



Thank you for joining today's
**Strategic Planning Committee
Meeting**

*Please sign in to have your
attendance recorded.*

Reference documents for today's meeting are on
online at <http://aidsnet.org/meeting-documents/>





Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	David Goldberg
II.	Introductions	All
III.	Housekeeping	David Goldberg
IV.	Floor Open to the Public	David Goldberg
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 13, 2023	All
VII.	Reports	
	▪ Membership	Staff
	▪ Partnership Report to Committees	David Goldberg
VIII.	Standing Business	David Goldberg
IX.	New Business	
	▪ 2022 Annual Report – General Discussion on Report Content	
X.	Open Discussion and Announcements	All
XI.	Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium	David Goldberg
XII.	Adjournment	David Goldberg

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



All attendees must

SIGN IN

to be counted as present.





Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

Meeting Housekeeping

Updated January 10, 2023
Miami-Dade County Main Library Version

Disclaimer & Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.



- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Resources

- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
 - ❖ *Will BSR staff please identify themselves?*
 - ❖ *Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.*
- Today's presentation and supporting documents are online at aidsnet.org/meeting-documents/.



Language Matters!

In today's world, there are many words that can be stigmatizing.

Here are a few suggestions for better communication.



www.aidsnet.org

Remember **People First** Language . . .

People with HIV, *People* with substance use disorders, *People* who are homeless, etc.

Please don't say **RISKS** . . .

Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . .

Instead, say **ACQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV.**

Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

Meeting Participation

- **Important!** *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*
- All speakers must be recognized by the Chair.
 - ❖ *Raise your hand to be recognized or added to the queue.*
 - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

General Reminders

- All attendees must sign in to be counted as present.
 - ❖ *Members! Please check your contact information.*
- Masking is requested of all attendees.
- Only voting members and applicants should sit at the meeting table.
 - ❖ *You may move your chair if concerned about social distancing.*
- Place cell phones on mute or vibrate.
 - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Have your Cultural Center Parking Garage ticket validated at the Library front desk to receive a reduced parking rate.
- Partnership and Committee members of the affected community should see staff for a voucher at the end of the meeting.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

Floor Open to the Public

“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 line for statements to be read into the record. No statements were received.”



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Strategic Planning Committee Meeting
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130
January 13, 2023

#	Members	Present	Absent	Guests	
1	Cardwell, Joanna	x		Bahamon, Monica	
2	Gallo, Giselle	x		Larios, Alejandro	
3	Goldberg, David	x		Mester, Brad	
4	Hess, Amaris	x		Stonestreet, Stephanie	
5	Hilton, Karen	x		Valle-Schwenk, Carla	
6	Hunter, Tabitha	x			
7	Machado, Angela		x		
8	Monestime, Roselaine		x		
9	Mooss, Angela		x		
10	Neff, Travis		x		
11	Puente, Miguel	x		Staff	
12	Sheehan, Diana M.	x		Bontempo, Christina	
13	Singh, Hardeep	x		Ladner, Robert	
14	Vacant				
15	Vacant				
16	Vacant				
Quorum = 5					

Note: All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at www.aidsnet.org/meeting-documents. The meeting agenda was distributed to all attendees. Meeting documents related to action items were distributed to members. Meeting documents were projected on the meeting room projection screen.

I. Call to Order

Committee Chair, David Goldberg, called the meeting to order at 10:01 a.m.

II. Introductions

Attendees introduced themselves.

III. Housekeeping/Meeting Rules

Mr. Goldberg presented the PowerPoint, *Meeting Housekeeping*, which included meeting disclaimer, code of conduct, resources, and Language Matters, meeting participation, and protocol reminders.

IV. Floor Open to the Public

Vice Chair, Dr. Diana Sheehan, 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. Dr. Sheehan closed the floor for public comment.

V. Review/Approve Agenda

Mr. Goldberg asked members to review the agenda. There were no changes.

Motion to approve the agenda as presented.

Moved: Miguel Puente

Seconded: Giselle Gallo

Motion: Passed

VI. Review and Approve Minutes of October 8, 2021

Members reviewed the October 8, 2021. There were no changes.

Motion to approve the Minutes of October 8, 2021 as presented.

Moved: Miguel Puente

Seconded: Giselle Gallo

Motion: Passed

VII. Reports

▪ Membership

Vacancies

Staff advised that the structure of committees is due to change from 24 members to 16 members following approval by the Miami-Dade HIV/AIDS Partnership (Partnership) next week. It was reported the Strategic Planning Committee has 15 members, however, it should be corrected to state the committee has 13 members.

This committee and the Partnership are in need of Ryan White Program client members. A significant push for new members will be implemented early this year.

Contact Update

Members were asked to make sure their contact information on the sign in sheets is correct.

2023 Updates Impacting Members

Staff presented updates as detailed in the January 11, 2023, Get on Board! Training, including a push for increased involvement by people with HIV, changes to reimbursements and parking vouchers, accessing meeting materials, and additional assistance.

▪ Partnership Report to Committees

This item was tabled since the Partnership will meet after this meeting.

VIII. Standing Business

There was no Standing Business.

IX. New Business

▪ 2023 Agenda Setting Calendar

Members were provided with *2023 Strategic Planning Committee Agenda Topics*, and voted to approve as presented.

Motion to approve the 2023 Strategic Planning Committee Agenda Topics.

Moved: Giselle Gallo

Seconded: Hardeep Singh

Motion: Passed

▪ Officer Nominations

Mr. Goldberg and Dr. Sheehan, current Chair and Vice Chair, respectively, were put forward as candidates for nomination. There were no other nominations from the floor. Members agreed to not delay elections, and made a motion for Officers to serve for calendar year 2023.

Motion to reelect David Goldberg as Chair and Dr. Diana Sheehan as Vice Chair of the Strategic Planning Committee.

Moved: Giselle Gallo

Seconded; Miguel Puente

Motion: Passed

▪ *Fiscal Year 2022-2023 Assessment of the Ryan White Program Recipient Administrative Mechanism – Review Draft Surveys*

Mr. Goldberg explained the purpose of the surveys and called on members to read each statement on the draft survey tools in turn. Members adopted the following corrections, marked with underlines; and deletions, marked with ~~strikethroughs~~.

□ *Subrecipient Survey*

- Statement response options should include “Not applicable.”
 - Introduction: Remove duplicate wording, “must complete this survey,” in first sentence.
 - Introduction: “. . . during the Ryan White Program (RWP) Fiscal Year FY 2022-2023: March 1, 2022-February 28, 2023.”
8. The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.
 12. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR) ~~RSR~~, Annual Progress Report, client eligibility screening, etc.).
 15. The Recipient informed our organization of reallocation processes (sweeps) and the requirements of a spending plan in order to adjust our organization’s budget during the contract year.
 17. The Recipient kept our organization well informed of policies, procedures, and updates from HRSA regarding COVID-19 requirements and recommendations which impacted Ryan White Program clients and subrecipients.

18. The Recipient kept our organization well informed of policies, procedures, and updates from the Centers for Disease Control and Prevention (CDC) regarding COVID-19 requirements and recommendations which impacted Ryan White Program clients and subrecipients.
 20. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.
 24. Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program RWP Clinical Quality Management contractor, responded to our inquiries, requests, and problem-solving needs in a timely manner.
 28. The PE Miami client database system vendor, Groupware Technologies, responds to our inquiries and data and system trouble-shooting requests in a timely manner.
 29. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.
- *Partnership Member Survey*
- Introduction: “. . . during the Ryan White Program (RWP) Fiscal Year FY 2022-2023: March 1, 2022-February 28, 2023.”
 - 3. The County Recipient kept the Partnership . . . recommendations which impacted . . .
 - 4. The County Recipient kept the Partnership . . . recommendations which impacted . . .
 - 5. I understand the information presented on the County's RWP Part A/MAI Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.
 - 8. The County Recipient communicated clearly . . .
 - 11. . . . HIV/AIDS services funded by Part A/MAI ~~are~~ were directed . . .
 - 14. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.

▪ **Integrated Plan Evaluation Workgroup Update**

Staff advised the workgroup has received 16 applicants which is the limit for membership. The Partnership will vote on the slate of applicants at their January 17, 2023 meeting.

