



Thank you for joining today's
**Joint Integrated Plan
Review Team 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 and Prevention Committee Joint Integrated Plan Review Team Meeting

Thursday, May 9, 2022

10:00 AM – 1:00 PM

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

AGENDA

- | | | |
|-------|--|---------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | Dr. Angela Mooss |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 14, 2022 | All |
| VII. | Standing Business | |
| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Partnership Report | Abril Sarmiento |
| | ▪ 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development | All |
| VIII. | New Business | |
| | ▪ Special Presentation: <i>What will it take to 'End the HIV epidemic in the US': An economic modeling study in 6 US cities including Miami-Dade County.</i> | Dr. Bohdan Nosyk |
| | ▪ Florida Comprehensive Planning Network Nominations | All |
| | ▪ Proposed Meeting Schedule: June-August, 2022 | David Goldberg |
| IX. | Announcements | All |
| X. | Next Meeting: Joint Integrated Plan Review Team – Friday, June 10, 2022
Miami-Dade County Main Library | Dr. Diana Sheehan |
| XI. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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Meeting Housekeeping

Miami-Dade HIV/AIDS Partnership, Committees, and Subcommittee

Updated May 1, 2022

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.

Resource Persons

- 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.*

General Reminders

- Per County mandate, masks are no longer required to be worn in County buildings but because meeting attendees may be immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- Place cell phones on mute or vibrate.
 - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Only voting members and applicants should be seated at the meeting table.
 - ❖ *You may move your chair if concerned about social distancing.*

Attendance

- All members are expected to arrive on time and remain throughout the entire meeting.
 - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*
- Please **SIGN IN** to be counted as present at the meeting.

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.

Parking

- **Miami-Dade County Main Library**

See the front desk attendee to have your parking validated or see staff after the meeting for a parking sticker (available to members of the affected community).

- **Behavioral Science Research**

*Please write your car tag (license plate) number on the **SIGN IN** sheet to have your parking validated.*

Resources

- Today's presentation and supporting documents are online at <http://aidsnet.org/meeting-documents/>.



- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!



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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.”



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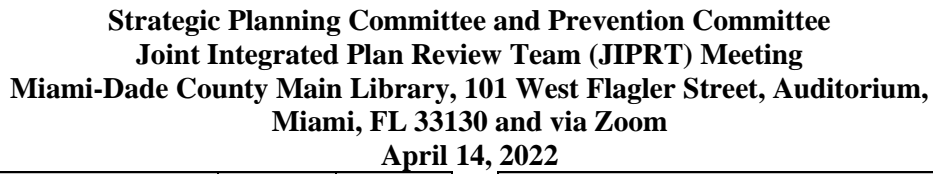
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Note: All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents. This meeting was held in a hybrid format with attendance in person and via Zoom. Meeting documents were projected in the meeting room and on the Zoom shared screen.

I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:17 a.m.

II. Introductions (In-person attendees)

Members, guests, and staff attending in person introduced themselves.

III. Roll Call (Zoom attendees)

Staff read the names of members and guests participating via Zoom. Guests were asked to send a chat message to have their attendance recorded.

IV. Housekeeping

Strategic Planning Chair, David Goldberg, presented the PowerPoint, *Partnership Meeting Housekeeping – Hybrid Meetings*, including code of conduct, resource persons, and attendance. Members and guests were reminded that this meeting – including video, audio, and chat box input – was being recorded and will become part of the public record. Members attending via Zoom were reminded of the requirement to be on camera.

V. Floor Open to the Public

Ms. Sarmiento 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.

VI. Review/Approve Agenda

Members reviewed the agenda; there were no changes.

Motion to approve the agenda as presented.

Moved: Dr. Diego Shmuels

Seconded: Hardeep Singh

Motion: Passed

VII. Review/Approve Minutes of March 14, 2022

Minutes of March 14, 2022 were posted for review and shown on the screen at the meeting; there were no changes or corrections.

Motion to approve the minutes of the March 14, 2022 as presented.

Moved: Dr. Diego Shmuels

Seconded: Juan Buch

Motion: Passed

VIII. Standing Business

- Ryan White Program Part A/MAI Recipient Report

Carla Valle-Schwenk

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:

- About 80% of Ryan White Program funds were spent in the Fiscal Year ending on February 28, 2022. Funds were underspent due to program changes in response to COVID-19.
- A substantial carryover request will be submitted, and the Health Resources and Services Administration (HRSA) has indicated large carryover requests will be allowed.
- Approximately 8,400 clients were served in the last Fiscal Year.
- Subrecipient contracts are being finalized. All agencies are providing contracted services.
- The Florida Department of Health (FDOH) announced an outbreak of meningococcal disease; agencies should have received notification. A meningococcal vaccine is available from FDOH.

- Prevention Committee (PVC) Action Items

PVC Members

- New Member

Mónica Bahamón, MPH, FOCUS Program Director at Jackson Hospital Emergency Department submitted an application for membership. Ms. Bahamón introduced herself and members voted to accept her membership.

Motion to accept Mónica Bahamón as a member of the Prevention Committee.

Moved: Grechen Mills

Seconded: Roseline Monestime

Motion: Passed

Members welcomed Ms. Marqués as a new member.

