Prevention Committee Meeting
Florida Department of Health in Miami-Dade County,
1350 NW 14th Street, Conference Room 401, Miami, FL 33125
March 28, 2019

Approved April 25, 2019

	Members	Present	Absent
1	Bannister, Christina		x
2	Bennett, Brady	x	
3	Branch, Rodney	x	
4	Conyers, Tamar	x	
5	Duberli, Francesco	x	
6	Kubilus, Barbara	x	
7	Ferrer, Luigi	x	
8	Forrest, David	x	
9	Iglesias, Karen	x	
10	Ledain, Ron		x
11	Lee, Aquilla		x
12	Monestime, Roselaine	x	
13	Mooss, Angela	x	
14	Muñoz, Doralba	x	
15	Reynolds, Brandon		x
16	Richardson, Ashley	x	
17	Rodriguez, Belissa	x	
18	Zayas, Matilde		x
19	Vacant		
20	Vacant		
21	Vacant		
22	Vacant		
23	Vacant		
24	Vacant		
Quorum = 7			

Guests	
Carver, Lisa	
Daumervil, Schedline	
Esteves, Sandra	
Gallo, Giselle	
Goldberg, David	
Louis XIV, Roseline	
Rojas, Vanessa	
Rosaly, Cely	
Saxena, Praveena	
Schmuels, Samuel	
Torreabla, Marco	
Ungvary, Pam	
Visayalakshmi-Ramanathan, Avani	
Wynn, Joey	
Staff	
Bontempo, Christina	
Downey, Geoffrey	
Evans, Clarice	
Ladner, Robert	
Schmelz, Abigail	

I. Call to Order/Introductions

The Chair, Karen Iglesias, called the meeting to order at 10:09 a.m. She welcomed everyone and asked for introductions.

II. Resource Persons

The Vice Chair, Luigi Ferrer, requested Behavioral Science Research (BSR) staff identify themselves as resource individuals and reminded all attendees to sign in.

III. Review/Approve Agenda

Members reviewed the agenda. There were no additions or corrections.

Motion to approve the agenda as presented.
Moved: Angela Mooss **Seconded: Brady Bennett** **Motion: Passed**

IV. Floor Open to the Public

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

"During the 2013 session, the Florida Legislature passed Senate Bill 50 which requires state, 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. The floor was then closed.

V. Review/Approve Minutes of January 23, 2019

Members reviewed the meeting minutes of January 23, 2019 (copy on file). There were no corrections or updates noted.

Motion to approve the minutes of January 23, 2019 as presented.
Moved: Brady Bennett **Seconded: Angela Mooss** **Motion: Passed**

VI. Membership

- **March Vacancy Report**

The report of Partnership and Committee vacancies was included in the meeting materials (copy on file). Members were encouraged to promote membership opportunities. Staff distributed tickets for the Community Coalition Committee dinner meeting, "Application April," and asked members to give the tickets to clients or other community members as an invitation to attend the meeting and to encourage Partnership and committee membership.

- **New Member Review**

The committee has received two applications for membership; only one applicant was present: Dr. Diego Shmuels of Borinquen Medical Centers. Dr. Shmuels introduced himself and stated his interest in joining the committee. Members voted to accept Dr. Shmuels as a new member:

Motion to accept Diego Shmuels as a member of the Prevention Committee.
Moved: Barbara Kubilus **Seconded: Ashley Richardson** **Motion: Passed**

Members welcomed Dr. Shmuels as a new member.

VII. Standing Business

- ***Partnership Report***

Staff noted the March 2019 Partnership Report in the meeting packets (copies on file). The committee's recommendation to authorize the Partnership Chair to sign a letter to Martha Harris, Administrative Director at Miami-Dade County Public Schools, requesting a representative to fill the Miami-Dade County Public Schools Representative vacancy on the Partnership was approved. The draft letter will be forwarded to the Assistant County Attorney next week.

Ms. Iglesias noted the meeting included the election of new Partnership Chair, Travis Neff, and new Vice Chair, Dennis Iadarola.