▪ **General Discussion**

The meeting business was concluded and Mr. Goldberg opened the floor to members to discuss expectations for 2023:

Amaris Hess stressed the need for Vivitrol to be added to the Ryan White Program (RWP) Prescription Drug Formulary as there is currently not an outpatient substance use recovery option to continue to use this treatment. Carla Valle Schwenk, representing the RWP Recipient, will coordinate with Ms. Hess to get the form needed to add a medication to the formulary. The process involves review by the Medical Care Subcommittee. Should the Subcommittee recommend the addition, the recommendation would go through the Care and Treatment Committee and then to the Partnership for approval. Another option is to add the

medication to the AID Drug Assistance Program (ADAP) formulary, as a cost-saving measure for the RWP. The medication is currently on the General Revenue formulary.

Members discussed the gaps in care for RWP clients transitioning to Medicare or who receive Medicare/Medicaid benefits. The RWP is intended to be the payor of last resort and clients are being turned away from RWP care and potentially lost to care because they qualify for Medicare/Medicaid and lose their RWP eligibility. Although the RWP allows for out of network referrals, billing for proving that service is not allowed and/or the process is misunderstood by RWP Medical Case Managers. Clarification is needed as to how such encounters should be documented. Members asked if peers could bill for assisting clients in navigating the changes. Ms. Valle-Schwenk will be the HRSA Project Officer for clarification. Data on the number of clients impacted by this issue are needed.

Members were reminded that RWP subrecipients are required to have other funding sources and were asked to advise Ms. Valle-Schwenk of payor of last resort issues.

Members asked if a comprehensive list of service providers, services, and funding streams may be available. The 2022-2026 Integrated Plan includes activities to address interagency cooperation.

Members discussed the limitations of substance use residential treatment. The treatment period has been increased to 180 days per year per client. Clients are maxing out this benefit and falling back into homelessness. The service was never intended to be used for housing, but due to the local housing crisis, residential treatment is a viable substitute.

Mr. Goldberg thanked members for their input. Further discussion on these issues is merited.

X. Announcements

There were no announcements.

XI. Next Meeting

Dr. Sheehan announced the next meeting is February 10, 2023 at 10:00 a.m. at the Library.

XII. Adjournment

Mr. Goldberg called for a motion to adjourn.

Motion to Adjourn.

Moved: Miguel Puente

Seconded: Giselle Gallo

Motion: Passed

The meeting adjourned at 11:30 a.m.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ <i>2022 Annual Report</i> – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Membership Report

February 9, 2023

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners

Opportunities for People with HIV

People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community.

9 available seats

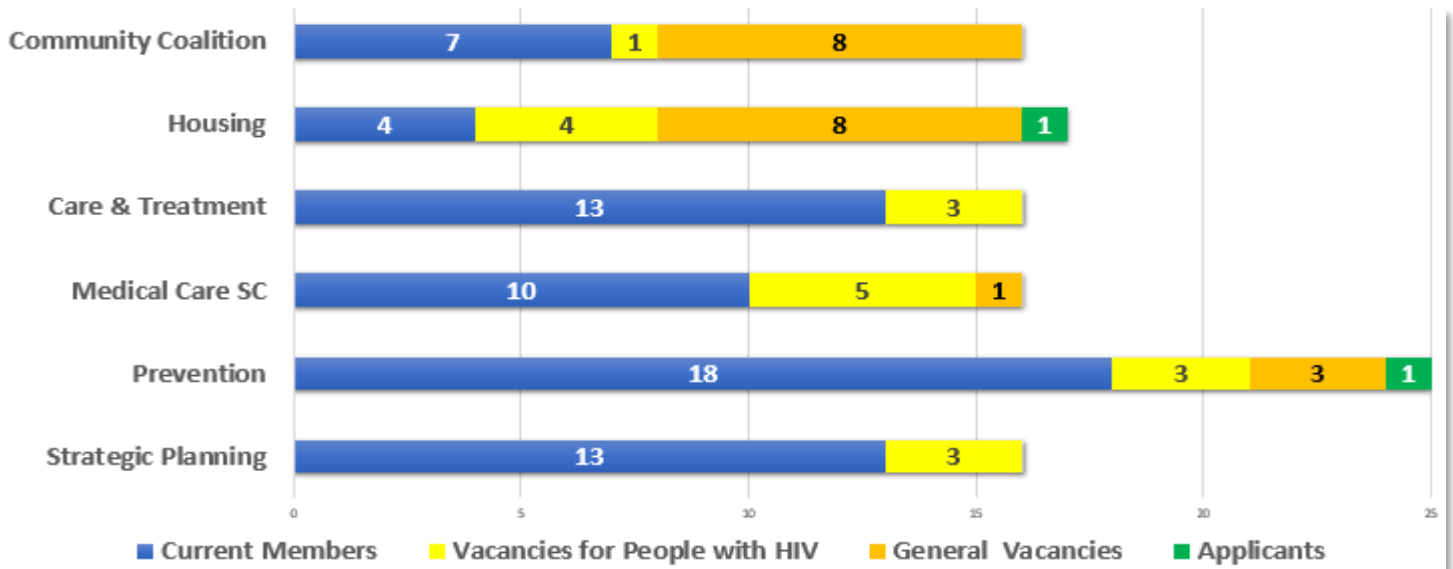
General Membership Opportunities

These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

- Representative Co-infected with Hepatitis B or C
- Hospital or Health Care Planning Agency Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

Partnership Committees

*Committees are now accepting applications for new members.
People with HIV are encouraged to apply.*





Scan the QR code with your phone's camera for membership applications!

MEMBERSHIP

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!



Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtables with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Partnership Report to Committees and Subcommittee January 17, 2023 Meeting

Supporting documents related to motions in this report are available online at aidsnet.org/meeting-documents/, or from staff at Behavioral Science Research Corporation (BSR). For more information, please contact hiv-aidsinfo@behavioralscience.com.

Miami-Dade HIV/AIDS Partnership members heard regular reports and approved the following motions:

Executive Committee

1. Motion to approve the revised *Miami-Dade HIV/AIDS Partnership Bylaws*, as presented.

Care and Treatment Committee

2. Motion to strike the statement from the Medical Case Management service description: “Clients limited to only ‘situational needs’ should not be included in the ‘active’ caseload count.”
3. Motion to accept the updates to the Medical Case Management, Emergency Financial Assistance, Food Bank, and Health Insurance Assistance service descriptions as presented.
4. Motion for D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) to include adjustments up to 180 days.
5. Motion for D5226 (Mandibular partial denture-flexible based [including any clasps, rests, and teeth]) to include adjustments up to 180 days.
6. Motion to restrict D5421 (Adjustment to Dentures) billing within 180 days of D5225 and D5226 billing.
7. Motion to accept changes to the Oral Health Care, AIDS Pharmaceutical Assistance, and Outpatient/Ambulatory Health Services service descriptions, as presented in the highlighted and red-lined drafts.

Strategic Planning Committee

8. Motion to accept the *Fiscal Year 2022-2023 Assessment of the Ryan White Program Recipient: Miami-Dade HIV/AIDS Partnership Member Survey*, as presented.
9. Motion to accept the *Fiscal Year 2022-2023 Assessment of the Ryan White Program Recipient: Ryan White Program Part A/MAI Subrecipient Survey*, as presented.

Other

10. Motion to approve the slate of applicants for the Integrated Plan Evaluation Workgroup.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|------------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

2020 Annual Report HIV in Miami-Dade County

STATE OF THE HIV EPIDEMIC

Miami-Dade County leads the State of Florida in the total number of people with HIV: 27,319 people — more than 23% of the entire state's population with HIV — live in Miami-Dade County.

The state of Florida continues to have the highest number of new HIV diagnoses in the United States, with 1,181 new HIV diagnoses among adults over 13 years old reported in 2019, based on data from the Florida Department of Health (FDOH)¹.

One out of every 103 people in Miami-Dade County has HIV, including

13,023 Hispanic* - 11,233 males; 1,746 females; 44 transgender

11,223 Black non-Hispanic - 6,540 m; 4,656 f; 7 t

2,739 White non-Hispanic - 2,438 m; 295 f; 6 t



RYAN WHITE PROGRAM RESPONSE

30 YEARS OF CARE AND TREATMENT FOR PEOPLE WITH HIV

For 30 years, the Miami-Dade County Office of Management and Budget (OMB) has distributed Ryan White Program Health Resources and Services Administration (HRSA) grant funds to HIV/AIDS service organizations, community-based clinics, hospitals, and public institutions. The program is the county's principal service resource and payer of last resort for low-income people with HIV who reside here.