- Vice Chair Elections

Dr. Angela Mooss accepted the nomination to serve as Prevention Committee Vice Chair.

Motion to accept Dr. Angela Mooss as Prevention Committee Vice Chair.

Moved: Grechen Mills

Seconded: Roseline Monestime

Motion: Passed

- 2022-2026 Integrated HIV Prevention and Care Plan (IP)

- Draft Jurisdictional Planning Process Narrative Review

Dr. Robert Ladner presented the IP Section II: Community Engagement and Planning Process (draft). The draft does not include the community feedback which will be presented in May. The draft is written as if it were presented in August; some activities are still pending.

The draft includes:

- The Role of the Planning Council;
- Collaboration with Ryan White Program Part A through F;
- Engagement of people with HIV; and
- Other Strategic Plans to be incorporated;

Regarding the Planning Council (Partnership), there is a broad range of representation, however greater participation by people with HIV is needed. Members are asked to direct interested parties to staff for additional information on membership.

Staff has conducted 13 of 15 listening sessions. Compiled responses will be brought to the next meeting. The listening sessions have captured feedback from a wide range of people with HIV, both inside and outside the Ryan White Program service system. Participants have been encouraged to continue to be part of the IP development process.

The IP guidance requires certain stakeholders to be a part of integrated planning and recommends others. The draft indicates which required and recommended stakeholders have contributed (or are contributing) and which are still missing. Dr. Ladner noted staff may convene an IP Stakeholder's Council via Zoom in order to ensure all categories of stakeholders are represented and to gain the largest community buy-in. Dr. Diego Shmuels suggested to send a brief survey to the Partnership listserv indicating specific categories of stakeholders needed and requesting participation.

There have only been about 20 Community Engagement survey responses collected, which is less than desired. The survey is open until the end of April and staff will continue to push for greater participation.

- Draft Resource Inventory Review

Dr. Ladner presented the Miami-Dade County Resource Inventory for care and treatment services and for prevention services. He noted that the tables presented are to show members all available resources; when the inventory is incorporated into the IP, it will be in a more concise format.

A review of the tables indicates the county receives substantial funding to cover a broad range of services and prevention measures. Members were asked to consider what is missing and, if there are so many prevention efforts, how is it that people are still not aware of PrEP, HIV testing, and the availability of services.

- Discussion: Addressing Topics of Concern: Poverty, Housing, and Mental Health

Staff noted that although the IP cannot hope to solve the crises of homelessness, poverty, and mental health-related issues, those issues play a significant role in the lives of people with HIV and people at-risk and need to be addressed in some fashion.

Amaris Hess noted that the issue of housing is much larger than the obvious problems of finding affordable housing.

With respect to the housing issue, members discussed that even persons with housing vouchers find they cannot be housed because they do not have the resources to move or are otherwise hindered by the bureaucracy of the housing process. Landlords may not accept vouchers, based on a background check. It should be acknowledged that getting someone from homelessness or a treatment center to stable housing is a labor-intensive process for both homeless persons and agency staff who assist them. Persons who are marginalized, such as persons leaving a treatment center or leaving incarceration, are especially vulnerable. There are also issues of paying for and coordinating moving expenses and finding affordable furnishings. Members discussed that perhaps food pantries or a warehouse for free furnishings could be established. Basic life training is needed to help people understand how to complete a lease and how to negotiate and ask questions without being talked down to. Ultimately, the barriers which are largely unseen are just too much for many people who simply give up, therefore perpetuating the cycle of homelessness.

Kira Villamizar, FDOH, noted the state DOH is drafting an IP goal framework which the committees will review at the next meeting.

IX. New Business

There was no New Business.

X. Announcements

Staff displayed the AIDSNET.org homepage which features the FDOH meningococcal outbreak notices in English, Spanish, and Creole.

Sam Quintero of Janssen Infectious Diseases & Vaccines introduced Wanda Vazquez as the new Janssen representative for Miami.

Next Meetings

Mr. Goldberg announced the committees will meet jointly on May 9, 2022 at the Miami-Dade County Main Library and via Zoom.

XI. Adjournment

Ms. Sarmiento adjourned the meeting at 1:00 p.m.



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RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution # R-1192-20 AND R-246-20

This report includes YTD paid reimbursements for FY 2021 Part A service months up to February 2022, as of 5/2/2022. This report reflects reimbursement requests that were due by 4/5/2022, the deadline for final FY 2021 invoices to be submitted; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total \$286,539.11. Final expenditures will be reported next month.

