

WELCOME

Thank you for joining today's meeting of the

Prevention Committee

Please sign in to have your attendance recorded.







Wednesday, September 25, 2024

10:00 AM - 12:00 PM

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

AGENDA

| I. | Call to Order | Virginia Muñoz |
|-------|--|-------------------|
| II. | Moment of Silence | All |
| III. | Introductions | All |
| IV. | Housekeeping | Virginia Muñoz |
| V. | Floor Open to the Public | Tajma Darlington |
| VI. | Review/Approve Agenda | All |
| VII. | Review/Approve Minutes of August 29, 2024 | All |
| VIII. | Reports | |
| | Membership | Tajma Darlington |
| | Partnership Report to Committees | Virginia Muñoz |
| IX. | Standing Business | |
| | Review of Draft Letter to Mayor Daniella Levine Cava re Youth HIV Prevention | All |
| | Miami-Dade County HIV Prevention Workgroups - Call to Action! Pre-Exposure Prophylaxis Workgroup | Workgroup Leaders |
| | Youth Health Committee Activities and Call to Action | |
| | Presentation: The Women's Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic | Dr. David Forrest |
| X. | New Business | |
| | Integrated Plan Activities Review: Syringe Services Program | All |
| XI. | Announcements and Open Discussion | All |
| XII. | Next Meeting: Thursday, October 24, 2024 at 10:00 AM ~ MDC Main Library | Tajma Darlington |
| XIII. | Adjournment | Virginia Muñoz |
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Meeting Housekeeping Prevention Committee

Updated September 25,2024
Behavioral Science Research

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.

General Housekeeping

- ☐ You must sign in to be counted as present.
- □ Place cell phones on mute or vibrate *If you must take a call, please excuse yourself from the meeting.*
- ☐ Eligible committee members should see staff for a voucher at the end of the meeting.
- ☐ Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.

Meeting Participation

Everyone has a role to play!

- ☐ All attendees may address the board as time allows and at the discretion of the Chair.
- ☐ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
 - Raise your hand to be recognized by the Chair or added to the queue during discussions.
 - Avoid repeating points previously addressed.



Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.

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

Please don't say **RISKS** . . . Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV**, **DIAGNOSED with HIV**, or **CONTRACTED HIV**.

Please **do not** use these terms **Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .**

Meeting Terminology

Meetings can be fast-paced and confusing!

- ☐ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ☐ Please raise your hand at any time if you need more information!

Meeting Guide

Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along.

STOP

Please raise your hand at any time if you need more information!

| ADAP | AIDS Drug Assistance Program | |
|---|---|----------------------|
| BSR | Behavioral Science Research Corp. (aka, 5 | Staff) |
| EHE | Ending the HIV Epidemic: A Plan for Amer | rica |
| EMA | Eligible Metropolitan Area (locally, Miami | i-Dade Courty) |
| FDOI: FDOH MBC | Florida Department of Health in Miami-D | ade County |
| ΓPL. | Federal Poverty Level | |
| HOPWA | Housing Opportunities for People with Al | IDS Program |
| HRSA | The Health Resources and Services Admi | nistration |
| (P | The Integrated HIV Prevention and Care Plan | |
| MAI | Minority AIDS Initiative | |
| NHAS | National HIV/AIDS Strategy | |
| PE Miami Provide | Provide Enterprise® by Groupware Technidatabase system) | nologies (RWP client |
| RWP RWHAP | Ryan White Program or Ryan White HIV/A (Usually referring to Part A/MAI) | NDS Program |
| The Partnership Planning Council PC | The Miami-Dade HIV/AIDS Partnership - 1 White Program Advisory Board | The official Ryan |
| The Recipient The County OMB | The Miami-Dade County Office of Manage | ement and Budget. |
| TTRA | Test and Treat/Rap d Access | |

Scan the QR Code for additional acronyms and terminology -Get on Board Training: Understanding the Language of the Partnership

Resources

- ☐ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ☐ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- □ Today's presentation and supporting documents are online at https://aidsnet.org/the-partnership/, or by scanning the QR code on your agenda.







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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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Prevention Committee Meeting Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130 August 29, 2024 Minutes

| # | Members | Present | Absent | Guests |
|-----|--------------------|---------|--------|------------------------|
| 1 | Bethel, Shakka | X | | Caicedo, Frank |
| 2 | Buch, Juan | X | | Doobay, Suraj |
| 3 | Darlington, Tajma | X | | Estrada, Denise |
| 4 | Duberli, Francesco | | X | Ferrer, Luigi |
| 5 | Fernandez, Chad | | X | Lionel, Elsi |
| 6 | Forrest, David | X | | Madadi, Pranav |
| 7 | Ichite, Amanda | | X | Medina, Jesus E. |
| 8 | Johnston, Jeremy | X | | Nunez, Alejandro |
| 9 | Ledain, Ron | | X | Pache, Rosa E. |
| 10 | Lopez, Crystal | | | Sanchez, Kenia |
| 12 | Marqués, Jamie | X | | Saxena, Praveena |
| 13 | Muñoz, Virginia | X | | Stonestreet, Stephanie |
| 14 | Orozco, Eddie | | Х | Torrealba, Marco |
| 15 | Pierre, Ross | X | | Williams, Stephen |
| 16 | Pereira, Daniel | | X | |
| 17 | Santiago, Grechen | X | | |
| 18 | Shmuels, Diego | | X | |
| 19 | Vertovec, Jack | X | | Staff |
| Quo | rum = 6 | | | Bontempo, Christina |

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting at www.aidsnet.org/the-partnership#prevention1.

