MEMORANDUM

Agenda Item No. 8(G)(1)

TO: Honorable Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners

DATE: March 3, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively authorizing the County Mayor action in applying, on behalf of Miami-Dade County, for the Ending the HIV Epidemic grant funding in the approximate total combined amount of up to $49,236,667.00 from the United States Department of Health and Human Services to address Pillar Two (treat people with HIV rapidly and effectively to reach sustained viral suppression) and Pillar Four (respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them) of this initiative; and authorizing the County Mayor to receive and expend such grant funds, to enter into a cooperative agreement with the United States Department of Health and Human Services for a five-year period of performance from March 1, 2020 through February 28, 2025, to exercise amendments, modifications, cancellation, and termination clauses contained in such cooperative agreement grant agreement, to apply for, receive, and expend additional funds that may become available for this purpose, and to amend the County's application on behalf of the County as may be necessary or required by Health and Human Services

Resolution No. R-245-20

The accompanying resolution was prepared by the Office of Management and Budget and placed on the agenda at the request of Prime Sponsor Chairwoman Audrey M. Edmonson.

Abigail Price-Williams
County Attorney

APW/smm

/

Memorandum

MIAMI-DADE COUNTY

Date: March 3, 2020

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: Resolution authorizing the retroactive Application for Fiscal Years 2020-2025 Grant Funds from Health and Human Services funds under the Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B Cooperative Agreement

---

Recommendation

It is recommended that the Board of County Commissioners (Board) approve the attached resolution, which does the following:

- Ratifies the County Mayor or the County Mayor's designee's action in applying, on behalf of Miami-Dade County (County), for a combined total of up to $49,236,667.00 in Fiscal Years 2020-2025 Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B grant funding from the United States Department of Health and Human Services Health Resources and Services Administration (HHS) to address Pillar Two (treat people with HIV rapidly and effectively to reach sustained viral suppression) and Pillar Four (respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them) of this initiative;

- In the event the County's application is approved, authorizes the County Mayor or the County Mayor's designee to receive and expend such grant funds, to execute a cooperative agreement with HHS for a five-year period of performance from March 1, 2020 through February 28, 2025 (Grant Period), and to exercise amendments, modifications, cancellation and termination clauses contained therein; and

- Authorizes the County Mayor or the County Mayor's designee to apply for, receive and expend additional funds that may become available during the Grant Period and to execute any necessary amendments to the County's application on behalf of the County as may be necessary or required by Health and Human Services.

Scope

The impact of this resolution is countywide as HIV/AIDS-related interventions and services will be provided to people with HIV who reside in Miami-Dade County.

Delegation of Authority

Upon adoption of the resolution, the County Mayor or County Mayor's designee will be authorized to apply for, receive and expend the grant funds; to execute a cooperative agreement with HHS; to exercise amendments, modifications, cancellation and termination clauses contained therein; to apply for, receive and expend additional funds that may become available during the term of the grant period; and to execute any necessary amendments to the County's application as may be necessary or required by HHS.

Fiscal Impact
The County's application is for approximately $49,236,667.00 in federal funding over a period of five years. No County matching funds are required.

Track Record/Monitoring
The Ryan White Program Office staff in the Grants Coordination Division of the Office of Management and Budget will be responsible for monitoring funds received through this cooperative agreement for compliance with all local, state and federal programmatic, fiscal and administrative requirements. Daniel T. Wall, Office of Management and Budget Assistant Director, will be the Program Director for this project.

Background
In August 2019, the County was notified that HHS was accepting applications for a cooperative agreement covering Fiscal Years 2020-2025 under the Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B initiative. The purpose of this program initiative is to focus resources in 48 counties, Washington, D.C., San Juan, Puerto Rico and seven states with substantial HIV burden (hereafter referred to as "jurisdictions") to implement strategies, interventions, approaches and core medical and support services to reduce new HIV infections in the United States. The overarching goal for this initiative is to reduce new HIV infections in the United States to less than 3,000 cases per year by 2030. These efforts will be achieved in conjunction with the existing Ryan White HIV/AIDS Program Parts A and B funding, which the County has been a recipient of for the past 29 years.

Miami-Dade County continues to have the highest rate of new HIV infections in the nation. As such, we qualified as one of 48 counties nationwide and one of only 12 jurisdictions that were eligible for Tier 1 funding, the highest level available, under the Ending the HIV Epidemic initiative.

The release of the guidance application for FY 2020-2025 grant funds and corresponding submission deadline did not allow sufficient time to submit a resolution to the Board for its approval to permit the submission of the application. It is anticipated that the County will receive official notice of the grant award by March 1, 2020 or thereafter.

An application was submitted to address the following two pillars, or key strategies, of this initiative:

- Pillar Two: **Treat** people with HIV rapidly and effectively to reach sustained viral suppression; and
- Pillar Four: **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The County was not eligible to apply for funds under the remaining two pillars (Pillar One: **Diagnose**; and Pillar Three: **Prevent**). The Florida Department of Health (FDOH) is applying for Centers for Disease Control and Prevention funds under separate processes for Pillars One and Three.

Building on the successes of the County's Ryan White Part A Program and the FDOH's collaborative HIV linkage and treatment project, known as the Test and Treat / Rapid Access (TTRA) model, funding the proposed Ending the HIV Epidemic projects will allow the County to

improve the local HIV Care Continuum for all people with HIV who reside in Miami-Dade County, not only those served in the Part A Program. Funding will help the community by: (1) informing the HIV community of available resources and removing barriers to care; (2) increasing organizational capacity of Part A and non-Part A service providers; (3) disseminating information that promotes the benefits of HIV treatment; and (4) improving data infrastructure, sharing and system linkages to avoid duplication of efforts across funding sources, drive interventions and measure project successes.

If fully funded, local Ending the HIV Epidemic project participants plan to utilize existing evidence-based or evidence-informed interventions, as well as local innovative strategies, to address the Ending the HIV Epidemic Pillar Two (Treat) and Pillar Four (Respond), as follows: (1) housing support with job training and placement services to help improve the employability and housing stability of people with HIV; (2) telehealth access to core medical services for those who experience treatment adherence difficulties (transportation, stigma, etc.); (3) interdisciplinary team(s) facilitating linkage to care following the TTRA model for people with HIV diagnosed in hospitals, clinics or emergency rooms; and (4) support to the FDOH's Disease Intervention Specialists (including referrals to a mobile unit) to improve linkages to care in response to HIV clusters.

If funded, Miami-Dade County would develop and advertise a competitive solicitation to select subrecipient organizations to provide the services described above. A separate resolution would be presented to the Board recommending awards to such subrecipients.

Jennifer Moon
Deputy Mayor

MEMORANDUM

(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners

DATE: March 3, 2020

FROM: Abigail Price-Williams, County Attorney

SUBJECT: Agenda Item No. 8(G)(1)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Statement of social equity required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(G)(1)
3-3-20

RESOLUTION NO. R-245-20

RESOLUTION RETROACTIVELY AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE'S ACTION IN APPLYING, ON BEHALF OF MIAMI-DADE COUNTY, FOR THE ENDING THE HIV EPIDEMIC GRANT FUNDING IN THE APPROXIMATE TOTAL COMBINED AMOUNT OF UP TO $49,236,667.00 FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ADDRESS PILLAR TWO (TREAT PEOPLE WITH HIV RAPIDLY AND EFFECTIVELY TO REACH SUSTAINED VIRAL SUPPRESSION) AND PILLAR FOUR (RESPOND QUICKLY TO POTENTIAL HIV OUTBREAKS TO GET NEEDED PREVENTION AND TREATMENT SERVICES TO PEOPLE WHO NEED THEM) OF THIS INITIATIVE; AND AUTHORIZING THE COUNTY MAYOR OR THE COUNTY MAYOR'S DESIGNEE TO RECEIVE AND EXPEND SUCH GRANT FUNDS, TO ENTER INTO A COOPERATIVE AGREEMENT WITH THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A FIVE-YEAR PERIOD OF PERFORMANCE FROM MARCH 1, 2020 THROUGH FEBRUARY 28, 2025, TO EXERCISE AMENDMENTS, MODIFICATIONS, CANCELLATION, AND TERMINATION CLAUSES CONTAINED IN SUCH COOPERATIVE AGREEMENT GRANT AGREEMENT, TO APPLY FOR, RECEIVE, AND EXPEND ADDITIONAL FUNDS THAT MAY BECOME AVAILABLE FOR THIS PURPOSE, AND TO AMEND THE COUNTY'S APPLICATION ON BEHALF OF THE COUNTY AS MAY BE NECESSARY OR REQUIRED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board:

Section 1. Incorporates and approves the foregoing recital as if fully set forth herein.

Section 2. Retroactively authorizes the County Mayor or the County Mayor's designee's action in applying, on behalf of Miami-Dade County (the "County"), for the Ending the HIV Epidemic grant funding in the approximate total combined amount of up to $49,236,667.00 from the United States Department of Health and Human Services ("Health and Human Services") to address Pillar Two (treat people with HIV rapidly and effectively to reach sustained viral suppression) and Pillar Four (respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them) of this initiative. In the event the County's application, which is attached hereto as Exhibit A and incorporated herein by reference, is approved, this Board further authorizes the County Mayor or the County Mayor's designee to receive and expend such grant funds. Further, this Board authorizes the County Mayor or the County Mayor's designee to enter into a cooperative agreement with Health and Human Services for a five-year period of performance from March 1, 2020 through February 28, 2025 ("Grant Period"), and to exercise amendments, modifications, cancellation, and termination clauses contained in such grant agreement.

Section 3. Authorizes the County Mayor or the County Mayor's designee to apply for, receive, and expend additional funds that may become available during the Grant Period and for the purposes described in section 2 of this resolution, and to amend the County's application as may be necessary or required by Health and Human Services.

The foregoing resolution was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Esteban L. Bovo, Jr.** and upon being put to a vote, the vote was as follows:

Audrey M. Edmonson, Chairwoman	**aye**		
Rebeca Sosa, Vice Chairwoman	**aye**		
Esteban L. Bovo, Jr.	**aye**	Daniella Levine Cava	**aye**
Jose "Pepe" Diaz	**aye**	Sally A. Heyman	**absent**
Eileen Higgins	**aye**	Barbara J. Jordan	**aye**
Joe A. Martinez	**aye**	Jean Monestime	**aye**
Dennis C. Moss	**aye**	Sen. Javier D. Souto	**absent**
Xavier L. Suarez	**absent**		

The Chairperson thereupon declared this resolution duly passed and adopted this 3rd day of March, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

Linda L. Cave

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Terrence A. Smith

EXHIBIT A

PROJECT ABSTRACT – HRSA-20-078

Project Title: Miami-Dade County - Strategy to End the HIV Epidemic
Applicant Name: Miami-Dade County EMA (Eligible Metropolitan Area)
Address: Miami-Dade County, 111 NW 1st Street, 22nd Floor, Miami, FL 33128
Phone & Fax: (305) 375-4742 and (305) 375-4454
Project Director: Daniel T. Wall, OMB Assistant Director; **Email:** Daniel.Wall@miamidade.gov
Website: http://www.miamidade.gov/grants/ryan-white-program.asp

Over 28,000 people with HIV live in Miami-Dade County (MDC) – which, despite ongoing efforts from many local stakeholders, still ranks #1 in the nation for rates of new HIV infection (CDC HIV Surveillance Report, Vol. 29, 2017). To achieve the greatest impact in the goal of Ending the HIV Epidemic (EHE) locally and nationally, it is necessary to identify and engage people with HIV who are not already connected to medical care and/or who are not continuously virally suppressed, and provide them with or guide them to ongoing high-quality HIV care.

Proposed Activities: Building on the successes of the MDC Ryan White Part A Program (RWP) and the Florida Department of Health's (FDOH) collaborative HIV linkage and treatment project, known as the Test and Treat / Rapid Access (TTRA) model, funding the proposed EHE projects described herein will allow MDC to improve the local HIV Care Continuum for all people with HIV, not only those served in Part A, by: (1) informing the HIV community of available resources and removing barriers to care; (2) increasing organizational capacity of Part A and non-Part A service providers; (3) disseminating information that promotes the benefits of HIV treatment; and (4) improving data infrastructure, sharing, and system linkages to avoid duplication of efforts across funding sources, drive interventions, and measure project successes.

Local EHE project participants will utilize existing evidence-based or evidence-informed interventions, as well as local innovative strategies, to address EHE Pillar Two (Treat) and Pillar Four (Respond), as follows: (1) housing support with job training and placement services to help improve the employability and housing stability of people with HIV; (2) telehealth access to core medical services for those who experience treatment adherence difficulties (transportation, stigma, etc.); (3) interdisciplinary team(s) facilitating linkage to care following the TTRA model for people with HIV diagnosed in hospitals, clinics, or emergency rooms; and (4) support to FDOH's Disease Intervention Specialists to improve linkages to care in response to HIV clusters.

Intended Impact: *(based on 28,345 HIV prevalence and 1,124 HIV incidence; FDOH, CY 2018)*

% of HIV Prevalence Linked to Medical Care	% Reduction in HIV Incidence (new infections)	% Virally Suppressed	By when?
80%	10%	75%	End of Year 2
85%	25%	80%	End of Year 3
90%	50%	85%	End of Year 4
95%	75%	90%	End of Year 5

Funding Amount Requested: Over the five-year period of performance, with sufficient time to plan and implement an aggressive response to End the HIV Epidemic in Miami-Dade County, it is anticipated that the following funding will be needed, at a minimum:

	Year 1	Year 2	Year 3	Year 4	Year 5	Grand Total
Requested $	$3,133,896	$7,982,061	$9,946,143	$12,926,483	$15,248,084	$49,236,667

INTRODUCTION

Description of Proposed Project:
Miami-Dade County EMA's Ending the HIV Epidemic (EHE) project proposes to utilize at least $49.2 million (over the course of the five-year project period) to provide services under EHE Pillar Two (Treat) and Pillar Four (Respond), to provide: 1) Housing Stability Support - housing support (i.e., rent/utility assistance), along with job training and placement services to help improve employment opportunities for people with HIV to increase their income and eventually have housing stability without the need for subsidies; (2) HealthTec - telehealth access to medical care, medical case management, mental health, and substance abuse counseling services for people with HIV who experience treatment adherence difficulties due to transportation and childcare limitations, fear of disclosure, stigma, etc.; (3) Quick Connect - interdisciplinary teams to facilitate linkage to care following the local Test and Treat / Rapid Access (TTRA) model for individuals diagnosed in hospitals, clinics, or emergency rooms; and (4) Mobile GO TEAM - support to the Florida Department of Health in Miami-Dade County's (FDOH-MDC) Disease Intervention Specialists for improved linkage to care in response to HIV clusters, including a mobile response unit or team.

