2,487
3	3	2	2
875	1,614	301	360
278	738	159	286
0	0	1	1
70	122	25	41
486	925	19	23

TOTALS: 13,617 26,628

Total unduplicated clients (month):

5,006

Total unduplicated clients (YTD):

6,240

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

April 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
1,478	4,051	730	1,453
140	254	106	168
33	71	33	44
4	9	4	8
TOTALS:		1,655	4,385

Total unduplicated clients (month):

774

Total unduplicated clients (YTD):

1,498

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.

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	<u>\$24,224,652</u>
Carryover Award of FY'24 Formula Funds		800,000.00		CARRYOVER	
Total Award		\$	25,024,652.00		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER			
	DIRECT SERVICES:			
	Core Medical Services		Allocations	Carryover (C/O) Allocations
	5	AIDS Pharmaceutical Assistance	5,744.00	
	9	Health Insurance Services	490,526.00	
	2	Medical Case Management	6,377,000.00	
	7	Mental Health Therapy/Counseling	54,303.00	
	4	Oral Health Care	4,631,775.00	
	3	Outpatient/Ambulatory Health Svcs	7,007,729.00	
	8	Substance Abuse - Outpatient	3,000.00	
CORE Services Totals:		18,570,077.00		
	Support Services		Allocations	Carryover Allocations
	14	Emergency Financial Assistance	0.00	
	6	Food Bank	848,861.00	640,000.00
	10	Medical Transportation	62,888.00	160,000.00
	15	Other Professional Services	18,700.00	
	13	Outreach Services	140,661.00	
	11	Substance Abuse - Residential	1,611,000.00	
	SUPPORT Services Totals:		2,682,110.00	800,000.00
	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	3,110.33	
5606920000	Health Insurance Services	489,755.12	
5606870000	Medical Case Management	6,313,337.80	
5606860000	Mental Health Therapy/Counseling	52,617.50	
5606900000	Oral Health Care	4,513,801.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,971,950.08	
5606910000	Substance Abuse - Outpatient	780.00	
CORE Services Totals:		18,345,351.83	
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	848,717.20	640,000.00
5606460000	Medical Transportation	62,229.06	160,000.00
5606890000	Other Professional Services	17,559.00	
5606950000	Outreach Services	122,055.02	
5606930000	Substance Abuse - Residential	1,522,000.00	
SUPPORT Services Totals:		2,572,560.28	800,000.00
FY 2025 Award (not including C/O)		20,917,912.11	
TOTAL EXPENDITURES DIRECT SVCS & % :		\$	21,717,912.11 98.48%
Formula Expenditure %		97.61%	
5606710000	Recipient Administration	2,317,213.43	97.82%
5606880000	Quality Management	602,153.97	2,919,367.40
Grant Unexpended Balance		FY 2025 Award 387,372.49	Carryover (0.00) 387,372.49
Total Grant Expenditures & %		\$	24,637,279.51 98.45%
Core medical % against Total Direct Service Expenditures (Not including C/O):			
Cannot be under 75%		87.70%	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%		9.57%	Within Limit
Printed On: 5/28/2026			

FINAL FY 2025 REPORT
(Grant Closeout Complete)

MAI

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

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

This report includes finalized FY 2025 paid reimbursements for MAI service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 MAI expenditures and reconciliation data.

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	

Priority Order	CONTRACT ALLOCATIONS			
	DIRECT SERVICES:			
	Core Medical Services	Allocations	Carryover (C/O) Allocations	
	AIDS Pharmaceutical Assistance			
	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00
6	Mental Health Therapy/Counseling	18,960.00		
	Oral Health Care			
3	Outpatient/Ambulatory Health Svcs	873,094.63	846,658.37	1,719,753.00
5	Substance Abuse - Outpatient	8,058.00		
CORE Services Totals:		1,869,801.63	1,154,488.37	3,024,290
	Support Services	Allocations	Carryover Allocations	
8	Emergency Financial Assistance	0.00		
	Food Bank			
7	Medical Transportation	14,628.00		
	Other Professional Services			
4	Outreach Services	39,816.00		
	Substance Abuse - Residential			
SUPPORT Services Totals:		54,444.00	0.00	
FY 2025 Award (not including C/O)		1,924,245.63		
Carryover Award			1,154,488.37	
DIRECT SERVICES TOTAL:		\$ 3,078,734.00		

Total Core Allocation	1,869,801.63
Target at least 80% core service allocation	1,539,396.50
Current Difference (Short) / Over	\$ 330,405.13

Recipient Admin. (OMB-GC)	\$ 256,369.00			
Quality Management	\$ 100,000.00	356,369.00	\$ 3,435,103.00	
(+/-) Unobligated Funds / (-) Over Obligated:				
Unobligated Funds (MAI)	\$ 283,082.37			
Unobligated Funds (Carry Over)	\$ 384,663.63	667,746.00	4,102,849.00	

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	97.17%	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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:			
Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	792,192.45	307,830.00
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	717,453.98
5606910000	Substance Abuse - Outpatient	0.00	
CORE Services Totals:		797,396.91	1,025,283.98
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	14,281.18	
5606890000	Other Professional Services		
5606950000	Outreach Services	39,816.00	
5606930000	Substance Abuse - Residential		
SUPPORT Services Totals:		54,097.18	0.00
FY 2025 Award (not including C/O)		851,494.09	

TOTAL EXPENDITURES DIRECT SVCS & %:	\$ 1,876,778.07	60.96%
-------------------------------------	-----------------	--------

5606710000	Recipient Administration	229,726.70	89.61%
5606880000	Quality Management	100,000.00	329,726.70
Grant Unexpended Balance		FY 2025 Award 1,382,476.21	Carryover 513,868.02
			1,896,344.23

Total Grant Expenditures & % (Including C/O):	\$ 2,206,504.77	53.78%
---	-----------------	--------

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	93.65%	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%	8.96%	Within Limit



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
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| | • Medical Care Subcommittee Report | TBD |
| VIII. | Standing Business | |
| | • FCPN Update | All |
| | • Proposed Service Descriptions Protocol | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • Needs Assessment PSRA Process Review and Approval | All |
| | • Miami-Dade County Epidemiological Data Selections 2020-2024 | Marlen Meizoso |
| | • Miami-Dade County Ryan White Program Care Continuum FY 2025-26 | Frank Gattorno |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation July 1, 2026 | Marlen Meizoso |
| XI. | Next Meeting: July 9, 2026 at Care Resource | TBD |
| XII. | Adjournment | TBD |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

Follow Us: www.PartnershipMiami.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership/

MAKE A DIFFERENCE IN HIV CARE IN MIAMI-DADE COUNTY!

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.



YOUR VOICE. YOUR COMMUNITY. REAL IMPACT.



Influence how more than
\$27 MILLION
in Ryan White funds
are used



Help improve HIV care
and support services for
9,000+ PEOPLE
living with HIV



Advise Miami-Dade County
leaders on HIV-related
issues and policies



Build leadership, policy
and community
engagement skills

OPEN SEATS ON THE PARTNERSHIP



5 RYAN WHITE CLIENT SEATS

For Ryan White Program Clients
who are not affiliated or employed
by a Ryan White Part A funded
service provider.



5 COMMUNITY & PROFESSIONAL SEATS

For people with HIV, service providers,
and community stakeholders with
experience, skills, and a commitment
to our community.



Your voice is needed. Your community counts.
Join us in making an impact!

BECOME A MEMBER IN 3 EASY STEPS

1

CONFIRM ELIGIBILITY

See requirements
to the right.

2

CONTACT US

Email us to learn more
and request an
application.

3

ENGAGE & SERVE

Meet with the Membership
Committee and start
making a difference!



For more information, contact:

mdcpartnership@behavioralscience.com

DO YOU QUALIFY?

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?
Note: Some seats for people with
HIV are exempt from this
requirement.



Can you volunteer
three to five hours
per month for
Partnership activities?



**THANK YOU
FOR YOUR SERVICE
TO PEOPLE WITH HIV!**

Be sure to bring a Ryan White
client to your next meeting!

COMMUNITY OPPORTUNITIES

Work with a dedicated team of volunteers on these Partnership committees
PEOPLE WITH HIV ARE ENCOURAGED TO JOIN!

CARE & TREATMENT COMMITTEE



8

OPEN
SEATS



4

PEOPLE
WITH HIV



4

GENERAL
MEMBERS

Allocate Ryan White funds, set priorities for
health and support services, and improve
care for people with HIV.

HOUSING COMMITTEE



7

OPEN
SEATS



1

PEOPLE
WITH HIV



6

GENERAL
MEMBERS

Work with the City of Miami Housing Opportunities
for Persons with AIDS Program to address
housing challenges for people with HIV.

MEDICAL CARE SUBCOMMITTEE



8

OPEN
SEATS



5

PEOPLE
WITH HIV



3

EXPERTISE-
SPECIFIC SEATS*

Oversee updates to medical treatment guidelines
and the Ryan White Prescription Drug Formulary.

*Examples: Physician, Pharmacist, Mental Health Professional

PREVENTION COMMITTEE



4

OPEN
SEATS



4

PEOPLE
WITH HIV

Develop and monitor local Ending the HIV Epidemic
activities and mobilize community action on the
latest HIV prevention initiatives.

STRATEGIC PLANNING COMMITTEE



10

OPEN
SEATS



5

PEOPLE
WITH HIV



5

GENERAL
MEMBERS

Develop and monitor the official HIV Prevention and
Care Integrated Plan and the State of HIV report.

COMMUNITY COALITION



4

OPEN
SEATS



4

PEOPLE
WITH HIV

Recruit and train new members, share meals
and testimonials, and strengthen community
engagement.



For more information, contact:

mdcpartnership@behavioralscience.com



Your voice matters.

Help shape the future of HIV care and prevention
in Miami-Dade County.





MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order | TBD |
| II. | Introductions | All |
| III. | Meeting Housekeeping | TBD |
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| VI. | Review/Approve Minutes of May 14, 2026 | All |
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| | • Medical Care Subcommittee Report | TBD |
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| | • FCPN Update | All |
| | • Proposed Service Descriptions Protocol | All |
| IX. | New Business | |
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**Medical Care Subcommittee May 15, 2026 Meeting Report
to the Care and Treatment Committee
Presented June 11, 2026**

The Medical Care Subcommittee (MCSC):

- Heard updates on the Ryan White Program
- Continued its review of documents crafted as a response to the HRSA “Dear Colleague” letter reviewing the Allowable Conditions list.
- Reviewed data on vaccine utilization under outpatient ambulatory health services and discussed payor of last resort restrictions for ADAP clients.
- Discussed special projects and decided to continue current work on allowable conditions.
- Were informed that dental code D6095-repair of implant abutment was discontinued, but has not been used recently.
- Cancelled their June meeting, since several members were not going to be able to attend.

Next Meeting

The next MCSC meeting is scheduled for July 24, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.



Partnership Report to Committees and Subcommittee June 1, 2026, Meeting

Revised June 3, 2026

Supporting documents related to motions in this report are available online *at the new URL*: partnershipmiami.org/partnership/#pshipreports1, or from Behavioral Science Research Corp. (BSR) staff at mdcpartnership@behavioralscience.com.

Visit www.partnershipmiami.org/calendars/ for details on future meetings.

Care and Treatment Committee

1. Motion to table the removal Biktarvy from the Ryan White Part A Prescription Drug Formulary, retroactive to March 1, 2026, for reconsideration by the Care and Treatment Committee, pending final ADAP funding legislation.
 2. Motion to accept the FY 2026 Ryan White Program Service Descriptions as presented for:
 - Mental Health Services and Substance Abuse Outpatient Care and Substance Abuse Services (Residential),
 - Oral Health Care Service Description,
 - AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program-LPAP),
 - Outpatient Ambulatory Health,
 - Emergency Financial Assistance,
 - Food Bank Services,
 - Medical Transportation,
 - Health Insurance,
 - Outreach, and
 - Medical Case Management, including Treatment Adherence.
 3. Motion to accept the FY 2026 Ryan White Program Oral Health Care Standards as presented.
 4. Motion to accept the FY 2026 Ryan White Program Letter of Medical Necessity for Continuous Glucose Monitors as presented; and the FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services as presented.
 5. Motion to allocate 100% (\$387,372) of the FY 2026-27 Ryan White Part A Carryover request to Food Bank Services.
 6. Motion to allocate \$1,382,476 in FY 2026-27 Ryan White MAI carryover requests as 50% (\$691,238) to Medical Case Management and 50% (\$691,238) to Outpatient/Ambulatory Health Services.
-

Joint Integrated Plan Review Team (JIPRT)
(Strategic Planning Committee and Prevention Committee)

7. Motion to approve the final draft of the 2027-2031 Miami-Dade County Integrated Prevention and Care Plan in its substantially complete form, subject to final administrative edits.
8. Motion to approve the Letter of Concurrence as presented and to authorize the Partnership Chair to sign the letter.

Membership

9. Motion to appoint Rolando Hallmon to the Housing Committee.

New Business

10. Motion to authorize Harold McIntyre to sign the Health Resources & Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Program Ryan White HIV/AIDS Program Part A Final Unobligated Balance Report and Final Carryover Request form.
 11. Motion to approve Rolando Hallmon to represent the Partnership at the 2026 Ryan White Conference.
 12. Motion to move the August Partnership meeting to Tuesday, August 11, 2026.
-



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Proposed: Annual Service Description Review Protocol

Purpose

To establish a standardized, annual process for reviewing, updating, and approving all service descriptions to ensure alignment with program and legislative requirements, clinical standards, funding guidance, and local service delivery needs.

Review Frequency

Service descriptions shall be reviewed **annually**.

Reviews should start within Quarter three of the fiscal year, or more frequently as needed.

Responsible Parties and Key Functions

Recipient:

- Ensures compliance with federal and local requirements.
- Updates **billing structures, reimbursement methodologies, and contract language**.
- Disseminates documents approved by the Partnership, including timely posting on the County web site.
- Executes implementation of service descriptions.
- Formatting of the document is at the discretion of the recipient office.

Partnership Staff:

- Coordinates the review process.
- Assists with document editing.
- Posts and distributes drafts for review.
- Provides the approved final document to the Recipient for dissemination and implementation.

Medical Care Subcommittee: Reviews clinical/service-related content for accuracy and relevance.

Care and Treatment Committee: Reviews all service descriptions and recommends approval.

Planning Council (Partnership): Reviews and approves the final document.

Review Process

Step 1: Create the Review Form

Staff support will prepare Review Forms **which will include a tracking sheet will be included to advise of steps in the process.** Formatting will be removed from review documents. The Review Forms will indicate the reference year of evaluation and the options to recommend approval with or without changes. Those items will be removed from the approved document following Partnership approval (Step 5).

Sample Tracker:

2027		
	Service Definition	DONE
1	AIDS Pharmaceutical Assistance	☐
2	Outpatient Ambulatory Health Services	☐
3	Emergency Financial Assistance	☐
4	Other Professional-Legal Services and Permar	☐
5	Housing	☐
6	Psychosocial support	☐
7	Mental Health	☐
8	Substance Abuse-Outpatient and Residential	☐
9	Food Bank	☐
10	Medical Transportation	☐
11	Non-medical Case Management	☐
12	Medical Case Management	☐
13	Oral Health	☐
14	Health Insurance	☐
15	Outreach	☐

Sample Review form:

Year: FY 2027-2028

**Recommend Approval: with substantive changes
 with no substantive changes**

EMERGENCY FINANCIAL ASSISTANCE

Emergency Financial Assistance is a support service. Under the local Ryan White Part A and MAI Programs, Emergency Financial Assistance provides limited one-time or short- term provision of approved formulary HIV/AIDS-related medications only, either directly or through a voucher program, while a client's eligibility for medication assistance is pending with a third-party payer. Subrecipients must be a Ryan White Part A or MAI Program-funded subrecipient also receiving AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) funding and must have a current Public Health Service 340B certification from the federal Office of Pharmacy Affairs. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White Part A or MAI Program funds for these purposes will be as the payer of last resort, and for limited amounts, use, and periods of time.

Definition: Substantive changes **do not** include updates to dates, headers, footers or references billing structures in the document.

Step 2: Distribution and Content Review

- Service description posted at www.PartnershipMiami.org for review.
- Each service description is evaluated for:
 - Alignment with current federal guidance and legislation.
 - Accuracy of service definitions and allowable activities.
 - Consistency with local standards of care and best practices.
 - Clarity of language.

Step 3: Committee Review

- The appropriate committee/subcommittee reviews proposed revisions.
- Edits may include clarification, removal of outdated language, or incorporation of new requirements.

Step 4: Recommendation

- The Medical Care Subcommittee recommend revisions will be forwarded to the Care and Treatment Committee forwards for further review and recommendation
- The Care and Treatment Committee forwards the recommended final documents to the Partnership for approval.
- If the recommendations are forwarded without additional changes that will be indicated on the Review Form as noted in Step 1.