I. Call to Order

Virginia Muñoz, Prevention Committee Chair, called the meeting to order at 10:10 a.m.

II. Introductions

Ms. Muñoz called for introductions of members and guests.

III. Housekeeping

Staff highlighted the Housekeeping PowerPoint including general reminders, code of conduct, people first language, and meeting participation best practices. Copies of the presentation were in the meeting packets.

IV. Floor Open to the Public

Tajma Darlington, Vice Chair, 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, so Mr. Darlington closed the floor for public comment.

V. Review/Approve Agenda

Ms. Muñoz asked members to review the agenda. No changes were made, so the Committee adopted it as presented.

Motion to approve the agenda as presented.

Moved: Juan Buch Seconded: Jeremy Johnston Motion: Passed

VI. Review and Approve Minutes of April 25, 2024

Members reviewed the minutes of April 25, 2024. There were no changes to the minutes, so the Committee adopted them as presented.

Motion to approve the minutes of April 25, 2024, as presented.

Moved: Jeremy Johnston Seconded: Shakka Bethel Motion: Passed

VII. Reports

Membership

Ms. Muñoz announced that the Membership Report is posted online. Six new members have been appointed the Miami-Dade HIV/AIDS Partnership. New Partnership member, Jesus Medina, introduced himself as stated his interest in joining the committee.

Motion to recommend Jesus Medina as a member of the Prevention Committee.

Moved: Dr. David Forrest Seconded: Jeremy Johnson Motion: Passed

The committee welcomed the Mr. Medina as a new member.

Partnership Report to Committees

The Partnership has not met since the Joint Integrated Plan Review Team meeting. The latest Partnership report is posted online. The next scheduled meeting of the Partnership is September 16, 2024, at the Miami-Dade County Main Library. Ms. Muñoz reminded attendees to please RSVP.

VIII. Standing Business

Miami-Dade County HIV Prevention Workgroup Reports

Members heard brief updates on the latest Workgroup meetings, including recent and upcoming activities, presentations, and upcoming meeting dates:

- □ Hispanic Initiative (Iniciativa Hispana): Planning for a National Latinx AIDS Awareness Day event on October 12; and World AIDS Day on December 4.
- □ Miami Collaborative MSM Workgroup and Transgender Tenacity Power: Discussed the Top 10 health concerns for MSM and transgender persons, specifically limited access to healthcare and hormone therapy for transgender persons; discussed HIV and aging issues; and announced a health fair at Our House on September 27.
- □ Florida Black HIV/AIDS Coalition Miami Chapter: Holding meetings every other month; planning for a symposium and health fair with more than 40 vendors.

□ Pre-Exposure Prophylaxis Workgroup: Holding meetings every other month; heard a presentation on Cabenuva and injectable PrEP.

National Testing Day – Member Reports on NTD Activities

The preliminary data from 2024 National HIV Testing Day events indicated 6,162 tests were conducted with 43 persons testing positive. For comparison, in 2022, 3,551 tests were conducted with 13 people testing positive; and in 2023, 3,468 tests were conducted with 27 people testing positive.

Events were held at service provider locations, various Walgreens, and at Metrorail stations.

IX. New Business

IDEA Exchange Presentation

The presentation was tabled until the next meeting.

Feedback on the July 2024 Joint Integrated Plan Review Team Meeting

Last month was the Joint Integrated Plan Review Team (JIPRT) meeting where members reviewed data and continued to refine activities. Members who attended liked the breakout structure and requested to see more data on the activities.

Special Session: Focus on Youth

Denise Estrada from West Care presented on the Health Teen Expos. Legislatively mandated limitations on what can be said in schools and what can be distributed regarding sexual health and HIV have made prevention efforts to youth very challenging. For instance, condoms, gender identity, HIV/AIDS, and sex cannot be discussed. Outreach, which used to be allowed all day, has been curtailed to about three hours. Educational and informational brochures are no longer allowed to be distributed.

Rosa Pache from Survivor's Pathway, reported on the FDOH Youth Health Committee's challenges in testing teens and young adults. It was noted that teens can get tested without parental consent, however, getting the word out about the importance of and availability of testing is limited due to restrictions on what can be taught at schools.

Members cited cases of teen pregnancy and STIs and noted that teens are unaware of reproductive health options and sexually transmitted infection transmission vectors. Many teens and college aged youth are getting health mis-information from the internet and word of mouth. It was noted that a small group of vocal parents promoted the restrictions on sexual health education and LGBTQ+ information which led to much of the restrictions in schools today. It was also noted that recent policies restricting education to youth have been devastating and regressive for HIV prevention.

Integrated Plan activities around youth prevention were distributed; discussion on the activities was included in the above synopsis.

The Miami-Dade HIV/AIDS Partnership, as the official advisory board to the Mayor of Miami-Dade County, may write a letter to Mayor Daniella Levine Cava explaining the current state and challenges around youth HIV prevention. The Prevention Committee may draft the letter for the Partnership's consideration. It was noted that the letter should state the basic concerns discussed above and include simple data since the planning council may not lobby. Members agreed to draft a letter to Mayor Levine Cava. Staff will bring the draft letter to the next meeting.