The local Ryan White Program - in collaboration with the Miami-Dade HIV/AIDS Partnership, local Ryan White Program service providers, FDOH in Miami-Dade County, and other community partners - has demonstrated success in:

- Increasing HIV awareness and HIV testing.
- Expediting access to antiretroviral medications.
- Reducing the number new HIV infections.
- Providing quality medical and social support services.
- Linking people with HIV to medical care.
- Retaining newly-diagnosed people with HIV in care.

In fiscal year 2019-20, the Miami-Dade County Ryan White Part A and Minority AIDS Initiative (MAI) Program received \$27,620,636 - including prior year carryover funds - and served 9,031 people with HIV: approximately 35% of people with HIV who reside in this county.

COVID-19 RESPONSE

ENSURING HIV SERVICE DELIVERY DURING A GLOBAL PANDEMIC

Since March 2020, OMB and the Partnership have responded to the COVID-19 pandemic by:

- Reallocating funds and expanding access to needed services, particularly food bank services in response to crisis-level food instability among Ryan White Program clients;
- Establishing comprehensive telehealth services, including telemedicine, tele-medical case management, tele-dental, tele-mental health, and tele-substance abuse outpatient care;
- Securing Federal CARES Act funding to allow service providers to purchase Personal Protective Equipment (PPE) for both distribution to clients and for staff use; and
- Establishing a successful virtual Partnership meeting schedule to ensure timeliness of decision-making and promote continued community involvement in local HIV planning.

The local Ryan White Program continues to monitor and respond to the unique challenges of the COVID-19 pandemic.

¹ Data sources: Florida Department of Health CHARTS: <http://www.flhealthcharts.com/>, and HIV Epidemiological Profile, EMA 011A
*Hispanic includes people who are Latina, Latino, and Latinx.

HIV IN MIAMI-DADE COUNTY

RACIAL/ETHNIC TRENDS

ADDRESSING THE NEEDS OF MINORITY POPULATIONS

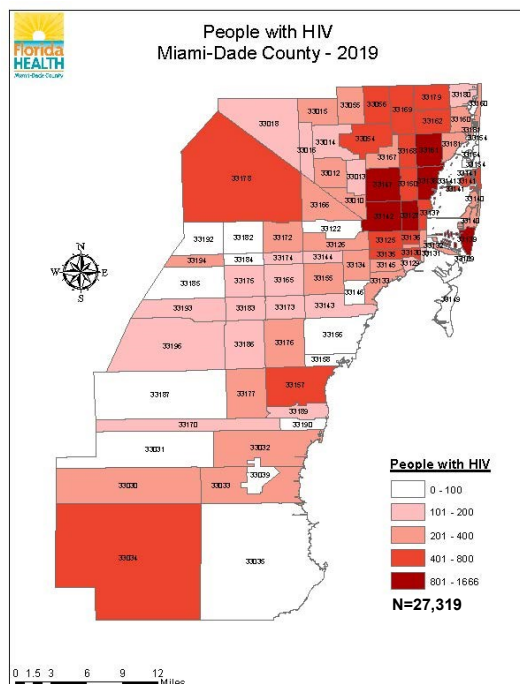
The most current U.S. Census reports Miami-Dade County's population is more than 69% Hispanic* and more than 16% Black/African American, essentially designating Miami-Dade County as a predominantly "minority-majority" metro area.

Based on 2019 FDOH data, Black/African American residents of Miami-Dade County account for approximately 41% of people with HIV. This disproportionate representation is most prevalent in areas of greatest poverty, particularly the urban core neighborhoods.

Hispanic residents represent the largest single ethnic group in Miami-Dade County - almost 48% of the residents with HIV, while White non-Hispanic residents account for only 10% of the local population, and 13% of residents with HIV.

These percentages have remained relatively stable for the past five years.

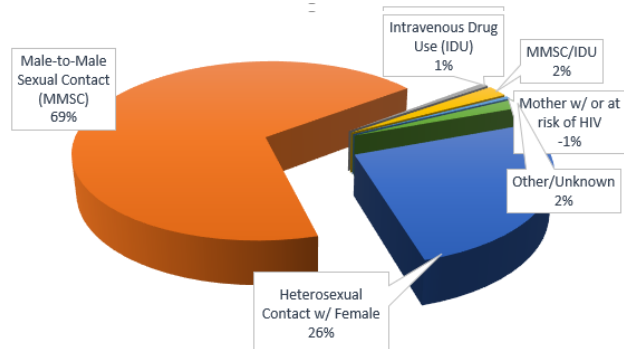
The Ryan White Program and FDOH-MDC have established program strategies designed to address vulnerabilities among Hispanic men engaged in male-to-male sexual contact (MMSC), and Black/African American and Haitian men and women.



MODES OF ACQUIRING HIV IN MIAMI-DADE COUNTY

HIV TRANSMISSION RISK FACTORS

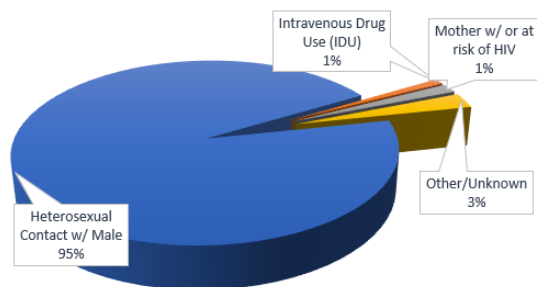
Transmission Factors - Male RWP Clients - FY 2019



Based on self-reported modes of transmission, of the 7,067 male Ryan White Program clients served in 2019, **69%** reported male-to-male sexual contact (MMSC); **26%** reported female-to-male transmission; and **less than 3%** reported injection drug use (IDU) and/or IDU/MMSC.²

The Ryan White Program also served 1,876 female clients in 2019. Of those, almost **95%** reported acquiring HIV through sexual contact with a man; **1%** through IDU; and the remaining **4%** reported other modes, as noted below. According to FDOH, 2019 was the first year on record with no babies born with HIV to HIV positive mothers in the state of Florida.

Transmission Factors - Female RWP Clients - FY 2019



Transgender men and women — who are particularly vulnerable to HIV transmission due to stigma, discrimination, and high rates of homelessness — represent a very small number of Ryan White Program clients.

Transmission via injection drug use (IDU) was mitigated by the Infectious Disease Elimination Act (IDEA Exchange), an innovative syringe services program (SSP), which started in December 2016 in Miami-Dade County and has become a statewide SSP model.

² Data source: Ryan White Program client database (Provide Enterprises)

*Hispanic includes people who are Latina, Latino, and Latinx.

RYAN WHITE PROGRAM SUCCESSES

HIV CARE CONTINUUM

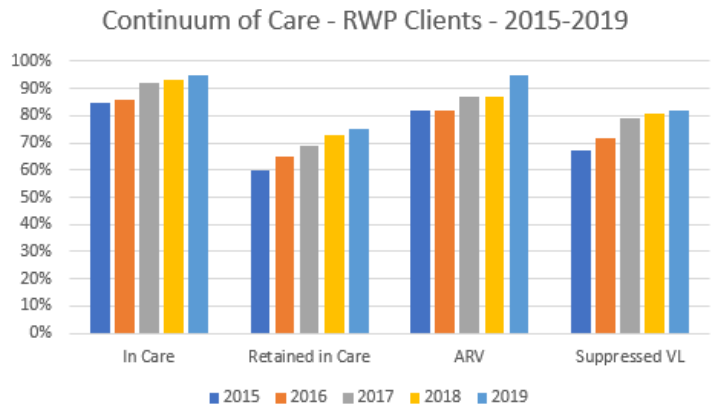
STRIVING FOR COMMUNITY-WIDE VIRAL SUPPRESSION

Since 2017, the Partnership has been a community partner of the Undetectable=Untransmittable (U=U) Campaign. According to the National Institutes of Health, “U=U means that people with HIV who achieve and maintain an undetectable viral load - the amount of HIV in the blood - by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.”

Since 2012, FDOH and the local Ryan White Program have been monitoring the HIV Care Continuum: *five stages of care from diagnosis to retention in care to viral suppression.*

Viral suppression is achieved at <200 copies of the virus/mL - *a major outcome measure for the Ryan White Program.*

Improvements in the HIV Care Continuum for Miami-Dade’s Ryan White Program clients have been consistent for the past 5 years: percentage of clients retained in care has risen from 60% in 2015 to 75% in 2019; and VL suppression rates have risen from 67% in 2015 to 82% in 2019.



ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

INVOLVING THE COMMUNITY IN LOCAL AND STATEWIDE PLANNING

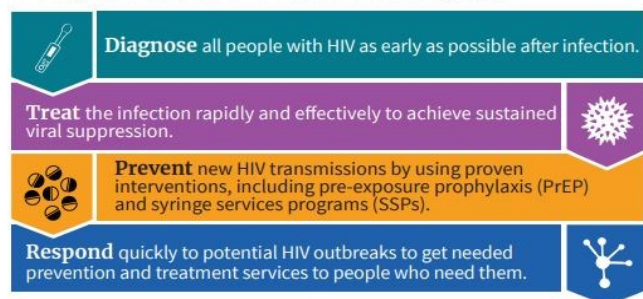
Ending the HIV Epidemic (EHE) is a federally funded grant initiative to reduce new HIV infections in the U.S. by 90% by 2030.

The local Ryan White Program has secured EHE funds available to the 50 areas most heavily impacted by HIV - to address the TREAT and RESPOND pillars of the initiative.

GOAL:

reaching **75%** reduction in new HIV infections by 2025 and at least **90%** reduction by 2030.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



Additionally, the local Ryan White Program and the Partnership were instrumental in developing strategies and providing feedback to FDOH-MDC for the EHE Jurisdictional Plan.

The EHE Jurisdictional Plan was submitted to the Centers for Disease Control and Prevention in December 2020 and implementation began in 2021.

For more information on the Ryan White Program and HIV in Miami-Dade County, please visit:


- ✂ MDC OMB Ryan White Program, www.miamidade.gov/grants/ryan-white-program
- ✂ Florida Department of Health, www.floridahealth.gov/diseases-and-conditions/aids/index.html
- ✂ Miami-Dade HIV/AIDS Partnership, www.aidsnet.org; Facebook: [HIVPartnership](https://www.facebook.com/HIVPartnership); Instagram: [hiv_partnership](https://www.instagram.com/hiv_partnership)

THE MIAMI-DADE HIV/AIDS PARTNERSHIP

THE OFFICIAL PLANNING COUNCIL FOR HIV/AIDS IN MIAMI-DADE COUNTY

OUR VISION IS TO ELIMINATE DISPARITIES AND IMPROVE HEALTH OUTCOMES
FOR ALL PEOPLE LIVING WITH OR AT RISK FOR HIV/AIDS.

The Partnership's members are Ryan White Program clients and other people with HIV, as well as caregivers, advocates, and local and state HIV service providers. Through committee meetings, community forums, educational trainings, surveys, and OMB's comprehensive clinical quality management program, the Partnership obtains input on community needs, sets priorities for services, and allocates more than \$26 million in Ryan White Part A and Minority AIDS Initiative funding to ensure quality HIV-related medical and social services for people with HIV in Miami-Dade County who have no other means of accessing HIV care.

The Partnership works in collaboration with these  and other local and national organizations, government agencies, universities, hospitals, and HIV services programs, to ensure comprehensive service delivery, reduce duplication of services, and provide quality care for people with HIV.

The Partnership has distributed more than 10,000 [Ryan White Program HIV Services brochures](#) in English, Spanish, and Creole to help people with HIV locate medical and social support services and navigate a complex system of care. More than 1,800 community members receive the Partnership's *Community E-Newsletter*, a weekly snapshot of local and national HIV resources linked to the Partnership's website: www.AIDSNET.org.








SUPPORT PEOPLE WITH HIV IN MIAMI-DADE COUNTY

YOU CAN HELP MIAMI-DADE COUNTY END THE HIV EPIDEMIC!



Join the Partnership and Partnership Committees: Community Coalition, Housing, Strategic Planning, Prevention, Care & Treatment, and Medical Care Subcommittee.

-  *Support* continued and increased funding for Ryan White Program Parts A, B, C, D and F, Minority AIDS Initiative and Ending the HIV Epidemic.
-  *Support* continued and increased funding for Florida's AIDS Drug Assistance Program (ADAP).
-  *Support* continued and increased funding of the Housing Opportunities for Persons With AIDS (HOPWA) Program and other housing initiatives for people with HIV.
-  *Support* legislation addressing the goals of the *National HIV/AIDS Strategy*: Reducing new HIV infections; Increasing access to care and improving health outcomes for people with HIV; Reducing HIV-related disparities and health inequities; and Achieving a more coordinated national response to the HIV epidemic.
-  *Support* funding and initiatives of the four EHE pillars: Diagnose, Treat, Prevent, and Respond.

To apply for membership, sign up for the Partnership's mailing list, or request copies of this report, please contact the Miami-Dade HIV/AIDS Partnership at hiv-aidsinfo@behavioralscience.com.

This report was prepared by Behavioral Science Research Corporation for the Miami-Dade County OMB and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$27,620,636 - including prior year carryover funds - with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views, nor an endorsement by, HRSA, HHS or the U.S. Government.

Draft Annual Report Narrative and Data for Strategic Planning Committee Review

February 10, 2023

Language and data points are presented for the Strategic Planning Committee’s consideration. Following committee input, the edited content will be formatted with updated graphics for review at the March meeting.

Notes:

- All graphics are samples; suggestions for graphics are welcome.
- Where numbers are presented, those numbers are up to date.
- Where numbers are written as ##, those numbers will be filled in in the final draft.

2022 Annual Report – HIV in Miami-Dade County

STATE OF THE HIV EPIDEMIC

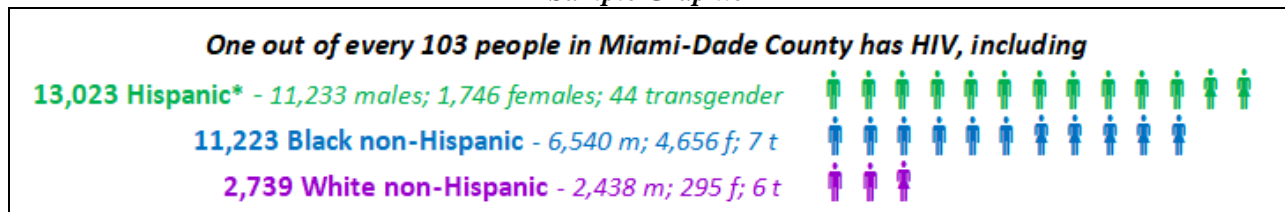
As of 2021, Miami-Dade County continues to lead the State of Florida in the total number of people with HIV¹. 27,782 people – more than 23% of the entire state’s population of people with HIV – live in Miami-Dade County.

The Florida Department of Health (FDOH) reports in 2021 that the state of Florida continues to have the highest number of new HIV diagnoses in the United States, with 1,204 new HIV diagnoses and 388 AIDS diagnoses among adults over 13 years old.¹

One out of every 97 people in Miami-Dade County² has HIV, including

- 13,767 Hispanic³
- 10,904 Black non-Hispanic
- 2,756 White non-Hispanic
- 350 Other⁴

Sample Graphic



¹ Florida Department of Health CHARTS: www.flhealthcharts.com, and *HIV Epidemiological Profile, EMA 011A*

² U.S. Census: www.census.gov, *Population Estimates, 2020 Decennial Census*

³ *Hispanic* Includes people who are Latina, Latino, and Latinx.

⁴ *Other* Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Mixed Race.

RYAN WHITE PROGRAM RESPONSE

MORE THAN 30 YEARS OF CARE AND TREATMENT FOR PEOPLE WITH HIV

For more than 30 years, the Ryan White Program has been the payor of last resort for thousands of low-income people and people living in poverty in Miami-Dade County in need of HIV-related medical care and support services.

In fiscal year 2021⁵, the Miami-Dade County Ryan White Program Part A and Minority AIDS Initiative (MAI) received \$27,240,148 and served 8,420 people with HIV through grant funds distributed to HIV service organizations, community-based clinics, hospitals, and public institutions. More than 30% of people with HIV who reside in this county benefit from Ryan White Program services.