Target Populations:
MDC will target EHE interventions towards the racial/ethnic, gender, and age groups most heavily impacting or impacted by the HIV epidemic. Approximately 28,345 people with HIV (prevalence) live in Miami-Dade County (MDC). FDOH HIV Surveillance data identified 1,224 people newly diagnosed with HIV in 2018. FDOH HIV Care Continuum data for 2018 indicate that while 88% of the HIV prevalence were ever in care, only 64% were retained in care and only 60% had a suppressed viral load (< 200 copies mL).

The majority of new HIV cases in 2018 were Hispanic males (including MSM) and 25 to 39 years of age. The majority of HIV prevalence cases in 2018 were also Hispanic males, including MSM, but were mostly 40 to 59 years of age (FDOH, 2019).

Over 9,500 of the people with HIV living in MDC were served by the Ryan White Part A Program in FY 2018; of which 81% were virally suppressed, compared to 60% of the EMA as a whole who were virally suppressed. This clearly shows that targeted treatment interventions work to improve client health outcomes. In the Part A grant application for FY 2020, the following more specific populations were identified as needing more targeted interventions in the Miami-Dade County EMA to ensure optimal client health outcomes due to disparities in viral load suppression rates: Haitian males; Black/African American males, women, and female youth 13 to 24 years; and young Hispanic MSM. These disparate populations will also be the target of EHE funded projects.

How the Proposed Activities will Reduce New HIV Infections 75% by 2025:

- Housing support will help low-income people with HIV achieve housing stability and minimize the barriers affecting their ability to take HIV medications daily as prescribed. Thus, housing stability will lead to improved health outcomes and better viral suppression rates. *Reaches out of care and non-adherent people with HIV under EHE Pillar Two.*

- Telehealth technology facilitates access to medical care, medical case management, mental health, and substance abuse counseling services; simplifies follow-up care; and helps remove barriers to treatment adherence. Improved treatment adherence will lead to improved viral suppression. *Reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two.*

- Facilitating rapid access to medical care and antiretroviral therapy (ART), preferably same day but within 7 days of HIV diagnosis, "may bring earlier benefits in personal health, and earlier reductions in the risk of onward transmission of HIV...[and] rapid ART initiation has been shown to reduce time to linkage to care and viral load suppression." (Source: Susa Coffey, MD, and Oliver Bacon, MD, MPH, AIDS Education & Training Center Program, National Coordinating Resource Center, "Immediate ART Initiation: Guide for Clinicians", February 14, 2019, accessed 10/7/2019). *Reaches new, out of care, and non-adherent people with HIV under EHE Pillar Two.*

- Providing a TTRA mobile response unit or team to specifically assist FDOH-MDC Disease Intervention Specialists in responding to HIV transmission clusters and associated risk networks is a critical step toward bringing MDC closer to the goal of no new HIV infections. (Source: CDC, Detecting and Responding to HIV Transmission Clusters - A Guide for Health Departments, June 2018 (draft version 2.0), accessed 10/7/2019). The HIV cluster response team(s) would work in tandem with the DIS staff to connect people with HIV to medical care and ART. *Reaches new, out of care, and non-adherent people with HIV under EHE Pillar Four.*

According to the Centers for Disease Control and Prevention (CDC), "When [antiretroviral treatment] results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission." (Source: CDC Division of HIV/AIDS Prevention, Dear Colleague letter, dated September 27, 2017; accessed 10/7/2019.) This inability to transmit the virus translates to a reduction in new HIV infections. *An intensive, collaborative approach using all four EHE activity components noted above is expected to reach all people with HIV in Miami-Dade County who are not in care and help reduce the rate of new HIV infections in our community.*

How EHE Initiative Resources will be used in Conjunction with Part A and Part B HIV Systems of Care:

When people with HIV are identified through Miami-Dade EHE efforts as being out of care, their eligibility for various support services and programs will be assessed. Those who are eligible for Ryan White Part A Program services (i.e., have income up to 400% of the Federal Poverty Level, reside in MDC, and have no other resources to cover the care), as payer of last resort, will be connected to Part A/Minority AIDS Initiative (MAI)-funded services using the local TTRA model. Those who qualify for Part B services will be directed to available Part B programs. Those who do not qualify for RWP services based on income or ability to access other payer sources such as Medicaid, Medicare, or private insurance will have the assistance of a community navigator to connect them to ongoing medical care and treatment. Services such as housing stability support that are not locally feasible under the limitations of the Ryan White Part A Program (i.e., requirements to connect clients to long-term housing solutions within two

years), due to the lack of affordable housing in the county, will be addressed using less restrictive EHE resources.

NEEDS ASSESSMENT

- ***Description of the Specific Target Populations for the Miami-Dade EHE Project***

Summary of the HIV Epidemic in Miami-Dade EMA. The Miami-Dade County Eligible Metropolitan Area (EMA) is unique among EMAs in Florida and throughout the United States, because of: (1) its high concentration of people with HIV and high rates of new HIV infection, both among the highest in the United States; and (2) the ethnic diversity of both its population and the people with HIV. The EMA occupies only 4% of the total area of the State of Florida and comprises only 13% of Florida's population, yet it accounts for 24% of the total number of people with HIV in the state [Florida Department of Health (FDOH), 2019]. Through December 2018, the FDOH reports 28,345 people with HIV reside in Miami-Dade County; approximately 1% of the total population of the EMA.

During calendar years (CY) 2016 through 2018, the EMA reported a total of 3,648 new HIV cases. While these numbers represent a slight decrease in newly reported HIV cases from 2016 to 2018, HIV/AIDS prevalence within the EMA has increased 2.2% (see **Table 1**, below).

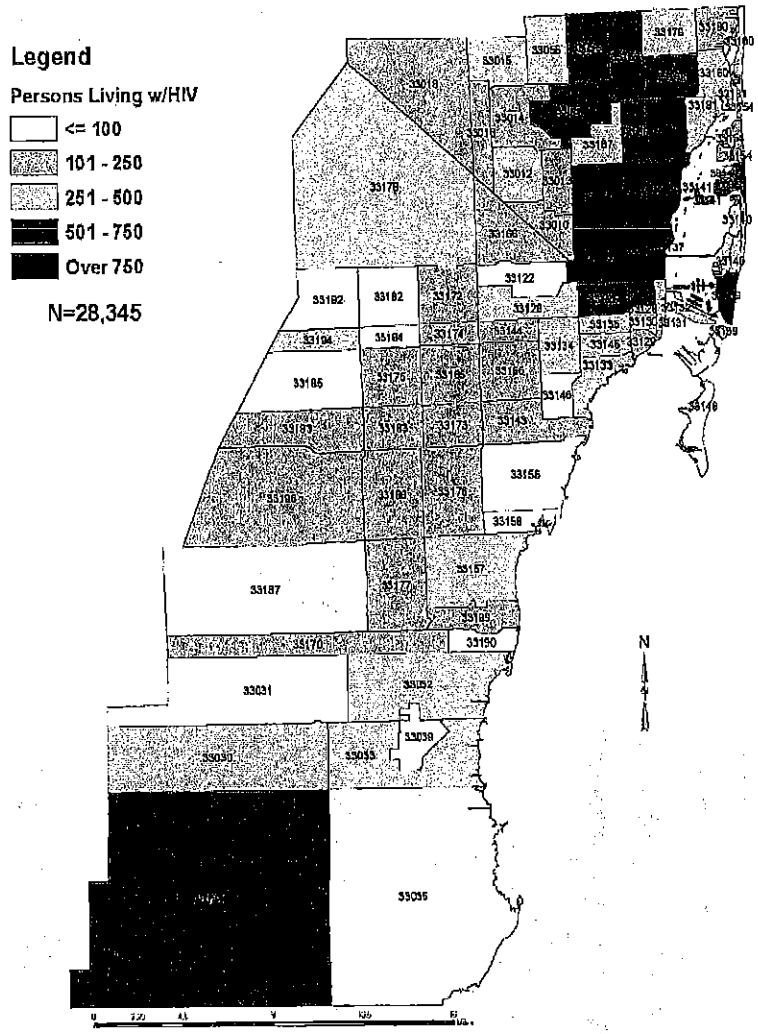
Table 1: HIV/AIDS Incidence and Prevalence for the CY 2016-2018 Compared to RWP Client Enrollment in corresponding Fiscal Years

	2016	2017	2018	2016 - 2018 CHANGE
New HIV Cases (Incidence)	1,260	1,164	1,224	- 2.9%
HIV/AIDS Prevalence	27,739	28,055	28,345	2.2%
RWP Clients in Care	10,156	9,883	9,578	- 5.7%

Source: Florida Department of Health (August 2019); RWP service utilization, SDIS, June 2019.

While HIV/AIDS cases are dispersed throughout the sprawling 2,400-square-mile EMA, 24% of the people with HIV (over 1,000 cases) are concentrated in five zip codes (33139-Miami Beach, 33142-Brownsville, 33147-West Little River, as well as 33161 and 33128-Miami Shores), which are generally inner-city areas with high concentrations of minority residents and/or high rates of poverty, unemployment, and drug abuse [see areas shaded in red (or darkest grayscale) in **Figure 1**, below].

Figure 1: Geographic distribution of People with HIV in the MDC EMA, FDOH data through 2018, as of June 2019.



Nearly 17% of the Miami-Dade EMA's total population are living in poverty; and 20% of the population under 65 years are uninsured. [U.S. Census Data 2018 estimates; 2018 American Community Survey (ACS); Florida Department of Health (FDOH); & Wikipedia; accessed 8/29/19]. Nearly 3,500 residents are homeless (FL Council on Homelessness, 2019). Approximately 24% of the undocumented population in Florida reside in Miami-Dade County and neighboring Monroe County (Immigration Data Profiles, Migration Policy Institute, accessed 8/29/19). As of 2017, approximately 15% of the nation were living in poverty and 12% of the nation were without some type of health insurance; while approximately 24% of the HIV prevalence in the Miami-Dade EMA were without health insurance (amfAR, the Foundation for AIDS Research, EHE database, 2019).

Blacks/African Americans are over-represented in the local HIV epidemic at 42%; while Hispanics are under-represented at 46%. The dominant exposure category in the Miami-Dade EMA continues to be male-to-male sexual contact (MSM); comprising 73% of all people with HIV in the EMA and 83% of the newly HIV diagnosed in 2018. Approximately 2% of the HIV prevalence are between 13 to 24 years of age; while 22% are between 25 to 39 years of age. In comparison, approximately 13% of those with a new HIV diagnosis are 13 to 24 years of age – including 6% who are Hispanic male youth – and 46% are between 25 to 39 years of age. The cost and complexity of care in the EMA are exacerbated by co-occurring conditions, poverty, large undocumented populations, and late entry into care, among other reasons.

Specific Target Populations to be Served by the Miami-Dade EHE Project. Based on the summary data noted directly above, the Miami-Dade EHE Project will focus on, but may not be limited to, serving the following populations of people with HIV:

- ***Hispanic Youth***
- ***Blacks/African Americans***
- ***MSM***
- ***Uninsured***

Additional populations to be served based on unmet needs further described in the "Service Gaps" section below:

- ***Homeless or unstably housed***
- ***> 400% Federal Poverty Level (i.e., more than $50,084 for a household of one in 2019)***
- ***Newly HIV diagnosed***
- ***People with HIV who don't know their status, are out of care, or are non-adherent to HIV treatment***

- ***Service Gaps, Barriers, and Unmet Needs in the Context of EMA's Current Health Care Landscape (CHCL)***

In the Current Health Care Landscape, several options exist for health care coverage for people with HIV in the Miami-Dade EMA, such as: (a) Medicaid, including Managed Medical Assistance (MMA) or Long-Term Care (LTC) health plans; (b) Medicare; (c) Veterans Administration (VA) health coverage; (d) various private health insurance options offered by employers or through the Affordable Care Act (ACA), with many (but not all) premiums subsidized by ADAP, as well as program-allowable co-payments and deductibles subsidized by the RWP; (e) health care provided directly by the RWP Parts A, B, C, D, and F (MAI); and (f) pharmaceutical companies' patient assistance programs for HIV medications. However, these options are not uniformly available to all people with HIV, and some may not be able to access a particular option due to income limitations, not meeting specific program eligibility requirements, or immigration status.

Data show that people with HIV have better health outcomes when they have the support of an interdisciplinary team designed to help them with treatment adherence. In FY 2018, the local RWP served 9,578 clients, with notable improvements along the HIV Care Continuum over the past three years as the local Test and Treat / Rapid Access (TTRA) model was piloted in FY 2017 and fully implemented in FY 2018 (see **Table 2**, below). Yet, many people with HIV still struggle with retention in care for various reasons.

Table 2: Comparison of Viral Suppression between HIV Prevalence in EMA (n = 28,345) and Clients Served by the RWP (n = 9,578), FY 2016 to FY 2018 (FDOH & RWP data, 2019)

	FY 2016	FY 2017	FY 2018
Miami EMA HIV Prevalence	57%	58%	60%
RWP	72%	79%	81%

Housing stability for low-income people with HIV (especially those who are served by the RWP), retention in care for disparate minority groups, and reaching people with HIV who are not eligible for RWP services are among the gaps the Miami-Dade EHE Project aims to improve.

These gaps and related barriers were identified through preliminary results recently received from FDOH's statewide 2019 Needs Assessment Survey (based on responses from 668 people with HIV who reside in the Miami-Dade EMA), which indicate:

- 48% of the respondents were between the ages of 18 to 44 years;
- 22% were uninsured;
- 97% had a gross household income ≤ $50,000;
- 11% were not adherent to attending medical visits because they lacked transportation;
- 59% of those who missed taking HIV medications as prescribed, said they forgot to take the medications – and some indicated it was difficult to remember due to feelings of depression or because they were drinking alcohol or had substance abuse issues;
- Lack of transportation or childcare, caring for family a member, not being able to take time off from work, stigma (not wanting people to know they have HIV), and insufficient cultural sensitivity (not enough staff or peers to serve clients of similar racial/ethnic or other cultural backgrounds);
- Need for short-term housing assistance;
- Need for services to help with HIV-related legal issues;
- Need someone (case manager) to help them navigate service delivery system; and
- Access to core medical services (medical care, case management, medications, oral health care, and health insurance assistance) was identified as the most important assistance needed.

These results are similar to a recent Client Satisfaction/Needs Assessment Survey of 507 clients served by the local RWP that was conducted by Behavioral Science Research Corporation, staff support to the Miami-Dade HIV/AIDS Partnership (Partnership; the local HIV planning council):

- Regarding housing needs (addressing the potential success of a Housing Stability Support component):
    - Only 56% owned or rented their own house/apartment. Of the remaining 44% (including multiple responses):
        - 13% lived in housing that was unsafe or unsanitary;
        - 17% did not have resources to pay for the deposit required for rental units;
        - 9% couldn't afford the place they were living in;
        - 4% were couch surfing (staying with friends or family); and
        - 13% were renting a room in someone else's house.

