Welcome!

Strategic Planning Committee Meeting

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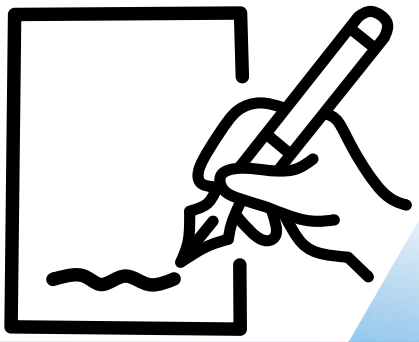
www.PartnershipMiami.org

Please Sign In



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Strategic Planning Committee

Tuesday, October 13, 2026
10:00 AM – 12:00 AM

Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

AGENDA

I.	Call to Order	Stephanie Stonestreet
II.	Introductions	All
III.	Meeting Housekeeping	Stephanie Stonestreet
IV.	Floor Open to the Public	Angela Machado
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 15, 2026	All
VII.	Reports ▪ Membership ▪ Partnership	Staff
VIII.	Standing Business ▪ 2026 Assessment of the Efficiency of the Administrative Mechanism Report	All
IX.	New Business ▪ Officer Elections ▪ 2027 Calendar of Activities	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Joint Integrated Plan Review Team: November 17, 2026 at FDOH, Health District Center, 1350 NW 14th St., Room 401B, Miami, FL 33125	Angela Machado
XII.	Adjournment	Stephanie Stonestreet

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Meeting Housekeeping Strategic Planning Committee

Created by *Behavioral Science Research*

Updated October 2026

Disclaimer & Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.
- You must sign in to be counted as present.
- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall treat all persons, issues and business fairly.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.
- All attendees may address the board as time allows and at the discretion of the Chair.
- Only Strategic Planning Committee members vote at today's meeting.

Your Meeting Folder

Please write your name on the folder tab.

Please leave your meeting materials in the folder after the meeting.

OR

If there are materials you want to keep, please bring them back to the next meeting, as needed.

Staff will collect folders after the meeting and bring them to future meetings.

Language Matters!

Words can be stigmatizing or empowering.

Please consider how we refer to people:
People with HIV, ***People*** with substance use disorders, ***People*** who are unhoused, etc.

Please **do not** use these terms when referring to people:
Dirty. Clean. Full-blown AIDS. Victim.

Please don't say, **INFECTED with HIV.**
Instead, say **ACQUIRED HIV, DIAGNOSED with HIV,** or **CONTRACTED HIV.**

Please don't say **RISKS.** Instead, say **REASONS.**

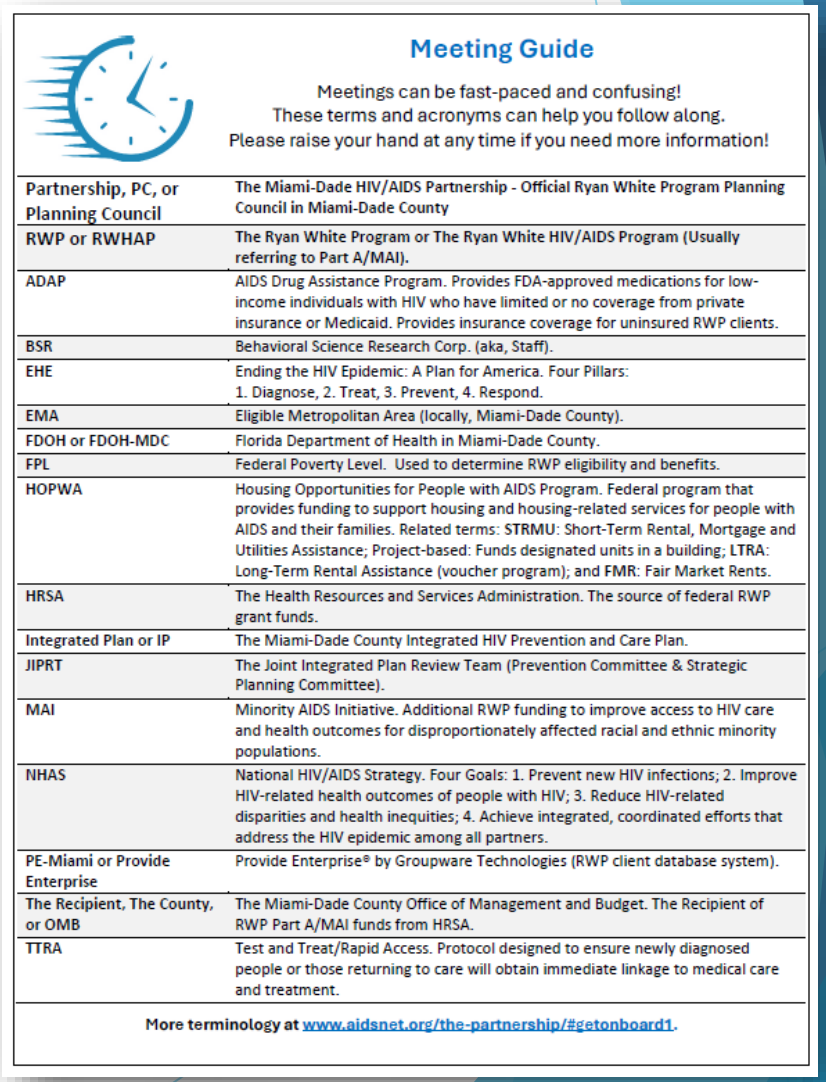
About the Partnership

- 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 Strategic Planning Committee is one of six Standing Committees of the Partnership.
- Strategic Planning Committee members also serve on the Joint Integrated Plan Review Team (JIPRT).
- 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.
- See staff after the meeting for additional details.

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

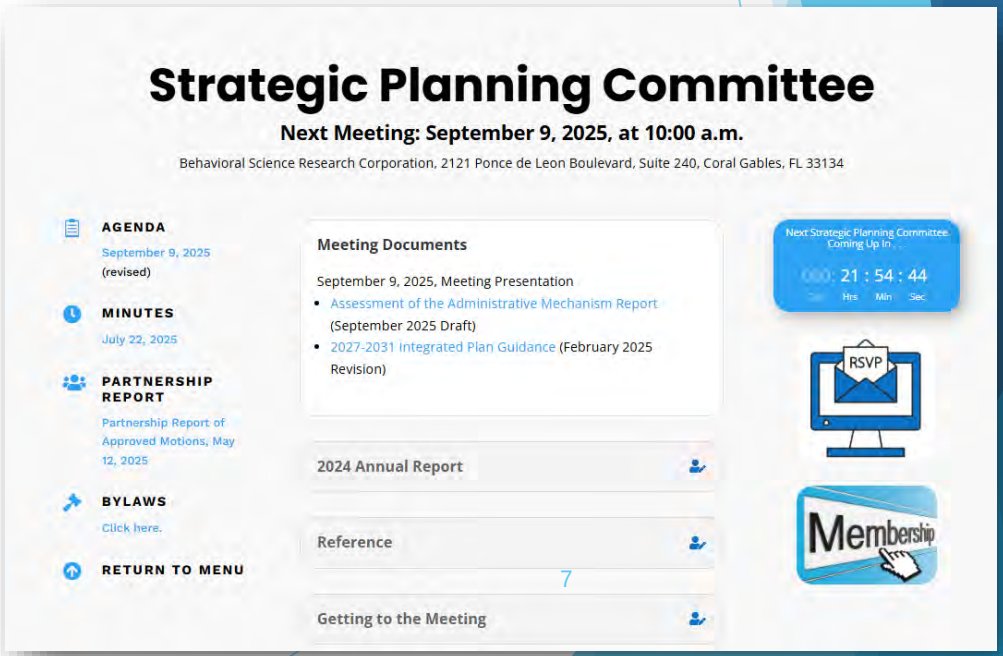
Meetings can be fast-paced and confusing!
These terms and acronyms can help you follow along.
Please raise your hand at any time if you need more information!

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.
- See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- Find today's meting documents online at www.PartnershipMiami.org or by scanning the QR code on your agenda.



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Strategic Planning Committee

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XII.	Adjournment	Stephanie Stonestreet

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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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Strategic Planning Committee
Integrated Plan Review Meeting
Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 215, Coral Gables, FL 33134

September 15, 2026, Minutes

#	Members	Present	Absent
1	Edwards, Shawneaqua	x	
2	Eldanaf, Amal	x	
3	Fernandez, Guillermo		x
4	Gonzalez, Nilda		x
5	Guajardo, Maria	x	
6	Machado, Angela	x	
7	Stonestreet, Stephanie	x	
	Quorum = 4		

Guests	
Alvarez, Dunnia	Mejas, Thaydee
Ferrer, Luigi	Muñoz, Virginia
Forteza, Dani	Pillos, Dominique
Gallo, Giselle	Vertovec, Jack
Gonzalez De Obando, Tivisay	Villamizar, Kira
Lopez, Crystal	Williams, Stephen
Lowe, Camille	
Staff	
Bontempo, Christina	
Ladner, Robert	

Note: All documents referenced in these minutes are on file and were accessible to members and the public prior to and during the meeting, at https://partnershipmiami.org/partnership/#strategicplanning1.

I. Call to Order

Stephanie Stonestreet, Committee Chair, called the meeting to order at 10:17 a.m. and introduced the discussion topics for the meeting.

II. Introductions

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Angela Machado, Vice Chair, indicated the highlights of the *Meeting Housekeeping* PowerPoint slides, which were projected on the meeting screen.

IV. Floor Open to the Public

Ms. Machado opened the floor to the public with the following statement:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read onto the record. No statements were received via the telephone line or email.

There were no comments, so the floor was closed.

V. Review/Approve Agenda

Members reviewed the agenda and approved it as presented.

Motion to approve the agenda as presented.
Moved: Angela Machado **Seconded: Maria Guajardo** **Motion: Passed**

VI. Review the Minutes of August 17, 2026

Members reviewed the minutes of August 17, 2026.

Motion to approve the minutes of August 17, 2026, as presented.
Moved: Angela Machado **Seconded: Amal Eldanaf** **Motion: Passed**

VII. Reports

- **Membership**

Ms. Stonestreet reported that the committee has vacancies and that applications were available at the meeting. The Vacancy Flyer was projected on the meeting screen. Regarding the RWP Request for Proposals, it was suggested that providers funded for Medical Case Management could be required to name a client as a potential member.

- **Partnership**

Ms. Stonestreet announced that Partnership has not met since the last Strategic Planning Committee meeting. The next Partnership meeting is Monday, September 21 when members will be asked to review the Care and Treatment Committee Priority Setting and Resource Allocation recommendations, the Strategic Planning's Annual Report, and more. The meeting briefing is Friday, September 18. Attendees were reminded to please RSVP.

VIII. Standing Business

- **2027-2031 Integrated Plan Schedule**

Staff presented the 2027-2031 Integrated Plan Schedule PowerPoint including expected meeting agenda items through August 2027; a refresher on the Integrated Plan Monitoring and Reporting System; the importance of including people with HIV on the Partnership and committees; and where to find Integrated Plan resources online.

Members were urged to save the date of November 17, 2026, as the next Joint Integrated Plan Review Team meeting, pending the status of the contract for Prevention Committee activities.

In an effort to conserve paper, all attendees were given a green folder and were asked to write their name on the folder which will contain Integrated Plan reference documents for the life of the Plan. Staff will collect folders after each meeting and bring them to future meetings. Anyone who wished to take their folder with them after the meeting was asked to bring it to the next meeting.

DRAFT

- **2022-2026 Integrated Plan Goals 2 and 3 Data Review**

Trevor Cunningham, Ryan White Program (RWP) Ending the HIV Epidemic (EHE) Administrator, explained the local RWP EHE initiatives: Housing Stability Services, Quick Connect Services, HealthTec Services, and Mobile GO Teams Services. These initiative compliment RWP Part A services and are available to all Miami-Dade County residents with HIV as capacity allows. The Request for Proposals for EHE service providers is currently open, and the new contract period begins in March 2027. Data on utilization of Quick Connect Services and HealthTec Services were provided.

Staff reminded members of the groups designated as "Experiencing Higher HIV Impact", including women in RWP care, and people with HIV over age 50. Although those groups have successful health outcomes in the Miami-Dade County RWP, the Health Services and Resources Administration (HRSA) expects to see outcomes for those groups and that is why they are the designated target populations in the Plan. Data on viral load suppression and retention in medical care were presented which demonstrate those successful health outcomes. Data were stratified by clients receiving Medical Case Management and those receiving Outpatient Ambulatory Health Care services. The groups are not mutually exclusive, and the dynamics of care are likely to overlap.

Targets for both viral load suppression and retention in medical care should be adjusted to ≥ 95% since the target of ≥ 90% has been met or exceeded for most measurements.

The Plan was organized to track RWP data since that data is readily available. However, it was discussed that a fuller picture of people with HIV may be gathered from the Uniform Data System used by Health Choice Network. Staff will coordinate with the Florida Department of Health in Miami-Dade County and Health Choice Network to access data for reporting on 2027-2031 Plan measurements.

All data presented at the meeting will be referenced again during target setting for 2027-2031 Integrated Plan activities.

IX. New Business

- **Identifying Future Collaborators**

A worksheet was distributed to guide the conversation on identifying additional traditional and non-traditional collaborators. Members discussed how organizations, particularly those outside the HIV service system, such as first-responders and educators, should be included. For instance, do they have data they can share? What are their needs and how can we support them?

A clear message on the Partnership's requests and expectations of new collaborators needs to be developed to strengthen existing partnerships and build new relationships. The message should make clear that HIV is whole society issue and still very much a concern in Miami-Dade County.

When organizations are identified and there is not a known contact, efforts should be made to talk to the people in charge. Contacts will be added to the Integrated Plan database which is anticipated to be a shareable document.

Suggested collaborators include:

- Alliance for Aging;
- Office of Community Advocacy;
- Local churches, synagogues, and mosques;

- Academic institutions – elementary to university level (FIU, Barry University, University of Maimi Consumer Advisory Board;
- Healthy Start Coalition;
- Thriving Mind South Florida;
- Behavioral Science Research Institute;
- Gang Alternative (probation officers);
- Health Choice Network;
- National Alliance on Mental Illness (NAMI);
- Pharmaceutical companies (Gilead and ViiV);
- Pediatric Associates; and
- Together for Children.

X. Announcements and Open Discussion

Staff reminded attendees to leave their folder or, if they want to take the folder, please bring it to the next meeting.

XI. Next Meeting

Ms. Machado announced the next Strategic Planning Committee is scheduled for October 13, 2026, at BSR Corp., and Prevention Committee and Joint Integrated Plan Review Team meeting dates are pending.

XII. Adjournment

Ms. Stonestreet adjourned the meeting at 11:50 a.m.

DRAFT

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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!

COMMITTEE OPPORTUNITIES

Work with a dedicated team of volunteers on these Partnership committees
PEOPLE WITH HIV ARE ESSENTIAL TO THE WORK OF THE PARTNERSHIP. JOIN TODAY!

CARE & TREATMENT COMMITTEE

6 OPEN SEATS

- 4 PEOPLE WITH HIV
- 2 GENERAL MEMBERS

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

HOUSING COMMITTEE

6 OPEN SEATS

- 1 PEOPLE WITH HIV
- 5 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

7 OPEN SEATS

- 5 PEOPLE WITH HIV
- 2 GENERAL MEMBERS

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 Integrated HIV Prevention and Care Plan and thite HIV Annual Report.

COMMUNITY COALITION

4 OPEN SEATS

- 4 GENERAL MEMBERS

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

Partnership Report to Committees and Subcommittee
September 21, 2026, Meeting

Supporting documents related to motions in this report are available online at 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.

Members heard regular reports and voted to approve the motions listed below.

Care and Treatment Committee

1. Motion to add Code D0171-Post Operative Re-evaluation, and Code D9110-Palliative Treatment of Dental Pain-per visit, to the Ryan White Program Oral Health Care Formulary.
2. Motion to approve the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2027, as presented.
3. Motion to allocate the Ryan White Part A FY 2026-27 (YR 36) Minority AIDS Initiative (MAI) Sweeps 1.1 (SW1.1) funding recommendations as presented.
4. Motion to accept the Ryan White Program Minority AIDS Initiative (MAI) Priorities Ranking FY 2027-2028 as presented.
5. Motion to accept the Ryan White Program Part A Priorities Ranking FY 2027-2028 as presented.
6. Motion to accept the Miami-Dade County Ryan White Program (RWP) FY 2027-28 Part A Funding Ceiling Budget as presented.
7. Motion to accept the Miami-Dade County Ryan White Program (RWP) FY 2027-28 Minority AIDS Initiative (MAI) Ceiling Budget as presented.

Strategic Planning Committee

8. Motion to approve the Annual Report: HIV in Miami-Dade County, as presented.

New Business

9. Motion to approve the Letter of Assurance for Miami-Dade County's Ryan White Part A Program, and to authorize the Chair to sign the letter.

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Assessment of the Efficiency of the Administrative Mechanism

For the March 1, 2025 – February 29, 2026 Contract Year

Draft Report

Strategic Planning Committee, October 13, 2026

Behavioral Science Research Corporation
2121 Ponce de Leon Boulevard,
Suite 240, Coral Gables, FL 33134
mdcpartnership@behavioralscience.com

MIAMI-DADE COUNTY

BEHAVIORAL SCIENCE RESEARCH

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Special thanks to all those who made this report possible: Strategic Planning Committee Members for survey design, report review, and recommendations; Miami-Dade HIV/AIDS Partnership Members and Miami-Dade County Ryan White Program Part A/MAI Subrecipients for survey responses; and the Recipient and Groupware Technologies for review and feedback.

Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2026 award totaling $26,539,912 as of May 12, 2026, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

INTRODUCTION

The Assessment of the Efficiency of the Administrative Mechanism (AEAM) is a Ryan White Program (RWP) Part A/Minority AIDS Initiative (MAI) legislative requirement and responsibility of the local Ryan White Planning Council, the Miami-Dade HIV/AIDS Partnership (Partnership). Aggregated responses are used to evaluate the performance of the Eligible Metropolitan Area (EMA)'s Recipient, the Miami-Dade County Office of Management and Budget-Grants Coordination. Selected responses are included in the annual Ryan White Part A/MAI Program grant application and non-competing continuation reports. All data and reports are reviewed and published without information identifying any Partnership member or Part A/MAI subrecipient as the respondent.

The Partnership's Strategic Planning Committee reviewed this report at its October 13, 2026, meeting, including responses from the Recipient and Groupware Technologies, LLC's (regarding the Provide® Enterprise Miami (PE Miami) data management system). The process of inviting the Recipient and Groupware Technologies to provide comments has been ongoing and provides the opportunity for a comprehensive and thoughtful response to identified areas of concern.

In addition to the October 2026 review, Strategic Planning Committee members will discuss their recommendations for process improvements directly with the Recipient in January 2027 to guide improvements in planning council administration and enhancements in administrative functions. Those results will be added to this report, presented to the Partnership, and made available through regular channels, at that time.

The Partnership will review the approved draft at their November 2026 meeting with the understanding that process improvement recommendations will be presented at a later date.

For questions or clarification, please contact Robert Ladner, rladner@behavioralscience.com, or Christina Bontempo, at Behavioral Science Research Corp.

METHODOLOGY

Data collection for the AEAM was conducted via two Survey Monkey surveys: one administered to Partnership members; and one administered to RWP Part A/MAI subrecipients (subrecipients). Both surveys were reviewed and refined by the Strategic Planning Committee and drafted by Behavioral Science Research Corporation (BSR).

In an attempt to develop process improvements relative to responses of "Disagree" and "Strongly Disagree," two comment responses were required: 1) to "explain your concern," and 2) to "suggest a solution to your concern." Respondents could not proceed without completing the comment fields. Each comment field in these sections included the statement, "Your concerns will be reviewed by the Strategic Planning Committee and the Recipient. You are welcome to attend Strategic Planning Committee meetings to assist with process improvement." By creating two fields for comments, the results were more helpful than in the previous year when there was just one field for "comments and suggestions." Efforts to gain meaningful feedback will continue to be explored.

A general survey link was sent to each Partnership member via email or text, with an option to receive a paper copy or to have the survey administered over the phone. Subrecipients each received a direct link specific to their organization via email and were also given the option to receive a paper copy.

Both surveys were self-administered and programmed so that if a respondent was unable to complete the survey in one sitting, the respondent could pause in taking the survey, save the partially completed survey, and return to it later. Both surveys allowed respondents to make comments on each statement, and as noted above, required additional comments on negative responses. A general comments field, unrelated to specific statements, was included at the end of each survey.

THE PARTNERSHIP SURVEY

The Partnership AEAM survey was distributed via email and text on July 20, 2026, with an August, 2026, deadline, and was officially closed on October 2, 2026. Partnership members who are also subrecipients were instructed to complete both the Partnership and Subrecipient surveys.

Timely and complete collection of survey responses is an ongoing challenge. Of the 19 active Partnership members, 17 surveys were collected. One member was not able to complete the survey due to internal administrative restrictions on completing surveys through links to outside entities; and one member did not reply to numerous email and phone requests. BSR staff administered one survey over the phone.

The survey does not easily lend itself to being printed on paper as a downloadable file from Survey Monkey. A more streamlined paper version may need to be designed for future assessments. Survey administration will continue to be refined next year.

The 2026 Partnership AEAM Survey:

1. Evaluated how well the Recipient responds to the funding priorities and directives set by the Partnership;
2. Evaluated whether the Recipient disburses Part A and MAI funds to subrecipients in a timely manner consistent with Partnership recommendations;
3. Evaluated the level or understanding of regular reports (Expenditures, Utilization, and Top Line Summary);
4. Evaluated the overall performance of the Recipient and the administrative subrecipient;
5. Allowed for open-ended comments and suggestions for each statement;
6. Required respondents to "explain your concern," and "suggest a solution" for ratings of "Disagree" or "Strongly Disagree" (note: there were no "Disagree" or "Strongly Disagree;" responses in 2026); and
7. Included an optional general comments field, "Additional comments or suggestions regarding the Recipient, BSR, and/or other matters."

THE SUBRECIPIENT SURVEY

The Subrecipient AEAM survey was emailed directly to one or more subrecipient representatives at each subrecipient organization on July 22, 2026, with an August 7, 2026, deadline, and was officially closed on October 2, 2026. Subrecipients who were also Partnership members were instructed to complete both the Subrecipient and the Partnership surveys.

The subrecipient version allowed for up to three people from the organization to record their name(s) as co-respondents. Each subrecipient received a link dedicated to their organization which avoided duplicate responses from the same organization. Subrecipient identifying comments have been redacted.

As with the Partnership survey, timely and complete collection of survey responses is an ongoing challenge. Of the 17 subrecipients, 15 surveys were collected. One subrecipient answered just the first question of the survey, was asked to complete the survey several times, and did not respond. Those results were saved, however, since there were no responses to statements, the results are not included in this report. One subrecipient did not reply to numerous email and phone requests.

The survey suggests gathering input from a variety of subrecipient staff including medical case managers, medical case management supervisors, contract managers, and billing managers. Several subrecipients requested and received a printable copy so they could distribute the relevant questions to different staff members in their organization. However, as with the Partnership survey, the survey does not easily lend itself to being printed on paper as a downloadable file from Survey Monkey. A more streamlined paper version may need to be designed for future assessments, and included as an attachment to the Survey Monkey link. Survey administration will continue to be refined next year.

The only notable change to survey questions this year was that the question, “Did delays in contract execution cause service disruptions or organizational disruptions?” was broken out into two questions, one for service disruptions, and one for organizational disruptions, so as to better understand the impacts, if any, of contract delays. The 2024 and 2025 results, (where service disruptions or organizational disruptions were combined) are shown next to the 2026 results (where service disruptions or organizational disruptions are separated), in 2026 Part A/MAI Subrecipient Survey Results, below.

Regarding Data Management System statements, this marks five years where all results are related to PE Miami, and Automated Case Management System’s (ACMS) Service Delivery Information System (SDIS), the data management system used previously, is not included.

The Subrecipient AEAM Survey:

1. Evaluated whether the Recipient disburses Part A/MAI funds to RWP subrecipients in a timely manner, consistent with Partnership recommendations;
2. Evaluated how the Recipient manages contracts with RWP Part A/MAI subrecipients;
3. Evaluated the factors leading to delayed contract execution (if applicable);
4. Evaluated the impacts of delayed contract execution (if applicable);
5. Evaluated the overall performance of the Recipient and the contracted subrecipient for planning council staff support and clinical quality management services;
6. Evaluated Groupware Technologies PE Miami data management system;
7. Allowed for open-ended comments and suggestions for each statement;
8. Required respondents to "explain your concern," and "suggest a solution" for ratings of "Disagree" or "Strongly Disagree;" and
9. Included an optional general comments field, "Additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters."

COMPARATIVE ANALYSIS OF AEAM RESULTS 2021 and 2023 to 2026

BSR has historically provided the Recipient and the Partnership with a five-year longitudinal analysis of the AEAM results to identify ongoing challenges, if any, and to document progress made toward improving the administrative agent's functions. This report contains data from the 2021 and 2023 through 2026 AEAM surveys. In 2022 no survey was distributed because the Strategic Planning Committee, the Partnership, and the Recipient were solely focused on development of the 2022-2026 Integrated HIV Prevention and Care Plan, and on meeting the Plan submission deadline.

Surveys in 2021 and 2023 evaluated the responses of 16 subrecipients which was corrected in 2024 to 17 funded subrecipients to account for one subrecipient with a separate "dba" contract. All subrecipient results are reported by percentages and separated by reporting year, with the total number of respondents indicated in each corresponding table.

Partnership responses have varied year to year based on the number of active members on the roster. In 2026, 17 of 19 active Partnership members completed the survey. All Partnership results are reported by percentages and separated by reporting year, with the total number of respondents indicated in each corresponding table.

2026 PARTNERSHIP AEAM SURVEY RESULTS

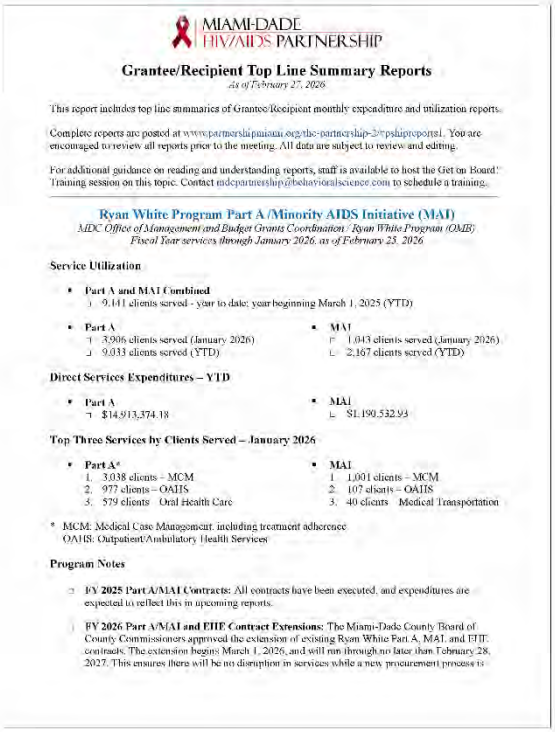
General Comments

a) The Partnership is a true live example of community empowerment and working to improve population health.
b) I appreciate being a part of the program.
c) Staff keeps us aware of pending changes. Staff keeps us in good standing.
d) The Planning Council keeps us updated to all the HIV services!
e) None.
f) Love the work they do.