In collaboration with the Miami-Dade HIV/AIDS Partnership, local Ryan White Program service providers, FDOH in Miami-Dade County, and other community partners, the Ryan White Program has demonstrated success in:

- Increasing HIV awareness and HIV testing ~ FDOH-MDC facilitated more than 300 testing events and distributed more than 2 million free condoms in 2021.
- Reducing the number new HIV infections ~ *Insert data points*
- Linking people with HIV to medical care ~ *Insert data points*
- Expediting access to antiretroviral medications.
- Providing quality medical and social support services ~ 4,422 people with HIV received Outpatient Medical Care; 7,842 received Medical Case Management; and 2,237 received Oral Health Care in Fiscal Year 2021.
- Retaining newly-diagnosed people with HIV in care ~ *Insert data points*

⁵ March 1, 2021 - February 28, 2022

HIV in Miami-Dade County

RACIAL/ETHNIC TRENDS

ADDRESSING THE NEEDS OF MINORITY POPULATIONS

The most current U.S. Census data (July 2022) reports Miami-Dade County's population is more than 69% Hispanic and more than 17% Black/African American (including Haitians), essentially designating Miami-Dade County a "minority-majority" metro area.

Based on 2021 FDOH data, Black/African American residents of Miami-Dade County account for more than 39% of people with HIV but only 15% of the total population. This disproportionate representation is most prevalent in the urban core neighborhoods of Edison, Liberty City, and Overtown.

Hispanic residents represent 69% of the total the population - the largest single ethnic group in Miami-Dade County - and also account for 48% of persons with HIV, primarily in the neighborhoods of Miami Beach and Little Havana.

These percentages have remained relatively stable for the past five years.

The Ryan White Program and FDOH-MDC have established program strategies designed to address vulnerabilities among minority populations, most recently detailed in the *Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan*.

MODES OF ACQUIRING HIV IN MIAMI-DADE COUNTY
HIV TRANSMISSION RISK FACTORS

Men

- Based on self-reported data, of the 6,813 male Ryan White Program clients served in FY 2021, just over 73% reported male-to-male sexual contact (MMSC), and almost 23% reported female-to-male contact as the mode of HIV transmission.

Women

- Of the 1,512 female Ryan White Program clients served in FY 2021, more than 93% reported acquiring HIV through sexual contact with a man.

Transgender Men and Women

- Although transgender men and women represent less than 1% of people with HIV in Miami-Dade County, this population is particularly vulnerable to HIV transmission due to stigma, discrimination, and high rates of homelessness.

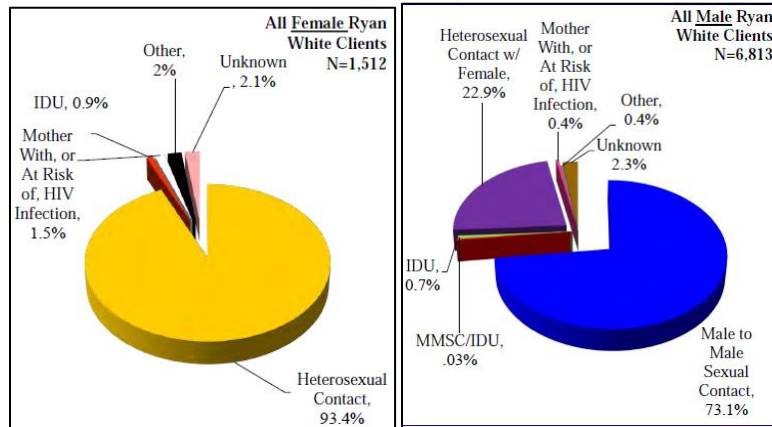
Newborns

- For the fourth year in a row, no babies were born with HIV to HIV positive mothers in the state of Florida, based on FDOH data.

Injection Drug Use

- Transmission via injection drug use (IDU) was mitigated by the Infectious Disease Elimination Act (IDEA Exchange), an innovative syringe services program (SSP), which started in December 2016 in Miami-Dade County and has become a statewide SSP model.

Sample Graphics



See the Miami-Dade HIV/AIDS Partnership 2022 Annual Needs Assessment data for additional details.

Ryan White Program Successes

HIV CARE CONTINUUM

STRIVING FOR COMMUNITY-WIDE VIRAL SUPPRESSION

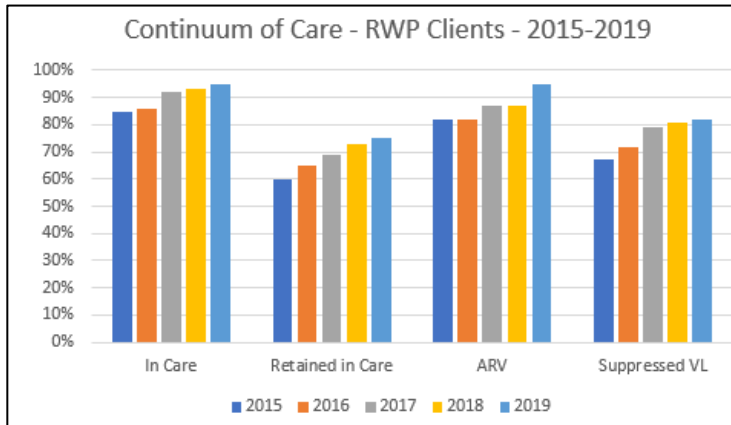
Since 2012, FDOH and the local Ryan White Program have been monitoring the HIV Care Continuum: *five stages of care from diagnosis to retention in care to viral suppression.*

Viral suppression is achieved at <200 copies of the virus/mL - *a major outcome measure for the Ryan White Program.*

Improvements in the HIV Care Continuum for Miami-Dade’s Ryan White Program clients have been consistent for the past five years:

- Percentage of clients retained in care has risen from ##% in 2017 to ##% in 2021.
- Viral Load suppression rates have risen from ##% in 2017 to ##% in 2021.

Sample Graphic



2022-2026 MIAMI-DADE COUNTY HIV PREVENTION AND CARE PLAN
INVOLVING THE COMMUNITY IN LOCAL AND STATEWIDE PLANNING

During 2022, the Partnership’s Strategic Planning and Prevention Committees developed the *Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan* (Integrated Plan) for submission to HRSA and the Centers for Disease Control and Prevention. The overarching goal of the Integrated Plan is to reduce the number of new HIV infections in Miami-Dade County from ## to ##, a 75% reduction by 2025, and then at least a 90% reduction by 2030.

The Integrated Plan is guided by the National HIV/AIDS Strategy goals:

1. Prevent new HIV infections.
2. Improve HIV-related health outcomes of people with HIV.
3. Reduce HIV-related disparities and health inequities.
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.

The Integrated Plan incorporates these local, state, and national initiatives:

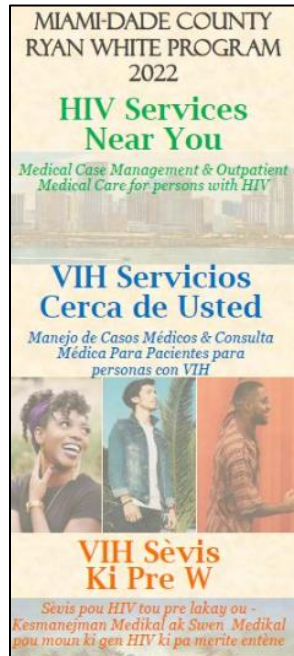
- 2017-2021 Integrated Plan for HIV Prevention and Care
- National HIV/AIDS Strategy 2022-2025
- Ending the HIV Epidemic Jurisdictional Plan
- Getting to Zero and other initiatives

Work to achieve Integrated Plan goals is underway, guided by the Miami-Dade HIV/AIDS Partnership’s Integrated Plan Evaluation Workgroup. All community stakeholders are encouraged to participate in ongoing Integrated Plan activities.

The Miami-Dade HIV/AIDS Partnership

THE OFFICIAL PLANNING COUNCIL FOR HIV/AIDS IN MIAMI-DADE COUNTY

OUR VISION IS TO ELIMINATE DISPARITIES AND IMPROVE HEALTH OUTCOMES FOR ALL PEOPLE LIVING WITH OR AT RISK FOR HIV/AIDS.



The Miami-Dade HIV/AIDS Partnership works in collaboration with a broad scope of community partners, including local and national HIV and support services organizations, government agencies, universities, hospitals, and HIV services programs, to promote comprehensive service delivery, reduce duplication of services, and provide quality care for people with HIV.

The Partnership has distributed more than 10,000 Ryan White Program HIV Services brochures in English, Spanish, and Creole to help people with HIV locate medical and social support services and navigate a complex system of care.