Step 5: Final Approval

- The Partnership reviews the revised service descriptions and gives final approval of the document(s).
- BSR Partnership Staff provides the approved final document to the Recipient for dissemination and implementation.

Contingency for Delays

If the review or approval process is delayed, the **most recently approved service description remains in effect without interruption**. No changes are implemented until formal approval is completed.



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Copies in meeting materials indicated May 14, 2026, the original presentation date

Planning Council Responsibilities AND Needs Assessment

June 11, 2026

Presentation created by Behavioral Science Research Corp.



Needs Assessment

Dates and Book Location

Needs Assessment Dates

10:00 a.m. to 1:00 p.m.

June 11, 2026

July 9, 2026

August 13, 2026

September 10, 2026

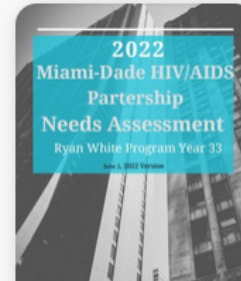
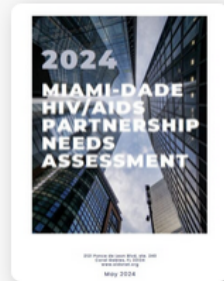


Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessment drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

Annual Needs Assessment

For earlier Needs Assessment books, contact mdcpartnership@behavioralscience.com.



Book Location

<https://partnershipmiami.org/the-partnership-2/#needsassessment1>

**MIAMI-DADE
HIV/AIDS
PARTNERSHIP
NEEDS
ASSESSMENT
2026**

As of June 11, 2026

**2121 Ponce de Leon Blvd.,
Ste. 240
Coral Gables, FL 33134**

Needs Assessment

Responsibilities and Expectations

Responsibilities

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	Optional
Development of Service Standards		✓	✓
Clinical Quality Management		✓	Contributes but not responsible
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

HRSA Expectations

Data-Driven Decision Making

Decisions must be **DATA-DRIVEN** and fulfil legislative requirements.



Members must be trained
to interpret and use data.

Needs Assessment

Components

Components of a Ryan White Needs Assessment

KEY DATA ELEMENTS TO INFORM PLANNING



**Epidemiologic
Profile**



**Resource
Inventory**



**Provider
Capacity**



**Unmet
Need**



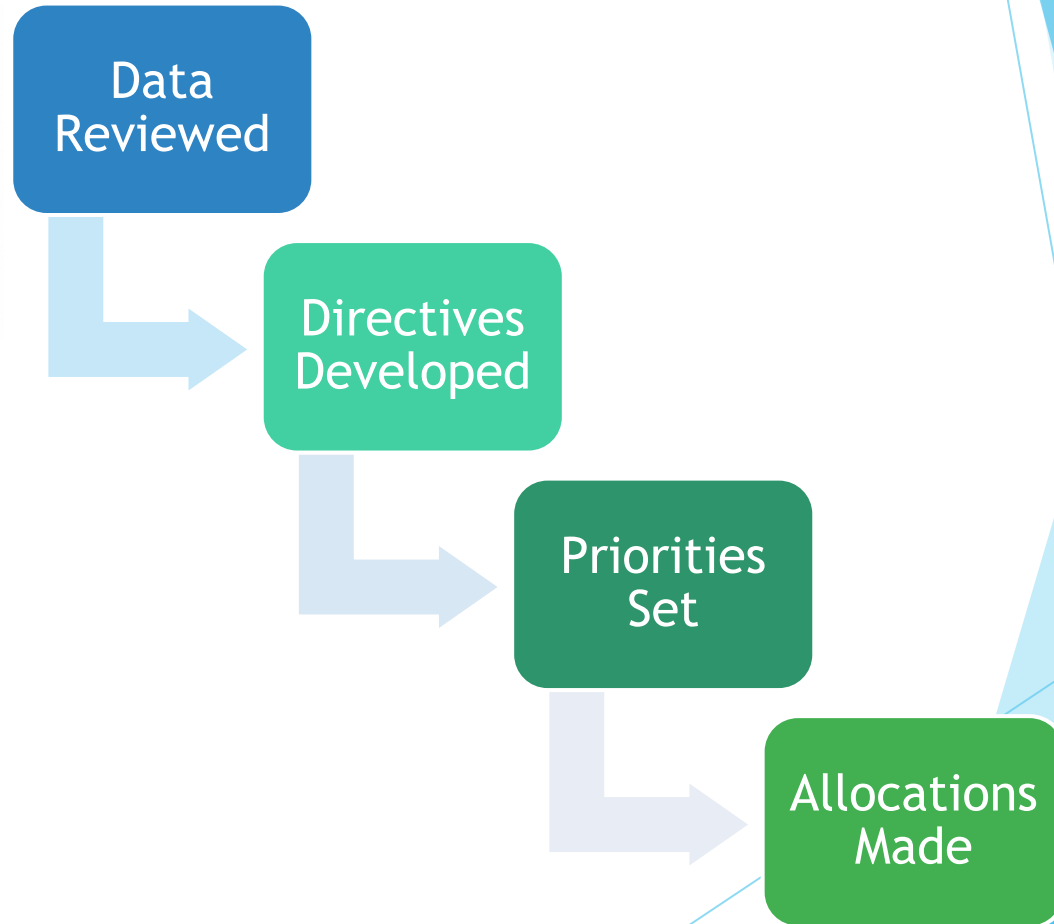
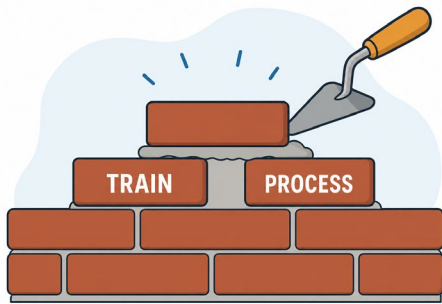
**Unaware
Population**



**Service
Gaps**

Data sources: DOH Surveillance Ryan White Data Surveys Other Funding

Steps for PSRA (**P**riority **S**etting and **R**esource **A**llocation)



Planning Council Responsibilities: Developing Directives

 Guide the Recipient in addressing service needs, priorities, and gaps

 Define service approaches (use/non-use, access, location)

 May impact costs

 Limited in number

 Required for implementation in procurement, contracting, and service planning

Planning Council Responsibilities: Setting Priorities

 Rank service categories based on community need

 Use a fair, data-driven process (manage conflicts of interest)

 Consider key data:

- Utilization
- Epidemiology
- Unmet need

 Remain relatively stable year to year

 All categories must be prioritized (HRSA requirement)

Core Medical and Support Services

Core vs Support Services (PCN 16-02)

CORE SERVICES

- ADAP Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium & Cost Sharing
- Home & Community-Based Services
- Home Health Care
- Hospice
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory
- Substance Abuse Outpatient

SUPPORT SERVICES

- Child Care
- Emergency Financial Assistance
- Food Bank/Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Mgmt
- Legal/Permanency Services
- Outreach
- Psychosocial Support
- Referral Services
- Respite Care
- Substance Abuse (Residential)

≥75% Core | ≤25% Support | Must link to positive medical outcomes

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02*

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR 66.75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

Planning Council Responsibilities: Resource Allocations Restrictions

Core Services

Minimum 75% of
total funding

Required by HRSA
(unless waiver
granted)

Support Services

Funded with
remaining allocation

Must support
positive medical
outcomes(HIV-
related clinical
outcomes)

Planning Council Responsibilities: Resource Allocations

 Allocate funding across service categories

 Not tied to priority ranking

 Consider key factors:

- Cost per client
- Other funding sources
- Expected new clients

 Higher costs may require greater funding, even for lower-ranked services

Planning Council Responsibilities: Resource Allocations and Managing Conflicts



DISCLOSE

- Complete Form 8B



DO NOT PARTICIPATE

- No discussion or voting



EXIT ROOM

- Return after vote

Needs Assessment

Budgets

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2023 EXPENDITURES	FY 2023 %	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$1,109.57	0.01%		0.00%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%		0.00%
FOOD BANK/HOME DELIVERED MEALS [S]	\$2,702,229.90	12.19%		0.00%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$324,143.01	1.46%		0.00%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,864,806.80	26.46%		0.00%
MEDICAL TRANSPORTATION [S]	\$191,280.78	0.86%		0.00%
MENTAL HEALTH SERVICES [C]	\$56,046.25	0.25%		0.00%
ORAL HEALTH CARE [C]	\$3,631,549.00	16.38%		0.00%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$71,730.00	0.32%		0.00%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$7,848,156.83	35.40%		0.00%
OUTREACH SERVICES [S]	\$117,183.05	0.53%		0.00%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$1,410.00	0.01%		0.00%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,358,250.00	6.13%		0.00%

Sample Budget Sheet

Budget Development Options

One (1) Budget:

1. Ceiling (allowable threshold)

OR

Two (2) Budgets:

1. Flat, and

2. Ceiling (allowable threshold).

OR

Three (3) Budgets:

1. Flat,

2. Decreased (determine % of decrease), and

3. Ceiling (allowable threshold).

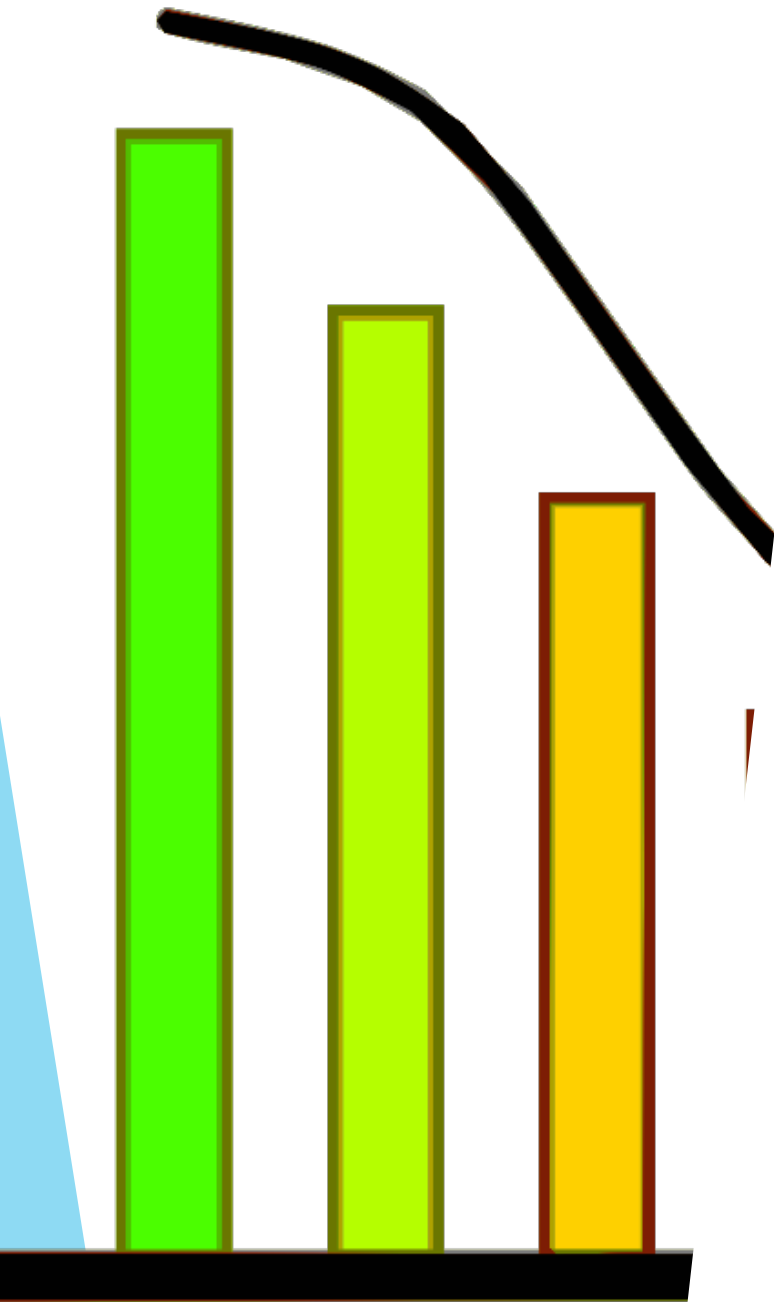
Needs Assessment

Sample Data and Uses

Some Basic Points Regarding Data

- Different types of charts provide a visualization of the data.
- Sources of data should always be identified.
- Patterns in the data may have implications for the way we provide services in Miami-Dade County.
- **Data** should be used to make decisions.





Epi Data

Number of people
living with a disease.

A background image showing a laboratory setting with several glass vials and test tubes containing colored liquids (yellow, green, blue) arranged in rows. The focus is on the vials in the foreground, with others blurred in the background.

Epidemiologic Profile

- Describes the HIV Epidemic in the Miami-Dade service area.
- Focuses on the social and demographic groups most affected by HIV transmission.
- Data are provided by the Florida Department of Health.
- Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those who are unaware of their HIV status.

