

I. Call to Order

Prevention Committee Chair, Abril Sarmiento, called the meeting to order at 10:31 a.m.

II. Introductions

Members, guests, and staff introduced themselves.

III. Housekeeping

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

IV. Floor Open to the Public

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.

V. Review/Approve Agenda

Members reviewed the agenda. Floor Open to the Public will be changed to reflect Ms. Sarmiento as the activity leader.

Motion to approve the agenda with noted change.

Moved: Miguel Puente

Seconded: Dr. Diego Shmuels

Motion: Passed

VI. Review/Approve Minutes of August 8, 2022

Minutes of August 8, 2022 were reviewed. There were no changes or corrections.

Motion to approve the minutes of the August 8, 2022 meeting as presented.

Moved: Miguel Puente

Seconded: David Goldberg

Motion: Passed

VII. Reports

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

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

- Complete Part A / MAI expenditure reports are posted online. Expenditures are starting to catch up to previous years' spending.
- Six of eighteen Part A contracts are fully executed; two contracts are being executed today; and remaining contracts are under review and revision.

VIII. Standing Business

Members reviewed the draft *2022-2026 Integrated Plan Goals, Objectives, and Strategies*. The draft includes highlighted narrative sections to be completed and sent to members for review prior to the next meeting.

Refer to the draft for reference to the below recommended additions, marked with underlines; and deletions, marked with ~~strikethroughs~~.

Baselines for data will be updated to 2021 data. Some activities still need to be refined to read as SMART goals. Change “increase” to an action word or measurable baseline.

- **Prevention**

- Activity P1.1.a. Partner/~~collaborate~~ with [insert target #] healthcare facilities to increase routine HIV testing.
 - How many facilities are contracted? Need to follow up with non-contracted facilities.
- Activity P1.1.c. Partner/~~collaborate~~ with [insert target #] healthcare facilities to offer STI testing.
- Activity P1.1.d. Partner/~~collaborate~~ with [insert target #] healthcare facilities to offer HCV testing.
- Notes: Baseline is based on Centers for Disease Control and Prevention (CDC) national average.
 - Is there a 2021 CDC baseline?

- Activity P1.2.a. Increase by [insert target %] the use of home HIV self testing kits as an alternative option specially for hard-to reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM).
- Activity P1.2.b. Collaborate with [insert target #] traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings (i.e., faith-based organizations, domestic violence/ human trafficking agencies).
- Activity P1.2.c. Increase by [insert target %] the number of mobile units offering HIV/STI testing in the community.

- Activity P1.3.a. Provide training and education to [insert target #] community partners on status-neutral approach.
- Activity P1.3.b. Increase by [insert target %] the number of agencies implementing status neutral approach.

- Activity P1.4.a. Educate [insert target #] CBOs, FQHCs, and private providers on available partner services.
- Activity P1.4.b. Partner with [insert target #] RWHAP and CBOs to educate patients about the importance of partner services.
- Activity P1.4.c. Establish private/public partnerships with [insert target #] organizations to offer partner services.

- Strategy P2.1. ~~Increase awareness of healthcare providers of the opt-out HIV and STI screening for pregnant women per Florida Statute 64D-3.04.~~ Implement educational sessions about the opt-out HIV

and STI screening for pregnant women per Florida Statute 64D-3.04 with healthcare facilities and medical professionals.

- Activity P2.1.a. Conduct educational sessions on Florida Statute 64D-3.04 and Perinatal HIV Prevention protocols with [insert target #] medical professionals and agencies that provide care and treatment to women of childbearing age, and pregnant women with HIV and their exposed or HIV positive newborns.
- Activity P2.1.c. Educate [specify hospitals] hospitals on Opt-Out HIV/STI testing of pregnant women according to the Florida Statute 64D-3.04, and the importance of submitting the High-Risk Notification Form to the Miami-Dade Perinatal HIV Prevention Program.
 - Measurement 2. # of High Risk Pregnancy Notification Forms received from hospitals, compared to total number of pregnant women
- Activity P2.1.d. Conduct [insert target #] educational rounds with emergency rooms, urgent care centers, and classified high-risk delivery hospitals, to increase provider awareness of their responsibility to utilize the Labor/Delivery/Emergency Department Perinatal Prevention Protocols, High Risk Pregnancy Notification, and Newborn Exposure Notification forms.
 - Measurement 2. # of High Risk Pregnancy Notification Forms received from hospitals, compared to total number of pregnant women (see P2.1.c., above)
- All Measurements to include % increase from baseline.