- Regarding computer and social media use (addressing the potential success of the HealthTec component):
    - Only 16% never look for information online;
    - Only 17% never access email;

- Only 32% never use a video chat program;
- Only 9% never text; and
- 76% would be interested in receiving text messages from their medical case manager, medical provider, or pharmacy reminding them of upcoming appointments or to take or pickup medications.

According to a web article from HIV.gov, dated August 21, 2019, "Stable housing is closely linked to successful HIV outcomes." Furthermore, an article from the American Journal of Public Health (AJPH) states, "For people living with HIV, housing status is one of the main determinants affecting HIV health outcomes. Engagement in care, health outcomes (viral load and CD4), antiretroviral therapy adherence, and quality of life measures are all improved with housing stability." (AJPH, 2018 December; 108 (Suppl 7): S552-S560). Providing housing support to clients under this EHE initiative will help ensure their ability to secure safe, decent, and affordable housing. With less worry on their housing situation, more attention can be focused on their adherence to HIV treatment.

The most significant barriers from an infrastructure standpoint are:

- Lack of affordable housing;
- Lack of HIV knowledge by non-RWP network providers, hospitals and medical practitioners;
- Having no direct access to regularly measure actual outcomes (limited access to medical visit data and lab test results along the HIV Care Continuum) for the 18,767 clients who are not served by the RWP; and
- Limited resources to provide the same kind of interdisciplinary care team support to such a large number of people with HIV (i.e., the 18,767 not served by the RWP).

- ***Need for and Challenges to Collaborating with Other Relevant EHE Partners/Providers/ Agencies***

Need: To ensure the success of the Miami-Dade EHE Project, a concerted effort to connect with and educate hospital, emergency room, and private doctor office/clinic practitioners on current HIV clinical guidelines and other treatment resources available in the community is critical. A mechanism to track HIV Care Continuum health outcomes of the 18,767 clients who are not connected to care through the RWP is also essential. Ensuring that the Medicaid MMA and LTC care coordinator/case managers fully understand the medical care and wraparound support service needs of their members who are people with HIV is vital. Additional data from FDOH related to the income ranges and insurance coverage status of newly diagnosed individuals has been requested to be added to the epidemiological profiles. FDOH is currently reviewing this request. Formal MOUs, data sharing agreements, and client consent procedures, along with the training components, must be developed or enhanced to ensure these foundational needs are addressed.

Challenge: The RWP Recipient just completed a lengthy Request for Proposals (RFP) process to acquire a new data Management Information System (MIS) that is currently being customized for local Part A needs. In order to adapt the system to the data tracking and reporting needs of

the Miami-Dade EHE Project additional programming will be required at an additional cost. The costs to adequately address this challenge are factored into the Miami-Dade EHE Project budget request for Years 1 through 5.

METHODOLOGY

- **Collaboration and Coordination:**

The Miami-Dade EHE Project will build upon the successful relationships the local Ryan White Part A/Minority AIDS Initiative Program (RWP) has developed and maintained with community partners for nearly thirty years. Existing and anticipated partners are reflected in **Attachment 5**, Project Organizational Chart, of this application. Maintaining the existing relationships is not solely dependent on continued funding or seeking other available resources, but also on the common desire of finally seeing an end to the HIV epidemic. Existing strategic partners include:

- 6 Community Health Centers:
  - Borinquen Health Care Center
  - Care Resource Community Health Centers
  - Citrus Health Network
  - Empower U (a Community Health Center)
  - Jessie Trice Community Health System
  - Miami Beach Community Health System
- Public Health Trust of Miami-Dade County/Jackson Health System, including the Jail Linkage Program (partnered with FDOH)
- University of Miami (UM), including its Miller School of Medicine, the Comprehensive AIDS Program, the Infectious Disease Elimination Act syringe exchange program – better known as the IDEA Exchange, the new Center for HIV and Research in Mental Health – CHARM, and the local affiliate of the Southeast AIDS Education and Training Centers (SE-AETC)
- Better Way of Miami (substance abuse treatment provider)
- AIDS Healthcare Foundation
- Behavioral Science Research Corporation
- Food for Life Network (an affiliate of Care Resource, for food bank services)
- Legal Services of Greater Miami
- Florida Department of Health in Miami-Dade County (FDOH-MDC) and Florida Department of Health (state level), including Part B the AIDS Drug Assistance Program, and state General Revenue
- Miami-Dade HIV/AIDS Partnership
- City of Miami Housing Opportunities for Persons With AIDS (HOPWA)
- State prison discharge planner for Miami

The Agency for Healthcare Administration (Florida Medicaid) and Baptist Health of South Florida (including Homestead Hospital) are also considered partners in the local EHE efforts, based on their active membership on the Miami-Dade HIV/AIDS Partnership (the local HIV planning council). The Health Council of South Florida is also represented on the Partnership, but is currently in the process of identifying a new representative to replace the one who was

recently promoted to a new position within their organization. The Miami-Dade EHE Project will also work more closely with the state's prison discharge planner, who currently works collaboratively with the Partnership and the RWP.

Anticipated partners in the Miami-Dade EHE Project include: other local hospitals, emergency rooms, and private medical office/clinic practitioners, the Florida Department of Children and Families, South Florida Behavioral Health Network, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its funded providers, the Veterans Administration (VA), and pharmaceutical companies (to facilitate support with their patient assistance programs). The Miami-Dade EHE Project will work to build more formal relationships and define roles and responsibilities with these anticipated partners.

Two initial Letters of Support/Commitment from the RWP-funded subrecipients and the Florida Department of Health are included in this application as **Attachment 4**. Upon notice of award for the Miami-Dade EHE Project, more formal Memoranda of Understanding (MOUs) will be developed to delineate project-specific roles and responsibilities of each collaborative partner.

Each of these partners will play a concerted role in facilitating access to HIV care through the Miami-Dade EHE Project. However, it is expected that other partners may be added to the collaborative network as a result of a competitive RFP process that is necessary to bring on direct service providers with specific expertise to provide: (1) job training, life skills training, and job placement along with rental and utility assistance to address housing instability; (2) telehealth and/or tele-enrollment activities to address barriers to care caused by transportation, childcare, and stigma, among others; (3) rapid access to HIV medical care for any person with HIV, regardless of income, who does not have a medical home, as well as identify and facilitate access to ongoing treatment; and (4) a mobile response vehicle and team to work with FDOH Disease Intervention Specialists to rapidly react to HIV clusters and connect people with HIV to ongoing medical care. EHE stakeholders will be involved in program development and will have a decision-making voice in planning, implementation and evaluation aspects of the project. The amounts anticipated to be awarded to subrecipients under the four Miami-Dade EHE Project components are further detailed in the project budget for the five-year period of performance which are detailed in **Attachments 6 and 7** of this application.

Notably, the RWP Recipient has been involved in several meetings over the past several months with the UM and FDOH-MDC on EHE-related planning projects. FDOH-MDC has been awarded approximately $75,000 for an EHE-related planning and marketing component from a prevention perspective. Using the resources acquired by the UM under a recently awarded planning grant from the National Institutes of Health, the Miami-Dade EHE Project will also benefit from UM's three project aims: (1) developing an EHE stakeholder group; (2) identifying/clarifying multi-level barriers from the perspective of people with HIV; and (3) developing guidelines/protocols to enhance existing processes (e.g., improve the local TTRA process), address barriers, troubleshoot process flows, and enhance existing protocols).

- **Sustainability:**

EHE evaluation activities in Year 5, based on detailed and comprehensive analyses of Years 1 through 4 and partial Year 5 (until project closeout), will aid advocacy efforts to support additional funding from various local, state, or federal funds; policy changes; as well as leverage other private and non-HIV specific resources. Successes of the Miami-Dade EHE Project, along with any program challenges experienced and resolutions implemented, will be disseminated to all local EHE stakeholders and the community-at-large during and at the end of the five-year period of performance. Most assuredly, successes will be posted on the Partnership and RWP websites, and will also be posted at the HRSA-funded HIV technical assistance website, www.TargetHIV.org, for other EMAs or interested parties to review and consider implementing as evidence-based interventions. Promoting the successes of meeting (and optimistically exceeding) the five-year goal of a 75% reduction in new HIV diagnoses and marketing them to all potential local, state, federal, and private funders will be instrumental in efforts to seek support for ongoing or expanded HIV services.

WORK PLAN

Across Miami-Dade County's Work Plan for Ending the HIV Epidemic the following areas are covered: (1) informing the HIV community of available resources and removing barriers to care; (2) increasing organizational capacity of Part A and non-Part A service providers; (3) disseminating information that promotes the benefits of HIV treatment adherence; and (4) improving data infrastructure, sharing, and system linkages to avoid duplication of efforts across funding sources, drive interventions, and measure project successes. The Miami-Dade EHE Project Work Plan includes outcome measures, SMART objectives, related evidence-based or evidence-informed interventions, strategies and activities, process measures, responsible parties, and projected completion dates for the following components: Start-up; Housing Stability Support; HealthTec; Quick Connect; and Mobile GO TEAM. Details for this Work Plan are included in this application as **Attachment 1.**

RESOLUTION OF CHALLENGES

The primary challenges facing the proposed Miami-Dade EHE Project include: (A) time necessary to properly plan for and start up the project, including procurement of contractors; (B) HIV testing and surveillance to fully understand the demographics and needs of the 28,345 people with HIV who reside in Miami-Dade County, along with data programming needs to properly track, monitor, report, and evaluate service utilization and outcomes; and (C) coordination with other similar EHE and Ryan White Program projects to avoid duplication of efforts and maximize resources. **Table 3** below summarizes some of the steps taken towards resolving those challenges:

Table 3:

Challenge / Barrier	Proposed Resolution	Intended Outcome	Current Status
A. PLANNING & START-UP (i.e., limited time for planning and	* Recipient to hire additional staff to focus on Miami-Dade EHE Project deliverables	* Start-up is complete, subrecipients	* Some planning has begun, but since this is a new and currently unfunded project,

Challenge / Barrier	Proposed Resolution	Intended Outcome	Current Status
coordinating with other local EHE projects; time required for RFP and start-up)		identified and contracts executed	several proposed resolution steps will need to wait for a formal Notice of Award (NoA) to continue planning and implementation efforts Expected timeline for RFP is from receipt of Notice of Award through November 30, 2020
	* Recipient to seek formal MOUs with existing and anticipated partners; as well as work with EHE stakeholders, an advisory group comprised of people with HIV, and the HRSA TAP provider to develop service guidelines and protocols for the EHE project	* MOUs developed and signed * EHE stakeholder and advisory group meetings convened * EHE service delivery guidelines and protocols developed	
	* Recipient to develop RFP document, conduct process, and recommend awards to the Board of County Commissioners	* RFP document developed and process conducted * Awards made and contracts executed	
DATA (i.e., HIV surveillance data and epi profiles that clearly identify important demographics of the local HIV prevalence of people without a medical home – including zip code, insurance status, and household income ranges; programming needed in current MIS system currently under customization specific to the RWP needs; system for obtaining data on medical visits and HIV lab test results for people with HIV whose medical care is not covered or tracked through the RWP or ADAP; no countywide centralized data management information or referral system for tracking all services people with HIV seek or utilize; data/communications security)	* Request additional data elements be added to FDOH's DH1628 testing form to aid in identifying income ranges and insurance status of the total HIV prevalence in the Miami-Dade EMA (i.e., important to know how many and which clients could be served under the RWP's current income eligibility limitations (<400% FPL) and those who would need assistance navigating to other HIV services in the county; and add these aggregated data elements along with zip code data to the easy to follow Epidemiological Profiles the FDOH prepares for each Florida EMA	* Data elements are added to the Epi Profiles	* Request has already been made to FDOH. They are reviewing and considering the feasibility of the request
	* Customize the new RWP data system to meet the service utilization and health outcome tracking, billing, reporting, monitoring, and evaluation needs of the project * Work with the HRSA Systems Coordination Provider (SCP) to ensure appropriate data elements are captured to track service utilization and measure client health outcomes	* MIS system is developed / enhanced to meet the needs of the Miami-Dade EHE Project	* New MIS system is currently being customized for the RWP for a "Go-live" date of 3/1/2020 * Resources to enhance this system to meet the needs of the Miami-Dade EHE Project are requested in the corresponding budget (please see **Attachments 6 and 7** of this application); further customization is pending a final NoA for this project

Challenge / Barrier	Proposed Resolution	Intended Outcome	Current Status
	* Develop a mechanism, tool, or electronic data sharing process (with FDOH HIV Surveillance, or with LabCorp or Quest directly) to obtain viral load and CD4 test results for Miami-Dade EHE Project clients who are not also served in the RWP due to income or other benefit program or insurance plan covering their medical care * Work with the HRSA SCP to develop this data sharing process	* Miami-Dade EHE Project has easy access to monitor the VL and CD4 test results for program clients	* Pending
	* Develop a countywide integrated system of HIV/AIDS care, including a countywide, cross-program treatment consent form and data sharing process addressing various social service needs of all people with HIV in the Miami-Dade EMA * Work with the HRSA SCP to help identify feasibility of and develop a plan for this countywide integrated HIV system	* Countywide integrated HIV/AIDS system of care, along with treatment consent and data sharing agreements is implemented among various medical and social service programs, across funding systems	* This was found to be cost prohibitive to the RWP during the follow-up research stage to the local Getting 2 Zero campaign. Through the EHE stakeholder planning and MOU development stages of this project, this issue may be revisited to address current feasibility
COORDINATION (i.e., ensuring no duplication of effort with several other EHE, RW Program Parts A through F, CDC, SAMHSA, or other projects funded simultaneously and seemingly without coordination from the funders)	* Ensure all local EHE projects are represented in the EHE stakeholder planning meetings, and clearly share their EHE project scope of work, budgets, expected deliverables, etc. * Include the HRSA TAP and SCP providers in these planning efforts	* No duplication of effort * Maximized resources to help support and navigate people with HIV to ongoing medical treatment	* Some planning has begun, but since this is a new and currently unfunded project, this resolution item may need to wait for a formal NoA to continue planning and implementation efforts

EVALUATION AND TECHNICAL SUPPORT

1) Program Infrastructure

- ***Current and Proposed data management information system (MIS) capabilities:*** The Miami RWP has been funded since 1991; and currently uses Automated Case Management Systems' Casewatch Millennium® (Service Delivery Information System) to track all Part A/MAI service utilization for more than 9,500 clients enrolled in the local RWP. However, this long-lived contract expires on February 29, 2020. A new MIS contract was awarded to Groupware Technologies, Inc. (GTI), to modernize and customize its Provide Enterprise® care management software to the needs of Miami's RWP. GTI's Provide® system has been fully vetted and approved by HRSA for

reporting client-level service utilization through the annual RSR report. In Florida, GTI's Provide® system is also used by FDOH (including statewide and local ADAP), Broward EMA, West Palm Beach EMA, and Orange County EMA. The Miami RWP Recipient is currently working with GTI in the customization process, and the Provide® Miami system is expected to "Go-live" on March 1, 2020. ACMS's contract may be extended up to two months to ensure appropriate closeout and RSR reporting for the RWP during the transition to the new system. The cost of an EHE Evaluator specific to the Miami-Dade EHE Project is included in the corresponding five-year EHE project budget.