Recipient Response: We appreciate the feedback recognizing the Partnership as a true example of community empowerment working to improve population health. It is encouraging to hear that members value being part of this program. Your comments highlight that BSR staff keep the Partnership informed of upcoming changes, help ensure members remain in good standing, and consistently provide updates on HIV services. We appreciate the affirmation of their work.

Samples of Reports Referenced in the Partnership Survey

Full reports are available at https://partnershipmiami.org/partnership/#pshipreports1.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Grantee/Recipient Top Line Summary Reports

As of February 27, 2026

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

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

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

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

MDC Office of Management and Budget Grants Coordination / Ryan White Program (OMB)
Fiscal Year services through January 2026, as of February 25, 2026

Service Utilization

- **Part A and MAI Combined**
  - 9,141 clients served - year to date; year beginning March 1, 2025 (YTD)
- **Part A**
  - 3,906 clients served (January 2026)
  - 9,033 clients served (YTD)
- **MAI**
  - 1,043 clients served (January 2026)
  - 2,167 clients served (YTD)

Direct Services Expenditures – YTD

- **Part A**
  - $14,913,374.18
- **MAI**
  - $1,190,532.93

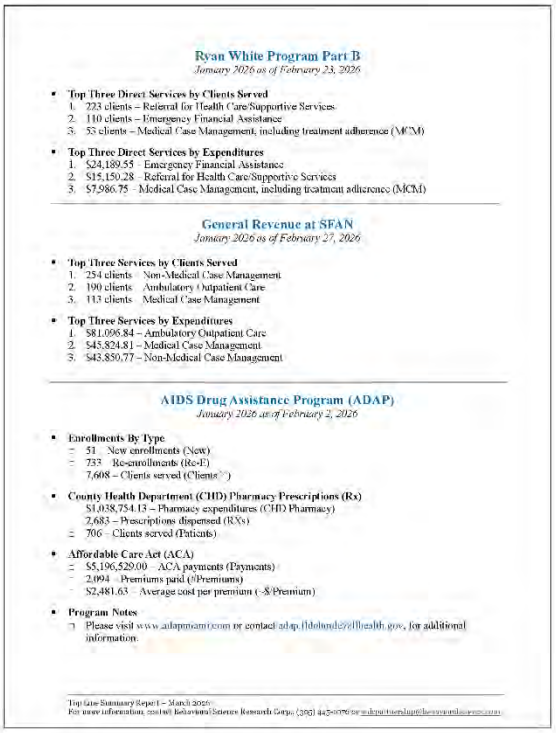
Top Three Services by Clients Served – January 2026

- **Part A***
  1. 3,038 clients – MCM
  2. 977 clients – OAHS
  3. 579 clients – Oral Health Care
- **MAI**
  1. 1,001 clients – MCM
  2. 107 clients – OAHS
  3. 40 clients – Medical Transportation

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

Program Notes

- **FY 2025 Part A/MAI Contracts:** All contracts have been executed, and expenditures are expected to reflect this in upcoming reports.
- **FY 2026 Part A/MAI and EHE Contract Extensions:** The Miami-Dade County Board of County Commissioners approved the extension of existing Ryan White Part A, MAI, and EHE contracts. The extension begins March 1, 2026, and will run through no later than February 28, 2027. This ensures there will be no disruption in services while a new procurement process is



Ryan White Program Part B

January 2026 as of February 23, 2026

- **Top Three Direct Services by Clients Served**
  1. 223 clients – Referral for Health Care/Supportive Services
  2. 110 clients – Emergency Financial Assistance
  3. 53 clients – Medical Case Management, including treatment adherence (MCM)
- **Top Three Direct Services by Expenditures**
  1. $24,189.55 – Emergency Financial Assistance
  2. $15,150.28 – Referral for Health Care/Supportive Services
  3. $7,986.75 – Medical Case Management, including treatment adherence (MCM)

General Revenue at SFAN

January 2026 as of February 27, 2026

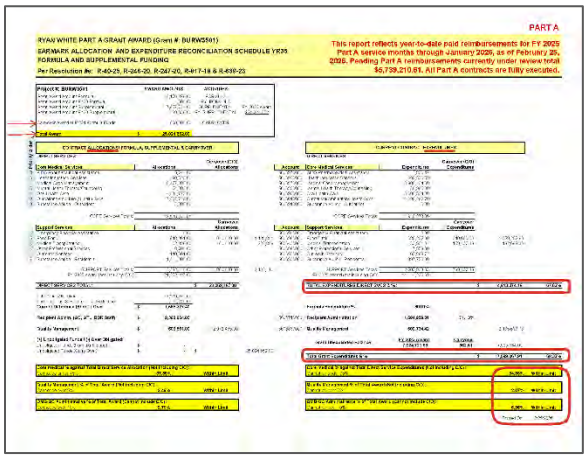
- **Top Three Services by Clients Served**
  1. 254 clients – Non-Medical Case Management
  2. 190 clients – Ambulatory Outpatient Care
  3. 113 clients – Medical Case Management
- **Top Three Services by Expenditures**
  1. $81,096.84 – Ambulatory Outpatient Care
  2. $45,824.81 – Medical Case Management
  3. $43,850.77 – Non-Medical Case Management

AIDS Drug Assistance Program (ADAP)

January 2026 as of February 2, 2026

- **Enrollments By Type**
  - 51 – New enrollments (New)
  - 733 – Re-enrollments (Re-E)
  - 7,608 – Clients served (Clients*)
- **County Health Department (CHD) Pharmacy Prescriptions (Rx)**
  - $1,038,754.13 – Pharmacy expenditures (CHD Pharmacy)
  - 2,683 – Prescriptions dispensed (RXs)
  - 706 – Clients served (Patients)
- **Affordable Care Act (ACA)**
  - $5,196,529.00 – ACA payments (Payments)
  - 2,094 – Premiums paid (#Premiums)
  - $2,481.63 – Average cost per premium (~$/Premium)
- **Program Notes**
  - Please visit www.adapmiami.com or contact adap.fldohmdc@flhealth.gov, for additional information.

Top Line Summary Report – March 2026
For more information, contact Behavioral Science Research Corp. (305) 443-0070 or mdcpartnership@behavioralscience.com

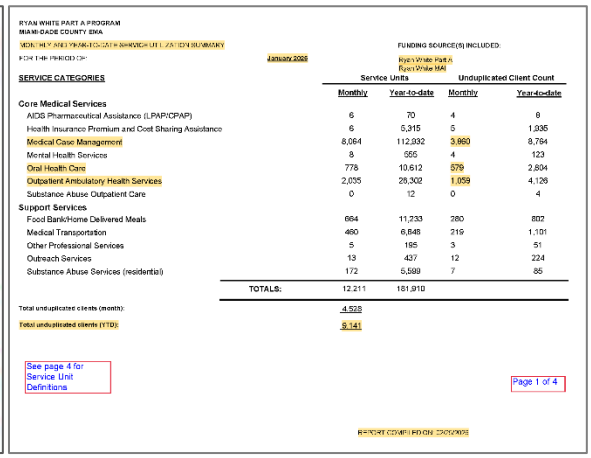


PART A

RYAN WHITE PART A GRANT AWARD (Grant # 5U1WS041)

EARNARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR39
FORMULA AND SUPPLEMENTAL FUNDING

This report reflects year-to-date paid reimbursements for FY 2025 Part A service months through January 2026, as of February 25, 2026. Pending Part A reimbursements currently under review total $6,739,210.81. All Part A contracts are fully executed.



RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: January 2026

FUNDING SOURCE(S) INCLUDED: Ryan White Part A, Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	6	70	4	8
Health Insurance Premium and Cost Sharing Assistance	6	5,315	5	1,935
Medical Case Management	8,064	112,932	3,960	8,764
Mental Health Services	8	555	4	123
Oral Health Care	778	10,612	579	2,804
Outpatient Ambulatory Health Services	2,035	28,302	1,059	4,126
Substance Abuse Outpatient Care	0	12	0	4
Support Services				
Food Bank/Home Delivered Meals	664	11,233	280	802
Medical Transportation	460	6,648	219	1,101
Other Professional Services	5	195	3	51
Outreach Services	13	437	12	224
Substance Abuse Services (residential)	172	5,599	7	85
TOTALS:	12,211	181,910		

Total unduplicated clients (month): 4,528

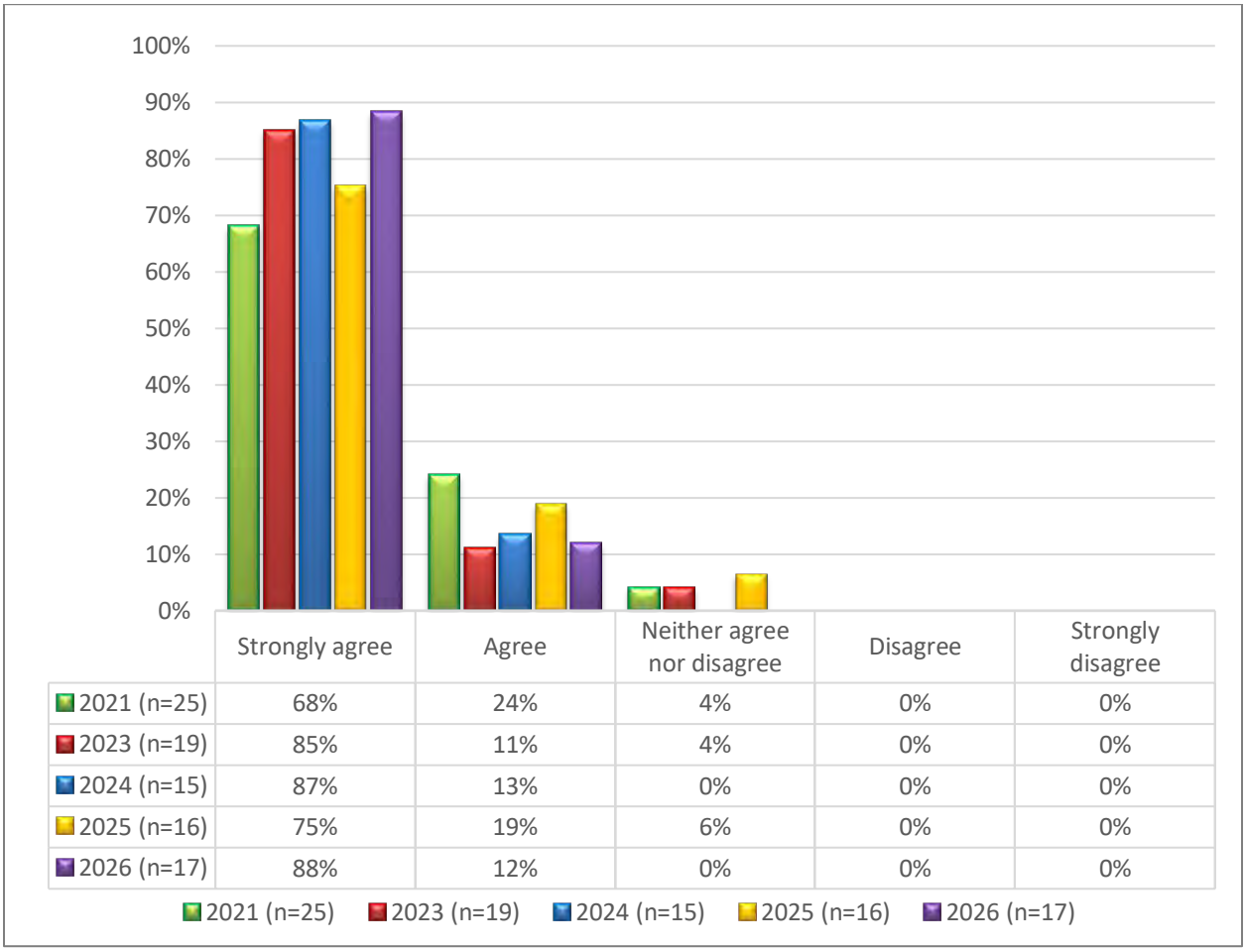
Total unduplicated clients (YTD): 9,141

See page 4 for Service Unit Definitions

Page 1 of 4

REPORT COMPILED ON: 2/25/2026

1. **The Miami-Dade County Office of Management and Budget-Grants Coordination ("the Recipient") kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.**



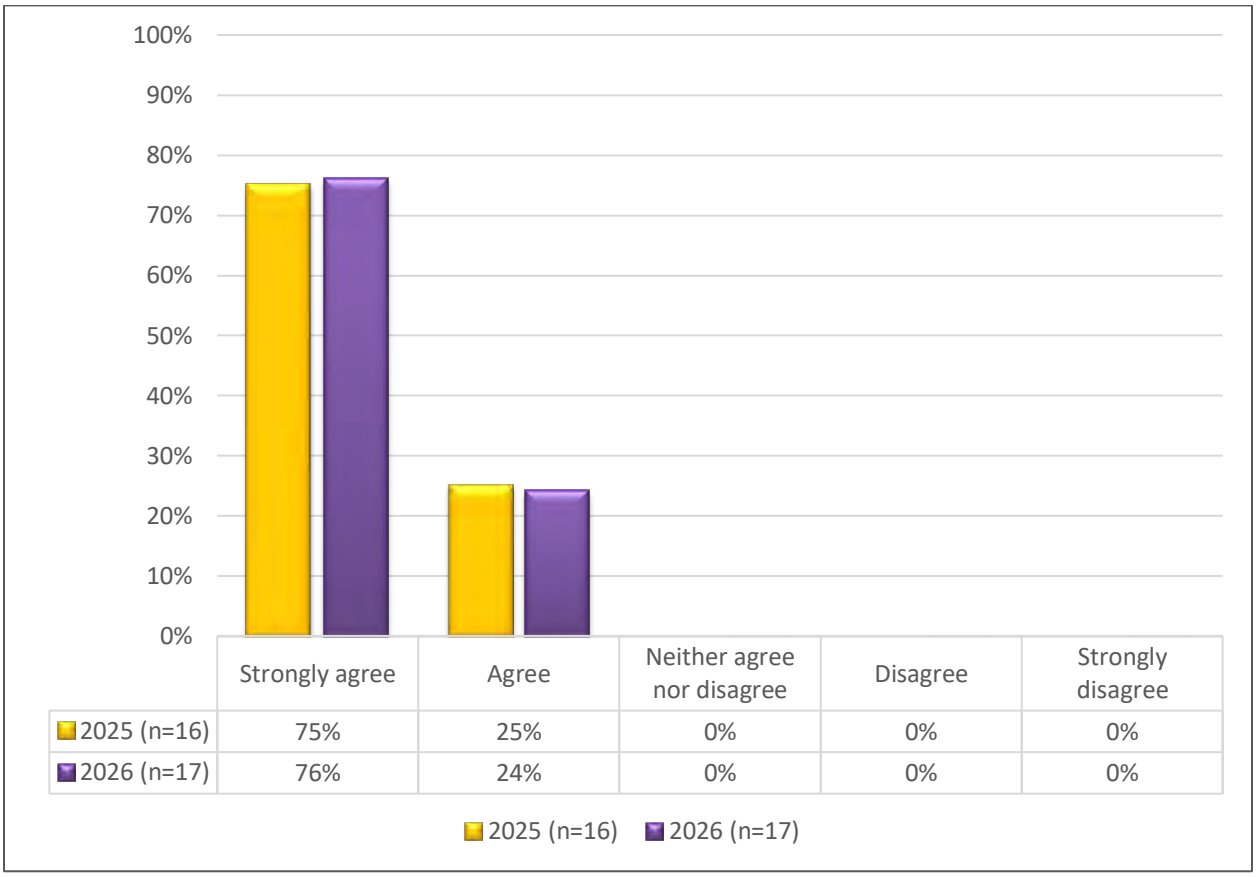
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	68%	24%	4%	0%	0%
2023 (n=19)	85%	11%	4%	0%	0%
2024 (n=15)	87%	13%	0%	0%	0%
2025 (n=16)	75%	19%	6%	0%	0%
2026 (n=17)	88%	12%	0%	0%	0%

Comments

a) Very transparent and open communication.
b) Very nice staff and I love coming to the meetings.
c) Very informative and protective.
d) I'm a part.
e) All information received helps get a better understanding.

Recipient Response: Thank you for your kind and positive feedback. Our team strives to provide appropriate and useful information to assist the Partnership in its local HIV planning efforts.

2. **The Top Line Summary is helpful for understanding funding which impacts the Ryan White Program.** *Statement added in 2025*



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2025 (n=16)	75%	25%	0%	0%	0%
2026 (n=17)	76%	24%	0%	0%	0%

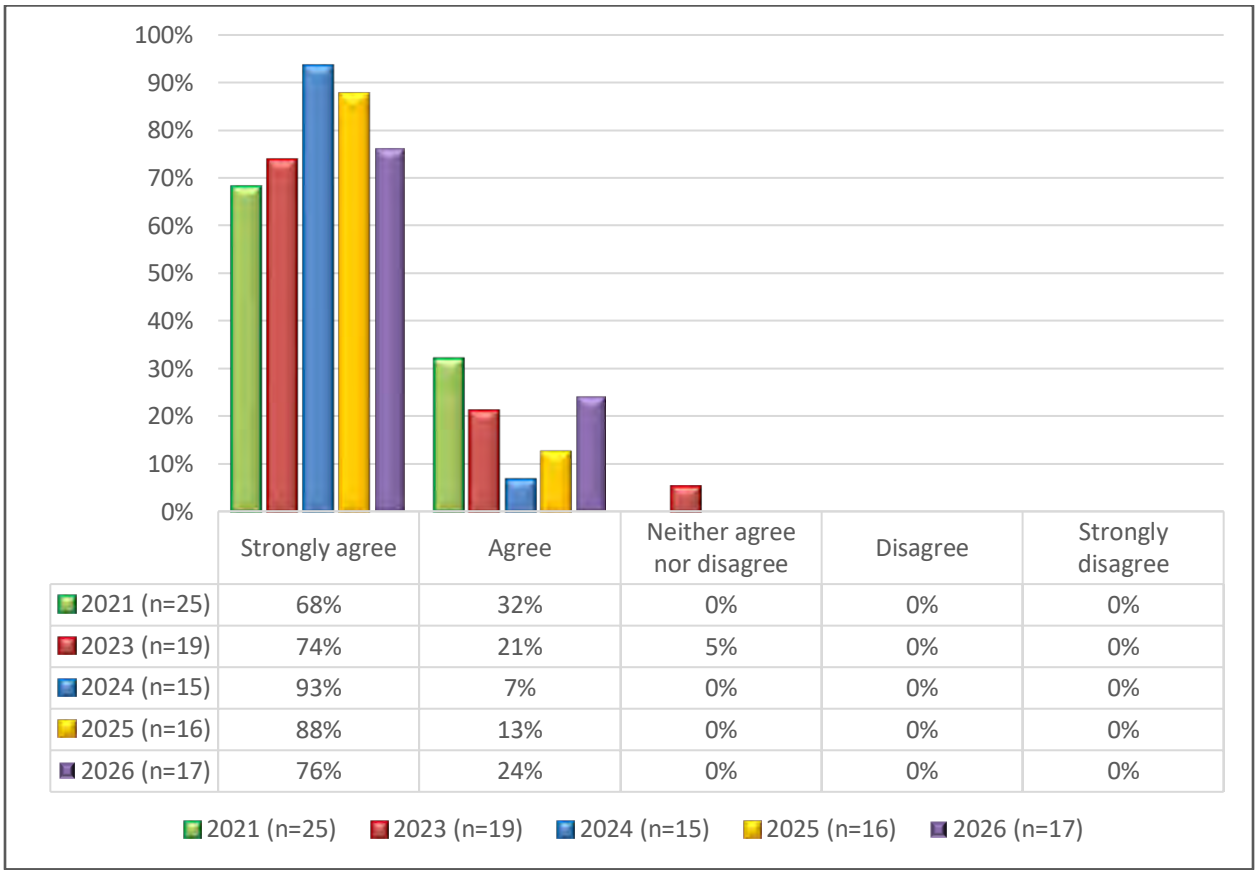
Comments

a) Easy to read and understand.
b) Maybe breakout by provider occasionally but de-identify the providers. The Partnership does not know which providers are spending their money and which are not.
c) I'm a part,
d) Helps me to know where I can send clients and they may be able to receive help.

Recipient Response: Thank you for the feedback. To maintain the appropriate separation of roles between the Partnership and the Recipient, the Top Line Summaries do not include any de-identified breakdown of expenditures by funded subrecipients.

Please be assured that the Recipient's fiscal and program staff routinely monitor subrecipients' service utilization and spending. This information is used to ensure that recommendations made during the Reallocations/Sweeps processes are based on accurate, data-driven analysis.

3. I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.

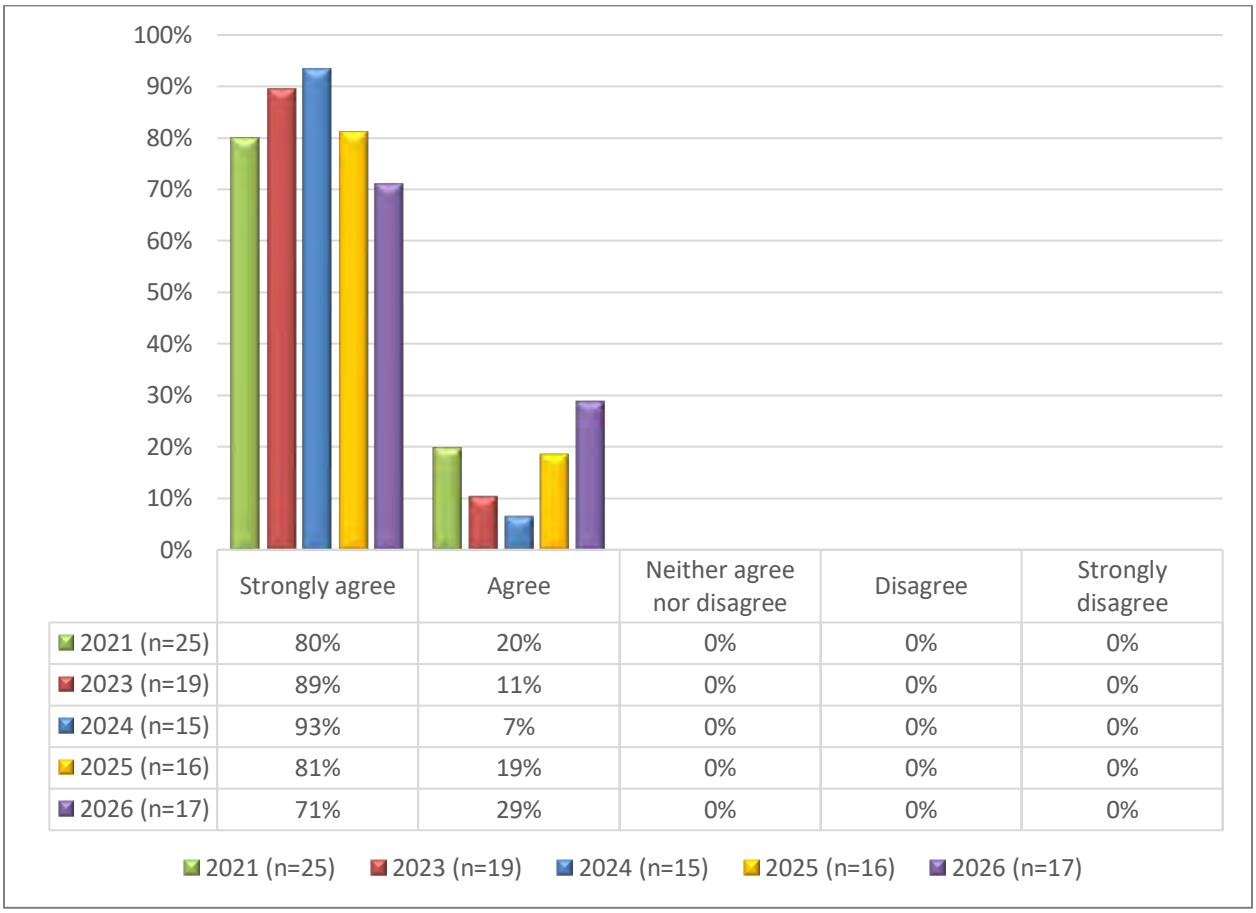


Comments

a) Well-presented and thorough, it also has highlighted items that allow [me] to focus attention for details discussed.
b) I'm still learning.

Recipient Response: Thank you for the feedback. If assistance is needed to better understand the Top Line Summary reports, please let staff know. We are happy to provide additional guidance.