Motion to draft a letter to Miami-Dade County Mayor Daniella Levine Cava regarding the current state of HIV prevention, including basic information about HIV, STIs, and teen pregnancy.

Moved: Grechen Santiago Seconded: Jeremy Johnson Motion: Passed

X. Announcements and Open Discussion

Staff provided updates to dates and topics for New Member Orientation and Get on Board trainings.

XI. Next Meeting

Mr. Darlington announced the next meetings are scheduled for Wednesday, September 25, 2024 at 10:00 AM at the Miami-Dade County Main Library, and Thursday, October 24, 2024 at 10:00 AM at the Miami-Dade County Main Library.

XII. Adjournment

Ms. Muñoz called the meeting adjourned at 11:33 a.m.





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Membership Report

September 24, 2024

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

6 seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.

Opportunities for General Membership

5 seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:

Hospital or Health Care Planning Agency Representative Mental Health Provider Representative Other Federal HIV Program Grantee (Part F)

Applicants Pending:

Housing, Homeless or Social Service Provider Other Federal HIV Program Grantee Representative (SAMHSA)

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?



Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.



Committees

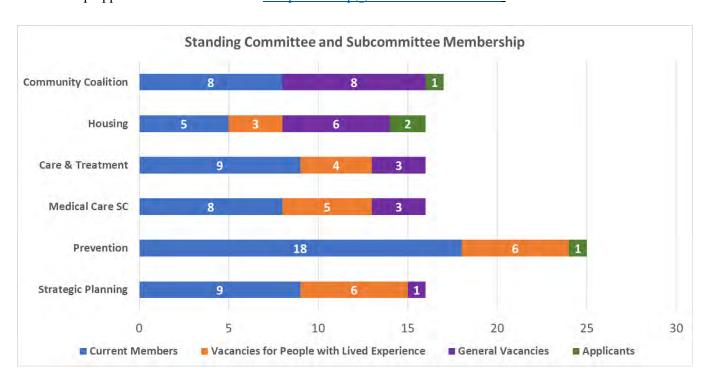
Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- Work with a dedicated tear better serve per People with A 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
 - A Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the Medical Care Subcommittee
 - Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the Care and Treatment Committee

- Share a meal and testimonials at Roundtables with the Community Coalition
- A 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
- R Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

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







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Partnership Report to Committees and Subcommittee September 16, 2024 Meeting

Supporting documents related to motions in this report are available at www.aidsnet.org/the-partnership1, or from staff at Behavioral Science Research Corporation (BSR).

For more information, please contact mcdpartnership@behavioralscience.com.

Members heard regular reports and approved the below motions.

Executive Committee

- 1. Motion to accept the proposed Miami-Dade HIV/AIDS Partnership (Planning Council) Staff Support Review Process with the changes discussed (as presented).
- 2. Motion to approve the Staff Support Part A Proposed FY 2025 Budget Allocations as presented.
- 3. Motion to prioritize the Community Coalition's Partnership Membership Community Meet-and-Greet Event(s) up to \$1,500.

Care and Treatment Committee

- 4. Motion to approve the changes to the Allowable Conditions List as discussed.
- 5. Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025.
- 6. Motion for the Partnership to direct the County to explore options to fully implement the Partnership's FY 2026 Emergency Financial Assistance service definition in FY 2025, subject to availability of funding, with the addition of food vouchers.
- 7. Motion for the Partnership to direct the County to exercise the final one-year renewal options for existing subrecipient service contracts in FY 2025, in light of significant system changes.
- 8. Motion to accept the FY 2025 Ryan White Part A priorities as presented.
- 9. Motion to accept the FY 2025 Ryan White Minority AIDS Initiative (MAI) priorities as presented.
- 10. Motion to accept the Ryan White Part A service categories listed for the Request for Proposal.
- 11. Motion to accept the Minority AIDS Initiative service categories listed for the Request for Proposal.
- 12. Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Flat funding budget as presented.
- 13. Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Ceiling grant funding budget as presented.

- 14. Motion to accept the Minority AIDS Initiative service categories percentage allocations for the FY 2026 Request for Proposal (RFP).
- 15. Motion to accept the FY 2025 Ryan White Part A Flat funding budget as presented.
- 16. Motion to accept the FY 2025 Ryan White Part A Ceiling grant funding budget as presented.
- 17. Motion to accept the Ryan White Part A services categories percentage allocations for the FY 2026 Request for Proposal (RFP).

Strategic Planning Committee

18. Motion to accept the Assessment of the Recipient Administrative Mechanism Report with minor editorial updates.

New Business – Letter of Assurance

19. Motion to approve the Letter of Assurance from the Planning Council Chair for Fiscal Year 2025 NOFO





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Date

Mayor Daniella Levine Cava Stephen P. Clark Center 111 NW 1st Street, 29th Floor Miami, FL 33128

Dear Mayor Levine Cava,

On behalf of the Miami-Dade HIV/AIDS Partnership, the County planning body tasked with the coordination of HIV/AIDS prevention and service delivery activities throughout Miami-Dade County, we are writing to address an important issue that affects the health and well-being of our youth: HIV prevention in our middle schools, high schools, and higher education.

HIV remains a significant public health challenge, particularly among young people. In 2022, the most recent year of complete data, there were 131 youth and young adults, aged 13 to 24, who tested positive for HIV. In addition to HIV, cases of congenital syphilis, gonorrhea, and chlamydia are prevalent in the youth populations:

- 286 young people were diagnosed with syphilis;
- 2,011 young people were diagnosed with gonorrhea; and
- 6,889 young people were diagnosed with chlamydia, including 2,591 aged 13 to 19 years.

