Get on Board: Member Enrichment Training

Station 21: The Integrated Plan and You!

September 2, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

Get on Board!

Member Enrichment Training Series

Training sessions are designed to promote understanding of the Ryan White Program planning council (Partnership) and service system.

Your presenters are Marlen Meizoso and Christina Bontempo, Partnership Staff who have more than 40 years combined experience with the Partnership and the Ryan White Program.

Please chat questions or comments to us throughout today's presentation.

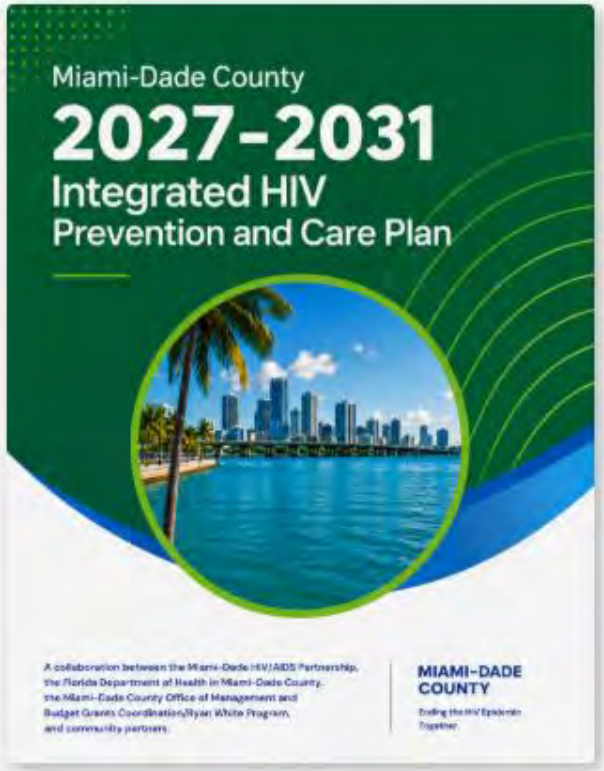
This presentation will be posted online at partnershipmiami.org/partnership/#getonboard1

Contact us at (305) 445-1076.

Today's Objectives

- Review the 6 key sections of the 2022-2027 Integrated HIV Prevention and Care Plan.
- Learn how the Integrated Plan is tied to HIV prevention, care, and treatment in Miami-Dade County.
- Learn how the 2027-2031 Integrated Plan is connected to the work of the Miami-Dade HIV/AIDS Partnership.
- Provide steps to be a part of achieving the Goals of the Integrated Plan.
- Discover your role in implementation and monitoring of the Integrated Plan.

Miami-Dade County Integrated HIV Prevention and Care Plan



RETURN TO MENU

https://partnershipmiami.org/partnership/#mdchivplan1

The Role of the Partnership

What's in the Plan

1. Introduction: A broad overview of the HIV epidemic in Miami-Dade County.
2. Community Engagement and Planning Process: Who was involved in Plan development and how we engaged people with HIV in the process.
3. Data: Epidemiology, community resources, and needs assessment.
4. Situational Analysis: Strengths, challenges, needs, and impacts on people disproportionately impacted by HIV.
5. Goals and Objectives: Prevention and care goals, strategies, and action steps.
6. Monitoring and Implementation: How we plan to achieve our goals!

SCSN 2022

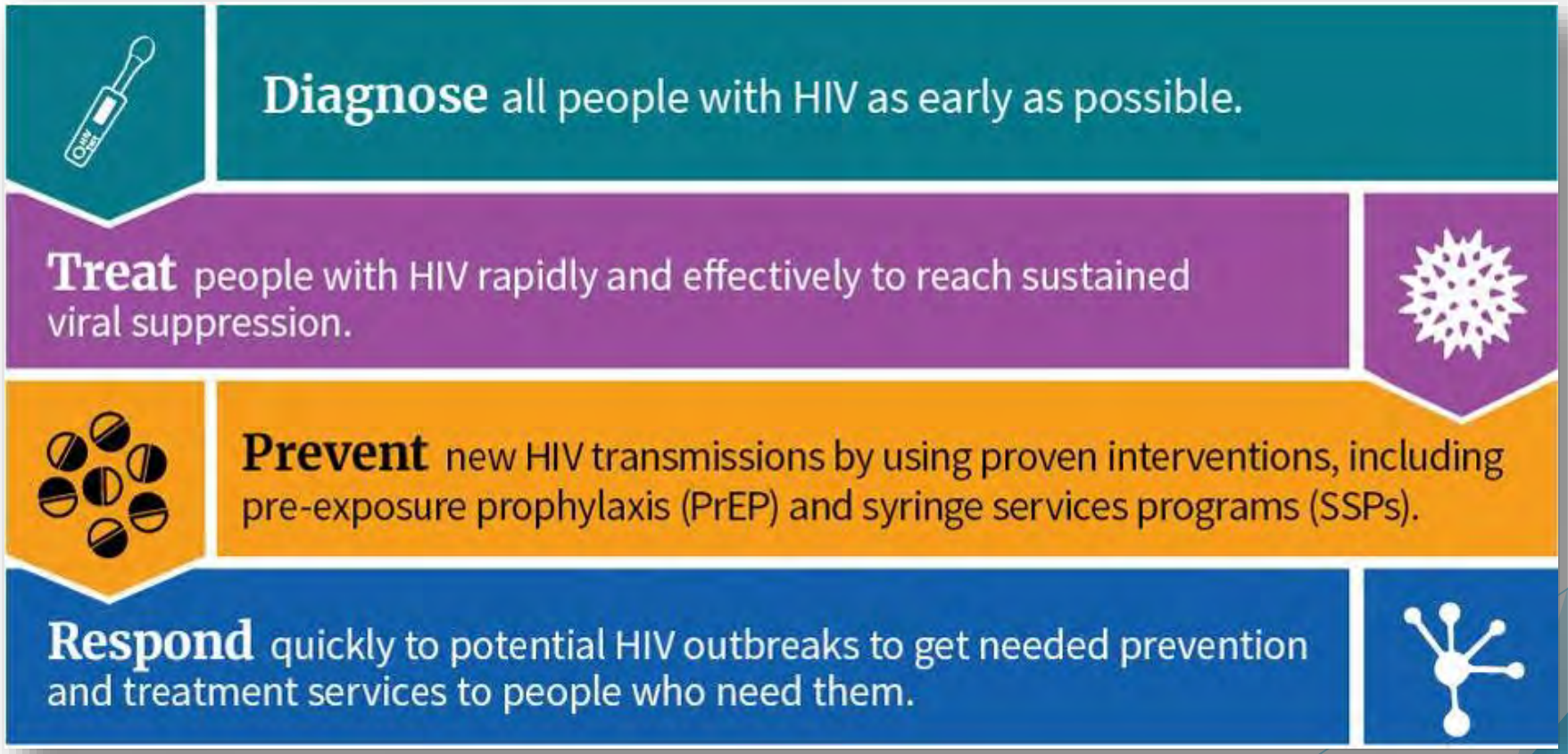
Statewide Coordinated Statement of Need

- **HIV Prevalence:** Florida continued to have one of the highest rates of new HIV diagnoses in the United States.
- **Differences in Health Outcomes:** The epidemic continues to have a greater impact (poorer health outcomes) in Black/African American, Latino, and Haitian communities.
- **Barriers to Care:** Social determinants of health add significant challenges to effective HIV prevention and care. These include high rates of poverty, lack of transportation, food insecurity, housing instability, mental health issues, and substance use disorders.
- **Service Gaps:** There is still a need for expanded access to pre-exposure prophylaxis (PrEP), mental health services, and means to address HIV-related population vulnerabilities.

