

**Summary of Questions and Replies from the  
Special Meeting of the Miami-Dade HIV/AIDS Partnership  
June 20, 2005**

**1. Rolando Hallman**

**Why does it take so long to become a member of the Miami-Dade HIV/AIDS Partnership?**

**Reply:** The Miami-Dade County HIV/AIDS Partnership is an official county advisory and planning board whose members are appointed by the Mayor of Miami-Dade County. Becoming a member of the Partnership involves several steps:

- The applicant submits an application and a copy of his or her Miami-Dade County voter's registration card.
- The application is reviewed by the Community Coalition Committee, which makes all membership recommendations.
- The Committee's recommendation for approval is sent to the Partnership for review and action.
- If the Partnership approves the recommendation, staff prepares an application package and forwards it to the Miami-Dade County Ryan White Title I program office.
- That office forwards it to the office of the Miami-Dade County Mayor.
- The Mayor appoints members to the Partnership.
- Once this is done, the Miami-Dade County Ryan White Title I program office sends out a letter of appointment. The newly appointed member must then go the County Clerk's Office to complete required paperwork.

**Why is nothing being done by Title II? Why aren't they at the table? People are letting their health deteriorate to the point of AIDS so they can get services.**

**Reply:** Title II is represented on the full Partnership and the Care and Treatment Committee; representatives were absent from the June 20 meeting. Title I serves people with both HIV and AIDS diagnoses. It is true that some services (housing, transportation vouchers) are not available to clients with an HIV+ diagnosis (transportation van services are available to HIV positive clients), but are restricted to clients with a diagnosis of AIDS. Housing services in Miami-Dade County are provided through the city of Miami's Housing Opportunities for Persons with AIDS (HOPWA) program. Neither Title I nor Title II funds housing. There are other local programs available to provide housing and transportation assistance to individuals who do not meet the eligibility requirements for Title I transportation vouchers or HOPWA housing assistance. Examples of other local programs are: subsidized housing programs like the Section 8 Housing Choice Voucher Program administered through agencies such as Miami-Dade Housing Agency, Hialeah Housing Authority, the City of Miami and Miami Beach Housing Authority and public housing through Miami-Dade Housing Agency; and the Miami-Dade Transit's Golden Passport Program.

**2. Henry Soto**

**Mr. Soto stated that he did not get onto the HOPWA list, said someone he knows spoke to someone in the HOPWA office and got on. He said Miami "works like a third world country, this is not America."**

**Reply:** Anna Pough of the City of Miami HOPWA office responded that she has not heard about this complaint but will look into it. Ms. Pough offered to take Mr. Soto's contact information and follow up with him.

### 3. Allen Frichner

Mr. Frichner stated that he has been involved in HIV/AIDS causes since 1987. He said there is an issue of money going to administrative costs and salaries. Things are too bureaucratic. Agencies have to tighten their belts, reduce salaries, get more volunteers and put the money into services for people living with HIV/AIDS.

### 4. Manuel Laureano Vega

**People are still dying. Many do not respond well to medications, so support services must be maintained. Governmental policy changes are causing funding decreases. There is discussion of whether this is still an emergency. How long will the emergency be an emergency? Who will continue to fund the \$30 million service network?**

**Mr. Vega referred to the letter calling for changes in the Partnership and staff structure.**

**He reviewed the May 30, 1997 document<sup>1</sup> and subsequent summit meeting calling for consolidation of planning functions. He says that the vision of the various groups working together has not been fully realized, and that the Department of Health never cooperates. The Miami-Dade HIV Prevention Community Planning Group wants to be separate, General Revenue funding is managed differently, and the coordination is not there. With better coordination, maybe there wouldn't be so much "divide and conquer."**

**No one wants the contract removed from current staff support. But we need a [high level] office of HIV/AIDS in the county so there is a line of communication directly with the County Manager, Board of County Commissioners and Mayor. The ordinance doesn't give the Partnership any power; we must fight for the power.**

