



## **I. Call to Order/Introductions**

The Chair, Sarah Kenneally, called the meeting to order at 9:11 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 or questions and the floor was subsequently closed.

## **IV. Review/Approve Agenda**

Members reviewed the agenda.

**Motion to approve the agenda as presented.**

**Moved: Eddie Orozco**

**Seconded: James Powell**

**Motion: Passed**

## **V. Review/Approve November 13, 2017 Minutes**

Members reviewed the meeting minutes from the November 13, 2017 meeting.

**Motion to approve the November 13, 2017 minutes as presented.**

**Moved: James Powell**

**Seconded: Brandon Reynolds**

**Motion: Passed**

## **VI. Reports**

### *A. 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 February 7, 2018 (copy on file).

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

The County expects to have all FY2017 funds spent by the end of the fiscal year (February 28, 2018).

As of December, the Ryan White Part A/MAI program had served approximately 9,500 clients. Last fiscal year, over 10,000 were served. Therefore, it is expected there may be more clients served this year.

Contract amendments (sweeps) approved by the Partnership in December 2017 are being processed. There was a delay due to waiting for approval of the contract with the state. The contract has now been approved by the Board of County Commissioners and OMB is working to implement the approved amendments.

OMB is working with managed care agencies on the out of network referral process for Medicaid Project AIDS Care Waiver (PAC waiver) clients who are transitioning out of RWP care.

*B. Partnership Report*

*Christina Bontempo*

Christina Bontempo announced there were no Partnership action items to report; therefore, a printed report was not distributed. The February 14 Partnership meeting has been cancelled. The Florida Department of Health in Miami-Dade County (FDOH-MDC) will hold their “Getting 2 Zero” press conference on February 14 and members are encouraged to attend in lieu of the regularly scheduled Partnership meeting.

*C. Florida Department of Health in Miami-Dade County (FDOH-MDC) Report*

*Sarah Kenneally*

Erika Coello, FDOH-MDC, reported on the events surrounding Getting 2 Zero Awareness Week, Getting 2 Zero Miami branded condom distribution and the history of the project to get a branded condom for Miami. The G2Z promotion includes wrapped signage at Government Center, on buses and at bus stops, as well as billboards throughout the county. The program is also being promoted via social media (Facebook, Instagram and Twitter) at “@Getting2ZeroMIA”.

The condom wrapper design will be unveiled at the February 14 press conference. Condoms will be distributed at the event and thereafter directly to RWP Medical Case Management agencies. Condoms are currently available in one size. Anyone who would like condoms for distribution should contact Ms. Coello.

**VII. Standing Business**

*A. Membership Report*

*Christina Bontempo*

Ms. Bontempo noted the Vacancy Report for February 2018 (copy on file).

**VIII. New Business**

*A. Review of Integrated Plan Workbook*

*Christina Bontempo*

Ms. Bontempo noted that today’s meeting materials includes a binder for members, including the Integrated Plan (IP) Progress to date and additional handouts. Members should bring the binder to their committee and joint review team meetings as these are the working documents that will be referenced throughout the year.

*B. Integrated Plan Activities Review (FDOH-MDC)*

*Sarah Kenneally*

Ms. Kenneally presented the FDOH Power Point *2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan, 2017 4th Quarter, October 1-December 31*, (copy on file). The presentation highlighted the four key components of prevention, updates on the progress of the first completed year of IP activities, 4th Quarter accomplishments, and next steps. Following are highlights and next steps.

- *Year 1 Review.* The breakdown of prevention activities over the past year includes reducing health disparities (19.2%); increasing access to care (23%); and preventing new infections (58%). Of the 52 activities tracked in the first year, 21 were noted as being on target, 18 were dropped from the plan, and the remaining activities are in progress or pending data.