4. The Recipient followed the Partnership's recommendations for service priorities and resource allocations.



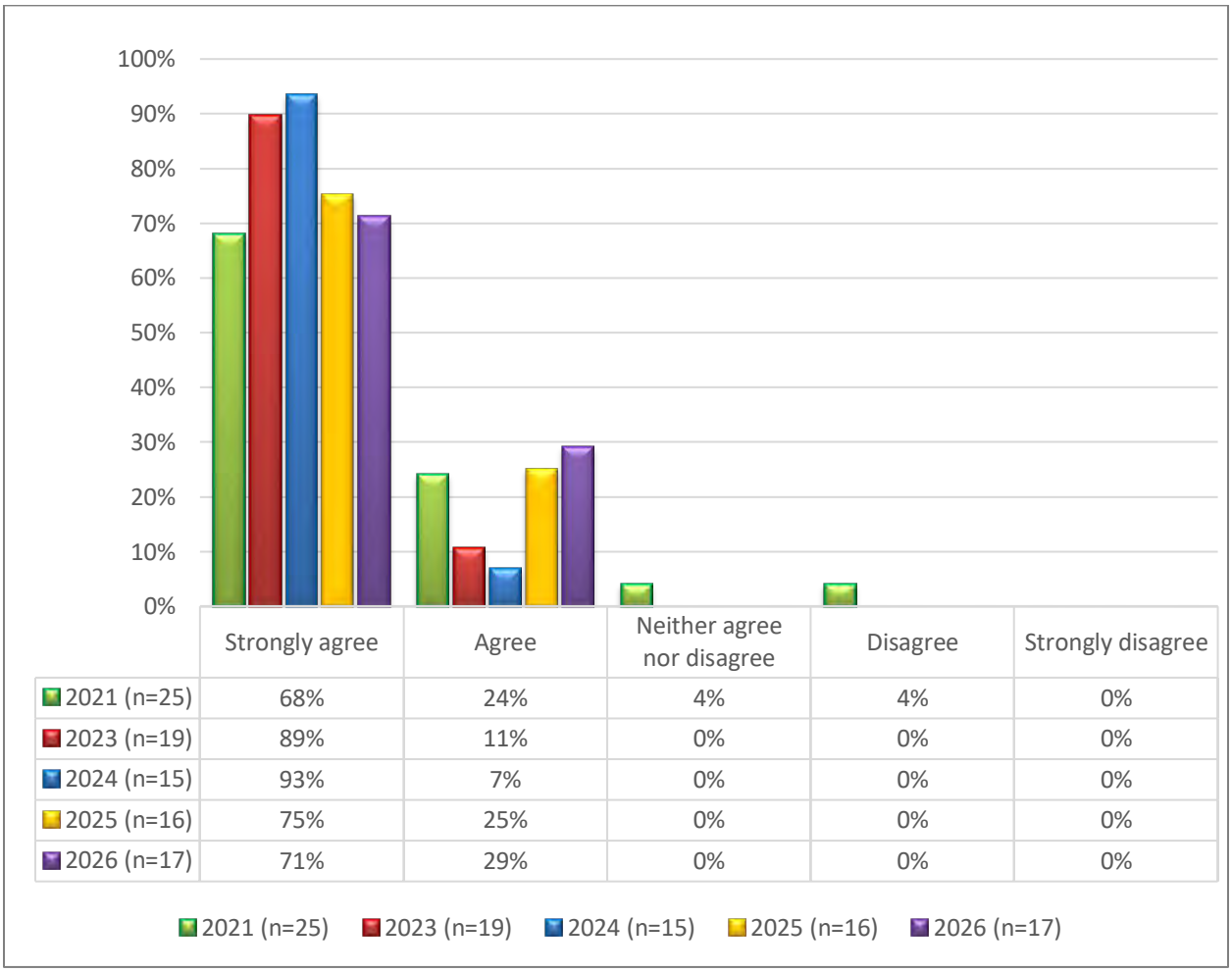
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	80%	20%	0%	0%	0%
2023 (n=19)	89%	11%	0%	0%	0%
2024 (n=15)	93%	7%	0%	0%	0%
2025 (n=16)	81%	19%	0%	0%	0%
2026 (n=17)	71%	29%	0%	0%	0%

Comments

a) Always provides detailed information and receives input as well support for decision-making.
b) None.
c) Helps me get to where I need to go.

Recipient Response: We appreciate the ratings and the comments.

5. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership.



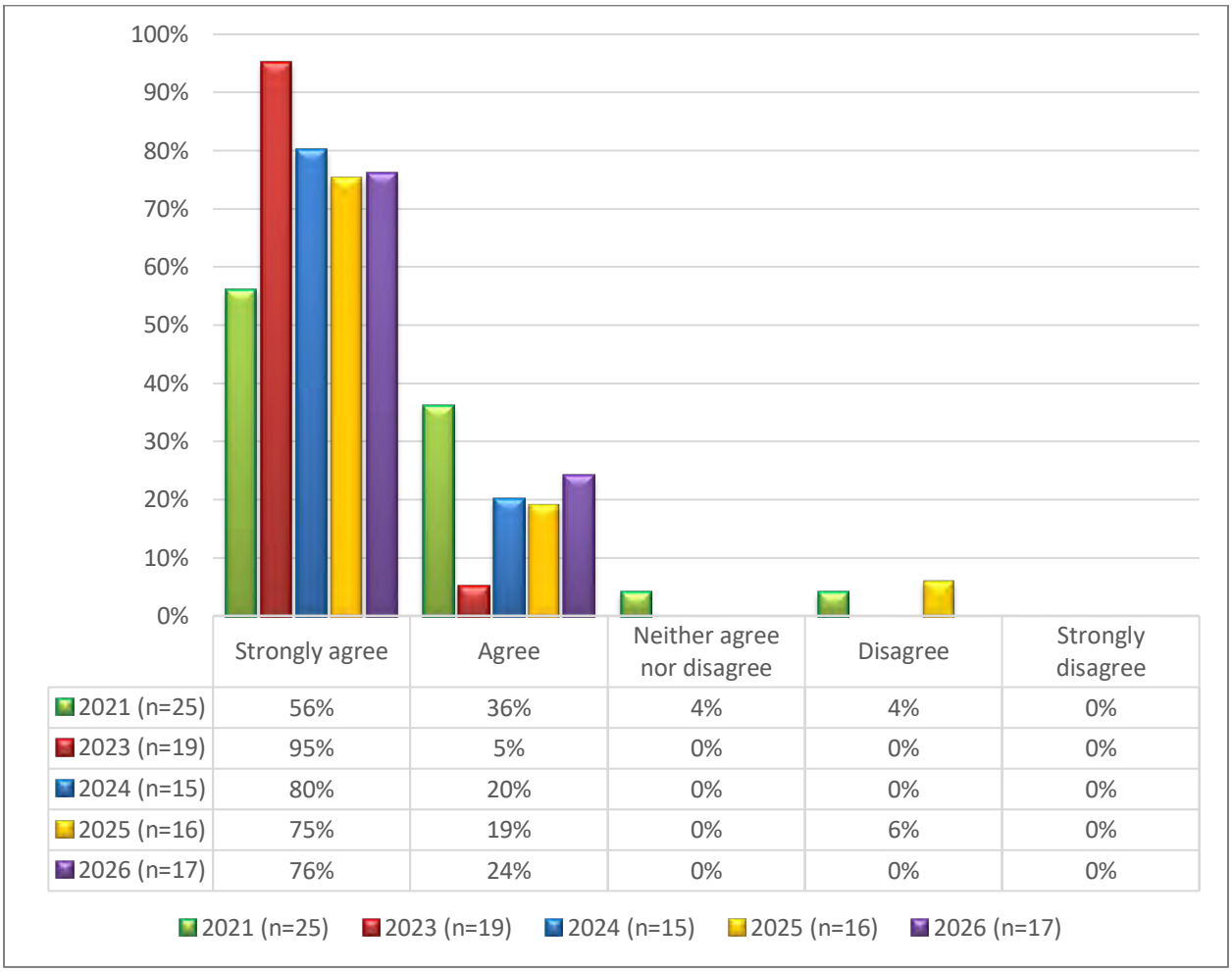
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	68%	24%	4%	4%	0%
2023 (n=19)	89%	11%	0%	0%	0%
2024 (n=15)	93%	7%	0%	0%	0%
2025 (n=16)	75%	25%	0%	0%	0%
2026 (n=17)	71%	29%	0%	0%	0%

Comments

a) Follows input from Partnership and follows through.
b) None.
c) Give me an understanding of how many people may be able to get in.

Recipient Response: We appreciate the ratings and the comments.

6. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process.



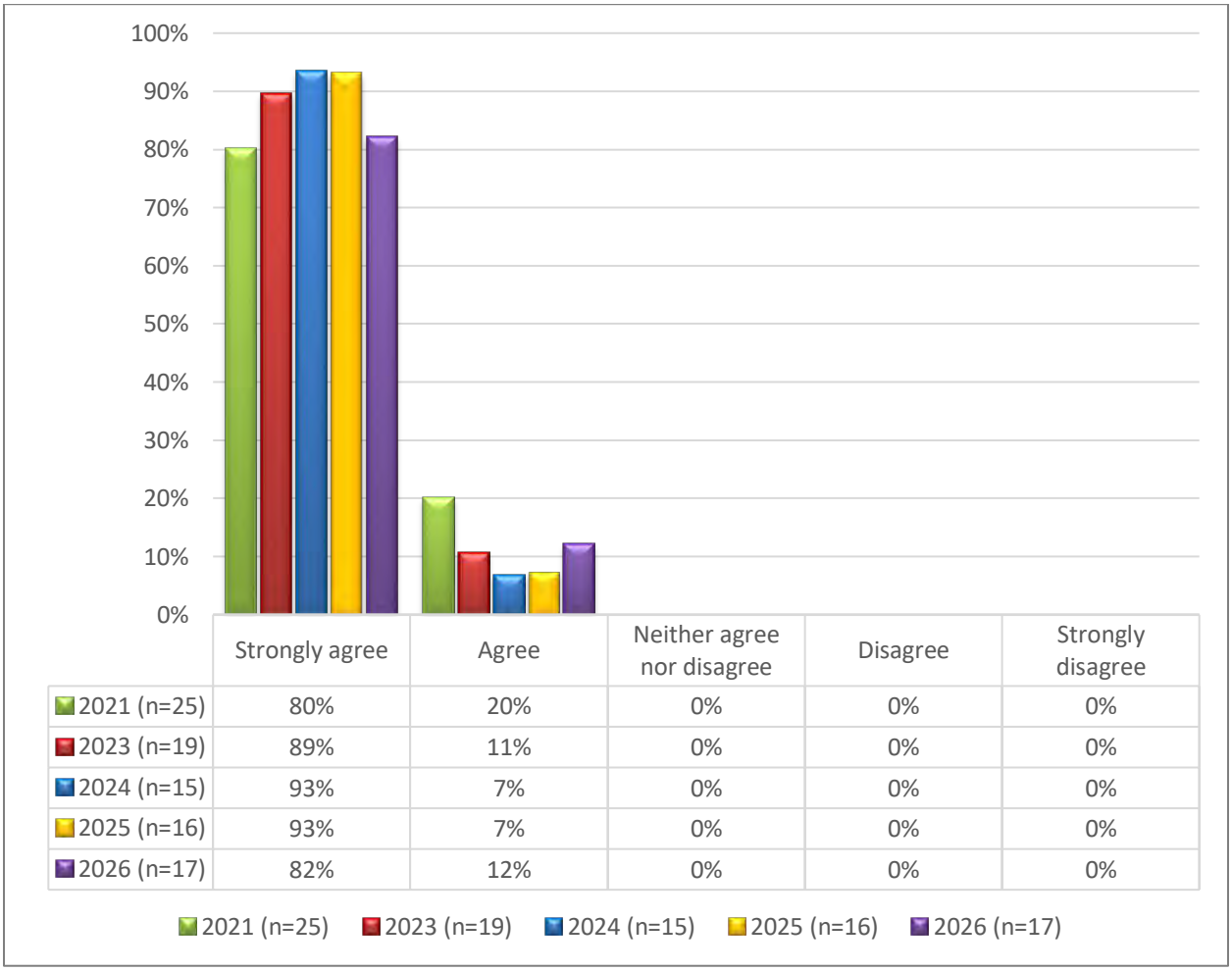
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	56%	36%	4%	4%	0%
2023 (n=19)	95%	5%	0%	0%	0%
2024 (n=15)	80%	20%	0%	0%	0%
2025 (n=16)	75%	19%	0%	6%	0%
2026 (n=17)	76%	24%	0%	0%	0%

Comment

a) Could sweeps be scheduled tentatively throughout the FY to ensure organizations prepare ahead of the announced request?

Recipient Response: Thank you for the strong ratings and the suggestion. We will consider the idea of tentatively scheduling sweeps throughout the fiscal year. The main challenge is that sweeps and reallocations depend on HRSA's final and carryover Notices of Award, which rarely arrive on time or follow a predictable schedule.

7. The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership's Needs Assessment (Priority Setting and Resource Allocations) in a timely manner.



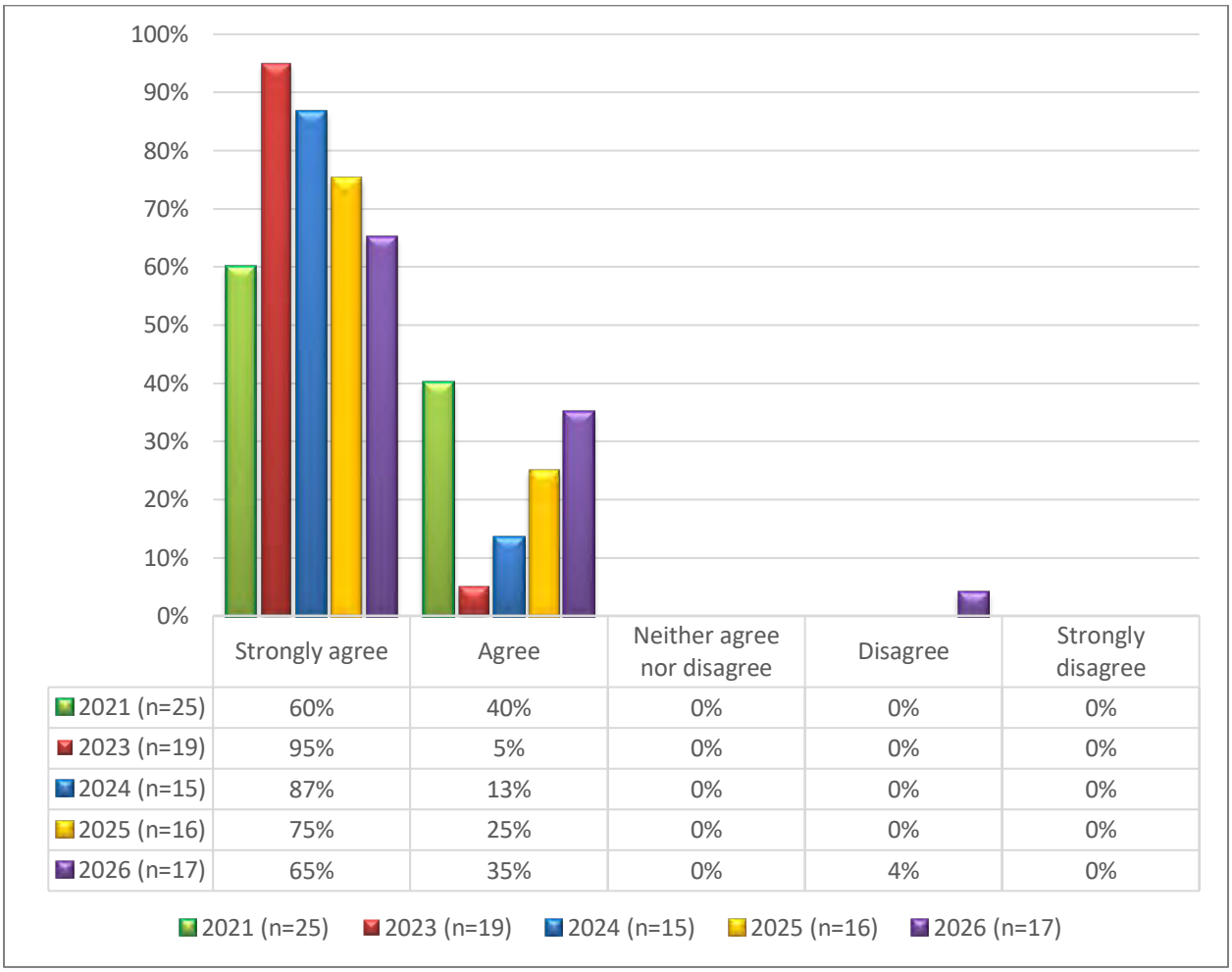
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	80%	20%	0%	0%	0%
2023 (n=19)	89%	11%	0%	0%	0%
2024 (n=15)	93%	7%	0%	0%	0%
2025 (n=16)	93%	7%	0%	0%	0%
2026 (n=17)	82%	12%	0%	0%	0%

Comments

a) Clear, open, and transparent communication,
b) More case workers.

Recipient Response: Thank you for the strong ratings, comment, and the suggestion. The current competitive grant process may result in new or additional providers and case managers for the new grant fiscal year beginning March 1, 2027.

8. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.



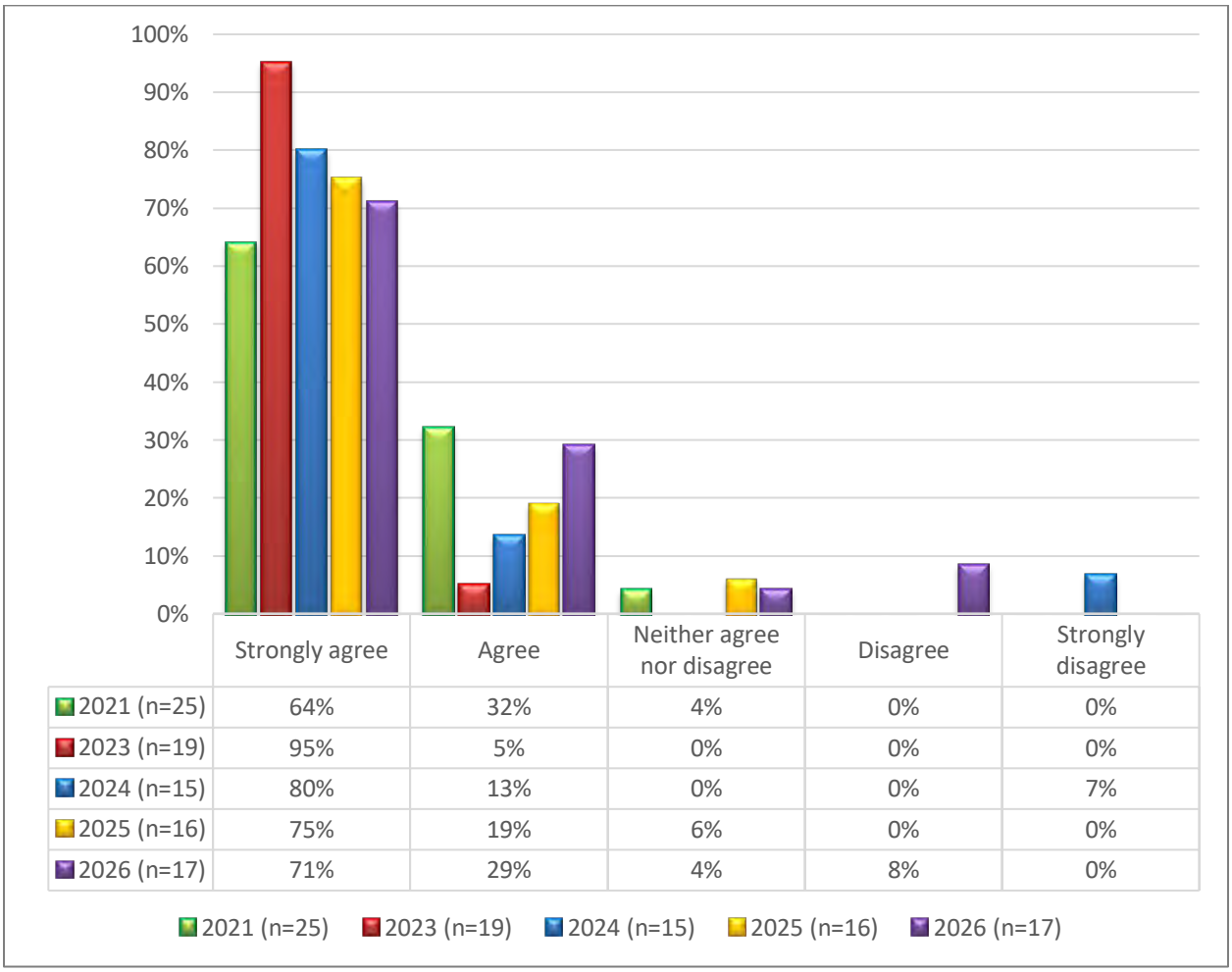
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	60%	40%	0%	0%	0%
2023 (n=19)	95%	5%	0%	0%	0%
2024 (n=15)	87%	13%	0%	0%	0%
2025 (n=16)	75%	25%	0%	0%	0%
2026 (n=17)	65%	35%	0%	4%	0%

Comments

a) Resource allocations are properly geared to MDC demographics and needs.
b) PCP. Dentist. MENTAL HEALTH.

Recipient Response: Thank you for the ratings and feedback.

9. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.



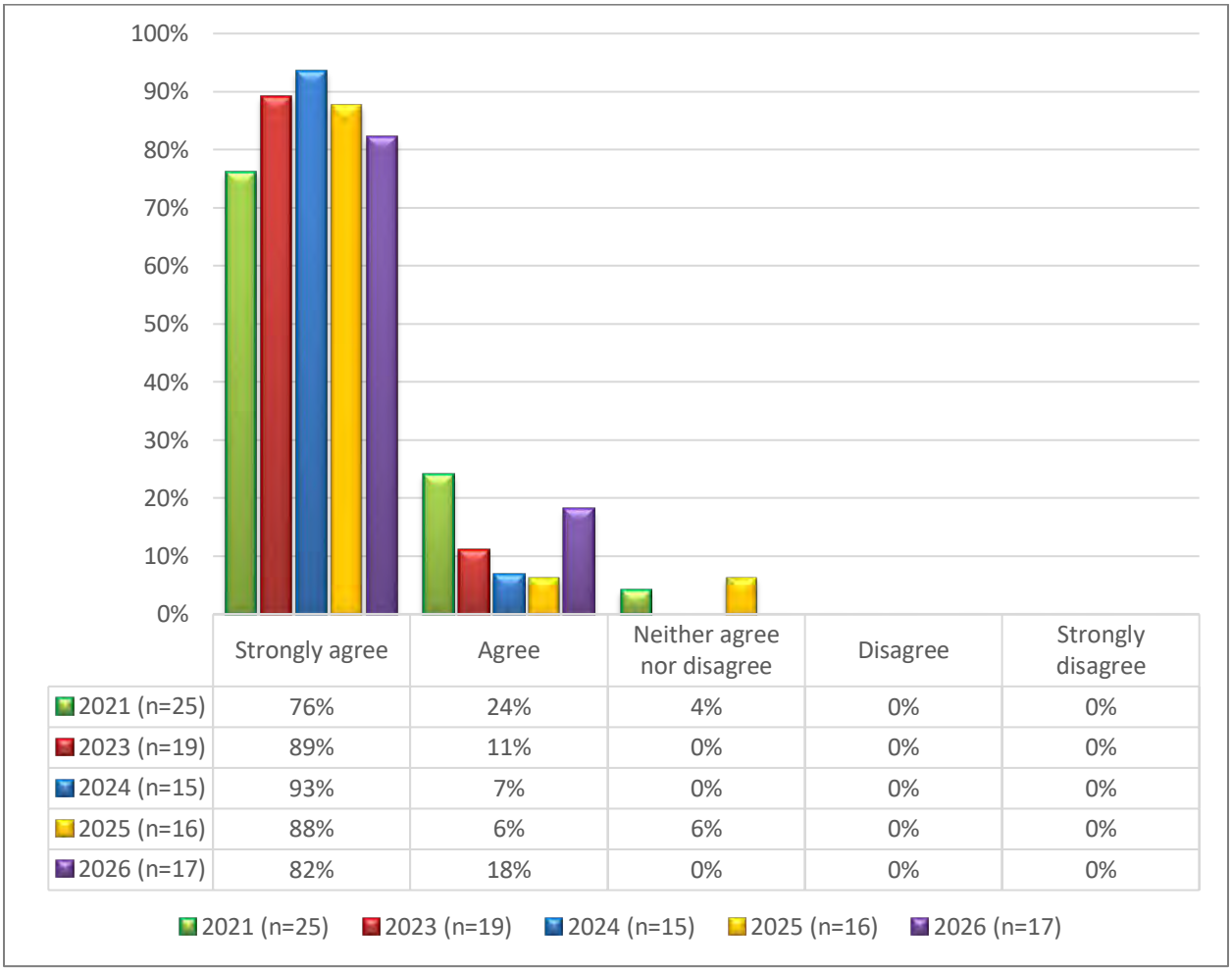
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	64%	32%	4%	0%	0%
2023 (n=19)	95%	5%	0%	0%	0%
2024 (n=15)	80%	13%	0%	0%	7%
2025 (n=16)	75%	19%	6%	0%	0%
2026 (n=17)	71%	29%	4%	8%	0%

Comments

a) Has been allocated accordingly and also considering areas and populations in much need.
b) Always show the breakdown of the zip codes.

Recipient Response: Thank you for the strong ratings and the comments.

10. The Recipient's staff was courteous and respectful.



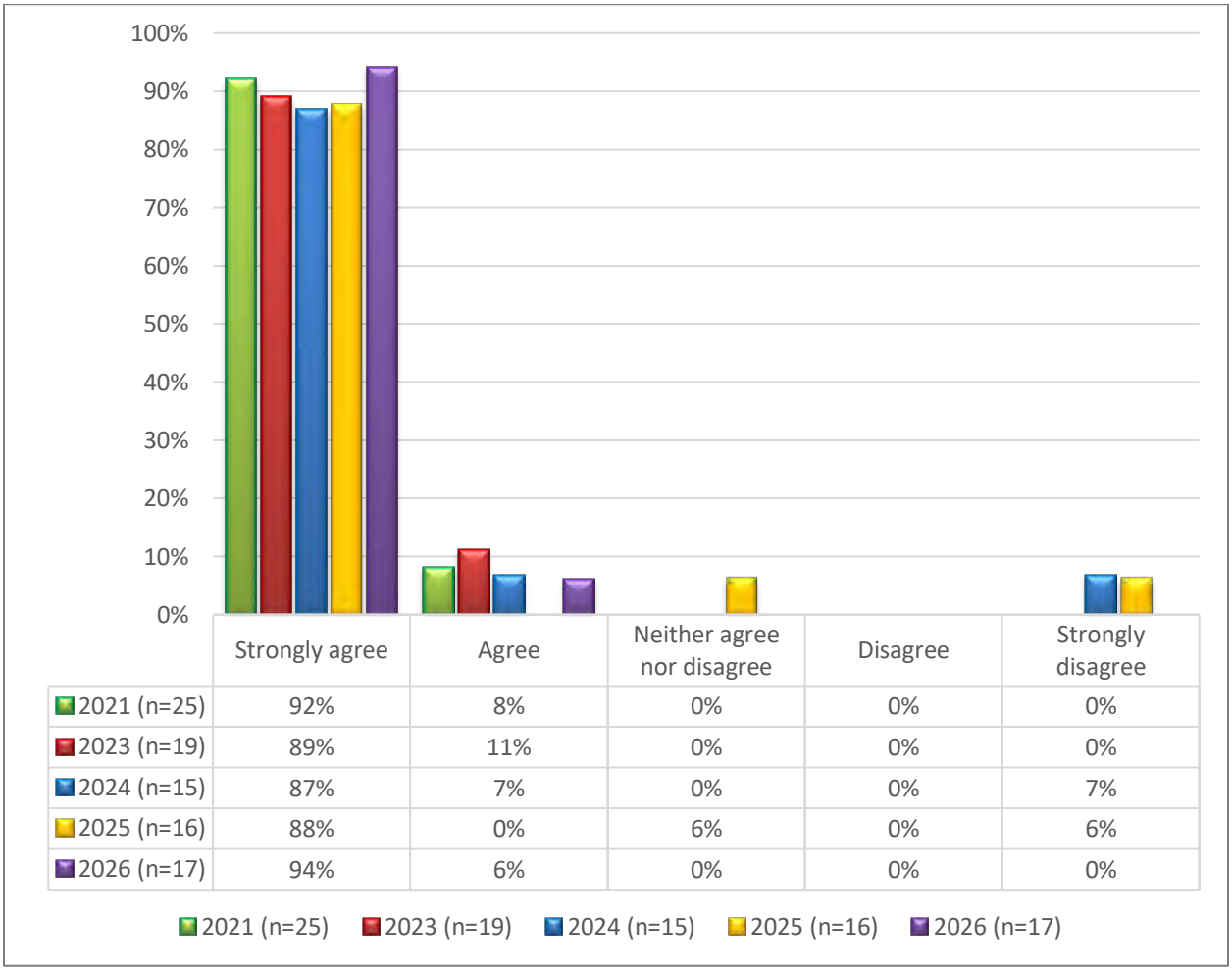
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
2021 (n=25)	76%	24%	4%	0%	0%
2023 (n=19)	89%	11%	0%	0%	0%
2024 (n=15)	93%	7%	0%	0%	0%
2025 (n=16)	88%	6%	6%	0%	0%
2026 (n=17)	82%	18%	0%	0%	0%

Comments

a) Always professional, kind, and willing to respond and support everyone.
b) Always.
c) Always helpful.
d) It helps clients with trust.