Prevention can empower students to make informed choices, reduce stigma, and promote overall health. Programs designed to provide comprehensive and age-appropriate education about HIV and sexually transmitted diseases have been severely limited in scope over the past few years and we anticipate upward trends in new cases if prevention education continues to be restricted.

Investing in our youth's education on HIV prevention is a crucial step towards ensuring a healthier future for our community. Therefore, please support initiatives that incorporate evidence-based HIV prevention programs in our school curriculum. By fostering an environment of openness and understanding, we can significantly impact our community's health outcomes.

Thank you for your attention to this matter and we hope to see our schools become leaders in public health education.

Sincerely,

Alecia Tramel-McIntyre Chair, Miami-Dade HIV/AIDS Partnership

c: Member, Miami-Dade Board of County Commissioners Members, Miami-Dade HIV/AIDS Partnership





Wednesday, September 25, 2024

10:00 AM - 12:00 PM

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

AGENDA

| I. | Call to Order | Virginia Muñoz |
|-------|--|-------------------|
| II. | Moment of Silence | All |
| III. | Introductions | All |
| IV. | Housekeeping | Virginia Muñoz |
| V. | Floor Open to the Public | Tajma Darlington |
| VI. | Review/Approve Agenda | All |
| VII. | Review/Approve Minutes of August 29, 2024 | All |
| VIII. | Reports | |
| | Membership | Tajma Darlington |
| | Partnership Report to Committees | Virginia Muñoz |
| IX. | Standing Business | |
| | Review of Draft Letter to Mayor Daniella Levine Cava re Youth HIV Prevention | All |
| | Miami-Dade County HIV Prevention Workgroups - Call to Action! | Workgroup Leaders |
| | Pre-Exposure Prophylaxis Workgroup Youth Health Committee Activities and Call to Action | |
| | Presentation: The Women's Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic | Dr. David Forrest |
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| | Integrated Plan Activities Review: Syringe Services Program | All |
| XI. | Announcements and Open Discussion | All |
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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership

The Women's Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic

UNIVERSITY OF MIAMI



August 29, 2024

David Forrest, PhD
Monica Faraldo, MA
Teresa Chueng, MD, MPH
Katrina Ciraldo, MD
Hansel Tookes, MD, MPH

UNIVERSITY OF MIAMI



IDEA Miami SSP

The Infectious Disease Elimination Act (IDEA) of 2016 allows the University of Miami and its affiliates to operate a five-year pilot syringe services program (SSP) in Miami-Dade County. The IDEA Exchange SSP opened December 1, 2016, and was the first legal syringe services program in the State of Florida.

Expansion of this law by the Florida Legislature in 2019 allows each county in the state to set up a syringe services program within its borders. Both the pilot program and the expansion bill stipulates a one-to-one syringe exchange and forbids the use of state or county funding to pay for the exchange of syringes.

IDEA Miami SSP

The **IDEA Exchange** provides <u>anonymous harm reduction</u> <u>services</u> for enrolled participants within Miami-Dade County, FL. Services include one-to-one syringe exchange, distribution of other clean harm reduction equipment and routine anonymous HIV and HCV rapid testing.

UNIVERSITY OF MIAMI



The **UM Pathways to Wellness Clinic** provides <u>confidential</u>
<u>linkage to care services</u> at the IDEA Miami fixed site and mobile
unit locations. Confidential services include HIV and HCV testing
and linkage to care; STI testing and treatment; vaccination for
seasonal influenza, COVID-19, hepatitis A and B; medication
management; buprenorphine induction; wound care; referral to
UM research studies, and navigation to partner agencies for
services not provided by IDEA Miami.

IDEA Miami SSP – enrollment through August 25, 2024

| | Totals as of 08/25/2024 | | |
|---|--|--|--|
| Participants enrolled | 2,471 | | |
| Gender | Male 71.2%; Female 27.4%; Trans M-F .9%; Trans F-M .4% | | |
| Ethnicity/race | Hispanic 38.1%; non-Hispanic white 47.7%; non-Hispanic Black 11.2% | | |
| Mean age | 39.3 | | |
| Number of exchanges | 38,840 | | |
| Used syringes received | 2,088,732 | | |
| New syringes exchanged | 2,072,340 | | |
| HIV tests at enrollment/quarterly assessments/clinic visits | 4,025 | | |
| HCV tests at enrollment/quarterly assessments/clinic visits | 3,508 | | |
| HIV positive | 8.5% of those who tested at enrollment | | |
| HCV positive | 39.4% of those who tested at enrollment | | |
| Narcan distributed | 7,444 | | |
| Narcan reversals reported | 4,036 | | |





Fixed Site – UM Medical Campus in Overtown community, Miami

- Monday/Wednesday/Friday (10am-4pm)
- Tuesday/Thursday (10am-6pm)





Mobile Unit

Monday-Friday (Hours/Locations change over time based on need)







Patient-centered care for PWID is at the heart of the student run UM DOCS IDEA Wound Care Clinic.

 The University of Miami Miller School of Medicine DOCS launched the student-run IDEA Wound Care Clinic in September 2017.



