

II. Housekeeping

Behavioral Science Research Corp. staff presented the PowerPoint, *Zoom Meeting Housekeeping Items* (copy on file), which briefly explains best meeting practices, the chat box, and other commonly used features. Members and guests were reminded that this meeting – including video, audio, and chat box input – is being recorded and will become part of the public record. Staff emphasized the need to for participants to chat their name during Roll Call in order to have their attendance recorded.

III. Meeting Rules

Ms. Iglesias presented the PowerPoint, *Zoom Meeting Rules* (copy on file), which details the protocol for recording attendance, making motions, and voting.

IV. Roll Call – Members

Prevention Committee Vice Chair, Francesco Duberli, read each member’s name into the record. Members who were present sent a chat message to have their attendance recorded.

V. Roll Call – Guests

Staff read each guest’s name into the record and noted the names of support staff participating in the call. Guests who were present sent a chat message to have their attendance recorded.

VI. Review/Approve Agenda

The committee reviewed the agenda. No changes were made.

Motion to approve the agenda as presented.

Moved: Barbara Kubilus

Seconded: Carla Valle-Schwenk

Motion: Passed

VII. Floor Open to the Public

Strategic Planning Committee Chair, Giselle Gallo, opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. 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. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.”

There were no comments. The floor was subsequently closed.

VIII. Review/Approve Minutes of August 26, 2020

Members reviewed the minutes of the Joint Ending the HIV Epidemic Team meeting of August 26, 2020. Monte Brown and Virginia Munoz indicated they were present and should be listed in the attendance record. Staff will review following the meeting.

Motion to approve the minutes of the August 26, 2020 meeting with corrections to the attendance roster, if needed following review.

Moved: Barbara Kubilus

Seconded: LaQuanna Scott-Lightfoot

Motion: Passed

Note: Staff reviewed the meeting chat and Zoom Usage Report of August 26, 2020. Mr. Brown's name was not found on either list; Ms. Munoz was listed in the Zoom Usage Report as "Virginia". The approved August 26, 2020 minutes were updated accordingly.

IX. Membership

▪ Prevention Committee Applicant

The Committee received an application for membership from Michelle Antunez-Rodriguez. Ms. Antunez-Rodriguez was introduced and stated her interest in joining the Prevention Committee. Members of the Prevention Committee were asked to vote on Ms. Antunez-Rodrigue's application.

Motion to approve Michelle Antunez-Rodriguez as a new member of the Prevention Committee.

Moved: Crystal Lee

Seconded: Diego Shmuels

Motion: Passed

Ms. Antunez-Rodriguez was welcomed as a new member.

X. Standing Business

▪ Review of Ending the HIV Epidemic (EHE) Jurisdictional Plan

All

Previously, the Joint EHE Team was invited to give feedback on Pillar 1: Diagnose, Pillar 2: Treat, and Pillar 3: Prevent, activities. Specifically, whether activities should be developed further or removed; and suggestions for making the activities more achievable and measurable. The compiled feedback was distributed, and members worked on finalizing each activity. Pillar 1, Pillar 2, and Pillar 3-Strategies 1 and 2 were reviewed in June, July, and August.

Pillar Three: Prevent

Following are additional comments and recommendations for remaining Pillar 3 activities. Unless otherwise indicated, activities will remain on the Plan for further development.

Access to Pre-Exposure Prophylaxis (PrEP): a. Pharmacy access

- Members discussed the California PrEP initiative which began on July 1, 2020 and authorizes pharmacies to furnish at least a 30-60-day supply of PrEP and a complete course of Post-Exposure Prophylaxis (PEP) without a physician's prescription. Members discussed how and if this could work in Florida.
- The Florida Board of Pharmacists is discussing a new rule change which may impact dispensing of HIV medications.
- Members expressed concerns about long wait times, lack of communication, and lack of cultural sensitivity at some PrEP providers. Specifically, a person waited an hour and a half for processing a request and was denied PrEP based on lack of insurance. A focus on cultural sensitivity training and customer service training should be considered, particularly in regard to the transgender population, homeless, and those with substance abuse and/or mental health diagnoses.
- Create a harm reduction space or safe space for all persons who need or want PrEP.
- Walmart has provided rapid HIV testing in the past and might be an ally in providing PrEP.
- If testing is done in the pharmacy, a person can be quickly linked to treatment; a one-stop shop model.