PROJECT: BU033101	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	Award - W/out CO \$23,829,409.00
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Total Award	\$ 24,538,665.00		

Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	8,647,718.00	
9	AIDS Pharmaceutical Assistance	83,595.00	
4	Oral Health Care	3,108,975.00	
6	Health Insurance Services	442,447.00	
3	Mental Health Therapy/Counseling	150,504.00	
1	Medical Case Management	5,921,877.00	
7	Substance Abuse - Outpatient	44,128.00	18,399,244.00
	Support Services	Allocations	
5	Food Bank	1,385,995.00	
13	Other Professional Services	154,449.00	
10	Medical Transportation	150,688.00	
11	Outreach Services	172,280.00	
8	Substance Abuse - Residential	1,289,469.00	
12	Emergency Financial Assistance	0.00	3,152,881.00
	DIRECT SERVICES TOTAL:	\$ 21,552,125.00	

Total Core Allocation	18,399,244.00
Target at least 80% core service allocation	17,241,700.00
Current Difference (Short) / Over	\$ 1,157,544.00
Recipient Admin. (OMB-GC, PC, GTL)	\$ 2,382,940.00
Quality Management	\$ 603,600.00
(+) Unobligated Funds / (-) Over Obligated:	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ -
	2,986,540.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	85.37%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.46%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	9.71%	Within Limit

CURRENT CONTRACT EXPENDITURES			
	DIRECT SERVICES:		
	Core Medical Services	Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	7,088,775.00	
5492120000	AIDS Pharmaceutical Assistance	4,061.02	
5216100000	Oral Health Care	2,533,061.80	
5223550000	Health Insurance Services	298,950.41	
5114040000	Mental Health Therapy/Counseling	56,566.25	
5211100000	Medical Case Management	4,998,144.65	
5216120000	Substance Abuse - Outpatient	1,146.00	14,980,705.13
	Support Services	Expenditures	Carryover Expenditures
5492250000	Food Bank	629,522.40	709,256.00
5212100000	Other Professional Services	97,371.00	1,338,778.40
5602400000	Medical Transportation	98,584.06	
5224700000	Outreach Services	104,263.02	
5224130000	Substance Abuse - Residential	968,310.00	
5224300000	Emergency Financial Assistance	0.00	2,607,306.48
	TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 17,588,011.61	81.61%

Formula Expenditure %	70.21%
Recipient Administration	1,672,458.81
Quality Management	603,600.00
	2,276,058.81
Grant Unexpended Balance	4,674,594.58
Total Grant Expenditures & %	\$ 19,864,070.42
	80.95%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	88.75%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.53%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	7.02%	Within Limit

RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution # R-1192-20 AND R-246-20

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PROJECT: BU033102	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,603,486.00	MAI
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER
Total Award	\$ 2,701,483.00	

Priority Ranking #	MAI CONTRACT ALLOCATIONS
	DIRECT SERVICES:
	Core Medical Services
	Allocations
2	Outpatient/Ambulatory Health Svcs 1,362,753.00
	AIDS Pharmaceutical Assistance
	Oral Health Care
	Health Insurance Services
3	Mental Health Therapy/Counseling 18,960.00
1	Medical Case Management 903,920.00
4	Substance Abuse - Outpatient 8,058.00
	2,293,691.00
	Support Services
	Allocations
	Food Bank
6	Other Professional Services
	Medical Transportation 7,628.00
5	Outreach Services 39,816.00
	Substance Abuse - Residential
7	Emergency Financial Assistance 0.00
	47,444.00

DIRECT SERVICES TOTAL: \$ 2,341,135.00

Total Core Allocation 2,293,691.00
 Target at least 80% core service allocation 1,872,908.00
 Current Difference (Short) / Over \$ 420,783.00

Recipient Admin. (OMB-GC) \$ 260,348.00

Quality Management \$ 100,000.00

(+) Unobligated Funds / (-) Over Obligated:

Unobligated Funds (MAI) \$ - 360,348.00

Unobligated Funds (Carry Over) \$ -

Core medical % against Total Direct Service Allocation (Not including C/O):
 Cannot be under 75% **97.97%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **3.84%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **10.00%** **Within Limit**

	CURRENT CONTRACT EXPENDITURES
	DIRECT SERVICES:
	Core Medical Services
	Expenditures
	Carryover Expenditures
ACCOUNT	5606610000 Outpatient/Ambulatory Health Svcs 366,105.33 94,662.73 460,768.06
	5492120000 AIDS Pharmaceutical Assistance
	5216100000 Oral Health Care
	5223550000 Health Insurance Services
	5114040000 Mental Health Therapy/Counseling 3,672.50
	5211100000 Medical Case Management 650,165.00
	5216120000 Substance Abuse - Outpatient 210.00
	1,114,815.56
	Support Services
	Expenditures
	Carryover Expenditures
ACCOUNT	5492250000 Food Bank
	5212100000 Other Professional Services
	5602400000 Medical Transportation 2,371.56
	5224700000 Outreach Services 36,498.00
	5224130000 Substance Abuse - Residential
	5224300000 Emergency Financial Assistance 0.00
	38,869.56
TOTAL EXPENDITURES DIRECT SVCS & %:	1,153,685.12 49.28%

Recipient Administration 156,084.56

Quality Management 99,999.96 256,084.52

Grant Unexpended Balance 1,291,713.36

Total Grant Expenditures & % (Including C/O): \$ 1,409,769.64 52.19%

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% **96.33%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **3.84%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **6.00%** **Within Limit**

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

FY 2021

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

11

191

11

183

154

1,383

154

1,255

3,695

12,290

3,590

7,843

28

144

28

121

542

2,672

542

2,237

1,104

5,798

1,084

4,422

0

17

0

17

426

1,090

426

712

35

680

35

645

63

679

22

44

14

122

14

117

11

75

11

66

TOTALS:

6,083

25,141

Total unduplicated clients (month):

4,367

Total unduplicated clients (YTD):