“Epi” Terms



Prevalence

- Total Cases
- Snapshot in time



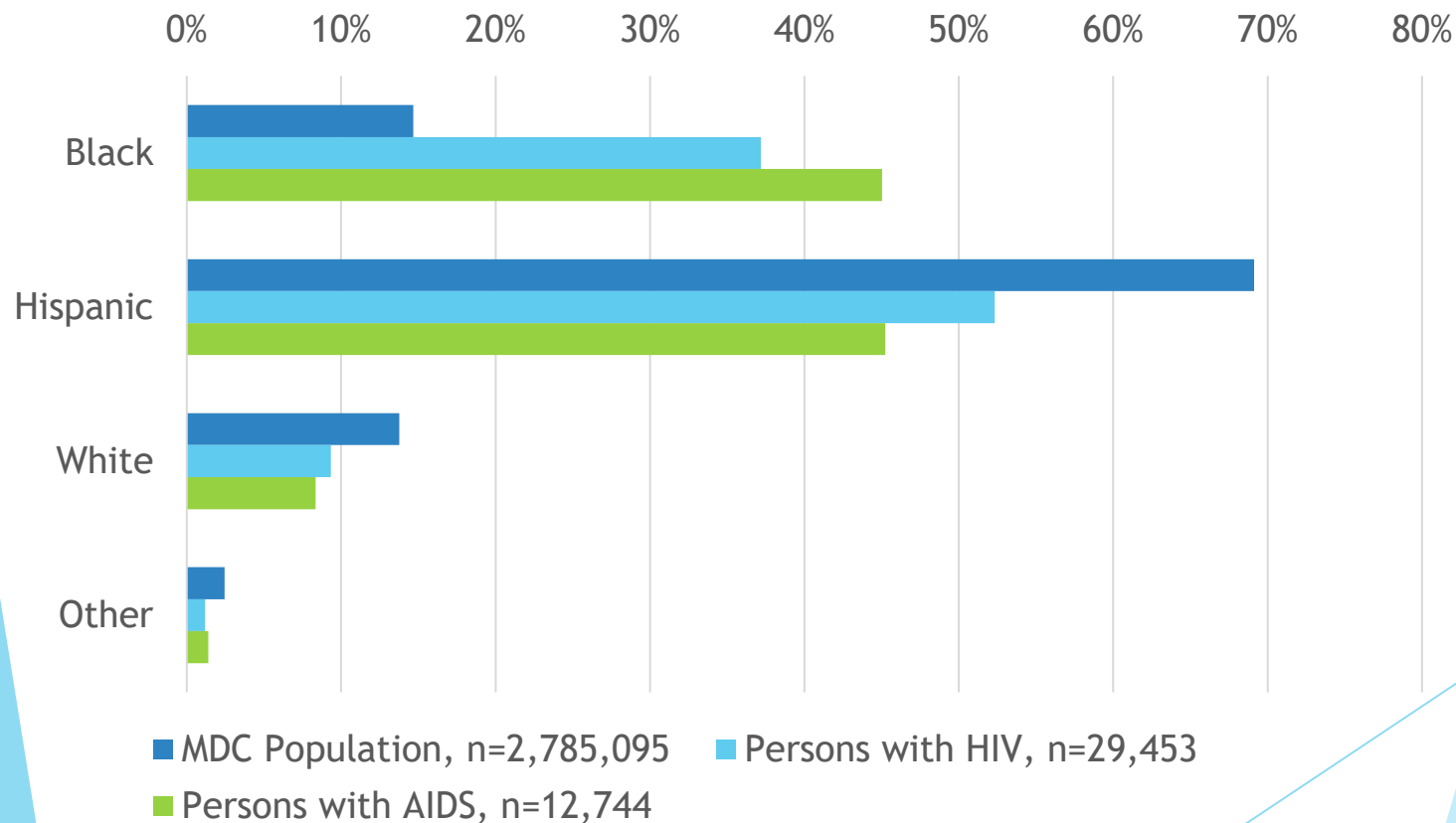
Incidence

- New Cases
- Over a period

2024 Epi=data for calendar year 2024, as of June 2025.

Sample EPI Data Using a Bar Graph

Persons with HIV and AIDS Prevalence by Race/Ethnicity and Population, 2023



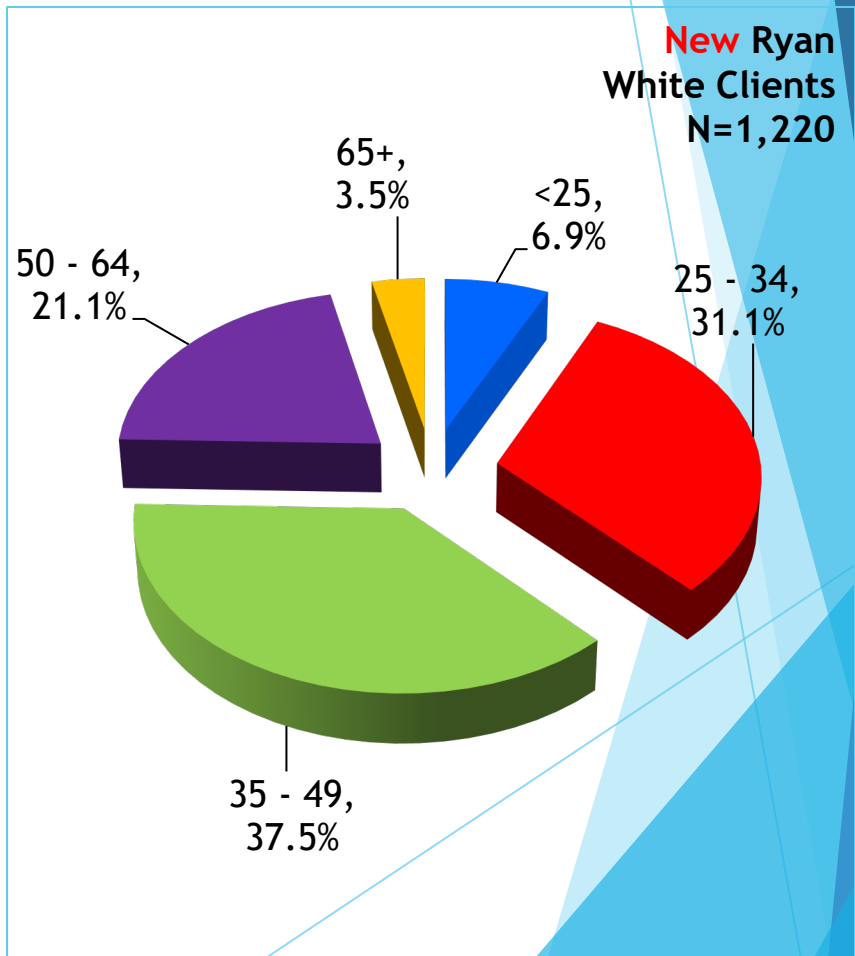
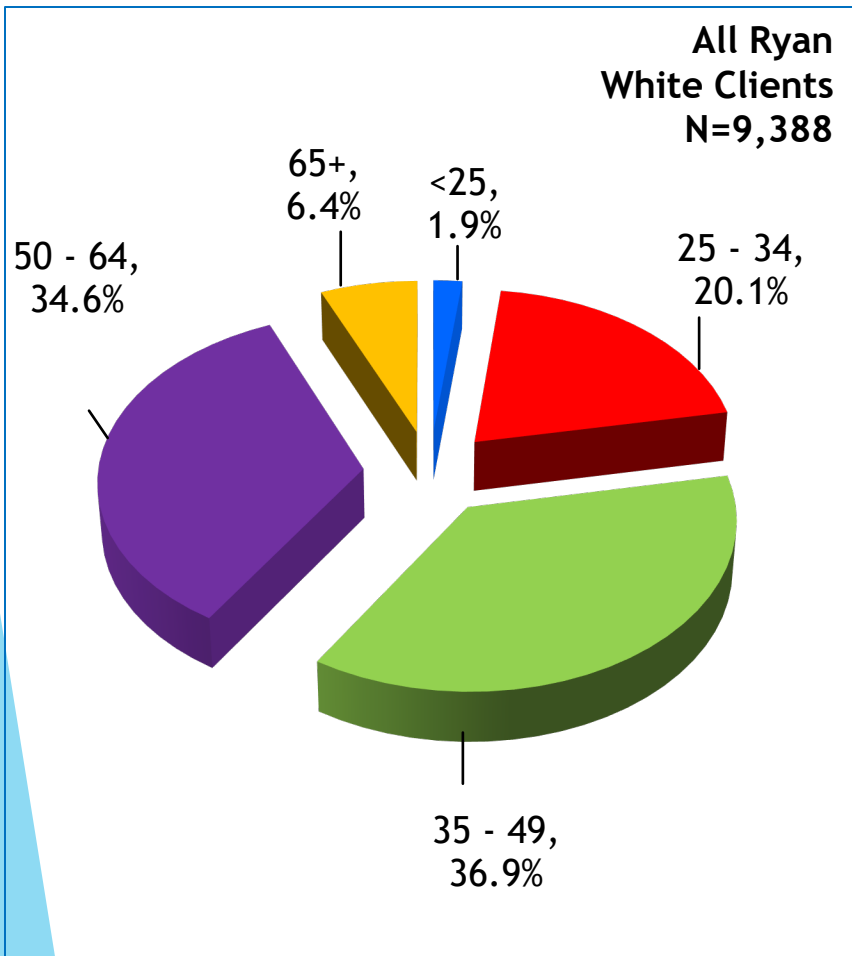


Demographics

Statistical data relating to the population and particular groups within it.

Sample Demographics Using a Pie Chart

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2024



Dashboard Cards

Tool to visualize utilization and other funding data.



Sample Utilization Using a Chart

Total Number of Unduplicated Clients Served by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Ryan White Program TOTAL	9,031	8,127	8,411	8,590	9,060	9,316
AIDS Pharmaceutical Assistance (Local)	605	185	183	157	20	5
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	715	735	712	1,130	1,339	911
Health Insurance Premium & Cost Sharing Assist	1,335	1,125	1,255	1,440	1,699	1,926
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,116	7,378	7,842	8,085	8,573	8,842
Medical Transportation Services	720	94	645	743	1,018	1,010
Mental Health Services	274	95	121	107	120	136
Oral Health Care	3,170	1,711	2,237	2,577	2,730	2,843
Other Professional Services - Legal Services	66	48	44	103	89	76
Outpatient/Ambulatory Health Services	5,317	4,281	4,422	4,540	4,547	4,577
Outreach Services	472	130	116	158	240	282
Substance Abuse Services Outpatient	55	0	17	22	10	9
Substance Abuse Services (Residential)	95	70	66	72	74	88

Sample Dashboard Card Using Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2019	\$22,984,844.87	0.250%
FY 2020	\$17,660,128.37	0.300%
FY 2021	\$19,018,258.46	0.020%
FY 2022	\$22,372,383.35	0.020%
FY 2023	\$23,801,341.37	0.005%
FY 2024	\$23,557,202.81	0.007%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%
FY 2023	\$3,455.00	\$1,109.57	32.11%
FY 2024	\$7,679.00	\$1,691.22	22.02%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%
FY 2023	3	\$3,455.00	\$1,109.57	32.11%
FY 2024	8	\$7,679.00	\$1,691.22	22.02%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A	N/A

Notes:

While expenditures rose slightly this last year, overall for FY 2024 the total client client services is the lowest ever. The downward trend continues since most clients access the ADAP program for this service.

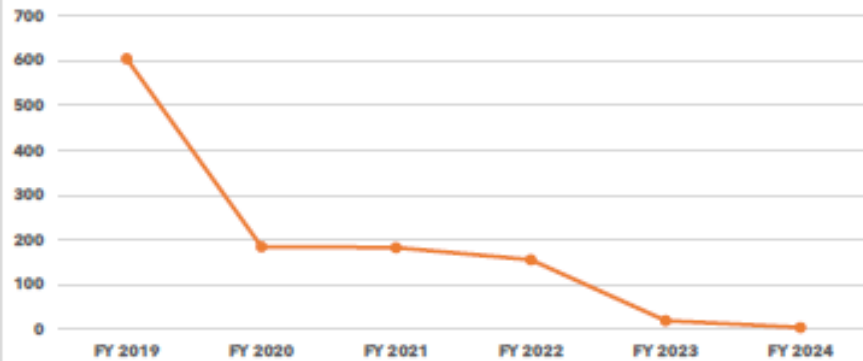
Sample Dashboard Card Using Graph and Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

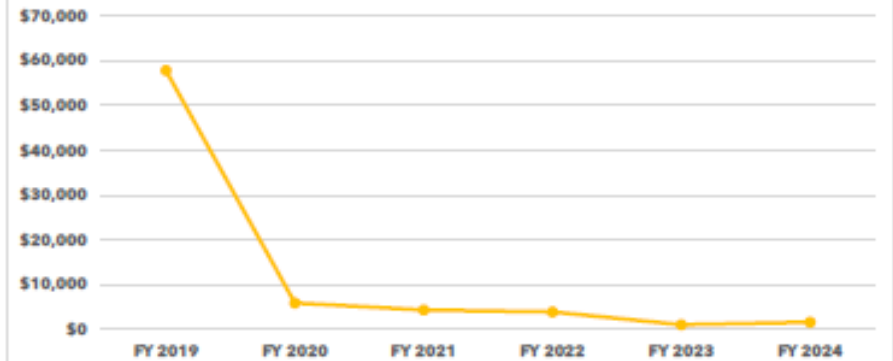
Service Program

Limitations: 400% FPL

AIDS Pharma Clients Served



AIDS Pharma Expenditure



Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2019	9,031	605	6.7%	\$57,843	\$96
FY 2020	8,127	185	2.3%	\$5,993	\$32
FY 2021	8,420	183	2.2%	\$4,379	\$24
FY 2022	8,590	156	1.8%	\$3,954	\$25
FY 2023	9,060	20	0.2%	\$1,110	\$56
FY 2024	9,316	5	0.05%	\$1,691	\$338

Sample Other Funding Streams Using a Chart

Other Funding Streams 2024

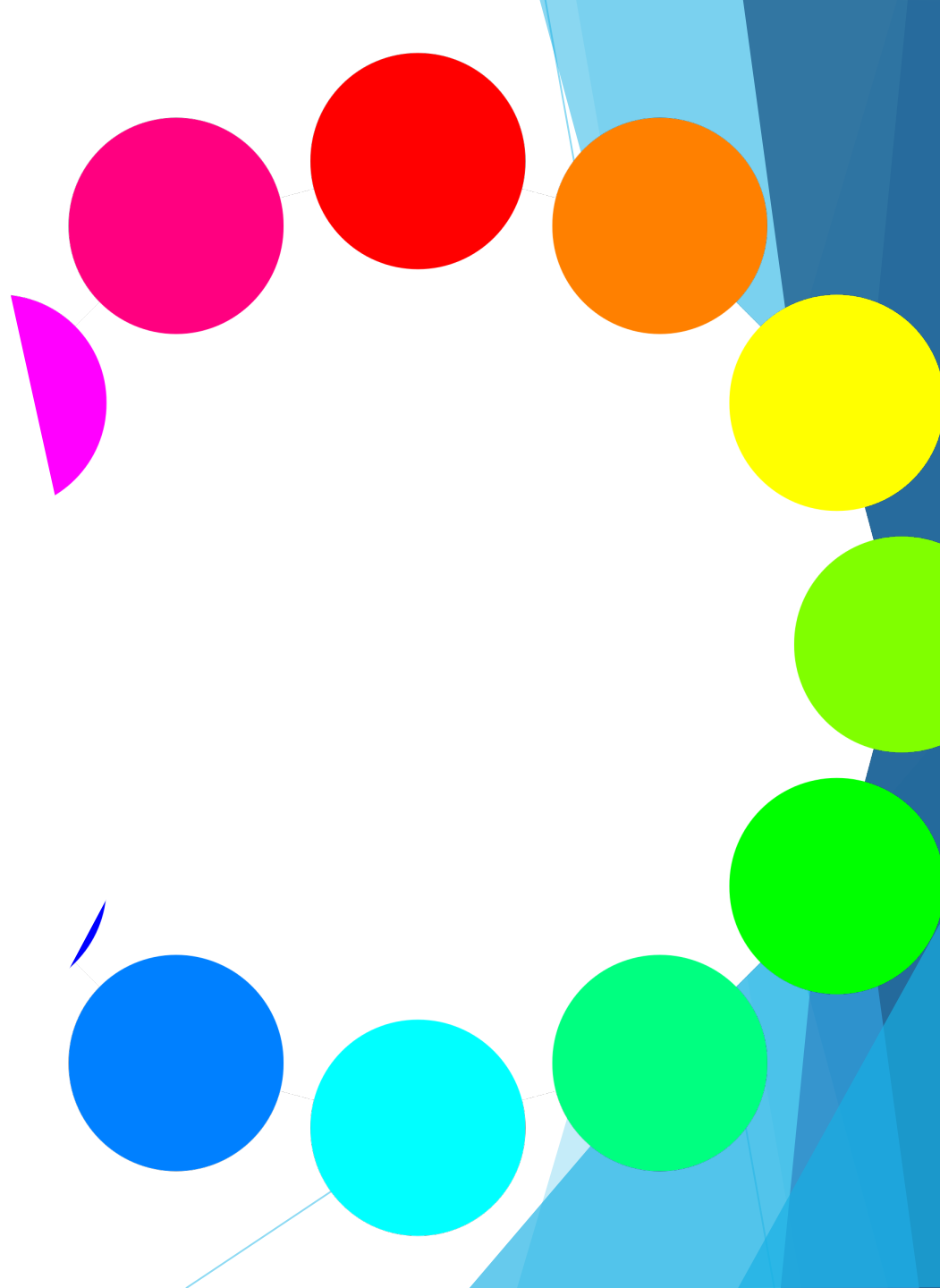
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$20,127,184	4,672	\$4,308
2	General Revenue	\$313,605	323	\$971
3	Medicaid	\$117,295,422	6,878	\$17,054
4	Part C	\$33,225	N/A	N/A

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$15,278,371	4,864	\$3,141
2	General Revenue	\$95,195	160	\$595
3	Medicaid	\$99,541,969	6,720	\$14,813
4	Part C	\$36,186	N/A	N/A

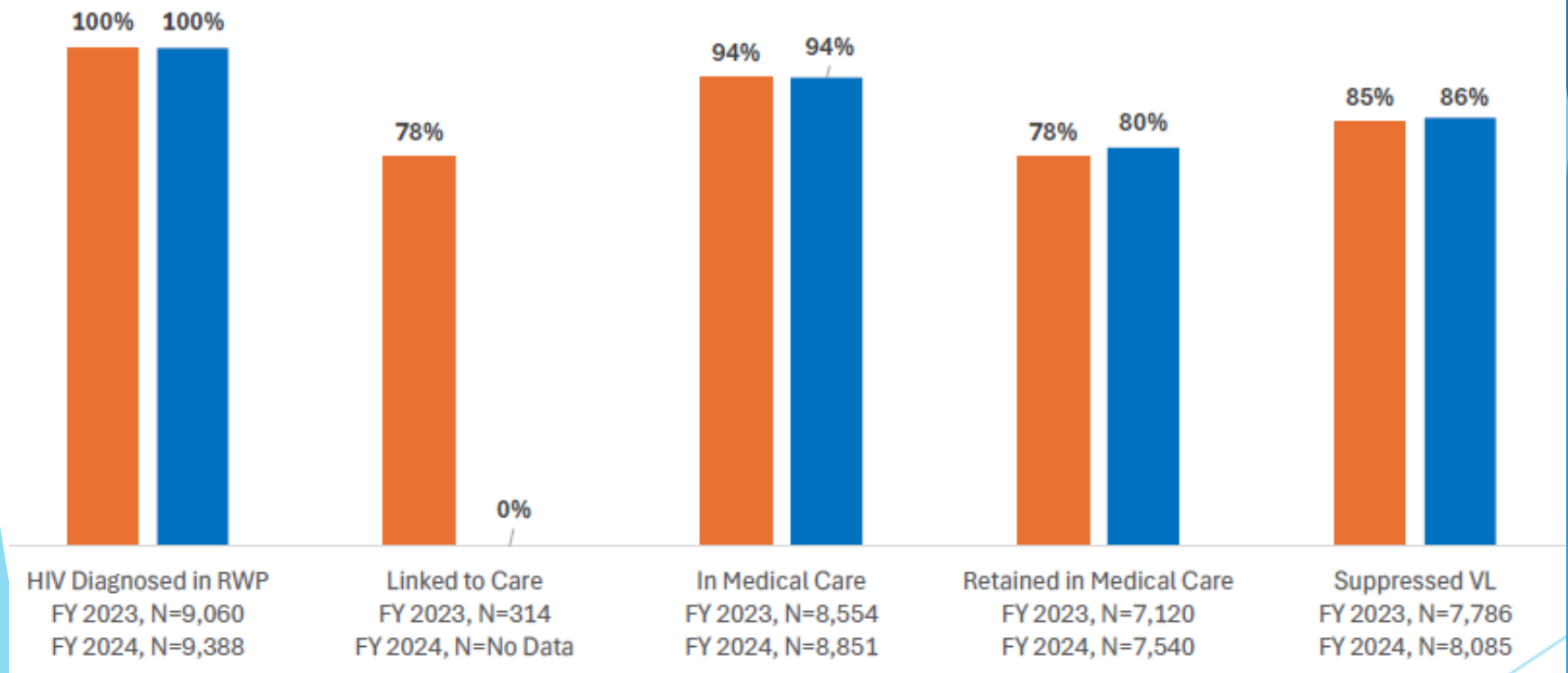
Care Continuum

Model that outlines the steps/stages that people with HIV go through from diagnosis to viral suppression.



