

I. Call to Order/Introductions

The Chair, Sarah Kenneally called the meeting to order at 10:05 AM. She welcomed everyone and asked for introductions.

II. Resource Persons

Ms. Kenneally asked Behavioral Science Research (BSR) staff to identify themselves as resource individuals.

III. Floor Open to the Public

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

“During the 2013 session, the Florida Legislature passed Senate Bill 50 which requires states, county and municipal boards to provide members of the public a ‘reasonable opportunity to be heard’ on items and matters before the board. On items that are on today’s agenda, members of the public have an opportunity to be heard concerning each of the items. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”

There were no comments, questions, or concerns posed, and the floor was subsequently closed.

IV. Review/Approve Agenda

Members reviewed the agenda.

Motion to approve the agenda as presented.

Moved: Lileaus Hill

Seconded: Miguel Puente

Motion: Passed

V. Review/Approve July 10, 2017 Minutes

Members reviewed the meeting minutes from the July 10, 2017 meeting.

Motion to approve the July 10, 2017 minutes as presented.

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

VI. Report

- *Part A/MAI Grantee Report*

Carla Valle-Schwenk

Carla Valle-Schwenk, Office of Management and Budget – Grants Coordination (OMB), reviewed the Ryan White Part A/MAI Expenditure Report for Fiscal Year (FY) 2017 dated October 30, 2017 (copy on file).

Ms. Valle-Schwenk reported the HRSA Ryan White Program (RWP) grant was submitted for the program year beginning March 1, 2018.

Ms. Valle-Schwenk noted the Care and Treatment Committee will conduct the final RWP Part A Sweeps in December. Member attendance is vital to ensure quorum so that Sweeps recommendations can be brought to the Partnership in December. Contracted subrecipients are required to submit their Sweeps requests to OMB by the end of the following week.

- *Florida Department of Health in Miami-Dade County (FDOH-MDC) Report* Sarah Kenneally

Ms. Kenneally distributed copies of *Community Newspapers* (copies on file) and highlighted the FDOH-MDC advertisement for www.KnowYourHIVStatus.com. This is in addition to billboard and bus stop *Know Your HIV Status* campaign ads.

Ms. Kenneally announced that FDOH applied for \$40M in Centers for Disease Control and Prevention (CDC) funding. That is the maximum allowable request; the final award will be known in December. In the meantime, agencies should be preparing applications in anticipation of funding. Kira Villamizar, FDOH-MDC, noted that the state will be releasing a Request for Applications (RFA) for prevention funding and that agencies will need to apply for funds using the RFA process.

Statewide mobilization meetings are ongoing, including the MSM Network and Black Initiative Network, as reported to the Prevention Committee in September.

Committee member Brady Bennett noted that the Prevention Planning Group/Patient Care Planning Group meeting highlighted the rising incidence of acute and chronic Hepatitis-C infections and the importance of prevention efforts.

Ms. Kenneally reported that Florida Senator Rene Garcia submitted a bill called HIV Prevention Justice Act which provides an exception to allow HIV-positive persons to donate blood, plasma, organs, skin, or other human tissue when medically needed, and decriminalizes HIV transmission when it occurs without intent.

VII. Standing Business

- *Membership Report* Christina Bontempo

Ms. Bontempo noted the Vacancy Report for November 2017 (copy on file).

VIII. New Business

- *Prevention and Diagnosis* Sarah Kenneally

Ms. Kenneally presented the FDOH Power Point *2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan, 2017 3rd Quarter, July 1-September 30*, (copy on file). Following are highlights and next steps.

- *P1.1 Increase access to and use of condoms by HIV positive persons and HIV-vulnerable populations, including but not limited to injection drug users (IDU), Trans-identified persons, gay and bisexual men.* Condom distribution is being mapped and the number of condoms needed will be determined following 4th quarter distribution analysis.
- *P1.2 Increase availability of – and access to – PrEP/nPEP programs.* Palm cards and buttons promoting PrEP and PEP were distributed to the Review Team at today’s meeting. The PrEP Workgroup is developing a collaborative referral system. The next PrEP Workgroup meeting is November 29 at FDOH.
- *P1.4 Achieve a more coordinated local response to the HIV epidemic.* As noted, HIV Prevention Community Mobilization meetings are ongoing. In addition, Ms. Kenneally recommended the Review Team ask the Partnership to sign on as a Community Partner in the *Undetectable = Untransmittable* message of the Prevention Access Campaign (copy on file), and put forward two motions:

Motion to recommend that the Miami-Dade HIV/AIDS Partnership Chair sign the Partnership on as a Community Partner in the *Undetectable = Untransmittable* message of the Prevention Access Campaign.