8,421

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY
FOR THE PERIOD OF:

March 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	23	23	23	23
Health Insurance Premium and Cost Sharing Assistance	73	73	73	73
Medical Case Management	3,540	3,540	3,378	3,378
Mental Health Services	33	33	33	33
Oral Health Care	644	644	644	644
Outpatient Ambulatory Health Services	1,191	1,191	1,166	1,166
Support Services				
Food Bank/Home Delivered Meals	453	453	453	453
Medical Transportation	147	147	147	147
Other Professional Services	63	63	24	24
Outreach Services	20	20	20	20
Substance Abuse Services (residential)	9	9	9	9
TOTALS:	6,196	6,196		
Total unduplicated clients (month):	4,297			
Total unduplicated clients (YTD):	4,297			



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Thursday, May 9, 2022

10:00 AM – 1:00 PM

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

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Abril Sarmiento |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | Dr. Angela Mooss |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 14, 2022 | All |
| VII. | Standing Business | |
| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Partnership Report | Abril Sarmiento |
| | ▪ 2022-2026 Integrated HIV Prevention and Care Plan: Review of Community Engagement Feedback for Goal Development | All |
| VIII. | New Business | |
| | ▪ Special Presentation: <i>What will it take to 'End the HIV epidemic in the US': An economic modeling study in 6 US cities including Miami-Dade County.</i> | Dr. Bohdan Nosyk |
| | ▪ Florida Comprehensive Planning Network Nominations | All |
| | ▪ Proposed Meeting Schedule: June-August, 2022 | David Goldberg |
| IX. | Announcements | All |
| X. | Next Meeting: Joint Integrated Plan Review Team – Friday, June 10, 2022
Miami-Dade County Main Library | Dr. Diana Sheehan |
| XI. | Adjournment | Abril Sarmiento |

For more information about the Joint Integrated Plan Review Team,
please contact Christina Bontempo, (305) 445-1076 or cbontempo@behavioralscience.com.

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Partnership Report to Committees April 18, 2022 Meeting

Supporting documents related to motions in this report are available online at aidsnet.org/meeting-documents/, or from staff at Behavioral Science Research Corp. (BSR).

For more information, please contact hiv-aidsinfo@behavioralscience.com.

The Partnership heard reports and approved the following motions:

1. Motion to elect Dennis Iadarola as Miami-Dade HIV/AIDS Partnership Chair, and Alberto Perez Bermudez as Miami-Dade HIV/AIDS Partnership Vice Chair.
 2. Motion to hold Partnership, Committee, and Subcommittee meetings in person only.
 3. Motion to begin holding in person meetings, effective May 1, 2022.
-

Meeting calendars are online:

- Partnership Website: <http://aidsnet.org/calendar/>, and
- County Website: <https://www8.miamidade.gov/global/calendar/global.page>

Please RSVP: Scan the QR Code to RSVP to May 2022 meetings, or contact us at (305) 445-1076, cbontempo@behavioralscience.com, or marlen@behavioralscience.com.





Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Thursday, May 9, 2022

10:00 AM – 1:00 PM

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

AGENDA

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INTEGRATED PLAN PUBLIC INPUT LINKED TO INTEGRATED PLAN GOALS, OBJECTIVES AND STRATEGIES

The National HIV/AIDS Strategy (NHAS) Goals, Objectives and Strategies in **red/red boldface** were drafted by the Florida Department of Health (FDOH) in Tallahassee as the basis for a statewide Integrated Plan.

Miami-Dade County Integrated Plan community engagement responses are in black; new strategies to address community input are in **black boldface**.

See the final page for a complete list of contributing groups and activities. This is a working document, subject to change before August 2022.

NHAS Goal 1: Prevention of New HIV Infections

OBJECTIVE 1.1:

BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PERSONS WHO KNOW THEIR HIV STATUS FROM 86% (2019) TO 90%.

Strategy 1.1.1: Encourage routine HIV, HCV, and Syphilis screening in emergency departments as part of medical care.

- Strong community support for routine HIV and sexually transmitted infection (STI) testing in health care settings, not just emergency departments to:
 1. make it more frequent,
 2. make it easier, and
 3. reduce stigma associated with being tested in an HIV-provider context.

Strategy 1.1.2: Reduce stigma in communities around HIV testing.

- Have after-hours STI and HIV testing in non-HIV settings.
- Need to provide at-home testing kits for HIV and STI.
- Have HIV testing in schools.

Strategy 1.1.3: Reduce stigma among health care settings around HIV testing.

- See above, Strategy 1.1.2. This strategy requires re-wording for clarity.

Strategy 1.1.4: Reduce stigma among correctional settings around HIV testing.

- Prisoners at Dade Correctional Institution say, “it’s not getting the test, it’s getting the pills,” that brings stigma to prison.
-

OBJECTIVE 1.2:
BY DECEMBER 31, 2025, REDUCE THE RATE OF HIV TRANSMISSIONS DIAGNOSED ANNUALLY FROM 22.7 (2019) TO XX.

Strategy 1.2.1: Expand routine HIV, HCV, and Syphilis screening in emergency departments as part of medical care.

- See Strategy 1.1.1

Strategy 1.2.2: Ensure health care providers are complying with the opt-out HIV and STI screening law for pregnant women.