Recipient Response: We appreciate the Partnership once again for the high ratings in this area and for highlighting the professionalism of our staff. We work hard to create a respectful, positive environment, and it is gratifying to hear that this commitment is visible and appreciated. Our team brings extensive experience to the Ryan White Program – ranging from 11 to over 35 years, along with a newer staff member who has been with us for almost one year. Our newer staff member has been in the healthcare consulting and grants management arena for more than eight years. We're glad to know that our collective expertise and efforts have been useful and well-received.

11. Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.



Comments

a) Always open to respond to concerns and proactively provide information to the Partnership.
b) Front line in giving information.

Recipient Response: Thank you for the exceptionally strong ratings and the thoughtful comments about our contracted Planning Council support subrecipient, BSR. We are glad to know that their responsiveness, clear communication, and problem-solving support continue to meet the Partnership's needs.

Recommendations for Process Improvements Related to The Partnership

To guide improvements in planning council administration and enhancements in administrative functions.

To be developed at the October 13, 2026, Strategic Planning Committee meeting, with additional discussion with the Recipient in January 2027.

2026 PART A/MAI SUBRECIPIENT SURVEY RESULTS

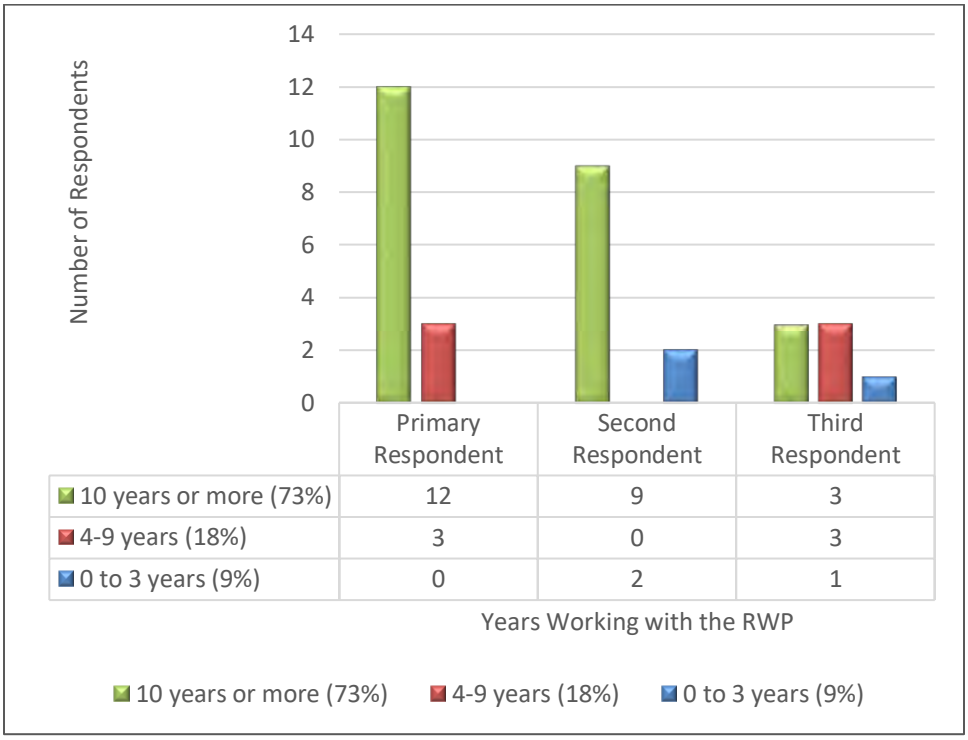
2026 General Comments

a) none
b) none
c) Very effective communication from all groups.
d) Groupware should work to support interphase with E.H.R. or a solution to support coordination of clinical care, considering that PE is only a billing and MCM platform.
e) Staff is always friendly and helpful.

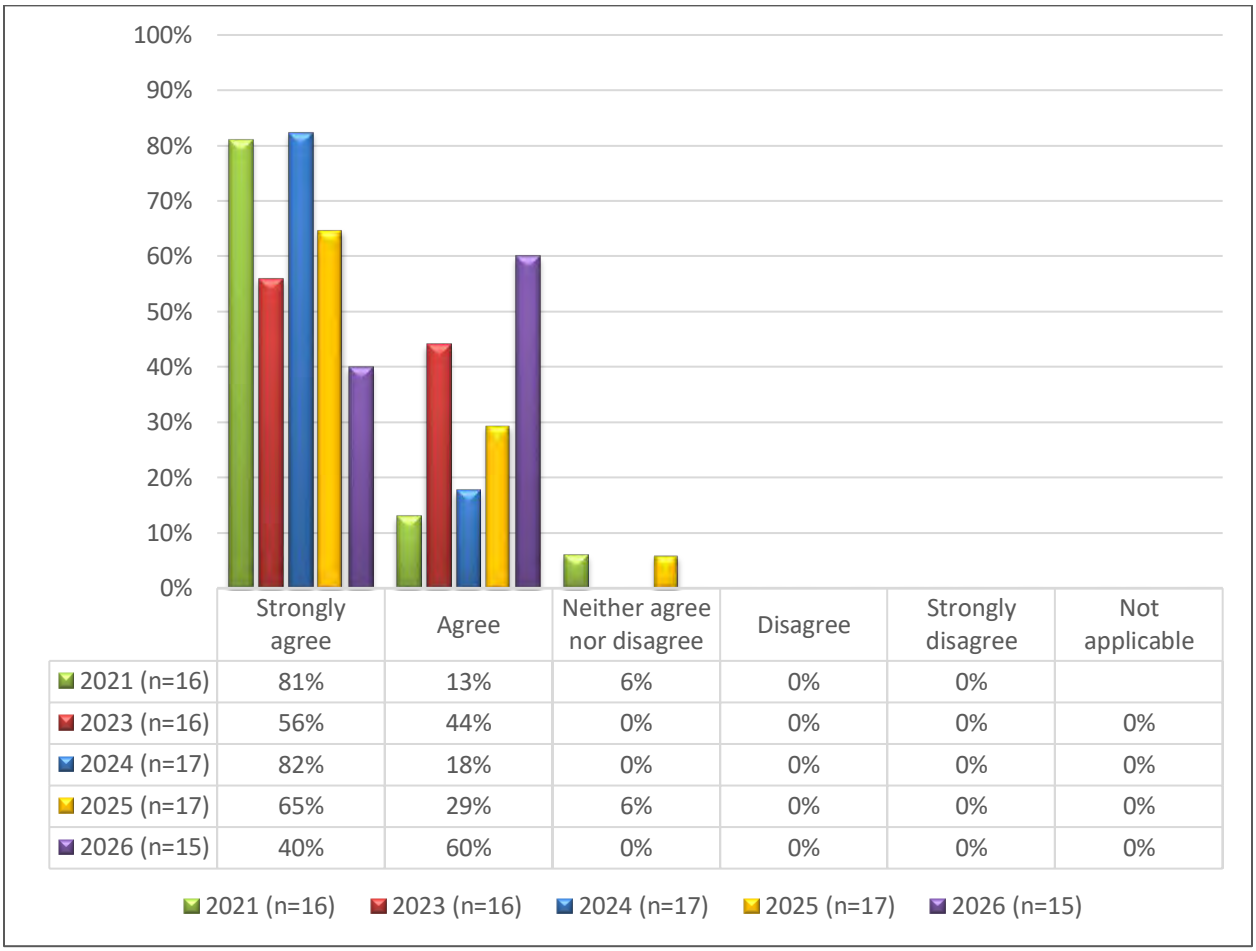
Groupware Technologies (GT) Response: Provide Enterprise supports integrations with electronic health record (EHR) systems to help facilitate the exchange of information and coordination of care. Several Miami-Dade agencies already have active interfaces that import data into PE Miami. If your agency is interested in an integration, please contact Miami-Dade County to discuss the request and obtain approval. Once approved, the County can coordinate with GT's Help Desk to review technical requirements, scope the work, and develop a Statement of Work for the proposed interface.

Recipient Response: We appreciate the perspectives shared and will continue exploring opportunities to enhance related communication, system functionality, and coordination between our office, BSR, Groupware, and subrecipients. We also acknowledge the suggestion regarding interoperability between PE Miami and electronic health record systems as a means of supporting coordination of clinical care.

1. How many years have you worked with the Ryan White Program?



2. The Miami-Dade County Office of Management and Budget-Grants Coordination ("the Recipient") conducted a fair contract negotiation process with our organization.



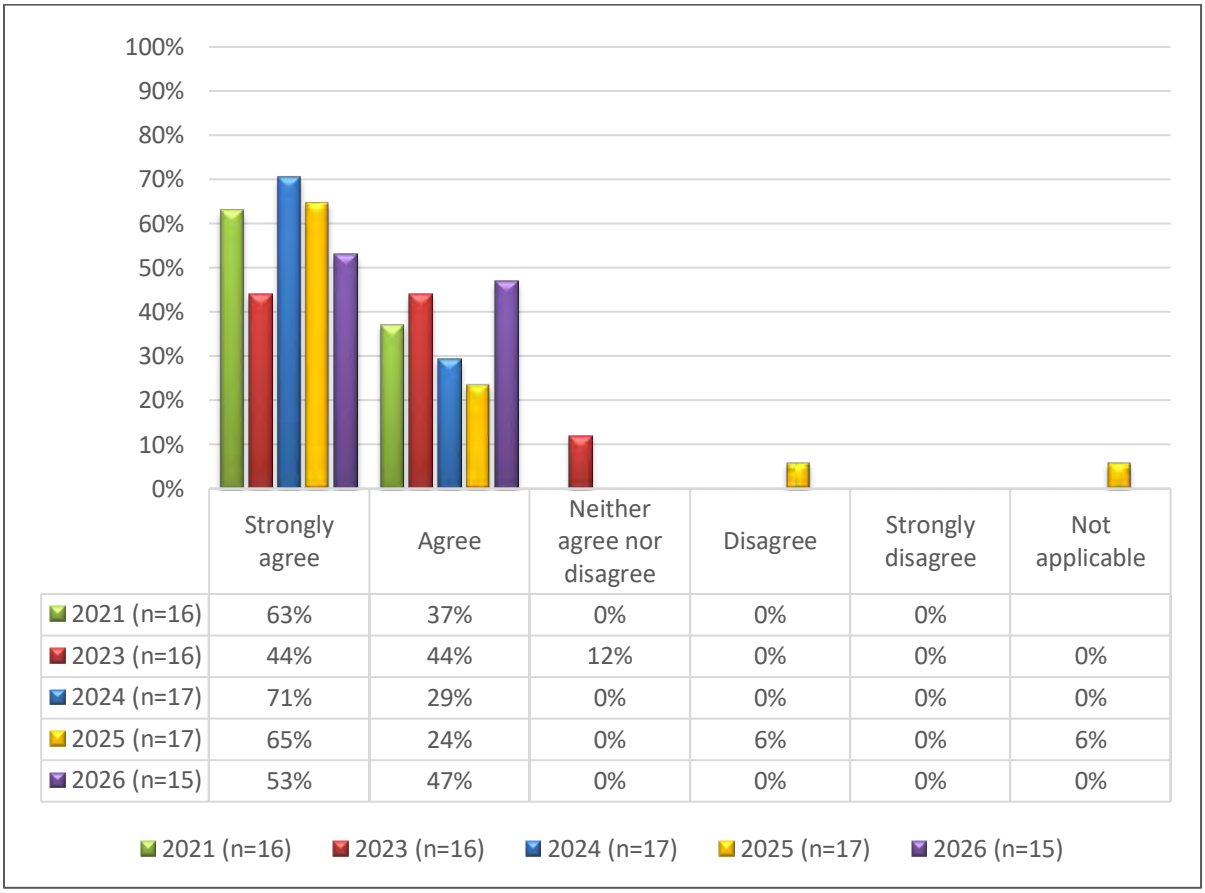
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	81%	13%	6%	0%	0%	
2023 (n=16)	56%	44%	0%	0%	0%	0%
2024 (n=17)	82%	18%	0%	0%	0%	0%
2025 (n=17)	65%	29%	6%	0%	0%	0%
2026 (n=15)	40%	60%	0%	0%	0%	0%

Comments

a) OMB is highly communicative with subrecipients with any anticipated changes
b) OMB allows for conversations around contracting and provides support to ensure contracting is appropriate

Recipient Response: Thank you for the feedback. We appreciate the comments and remain committed to fair, transparent, and well-supported contract negotiations.

3. The Recipient sent award notifications/letters to our organization in a timely manner.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	63%	37%	0%	0%	0%	
2023 (n=16)	44%	44%	12%	0%	0%	0%
2024 (n=17)	71%	29%	0%	0%	0%	0%
2025 (n=17)	65%	24%	0%	6%	0%	6%
2026 (n=15)	53%	47%	0%	0%	0%	0%

Comment

a) Process for award notification takes too long, although the recipient keeps us informed of delays.

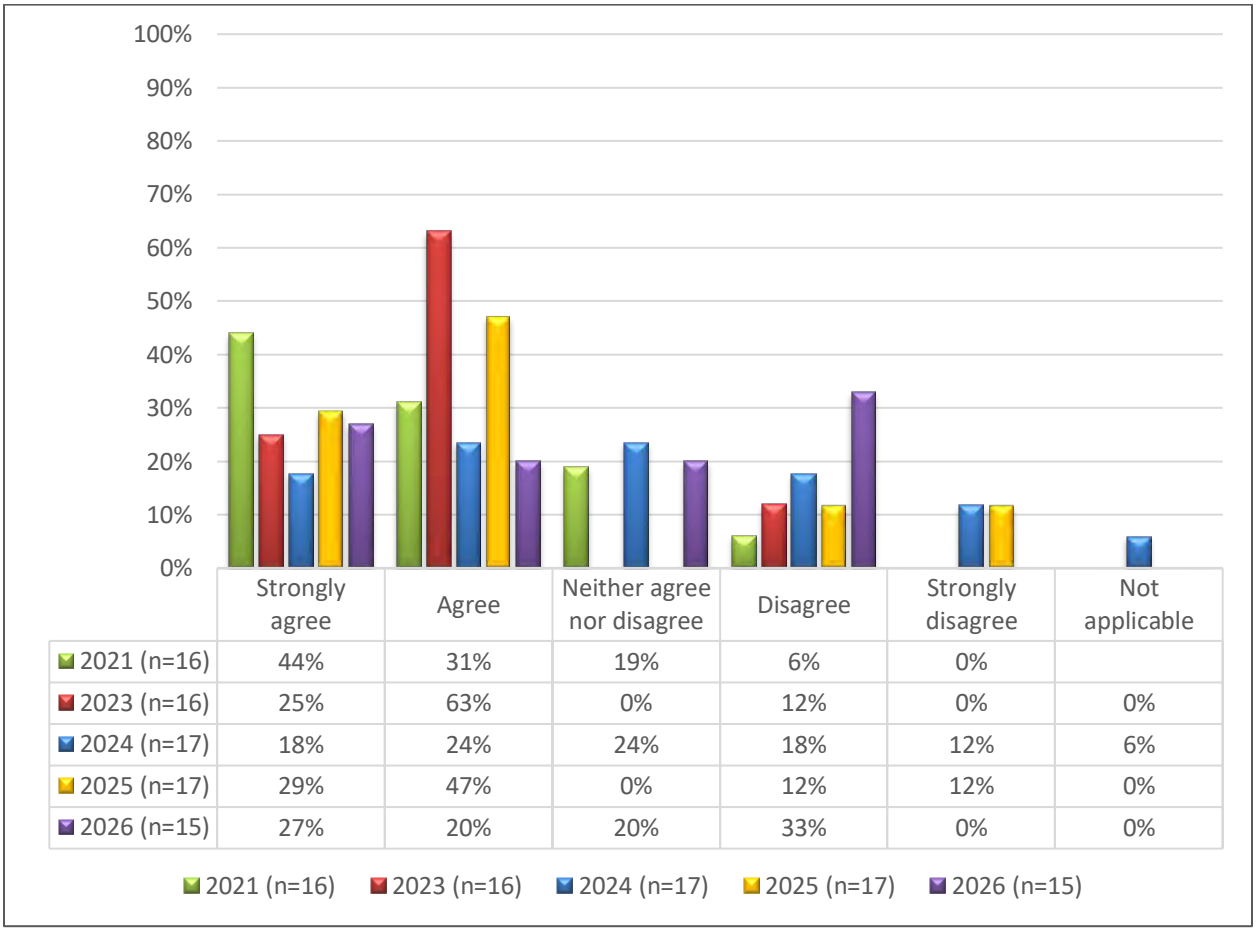
Concerns and Solutions

Note: This field should have been skipped since there are no corresponding responses of Disagree or Strongly disagree. This is a survey programming error to be corrected in future surveys.

a) **Concern:** As previously stated the timeline is too long although we received notifications and the recipient keeps us informed. **Solution:** Recipient to maybe begin the process sooner and/or streamline the process. Maybe for renewals instead of a full contract have an Amendment or abbreviated contract.

Recipient Response: Thank you for the feedback and for sharing your suggestion. We recognize the importance of timely award notification so subrecipients can begin the contract development process as early as possible. For FY 2026, our office implemented a Contract Extension Amendment process to help streamline renewals. While the overall timeline still exceeded our expectations this year, we are currently more than two months ahead of last year's renewal process. We will continue working to improve efficiency by identifying opportunities to issue award notifications and initiate contract development and execution earlier.

4. The Recipient executed our organization's contract in a timely manner.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	44%	31%	19%	6%	0%	
2023 (n=16)	25%	63%	0%	12%	0%	0%
2024 (n=17)	18%	24%	24%	18%	12%	6%
2025 (n=17)	29%	47%	0%	12%	12%	0%
2026 (n=15)	27%	20%	20%	33%	0%	0%

Comments

a) Timeline is too long
b) Contract was executed really late in the fiscal year due to some corrections that were needed but the recipient was helpful through the process
c) Contracts were not executed until end of July, approximately five months into the grant year.
d) [Organization name] understands the delays in contracts are largely due to the lengthy procedural requirements
e) Contracts are delayed because of the overwhelming amount of work OMB has to perform as well the response from agencies that can delay executions

Concerns and Solutions

a) **Concern:** The contract has not yet been executed. [Organization name] has sufficient resources to carry the program in the interim, but delays could be challenging for smaller organizations. **Solution:** If MDC is not already doing so, we suggest prioritizing contract execution for agencies with more limited resources.

b) **Concern:** Process takes too long as we are providing services and submitting invoices but there is no revenue until contract is executed. **Solution:** A shorter version of a contract, maybe an Amendment instead of a full contract.

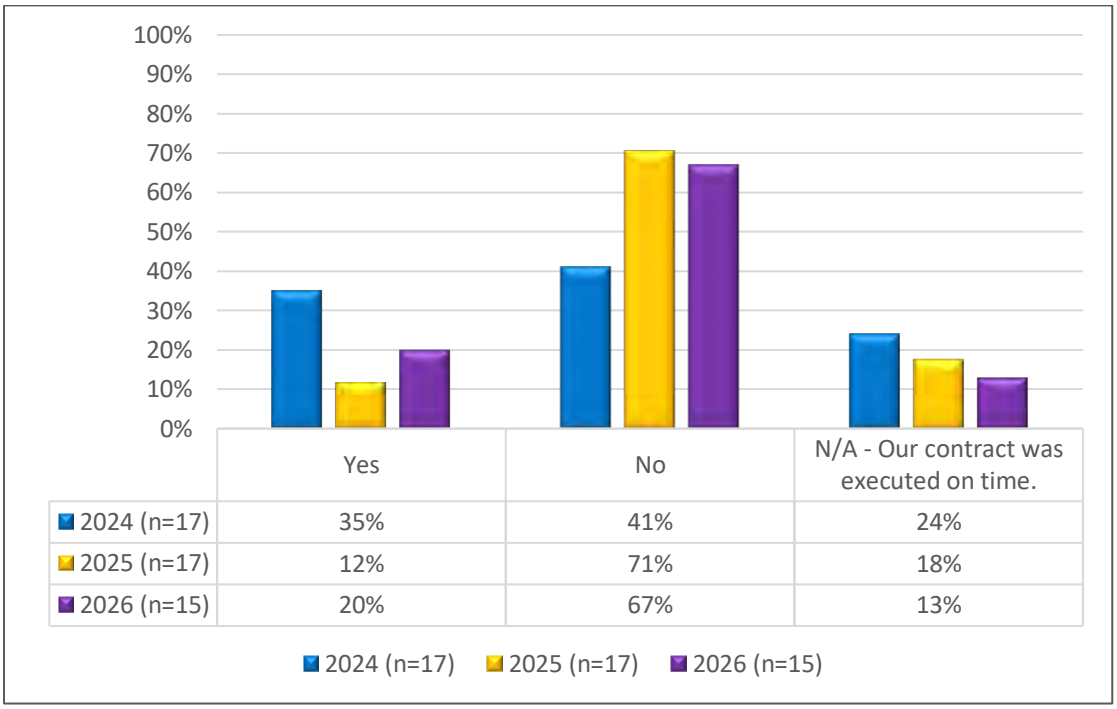
c) **Concern:** Contracts were not executed until end of July, roughly 5 months into the grant year. **Solution:** Delays seem to be due to legal hold ups, perhaps additional staffing is necessary to speed up processes.

d) **Concern:** Delays seem to be due to legal hold ups, perhaps additional staffing is necessary to speed up processes. **Solution:** Additional staffing.

e) **Concern:** We did not receive the contract for our review until December 2025. **Solution:** send the contract sooner.

Recipient Response: Thank you for the feedback and for sharing your suggestions. We recognize that delays in contract execution can create cash-flow and operational challenges for subrecipients, particularly smaller organizations with more limited resources. As noted above in the response to #5, our office implemented a Contract Extension Amendment process to help streamline renewals. We also added new staff and do prioritize contract development and execution for smaller organizations. While the overall timeline still exceeded our expectations this year, we are currently more than two months ahead of last year's renewal process. We will continue working to improve efficiency and reduce the time between award notification and contract execution.

5. Were there internal factors within your organization that led to delayed contract execution?



	Yes	No	N/A - Our contract was executed on time.
2024 (n=17)	35%	41%	24%
2025 (n=17)	12%	71%	18%
2026 (n=15)	20%	67%	13%

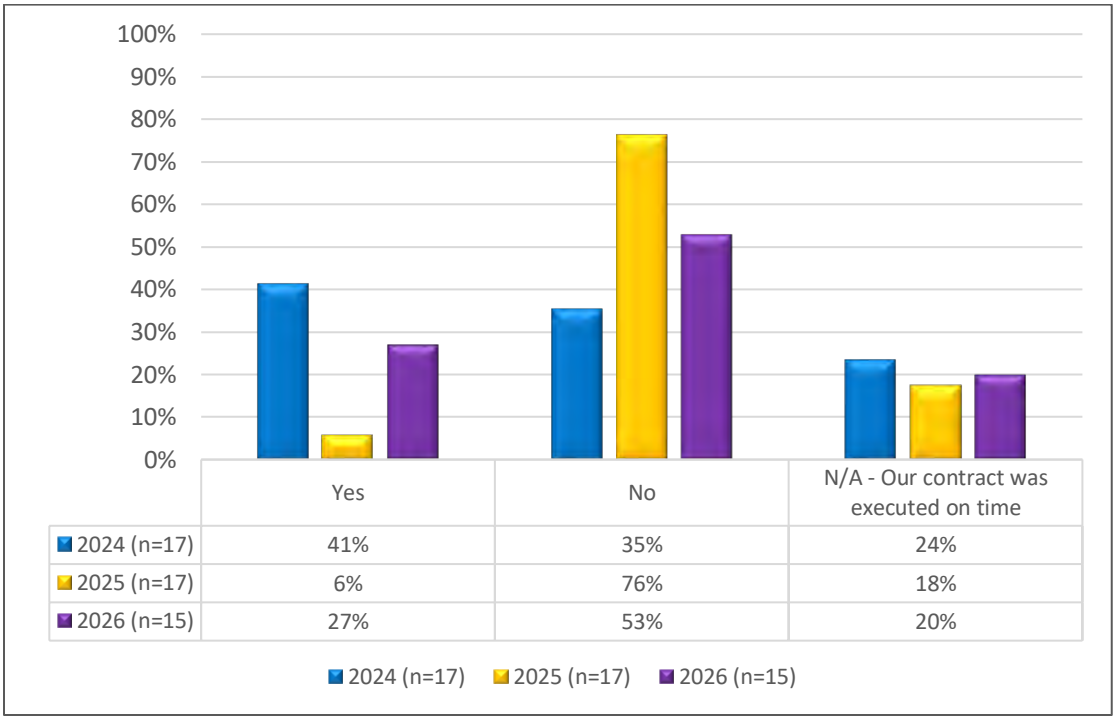
5.a. Please explain the internal factors within your organization that led to delays of contract execution.

- □ Delayed by our internal document routing process(es). (n=2)
- □ Difficulty obtaining the necessary paperwork. (n=1)
- □ Difficulty obtaining the necessary signatures. (n=1)
- □ Limited time due to other contract execution demands. (n=1)
- □ Other internal factors: Corrections to the budget. (n=1)

- □ Limited time due to program monitoring schedule. (n=0)
- □ Delayed by Board of Directors process(es). (n=0)

Recipient Response: Feedback noted.

6. Were there external factors with the Recipient that led to delays in contract execution?



6.a. Please explain the external factors with the Recipient that led to delays of contract execution.

