



**Strategic Planning Committee and Prevention Committee  
 Joint Integrated Plan Review Team (JIPRT) Meeting  
 Miami-Dade County Main Library  
 101 West Flagler Street, Auditorium, Miami, FL 33130  
 January 21, 2025, Minutes**

#	Members	Present	Absent	Guests
1	Bethel, Shakka	x		Coello, Erika
2	Buch, Juan	x		Estevez, Sandra
3	Darlington, Tajma		x	Gonzalez, Tivisay
4	Duberli, Francesco		x	Granger, Juanita
5	Edwards, Shawnequa	x		Jordahl, Lori
6	Forrest, David		x	Leiva, German
7	Gonzalez, Nilda		x	Lowe, Camille
8	Ichite, Amanda		x	Mills, Vanessa
9	Johnston, Jeremy		x	Nunez, Alejandro
10	Lopez, Crystal		x	Saxena, Praveena
11	Machado, Angela		x	Villamizar, Kira
12	Medina, Jesus	x		Williams, Stephen
13	Muñoz, Virginia	x		
14	Orozco, Eddie	x		
15	Pereira, Daniel		x	
16	Pierre, Ross	x		
17	Poblete, Karen	x		
18	Quintero, Rita		x	
19	Sanchez, Kenia	x		
20	Santiago, Grechen		x	
21	Sheehan, Diana M.	x		<b>Staff</b>
22	Shmuels, Diego		x	Bontempo, Christina
23	Singh, Hardeep	x		Gattorno, Frank
24	Stonestreet, Stephanie	x		Ladner, Robert
25	Vertovec, Jack		x	Sergi, Sandra
<b>Quorum = 9</b>				

Note: 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/](http://www.aidsnet.org/the-partnership/). The meeting agenda and other working documents were distributed to all attendees; members also received committee-specific documents, such as the draft minutes. All meeting documents were projected on the meeting room projection screen, as needed.

**I. Call to Order**

Prevention Committee Chair, Virginia Muñoz, called the meeting to order at 10:20 a.m. and briefed participants on meeting expectations.

## **II. Introductions**

Members, guests, and staff introduced themselves.

## **III. Housekeeping**

Strategic Planning Committee Chair, Dr. Diana Sheehan, briefly noted the Housekeeping protocols, including that the meeting is being recorded, that Behavioral Science Research (BSR) staff are the resource persons, and that participants should strive to use people-first language.

## **IV. Floor Open to the Public**

Ms. Muñoz 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 and there were no changes. Ms. Muñoz called for a motion to approve the agenda.

**Motion to approve the agenda as presented.**

**Moved: Jesus Medina**

**Seconded: Kenia Sanchez**

**Motion: Passed**

Note: The agenda was updated to reflect Ms. Munoz as the leader for activities assigned to Tajma Darlington.

## **VI. Review/Approve Minutes of July 23, 2024**

Members reviewed the minutes of July 23, 2024, and there were no changes. Ms. Muñoz called for a motion to approve the minutes.

**Motion to approve the minutes of July 23, 2024.**

**Moved: Stephanie Stonestreet**

**Seconded: Kenia Sanchez**

**Motion: Passed**

## **VII. Reports**

### **▪ Membership and Partnership**

Staff announced that the Partnership has been reorganized from a 39 member board to a 30 member board which is expected to improve efficiency. All committees and the Partnership still have vacancies.

Changes to the Partnership’s Bylaws were approved in January 2025 reflecting the changes to the board’s structure.

## VIII. Standing Business

### ▪ **Committee Business**

Ms. Muñoz reminded members of both committees that elections for Chair and Vice Chair will be held at their February meetings. Members received a copy of the elections memo which had been emailed in November 2024.

## IX. New Business

### ▪ **2027-2031 Integrated Plan Guidance and Expectations for Integrated Plan Develop**

Ms. Munoz announced that everyone received a copy of the introductory section of the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027- 2031. The complete document is on [aidsnet.org](https://aidsnet.org). Members were asked to review the document prior to the next committee meetings. Development of the 2027-2031 Integrated Plan is a major activity of the Prevention Committee and Strategic Planning Committee this year. All committees and community members should be involved

### ▪ **Miami-Dade County 2022-2026 Integrated HIV Prevention & Care Plan Breakout Groups**

All attendees were seated in one of four Breakout Groups:

1. Prevention: HIV Testing; and Women, Infants, and Youth;
2. Prevention: PrEP (Pre-Exposure Prophylaxis); Advertising; Condoms; and Syringe Services Program;
3. Care: Linkage to Care; Retention in Care; and Special Populations; or
4. Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations.

Each group held introductions and designated a person to report back to the full meeting. Groups then reviewed their data sheets, including targets, progress toward targets, challenges to achieving targets, recommendations for improved outcomes, and successes.

### ▪ **Breakouts Recap**

Following discussions, each group's spokesperson reported overall impressions to the full meeting. The struggle to compile data from a wide variety of data sources was cited as an overarching challenge.

#### **1. Prevention: HIV Testing; and Women, Infants, and Youth;** reported by Stephanie Stonestreet.

- *Activity 1.1.1: Partner/collaborate with health care facilities to increase routine opt-out HIV testing.* The measurements are pretty much on target. Some of the challenges are that providers do not want to refer out for services and that there is Ending the HIV Epidemic (EHE) Quick Connect data (and possibly other data) that is not being captured.
- *Activity 1.1.2: Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).* Measurements are on target when accounting for individuals being educated at various provider agencies.
- *Activity 1.2.1: Increase the use of home HIV self-testing kits as an alternative option.* Othe only data being collected is form the Florida Department of Health in Miami-Dade County (FDOH-MDC). Self-test kit distribution and usage data funded by other sources is needed.