- ~~Activity P3.1.a. Increase PrEP access by expanding the number of partners offering PrEP services. Identify [#] new PrEP services partners to increase PrEP access.~~
- Activity P3.1.g. Increase the number of non-traditional partners offering PrEP from [insert baseline #] to [insert target #].
- (i.e., pharmacies, urgent care centers).

- Activity P4.1.a. Increase the number of partners offering nPEP services from [insert baseline #] to [insert target #].
- Activity P4.1.d. Increase the number of non-traditional partners offering nPEP from [insert baseline #] to [insert target #] (i.e., pharmacies, urgent care centers).
- Need to address 24/7 PrEP access.

- Strategies P5.1 and P6.1 – correct Measurement numbering.

- Objective P6. Support the local Syringe Service Program (SSP) – locally, the Infectious Disease Elimination Act (IDEA Exchange) – and ensure access to harm reduction services.
 - Members asked what was the capacity of the IDEA Exchange; Kira Villamizar, FDOH, indicated there is no maximum capacity.
 - It was suggested to partner with Jessie Trice Community Health Center’s SSP.
 - Members discussed identifying current IDEA Exchange hours and offering services during non-traditional hours (if not already available).
 - Suggested new Activities:
 - Activity P6.1.c. Determine if additional sites are needed.

- Activity P6.1.d. Determine if non-traditional or extended hours are needed.
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- Activity P7.1.a. Build innovative, inclusive, and tri-lingual media campaigns, i.e., billboards, TV/radio, social media, to highlight the importance of knowing your status, getting into care, addressing stigma, HIV prevention and care.
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- **Linkage to Care**

- Objective L1. Increase the percentage of newly diagnosed persons with HIV who are linked to care through initial Test and Treat/Rapid Access (TTRA) protocol – including having a filled ARV prescription – within seven (7) days from xx in 2021 to 80% by December 31, 2026.
 - Divide Activity L1.1.b. into two parts and reassign Measurements. Renumber remaining Activities. Correct spelling of “establishment”. Move EHE Quick Connect details to Glossary.
 - Activity L1.1.b. Educate private providers ~~on cultural humility~~ and the benefits of TTRA.
 - Cultural humility training is not currently in the training protocol.
 - Measurements: 1. # of TTRA access points serving vulnerable population; 2. # of clients enrolled in TTRA services
 - Activity L1.1.c. Expand TTRA network.
 - Measurements: 1. # of private providers committed to link clients to TTRA services; 2. # of private providers implementing TTRA services; 3. # of clients linked in TTRA services; 4. # of patients who received medical care and treatment within 7 days
 - Move Activity *L1.1.f. Identify or develop information . . .* to Retention.
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Members discussed the need to minimize the number of clients experiencing service gaps.

- Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care in thirty days (30) days – including having a filled ARV prescription – following the TTRA protocol from xx in 2021 to 90% by December 31, 2026.
 - Add new Activity: L2.1.a Enroll [%] newly diagnosed persons in ADAP or other Rx payer source within 14 days of new diagnosis or re-engagement in care.; Responsible Entities: Part A, Part B, and partners; Measurements: 1. % newly diagnosed person enrolled in ADAP or other Rx payer source.
 - Renumber remaining Activities.
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- Activity L2.2.a. Enhance warm handoff process. (Hand-off process to be defined).
 - A process is already defined – see L2.2.b.
 - ~~□ Activity L2.2.b. Develop intake protocol that includes requirement to advise clients of the mental health support system.~~
 - This is in direct conflict with L2.2.a. Need to remove or revise.
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▪ **Retention in Care**

- Strategy R1.2. Increase Peer (PESN) involvement in client care. ~~to improve retention and viral load suppression.~~
- Remove Activity R1.2.a.; renumber remaining Activities; correct numbering of Measurements.
- Activity R1.2.b. Increase clinical involvement threshold for Peers from [%] to at least 75%.