- ***Prevention Mobilization Meetings***

  - ***Black Initiatives Network (BIN)*** *Praveena Saxena*

  Ms. Saxena announced the BIN has joined with the Black Treatment Advocates Network (BTAN) and is following the BTAN planning structure and themes. BIN events in June, include:

  - HIV Long Term Survivors Day in conjunction with Prevention for Positives, June 5;
  - National Caribbean American HIV/AIDS Awareness Day, June 8; and
  - National HIV Testing Day, including testing at Walgreens, June 27.

  Ms. Saxena thanked everyone who contributed to the success of events around National Black HIV/AIDS Awareness Day which was February 7.

  - ***Hispanic Initiative (Iniciativa Hispana)*** *Vanessa Rojas*

  Ms. Rojas announced the group held an event in February in Little Havana for Pride Days.

  The next meeting is March 29 when the group will be working on planning events for National Latinx AIDS Awareness Day (NLAAD), October 15; additional NLAAD planning meetings will be in September and October.

  Iniciativa Hispana is collaborating with Broward County to provide services and resources to people who regularly travel between the two counties.

  Events in South Dade in August and September include outreach to farmworkers and the LGBTQ communities.

  - ***MSM Collaborative*** *Luigi Ferrer*

  Mr. Ferrer introduced himself as the new Sexual Minorities Coordinator at FDOH, and the chair of the MSM Collaborative. The group will be participating next week in Miami Beach Pride, and their next planning meeting is April 10 at FDOH.

  - ***Pre-Exposure Prophylaxis (PrEP) Workgroup***

  Ms. Iglesias announced Camille Lowe as the new PrEP Workgroup lead.

- ***Miami-Dade County Public Schools (MDCPS) Update***

Jean-Michael Bouciquot was not at the meeting and the item was tabled until April.

VIII. New Business

- ***Special Election: Vice Cahir***

Mr. Ferrer announced his resignation from the committee which leaves a vacancy for Vice Chair. Staff advised that the Vice Chair would serve through the end of the calendar year and would act as chair in the event the chair was not present. It was noted that since the agenda is FDOH-focused and chaired by an FDOH

representative (currently, Ms. Iglesias), meetings have historically been cancelled if the chair is not available. Brady Bennett agreed to be placed on the ballot and staff prepared the ballots with his name as Vice Chair candidate (copy on file).

Motion to accept the Prevention Committee Vice Chair Ballot with Brady Bennett as the candidate.
Moved: David Forrest Seconded: Angela Mooss Motion: Passed

Members completed the ballot and Mr. Bennett was elected Vice Chair. Members congratulated Mr. Bennett and thanked Mr. Ferrer for his service.

- ***Joint Integrated Plan Review Team (JIPRT) Meeting Evaluation Review***

Members received a copy of the JIPRT February 11, 2019 meeting evaluation results (copy on file). Results were overwhelmingly positive. Staff noted the written responses were transcribed verbatim which accounts for some grammatical inconsistencies. Members comments that the breakout sessions continue to be a desirable format for the JIPRT meetings. Staff noted that data for all the outputs may not be available on a quarterly basis but that data not reported in February will be available by May.

- ***Integrated Plan Updates Review***

Ms. Iglesias directed the committee to the *2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan* (copy on file). The committee was asked to review the updates, highlighted in red, on pages 1-10. Staff noted the remaining pages are Care and Treatment goals reviewed by the Strategic Planning Committee. The following were discussed and voted on by the committee:

- *Strategy P1.2 Implement STD and HIV testing to raise STD and HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, Trans-identified persons, gay and bisexual men.*

  Suggested new Activities:

  - P1.2c 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
  - P1.2d Increase the number of registered testing sites to ensure that HIV testing is more readily available and accessible.

  Only registered testing sites are required to report on all HIV tests administered. For other sites such as hospitals and private doctors, FDOH only receives reporting on HIV testing when a person tests positive. It was noted that some hospitals and private physicians do not want to implement routinized testing because they lack the facilities to manage persons who test positive.

  Ms. Kubilus made a motion to accept the new activities, as written.