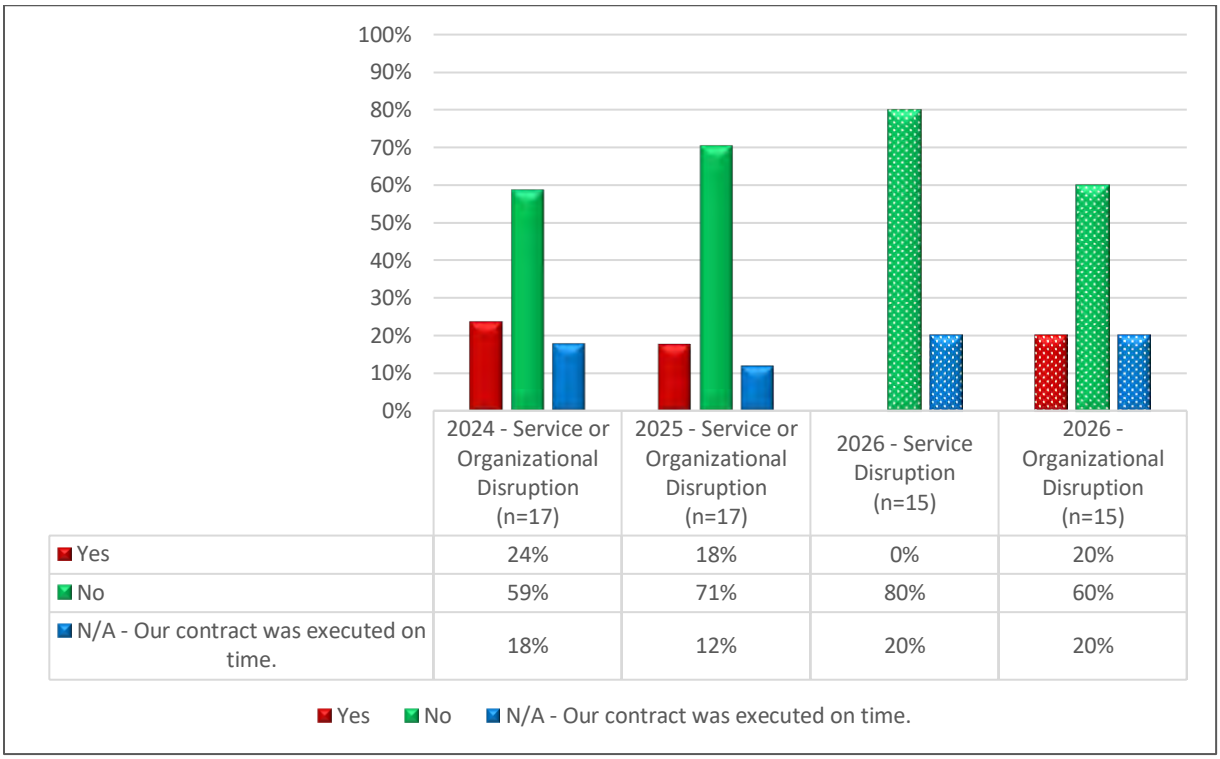
- □ Delayed by Recipient for unknown reasons. (n=2)
- □ Delayed due to a contract language revision. (n=2)
- □ Delayed due to multiple contract language revisions. (n=1)
- □ Delayed by the lateness of the Notice of Award. (n=1)

- □ Delayed in obtaining approval for the allocated amounts assigned to our agency. (n=0)
- □ Other external factors. (n=0)

Recipient Response: Feedback noted. We will work to improve the timeliness of issuing the Notice of Award by providing a provisional award letter earlier, even when the final Notice of Award from our funder is still pending. Please note that Fiscal Year 2026 contracts end on February 28, 2027. We are currently in a competitive Request for Proposals grant-making process. Once the County Mayor issues award recommendations to the Board of County Commissioners and the Cone of Silence is lifted, we will send provisional award notices to organizations recommended for funding so the contract development process can begin for Fiscal Year 2027, which begins March 1, 2027. We will also continue reviewing internal contract development and revision processes to identify opportunities to improve efficiency and provide subrecipients with clearer status updates when contracts remain pending.

Table Related to #7 and #8

Note: 2024-2025 survey question combined service disruptions and organizational disruptions.



	2024 - Service or Organizational Disruption (n=17)	2025 - Service or Organizational Disruption (n=17)	2026 - Service Disruption (n=15)	2026 - Organizational Disruption (n=15)
Yes	24%	18%	0%	20%
No	59%	71%	80%	60%
N/A - Our contract was executed on time.	18%	12%	20%	20%

7. Did delays in contract execution cause service disruptions?

7.a. These service disruptions resulted from delayed contract execution.

- □ Delayed services to existing clients. (n=0)
- □ Inability to expand services for existing clients. (n=0)
- □ Inability to accommodate new clients. (n=0)
- □ Other service disruptions and/or organizational disruptions. (n=0)

Recipient Response: Feedback noted.

8. Did delays in contract execution cause organizational disruptions?

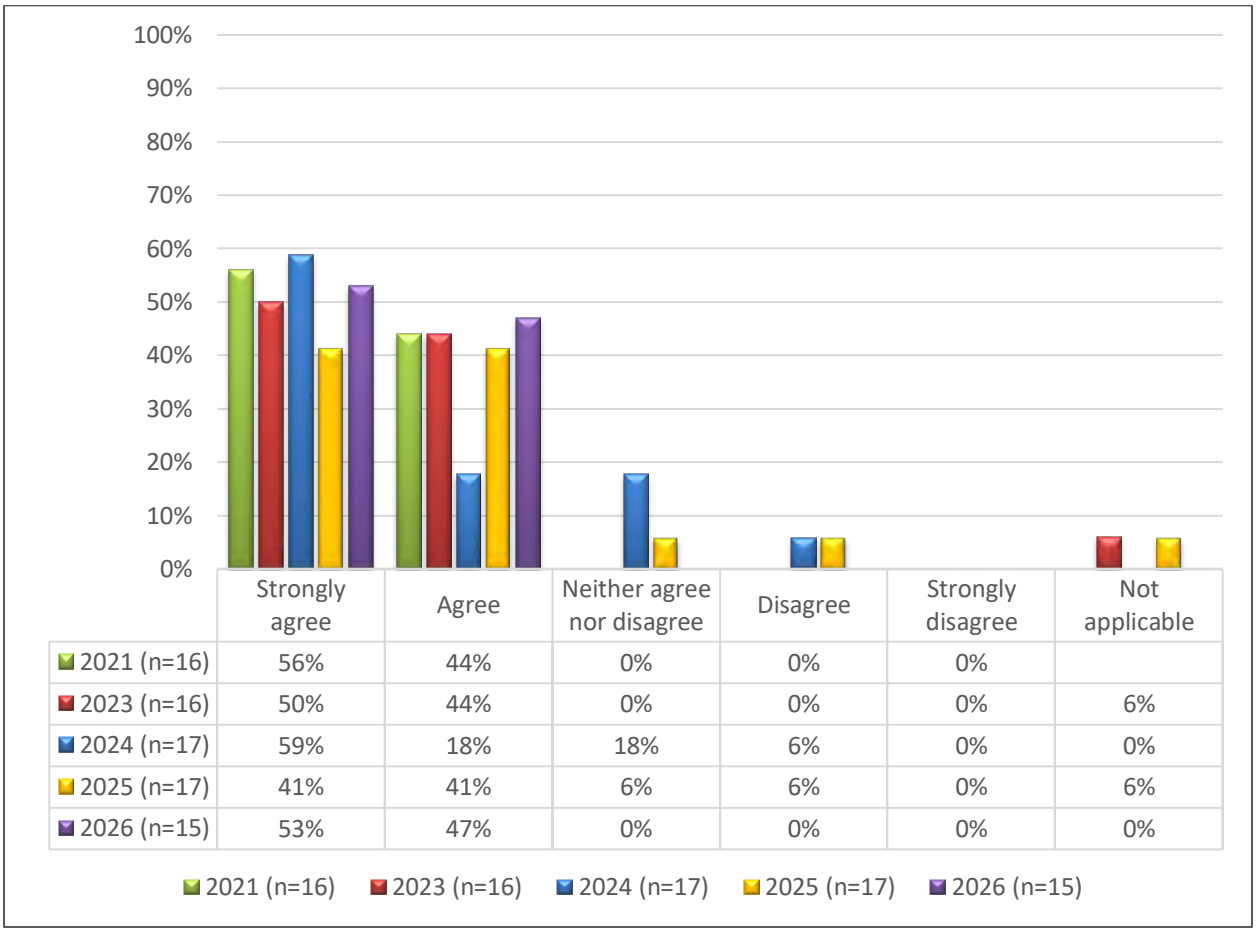
8.a. These organizational disruptions resulted from delayed contract execution.

- □ Interrupted cashflow. (n=3)
- □ Delayed billing (accounts payable). (n=1)

- □ Unable to hire additional staff. (n=0)
- □ Delayed payroll. (n=0)
- □ Unable to complete facilities upgrades with reserve funding. (n=0)
- □ Other service disruptions and/or organizational disruptions. (n=0)

Recipient Response: Thank you for the feedback. We recognize that delays in contract execution can create operational challenges, including cash-flow concerns, for subrecipients. We appreciate our subrecipients' patience as we continue working to improve our processes and timelines. We remain committed to minimizing these impacts and enhancing efficiency for our subrecipients moving forward.

9. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.



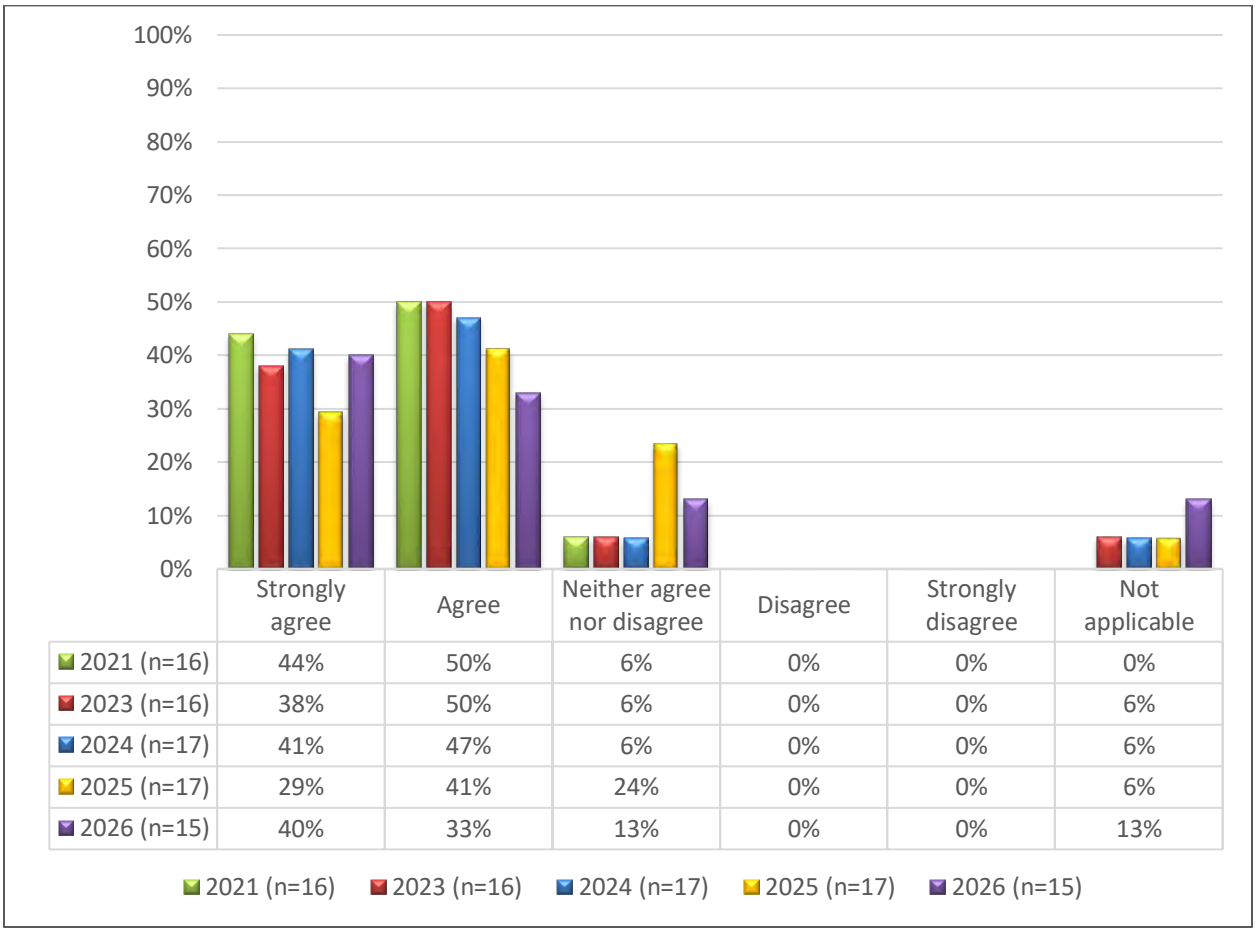
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	56%	44%	0%	0%	0%	
2023 (n=16)	50%	44%	0%	0%	0%	6%
2024 (n=17)	59%	18%	18%	6%	0%	0%
2025 (n=17)	41%	41%	6%	6%	0%	6%
2026 (n=15)	53%	47%	0%	0%	0%	0%

Comments

a) OMB is proactive in notifying agencies of disallowances and provides an opportunity for further review.
b) Always there is conversation on disallowed billings and OMB allows for supporting recommendation and request.

Recipient Response: Thank you for the feedback. We appreciate the acknowledgement of our efforts to communicate proactively about any disallowances and to provide opportunities for clarification and review. We remain committed to maintaining transparent billing and reimbursement processes and ensuring that any differences are discussed promptly with our subrecipients and prior to finalizing any disallowances.

10. The Recipient contacted our organization to review utilization and expenditures that were not on target.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	44%	50%	6%	0%	0%	0%
2023 (n=16)	38%	50%	6%	0%	0%	6%
2024 (n=17)	41%	47%	6%	0%	0%	6%
2025 (n=17)	29%	41%	24%	0%	0%	6%
2026 (n=15)	40%	33%	13%	0%	0%	13%

Comments

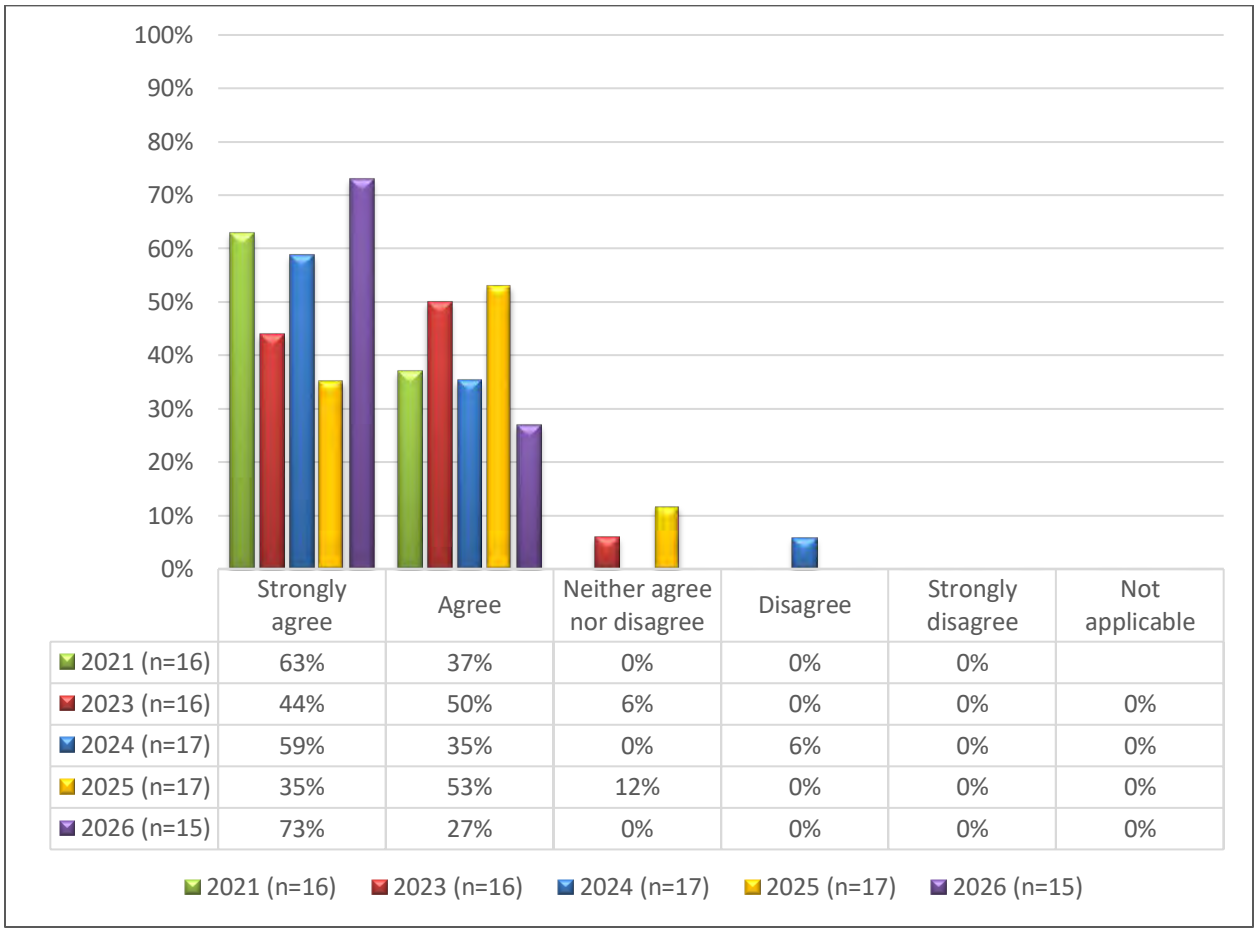
a) The sweeps process is informed by agency utilization and reimbursements.
b) It would be best to have a bimonthly report to ensure evaluation of expenditures.

Recipient Response: Thank you for the feedback. We strive to use data-driven analyses to support recommendations for the Miami-Dade HIV/AIDS Partnership's (planning council) Reallocations/Sweeps process and appreciate the collaboration and helpful feedback provided by subrecipients when contacted regarding service utilization and expenditures.

For ongoing expenditure monitoring, Provide Enterprise Miami includes reports under Contract Management \ Funding Sources that contain monthly billing information and can be downloaded into Excel for further analysis. Subrecipients may use these reports to monitor their billing activity against their approved contracts. If these existing reporting capabilities do not adequately meet your organization's needs, please contact the Recipient to discuss what additional information would be helpful.

Subrecipients would remain responsible for monitoring their service utilization and expenditures against approved budget line items for program allowable, allocable, and reasonable costs.

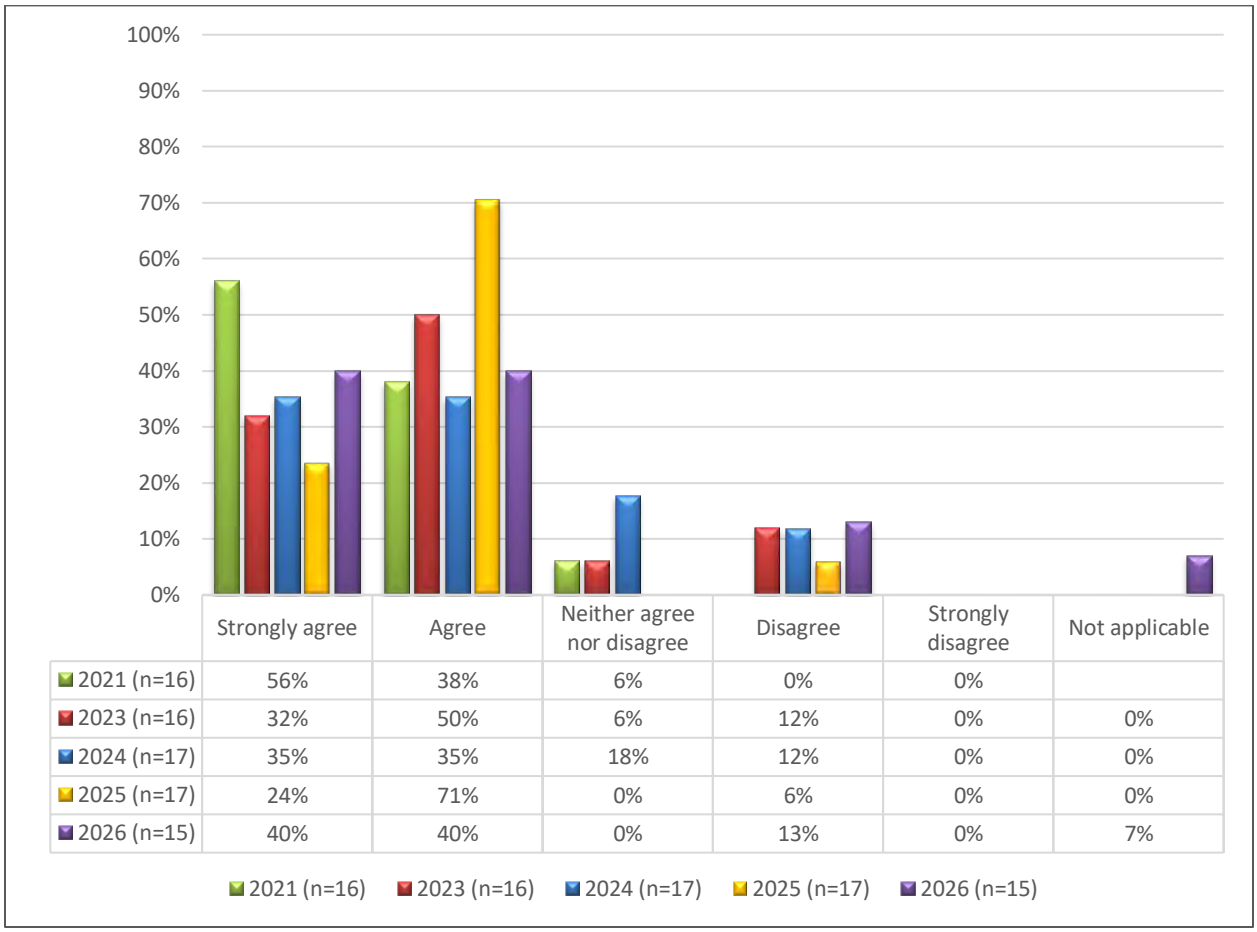
11. The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	63%	37%	0%	0%	0%	
2023 (n=16)	44%	50%	6%	0%	0%	0%
2024 (n=17)	59%	35%	0%	6%	0%	0%
2025 (n=17)	35%	53%	12%	0%	0%	0%
2026 (n=15)	73%	27%	0%	0%	0%	0%

Recipient Response: We appreciate the feedback and remain committed to timely reviews of service utilization and reimbursement requests.

12. After contract execution, the Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	56%	38%	6%	0%	0%	
2023 (n=16)	32%	50%	6%	12%	0%	0%
2024 (n=17)	35%	35%	18%	12%	0%	0%
2025 (n=17)	24%	71%	0%	6%	0%	0%
2026 (n=15)	40%	40%	0%	13%	0%	7%

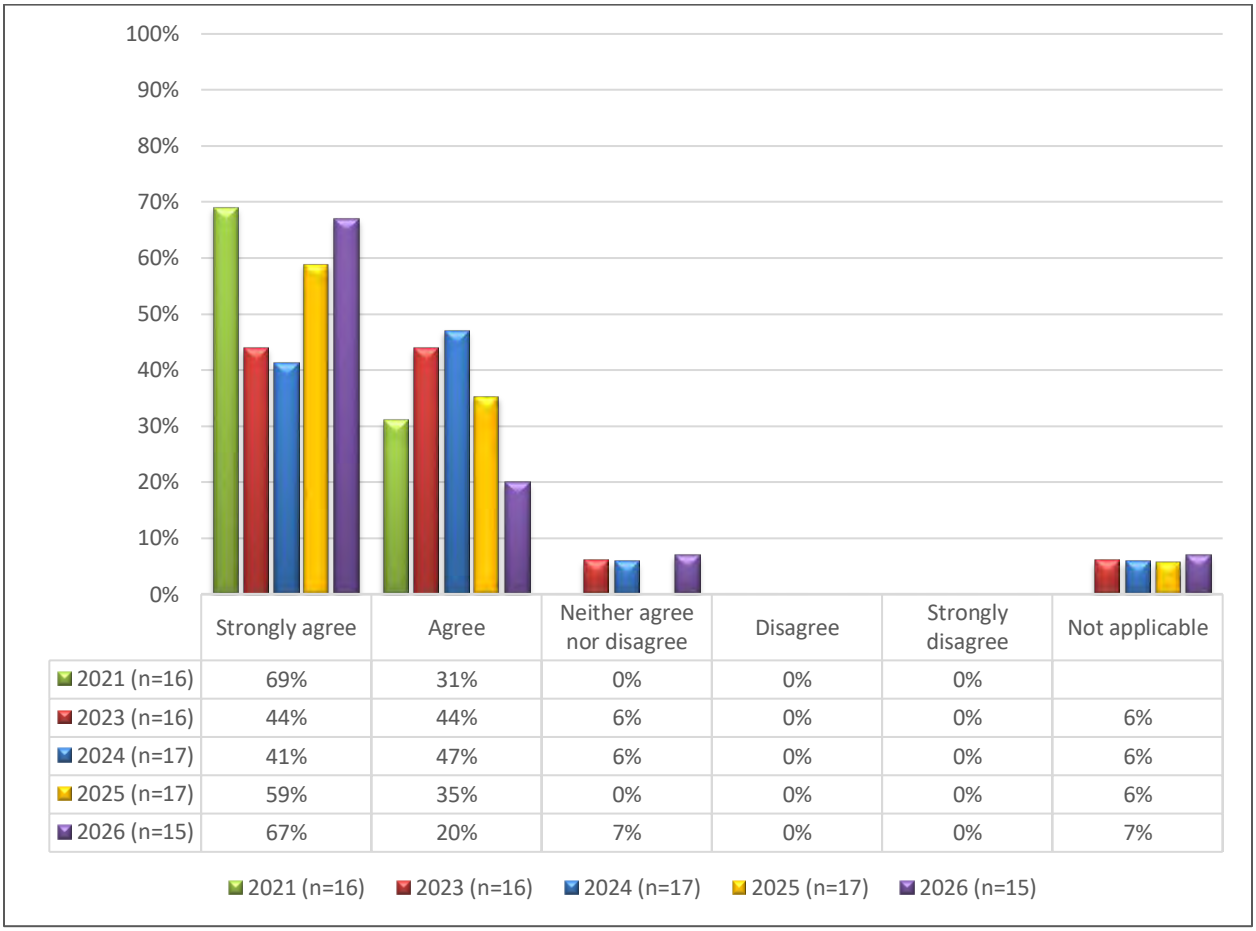
Concerns and Solutions

Note: An additional concern was non-responsive and could not be included without revealing the responding organization.

a) **Concern:** During the previous contract year, payments were delayed due to delays in contract execution, which postponed our ability to receive timely reimbursement. We appreciate that this year's contract execution process has been much faster, and we have not experienced the same issues. **Solution:** Continue the current, streamlined contract execution process to ensure contracts are executed promptly so invoices can be submitted and paid within the expected timeframe

Recipient Response: Thank you for the positive feedback. For clarification, this survey item refers specifically to the timeliness of payments *after* contract execution. While we recognize that delays can occur during the contract development phase, 88% of invoices are processed within 25 days once contracts are fully executed. As noted previously, our streamlined procedures and additional staffing are helping us complete the contract execution process more quickly than in prior years.

