



Community Coalition Roundtable Dinner

Monday, September 26, 2022

5:30 PM – 7:30 PM

Borinquen Medical Centers
3601 Federal Highway, Miami, FL 33137

AGENDA

I. Call to Order	Alecia Tramel
II. Introductions	All
III. Housekeeping	Alecia Tramel
I. Floor Open to the Public	Lamar McMullen
II. Review/Approve Agenda	All
III. Review/Approve Minutes of August 29, 2022	All
IV. Special Presentation: <i>Cultural Humility, Session 2</i>	Bolivar Nieto
V. Reports	
▪ Membership	All
VI. Standing Business	
▪ Recover Restart Refreshed Health Fair Participation	All
VII. New Business	
▪ Remaining 2022 Roundtable Schedule	All
VIII. Announcements	All
IX. Next Roundtable: October 31, 2022; location TBA	Lamar McMullen
X. Adjournment	Alecia Tramel

*Special thanks to our meeting host, Borinquen Medical Centers
&
To Gilead Sciences for tonight's dinner!*

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

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Meeting Housekeeping

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

Updated July 25, 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.

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 . . .

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.*

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.

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.

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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Community Coalition Roundtable Dinner
Pridelines, 6360 NE 4th Court, Miami, FL 33138
July 25, 2022

#	Members	Present	Absent	Guests	
1	Burks, Laurie Ann	x		Brown, Dedra	
2	Ferrer, Luigi	x		Byamugisha, Acklynn	
3	Jones, Sandra	x		Conway, K.	
4	McIntyre, Harold		x	Hernandez, Giovanni	
5	McMullen, Lamar	x		Nieto, Bolivar	
6	Perez Bermudez, Alberto		x	Perez, Lisa	
7	Tramel, Alecia		x	R, Walter	
				Robinson, Joanna	
				Taylor, Ollie Lee	
				Tennant, Naeem	
				Vaughn, Sannita	
				Young, Ray	
				Staff	
				Bontempo, Christina	
				Kubilus, Barbara	
Quorum: 4					

Note: All documents referenced in these minutes are on file and were accessible to members and the public prior to (and during) the roundtable, at www.aidsnet.org/meeting-documents. The roundtable agenda, minutes, calendar, and other reference documents were distributed to all attendees.

Prior to the roundtable reaching quorum, Bolivar Nieto, Gilead Sciences Community Liaison, presented *Cultural Humility – Session 1*. The presentation included discussion of the various life experiences and social determinants of health which should be considered to better serve persons with and at risk of HIV along the continuum of care. Attendees were given “homework” to consider resilience and ethical violations which will be discussed in Session 2. At the end of the presentation, attendees introduced themselves and answered one of three questions to explore differences in cultural experiences. Members thanked Mr. Nieto and Gilead for the presentation and for providing the Roundtable dinner.

I. Call to Order

Committee Vice Chair, Lamar McMullen, called the roundtable to order at 6:56 p.m.

II. Introductions

Members, guests, and staff introduced themselves during the Gilead presentation.

III. Housekeeping/Meeting Rules

Housekeeping rules were posted prior to the meeting.

IV. Floor Open to the Public

Mr. McMullen, opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.”

There were no comments. The floor was then closed.

V. Review/Approve Agenda

The committee reviewed the agenda. There were no changes.

Motion to approve the agenda.

Moved: Sandra Jones

Seconded: Luigi Ferrer

Motion: Passed

VI. Review the Minutes of July 25, 2022

Members reviewed the July 25, 2022 meeting minutes. There were no changes.

Motion to approve the July 25, 2022 meeting minutes as presented.

Moved: Sandra Jones

Seconded: Luigi Ferrer

Motion: Passed

VII. Special Presentation: Cultural Humility, Session 1

The presentation took place prior to the roundtable (see above).

VIII. Reports

▪ Executive Committee Report

Lamar McMullen

The Executive Committee met on August 22, 2022, to discuss Bylaws changes related to membership. The next meeting is September 28, 2022, at Behavioral Science Research. The calendar with details was included in the meeting materials.

▪ Updates to Membership Structure

Lamar McMullen

The Executive Committee recommended to decrease the maximum number of committee members from 24 to 16 members per committee. The Prevention Committee will continue to have 24 members to allow for FDOH contractual requirements.

The reduction in other committees would mean instead of 75 committee vacancies, there would be only 30 vacancies across all committees, which does not address Partnership vacancies. Members will discuss vacancies in the future.

IX. Standing Business

▪ Recover Restart Refreshed Health Fair Participation

The upcoming dates for Recover Restart Refreshed Health Fairs were listed on a map in the meeting packet. Each member was asked to commit to at least one of those events. Members are requested to distribute Partnership and Ryan White Program materials at the health fairs.

The September 10, 2022, date coincides with the Positive People Conference which is a conflict for some members. Staff will coordinate with Luigi Ferrer for participation on September 10. Mr. McMullen will participate at the October 29, 2022, fair. The November and December dates will be discussed at the next roundtable.

▪ AIDS Walk Miami Update

There are still no updates; staff was instructed to look for updates again in 2023.