- Partner with reproductive justice organizations (Planned Parenthood, etc.)
- No other community input on this issue; however, this was a major initiative in the 2017-2021 Integrated Plan.

Strategy 1.2.3: Increase awareness among women of childbearing age about HIV testing and perinatal prevention strategies.

- Partner with reproductive justice organizations (Planned Parenthood, etc.)
 - No other community input on this issue; however, this was a major initiative in the 2017-2021 Integrated Plan.
-

OBJECTIVE 1.3:
BY DECEMBER 31, 2025, EXPAND THE IMPLEMENTATION OF PREVENTION INTERVENTIONS IN FLORIDA (E.G., PREP, PEP).

Strategy 1.3.1: Ensure access to and availability of pre-exposure prophylaxis (PrEP).

- PrEP for sero-discordant couples -- When you get a positive test, how do you get the partner tested and on PrEP (if appropriate)?
- If a person tests positive and gets into the Ryan White Program (RWP) so their medical care is paid, who pays for PrEP for their negative partner?
- Individualized and targeted PrEP messaging, including “people who look like us” is needed for:
 - Youth
 - Women
 - Trans persons
 - MMSC
 - Sex Workers
- FDOH offers FREE startup PrEP for first 30 days, then what?
 - Is it understood by providers how to pay for PrEP?
 - What are payment options for pills vs. injectables?
 - Need to understand RWP Part A/Minority AIDS Initiative (MAI) cannot pay for PrEP.
- More FREE PrEP.

Strategy 1.3.2: Ensure access to and availability of post-exposure prophylaxis (PEP).

- Need to fast-track nPEP through FDOH.

Strategy 1.3.3: In counties with an approved ordinance, ensure access to syringe service programs (SSPs) and harm reduction services.

- There were no community comments in this area. Note that in Miami, we have the Infectious Disease Elimination Act (IDEA Exchange) needle exchange program in place, and one of our MAI subrecipients is using this as an access point to its MAI HIV services.
-

OBJECTIVE 1.4:**EXPAND CULTURALLY APPROPRIATE OUTREACH AND MESSAGING CONCERNING HIV PREVENTION, TESTING, AND TREATMENT.**

- Messaging at Miami-Dade International Airport to alert newcomers to Miami about testing and treatment.
 - More messages targeted toward women – HIV testing needs to be de-stigmatized among people who only think of it as a male-to-male sexual contact (MMSC) thing.
 - Messages in Spanish and Creole must be more than just translations of English messages.
 - Must step up outreach
 - Whatever happened to case finding and street outreach? Or church outreach? Outreach is not just chasing lost to care.
 - Health Resources and Services Administration Policy Clarification Notice (HRSA PCN) 16-02 allows for RWP outreach funding for communication and active involvement.
 - Can't just wait for people to drift in for treatment, especially for minority populations.
 - Use multiple social media and dating app platforms for communication (Instagram, TikTok, YouTube, Grindr, Squirt, etc.)
 - Target the undocumented population with information about specific resources available to them and for which they are actually eligible.
 - More education about HIV in general (to reduce stigma associated with testing and treatment).
-

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

OBJECTIVE 2.1:

BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PERSONS WITH NEWLY DIAGNOSED HIV LINKED TO CARE IN 7 DAYS FROM 56.9% (2019) TO 70%.

Strategy 2.1.1: Provide same-day or rapid start of antiretroviral therapy.

- “What do we do when we come in for testing, and then they tell us we can’t get you in care because you don’t live here?”
- Community members complain that the fast-track Test and Treat process does not take the mental health needs of newly-diagnosed into account.
- Have a similar protocol in place for STIs as well as HIV.

Strategy 2.1.2: Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.

- Including mental health services. Note: Respondents acknowledge that getting behavioral health care carries its own stigma.

Strategy 2.1.3: Work to reduce the average number of days to link persons to HIV care in Florida.

- See 2.1.2, above.
-

OBJECTIVE 2.2:

BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PWH RE-ENGAGED IN CARE FROM XX TO XX. (FDOH IS WORKING ON METRICS FOR THIS AND MAY CHANGE).

Strategy 2.2.1: Implementation of Data-2-Care strategies

- No community input on this issue; however, “Data to Care” was a strategy in the 2017-2021 Integrated Plan.

Strategy 2.2.2: Identify and address barriers for people who have fallen out of care.

- No community input on this issue; however, retention was a major concern of the 2017-2021 Integrated Plan.
-

OBJECTIVE 2.3: BY DECEMBER 31, 2025, INCREASE THE PERCENTAGE OF PWH RETAINED IN CARE FROM 72.2% (2019) TO 85%.

- Note: The Retained in Medical Care (RiMC) percentages in Miami-Dade for the most recent RWP CQM Performance Report Card are 73% for clients receiving MCM services and 86% for clients receiving OAHS.

Strategy 2.3.1: Enhance support for medication and treatment adherence.

- Peers want to be more involved in client care, not just a “token person with HIV on the staff.”

Strategy 2.3.2: Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care.

- Note: The RWP is currently engaged in several Quality Improvement (QI) initiatives directed toward improved retention in care. Retention was a major concern of the last Integrated Plan.