13. The Recipient clearly explained any holds or disallowances on reimbursement requests.



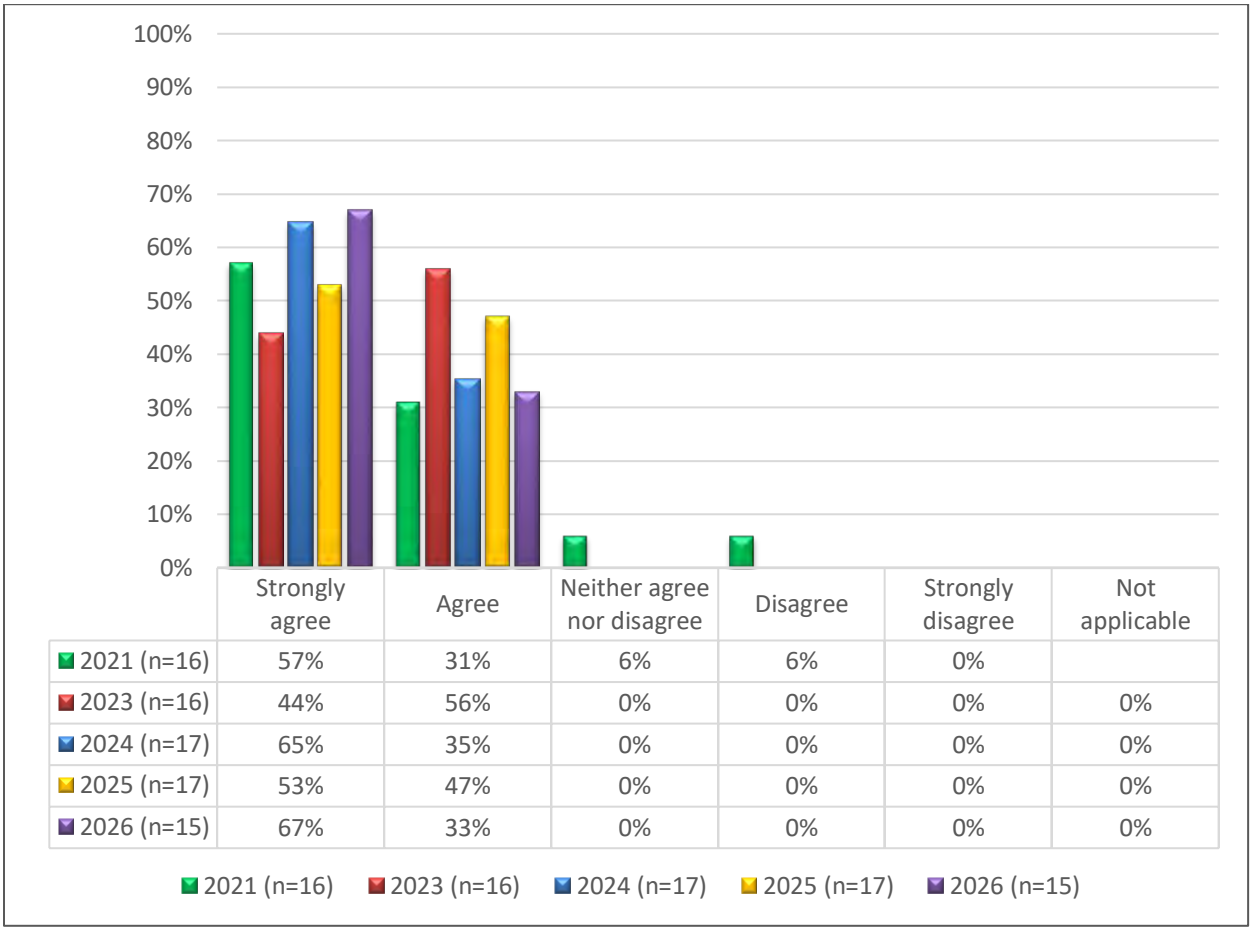
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	69%	31%	0%	0%	0%	
2023 (n=16)	44%	44%	6%	0%	0%	6%
2024 (n=17)	41%	47%	6%	0%	0%	6%
2025 (n=17)	59%	35%	0%	0%	0%	6%
2026 (n=15)	67%	20%	7%	0%	0%	7%

Comment

a) OMB is proactive in notifying agencies and allowing an opportunity for further review.

Recipient Response: We are pleased that the communication process for reviewing holds and disallowances is working effectively. Our team will continue ensuring that any billing concerns are explained clearly and that subrecipients have opportunities to clarify or provide additional information.

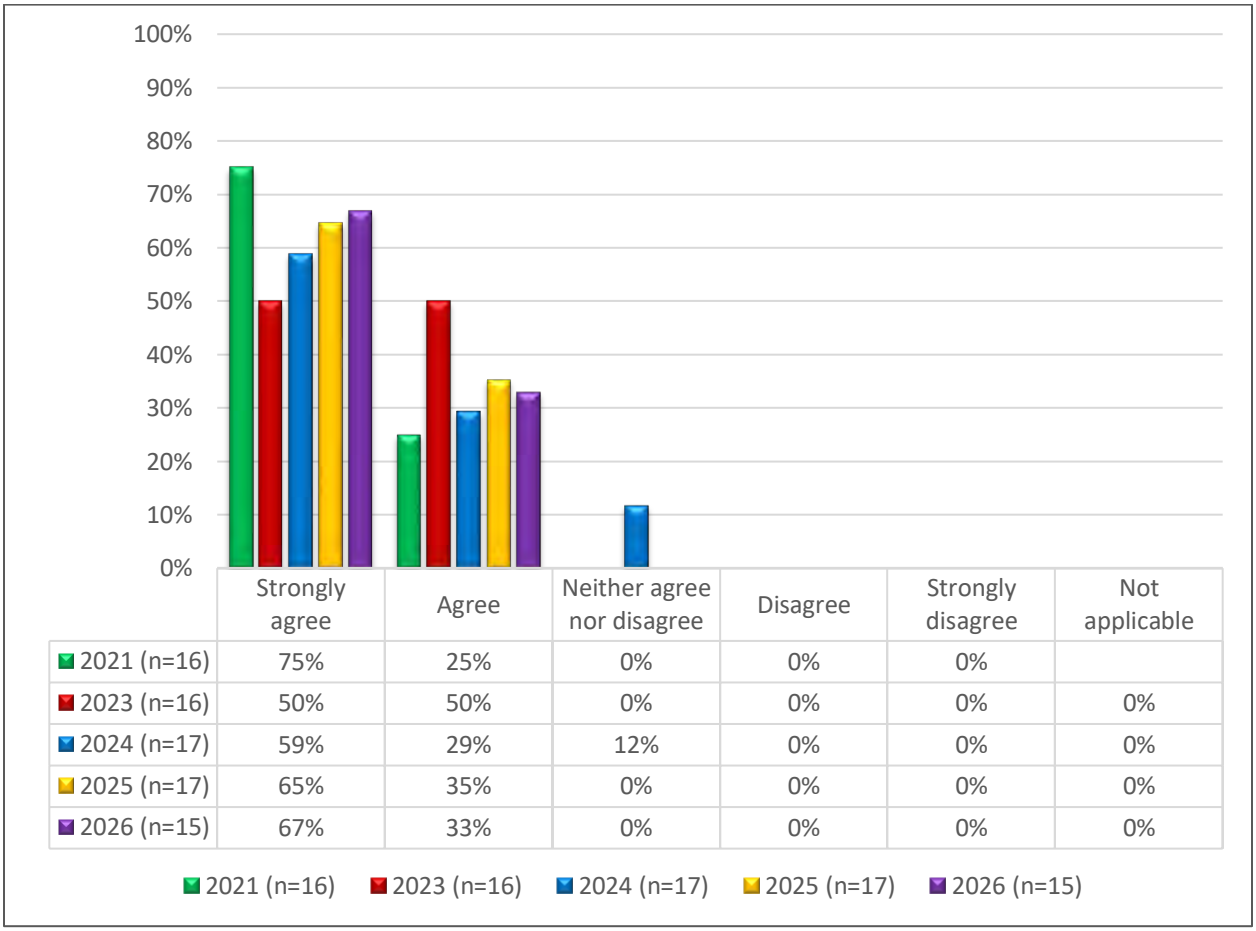
14. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	57%	31%	6%	6%	0%	
2023 (n=16)	44%	56%	0%	0%	0%	0%
2024 (n=17)	65%	35%	0%	0%	0%	0%
2025 (n=17)	53%	47%	0%	0%	0%	0%
2026 (n=15)	67%	33%	0%	0%	0%	0%

Recipient Response: Thank you. We remain committed to providing clear guidance on all Ryan White Program reporting requirements and will continue offering support to ensure consistency and accuracy in submissions.

15. Communication between the Recipient and our organization has been timely.



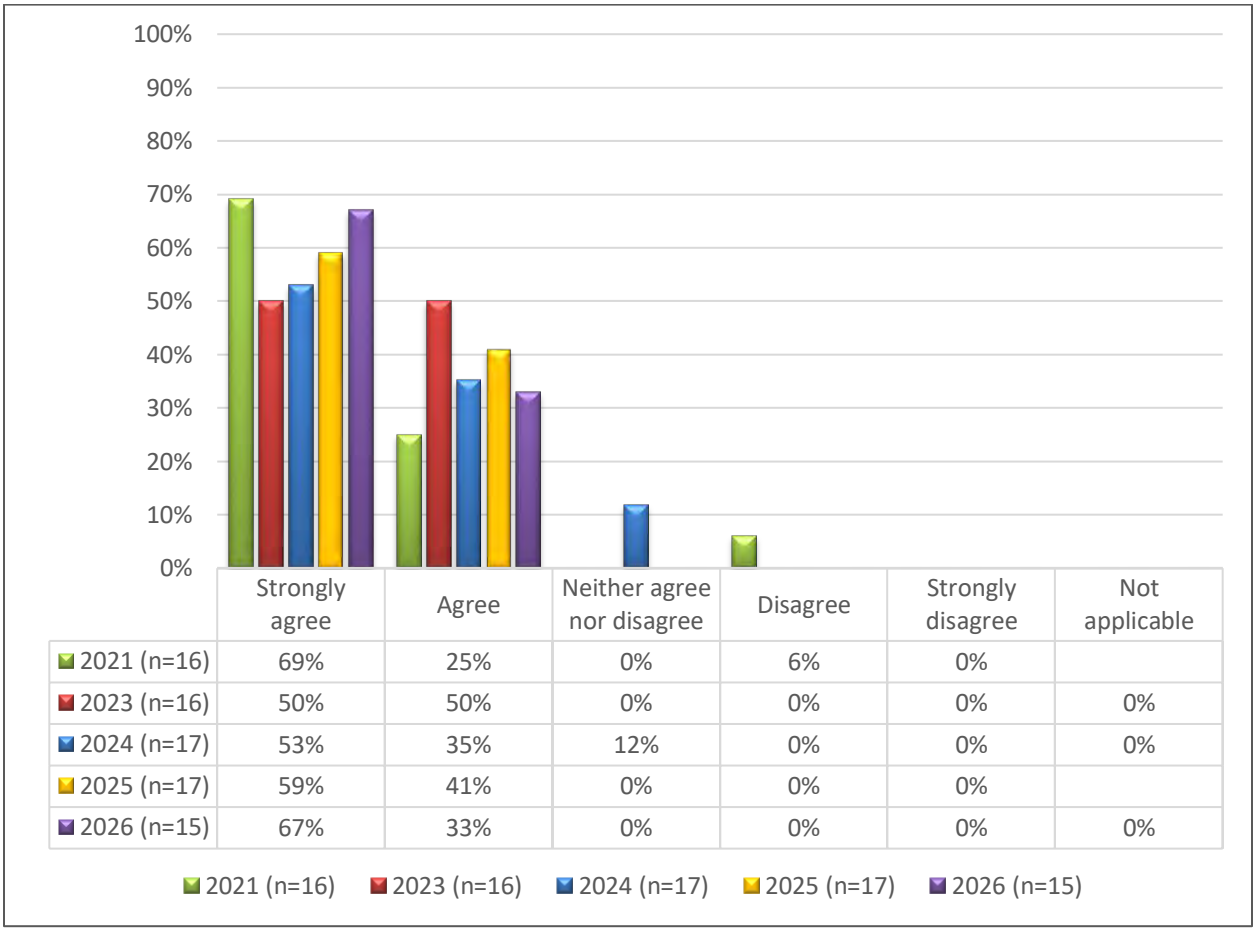
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	75%	25%	0%	0%	0%	
2023 (n=16)	50%	50%	0%	0%	0%	0%
2024 (n=17)	59%	29%	12%	0%	0%	0%
2025 (n=17)	65%	35%	0%	0%	0%	0%
2026 (n=15)	67%	33%	0%	0%	0%	0%

Comment

a) Always available and open to communication.

Recipient Response: Our goal is to maintain responsive and accessible communication with all subrecipients. We are glad the current level of communication is meeting organizational needs and will continue prioritizing timely responses.

16. Communication between the Recipient and our organization has been effective.



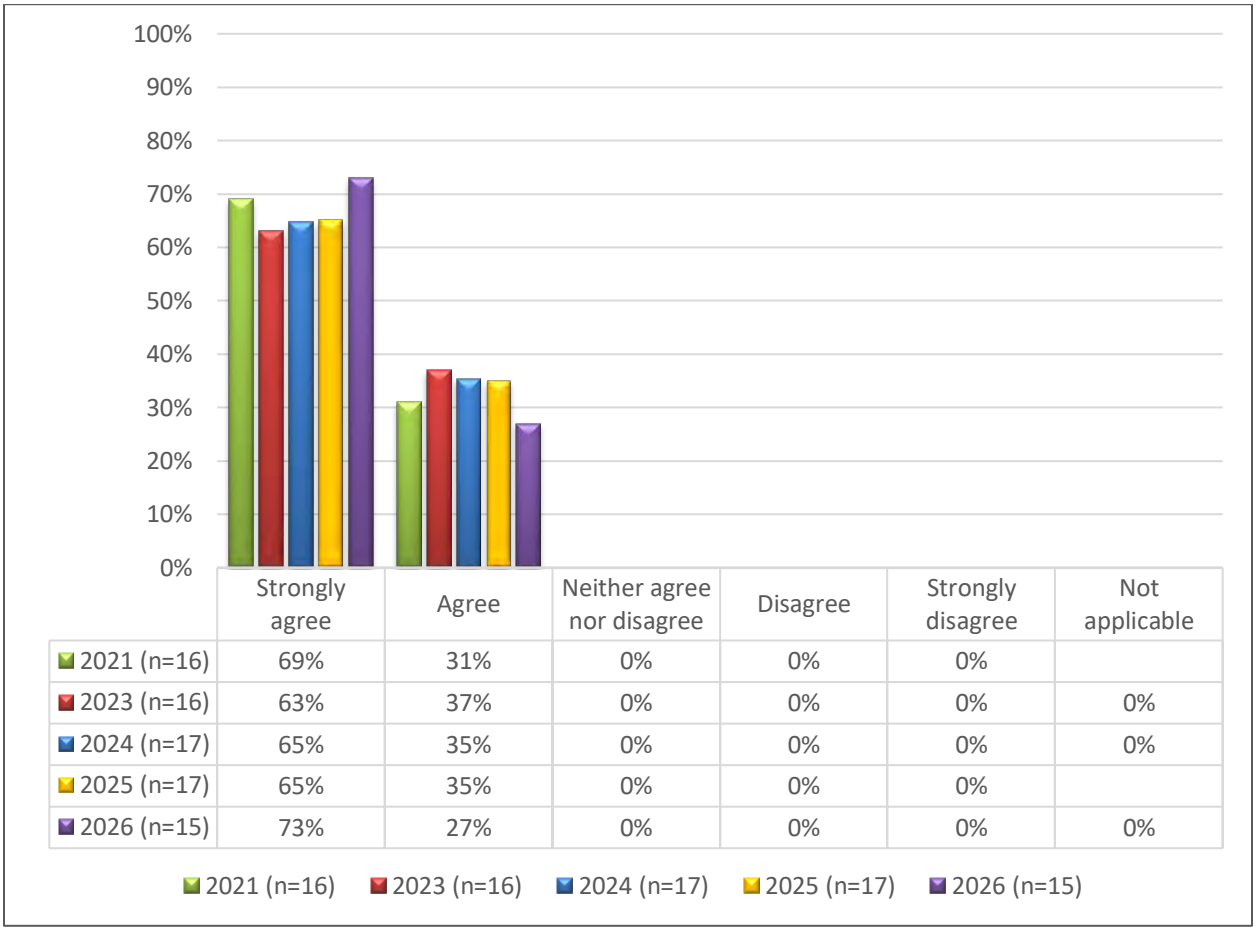
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	69%	25%	0%	6%	0%	
2023 (n=16)	50%	50%	0%	0%	0%	0%
2024 (n=17)	53%	35%	12%	0%	0%	0%
2025 (n=17)	59%	41%	0%	0%	0%	
2026 (n=15)	67%	33%	0%	0%	0%	0%

Comment

a) OMB is very helpful in offering TA where needed and upon request.

Recipient Response: We appreciate the acknowledgement of our technical assistance efforts and will continue working to ensure that communication remains clear, effective, and solutions oriented.

17. The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.



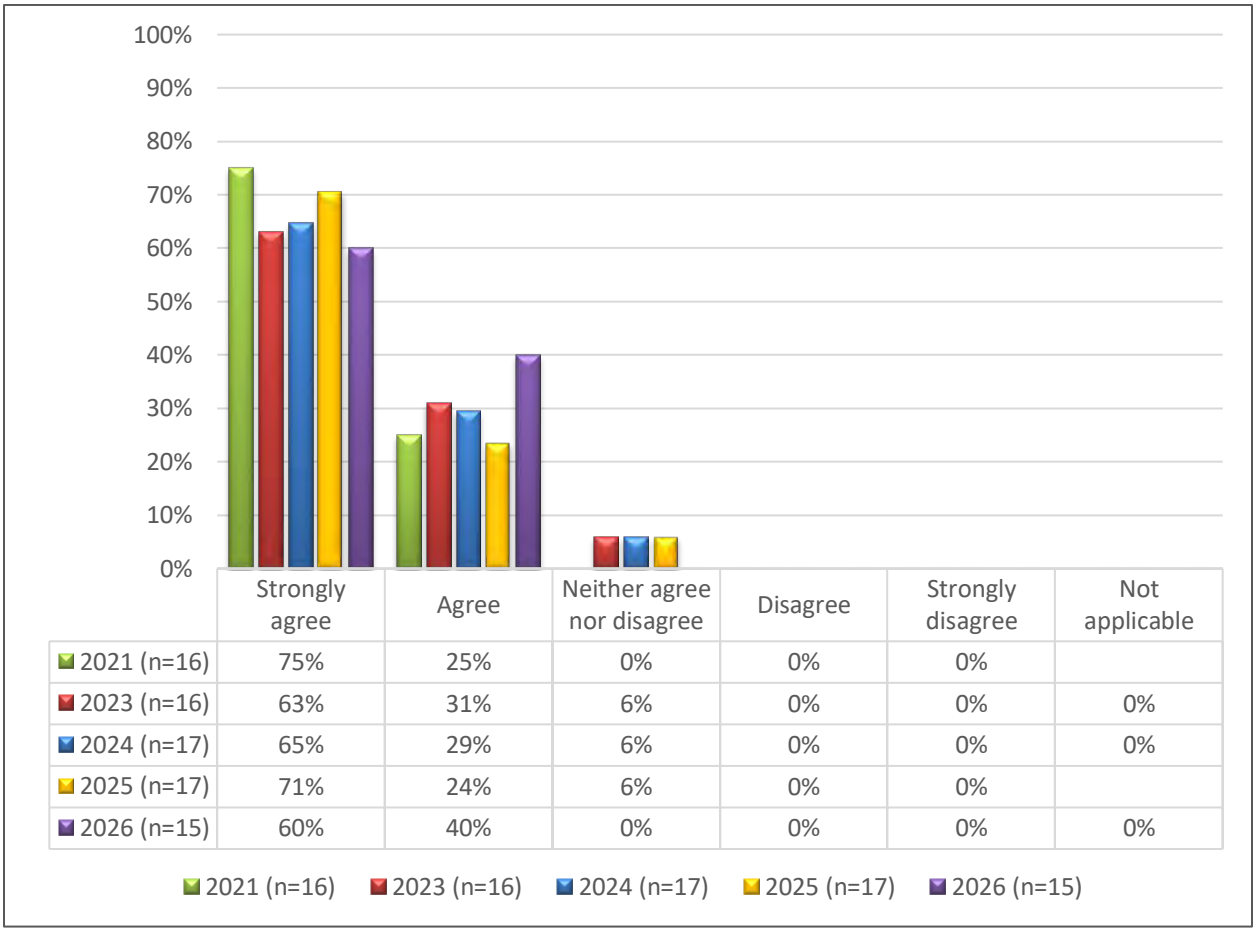
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	69%	31%	0%	0%	0%	
2023 (n=16)	63%	37%	0%	0%	0%	0%
2024 (n=17)	65%	35%	0%	0%	0%	0%
2025 (n=17)	65%	35%	0%	0%	0%	
2026 (n=15)	73%	27%	0%	0%	0%	0%

Comment

a) OMB does notify agencies of sweeps and allows an opportunity to discuss changes if needed

Recipient Response: We aim to maintain transparency throughout the sweeps process and will continue providing sufficient notice and opportunities for discussion as adjustments arise during the contract year. We appreciate the collaboration and constructive feedback provided by subrecipients during these discussions.

18. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).



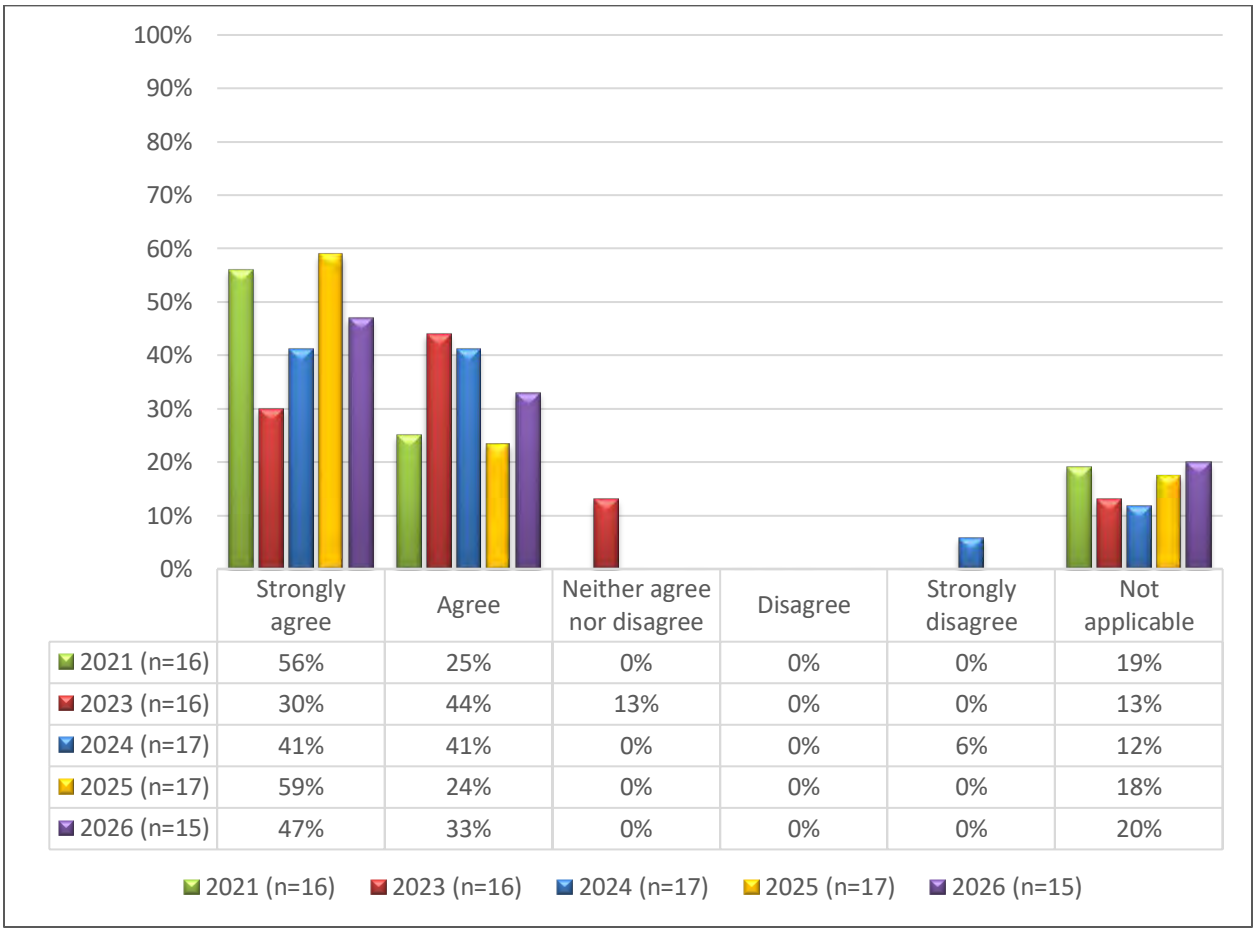
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	75%	25%	0%	0%	0%	
2023 (n=16)	63%	31%	6%	0%	0%	0%
2024 (n=17)	65%	29%	6%	0%	0%	0%
2025 (n=17)	71%	24%	6%	0%	0%	
2026 (n=15)	60%	40%	0%	0%	0%	0%

Comments

a) This was especially apparent during the ADAP crisis response.
b) great communication

Recipient Response: We will continue providing timely Partnership updates that may affect service delivery so subrecipients remain informed and prepared, particularly during rapidly changing situations, to help minimize impacts on program clients.

19. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.