FLORIDA DEPARTMENT OF HEALTH

EHE

Ending the HIV Epidemic

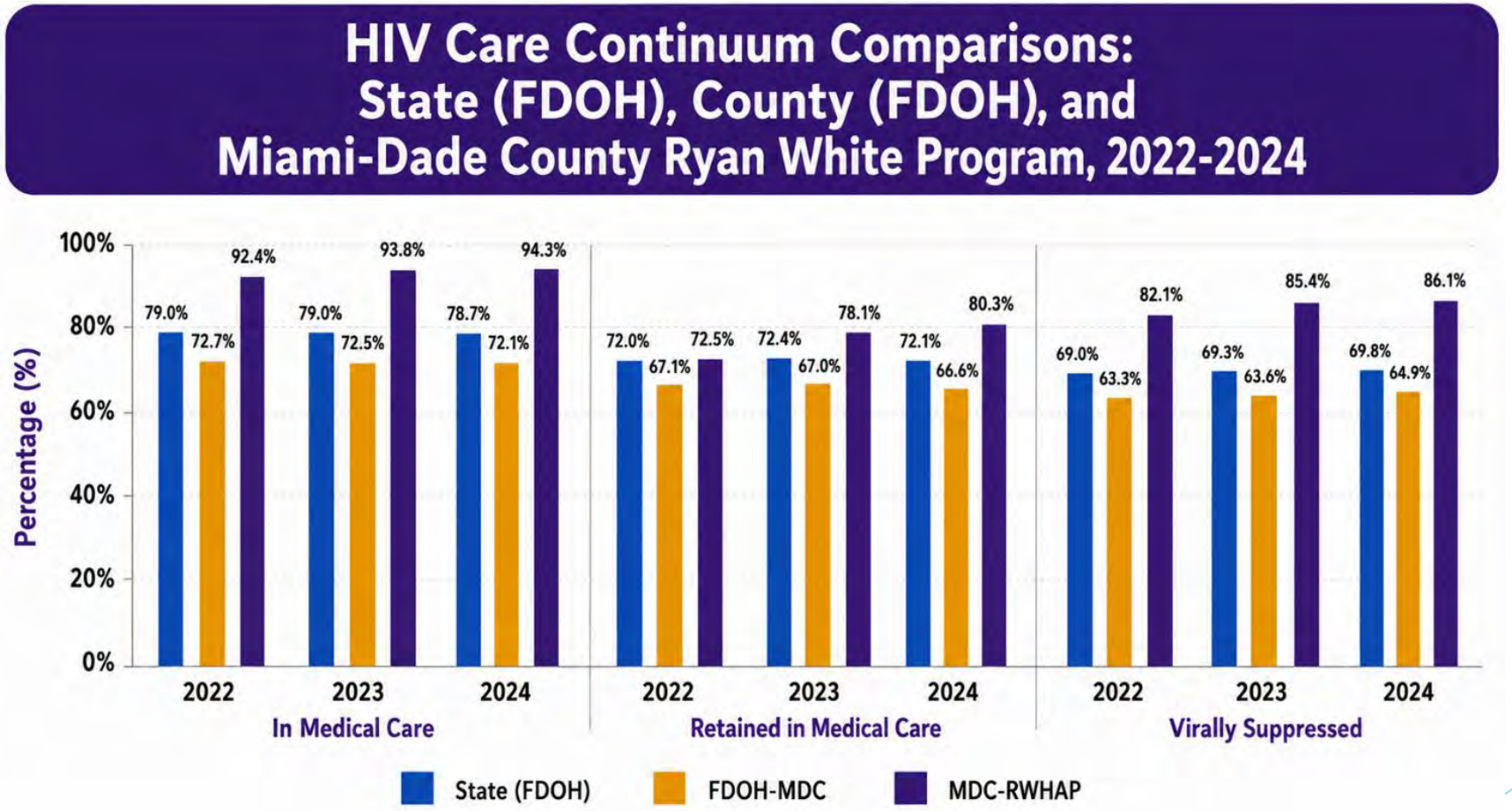


RWP 2030

Ryan White Program 2030

- Rapid initiation of HIV treatment.
- Community-based outreach.
- Treatment as prevention.
- Leveraging partnerships.
- Using data-driven approaches to identify populations with the greatest unmet needs.

HIV Care Continuum



The Role of People with HIV

People with HIV are underrepresented on the Partnership.

Although people with HIV participated as members and guests throughout Plan development, we continue to face challenges, including:

- The need to provide materials in English, Spanish, and Haitian Creole.
- Employment and personal responsibilities which often limit individuals' ability to participate in HIV community activities.
- The requirement to hold meetings in-person.
- Stigma.

Meaningful participation and input by people with HIV is vital to achieving Integrated Plan goals.

The Role of Community Members

Everyone has a role to play in achieving the goals of the Integrated Plan.

The JIPRT will develop strategies to engage:

- Other community advisory boards.
- Local, regional clinics, and school-based healthcare facilities; clinicians; and other non-HIV-specific medical providers.
- Medicaid/Medicare partners and private payors.
- Correctional facilities, juvenile justice, local law enforcement and related service providers.
- Community- and faith-based organizations, including civic and social groups.
- Professional associations.
- Local businesses.
- Local academic institutions.
- Area Agencies on Aging and other aging oriented organizations.

Who will you bring to the table?

Data

Miami-Dade County data included in the Integrated Plan:

- New HIV and AIDS Diagnoses, 2022-2024.
- People with HIV (Prevalence), 2020-2024.
- FDOH-MDC and Frontlines of Communities in the United States (FOCUS) HIV Testing, 2021-2025.
- Race/Ethnicity Comparison, Percentage of Black/African-American People with HIV in MDC, 2024.
- ZIP Code Map indicating the rates of HIV and the most impacted Zip Codes.
- STIs – Early Syphilis, Gonorrhea, and Chlamydia rates, 2020-2024.
- Newly Diagnosed Persons by Race/Ethnicity, Sex, and Age.
- The HIV Care Continuum.
- HIV Incidence: People Newly Diagnosed with HIV - Demographics and Transmission Categories, 2020 to 2024.
- HIV Prevalence: People with HIV - Demographics and Transmission Categories, 2020 to 2024.

Resource Inventory

Prevention, Care, and Treatment Resource Inventory

- **Miami-Dade County RWP and FDOH-MDC Ending the HIV Epidemic initiatives**
- **Local Providers**:
  - Ryan White Program Part A and MAI, Part B, Part C, and Part D
  - 2026 FDOH High Impact Prevention/EHE Providers
  - CDC Prevention Providers
  - SAMHSA – HIV and Substance Abuse
  - Ending the HIV Epidemic
  - HOPWA
  - State
- **Tables of funding sources and services**
  - Prevention
  - Core Medical Services
  - Support Services
- **Evaluation of the service system: Where are we lacking in services, funding, and providers?**