X. New Business

There was no new business.

XI. Announcements

Barbara Kubilus announced the Clinical Quality Management Committee Zoom meeting and encouraged all attendees to be part of the committee. A flyer with details was distributed.

Upcoming event announcements:

- September 23: National Gay Men's HIV/AIDS Awareness Day event at the Palace Rooftop hosted by the Florida Department of Health MSM Workgroup.
- September 27: National Gay Men's HIV/AIDS Awareness Day event hosted by Empower U CHC.
- November 4-5: South Florida Wellness Conference.

XII. Next Roundtable

Mr. McMullen announced the next Roundtable is scheduled for September 26, 2022 at 5:30 p.m. at Borinquen Medical Centers.

XIII. Adjournment

Mr. McMullen thanked Pridelines for hosting the meeting space and thanked Mr. Nieto and Gilead for the presentation and dinner.

Mr. McMullen called for a motion.

Motion to adjourn.

Moved: Luigi Ferrer

Seconded: Laurie Ann Burks

Motion: Passed

The roundtable adjourned at 7:09 p.m.



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Membership Report

August 16, 2022

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:

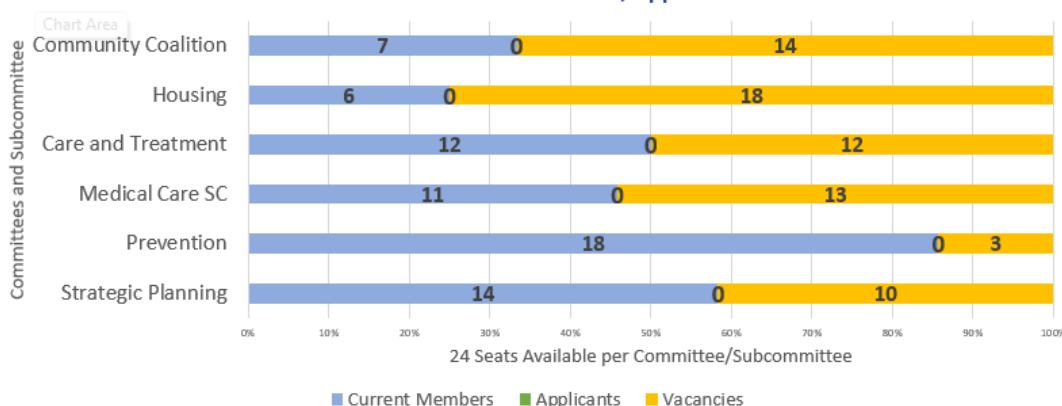
Representative Co-infected with Hepatitis B or C
Hospital or Health Care Planning Agency Representative
Other Federal HIV Program Grantee Representative (SAMHSA)
Federally Recognized Indian Tribe Representative
Mental Health Provider Representative
Miami-Dade County Public Schools Representative

Partnership Committees

Committees are now accepting applications for new members.

People with HIV are encouraged to apply.

Committee and Subcommittee Members, Applicants & Vacancies



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 Roundtable Luncheons 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.



Community Coalition Committee Membership Application

This is the application for membership on the Miami-Dade HIV/AIDS Partnership's Community Coalition Committee.

All members of County boards shall be permanent residents and electors of Miami-Dade County unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement, and should have reputations for integrity and community service. In addition, all board members should have demonstrated an interest in the field, activity or sphere covered by the board.

8

Please complete this page.

Contact Information			
First Name:		Middle Initial:	Last Name:
Home Address:			
City:		State: FL (Florida residency required)	Zip Code:
Home Phone:	Cell Phone:		May we text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Email:		Is this your preferred email? <input type="checkbox"/> Yes <input type="checkbox"/> No, please use Business Email	
Employer (if applicable):			
Business Address:			
City:	State:	Zip Code:	Business Phone Number:
Business Email:		Is this your preferred email? <input type="checkbox"/> Yes <input type="checkbox"/> No, please use Home Email	

Demographic Information	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other (please specify)	
Race/Ethnicity: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (please specify)	
Language(s) I speak: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other (please specify)	

Other	
Are you a registered voter in Miami-Dade County? (Voter registration required) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure	Date of Birth: (MM/DD/YYYY)
Are you an officer, employee, representative, or consultant to any Ryan White Program Part A funded subrecipient/service provider? See Page 3 for a list of Ryan White Program Part A Service Providers. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure	



Community Coalition Committee Membership Application

Please read and initial each Statement of Commitment.

General Requirements	
As a Miami-Dade HIV/AIDS Partnership Committee Member, I agree to:	
<i>Your initials here</i>	Devote a minimum of two (2) hours per month to committee activities, including: 1) Replying to committee meeting notices by confirming attendance with Partnership staff; 2) Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance of a meeting, in order to facilitate the business of the committee; 3) Attending meetings; and 4) As appropriate, submitting reports and/or feedback.
<i>Your initials here</i>	Allow Partnership Staff to access my voter registration information from the Florida Department of State Voter Information Lookup website.
<i>Your initials here</i>	Contribute professional and personal expertise to further the work of the committee.
<i>Your initials here</i>	Uphold the goals, objectives, policies, and procedures of the committee.
<i>Your initials here</i>	Submit an annual Financial Disclosure Statement, required by 2-11.1(i) of the Code of Miami-Dade County.
<i>Your initials here</i>	Adhere to all other federal, state, and local civil rights laws and regulations.