- Strategy R1.3.: Members discussed how fragile the connection with clients can be; it only takes one person in an organization to break a client’s trust. Recommendations added to Notes which may be formed into additional Activities:
- Notes
 1. Consider Trauma-Informed Care certification for service providers.
 2. Create a QR Code which links to mental health and other services to provide an anonymous way for people to get more information confidentially.
 3. Work with ADAP on Eligibility Checklist to reduce paperwork for clients.

- Renumber Strategy R2.1 and Activities; indicate FDOH-EHE as Responsible Entities.
- Strategy R1.4. Evaluate retention in care rates among non-RWHAP clients.
 - This will require getting viral load and retention data from non-RWP or FDOH providers.
 - All RWP services (funded and not funded) were prioritized this year which can act as a guide to needed services and providers outside the RWP.
- Activity R1.4.a. Identify mechanism(s) for tracking non-RWHAP clients; update Responsible Entities: FDOH-MDC, Medicaid, Medicare, FQHC, and partner
- Additional Notes
 5. Consider how to address MCM burnout; excessive paperwork; feeling disconnected from actual case management.
 6. FDOH-MDC and ADAP are moving towards implementing annual recertifications.
 7. Tracking mechanisms may include: Provide Enterprise Miami EHE module and HealthTec (telehealth).
 8. Consider Memoranda of Understanding with partners.

▪ **Health Outcomes For Special Populations**

- Change “living with HIV” to “with HIV” throughout this section.

- Activity SP1.1.b. Expand interface between RWHAP and community child care programs specific to needs of women and RWHAP to help women stay in care.
- Activity SP1.1.b. Measurements: 1. # of RWHAP subrecipients offering childcare, including infant care and after school care.
- Notes
 1. Need to expand understanding of Social Determinants of health specific to women.
 2. Need to establish next steps following SP1.1.c.

- Strategy SP2.1. Notes
 1. Define Long-Term Survivor (LTS):
 - a. National Resource Center on HIV and Aging: Long-Term Survivors are defined as having an HIV/AIDS diagnosis before 1996.
 - b. The Well Project: Those who have been living with HIV since before the modern era of effective HIV drugs, or highly active antiretroviral therapy (HAART).
 2. Need to expand understanding of Social Determinants of Health specific to people over age 50 and LTS.

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- Strategy SP4.1. Expand existing programs and collaborations to address specific needs of persons with HIV who are experiencing homelessness or housing instability. ~~who are living with HIV.~~

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- Objective SP6. Improve health outcomes for youth and young adults (ages 13-24) with HIV.

- Strategy SP6.1. Expand existing programs and collaborations to address specific needs of youth and young adults (ages 13-24) with HIV.

- Include retention activities specific to the needs and modes of receiving services that appeal to youth and young adults.

- **Stigma**

- Activity S1.1.b. Require annual stigma, discrimination, and unrecognized bias training for front-line staff and managers of RWHAP and FDOH agencies (See Note 1).

The meeting time was set to expire. Members were asked to review the remaining Objectives and send additional comments to staff. Revisions to highlighted sections of the draft will also be sent for review.

IX. New Business

There was no New Business.

X. Announcements

Member Eddie Orozco announced a brunch at Pridelines on September 17, 2022.

Staff announced the September Partnership meeting is cancelled. Staff announced quick links to Monkeypox information are posted on www.AIDSNET.org.

Mr. Goldberg wished members a happy Rosh Hashanah.

XI. Next Meeting

Strategic Planning Vice Chair, Dr. Diana Sheehan, announced the next meeting is scheduled for November 14, 2022 at the Miami Main Library.

XII. Adjournment

Ms. Sarmiento adjourned the meeting at 12:59 p.m.