Strategy 2.3.3: Ensure care systems include access to behavioral health services.

- Participants noted that seeking and participating in behavioral health services is itself a source of stigma.

Strategy 2.3.4: Improve scope, quality and training of Medical Case Managers and Peers

- RWP Medical Case Managers (MCMs) get trained and assist in getting clients help outside the agency –
 - “I have needs that my MCM doesn’t know where to get help for and I end up relying on people in the waiting room for information.”
 - Ignorance is a common complaint – why do clients know more about services and HIV than MCM? (Three RWP clients in one group did not know bus passes existed.)
 - MCMs need to develop a relationship with clients and not just act as data entry clerks.
 - Peers need more education and better pay
 - Move beyond just being buddies.
 - Don’t want to just be a token employee to show “we hire people with HIV.”
 - More competent/understanding people need to be hired at AIDS Drug Assistance Program (ADAP) sites and by RWP subrecipients.
 - Need a system to help MCM keep up to date address, phone, email of clients (avoid losing track of clients).
 - Can the Provide database be set to alert MCM for upcoming appointments (or it is just reactive)? Set alerts:
 - This client needed housing last month – did they get housing?
 - This client needs food on a regular basis – are they connected to food bank?
 - Are there other resources that could help?
-

OBJECTIVE 2.4:
INCREASE THE CAPACITY OF THE PUBLIC HEALTH, HEALTH CARE DELIVERY SYSTEMS, AND HEALTH CARE WORKFORCE TO EFFECTIVELY IDENTIFY, DIAGNOSE, AND PROVIDE HOLISTIC CARE AND TREATMENT FOR PEOPLE WITH HIV.

Strategy 2.4.1: Develop and implement a medical student ambassador program.

Strategy 2.4.2: Develop and implement a statewide peer navigation model.

- Participants complain that there is no more peer-led “buddy/companion” program.

Strategy 2.4.3: Provide resources and support technical assistance to expand workforce and systems capacity to provide or link individuals to culturally competent care.

OBJECTIVE 2.5:
EXPAND CAPACITY TO PROVIDE WHOLE-PERSON CARE TO OLDER ADULTS WITH HIV AND LONG-TERM SURVIVORS.

Strategy 2.5.1: Develop a promotional PSA and associated social media messaging on healthy aging

- Create and disseminate self-care messages for older adults (“older people have sex, too!”)

Strategy 2.5.2: Engage with partner agencies and program to address the multitude of aging and chronic conditions affecting persons with HIV over the age of 50.

- Do “Aging HIV Community” needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.
- Develop special mental health services for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money.
- Help older persons with HIV in the process of transitioning from RWP to Medicare. Older focus group and survey participants felt they had no help making the transition. Many did not know their pharmacy options. Many did not know how to deal with co-pays. Reportedly, MCMs did not help at all.
- Older persons with HIV complain that they are, “only being treated according to their HIV,” their non-HIV aging problems are ignored or not paid for. “Been navigating RWP for years, now I have to navigate a whole bunch of services I didn’t know about.”

Strategy 2.5.3: Assess polypharmacy issues for aging populations with HIV.

OBJECTIVE 2.7:**EXPAND CAPACITY TO PROVIDE WHOLE FAMILY CARE TO WOMEN WITH HIV**

- Women with HIV have more complex problems because they often have childcare duties as well. Who's paying attention to the whole household?
 - Women need more information on PrEP. Many don't know about it or believe, "PrEP is not made for women.". For women who are the "negatives" in sero-discordant couples, nobody pays for PrEP.
 - HIV stigma is higher among women.
 - Women with HIV are often discriminated against in provider offices.
 - Women need more economic support.
-

OBJECTIVE 2.7:**CONCENTRATE ON REDUCING VIRAL LOAD (VL) SUPPRESSION**

- Ramp up messaging to persons with HIV: know your numbers, track your progress.
 - Undocumented persons need quick viral load tests to keep from being stigmatized.
 - Note: The 2017-2021 Integrated Plan had an extensive set of objectives, strategies, and activities related to VL suppression. These should be included in the 2022 Plan as well.
-

NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

OBJECTIVE 3.1:

REDUCE HIV-RELATED STIGMA AND DISCRIMINATION

Strategy 3.1.1: Ensure that health care professionals and front-line staff are educated and trained on stigma, discrimination, and unrecognized bias toward priority populations.

- Significant reports on microaggressions, discriminatory language by service personnel (front desk, case managers, doctors), call for training.
- *Make sure the first point of care is not the point of lost to care!*
- Overall cultural sensitivity training and enforcement of culturally sensitive standards is needed.
- Why are doctors and case managers allowed to say homophobic things or make gay jokes?
- Understanding the importance of and using correct pronouns.
- Addressing ethnic/racial/gender biases. Women, transgendered persons get treated especially badly.
- Hispanics get treated first/better by Hispanics; African-Americans get treated first/better by African-American, etc. in healthcare settings (either real or perceived biases).
- Transgender clients get treated badly.

Strategy 3.1.2: Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.

- This area was not addressed by any of the community groups; however, this has been a major activity in the implementation of the 2017-2021 Integrated Plan and should be continued in the 2022-2026 Plan.

Strategy 3.1.3: Work with communities to reframe HIV service delivery and HIV-related messaging to prevent stigma among people or behaviors.