- ***Systems and processes to support the Miami-Dade EHE Project's monitoring of the proposed initiative activities:***
  Costs to further customize the Provide® Miami system to meet the data reporting needs of the Miami-Dade EHE Project are included in the corresponding five-year EHE project budget. Costs of programming common data elements needed for the annual RSR can be shared across other Florida EMAs noted above who use Provide®. Performance outcomes will be tracked along the HIV Care Continuum, similar to how they are tracked for the RWP. The EHE Contracts Officer will monitor service delivery and contractual requirements. The EHE Evaluator will evaluate process and outcome measures as detailed in the Work Plan (see **Attachment 5**). The EHE Compliance Officer (shared between the RWP and the EHE Project) will conduct annual comprehensive site visit monitoring of the contracted subrecipients.

- ***Capacity to measure and report on a timely basis:***
  Miami-Dade County has a 30-year track record of reporting to HRSA in a timely manner, through the RWP. With appropriate staffing and MIS system enhancements afforded by sufficient EHE funding, there is no doubt the Miami-Dade EHE Project will be able to measure and report on Pillar Two (Treat) and Pillar Four (Respond) activities in a timely manner. For Pillar Two, the Miami-Dade EHE Project will identify the people with HIV who are newly diagnosed, not engaged in care, and/or not virally suppressed utilizing FDOH's HIV Surveillance data and Epi Profiles. The FDOH HIV Surveillance teams are able to track who is connected to a medical provider by using viral load and CD4 test results as a proxy for medical visits and to measure viral suppression. The Miami-Dade EHE Project will also identify project clients through collaborative efforts with local hospitals, emergency rooms, and private medical offices/clinics. For Pillar Four, the Miami-Dade EHE Project will work closely with the FDOH which utilizes drug resistance data to monitor HIV medication resistance patterns, compare HIV genetic information across multiple samples, understand similarities between viruses, find groups experiencing higher rates of transmission (i.e., identifying HIV clusters in our community), and help us understand risk networks, or groups of people at risk of acquiring HIV. The EHE Mobile GO TEAM(s) will partner with the FDOH Disease Intervention Specialists to respond to the identified HIV clusters. Through the EHE enhancements to the Provide® data system, the EHE Mobile GO TEAMs will be able to track clients served along with related referrals to ongoing medical care, and will follow-up to track medical visits, medication adherence, and viral suppression through confirmations of kept appointments and regular VL and CD4 test results.

2) Data Collection and Management:

- ***Coordination of Data Collection and Exchange with Multiple Partner Sites and with the HIV surveillance system:***
  The Miami-Dade EHE Project will build upon the existing data sharing agreement with the FDOH-MDC, and seek additional guidance from the HRSA SCP and a contracted data/communications security consultant. Through this agreement HIV Surveillance team members currently have access to the RWP MIS system to check medical visits and lab test results as proxies to determine if RWP clients are connected to care and virally suppressed. This is expected to continue with the new MIS system, Provide®. Miami's customized Provide® system is expected to be enhanced to facilitate a centralized data collection and exchange among multiple partner sites, at a cost to be included in the Miami-Dade EHE Project budget. Client consent and participation agreement forms will be updated to include specifics about the Miami-Dade EHE Project and its partners who would need access to client information to coordinate care.

- ***Routine assessment of data quality and coordination of data quality remediation activities with partner sites:***
  The Provide® Miami system would be programmed appropriately to be the centralized data collection repository for tracking client consents, eligibility, demographics, and service utilization, as well as for facilitating the billing and reimbursement functions, of the Miami-Dade EHE Project. Project partners providing direct client services would be contractually required to connect manually or by secure electronic upload to the Provide® Miami system. Sufficient data would be collected to report triannually (every three months) to HRSA, in a format to be determined by HRSA; as well as to be able to report the required data elements in HRSA's Client-level Services Data Report (i.e., the RSR). Special reports would be programmed to facilitate review of data and client progress along the HIV Care Continuum at any given point in time, for any date range, so that the data could be reviewed for accuracy prior to submitting any related reports to the Recipient or to HRSA. Contracts would include language requiring EHE-funded subrecipients to review these reports regularly to verify accuracy of the data. EHE-funded subrecipients would also be contractually required to work with the Recipient, EHE advisory group, EHE Evaluator, contracted data/communications security consultant, HRSA TAP, and/or HRSA SCP, as appropriate, to better understand the data quality issues, correct the data as needed, or determine better ways to collect the data.

- ***Data collection, data review, and data submission processes***
  As project clients are identified, their enrollment, demographics, and consent information would be entered in Provide® Miami. As services are rendered, or within a reasonable timeframe (e.g., 2 business days), service utilization data would be entered in Provide® Miami. Subrecipients have the responsibility of checking the data and billing reports prior to submitting them for review. Upon receipt of the reports, the Recipient will review the information for accuracy, and return the reports to the subrecipient to fix if any errors are identified. Once the data has been verified, it would then be submitted to HRSA by the specified deadline.

- ***Challenges, capacity building, and technical assistance needs:***
  As noted above, the main challenge is needing to program the Provide® Miami system to capture the data elements needed to measure progress for the Miami-Dade EHE Project. Capacity building may be needed if subrecipients new to the RWP and EHE Project are funded, since they will be unaware of the detailed reporting requirements and fully customized data system utilized by project. Technical assistance from the Recipient, the contracted data/communications security consultant, as well as the HRSA TAP and/or SCP would be provided as needed to ensure the success of the project.

3) Project Evaluation:

The EHE Evaluator (to be hired) will develop process and outcome measures to determine the effectiveness of the Miami-Dade EHE Project. Client health outcomes specifically addressing the community's ability to reach the EHE goal of a 75% reduction in new HIV diagnoses will be measured using the defined stages of the HIV Care Continuum: diagnosed, linked to care, retained in care, on antiretroviral treatment, and virally suppressed.

ORGANIZATIONAL INFORMATION

- **Organizational Description (Profile) and Chart:** The Miami-Dade EHE Project builds on the strengths of a community dedicated to serving people with HIV while helping them achieve viral suppression and thereby reducing the number of new HIV infections. Experienced Miami-Dade County staff along with fourteen RWP-funded medical care and social service subrecipients are eagerly awaiting EHE resources to implement aggressive and innovative HIV interventions. The Miami-Dade EHE Project will also benefit from expertise and commitment of the following partners: FDOH (state and local), the local HOPWA program, the Miami-Dade HIV/AIDS Partnership (including member representation from Florida Medicaid and the Health Council of South Florida), as well as jail and prison linkage coordinators. FDOH brings its prevention, rapid linkage to care, HIV cluster, Epi data, and Disease Intervention Specialists expertise to the table. While the University of Miami (a RWP-funded provider) also brings committed collaborative support from its Infectious Disease Elimination Act (IDEA) Exchange, local AETC, new Center for HIV and Mental Health (CHARM), and Comprehensive AIDS Program (CAP) projects. The Miami-Dade EHE Project Organizational Chart is included as **Attachment 5.**

- **Management and Staffing Experience:** Miami-Dade County's Office of Management and Budget – Grants Coordination (OMB) would be the Recipient department responsible for the administration of the Miami-Dade EHE Project, same as it is for management of the local RWP. Experience of the key EHE Recipient staff is detailed in the last column of **Attachment 2.** As this would be a new project subject to funding, only the top management level positions are currently filled – these three positions have more than sixty combined years of experience managing federally-funded programs. The desired education level and experience of the vacant positions are also included in **Attachment 2.** Michael Kolber, PhD, MD, from the University of Miami is a committed EHE partner who brings thirty years of HIV experience and the commitment of a genuine EHE partner from UM. Kira Villamizar from FDOH-MDC has twenty-five years' experience in the development, implementation,

monitoring, and managing of numerous HIV/AIDS programs and initiatives. Their biographical sketches are included as **Attachment 3.**

- **Key Partnerships:** The expertise of key partners is described above and in **Attachments 2 and 3.** Notably, FDOH piloted a rapid antiretroviral therapy Test and Treat project in FY 2017; then, worked with the RWP Recipient to fully expand in FY 2018 as the local Test and Treat/Rapid Access (TTRA) project to all RWP-funded medical care and medical case management subrecipients. Local RWP-funded subrecipients have decades of experience providing HIV care and treatment as well as targeted outreach to identify and link people with HIV to care (Pillar Two). FDOH will also provide guidance on the most effective ways to respond to HIV clusters (Pillar Four). UM's expertise as a leading HIV research facility along with its IDEA Exchange, CHARM, AETC, and CAP programs will also add to the success of the Miami-Dade EHE Project.

- **Work Plan Adherence and Fiscal Management:** The EHE Recipient will conduct a competitive RFP process to identify and contract with subrecipients whose organizations are financially stable and sufficiently experienced in providing one or more of the service components as outlined in the local EHE Work Plan (**Attachment 1**). Subrecipients will be contractually required, as may be amended, to provide the services described therein and follow an approved budget of program-allowable expenses. In accordance with legislative requirements and HRSA policy, RWP grant funds received that include formula, supplemental, carryover, and MAI awards are accounted for and **tracked separately** in distinct grant accounts by both the Recipient office (OMB) and the County's Finance Department. OMB continues to use one main grant account as an umbrella for each separate grant detail established for each funding source. This process enables the Recipient and the County's Finance Department to separately track expenditures and drawdowns. The different general ledger accounts and sub-object codes for each grant assist Recipient staff in tracking expenditures for core medical and support services. These processes ensure the Recipient is able to manage funds from multiple federal sources, as well as complete contractually required reports; including, but not limited to the Allocation and Expenditures Reports and the Federal Financial Report (FFR). Source documentation for these reports is maintained by the Recipient to support all expenditures as program allowable to avoid audit findings.

OTHER

- **Indirect Cost Rate Agreement:** In accordance with 45 CFR 75, Appendix VII, the County's Office of Management and Budget does not have its own federally Negotiated Indirect Cost Rate Agreement (NICRA), as it is a governmental department that received less than $35 million in direct federal funding. In lieu of the NICRA, Miami-Dade County Office of Management and Budget has adopted the 10% de minimis rate. As there is no NICRA, there is **no Attachment 8** included with this application. For additional information, see "Indirect Cost" in the corresponding Budget Narrative section of this application.
- The EHE Line Item Budget and corresponding Budget Narrative are combined in the same document and were uploaded in the "Mandatory Budget Narrative" Attachment Form. Hence, there is **no separate Attachment 6.**

NOTE: BUDGET SUMMARY AND NARRATIVE ARE LOCATED AFTER ATTACHMENT 10

Miami-Dade County EMA
Work Plan for Ending the HIV Epidemic

ADMINISTRATION, PLANNING, DATA & EVALUATION

Project Component: Start-up			
Proposed project outcomes: 1. Miami EMA's EHE Project is developed and ready to provide services.			
Outcome Measure: 1. Degree to which the Miami-Dade EHE Project is fully developed and functioning within Year (YR) 1 of the project period of performance.			
SMART Objective: By November 2020, 100% of the startup tasks below will be complete; subrecipients will be identified to begin providing services.			
Strategies and Activities	**Process Measures**	**Responsible Position/Party**	**Completion Dates**
Engage EHE partners, identify new or improved opportunities for meaningful support and collaboration, and establish an advisory committee with clear roles and responsibilities	- Advisory committee established, including people with HIV - Advisory committee roles and responsibilities developed and disseminated	Recipient, EHE Stakeholders	March 31, 2020
Assess resources and needs	- Resource and needs inventory is developed	Recipient, EHE Stakeholders	February 28, 2020; then ongoing
Fine tune the EHE Work Plan	- Revised workable plan is developed	Recipient, HRSA Project Officer, HRSA Technical Assistance Provider (TAP)	April 15, 2020; then ongoing
Enhance data programming to including client-level data for the RSR; ensure appropriate data is tracked to report on the EHE components below; and seek to leverage resources with other EHE Recipients who utilize Provide®	- MIS system [Groupware Technologies, Inc.'s (GTI) Provide® Enterprise] is enhanced to include EHE reporting measures	Recipient, MIS contractor (GTI), other EHE recipients who use the same MIS (GTI's Provide®)	August 31, 2020; then ongoing implementation
Improve data sharing agreements between FDOH HIV Surveillance and other programs to ensure clarity of purpose and utilization	- Revised data sharing agreements following the principles and standards in the CDC's Data Security and Confidentiality Guidelines manual	Recipient, FDOH, FDOH HIV Surveillance, MIS contractor, EHE subrecipients	June 30, 2020; then ongoing implementation

Coordinate EHE planning efforts across funding streams (including FDOH CDC-funded EHE planning, Miami EMA Integrated Plan, etc.)	- Formal MOUs developed	Recipient, HRSA Systems Coordination Provider (SCP), EHE Partners	April 30, 2020; then ongoing implementation
Support electronic data exchanges between partner programs (including, but not limited to, FDOH, ADAP, EHE Subrecipients, EHE Evaluator, etc.)	- Data sharing agreements and protocols developed, signed, and implemented	Recipient, FDOH, FDOH HIV Surveillance, MIS contractor, EHE subrecipients, HRSA Systems Coordination Provider (SCP)	June 30, 2020; then ongoing implementation
Define service delivery models and procedures for activities described below under the Pillar Two (Project Components 1 through 3) and Pillar Four (Project Component 4)	- Service delivery guidelines/manual developed	Recipient, HRSA Project Officer, HRSA Technical Assistance Provider (TAP), EHE advisory group	March 31, 2020
Develop and conduct Request for Proposals (RFP) process to identify subrecipients to provide EHE project services	- RFP document developed and issued - Award recommendations made - Contract(s) awarded and executed - Formal MOU(s) developed	Recipient, EHE Evaluator, EHE subrecipients	Upon receipt of EHE Notice of Award through October 30, 2020
Evaluate successes or challenges of each component of the EHE Project	- Evaluator identified (in-house or contracted) - Evaluator collects, analyzes, and reports data, then disseminates reports regularly	Recipient, EHE Evaluator, HRSA Project Officer, HRSA Technical Assistance Provider (TAP)	October 30, 2020; then ongoing

27

PILLAR TWO (TREAT)

Project Component 1: Housing Stability Support
Proposed project outcomes: 1. Achieved housing stability and reduction of barriers affecting program client's ability to take HIV medications daily as prescribed. 2. Improved employability and job placement opportunities to increase income for EHE Housing Stability Support clients leading to housing stability without subsidies. 3. Increased treatment adherence and viral suppression.