More than 2,100 community members receive the Partnership's *Community E-Newsletter*, a weekly snapshot of local and national HIV resources linked to the Partnership's website: www.AIDSNET.org.

SUPPORT PEOPLE WITH HIV IN MIAMI-DADE COUNTY

YOU CAN HELP MIAMI-DADE COUNTY END THE HIV EPIDEMIC!

- *Join the Partnership and Partnership Committees:* Community Coalition, Housing, Strategic Planning, Prevention, Care & Treatment, and Medical Care Subcommittee. Various seats are available, including:
 - Ex-officio Representative from the Office of the Mayor of Miami-Dade County;
 - Ex-officio Representative from the Miami-Dade County Board of County Commissioners;
 - Federally Recognized Indian Tribe Representative; and
 - Miami-Dade County Public Schools Representative.
- *Support* continued and increased funding for Ryan White Program Parts A, B, C, D and F, Minority AIDS Initiative and Ending the HIV Epidemic.
- *Support* continued and increased funding of the Housing Opportunities for Persons With AIDS (HOPWA) Program and other housing initiatives for people with HIV.
- *Support* legislation addressing the goals of the *National HIV/AIDS Strategy*: Reducing new HIV infections; Increasing access to care and improving health outcomes for people with HIV; Reducing HIV-related disparities and health inequities; and Achieving a more coordinated national response to the HIV epidemic.
- *Support* funding for the four pillars of the Ending the HIV Epidemic: A Plan for America initiative: Diagnose, Treat, Prevent, and Respond.

To apply for membership, sign up for the Partnership's mailing list, or request copies of this report, please contact the Miami-Dade HIV/AIDS Partnership at hiv-aidsinfo@behavioralscience.com.

For more information on the Ryan White Program and HIV in Miami-Dade County, please visit:

- MDC OMB Ryan White Program, www.miamidade.gov/grants/ryan-white-program
- Florida Department of Health, www.floridahealth.gov/diseases-and-conditions/aids/index.html
- Miami-Dade HIV/AIDS Partnership, www.aidsnet.org/; Facebook: [HIVPartnership](#); Instagram: [hiv_partnership](#)

Disclaimer

This report was prepared by Behavioral Science Research Corporation for the Miami-Dade County OMB and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2022 award totaling \$27,245,345 as of June 1, 2022, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.



MIAMI-DADE
HIV/AIDS PARTNERSHIP

Special Presentation

Join the Miami-Dade HIV/AIDS Partnership
for our February meeting featuring a
Special Presentation . . .



Tele-Harm Reduction: In Pursuit of Destigmatizing HIV Care for Persons Who Inject Drugs

Presented by

Dr. Hansel Tookes, MD, MPH

*Associate Professor, Division of Infectious
Diseases at UM Miller School of Medicine*

Tuesday, February 21, 2023 at 10AM

Miami-Dade County Main
Library, 101 West Flagler Street,
Auditorium, Miami 33130

Please RSVP to
(305) 445-1076 or
[hiv-aidsinfo@
behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com)

ISSUE BRIEF

Status Neutral HIV Care and Service Delivery Eliminating Stigma and Reducing Health Disparities

Today, powerful HIV prevention and treatment tools can keep people healthy and help end the HIV epidemic. Combining these tools in a status neutral approach can help people maintain their best health possible, while also improving outcomes in HIV prevention, diagnosis, care, and treatment. A status neutral approach to HIV-related service delivery aims to deliver high-quality, culturally affirming health care and services at every engagement, supporting optimal health for people with and without HIV. This approach is especially important now to reduce the unacceptably high number of annual HIV infections and help close the persistent gaps along the HIV prevention and care continuum, which indicate that not enough people are being engaged or retained in HIV prevention and treatment.

Many Barriers May Keep People from Being Engaged in HIV Care.

- **HIV testing, treatment, and prevention services are often offered separately**, can be challenging to navigate, and further emphasizes a division between people with HIV and people who could benefit from prevention.
- **Separating HIV services from other routine healthcare** misses opportunities to engage people in HIV testing, prevention, and treatment when they seek sexual health or other non-HIV-focused services.
- Providing critical support services—like housing, food, and transportation assistance—is essential to keeping someone in ongoing care, but these **services are not necessarily offered** alongside what are considered “traditional” HIV care and prevention services.
- **Stigma** embedded in the experience of many people seeking HIV treatment and prevention services can stop people from visiting health care providers labeled as “HIV” or “STD” clinics.
- Everyone has **implicit biases** that affect their perceptions of others. The HIV care or prevention services someone receives may be affected by healthcare and other service providers’ implicit biases on race/ethnicity, sexual orientation, gender identity, age, and other factors. These biases, in some cases, may be why a person does not return for care and services.

Many HIV prevention experts believe a status neutral approach can help improve care and service provision and eliminate structural stigma by meeting people where they are, offering a “whole person” approach to care, and putting the needs of the person ahead of their HIV status. The status neutral approach aims to advance health equity and drive down disparities by embedding HIV prevention and care into routine care. Integrating HIV prevention and care with strategies that address social determinants of health can help reduce barriers to accessing and remaining engaged in care.

The status neutral approach also aims to increase efficiency, since the clinical and social services that prevent or treat HIV are nearly identical and can be unified in a single service plan rather than different plans based on an individual’s HIV status. Adopting a status neutral approach is one way to help deliver better prevention and care and ultimately decrease new HIV infections and support the health and quality of life of people living with HIV in the United States.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

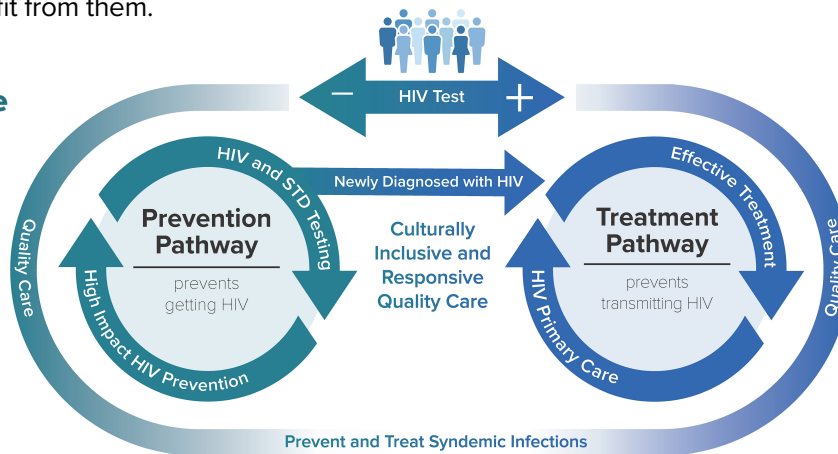
Understanding Status Neutral HIV Care

The status neutral framework provides care for the whole person by offering a “one-door” approach: people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical services in the same place. Normalizing HIV treatment and prevention helps to destigmatize both. In a status neutral approach to care, a provider continually assesses and reassesses a person’s clinical and social needs. The goal is to optimize a person’s health through continuous engagement in treatment and prevention services without creating or deepening the divide between people with HIV and people who could benefit from prevention.

A status neutral approach is unique because both of the harmonized pathways promote continual assessment of each person’s needs and ongoing engagement in HIV prevention and care, including access to support services, for anyone who could benefit from them.

Status Neutral HIV Prevention and Care

People whose HIV tests are **negative** are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are **positive** enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Status neutral HIV service delivery is:

- **Healthcare** that encompasses HIV testing, treatment, and prevention services.
- **HIV treatment and prevention** that is offered alongside other local medical healthcare services frequently used by the community—for example, sexual health, transgender and other LGBTQ-focused care, healthcare for people who use drugs, and general primary care.
- **Service delivery** that recognizes and includes broader social services that support the path to optimal HIV and other health outcomes—like housing, food, transportation, employment assistance, harm reduction services, and mental health and substance use disorder services—regardless of the HIV status of the people seeking care.
- **Culturally affirming, stigma-free HIV treatment and prevention**, delivered by supportive and accepting providers who have been trained to recognize and address implicit racial/ethnic, sexual orientation, and other biases (thoughts and feelings that providers are not consciously aware of), and provided in settings that consider and prioritize a positive experience for the person seeking services.

Status neutral service begins with an HIV test—the pathway to prevention and treatment.