- Educate adults about HIV – it's not just about being gay, it's about accepting people with HIV.
- HIV is not like cooties – you don't catch it from being with people with HIV.
- HIV is not a death sentence – the people you see are not dying, they are living with HIV.
- Latin and Creole communities need special messages – cultural biases are serious business.
- Kids need education – not just safe sex education in schools, but in churches, the "Y".

Strategy 3.1.4: Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities.

- When will people start to get serious about housing? This is a major co-occurring condition.
 - Not enough housing available.
 - Housing discrimination exists based on sexual/gender identification, race, and ethnicity, and language.
 - Getting into housing costs are very high, such as furniture, moving trucks, etc.
 - Need short-term housing while people are on the Housing Opportunities for person with AIDS (HOPWA) waiting list, or need short-term housing (under 2 years).
 - What is the HOPWA Program doing for people while they are waiting for long-term housing?
 - Do people know about short term assistance?

Strategy 3.1.5: Create a Transgender task force to identify and remediate unmet needs.

- Hire/train transgender advocates and work with advocates outside your agency.
 - Training is needed to de-stigmatize transgender issues at agencies – all levels – front desk to MCM to doctors.
 - Trans Tenacity, “We are tired of taking surveys and not seeing any change.”
 - Connect persons to name change clinics; explore funding for name change clinics.
 - Establish more transgender support groups as a “safe space.”
-

OBJECTIVE 3.2:

BY DECEMBER 31, 2025, REDUCE THE ANNUAL RATE OF NEW HIV DIAGNOSES AMONG THE BLACK POPULATION FROM 52.9 (2019) TO 47.1 [This work element should be moved to NHAS Goal 1, Prevention, focusing on disparity populations]

Strategy 3.2.1: Identify and develop interventions to improve health outcomes among black women.

Strategy 3.2.2: Identify and develop interventions to improve health outcomes among black men.

Strategy 3.2.3: Develop and promote culturally appropriate HIV prevention and care activities.

Strategy 3.2.4: Expand community engagement efforts to address service delivery and prevention gaps.

OBJECTIVE 3.3:

BY DECEMBER 31, 2025, REDUCE THE ANNUAL RATE OF NEW HIV DIAGNOSES AMONG THE HISPANIC POPULATION FROM 29.2 (2019) TO 25.9. [This work element should be moved to NHAS Goal 1, Prevention]

Strategy 3.3.1: Identify and develop interventions to improve health outcomes among Hispanic men.

Strategy 3.3.2: Develop and promote culturally appropriate HIV prevention and care activities.

Strategy 3.3.3: Create funding opportunities that specifically address PrEP uptake.

Strategy 3.3.4: Expand community engagement efforts to address service delivery and prevention gaps.

Note: The FDOH draft goals, objectives, and strategies do not include ethnic, sexual preference or gender disparities in populations receiving RWP Part A/MAI services. The NHAS GOAL 3 section of the 2017 IP contains numerous goals to identify disparity groups in care and provide remedies. Staff recommends that OBJECTIVE 3.2 and OBJECTIVE 3.3 be moved to the Prevention section, and that disparity populations be identified for attention in Care and Treatment populations.

The focus on Hispanics and Blacks does not account for the Haitian population in Miami-Dade. Staff recommends that disparity populations for both retention in care and viral load suppression take this population into account.

NHAS Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties

This goal was the most frequently vocalized area of concern in the community input sessions and stakeholder surveys. The items listed below are drawn from these expressions. Staff feels that the objectives drafted by the State need considerable revision to make them more concrete. The JIPRT may choose to address the wording of these objectives and strategies, pursuant to suggesting revisions to the State, or may choose to allocate the community concerns into the existing objectives and strategies.

- Coordinate data sharing between RWP Parts A, B, D, F; General Revenue (GR); and ADAP so that everybody knows what is going on.
- Coordinate data sharing between the RWP and Medicaid.
- “De-silo” treatment – subrecipient agencies don’t “refer out” if they are afraid the clients will be lost when they go to another subrecipient.
- Case managers need to know about non-RWP services and share those resources with clients so clients can make better use of them.
- Clients have no idea where to go for help.
 - Nobody knows that aidsnet.org exists as a resource. Clients have no idea where to go for help.
 - Case managers are ignorant about anything that they don’t provide in their own agencies.
- “Status neutral” means treating the whole person, not just HIV. How come we don’t treat the whole person? Need more required training on the status-neutral approach to care.
- Mental health services are available beyond the RWP. Why are clients not being made aware?
- Fund peer support networks that cut across funding boundaries and providers – newly diagnosed? STI? Transgender?
- Substance abuse services are available – why are they only residential?
- Need a community information hub, for all programs, for all clients.
- Youth resources are lacking.
- RWP needs to link with other Community Based Organizations (CBOs) to provide services to the whole client.
- Other wrap-around services are needed: housing, support groups, transportation.
- Why do we exclude faith-based services from our referral networks when they are free to everybody?
- We need to get the word out to the community that there are services beyond the Ryan White Program.
- People don’t know what services exist (RWP, ADAP, etc.). We have services that are not being used because people don’t know where to go.
- It isn’t a working system of care if nobody knows how to navigate it.
- Clients who go to [name of outside agency] are treated [poorly] when the agency finds out they have HIV. We need to make cultural sensitivity a requirement to do business as a social service agency in Miami-Dade.