Services

- Acute Wound Care
- Health Screenings
- Telehealth appointments
- Buprenorphine initiation





IDEA Exchange

<u>Anonymous</u> engagement of women who inject drugs (WWID) July 1, 2022 – June 30, 2024

| | Fixed | Mobile | Overall |
|-----------------------------------|------------|-----------|------------|
| Enrollments | 288 | 112 | 300 |
| Encounters | 1,784 | 1,318 | 3,102 |
| Unique participants | 133 | 58 | 191 |
| | | | |
| HIV Tests | 190 | 37 | 227 |
| Negative | 167 (9.4%) | 37 (2.8%) | 204 (6.6%) |
| Positive | 23 (1.3%) | 0 (0%) | 23 (0.7%) |
| | | | |
| Women of childbearing age (18-44) | 75.9% | 74.1% | |





Confidential linkage to care of women who inject drugs (WWID)

July 1, 2022 – June 30, 2024

Women's Clinic

91 unique women were successfully navigated by an outreach worker to the Women's Clinic and offered testing for HIV and STIs. Of these women, 63 unique women of childbearing age (18-44) were also offered testing for pregnancy.

315 clinical visits were completed during this period with these 91 WWID (some visiting more than once during this 24-month period)





July 1, 2022 – June 30, 2024

Women's Clinic

During these 315 clinical visits:

- 91 women tested for syphilis with 35.2% testing positive at least once during the period
- 91 women tested for gonorrhea with 9.9% testing positive for oropharyngeal infections, 14.3% for urinary infections and 16.5% for rectal infections at least once during the period
- 91 women tested for chlamydia with 3.3% testing positive for oropharyngeal infections, 7.7% for urinary infections and 13.2% for rectal infections at least once during the period
- All the women testing positive for STI infection during these clinical visits were successfully treated at the Women's Clinic.





July 1, 2022 – June 30, 2024

Women's Clinic

During these 315 clinical visits:

- 19 of the 91 women (21%) tested positive for HIV, with 2 of these women newly diagnosed with HIV during this period
- All the women testing positive for HIV were linked to HIV care at the IDEA Wellness Clinic and are currently in treatment





July 1, 2022 - June 30, 2024

Women's Clinic

During these 315 clinical visits:

- 5 unique women had pregnancies during this period. Of these 5 pregnant women:
- 1 tested positive for syphilis, gonorrhea, chlamydia and HIV
- 1 tested positive for syphilis, gonorrhea and chlamydia
- 1 tested positive for syphilis and HIV





July 1, 2022 – June 30, 2024

Women's Clinic

Staff began offering reproductive health counseling in March 2023

- Depo-Provera was made available on site from February 2024
 - 8 women currently receive Depo-Provera every 3 months
- Nexplanon was made available on site in June 2024
 - No women have received the Nexplanon implant to date





Questions?





Acknowledgements

Special thanks to:

- IDEA Miami SSP staff
- IDEA Miami SSP clients
- Dr Teresa Chueng
- Dr Katrina Ciraldo
- Bureau of Public Health Laboratories Miami

The IDEA Miami Women's Engagement Initiative is supported by:

- Florida Department of Health in Miami-Dade County
- ViiV Positive Action Community Grants





Contact information

UNIVERSITY OF MIAMI



David W. Forrest, Ph.D.

IDEA Miami SSP Program Director

University of Miami

dforrest@med.miami.edu





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Operational Plan Report

Miami-Dade | Integrated Plan - Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan



Integrated Plan

Vision:

Integrated Plan

Mission:

Group: - Integrated Plan | - Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan

NHAS Goal Prevent New HIV Infections 1:



Objective P6. Support the local Syringe Service Program (SSP) – locally, the Infectious Disease Elimination Act

1.1: (IDEA Exchange) – and ensure access to harm reduction services. [Strategy P6.1. Inform HIV service providers and the community about IDEA Exchange services.]



Activity 1.10.1: Educate and refer high-risk individuals to local SSP.

| Status | Number | Measurement Team | Measurement | Performance Metric | Status |
|--------|----------|---------------------|--|--|--------|
| | 1.10.1.1 | | [QM] No. of persons linked to IDEA Exchange. | No. of persons linked to IDEA Exchange between 1/1/2022 and 12/31/2026 | |
| | 1.10.1.2 | | [QM] No. of referrals made to IDEA Exchange by partners. | No. of referrals made to IDEA Exchange by partners between 1/1/2022 and 12/31/2026 | |



Activity 1.10.2: Utilize social media platforms to promote services offered by SSP.

| Status | Number | Measurement Team | Measurement | Performance Metric | Status |
|--------|----------|---------------------|--|--|--------|
| | 1.10.2.1 | | [QM] No. of social media posts by IDEA Exchange (Facebook, Instagram and Twitter). | No. of social media posts by IDEA Exchange between 1/1/2022 and 12/31/2026 | |

Prevention Committee Meeting

September 25, 2024

Integrated Plan Excerpt:Syringe Service Program (SSP)



2022-2026 INTEGRATED HIV PREVENTION AND CARE PLANS

BRIEF REVIEW

INTRODUCTION

The Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) conducted a thematic analysis of the 2022-2026 Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statements of Need (SCSN) (hereafter referred to as IPs). The goal of this activity was to: 1) identify common technical assistance (TA) needs and trends across Ryan White HIV/AIDS Program (RWHAP) Parts A and B jurisdictions; and 2) identify innovative practices, tools, and resources that can support jurisdictions to effectively develop, implement, monitor, evaluate, and improve their IPs.