Sample HIV Care Continuum Using a Bar Graph

Ryan White Program HIV Care Continuum Client Health Outcomes FY 2023 vs FY 2024



Use of Service Utilization and Continuous Quality Improvement Data

Priority Setting

- What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

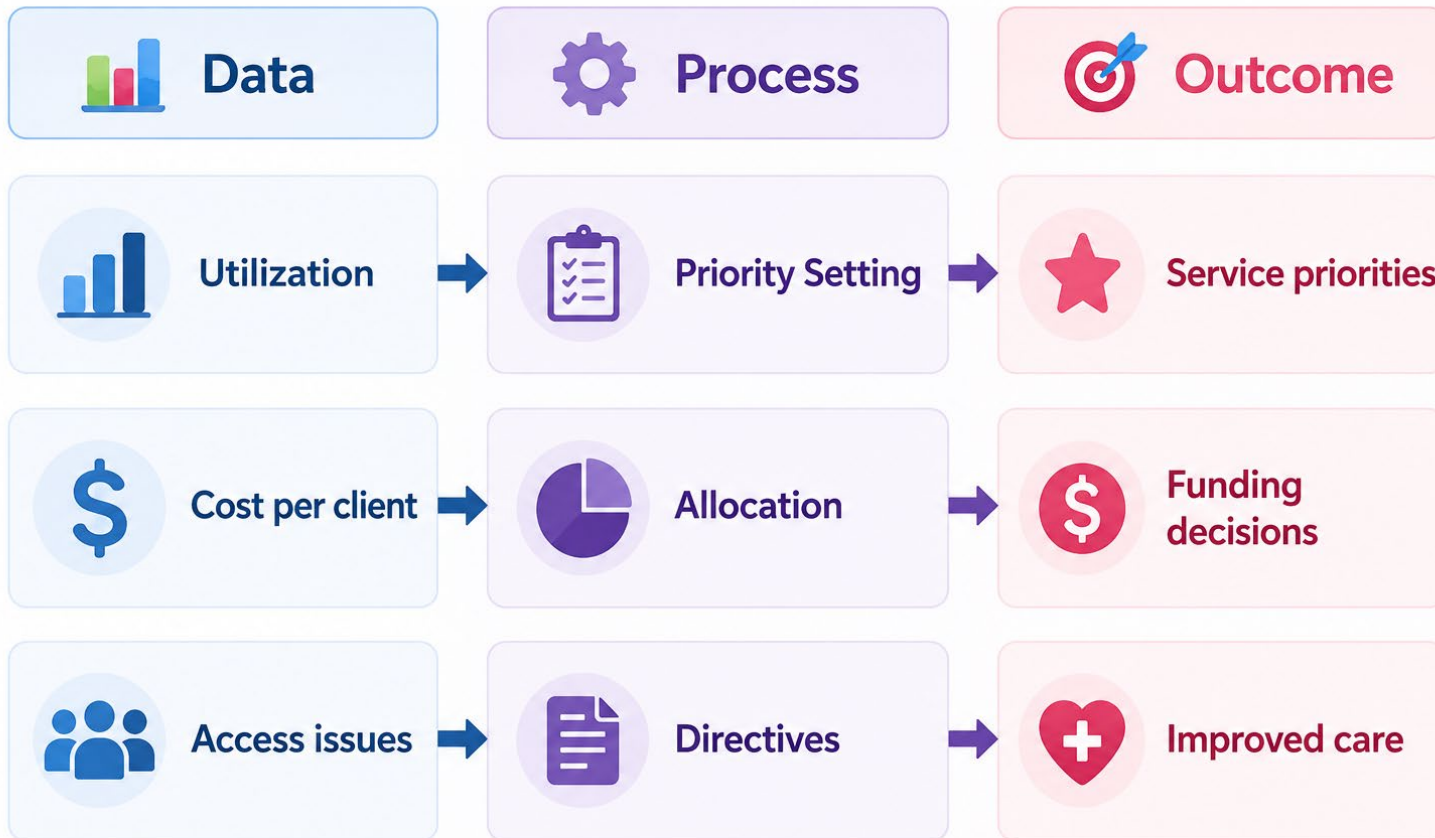
Resource Allocation

- How can we use cost per client data to determine funding allocations for anticipated new clients?

Developing Directives

- What access to care issues have been identified and how can these be addressed?

How do we connect the data?



Key Takeaways



Data drives decisions



Fair, conflict-free
processes matter



Goal: improve
outcomes for people
with HIV

*Thank
You*



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order | TBD |
| II. | Introductions | All |
| III. | Meeting Housekeeping | TBD |
| IV. | Floor Open to the Public | TBD |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of May 14, 2026 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | TBD |
| VIII. | Standing Business | |
| | • FCPN Update | All |
| | • Proposed Service Descriptions Protocol | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • Needs Assessment PSRA Process Review and Approval | All |
| | • Miami-Dade County Epidemiological Data Selections 2020-2024 | Marlen Meizoso |
| | • Miami-Dade County Ryan White Program Care Continuum FY 2025-26 | Frank Gattorno |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation July 1, 2026 | Marlen Meizoso |
| XI. | Next Meeting: July 9, 2026 at Care Resource | TBD |
| XII. | Adjournment | TBD |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE HIV/AIDS PARTNERSHIP

2026 NEEDS ASSESSMENT

PROCESS FOR SETTING PRIORITIES AND ALLOCATING RESOURCES

The annual Priority Setting and Resource Allocation (PSRA) needs assessment process is a series of monthly Care and Treatment Committee meetings scheduled from June to September. The results of the needs assessment process including priorities and allocations will be included in the Ryan White Program's updates report to HRSA due in the Fall. Individuals living with HIV, community stakeholders, and service providers are urged to attend and participate.

STEP 1. TRAINING ON RESPONSIBILITIES

The committee will be trained in the responsibilities regarding the needs assessment and how to use data.

STEP 2. PROCESS REVIEW

The committee will discuss and agree on the foundation of the process, including:

- Procedures for community input at meetings; and
- Review and, if necessary, revise established principles for setting priorities and allocations (e.g., priority on the poorest, priority on the sickest, etc.).

The committee's decisions at any meeting during this process will be made available to all participants at subsequent meetings through minutes of the meetings which will be posted online.

STEP 3. COMMUNITY INPUT

The Committee may receive input in three ways:

- 1) Written or phone comments from members of the affected community will be accepted and provided to the committee during a meeting focusing on unmet need.
- 2) Committee members and non-members in attendance will be encouraged to participate in discussion and consensus-building throughout the needs assessment process by offering relevant information and stating their opinions.
- 3) Results of the client satisfaction survey.

STEP 4. DATA REVIEW

Staff Support will provide an overview of HIV epidemiology, Ryan White Program client demographics and service utilization, cost of services, unmet need and other data for Miami-

Dade County in advance of the meetings, posting the information at <https://partnershipmiami.org/the-partnership-2/#needsassessment1>, and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- The HIV Epidemiology in Miami-Dade County, 2020-2024;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 2025 (March 1, 2025 – February 28, 2026);
- FY 2025 and current cost and funding allocations for existing Ryan White Program services;
- Other funding streams that cover the same services as the Ryan White Program and the number of HIV-positive recipients;
- HIV Care Continuum data;
- Estimates of unmet need;
- Survey results; and
- Other issues relating to specific services.

Procedures for examining services will include:

- Review of information pertaining to definitions and cost and utilization of specific services at each meeting when services are discussed.
- Discussion and questions by committee members and others present to clarify and elicit additional information.



The committee will not make motions or take actions related to service priorities and funding allocations until after Step 4 has been completed.

STEP 5. SERVICE CATEGORIES

The committee will review and use needs assessment data as a basis for selecting service categories to be funded for the coming fiscal year. Currently funded service categories and demonstrated need will be reviewed to:

- Eliminate service categories for which no need is identified, focusing attention on the cost of the services and the impact that removing the services may have on the health of the affected community; and
- Identify and introduce new core and/or support service categories and seek to establish the basis of funding for these services, as needed.

Establishment of new categories must be based on data that demonstrate the extent of need and the lack of other funding sources or services to supply the area of need. ***Persons seeking to introduce new services are responsible for providing data on need and potential utilization: it will not be sufficient to assert that a particular service is needed without providing concrete data on the magnitude of that need among persons living with HIV/AIDS and the absence of non-Ryan White funding to support service provision for that need.*** Responsibility for providing data in support of proposed new services rests with the proposer. The committee will vote on the proposed new service(s) following presentation and review of the pertinent data.



The committee will review Policy Clarification Notice (PCN) #16-02 Service Standards, make any local edits as applicable, and make a motion to approve the document.

STEP 6. PRIORITY RANKING

The Committee will review needs assessment data once more. The Committee will follow the below process for establishing priority rankings of service categories for Part A and MAI.

- Members will complete a survey ranking services in order of importance **prior** to the final meeting;
- Guests will complete a survey ranking services in order of importance **prior** to the final meeting;
- Staff will tally the surveys and post the compiled services ranking of committee members and guests at the **last** meeting;
- The committee and others present will review this ranking, and based on discussion, make adjustments if necessary;
- The committee will come to a consensus on the final rank order of priorities and will adopt them by formal motion.

STEP 7. DIRECTIVES

After full consideration of relevant data reviewed during the needs assessment process, the committee may direct the Recipient to address unmet (or under-delivered) service priorities and to address other issues defined during the process. These may, among other things, address access issues to services or special geographic areas.

STEP 8. ALLOCATION OF FUNDS

The Committee will use the service priorities, established principles, and needs assessment data to allocate funds for Fiscal Year 2027 (March 1, 2027-February 29, 2028), prospective resource allocation budget using the grant ceiling total.



Care and Treatment Committee members who work for subrecipients (“providers”) currently funded by the Ryan White Program may vote on funding recommendations affecting a service category in which their employers provide services under Ryan White, as long as the member's employer is not the sole subrecipient (“provider”) in that service category. Members who are "conflicted" in this way must declare their conflicted status during the meeting prior to discussion and vote of the service category. The conflicted member will then leave the meeting and he or she will be contacted by staff to rejoin the meeting once the conflicted vote is concluded. They will be emailed Form 8B, which will be completed and returned to staff within 48 hours after the conclusion of the meeting. Copies of completed Form 8Bs will be included with the minutes of the meeting.

STEP 9. DETERMINATION OF FINAL PRIORITIES AND ALLOCATIONS

The final priorities and allocations for Fiscal Year 2027 (March 1, 2027-February 29, 2028), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

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Miami-Dade County Epidemiological Data Summary

Selections from 2020-2024

Presented June 11, 2026

Epidemiological data source: Florida Department of Health.
All data is subject to change.
Presentation created by Behavioral Science Research Corp.



MIAMI-DADE
HIV/AIDS PARTNERSHIP



HIV and AIDS Incidence

Understanding Incidence and Prevalence

Key Terms for Interpreting HIV Data



Incidence and prevalence are two important measures used to understand the impact of HIV in our community. They answer different questions and are used for different purposes.

INCIDENCE



What it is:

The number of **new** HIV infections in a specific period of time.

What it tells us:

Incidence shows the risk of getting HIV and helps us understand how quickly new infections are occurring.

Example:

In 2024, 1,027 people were **newly diagnosed** with HIV in Miami-Dade County. This is the **incidence** for 2024.



Why it matters:

Incidence helps guide prevention efforts by showing where and for whom new infections are happening.

PREVALENCE



What it is:

The total number of people living with HIV (both new and existing cases) at a specific point in time.

What it tells us:

Prevalence shows the overall burden of HIV in the population and the need for ongoing care and support services.

Example:

At the end of 2024, 30,074 people were living with HIV in Miami-Dade County. This is the **prevalence** for 2024.



Why it matters:

Prevalence helps plan and allocate resources for treatment, care, and support services.



In summary: Incidence tells us how many **new** cases are occurring.

Prevalence tells us how many people are **living** with HIV.



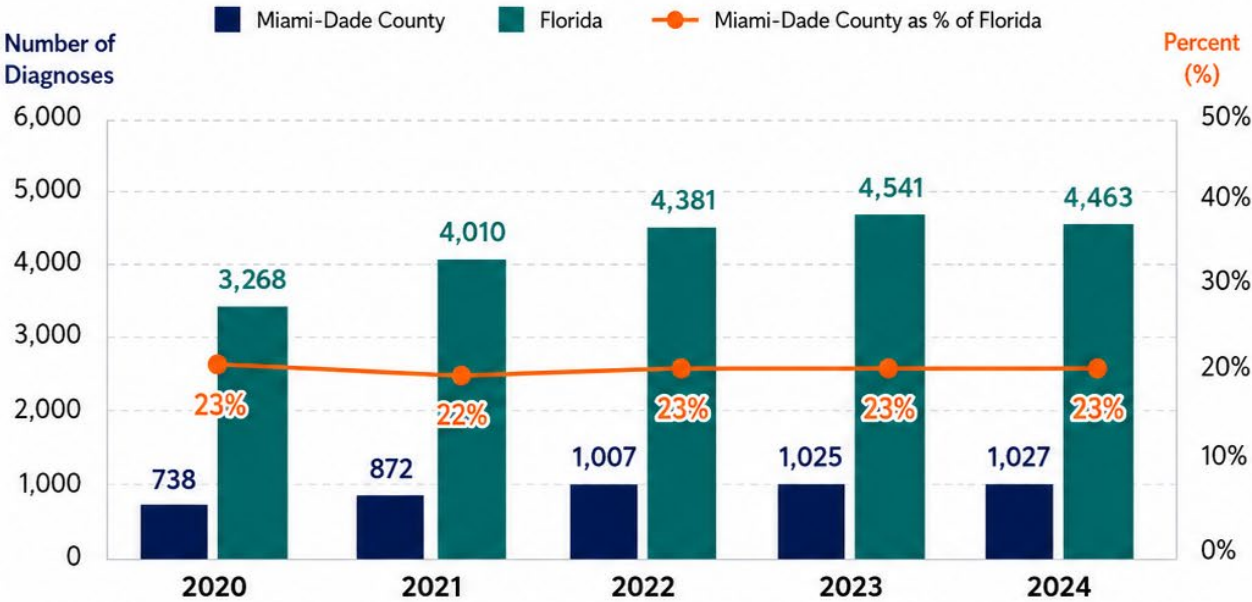
HIV Diagnoses

2020–2024 (Miami-Dade County and Florida)



New HIV diagnoses in Miami-Dade County remained stable in 2024 and continue to represent 23% of all diagnoses in Florida.

Number of New HIV Diagnoses



Key Takeaways



New HIV diagnoses in Miami-Dade County increased 39% from 2020 to 2024 (738 to 1,027).



Florida diagnoses decreased 2% from 2023 to 2024 (4,541 to 4,463).



Miami-Dade County consistently accounts for 23% of all new HIV diagnoses in Florida.