Table 3: New HIV and AIDS Diagnoses

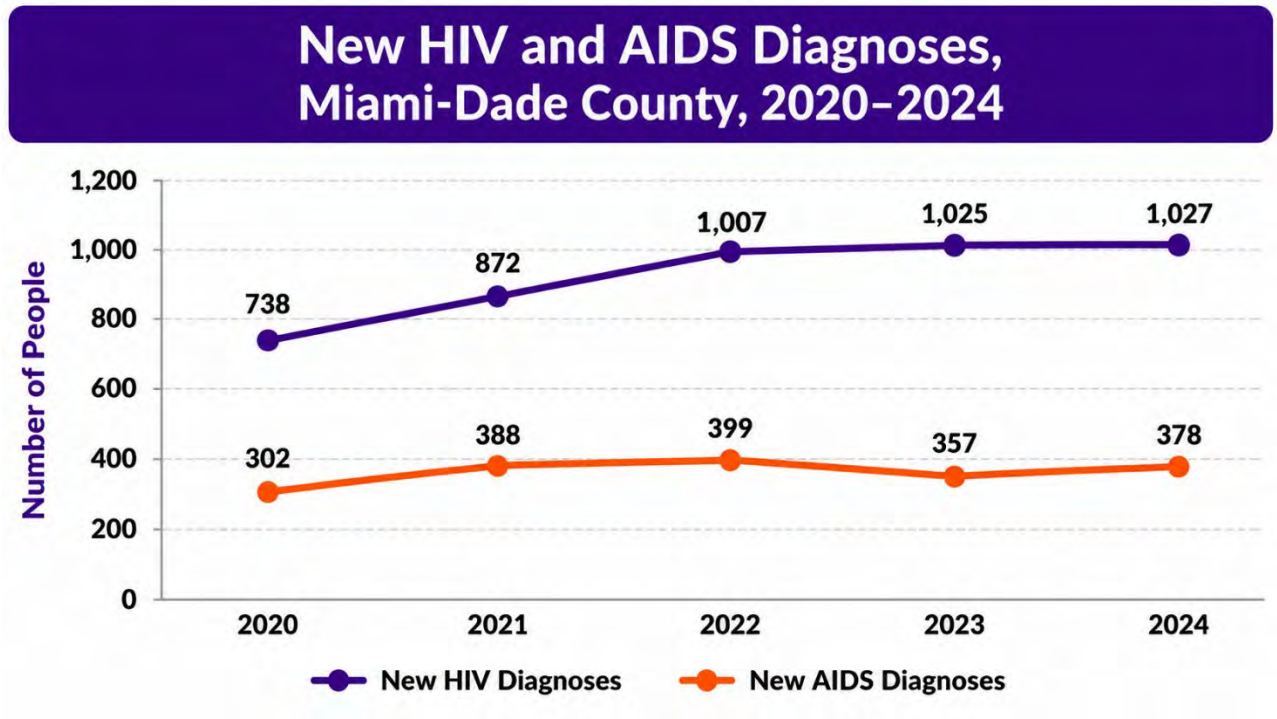
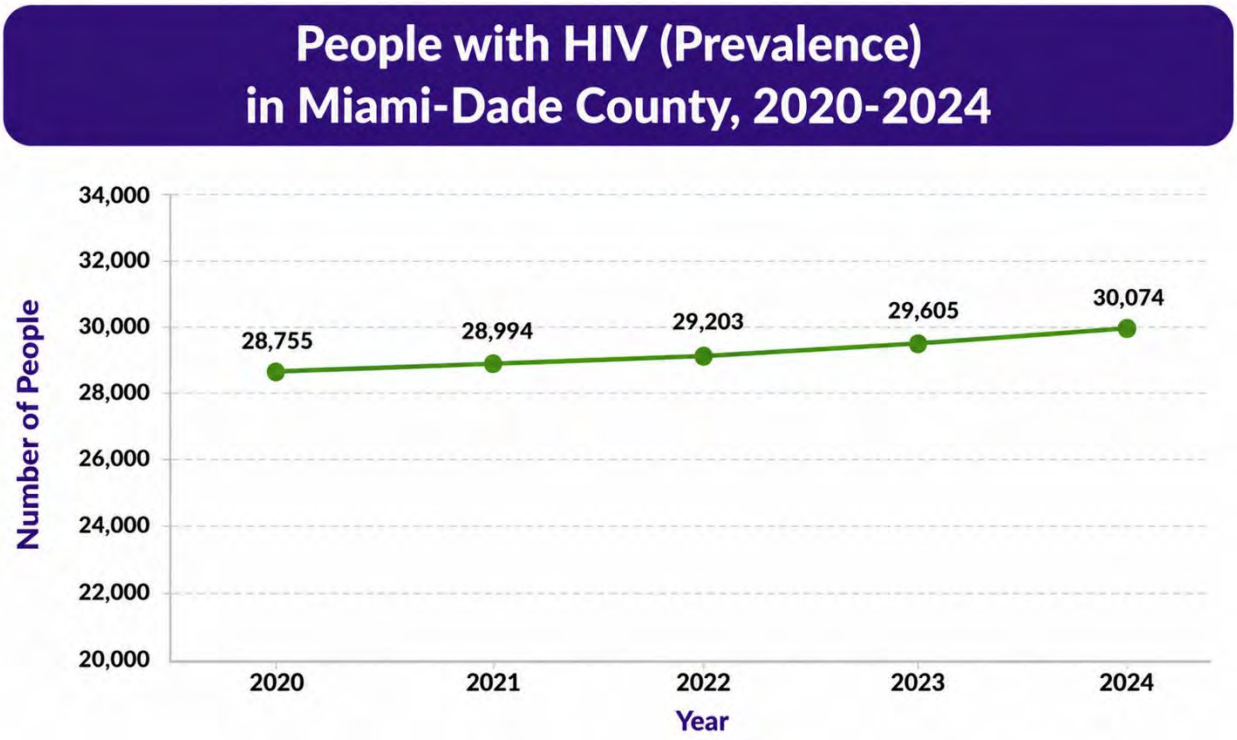


Table 4: People with HIV



Source (Tables 3 and 4): 2024 FDOH Epi Profile

By the latest CDC estimate, in 2022, there were 2,412 individuals in the EMA who have HIV and are not aware of their status. Great strides have been made to improve access to testing with FDOH-MDC and Gilead's FOCUS Program - Frontlines of Communities in the United States (FOCUS), as shown in **Table 5**, below. Strategies to increase HIV testing opportunities are addressed in Goal 1, as detailed in **Section V: Goals and Objectives**, below.

Table 5: FDOH-MDC and FOCUS HIV Testing

Calendar Year	HIV Tests Conducted by FDOH-MDC	HIV Tests Conducted by FOCUS
2021	48,000	104,804
2022	54,857	146,410
2023	50,366	141,541
2024	63,625	225,582
2025	62,319	213,800

III.2.c. Types of Data

- **Demographics**

One of the defining characteristics of Miami-Dade County's population is the high proportion of Hispanic and Black/African American residents, accounting for almost 90% of the 30,074 people with HIV in 2024 in the EMA.

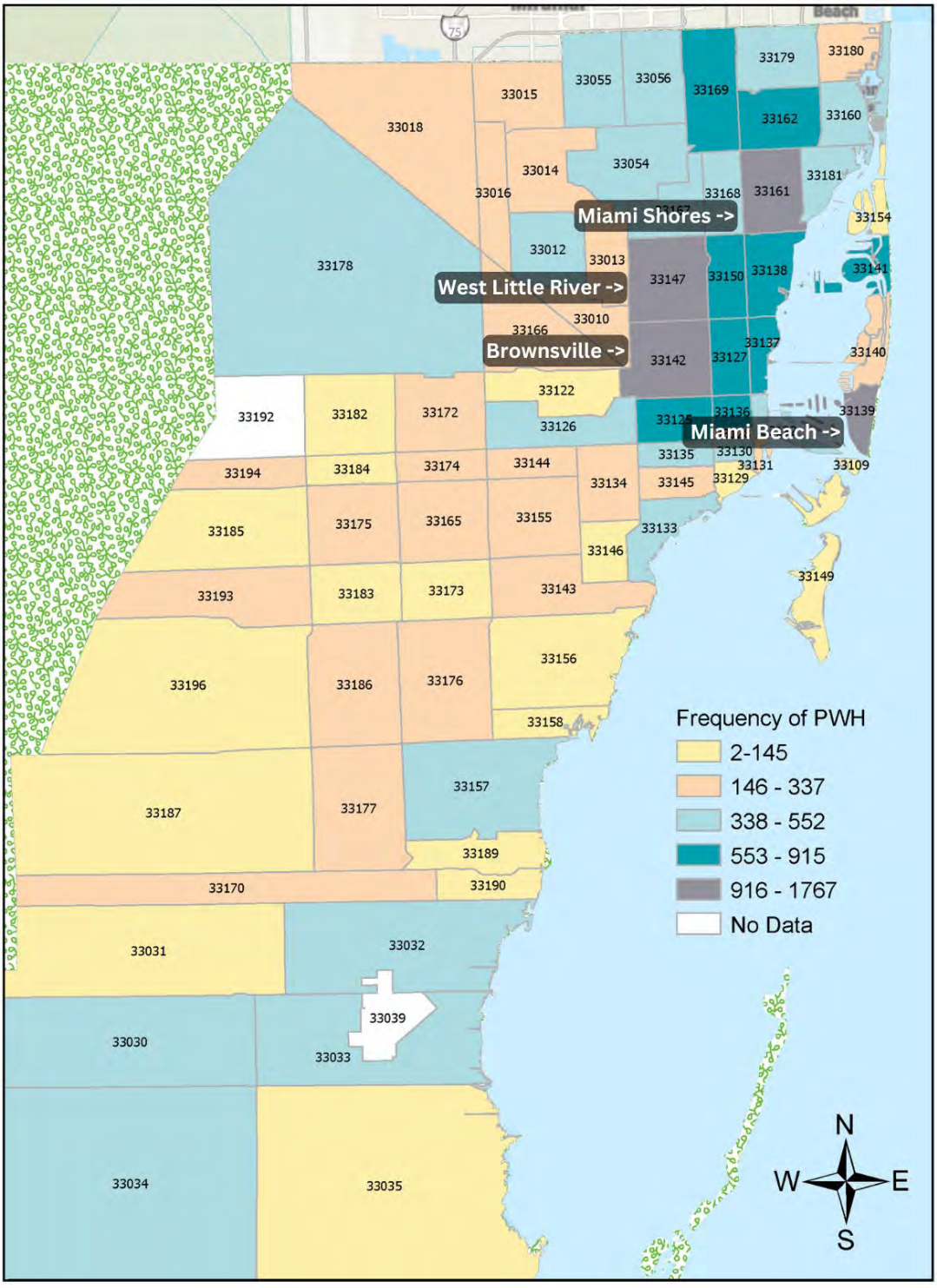
Latinos represent the largest demographic group, and therefore the high percentage of Hispanics among the newly-diagnosed is easily understood as correlated with the high numbers of Hispanics living in the EMA. By contrast, the incidence and prevalence of HIV/AIDS among Black/African Americans is grossly disproportionate, with prevalence rates historically more than double the percentage of the total population. A comparison of those two populations in 2024 is shown below. Historically, these percentages are on trend with the past five to ten years.