*<sup>1</sup>In 1997, the Dade County HIV/AIDS Steering Committee made a series of recommendations to the Florida Department of Health, Metropolitan Dade County and the City of Miami. These recommendations were developed by a workgroup that met between 1993 and 1996. The workgroup was composed of members of the "Metro-Dade HIV Health Services Planning Council", Dade County HIV/AIDS Prevention Community Planning Group, the Miami-Dade County Health Department, the HOPWA Advisory Board, South Florida AIDS Consortium, Health Council of South Florida and Metropolitan Dade County. All of these groups were independent advisory bodies for HIV/AIDS services in the community. The focus of the meetings was to find a way to combine these separate planning bodies for HIV/AIDS funding streams (HOPWA, Title I, Title II, South Florida AIDS Network, Prevention) and streamline the administrative process for grantees. The creation of a "Dade County Office of HIV/AIDS" was also discussed to improve and coordinate cooperation. As a result of the meetings, the Board of County Commissioners enacted an ordinance creating the Miami-Dade HIV/AIDS Partnership. The Partnership combined and replaced the separate planning bodies for HOPWA, Title II, South Florida AIDS Network and Prevention.*

**Reply:** According to the Partnership Bylaws, which are based on the federal Ryan White CARE Act and the Miami-Dade County ordinance that established the Partnership, the duties of the Miami-Dade HIV/AIDS Partnership are to:

- Establish methods for obtaining input on community needs and priorities, which may include public meetings, conducting focus groups, and convening ad hoc panels.

- Develop and implement a community-wide comprehensive plan for the organization and delivery of HIV-related health and supportive services that is compatible with State of Florida and county plans regarding the provision of health and supportive services to individuals with HIV/AIDS.
- Establish service priorities for the allocation of Ryan White Title I funds within the county as provided by the Ryan White CARE Act of 1990 . . . including how best to meet each such priority and individual factors that the County should consider in allocating funds under Title I of the Ryan White CARE Act.
- Make recommendations for service priorities, corresponding allocations and use of other funds to target the areas of greatest need, with equal weight and attention provided to HIV/AIDS prevention, health and supportive services and housing, including but not limited to the following funding sources:
  1. Title II of the Ryan White CARE Act;
  2. Federal HIV Prevention and Surveillance Cooperative Agreements;
  3. Housing Opportunities for Persons with AIDS program;
  4. State of Florida General Revenue Care and Treatment allocations;
  5. Other federal and state grants;
  6. Funding from municipalities interested in supporting implementation of the Partnership's Comprehensive Plan;
  7. Private foundation grants;
  8. Private contributions.
- Serve in an advisory capacity to the Board of County Commissioners, City of Miami, Miami-Dade County Health Department Office of HIV/AIDS, the respective mayors, the U.S. Health Resources and Services Administration (HRSA) and other public and governmental entities with respect to all issues affecting or relating to persons at risk of contracting or living with HIV/AIDS.

## 5. Liliana Orozco

**Why aren't consumers participating? Part of the problem might be meeting schedules, location, parking costs and the necessity of taking time off work to attend meetings. The process is provider-driven with too much technical language that the normal consumer does not understand. We have to address language barriers so a more diverse and representative spectrum of consumers can come. We have to work on advocacy. The Partnership is not applying the law. Member absences need to be addressed; particularly Title II which is never present.**

**Reply:** The Americans with Disabilities Act requires the Partnership to provide sign language interpretation and Braille upon request. Informational material about the Partnership is printed in English, Creole and Spanish. The Miami-Dade HIV/AIDS Partnership was created by a County ordinance. It is County policy that public business be conducted in English.

The Partnership conducts quarterly reviews of attendance and sends routine notices to members who are not in compliance with the attendance requirements in the Partnership Bylaws. Members who do not comply with attendance requirements, who do not respond to notices of non-compliance and continue to miss meetings are routinely removed from committees.

Title II is represented on the Partnership, the Care and Treatment Committee and the Medical Care Subcommittee. Title II is a required Partnership seat and cannot be removed through the County's process.

## **6. Maria Rodriguez (translated from Spanish)**

**Dade-County is a county whose majority is Latino. According to the statistics of the 2005 census, we were 57% of the population and now we are 75% of the population. The Partnership does not work because the statistics are manipulated and our people do not know about HIV. This is a public health problem that is not being addressed. The statistics are manipulated to say that the Black population has increased yet when you look at the statistics most of the areas being studied are municipalities which are primarily composed of Blacks. Marketing efforts are not done in a way that is understandable to Latinos. This community needs to address the needs of Latinos on a more personal level. The incidence of infection has risen, which means information is not being made available in our language. When as a community we ask that the Association of HIV/AIDS listen to us, we are accused of having an agenda. We are the majority—what agenda can we have?**

**Reply:** The U.S. Census is developed from surveys of 100 percent of households. Visits are made to addresses that do not respond to the written census survey. There is no statistical sampling. The population, according to the census, is 57 percent Hispanic, 24 percent White and other non-Hispanics and 19 percent Black non-Hispanic.