Attendance Requirements	
As a Miami-Dade HIV/AIDS Partnership Committee Member, I agree to:	
<i>Your initials here</i>	Comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102 (G) of the Code of Miami-Dade County, as follows: 1) Five (5) absences from scheduled committee meetings in any County fiscal year (October 1 of the current year through September 30 of the year following) shall constitute grounds for removal; 2) A member who attends a meeting for less than 75% of the scheduled or actual duration of the meeting - whichever is less - is counted as absent from that meeting; 3) Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.

Training Requirements	
As a Miami-Dade HIV/AIDS Partnership Committee Member, I agree to:	
<i>Your initials here</i>	Attend Partnership New Member Orientation and Training within the first three (3) months of joining.
<i>Your initials here</i>	Attend Miami-Dade County Advisory Board Member Ethics Training within the first three (3) months of joining.
<i>Your initials here</i>	Comply with all other Partnership and/or Miami-Dade County Government training requirements.

Committee Responsibilities	
As a Community Coalition Committee Member, I agree to:	
<i>Your initials here</i>	Attend the Community Coalition Committee Meeting each month.
<i>Your initials here</i>	Assist with recruiting potential Miami-Dade HIV/AIDS Partnership and Partnership Committee members from the community.
<i>Your initials here</i>	Encourage others from the affected HIV/AIDS communities to become more involved in Partnership and Committee activities.
<i>Your initials here</i>	Participate in the nominations process, including reviewing applications and nominating candidates for Partnership membership.
<i>Your initials here</i>	Assist with developing and implementing training and recruitment programs for the community to learn more about the Partnership and its activities.
<i>Your initials here</i>	Complete community outreach initiatives and report input and action items to the Partnership from community based organizations and other groups.



Community Coalition Committee Membership Application

If you are applying as a Person with HIV, please complete this page, or

Initial Here: I am not applying as a Person with HIV.

Disclosure of Personal Health Information Authorization

I, (print your full name) _____, understand that if I wish to be considered for membership as a Person with HIV it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my status.

THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED.

I am HIV positive. ☐ Yes ☐ No

I am a recipient of Ryan White Program Part A services. ☐ Yes ☐ No ☐ I'm not sure

Ryan White Program Part A Service Providers

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ AIDS Healthcare Foundation (AHF) ▪ Better Way of Miami ▪ Borinquen Health Care Center ▪ CAN Community Health ▪ Care 4 U Community Health Center ▪ Care Resource ▪ Citrus Health Network ▪ Community Health of South FL (CHI) ▪ Empower U Community Health Center | <ul style="list-style-type: none"> ▪ Food for Life Network ▪ Jessie Trice Community Health System ▪ Latinos Salud ▪ Legal Services of Greater Miami ▪ Miami Beach Community Health Center ▪ MBCHC/St. Luke's Addiction Recovery Center ▪ New Hope C.O.R.P.S. ▪ Public Health Trust/Jackson Health System (all clinics) ▪ University of Miami |
|--|---|

<i>Your initials here</i>	If I choose not to disclose my HIV status, I understand that I will be considered for membership in other membership categories, provided there is an open seat and I meet the qualifications for that seat.
<i>Your initials here</i>	I understand that this information will become public record and may be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.
<i>Your initials here</i>	I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next Community Coalition Committee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.
<i>Your initials here</i>	I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Management and Budget-Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Signature:

Date:

CANCELLATION OF DISCLOSURE AUTHORIZATION

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature:

Date:



Community Coalition Committee Membership Application

Please complete this page.

Areas of Expertise and Interest

Please check ALL populations in which you have expertise or interest:

- ☐ Black/African-American: ☐ Men ☐ Women ☐ Transgender
- ☐ Commercial sex workers
- ☐ Hispanic: ☐ Men ☐ Women ☐ Transgender
- ☐ Homeless population
- ☐ Immigrant population
- ☐ Men Who Have Sex With Men (MSM)
- ☐ Other Transgender/Transsexual populations
- ☐ Persons over 50 years old with HIV
- ☐ Substance use population
- ☐ Youth/Teens
- ☐ Other: _____

Please check ALL areas of expertise or interest:

- ☐ Communication, including social media
- ☐ Healthcare planning
- ☐ Financial resource allocations/budgeting
- ☐ Leadership/management
- ☐ Medical care and treatment
- ☐ Member recruitment
- ☐ Quality management/quality improvement
- ☐ PrEP and HIV prevention
- ☐ Social services, including mental health and substance use
- ☐ Other: _____

Sign and Date

I, (print your full name) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.

Application valid for 6 months from this date.

Signature: _____

Date: _____

Please mail your completed application to:

Behavioral Science Research Corporation (BSR)
Attn: Staff Support
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134

Or send via email to hiv-aidsinfo@behavioralscience.com; or via fax to (305) 448-3325.

