

Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team (JIPRT) Meeting Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130 October 14, 2022

Members Present Absent # **Strategic Planning Committee** Cardwell, Joanna 1 Х Gallo, Giselle 2 х Goldberg, David 3 Х Hess, Amaris 4 х Hilton, Karen 5 Х Hunter, Tabitha 6 Х Machado, Angela 7 х 8 Neff, Travis Х 9 Puente, Miguel х 10 Sheehan, Diana M. Х Singh, Hardeep 11 х **Prevention Committee** 12 Bahamón, Mónica х 13 Buch, Juan х 14 Darlington, Tajma Х Duberli, Francesco 15 Х 16 Forrest, David Х 17 Johnston, Jeremy Х Ledain, Ron 18 х 19 Lee, Aquilla Х 20 Lopez, Crystal х 21 Marqués, Jamie Х 22 Mills, Grechen Х 23 Mills, Vanessa Х Orozco, Eddie 24 Х 25 Richardson, Ashley х Sarmiento, Abril 26 Х 27 Shmuels, Diego х **Members of Both Committees** 28 Monestime, Roselaine х 29 Mooss, Angela х Quorum = 11

	Approved November 14, 2022
Guests	
Farinas, Jairo	
Ferrer, Luigi	
Gillens, Courtney	
Larios, Alejandro	
Mester, Brad	
Muniz, Virginia	
Pacha, Rosa	
Pierre, Ross	
Valle-Schwenk, Carla	
Staff	
Bontempo, Christina	
Ladner, Robert	

Approved Nevember 14 2022

Note: All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at <u>www.aidsnet.org/meeting-documents</u>. The meeting agenda, minutes, calendar, and draft documents were distributed to all attendees. All meeting documents were projected on the meeting room projection screen.

I. <u>Call to Order</u>

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:19 a.m.

II. <u>Introductions</u>

Members, guests, and staff introduced themselves.

III. Housekeeping

Strategic Planning Committee Chair, David Goldberg, presented the PowerPoint, *Partnership Meeting Housekeeping*, including people first language, code of conduct, resource persons, and attendance.

IV. Floor Open to the Public

Prevention Committee Vice Chair, Dr. Angela Mooss, 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 then closed.

V. <u>Review/Approve Agenda</u>

Members reviewed the agenda. Next Meeting will be changed to reflect Ms. Sarmiento as the activity leader; and the meeting date of Review/Approve Minutes will be changed to September 13, 2022.

Motion to approve the agenda with noted changes.Moved: Miguel PuenteSeconded: David GoldbergMotion: Passed

VI. Review/Approve Minutes of September 13, 2022

Minutes of September 13, 2022 were reviewed. There were no changes or corrections.

Motion to approve the minutes of the September 13, 2022 meeting as presented.Moved: Miguel PuenteSeconded: Eddie Orozco

Motion: Passed

VII. <u>Reports</u>

Miami-Dade HIV/AIDS Partnership and Membership reports were posted online for review.

Carla Valle-Schwenk, Office of Management and Budget – Miami-Dade County (OMB), reported on Ryan White Part A/Minority AIDS Initiative (MAI) Program (RWP) updates:

- Complete Part A/MAI expenditure reports are posted online. Expenditures are starting to catch up to previous years' spending and should reflect up to date spending by next month.
- To date, 7,370 clients have been served which is trending toward the average total clients served for the fiscal year, ending February 28, 2023.

• The Florida Comprehensive Planning Network meeting is October 18-19, 2022. Members will be discussing the state Integrated Plan.

VIII. <u>Standing Business</u>

Members reviewed remaining draft 2022-2026 Integrated Plan Goals, Objectives, and Strategies, and new Section VI, which covers implementation and monitoring.

Refer to the draft for reference to the below recommended additions, marked with <u>underlines</u>; and deletions, marked with strikethroughs.

Throughout the Plan, references to men who have sex with men (MSM) - which refers to people, will be distinguished from male-to-male sexual contact (MMSC) – which is a mode of transmission. A note regarding use of the two acronyms will be included in the Plan text.

Cover Design

□ The cover will be updated to make the heading background solid blue and goal numbers will be added to the list of goals.