Miami-Dade County EMA
Work Plan for Ending the HIV Epidemic

Evidence-based or Evidence-informed Interventions:

1. Effective Approaches to Engaging HIV-positive Homeless Populations; IHIP, HRSA/HAB, September 2018; www.TargetHIV.org; accessed 10/9/2019
2. Housing as Healthcare: Sustainable Models for Care, Treatment and Prevention; Presented by the National AIDS Housing Coalition; Dr. Russell Bennett, Executive Director, et al.; January 19, 2017; National Center for Innovation in HIV Care; www.TargetHIV.org; accessed 10/9/2019

Outcome Measures:

1. Number of low-income people with HIV in the EMA who are homeless or experiencing housing instability. *(baseline and every 4 mos.)*
   a. At least 100 clients will be enrolled in the EHE Housing Stability Support program in YR 1; 200 clients in YR 2; 300 clients in YR 3; 300 clients in YR 4; and 400 clients in YR 5.
2. Number/percent of EHE Housing Stability Support clients starting and completing job and life skills (e.g., budgeting, paying bills, saving, etc.) training. *(baseline and every 4 months)*
   a. 70% will complete training, each cycle.
3. Number/percent of EHE Housing Stability Support clients placed in a job with an annualized income higher than they had before starting the job training, life skills training, and job placement component. *(at start of job training and upon hire or promotion)*
   a. 75% of those who completed training will find a job with a higher annualized income.
4. Number/percent of EHE Housing Stability Support clients who are retained in care (i.e., two or more documented medical visits, CD4 tests, or VL tests at least 90 days apart, within a one-year reporting period). *(baseline and every 4 months)*
   a. See SMART Objective below.
5. Number/percent of EHE Housing Stability Support clients who are virally suppressed (i.e., < 200 copies mL). *(baseline and every 4 months)*
   a. See SMART Objective below.

SMART Objective: By February 28th of Year 1 (YR 1), at least 50% of the EHE Housing Stability Support clients served in the reporting year will be retained in care and will be virally suppressed; 60% by YR 2; 70% by YR 3; 80% by YR 4; and 90% by YR 5.

Strategies and Activities	Process Measures	Responsible Position/Party	Completion Dates
Develop guidelines and procedures for client eligibility and feasible amounts of rent and/or utility assistance (especially, but not limited to, Blacks/African Americans, women, youth, and the recently incarcerated)	- Guidelines and process flowchart developed.	Recipient, HRSA TAP provider, EHE advisory committee	April 30, 2020

Research available job training, life skills training, and job placement programs in Miami-Dade County (MDC), including but not limited to: • CareerSource South Florida: http://www.careersourcesfl.com/on-the-job-training/ • Employ Miami (construction, hospitality, culinary, private security and information technology): https://www8.miamidade.gov/global/government/mayor/employ-miami-dade.page	- Research completed	Recipient	April 30, 2020
Provide culturally sensitive HIV/AIDS training to community partners involved in EHE Housing Stability Support service delivery	- Certificates of completion	Recipient; AETC; HRSA TAP; other resources	December 31, 2020
Provide rent and utility assistance to Housing Stability Support program clients in exchange for their participation in job training, life skills training, and job placement activities; up to 2 years from each client's enrollment in this project component. Require adherence to medical appointments and viral load (VL) monitoring to maintain rent and utility assistance	- Participation agreement signed by client - Medical appointments tracked - VL test results monitored	EHE Housing Support provider (contracted)	February 28, 2021; then ongoing up to 2 years from client enrollment
Provide (through contracted subrecipient) job training, life skills training, and job placement for program clients	- Trainings and Placements documented - Certificates of completion	EHE Housing Support provider (contracted)	February 28, 2021; then ongoing
Contact EHE Housing Stability Support program graduates at six months and one year after program completion to verify continued employment and no need for subsidies	- Contacts logged	EHE Housing Support provider (contracted)	May 31, 2021; then every 6 months and annually ongoing through 2025
Train direct service staff on trauma informed care and motivational interviewing and integrate this approach into client interactions for wraparound services to housing stability support	- Certificates of completion	AETC, HRSA TAP provider, other training resources	December 31, 2020

Connect EHE Housing Stability Support clients to ongoing core medical service (medical care, antiretroviral medications, medical case management, mental health services, substance abuse counseling services, etc.) available in the community	- Track medical visits, medical case management encounters, and VL test results	EHE Housing Support provider (contracted); Part A subrecipients (where applicable); other benefit programs or insurance programs, ADAP, Patient Assistance Programs	February 28, 2021; then ongoing

Project Component 2: HealthTec

Proposed project outcomes:

1. Improved access to medical care, medical case management, mental health, and substance abuse counseling services.
2. Easier access to Part A enrollment without need for transportation to appointment, childcare; and to remove barriers related to fear of disclosure and stigma.
3. Simplified follow-up care.
4. Reduced barriers to treatment adherence.
5. Improved treatment adherence leading to improved viral suppression.

Evidence-based or Evidence-informed Interventions:

1. Impact of Availability of Telehealth Programs on Documented HIV Viral Suppression: A Cluster-Randomized Program Evaluation in the Veterans Health Administration; 2019 Jun; 6(6): ofz206; Michael E. Ohl, et. al.; National Center for Biotechnology Information (NCBI); accessed at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6559276/ on 10/9/2019
2. Improving HIV Health Outcomes for Black Men Who Have Sex with Men (MSM): **Text Messaging Intervention to Improve Antiretroviral Adherence among HIV Positive Youth (TXTXT)**; AIDS Partnership Michigan: Detroit, Michigan; Research Foundation SUNY HEAT Program: Brooklyn, New York; www.TargetHIV.org; accessed 10/7/2019
3. Integrating Behavioral Health with Primary Medical Care for People Living with HIV: **Buprenorphine Treatment (BUP)**; Greater Lawrence Family Health Center: Methuen, Massachusetts; Consejo de Salud de Puerto Rico, Inc.: Ponce, Puerto Rico; www.TargetHIV.org; accessed 10/7/2019
4. Intervention Guide — Project STYLE (Strength Through Youth Livin' Empowered), University of North Carolina at Chapel Hill's Project STYLE Intervention; IHIP, HRSA/HAB, September 2018; www.TargetHIV.org; accessed 10/7/2019

Miami-Dade County EMA
Work Plan for Ending the HIV Epidemic

Outcome Measures:

1. Number of low-income people with HIV in the EMA who enroll in EHE HealthTec. *(baseline and every 4 months)*
   a. 0 clients in YR 1 due to start-up; 100 clients in YR 2; 200 clients in YR 3; 400 clients in YR 4; and 800 clients in YR 5
2. Number/percent of EHE HealthTec clients continuing this process throughout the five-year period of performance. *(baseline and every 4 months)*
   a. 75% of those clients who utilize EHE HealthTec will stay with this process.
3. Number/percent of EHE HealthTec clients who report satisfaction with the EHE HealthTec. *(at enrollment and every 4 months through YR 5)*
   a. 75% of the clients served will report a satisfaction level of agree to strongly agree that participation in this component removed barriers to treatment adherence related to transportation, childcare, fear of disclosure, or stigma.
4. Number/percent of EHE HealthTec clients who are retained in care (i.e., two or more documented medical visits, CD4 tests, or VL tests at least 90 days apart, within a one-year reporting period). *(baseline and every 4 months)*
   a. See SMART Objective below.
5. Number/percent of EHE HealthTec clients who are virally suppressed (i.e., < 200 copies mL). *(baseline and every 4 months)*
   a. See SMART Objective below.

SMART Objective: By February 28th of Year 2 (YR 2), at least 75% of the EHE HealthTec clients served in the reporting year will be retained in care and will be virally suppressed; 80% by YR 3; 85% by YR 4; and 90% by YR 5.

Strategies and Activities	Process Measures	Responsible Position/Party	Completion Dates
Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients (especially, but not limited to, Blacks/African Americans, women, youth, and the recently incarcerated)	- Guidelines and process flowchart developed	Recipient, EHE advisory committee, HRSA TAP provider	April 30, 2020
Review and consider adapting FDOH's Video Directly Observed Therapy (VDOT) protocols (received examples for TB or pregnant women); identify other similar protocols; and develop a new protocol specific to needs of the Miami-Dade EHE Project	- EHE HealthTec protocol developed and ready for implementation	Recipient, EHE advisory committee, HRSA TAP provider	May 31, 2020

Adapt FDOH Participant Agreement (consent) for Video Directly Observed Therapy (VDOT) protocol; or develop a similar consent specific to the Miami-Dade EHE Project	- EHE HealthTec enrollment Participant Agreement form developed and ready for implementation	Recipient, EHE advisory committee, HRSA TAP provider	May 31, 2020
Build infrastructure network and identify and acquire technology (equipment, internet/phone service, etc.) resources	- Equipment acquired - Software/technology access procured/acquired	Recipient, EHE HealthTec providers	February 28, 2021
Implement EHE HealthTec services, including regular interdisciplinary case conferencing	- Signed Participation Agreements from clients - Service utilization data recorded in MIS system	EHE HealthTec providers (contracted)	December 31, 2020; then ongoing
Collaborate with other programs [including, but not limited to, University of Miami's (UM) EHE projects related to the Injection Drug Elimination Act (IDEA) Exchange and Center for HIV and Research in Mental Health (CHARM) programs; ADAP; etc.] serving HIV to reach clients at high-risk for treatment non-adherence	- MOUs with other programs - Documented referrals - Service utilization data recorded in MIS system	Recipient; FDOH/ADAP; UM EHE HealthTec providers (contracted)	March 1, 2020; then ongoing February 28, 2021; then ongoing

Project Component 3: Quick Connect

Proposed project outcomes:

1. Increased capacity by educating non-Ryan White Part A Program (RWP)-funded medical practitioners in the community about HIV clinical guidelines and available treatment and support resources in the community.
2. Improved access to medical care, antiretroviral medications, medical case management, mental health, and substance abuse counseling services for individuals diagnosed in hospitals, clinics, or emergency rooms, using the local TTRA model.
3. Improved linkage to care and treatment adherence leading to improved viral suppression for any treatment naïve or out of care person with HIV without a medical home.

Evidence-based or Evidence-informed Interventions:

1. Rapid ART Initiation, New York State Department of Health AIDS Institute, Clinical Guidelines Program; Asa Radix, MD, MPH, et. al.; August 2019; accessed at https://www.hivguidelines.org/antiretroviral-therapy/rapid-art/ on 10/9/2019
2. The Rapid ART Program Initiative for HIV Diagnoses (RAPID) in San Francisco; Oliver Bacon, et. al.; 2017; accessed at https://www.gettingtozerosf.org/wp-content/uploads/2018/03/Bacon-CROI-2018_RAPID.pdf on 10/9/2019
3. Improving Access to Care: Using Community Health Workers [CHW] to Improve Linkage and Retention in Care; Allyson Baughman, et. al; Center for Innovation in Social Work in Health at Boston University; 2016-2019; www.TargetHIV.org; accessed on 10/9/2019
4. Data from the local RWP and FDOH's collaborative Test & Treat / Rapid Access (TTRA) project; June 2018 to present.

Miami-Dade County EMA
Work Plan for Ending the HIV Epidemic

Outcome Measure:

1. Number of people with HIV in the EMA who contact or are contacted by a EHE Quick Connect team. *(baseline and every 4 months)*
   a. 0 contacts (client or provider) in YR 1 (due to start up); 1,825 contacts (clients or providers) in each of Years 2 through 5; and 60% of the contacts will be directly with people with HIV
   b. 0 clients in YR 1 (due to start up); 1,095 clients in each of Years 2 through 5
2. Number/percent of EHE Quick Connect clients utilizing this process. *(baseline and every 4 months)*
3. Number/percent of EHE Quick Connect clients that are linked to HIV medical care in the: (a) RWP; (b) other community programs; or (c) private insurance. *(baseline and every 4 months)*
4. Number/percent of EHE Quick Connect clients that are retained in care (i.e., two or more documented medical visits, CD4 tests, or VL tests at least 90 days apart, within a one-year reporting period). *(baseline and every 4 months)*
   a. See SMART Objective below.
5. Number/percent of EHE Quick Connect clients who are virally suppressed (i.e., < 200 copies mL). *(baseline and every 4 months)*
   a. See SMART Objective below.

SMART Objective: By February 28th of Year 2 (YR 2), at least 75% of the EHE Quick Connect clients served in the reporting year will be linked to care, retained in care and will be virally suppressed; 80% by YR 3; 85% by YR 4; and 90% by YR 5.

Strategies and Activities	Process Measures	Responsible Position/Party	Completion Dates
Promote capacity building by educating non-RWP-funded medical practitioners (in clinics, hospitals, and ERs) about HIV clinical guidelines, referral options, and available resources	- Track number of medical practitioners who received related training or info.	Recipient; FDOH; AETC; EHE Quick Connect Team(s) (incl. CHW)	June 30, 2020; then ongoing
Develop and implement Participant Agreement (consent)	- Consent form developed and implemented	Recipient, EHE advisory committee; HRSA TAP	June 30, 2020
Identify or develop information that promotes the benefits of HIV treatment adherence (e.g., local and national campaigns, such as: Greater than AIDS – Knowledge is Power, Undetectable = Untransmittable, Getting 2 Zero, and HIV Treatment Works); and provide this information to EHE Quick Connect team(s) for use in hospital, clinic, or emergency room encounters	- Information identified or developed and disseminated	Recipient; FDOH; AETC; Outreach/Awareness Consultant; others (to be determined)	July 31, 2020; then ongoing as needed
Facilitate linkages to HIV care (RWP or non-RWP) by EHE Quick Connect team following the TTRA model especially for, but not limited to, people with HIV who are not eligible for RWP services; conduct regular follow-up to ensure EHE Quick Connect clients are connected to a medical home and retained in care; and to monitor their viral load	- Track encounters, linkages to care, retention in care and viral suppression	EHE Quick Connect Team(s) (including CHW) (contracted)	February 28, 2021; then ongoing

Miami-Dade County EMA
Work Plan for Ending the HIV Epidemic

PILLAR FOUR (RESPOND)

Project Component 4: Mobile GO TEAM [responding to molecular clusters ("groups of people with closely related strains of HIV") who are identified by the CDC as concerning for recent and rapid transmission of HIV]

Proposed project outcomes:

1. Increased ability to rapidly respond to HIV clusters.
2. Early HIV diagnosis and linkage to care.
3. Increased linkage to care and viral suppression.