The table below provides a breakdown of 75 IPs submitted by jurisdictions by type:

| TYPE OF INTEGRATED HIV PREVENTION AND CARE PLAN | # | % |
|--|----|-------|
| Total, Integrated State-only Plans | 35 | 46.7% |
| RWHAP Part B only (No RWHAP Part A recipients in state) | 27 | |
| RWHAP Part B only (RWHAP Part A recipients submitted separately) | 8 | |
| Total, Integrated State/City Plans* RWHAP Part A/Part B Plans | 20 | 26.7% |
| Total, Integrated City-only Plans RWHAP Part A-only Plans | 20 | 26.7% |
| TOTAL PLANS REVIEWED | 75 | |

^{*}Note: While the joint CDC and HRSA Integrated HIV Prevention and Care Plan Guidance describes RWHAP Part A plans as "City Plans," often the recipients are counties.

FINDINGS

Findings from the thematic analysis activity are described below. The information is organized by IP section, and includes identified themes/innovations and challenges/barriers in each section.

Community Engagement and Planning

Themes/Innovations

Jurisdictions relied on or reorganized **existing planning body structures**, or **established new committees or groups** to lead IP development. Collaboration between RWHAP Part A planning councils and RWHAP Part B statewide planning bodies strengthened IP alignment and shared understanding of goals, roles, and responsibilities.

To **promote increased participation** and **engagement** jurisdictions focused on creating inclusive processes, such as holding regional listening sessions and town halls, hosting satellite locations for meetings, and expanding use of virtual collaboration platforms. Using non-stigmatizing and accessible language fostered open communication.

Challenges/Barriers

Challenges included **aligning different jurisdictional plans and planning groups** to develop the IP without duplicating efforts, and maintaining representative and reflective planning group membership and engagement.

Contributing Data Sets

Themes/Innovations

Jurisdictions described **leveraging and integrating data from various sources to inform IP development**. Jurisdictions also **used public and private health insurance data** to assess HIV testing rates, uptake of pre-exposure prophylaxis (PrEP), initiation of antiretroviral therapy (ART), and targeted service delivery, particularly for foreign-born resettlement populations. To supplement existing data sources and promote accurate and effective data collection, jurisdictions **tailored their approaches to obtaining community input to diverse groups**. Together, these methods prioritized inclusivity, innovation, and a holistic approach to data collection and analysis, ensuring flexibility, consistency, and adherence to regulatory requirements.

Several jurisdictions described different approaches to **diversifying their resource landscape**, including through non-traditional funding and partnerships, to better meet comprehensive client needs. One approach is leveraging resources, such as behavioral health and housing funds, not traditionally earmarked for people with HIV to support broad services for people with HIV. Additionally, some Ending the HIV Epidemic (EHE) jurisdictions shared innovative approaches to using EHE funding for new staff roles.

Jurisdictions reported that provision of **equity-based and cultural humility training** improves data collection and service delivery. Learning opportunities facilitated collaborative knowledge sharing; jurisdictions described different approaches and topics, including delivering trainings related to anti-racism how to apply an equity lens to data analysis before initiating needs assessments.



Challenges/Barriers

Jurisdictions reported challenges related to **data collection and analysis**, including identifying and accessing the most recent and reliable data—particularly for RWHAP Part A jurisdictions requesting data from the state—, interpreting data for specific audiences, updating data, obtaining complete data for outlying counties, and addressing the lack of information on specific audiences, such as transgender individuals. While seemingly unrelated, stigma and bureaucratic requirements both impede representative and efficient data collection.

Jurisdictions also expressed challenges **tracking resources and diversifying funding streams**, resulting in restricted service provision and limited healthcare access for specific communities.

Finally, **coordination and collaboration** across providers, agencies, and divisions, including effective system coordination, robust collaboration networks, data integration, PrEP uptake and delivery, equitable service delivery, and harm reduction service integration remain challenging. The lack of seamless data integration across systems and programs also posed its own challenge and perpetuated barriers related to coordination and collaboration described above.

Situational Analysis

Themes/Innovations

Prevention

Innovations in **PrEP provision** highlight the different approaches jurisdictions are taking to status neutral and whole person HIV service provision.

- Several jurisdictions described **PrEP Drug Assistance Programs** that are similar to AIDS Drug Assistance Programs. Some programs pay for medications only, while the most robust programs cover office visits, labs, and medications¹.
- Several jurisdictions implemented PrEP Navigation services similar to services provided through HIV linkage to
 care programs. Services include assistance navigating the healthcare environment, accessing insurance and other
 payment programs, linking to other support services, and obtaining peer support.
- To expand PrEP access, some jurisdictions offer telePrEP services.



JURISDICTIONAL SPOTLIGHT

Washington D.C. has developed an innovative **PrEP housing program** for Black gay, bisexual, and other men who have sex with men. This program provides non-medical and medical case management services alongside temporary housing to support PrEP adherence.

As the pandemic restricted access to in-person HIV testing, several jurisdictions launched or expanded **HIV self-testing programs** through online HIV home testing order forms. Other jurisdictions developed and implemented **harm reduction vending machines** in various communities. Vending machines may include HIV and hepatitis C (HCV) test kits, safer use kits, naloxone, and hygiene kits.