Table 6: Race/Ethnicity Comparison

Percentage of Black and Latino People with HIV or AIDS in the EMA, 2024				
Population Group	**% of Total EMA Population**	**% of People with HIV (Prevalence)**	**% of New HIV Diagnoses**	**% of New AIDS Diagnoses**
Black/African American	16.1%	36.8%	34.4%	40.2%
Latino	70.3%	52.8%	58.5%	52.6%

Sources: 2024 FDOH Epi Profile and US Census Bureau, Population Estimates, July 2024

Table 7: Zip Code Map



□ Behavioral

Behavioral factors influencing HIV in the EMA, include high rates of sexually transmitted infections, mental health needs, and substance abuse.

- **Sexually transmitted infections.** Sexually transmitted infections (STIs) serve as a vector for HIV acquisition. Miami-Dade County has a high incidence of STIs. Rates of gonorrhea have increased 15.9% from 2022 to 2024. Early syphilis rates saw an 8.5% decrease in the same period, although that accounts for more than 2,400 cases. Miami-Dade County data from 2020 through 2024 for gonorrhea, chlamydia, and early syphilis are shown in the table, below.

  Among RWHAP clients, 26% were co-infected with one or more of those STIs.

Table 8: STIs

Sexually Transmitted Infections, 2020–2024					
STI	2020	2021	2022	2023	2024
Chlamydia	14,692	15,867	14,238	14,117	12,426
Gonorrhea	7,428	7,596	6,401	6,289	5,135
Early Syphilis	2,413	2,614	2,640	2,548	2,152

Source: Florida CHARTS, 2024

- **Mental health care.** Engaging people in mental health care plays an important role in preventing HIV transmission and in retaining people in care. According to www.hivinfo.nih.gov, there are situations that can contribute to mental health conditions in people with HIV including, difficulty in telling others about your HIV diagnosis, stigma and discrimination associated with HIV, loss of social support and isolation, and difficulty in getting mental health services. Locally, about 5% of RWHAP clients received mental health services in FY 2024.

- **Substance use.** Another factor in HIV transmission and inability to remain in care is substance use. In 2024, among all people with HIV in the EMA, 1,200 self-reported IDU as a transmission vector, a total of only 4%; and 608 or 2% reported MMSC/IDU as a transmission vector. Locally, only nine (9) RWHAP clients received Substance Abuse Outpatient treatment, and 88 clients received Substance Abuse Residential treatment.

- Tables on the following pages depict demographics for the jurisdiction:

  - □ Table 9: Race/Ethnicity of People Newly Diagnosed with HIV;
  - □ Table 10: Sex of People Newly Diagnosed; and
  - □ Table 11: Age of People Newly Diagnosed.

Table 9: Race/Ethnicity – Newly Diagnosed

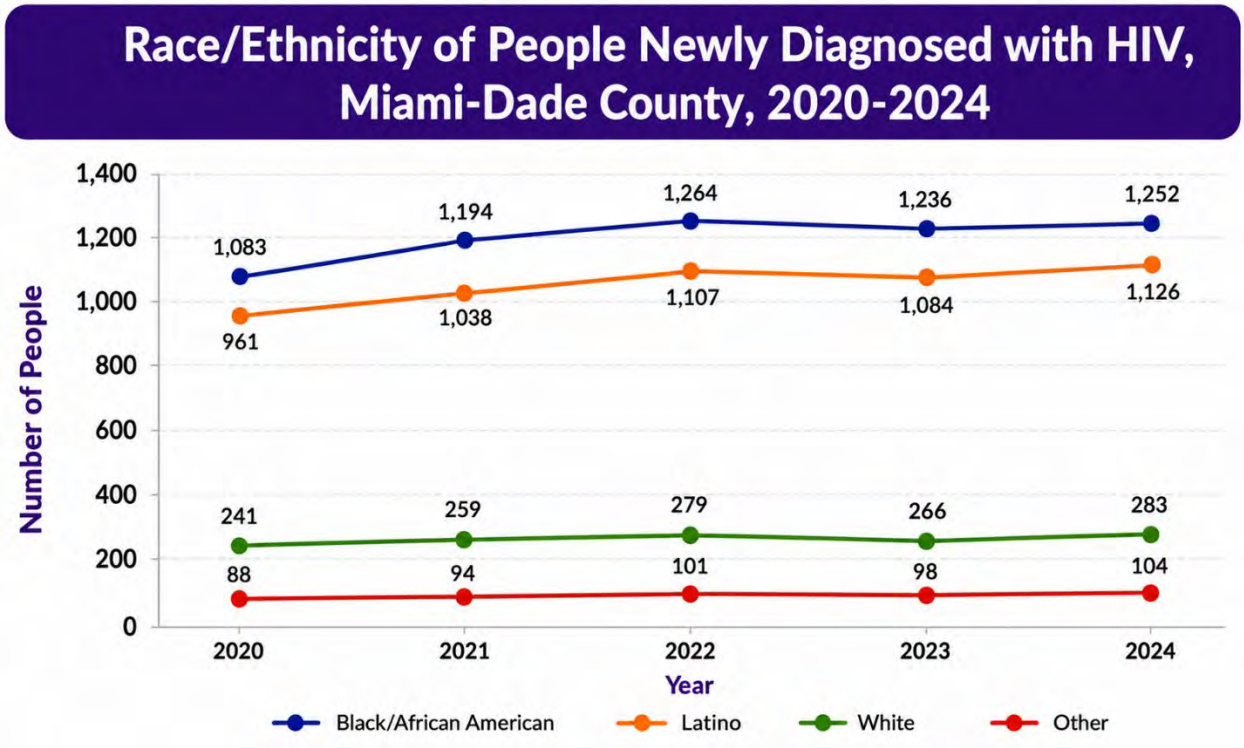
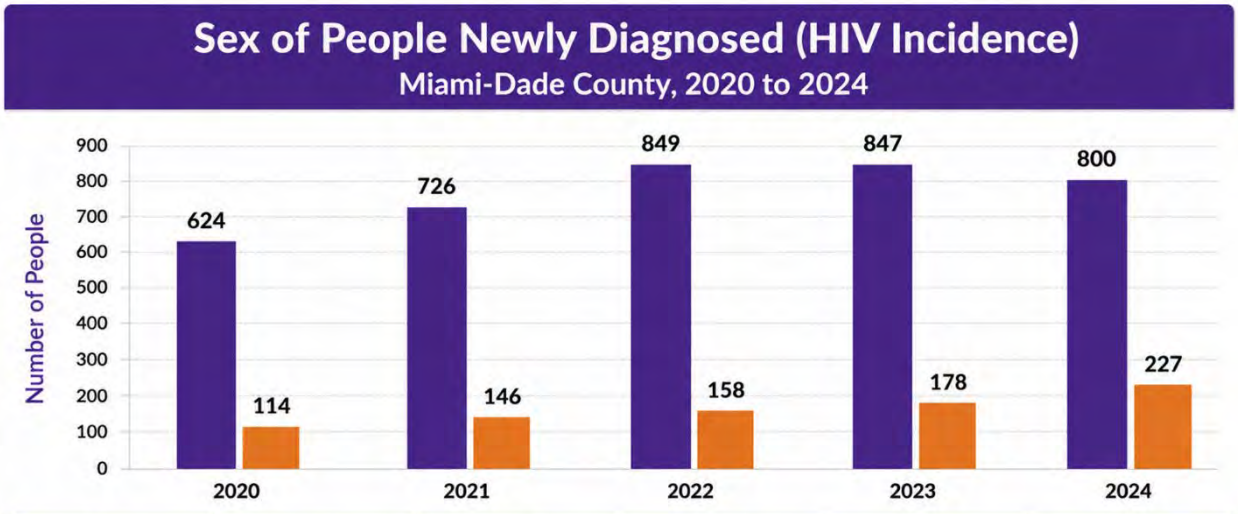