Moved: James Moore

Seconded: James Powell

Motion: Passed

Opposed: Stephen Williams

Motion to send a “Dear Colleague” letter from the Partnership Chair to Ryan White Program subrecipients and community partners recommending their participation as Community Partners in the *Undetectable = Untransmittable* message of the Prevention Access Campaign.

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

Opposed: Eddie Orozco; Stephen Williams

Ms. Kenneally discussed the *Getting to Zero Implementation Report* (copy on file). Updates will be reported on a quarterly basis.

- *Linkage, Retention, Viral Load Suppression* *Robert Ladner, Ph.D.*

Dr. Ladner and Petra Brock-Getz presented on the Linkage, Retention and Viral Load Suppression activities referencing several handouts (copies on file). Following are highlights and next steps.

- *R1.1 Identify PLWHA who are at greatest risk for dropping out of care.* The table, *Pilot Client-Based Acuity Measures: Intensity of Medical Care Management by Co-Occurring Condition (Remedies Available in RWP)* was distributed which outlines care levels for clients at risk of depression, based on PHQ-9 scores; and clients at risk of substance abuse disorders, based on DAST-10 scores. The PHQ and DAST tools can be administered by anyone in the healthcare setting but only specific practitioners can provide follow up care to clients, as detailed in the table.
- *L 1.1 Improve existing FDOH-Part A diagnosis-to-linkage client management process.* Ms. Brock-Getz presented the *Ryan White Program Flexible After-Hours and Weekend Availability* findings. For Medical Case Management and Outpatient/Ambulatory Medical Care there are some non-traditional hours; however, clients would who need medical care during non-traditional hours, particularly on Sundays, would need to access care through a hospital or other (non-RWP) provider. Outreach services are more readily available throughout the week with several agencies offering “as needed” or “24-hour” access. Susy Martinez noted the 24-hour access is achieved using a cell phone link to an outreach provider.
- *R1.3 Enhance the RWP Client-Centered Care quality management protocols for (1) reducing lagtime to first or repeat appointments; (2) reducing wait time in lobby for appointments; and (3) reducing hold time reaching live help by telephone, for Ryan White Program O/AHS, OHC and MCM providers.* Ms. Brock-Getz presented the *Ryan White Program Lagtime, Wait Time and Hold Time* findings. It was noted the findings are self-reported by subrecipients. BSR and OMB are developing a “secret shopper” program to evaluate each subrecipient. A protocol for wait time should be part of each agency’s standard of care and may be reviewed during the annual RWP audit. Discrepancies in findings between self-reporting and mystery shopping should be reported back to the Review Team.
- *R1.4 Provide continuous improvements in outpatient /ambulatory health services that meets the needs and identified vulnerabilities of PLWHA in care.* Ms. Brock-Getz presented *Ryan White Program 2017 Client Satisfaction Survey* findings on care services and residential substance abuse.
- *DVI.1-1.3 Identify risk factors associated with Black/African American male clients; Black/African American female clients; and Haitian clients within the Ryan White Part A/MAI networks of care having high VL, and address them with specific interventions.* Ms. Brock-Getz presented data

correlating Viral Load Suppression by gender and ethnicity; by housing status; by mental health status; and by substance use. Another level of analysis was suggested to track whether clients with these co-occurring conditions are retaining viral load suppression over the long-term.

- *DR1.1-1.3 Identify risk factors associated with retention in care for the specialty groups and address them with specific interventions.* Ms. Brock-Getz presented data correlating Retention in Medical Care by gender and ethnicity; by housing status; by mental health status; and by substance use. It was noted that clients in substance abuse treatment have higher levels of retention possibly due to extra interventions by subrecipient staff.

IX. Announcements

World AIDS Day events taking place December 1 were announced and flyers were distributed (copies on file): An Evening of Reflection: AIDS Through the Decades at the Bakehouse Art Complex, and Free Concert - Bayfront Park Amphitheater - Featuring Sheila E, Becky G and Yandel.

AIDS Healthcare Foundation announced the November 13 South Florida Premier of “Keeping The Promise: AHF 30 Years” and invited all attendees to come to the opening.

X. Next Meeting

The next Review Team meeting is February 12, 2018 beginning at 9:00 AM, at the United Way Ansin Building.

XI. Adjournment

Motion to adjourn the meeting.

Moved: Stephen Williams

Seconded: Miguel Puente

Motion: Passed

The meeting was adjourned at 1:55 PM.