Linkage to Care

Members discussed the need to measure the number of persons who enter the service system within the seven (7) day Test and Treat/Rapid Access protocol and those who enter within 30 days. Members also discussed the differences between newly diagnosed and new to care.

- Objective L1. Increase the percentage of newly diagnosed persons with HIV who are linked to care through initial Test and Treat/Rapid Access (TTRA) protocol within seven (7) days from xx in 2021 to 80% by December 31, 2026.
 - Update baseline.
- □ Activity L1.1.a. Identify new access points for TTRA for vulnerable populations (i.e., Black/African-American and Latinx communities).
 - Add MSM.
 - Review measurements.
- □ Activity L1.1.f. Identify or develop information that promotes the benefits of HIV treatment adherence (e.g., local and national campaigns, such as: Greater than AIDS Knowledge is Power, Undetectable = Untransmittable, Getting 2 Zero, and HIV Treatment Works); and provide this information to EHE Quick Connect Team(s) for use in hospital, clinic, or emergency room encounters.
 - Split activities and measurements between L1.1.a. and L1.1.b, and delete L1.1.f.
- Activity L1.1.b. Educate private providers on cultural humility and the benefits of TTRA.
 Review measurements.
- Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care within thirty days (30) days following engagement in the TTRA protocol from xx in 2021 to 90% by December 31, 2026.
 - Update baseline.

- □ Strategy L2.2. Provide same-day or rapid start of antiretroviral therapy. (Within 30 days for clients who decline TTRA access.)
 - Staff asked if the strategy should be removed. Members agreed to keep the strategy but reword based on "warm hand off" and mental health protocols. Amaris Hess offered to send appropriate language to staff for revision.
- □ Activity L2.2.c. Enroll clients in ADAP (or other payer source as appropriate) within 14 days of diagnosis.
 - Clarify "other payer source".

Retention in Care

- □ Activity R1.2.b. Review local RWHAP-Part A Service Delivery Manual of <u>the</u> Peer Education and Support Network position <u>for the Essential Functions of Peer Counselors and Peer Navigators</u> (PESN) document.
- □ Activity R1.3.e. Establish a community information/referral resource hub.
 - Members agreed the Partnership, RWHAP, and FDOH should connect to an already established hub since developing and maintaining a hub is unrealistic. Crystal Lopez suggested Aunt Bertha, https://go.findhelp.com/florida, which connects persons to free and reduced-cost social assistance. An informational session on Aunt Bertha is being held on October 20; Ms. Lopez will forward details to staff.
 - Establish measurement(s) for the revised activity.

Health Outcomes For Special Populations

- □ Objective SP2. Improve health outcomes for adults over age 50 living with HIV.
 - The following note was added for review by members: <u>An analysis of RWHAP clients in care</u> revealed 4,209 clients over 50 years of age in the Miami-Dade EMA in FY 2021, of whom 292 were also long-term survivors of HIV (diagnosed before 1995), only 7% of the persons with HIV over 50. This Plan therefore will concentrate on the aging population with HIV as a special target population.
 - RWHAP is indicated as the Responsible Entity; need to specify which Parts and/or partners.
- □ Objective SP3. Improve health outcomes for transgender people living with HIV.
 - RWHAP is indicated as the Responsible Entity; need to specify which Parts and/or partners.
- □ Strategy SP3.1. Expand existing programs and collaborations to address specific needs of transgender persons living people with HIV.
 - Partners to include MDC LGBTQ Advisory Board.
- □ Activity SP3.1.d Audit and certify all RWHAP subrecipients and FDOH providers for transgenderfriendly operations. sexual identity and gender identity training.
 - Work with TransSOCIAL for accreditation program on sexual identity and gender identity training.
- □ Objective SP4. Improve health outcomes for homeless or unstably housed people living with HIV.
 - Members discussed the limitations of what can be accomplished to combat housing instability and homelessness at the local level since the housing crisis is impacting people across all social and economic strata and is not just an issue for the HIV community. Members also acknowledged that housing instability goes beyond finding housing, including landlord negotiations, reading a lease agreement, moving expenses, etc. The Housing Opportunities for Persons With AIDS

(HOPWA) is underfunded and there are limited other local and federal resources. Regardless, the issue must remain in the Plan since persons experiencing homelessness and housing insecurity continue to be an at-risk population. Activities to consider include: finding non-traditional funding and partners; advocating for increased rental limits; identifying landlords willing to accept third-party payments for rent, specifically for people with HIV; and coordinating with realtors and housing navigators.