Your application will go before the committee to which you have applied. You are required to attend a meeting of that committee to introduce yourself and state your interest in serving as a member. Upon recommendation from the committee, your membership will be accepted or denied.

Applications for the Partnership and other committees are available online and at regularly scheduled meetings. Please contact Partnership staff at (305) 445-1076 or hiv-aidsinfo@behavioralscience.com if you have questions or need assistance.

FOR OFFICIAL USE

Date received: _____

Date membership approved/denied: _____



Membership Application for Representatives of the Affected Community

This is the application for membership on the Miami-Dade HIV/AIDS Partnership for Representative of the Affected Community (ROAC) seats. To apply for other seats, please complete the *General Membership Application*.

All members of County boards shall be permanent residents and electors of Miami-Dade County unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement, and should have reputations for integrity and community service. In addition, all board members should have demonstrated an interest in the field, activity or sphere covered by the board.



Before completing this application, please be advised that the Office of the Mayor of Miami-Dade County conducts criminal background checks on all persons applying to its boards.

Contact Information			
First Name:		Middle Initial:	Last Name:
Home Address:			
City:		State: FL (Florida residency required)	Zip Code:
Home Phone:	Cell Phone:		May we text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Email:		Is this your preferred email? <input type="checkbox"/> Yes <input type="checkbox"/> No, please use Business Email	
Employer (if applicable):			
Business Address:			
City:		State:	Zip Code:
Business Phone Number:			
Business Email:		Is this your preferred email? <input type="checkbox"/> Yes <input type="checkbox"/> No, please use Home Email	

Demographic Information	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other (please specify)	
Race/Ethnicity: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other (please specify)	
Language(s) I speak: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other (please specify)	
Date of Birth: (MM/DD/YYYY)	



Membership Application for Representatives of the Affected Community

Please complete this section.

Categories of Membership

Please select **ALL** categories you are eligible to represent.

Note: Recommended assignments are based on available seats.

- ☐ 13 Seats: Representatives of the Affected Community who are people with HIV who are not affiliated or employed by a Ryan White Program Part A funded service provider **and** who receive one or more Ryan White Program Part A services.
- ☐ Former inmate of a local, state, or federal prison who was released from custody of the penal system during the preceding three years and had HIV disease as of the date of release.

Committee Assignments

If appointed to the Partnership, on which committee(s) would you **most** like to serve?

Note: Assignments are based on committee needs.

- ☐ Community Coalition Committee
- ☐ Housing Committee
- ☐ Care and Treatment Committee
- ☐ Prevention Committee
- ☐ Strategic Planning Committee
- ☐ Medical Care Subcommittee
- ☐ Check here if you are currently a committee member.

Please read and initial each statement.

Application Process

Your initials here	I understand that if I am applying as a Representative of the Affected Community, I am required to complete the Disclosure of Personal Health Information Authorization (next page) identifying my HIV status.
Your initials here	I understand I am required to attend a Community Coalition Committee meeting to introduce myself and state my interest in serving as a member.
Your initials here	I understand the Partnership's Community Coalition Committee will review and score my completed application.
Your initials here	I understand that upon recommendation from the Community Coalition Committee, my application will go before the Miami-Dade HIV/AIDS Partnership and that I must attend that Partnership meeting to introduce myself and state my interest in serving as a member.
Your initials here	I understand the Miami-Dade HIV/AIDS Partnership is a Miami-Dade County Advisory Board and that members are appointed by the Mayor of Miami-Dade County upon recommendation from the Partnership and after passing the criminal background check.



Membership Application for Representatives of the Affected Community

Please complete this section.

Disclosure of Personal Health Information Authorization

I, (print your full name) _____, understand that if I wish to be considered for membership or alternate status as a **Representative of the Affected Community** on the Miami-Dade HIV/AIDS Partnership, it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my status.

**THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND
SHALL REMAIN IN EFFECT UNTIL REVOKED.**

Please check "Yes" or "No" for each of the following statements:

- ☐ Yes ☐ No I am HIV positive.
- ☐ Yes ☐ No I am a recipient of Ryan White Part A services.
- ☐ Yes ☐ No I am a caregiver to an HIV positive person who is a recipient of Ryan White Part A services.

If I choose not to disclose my HIV status, I understand that I will be considered for membership in other membership categories, provided there is an open seat and I meet the qualifications for that seat.

I understand that this information will become public record and **may** be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.

I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next Community Coalition Committee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.

I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Signature

Date

CANCELLATION OF DISCLOSURE AUTHORIZATION

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature

Date



Membership Application for Representatives of the Affected Community

Please complete this page.