Care

Many jurisdictions now implement **Rapid Start programs** for people newly diagnosed with HIV or who are out of care to decrease the time to viral suppression, promote retention in care, and reduce HIV transmission.



JURISDICTIONAL SPOTLIGHT

In Orange County, California, when all individuals newly diagnosed with HIV regardless of insurance type gained access to **Rapid ART**, the disparities among people of color in achieving viral load suppression decreased.

In Miami-Dade County, Florida, the Test & Treat Rapid Access Program aims to **connect people to ART** within three days of a positive HIV test result and is now a standard of care for all Miami-Dade County RWHAP Part A subrecipients.

Whole person care seeks to meet people's needs beyond their HIV-related care. In some jurisdictions, this approach focuses on specific populations.

¹ For more information about how to find PrEP payment assistance, check out this NASTAD resource





JURISDICTIONAL SPOTLIGHT

California developed Project Cornerstone, a program focused on whole person care for people with HIV who are 50 years or older.

Health equity underpins the four EHE pillars in Maryland's Integrated Plan, all of which support holistic wellness.

Stigma

Nearly every plan mentioned **HIV stigma** as a major barrier to effectively meeting the goals of the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic in the U.S. (EHE).



JURISDICTIONAL SPOTLIGHT

The New York State Stigma and Resilience Coalition is a collaborative effort involving agencies and other stakeholders who are committed to **reducing stigma** that works against optimal HIV prevention, care, and treatment provision. The project includes **public health education campaigns**, **provider training**, and town halls.

Newark, New Jersey implements a **mobile health unit program** that offers a wide range of reproductive health services in addition to HIV prevention and care services, helping reduce the stigma of accessing HIV-only services.

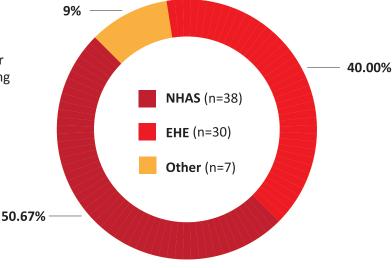
Challenges/Barriers

- **HIV stigma, racism, transphobia, and other -isms** that generate less than optimal health outcomes for people most affected by HIV and other syndemics.
- An ongoing **lack of education and misinformation about biomedical interventions** among populations most affected by HIV, coupled with a lack of support and/or knowledge of these interventions among providers.

Integrated Plan Goals and Objectives

Themes/innovations

Slightly over half (51%) of IPs organized the goals and objectives using the EHE strategies, while a smaller percentage used the NHAS goals (40%.) An even smaller percentage used a different organizing method, including the Fast Track Cities initiative, the HIV care continuum, and the local "HIV services portfolio" (9%).





JURISDICTIONAL SPOTLIGHT

West Virginia identified **13 key performance indicators** that align with the goals and objectives and will be used to measure improvements across the care continuum during the planning period.

Many jurisdictions incorporated equity, social determinants of health, or workforce into their goals and objectives.



JURISDICTIONAL SPOTLIGHT

Colorado made all of their goals **SMARTIE** (specific, measurable, achievable, realistic, timely, inclusive, and equitable).

Los Angeles added three strategies to the established four EHE strategies. These included HIV workforce capacity; system and service integration; and equity, social determinants of health, and co-occurring disorders.

Challenges/Barriers

Challenges to implementation of activities to achieve objectives include lack of access to up-to-date and reliable data, engaging private sector healthcare providers, coordination or braiding of disparate funding streams, and limited funding and lack of personnel.

Monitoring and Improvement

Themes/innovations

Multiple jurisdictions presented a comprehensive work plan with publicly available online dashboards that include activities, responsible parties, and metrics/outcomes. Several jurisdictions engaged various stakeholders and community members in committee work to implement, monitor, and evaluate their IP. In some jurisdictions, the monitoring/evaluation committee is part of the overall larger planning group; in others, responsibilities were added to a clinical quality management (CQM) committee; and in other jurisdictions, they created an entirely new group for the IP.



JURISDICTIONAL SPOTLIGHT

Vermont's **HIV Performance Dashboard** aligns with IP goals and is populated from subrecipient Quarterly Status Report data. It functions as a communication tool to internal and external partners, and to regularly update the Community Advisory Group.

Challenges/Barriers

Challenges to implementation, monitoring, and evaluation include: 1. Continuity in stakeholder engagement, especially in a "real-time", ongoing manner, and 2. Integration of the IP with other HIV plans such as Getting to Zero, Fast Track Cities, CQM, and RWHAP Part A and B implementation work plans.

Integration of Racial Equity, Status Neutral, and Syndemic Approaches

Themes/Innovations

Approximately two-thirds of the IPs **emphasized and included activities related to racial equity, implementation of a status neutral approach,** and/or **implementation of a syndemic approach to HIV services delivery.**

Racial Equity

Among the plans, racial equity may be related to issues discussed in the **situational analysis**, **data collection and analysis** related to racial disparities, **goals or objectives** that specifically address racial equity goals, or a combination of these. Some jurisdictions centered their plan around racial equity.



JURISDICTIONAL SPOTLIGHT

In Minnesota, they diversified racial/ethnic categories so that data could reflect specific local populations of color.

Status Neutral Approach

Status neutral systems - or whole person approaches - are strongly tied to integrated planning. Jurisdictions recognize the need to build systems of care for people regardless of HIV status, prompting different approaches to status neutral service delivery.