Evidence-based or Evidence-informed Interventions:

1. Detecting and Responding to HIV Transmission Clusters – A Guide for Health Departments, June 2018 (Draft Version 2.0); CDC Division of HIV/AIDS Prevention; accessed at https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-AttachmentE-Detecting-Investigating-and-Responding-to-HIV-Transmission-Clusters.pdf on 10/9/2019

Outcome Measure:

1. Number of people with HIV in the time-space cluster at time of detection. (subset by diagnoses; *baseline and every 4 months)*
   a. 0 clients served in YR 1 (due to start up); 200 served in YR 3; 400 served in YR 3; 450 served in YR 4; 500 served in YR 5
2. Number/percent of people with HIV in an identified cluster that were linked to HIV medical care. *(baseline and every 4 months)*
3. Number/percent of people with HIV in an identified cluster that were retained in HIV medical care. *(baseline and every 4 months)*
4. Number/percent of people with HIV in an identified cluster that achieved viral suppression. *(baseline and every 4 months)*

SMART Objective: By February 28th of Year 2 (YR 2), at least 75% of the EHE Mobile GO TEAM clients served in the reporting year will be linked to care, retained in care and will be virally suppressed; 80% by YR 3; 85% by YR 4; and 90% by YR 5.

Strategies and Activities	Process Measures	Responsible Position/Party	Completion Dates
Fund a mobile unit to transport the EHE Mobile GO TEAM(s)	- New mobile unit acquired or existing mobile unit supported by EHE project	Recipient; EHE Mobile GO TEAM	February 28, 2021; and ongoing
Support activities of FDOH's Disease Intervention Specialists to improve linkage to care in response to HIV clusters, including a mobile response unit or team to engage clients and link them to appropriate resources (medical home, HIV medical care and ART) in the community	- Track encounters, linkages to care, retention in care and viral suppression	Recipient; FDOH HIV Surveillance and Disease Intervention Specialists; EHE Mobile GO TEAM (contracted)	February 28, 2021; and ongoing
Conduct outreach to high HIV incidence zip codes to identify people with HIV who are not in care and link them to care	- Track encounters, linkages to care, retention in care and viral suppression	Recipient; FDOH EHE Mobile GO TEAM	February 28, 2021; and ongoing

STAFFING PLAN & JOB DESCRIPTIONS OF KEY PROJECT STAFF (RECIPIENT)

In accordance with 45 CFR 75.430, Compensation-personal services, Recipient staff members will complete a locally developed "Federal Payroll Certification" form indicating they spent 100% of their time in the performance of Ending the HIV Epidemic (EHE)-related cooperative agreement activities; which is completed semiannually; or a "Payroll Activity Report," including actual time allocations, if their time and effort is shared across programs or funding sources. Contracted subrecipient staff will also track individual time and effort on grant activities per pay period, which are summarized and reported to the Recipient annually. Documentation supporting the appropriate and reasonable allocation of salaries and wages is maintained by the respective parties and are subject to review. The following table describes the Recipient-specific EHE Staffing Plan:

Name	Education	Title	Project Role/Responsibilities	Experience
RECIPIENT STAFF (ALL)				
Daniel T. Wall	Bachelor of Politics and Public Affairs; and Master of Public Administration	OMB Assistant Director (EHE Program Director)	Oversight of the local EHE award and project implementation	29+ years of senior-level management experience; first developed the Ryan White Part A Program (RWP) in this EMA in 1991, as one of the original 16 EMAs
Carla Valle-Schwenk	Bachelor of Urban Studies	Program Coordinator	Day-to-day coordination and management of all EHE programmatic activities	20+ years of experience with local RWP – with 19 of those years as the RW Program Administrator
Clarisol Nilsen	Bachelor of Accounting; and Master of Science in Taxation; CPA	Fiscal Coordinator	Day-to-day coordination and management of all EHE fiscal activities	17+ years of Governmental Accounting experience – with 12 of those years as the RWP Fiscal Administrator; CPA since 2004
Vacant	Bachelor's Degree	Special Projects Administrator 2 (Contracts Administrator)	Support Program Director and Program Coordinator with EHE assignments	4+ years of professional admin. experience, including supervisory experience; program coordination and grants management exp. preferred
Vacant	Bachelor's Degree in Accounting	Accountant 3	Assist Fiscal Coordinator with EHE assignments	2+ years of professional accounting experience to include the preparation of complex financial reports; grant accounting experience preferred
Vacant	Bachelor's Degree in Accounting	Accountant 1	Manage invoice process from receipt to payment	1+ years of accounting or bookkeeping experience; grant accounting experience preferred
Vacant	Bachelor's Degree	Contracts Officer	Conduct contract development, management, and monitoring	1+ years of experience managing local, state or federally-funded CBO contracts
Vacant	Bachelor's Degree, at a minimum	Special Projects Administrator 1 (Compliance Officer)	Day-to-day management and implementation of the annual, comprehensive site visit monitoring	3+ years of monitoring, grants and fiscal mgmt. and/or auditing experience; federal grant experience, CPA, or Certified Internal Auditor desired
Vacant	Bachelor's Degree	Evaluator (hired or contracted)	Engage stakeholders, develop measurement tools, track the successes and challenges of the EHE projects, and report findings	3+ years of experience evaluating programs; strong quantitative and qualitative research skills; thematic and contextual knowledge and experience

BIOGRAPHICAL SKETCHES FOR KEY EHE STAFF & PARTNERS

Daniel T. Wall, Assistant Director of Miami-Dade County's Office of Management and Budget, has served as Program Director for the local Ryan White Part A/Minority AIDS Initiative Program (RWP) since the program's inception in 1991. He has more than twenty-nine years of senior-level management experience. Among other duties, he is responsible for overall management and administration of the RWP; as well as directing a complex health and human services delivery system; and will oversee the Ending the HIV Epidemic (EHE) project. He is a member of the Miami-Dade HIV/AIDS Partnership, a body he helped create, he represents the Partnership as a member of the statewide Florida Comprehensive Planning Network and Florida ADAP Workgroup, and serves as Co-Chair of the statewide Medication Access Committee. He has Bachelor's and Master's degrees from the University of Miami.

Carla Valle-Schwenk has more than twenty years of experience with the RWP in Miami-Dade County, with nineteen of those years as the Program Administrator for the RWP. Her duties require advanced decision-making; researching and troubleshooting subrecipient, client, and billing issues; and overseeing the contract development, execution, and compliance processes. She develops and implements standardized programmatic policies, procedures, and tools for the local RWP. She prepares programmatic reports to meet the federal Conditions of Award (CoA). She is a voting member of several Partnership committees. She will be instrumental in doing the same under the EHE project; as well as coordinating with EHE partners and stakeholders. She has a Bachelor's degree in Urban Studies from San Francisco State University.

Clarisol Nilsen has been the Fiscal Administrator for the local RWP since June 2007, and has more than seventeen years of Governmental Accounting experience as a County employee. She manages all aspects of the local RWP's fiscal administration (e.g., ensuring proper custodianship of federal funds, adhering to legislative earmarks, and developing fiscal policies in accordance with applicable local, state, and federal laws). She participates in the fiscal portion of the comprehensive site visits. She also reconciles, prepares, and certifies various financial CoA reports to HRSA. She will be instrumental in doing the same under the EHE project; as well as coordinating on fiscal issues with EHE partners. She has a Bachelor's degree in Accounting and a Master of Science in Taxation (MST) from Florida International University. She has been a Certified Public Accountant in the State of Florida since 2004.

Michael Kolber, PhD, MD, is Professor and Vice Chair for Clinical Operations in the University of Miami (UM) Department of Medicine, and he has secondary professorial appointments in the departments of Public Health Sciences, and Microbiology/Immunology. He received his MD from the UM School of Medicine and completed his residency at the George Washington University Hospital in DC. After his residency he completed a medical staff fellowship at the NIH in the NCI Experimental Immunology Branch prior to coming to the UM Miller School of Medicine. He assumed Directorship of the HIV Section in the mid-1990's and then Directorship of the Comprehensive AIDS Program in 2007. In the HIV field his work transitioned from basic immunology into prevention, having worked most recently as local PI on the PrEP Demo Project, and now focuses on the local Test & Treat/Rapid Access effort. He serves as the local PI of for the South Florida SE AIDS Education and Training Center, PI on the RWP contract, and medical director for the RW Part C Program. He is also co-director for the Behavioral and Community Core for the Miami CFAR.

Kira Villamizar, BS, MPH, is Director of the STD/HIV Program and the HIV/AIDS Program Coordinator for the Florida Department of Health in Miami Dade County (FDOH-MDC). She is responsible for providing leadership, management and coordination for the STD/HIV Program, as well as providing expertise in HIV/AIDS community planning, program development, technical assistance, and ongoing support as needed to county health department programs, service providers, and planning bodies. She has been working for the FDOH-MDC in different positions and has 25 years of experience in the field of HIV/AIDS developing, implementing, monitoring and managing several programs/initiatives for the department as well as establishing and maintaining partnerships with the major stakeholders in the community. She has closely collaborated with the local RWP on numerous initiatives including, but not limited to, the local Test and Treat / Rapid Access (TTRA) project. She has a Master's in Health Promotion from Florida International University and a Bachelor of Science in Biology from St. Edward's University in Austin, Texas.

Miami-Dade County Ryan White Part A Program
Subrecipient Provider Network

ATTACHMENT 4a

October 7, 2019

Daniel T. Wall, Assistant Director
Miami-Dade County Office of Management and Budget
Grants Coordination/Ryan White Program
111 NW 1st Street, 22nd Floor
Miami, FL 33128

Dear Mr. Wall:

We are providing this joint letter of support for the Miami-Dade County Ryan White Part A Program's cooperative agreement proposal to the Health Resources and Service Administration (HRSA) for the *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)* funding opportunity. As currently funded Ryan White Part A Program subrecipients, we are well aware of Miami-Dade's continued #1 national ranking for the rates of new HIV infections and are committed to working with you and your team.

With Miami-Dade identified as one of forty-eight counties in the United States – and one of twelve jurisdictions identified for Tier 1's highest level of available funding – eligible to participate in the initial roll-out of this initiative, we would like to continue our involvement in local efforts designed to eliminate new HIV diagnoses and end the HIV epidemic in our community.

To that end, we are aware of the County's plan to use these funds under Pillar Two (Treat) and Pillar Four (Respond) of this initiative for the following: (1) housing support (i.e., rent/utility assistance), along with job training and placement services to help improve employment opportunities for people with HIV to increase income and eventually have housing stability without subsidies; (2) telehealth access to medical care, case management, mental health, and substance abuse counseling for people with HIV who experience treatment adherence difficulties due to transportation and childcare limitations, fear of disclosure, stigma, etc.; (3) a rapid response team to provide linkage to care following the local Test and Treat / Rapid Access model for individuals diagnosed in hospitals, clinics, or emergency rooms; and (4) support to Florida Department of Health's Disease Intervention Specialists for linkage to care in response to HIV clusters, including a mobile response unit or team.

The County's 30-year track record of managing the Ryan White Part A Program is exemplary, and planned innovations with the Ending the HIV Epidemic initiative funding are sure to help our community reach a 75% reduction in new infections by 2025. We look forward to participating in this endeavor wherever possible and wish the County a positive response to its proposal.

Sincerely,
Your Part A Partners to End the HIV Epidemic, as follows:

Name	Title	Organization	Signature	Date
Dr. Michael Kolber	Director, Comprehensive AIDS Program	University of Miami – Miller School of Medicine		10/7/19
Michael Festinger	President & CEO	Better Way of Miami		10/7/19

Name	Title	Organization	Signature	Date
Dr. Steven Santiago	Chief Medical Officer	Care Resource Community Health Ctr.; and affiliate, Food for Life Network		10/7/19
Monica Vigues-Pitan	Executive Director	Legal Services of Greater Miami		10/7/19
Dr. Robert Ladner	President	Behavioral Science Research Corporation		10/7/19
Belita Wyatt	Chief Executive Officer	Empower U Community Health Ctr.		10/8/19
Mario Jardon	President & CEO	Citrus Health Network		10/7/19
Col. Brodes H. Hartley, Jr.	President & CEO	Community Health of South Florida	CHIEF OPERATING OFFICER FOR BRODES H HARTLEY	10/8/19
Jose Ortega	Executive VP of HIV/AIDS Services	Miami Beach Community Health Center		10/8/2019
Paul Velez	Chief Executive Officer	Borinquen Health Care Center		10/7/19
Annie R. Neasman	President & CEO	Jessie Trice Community Health System		10/8/19
Carlos A. Migoya	President & CEO	Jackson Health System		10/9/19
Michael Kahane	Southern Bureau Chief	AIDS Healthcare Foundation		10/10/19

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

October 11, 2019

Daniel Wall
111 NW 1st Street, 22nd Floor
Miami, Florida 33128

Dear Mr. Wall:

I express my enthusiastic support for the Miami Eligible Metropolitan Area (EMA) application and offer the Florida Department of Health's commitment to collaborate with the Miami EMA to implement effective and innovative strategies and interventions to end the HIV epidemic in Florida. The Miami EMA has been involved in creating and updating the 2017-2021 State of Florida Integrated HIV Prevention and Care Plan, expanding access to HIV care and treatment for persons living with HIV (PLWH), addressing unmet needs, and improving client health outcomes. Recognizing that Florida is heavily impacted by HIV, your support is critically important in fighting the epidemic in our state.

With this new application, I am excited to advance our strategic partnership to implement goals and activities in state and local work plans that will enhance our ability to increase the number of diagnosed PLWH who stay in care and remain virally suppressed. In addition, the Florida Department of Health will collaborate with Miami EMA to respond to specific geographic areas with rapidly increasing new infections to ensure persons know their HIV status and are linked to care quickly.

Together, we can work toward the common goal of ensuring PLWH are on antiretroviral therapy and achieving viral suppression.

