



## 2018 Solicitation of Registered HIV Testing and Counseling Agencies for Presentations on Best Practices for HIV Prevention

The Miami-Dade HIV/AIDS Partnership’s Prevention Committee in conjunction with the Florida Department of Health in Miami-Dade County is seeking presentations on agency best practices to improve linkage to care, identify and address barriers to retention in care, and identify and address disparities in treatment outcomes.

As a registered HIV testing and counseling agency, your input is vital to informing the Partnership’s prevention and care strategies as outlined in the *2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan*.

In order to assist the committee in selecting the 2018 presentations, please complete and return this form no later than **January 19, 2018 - EXTENDED TO January 23, 2018.**

Presentations will be selected at the Prevention Committee’s January 25, 2018, meeting. All agencies will be informed of the committee’s selections. Agencies chosen to present in 2018 will be invited to give a 20-minute presentation on their best practice(s), as indicated on this form.

Prevention Committee meetings are open to the public and your presentation will be advertised through the Partnership’s weekly Community Newsletter and online at [www.aidsnet.org](http://www.aidsnet.org).

### Contact Information

Agency Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Representative Email: \_\_\_\_\_ Representative Phone #: \_\_\_\_\_

### Available Dates

Please indicate *all dates* you are available to give your presentation:

- |   |   |
|---|---|
| <input type="checkbox"/> Thursday, March 22, 2018 | <input type="checkbox"/> Thursday, September 27, 2018 |
| <input type="checkbox"/> Thursday, April 26, 2018 | <input type="checkbox"/> Thursday, October 25, 2018   |
| <input type="checkbox"/> Thursday, June 28, 2018  | <input type="checkbox"/> Thursday, December 20, 2018  |
| <input type="checkbox"/> Thursday, July 26, 2018  |   |

### Populations Served

Our agency uses best practices related to the following populations (please check all that apply):

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|--|--|
| <input type="checkbox"/> Black/African American males            | <input type="checkbox"/> Gay and bisexual males            |
| <input type="checkbox"/> Black/African American females          | <input type="checkbox"/> Partners of newly-diagnosed PLWHA |
| <input type="checkbox"/> Hispanic/Latino males                   | <input type="checkbox"/> Pregnant women                    |
| <input type="checkbox"/> Hispanic/Latina females                 | <input type="checkbox"/> Women and infants                 |
| <input type="checkbox"/> Hispanics/Latinos under 25 years of age | <input type="checkbox"/> Injection drug users              |
| <input type="checkbox"/> Haitian males and females               | <input type="checkbox"/> Trans-identified persons          |
| <input type="checkbox"/> Other – please be specific: _____       |  |

## Best Practices

Please indicate your agency's effective policies, standards and/or best practices, a brief description of each, and measurable outcomes on your client populations.

Check as many categories as apply to your agency. Use additional sheets if necessary.

**HIV Prevention** - *Not limited to education, condom distribution, PrEP, PEP, prophylaxis, etc.*

**Briefly describe your agency's policies, standards and/or best practice(s) for HIV prevention:**

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**Briefly state the outcomes these best practices have had on your client population(s):**

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Do you have data or access to data to support your outcomes?  YES  NO

**HIV Linkage to Care**

**Briefly describe your agency's policies, standards and/or best practice(s) for HIV linkage to care:**

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**Briefly state the outcomes these best practices have had on your client population(s):**

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Do you have data or access to data to support your outcomes?  YES  NO

**HIV Counseling and Testing**

**Briefly describe your agency's policies, standards and/or best practice(s) for HIV counseling and testing:**

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**Briefly state the outcomes these best practices have had on your client population(s):**

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Do you have data or access to data to support your outcomes?  YES  NO

**HIV Outreach** - *Including traditional and non-traditional methods*

**Briefly describe your agency's policies, standards and/or best practice(s) for HIV outreach:**

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**Briefly state the outcomes these best practices have had on your client population(s):**

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Do you have data or access to data to support your outcomes?  YES  NO

Please submit your completed form to [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com) no later than **January 23, 2018**.  
Selected agencies will be informed of assigned dates after the January Prevention Committee meeting.

**THANK YOU!**