The HIV/AIDS epidemic has a much different composition, according to the Florida Department of Health. In Miami-Dade County 50 percent of people living with HIV/AIDS are Black/African Americans who are not Hispanics, 36 percent are Hispanic and 14 percent are White (not Hispanic). The membership proportions of the Miami-Dade HIV/AIDS Partnership are based on the HIV/AIDS epidemic, not on the population as a whole. If 57% of the general population is Hispanic but only 36% of the HIV/AIDS population is Hispanic, then 36% of the Partnership's members should be Hispanics.

## **7. John Muhammad**

**Mr. Muhammad said he hears a lot of anger, but believes the anger comes from the needs for help. He asked people in the community to join the National Association of People with AIDS (NAPWA).**

## **8. Metris Batts**

**The face of HIV/AIDS has changed. Now that it is Black, there is no support from the media. We aren't teaching people how to advocate. The letter arose from a concern of the people. We need a formal way to address the issues.**

**Ms. Batts asked people to support AIDS events. There are multicultural concerns, because we are diverse. We should pay attention to marketing and how we communicate. We have to learn how to run like a business, to promote and market. Community-based organizations (CBOs) have to be businesses, act like businesses, and they have to be paid to provide services.**

**People don't understand what the Partnership does. A strategic plan is needed so people have to have a way to understand the process.**

## **9. Rochelle Baerga**

**The Care and Treatment Committee of the Miami-Dade HIV/AIDS Partnership is conflicted. Service providers take over.**

**Ms. Baerga stated her concern about the writing of the county grant application to the Health Resources and Services Administration (HRSA) and the cuts we are getting. Is anyone looking at why we are getting cuts? She said she is concerned about the information and how it is being fed to the federal government.**

**Are the numbers wrong in the application? How can we make sure the federal government understands how severely Miami-Dade County has been and is being impacted by HIV/AIDS.**

**Reply:** The Partnership and its standing committees and subcommittee operate under the Miami-Dade County ordinance and the laws of the State of Florida, in particular the Sunshine and Public Records laws. Providers cannot be barred from membership on the Care and Treatment Committee or be prevented from serving as chair. Thirty-three percent of the Care and Treatment Committee membership is made up of People Living with HIV /AIDS. The Committee sets priorities and allocations only for service categories. It has no role in determining which providers the County will contract with for services. The Committee votes only on the overall allocations to service categories. The Miami-Dade County Commission on Ethics and Public Trust determined in an opinion dated April 18, 2002 that "...members in specific service categories are prohibited from voting for funds in their specific service category if there are fewer than three (3) service providers in that category." This opinion has recently been amended (June 24, 2005) to state: "... members may vote on funding recommendations regarding a service category as long as the member is not the sole provider in the category and the funding recommendation does not designate amounts or percentages among the various providers in a particular service category."

In Fiscal Year 2004-2005 the Ryan White Title I program received a significant reduction in funding. Forty-two of 51 Eligible Metropolitan Areas (EMA) received cuts, many of them larger in relative magnitude than the cut sustained in Miami-Dade County. In the prior year (2003-2004), the Miami-Dade Eligible Metropolitan Area (EMA) and other EMAs, received significant increases in funding partly as a result of funds having been cut from another large EMA. The subsequent cut in 2004-2005 was necessitated by the government's restoration of a large amount of funds to the EMA whose funding had been cut in 2003-2004, and to the need to fund new EMAs. Since there was flat funding, the moneys had to be taken from other EMAs.

In Fiscal Year 2005-2006 Miami received another significant cut, in spite of receiving a high score (91 out of 100 points) on the application. Again, 34 out of 52 EMAs received cuts. The reasons for this, as stated by the federal government, were:

- The formula on which at least part of the funding is based uses the number of AIDS cases reported in the prior year. The grant proposal for 2005-2006 was submitted in 2004 and was based on reported AIDS cases in the prior year (2003), as required by the federal government. In Miami-Dade County 2003 saw an 8 percent decrease in reported AIDS cases from the prior year. The AIDS case data used in the grant application were provided by the U.S. Centers for Disease Control and Prevention.
- The Department of Health and Human Services cut slightly more than one percent of the entire Ryan White program funding in order to fund administrative activities at the federal level, thereby reducing available funds to EMAs.
- The Hold Harmless provision contained in the Ryan White Title I funding formula protects EMAs from receiving large cuts as a result of the drop in AIDS cases. This affects primarily one EMA. Funding has to come from other EMAs in a situation of level funding.
- Finally, all of this occurred when there was flat funding for the entire program.