	2020	2021	2022	2023	2024
Miami-Dade County	738	872	1,007	1,025	1,027
Florida	3,268	4,010	4,381	4,541	4,463
% of Florida from MDC	23%	22%	23%	23%	23%



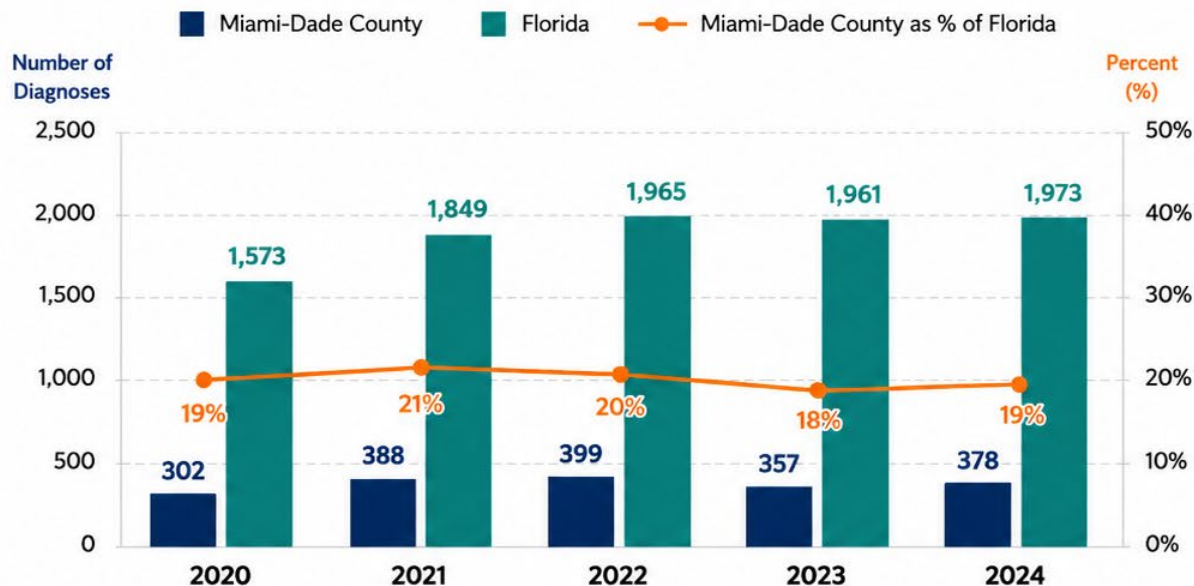
AIDS Diagnoses

2020–2024 (Miami-Dade County and Florida)



AIDS diagnoses in Miami-Dade County remained relatively stable in 2024 and continue to represent 19% of all diagnoses in Florida.

Number of New AIDS Diagnoses



	2020	2021	2022	2023	2024
Miami-Dade County	302	388	399	357	378
Florida	1,573	1,849	1,965	1,961	1,973
% of Florida from MDC	19%	21%	20%	18%	19%

Key Takeaways



AIDS diagnoses in Miami-Dade County increased **25%** from 2020 to 2024 (302 to 378).



Florida AIDS diagnoses increased **25%** from 2020 to 2024 (1,573 to 1,973).



Miami-Dade County consistently accounts for **19%** of all new AIDS diagnoses in Florida.



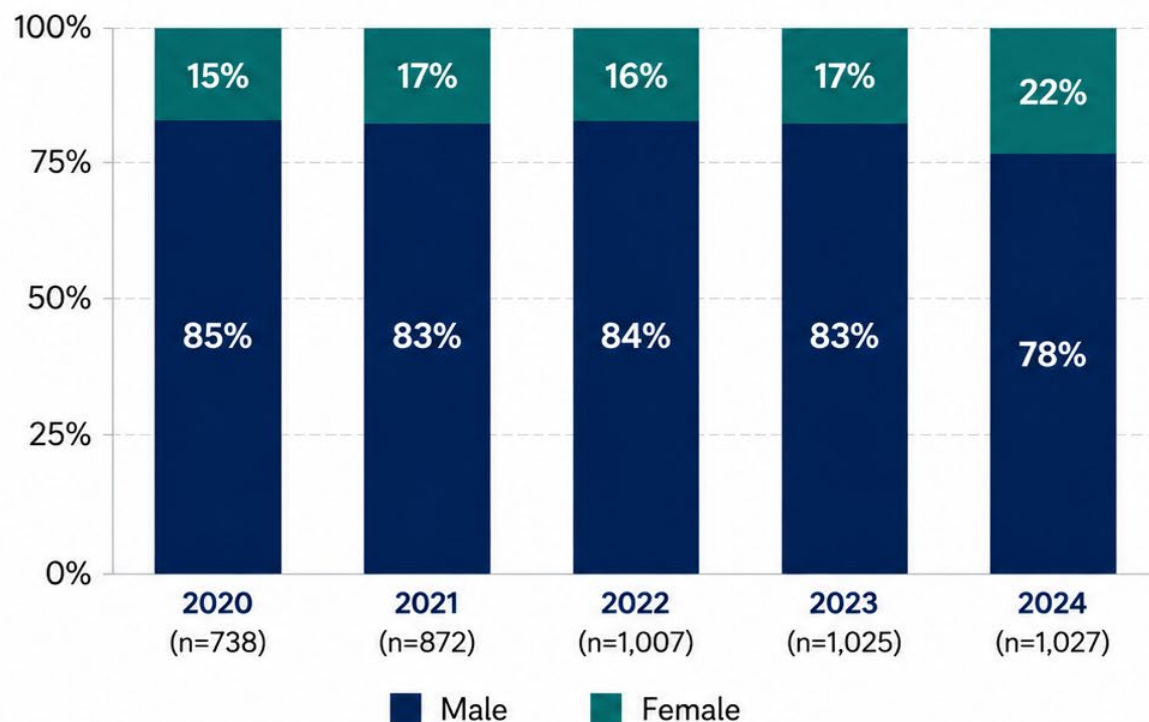
HIV Diagnoses by Sex

2020–2024



Men continue to represent the majority of new HIV diagnoses, though the share among women increased to **22% in 2024**.

Percent of New HIV Diagnoses by Sex



Key Takeaways



The proportion of diagnoses among women increased from **15%** in 2020 to **22%** in **2024**.



Men continue to represent **78%** of new HIV diagnoses in 2024.



Ongoing focus on prevention, testing, and linkage for women remains important.



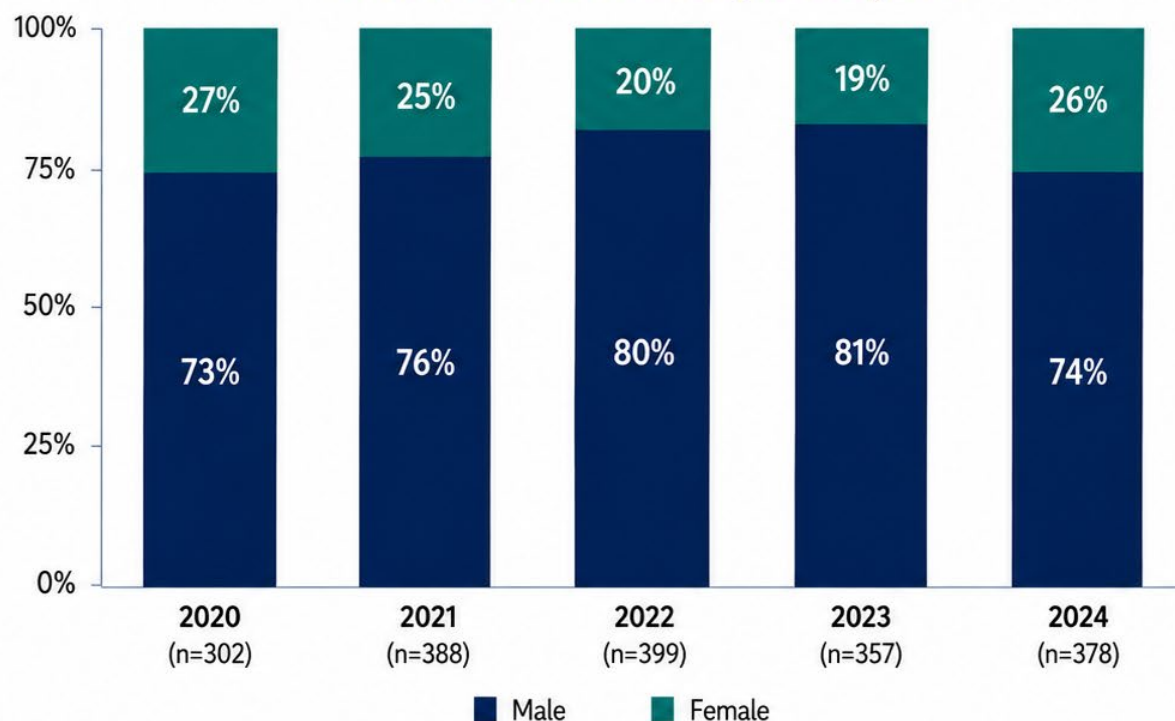
AIDS Diagnoses by Sex

2020–2024 (Miami-Dade County)



Men continue to represent the majority of new AIDS diagnoses, though the share among women increased to **26%** in 2024.

Percent of New AIDS Diagnoses by Sex



Key Takeaways



Men accounted for **74%** of new AIDS diagnoses in 2024.



The proportion of diagnoses among women increased from **19%** in 2023 to **26%** in 2024.



Continued efforts to reach men with testing, linkage, and retention services remain essential.

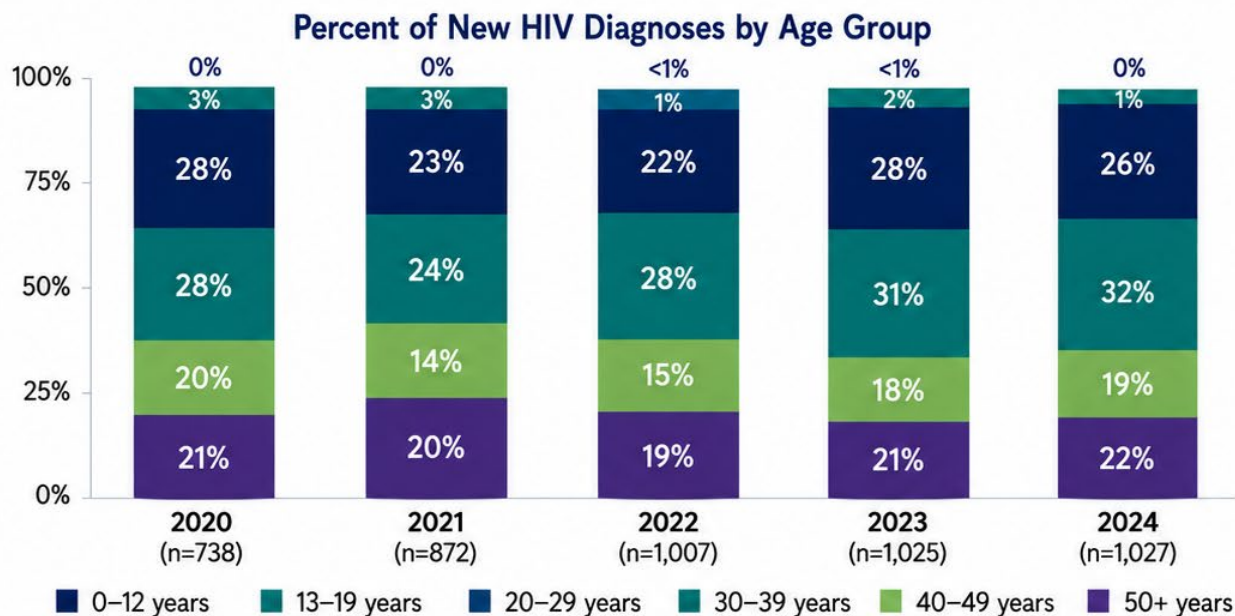


HIV Diagnosis by Age of Diagnosis

2020–2024 (Miami-Dade County)



Young adults ages 20–39 accounted for over half (58%) of all new HIV diagnoses in 2024.



Number of New HIV Diagnoses	2020 (n=738)	2021 (n=872)	2022 (n=1,007)	2023 (n=1,025)	2024 (n=1,027)
Ages 20–39 (%)	56%	47%	50%	59%	58%

Key Takeaways



In 2024, 58% of new HIV diagnoses were among young adults ages 20–39.



Diagnoses among persons ages 30–39 increased from 24% in 2021 to 32% in 2024.



The proportion of diagnoses among youth (13–19) remains low (1% in 2024).



HIV Incidence 2023 and 2024 Comparison



HIV Diagnosis by Race, Ethnicity, and Sex

2023 and 2024 (Miami-Dade County)



In 2024, Hispanics accounted for the largest share of new HIV diagnoses across sexes, while Black/African Americans represented a higher proportion among women.

Percent of New HIV Diagnoses

	2023 (n=1,025)		2024 (n=1,027)	
	 Male n=847 (83%)	 Female n=178 (17%)	 Male n=800 (78%)	 Female n=227 (22%)
 Hispanic	53%	6%	51%	7%
 Black/African American	24%	11%	21%	14%
 White	5%	1%	5%	1%
 AI/AN, A/PI, Multi-race*	1%	0%	1%	<1%
Total	83%	17%	78%	22%

*American Indian/Alaska Native, Asian/Pacific Islander, and Multi-race

Key Takeaways



Hispanics represented the **58%** of new HIV diagnoses in 2024 (combined sexes).



Among women, the proportion of Black/African Americans increased from **11%** in 2023 to **14%** in 2024.



Men accounted for **78%** of new HIV diagnoses in 2024, down slightly from **83%** in 2023.



HIV Diagnosis by Transmission Categories

2023 and 2024 (Miami-Dade County)



Male-to-male sexual contact remains the most common mode of transmission, accounting for **59%** of new HIV diagnoses in 2024.

Number and Percent of New HIV Diagnoses
by Transmission Category

	2023 (n=1,025)		2024 (n=1,027)	
	Number	Percent	Number	Percent
 Male-to-Male Sexual Contact (MMSC)	644	62.8%	606	59.0%
 Injection Drug Use (IDU)	6	0.6%	2	0.2%
 MMSC/IDU	3	0.3%	2	0.2%
 Heterosexual	369	36.0%	417	40.6%
 Perinatal	2	0.2%	0	0%
 Other / No Identified Risk	1	0.1%	0	0%
Total	1,025	100%	1,027	100%

Key Takeaways



Male-to-male sexual contact accounted for **59%** of new HIV diagnoses in 2024, down slightly from **62.8%** in 2023.



Heterosexual contact accounted for **40.6%** of diagnoses in 2024, an increase from **36.0%** in 2023.



Diagnoses attributed to injection drug use (IDU) and MMSC/IDU remained low and decreased slightly from 2023 to 2024.



HIV Prevalence 2020-2024

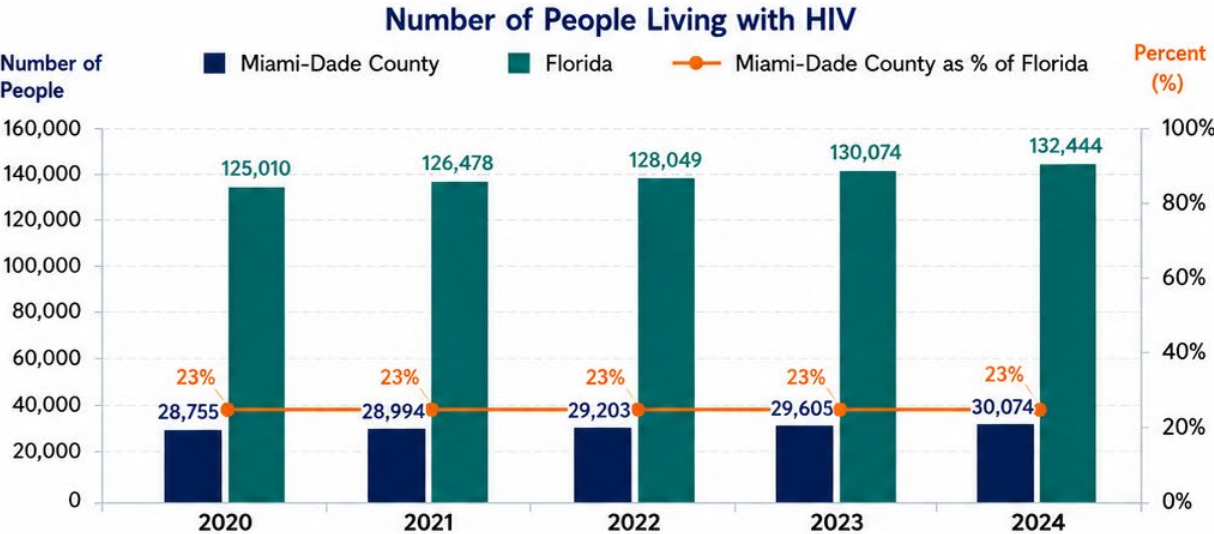


People Living with HIV: Miami-Dade County and Florida

2020–2024



The number of people living with HIV in Miami-Dade County and Florida continues to increase, with Miami-Dade accounting for 23% of all PLWH in Florida in 2024.



	2020	2021	2022	2023	2024
Miami-Dade County	28,755	28,994	29,203	29,605	30,074
State of Florida	125,010	126,478	128,049	130,074	132,444
% of Florida from MDC	23%	23%	23%	23%	23%

Key Takeaways



In 2024, an estimated 30,074 people were living with HIV in Miami-Dade County, an increase of 5% since 2020.