In a status neutral approach, an HIV test spurs action regardless of the result by recognizing the opportunity created by a negative or positive result for an individual to achieve better health:

- **If a person receives a negative HIV test result**, the provider engages the person in HIV prevention and offers powerful tools that prevent HIV, such as pre-exposure prophylaxis (PrEP). The prevention pathway emphasizes a consistent re-evaluation of the engaged person to match prevention and social support strategies to the individual’s needs. Being engaged in such preventive services also means expedited connection to HIV care in the event of a new positive HIV test result. Condoms and harm reduction services are also an important part of this prevention pathway, especially for people who are not ready or eligible for PrEP.
- **If a person receives a positive HIV test result**, the provider offers a prescription for effective treatment to help them become virally suppressed and maintain an undetectable viral load as well as other clinical and support services to help support general health and achieve a high quality of life. Studies have shown that people with an undetectable viral load do not transmit HIV to their sexual partners, this is often referred to as “U=U.”

Why a Status Neutral Approach Is Needed

HIV treatment and prevention services have not been fully used by all who need them: Only 66 percent of people with diagnosed HIV in the United States are virally suppressed. PrEP remains greatly underused—just 23 percent of the estimated one million Americans who could benefit are using the intervention. Stigma and structural barriers are major obstacles that deter people from seeking HIV prevention and care. People with HIV and people who could benefit from HIV prevention are not two distinct populations, but rather one group with similar medical and social service needs. Adopting a status neutral and “whole person” approach to **people in need of prevention and care services can address these similar needs, along with HIV-related stigma.**

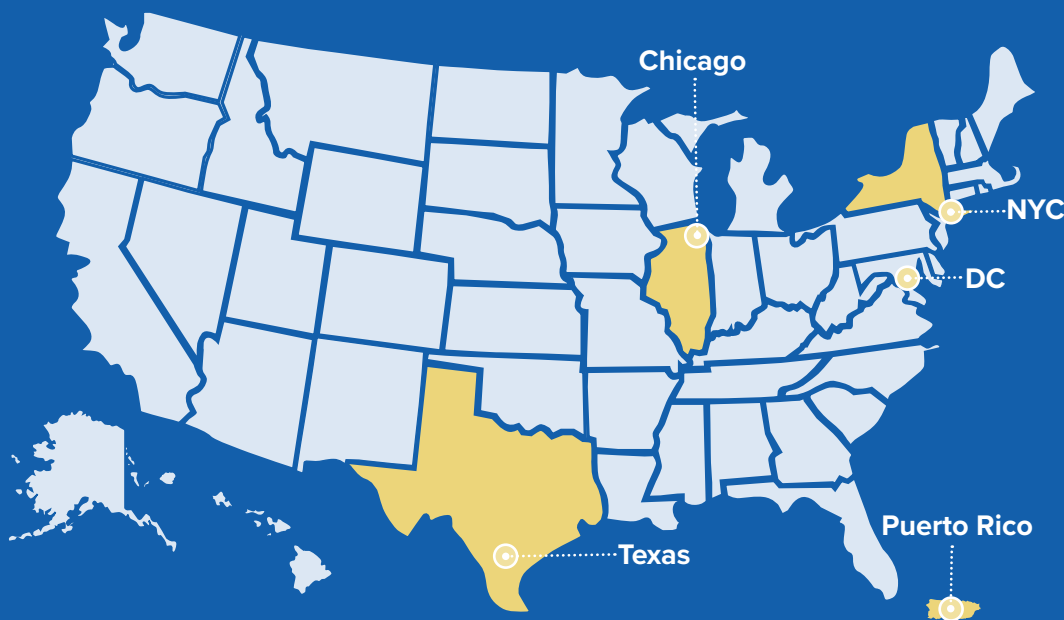
Health departments implementing models of status neutral HIV care have reported benefits such as:

- **Decreasing new HIV infections.** A status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment. When people are supported to fully use these interventions, the outcome is the same—HIV infections and other infections are identified, prevented, and treated. For example, New York City’s status neutral approach to HIV prevention and care, first introduced in 2016, contributed to annual declines in new HIV diagnoses thereafter. New York City saw a 22% decrease in new HIV diagnoses from 2016 to 2019.
- **Supporting and enabling optimal health through continual engagement in comprehensive, “whole person” care.** By offering HIV services alongside other local health care and social support services used by the community, HIV prevention and treatment can become part of the fabric of holistic care designed to meet the needs of each person. As their needs evolve, a person can be seamlessly connected to new services. Potential outcomes include improved HIV care, as well as better overall health and social stability for every individual. For example, Chicago has created comprehensive status neutral health homes that offer the same services to people with HIV and people who could benefit from prevention services. Services include primary care, medications, care coordination, and behavioral health.
- **Opportunities for more efficient service delivery.** Parallel services and structures historically created for people with HIV or people who could benefit from prevention services can impede the most efficient use of resources. This can also inadvertently hinder connection to care by maintaining stigmatizing structures in health care. Identifying opportunities to resolve these divisions allows for more streamlined and integrated care. Washington, D.C. has seen increased capacity and improved outcomes and engagement at organizations using a status neutral approach. Using this approach has increased viral suppression rates 3% across all funded jurisdictions and increased linkage to preventive services like PrEP and harm reduction for people who tested negative for HIV.
- **Improving health equity.** The status neutral framework integrates HIV and prevention services to better address social determinants of health regardless of HIV status. The framework also encourages the delivery of culturally affirming care by ensuring providers recognize and address their implicit biases on issues like race, ethnicity, sexual orientation, or gender identity. These biases sometimes prevent people from returning for care and other services. Likewise, countering stigma is essential to ensure that people with HIV are not defined by their status, and that people seeking HIV prevention and care services are empowered to access these tools without facing judgment or being reduced to the result of a lab test. Addressing racial bias and stigma results in better care experiences for patients and increases the likelihood that they remain in care and stay healthy.



SPOTLIGHT: Status Neutral HIV Care in Action

Here's how some jurisdictions across the country are integrating a status neutral approach into their HIV care services:



- **Chicago: Integrating all HIV and sexually transmitted infection (STI) services.** The Chicago Department of Public Health recently restructured its entire HIV services portfolio to adopt a status neutral approach. Based on feedback from its community members over a two-year community engagement process, the portfolio now integrates HIV and STI funding to deliver comprehensive care that links people to healthcare services like STI screening, substance use disorder treatment, mental health, housing, financial assistance, and psychosocial support in addition to HIV treatment and prevention. Anyone can access these services regardless of HIV status.
- **New York City: Expanding sexual health and rebranding to reduce stigma.** Stigma associated with HIV and STIs can prevent people from seeking care in STI clinics. To address this, the New York City Department of Health and Mental Hygiene rebranded its STI clinics as sexual health clinics and transformed services so that they fully meet clients' sexual health needs. These changes have resulted in more diverse populations visiting the clinic for care.
- **Puerto Rico: Delivering affirming, trauma-informed care for transgender people.** Centro Ararat in Ponce, Puerto Rico delivers integrated, tailored sexual health and primary care to the transgender community. The center's innovative clinic provides comprehensive, trauma-informed health services for transgender people alongside HIV and STI care. These services include hormone therapy and level testing, mental health services, support with name changes, and assistance finding trans-sensitive housing.
- **Texas: Improving access to social services for all people.** *Achieving Together* is the community plan to end the HIV epidemic in Texas. It lays out a vision for status neutral HIV care that supports all people in accessing services that meet their priority needs. This approach addresses social determinants of health, including housing, transportation, and food assistance, helps with insurance navigation, and increases access to mental health and substance use disorder treatment.
- **Washington, D.C.: Eliminating HIV prevention and treatment barriers early.** DC Health developed a status neutral approach through its regional early intervention services initiative, which supports engaging people early in HIV care and prevention services throughout the DC metropolitan area. The initiative has made strides in integrating prevention and treatment services, which previously operated independently, and consists of five pillars to promote equity and whole person health spanning HIV outreach, education, testing, and linkage to and retention in care.