JURISDICTIONAL SPOTLIGHT

Maryland implemented a "Status Neutral Needs Assessment."



The Ft. Worth-Arlington TGA committed to adopting the status neutral approach for future service delivery. Ft. Worth also developed a status neutral continuum of care and plotted all HIV planning activities along the continuum.

Virginia said it already provides status neutral care using its Status Neutral Service Navigation. In its new plan, Virginia will merge its Community HIV Testing (CHT) and Status Neutral Service Navigation (SNSN) grant programs to improve linkage to HIV care, PrEP and support services.

Syndemic Approach

A number of jurisdictions included STIs and hepatitis C (HCV) as part of their IP, recognizing the broader benefit of taking a syndemic approach to integrated planning. For example, Tennessee named its plan "End the Syndemic Tennessee" and used statewide data to explain why a syndemic approach was needed. California developed the Integrated Statewide Strategic Plan for addressing HIV, HCV, and STIs and launched an Ending the Epidemics Implementation Blueprint.

JURISDICTIONAL SPOTLIGHT

Tennessee named its plan "End the Syndemic Tennessee" and used statewide data to explain why a syndemic approach was needed.



California developed the Integrated Statewide Strategic Plan for addressing HIV, HCV, and STIs and launched an Ending the Epidemics Implementation Blueprint.

Chicago has reorganized the HIV/STI Bureau and created the Syndemic Infectious Disease Bureau (SIDB).

West Virginia developed its West Virginia HIV and Hepatitis C (HCV) Elimination Plan using a syndemic approach





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The Community Coalition invites you to our

Roundtable Dinner

People with HIV are encouraged to attend! Be part of the HIV Community who speaks for the HIV Community!

Monday, September 30, 2024

Dinner at 4:30 PM ~ Roundtable from 5 PM - 7 PM at Borinquen Medical Centers, 3601 Federal Highway, 3rd Floor, Miami 33137

FEATURING

Legal Services of Greater Miami

Attorneys Mary Ann David and Melissa Villalta will discuss LSGM's

- ~ Low-Income Taxpayer Clinic ~
- ~ Ryan White Part A Services ~

Please RSVP!

hiv-aidsinfo@behavioralscience.com or (305) 445-1076.

Join the Partnership!

Click here to get started!





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| | Presentation: The Women's Engagement Initiative at IDEA Miami SSP: | Dr. David Forrest |
| | IDEA Exchange and UM Pathways to Wellness Clinic | |
| X. | New Business | |
| | Integrated Plan Activities Review: Syringe Services Program | All |
| XI. | Announcements and Open Discussion | All |
| XII. | Next Meeting: Thursday, October 24, 2024 at 10:00 AM ~ MDC Main Library | Tajma Darlington |
| XIII. | Adjournment | Virginia Muñoz |
| | | |

Please mute or turn off all cellular devices.

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

OCTOBER 2024

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

| Monday | Tuesday | Wednesday | Thursday | Friday | All events on this calendar |
|--|---|---|---|---|--|
| MEETING LOCATIONS BSR Corp Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134 Care Resource - Care Resource Community Health Centers, 3510 Biscayne Blvd., 1st Floor Community Room, Miami, FL 33137 Latinos Salud - Latinos Salud, 640 NE 124th Street, North Miami, FL 33161 MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130 | | 2 Get on Board! Planning Council Enrichment Training 12:00 PM to 1:00 PM via Microsoft Teams | 3 | 4 | are open to the public. People with HIV are invited to participate! |
| 7 | 8 | 9 | 10 Care and Treatment Committee 10:00 AM to 12:00 PM at Care Resource | 11 Strategic Planning Committee 10:00 AM to 12:00 PM at BSR Corp. | Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials. |
| Columbus Day/ Indigenous Peoples' Day | 15 National Latinx AIDS Awareness Day | 16 | 17 Housing Committee 2:00 PM to 4:00 PM at Care Resource | 18 | RSVP to (305) 445-1076, mdcpartnership@ behavioralscience.com, or scan the QR Code for Partnership meetings. |
| 21 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library | 22 | 23 | 24 Prevention Committee 10:00 AM to 12:00 PM at MDC Main Library | 25 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp. | |
| 28 Community Coalition Roundtable 5:00 PM to 7:00 PM (Dinner at 4:30 PM) at Latinos Salud | 29 | 30 Executive Committee 10:00 AM to 12:00 PM at BSR Corp. | 31 | | Visit <u>www.aidsnet.org</u> for more information. Version 09/09/24 Information on this calendar is subject to change. |











Prevention Committee

Wednesday, September 25, 2024

10:00 AM - 12:00 PM

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

AGENDA

| I. | Call to Order | Virginia Muñoz |
|-------|--|-------------------|
| II. | Moment of Silence | All |
| III. | Introductions | All |
| IV. | Housekeeping | Virginia Muñoz |
| V. | Floor Open to the Public | Tajma Darlington |
| VI. | Review/Approve Agenda | All |
| VII. | Review/Approve Minutes of August 29, 2024 | All |
| VIII. | Reports | |
| | Membership | Tajma Darlington |
| | Partnership Report to Committees | Virginia Muñoz |
| IX. | Standing Business | |
| | Review of Draft Letter to Mayor Daniella Levine Cava re Youth HIV Prevention | All |
| | Miami-Dade County HIV Prevention Workgroups - Call to Action! | Workgroup Leaders |
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