  Motion to accept P1.2c 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 P1.2d Increase the number of registered testing sites to ensure that HIV testing is more readily available and accessible.
  Moved: Barbara Kubilus

  The motion was not seconded and discussion continued. Members discussed if there should be an evaluation question and output related to the proposed new activities. Partnerships with healthcare settings and registered testing sites are informally reported by FDOH, however those partnerships would

not particularly be reflected in the *data* reporting or collection. Nonetheless, FDOH does track the number of testing sites and can report on progress in recruiting new sites.

Following discussion, the motion was amended to include Evaluation Question: *Was there an increase in # of registered testing sites?*; and Output: *# of new registered testing sites recruited*. The target is eight new testing sites this year, however, it was agreed that the deliverable did not need to be included in the Output. Ms. Kubilus, as maker of the original motion, accepted the change.

Motion to accept "P1.2c 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 "P1.2d Increase the number of registered testing sites to ensure that HIV testing is more readily available and accessible"; with the addendum, Evaluation Question: "Was there an increase in # of registered testing sites?"; and Output: "# of new registered testing sites recruited."
Moved: Barbara Kubilus Seconded: Brady Bennett Motion: Passed

- *Strategy P1.3 Implement combined STD/HIV education to raise STD/HIV prevention awareness among HIV-vulnerable populations, including but not limited to IDU, Trans-identified persons, gay and bisexual men.*

Members discussed at length the limitations of how to measure education awareness and decreases in stigma.

Pre- and post-testing is an option but not practical for community events where there may only be a brief encounter with a participant, for instance an educational table set up in a mall or health fair. Measuring the number of events and number of people reached at events is not structured to be reported to FDOH in any reportable way.

Members suggested evaluation requirements from interventions such as Anti-Retroviral Treatment and Access to Services (ARTAS) or Choosing Life: Empowerment! Action! Results! (CLEAR), may be used as a guide for measuring success. However, it was noted that behavioral interventions are becoming less popular in the age of "Ending the Epidemic." Less funding is being channeled to behavioral interventions and more focus is on prevention for positives, PrEP, and early linkage to care (TTRA). The proof that educational efforts are working is in tracking reduction in viral loads.

Monitoring and tracking reductions in stigma is even less tangible. The Centers for Disease Control and Prevention have developed HIV stigma objectives but these are also not measurable, or how to measure their efficacy is not clear.

Members considered removing the strategy because it is not measurable, however, because the underlying premises of education and reducing stigma are important, it was agreed to maintain the strategy as presented until further review. Also, members noted that target audiences for education should be defined. Members will continue review of Strategy P1.3 next month.

- *Strategy L1.1 Improve existing FDOH-Part A diagnosis-to-linkage client management process.*

Members generally agreed with the updates and made the following suggested amendments:

1. Regarding activity *L1.1c Hold monthly FDOH-MDC trainings for counseling and testing coordinators that are targeted to improving linkage to care*, FDOH clarified that training was not required on a monthly basis and that the correct title of required participants is "testing counselors." The activity was amended to read, *Hold FDOH-MDC trainings for testing counselors that are targeted to improving linkage to care;*

2. The language of the output was also corrected to read, *% of testing counselors compliant with the annual training requirement(s); and*
3. Regarding outputs, the evaluation questions ask for reporting percentages but the outputs only request reporting numbers. Members suggested adding reporting on percentages to the outputs.