The number of people living with HIV in Florida increased 6% from 125,010 in 2020 to 132,444 in 2024.



Miami-Dade County consistently accounted for about a quarter (23%) of all people living with HIV in Florida in 2024.



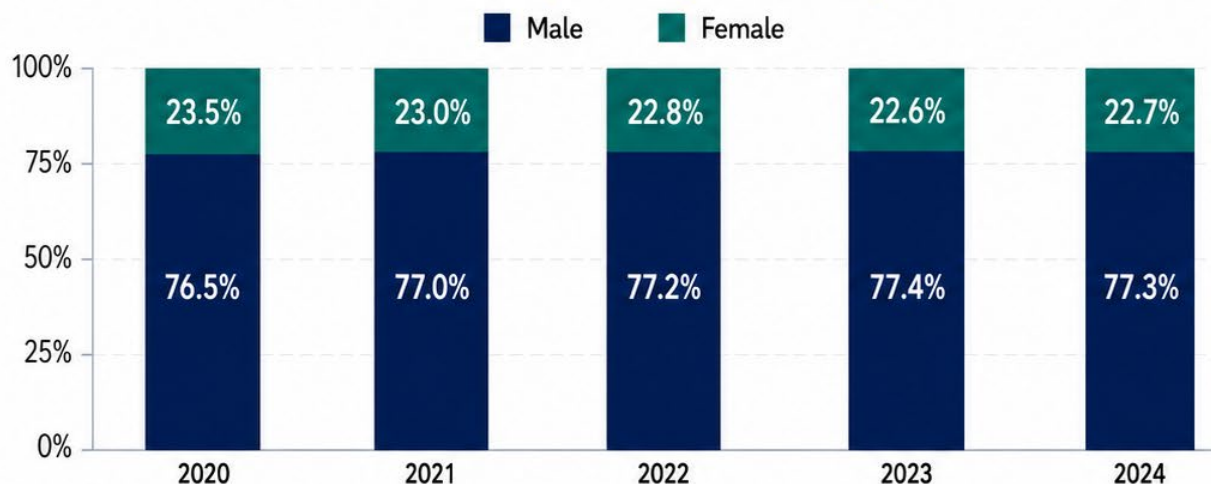
HIV Prevalence by Sex

2020–2024 (Miami-Dade County)



Men continue to represent the majority of people living with HIV in Miami-Dade County, accounting for **77.3%** in 2024.

Percent of People Living with HIV by Sex



People Living with HIV	2020	2021	2022	2023	2024
Male, n (%)	21,990 (76.5%)	22,325 (77.0%)	22,573 (77.2%)	22,926 (77.4%)	23,231 (77.3%)
Female, n (%)	6,765 (23.5%)	6,669 (23.0%)	6,630 (22.8%)	6,679 (22.6%)	6,843 (22.7%)

Key Takeaways



Men accounted for **77.3%** of all people living with HIV in Miami-Dade County in 2024, consistent with previous years.



Women accounted for **22.7%** of people living with HIV in 2024, similar to previous years.



Ongoing efforts to engage both men and women in care and support services remain essential.



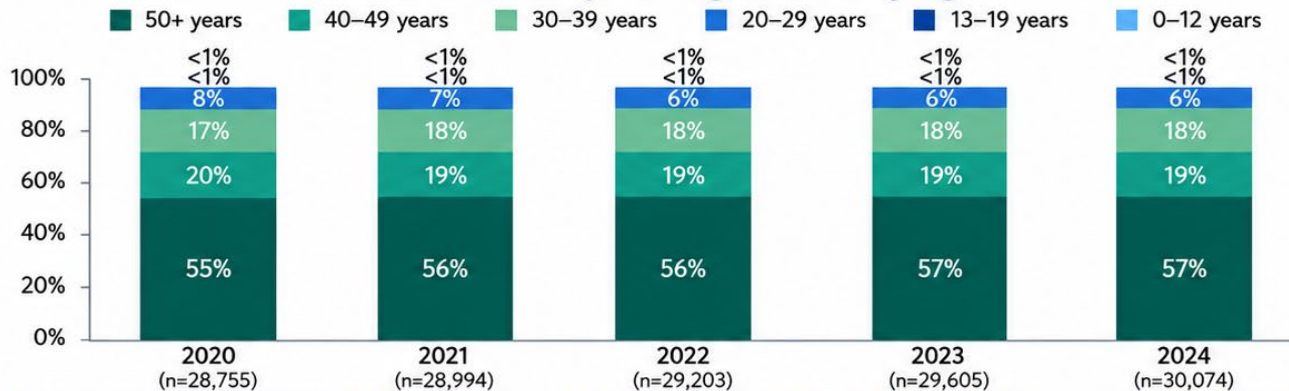
HIV Prevalence by Age

2020–2024 (Miami-Dade County)



More than half of people living with HIV in Miami-Dade County are age **50 or older** each year from 2020 to 2024.

Percent of People Living with HIV by Age



	2020 (n=28,755)	2021 (n=28,994)	2022 (n=29,203)	2023 (n=29,605)	2024 (n=30,074)
50+ years	55%	56%	56%	57%	57%
40-49 years	20%	19%	19%	19%	19%
30-39 years	17%	18%	18%	18%	18%
20-29 years	8%	7%	6%	6%	6%
13-19 years	<1%	<1%	<1%	<1%	<1%
0-12 years	<1%	<1%	<1%	<1%	<1%

Key Takeaways



In 2024, **57%** of people living with HIV are age **50 or older**, consistent with 2023.



The proportion of people living with HIV ages 13–19 and 0–12 remained **<1%** for all years.



Younger age groups (0–39) continue to account for a smaller share of people living with HIV each year.

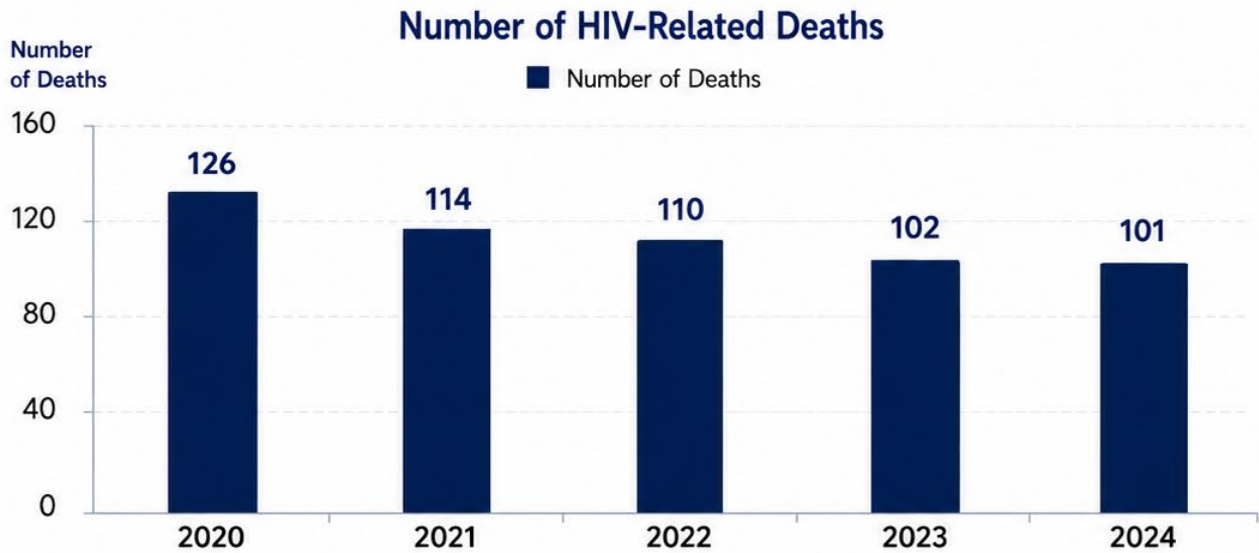


HIV-Related Deaths Among Persons with HIV

2020–2024 (Miami-Dade County)



The number of HIV-related deaths in Miami-Dade County has continued to decline, decreasing **20%** from 2020 to 2024.



HIV-Related Deaths	2020	2021	2022	2023	2024
Number of Deaths	126	114	110	102	101
% Change from 2020	—	-10%	-13%	-19%	-20%

Key Takeaways



HIV-related deaths decreased **20%** from 126 in 2020 to 101 in 2024.



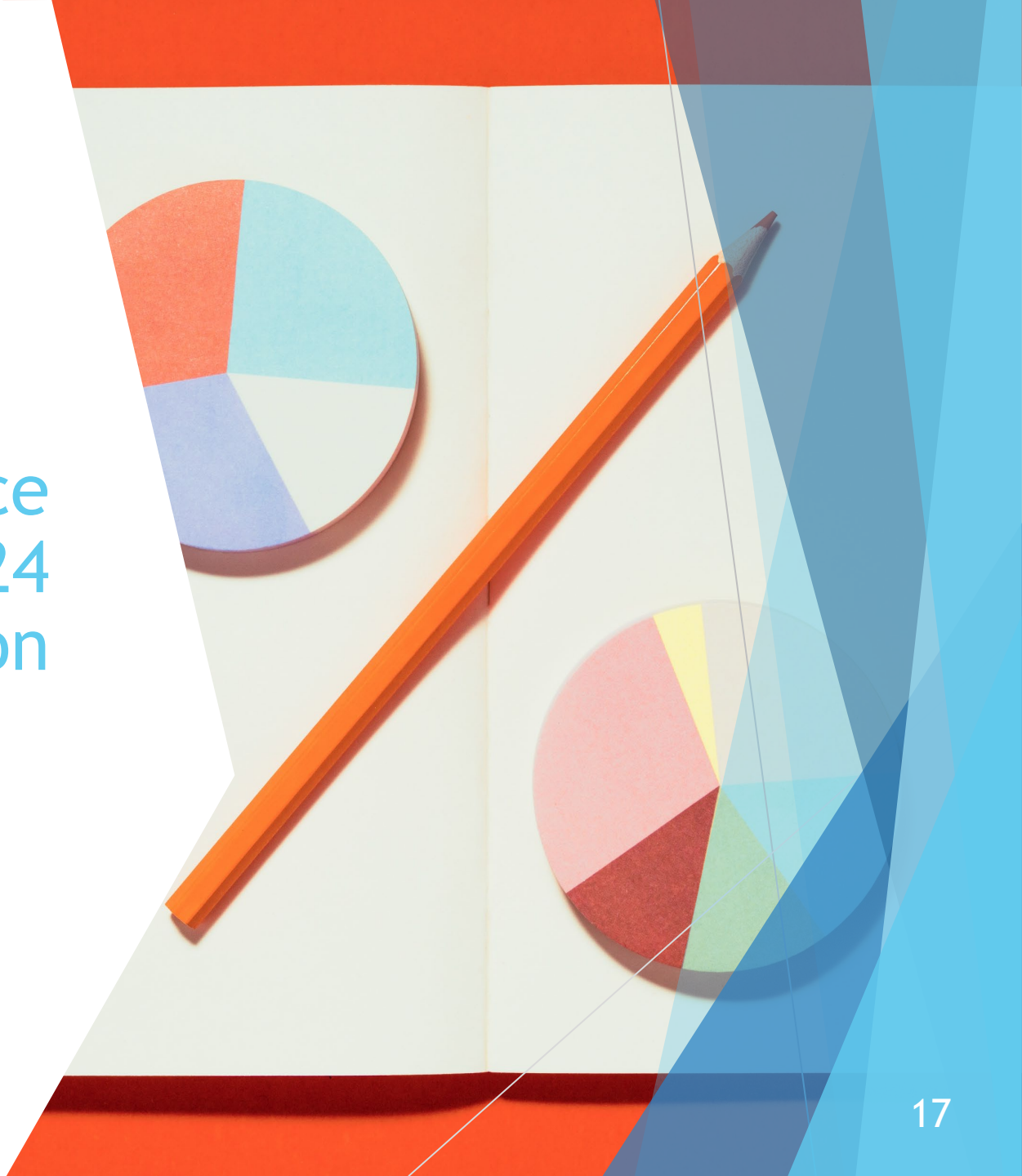
The number of HIV-related deaths decreased each year during the five-year period.



Continued access to care, early diagnosis, and effective treatment remain critical to reducing HIV-related deaths in our community.



HIV Prevalence 2023 and 2024 Comparison



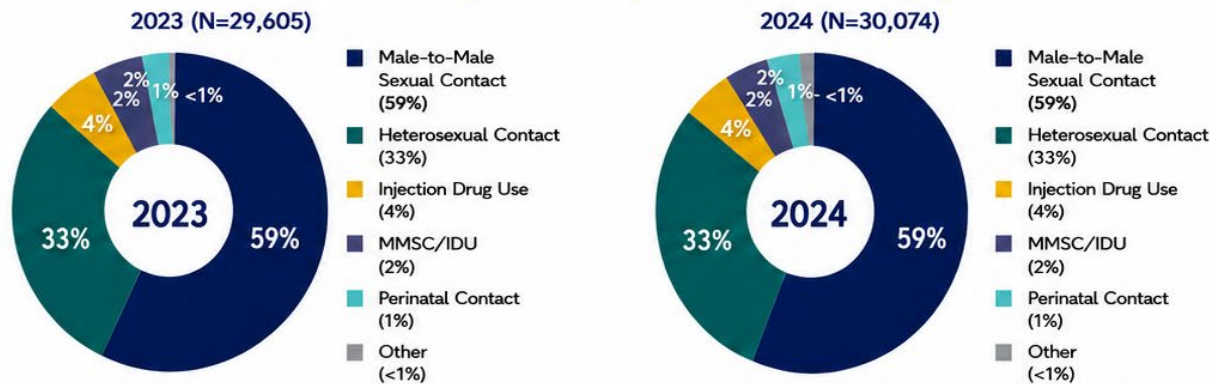
Persons with HIV by Transmission Category

2023 and 2024 (Miami-Dade County)



Among persons living with HIV in Miami-Dade County, male-to-male sexual contact continues to be the most common mode of transmission in both 2023 and 2024.

Persons Living with HIV by Transmission Category



Transmission Category	2023 (N=29,605)		2024 (N=30,074)		% Change 2023-2024
	Number	Percent	Number	Percent	
Male-to-Male Sexual Contact (MMSC)	17,581	59%	17,844	59%	+1.5%
Heterosexual Contact	9,857	33%	10,088	33%	+2.3%
Injection Drug Use (IDU)	1,215	4%	1,200	4%	-1.2%
MMSC/IDU	618	2%	608	2%	-1.6%
Perinatal Contact	303	1%	304	1%	+0.3%
Other	32	<1%	30	<1%	-6.3%
Total	29,605	100%	30,074	100%	+1.6%

Key Takeaways



Male-to-male sexual contact remains the leading mode of HIV transmission, accounting for **59%** of persons living with HIV in both 2023 and 2024.



Heterosexual contact accounts for one in three (**33%**) persons living with HIV in both years.



Injection drug use, alone or in combination with male-to-male sexual contact, accounted for **6%** of persons living with HIV in both 2023 and 2024.



HIV Prevalence by Race, Ethnicity and Sex

2023 and 2024 (Miami-Dade County)



Hispanic and Black/African American people continue to have the highest prevalence of HIV in Miami-Dade County in both 2023 and 2024.

Prevalence of HIV (Persons Living with HIV) by Race, Ethnicity and Sex

Race/Ethnicity	2023 (n=29,605)		2024 (n=30,074)	
	Male (n=22,900)	Female (n=6,705)	Male (n=23,258)	Female (n=6,816)
Hispanic	46%	6%	46%	6%
Black/African-American	22%	15%	22%	15%
White	8%	1%	8%	1%
AI/AN, A/PI, Multi-race*	1%	<1%	1%	<1%
Total	77%	23%	77%	23%

*American Indian/Alaska Native (AI/AN), Asian/Pacific Islander (A/PI), Multi-race

Key Takeaways



Hispanic individuals represent **52%** of males and **7%** of females living with HIV in both 2023 and 2024.



Black/African American individuals represent **22%** of males and **15%** of females living with HIV in both 2023 and 2024.



White individuals represent **8%** of males and **1%** of females living with HIV in both 2023 and 2024.