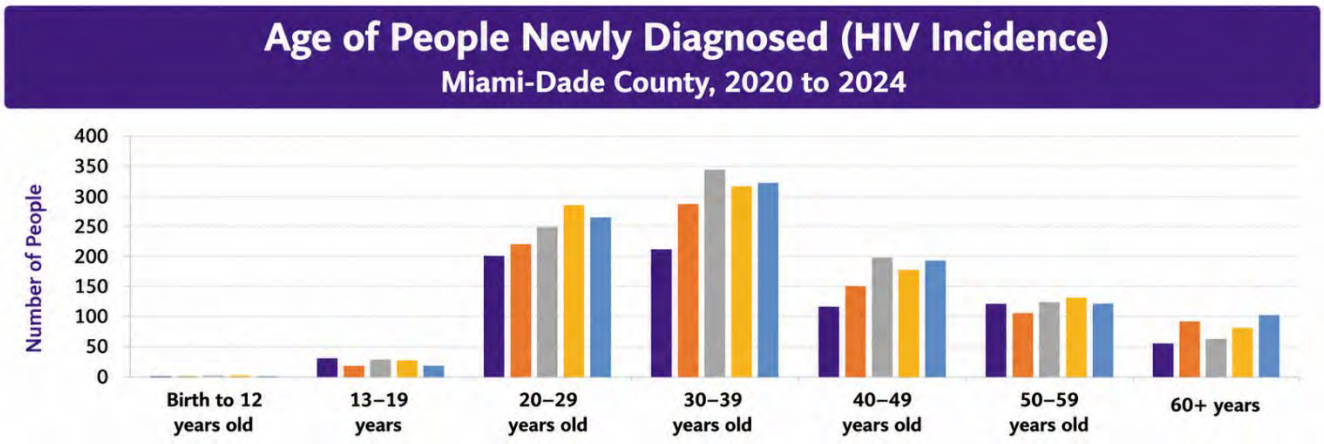
Table 10: Sex – Newly Diagnosed



Sex	2020	2021	2022	2023	2024
Male	624	726	849	847	800
Female	114	146	158	178	227

Source (Tables 9 and 10): 2024 FDOH Epi Profile

Table 11: Age – Newly Diagnosed



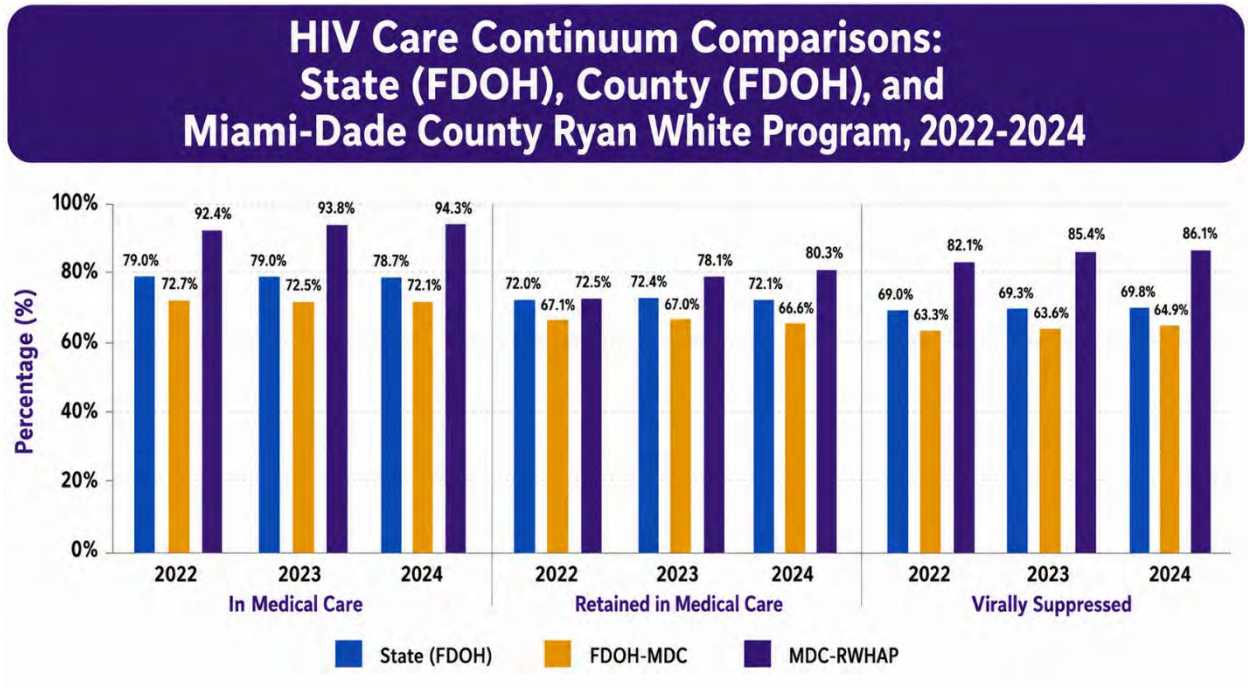
Age Group	2020	2021	2022	2023	2024
Birth to 12 years old	0	0	2	2	0
13–19 years	25	15	23	22	15
20–29 years old	203	222	248	286	265
30–39 years old	210	286	345	320	326
40–49 years old	119	151	198	181	195
50–59 years old	121	106	123	132	124
60+ years	60	92	68	82	102

Source: 2024 FDOH Epi Profile

□ HIV Care Continuum

Table 12, below, shows the HIV Care Continuum for all people with HIV in the state of Florida, compared to all people with HIV in Miami-Dade County, and to people receiving care through the EMA's RWHAP. The trends demonstrate both high levels of HIV burden in the EMA and high levels of RWHAP program success.

Table 12: HIV Care Continuum



Sources: PE Miami and 2024 FDOH State and Miami-Dade County Epi Profiles

Table 13: HIV Incidence

HIV Incidence People Newly Diagnosed with HIV Demographics and Transmission Categories Miami-Dade County, 2020 to 2024											
Demographic Groups and Transmission Categories	2020		2021		2022		2023		2024		% Change 2022-2024
	#	%	#	%	#	%	#	%	#	%	
Demographics: Race/Ethnicity											
White	67	9.1%	62	7.1%	62	6.2%	62	6.0%	60	5.8%	-3.2%
Black	196	26.6%	274	31.4%	284	28.2%	353	34.4%	353	34.4%	24.3%
Latino	467	63.3%	521	59.7%	653	64.8%	602	58.7%	601	58.5%	-8.0%
Asian	3	0.4%	9	1.0%	4	0.4%	4	0.4%	8	0.8%	100.0%
American Indian/Alaska Native	1	0.1%	3	0.3%	0	0.0%	0	0.0%	0	0.0%	-
Native Hawaiian/Pacific Islander	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-
Multi-race	3	0.4%	3	0.3%	4	0.4%	4	0.4%	5	0.5%	25.0%
Demographics: Age											
0–2 years	0	0.0%	0	0.0%	2	0.2%	0	0.0%	0	0.0%	-100.0%
3–12 years	0	0.0%	0	0.0%	0	0.0%	2	0.2%	0	0.0%	-
13–19 years	25	3.4%	15	1.7%	23	2.3%	22	2.1%	15	1.5%	-34.8%
20–24 years	72	9.8%	99	11.4%	106	10.5%	91	8.9%	85	8.3%	-19.8%
25–29 years	131	17.8%	123	14.1%	142	14.1%	195	19.0%	180	17.5%	26.8%
30–34 years	106	14.4%	165	18.9%	194	19.3%	168	16.4%	175	17.0%	-9.8%
35–39 years	104	14.1%	121	13.9%	151	15.0%	152	14.8%	151	14.7%	0.0%
40–44 years	69	9.3%	88	10.1%	116	11.5%	105	10.2%	120	11.7%	3.4%
45–49 years	50	6.8%	63	7.2%	82	8.1%	76	7.4%	75	7.3%	-8.5%
50–54 years	61	8.3%	54	6.2%	69	6.9%	77	7.5%	70	6.8%	1.4%
55–59 years	60	8.1%	52	6.0%	54	5.4%	55	5.4%	54	5.3%	0.0%
60+ years	60	8.1%	92	10.6%	68	6.8%	82	8.0%	102	9.9%	50.0%
Demographics/Transmission: Male Adults and Adolescents (ages 13 years and older)											
Male-to-Male Sexual Contact (MMSC)	526	84.3%	621	85.5%	715	84.2%	644	76.0%	606	75.8%	-15.2%
Heterosexual Contact	83	13.3%	98	13.5%	127	15.0%	196	23.1%	190	23.8%	49.6%
Injection Drug Use (IDU)	9	1.4%	5	0.7%	4	0.5%	3	0.4%	2	0.3%	-50.0%
MMSC/IDU	6	1.0%	2	0.3%	3	0.4%	3	0.4%	2	0.3%	-33.3%
Other Reason	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-
Demographics/Transmission: Female Adults and Adolescents (ages 13 years and older)											
Heterosexual Contact	109	95.6%	142	97.3%	154	98.7%	173	98.3%	227	100.0%	47.4%
IDU	5	4.4%	4	2.7%	2	1.3%	4	2.3%	0	0.0%	-100.0%
Other Reason	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-
Demographics/Transmission: Pediatric (ages 0-12 years old)											
Perinatal Exposure	0	-	0	-	2	100.0%	1	50.0%	0	-	-100.0%
Non-perinatal Exposure	0	-	0	-	0	0.0%	1	50.0%	0	-	-