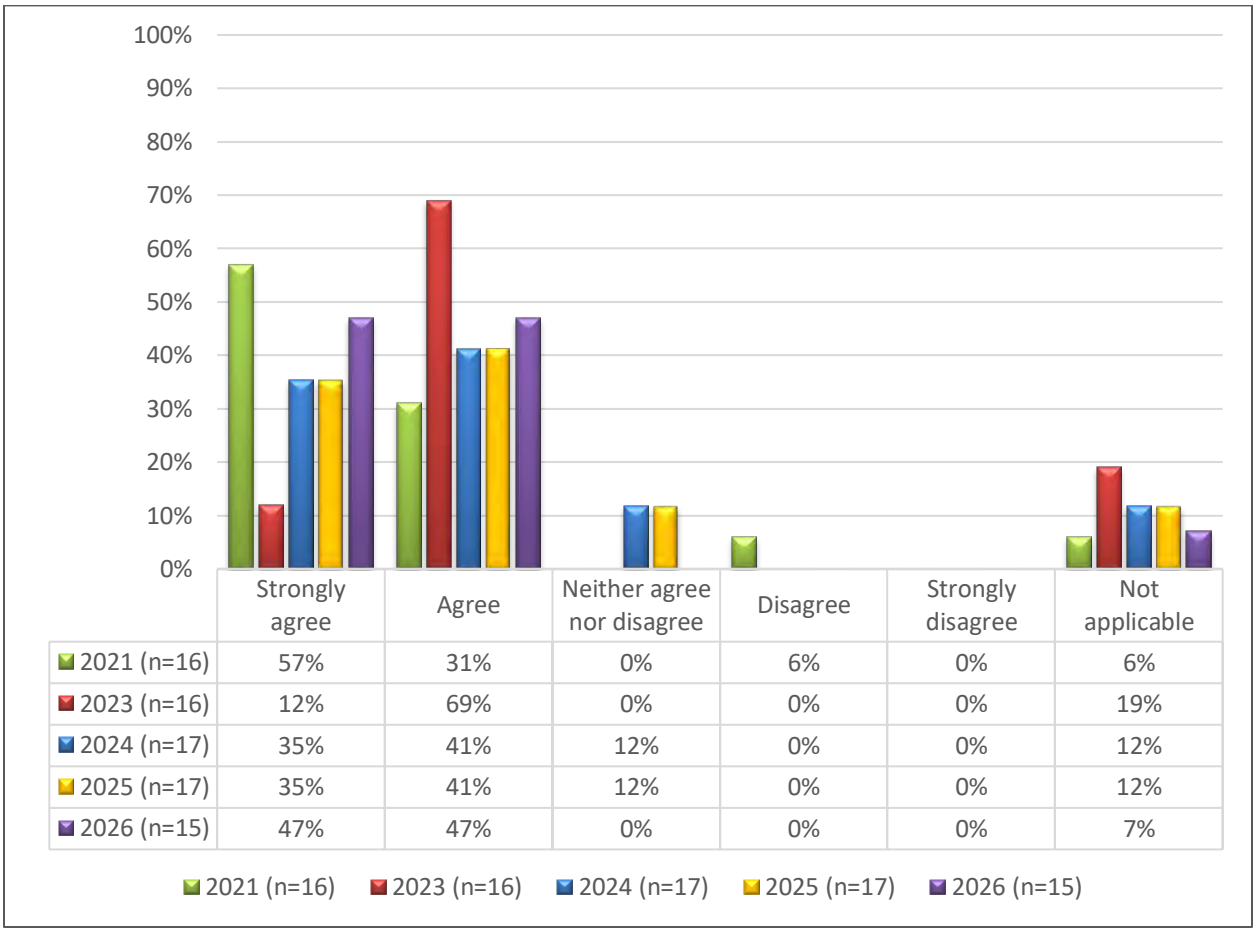
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	56%	25%	0%	0%	0%	19%
2023 (n=16)	30%	44%	13%	0%	0%	13%
2024 (n=17)	41%	41%	0%	0%	6%	12%
2025 (n=17)	59%	24%	0%	0%	0%	18%
2026 (n=15)	47%	33%	0%	0%	0%	20%

Comment

a) Clear communication.

Recipient Response: We recognize the importance of allowing adequate time for remediation and will continue offering clear guidance and support when addressing any compliance concerns.

20. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.



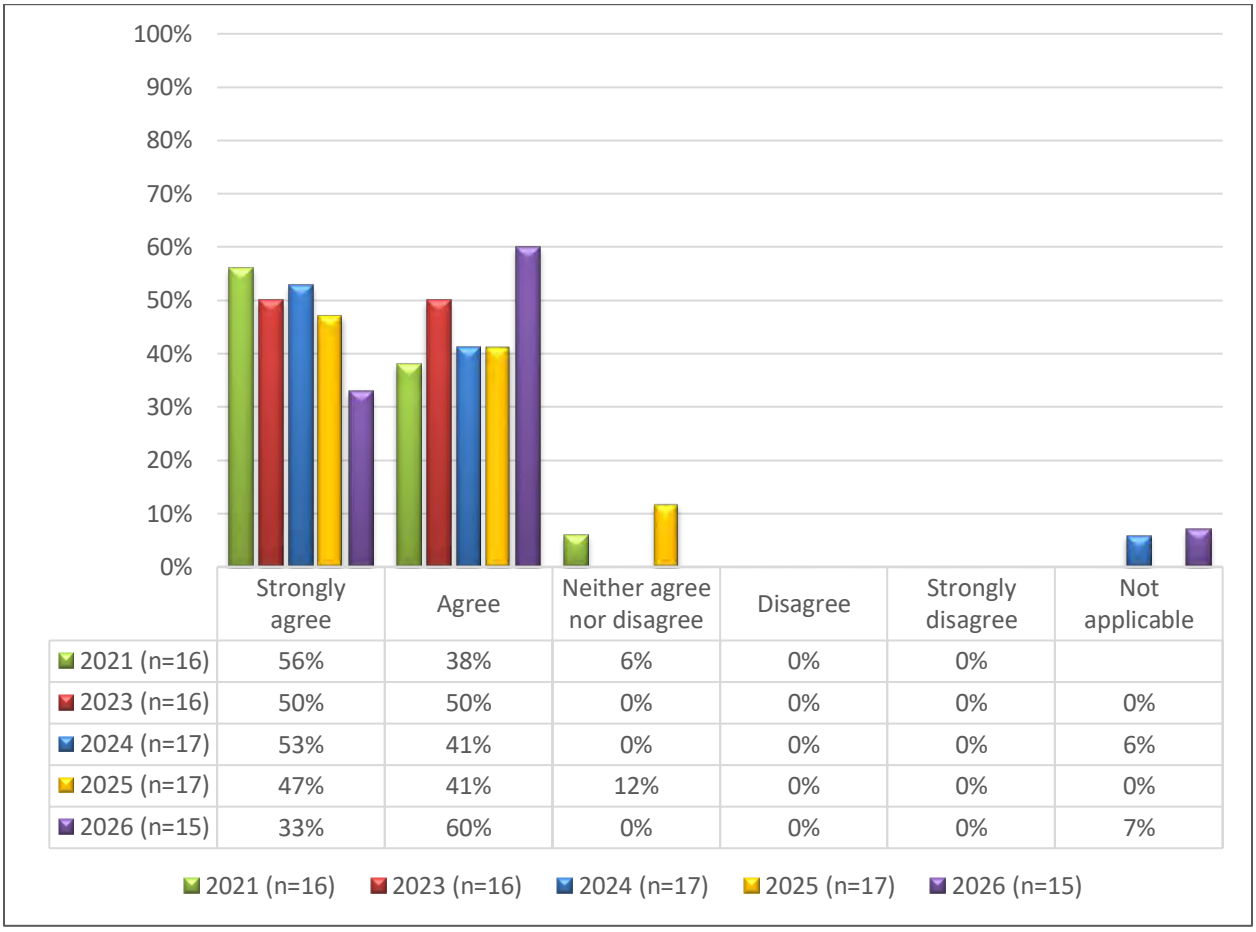
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	57%	31%	0%	6%	0%	6%
2023 (n=16)	12%	69%	0%	0%	0%	19%
2024 (n=17)	35%	41%	12%	0%	0%	12%
2025 (n=17)	35%	41%	12%	0%	0%	12%
2026 (n=15)	47%	47%	0%	0%	0%	7%

Comments

a) PCFMRS System T/A was requested and provided timely.
b) As mentioned before, great communication and always willing to support.

Recipient Response: Our team is committed to providing timely and targeted technical assistance whenever needed and will continue refining our support processes to meet subrecipients' needs.

21. In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.



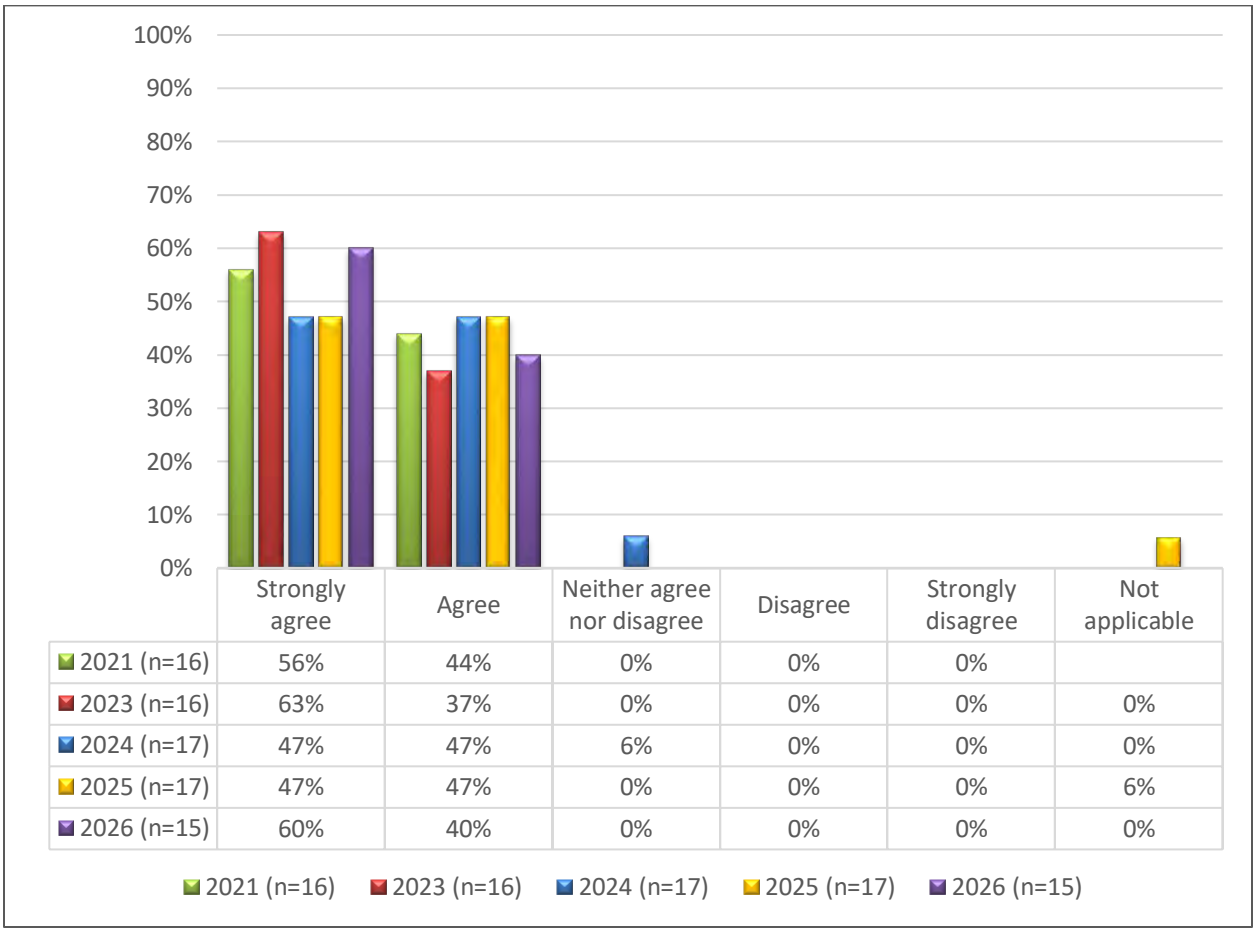
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	56%	38%	6%	0%	0%	
2023 (n=16)	50%	50%	0%	0%	0%	0%
2024 (n=17)	53%	41%	0%	0%	0%	6%
2025 (n=17)	47%	41%	12%	0%	0%	0%
2026 (n=15)	33%	60%	0%	0%	0%	7%

Comment

a) Always communicating with the organization.

Recipient Response: We will continue prioritizing timely clarification and guidance to support accurate reporting and program compliance.

22. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.



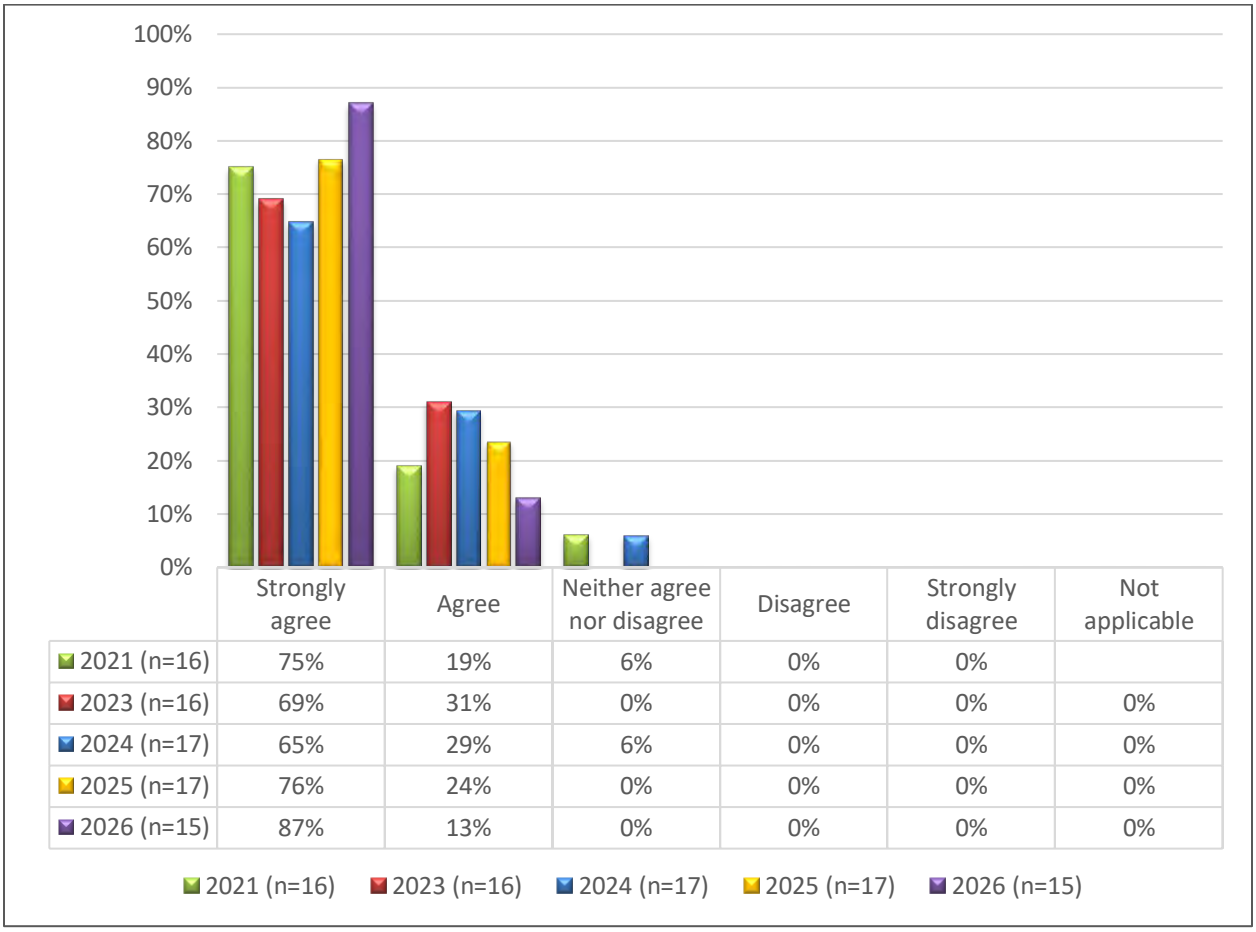
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	56%	44%	0%	0%	0%	
2023 (n=16)	63%	37%	0%	0%	0%	0%
2024 (n=17)	47%	47%	6%	0%	0%	0%
2025 (n=17)	47%	47%	0%	0%	0%	6%
2026 (n=15)	60%	40%	0%	0%	0%	0%

Comments

a) MDC OMB staff is usually very responsive to our emails and phone calls.
b) OMB is very responsive to our agency's questions/queries.

Recipient Response: Thank you. Responsiveness to inquiries remains a core priority for our team, and we will maintain practices that support timely and effective communication.

23. The Recipient's staff was courteous and respectful.



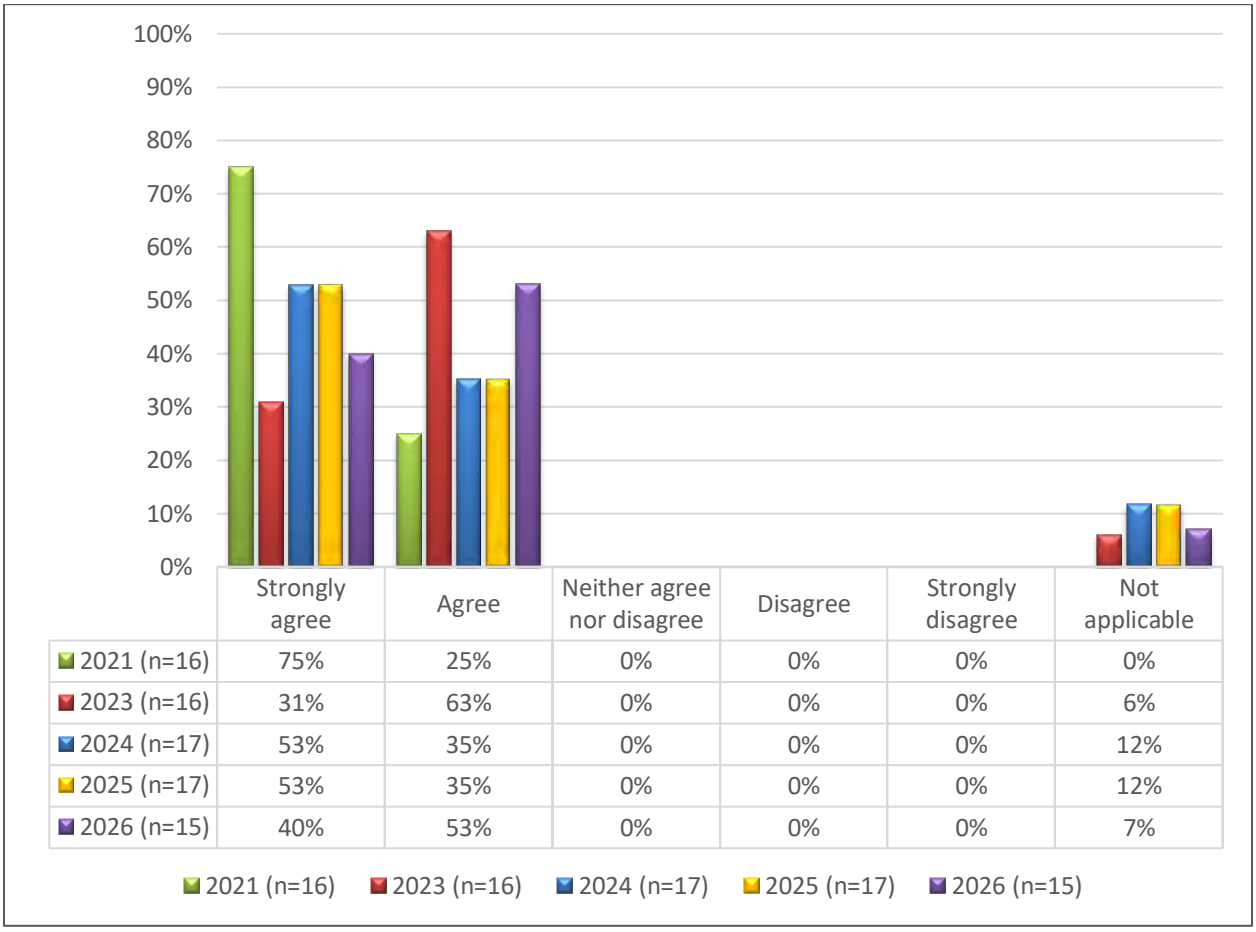
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	75%	19%	6%	0%	0%	
2023 (n=16)	69%	31%	0%	0%	0%	0%
2024 (n=17)	65%	29%	6%	0%	0%	0%
2025 (n=17)	76%	24%	0%	0%	0%	0%
2026 (n=15)	87%	13%	0%	0%	0%	0%

Comments

a) Our agency has a strong relationship with OMB staff that are highly knowledgeable and willing to assist subrecipients.
b) Their staff is always wonderful, great skills and clear communication.

Recipient Response: We appreciate this feedback. Our team remains committed to professional and respectful engagement with all stakeholders. Although relatively small, we work collaboratively and with a strong sense of purpose to maintain a supportive and productive working environment – both internally and externally, especially in our work with subrecipient partners, the planning council, and clients.

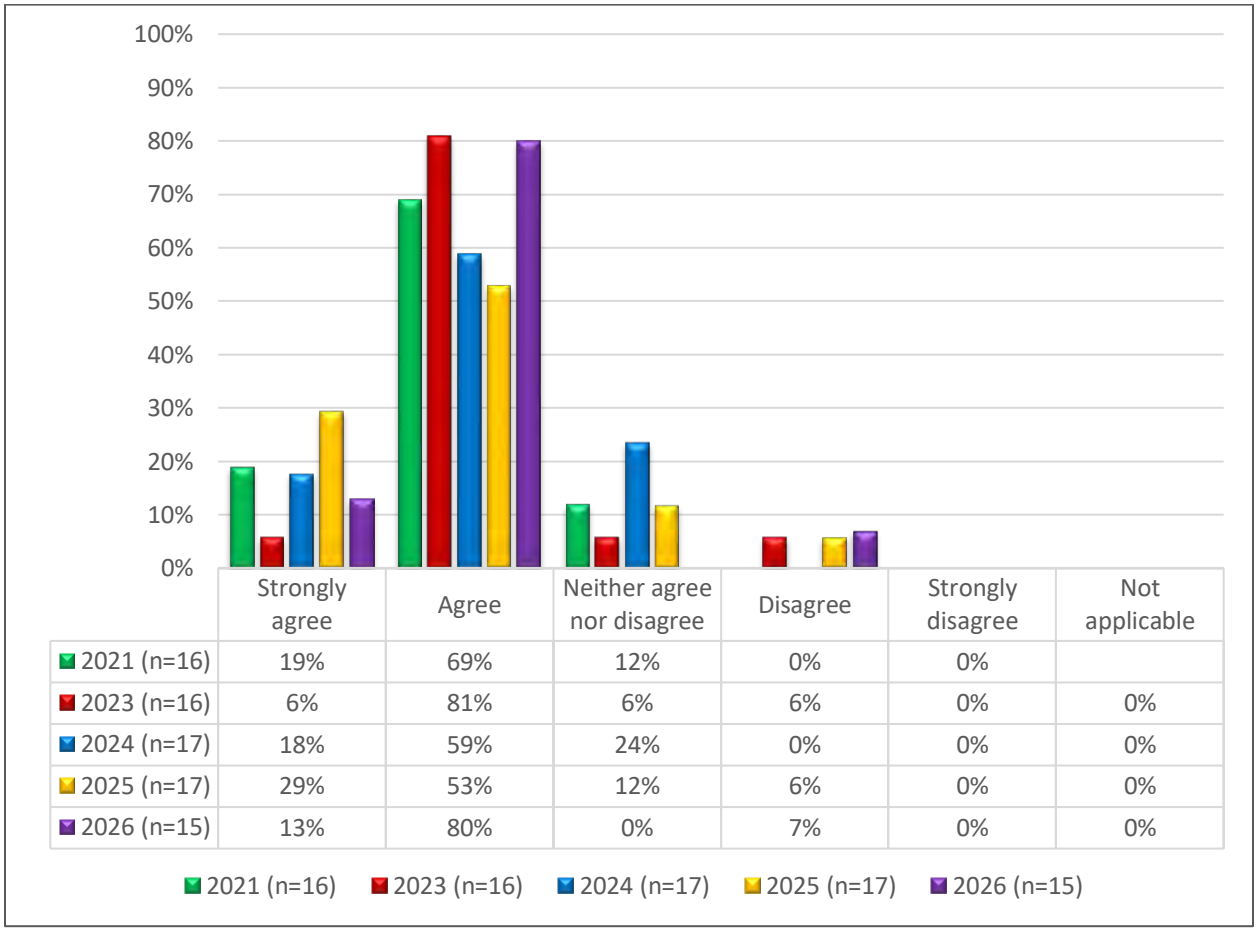
24. Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	75%	25%	0%	0%	0%	0%
2023 (n=16)	31%	63%	0%	0%	0%	6%
2024 (n=17)	53%	35%	0%	0%	0%	12%
2025 (n=17)	53%	35%	0%	0%	0%	12%
2026 (n=15)	40%	53%	0%	0%	0%	7%

Recipient Response: Thank you for acknowledging the helpful assistance BSR's CQM staff provides.

25. The Provide® Enterprise Miami (PE Miami) client database system is reliable.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	19%	69%	12%	0%	0%	
2023 (n=16)	6%	81%	6%	6%	0%	0%
2024 (n=17)	18%	59%	24%	0%	0%	0%
2025 (n=17)	29%	53%	12%	6%	0%	0%
2026 (n=15)	13%	80%	0%	7%	0%	0%

Comments

a) Sometimes it's slow and reduces productivity.

Groupware Technologies Response: We recognize that slow system performance can disrupt daily workflows and reduce productivity. Performance may vary depending on the task being performed, the number of concurrent users, agency network conditions, workstation configuration, and internet connectivity. In some instances, overnight maintenance processes—including processes that prepare reporting and import views—continue into the morning and can affect response times. Our team monitors these processes and the server environment regularly and continues to evaluate adjustments intended to reduce delays and improve overall performance.

b) They have limitations that make billing and un-billables very complicated, which leads to delays in billing. It would be great to have a way to reach Groupware in a more efficient way than an email that is rarely responded on time.

Groupware Technologies Response: We understand that resolving billing and unbillable service issues can be time-consuming and may delay claims submission. PE Miami's billing rules were configured to reflect the requirements established by Miami-Dade County and the provisions of participating agencies' contracts. If a particular rule or workflow is creating difficulties, please share a specific example with the County so the requirement and potential improvements can be evaluated.