- *Activity 1.2.2: Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non-traditional settings.* Measurements are on target for FDOH-MDC activities. The target needs to be adjusted to other providers (High Impact Prevention, etc.).
- *Activity 1.3.1: Provide training and education to community partners on the status neutral approach; and Activity 1.4.1: Educate community testing partners on availability and importance of partner services.* These are on target and expected to increase due to new certification requirements from FDOH-Tallahassee. HIV 500, HIV 501, and annual updates train on the status neutral approach and partner services.
- *Activity 1.5.1: Conduct educational sessions with 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.* This activity is on target. Additional data from the Targeted Outreach for Pregnant Women Act (TOPWA) program should be collected.
- *Activity 1.5.3: Conduct educational sessions with hospitals, including emergency rooms and high-risk delivery hospitals, and urgent care centers; Activity 1.6.1: Link pregnant women with HIV to HIV care and prenatal care; and Activity 1.6.2: Provide follow-up medical and family planning services for post-partum women with HIV.* These activities are on target; additional TOPWA data would be useful.

**2. Prevention: PrEP; Advertising; Condoms; and Syringe Services Program;** reported by Erica Coello.

- *Activity 1.7.1: Train peer educators and community health workers to promote the PrEP initiatives through direct community outreach.* The data should be updated to include more data outside FDOH Academic Detailing.
- *Activity 1.7.2: Utilize FDOH-MDC Academic Detailing Program to engage and educate health care providers on PrEP to increase the number of PrEP prescribers.* Data collection should be more inclusive of other data sources.
- *Activity 1.7.3: Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.* The targets may need to be adjusted (increased), and the data sets should be reviewed since there was significant drop off since the last reporting period.
- *Activity 1.7.4: Increase PrEP access by expanding the number of individuals receiving PrEP services.* This activity is on target.
- *Activity 1.8.2: Utilize FDOH-MDC Academic Detailing Program (ADP) to engage and educate providers, urgent care centers, and Emergency Rooms on nPEP to increase the number of nPEP prescribers.* The activity should not be limited to ADP; consider rewording to account for additional educators. The target should be reconsidered (lowered).
- *Activity 1.9.1: Increase the number of condom distribution sites across the jurisdiction.* Tracking condom distribution by Zip Codes has not been done; the Business Responds to AIDS (BRTA) targets have been met and should be adjusted (increased).
- *Activity 1.10.1: Educate and refer high-risk individuals to local SSP; and Activity 1.10.2: Utilize social media platforms to promote services offered by SSP.* Data on these activities is pending.
- *Activity 1.11.1: Build innovative 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; and Activity 1.11.2: Conduct outreach events that promote diversity (inclusive of multi-lingual messages), to reach out to priority populations in the community.* Data are incomplete and should be revised to include FDOH-MDC, EHE, and other data.

**3. Care: Linkage to Care; Retention in Care; and Special Populations;** reported by Sandra Estevez.

- *Activity 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM; and Activity 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).* Several Measurements are on target. Members would like additional details on these:
  - *Measurement 2.1.3.2 No. of trilingual (English, Spanish, and Creole) brochures educational folders designed for these specific campaigns.* Members would like to see the educational materials which were produced, and would like to know where materials were distributed, and who is championing the initiative at those locations.
  - *Measurement 2.1.5.4 Number of EHE HealthTec clients with a suppressed viral load at last viral load test during the measurement year.* It is unclear how these number correspond to the data source.
- *Activity 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.* The data are unclear; members asked for the numbers to be reviewed and revised.
- *Activity 2.5.1: Establish early MCM lost to care trigger point warning in PE Miami at 60 days without MCM contact, and alert MCMs through PE-Miami.* Because the measurement is different now than when the activity began, there will need to be additional data to see an upward or downward trend.
- *Activity 2.5.2: Retain a minimum of 75% of newly enrolled Ryan White clients in MCM for a minimum of six months (180 days) after enrollment in the Ryan White Program.* This activity is on target.
- *Activity 2.9.4: Determine the need for Medicare transition assistance for RWP clients aged 65 and older.* The data show a low percentage of clients with a Medicare marker in PE-Miami. This should be explored to determine why so many clients are not enrolled in Medicare.
- *Activity 2.13.2: Identify barriers to care or below-average client treatment outcomes among MSM clients with STIs as co-occurring conditions.* Percentages are low; targets should be established to validate progress.

**4. Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations;** reported by Dr. Diana Sheehan.

- *Overall impressions:* Data indicate very stable outcomes and positive progress towards targets. However, for smaller populations such as Haitian Females, there may be a point where the target of 90% or 95% cannot be reached because just one or two people who are not virally suppressed or retained in medical care can bring the percentage down significantly. In those cases, it may be advantageous to target those individuals and bring them back into care and/or to viral suppression. The social determinants of health (housing and food instability, etc.) should also be addressed. Seeing the data broken out by ages would also be helpful to determine how to get past the level of stasis and hit the target.

▪ **2025 JIPRT Meeting Schedule and Next Steps**

Ms. Muñoz announced that the JIPRT schedule was printed on the back of the 2027-2031 Guidance. She reminded everyone that development of the 2027-2031 Integrated Plan is a major activity of the Prevention Committee and Strategic Planning Committee this year.

## **X. Announcements**

Staff announced that BSR Corp. is celebrating 50 years in business this year and that a celebratory event is being planned.

## **XI. Next Meeting**

Ms. Muñoz announced the next meeting dates and reminded members to RSVP:

- February 14, 2025: Strategic Planning Committee at BSR
- February 27, 2025: Prevention Committee at FDOH Health District Center

## **XII. Adjournment**

Ms. Muñoz called the meeting adjourned at 12:46 p.m.

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