Sincerely,

Scott A. Rivkees, MD
State Surgeon General

Miami-Dade County EMA
HRSA-20-078

Florida Department of Health
Office of the State Surgeon General
4052 Bald Cypress Way, Bin A-00 • Tallahassee, FL 32399-1701
PHONE: 850/245-4210 • FAX: 850/922-9453
FloridaHealth.gov

Miami-Dade County EMA

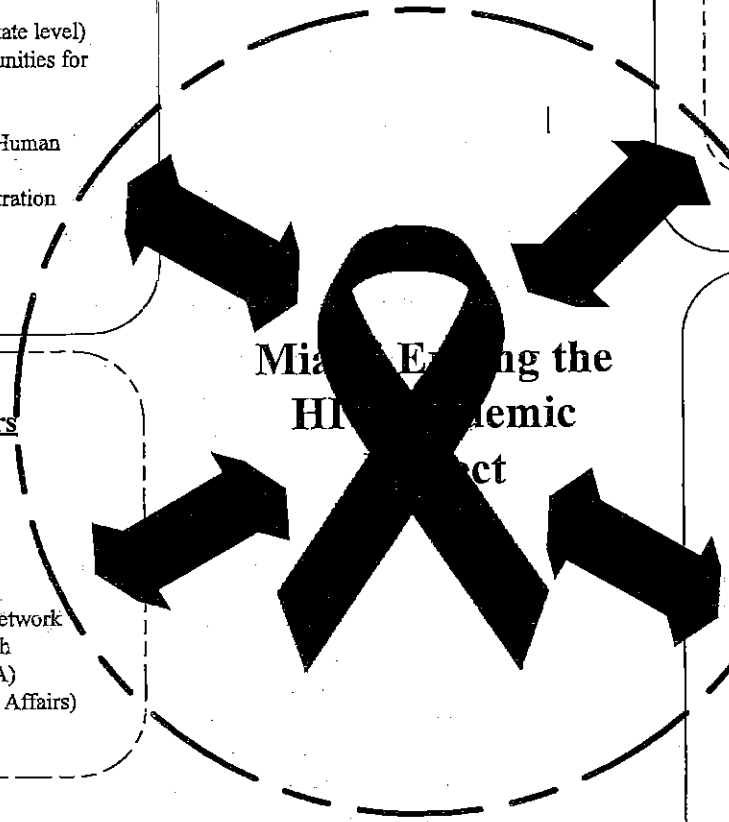
Ending the HIV Epidemic
Project Organizational Chart

Other Existing Collaborative Partners

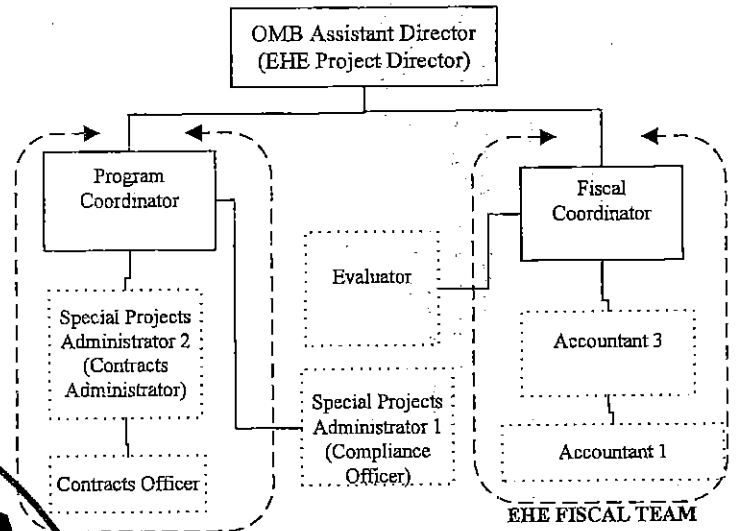
- People with HIV (including program clients)
- Miami-Dade HIV/AIDS Partnership
- Florida Department of Health in Miami-Dade County
- Florida Department of Health (state level)
- City of Miami (Housing Opportunities for Persons with AIDS – HOPWA)
- Health Council of South Florida
- U.S. Department of Health and Human Services
- Agency for Healthcare Administration (Florida Medicaid)
- Jail Linkage Coordinator
- Prison Discharge Planner

Other Anticipated Collaborative Partners

- Local hospitals, emergency rooms, and private medical clinics/offices
- Florida Department of Children and Families
- South Florida Behavioral Health Network
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Veterans Administration (Veterans Affairs)



Recipient Staffing



Ryan White Part A Program

Subrecipient Collaborative Partners:

AIDS Healthcare Foundation
Behavioral Science Research Corporation
Better Way of Miami
Borinquen Health Care Center
Care Resource Community Health Center
Citrus Health Network
Community Health of South Florida
Empower U (Community Health Center)
Food for Life Network
Jessie Trice Community Health System
Legal Services of Greater Miami
Miami Beach Community Health Center
Public Health Trust of Miami-Dade County/ Jackson Health System
University of Miami (IDEA Exchange, SE-AETC, CHARM, and CAP)

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Year 5	(2)	(3)	(4)	Total (5)
a. Personnel	$ 388,651.00	$	$	$	$ 388,651.00
b. Fringe Benefits	165,527.00				165,527.00
c. Travel	6,000.00				6,000.00
d. Equipment	0.00				
e. Supplies	15,000.00				15,000.00
f. Contractual	14,476,583.00				14,476,583.00
g. Construction	0.00				
h. Other	138,701.00				138,701.00
i. Total Direct Charges (sum of 6a-6h)	15,190,462.00				$ 15,190,462.00
j. Indirect Charges	57,622.00				$ 57,622.00
k. TOTALS (sum of 6i and 6j)	$ 15,248,084.00	$	$	$	$ 15,248,084.00
7. Program Income	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1A

Appendix C: Assurances

Attachment 9

FY 2020 HRSA HAB *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B* Funds Awards Agreements and Compliance Assurances

I, the Chief Elected Official's designee for the Miami-Dade County Eligible Metropolitan Area, hereby certify that:

A. Pursuant to Section 311(c) of the Public Health Service Act (42 U.S.C. § 243(c)), these funds will be used specifically for the *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B* initiative with the goal of reducing new HIV infections by 75 percent within five years.

B. Pursuant to Section 311(c) and title XXVI of the Public Health Service Act, these funds will be allocated and administered in conjunction with other HRSA HAB funding provided under title XXVI of the Public Health Service Act and subject to the conditions specified in HRSA HAB Notice of Funding Opportunity HRSA-20-078.

SIGNED: _____ **Title:** Deputy Mayor

Jennifer Moon

Date: 10/10/19

COMMITTEE ON
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES
EARLY CHILDHOOD, ELEMENTARY, AND
SECONDARY EDUCATION
HEALTH, EMPLOYMENT, LABOR, AND PENSIONS

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
HIGHWAYS AND TRANSIT
RAILROADS, PIPELINES AND HAZARDOUS MATERIALS
WATER RESOURCES AND ENVIRONMENT

FREDERICA S. WILSON
CONGRESS OF THE UNITED STATES
24TH DISTRICT, FLORIDA

ATTACHMENT 10

October 3, 2019

Daniel T. Wall, Assistant Director
Miami-Dade County Office of Management and Budget
Grants Coordination/Ryan White Program
111 NW 1st Street, 22nd Floor
Miami, FL 33128

Dear Mr. Wall:

Please accept this letter as evidence of my strong support of the Miami-Dade County Ryan White Part A Program's cooperative agreement proposal to the Health Resources and Service Administration (HRSA) for the *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)* funding opportunity. This is supported by Miami-Dade's continued #1 national ranking for the rates of new HIV infections.

As the Congressional Representative of zip codes 33142 and 33147, which have the highest incidence of HIV/AIDS in the nation, and during my many years in public service, I have championed and been at the forefront of HIV testing and prevention efforts since the start of the HIV epidemic in 1981. With Miami-Dade identified as one of the forty-eight counties in the United States – and one of twelve jurisdictions identified for Tier 1's highest level of available funding – that are eligible to participate in the initial roll-out of this initiative, I would like to continue my involvement in local efforts designed to eliminate new HIV diagnoses in our community.

To that end, I am aware of the County's plan to use these funds for the following: (1) housing support (i.e., rent/utility assistance), along with job training and placement services to help improve employment opportunities for people with HIV to increase income and eventually have housing stability without subsidies; (2) telehealth access to medical care, case management, mental health, and substance abuse counseling for people with HIV who experience treatment adherence difficulties due to transportation and childcare limitations, fear of disclosure, stigma, etc.; (3) a rapid response team to provide linkage to care through existing Test and Treat / Rapid Access efforts for individuals diagnosed in hospitals, clinics, or emergency rooms; (4) identifying and connecting individuals to other HIV services if they are not eligible for the Ryan White Program; and (5) support to Florida Department of Health's Disease Intervention Specialists for linkage to care in response to HIV clusters, including a mobile response unit or team.

The County's 30-year track record of managing the Ryan White Part A Program is exemplary, and planned innovations with the Ending the HIV Epidemic initiative funding are sure to help our community reach a 75% reduction in new infections by 2025. I look forward to participating in this endeavor wherever possible and anticipate a positive response to your funding proposal.

Sincerely,

Frederica S. Wilson
Member of Congress

WASHINGTON, DC OFFICE
2445 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-4506
FAX: (202) 226-0777

MIAMI GARDENS OFFICE
18425 NW 2ND AVENUE
SUITE #355
MIAMI GARDENS, FL 33169
(305) 690-5905

WEST PARK OFFICE
WEST PARK CITY HALL
1965 SOUTH STATE ROAD 7
WEST PARK, FL 33023
(954) 989-2688

HOLLYWOOD OFFICE
2600 HOLLYWOOD BOULEVARD
OLD LIBRARY, 1ST FLOOR
HOLLYWOOD, FL 33020
(954) 921-3682

WWW.WILSON.HOUSE.GOV

MIAMI-DADE EHE BUDGET NARRATIVE SUMMARY
APPLICANT: Miami-Dade County EMA
PERIOD OF PERFORMANCE: 2020-2025

Object Class Categories	RWHAP Services	Initiative Services and Infrastructure	Administration	Planning and Evaluation	Administration/ Planning and Evaluation Total	Total
a. Personnel	$0	$0	$1,625,893		$1,625,893	$1,625,893
b. Fringe Benefits	$0	$0	$684,428		$684,428	$684,428
c. Travel	$0	$0	$28,000		$28,000	$28,000
d. Equipment	$0	$0	$0		$0	$0
e. Supplies	$0	$0	$70,028		$70,028	$70,028
f. Contractual	$0	$41,851,169	$0	$4,294,878	$4,294,878	$46,146,047
g. Construction						
h. Other	$0	$0	$443,729		$443,729	$443,729
Direct Charges	$0	$41,851,169	$2,852,078	$4,294,878	$7,146,956	$48,998,125
Indirect Charges	$0	$0	$238,542	$0	$238,542	$238,542
TOTALS	$0.00	$41,851,169	$3,090,620	$4,294,878	$7,385,498	$49,236,667
Program Income	$0.00	$0			$0	$0

46

2020 (Year 1) Funding Ceiling: $9,000,000

Year 1 Budget Total:	$3,133,896	Within Limit ✓
Year 2 Budget Total:	$7,982,061	
Year 3 Budget Total:	$9,946,143	
Year 4 Budget Total:	$12,926,483	
Year 5 Budget Total:	$15,248,084	
	$49,236,667 ✓	

	Rates
Administration Budget (10% cap):	6.28%
Planning and Evalutaion Budget (10% cap):	8.72%
Administration and Evaluation Combined (15% cap):	15.00% ✓

MIAMI-DADE EHE BUDGET NARRATIVE

COST CATEGORY: ADMINISTRATION/PLANNING AND EVALUATION

PERSONNEL

FTE	Name, Position Title	Year 1	Year 2	Year 3	Year 4	Year 5
0.05	**Daniel T. Wall,** *OMB Assistant Director* Year 1 - Annual Salary: $190,788 | Year 2 - Annual Salary: $199,782* | Year 3 - Annual Salary: $209,721* | Year 4 - Annual Salary: $209,721* | Year 5 - Annual Salary: $209,721* **Budget Impact Justification:** Serves as the Project Director overseeing all aspects of Miami-Dade County's recipient administration of the Ryan White Ending the HIV Epidemic (EHE); responsible for administration, grants management, and executive level work in planning and directing the activities of the local RWP. ***Salary capped at $192,300 per P.L. 115-245**	$9,539	$9,615	$9,615	$9,615	$9,615
0.40	**Carla Valle-Schwenk,** *Project Coordinator* Year 1 - Annual Salary: $128,104.00 | Year 2 - Annual Salary: $134,727.00 | Year 3 - Annual Salary: $141,452.00 | Year 4 - Annual Salary: $148,518.00 | Year 5 - Annual Salary: $155,945.00 Budget Impact Justification: Serves as the coordinator of all programmatic related matters of the EHE project; engages with all community partners during the coordination of service activities; develops and implements standardized programmatic policies, procedures, and tools for the local RWP; supervises the Contracts Administrator and Compliance Officer.	$51,242	$53,891	$56,581	$59,407	$62,378
.40; .50 Yrs. 2-5	**Clarisol Nilsen,** *Fiscal Coordinator* Year 1 - Annual Salary: $118,056 | Year 2 - Annual Salary: $124,129 | Year 3 - Annual Salary: $130,312 | Year 4 - Annual Salary: $136,811 | Year 5 - Annual Salary: $143,641 **Budget Impact Justification:** Serves as the coordinator of all EHE project's fiscal related matters, including, but not limited to ensuring proper custodianship of federal EHE funds; and developing fiscal policies in accordance with applicable local, state, and federal laws; supervises the Accountant 3 and oversees the activities of the evaluator team.	$47,223	$62,065	$65,156	$68,406	$71,821
.40 Yrs. 2-5	**Position Vacant,** Special Projects Administrator 2 (Contracts Administrator) Year 1 - Annual Salary: $0 | Year 2 - Annual Salary: $92,028 | Year 3 - Annual Salary: $96,162 | Year 4 - Annual Salary: $100,484 | Year 5 - Annual Salary: $104,895 **Budget Impact Justification:** Oversees contract development, execution, and due diligence review processes; researches and troubleshoots subrecipient, client, and billing issues; supervises the Contracts Officer.	Not Funded	$36,811	$38,465	$40,194	$41,958
.40 Yrs. 2-5	**Position Vacant,** Accountant 3 Year 1 - Annual Salary: $0 | Year 2 - Annual Salary: $86,555 | Year 3 - Annual Salary: $90,627 | Year 4 - Annual Salary: $94,700 | Year 5 - Annual Salary: $98,958 **Budget Impact Justification:** Oversees the payment activities for the EHE project; tracks EHE expenditures, including but not limited to, the proper allocation of grant expenditures across funding sources; formulates complex financial reports; makes funding recommendations; supervises the Accountant 1.	Not Funded	$34,622	$ 36,251	$ 37,880	$ 39,583
.25 Yrs. 2-5	**Position Vacant,** Special Projects Administrator 1 (Compliance Officer) Year 1 - Annual Salary: $0 | Year 2 - Annual Salary: $88,074 | Year 3 - Annual Salary: $92,029 | Year 4 - Annual Salary: $96,162 | Year 5 - Annual Salary: $100,484 **Budget Impact Justification:** Manages and completes annual comprehensive site visit process for contracted subrecipients, writes reports, provides or coordinate technical assistance, and conducts follow-up.	Not Funded	$22,019	$23,007	$24,041	$25,121
100%	**Position Vacant,** Contracts Officer, projected hire date 8/20/2020 Year 1 - Annual Salary: $38,527 | Year 2 - Annual Salary: $65,726 | Year 3 - Annual Salary: $68,946 | Year 4 - Annual Salary: $71,978 | Year 5 - Annual Salary: $75,383 **Budget Impact Justification:** Responsible for the development and execution of contracts, amendments, and budget revisions; conduct pre- and post-contract award and due diligence reviews; review subrecipient annual programmatic, fiscal, and audit reports; provide technical assistance to subrecipients.	$33,937	$65,726	$68,946	$71,978	$75,383