What CDC Is Doing to Advance Status Neutral HIV Care



CDC is providing funding, conducting implementation science to improve programs, and partnering with organizations across the U.S. to support integrated, status neutral approaches to HIV care:

- **Encouraging grantees to deliver integrated services.** Several of CDC’s major funding programs provide flexible resources for health department and community-based organization (CBO) partners to deliver integrated HIV prevention services. Additionally, CDC encourages health departments that receive funding through CDC’s flagship prevention and surveillance program to use these resources to support programs that adopt status neutral approaches to HIV prevention and treatment.
 - **Ending the HIV Epidemic initiative implementation:** In July 2021, CDC awarded the second major round of EHE funding — approximately \$117 million — to health departments representing 57 prioritized jurisdictions to scale up focused, local efforts designed to address the unique barriers to HIV prevention in each community. CDC encourages grantees to coordinate with STD and viral hepatitis programs, LGBTQ health centers, criminal justice and correctional facilities, and other providers to deliver HIV services. In addition, the new program provides funding to a subset of jurisdictions to strengthen HIV testing, prevention, and treatment services at dedicated STD clinics.
 - **High-impact HIV prevention through CBOs and health departments:** CDC funded more than 90 CBOs to develop high-impact HIV prevention programs and partnerships, beginning in 2021. These CBOs are required to create HIV programs with the greatest potential to address social and structural determinants of health. CBOs can use CDC funding to help clients navigate essential support services. The program will also support integrated screening for STIs, viral hepatitis, and TB, and referrals for subsequent treatment.
- **Conducting implementation science.** CDC is conducting a pilot program to evaluate a project designed to deliver status neutral HIV services to transgender people. The pilot will support transgender healthcare providers and CBOs in integrating HIV, STI, viral hepatitis, and harm reduction services alongside transgender-specific healthcare. The pilot aims to establish best practices for creating a “one-door” approach for testing and other interventions that can improve the health of transgender people.
- **Building partnerships.** CDC is working with other federal agencies and organizations focused on issues that intersect with HIV and affect health outcomes, like sexual health, mental health, housing, incarceration, employment, and substance use disorder to advance status neutral approaches to HIV prevention and care. For example, the HIV National Strategic Plan incorporates the status neutral framework, creating opportunities to improve systems so they support the provision of status neutral services in the national HIV response. These partnerships will enable the sharing of knowledge and best practices that translates to better implementation science, programs, and services. These partnerships can also support better integration of programmatic efforts in communities.

The Way Forward

It will take time for a status neutral approach to be adopted across the country. Federal agencies, state and local health departments, healthcare providers, and CBOs can take steps now to begin promoting and integrating this approach into their programs and service delivery models if appropriate for their organization or jurisdiction and supported by their community:

- Federal health agencies can provide training, support, and technical assistance to state and local health departments, healthcare providers, and CBOs looking to implement status neutral HIV care. They should prioritize strategies that support front-line providers in more easily creating and implementing status neutral programs. They should also promote cross-agency collaboration to integrate HIV treatment and prevention services over time with other primary care, behavioral health, and social services.
- State and local health departments can review their current funding and care delivery models to further integrate HIV into STI and primary care settings, especially community health centers, sexual health clinics, and health access points for people who use drugs. They should also identify ways to braid funding from multiple sources, and work with CBOs and other providers to gather and share best practices and lessons learned in implementing status neutral HIV care.
- Healthcare providers and CBOs can offer dynamic, supportive care that integrates culturally affirming messages and prioritizes each patients' individual needs. They can consider providing non-HIV services that can improve patients' overall health, such as STI and viral hepatitis screening, mental health care, and substance use counselling, as well as linkage to social services. They can also participate in regular trainings on recognizing and addressing implicit racial/ethnic and other biases.

REFERENCES

1 Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed June 2, 2021.

2 Walcott M, Kempf MC, Merlin JS, Turan JM. Structural community factors and sub-optimal engagement in HIV care among low-income women in the Deep South of the USA. *Cult Health Sex*. 2016;18(6):682-94.

3 Eaton LA, Driffin DD, Kegler C, et al. The role of stigma and medical mistrust in the routine health care engagement of black men who have sex with men. *Am J Public Health*. 2015;105(2):e75-e82.



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

MARCH 2023

RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday	<p>All events listed on this calendar are open to the public.</p> <p>People with HIV are encouraged to attend!</p>  <p>Are you attending a meeting or training?</p>  <p>Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials for distribution.</p> <p>To attend, RSVP to: (305) 445-1076 or hiv-aidsinfo@behavioralscience.com</p> <p>Visit our website for more information www.aidsnet.org</p> <p>Version 01/23/23 Information on this calendar is subject to change</p>
<p>REGULAR MEETING LOCATIONS</p> <p>BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p> <p>MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130</p> <p>SPECIAL MEETING LOCATION</p> <p>Borinquen Medical Centers, 3601 Federal Hwy, Miami 33137</p>		1	2 Care & Treatment Committee 10:00 AM to 12:00 PM at MDC Main Library	3	
6	7	8  Get on Board! Virtual Training Series 12:00 PM to 1:00 PM via Zoom	9	10  National Women and Girls HIV/AIDS Awareness Day Strategic Planning Committee 10:00 AM to 12:00 PM at MDC Main Library	
13	14 Integrated Plan Evaluation Work Group 10:00 AM to 1:00 PM at MDC Main Library	15	16 Housing Committee 2:00 PM to 4:00 PM at BSR Corp.	17 Clinical Quality Management Committee 9:30 AM to 11:30 AM via Zoom	
20  National Native HIV/AIDS Awareness Day Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library	21	22	23 Prevention Committee 10:00 AM to 12:00 PM at MDC Main Library	24 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.	
27 Community Coalition Roundtable 5:30 PM to 7:30 PM at Borinquen Medical Centers	28	29 Executive Committee 10:00 AM to 12:00 PM at BSR Corp.	30	31	



Strategic Planning Committee

Friday, February 10, 2023

10:00 AM – 12:00 PM

Miami-Dade County Main Library, 101 West Flagler Street,
Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | David Goldberg |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | David Goldberg |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 13, 2023 | All |
| VII. | Reports | |
| | ▪ Membership | Staff |
| | ▪ Partnership Report to Committees | David Goldberg |
| VIII. | Standing Business | David Goldberg |
| IX. | New Business | |
| | ▪ 2022 Annual Report – General Discussion on Report Content | |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: Friday, March 10, 2023 at MDC Main Library Auditorium | David Goldberg |
| XII. | Adjournment | David Goldberg |

Please mute or turn off all cellular devices.

For more information about the Strategic Planning Committee, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

Thank you in many languages:

danke (German), **謝謝** (Chinese), **ngiyabonga** (Zulu), **teşekkür ederim** (Turkish), **tapadh leat** (Irish), **gracias** (Spanish), **thank you** (English), **mochchakkeram** (Tamil), **agat** (Hindi), **merci** (French), **terima kasih** (Indonesian), **obrigado** (Portuguese), **dziękuję** (Polish), **sukriya** (Urdu), **kop khun krap** (Thai), **arigatō** (Japanese), **taiku** (Malay), **dakujem** (Slovak), **спасибо** (Russian), **Баярлалаа** (Mongolian), **vinaka** (Tongan), **blagodaram** (Hindi), **blagosloven** (Slovene), **dhanyavad** (Gujarati), **dhanyavadagalu** (Kannada), **shukriya** (Arabic), **merse** (Farsi), **trugarez** (Breton), **mamnun** (Arabic), **chokram** (Hindi), **muraokoze** (Yoruba), **asante** (Akan), **manana** (Yoruba), **tenki** (Hindi), **chona** (Swahili), **paldies** (Dutch), **grazzi** (Italian), **matondo** (Swahili), **misautra** (Malagasy), **lack** (Burmese), **welain** (Breton), **kra ora** (Fijian), **barka** (Hausa), **mersi** (Arabic), **spas** (Czech), **nanni** (Yoruba), **nandri** (Yoruba), **kiitos** (Finnish), **dankie** (Afrikaans), **taafetai lava** (Samoan), **mauruuru** (Samoan), **koszonom** (Polish), **hvala** (Slovene), **gracie** (Portuguese), **bayarlalaa** (Mongolian), **enkosi** (Zulu), **chnorakaloutioun** (Breton), **gracies ago** (Breton), **gracies** (Breton), **suipay** (Tagalog), **go raibh maith** (Irish), **raimie** (Scottish Gaelic), **tanemirt** (Danish), **rahmet** (Arabic), **najis tuke** (Māori), **kam sah hammida** (Arabic), **rahmat** (Arabic), **xiexie** (Chinese), **ευχαριστώ** (Greek), **điəlch** (Arabic), **merci** (Arabic), **toosakhe bhobhad** (Bengali), **감사합니다** (Korean)