OBJECTIVE 4.1:
BY DECEMBER 31, 2025, INTEGRATE HIV, STI, AND VIRAL HEPATITIS PROGRAMS TO ADDRESS FACTORS IMPACTING THESE SYNDEMICS.

Strategy 4.1.1: Integrate awareness and education into outreach and services across the syndemics.

Strategy 4.1.2: Assess funding, data, workforce capacity, and programmatic barriers to effectively address the syndemics.

Strategy 4.1.3: Coordinate and align strategic planning efforts on HIV, STIs, and viral hepatitis across programs.

OBJECTIVE 4.2:
IMPROVE PRIVATE-PUBLIC-COMMUNITY PARTNERSHIPS TO IDENTIFY AND SCALE UP BEST PRACTICES AND ACCELERATE HIV ADVANCES.

Strategy 4.2.1: Adopt approaches that incentivize the scale up of effective interventions among academic centers, health departments, community-based organizations, allied health professionals, people with HIV and their advocates, the private sector, and other partners.

Strategy 4.2.2: Expand opportunities and mechanisms for information sharing and peer technical assistance within and across jurisdictions to move effective interventions into practice more swiftly.

Strategy 4.2.3: Develop and optimize collaborative multi-agency and multi-sectoral approaches and strategies to address emergent and evolving challenges facing persons of all ages living with HIV.

OBJECTIVE 4.3:

Strategy 4.3.1: Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.

Strategy 4.3.2: Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.

Strategy 4.3.3: Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners

Community Engagement Groups and Activities

Ryan White Program Client Focus Groups

- Clients over 55 years old
- Clients under 55 years old
- Haitian clients (conducted in Creole)

FDOH Workgroups

- Florida Black HIV/AIDS Coalition (formerly, Black Treatment Advocates Network)
- Hispanic Initiative (Iniciativa Hispana) (conducted in Spanish)
- Pre-Exposure Prophylaxis (PrEP) Workgroup
- The Miami Collaborative MSM Workgroup
- Transgender Tenacity Power
- Youth Health

Other

- Community Coalition Roundtable
- Positive People Network, Inc.
- Pridelines Hispanic Support Group (conducted in Spanish)
- Survey Monkey Survey



Strategic Planning Committee and Prevention Committee Joint Integrated Plan Review Team Meeting

Thursday, May 9, 2022

10:00 AM – 1:00 PM

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

AGENDA

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| I. | Call to Order | Abril Sarmiento |
| II. | Introductions | All |
| III. | Housekeeping | David Goldberg |
| IV. | Floor Open to the Public | Dr. Angela Mooss |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 14, 2022 | All |
| VII. | Standing Business | |
| | ▪ Ryan White Program Part A/MAI Recipient Report | Carla Valle-Schwenk |
| | ▪ Partnership Report | Abril Sarmiento |
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| | ▪ Florida Comprehensive Planning Network Nominations | All |
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| IX. | Announcements | All |
| X. | Next Meeting: Joint Integrated Plan Review Team – Friday, June 10, 2022
Miami-Dade County Main Library | Dr. Diana Sheehan |
| XI. | Adjournment | Abril Sarmiento |

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**Proposed Schedule for Strategic Planning and Prevention Committees
Joint Integrated Plan Review Team Meetings
June – August, 2022**

Thursday, June 9, 2022

Agenda Focus: Integrated Plan Goals Development

10:00 AM – 1:00 PM

Miami-Dade County Main Library

101 West Flagler Street

Auditorium

Miami, FL 33130

July, 2022

Cancel stand-alone and joint meetings

Monday, August 8, 2022

Agenda Focus: First review of complete Integrated Plan draft

10:00 AM – 1:00 PM

Miami-Dade County Main Library

101 West Flagler Street

Auditorium

Miami, FL 33130

A motion is needed to approve this schedule.



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June 2022

Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
<p>To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).</p>						
			1	2 Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 1:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130	3	4
5  HIV Long-Term Survivor's Day	6	7	8  Caribbean American HIV/AIDS Awareness Day Get on Board! Virtual Training Series Station 6: Understanding the Ryan White Program from Part A through Part F 12:00 PM – 1:00 PM Via Zoom: Meeting ID: 898 3937 0658 Passcode: 159914 	9 **New Date** Miami-Dade HIV/AIDS Partnership Joint Team Meeting: Strategic Planning Committee and Prevention Committee 10:00 AM – 1:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	10	11
12	13	14	15	16 Miami-Dade HIV/AIDS Partnership Housing Committee 2:00 PM – 4:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	17 Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting	18
19 Juneteenth	20 Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	21	22	23	24 Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM – 11:30 AM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	25
26	27  National HIV Testing Day Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable in the Community for National HIV Testing Day! Stay tuned for details!	28 Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting	29 Miami-Dade HIV/AIDS Partnership Executive Committee 10:00 AM – 12:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	30 All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in person. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom. PLEASE RSVP Scan the QR Code with your phone's camera or contact us at cbontempo@behavioralscience.com , marlen@behavioralscience.com or (305) 445-1076. 		



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