- □ Activity SP4.1.a. Reorganize the Partnership's Housing Committee to identify and administrate housing assistance beyond HOPWA.
 - This activity can stay on the Plan. The Housing Committee can be proactive in finding additional funding and housing resources.
- □ Objective SP5. Improve health outcomes for <u>MSM with HIV</u>. <u>MMSC (male to male sexual contact)</u> men living with HIV.
- □ Strategy SP5.1. Expand existing programs and collaborations to address specific needs of men who have sex with men and are also living with HIV, with co-occurring health conditions. MSM with HIV and co-occurring health conditions.
- □ Activity SP5.1.a. Provide LGBT cultural competency/cultural humility trainings for RWHAP and FDOH funded agencies.
 - Review Human Rights Campaign LGBTQ Healthcare Equality Index.
- □ Activity SP5.1.d. Implement <u>support groups addressing topics of</u> sexual/emotional health groups; safer sex; dating; relationships; drug use substance use disorders; and mental health <u>needs</u>.
- □ Objective SP6. Improve health outcomes for youth (ages 13-24) who are at risk of or living with HIV.
 - Members discussed what age groups should be included among the "youth." It was agreed to leave the age range as 13-24 (youth and young adults). Activities will be revised to reflect how to reach primary school age youth versus young adults.
 - Members discussed possible partnerships with after school programs, the Children's Trust, and the MDC School Board.
 - FDOH submitted additonal edits to be incorporated in the draft.
 - Staff noted there is one vacancy (no alternate) for the MDC School Board Representative on the Partnership.

Reduce HIV-Related Disparities and Health Inequities

- □ Disparities in Retention in Care (DR) and Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV)
 - Current activities address data collection and identifying best practices. The Plan will need to consider interventions to reduce disparities after collecting data and assessing best practices.
- Objective IPC1. Develop strong community partnerships to leverage available services and funding for ongoing HIV care and treatment and to be able to respond quickly to HIV outbreaks.
 - This objective came from the draft State Integrated Plan.
 - Identifying outbreaks is not always obvious. Outbreaks need to be determined by genetic testing to verify if a cluster is all the same strain of the virus.

Achieve Integrated, Coordinated Efforts That Address The HIV Epidemic Among All Partners

- □ Strategy IPC1.1. <u>Develop</u>, enhance, and maintain and develop community partnerships.
 - A comprehensive list of actual contacts and a commitment from each stakeholder is needed. Staff suggested this needs to be addressed on a person to person basis.
 - Need to account for all Zip Codes to ensure outbreak teams can be mobilized in any location.
 - Suggested stakeholders include: Police departments/first responders; celebrity/social media personalities; domestic violence prevention organizations; and Business Respond to AIDS (BRTA) organizations.
- Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up

Members were asked to review this section which recommends establishing a work group and/or third-party entity to facilitate Plan implementation and monitoring.

Next Steps

The November JIPRT meeting is the final meeting before the Plan will be forwarded to the Partnership for approval. The approved Plan must be submitted to HRSA by December 6, 2022.

Staff will incorporate today's edits and any additonal edits that arise from in house editorial review. A final draft will be posted well in advance of the meeting. Members are asked to forward their questions or edits to staff as there will not be time to make significant changes at the next meeting prior to Partnership approval.

IX. <u>New Business</u>

There was no New Business.

X. <u>Announcements</u>

Member Eddie Orozco announced the 5th Annual National Latinx AIDS Awareness Day event at Pridelines.

Staff announced the StigmaFreeMiami.org campaign, and the October 19 webinar, *Examining Housing Instability* and Care Outcomes among Women Living with HIV.

XI. <u>Next Meeting</u>

Ms. Sarmiento announced the next meeting is scheduled for November 10, 2022 at the Miami Main Library.

XII. <u>Adjournment</u>

Ms. Sarmiento adjourned the meeting at 12:54 p.m.