Access to PrEP: b. Improve process for same-day PrEP. There were no additional comments on this activity.

Access to PrEP: c. Increase the number of providers offering TelePrEP services

- Telehealth is becoming the new normal under COVID-19 restrictions and is expected to be ongoing.
- It was noted that a person who wants PrEP will eventually need to be seen in a clinic and receive an HIV test. Depending on the results of the test, a person may start HIV treatment or may start PrEP.
- A comprehensive list of PrEP providers would be useful. The FDOH PrEP Workgroup has a list of PrEP/PEP providers as part of the referral system. It would be helpful to have a list of PrEP navigators so there is a personal contact.

Access to PrEP: d. Increase the number of clients accessing TelePrEP services.

- Explore the Department of Health and Human Services Ready, Set, PrEP Program which allows patients without insurance or who don't qualify for Patient Assistance Programs to access medications at participating pharmacies.
- Use peers to promote PrEP.

Access to PrEP: e. Engage and educate medical providers in order to further increase potential access points for PrEP. There were no additional comments on this activity.

Access to PrEP: f. Evaluate barriers to initiating PrEP through pharmacists compared to going through medical providers.

- The barriers to access are well-documented. Now is time to address those barriers in a one-stop shop model.
- Due to personal bias, some practitioners may not be treating people in certain risk groups, such as the transgender population, homeless, and those with substance abuse and/or mental health diagnoses. There is not just a need to educate on HIV but also on understanding these populations. Some practitioners may continue to hold those biases and may not ever be allies in HIV prevention.
- Allow dispensing at more testing sites so that clients do not have to go to more than one location to get treatment.

Access to PrEP: g. Support policy change to allow 13-17-year-olds to access PrEP without parental consent.

- The effects of PrEP medication on 13-17 year olds should be reviewed with a pediatrician, since medications may have an effect on certain aspects of growth, such as bone density.
- There was some discussion over whether or not condom distribution at schools is permitted. Policies related to prevention of sexually transmitted infections (STIs) and HIV are under Florida statute.
- Dispensing drugs to minors without parental consent will require statute change by the Florida legislature. More outreach to elected officials is needed.
- Schools are heavily influenced by parental input.
- This is a population which is best reached through social media.

Pillar Four: Respond

Ms. Iglesias introduced the key strategies and activities of the EHE Pillar 4: Respond (copy on file).

- There are many best practices for responding to clusters or outbreaks of HIV based on responses developed for other outbreaks, such as with the opioid epidemic.
- Additional strategies that are working in other states and jurisdictions should be explored.
- Funding levels for EHE initiatives are not known at this time. Collaboration amongst community-based organizations (CBO's), particularly smaller agencies, is vital to secure funding and ensure funds are distributed among a broad range of organizations serving a broad range of subpopulations.

XI. New Business

There was no new business.

XII. Announcements

- FDOH is holding the EHE Funding and Procurement Process Review Meeting on September 10. Ms. Iglesias encouraged all providers to participate to learn about how EHE funding will be distributed and how smaller CBOs can benefit. She also noted the cut-off date for registration is September 9, 2020.
- Diego Shmuels announced Borinquen is now offering chiropractic and endocrinology services. Treatment must be related to HIV diagnoses to be payable under Ryan White Program Part A funds.
- Staff advised of the October 7, 2020 IHAP TAC Integrated Planning webinar as posted on AIDSNET.org.
- Karen Hilton announced CAN Community Health is opening a dental clinic next week; Hardeep Singh is the contact person. Contact BSR staff for Ms. Singh's phone number.
- Guest Robert Hyde recommended a book on meditations.

XIII. Next Meeting of Joint EHE Team

Karen Iglesias

The next meeting is September 11, 2020 at 10:00 a.m. via Zoom.

XIV. Adjournment

Karen Iglesias

Ms. Iglesias adjourned the meeting at 10:43 a.m.