Source: FDOH Epi Profile

Table 14: HIV Prevalence

HIV Prevalence People with HIV Demographics and Transmission Categories Miami-Dade County, 2020 to 2024											
Demographic Groups and Transmission Categories	2020		2021		2022		2023		2024		% Change 2022-2024
	#	%	#	%	#	%	#	%	#	%	
Demographics: Race/Ethnicity											
White	2,875	10.0%	2,865	9.9%	2,825	9.7%	2,769	9.4%	2,763	9.2%	-2.2%
Black	11,082	38.5%	11,054	38.1%	10,959	37.5%	10,971	37.1%	11,056	36.8%	0.9%
Latino	14,433	50.2%	14,710	50.7%	15,066	51.6%	15,506	52.4%	15,887	52.8%	5.4%
Asian	92	0.3%	97	0.3%	97	0.3%	99	0.3%	103	0.3%	6.2%
American Indian/Alaska Native	10	0.0%	13	0.0%	12	0.0%	12	0.0%	12	0.0%	0.0%
Native Hawaiian/ Pacific Islander	8	0.0%	7	0.0%	7	0.0%	8	0.0%	8	0.0%	14.3%
Multi-race	255	0.9%	248	0.9%	237	0.8%	240	0.8%	245	0.8%	3.4%
Demographics: Age											
0–2 years	0	0.0%	0	0.0%	2	0.0%	1	0.0%	1	0.0%	-50.0%
3–12 years	25	0.1%	21	0.1%	18	0.1%	18	0.1%	14	0.0%	-22.2%
13–19 years	81	0.3%	55	0.2%	53	0.2%	49	0.2%	49	0.2%	-7.5%
20–24 years	593	2.1%	560	1.9%	494	1.7%	416	1.4%	361	1.2%	-26.9%
25–29 years	1,618	5.6%	1,491	5.1%	1,391	4.8%	1,379	4.7%	1,296	4.3%	-6.8%
30–34 years	2,461	8.6%	2,527	8.7%	2,514	8.6%	2,427	8.2%	2,395	8.0%	-4.7%
35–39 years	2,515	8.7%	2,664	9.2%	2,774	9.5%	2,878	9.7%	3,030	10.1%	9.2%
40–44 years	2,662	9.3%	2,688	9.3%	2,707	9.3%	2,848	9.6%	2,844	9.5%	5.1%
45–49 years	3,020	10.5%	2,872	9.9%	2,793	9.6%	2,742	9.3%	2,806	9.3%	0.5%
50–54 years	3,901	13.6%	3,639	12.6%	3,486	11.9%	3,368	11.4%	3,228	10.7%	-7.4%
55–59 years	4,566	15.9%	4,556	15.7%	4,359	14.9%	4,204	14.2%	4,029	13.4%	-7.6%
60+ years	7,313	25.4%	7,921	27.3%	8,612	29.5%	9,275	31.3%	10,021	33.3%	16.4%

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Table 14: HIV Prevalence (continued)

HIV Prevalence
People with HIV
Demographics and Transmission Categories
Miami-Dade County, 2020 to 2024
– Continued –

Demographic Groups and Transmission Categories	2020		2021		2022		2023		2024		% Change 2022-2024
	#	%	#	%	#	%	#	%	#	%	
Demographics/Transmission: Male Adults and Adolescents (ages 13 years and older)											
MMSC	16,625	76.0%	17,002	76.6%	17,261	77.0%	17,581	77.2%	17,844	77.1%	3.4%
Heterosexual Contact	3,747	17.1%	3,732	16.8%	3,743	16.7%	3,835	16.8%	3,947	17.1%	5.5%
IDU	782	3.6%	782	3.5%	750	3.3%	725	3.2%	717	3.1%	-4.4%
MMSC/IDU	695	3.2%	664	3.0%	636	2.8%	618	2.7%	608	2.6%	-4.4%
Other Reason	11	0.1%	10	0.0%	10	0.0%	10	0.0%	10	0.0%	0.0%
Demographics/Transmission: Female Adults and Adolescents (ages 13 years and older)											
Heterosexual Contact	6,007	91.4%	5,950	91.6%	5,954	91.7%	6,022	92.2%	6,142	92.5%	3.2%
IDU	547	8.3%	525	8.1%	518	8.0%	490	7.5%	482	7.3%	-6.9%
Other Reason	12	0.2%	11	0.2%	11	0.2%	11	0.2%	10	0.2%	-9.1%
Demographics/Transmission: Pediatric (ages 0-12 years old)											
Perinatal Exposure	303	96.5%	292	96.7%	297	96.7%	287	96.3%	289	96.7%	-2.7%
Non-perinatal Exposure	11	3.5%	10	3.3%	10	3.3%	11	3.7%	10	3.3%	0.0%

Source: FDOH Epi Profile

III.2.d. HIV Clusters

As detailed in **Section IV: Situational Analysis**, below, at present, there are no identified HIV outbreaks within the EMA; however, three active molecular networks continue to be monitored and managed through ongoing surveillance and intervention activities.

III.3. HIV Prevention, Care and Treatment Resource Inventory

The organizations and agencies noted in this section provide care and treatment and prevention services throughout the EMA under various funding streams.

The Partnership, specifically the Prevention Committee which oversees Prevention activities (Goals 1 and 4), and the Strategic Planning Committee which oversees Care and Treatment activities (Goals 2 and 3), includes members who represent organizations covering all funding streams noted in the tables below. Management within each funding stream is based on the parameters of the funded programs. Additional efforts are ongoing to bring more collaborators to the table and gain broader understanding of the Ryan White Program 2030 Goals, the four strategies of Ending the HIV Epidemic (EHE), and the national HIV/AIDS strategy goals and objectives as detailed in **Section V: Goals and Objectives**, below.

Regarding substance use prevention, the EMA works in close coordination with the University of Miami Infectious Disease Elimination Act (IDEA Exchange) which is the first syringe exchange program in Florida, and whose Program Director is a member of the Partnership. This Plan includes a Prevention activity to promote and support the IDEA Exchange as well as activities to address the whole-person approach to HIV prevention services. Note: There are no Federal funds supporting this activity. As noted below, service providers throughout the county also receive SAMHSA and CDC funding for substance prevention and treatment.

Miami-Dade County and the Florida Department of Health in Miami-Dade County also receive EHE funding for innovative prevention and care initiatives to enhance and fill in gaps of RWHAP or other FDOH-MDC funding.

- **Miami-Dade County EHE**

  - **Quick Connect Services:** To update and distribute clear, understandable HIV educational materials to non-RWHAP funded clinics and testing sites to support access to HIV resources and services for newly diagnosed and re- engaging clients; to expand EHE Quick Connect services across hospitals, clinics, and community settings to ensure rapid access to antiretroviral (ARV) medication and linkage to ongoing care; and use of the Positive Peers online app.

  - **HealthTec Services:** To provide access to telecommunication devices (smart phones or tablets) and internet services, along with basic instructions and connectivity support, to help people with HIV overcome barriers to care and engage in HIV services through telehealth.

  - **Housing Stability Services:** To provide housing stability services, including short-term, transitional, emergency, and supportive housing assistance, along with housing navigation and supportive case management services, to help people with HIV remain in HIV care and overcome housing-related barriers.