We also recognize the importance of timely, reliable support. Under GT's support agreement with Miami-Dade County, support tickets are to receive an initial response within 24 business hours of submission. If you have not received a response within that period, please check your spam or junk folder and email support.escalations@grouptech.com with your ticket number to request escalation directly to the support team lead.

To help us investigate efficiently, please include the affected client CIS number(s), the steps leading to the issue, the exact wording of any error messages, and the names of any relevant reports. Do not include protected health information (PHI) in ordinary email or ticket correspondence. When PHI is necessary, you may send it securely to the assigned Help Desk team member through Provide Enterprise's Secure Messaging Portal (View\Secure\All of Mine).

c) PE Miami crashes constantly but data input is kept.

Groupware Technologies Response: We understand how disruptive unexpected application closures can be, even when previously entered data is retained. We have recently seen an increase in support requests from agencies whose Windows Documents folders are redirected to OneDrive. By default, Provide Enterprise stores its local cache in the Documents folder. Because OneDrive synchronization and folder access can vary, this configuration may interfere with the application's ability to read or write required cache files. For agencies using OneDrive for Documents, we recommend relocating the Provide Enterprise cache to a stable local or approved network location with appropriate read/write permissions. Our Help Desk (provide.help@grouptech.com) can provide instructions; assistance from your agency's IT team may be needed. Not all application closures are caused by this issue, so please report each occurrence with details about what you were doing and any error messages so we can investigate the cause.

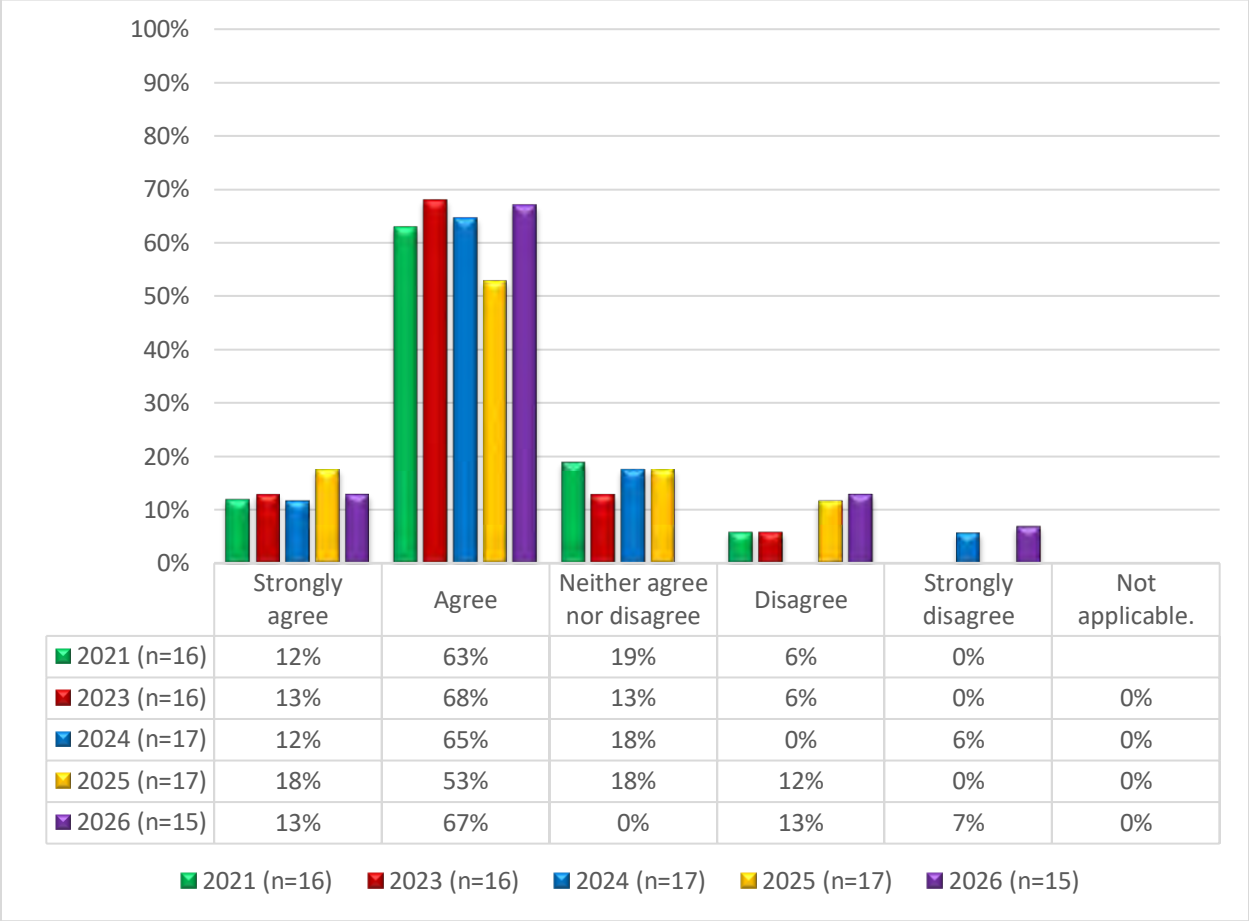
Concerns and Solutions

a) **Concern:** Access is unreliable and the system is not user friendly. **Solution:** Adoption of a more modern and user friendly system.

   Groupware Technologies Response: We appreciate this feedback about accessibility and ease of use. PE Miami was configured to meet the program and operational requirements established by the Miami-Dade County grantee office. We recognize that meeting those requirements does not eliminate opportunities to simplify workflows or improve navigation. Please submit specific suggestions or examples of difficult tasks to the County for review. GT welcomes the opportunity to work with the County on approved enhancements.

Recipient Response: We recognize the concerns raised regarding the PE Miami data management system's performance and vendor responsiveness. These issues are being communicated to Groupware Technologies as part of our ongoing efforts to improve system reliability, reduce delays, and enhance user support.

26. The PE Miami client database system is easy to use.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable.
2021 (n=16)	12%	63%	19%	6%	0%	
2023 (n=16)	13%	68%	13%	6%	0%	0%
2024 (n=17)	12%	65%	18%	0%	6%	0%
2025 (n=17)	18%	53%	18%	12%	0%	0%
2026 (n=15)	13%	67%	0%	13%	7%	0%

Comment

a) PE Miami is not user friendly, it requires in-person training.

Groupware Technologies Response: We appreciate the feedback and recognize that a system with specialized program requirements can have a learning curve. In-person or other guided training may be helpful, particularly for new users or complex workflows. PE Miami was configured around Miami-Dade County's requirements, and GT welcomes suggestions for making it easier to navigate and use. Please share training needs and specific usability recommendations with the County so they can be evaluated and, where appropriate, coordinated with GT.

Concerns and Solutions

a) **Concern:** The system is very difficult to use and not intuitive, filters are not clear, data is not easily accessible, and the system layout is very hard to understand and use. **Solution:** Adoption of a more modern and user friendly system.

   Groupware Technologies Response: We appreciate this feedback about accessibility and ease of use. PE Miami was configured to meet the program and operational requirements established by the Miami-Dade County grantee office. We recognize that meeting those requirements does not eliminate opportunities to simplify workflows or improve navigation. Please submit specific suggestions or examples of difficult tasks to the County for review. GT welcomes the opportunity to work with the County on approved enhancements.

b) **Concern:** The database is not as easy to use or to obtain information. Too many steps to go from one component to another and is a billing database that should be able to transfer data points to other electronic medical records to ensure proper coordination of care. **Solution:** Groupware Technology is willing to upgrade its software and also find ways to streamline the process, including reports from un-billables that can provide all errors that create the error, as opposed to having to fix each error step by step, is time-consuming. In addition, they should have a policy or responding to emails no later than 48 hours and the ability to escalate the request.

   Groupware Technologies Response: We appreciate these suggestions for streamlining navigation, improving unbillable service reporting, and supporting data exchange with other clinical systems. PE Miami was configured to meet Miami-Dade County's program and billing requirements, and GT welcomes specific examples of workflows or reports that could be improved. Please submit proposed changes to the County for review and prioritization. Provide Enterprise also supports EHR integrations, which can be explored with County approval. Regarding support, our agreement calls for an initial response within 24 business hours, and tickets should receive status updates as work progresses. If you do not receive a timely response or appropriate updates, please check your spam folder and email support.escalations@grouptech.com with the ticket number to request escalation directly from the support team leader.

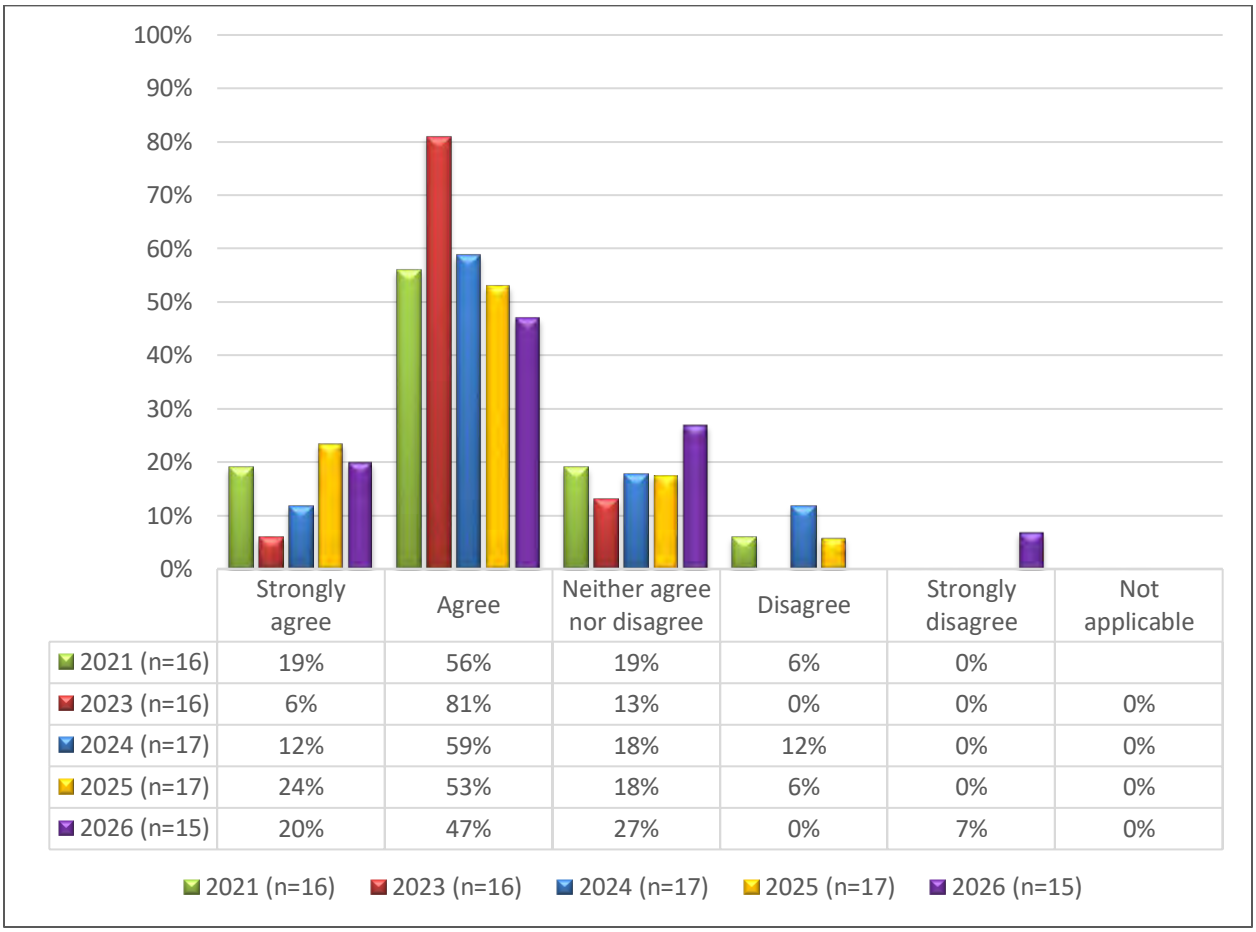
c) **Concern:** [Organization name] personnel needed in person training to use the PE Miami client database system; afterward, [organization name] implemented its own PE Manual to ensure all designated personnel could access it properly. **Solution:** A more accurate, step by step, written and visual revised annually guide to all the specifics of usage would be helpful.

   Groupware Technologies Response: Provide Enterprise is highly configurable, so user documentation is tailored to each deployment. The PE Miami guides were developed in collaboration with Miami-Dade County. We understand the value of clear, step-by-step instructions with screenshots and regular updates, especially for staff onboarding. Please send specific documentation gaps or suggestions to the County for consideration. GT

would be pleased to collaborate with the County on approved revisions to improve the guides.

Recipient Response: Based on the responses and suggestions noted above, we acknowledge that some users have faced challenges navigating the system and obtaining data efficiently. While we are currently in a multi-year contract for PE Miami, we will continue working with Groupware Technologies to improve usability, training resources, and overall system design. We will also explore opportunities to strengthen written and visual user guidance and make technical assistance resources easier for subrecipients to access.

27. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	19%	56%	19%	6%	0%	
2023 (n=16)	6%	81%	13%	0%	0%	0%
2024 (n=17)	12%	59%	18%	12%	0%	0%
2025 (n=17)	24%	53%	18%	6%	0%	0%
2026 (n=15)	20%	47%	27%	0%	7%	0%

Comments

a) It is generally efficient however reports can take a very long time to generate. Highly customizable reports are not available at this time.

Groupware Technologies Response: We recognize that lengthy report processing times and limited customization can make it harder to obtain timely information. Agencies with the necessary technical expertise may use compatible third-party reporting tools that support ODBC connections to the PE server to develop their own reports, subject to applicable access and security requirements. Agencies may also request reports from GT. If an existing report can be deployed in PE Miami without modification, GT can make it available at no charge. When development or customization is required, GT can work with the agency and/or Miami-Dade County to define the requested changes and prepare a cost estimate for consideration.

b) Once personnel are trained thoroughly, navigating the system is efficient.

Groupware Technologies Response: Thank you for sharing this positive feedback. We are pleased that training has helped your staff navigate PE Miami more efficiently. Because the system supports a broad range of program workflows and grant requirements, thorough training can make a meaningful difference in day-to-day use.

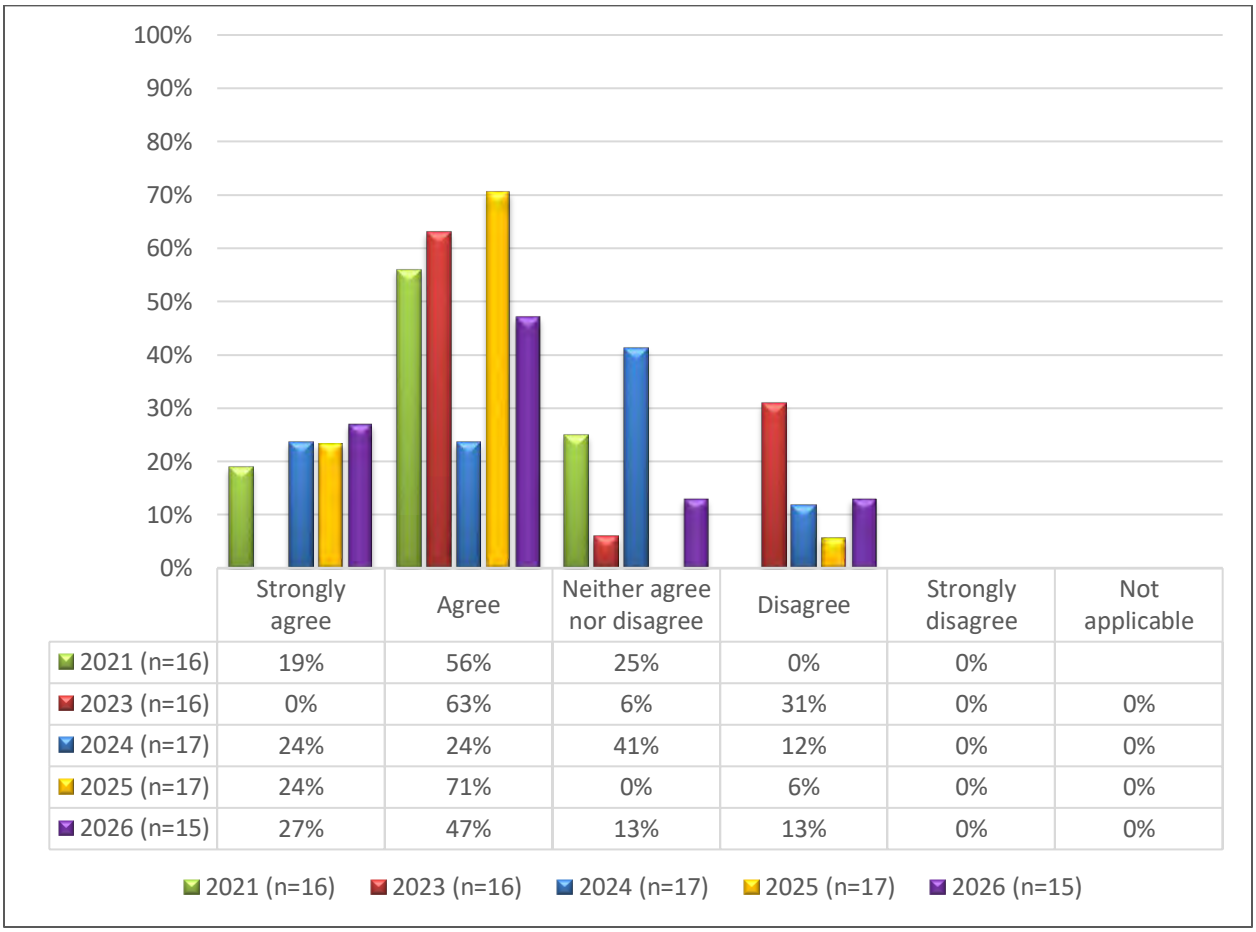
Concerns and Solutions

a) **Concern:** All reports are hard to retrieve and don't provide clear information. **Solution:** Adoption of a more modern and user friendly system.

Groupware Technologies Response: We understand that reports need to be both accessible and easy to interpret. PE Miami reports were developed to address grant and contract reporting requirements, and some require complex data processing that can increase run times. We welcome examples of reports that are difficult to locate, interpret, or generate. Please share these with Miami-Dade County so potential changes can be reviewed and prioritized. GT is available to collaborate with the County on approved reporting improvements.

Recipient Response: We recognize the need for faster reporting functions and more flexible data tools. System enhancement needs are regularly communicated to the vendor to support future improvements. While we are currently in a multi-year contract for PE Miami, we will continue working with Groupware Technologies to improve usability and efficiency of the system.

28. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system troubleshooting.



	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
2021 (n=16)	19%	56%	25%	0%	0%	
2023 (n=16)	0%	63%	6%	31%	0%	0%
2024 (n=17)	24%	24%	41%	12%	0%	0%
2025 (n=17)	24%	71%	0%	6%	0%	0%
2026 (n=15)	27%	47%	13%	13%	0%	0%

Comments

a) Sometimes PE support is slow to respond to inquiries.

Groupware Technologies Response: We appreciate you raising this concern. Timely communication is important, particularly when an issue affects your work. Under GT's support agreement with Miami-Dade County, tickets are to receive an initial response within 24 business hours of submission. If you have not received a response within that period, please check your spam or junk folder and email support.escalations@grouptech.com with your ticket number to request escalation to the support team lead.

b) Given GTI has a small team, they are quite responsive given their reach/responsibility.

Groupware Technologies Response: Thank you for recognizing our team's efforts. We appreciate your feedback and remain committed to providing responsive, helpful support to participating agencies.

Concerns and Solutions

a) **Concern:** The multiple times I have reached out to them, either no response or delayed response has occurred. **Solution:** They need to change their workflow and respond to email or provide ways to escalate the issue.

   Groupware Technologies Response: We appreciate you raising this concern. Timely communication is important, particularly when an issue affects your work. Under GT's support agreement with Miami-Dade County, tickets are to receive an initial response within 24 business hours of submission. If you have not received a response within that period, please check your spam or junk folder and email support.escalations@grouptech.com with your ticket number to request escalation to the support team lead.

b) **Concern:** PE Miami takes its time to respond to problem in their system. **Solution:** None.

   Groupware Technologies Response: We appreciate you raising this concern. Timely communication is important, particularly when an issue affects your work. Under GT's support agreement with Miami-Dade County, tickets are to receive an initial response within 24 business hours of submission. If you have not received a response within that period, please check your spam or junk folder and email support.escalations@grouptech.com with your ticket number to request escalation to the support team lead.

Recipient Response: Concerns regarding delayed or inconsistent vendor responsiveness have been noted and formally relayed to Groupware Technologies. We will continue working with the vendor to strengthen response protocols and escalation options. We will also explore clearer escalation procedures for issues that are not resolved within a reasonable timeframe.

Recommendations for Process Improvements Related to Subrecipients

To guide improvements in planning council administration and enhancements in administrative functions.

To be developed at the October 13, 2026, Strategic Planning Committee meeting, with additional discussion with the Recipient in January 2027.

Scan for Meeting Documents

MIAMI-DADE HIV/AIDS PARTNERSHIP

Strategic Planning Committee

Tuesday, October 13, 2026
10:00 AM – 12:00 AM

Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

AGENDA

I.	Call to Order	Stephanie Stonestreet
II.	Introductions	All
III.	Meeting Housekeeping	Stephanie Stonestreet
IV.	Floor Open to the Public	Angela Machado
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 15, 2026	All
VII.	Reports ▪ Membership ▪ Partnership	Staff
VIII.	Standing Business ▪ 2026 Assessment of the Efficiency of the Administrative Mechanism Report	All
IX.	New Business ▪ Officer Elections ▪ 2027 Calendar of Activities	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Joint Integrated Plan Review Team: November 17, 2026 at FDOH, Health District Center, 1350 NW 14th St., Room 401B, Miami, FL 33125	Angela Machado
XII.	Adjournment	Stephanie Stonestreet

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Strategic Planning Committee Members

From: Christina Bontempo

Date: October 1, 2026

Re: 2027 Officer Nominations and Elections

Serving as an Officer provides you a great opportunity to enhance your leadership skills, add a new title to your resume, and become a more involved Planning Council member!

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. Executive Committee meetings are held every other month beginning in January.

Staff provides comprehensive training for all Officers.

Nominations for the Strategic Planning Committee Chair and Vice Chair (Officers) are scheduled for the October 13, 2026, Strategic Planning Committee meeting; (see Miami-Dade HIV/AIDS Partnership Bylaws, Section 5.4). Current Officers who have served less than two one-year terms are eligible for nomination.

For reference, below are the qualifications for Officers as they relate to committees; (see Bylaws, Section 5.1.B.):

1. Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.

2. Officers shall be full voting members.

3. At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.

4. Standing committees, subcommittees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.

5. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

Elections will be held at the January 12, 2027, meeting. You may add your name as a nominee in advance of the meeting and nominations will also be taken from the floor in January. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at cbontempo@behavioralscience.com.

Scan for Meeting Documents

MIAMI-DADE HIV/AIDS PARTNERSHIP

Strategic Planning Committee

Tuesday, October 13, 2026
10:00 AM – 12:00 AM

Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

AGENDA

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For more information about the Strategic Planning Committee, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

2027 Calendar of Activities
Strategic Planning Committee and Joint Integrated Plan Review Team (JIPRT)
As of October 13, 2026

Details	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	Annual Report	Integrated Planning	Other
Tuesday, January 12, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee BSR Corp.	- Review of 2026 Report with Recipient. - Updates for 2027 surveys.			- Officer elections. - Regular reports. - Mentoring presentation.
Tuesday, February 9, 2027 **10:00 a.m. – 12:00 p.m.** Joint Integrated Plan Review Team (JIPRT) FDOH-Health District Center			- Data review for target setting. - Strategies to expand community collaborations.	- Regular reports. - Source of Income completion (if available) - Mentoring presentation.
Tuesday, March 9, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee BSR Corp.	- Final 2027 survey review. - Distribution schedule.	- 1st draft review.		- Regular reports. - Source of Income completion
Tuesday, April 13, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee BSR Corp.	*Staff: Survey distribution, collection, and report draft.*	- 2nd draft review.		- Regular reports. - Source of Income completion (if needed)
Tuesday, May 18, 2027 **10:00 a.m. – 12:00 p.m.** JIPRT FDOH-Health District Center			- Data review for target setting. - Strategies to expand community collaborations.	- Regular reports
Tuesday, June 15, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee	Save the Date: Agenda Items Pending			

Details	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	Annual Report	Integrated Planning	Other
Tuesday, July 13, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee BSR Corp.	- AEAM 2027 Report review. (Activity is completed pending Partnership approval).			- Regular reports
Tuesday, August 17, 2027 **10:00 a.m. – 12:00 p.m.** JIPRT FDOH-Health District Center			- January through June 2027 data review and progress monitoring.	- Regular reports
Tuesday, September 14, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee BSR Corp.		- Final review (Activity is completed pending Partnership approval).		- Regular reports - Officer Nominations - 2028 Calendar of Activities
Tuesday, October 12, 2027 **10:00 a.m. – 12:00 p.m.** Strategic Planning Committee	Save the date – Agenda Items Pending Meeting may be cancelled if regular business is completed.			
Tuesday, November 16, 2027 **10:00 a.m. – 12:00 p.m.** JIPRT FDOH-Health District Center			- Situational Analysis review: Addressing Social Determinants of Health	
December 2027	No Meetings			

Locations:
- Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240 or 215, Coral Gables, FL 33134
- Florida Department of Health – Health District Center, 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

For more information or to RSVP: cbontempo@behavioralscience.com

Website: https://partnershipmiami.org/partnership/#strategicplanning1

Scan for Meeting Documents

MIAMI-DADE HIV/AIDS PARTNERSHIP

Strategic Planning Committee

Tuesday, October 13, 2026
10:00 AM – 12:00 AM

Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

AGENDA

I.	Call to Order	Stephanie Stonestreet
II.	Introductions	All
III.	Meeting Housekeeping	Stephanie Stonestreet
IV.	Floor Open to the Public	Angela Machado
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 15, 2026	All
VII.	Reports ▪ Membership ▪ Partnership	Staff
VIII.	Standing Business ▪ 2026 Assessment of the Efficiency of the Administrative Mechanism Report	All
IX.	New Business ▪ Officer Elections ▪ 2027 Calendar of Activities	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Joint Integrated Plan Review Team: November 17, 2026 at FDOH, Health District Center, 1350 NW 14th St., Room 401B, Miami, FL 33125	Angela Machado
XII.	Adjournment	Stephanie Stonestreet

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.

thank you
danke
謝謝
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gracias
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