MIAMI-DADE EHE BUDGET NARRATIVE

FTE	Name, Position Title					Year 1	Year 2	Year 3	Year 4	Year 5
100%	Position Vacant, Accountant 1; projected hire date 8/20/2020					$28,544	$54,838	$57,488	$60,140	$62,792
	Year 1 - Annual Salary	Year 2 - Annual Salary	Year 3 - Annual Salary	Year 4 - Annual Salary	Year 5 - Annual Salary					
	$32,335	$54,838	$57,488	$60,140	$62,792					
Budget Impact Justification: Responsible for invoice processing, maintenance of the grant-level and contract expenditure spreadsheets;										
					Personnel Total	$170,485	$339,587	$355,509	$371,661	$388,651

FRINGE BENEFITS

Components	Year 1	Year 2	Year 3	Year 4	Year 5
Group Health Insurance (including dental): is calculated at the applicable annual rates of [($15K-$16K, Yr.1), ($16K-$17K, Yr.2), ($17K-$18K, Yr.3), ($18K-$19K, Yr.4), and ($19K-$20K, Yr.5) for group health; and [($350, Yr.1), ($375, Yr.2) and ($400, Yrs.3-5)) for dental.	**$29,724** *17.43%*	**$67,007** *19.73%*	**$71,065** *19.99%*	**$75,044** *20.19%*	**$79,040** *20.34%*
Social Security and Medicare Taxes (FICA) are calculated at 7.65% of salaries (up to SSA estimated annual cap).	**$12,875** *7.55%*	**$25,806** *7.60%*	**$27,001** *7.60%*	**$28,248** *7.60%*	**$29,548** *7.60%*
Retirement is calculated at an average regular rate and senior management rate of [(8.58% & 26.12, Yr.1), (8.80% & 27.59%, Yr.2), (9.02% & 29.15$), Yr.3), (9.26% &30.78%, Yr.4), and (9.49% & 32.51%, Yr.5) of salaries in accordance with staff classification and projected rates during the plan year respectively.	**$20,603** *12.08%*	**$31,330** *9.23%*	**$33,632** *9.46%*	**$36,068** *9.70%*	**$38,667** *9.95%*
Workers Compensation is calculated at [($3,687 for 2.80 FTE, Yr.1), ($3,750 for 4 FTE, Yr.2), ($3,937 for 4 FTE, Yr.3), ($4,134 for 4 FTE, Yr.4), and ($4,341 for 4 FTE, Yr.5)	**$10,323** *6.06%*	**$15,000** *4.42%*	**$15,748** *4.43%*	**$16,536** *4.45%*	**$17,364** *4.47%*
Group Life is calculated at .002340 of salaries.	**$399** *0.23%*	**$794** *0.23%*	**$830** *0.23%*	**$868** *0.23%*	**$908** *0.23%*
Fringe Benefit Total	$73,924	$139,937	$148,276	$156,764	$165,527

TRAVEL

Description	Year 1	Year 2	Year 3	Year 4	Year 5
Local Travel expenses include reimbursement for County "pool" cars used by EHE project staff (all listed above) to perform on-site project monitoring and technical assistance visits to contracted providers and to attend several monthly project-related meetings throughout the County. Approximately 1,336 & 1,155 (Yrs.2-5) miles will be traveled at a $17.50 full day rate (5+ pool hours) and $.47 per mile, parking and tolls).	$1,762	$1,524	$1,524	$1,524	$1,524
Long Distance Travel (Out of Town) includes travel costs for EHE designated staff to attend grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events and/or the HRSA 2020 National Ryan White Conference. The approximate cost (per traveler) for this HRSA required budgeted travel is $2,238 per traveler [$1,618 lodging and per diem, $560 airfare (RT) airfare, $60 ground transportation)].	$2,238	$4,476	$4,476	$4,476	$4,476
Budget Impact Justification: Local travel costs cover required attendance at subrecipient monitoring site visits, and other project-related meetings. Long distance travel costs cover required attendance to ARSVs, targeted technical assistance events, the 2020 National Ryan White Conference, and state organized meetings for the coordination of care for people with HIV. Local and long distance travel listed is necessary to carry out the administrative functions of this project.					
Travel Total	$4,000	$6,000	$6,000	$6,000	$6,000

SUPPLIES

Description	Year 1	Year 2	Year 3	Year 4	Year 5
Office Supplies for EHE project staff (e.g., paper, toner, writing instruments, folders, non-capital office equipment).	$1,528	$11,800	$8,400	$8,400	$8,400
Reference Materials include medical reference materials (i.e., AMA CPT, ADA CDT, Nurse's Drug Handbook).	$400	$800	$1,500	$1,500	$1,500
Computing Devices includes remote access software ($150); desktop PCs ($1,200); peripherals ($600); laptop ($1,200).	$3,900	$4,200	$3,900	$3,900	$3,900
Copy Machine Maintenance ($100 estimated monthly maintenance agreement and estimated overages). This agreement includes, toner, waste disposal receptacles and staples, excluding paper.	$1,200	$1,200	$1,200	$1,200	$1,200
Budget Impact Justification: These supplies are necessary to properly carry out the administrative functions for this project.					
Supplies Total	$7,028	$18,000	$15,000	$15,000	$15,000

MIAMI-DADE EHE BUDGET NARRATIVE

OTHER

Description	Year 1	Year 2	Year 3	Year 4	Year 5
External Audit - Single Audit performed by the County's external auditors in accordance with 45 CFR 75. The project is charged based on a pro-rated distribution of the overall cost of the audit to the County by Federal grant expenditures.	$2,735	$6,966	$9,114	$12,437	$15,404
Training includes computer training, skills building sessions, industry specific instruction.	$1,000	$2,500	$1,500	$1,500	$1,500
Telephones (local and long distance) and telephone maintenance and repair.	$1,400	$2,306	$2,373	$2,441	$2,512
Info. Tech. Depart Svs: including internet infrastructure and security, data back-up services, charges for maintaining existing applications and website support	$9,573	$11,706	$12,053	$12,412	$12,782
Occupancy Costs of the office space (Rent Roll) used by the EHE project staff, including evening and weekend use.	$13,138	$16,827	$17,308	$17,804	$18,314
General Liability Insurance costs computed at an average of $152 per FTE.	$348	$580	$597	$615	$633
Service Level Agreements (SLA) with the Government Information Center (GIC) and Internal Services Dept. (ISD). The ISD SLA provides project staff with dedicated on-site technical support of PCs, software, systems and peripherals and server maintenance. The GIC SLA provides maintenance and support for the County's EHE project website.	$5,277	$11,491	$11,836	$12,191	$12,556
Professional Service Agreements for contract consultants (billing expert, cultural sensitivity expert, office support, etc.)	$0	$25,000	$35,000	$45,000	$75,000
Budget Impact Justification: Expenditures listed are necessary to carry-out the administrative functions for recipient management of this project.					
Other Costs Total:	$33,471	$77,376	$89781	$104,400	$138,701

INDIRECT COSTS

Budget Impact Justification:	Year 1	Year 2	Year 3	Year 4	Year 5
In accordance with 45 CFR §75.414(f) of the Uniform Guidance, OMB adopted the use of the de minimis rate of 10% of modified total direct costs (MTDC) for indirect costs. Indirect cost fees pay for an equitable portion of costs incurred by Miami-Dade County and not readily assignable to the cost objectives specifically benefitted; but necessary to carry out the administrative functions of this project. If the award received as a result of this project, in addition to, other awards received by the OMB government unit exceed $35M, the recipient will negotiate an indirect cost rate agreement to charge these costs.	Base	Base	Base	Base	Base
	$244,809	$496,699	$519,965	$547,723	$576,223
	Rate	Rate	Rate	Rate	Rate
	10%	10%	10%	10%	10%
Indirect Cost Type Total:	$24,481	$49670	$51997	$54772	$57622

CONTRACTUAL: PLANNING AND EVALUATION COST CATEGORY

Name of Project Component: Evaluator	Amount	Amount	Amount	Amount	Amount
Purpose of the Contract: Manage the planning and evaluation process of the EHE project activities including stakeholder engagement. **How Costs were Estimated:** Based on the availability of funds and comparable contracted services in this locality. **Specific Contract Deliverables:** Staff supporting this activity will plan, monitor and report on project data; collaborate with stakeholders on data reporting, collection and exchange efforts; assess project outcomes; makes recommendations based on data collected to increase the effectiveness of project resources.	$156,695	$566,739	$825,358	$1,230,375	$1,515,711
Contracts Total:	$156,695	$566,739	$825,358	$1,230,375	$1,515,711
Administration/Planning and Evaluation Total Costs:	$470,084	$1,197,309	$1,491,921	$1,938,972	$2,287,212

COST CATEGORY: INITIATIVE SERVICES AND INFRASTRUCTURE

CONTRACTUAL-INFRASTRUCTURE

Name of Project Component: Management Information System (MIS) Solution	Amount	Amount	Amount	Amount	Amount
Purpose of the Contract: Data collection and report generator of client-level data. **How Costs were Estimated:** Based on the availability of funds and comparable contracted services in this locality. **Specific Contract Deliverables:** The recipient intends to contract with the existing MIS solution under the Part A Program, Groupware Technologies, Inc. to customize software in order to carryout the work required of this project.	$350,000	$100,000	$100,000	$100,000	$100,000
Name of Project Component: Expert Data Analyst	Amount	Amount	Amount	Amount	Amount
Purpose of the Contract: Contract with a data expert consultant to assist with data measurables and security protocols. **How Costs were Estimated:** Based on the availability of funds and comparable contracted services in this locality. **Specific Contract Deliverables:** Expert consultant to provide initial data analysis and training of EHE staff and subrecipients on data collecting and analysis.	$150,000	$0	$0	$0	$0
Contractual-Infrastructure Totals:	$500,000	$100,000	$100,000	$100,000	$100,000

MIAMI-DADE EHE BUDGET NARRATIVE

CONTRACTUAL-INITIATIVE SERVICES

Name of Project Component: Housing Stability Support	Amount	Amount	Amount	Amount	Amount
Purpose of the Contract: Provide housing assistance and job placement opportunities for EHE program clients. **How Costs were Estimated:** Housing assistance costs were estimated by using the local Section 8 Housing Choice Voucher Program's average rent for the area. The Technical/vocational Program component estimated costs are based on comparable local program costs. The Career & Life Skills Counselor estimated cost is based on the average salary for a worker in this job classification within our locality. **Specific Contract Deliverables:** Clients enrolled in this program will receive assistance with rent and home utilities. This assistance is capped at $7,800/yr. per client while enrolled at the EHE technical/vocational program with a one-time cost of up to $5,000 per client. Clients will also be linked with a Career & Life Skills Counselor; cost for this component was estimated based on an average of 40 hours of counseling per client within a year.	$466,650	$3,066,400	$3,212,950	$4,399,500	$5,279,300
Name of Project Component: HealthTec	**Amount**	**Amount**	**Amount**	**Amount**	**Amount**
Purpose of the Contract: Provide medical, mental health and medical case management and adherence treatment to clients identified with access to care barriers with the goal of reaching and maintaining viral suppression. **How Costs were Estimated:** This project component requires start-up costs (estimated at $150K) related to the hardware, peripherals and training required to engage with the clients remotely. Staff's salary and fringes were computed using average costs for our locality. **Specific Contract Deliverables:** HealthTec will initially include one subrecipient. During year 3, and based on program successes, the recipient plans to expand capacity to a second subrecipient. Start-up costs includes iPad (or similar technology) for each client; subrecipient staff is projected to include: Physician (1 FTE), Physician Asst. (1FTE), Psychiatrist (.20 FTE), Psychologist (2 FTE), Patient Clinical Asst. (1 FTE), Medical Case Manager (3 FTE), and Peer Support (4 FTE).	$442,797	$1,065,791	$2,332,383	$3,630,070	$4,691,157
Name of Project Component: Quick Connect	**Amount**	**Amount**	**Amount**	**Amount**	**Amount**
Purpose of the Contract: Connect people with HIV, whom were identified through an emergency room, hospital or other non-RWP clinic, to a medical home using the TTRA model and provide education on the benefits of immediate HIV treatment and adherence. Enhance capacity of non-RWP-medical practitioners in the community on to follow HIV clinical guidelines and available resources. Develop and produce targeted educational materials for hospitals, medical practitioner's offices and clients with the assistance of outreach & awareness consultant. **How Costs were Estimated:** This project component requires start-up costs (estimated at $200K) for the development of professional educational materials targeted to client education and separate materials targeted to health care providers. Travel costs were estimated at the current POV rate (400/day at $.58). Staff's salary and fringes were computed using average costs for our locality. **Specific Contract Deliverables:** The production of 10,000 educational materials for the 5-year period of this project. Subrecipient staff is projected to include: Community Health Wrkr Supervisor (1 FTE), Community Health Wrkr (3 FTE - Alpha shift), Community Health Wrkr (3 FTE - Bravo shift), Peer Support (3 FTE Alpha shift), and Peer Support (3 FTE Brave shift).	$590,540	$1,295,660	$1,514,249	$1,538,175	$1,545,523
Name of Project Component: Mobile GO TEAM	**Amount**	**Amount**	**Amount**	**Amount**	**Amount**
Purpose of the Contract: Secure a medical mobile unit and response team for a targeted response (using the TTRA model) to HIV clusters identified by the FDOH-MDC and serve the hard-to-reach people with HIV that are homeless or unstably housed. **How Costs were Estimated:** This project component requires start-up costs (estimated at $341K) for the procurement of a mobile medical unit. On-going mobile van operation costs (including medical supplies) are estimated at $375K. Staff's salary and fringes were computed using average costs for our locality. **Specific Contract Deliverables:** The subrecipient provider will secure a mobile medical van (requires HRSA's written prior approval) to provide on-site medical care and services. Subrecipient staff is projected to include: Physician (1.2 FTE), Nurse (1.2 FTE), Community Health Wrkr (1.2 FTE), Driver/Attendant (1.2 FTE).	$663,825	$1,256,901	$1,294,640	$1,319,766	$1,344,892
Contractual Initiative Totals:	**$2,163,812**	**$6,684,752**	**$8,354,222**	**$10,887,511**	**$12,860,872**

	Year 1	Year 2	Year 3	Year 4	Year 5
EHE Year Totals:	**$3,133,896**	**$7,982,061**	**$9,946,143**	**$12,926,483**	**$15,248,084**