- **Mobile GO Teams Services:** To deploy Mobile GO Teams Services using a mobile clinic to deliver healthcare services and provide access to ARV in high priority and underserved areas, reducing barriers to HIV care engagement and supporting improved health outcomes for people with HIV.

- **Planned new service categories for EHE include the following, beginning March 1, 2027:**

  - Health Insurance Premiums and Cost Sharing Assistance;
  - Emergency Financial Assistance (grocery vouchers, utility assistance, etc.); and
  - Local Pharmaceutical Assistance Program.

- **FDOH-MDC EHE**

  - **HIV Testing:** To provide rapid HIV testing, routine HIV testing in emergency departments, and at-home HIV testing.

  - **Rapid Access to Care:** To ensure all persons who test positive for HIV will have medication to reach viral load suppression.

  - **Pre-Exposure Prophylaxis (PrEP):** To increase PrEP uptake and access points.

  - **Re-engagement in Care:** To get people who have fallen out of care back into care.

  - **Partner Services:** To provide confidential partners services to individuals exposed to HIV, including HIV testing, and linkage to HIV treatment or PrEP.

  - **Academic Detailing:** To educate hospitals and clinics on the benefits of routinized opt-out HIV testing.

  - **Establishing a Referral Network:** To connect people with HIV to care and services.

Overall, the EMA has a broad range of funding sources covering all RWHAP categories of services. Ryan White Part A services listed in **Table 16: Core Medical Services Resource Inventory,** and **Table 17: Support Services Resource Inventory**, below, are guided by HRSA Policy Clarification Notice (PCN) #16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.

It is the aim of this Plan to ensure all persons who have or are at risk of acquiring HIV are aware of and utilize all available services for which they qualify. Persons who enter the service system through the Test and Treat/Rapid Access protocol and those who are enrolled in RWHAP and ADAP care can be monitored to ensure they are maximizing available needed services. However, this Plan acknowledges some limitations in data collection for persons who are above 400% Federal Poverty Level (FPL), who have private medical coverage, and whose plans of care are not known.

III.3.a. Providers

The directory below lists local service providers and grantees by their identified funding sources. Several providers span multiple funding sources. The SAMHSA grantees listed are funded for one or more HIV-related grants, including research, capacity building, prevention, and direct services. The EMA receives funds for other CDC and SAMHSA grants which are not specific to HIV and are not included in this directory.

- □ **Ryan White Program Part A**
  - AIDS Healthcare Foundation (AHF)
  - Better Way of Miami
  - CAN Community Health
  - Citrus Health Network
  - Community Health of South Florida (CHI)
  - Food for Life Network
  - Jessie Trice Community Health System
  - Latinos Salud
  - Legal Services of Greater Miami
  - New Hope C.O.R.P.S.
  - Public Health Trust/Jackson Health System

- □ **Ryan White Program Part A and MAI**
  - Borinquen Health Care Center
  - Care 4 U Community Health Center
  - Care Resource Community Health Center
  - Empower U Community Health Center
  - Miami Beach Community Health Center
  - University of Miami (UM) Comprehensive AIDS Program

- □ **Ryan White Program Part B**
  - AIDS Healthcare Foundation (AHF)
  - Borinquen Health Care Center
  - CAN Community Health
  - Care 4 U Community Health Center
  - Care Resource Community Health Center
  - Community Health of South Florida (CHI)
  - Empower U Community Health Center

- □ **Ryan White Program Part C**
  - Borinquen Health Care Center
  - Empower U Community Health Center
  - Miami Beach Community Health Center
  - UM Comprehensive AIDS Program

- □ **Ryan White Program Part D**
  - UM Department of Pediatrics Division of Infectious Disease & Immunology

□ **Ryan White Part F**

- The EMA did not have a Part F Recipient at the time of this writing.

□ **2026 FDOH High Impact Prevention/EHE Providers**

- Care Resource Community Health Center
- Community Rightful Center
- South Florida AIDS Network contracted by the Public Health Trust of Miami Dade County (limited targeted HIV testing as part of Early Intervention Services outreach as defined in the HRSA PCN #16-02)
- CareFirst Foundation
- University of Miami Adolescent Medicine
- CAN Community Health (local EHE dollars)
- AIDS Healthcare Foundation (AHF) (local EHE dollars)
- Blessing Hands (local EHE dollars)

□ **CDC Prevention Providers**

- Borinquen Health Care Center
- Care Resource Community Health Center
- Community Health of South Florida
- Latinos Salud

□ **SAMHSA – HIV and Substance Abuse**

- Banyan Community Health Center
- Bethel Family Enrichment Center
- Borinquen Health Care Center
- Camillus House
- Care 4 U Community Health
- Carefirst Foundation
- Miami-Dade County
- Florida International University
- Gang Alternatives
- Jewish Community Services of South Florida
- Switchboard of Miami
- The Village South
- Westcare Foundation

□ **Ending the HIV Epidemic**

- Recipient: FDOH (funding earmarked for FDOH-MDC)
- Recipient: MDC OMB

□ **HOPWA**

- Recipient: City of Miami

□ **State**

- ADAP Recipient: FDOH
- General Revenue Provider: South Florida AIDS Network

III.3.b. Funding Sources

Although Miami-Dade County receives a broad range of state and federal funding for prevention and care, funding cuts and state and federal restrictions on use of funds have created challenges in the EMA, as detailed in **Section IV: Situational Analysis**, below.

Table 15: Prevention Resource Inventory

Prevention Resource Inventory									
Prevention Services	**FDOH-MDC EHE**	**FDOH-MDC Prevention**	**State HIP**	**State EHE**	**ADR (Linkage to Care)**	**General Revenue Prevention**	**HRSA/ EHE**	**CDC Direct Funding**	**SAMHSA**
Outreach	●	●	●	●				●	
HIV Testing	●	●	●	●		●	●	●	●
Linkage	●	●	●		●			●	
Education	●	●	●	●				●	
Integrated STI Screening	●	●						●	
PrEP/nPEP Screening, Referrals, and Linkage	●	●	●	●				●	
Condom Distribution	●	●	●	●				●	
Community Engagement	●	●	●	●				●	
Social Media Posts and Digital Advertising								●	
Treatment Referrals	●	●						●	

Table 16: Core Medical Services Resource Inventory

Core Medical Services Resource Inventory									
	Ryan White Program					Other Funding			
Core Medical Services	**A**	**B**	**C**	**D**	**EHE**	**SAMHSA**	**Federal**	**General Revenue (State)**	**Local***
AIDS Drug Assistance Program (ADAP)		●							
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) - prescription drugs	●								
Early Intervention Services (EIS)			●						
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	●	●**							
Home and Community-Based Health Services								●	
Home Health Care					●			●	
Hospice Care							●	●	
Medical Case Management, including Treatment Adherence Services	●	●	●	●	●			●	●
Medical Nutrition Therapy			●					●	●
Mental Health Services	●	●	●	●	●	●		●	●
Oral Health Care	●		●					●	●
Outpatient/Ambulatory Health Services	●		●	●	●			●	●
Prescription Drugs (Local AIDS Pharmaceutical Assistance)	●	●	●	●				●	
Substance Abuse Outpatient Care	●		●			●		●	

* Locally funded providers and organizations; exclusive of privately funded or for-profit organizations.
**ADAP assistance is limited.

Table 17: Support Services Resource Inventory

Support Services Resource Inventory										
	Ryan White Program				Other Funding					
Support Services	**A**	**B**	**C**	**D**	**EHE**	**SAMHSA**	**HOPWA (HUD)**	**Federal**	**General Revenue (State)**	**Local***
Emergency Financial Assistance	●	●	●						●	
Food Bank	●			●					●	●
Health Education/Risk Reduction			●	●						
Home Delivered-Meals										●
Hospital Services									●	
Legal Services - Limited (Civil legal assistance related to health care and benefits)	●									
Long-Term/ Short-Term Housing, Rental Assistance, Utility Assistance					●		●	●	●	
Linguistic Services				●						
Medical Transportation	●		●	●					●	
Non-Medical Case Management Services			●	●		●			●	
Nursing Home									●	
Outreach Services	●		●	●		●				
Psychosocial Support Services	●**			●		●			●	
Rehabilitation Services										●
Referral for Health Care and Supportive Services					●	●			●	●
Respite Care										●
Risk Reduction			●	●						
Special Patient Navigation			●							
Substance Abuse Services (Residential)	●					●			●	
Treatment Adherence Counseling		●	●	●	●	●				

* Locally funded providers and organizations; exclusive of privately funded or for-profit organizations.
** Pending an identified provider in the next RFP Cycle.