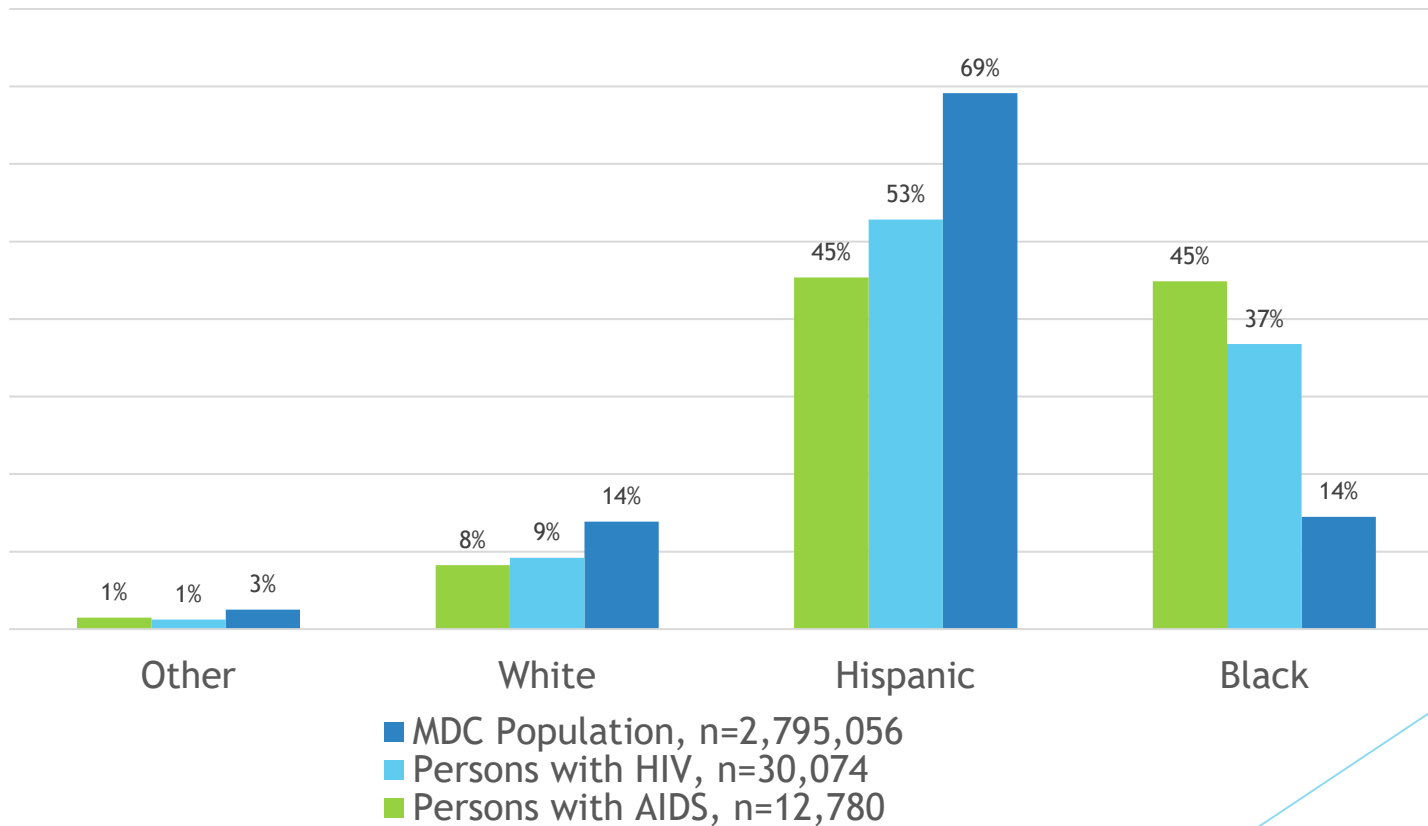
AI/AN, A/PI, and Multi-race populations represented a small proportion of persons living with HIV in both years.





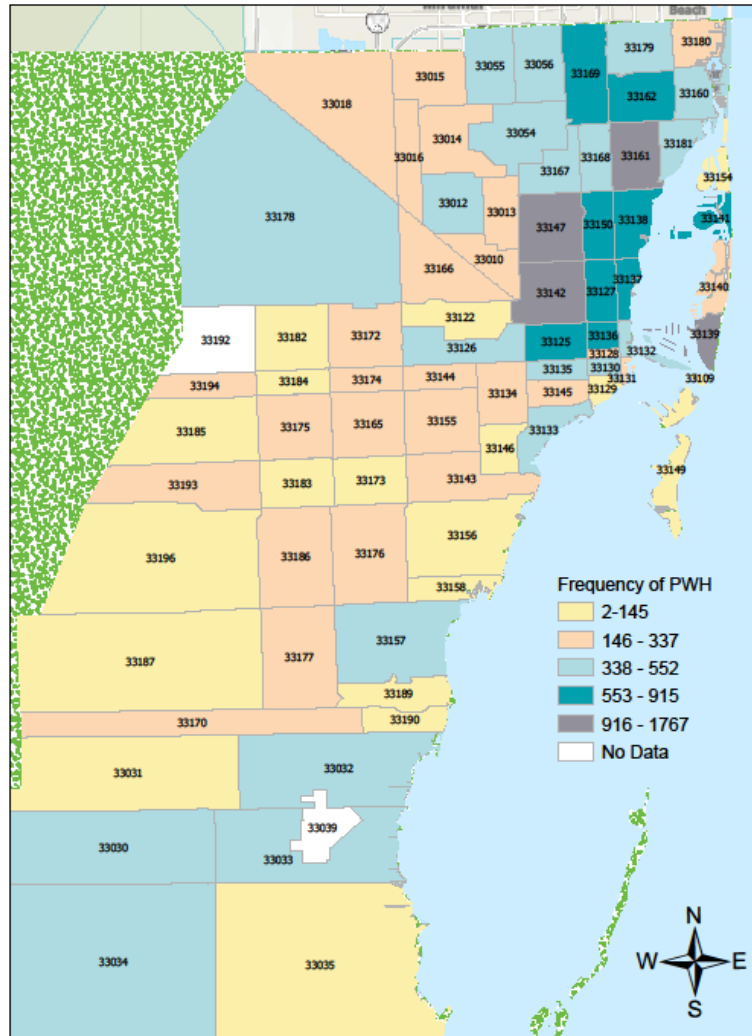
2024 Snapshot: Population and Prevalence

Persons with HIV and AIDS Prevalence by Race/Ethnicity and Population, 2024





Frequency of Persons with HIV (PWH) by Zip Code, Miami-Dade County (2024)



Top Four Zip codes:
33139-Miami Beach
33142-Allapattah/Brownsville
33147-Liberty City
33161-North Miami

Key Takeaways

- ▶ HIV diagnoses in Miami-Dade County remained relatively **stable** from 2023 to 2024, while the overall number of people living with HIV continued to increase, reflecting improved survival and ongoing care needs.
- ▶ Miami-Dade County consistently accounted for approximately **23%** of all new HIV diagnoses and persons living with HIV in the State of Florida during 2020-2024.
- ▶ **Men** represented the majority of both new HIV diagnoses and persons living with HIV; however, the proportion among **women increased slightly** in several incidence and prevalence indicators.
- ▶ **Adults ages 20-39** accounted for the largest share of **new HIV diagnoses**, while the largest proportion of persons living with HIV were among **older** age groups, reflecting long-term survival and aging with HIV.
- ▶ Significant racial and ethnic disparities continue to exist, with **Black/African American** residents disproportionately represented among persons newly diagnosed with HIV and among persons living with HIV and AIDS compared to their share of the Miami-Dade County population.

Florida Department of Health Continuum of Care



Continuum of Care Definitions

- **People with HIV**

The number of people living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2025.

- **HIV Diagnoses**

People whose HIV diagnosis occurred during the period specified, data as of 6/30/2025.

- **In Care**

People with HIV with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from 1/1/2024 through 3/31/2025, data as of 6/30/2025.

- **Retained in Care**

People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2024 through 6/30/2025, data as of 6/30/2025.

- **Suppressed Viral Load**

People with HIV with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2024 through 3/31/2025, data as of 6/30/2025.

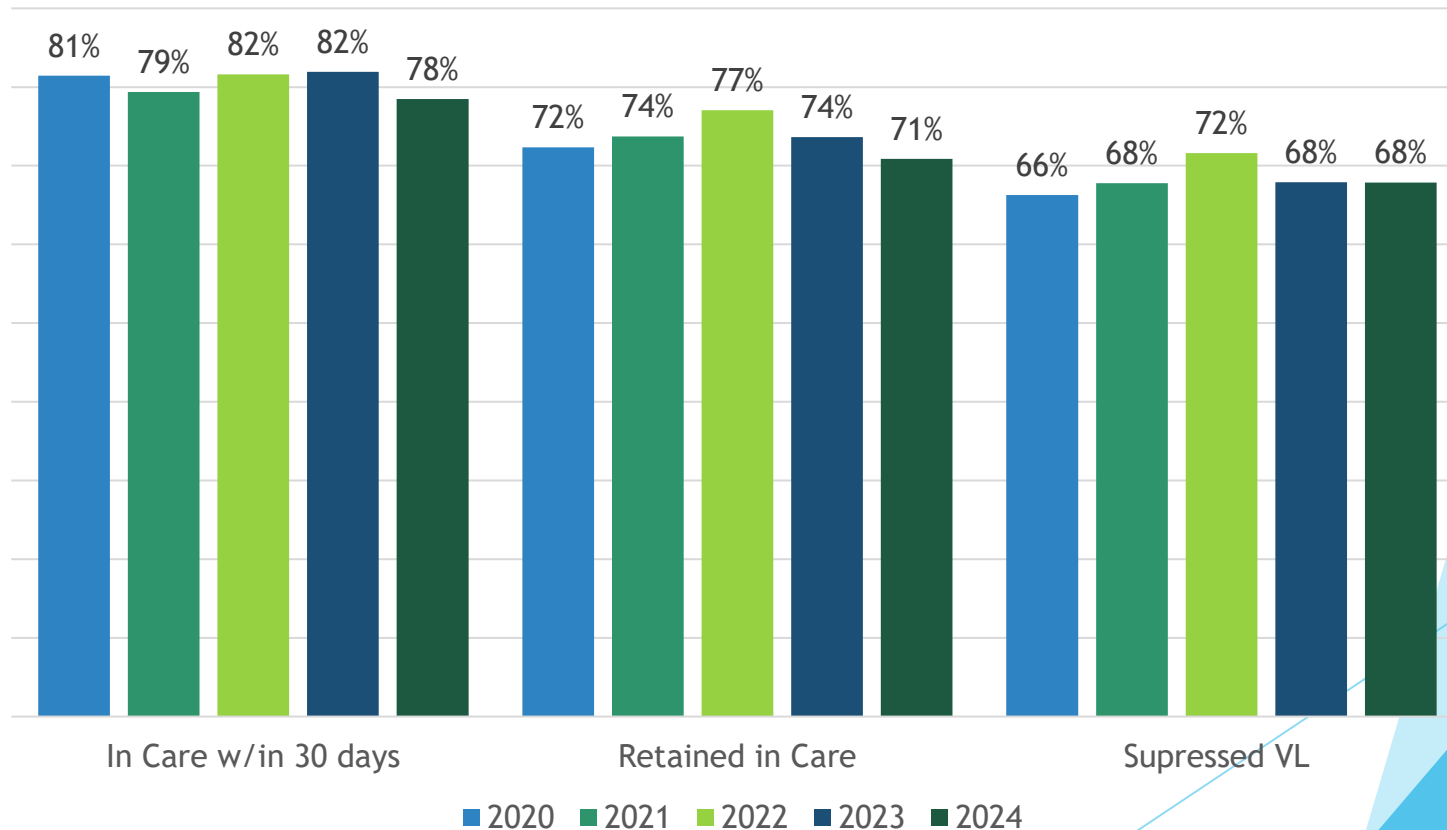
- **In Care with Suppressed Viral Load**

People with HIV with at least one documented VL or CD4 lab, medical visit, or prescription; for the period from 1/1/2024 through 3/31/2025; who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.

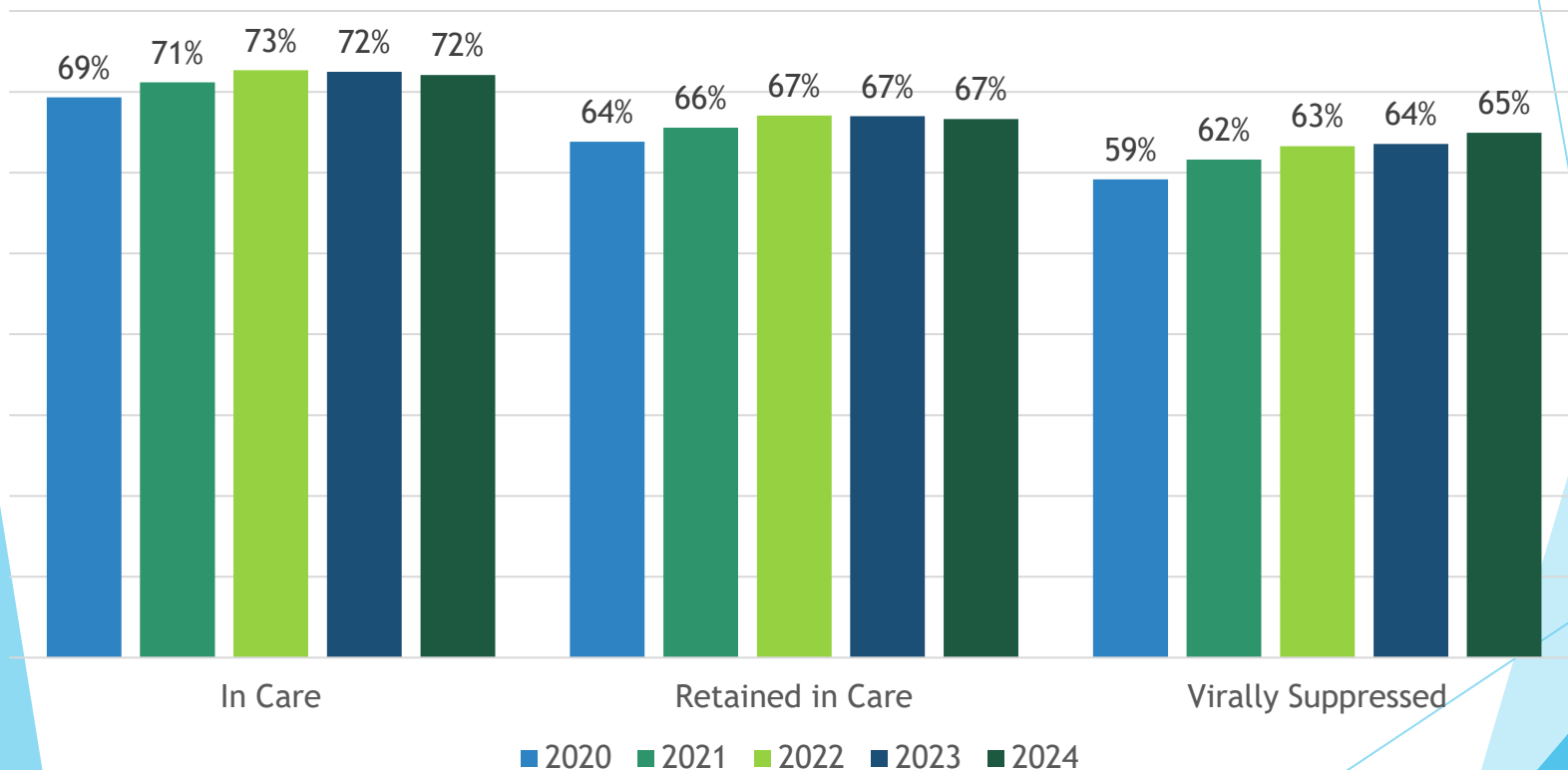
- **Retained in Care with Suppressed Viral Load**

People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions; at least three months apart, from 1/1/2024 through 6/30/2025; and who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.

HIV Diagnosis: Continuum of Care in Miami-Dade County 2020-2024



Persons with HIV: Continuum of Care in Miami-Dade County 2020-2024



*Thank
You*



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 2026

10:00 a.m. – 1:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | TBD |
| II. | Introductions | All |
| III. | Meeting Housekeeping | TBD |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of May 14, 2026 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | TBD |
| VIII. | Standing Business | |
| | • FCPN Update | All |
| | • Proposed Service Descriptions Protocol | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • Needs Assessment PSRA Process Review and Approval | All |
| | • Miami-Dade County Epidemiological Data Selections 2020-2024 | Marlen Meizoso |
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| XII. | Adjournment | TBD |

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Ryan White Program HIV Care Continuum Fiscal Year 2025

(3/1/25-2/28/26)

June 11, 2026

Presentation created by Behavioral Science Research Corp.



Disclaimers



- ▶ Based on data from Groupware Technology's Provide Enterprise-Miami database.
- ▶ Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts may differ from those of other reports that are generated using differing methodologies.

HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.