Statement of Interest

Provide a brief statement explaining your interest in the Partnership and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

Ryan White Program Affiliation

Are you an officer, employee, representative, or consultant to any of the following Ryan White Program Part A/MAI funded subrecipients? ☐ Yes ☐ No

If YES, please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> AIDS Healthcare Foundation (AHF) | <input type="checkbox"/> Food for Life Network |
| <input type="checkbox"/> Better Way of Miami | <input type="checkbox"/> Jessie Trice Community Health System |
| <input type="checkbox"/> Borinquen Health Care Center | <input type="checkbox"/> Latinos Salud |
| <input type="checkbox"/> CAN Community Health | <input type="checkbox"/> Legal Services of Greater Miami |
| <input type="checkbox"/> Care 4 U Community Health Center | <input type="checkbox"/> Miami Beach Community Health Center |
| <input type="checkbox"/> Care Resource | <input type="checkbox"/> MBCHC/St. Luke's Addiction Recovery Center |
| <input type="checkbox"/> Citrus Health Network | <input type="checkbox"/> New Hope C.O.R.P.S. |
| <input type="checkbox"/> Community Health of South FL (CHI) | <input type="checkbox"/> Public Health Trust/Jackson Health System (all clinics) |
| <input type="checkbox"/> Empower U Community Health Center | <input type="checkbox"/> University of Miami |

Areas of Expertise and Interest

Please check ALL populations in which you have expertise or interest:

- ☐ Black/African-American: ☐ Men ☐ Women ☐ Transgender
- ☐ Commercial sex workers
- ☐ Hispanic: ☐ Men ☐ Women ☐ Transgender
- ☐ Homeless population
- ☐ Immigrant population
- ☐ Men Who Have Sex With Men (MSM)
- ☐ Other Transgender/Transsexual populations
- ☐ Persons over 50 years old with HIV
- ☐ Substance use population
- ☐ Youth/Teens ☐ Other: _____

Please check ALL areas of expertise or interest:

- ☐ Communication, including social media
- ☐ Healthcare planning
- ☐ Financial resource allocations/budgeting
- ☐ Leadership/management
- ☐ Medical care and treatment
- ☐ Member recruitment
- ☐ Quality management/quality improvement
- ☐ PrEP and HIV prevention
- ☐ Social services (mental health, substance use, etc.)
- ☐ Other: _____



Membership Application for Representatives of the Affected Community

Please read and initial each Statement of Commitment.

General Requirements

As a Miami-Dade HIV/AIDS Partnership Member, I agree to:

<i>Your initials here</i>	Devote a minimum of four (4) hours per month to Partnership and committee activities, including: 1) Attending the Miami-Dade HIV/AIDS Partnership Meeting each month; 2) Attending the meeting(s) of my assigned committee(s) each month 3) Replying to meeting notices by confirming attendance with Partnership staff; 4) Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance in order to facilitate Partnership and committee business; and 5) As appropriate, submitting reports and/or feedback.
<i>Your initials here</i>	Serve on at least one (1) standing committee or subcommittee as suited to my interests, skills, and the needs of the Partnership.
<i>Your initials here</i>	Support the planning, needs assessment, and priority setting processes of the Partnership.
<i>Your initials here</i>	Contribute professional and personal expertise to further the work of the Partnership.
<i>Your initials here</i>	Uphold the goals, objectives, policies, and procedures of the Partnership.
<i>Your initials here</i>	Submit an annual Financial Disclosure Statement, required by 2-11.1(i) of the Code of Miami-Dade County.
<i>Your initials here</i>	Adhere to all other federal, state, and local civil rights laws and regulations.

Attendance Requirements

As a Miami-Dade HIV/AIDS Partnership Member, I agree to:

<i>Your initials here</i>	Comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102 (G) of the Code of Miami-Dade County, as follows: 1) Five (5) absences from scheduled committee meetings in any County fiscal year (October 1 of the current year through September 30 of the year following) shall constitute grounds for removal. 2) A member who attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less, is counted as absent from a meeting; 3) Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.
---------------------------	--

Training Requirements

As a Miami-Dade HIV/AIDS Partnership Member, I agree to:

<i>Your initials here</i>	Attend Partnership New Member Orientation and Training within the first three (3) months of joining.
<i>Your initials here</i>	Attend Miami-Dade County Advisory Board Member Ethics Training within the first three (3) months of joining.
<i>Your initials here</i>	Attend Miami-Dade County Mandatory Advisory Board Sexual Harassment Prevention Training, as available.
<i>Your initials here</i>	Comply with all other Partnership and/or Miami-Dade County Government training requirements.



Membership Application for Representatives of the Affected Community

Please complete this section.

Acknowledgement and Authorization for Criminal Background Check

Name of Applicant

As a condition of my application for appointment to the Miami-Dade HIV/AIDS Partnership, I understand that Miami-Dade County, through the Mayor's Office, will conduct a criminal background check on me to determine my eligibility to be appointed to the Partnership. By signing this Acknowledgement and Authorization I authorize Miami-Dade County, by and through the Mayor's Office, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Miami-Dade County against any liability which may result from making such requests. I agree that a fax or photocopy of this Acknowledgment and Authorization form with my signature will be accepted with the same authority as the original.

Applicant's Social Security Number

Please fully write out your Social Security Number on the above line. The Mayor's Office will not process your application without a complete Social Security Number. The County will not publicly disclose your Social Security Number and will take all steps to prevent such disclosure.

Signature of Applicant

Date



Membership Application for Representatives of the Affected Community

Please complete this section.