Situational Analysis

Strengths, Challenges, Identified Needs, and Systemic Issues Impacting People Disproportionally Impacted by HIV

- Strengths: Long-standing, highly experienced HIV prevention and care infrastructure that has continuously evolved and strengthened over the past 36 years.
- Challenges: Florida ADAP, funding cuts, local and federal legislation, HRSA funding changes for the Ryan White Program, challenges for people aging with HIV, access to PrEP, stigma and bias, housing instability, and financial instability.
- Needs: Funding and programmatic needs to address challenges.
- Systemic Issues: Analysis of diagnosis, treatment, prevention, and the response to outbreaks.

Goals and Objectives

Goal 1: Prevent New HIV Transmission

- Objective 1.1: Increase knowledge of HIV status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.
- Objective 1.2: Prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and syringe services program (SSP) efforts.

Goal 2: Improve HIV-Related Health Outcomes for People with HIV

- Objective 2.1: Increase the percentage of newly diagnosed and previously diagnosed people with HIV (i.e., new to local Ryan White HIV/AIDS Program (RWHAP) or lost to care) who are linked to comprehensive HIV care and treatment within 30 days of initiating or re-engaging in care from [baseline]% to 95%.
- Objective 2.2: Increase the percentage of RWHAP clients receiving MCM, Outpatient/Ambulatory Health Services (OAHS), or Peer Education and Support Network (PESN) who achieve viral load (VL) suppression (<200 copies/mL) from [baseline]% to ≥95%, and improve retention in medical care from [baseline]% to ≥90%.
- Objective 2.3: Increase the percentage of people with HIV receiving Ending the HIV Epidemic (EHE) Initiative services who are linked to care within 30 days from [baseline]% to ≥90%, and achieve viral suppression from [baseline]% to ≥90%, through expanded use of EHE initiatives.

Goals and Objectives

Goal 3: Address HIV-Related Health Outcomes for Groups Experiencing Higher HIV Impact

- Objective 3.1: Increase the percentage of women in RWHAP care receiving MCM and OAHS who achieve viral load (VL) suppression (<200 copies/mL) from [baseline]% in [date] to ≥95% by [date] and improve retention in medical care from [baseline]% in [date] to ≥90%.
- Objective 3.2: Increase the percentage of adults aged 50+ in RWHAP care receiving MCM and OAHS who achieve viral load (VL) suppression (<200 copies/mL) from [baseline]% in [date] to ≥95% and improve retention in medical care from [baseline]% in [date] to ≥90%.
- Objective 3.3: Increase the percentage of RWHAP clients experiencing higher HIV impact (Black/African American males, Black/African American females, and Haitian males and females), receiving MCM and OAHS who achieve viral load (VL) suppression (<200 copies/mL) from [baseline]% in [date] ≥95%, and improve retention in medical care from [baseline]% to ≥90%.

Goal 4: Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners and Collaborators

- Objective 4.1: Respond rapidly to active HIV Molecular Network (HMN) reports to stop transmission in vulnerable communities, reducing gaps in access to prevention services, care and support services.

Other Concerns

These concerns and activities will be included in data tracking pending identifiable data sources.

- Increase access to services addressing key social determinants of health, and develop guidelines and procedures for RWHAP Medical Case Managers to identify and address the impact of social determinants of health.
- Assess and address health insurance and benefits needs.
- Address treatment adherence barriers.
- Assess and address food insecurity.
- Assess housing status and coordinate access to housing services.
- Address stigma and social support needs by connecting newly enrolled and re-engaged RWHAP clients to peer support, support groups, and related services.

Implementation and Monitoring

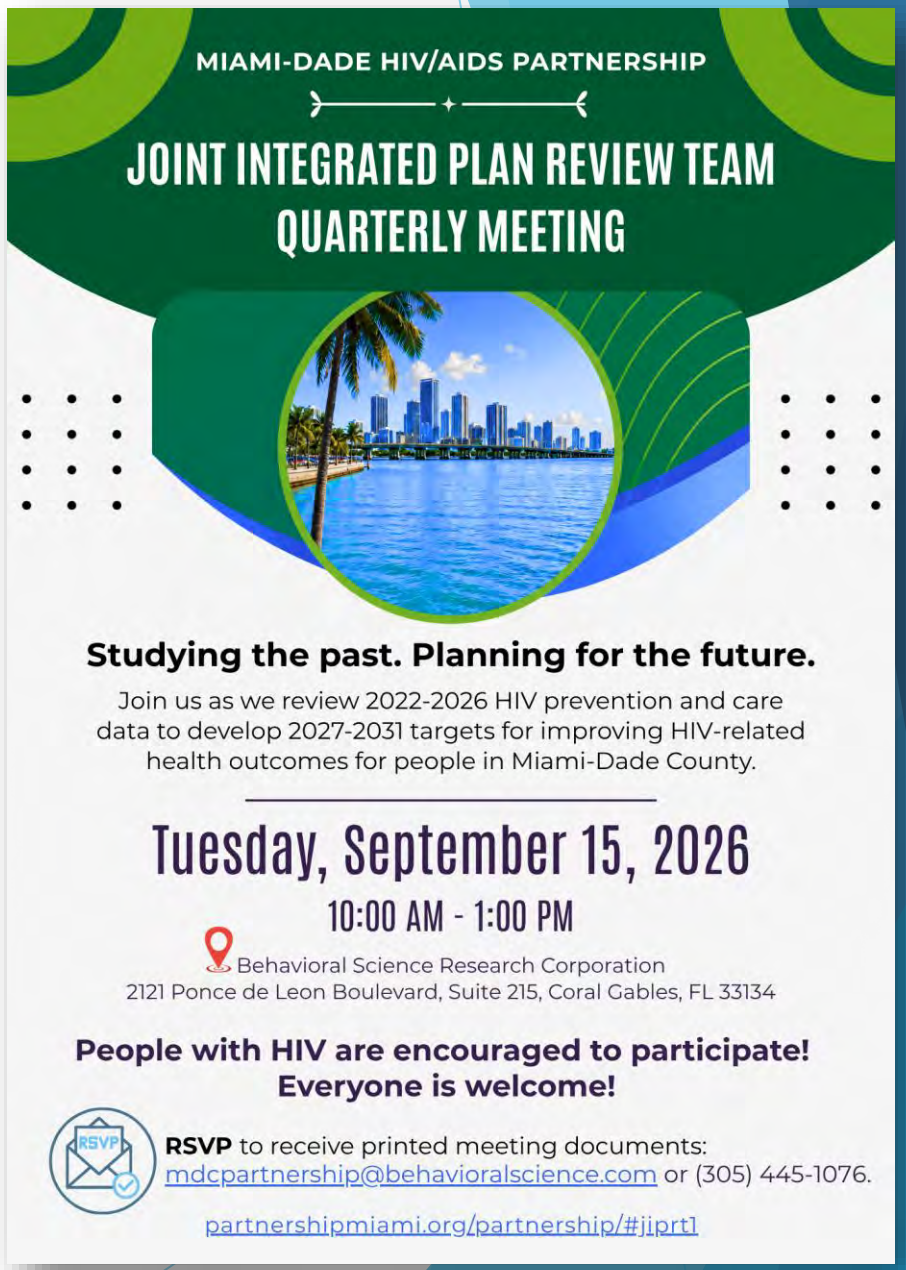
Integrated Plan Monitoring and Reporting System (IPMRS)

Goal

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

Next Steps

- Join the Prevention Committee or the Strategic Planning Committee.
- Attend Joint Integrated Plan Review Team (JIPRT) meetings. All meetings are open to the public!
- Share your input at meetings.
- Share the Integrated Plan with your organization and collaborators, including:
  - Local business leaders
  - Faith-based institutions
  - Social media influencers
  - Representatives from state or local law enforcement and/or correctional facilities
  - Local, regional, and school-based clinics; healthcare facilities; clinicians; and other medical providers
  - You?



Q&A

- Please raise your hand or chat your questions.
- Answers to questions we do not get to today will be posted with this presentation at:

https://partnershipmiami.org/partnership/#getonboard1

Contact us for more information and to learn how you can be a decision-maker with the Partnership!

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