Health Resources and Services
Administration (HRSA)
HIV Care Continuum

Ryan White Program HIV Care Continuum Definitions



RWP CLIENT

Ryan White Program clients who received at least one Ryan White Part A or MAI-funded service in the fiscal year (FY 2025: 3/1/2025–2/28/2026).

LINKED TO CARE



Newly-diagnosed persons with HIV, who were linked to HIV medical care anywhere in Miami-Dade County. Data from the Florida Dept. of Health (FDOH) Early Identification of Individuals with HIV/AIDS (EIHHA) calendar year of reference.

IN MEDICAL CARE



Active Ryan White Program clients receiving one or more medical visits with any Ryan White Program provider with prescribing privileges, viral load test, or medical visit co-pay, during the 12-month reporting period.

RETAINED IN MEDICAL CARE



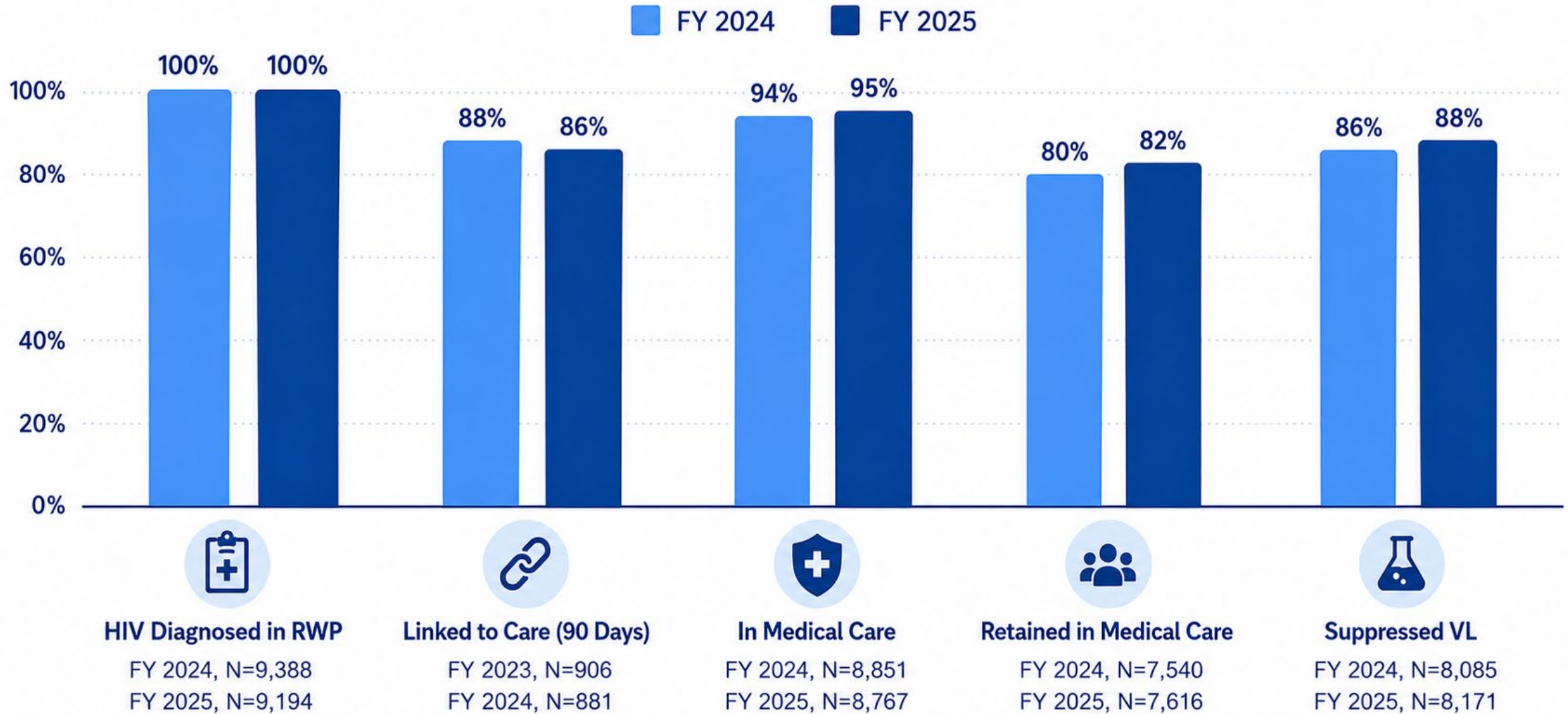
Active Ryan White Program clients receiving two or more billed medical visits with a Ryan White Program provider, or viral load test, medical visit copay, at least 90 days apart, during the 12-month reporting period (FY 2025).

SUPPRESSED VIRAL LOAD



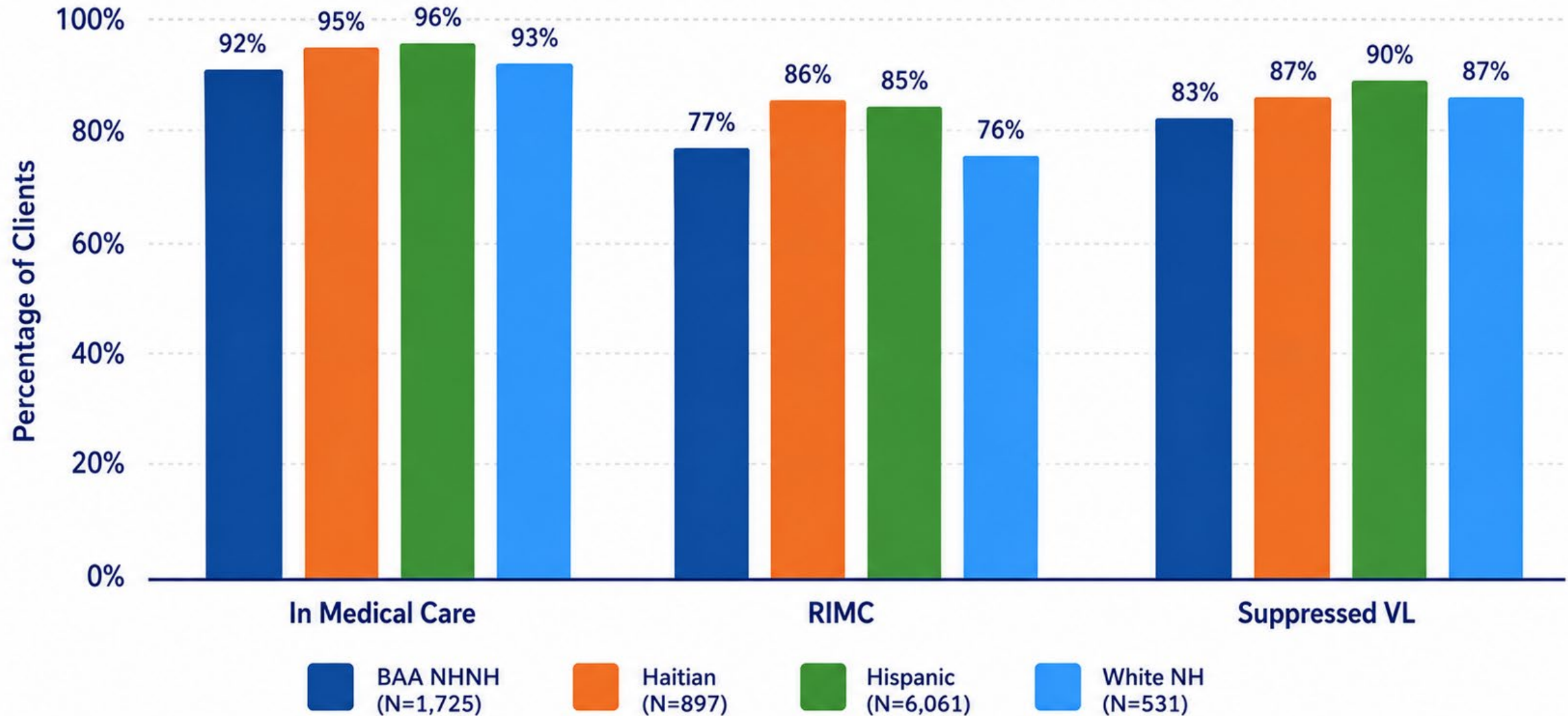
Active Ryan White Program clients with a documented suppressed viral load (<200 copies/mL) in the most recently reported lab test.

Ryan White Program HIV Care Continuum Client Health Outcomes FY 2024 vs FY 2025

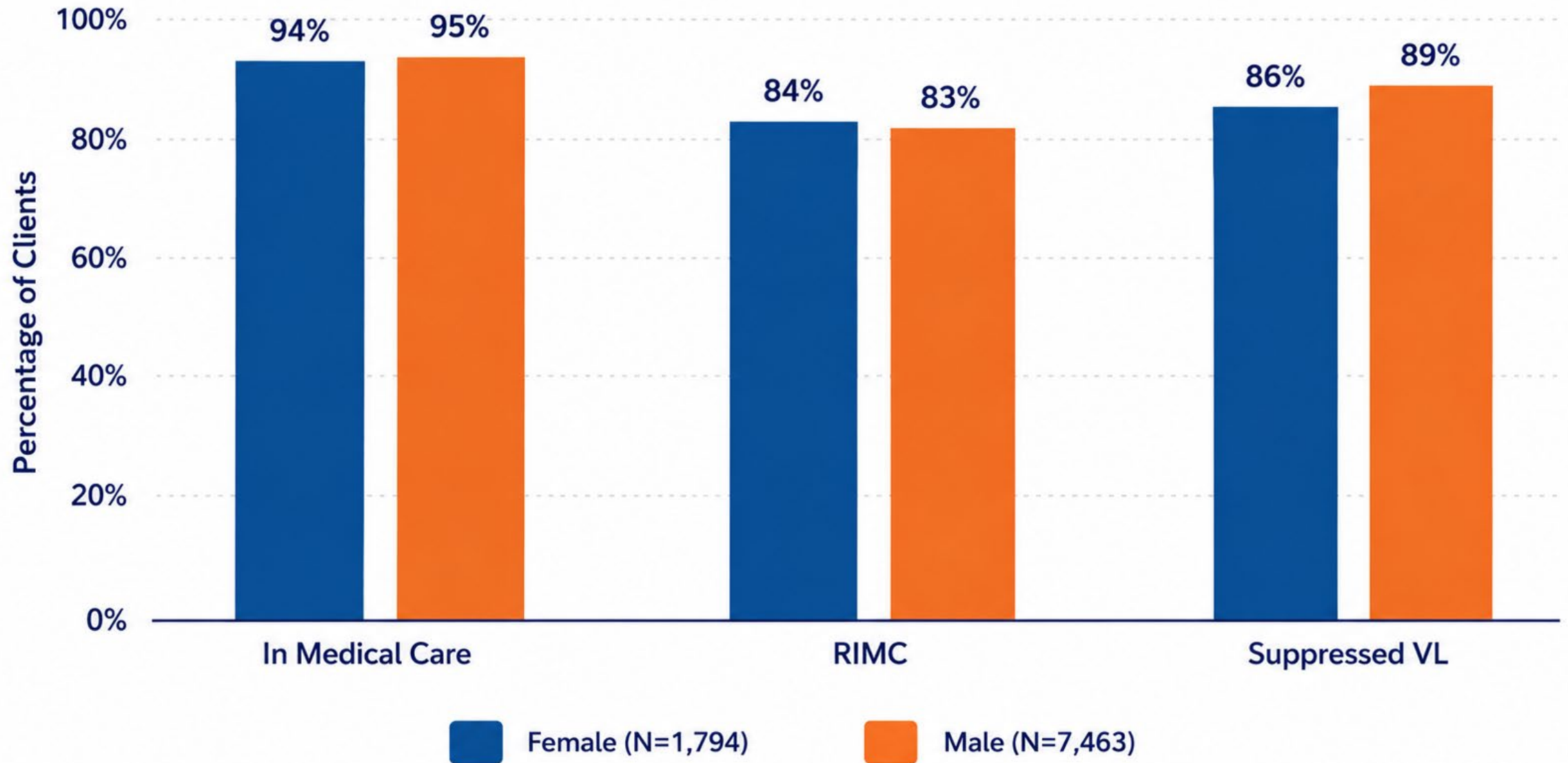


* Data are from 2024 Integrated Epidemiological Profiles, Miami-Dade County

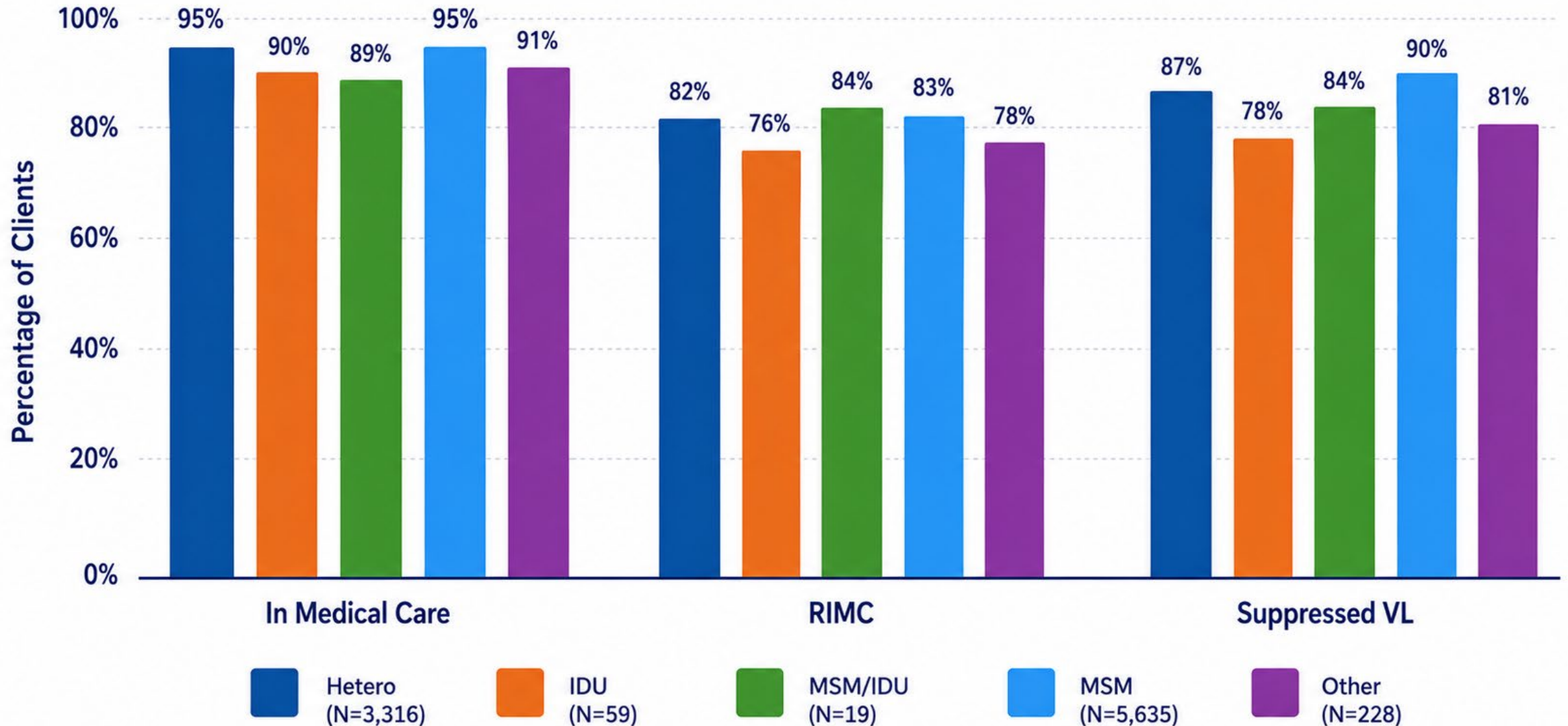
Ryan White Program HIV Care Continuum by Race/Ethnicity, FY 2025



Ryan White Program HIV Care Continuum by Sex, FY 2025



Ryan White Program HIV Care Continuum by Initial Exposure, FY 2025



*Thank
You*





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Miami-Dade HIV/AIDS Partnership New Member Orientation

Wednesday, July 1, 2026
1:00 p.m. - 4:00 p.m.
via Teams

Registration Required

New Member Orientation is a great opportunity to learn about the Miami-Dade HIV/AIDS Partnership and to gain an understanding of the expectations and responsibilities of Ryan White Program Planning Council members!

All Partnership and Committee members are required to complete New Member Orientation within three months of your membership start date.

To register, please scan the QR Code
or click: https://bit.ly/July_1_2026_NMO



≡ *Thank you!* ≡

YOUR FEEDBACK MAKES A DIFFERENCE!



Please complete
the evaluation for
TODAY'S MEETING.



Your feedback helps
us improve and plan
for the future.

Thank you! →



TOGETHER, WE CAN
make it better!



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