- *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.* This is being addressed by the Getting 2 Zero campaign.
- *P1.1c Distribute 2 million condoms per year, for a cumulative total of 12 million condoms.* Total condom distribution in 2017 was 2,864,279; of those, approximately 20,000 were female condoms.
- *P1.2 Increase availability of – and access to – PrEP/nPEP programs; and P1.2 Increase availability of – and access to – PrEP/nPEP programs.* Palm cards promoting Pre-Exposure Prophylaxis (PrEP) and non-occupational Post-Exposure Prophylaxis (nPEP) programs are being updated. Any agency wishing to be listed in the directory of PrEP providers should complete the directory form as soon as possible. The new cards will be available in May. The focus on PrEP has largely been toward the MSM population; however, the message needs to be more expansive and inclusive of other groups, including women, who may not be accessing PrEP. Agencies providing PrEP should carefully track screening, distribution, and adherence to demonstrate a cascade of care as this will be reviewed by the CDC during contract renewal. Agencies that do not provide PrEP should be tracking referrals and linkage.
- *New Indicator: Increase the number of adults prescribed PrEP by at least 500 percent, from the baseline of 663 persons (December 2016) to 3,978. (2021 goal).* The goal is achievable and should be easily surpassed (based on Gilead data provided to FDOH). The exact figures for the new indicator are under review and will be brought before the Prevention Committee next month. The main barrier clients are experiencing in getting PrEP is a waiting period of up to three months for private insurance company approval and/or deductible assistance. Gilead representatives have been educating health care providers and promoting the copay cards, which many health care providers are not accepting at this time.
- *PrEP Speakers Bureau.* FDOH is looking for PrEP clients who would like to share their testimonial to promote PrEP to the community.
- *P1.3 Implement combined STD/HIV education and testing to raise HIV prevention awareness among HIV-vulnerable populations, including but not limited to injection drug users (IDU), Trans-identified persons, gay and bisexual men.* a) FDOH has merged the STD and HIV contracts; therefore, both STD testing and HIV testing will be tracked together going forward. b) The goal of 15 testing events in 2017 was surpassed; 30 testing events were held. In 2018, the new goal will be 30 testing events in Miami-Dade County. c) The goal for providing education sessions is lacking a baseline for measurement since there are only two annual quarters of data. The baseline and goal will be defined in mid-2018.
- *P2.1 Increase number of OB/GYN healthcare providers engaging in HIV prevention activities with pregnant women.* The mailing as detailed in the activity was completed for the year. Paper copies of all documents as well as a response card for additional information were mailed to approximately 950 OB/GYN practitioners. The email campaign was not conducted due to the cost of obtaining emails and the size of the attachments which would have been sent. Participation in Fetal Infant Monitoring Review-HIV and Community Action Team meetings is on target.
- *P2.3 Conduct targeted public information campaigns toward pregnant women at risk of HIV, to have access to OB/GYN providers, HIV prevention materials and information on community services for women with HIV/AIDS.* FDOH is researching alternatives to promoting the *Protect Yourself, Protect Your Baby Campaign* via DVD since most practitioners do not show DVDs in their waiting area.

- *D1.1 Partner with healthcare settings (e.g. hospitals, health centers, emergency departments), to increase the provision of routine HIV testing as part of medical care; and D1.2 Intensify HIV efforts in high impact areas.* The goals were met in the first year and will remain the same for the next year.
- *Disparities in Prevention Targeted FDOH Mobilization Workgroups* are scheduled throughout the year, including The Miami Collaborative: An MSM Workgroup; PrEP Workgroup; Hispanic Initiative (Iniciativa Hispana); and The Black Initiatives Network. A calendar of all the Workgroup meetings and events (to date) was included in today's meeting materials (copy on file).
- *Getting to Zero Report* (copy on file). Routinized testing of HIV and STDs has started in jails; testing in other correctional facilities is still under development. The FDOH PrEP Link Pilot program was launched in February 2018. FDOH met with Walgreens to discuss establishing nPEP. Members were sent an email of the *Getting to Zero Report* and are encouraged to distribute it broadly.
- *University and College Testing Efforts.* The Prevention Committee recommended discussion on routinized testing in colleges in universities and how that could be worked into the Integrated Plan. This discussion was tabled.

### C. Integrated Plan Activities Review (RWP Part A/MAI)

Robert Ladner/Petra Brock

Robert 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.

- *RI.1 Identify PLWHA who are at greatest risk for dropping out of care.* Petra Brock detailed retention in care of all RWP clients by race/ethnicity and of clients who received Outpatient Ambulatory Medical Services (OAHS) in calendar year 2017 (copy on file).
- *RI.2 Enhance the RWP Client-Centered Care quality improvement system that focuses on reduction of barriers to continued care, identification of best practices, and implementation of system-wide service quality improvement.* Ms. Brock presented the best practices as self-reported by subrecipients. The efficacy of individual subrecipient practices and the ability to reproduce "best practices" throughout the service delivery system needs further analysis.
- *RI.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 OAHS, OHC and MCM subrecipients.* Data are self-reported by each subrecipient. An analysis, possibly including site visits and/or "secret shoppers", is needed to determine how to improve lagtime and wait time.
- *RI.5 Track and assess the quality of care provided to RWP clients who transition to ACA-provided outpatient medical care.* The 2017-2018 enrollment year resulted in 51% of RWP clients being enrolled in Affordable Care Act plans, which was short of the 54% goal. However, the number of clients who had been enrolled and remained enrolled for two years increased to 61% which exceeded the goal. Both ACA and OAHS clients demonstrated high rates of viral load suppression and retention in care.
- *VI.3 Expand role of Part A/MAI MCM and O/AHS providers in detecting lapses in adherence or persistent viremia, and initiate appropriate responses.* A table was presented (copy on file) detailing the number of clients who did and did not have viral load labs done two times in the past 12 months. Clients who were compliant with viral load testing showed high rates of viral load suppression.

**IX. Announcements**

The National Week of Prayer is March 4-11; a postcard advertising local events was distributed (copy on file).

David Forrest announced several job openings related to the needle exchange program at the University of Miami. Staff will distribute the details in the Community Newsletter.

**X. Next Meeting**

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

**XI. Adjournment**

**Motion to adjourn the meeting.**

**Moved: Miguel Puente**

**Seconded: Steven Williams**

**Motion: Passed**

The meeting was adjourned at 12:33 PM.