Sign and Date	
I, (print your full name) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.	
Application valid for 6 months from this date.	
Signature:	Date:

Please mail your completed application to:

Behavioral Science Research Corporation (BSR)
Attn: Staff Support
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134

Or send via email to hiv-aidsinfo@behavioralscience.com; or via fax to (305) 448-3325.

Your application will go before the Community Coalition Committee. You are required to attend a meeting of that committee to introduce yourself and state your interest in serving as a member. Upon recommendation from the Community Coalition Committee, your application will go before the Miami-Dade HIV/AIDS Partnership. You are required to attend a meeting of the Partnership to introduce yourself and state your interest in serving as a member. Following recommendation by the Partnership, your application will be forwarded to the Mayor of Miami-Dade County for appointment. You will be notified if/when your appointment is approved.

FOR OFFICIAL USE	
Client #:	
Date received:	Date membership approved/denied:



Community Coalition Roundtable Dinner

Monday, September 26, 2022

5:30 PM – 7:30 PM

Borinquen Medical Centers
3601 Federal Highway, Miami, FL 33137

AGENDA

- | | |
|---|----------------|
| I. Call to Order | Alecia Tramel |
| II. Introductions | All |
| III. Housekeeping | Alecia Tramel |
| I. Floor Open to the Public | Lamar McMullen |
| II. Review/Approve Agenda | All |
| III. Review/Approve Minutes of August 29, 2022 | All |
| IV. Special Presentation: <i>Cultural Humility, Session 2</i> | Bolivar Nieto |
| V. Reports | |
| ▪ Membership | All |
| VI. Standing Business | |
| ▪ Recover Restart Refreshed Health Fair Participation | All |
| VII. New Business | |
| ▪ Remaining 2022 Roundtable Schedule | All |
| VIII. Announcements | All |
| IX. Next Roundtable: October 31, 2022; location TBA | Lamar McMullen |
| X. Adjournment | Alecia Tramel |

*Special thanks to our meeting host, Borinquen Medical Centers
&
To Gilead Sciences for tonight's dinner!*

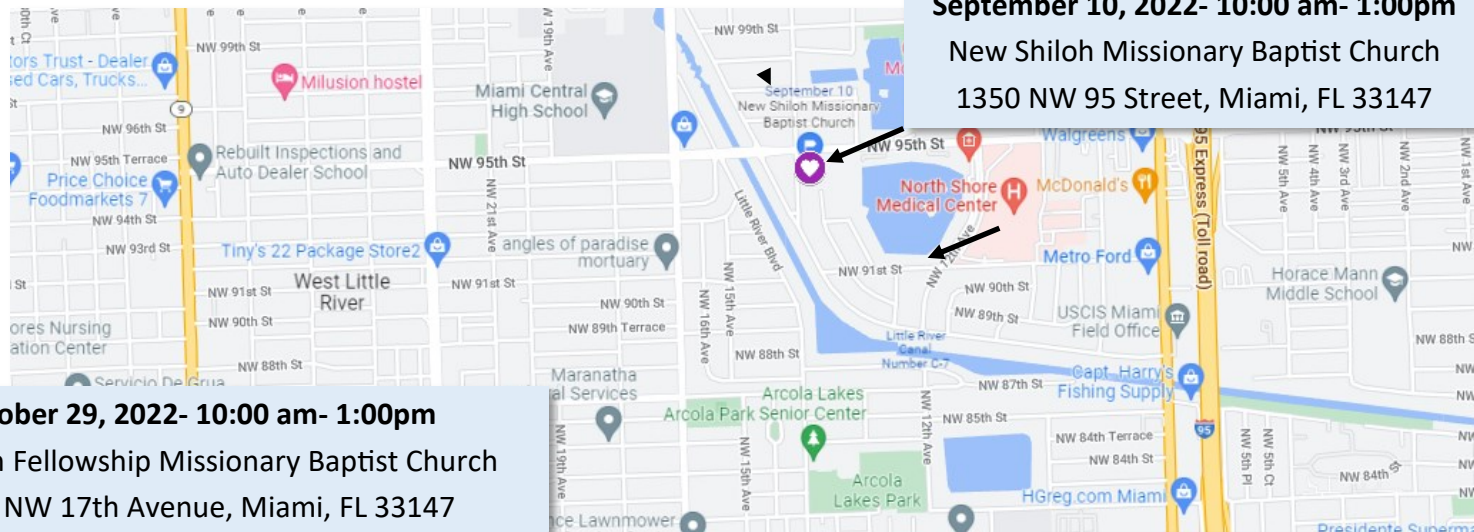
For more information about the Community Coalition, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership

2022 Recover. Restart. Refreshed Health Fairs

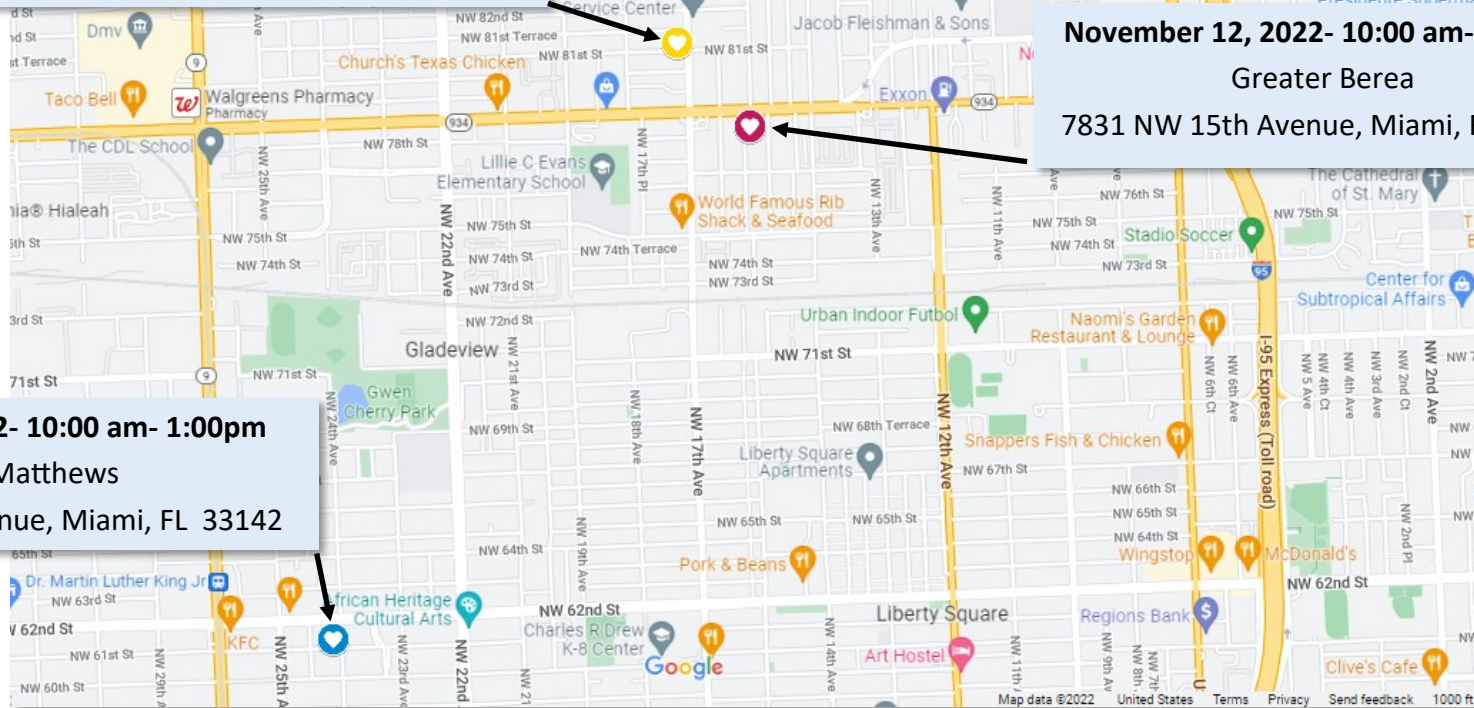
September 10, 2022- 10:00 am- 1:00pm

New Shiloh Missionary Baptist Church
1350 NW 95 Street, Miami, FL 33147



October 29, 2022- 10:00 am- 1:00pm

Christian Fellowship Missionary Baptist Church
8100 NW 17th Avenue, Miami, FL 33147

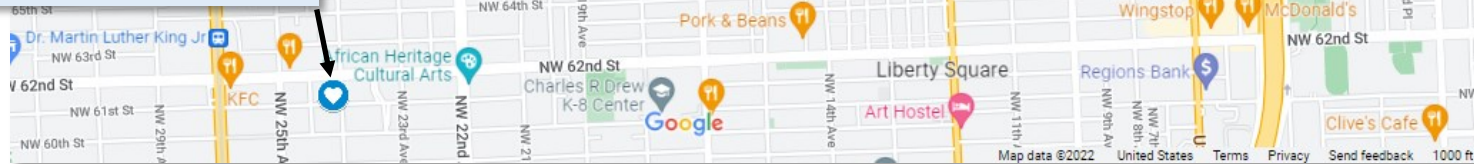


November 12, 2022- 10:00 am- 1:00pm

Greater Berea
7831 NW 15th Avenue, Miami, FL 33147

December 3, 2022- 10:00 am- 1:00pm

Saint Matthews
6100 NW 24th Avenue, Miami, FL 33142





Community Coalition Roundtable Dinner

Monday, September 26, 2022

5:30 PM – 7:30 PM

Borinquen Medical Centers
3601 Federal Highway, Miami, FL 33137

AGENDA

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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership






November 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	<p>3</p> <p>Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130</p>	4	5
		<div> Print It Post It Pass It Around </div>				
6	7	8	9	10	11	12
					Veteran's Day	
13	<p>14</p> <p>Miami-Dade HIV/AIDS Partnership Joint Team Meeting: Strategic Planning Committee and Prevention Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p> <p>Ryan White Program Medical Case Manager Basic Training 10:00 AM – 5:00 PM Zoom Meeting</p>	15	16	<p>17</p> <p>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</p>	18	19
			Draft		<p>Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting</p> <p>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</p>	
20	<p>21</p> <p>Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	22	23	24	25	26
				Thanksgiving Day (BSR Offices Closed)	(BSR Offices Closed)	
27	<p>28</p> <p>Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable</p>	<p>29</p> <p>Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting</p>	<p>30</p> <p>Ryan White Program Medical Case Manager Supervisor Training 10:00 AM – 4:00 PM Zoom Meeting</p> <p>Miami-Dade HIV/AIDS Partnership Executive Committee **To Meet if Needed**</p>	<div>  <p>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.</p> <p>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. Zoom log-in.</p> </div>		