NHAS 2020 GOAL #2: INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV OR AIDS							
LINKAGE TO CARE							
Objectives	**Strategies**	**Activities**	**Responsible Entities**	**Evaluation Questions**	**Outputs**	**YTD Data**	**Data Source**
L1. ~~**Increase the percentage of PLWH linked to medical care [at least one (1) outpatient medical care visit, as documented by a billed OAHS encounter, or a CD4 or VL test] within 30 days post-diagnosis to at least 85% by 2021. [55% based on 90 days post-diagnosis]**~~ **Increase the percentage of newly diagnosed persons linked to HIV medical care within one month (30 days) of diagnosis to 85% by 2021.** *[Staff note: FDOH linkage data does not depend on RWP measurement. This statement is consistent with NHAS indicators]*	**L1.1** Improve existing FDOH-Part A diagnosis-to-linkage client management process. ~~**Note:** During CY 2018, TTRA became the de facto "best practice" for new-to-care PLWH.~~	**PROGRESS TOWARD OBJECTIVE: Increase the newly-diagnosed PLWHA linkage rate from 55% linked within 90 days of initial diagnosis in 2015, to 85% linked within 30 days by 2021.**					
		L1.1a Monitor and improve the processes for linking all newly diagnosed persons to HIV medical care within 30 days of initial HIV test result. [Move to L1.1b] ~~Evaluate the FDOH-MDC / RWP Test and Treat/Rapid Access (TTRA) process and make improvements wherever possible.~~	FDOH-MDC and Partners ~~RWP CQM~~	Is there an increase in the percentage of newly-diagnosed PLWH linked to care within 30 days of diagnosis? [2018 linkage rate is ___%] What percentage of TTRA clients initiated ART within 7 days of TTRA enrollment? What percentage of TTRA clients enrolled in ADAP within 30 days of the first OAHS visit? *TTRA is defined as immediate entry in HIV OAHS primary care & initiation of ART.	***Outputs provided by FDOH-MDC:*** # newly diagnosed PLWH, reported quarterly % increase in newly-diagnosed PLWH linked to care within 30 days of diagnosis # newly diagnosed PLWH linked to medical care with 30 days # TTRA clients enrolled in ADAP within 30 days of the first OAHS visit % TTRA clients enrolled in ADAP within 30 days of the first OAHS visit # and % of TTRA clients who received initial 30 day supplies of ART within 7 days of date of diagnosis % of ~~counseling &~~ testing counselors ~~coordinators~~ compliant with the annual training requirement(s)		
		L1.1b Measure the success the local Test & Treat/Rapid Access (TTRA)* process for newly diagnosed persons linked to immediate entry in HIV primary care & initiation of ART. ~~Identify percentage of newly-diagnosed TTRA clients who access ARVs within 30 days of first OAHS visit.~~	FDOH-MDC ~~RWP CQM~~				
		L1.1c Hold ~~monthly~~ FDOH-MDC trainings for ~~counseling and~~ testing counselors ~~coordinators~~that are targeted to improving linkage to care. ~~FDOH-MDC will hold monthly 501 Update training, including RWP linkage and outreach updates, for counseling and testing site coordinators.~~	FDOH-MDC ~~RWP CQM~~				
					Original Outputs ~~# newly-diagnosed PLWH by subrecipient and total~~ ~~# TTRA PLWH linked to RWP care~~ ~~% newly-diagnosed PLWH linked to RWP care through TTRA within 30 days of diagnosis~~ ~~# TTRA clients enrolled in ADAP within 30 days of the first OAHS visit~~		

Motion to accept changes to Objective L1, as presented and amended, above.
Moved: David Forrest **Seconded: Barbara Kubilus** **Motion: Passed**

Note: The Objective change also applies to Strategies L1.2 and L1.3.

- ***Presentation: Trends in HIV Testing and Treatment among MSM in Miami-Dade: Data from Miami-Dade NHBS, 2004-2017*** *Dr. David Forrest*

Dr. Forrest presented data in a PowerPoint presentation (copy on file) demonstrating the trends of the MSM community over the past five cycles of data collection from 2004 to 2017. Dr. Forrest noted the sample group has changed over the years as the MSM community has shifted from the bar and club scene to less concentrated populations. In general, trends were stable over the five reporting years; although improvements were recorded in regards to MSM currently on Antiretroviral Therapy and those who have heard of Pre-exposure prophylaxis (PrEP).

IX. Announcements

There were no announcement.

X. Next Meeting

Mr. Bennett announced the next meeting is April 25 at 11:00 a.m. at the United Way Ansin Building.

XI. Adjournment

Ms. Iglesias called for a motion to adjourn.

Motion to adjourn.
Moved: Belissa Rodriguez **Seconded: Barbara Kubilus** **Motion: Passed**

The meeting adjourned at 11:57 a.m.