December 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>		 <p>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.</p> <p>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. Zoom log-in.</p>		<p>1</p>  <p>Worlds AIDS Day</p> <p>Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>2</p>	<p>3</p>
<p>4</p> <div> <p>Print It  Post It </p> <p>Pass It Around </p> </div>	<p>5</p>	<p>6</p> <p>Remembering Ryan White Born December 6, 1971 Died April 8, 1990</p>	<p>7</p> <p>Miami-Dade HIV/AIDS Partnership's New Member Orientation & Training 2:00 PM – 5:00 PM Via Zoom Meeting ID: 870 3121 8580 Passcode: 132820</p>	<p>8</p>	<p>9</p> <p>Miami-Dade HIV/AIDS Partnership Strategic Planning Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>10</p>
<p>11</p>	<p>12</p>	<p>13</p>	<p>14</p>	<p>15</p> <p>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</p>	<p>16</p> <p>Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting</p>	<p>17</p>
<p>18</p>	<p>19</p> <p>Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>20</p> <p>Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting</p>	<p>21</p> <p>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</p>	<p>22</p> <p>Miami-Dade HIV/AIDS Partnership Prevention Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>23</p>	<p>24</p>
<p>25</p> <p>Christmas Day</p>	<p>26</p> <p>(BSR Offices Closed)</p>	<p>27</p> <p>Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable</p>	<p>28</p>	<p>29</p>	<p>30</p>	<p>31</p>

Version 09/26/22 Information on this calendar is subject to change.



Community Coalition Roundtable Dinner

Monday, September 26, 2022

5:30 PM – 7:30 PM

Borinquen Medical Centers
3601 Federal Highway, Miami, FL 33137

AGENDA

- | | |
|---|----------------|
| I. Call to Order | Alecia Tramel |
| II. Introductions | All |
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| I. Floor Open to the Public | Lamar McMullen |
| II. Review/Approve Agenda | All |
| III. Review/Approve Minutes of August 29, 2022 | All |
| IV. Special Presentation: <i>Cultural Humility, Session 2</i> | Bolivar Nieto |
| V. Reports | |
| ▪ Membership | All |
| VI. Standing Business | |
| ▪ Recover Restart Refreshed Health Fair Participation | All |
| VII. New Business | |
| ▪ Remaining 2022 Roundtable Schedule | All |
| VIII. Announcements | All |
| IX. Next Roundtable: October 31, 2022; location TBA | Lamar McMullen |
| X. Adjournment | Alecia Tramel |

*Special thanks to our meeting host, Borinquen Medical Centers
&
To Gilead Sciences for tonight's dinner!*

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

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Community Coalition Roundtable Dinner

Monday, September 26, 2022

5:30 PM – 7:30 PM

Borinquen Medical Centers
3601 Federal Highway, Miami, FL 33137

AGENDA

- | | |
|---|----------------|
| I. Call to Order | Alecia Tramel |
| II. Introductions | All |
| III. Housekeeping | Alecia Tramel |
| I. Floor Open to the Public | Lamar McMullen |
| II. Review/Approve Agenda | All |
| III. Review/Approve Minutes of August 29, 2022 | All |
| IV. Special Presentation: <i>Cultural Humility, Session 2</i> | Bolivar Nieto |
| V. Reports | |
| ▪ Membership | All |
| VI. Standing Business | |
| ▪ Recover Restart Refreshed Health Fair Participation | All |
| VII. New Business | |
| ▪ Remaining 2022 Roundtable Schedule | All |
| VIII. Announcements | All |
| IX. Next Roundtable: October 31, 2022; location TBA | Lamar McMullen |
| X. Adjournment | Alecia Tramel |

Special thanks to our meeting host, Borinquen Medical Centers

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October 2022

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

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	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).					1
2	3 <div>Print It Post It Pass It Around </div>	4	5 Get on Board! Virtual Training Series Station 7: Understanding Needs Assessment Dashboard Cards - An Essential Decision-Making Tool 12:00 PM – 1:00 PM Via Zoom Meeting ID: 825 6711 5745 Passcode: 593968	6 Miami-Dade HIV/AIDS Partnership Care & Treatment Committee **Cancelled**	7	8
9	10 Columbus Day / Indigenous Peoples' Day	11	12	13	14 Miami-Dade HIV/AIDS Partnership Joint Integrated Plan Review 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	15
16	17	18 Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	19	20 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	21 Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting	 National Latinx AIDS Awareness Day (Oct 15)
23	24	25 Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting	26 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	27	28 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	29
30	31 Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Luncheon 12:00 PM – 2:00 PM Location: TBA		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. Zoom log-in.			



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